

IAWG Newborn Initiative:

Evaluation Findings

October 2020 – July 2024

Acronyms

BEmONC	Basic Emergency Obstetric and Neonatal Care
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
EENC	Early Essential Newborn Care
EmONC	Emergency Obstetric and Neonatal Care
ENAP-E	ENAP in Emergencies
ENAP-EPMM	Every Newborn Action Plan - Ending Preventable Maternal Mortality
ENAP-EPMM CIG	ENAP-EPMM Country Implementation Group
GHC	Global Health Cluster
GHC SRH TT	GHC Sexual and Reproductive Health Task Team
HBS	Helping Babies Survive
IAWG	Inter-Agency Working Group on Reproductive Health in Crises
IAWG MNH SWG	IAWG Maternal Newborn Health Sub Working Group
INGO	International Non-Government Organization
INI	IAWG Newborn Initiative
KII	Key Informant Interview
KMC	Kangaroo Mother Care
MHPSS	Mental Health and Psychosocial Support
MNH	Maternal Newborn Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
PPH	Postpartum Hemorrhage
SAC	Safe Abortion Care
SRH	Sexual Reproductive Health
SSNC	Small and Sick Newborn Care
ToR	Terms of Reference
UN	United Nations
VCAT	Values Clarification and Attitude Transformation

Background

The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) Newborn Initiative (INI) was formed in October 2020 to accelerate global preparedness and response to deliver high quality maternal and newborn health (MNH) care, and to improve newborn health and well-being in humanitarian and fragile settings. The INI has a dual mandate: 1) to provide sustained and directed support to the global agenda for newborn health in humanitarian settings, as delineated in [the *Newborn Roadmap*](#); and 2) to ensure global progress that reflects the intentional efforts to integrate MNH programming across the development and humanitarian sectors. While the primary focus of the INI was to uphold the objectives for newborn health outlined in the *Newborn Roadmap*, it was paramount to integrate these efforts within ongoing maternal and newborn health initiatives, and thus the mandate expanded to consider the dyad in all efforts.

Objective & Guiding Questions

This evaluation examines the progress made by the global community to advance the objectives and commitments made in the [Newborn Roadmap from 2020 – 2024](#) and seeks to identify future MNH priorities within the unfinished agendas.

Methodology

The evaluation findings are comprised from a desk review, global survey, and key informant interviews. The desk review looked at the terms of reference, workplans, and outputs of the INI, IAWG MNH Sub-working Group (SWG), and Global Health Cluster Sexual and Reproductive Health Task Team (GHC SRH TT). Documented achievements were mapped across the nine objectives of the *Newborn Roadmap* ([Annex 1](#)). The relevant MNH in humanitarian settings resources, tools, and advocacy work were compiled in a bibliography ([Annex 2](#)). A short survey was distributed in English and French via email to the IAWG listserv and relevant partners, including ENAP-EPMM (Every Newborn Action Plan-Ending Preventable Maternal Mortality Group). We received 85 responses for analysis. Finally, in-depth interviews were held with 19 key informants from 13 organizations inclusive of UN, donors, INGOs, and one local organization.

The limitations of this evaluation include the limited language availability of the survey (English and French) and interviews (English). The survey respondents included high representation for those working at the global level and in the Africa region but was lacking from other regions. The timeframe for data collection was May 2024 which may have limited the availability of survey and interview respondents who were traveling or out of the office. KII respondents were purposefully selected by members of the INI based on who they worked with on MNH at the global level and those who were involved in the development of the *Newborn Roadmap*. Staff turnover meant not many who were involved in launch of the *Newborn Roadmap* were available to be interviewed. Finally, given the *Newborn Roadmap* was a global document and the mandate of the INI was at the global level, this evaluation is focused on the global agenda. Future work could be done to better understand what is being accomplished at the regional, national, and sub-national levels to advance MNH in humanitarian settings.

Findings

Top Achievements during the period of the Newborn Roadmap (2020 – 2024):

The global survey found 74% of respondents felt that the prominence of MNH needs in humanitarian settings had increased since 2020. Driving this sentiment, the INI and its partners conducted activities and produced outputs for all 9 objectives of the *Newborn Roadmap* during this period. The INI and partners produced strong global guidance, technical briefs, research products, advocacy messaging, and blogs through collaborative efforts with diverse stakeholders on a variety of MNH in humanitarian settings issues ([Annex 2](#)). The INI's efforts to meaningfully engage in many traditionally development focused working groups paid off as interview respondents felt the consideration of fragile and humanitarian settings is now a default in these global working groups for MNH (Objective 6). Representatives who have not worked in humanitarian contexts are now much more aware of specific needs and considerations for women and newborns affected by crises (Objective 9). There are representatives from the humanitarian community on the ENAP-EPMM CIG (Objective 7). The maternal – newborn dyad is emphasized as critical, joining maternal and newborn health discussions that were previously separate (Objective 1). Reflections from survey respondents on the most significant achievement for MNH are shown in [Chart 1](#).

