



Quality, Equity, Dignity

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

# Transforming Care for Small and Sick Newborns

Webinar series: May 2021- May 2022



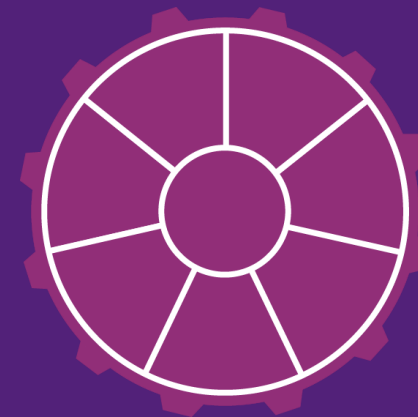
World Health  
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Every Newborn Action Plan

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Quality, Equity, Dignity  
A Network for Improving Quality of Care  
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# Transforming Care for small and sick newborns: Implementing quality care for every small and sick newborn

## WEBINAR SERIES OBJECTIVE:

*This series will accompany the learning and experience in implementing the WHO Standards for improving the quality of care for small and sick newborns in health facilities (2020) and related guidance for their implementation.*

## Upcoming topics:

- New Evidence on Kangaroo Mother Care - Wednesday July 21 2021
- Nurturing Care for Every Newborn – Wednesday August 25 2021



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# Transforming care for small and sick newborns

## Expanding human resources for the care of small and sick newborns

### Part 1:

#### Expanding human resources for care of small and sick newborns; Strategic options to address gaps in HR for newborn care

- Dr. Ornella Lincetto, Medical Officer, WHO Geneva

### Kenya's experience developing a neonatal nursing cadre

- Dr. Laura Angwenyi Bonareri, Head of Division, Newborn and Child Health, Ministry of Health Kenya
- Dr. Joyce Jebet, Lecturer, University of Nairobi

### Part 2: Q&A

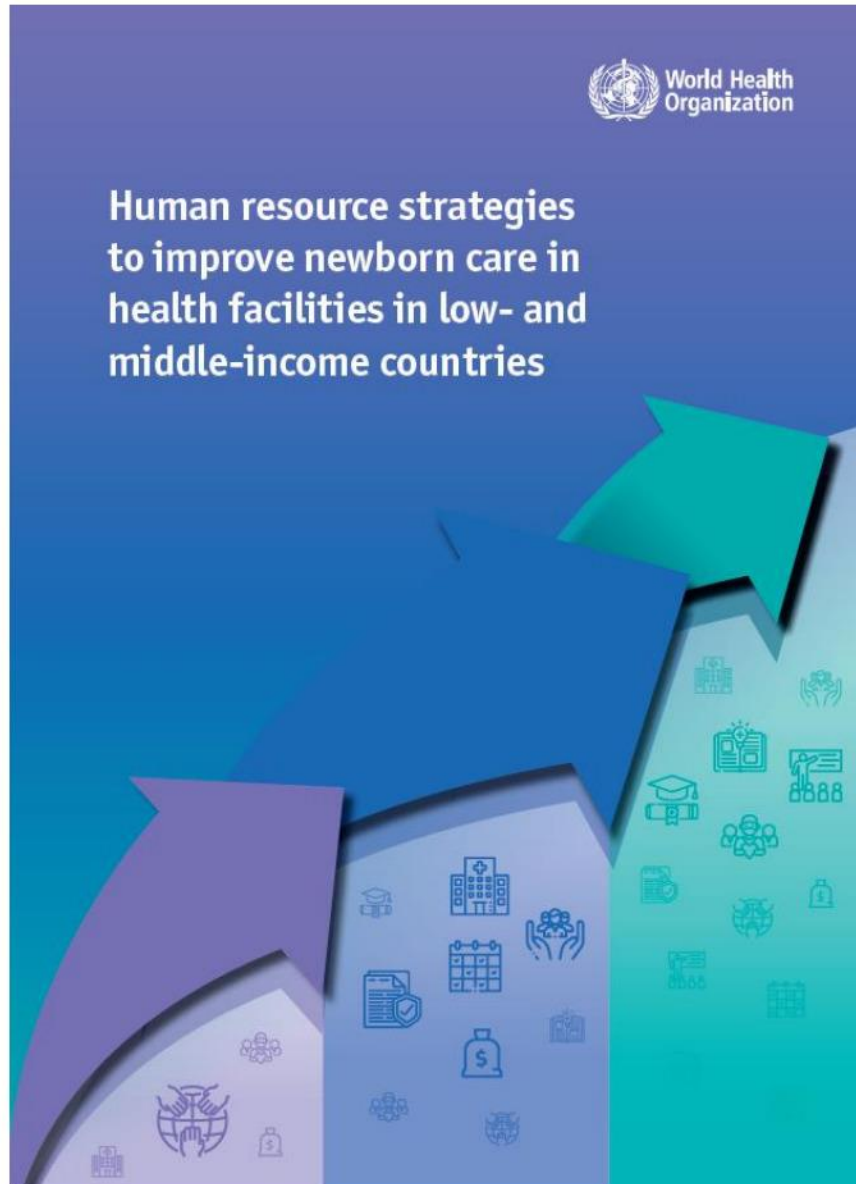
Facilitated by Dr. Gagan Gupta, Health Specialist, Maternal and Newborn Health, UNICEF HQ

