"KHANDA NDI MPHATSO":
SUSTAINING AND EXPANDING ACTIVITIES TO SHIFT SOCIAL NORMS AND CARE PRACTICES FOR PRETERM AND LOW BIRTHWEIGHT BABIES

Save the Children®

BACKGROUND

Malawi has one of the highest rates of preterm birth in the world at an estimated 10.5% of live births occurring before 37 completed weeks of pregnancy.[1] A myriad of factors contribute to the high levels of preterm births and related deaths, including low socio-economic status, low literacy levels, delays in care-seeking for delivery, harmful cultural beliefs and norms, and poor quality of care.

To address this issue, the Malawi Ministry of Health (MOH), with support from Save the Children, developed *Khanda ndi Mphatso* (KnM), translated as "A Baby is a Gift", an SBCC campaign intended to improve newborn health by shifting norms around the value of newborns and promoting Kangaroo Mother Care (KMC) for preterm and low birthweight (PTB/LBW) babies. The campaign was piloted in Machinga and Thyolo districts in 2016; a 2017 evaluation[2] found that despite a short implementation period, the pilot showed strong results and clearly demonstrated added value of community-based activities, in particular for generating meaningful dialogue and supportive action at the community level. It concluded that replication of the campaign in other districts had potential to shift social norms around care for newborns.

COMPONENTS OF THE PILOT *KHANDA NDI MPHATSO* CAMPAIGN

The *image* phase focused on branding with specific materials including a logo, the campaign theme song, messenger buttons, t-shirts, posters, and billboards.

The *tactical* phase disseminated key messages through community dramas, radio spots, SMS messages, a messenger toolkit, and an extensive community mobilization strategy.

Key messages included:

- A baby is a gift. Give it a chance.
- KMC is the best gift you can give to your preterm baby.
- It is everybody's responsibility to play a role in caring for a preterm baby.

EXPANSION PHASE OF THE CAMPAIGN

Building on the promising results from the pilot phase, the District Health Management Teams (DHMTs) of Thyolo and Machinga districts looked to sustain the successes of the campaign and to expand to additional Group Village Headmen (**GVH**), who oversee a cluster of approximately 10 villages, in selected Traditional Authorities (**TAs**). Between April 2018 and May 2019, the districts continued to implement the KnM campaign in the original TAs and expanded to new GVHs: Thyolo expanded from 3 to 10 GVHs, and Machinga expanded from 3 GVHs to 25 (Box 1). This brief documents efforts by these two districts to sustain and expand KnM activities.

Nov 2015–Dec 2016: CAMPAIGN PILOT → **Feb 2017: PILOT EVALUATION** → **April 2018–May 2019: EXPANSION PHASE** → **Sept 2019: FIELD VISIT**

DISTRICT-LEVEL IMPLEMENTATION

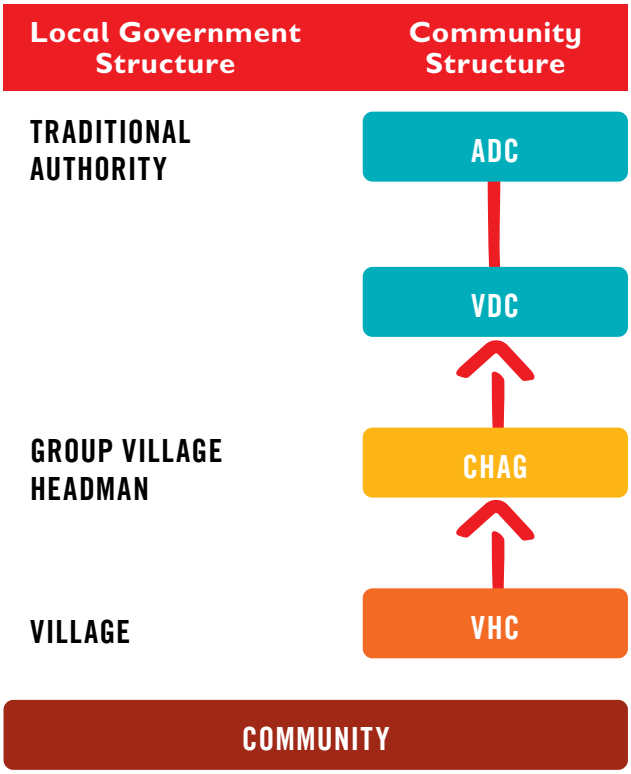
Implementation sites for the campaign were identified in collaboration with district teams and Area Development Committees (**ADCs**). The implementing structures used at GVH level were Community Health Action Groups (**CHAGs**): a structure proposed by the 2016 National Community Health Strategy[3] based on the existing Community Action Group model. It is an arm of the Village Development Committee (**VDC**)—reporting directly to the VDC—at GVH level and is responsible for linking several Village Health Committees (VHCs) to a VDC. It serves as the collective voice on community health issues for both the VDC and individual village heads, and it complements the technically-oriented Community Health