Chart 1:

What do you feel is the most significant achievement of MNH in Humanitarian Settings work since 2020? (N=85)



One respondent answered "other"

Newborn Roadmap Objectives

- 1 **Strengthen** the mother-newborn dyad in humanitarian crises
- 2 **Expand** access to dignified and quality care during pregnancy, delivery, and post-partum
- 3 **Deliver** appropriate care for small and sick newborns Register every birth and count every newborn death and stillbirth
- 4 **Register** every birth and count every newborn death and stillbirth
- 5 **Strengthen** linkages with key humanitarian sectors across the continuum of care
- 6 **Facilitate** coordination across the humanitarian-development nexus
- 7 **Empower** communities and governments through partnerships that promote innovative and sustainable solutions
- 8 **Explore** innovative approaches and conduct research to support service delivery in humanitarian settings
- 9 **Increase** the visibility of newborns in humanitarian settings

Implementing partners found the *Newborn Roadmap*, and the products it generated, a useful resource to advocate and prioritize MNH within their organization's broader primary health and SRH programming (Objective 5). At the global level, an SRH task team (inclusive of MNH) was established as part of the Global Health Cluster to highlight SRH needs (Objective 5). Respondents appreciated the rich technical discussions happening at the global level to ensure updated global guidance includes considerations for MNH in humanitarian settings (EmONC revisions, KMC, PPH, MPDSR) (Objectives 2, 3, 4, 6). MDPSR is seen as a great way to strengthen evidence-based programming for MNH in humanitarian settings. Progress has been made at the global level to research feasibility, adapt tools and trainings, and update guidance for humanitarian settings (Objectives 4 and 8). A landscape analysis was conducted for KMC in humanitarian settings, which spurred the launch of a KMC in Emergencies Task Team in 2024 to ensure forthcoming KMC guidelines are inclusive of humanitarian settings (Objectives 2, 3, and 8). Implementing partners appreciate the standardized MNH clinical training packages (EENC, HBS, etc.) in particular, which can be easily adapted for different contexts. Respondents felt there were improved training resources and increased professionalism of the midwife cadre globally, which supports task sharing and improves access to skilled birth attendance. Respondents mentioned growing interest at the global-level in community-based MNH approaches (Objective 2).

Value Add of INI:

Respondents consistently attributed these achievements to the dedicated time and staffing provided by the INI to advance workplans in global working groups such as IAWG MNH, GHC SRH TT, ENAP-EPMM, MPDSR in humanitarian settings, etc. The INI was responsible for the momentum and traction in these working groups to progress MNH activities and coordinate across stakeholders. For the two-thirds of survey respondents familiar with the INI, 44% felt the biggest value add was linked to global coordination to accelerate the *Newborn Roadmap* and humanitarian MNH agendas, 19% said the biggest value-add was the global advocacy around newborn health in humanitarian settings, and 17% responded the biggest value add was the production and dissemination of technical resources and learning.

The INI provided key focal points for MNH in humanitarian settings. The INI was a resource that could be accessed by anyone looking to learn more or in need of support related to MNH in humanitarian settings. With the same people representing the INI throughout its duration, there was consistent messaging across platforms and working groups, contributing to that mainstreaming of humanitarian considerations in development groups. This investment in the INI is evidence of what can be accomplished at the global level with dedicated staff time to advance an initiative.

Remaining Gaps / Unfinished Agendas:

While MNH in humanitarian settings receives more attention in global forums and media, the changes are not being detected at the field level by respondents who work at the global level. There is a need to better understand what is happening (and not happening) for MNH programming at the field level during preparedness, response, and recovery phases. Global partners should be directly addressing the barriers to implementation in these settings in a supportive manner. Respondents said the field work should drive the agendas and workplans of these global groups instead of the other way around.