## Part 1:

# Expanding human resources for care of small and sick newborns; Strategic options to address gaps in HR for newborn care

- Dr. Ornella Lincetto, Medical Officer, Department for Maternal, Newborn, Child and Adolescent Health and Ageing, WHO Geneva





# Expanding human resources for care of small and sick newborns: strategic options to address gaps in HR for newborn care

Dr Ornella Lincetto  
QED Webinar 30 June 2021

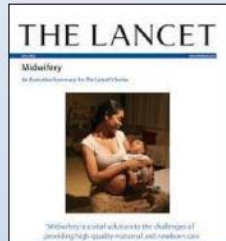


## World Health Organization



# Build human resources for newborn care to reach 2030 targets

2015



2016: Standards for improving quality of MNH care in health facilities



COVID-19

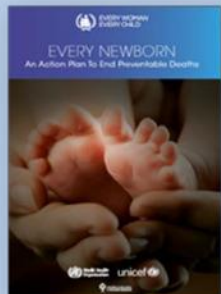
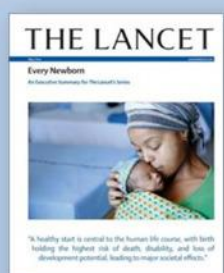


**“2020 Roadmap: Shortage of HR is one of the main factors in persistently high mortality rates of women and newborns in many countries”**

*Reaching 2030 (UHC, SDGs) targets will remain ASPIRATIONAL unless accompanied by strategies involving transformational efforts on health workforce capability – for newborn care. Midwives and nurses are critical!*



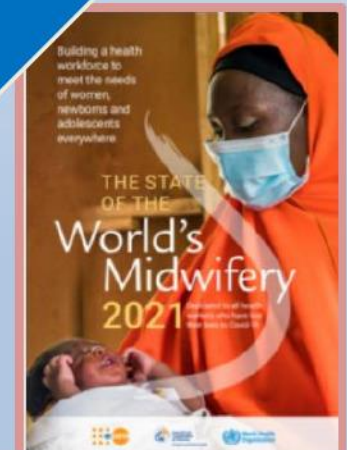
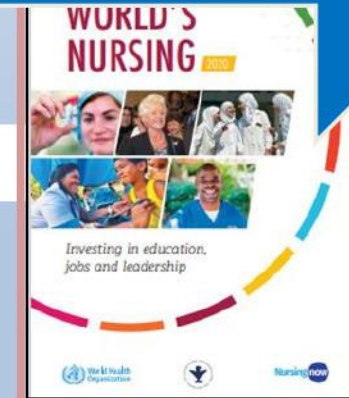
2014: Launch of Every Newborn Action Plan



2016: “childbirth should be promoted in health facilities...” (Lancet)