Team (CHT). For technical guidance, the CHAG coordinates closely with the CHT and the Health Centre Advisory Committee (HCAC), particularly through Health Surveillance Assistants (HSAs), which serve as the link between communities and facilities. The CHAG also supports its designated VHCs, helping to ensure the committees are operational and functioning effectively.

Every village is represented by a CHAG, and to ensure strong representation, one person per village serves as a member of their respective CHAG. These village members account for approximately 60% of CHAG members, and VDC members account for the remaining 40%. Given this 60% majority, CHAG decisions apply to all villages. Thus, implementing the KnM campaign through CHAGs was considered to be an effective way to influence behaviour at a community level through broad engagement.

The CHAGs engaged in each phase of the campaign are identified below. In Machinga, district authorities focused on expansion to 22 new sites; in Thyolo, district authorities supported the 3 original sites as well as 7 new sites.

Community-level Health Working Structure



*Community-level health working structure from bottom up, as further explained within the text.

Box 1: Scale up of the SBCC campaign in Machinga and Thyolo

MACHINGA		THYOLO	
Traditional Authority	**Selected CHAGs**	**Traditional Authority**	**Selected CHAGs**
Chikweo	Chikweo, Chipolonga 1, Chipolonga 2, Nyama 1, Nyama 2, Nkumbila, Adamson, Mlaluwere	Bvumbwe	Chinkwende
Kawinga	Mbanila, Mnyumwa, Mbosongwe	Nchiramwera	**Kautuka**
Liwonde	Chikuluma, **Chilala**, Mwikala	Changata	Chagunda
Mposa	Ntamila, Sani-mtumbula, Manja	Khwethemule	**Khwethemule**
Nyambi	Nlanje, M'bwabwa, Maole, **Chitanganya**	Mbawera	Mbawera, Salijeni
Sitola	Kalonjere, Magadi, Kaudzu, **Mpotola**	Nsabwe	Nzundu
		Thomasi	**Mpenda**
		Chimaliro	Sitepe
		Nanseta	Nanseta

*Red indicates a CHAG that participated in the pilot. Bold indicates a CHAG that was visited during the September 2019 field visit.

Photo Credit: Gedes| Banda/Save the Children

ACTIVITIES

There were several distinctions between the campaigns implemented during the pilot and expansion. These included:

- *Image components*: Left-over posters from the pilot were provided to expansion CHAGs but other materials that were provided in the pilot phase – such as t-shirts, buttons, and billboards – were not provided. Some CHAGs from the pilot retained their wraps and t-shirts, and would wear them during implementation events during the expansion phase.

- *Tactical components*: During the expansion, monitoring visits, reporting forms, laminated print outs of key messages, and KMC posters were distributed to all CHAGs. Additionally, two *Khanda ndi Mphatso* flipcharts were distributed to the newly established CHAGs to support with engaging communities. Some pilot CHAGs still had CDs and CD players, but new CHAGs did not receive similar material support.

