



# TRANSFORMING CARE FOR SMALL AND SICK NEWBORNS

WEBINAR SERIES

2020 - 2022

**WATCH LIVE:** [bit.ly/QoCLive](https://bit.ly/QoCLive)

**JOIN the Community of Practice:** [bit.ly/JoinCoP](https://bit.ly/JoinCoP)

© MRC UVRI OMWaNA trial



Quality, Equity, Dignity

A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



World Health  
Organization

unicef

# Welcome & Introductory remarks

Dr Anshu Banerjee  
Director Maternal, Newborn, Child and  
Adolescent Health, and Ageing  
World Health Organization  
Geneva

Join the conversation  
#COVID19newborns  
#COVIDcollateral  
#everynewborn

## NEWBORNS AND COVID 19: NOW IS THE TIME TO ACT FOR EVERY NEWBORN, EVERYWHERE

WEBINAR-TUESDAY 30 MARCH 2021 AT 11-12:30 PM GMT, 1-2:30PM CET

**REGISTER** and add to your calendar

**WATCH LIVE** on YouTube

**REQUEST** to join the Quality of Care Community of Practice



Dr Anshu Banerjee

Register for this webinar for a deep dive into newly published findings on the impact of COVID-19 pandemic on small and sick newborns care and to discuss actions needed to protect past gains made for newborns and use learnings during COVID-19 to date to improve health systems to deliver for newborns.

Introduction: Dr Anshu Banerjee, Director for Maternal, Newborn and Child and Adolescent Health and Ageing, World Health Organization



Professor Joy Lawn

### Part 1: News for newborns in the COVID-19 era

- Evidence and risks - Professor Joy Lawn, Director MARCH Centre, London School Of Hygiene and Tropical Medicine
- Reality from around the world - Dr Suman Rao, Medical Officer, WHO HQ



Dr Suman Rao

### Part 2: Now is the time to act for every newborn, everywhere

- Macrotrends from data to guide journey of recovery- Dr Gagan Gupta, Health Specialist, Maternal and Newborn Health, UNICEF
- Government roles and large-scale innovation - Ministry of Health Malawi: Dr Queen Dube, Director Health Services Ministry of Health, Malawi
- Health workforce challenges, adaptations and lessons: Dr. Shamina Sharmin, Health Specialist, Maternal and Newborn Health, UNICEF Bangladesh



Dr Queen Dube

### Part 3: Q&A

Closing: Dr Luwei Pearson, Deputy Health Director, UNICEF



Dr Luwei Pearson

The webinar is organized by the Network for Improving Quality of Care for Maternal, Newborn and Child Health, and the Every Newborn Management Team with the support of WHO and UNICEF.



## **PART 1: NEWS FOR NEWBORNS IN COVID-19 ERA**

### **Presentations:**

- **Evidence and Risks**

Professor Joy Lawn

London School of Hygiene & Tropical Medicine

- **Reality around the world**

Dr Suman Rao

Professor, Department of Neonatology, St. John's  
Medical College Hospital, Bangalore, India

**Questions and Answer**

# Small & sick newborns in COVID-19 pandemic: evidence, risks, actions

WHO QoC Webinar  
March 30<sup>th</sup> 2021

**Professor Joy Lawn**

MBBS MPH PhD FRCPCH FMedSci

On behalf of the COVID-19 Small and Sick  
Newborn Care Collaborative Group

@joylawn

LONDON  
SCHOOL OF  
HYGIENE  
& TROPICAL  
MEDICINE



MARCH  
MATERNAL  
ADOLESCENT  
REPRODUCTIVE  
& CHILD HEALTH

march.lshtm.ac.uk | @MARCH\_LSHTM



World Health  
Organization



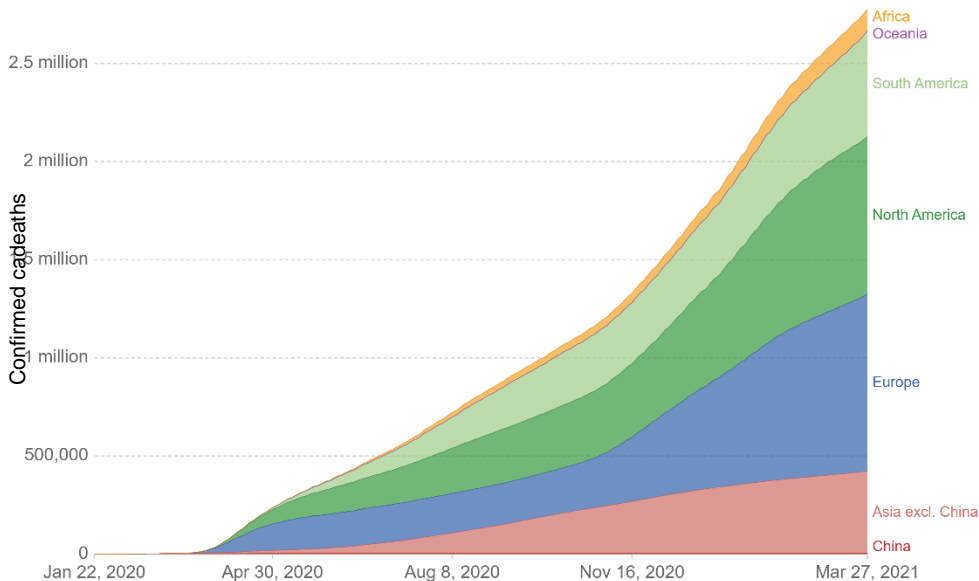
# 54 weeks of COVID-19 pandemic

## Disease + deaths

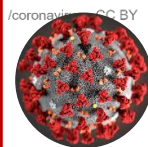
### Cumulative confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the actual number of deaths from COVID-19.

Our World in Data

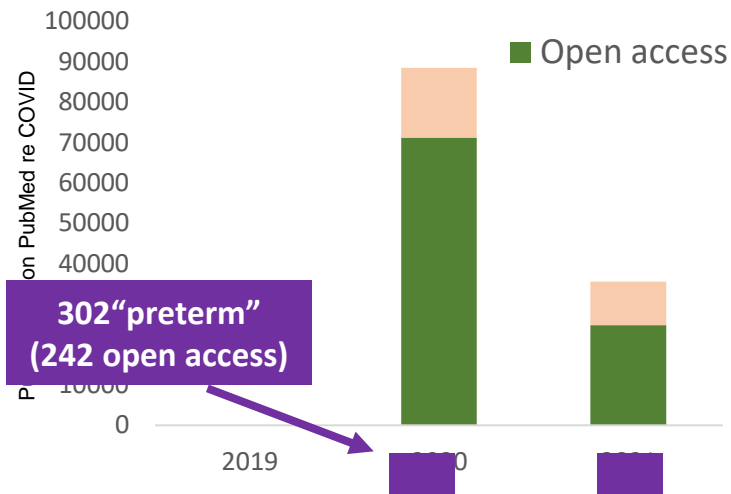


**>126.8 million confirmed cases**  
**>2.78 million known deaths**



## Data + science

PubMed



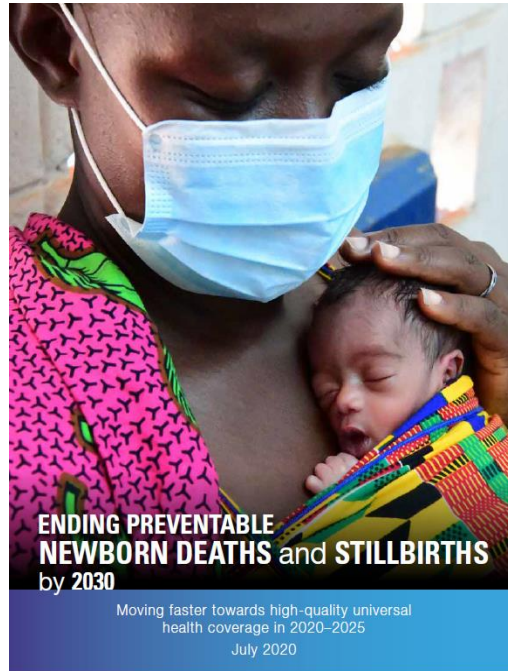
**>114,800 publications,**  
**77% open access (4% in 2019)**  
**>100 vaccines in development**

# Together the world has committed to end preventable stillbirths, newborn and maternal deaths



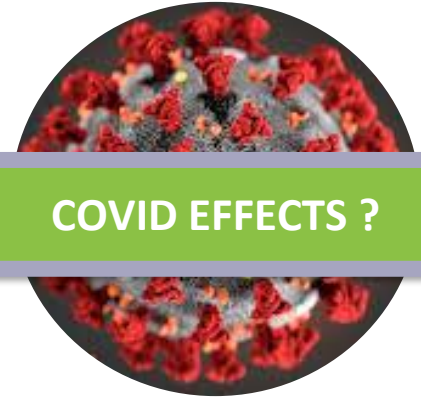
**By 2030**

stillbirth and neonatal mortality targets  
>4.5 million deaths per year



**By 2025**

4 coverage targets



**COVID EFFECTS ?**

#COVID19newborns

#COVIDcollateral

MOVING FASTER TO END PREVENTABLE NEWBORN DEATHS AND STILLBIRTHS BY 2030;  
NEW EVERY NEWBORN COVERAGE TARGETS AND MILESTONES



# Small and sick newborns = Still new on global agenda

## Why more focus?



Transforming care for small and sick newborns (2019)

## What to do?



WHO Standards of Care for Small and Sick newborns (2020)

## HOW to?



Implementation Toolkit online  
NEST360, UNICEF and partners  
(all partners welcome!)

# 15 million babies are born too soon every year...



• 90%

- Over 90% of extremely low birth weight babies die in hospital
- yet less than 10% survive in home settings.



10%

...in some countries survive;  
...in home settings.