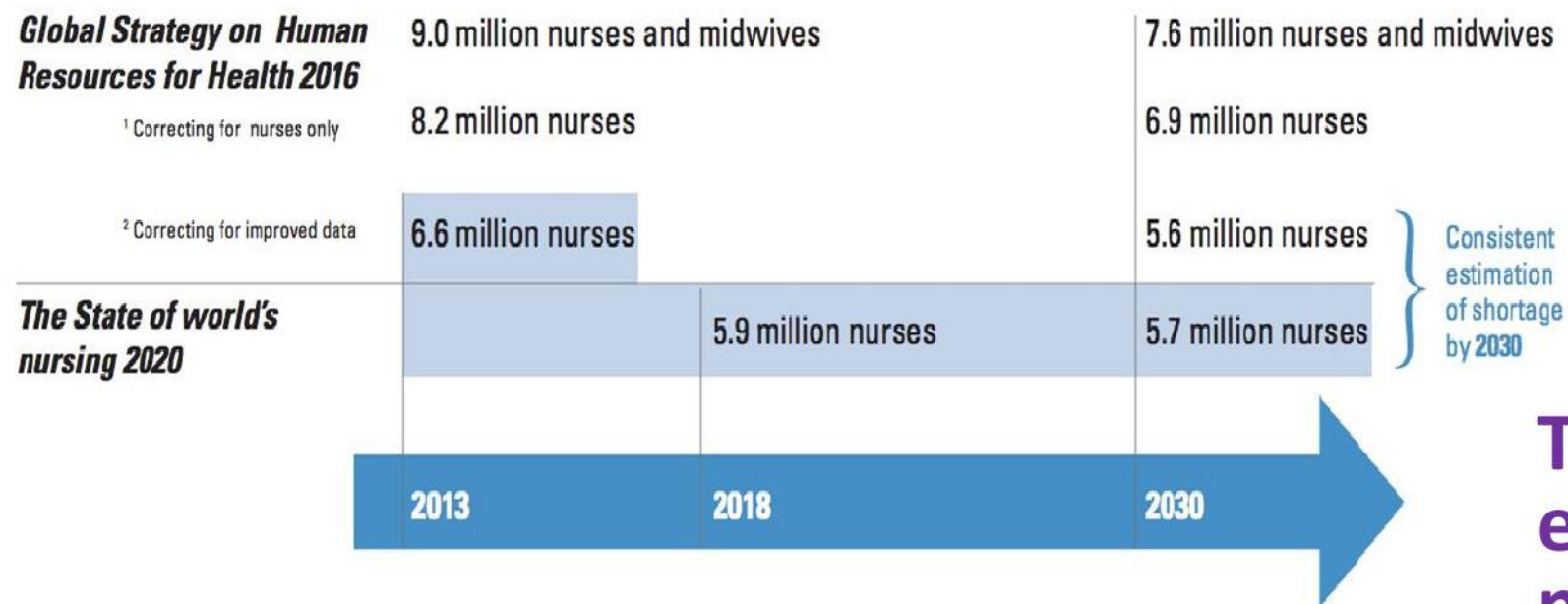


2018: “shift delivery care from lower-level health facilities to hospitals or specialized health centers...significant gains in quality of maternal and neonatal care...” (Lancet)



**“Education, Jobs, Leadership...”**

# The gaps in human resources for newborn care



**The global shortage estimated to be 7.5M nurses and midwives with 89% of gaps in LMICs**

Correction factors applied:

<sup>1</sup> Removing the share of midwives from the stock of nurses and midwives combined in the Global Strategy using more recent share data (90% nurses out of nurses + midwives).

<sup>2</sup> Correcting for improved data, which results in higher stock estimates and lower shortages: 4.4 million nurses out of 27.8 million in 2018, being an effect of improved data as compared to the Global Strategy.

**Note:** Shortage estimated by comparing nursing stock in each country in each year to a benchmark density.

**Source:** Global Strategy on Human Resources for Health 2016 and *State of the world's nursing 2020* report at global level.

The *State of the world's nursing 2020* estimate of nursing shortage by 2030, if the current trends are maintained, is consistent with (5.7 million nurses versus 5.6 million) the Global Strategy estimate.



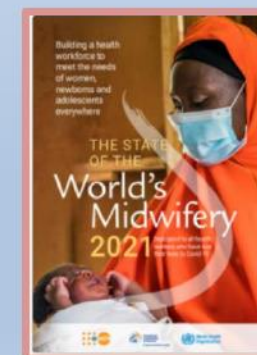
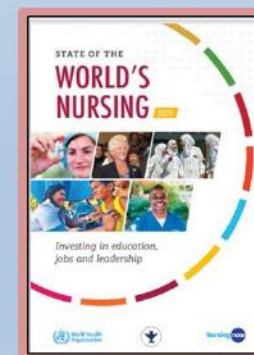
# Human resource challenges to ensure quality newborn care

- Lack of HRH data and monitoring
- Poor health worker (HW) pre-service education
- Lack of access to evidence-based guidelines and continuing education
- Insufficient and inequitable distribution of HWs and heavy workload
- Poor retention, absenteeism, and rotation of experienced staff
- Poor work environment, including low salaries
- Limited and poor supervision
- Low morale, motivation and attitude, and job dissatisfaction
- Weaknesses of policy, governance, leadership

## Human Resources for Health-Related Challenges to Ensuring Quality Newborn Care in Low- and Middle-Income Countries: A Scoping Review

Nancy Bolan,<sup>a</sup> Karen D. Cowgill,<sup>b</sup> Karen Walker,<sup>c</sup> Lily Kak,<sup>d</sup> Theresa Shaver,<sup>e</sup> Sarah Moxon,<sup>f</sup> Ornella Lincetto<sup>g</sup>