METHODS

In September 2019, a field visit was conducted to capture lessons learned and recommendations from CHAGs that were involved in the campaign during both the pilot and expansion phases. In Machinga, the project team visited Mpotola, Chilala, and Chitanganya, and in Thyolo, Kautuka, Mpenda, and Khwethemule were visited. Discussions were held with members of local CHAGs, HSAs, representatives of the district health office and district health management teams, Chiefs, and community members. The discussions aimed to capture feedback on the successes and challenges of implementing the KnM campaign during the expansion, as well as recommendations for how to further sustain and expand the campaign. Discussions were conducted jointly by Save the Children and district health staff. The qualitative data captured was used to validate CHAG monthly reports during this time period.

IMPLEMENTATION

While implementation varied slightly between districts, several activities were undertaken to sensitize members of the community and to further acceptance of PTB/LBW babies. Overviews of each district's specific approach to the campaign are listed below, distinguishing between community orientation, implementation, and monitoring activities.

THYOLO

	ACTIVITY	DATE/ FREQUENCY	WHAT WAS DONE
Community Orientation	ADC orientations & health care worker orientations targeting facility workers and HSAs	June 2018 1 per ADC	Orientation with local leaders to sensitize them on the campaign interventions and garner their support of the CHAG activities Orientation with health care workers at facilities in the intervention catchment areas around activities to strengthen collaboration and coordination between community and facility structures when caring for babies on KMC. These were a blend of some clinical skills and campaign messages
	CHAG orientations	August 2018 1 per CHAG	One-day orientations were held to orient CHAGs on KnM. Membership in several CHAGs exceeded the recommended 15 members due to strong leadership from the GVHs, and thus 113 CHAG members from 7 CHAGs were oriented on the campaign.
	Open days and sensitization meetings in community	7 open days were held (1 per GVH in new TAs), and sensitization meetings happened every month	Open days were organized by the District Health Office SBCC DH team to sensitize on KnM. Sensitizations meetings were organized by the CHAGs in the community. These aimed to address misperceptions, traditional beliefs and practices, and community myths regarding newborn illness and deaths, with particular interest on PTB/LBW babies. They also served as an opportunity to introduce CHAG members to the community to improve acceptance of their services at household level. During each one, numerous activities were undertaken, including dramatic plays, traditional dances, and poems, as well as expert talks on KMC by the district's newborn focal person to sensitize communities on the importance of support to mothers and families in providing such care.
Implementation	CHAG exchange visits	September 2018; All new CHAGs received one visit from an old CHAG	Exchange visits took place between the 3 CHAGs involved in phase 1 and the 7 newly oriented CHAGs in phase 2 sites. These visits allowed for colleagues from phase 1 sites to share lessons learned and key recommendations, emphasizing the need for coordination and collaboration from the CHAGs, local government and health care workers in facilitating continuum of care and a clear pathway of referral for mothers and PTB/LBW babies at facility and community level

	ACTIVITY	DATE/ FREQUENCY	WHAT WAS DONE
Monitoring	CHAG review meetings; CHAG monitoring visits	November 2018 – January 2019 All 10 CHAGs got visited about every other month; CHAG reports were submitted/ reviewed monthly	A CHAG review meeting was led by the DHO in November 2018; monitoring visits by the district team began in January 2019 and were led by the CHAGs. These meetings also allowed for refresher trainings when needed. Visits were done with almost 200 CHAG members, traditional leaders, religious leaders and health care workers across the 10 CHAGs. A blend of group and individual sessions allowed participants to share their successes, challenges and action plans. Reporting forms and notebooks (to act as registers) for capturing issues during community meetings were distributed to all CHAG members to facilitate generation of reports by the DHO on activities implemented in the communities. The district team also organized monitoring visits for the CHAGs in the 10 catchment areas, which included dissemination of key messages to community members, and reviews of reporting structures that were developed during the pilot phases and institutionalized by the district health system, such as CHAG SBC registers and district reports.