Opportunity for major, rapid reduction in NMR  
Could save 742,000 lives per year if hospital newborn care  
Not possible to reach SDG 3.2 target for NMR of 12 without this  
Especially vulnerable to Pandemic lockdowns as can die in minutes





## SMALL & SICK NEWBORN CARE

# EFFECTS OF COVID-19 PANDEMIC

Lancet E Clinical Med: 16<sup>th</sup> March 2021

ELSEVIER

journal homepage: <https://www.journals.elsevier.com/eclinicalmedicine>



Research Paper

Preterm care during the COVID-19 pandemic: A comparative risk analysis of neonatal deaths averted by kangaroo mother care versus mortality due to SARS-CoV-2 infection

Nicole Minckas<sup>a,1</sup>, Melissa M. Medvedev<sup>b,c,1,\*</sup>, Ebuloluwa A. Adejuyigbe<sup>d</sup>, Helen Brotherton<sup>c,e</sup>, Harish Chellani<sup>f</sup>, Abiy Seifu Estifanos<sup>g</sup>, Chinyere Ezeaka<sup>h</sup>, Abebe G. Gobezeayehu<sup>i</sup>, Grace Irimu<sup>j,k</sup>, Kondwani Kawaza<sup>l</sup>, Vishwajeet Kumar<sup>m</sup>, Augustine Massawe<sup>n</sup>, Sarmila Mazumder<sup>o</sup>, Ivan Mambule<sup>p</sup>, Araya Abrha Medhanyie<sup>q</sup>, Elizabeth M. Molyneux<sup>l</sup>, Sam Newton<sup>r</sup>, Nahya Salim<sup>h,s</sup>, Henok Tadele<sup>t</sup>, Cally J. Tann<sup>c,p,u</sup>, Sachiyo Yoshida<sup>v</sup>, Rajiv Bahl<sup>3</sup>, Suman P.N. Rao<sup>a,v,2</sup>, Joy E. Lawn<sup>c,2</sup>, on behalf of the COVID-19 Small and Sick Newborn Care Collaborative Group<sup>3</sup>

Analyses for 127 countries for all stable neonates <2000g who should get KMC according to current WHO guidelines



World Health Organization

## News coverage all over world

Kangaroo mother care can save lives of 125,000 newborns: WHO



UNEP NEWS PUBLISH: MARCH 17, 2021, 10:57 AM UNEP NEWS - UNEP NEWS

## Bangladesh news article!



Photo collected from UN News



New research highlights risks of separating newborns from mothers during COVID-19 pandemic

Keeping mothers and babies together could save more than 125 000 lives WHO

New research from WHO and partners shows that the COVID-19 pandemic is increasing the health of new-born babies and their mothers. According to the Lancet, the impact of separating newborns from their mothers is a significant public health concern. The research shows that kangaroo mother care (KMC) can help reduce mortality and improve the health of newborns. The study also found that KMC can help reduce the risk of infection and improve the health of newborns. The research is a landmark study that shows the importance of KMC during the COVID-19 pandemic. The study is a landmark study that shows the importance of KMC during the COVID-19 pandemic. The study is a landmark study that shows the importance of KMC during the COVID-19 pandemic.

## Lack of skin-to-skin care for small and premature babies hits survival rates

Life-saving techniques fall out of favour on maternity wards in developing countries over Covid fears



A technique known as kangaroo care, involving skin-to-skin contact, can help reduce mortality. Photograph: Frank D'Amico/UNICEF/ISTAT

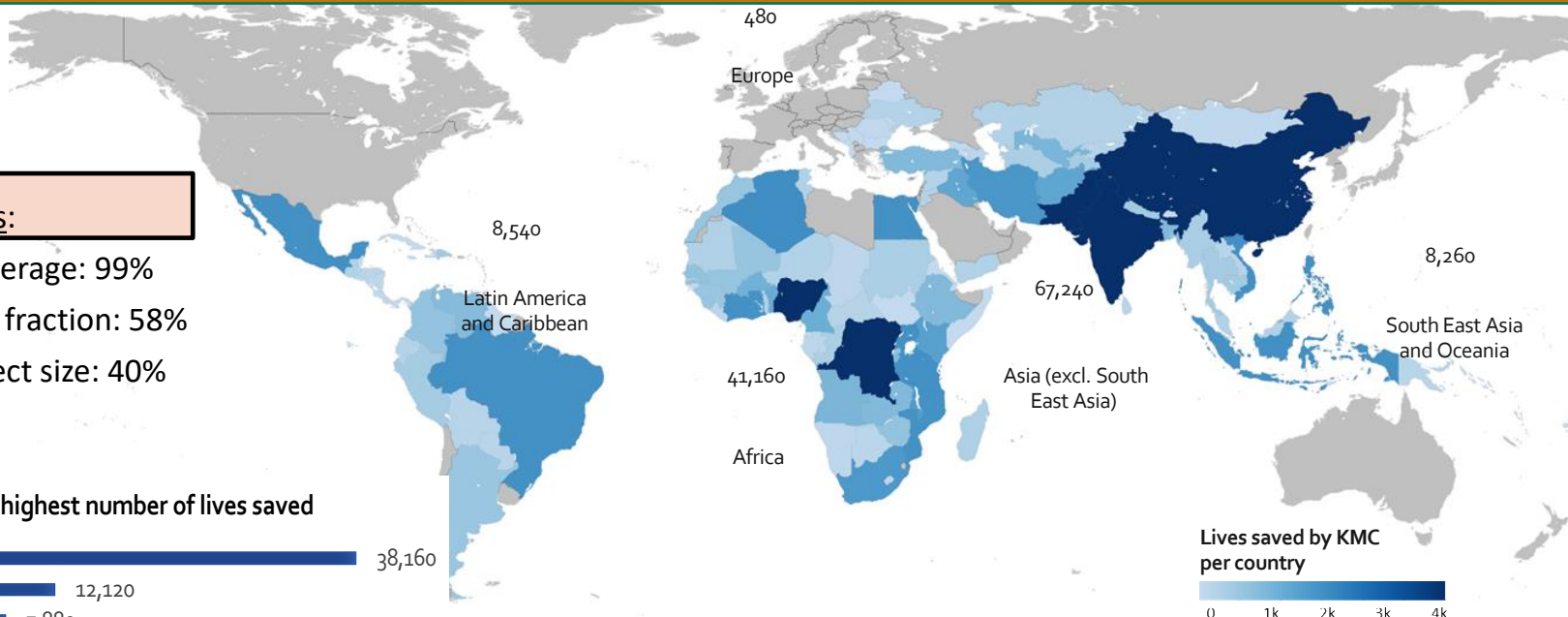
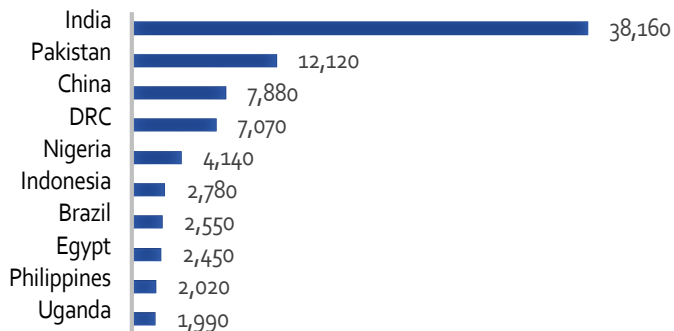
Small and sick babies are at increased risk of dying due to disruptions in care caused by coronavirus, a survey of health workers across 62 mainly developing countries has found. Every year, 2.5 million babies die within 28 days of birth, and more than 80% of them have low birth weight. A technique for premature and small babies known as kangaroo mother care (KMC), involving early prolonged skin-to-skin contact with their mothers and breastfeeding, can help reduce

# Estimated neonatal lives saved by KMC (maximum benefit) in 127 LMICs

## Assumptions:

- KMC coverage: 99%
- Affected fraction: 58%
- KMC effect size: 40%

## 10 countries with highest number of lives saved



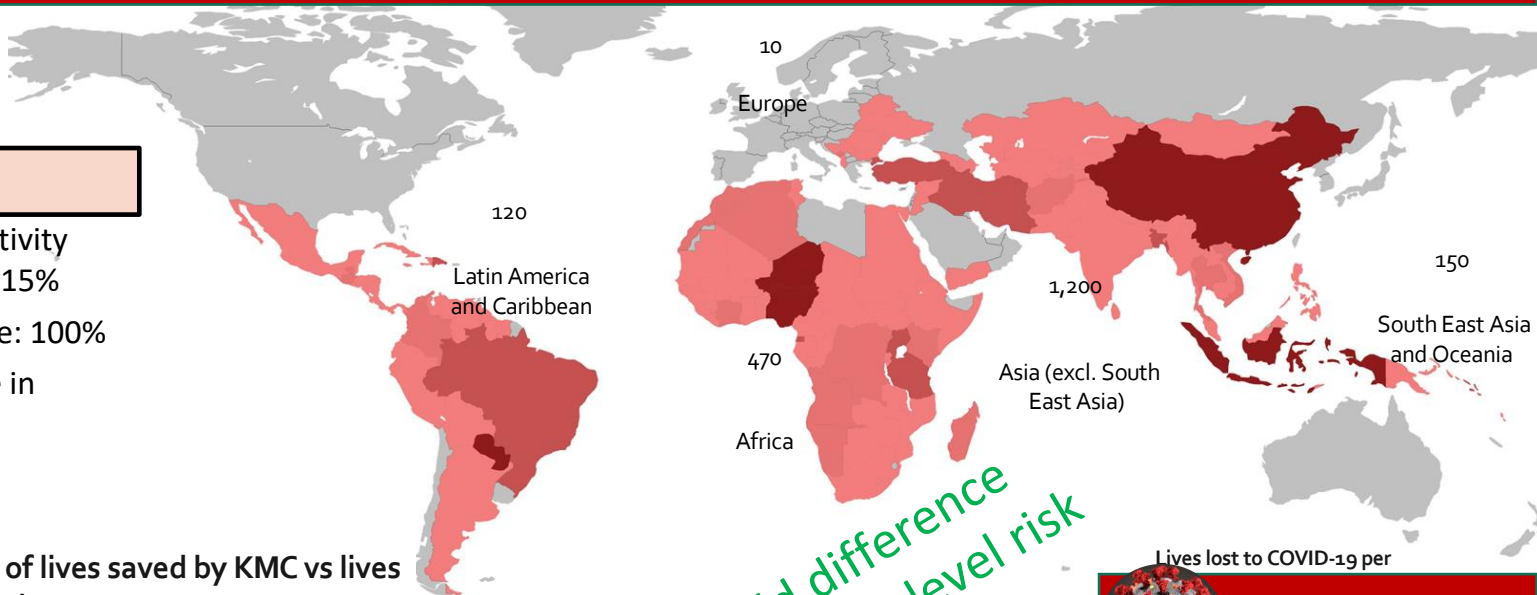
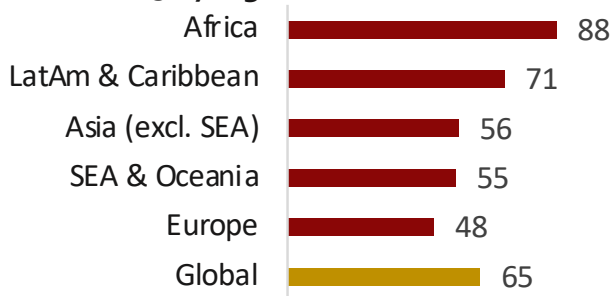
125, 680 estimated lives saved/year

# Estimated neonatal deaths due to COVID-19 (maximum harm) in 127 LMICs

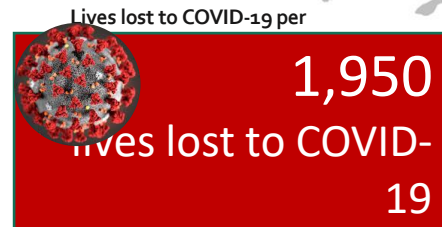
## Assumptions:

- SARS-CoV-2 positivity rate in mothers: 15%
- Transmission rate: 100%
- Case fatality rate in neonates: 0.5%

## Comparative risk ratio of lives saved by KMC vs lives lost to COVID-19 by region



>65 fold difference in population level risk



125,680 lives saved through KMC

# Sensitivity analysis for alternative scenarios of SARS-CoV-2 transmission

Scenario for transmission rate	Lives saved by KMC [estimate (range)]	Lives lost to COVID-19 [estimate (range)]	Comparative risk ratio
100%	125,680 (67,710-243,970)	1,950 (320-3,590)	65:1
10% (most likely based on recent data)	125,680	200	630:1

125,680

lives saved through KMC

200

lives lost to COVID-19

>630 fold difference in population level risk



# Actions

- **Implement KMC:** Survival benefit of KMC with breastfeeding far outweighs risk of death due to COVID-19
- **Protect Small and sick newborn care** as especially vulnerable during the pandemic
- **Data to build the investment case** and accelerate progress every woman and every newborn, including higher coverage of KMC which is life-saving but very low coverage even before the pandemic
- **We can and must do better** [#EveryNewborn](#) [#COVIDcollateral](#)



**Disease centred**  
**Problem focused**  
**Pathology, interventions**  
**Pregnant women not in vaccine trials**



Shift to

**Test of leadership – all of us, all governments**

**People Centred**  
**Zero separation of mother & baby**

**Protect services and also healthworkers**

**Promote better data and science to drive change**

# News for newborns in the COVID 19 era



Reality from around the world

Dr. Suman Rao

Prof. of Neonatology, St. John's Medical College Hospital , Bangalore, India

On behalf of the COVID-19 Small and Sick Newborn Care Collaborative Group

# Introduction

- Newborns, especially if small, are particularly susceptible.
- COVID 19 disruptions of maternal care have increased neonatal mortality
- Keeping mothers and newborns together - a core aspect of respectful care is particularly under threat during the pandemic
- WHO and UNICEF guidance that mothers and newborns should be cared for together.