Related to this gap of knowing what is happening in the field, the global community needs better data and indicators to monitor MNH needs and care in humanitarian settings. This information should directly inform global conversations to better address the specific needs in these contexts. National level statistics often mask the realities in crisis-affected areas. Humanitarian data can be too limited looking only at access and coverage without providing any information on monitoring quality of care. The nature of humanitarian settings creates additional challenges for collecting high quality data, yet good data is possible when resourced and prioritized.

Implementing partners requested better understanding from global stakeholders on the need to integrate and create horizontal linkages for MNH across the continuum of care as well as other sectors outside of health (nutrition, MHPSS, protection, etc.). People affected by crisis have complex needs that span diverse sectors. Increasingly “niche” vertical guidance can be overwhelming for generalist project managers trying to implement a multi-sector response.

The primary barrier cited to the lack of progress for MNH in humanitarian settings were challenges related to funding. Sufficient and sustained funding and dedicated resources for MNH in humanitarian settings are lacking, especially for delivery care and EmONC. Global rates of maternal mortality remain stagnant and entrenched in humanitarian contexts, and respondents felt this was due to a lack of sufficient and sustained resources in these places. Respondents pointed out that most humanitarian funding goes towards improving access and coverage of primary health care and while that should include safe delivery care, they felt that was rarely prioritized within program budgets and workplans due to cost and complexity.

Priorities for moving forward the “unfinished agendas:”

Donors

The priority is direct messaging to donors on why and how to allocate resources to MNH in humanitarian settings. Donors who were interviewed requested more communication from humanitarians that highlights the urgent needs of women and newborns in humanitarian settings, more data showing the problems, and voices from affected populations. Donors asked for more education and awareness raising on where to direct funding for MNH within the humanitarian sphere.



We would like to see more commitment, coordination, and leadership among donors. Donors want to leverage each other’s investments, but no one is stepping up for MNH.

Based on this evaluation, there are many options for where donors and organizations can direct their resources to improve MNH in humanitarian settings.

- More funding is necessary to create a resilient foundation for quality MNH care before during and after a crisis. This includes infrastructure rehabilitation, workforce development, basic clinical competencies, and referral pathways (back to basics).
- For governments and development partners, donors must require a more equitable approach to health systems strengthening and infrastructure investment that's inclusive of areas prone to crisis. EmONC service availability, readiness, and quality needs to be prioritized in these efforts.
- When funding humanitarian partners, infrastructure rehabilitation and workforce development must be permissible and prioritized within humanitarian health programming.
- Donors should hold humanitarian partners accountable to addressing the direct causes of maternal and newborn mortality, going beyond the inclusion of ANC and PNC, in a primary health model.
- In addition to making BEmONC more prominent in a primary health care package, donors should invest in community-based MNH service delivery as well as secondary level care (CEmONC and SSNC) in humanitarian settings.

In addition to the “hardware investments” of infrastructure, referral systems, healthcare workforce, supplies, and data systems, for MNH in humanitarian settings, larger investments are needed to scale up high impact practices. Respondents felt like the tendency for humanitarians to focus on coverage and access, in line with their funding, left a gap in resources going towards high impact practices to directly address causes of excess maternal and newborn mortality. The short term, blanket funding mechanisms common in humanitarian funding structures make it challenging to implement high impact practices, even when feasible and relevant. High impact practices funded through development streams are not extended to fragile and humanitarian contexts, which is a missed opportunity. Research and data collection need to be prioritized for funding as a part of robust implementation efforts instead of standalone activities. These types of investments require significant resources dedicated to MNH over sustained periods of time, not typical of humanitarian response funding cycles, however they are essential to make progress on the SDGs and address the stagnant, disproportionate burden of mortality in these settings.



We know what it would take for us [the global MNH community] to move forward. But we need to first sort out health workforce, supplies, infrastructure, referral, and data systems. When you look at what we're investing in, it is in-service short-term trainings. Investing in software without the hardware – what we need is the vehicle to deliver that software. Donors and governments need to create or repair the health system infrastructure for real before we can move forward.

Humanitarian Partners

The humanitarian community should continue to actively engage in the development of global guidelines. While respondents applauded the progress of including humanitarian considerations in global guidance, many felt a short chapter or page was insufficient given the diversity of humanitarian contexts. Humanitarian considerations should be integrated throughout. This is best done through meaningful participation from affected communities and humanitarian responders. Respondents reported that field teams and affected communities appreciated the opportunities to provide input into global guidance. Humanitarian representatives should find creative ways to continue to amplify their voices without adding burden.