SUCCESSES

In Thyolo, several successes were observed from the expansion effort. Health workers reported being able to deliver on the expected activities, including:

- CHAGs generally worked in close collaboration with local leaders, HSAs, and chiefs to conduct community meetings in their villages.

> **"The campaign is really trying to inform and make people aware of the care required to be provided to preterm babies with their activities in the villages."**
>
> -Mother of preterm baby, Kautuka

- CHAGs were able to identify mothers with preterm babies in their respective communities, and conducting household visits to mothers with preterm babies – often in coordination with the HSAs.
- CHAGs established and maintained good relationships with these mothers, ultimately engaging them to provide testimonies on their experiences to be shared with future community members and surrounding communities.
- A system for register recording was maintained in all of the visited CHAGs. The HSAs in Kautuka felt that the campaign actually eased burdens on their workloads, as many were now receiving important careseeking messages through community meetings and open days, limiting the need for door-to-door visits and alleviating resistance to follow-up visits post-discharge.
- In Khwethemule, the HSAs noted that having support from CHAG members in conducting household visits also easies their workload.

Photo Credit: Gedesi Banda, Save the Children International

> **"There are some that still have negative perceptions towards preterm babies. Most still call them names like a small cat, a small mouse... but I did not let that bother me in caring for my baby. He was my first born and I wanted to do anything in my power to help him live and survive. Here he is all grown and playing around like any normal kid."**
>
> -Mother of preterm baby, Kautuka

Community perceptions and behaviors were believed to improve:

- CHAGs reported that perceptions regarding the value of PTB/LBW babies has changed, and women are now able to freely practice KMC in the community. They also perceived that knowledge increased among CHAG members and community members, and that newborn deaths decreased.
- Fines had been imposed in several communities for anyone who laughs at or speaks ill of PTB/LBW babies or of women practicing KMC. In Mpenda, approved by-laws allowed for fines to be imposed upon families that have home births.
- Full funeral ceremonies are provided for babies that die in some communities.
- Mothers of PTB/LBW babies reported receiving more support from community members with chores and household tasks, such as fetching water and firewood. Most CHAGs also reported a higher level of engagement from fathers and other family members.

When disseminating messages:

- CHAGs found the flip charts to be particularly useful for delivering messages and engaging community members in open dialogues, as many can relate to the images and stories. Some CHAGs took advantage of dramas, poems, and songs to disseminate messages.
- In Kautuka, CHAG members collected money to purchase dolls and instruments to use during demonstrations. They also purchased gifts for PTB/LBW babies and families during home visits, as a way to celebrate the newborn and encourage the mother to provide good care for the baby.
- Perhaps the aspect most widely cited as a success in Thyolo was the CHAG exchange visits. Facilitated by the district SBCC teams, exchange visits were organized between pilot and expansion CHAGs, engaging CHAG members, group village headmen, HSAs, and representatives from the TA and ADC. These visits allowed expansion CHAGs and their local leaders to learn from the successes and challenges of the pilot CHAGs. These were so successful, that they recommended that visits be expanded to TAs that are not yet currently implementing the campaign, and that visits be arranged with TAs in Machinga to exchange ideas and learnings.

CHALLENGES

However, despite these successes, several challenges arose from receiving limited programmatic support.

- CHAGs noted that while meetings were organized, the reach of the messages were limited. Male participation in the meetings was consistently low, and while most noted that religion was not a factor in implementing the campaign, Mpenda CHAG reported that some denominations in the area do not believe in medical care, and thus there are concerns about careseeking if required.
- All CHAGs reported transportation challenges and requested support with purchasing a bicycle or motorbike, particularly with responding to requests from far away or remote areas, or to allow for participation from a broader swath of members. Kautuka noted that sometimes the CHAG was able to hire a vehicle for some activities, but this was not a sustainable option.
- Common requests for support also included t-shirts for CHAG members so that they can easily be identified, refresher sessions and review meetings for CHAG members, and CD players or PA systems to broadcast messages and mobilize community members for meetings.
- In Mpenda, the HSAs recommended that future phases of the campaign include films on KMC that can be shared with community members, and KMC booklets that can be provided to mothers upon discharge. They also noted that some families are still in need of cloths and chitenjes in order to initiative KMC.
- Relationships with district teams could continue to be strengthened, such as through follow up and supervisory visits conducted more regularly by the district teams, and more formal and proper coordination with HSAs. Refresher courses were requested by all CHAGs.