## Structural and contextual barriers



**Overcoming challenges requires intentional investment in EDUCATION, JOBS and LEADERSHIP**



# For quality newborn care we need teams of health workers equipped with neonatal care skills

- **Staff ratio has an impact on neonatal survival**
  - lower number of midwives and higher NMR and SBR
  - 1:4 SNU and 1:1 NICU
- **Critical areas for newborn care:**
  - Transforming education and in service learning
  - Mentoring and supporting supervision
  - Empowering staff
  - Improving working conditions
  - Partnering with families
- **Need to consider overall HR strategies**

## FRAMEWORK FOR ACTION



**STRENGTHENING QUALITY  
MIDWIFERY EDUCATION**  
for  
Universal Health Coverage 2030



**Year of the Nurse and the  
Midwife 2020**

# Time to invest in neonatal care, but which human resource strategies?

## Purpose

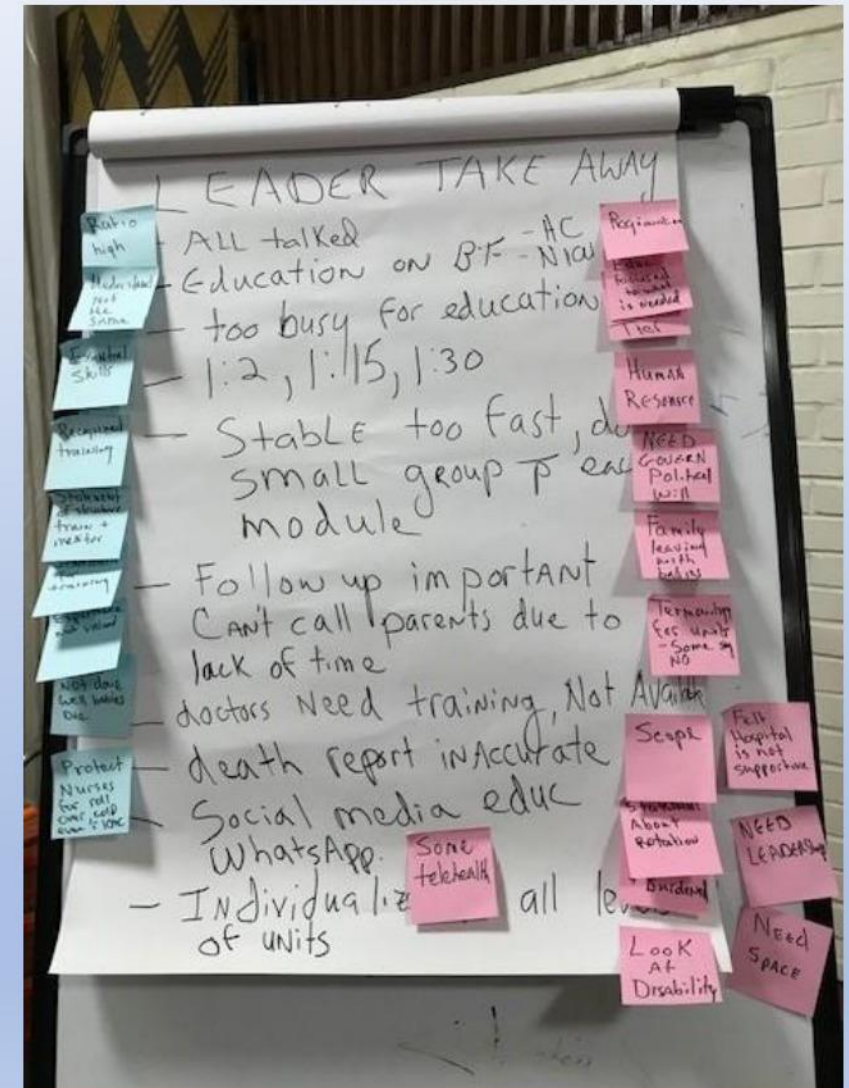
To provide a framework and strategic options for countries to transform their human resources policies and prepare their workers with the knowledge, technical and behavioral skills to ensure quality care for all newborns to survive and thrive by 2030





# Background

- Focus group discussions at COINN Africa meeting in Rwanda, 2018
- Scoping review of HRH challenges
- Review of global HR strategies, successful programs and lessons from countries
- Two rounds of expert review with inputs from health providers, educators, professional organizations, and partners





## NATIONAL AND SUBNATIONAL TRAINING OPTIONS TO OPTIMIZE CURRENT HRH CADRES AND TO PLAN SPECIALIST ROLES



Improve and standardize the content, curricula and development of competence in pre-service programmes for health workers in neonatal care.