What is the reality from around the world?



# Small and sick newborn care during the COVID-19 pandemic: global survey and thematic analysis of healthcare providers' voices and experiences

Suman P N Rao <sup>1</sup>, Nicole Minckas,<sup>2</sup> Melissa M Medvedev <sup>3,4</sup>, David Gathara,<sup>5</sup> Prashantha Y N,<sup>1</sup> Abiy Seifu Estifanos <sup>6</sup>, Alfrida Camelia Silitonga,<sup>7</sup> Arun Singh Jadaun,<sup>8</sup> Ebunoluwa A Adejuyigbe,<sup>9</sup> Helen Brotherton,<sup>4,10</sup> Sugandha Arya,<sup>11</sup> Rani Gera,<sup>11</sup> Chinyere V Ezeaka,<sup>12</sup> Abdou Gai,<sup>10</sup> Abebe Gebremariam Gobezayehu,<sup>13</sup> Queen Dube,<sup>14</sup> Aarti Kumar,<sup>15</sup> Helga Naburi,<sup>16</sup> Msandeni Chiume,<sup>17</sup> Victor Tumukunde,<sup>18</sup> Araya Abrha Medhanyie,<sup>19</sup> Gyikua Plange-Rhule,<sup>20</sup> Josephine Shabini,<sup>21</sup> Eric O Ohuma <sup>4</sup>, Henok Tadele,<sup>22</sup> Fitsum W/Gebriel,<sup>23</sup> Amanuel Hadgu,<sup>19</sup> Lamesgin Alamineh,<sup>13</sup> Rajesh Mehta,<sup>24</sup> Elizabeth Molyneux,<sup>14</sup> Joy E Lawn <sup>4</sup>, on behalf of the COVID-19 Small and Sick Newborn Care Collaborative Group

**To cite:** Rao SPN, Minckas N, Medvedev MM, *et al*. Small and sick newborn care during the COVID-19 pandemic: global survey and thematic analysis of healthcare providers' voices and experiences. *BMJ Global Health* 2021;6:e004347. doi:10.1136/bmjgh-2020-004347

## ABSTRACT

**Introduction** The COVID-19 pandemic is disrupting health systems globally. Maternity care disruptions have been surveyed, but not those related to vulnerable small newborns. We aimed to survey reported disruptions to small and sick newborn care worldwide and undertake thematic analysis of healthcare providers' experiences and proposed mitigation strategies.

## Key questions

### What is already known?

- ▶ The COVID-19 pandemic has disrupted health systems worldwide; a recent global survey of 714 frontline maternal care providers reported effects on pregnancy, intrapartum and postpartum services;



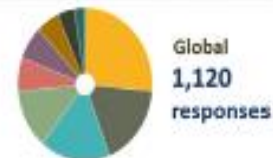
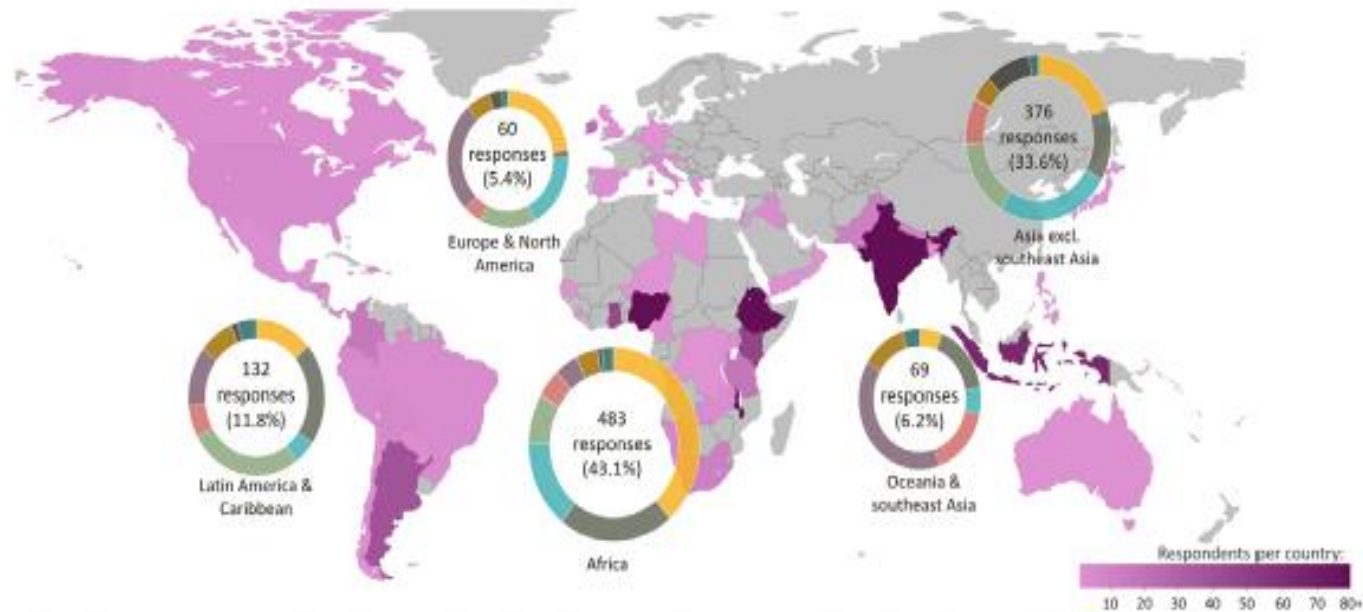
## CARE OF THE SMALL BABIES AND KMC in the Covid-19 pandemic

Participate in the survey →

Please, read the [Participant Information Sheet](#) carefully before taking the survey.

# Distribution of respondents

A By geographic region and occupation (N=1,120)

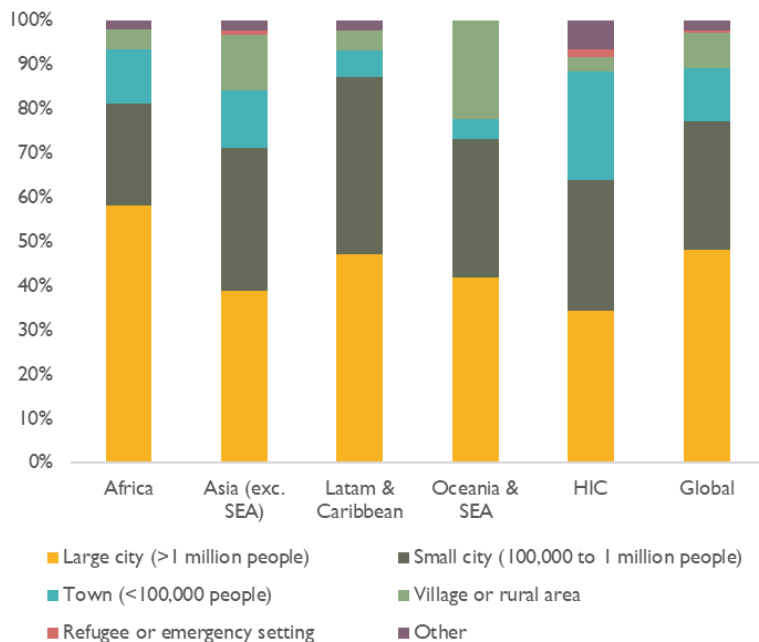


# CONTEXTS BY REGION AND LEVEL OF FACILITY

1

What type of area do you work in?

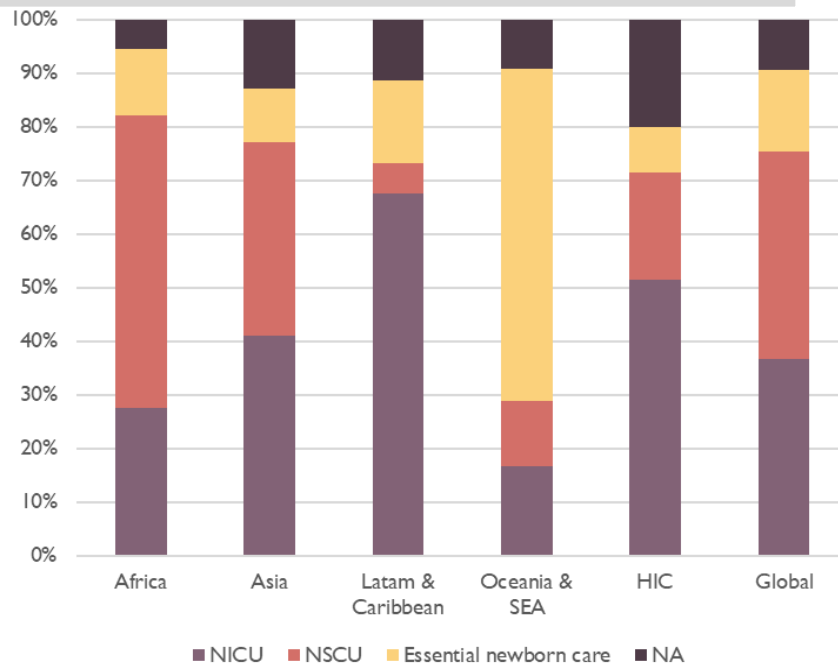
n=1,116



2

What is the highest level of newborn care provided at your facility?