On the global stage, the humanitarian MNH community needs to articulate how to prioritize MNH within the movements for localization and climate change. Respondents felt that it was important that MNH experts lead the MNH work within these cross-sectoral trends. For localization, respondents felt it was important for the MNH community to gather best practices for engaging and supporting midwifery associations in fragile and humanitarian settings. Additionally, it was suggested to evaluate how global MNH partners can best offer supportive supervision, VCAT, and mentorship to local partners engaging in humanitarian settings. Every single respondent mentioned the climate change agenda and while there was agreement on the importance of engaging, especially as climate change makes communities more vulnerable to humanitarian crisis, it remains unclear what this means for humanitarian MNH implementation. While this did not fall under the remit of the INI, it is an important consideration for continued work.

Global guidance must include dissemination and operationalization plans specific to humanitarian communities. Respondents felt that the global humanitarian groups such as IAWG and the GHC (including SRH TT) are well positioned for this task. Implementing partner respondents stressed that guidance should be accessible (with language translations as well as translations for more generalist practitioners) and indicate parameters for feasibility of implementation given the diversity of humanitarian settings. There should be recommendations for how to integrate new

guidance and best practices into broader primary health and multi-sector humanitarian responses. Updated clinical guidance should be short and simple, accompanied by tools and *jobaids* to facilitate any changes in clinical practice. When possible, costing information and funding sources for implementation should be included so that governments and response teams can advocate for sufficient resources for implementation. Global guidance operationalization in humanitarian settings should be monitored, documented, and communicated back to the global community for continued learning.

Respondents called for more programming and implementation focus on MPDSR, Safe Abortion Care, Kangaroo Mother Care, and other high impact practices to improve quality of care for MNH in humanitarian contexts. To do this, the humanitarian MNH community needs to find ways to better integrate these MNH initiatives into broader primary health programming as well as orient and train generalist humanitarian practitioners to become MNH champions. Respondents felt that humanitarian responders could be bottlenecks when they weren't aware or were intimidated by high impact interventions for MNH in humanitarian settings.

Governments and Development Partners

Respondents acknowledged that governments and development partners need to prioritize fragile, crisis prone settings to ensure progress towards meeting the SDGs. Development partners do not need to become humanitarian responders, but rather focus on building more equitable and resilient health systems that will provide a stronger foundation for humanitarian responders when a crisis occurs. Humanitarian respondents want to see more resources and engagement going to preparedness and resilience from governments and development partners, extending to marginalized areas of countries where crises are more prevalent. In addition to infrastructure development for MNH, robust investment in workforce development should be a priority. It can be particularly challenging to conduct clinical trainings in the midst of crisis, and the availability of qualified master trainers in humanitarian settings is insufficient. When funded, humanitarian, development, and government partners can come together to work on preparedness efforts that anticipate the needs of women and newborns in all stages of a humanitarian crisis.

Global MNH Community

Respondents felt the proliferation of working groups for MNH is overwhelming to stakeholders. It creates a feeling that the MNH community is quite disparate which can make it challenging for outsiders and generalists to navigate. Efforts to streamline global working groups, as was done with ENAP-E, should be continued. When asked about the remaining advocacy agenda, 32% of survey respondents felt that “advocacy to donors to dedicate resources to MNH needs in humanitarian settings as a key part of the 2030 Agenda for Sustainable Development” should be the priority. 25% said “advocacy to governments to prioritize MNH needs in preparedness planning and improve service-delivery at the sub-national level for regions that are affected by crisis” should be prioritized and 22% responded “Advocacy to the humanitarian sector to keep MNH needs a priority within responses. [[Chart 2](#)]

Points of Variance / Nuance / Differences

Naturally, there were disagreements among respondents on several key issues.

- Some respondents spoke about the need for increased funding for global coordination, as it can progress work that contributes to global agendas, as evidenced by the funding for the INI. However, others felt there was already too much funding going towards global working groups and some of this funding could be better spent if directed towards implementation.
- Another issue with discrepant perspectives was around the data collected and shared from humanitarian settings. Donors spoke of the need for humanitarian partners to share better data exhibiting the needs of women and newborns in humanitarian settings, however humanitarian partners discussed the challenges of collecting this data and feeding it up without dedicated funding.
- Donors and global partners mentioned the need for more research to better understand the “how-to” implement high impact interventions in these settings. However, implementers were adamant that donors need to fund full-scale implementation, first and foremost, and ensure robust monitoring systems for continued learning.
- The last discussion point that garnered discrepant responses was on the humanitarian-development nexus and how to engage. Everyone agreed that humanitarian and development organizations should partner more closely with one another to address MNH needs. Some respondents felt that so much global attention on the nexus was creating a false architecture that was cumbersome to navigate, and a rebranding was necessary to overcome the false dichotomy of humanitarian versus development. Others felt it was necessary to preserve the unique mandates of humanitarian and development partners, hold one another accountable for progress in their respective areas, and come together to work collaboratively on overlapping issues like preparedness.