Build the capacity of existing newborn care providers through orientation programmes, continuing education, skills training, quality improvement initiatives and support to maintain or increase competence.



Upgrade existing cadres with additional specialized training in neonatal care, with additional qualification or certification at undergraduate level.



Create and train a new cadre of specialized neonatal nurses.

## NATIONAL AND SUBNATIONAL ACTIONS FOR THE PROVISION OF NEONATAL CARE



Standardize the levels of neonatal care provision, with safe referral of mothers and infants.



Establish strategies for health worker recruitment, well-being, motivation and retention.



Ensure effective staffing, staff ratios and skill mixes in local neonatal units.



Strengthen national human resources planning, policy and regulations for development and management of neonatal services at all levels.



Allocate adequate funds for capacity-building and support for neonatal care in the national budget for human resources for health.

## GLOBAL ACTIONS FOR THE PROVISION OF NEONATAL CARE



Promote global strategies, collaborations, accountability, leadership and governance for human resources for neonatal care, integrating innovative multi-country research and learning networks.

# 10 Possible strategies

For each strategy:

- Rationale
- Interventions
- Country example



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# National and subnational training options to optimize existing HRH cadres and plan specialist roles

1. Improve and standardize neonatal content, curricula and competence development in pre-service programs
2. Build capacity of existing health care providers
3. Upgrade existing cadres with specialized neonatal training with additional qualification/certification
4. Create and train a new specialized neonatal nurse cadre



# 10 Strategies

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## GLOBAL ACTIONS FOR THE PROVISION OF NEONATAL CARE



Promote global strategies, collaborations, accountability, leadership and governance for human resources for neonatal care, integrating innovative multi-country research and learning networks.

# National and subnational actions for the provision of neonatal care

5. Standardize the levels of neonatal care provision, with safe referral of mothers and infants
6. Establish strategies for health workers recruitment, well-being, motivation and retention
7. Ensure effective staffing, staff ratios and skill mix in local neonatal units
8. Strengthen national HR planning, policy and regulations for development and management of neonatal services at all levels
9. Allocate adequate funds for capacity building and support for neonatal care in the national budget for HRH



# 10 Strategies

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# Global actions for the provision of neonatal care

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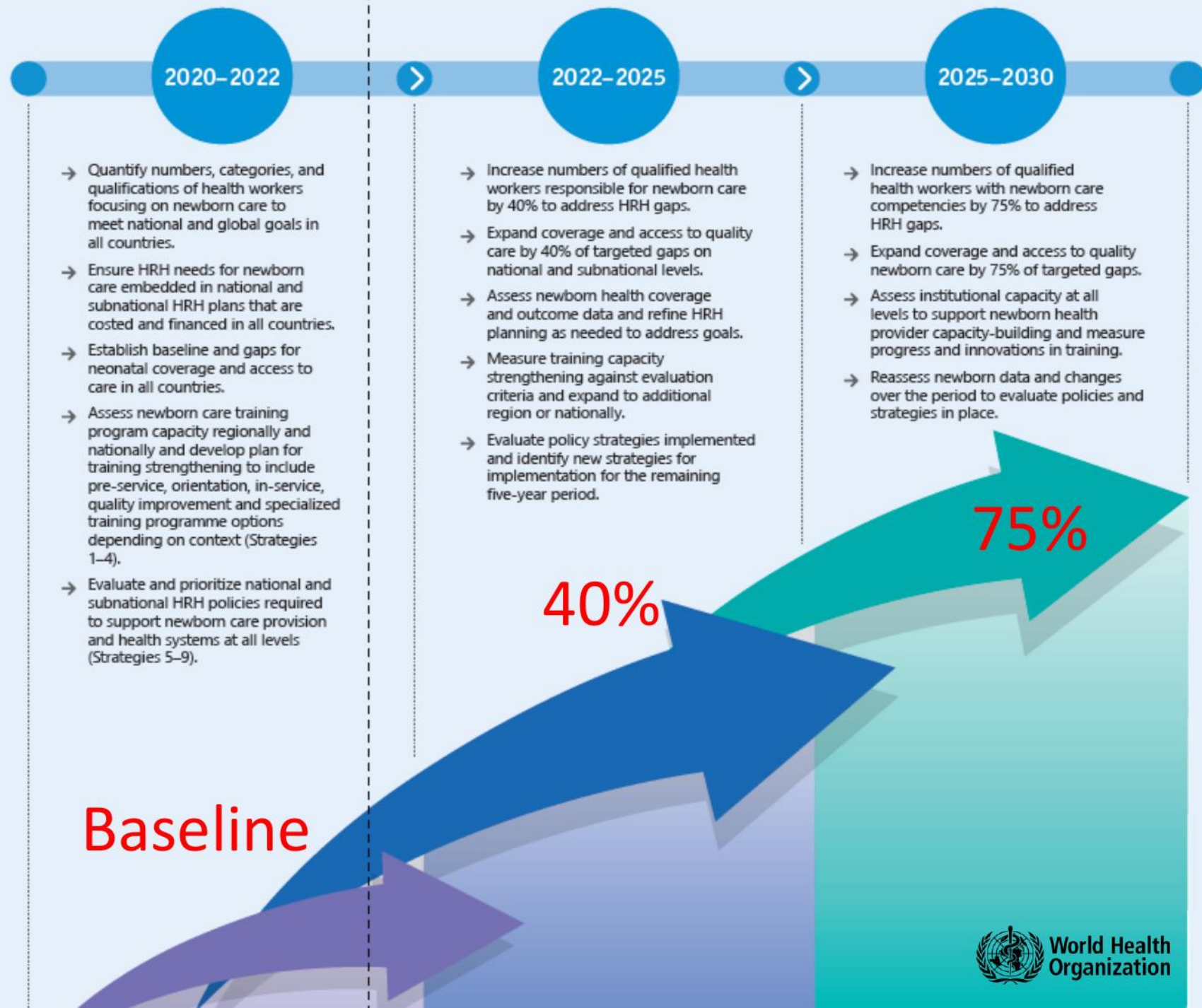
# 74th WHA resolutions on health workforce