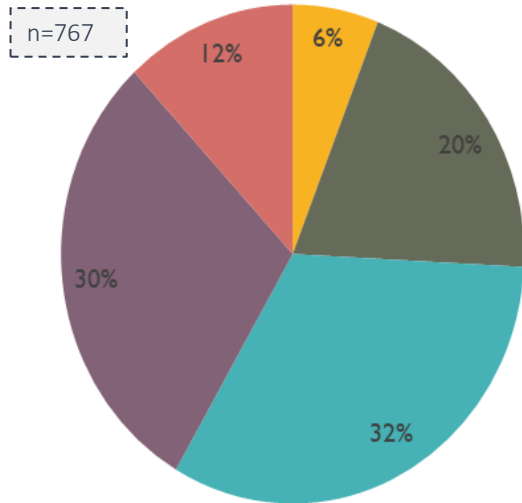
n=976





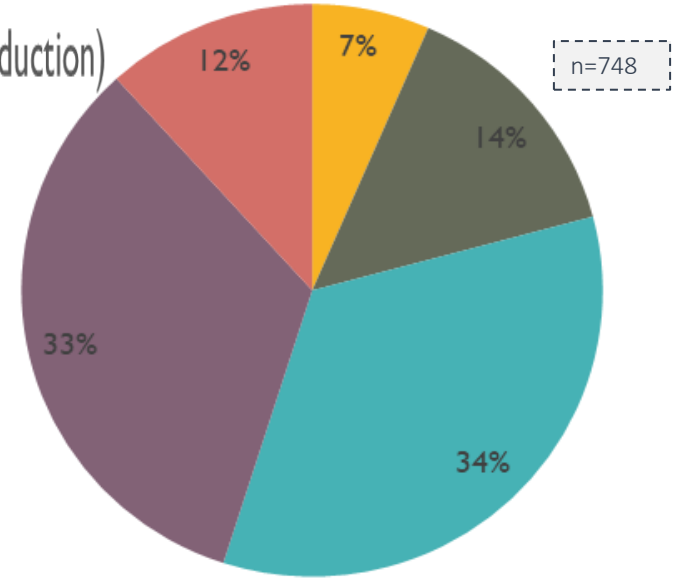
# COVID-19 pandemic – Care Seeking

Number of hospital births



Number of newborn admissions

- Reduced by more than half (> 50% reduction)
- Reduced significantly (25 – 50%)
- Reduced slightly (< 25%)
- Same-No change
- Increased

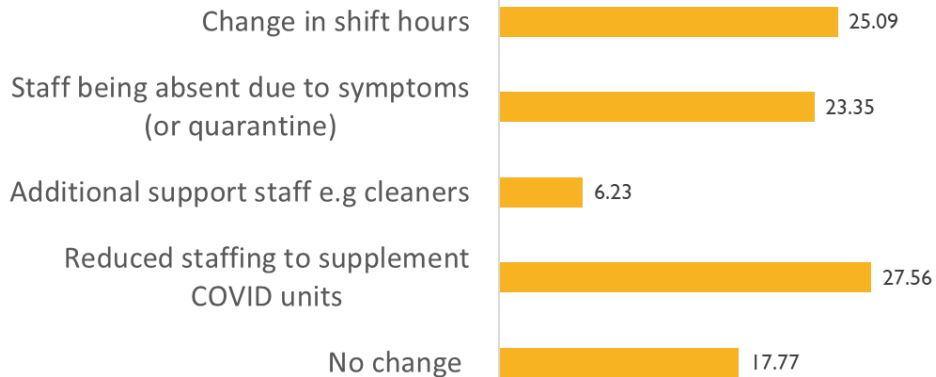


# COVID-19 pandemic Preparedness

## Staffing in the newborn unit\*

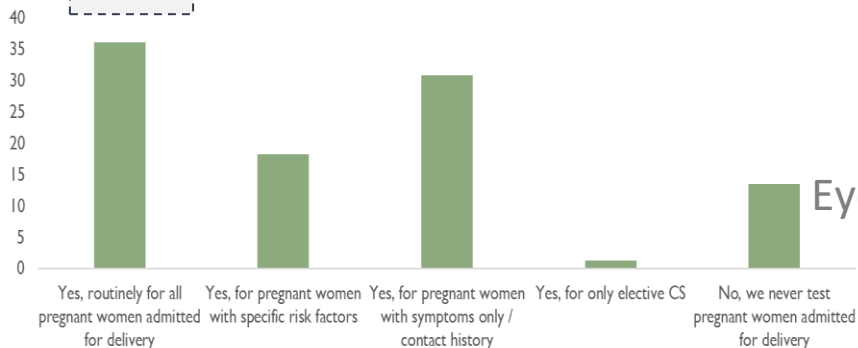
n=1092

*\* 19% newborn area and oxygen reallocated for COVID*



## Testing of pregnant women for COVID

n=794

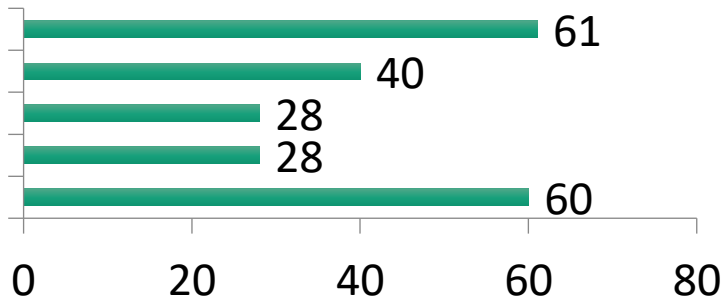


## PPE availability

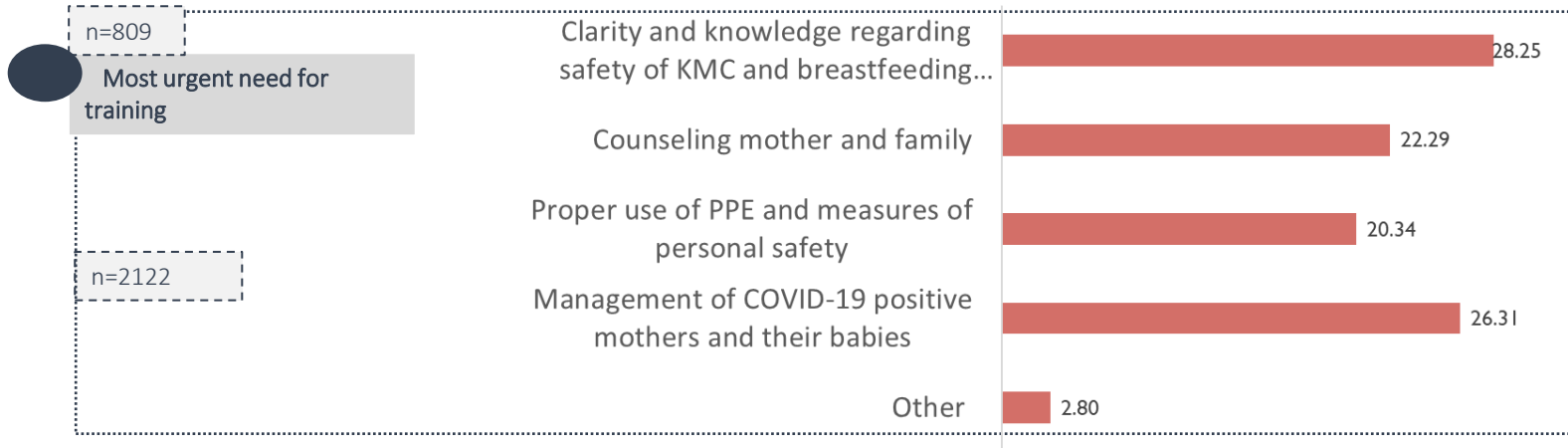
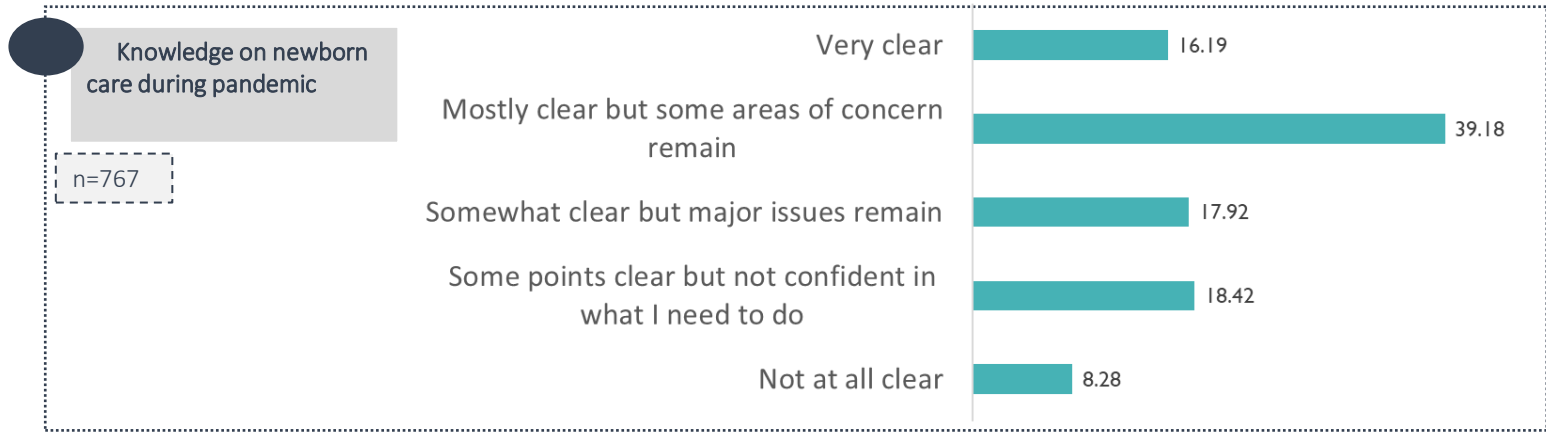
n=799



