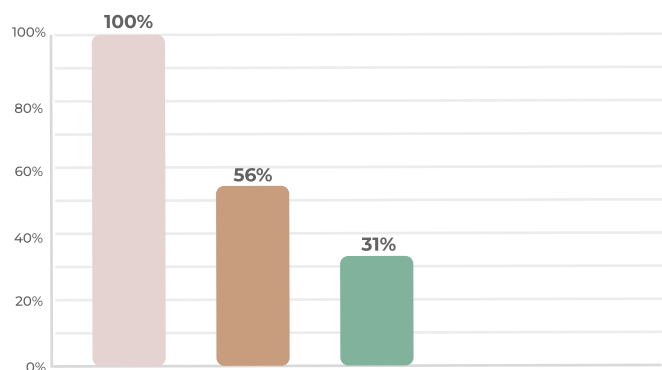


Effective coverage for small & sick newborns

Example results synthesis*

Small & Sick Newborn Effective Coverage Cascade



Population in need

All births (Women with a live birth in the last five years)

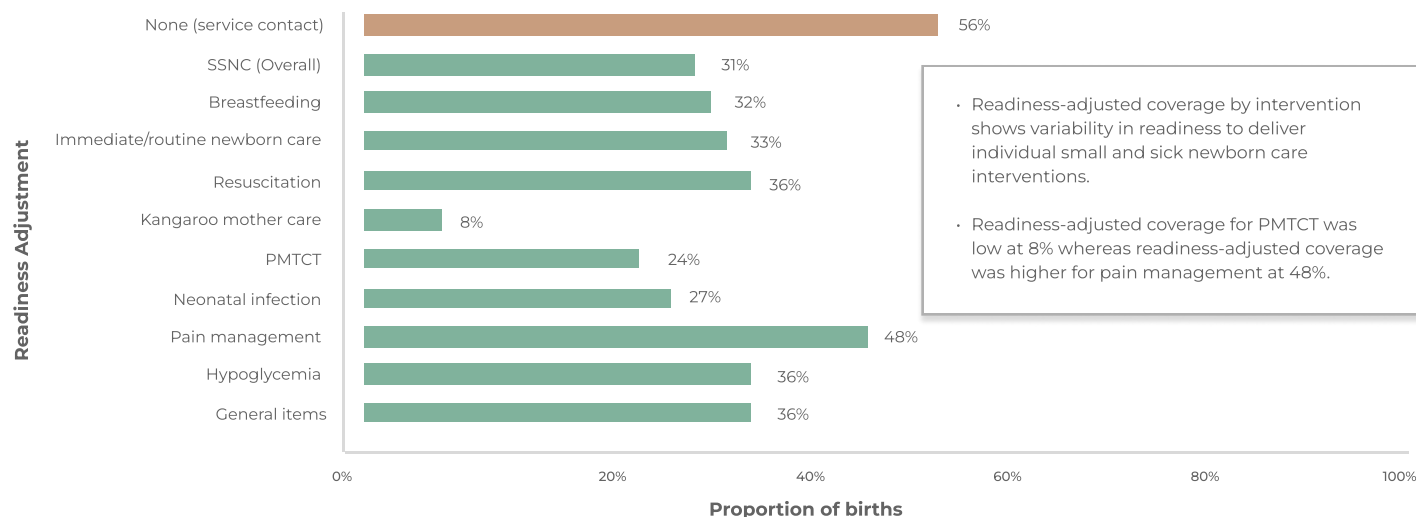
Service contact

Baby born at a health facility

Readiness-adjusted coverage

Baby born at a small and sick newborn "ready" facility

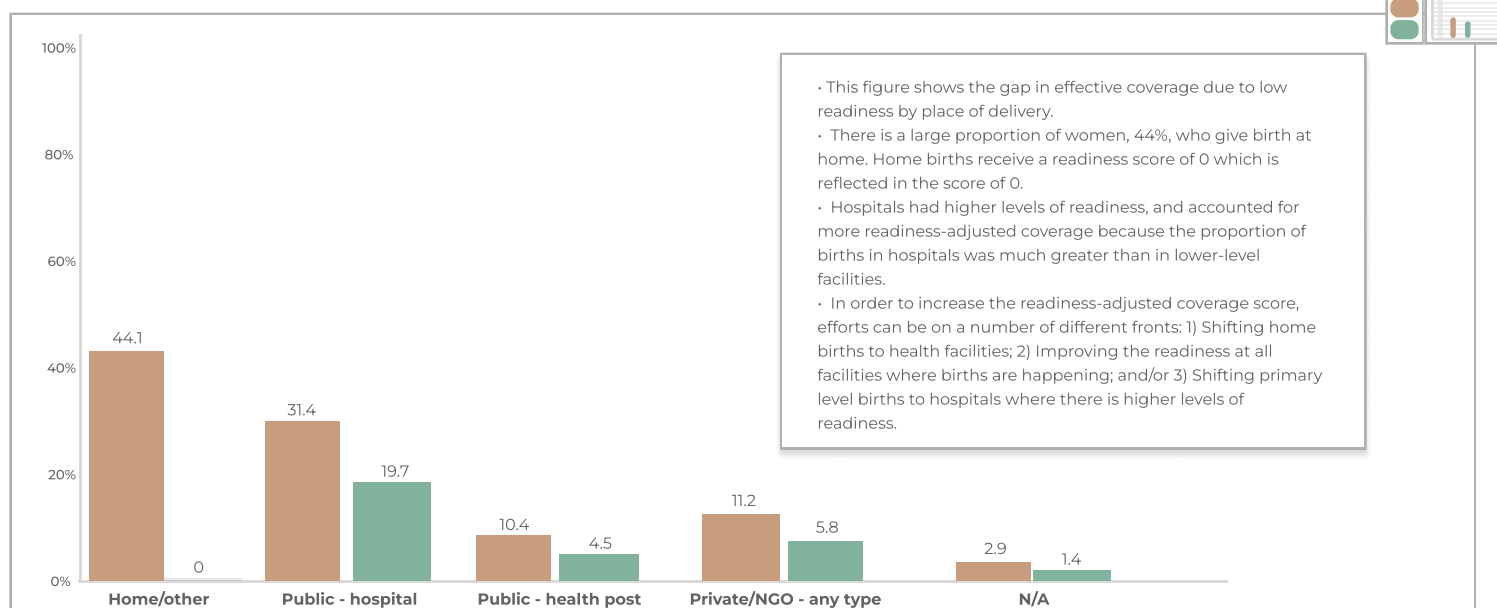
- Across the small and sick newborn care (SSNC) cascade from target population to readiness-adjusted coverage, there is a gap of 69 percentage points.
- The overall service contact gap from target population to service contact is 44 percentage points while the overall readiness gap from service contact to readiness-adjusted coverage, is 25 percentage points.



- Readiness-adjusted coverage by intervention shows variability in readiness to deliver individual small and sick newborn care interventions.
- Readiness-adjusted coverage for PMTCT was low at 8% whereas readiness-adjusted coverage was higher for pain management at 48%.

Readiness-adjusted coverage estimates are driven by where newborns are taken for care and the readiness of that care.