Photo Credit: Elaine Scudder

MACHINGA

	ACTIVITY	DATE/ FREQUENCY	WHAT WAS DONE
Community Orientation	ADC orientations: one in each of six sites	April – May 2018	Meetings covered an array of important topics, including an overview on newborn health, premature births, and KMC; district-specific data on neonatal mortality trends; and an overview of the campaign and evaluation findings. Myths and misconceptions were revealed and addressed, and the team advocated successfully for stronger community roles in the prevention of neonatal mortality. At the conclusion of each meeting, suggestions were received for how to improve the project and how to sustain efforts. In addition, specific sites were selected within each ADC.
	Community sensitization meetings: conducted in each GVH	April – May 2018; 1 per GVH	Aimed to address myths and misperceptions regarding newborn illness and deaths, particularly PTB/LBW babies. They also served as an opportunity to introduce CHAG members to the community to improve acceptance of their services at household level. During each one, numerous activities were undertaken, including dramatic plays, traditional dances, and poems, as well as expert talks on KMC by the district's newborn focal person to sensitize communities on the importance of support to mothers and families in providing such care.
	CHAG orientations	May – June 2018	3 CHAGs were oriented in phase 1; the other 22 were oriented in phase 2, although three received delayed orientations.
Implementation	Health worker trainings and HSA orientations	May – June 2018; held at 5 health centers reaching both new and old sites	These trainings were comprehensive, aiming to reach every person as the facility level, including: nurses, HSAs, clinicians, patient attendants, ground labourers, watchmen, clerks, and HIV/AIDS Diagnostic Assistants. They served as a refresher training for some, and covered a blend of clinical content and campaign messages
	CHAG refresher trainings	Mid 2018 in two phase 1 sites	To sustain efforts in phase 1 CHAGs, and to address turnover in membership that occurred in Mtawa and Mpunga CHAGs, a series of refresher trainings were held. These two-day trainings were provided to CHAG members and HSAs to provide updates on the campaign package, rehearse key messages, refresh KMC skills, and review the reporting system for the campaign.

	ACTIVITY	DATE/ FREQUENCY	WHAT WAS DONE
Monitoring	CHAG refresher trainings	early 2019 in phase 2 sites	In early 2019, additional refresher trainings were held in the newer intervention sites, all overseen by the Senior Chief Nyambi. These covered: overviews of the KnM campaign; information on KMC; strategies on how to disseminate key messages and campaign information; orientation on activity data capture and reporting (report forms); and the development of implementation plans.
	CHAG monitoring visits	For all 22 new CHAGs	Follow up visits were arranged to all 22 CHAGs and conducted jointly by SNL and DHT. Objectives were to review implementation progress; assess level of skill with regard to delivery of messages by CHAG members; review reporting forms and documentation; provide a refresher on any identified information gap; and discuss challenges and identify course corrections as required.

SUCCESSES

In Machinga, the district team recorded many strengths during expansion phase implementation, including:

- Relationships between CHAGs and community members were strong, and relationships with HSAs were supportive and collaborative.
- Efforts were being sustained within GVHs from the pilot phase, despite decreased external support.
- There was a strong perception across CHAGs that babies were being saved and families were being supported.