## PPE availability

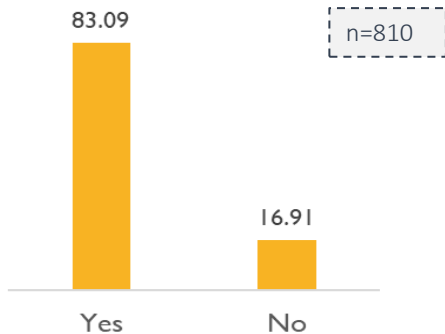


# COVID-19 pandemic & Preparedness

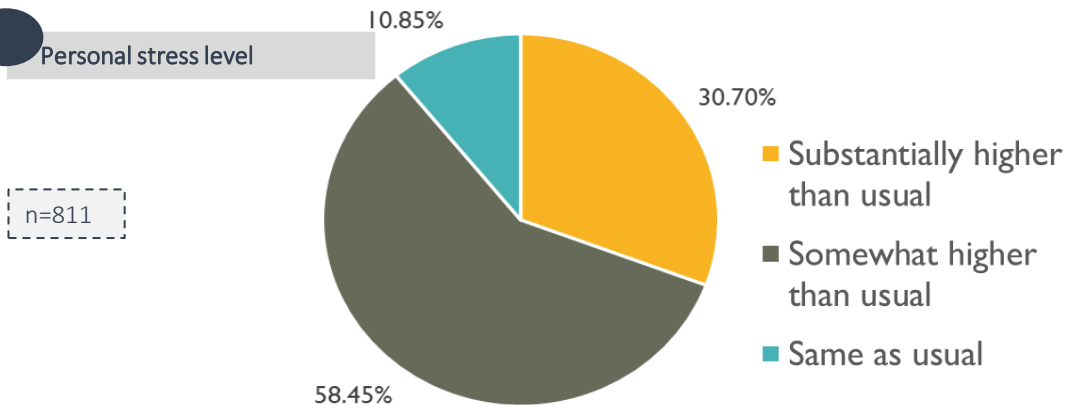


# COVID-19 pandemic – HCP – Stress & Fear

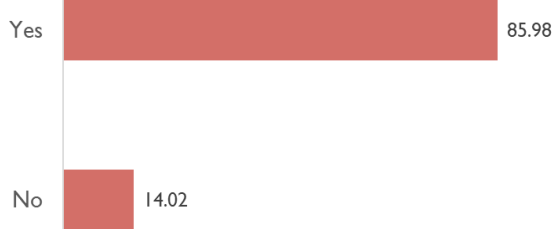
## Work affected by pandemic



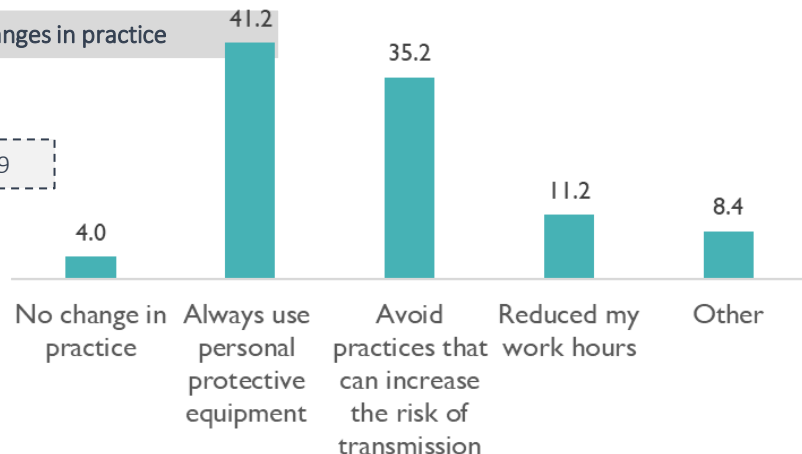
## Personal stress level



## Fear for own health

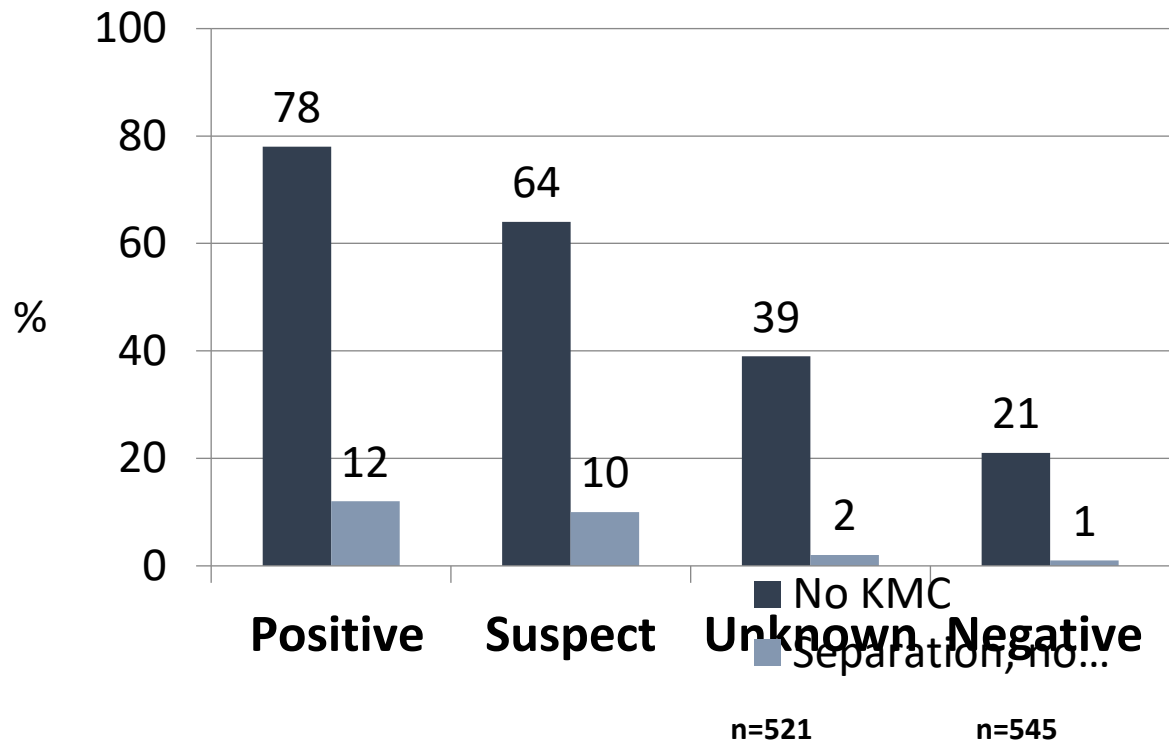


## Changes in practice



\* More than one option could be selected. Denominator is number of selected options

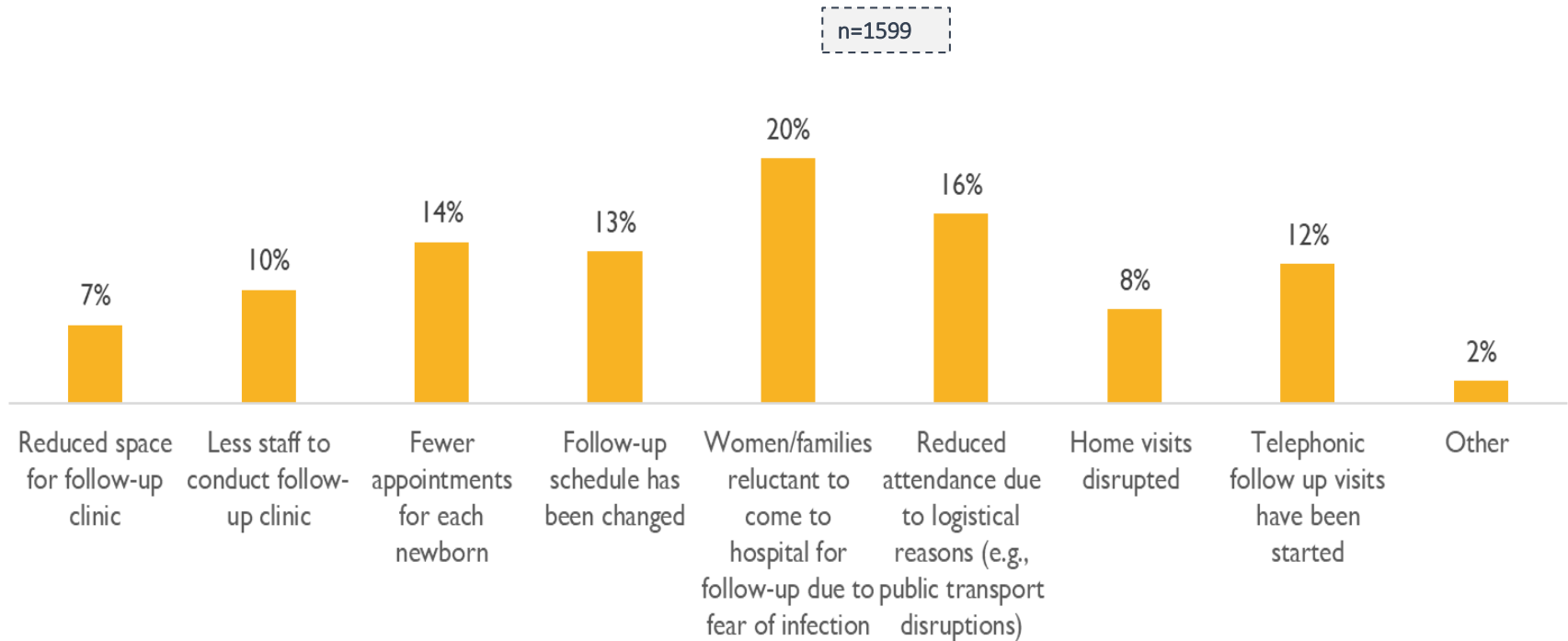
# COVID-19 pandemic - KMC



\* Or with positive contact



# Small baby care and follow up



\* More than one option could be selected. Denominator is number of selected options

# PROPOSED SOLUTIONS BY LEVELS OF ACTION

## Enablers and Solutions

Policy level

Community level

Health system level

Facility & ward level

Family level



# Solutions



**Protection of essential MNH  
services  
Zero- Separation**



**Avoid Stigmatization  
Arrange for transport**

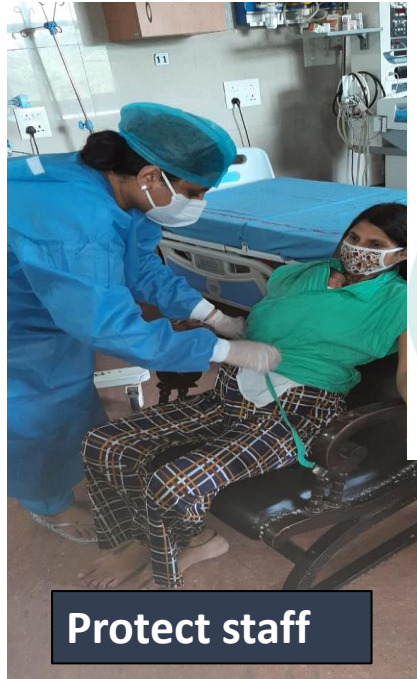
**Adequate affordable  
PPE kits**



# Solutions – Facility level



**Adequate Testing**



**Protect staff**



- Training of staff
- Emotional support
- Sharing of data

# Solutions – Communication



Counseling  
Helpline  
Video consult



Training on personal protection  
(hand hygiene, mask)



Resilience



# Thank you!

- **Small & Sick Newborn Care Researchers collaborative group:**

*Nicole Minckas, Melissa M Medvedev, Ebunoluwa Adejuyigbe, Helen Brotherton, Harish Chellani, Abiy Seifu Estifanos, Chinyere Ezeaka, Abebe Gebremariam Gobezayehu, Grace Irimu, Kondwane Kawaza, Vishwajeet Kumar, Augustine Massawe, Sarmila Mazumder, Ivan Mambule, Araya Abrha Medhanyie, Elizabeth Molyneux, Sam Newton, Nahya Salim, Henok Tadele, Cally Tann, Rajiv Bahl, Suman Rao PN, Joy E Lawn.*

- **Trials of KMC prior to stability**

- *WHO led iKMC (Ghana, India, Malawi, Nigeria, Tanzania)*
- *LSHTM led eKMC in MRC Gambia*
- *LSHTM led OMWaNA in Uganda*

- **WHO-led KMC implementation research in Ethiopia & India**

- **NEST 360 network of countries in Africa (Malawi, Kenya, Tanzania, Nigeria) with LSHTM and others**



## Questions and Answer

### Presentations:

- **Evidence and Risks**

Professor Joy Lawn

London School of Hygiene & Tropical Medicine

- **Reality around the world**

Dr Suman Rao

Professor, Department of Neonatology, St. John's  
Medical College Hospital, Bangalore, India



## PART 2: NOW IS THE TIME TO ACT FOR EVERY NEWBORN EVERYWHERE

### Presentation

- **Government roles and largescale innovation**

Dr. Queen Dube, Chief of Health Services,  
Ministry of Health Malawi

- **Health workforce challenges, adaptations & lessons**

Dr. Shamina Sharmin, Newborn and Child Health Specialist,  
UNICEF Bangladesh

### Questions and Answers

# Government Roles and Large Scale Innovation

Dr Queen Dube  
Chief of Health Services  
Ministry of Health (Malawi)

# COVID-19 Timeline of Events

31 December  
2019



WHO alerted of pneumonia cases in Wuhan, China

30 January  
2020



Declared Public Health Emergency of International Concern

March 2020



WHO Declares COVID-19 a Pandemic on 11th  
**Malawi declares it Disaster on 20th**

02 April 2020



First Cases declared in Malawi.

