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**USING A PROGRAM LENS TO UNDERSTAND NEONATAL DEATHS IN UTTAR PRADESH, INDIA.**

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**Background:**

More than 500 neonates die every day in Uttar Pradesh (UP). The UP Technical Support Unit works in partnership with the Government of UP to catalyze health improvements.

**Objective:**

The study objective was to understand the profile of neonatal deaths and identify program levers for improving outcomes.

**Methods:**

Ten of 100 program blocks were randomly selected (50 primary sampling units per block). 473 of 1124 identified under five (U5) deaths were sampled. The survey tool included verbal and social autopsy questions based on the India Child Death Review tool. Univariate and bivariate descriptive analyses were used to profile the neonatal deaths and identify contact with government platforms.

**Results:**

Surveys were completed for 376 U5 deaths with 97 exclusions due to listing error (53), stillbirth (25) and caregiver non-availability (17). 212 deaths were neonatal (56%) among which, 19%, 49% and 31% were born at home, public facilities and private facilities, respectively. 35% of deaths occurred on the day of birth (n=75) with 81% attributable to prematurity or birth asphyxia. 39% of deaths occurred >2 days after birth (n=83) with 47% attributable to neonatal infections. Among those born in a public facility who died in the first 2 days, 24.5% died at home, 63.3% died in a public facility and 12.2% died at a private facility. Among those who died after 2 days, 27.3% died in a public facility and 65.5% died at home. At least 53% of neonates had contact with the public health system as they either were born or died at a public facility.

**Conclusion:**

Reducing neonatal mortality remains an enormous challenge in UP; however, the majority of levers required to catalyze change are within the scope of existing government programs. As a first step, delivery in a public facility should be leveraged to strengthen linkages between the community and the facility.