Conclusions

Investments from donors, like the one made to fund the INI, are effective at creating momentum and traction to advance issues like MNH in humanitarian settings on a global stage. These initiatives must be complemented by much larger investments directed to the field level to implement global guidance and provide feedback from implementers on what is needed from global technical working groups. While much work is being done at the field level to advance MNH in humanitarian settings, it is not feeding up into these global level discussions and efforts should be made to improve communication channels and representation. Robust and sustained funding for implementation of high impact practices for MNH in addition to EmONC infrastructure development needs to be directed at humanitarian settings to make progress for the SDGs. This must engage humanitarian, development, and government actors.

Charts and Graphs

Chart 1:

What do you feel is the most significant achievement of MNH in Humanitarian Settings work since 2020? (N=85)



One respondent answered "other"

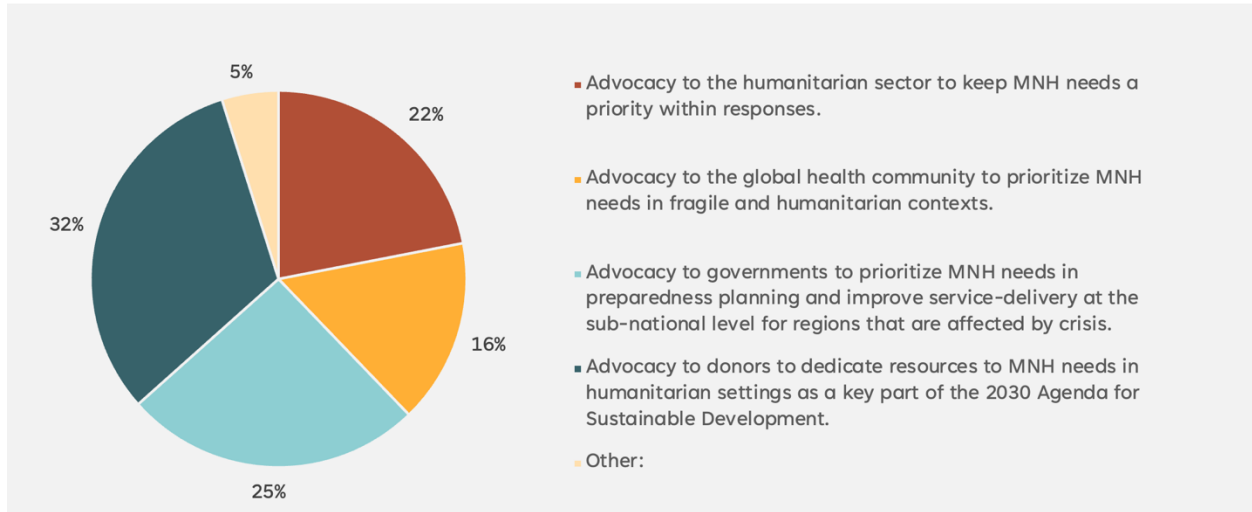
What do you think this achievement can be most attributed to? (N=85)



One respondent answered "other"

Chart 2:

Of the remaining advocacy agenda for MNH in Humanitarian Settings, what should be the priority?