May to July  
2020



An increase in number of cases and deaths registered in locally

07 August  
2020



COVID-19 Rules Gazetted in Malawi

Sept –Nov  
2020



Low incidence of cases

Dec 2020  
Jan 2021



Rise in new confirmed cases  
**Second Wave**



**Second wave peaked at end of January, A declining trend observed in Feb-March 2021**



# Health System Building Blocks



# Leadership and Governance

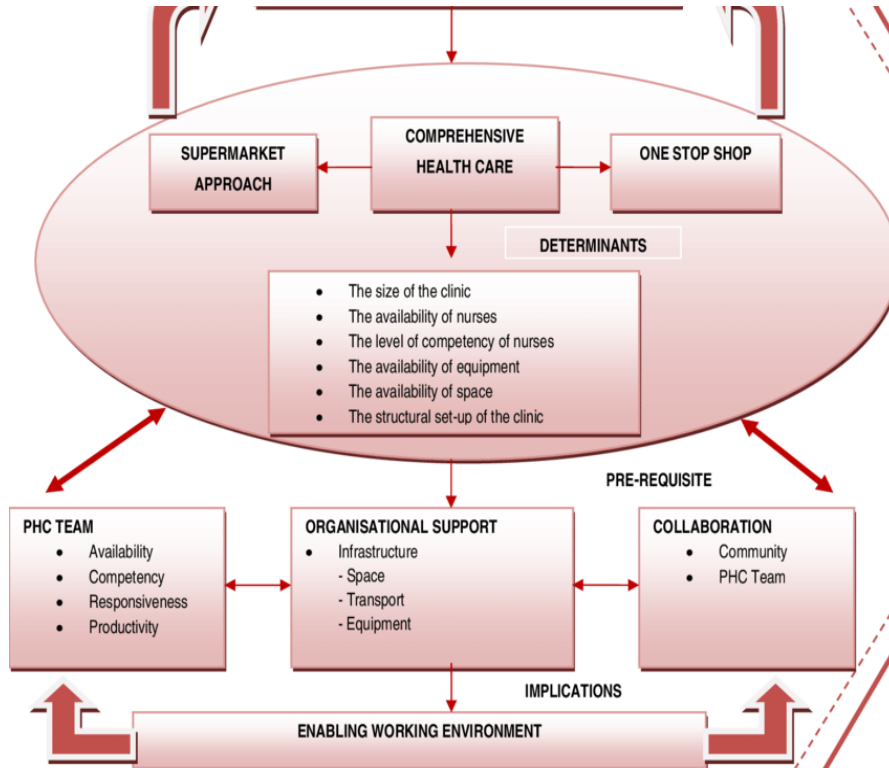








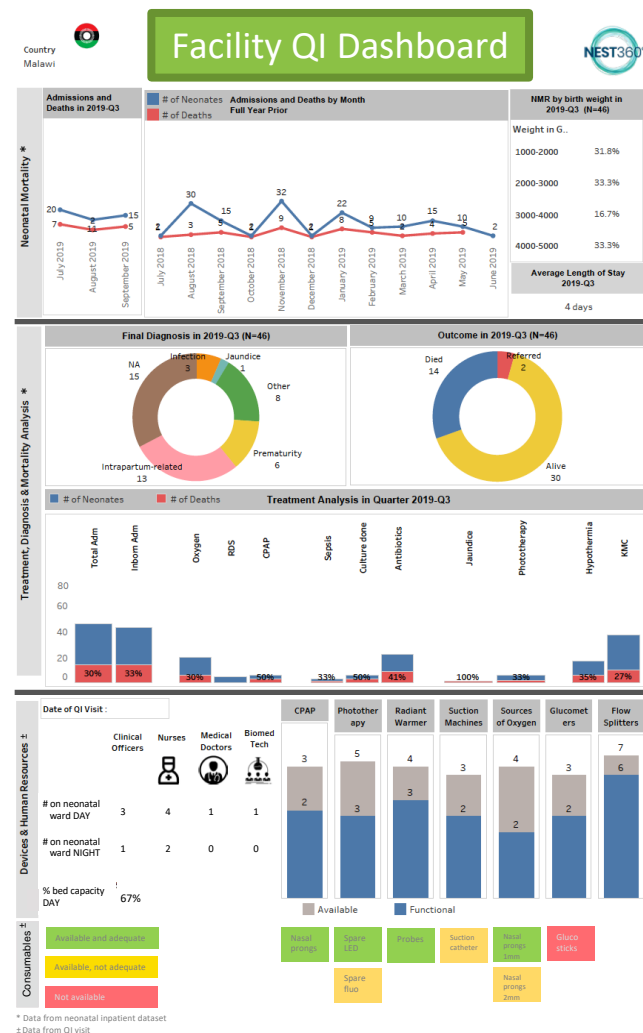
# Integrated Approach





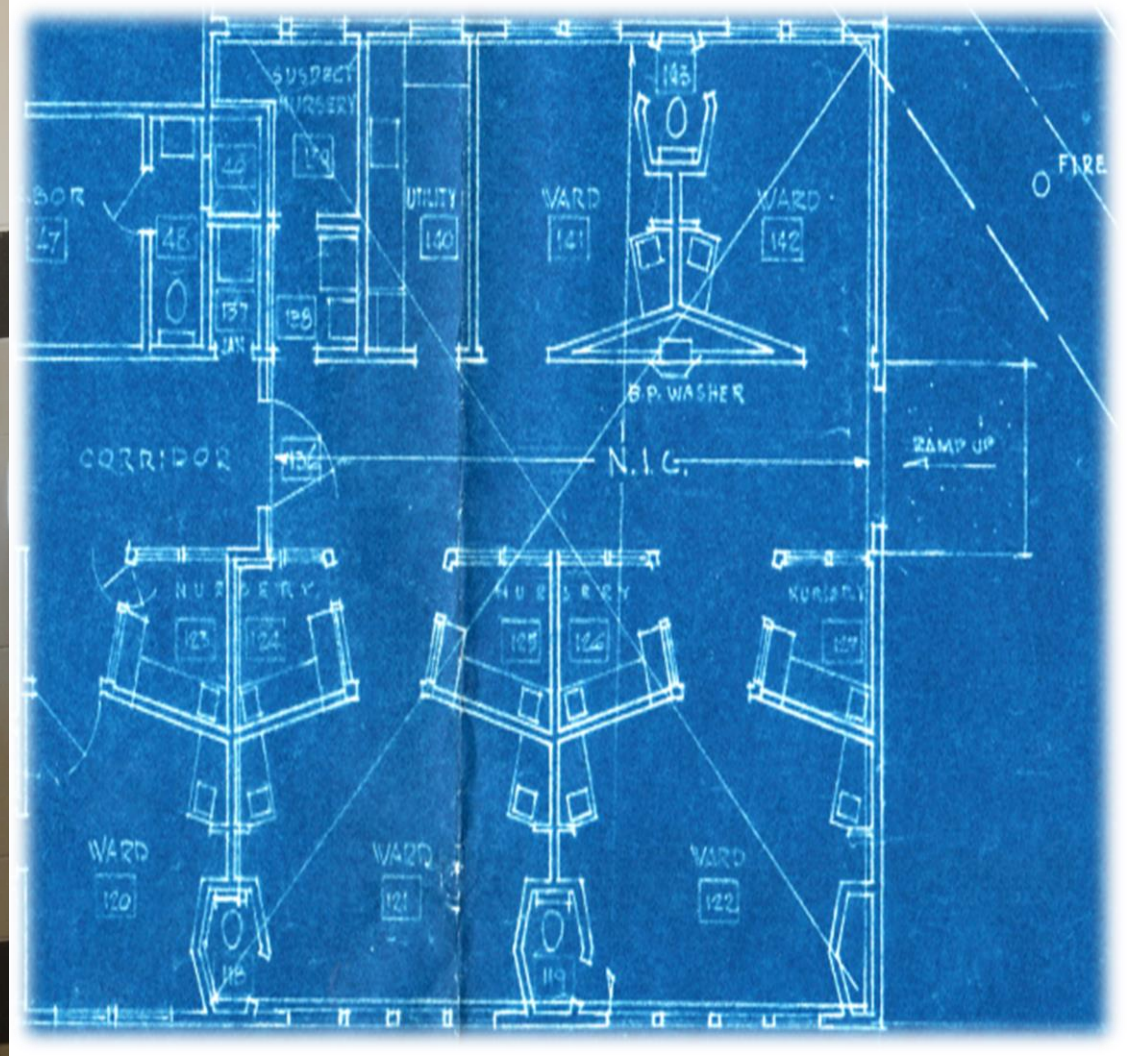
# Investment in Data systems

- **Purpose**
- Data drive quality improvement and course-correction at individual facility level
- **Process:**
- Generated quarterly after the 1<sup>st</sup> QI visit
- Shared with ward, hospital admin, and national MOH



Health Facilities are simply not built, equipped, or ready for Kangaroo Mother Care







## Facility Implementation: Queen Elizabeth Central Hospital, Blantyre, Malawi



# EDUCATION HIGHLIGHTS: NEST installations



# NEST: Comprehensive Co-Created Program



## INNOVATION DELIVERED

Developing and  
delivering a bundle  
of affordable  
technologies for  
newborn care



## EDUCATION ECOSYSTEM

Building human  
resources to support  
newborn care and  
innovation



## LEARNING TO SCALE

Developing policy  
and the investment  
case to sustain  
quality newborn care

**REDUCE NEWBORN MORTALITY IN AFRICAN HOSPITALS BY 50%**





# Implementation Toolkit

This toolkit brings together knowledge, field experiences, resources and best practices for implementing small and sick newborn care services.

[Access Toolkit](#)







Every Mother and newborn

deserves to live.