- [A74/A/CONF./6](#). **Protecting, safeguarding and investing in the health and care workforce** (proposed by 90+ countries). Asks WHO to update and strengthen implementation of WHO's action plan on health employment and inclusive economic growth, working with Member States and relevant partners.
- [A74/A/CONF./3](#). **Strengthening nursing and midwifery** (proposed by 50+ countries). Recommends policies around education, jobs, leadership, and service delivery to help countries empower their nurses and midwives to have maximum impact on population health outcomes. The policies are derived from the [State of the World's Nursing Report \(2020\)](#) and the [State of the World's Midwifery Report \(2021\)](#).



# Roadmap to 2030

from assessments, priority setting and plans to progressive expansion of number of HRH with neonatal competences, coverage of quality services, and reassessment and evaluation of policies and strategies





# Action is needed now

- Reaching the SDG target by 2030 requires investing in human resources to improve coverage of quality care for all newborns, including those born small or sick
- All countries can take steps to strengthen their human resources
- Capacity building starts with pre-service and should continue with in-service learning and career development
- There are also important options to improve neonatal service provision at national and subnational level
- Advocacy and action at global level must continue to build country leadership and capacity in neonatal care, through collaboration, research and innovation networks and resource mobilization





Nurses and midwives are  
the biggest cadre of health  
workers in the world



invest in them to improve  
health care for all.

#Nurses2020 #Midwives2020  
#SupportNursesAndMidwives

Investing in human resources  
for quality newborn care will  
lead to better outcomes for  
newborns and their families,  
strengthen the healthcare  
system, and build human  
capital

THANK YOU



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## Part 2:

# Kenya's experience in developing a neonatal nursing cadre

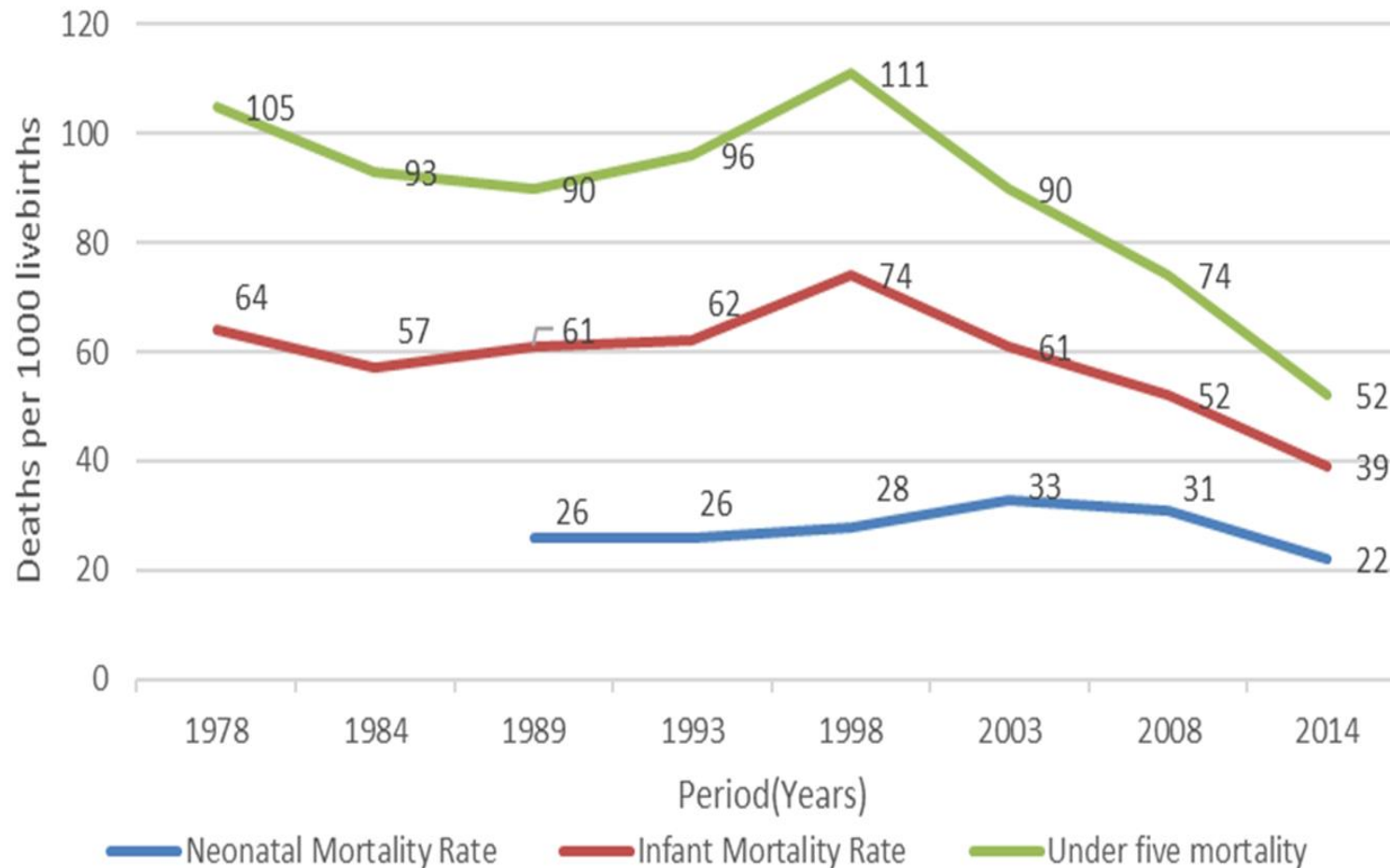
- Dr Laura Angwenyi Bonareri, Head of Division, Newborn and Child Health, Ministry of Health Kenya
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A close-up, slightly blurred photograph of a newborn baby lying down. A hand is visible on the left, gently touching the baby's face. The background is a soft, out-of-focus pattern. The overall tone is warm and intimate.