Annex 1: Mapping of Newborn Roadmap Progress

Roadmap Objectives 2020 - 2024		IAWG MNH SWG	IAWG Newborn Initiative	GHC SRH TT
1	Strengthen the mother-newborn dyad in humanitarian crises	Relationship and position of INI within the IAWG MNH SWG ensured recommendations and guidance prioritized the mother-baby dyad		
		Kangaroo Mother Care: Conducted a Landscape Assessment on KMC in humanitarian settings, participated in KMCIE Task Team, and provided humanitarian considerations for WHO's KMC Practice Guide (Cross-Ref Obj. 3)		
2	Expand access to dignified and quality care during pregnancy, delivery, and post-partum	Global Guidance: Launched a website (digital hub) for The Newborn Health in Humanitarian Settings Field Guide in English, French, Spanish, and Arabic		
		Global Guidance: High Impact Health Interventions in Humanitarian Settings (H3) for MNH. Incorporated key MNH interventions into the core and extended packages for patterns to implement in protracted crises.		
		Supported the implementation of the MISP through coordination, advocacy, technical advising, and general support for frontline implementers.		
			Support to implementing partners to strengthen MNH in current responses (Afghanistan, Burkina Faso, CAR, Kenya, Mozambique, Nigeria, Somalia, South Sudan, Thailand)	
		Training Guidelines: Technical support to the IAWG Training Partnership Initiative to revise and update the BEmONC S-CORT and its use in humanitarian responses.		
		Advised on the production of Newborn Supply Kits with UNICEF		
		Support to GHC SRH TT to strengthen MNH components of humanitarian responses		
		Respectful Maternity Care: Hosted a technical consultation and produced a brief detailing promising RMC interventions for crisis settings. Hosted an event at IMNHC on RMC in Humanitarian Settings.		
3	Deliver appropriate care for small and sick newborns	Kangaroo Mother Care: Conducted a Landscape Assessment on KMC in humanitarian settings, participated in KMCIE Task Team, and provided humanitarian considerations for WHO's KMC Practice Guide (Cross-Ref Obj. 1)		
		Contributed humanitarian lens and chapter to WHO's Born to Soon Report (Cross-Ref Obj. 9)		
4	Register every birth and count every newborn death and stillbirth	Supported a Landscape Analysis with nested case studies on MPDSR in Humanitarian Settings		
		Supported the adaption of MPDSR resources for humanitarian settings		
		Contributed to WHO's upcoming global report on MPDSR that includes findings from landscape analysis and a case study from Uganda on hum settings		
5	Strengthen linkages with key humanitarian sectors across the continuum of care	Supported the establishment of the Global Health Cluster Sexual and Reproductive Health Task Team.		
		Ongoing relationships with WFP (Princess Sarah), Moving Minds Alliance / ECD Community, and Global Health Cluster		
		MNH + Nutrition: Produced a technical brief on MNH and Nutrition, collaborated with the MAMI Working Group, and hosted an IMNHC event on Maternal Nutrition in Humanitarian Settings		

Roadmap Objectives 2020 - 2024		IAWG MNH SWG	IAWG Newborn Initiative	GHC SRH TT
		MNH + MHPSS: Wrote a Call to Action for improving Maternal Mental Health in Fragile Settings; Global Landscape and Technical brief on Perinatal Mental Health in Humanitarian Settings; supported creation of Global Perinatal Mental Health Community of Practice.		
		MNH + SRH: Participated in the IAWG Self-Care task team to represent MNH. Authored two publications on self-care with IAWG.		
		MNH + Outbreaks: Worked with the READY Initiative to produce operational guidance on maintaining MNH services in an outbreak		
6	Facilitate coordination across the humanitarian-development nexus	Continued collaboration with Align MNH - published blogs, participation in April 2022 forum, collaboration at IMNHC 2023		
		Represented the humanitarian perspective with ENAP, EPMM, QoC Network, and PMNCH		
		Partnership with ICM, FIGO, ICH, IPA		
7	Empower communities and governments through partnerships that promote innovative and sustainable services	Supported UNICEF, Stanford, JHU, and Save the Children to produce “Case Studies on Newborn Health Policy, Strategy and Action Plan Implementation in Humanitarian and Fragile Settings”		
		Joined ENAP/EPMM CIGs and Secretariat to represent the humanitarian perspective		
		Collaboration with PMNCH		
8	Explore innovative approaches and conduct research to support service delivery in humanitarian settings	Developed a Learning Agenda for KMC In Humanitarian Settings		
		JHU register mapping for key MNH indicators (metrics)		
		Feasibility and Effectiveness of referral pathways from BEmONC to CEmONC in CAR and Nigeria		
9	Increase the visibility of newborns in humanitarian settings	A scoping review of maternal and newborn health content within English-language humanitarian response plans (HRPs) from 2015-2020 to map content against global strategies and guidance documents and analyze synergies and gaps. Developed a technical brief.		
		Contributing humanitarian perspective to WHO’s update of the Time to Respond report on global implementation of MPDSR		
		Contributed humanitarian lens and chapter to WHO’s Born to Soon Report (Cross-Ref Obj. 3)		
		Maternal and Newborn Mortality Dashboard		
		Raised the profile of Newborn Health in Humanitarian Settings through participation in Global Advocacy Days		
		Participation at Global Conferences (IMNHC, FIGO, ICFP)		