> **"Overseeing the campaign is a very motivating job as it is saving our villages. These preterm babies will be our subjects and mabye even our future chiefs. Thus, we want nothing more than to save them. We do not find it challenging, but instead comforting. We try to encourage each other to really try to reach out to communities as much as possible.**
>
> -Mpotola Chief

Increased community engagement and knowledge was cited as one reason for this:

- Mpotola noted that men were practicing KMC, accompanying women to ANC visits, and seeking support and advice from CHAGs, and in Chitanganya, CHAG members used examples of men performing skin-to-skin care as a result of the images showcased in the flip charts.
- In Chilala, care-seeking for PTB/LBW babies has shifted to the community, and the death of a baby is perceived and handled the same way as the death of an adult. When needed, members of the CHAG and family members support with household chores and moral support. Relationships with the district hospital and HSAs appeared to stay strong in Chitanganya, including through the use of WhatsApp messages to communicate between CHAG members and staff.

Disseminating messages, and providing materials and supplies:

- CHAGs reported that they found dramas to be the preferred channel for disseminating messages; Mpotola even developed story lines using key messages from the campaign.

- All CHAGs reported ensuring that pregnant women are well educated before the delivery of a baby, and the Chilala CHAG even closely collaborates with HSAs to deliver messages through local health clinics that reach women from other TAs within the district.
- While registers and reporting tools ran out in pilot phase sites, some CHAGs overcame that – such as in Chilala, where they collected nominal funds to photocopy reporting tools for once the original registers were full.

> **"CHAGs were initially meant to be the messengers but they unexpectedly changed their role and insisted on assisting caring for families. This behavior has motivated mothers to change behaviors as well.**
>
> -Mpotola CHAG (Rashid Kankhomba–HSA)

- Despite scarce resources, CHAGs fundraised internally to keep up motivation within the community. In Chitanganya, money collected is used to buy prizes for quizzes during community dialogue sessions, and they have plans to reward KMC-practicing mothers during a future Open Day. And CHAG members in all three sites contribute cash to buy gifts for PTB/LBW babies and families, both to celebrate the newborn and encourage quality care by the mother.

CHALLENGES

Despite the impressive successes, several challenges were documented, many of which are similar to those reported in Thyolo.

- There were some inconsistencies in key message delivery, and some reporting forms were not properly completed, with inconsistencies between data registers and reporting forms. These were addressed through refresher trainings to CHAG members.
- Transportation remained a critical challenge, with Chilala specifically referencing instances where labor begins in the evening and thus transportation to the hospital is even more challenging than during the day. All CHAGs noted their desires to receive support with securing bicycle ambulances and motorbikes to reach remote catchment areas and neighboring TAs.
- Dissemination methods are strained by lack of resources; for example, no CD players for the CDs that were provided during the pilot phase. In some instances, CHAGs borrowed a CD player or hired a PA system, but more permanent solutions are needed.

Photo Credit: Elaine Scudder

SUCCESS STORY

Alile* was 20 years old when she delivered twin girls at Nyambi Health Center who weighed 1800 and 1600 grams at birth. After giving birth, she stayed at the health center for three days where she was educated on KMC, and advised to return for follow at the facility on a weekly basis after discharge.

Alile heard of the *Khanda ndi Mphatso* campaign from the Chitanganya CHAG members that came to visit her once she was home, and through a drama that the CHAGs organized in her village. They counselled her on the need for continuous skin-to-skin contact and returning for follow up at the health facility, and they provided her with some household items like soap.

Alile believes that most people in her village used to have negative perceptions of preterm babies, calling them cats or mice because of how small they were and how they looked. But thanks to the campaign, Alile has seen a large shift in perception, and credits the CHAGs and facility staff with that progress. While there is still a need for more sensitization, she finds the dramas successful because they match humor with proper care messages, which has a distinct way of getting through to people.

With support from her sister, Alile was able to continuously nurse her daughters through skin-to-skin contact, and returned for follow up at the clinic every Thursday for the next seven weeks. Her baby girls were eventually discharged from the health facility at health weights of 3000gms and 3400gms, respectively. Alile recalled, "These babies have been cared for and raised by the whole community, my sister, my mother, our neighbours all took part in the care for these babies. Their help also gave me courage to continue caring for the babies." Three and a half years later, both girls are now healthy and in nursery school.