# Status of Newborn Care in Kenya

Trends of child Mortality



## Leading causes of death:

1. Birth asphyxia
2. Prematurity
3. Sepsis

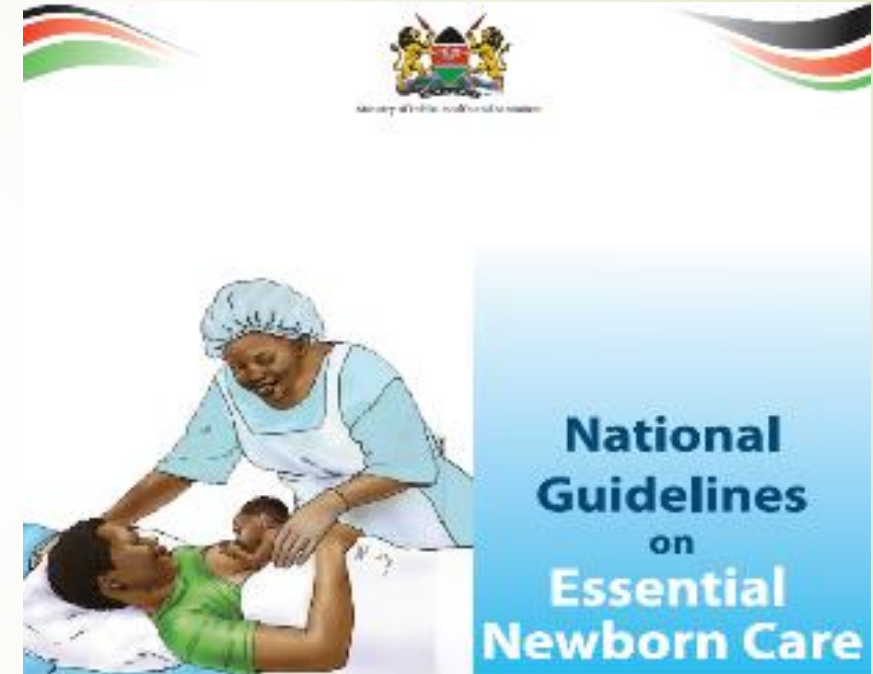
## Priority interventions

1. Immediate essential newborn care
2. Interventions for small and ill babies
3. Neonatal infection management
4. Adoption of standards for improving QoC for the SSN



# National Policies & Guidelines

1. Universal Standard Precaution for Infection Prevention .....
2. Communication Skills .....
3. Immediate Care of The Newborn .....
4. Keeping The Baby Warm .....
5. Breastfeeding The Newborn .....
6. Overcoming Difficulties in Breastfeeding .....
7. Examination of The Newborn .....
8. Routine Care of The Newborn .....
9. Neonatal Resuscitation .....
10. The Small Baby .....
11. Kangaroo Mother Care .....
12. Alternative Feeding Methods .....
13. Neonatal Infections and Jaundice .....
14. Special Treatment for Newborns at Risk of Hiv/ Tb/ Syphilis ....
15. Pre-Discharge Evaluation of The Newborn .....



***Health Care worker Capacity is a critical prerequisite to successful implementation of these policies and guidelines which articulate the priority interventions in improving Newborn care in Kenya***

A close-up, slightly blurred photograph of a newborn baby's face. The baby is lying down, and a hand is visible, gently touching the baby's forehead and eye area. The background is out of focus, showing some blue and white patterns.

# Kenya's experience developing a Neonatal Nursing Training Program

A solid orange arrow pointing to the right, located on the left side of the slide, partially overlapping the text area.




# Overview

- The demands for neonatal nursing training has increased over time.
- Previously, the training was captured in general under paediatrics/ midwifery
- Gaps identified in provision of neonatal care
- Efforts are geared towards newborn survival





# The training at the University of Nairobi

- Neonatal nursing for undergraduate students is covered under paediatric nursing and also under midwifery and obstetric nursing courses.
  - The time allocated is 30 hours theory and 80 hours clinicals in total.
  - For postgraduate (Midwifery and Paediatric Nursing students), neonatal nursing is taught separately for the two groups. Each group covers a minimum of 60 hours, which includes theoretical, clinical rotations, case presentations etc.
- 



# Other universities

- Different modalities of delivery
- Neonatal care is taught with postnatal care for 60 hours tuition
- Offered through overview lecturers and tutorials
- Bachelor of Science – Midwifery – offered in 120 hours



# Specialized training

- Higher Diploma in Neonatal Nursing - offered at the Kenyatta National Hospital Training School
- Higher Diploma in Neonatal Critical Care – Cicely McDonell College Of Health Sciences – The Nairobi Hospital
- Higher Diploma in Paediatric Nurse Training – Gertrude's Children's Hospital, Nairobi





# Other neonatal training courses

- Several courses are offered as continuous professional development (CPD). These include:
- HBB
- ETAT
- EmONC
- S.T.A.B.L.E
- Workshops/ conferences



# Professional associations

- Association of Neonatal Nurses - Kenya





# 2<sup>nd</sup> African Neonatal Nursing Conference

- Hosted by University of Nairobi, Association of Neonatal Nurses – Kenya and Council of International Neonatal Nurses (COINN)



# Next steps

- In the pipeline, plan to establish a Neonatal Nursing Clinical Fellowship
- Regular neonatal nurse training short courses
- Webinars/ seminars





# Questions & Answers

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**Facilitation:**

**Dr. Gagan Gupta**

**Health Specialist, Maternal and Newborn Health**

**UNICEF HQ**

**Please type your questions in the CHATBOX**



# STAY ENGAGED

- Join the follow-up Community of Practice conversation
  - Care for small and sick newborns community of practice hosted by Save the Children: [Care of the Small & Sick Newborn | IBP Network](#)
- Upcoming webinars in this series:
  - Wednesday 21 July 2021 at 2pm CEST: Immediate Kangaroo Mother Care  
Register here: [bit.ly/iKMC21July](https://bit.ly/iKMC21July)
- Learn more about the series: [bit.ly/SSNB2021](https://bit.ly/SSNB2021)
- Visit website: <https://www.qualityofcarenetwork.org/about>