Annex 2: Resources / Tools / Publications 2020 – 2024

2020

- The Newborn Roadmap: [Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020 - 2024](#)
- Resource: [Effects of COVID-19 on Essential MNCHN/FP/RH Care and the Strategies and Adaptations Emerging in Response: Rapid Evidence Summary](#) (USAID MOMENTUM)

2021

- Technical Brief: A scoping review of maternal and newborn health content within English-language humanitarian response plans (HRPs) from 2015-2020 to map content against global strategies and guidance documents and analyze synergies and gaps.
- Blog: ["We end up losing babies for reasons we can easily prevent" Insights from Annes Mboya, nurse-midwife at Kakuma Refugee Camp](#) (Align MNH)
- Blog: [Every Woman, Every Child – but not Everywhere: The Unfinished Agenda for Maternal and Newborn Health in Humanitarian Settings](#) (Healthy Newborn Network)
- Blog: [Communities Help to Reduce Home Deliveries Through Facility Management Committees](#) (Advancing Partners & Communities)
- JobAids: [Recommendations for Maternal and Newborn Care During the Covid-19 Outbreak](#) (USAID MOMENTUM)
- Reference: [Core set of sexual, reproductive, maternal, newborn, child, and adolescent health indicators in humanitarian settings](#) (Dialogues in Health)
- Guidelines: [Digital Hub for Newborn Health in Humanitarian Settings Field Guide](#) (IAWG)
- Research: [An analytic perspective of a mixed methods study during humanitarian crises in South Sudan: translating facility- and community-based newborn guidelines into practice](#) (Conflict and Health)
- Research: [Assessing Respectful Maternity Care in a Fragile Conflict-Affected Context: Observations from a 2016 national assessment in Afghanistan](#) (Health Care for Women International)
- Research: [Neonatal mortality burden and trends in UNHCR refugee camps, 2006-2017: A retrospective analysis](#) (BMC Public Health)
- Resource: [Objective Structured Clinical Examinations \(OSCEs\) Forms for the Basic Emergency Obstetric and Newborn Care in Crisis Settings: Select Signal Functions S-CORT](#) (IAWG)
- Landscape Analysis: [Current state of perinatal mental health and burden of CPMDs for women in low- and middle-income countries](#) (USAID MOMENTUM)
- Call to Action: [Self-care...Everywhere? A Call to Action to Advance Self-Care for Sexual and Reproductive Health and Rights in Humanitarian and Fragile Settings](#) (Self-Care Trailblazer Group)
- Resource: [It's Time for the Global Community, Across the Humanitarian-Development Nexus, to Unite around Maternal Mental Health](#) (IAWG)

2022

- Dashboard: [Maternal and Neonatal Mortality in Humanitarian Settings Dashboard](#) (AlignMNH)

- Blog: [Digital Newborn Field Guide: a new website for improving newborn health in humanitarian settings](#) (Healthy Newborn Network)
- Blog: [Gender-Based Violence and Maternal and Newborn Health Outcomes](#) (Align MNH)
- Blog: [Tracking Progress in Mortality Reduction in Humanitarian Settings](#) (AlignMNH)
- Blog: [Cascading Impacts of the War in Ukraine: Mental, Maternal, and Newborn Health](#) (New Security Beat)
- Blog: [An Inextricable Link: Maternal and Newborn Health and Climate Change](#) (New Security Beat)
- Case Study: [IAWG: Inter-Agency Working Group on Reproductive Health in Crisis](#) (PMNCH)
- Reference: [High Impact Health Interventions in Humanitarian Settings \(H3\)](#) (WHO GHC)
- Resource: [The Silent Burden: Understanding Perinatal Mental Disorders in Low- and Middle-Income Countries](#) (USAID MOMENTUM)
- Resource: [The Humanitarian-Development Nexus: A Framework for Maternal, Newborn and Child Health, and Family Planning and Reproductive Health](#) (USAID MOMENTUM)
- Resource: [Approaching Implementation of Respectful Maternity Care in Humanitarian Settings](#) (IAWG)
- Guidelines: [Sexual and Reproductive Health and Rights During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings](#) (READY Initiative)
- Technical Brief: [Success Depends on Collaboration: Cross-Sector Technical Brief on Maternal and Newborn Health and Nutrition in Humanitarian Settings](#) (IAWG)
- Landscape Analysis: [The Humanitarian-Development Nexus: A Framework for MNCH/FP/RH](#) (USAID MOMENTUM)
- Report: [Saving Maternal and Newborn Lives in Refugee Situations: Evaluation Summary](#) (UNHCR)
- Scoping Review: [Self-care interventions for sexual and reproductive health in humanitarian and fragile settings: A scoping review](#) (BMC Health Services Research)
- Research: [Community-based referral transportation system for accessing emergency obstetric services in the Rohingya refugee camp during the COVID-19 pandemic in Bangladesh: facilitators and barriers through beneficiaries' and providers' lens using a mixed-method design](#) (Conflict and Health)
- Research: [Review of maternal death audits in refugee camps in UNHCR East and Horn of Africa and Great Lakes Region, 2017–2019](#) (International Journal of Gynecology & Obstetrics)
- Research: [Implementation of maternal and perinatal death surveillance and response \(MPDSR\) in humanitarian settings: insights and experiences of humanitarian health practitioners and global technical expert meeting attendees](#) (Conflict and Health)