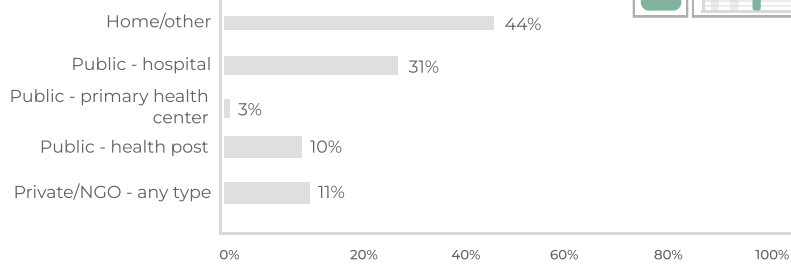
Proportion of women delivering at a facility and readiness-adjusted coverage by facility type



- This figure shows the gap in effective coverage due to low readiness by place of delivery.
- There is a large proportion of women, 44%, who give birth at home. Home births receive a readiness score of 0 which is reflected in the score of 0.
- Hospitals had higher levels of readiness, and accounted for more readiness-adjusted coverage because the proportion of births in hospitals was much greater than in lower-level facilities.
- In order to increase the readiness-adjusted coverage score, efforts can be on a number of different fronts: 1) Shifting home births to health facilities; 2) Improving the readiness at all facilities where births are happening; and/or 3) Shifting primary level births to hospitals where there is higher levels of readiness.

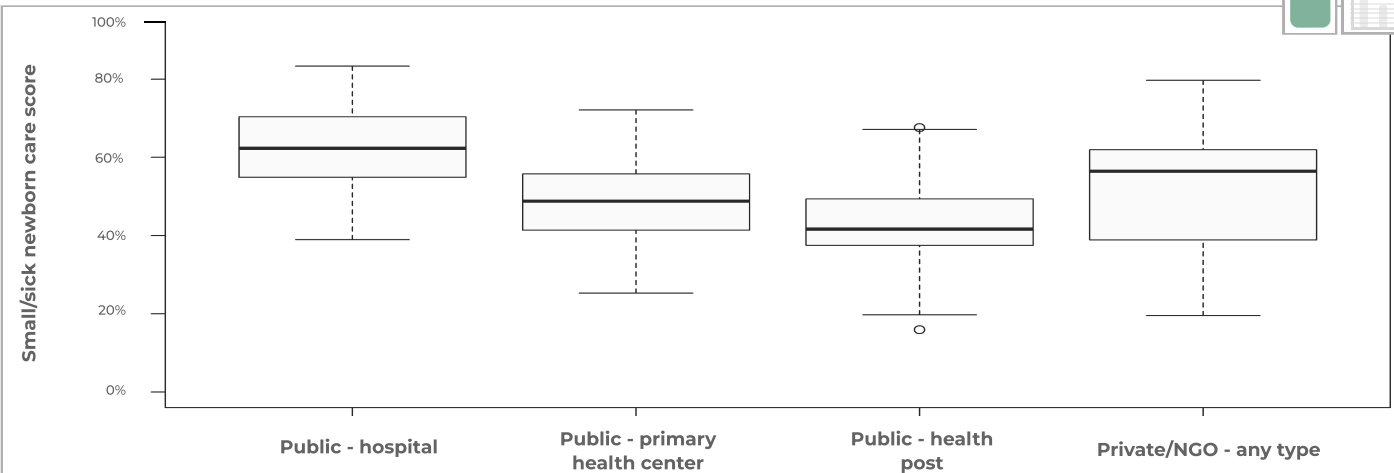
*Although these examples were produced with real country data, this is not intended to be the definitive effective coverage estimates for the country and rather serves as an example of how effective coverage cascades may be presented.

