Every Preemie—SCALE (Scaling, Catalyzing, Advocating, Learning, and Evidence-Driven), is a five-year $9 million United States Agency for International Development (USAID) Cooperative Agreement designed to provide practical, catalytic, and scalable approaches for expanding uptake of preterm birth (PTB) and low birth weight (LBW) interventions in 24 USAID priority countries in Africa and Asia. Every Preemie—SCALE will work with partners to identify and overcome bottlenecks to implementation and significantly increase coverage of PTB and LBW evidence-based interventions in order to increase newborn survival.

The program will be implemented by a consortium comprised of Project Concern International (PCI), the Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), and the American College of Nurse-Midwives (ACNM). PCI will lead community capacity building and mobilization activities, GAPPS will lead evidence and knowledge sharing, program learning, and implementation research (IR) activities, while ACNM will lead health provider capacity building and performance improvement activities.

The strategic objective of Every Preemie—SCALE is to catalyze global uptake of preterm and low birth weight interventions, overcome obstacles to the delivery of interventions and services, and increase coverage and utilization of care services. Every Preemie—SCALE will scale up evidence-based and underutilized PTB and LBW interventions by translating evidence into action at and below the national level, increasing capacity and performance for improved service delivery at facility and community levels, and increasing prioritization of PTB and LBW interventions.

Every year about 15 million babies are born prematurely and more than one million babies die due to complications of preterm birth. Prematurity is the leading cause of newborn deaths in the first four weeks of life and the leading cause of death among children under five around the world. At the same time, low birth weight—or babies born too small—is a major contributor of newborn deaths globally.

1 Afghanistan, Bangladesh, DR Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, Zambia.
interventions within national and global policies, protocols, and initiatives. The program will combine critical evidence and learning from IR and country demonstration projects with targeted technical assistance to governments, USAID missions, and local organizations while leveraging newborn related advocacy and policy dialogue.

Every Preemie—SCALE will implement one of three packages among the above mentioned priority countries:

1. **A Core Package** in all USAID priority countries will include an overall assessment, local partner and resource mapping to leverage scale-up, an Evidence Toolkit for adoption and rapid dissemination of evidence-based PTB and LBW interventions, and an Advocacy and Awareness Module to guide communication on key messages.

2. **A Country Demonstration Package** in four selected countries will include: a) stakeholder workshops focusing on advocacy, policy, and key evidence; b) IR to identify solutions to barriers that inhibit availability and uptake of PTB and LBW care; c) gender and barrier analyses to assist in addressing bottlenecks to care; d) learning projects that demonstrate how to implement rapid scale-up of PTB and LBW interventions at the community and health facility levels; and e) small grants to catalyze commitment and engagement among strategic country leaders from professional organizations, academia, and local NGOs.

3. **A Targeted Technical Assistance (TTA) Package** in countries with limited or no partner presence but who declare readiness to accelerate the implementation of PTB and LBW interventions, or request specific inputs to an evolving country program. Examples of country specific TTA include the revision of policy, standards and protocols, curricula development, health provider training, essential evidence/implementation research, and/or support for health management information systems.

Every Preemie—SCALE will convene a *Global Technical Working Group (TWG) on PTB and LBW Implementation Challenges and Solutions* to refine IR priorities, develop PTB and LBW indicators, and provide focused support for PTB and LBW interventions and approaches.

In addition, the program will engage current positions on key global working groups, and will collaborate with leading global professional organizations. Program learning, knowledge, and collective experience will be shared through established global dissemination networks and through regional and global learning events.