2023

- Resource: [Case Studies on Newborn Health Policy, Strategy and Action Plan Implementation in Humanitarian and Fragile Settings](#) (UNICEF)
- Resource: [Self-Care for Sexual and Reproductive Health in Humanitarian and Fragile Settings: Barriers, Opportunities, and Lessons Learned](#) (IAWG)
- Resource: [Basic Emergency Obstetric and Newborn Care \(BEmONC\) in Crisis Settings, Select Signal Functions](#) (IAWG)
- Technical Brief: [Collaborating for Maternal Mental Wellbeing: Technical Brief on Perinatal Mental Health in Humanitarian Settings](#) (IAWG)
- Guidelines: [Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings](#) (READY Initiative)

- Blog: [Providing Essential Maternal and Newborn Care in Yemen’s Prolonged Crisis: A profile of BFD Yemen’s work supported by UNFPA](#) (Align MNH)
- Blog: [Humanitarian Response Plans and the Global Maternal and Newborn Health Agenda](#) (Align MNH)
- Blog: [World Refugee Day 2023 Q&A with Jihan Salad](#) (AlignMNH)
- Blog: [The state of maternal and newborn health in conflict affected contexts](#) (Healthy Newborn Network)
- Blog: [“The basics matter... let us make sure that every child gets skin-to-skin contact from birth to Kangaroo Mother Care”](#) (Healthy Newborn Network)
- Map: [2023 Countries with UN Humanitarian Appeals that Contribute to Global Maternal Deaths, Newborn Death and Stillbirth](#) (IAWG)
- Webinar: Maternal and Perinatal Death Surveillance and Response implementation in humanitarian settings (IAWG)
- Call to Action: [Global Call to Action for Sexual and Reproductive Health Self-Care in Humanitarian and Fragile Settings](#) (IAWG)
- Technical Brief: [National Programs for the Prevention and Management of Postpartum Hemorrhage and Hypertensive Disorders of Pregnancy: A Global Survey](#) (USAID MOMENTUM)
- Report: [“Midwives are Heroes of the Country” A mixed methods study on IMC-supported midwifery education in South Sudan](#) (IMC)
- Report: [Born too soon: Decade of action on preterm birth](#) (WHO)
- Policy Brief: [Women and Girls in Wartime](#) (The Wilson Center)

2024

- KMC Landscape Assessment (Bernard Van Leer Foundation products) - available on request
- Guidelines: [Stronger Together Integrating Gender-based Violence and Sexual and Reproductive Health Approaches in Humanitarian Settings](#) (UNFPA)
- Resource: [Examining Maternal and Newborn Health in Conflict-Affected Contexts: Country Profiles](#) (EQUAL Research Consortium)
- Resource: [Prioritization of Maternal and Newborn Health in Conflict-Affected Contexts](#) (EQUAL Research Consortium)
- Resource: [Rapid Assessment of Midwifery Education in Somalia and Northeast Nigeria](#) (EQUAL Research Consortium)
- Blog: [Prioritizing Maternal and Newborn Health in Conflict-Affected Contexts: Insights from the EQUAL Research Consortium](#) (Healthy Newborn Network)
- Research: [Complexities in crisis-affected contexts: a comparative case study of Maternal and Perinatal Death Surveillance and Response implementation](#) (Conflict and Health)

Upcoming

- WHO’s updated Time to Respond: A report on the global implementation of maternal perinatal death surveillance and response
- WHO's upcoming global report on MPDSR that includes findings from landscape analysis and a case study from Uganda on hum settings