SUPPLEMENTAL FILE 2: EXAMPLES OF INTERVENTIONS IN THE AREAS OF EMERGENCY OBSTETRICAL AND NEWBORN CARE IMPLEMENTED WITH GIZ SUPPORT

TABLE: EXAMPLES OF INTERVENTIONS IN THE AREAS OF EMERGENCY OBSTETRICAL AND NEWBORN CARE IMPLEMENTED WITH GIZ SUPPORT

Bangladesh	Provided extensive EmONC trainings for 3 hospitals, 2 nursing colleges and several primary health care centers; implemented a quality management program in EmONC sites of tertiary level hospitals to improve the work environment and staff motivation (5S Kaizen Total Quality Management system); Set-up EmONC suppliers, medications and equipment to ensure fast access EmONC services
Cambodia	In 25 EmONC facilities, implemented the regular coaching of midwives about 7 BEONC signal functions, with regular skills assessments of coached staff; Provided CEONC training to medical doctors on cesarean sections; support to blood banks and laboratories Ministry of health requested to install neonatal care units (NCUs) in all provincial hospitals; Trained and coached the NCU staff, and provided equipment to NCUs; Support provided to develop NCU guidelines with a focus on neonatal sepsis
Kenya	Provided on-the-job training and mentorship of birth-care providers with a focus on antenatal care and birth attendance; Implemented maternal death reviews
Kyrgyzstan	Trained anesthesiologists and intensive care doctors on EmONC, through a regional approach with expertise from Uzbekistan; In 2014 and 2015, the "Helping Mothers Survive" program trained more than 500 midwives on postpartum hemorrhage management; New EmONC guidelines and protocols were promoted; Support was given to implement a maternal audits program; Introduced transparent quality assurance mechanisms by means of accreditation
Malawi	Mentoring & coaching provided to 14 BEONC sites on BEONC signal functions; BEONC sites provided with at least one internal coach to support QI activities; CEONC facilities with both external and internal coaches; Skills labs established at CEONC sites around 11 pre-defined EmONC topics. An assessment of existing neonatal intensive care units was done, as well as a skill assessment of medical and nursing teams trained in immediate newborn care or working in neonatal care units
Nepal	Mentoring of hundreds of SBA and non-SBA nurses, medical doctors, anesthesiologists, blood bank technicians, in CEONC, BEONC and birthing centers, using standard QI tools developed by the National Health Training Center
Pakistan	Training of community midwives and lady home visitors on BEONC signal functions; Support to the development of a new method for estimating the maternal mortality ratio using community informants; Implementation of the WHO birth check-list
Tajikistan	Training of trainers for EmONC anesthesiologists and gyneco/obstetricians; Monitoring/supervision and quality assessment of EmONC countrywide; Supported the development of local clinical protocols and standards on anesthesia and resuscitation in obstetrics care. Maternal audits. Training sessions were provided to 400 health workers / year (doctors, midwives, nurses) on essential care for every baby, for small baby, on neonatal resuscitation techniques, with the support of the Ministry of Health and Social Protection of Tajikistan, GIZ Program, UNICEF, USAID, LDC Charity and the American Institute of Pediatrics. All interventions were done through a regional approach including Kyrgyzstan and Uzbekistan.
Tanzania	Assessment of human resource capacity for provision of BEONC; support to maternal audits program; Implementation of the national Maternal and Perinatal Death Surveillance and Response Remote mentoring program implemented for newborn care staff using mobile technology, in 2 regions: training on advanced care for sick newborns for staff working in Newborn Care Units;

	Training on basic care for sick newborns for staff working in primary care facilities. Introduction of a new newborn triage checklist; Promotion of kangaroo mother care for premature care and in NCUs; Incorporation of neonatal SOPs in national neonatal guidelines
Vietnam	Support to the development of EmONC and neonatal care guidelines; A series of trainings were provided to midwives, nurses and doctors in all levels of hospitals to manage EmONC
Yemen	Quality Improvement programs targeted primary health care facilities and private midwife clinics; Primary midwife clinics and mother-and child health centers were trained to fulfill some BEONC signal functions Primary midwives in private clinics and mother-and-child health centers were trained to perform neonatal resuscitation