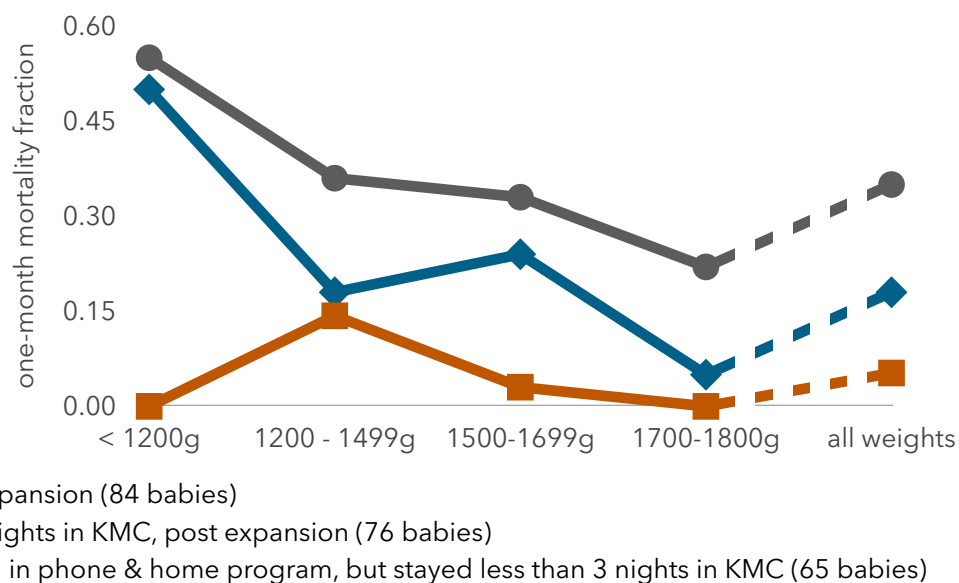


This graph shows that, in its initial acceleration phase, the Project on Breastfeeding and Newborn Care in a large public hospital has reduced one-month mortality in all weight categories, compared to babies born at the same hospital before the program. Reductions are greatest among those who participated in the in-hospital program, rather than only in the phone and home program.



Kangaroo Mother Care and breast-milk feeding counseling prevent neonatal death in Uttar Pradesh.

KMC is well known to save lives, but has been challenging to implement in practice in north India, where neonatal mortality is exceptionally high. A special partnership among the Government of UP, a private staffing and management organization, and demographic researchers has proven it can implement KMC.

We seek **\$1.5 million over five years** from the Effective Altruism grant-making community, to support a unique public private partnership that cost-effectively prevents death at birth among low birthweight babies. Kangaroo Mother Care is recognized in global health research to inexpensively prevent neonatal death.^[1] But improvements in health-care quality at birth are difficult to implement in north India, where neonatal mortality is common, in part because of difficulty effectively incentivizing medical staff to change their behavior, especially for a low-tech intervention.^[2] We have solved this problem by founding a new private company in Uttar Pradesh — Population Health Insights

[1] N Engl J Med 2021; 384:2028-2038.

[2] N Engl J Med 2017; 377:2313-2324.



— and securing the support of the Government of UP to implement KMC and breast-milk feeding consulting with private staff and management, in dedicated space in a large public hospital.

The graph above indicates a large effect of our program since we started it last fall. This is unsurprising because **KMC is known to work in other contexts**. We have merely added successful implementation with our public-private model. We provide round-the-clock staffing for supervised KMC and breastmilk-feeding. The counselors train parents how to care for small babies at home.

This program may match the most cost-effective opportunities known to Effective Altruism.

Because the program is housed within a large government hospital, there will be no shortage of low birthweight babies. The data in the graph on the prior page work out to preventing neonatal deaths at the rate of a little more than one life saved per week. We budget for about \$5,000 per week, mainly spent on the salaries of counseling and logistical staff. This low-\$1,000s cost per life saved is very similar to GiveWell’s computations for malaria chemoprevention and bed nets, its two top-rated interventions.

Our budget includes large upside potential: resources for an evaluation and advocacy.

If we do no more than cost-effectively prevent 250-300 deaths at the start of life, that would be an important benefit. But we hope to accomplish more. KMC is widely respected in global health, but is known to be challenging to implement in this high-mortality context. We have the connections and the profile in Indian health policy-making to demonstrate that a public-private partnership of this type can overcome implementation constraints. To do so, we need two inputs: (1) a high-quality impact evaluation (we plan a case-control study, matching babies at comparable public hospitals in two neighboring districts), and (2) for our outstanding UP leader Nikhil Srivastav to have the credential of doctoral training.

\$1.25 million

60 months at \$20k in 2022 prices per month, with inflation

\$13k

Monthly salary for staff of 23 (13 are nurse-trained counselors)

\$2k

Monthly budget for transportation (cars for home visits)

\$4k

Monthly budget for supplies (KMC wraps, breast pumps, cups, ...)

\$1k

Monthly rent for office and staff housing

\$100k

Matching-based impact evaluation (two Indian researchers for one year & travel costs)

\$100k

DrPH training for Uttar Pradesh leader Nikhil Srivastav, to promote scale-up advocacy

\$50k

Five years of travel back and forth to Uttar Pradesh for r.i.c.e. collaborators

\$1.5 million

Grand total for five years of KMC program, evaluation, and advocacy