Variation in source of care



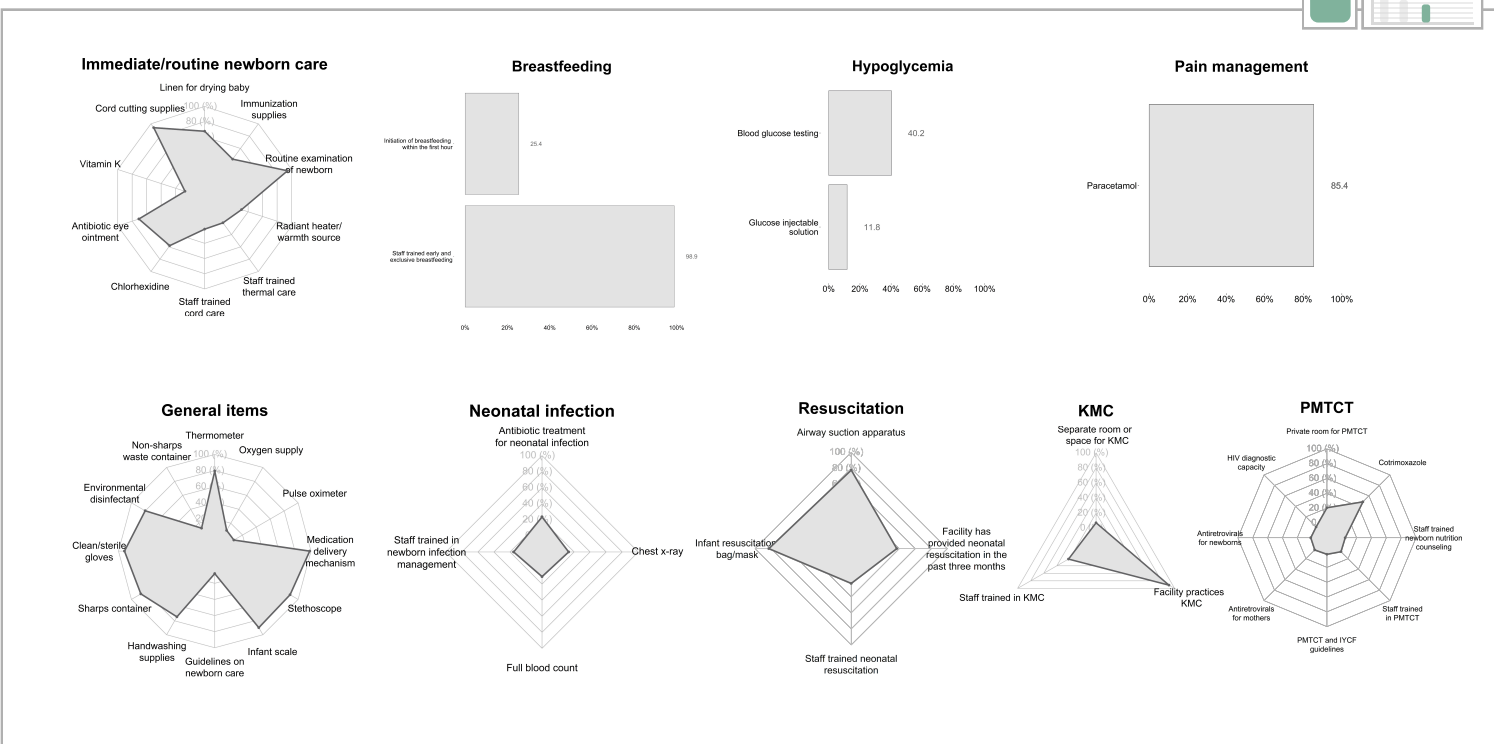
- We are looking at the variation in source of care because where women seek care has an impact on readiness-adjusted coverage estimates.
- There is substantial variability in the location where women seek delivery care.
- The majority of women gave birth at home (44%) while the most common location where women sought care was at a public hospital (31%). However, women also sought care at public primary level facilities as well as in the private sector.

Distribution of facility readiness scores by facility type/managing authority



- In the public sector, there are differences in readiness between referral and first level facilities, with a 14-point gap between hospitals and primary health centers.
- In the private sector, readiness is at a level similar to primary health centers.

Facility readiness scores by domain



- Individual readiness items grouped by intervention domain demonstrates that some interventions have more gaps for small and sick newborn care, most notably, PMTCT, KMC, and neonatal infection.
- Individual item availability is variable with some items being nearly universally available, such as cord cutting supplies, while other items had more limited availability, such as full blood count.