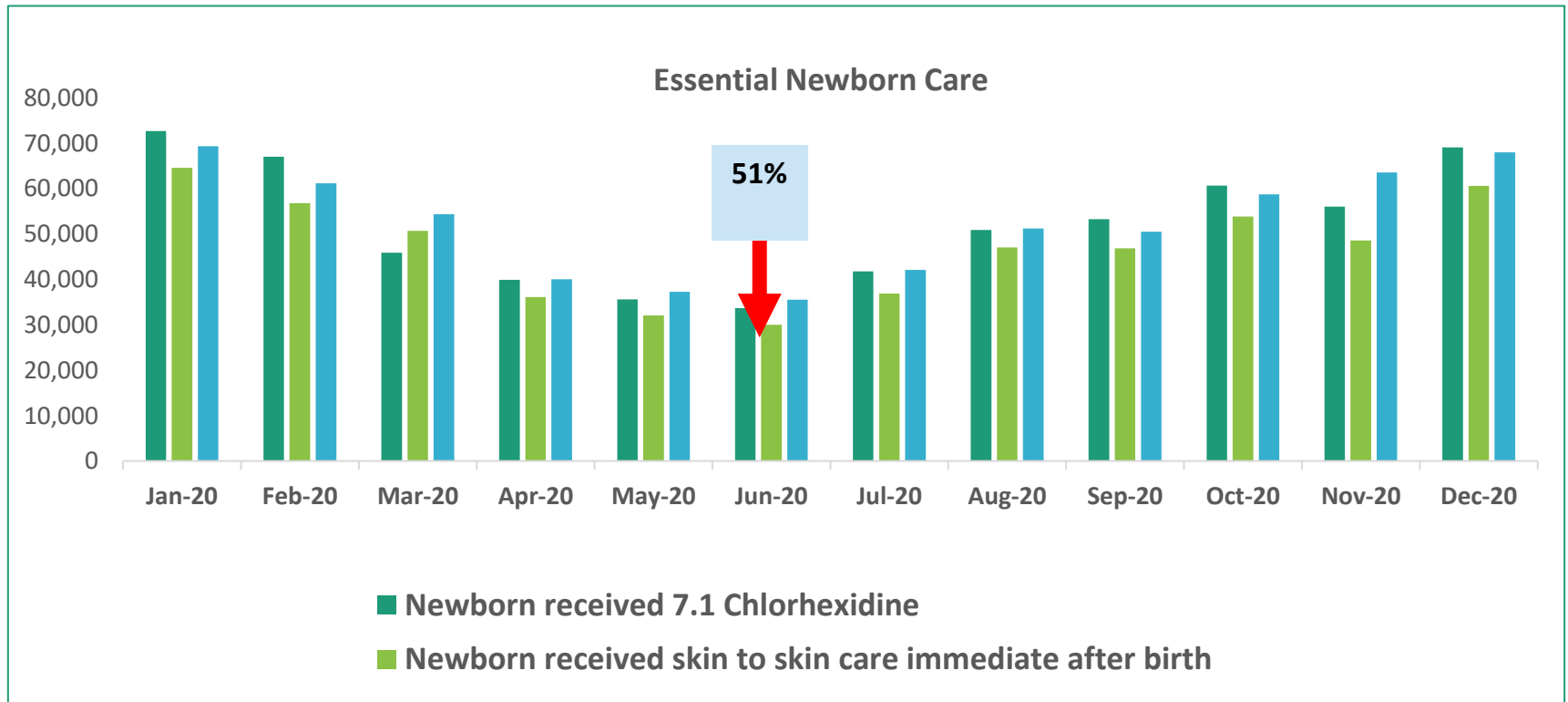
## **NEWBORN AND COVID 19: Now is the time to act for every newborn, everywhere**

Bangladesh Country experience on **Health workforce challenges, adaptations & lessons** to strengthen QoC for small and sick newborn during COVID 19

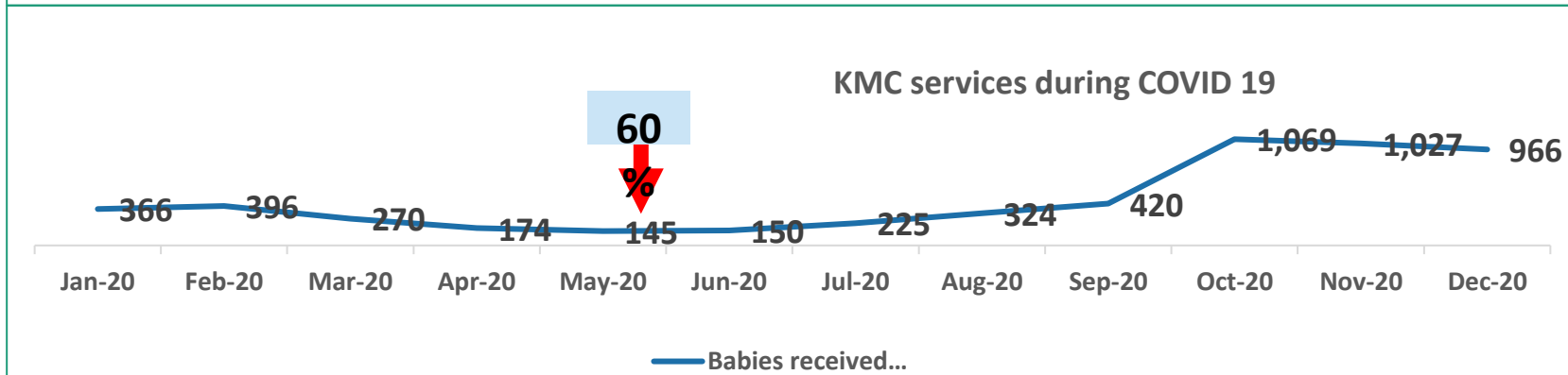
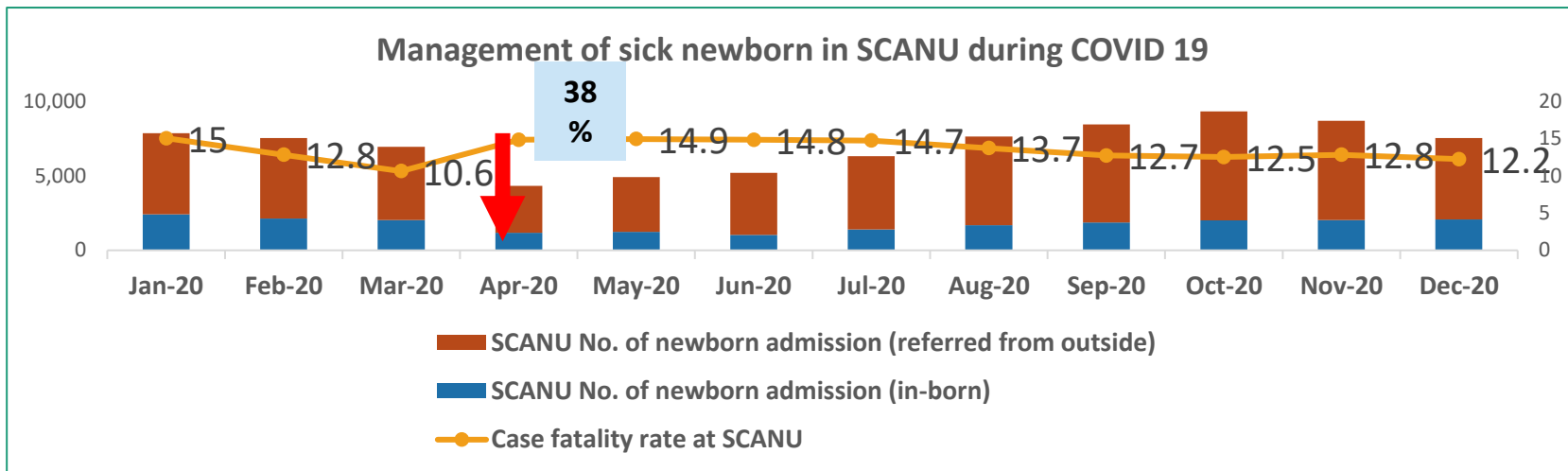


Dr Shamina Sharmin  
Health Specialist (Newborn & Child Health)  
UNICEF, Bangladesh  
30 March 2021

# Impact of COVID 19 on essential Newborn care at facilities



# Impact of COVID 19 on small and sick newborn care in facility





## Health workforce density /10,000 population

Required to reduce MMR and NMR

Existing HWF density in BD

176

8  
CHW 4.7

Source: WHO 2017 SEARO

## HR gap in facilities

## Vacant (%)

District Hospital	Doctor	35.41
	Nurse	24.00
Upazilla health complex	Doctor	48.63
	Nurse	26.43
Medical College Hospital	Doctor	24.51
	Nurse	22.58

## Existing Doctor/Nurse and Bed Ratio (all DH and UHC)

Doctor/ Bed 1: 11

Nurse/ Bed 1: 11

Source: Central human resource information system, MoHFW, Data Period: September 2019

## Rapid facility assessment was done in 120 facilities for COVID-19 readiness including Human resources

### Facility readiness for MNCH service

- Nearly **two-thirds** of the facilities kept essential MNCH services running during COVID-19 pandemic
- 70 per cent of the facilities **don't have** adequate oxygen infrastructure, and other essential oxygen

### Skilled HR

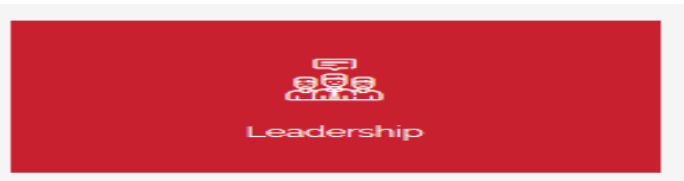
- Around **88 per cent** of the doctors were **not trained** on case management including critical care management including newborn care during COVID 19
- No Staffs assigned for maintenance of oxygen supply unit **was trained** on newborn QoC standards and newborn hypoxemia management
- **Less motivated to serve** due to fear of infection/lack of knowledge

### IPC and PPE

- Triage protocol was unavailable nearly in 50% of the facilities
- **More than 50%** of the facilities didn't have occupational safety and health guideline for COVID 19
- Inadequate PPE

Source: Report on joint assessment of health facility preparedness and readiness for COVID-19 response, Bangladesh, July 2020

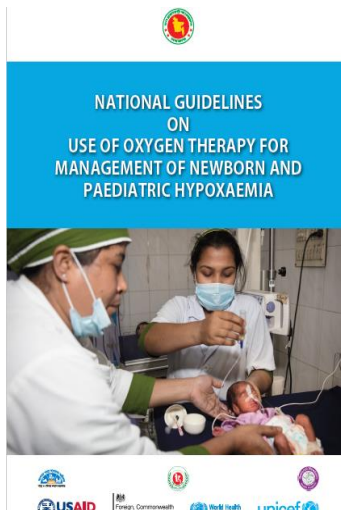
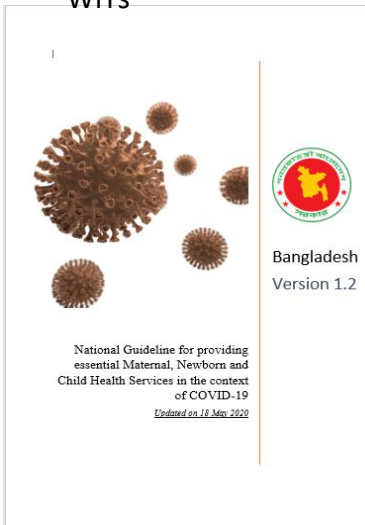
# Strategies taken for continuation of essential MNCAH services following IPC in COVID-19



- Urgent deployment of doctors (2500) and nurses (5000)
- National MNCAH committee for COVID 19
- MNCAH Priority action plan for COVID19
- Use the existing district and Facility QIC; IPC committees and WITs



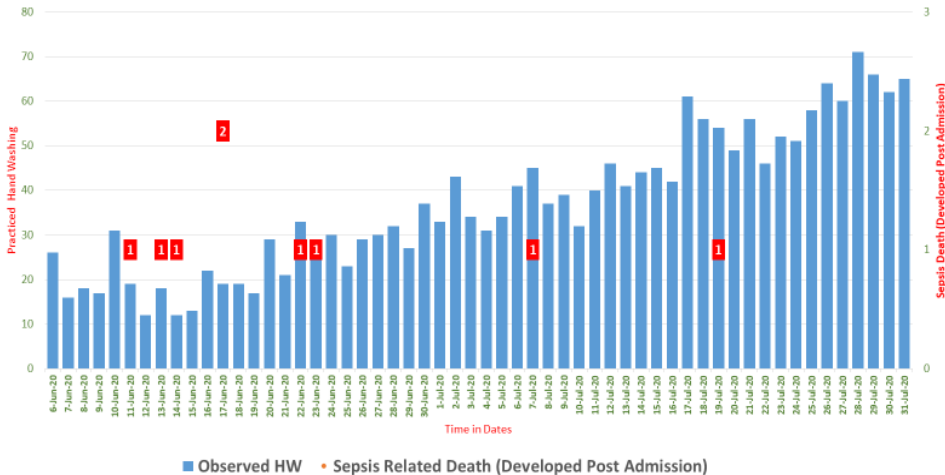
- Bangladesh Preparedness and Response Plan (BPRP) for COVID
- Capacity building on Guideline for MNCAH services during COVID
- Capacity building on how to manage sick newborn in SCANU and provide KMC during COVID 19
- Posters on ANC, ENC and IMCI during COVID-19 ('do no harm'), IPC, Donning doffing
- National Guideline and training modules on Oxygen therapy and Newborn/pediatric standard developed.