*Name changed to protect the identity of the subjects.

KEY FINDINGS AND RECOMMENDATIONS

The progress made and challenges faced in this GVHs identified several key findings:

- **Perceived values of PTB/LBW babies can be improved.** Chiefs and CHAG members reflected upon the value of saving lives, noting that these children could even be future Chiefs of their own, and community members frequently reported providing support to affected families to ease the burden and encourage proper care. This finding aligns with the findings from the 2017 evaluation, further concluding that this campaign can save vulnerable lives in Malawi.
- **Strong supportive relationships with local health systems and workers are needed.** Support from HSAs is critical for ensuring linkages with health facilities and coordinating refresher trainings and capacity building efforts for CHAG and community members. By building strong relationships with DHMTs, the communities could strengthen referral chains, advocate for future resources, and expand to new communities.
- **Behaviors, perceptions, and norms can be changed with limited financial investment, but sustained program support is valuable.** The CHAGs that participated in the pilot phase wanted to continue implementation and to expand their reach, but were limited by financial and resource constraints. The CHAGs that were newly engaged in the expansion phase felt that their efforts could be further expanded through limited additional support. Nevertheless, the motivation shown by CHAG members to devise new messages and dissemination platforms, to fundraise for needed resources, and to support women and families were impressive and sustainable.
- **Resources required are minimal, but a few key materials are needed.** Communities and CHAGs were innovative in developing dramas, songs, and dances around the key messages of the campaign, even when additional support such as CDs were not available. Flip charts were found to be incredibly useful by CHAGs, particularly as they are portable and can be taken when doing outreach in neighboring communities. Bicycles and t-shirts are not particularly expensive items, and would be invaluable to continuing to expand the reach of the campaign.

Photo Credit: Lawrent Kumchenga Save the Children International


Photo Credit: Tabitha Mikeka, Thyolo District Hospital


Photo Credit: Harrison Nzamba The Polytechnic

From these findings, several clear recommendations emerged.

For CHAG members:

- Continue to engage all members of the community when disseminating messages, particularly men and religious members that may be less inclined to seek proper care when needed.
- Explore ways to maintain innovative communication streams with HASs and hospital staff, such as WhatsApp, which will support with case tracking, referrals, and follow-up counseling.
- Consider innovative ways to encourage families to provide appropriate care, including supporting with household chores and developing by-laws that punish derogatory behaviors.


Photo Credit: Elaine Scudder

For district implementers and decision makers:

- Supportive supervision and refresher trainings are needed, particularly on register completion, as staff retention and turnover is a challenge
- Further advocacy and sensitization to DHMTs and HSAs, particularly regarding sustained budgeting and support within District Implementation Plans (DIPs) for programs like this campaign. That might include trainings for facility workers and community leaders, site visits to capture successes and recommendations to apply in other sites, and a sufficient supply of registers and materials.
- Provide periodic materials, particularly flip charts, CD players, and CDs. Some CHAGs were able to share these supplies, and thus such equipment is sustainable, which means this is not likely to be a constant expense.
- Provide transportation support for reaching outlying catchment areas and neighboring CHAGs/ communities. This includes bicycles for CHAG members and Chiefs to organize community events, as well as ambulatory support or facility transport for when far-reaching women go into labor, or need to return for follow-up care.
- Encourage and organize exchange visits between CHAGs. This will support with identifying common challenges and recommendations, will encourage norm changes as communities observe changing practices and positive outcomes in neighboring sites, and will engage new communities in life-saving practices.

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For almost two decades, Save the Children's Saving Newborn Lives (SNL) program—a globally recognized leader in newborn health and respected voice in countries—has sought to reach the world's most vulnerable newborns and help them survive the first month of life. SNL seeks to reduce global neonatal mortality by providing catalytic inputs to develop packages of effective, evidence-based newborn care interventions and to implement these innovations at scale.

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