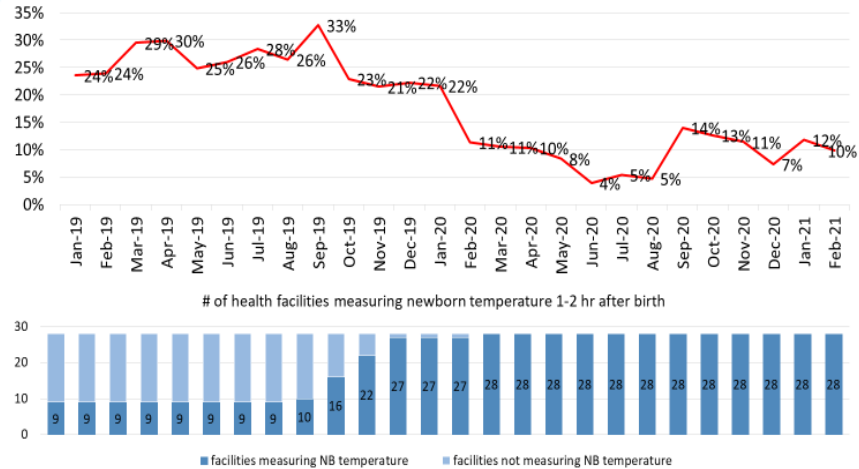
# Existing QI Teams and Tools were found effective for continuation of services like care for small and sick newborn

- >170 QI cycles (PDCA) executed, more than 900 HM/SPs trained on QI/PDCA through WIT

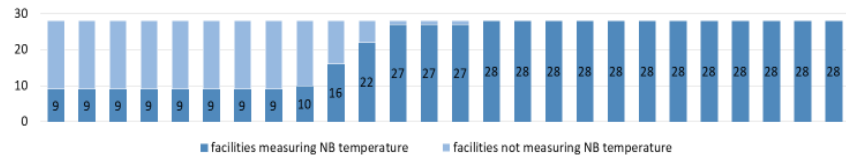
## Newborn death due to sepsis reduced due to hand washing of care givers and service providers



## % of newborn identified as hypothermia identified in 28 learning facilities across select 7 districts, Jan-19 to Feb-21



## # of health facilities measuring newborn temperature 1-2 hr after birth



# Monitoring, mentoring by national team and learning sharing was effective for developing skilled HR

## Online monitoring and mentoring

- Online technical sessions with SCANU doctors and nurses
- Virtual Regional Roaming Team visit
- Online divisional progress review meeting by DGHS using newborn dash board



## Onsite monitoring and mentoring

- Visit for National Newborn Health Program with professional bodies
- Visit and EMEN assessment by NIPSOM-National learning HUB
- Onsite Coaching and mentoring (QI/Clinical) by district QI coaches

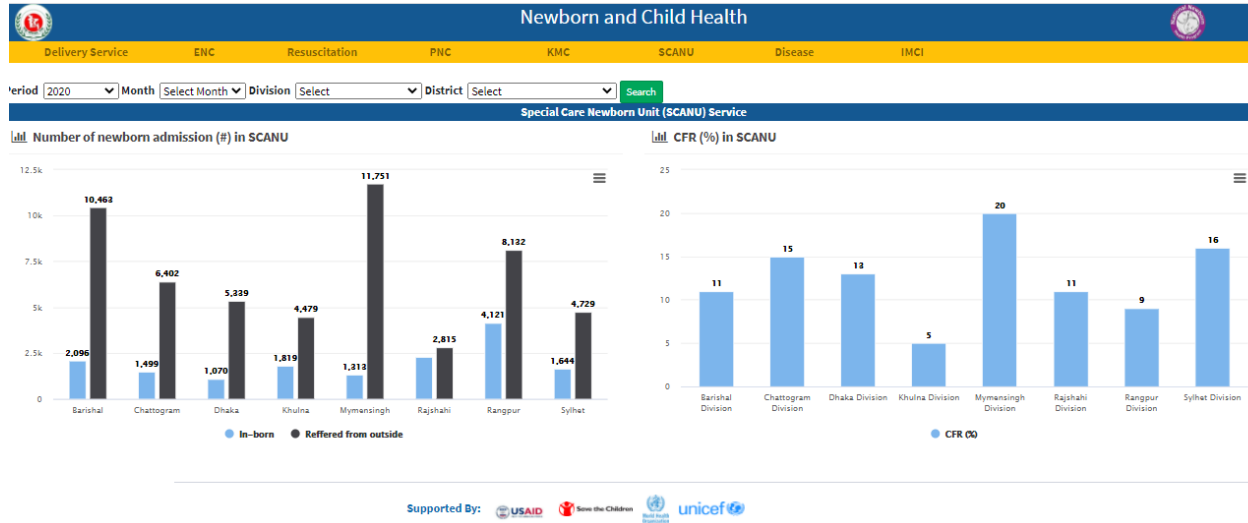


## Learning and sharing

- National newborn Knowledge center established centrally to provide online technical support to all SCANU and newborn services
- National learning HUB at NIPSOM
- Learning Webinars



# Using Data for decision and Action: ensure accountability



- Newborn dash board updated for easy analysis by division, district and Upazila and QED indicators included
- Inclusion of new indicators on oxygen therapy monitoring in DHIS 2
- Use of data by Work improvement team (WIT) and QI committee to develop QI plan

[http://103.247.238.92/webportal/pages/dashboard\\_newborn\\_disease.php](http://103.247.238.92/webportal/pages/dashboard_newborn_disease.php)

# Lessons learned

- Existing QI platform, structures (QI & IPC committees/WITs etc.), tools and approaches were found very effective to quickly respond to COVID19 situation.
- QI action planning and better coordination at local level, helped facility managers to use the existing HR more judiciously to ensure MNH services and continue the QoC activities.
- Regular on-site coaching and mentoring (mostly virtual) which were already there, as part of the QI initiatives, assured the service providers and made them confident to take protective measures, improve IPC and continue the MNH service delivery during COVID situation.
- WIT level actions, i.e. quality improvement cycles (PDCA) for improving QoC played critical roles in continuation of MNH services and ensuring optimum quality standards.
- Continuous sharing/learning using virtual platforms (Zoom/Skype etc.) and social media platform like WhatsApp were very effective to keep the motivation of the service providers for ensuring MNH services.
- Good Coordination among different department under MOHFW can facilitate positive action in the field





## Questions and Answers

### Presentation

- **Macro trends from data to guide the journey to recovery:**  
Dr. Gagan Gupta, Maternal and Newborn Health Specialist,  
UNICEF HQ
- **Government roles and largescale innovation**  
Dr. Queen Dube, Chief of Health Services,  
Ministry of Health Malawi
- **Health workforce challenges, adaptations & lessons**  
Dr. Shamina Sharmin, Newborn and Child Health Specialist,  
UNICEF Bangladesh

# Closing remarks

Dr Luwei Pearson  
Deputy Health Director,  
UNICEF HQ

## NEWBORNS AND COVID 19: NOW IS THE TIME TO ACT FOR EVERY NEWBORN, EVERYWHERE

WEBINAR-TUESDAY 30 MARCH 2021 AT 12-1:30 PM GMT, 1-2:30PM CET

REGISTER and add to your calendar: [bit.ly/SSNBcare](https://bit.ly/SSNBcare)

WATCH LIVE on YouTube: [bit.ly/QoCLive](https://bit.ly/QoCLive)

REQUEST to join the Quality of Care Community of Practice: [bit.ly/JoinCoP](https://bit.ly/JoinCoP)

Register for this webinar for a deep dive into newly published findings on the impact of COVID-19 pandemic on small and sick newborns care and to discuss actions needed to protect past gains made for newborns and use learnings during COVID-19 to date to improve health systems to deliver for newborns.

**Introduction:** Dr Anshu Banerjee, Director for Maternal, Newborn and Child and Adolescent Health and Ageing, World Health Organization

### Part 1: News for newborns in the COVID- 19 era

- Evidence and risks - Professor Joy Lawn, Director MARCH Centre, London School of Hygiene and Tropical Medicine
- Reality from around the world - Dr Suman Rao, Medical Officer, WHO HQ

### Part 2: Now is the time to act for every newborn, everywhere

- Macrotrends from data to guide journey of recovery- Dr Gagan Gupta, Health Specialist, Maternal and Newborn Health, UNICEF
- Government roles and large-scale innovation - Ministry of Health Malawi: Dr Queen Dube, Director Health Services Ministry of Health, Malawi
- Health workforce challenges, adaptations and lessons: Dr. Shamina Sharmin, Health Specialist, Maternal and Newborn Health, UNICEF Bangladesh

### Part 3: Q&A

**Closing:** Dr Luwei Pearson, Deputy Health Director, UNICEF

The webinar is organized by the Network for Improving Quality of Care for Maternal, Newborn and Child Health, and the Every Newborn Management Team with the support of WHO and UNICEF.



Dr Anshu Banerjee



Professor Joy Lawn



Dr Suman Rao



Dr Queen Dube



Dr Luwei Pearson

# STAY ENGAGED

- Learn more about the series: [bit.ly/SSNBseries](https://bit.ly/SSNBseries)
- Join the Community of Practice: [bit.ly/JoinCoP](https://bit.ly/JoinCoP)

Newborns and COVID-19: Small & Sick Newborn CoP Follow-on Discussion Webinar  
Wednesday 14<sup>th</sup> April Time: 14-15:30 EAT | 12-13:30 BST | 7-8:30 EST

Registration link: <https://savechildren.zoom.us/meeting/register/tJAsduqhpzgvH9T320kOmNaUXpXdN28b5QJw>

To join the CoP email: [SSNB+subscribe@groups.ibpnetwork.org](mailto:SSNB+subscribe@groups.ibpnetwork.org)

- Join the conversation: [#qualitycare](https://twitter.com/qualitycare)
- Visit our website: <http://www.qualityofcarenetwork.org/about>