Transforming care for small and sick newborns

Nurturing care for every newborn: ensuring every newborn survives and thrives











Nurturing care for every newborn: ensuring every newborn survives and thrives

Welcome

PART 1: What is nurturing care for every newborn?

PART 2: Creating nurturing environments for newborns: country experiences

PART 3: Questions & answers

PART 4: Reflections from partners

Closing remarks













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1. What is nurturing care for every newborn?

Introduction to the Thematic Brief

Ornella Lincetto and Bernadette Daelmans World Health Organization

Infant and family centered developmental care explained

Louise Tina Day London School of Hygiene & Tropical Medicine

A parent perspective

Silke Mader European Foundation for the Care of Newborn Infants











Introduction to the Thematic Brief: Nurturing care for every newborn



Ornella Lincetto
Senior Medical Officer Newborn Health
Maternal, Newborn, Child, Adolescent
Health and Ageing Department
World Health Organization, Geneva



Bernadette Daelmans
Unit Head Child Health and Development
Maternal, Newborn, Child, Adolescent
Health and Ageing Department
World Health Organization, Geneva











Thematic Brief: Nurturing care for every newborn







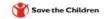






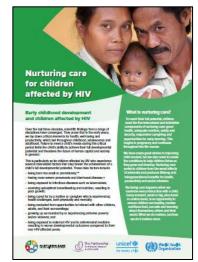
















Why this brief?

Facts and figures

Globally, more than

80%

of births take place in a health facility with a skilled attendant (4).





One of every ten infants is born preterm (5).

Direct causes of death are prematurity, birth complications, neonatal sepsis and congenital anomalies. An estimated

2.4 million

newborns die every year, mostly from preventable causes (2).



One of every seven infants is born with a low birth weight (6).

Low birth weight contributes to 60 – 80% of all newborn deaths (7).

The Thematic Brief summarizes why **nurturing** care is essential for every newborn

- Cared for in a nurturing environment, babies not only survive, they are also helped to thrive.
- Yet too many infants are deprived of their right to receive nurturing care, including when they require inpatient hospital care.

Five components of nurturing care for newborns





... involves preventing and managing illness, including provision of evidence-based highquality care for sick or small newborns.





...means optimizing exclusive breastfeeding or breast-milk feeding, including for very small and sick babies.





...means warmth, practicing good hygiene, minimizing stress, and enabling the primary caregiver, most commonly the mother, to be with the infant in a quiet environment.





...involves stimulating the baby's brain gently, through touch, voice or simply close contact.





...means being aware of the newborn's signals, which can indicate readiness for a feed, pain or stress, and responding to them appropriately.

The first month – once-in-a-lifetime opportunity

Remember

The first month of life is a critical time for children's healthy growth and development.



Strengthen

Improving the quality of care that mothers and newborns receive in maternity and neonatal care facilities in line with well-defined standards is essential.



Add

Providing nurturing care through IFCDC for small or sick newborns who need special or intensive care is feasible, including in low- and middle-income countries.



Infant and family centered developmental care explained



Louise Tina Day
EN-BIRTH Research Manager
London School of Hygiene & Tropical Medicine











Infant and family centered developmental care (IFCDC)



© UNICEF/UN0198614/Njiokiktjien VII Photo

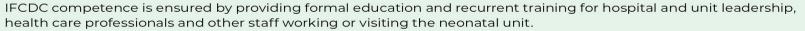
Maternal and newborn care services organized around core principles of:

- dignity and respect
- information sharing
- participation
- collaboration

Infant and family centered developmental care (IFCDC)

Figure 2. Standards for infant- and family-centred developmental care

Education and training for IFCDC





Supportive sensory environment

The hospital sensory environment is adjusted to the infant's sensory expectancies and perceptual competencies.

Family support services

The family receives care in an environment where its socioeconomic, mental health and spiritual needs are supported.

Management of the acoustic environment

A managed acoustic environment reduces stress and discomfort for infants.

Family access

Parents (and substitutes designated by the parents) have continuous access and are able to remain with the infant throughout the 24 hours.

Support for parental-infant bonding

The fostering of early bonding between parents and their newborn infant is pursued through strategies which promote early contact for the parental-infant dyad.

Clinical consultation and supervision for health care professionals on supporting families

Health care professionals receive counselling and regular clinical supervision in communicating with and providing emotional support for parents.

Very early and continuous skinto-skin contact

Skin-to-skin contact between mother or father and newborn infant is initiated as early as possible and maintained continuously.

Parental involvement

Parents are members of the caregiving team and, with individualized support, assume the primary role in the provision of care of their infant, and are active partners in decisionmaking processes.

Case management and transition to home

An individual case management plan for each newborn infant is established, in collaboration with parents, to plan and coordinate needed investigations and procedures, ensure the acquisition of needed parental competencies prior to discharge and to plan follow-up and continuing care.

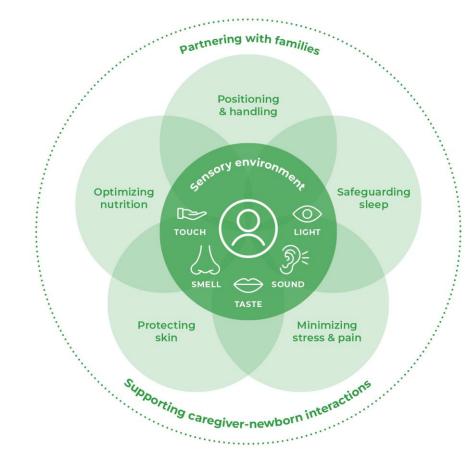


Adapted from: European Foundation for the Care of Newborn Infants (10).



Infant and family centered developmental care (IFCDC)

Figure 1. Components of infant- and family-centred developmental care (9)



Components of IFCDC

Creating a nurturing environment for all newborns

- Provide early essential newborn care
- Engage parents as partners
- Implement ten-steps to successful breastfeeding
- Promote responsive caregiving and early learning activities
- Support caregiver mental health
- Provide postnatal care after discharge from the facility

Nurturing care for small and sick newborns

- Promote zero separation
- Implement developmentally supportive inpatient care
- Support Kangaroo Mother Care
- Transform neonatal intensive care units
- Facilitate a smooth transition to care at home

Strengthening the health system

- Build an enabling environment for developmentally supportive inpatient care
- Invest in the workforce
- Ensure appropriate follow-up care
- Update the basic benefit package for universal health coverage

A parent perspective



Silke MaderChairwoman of the Executive Board
European Foundation for the Care of Newborn Infants









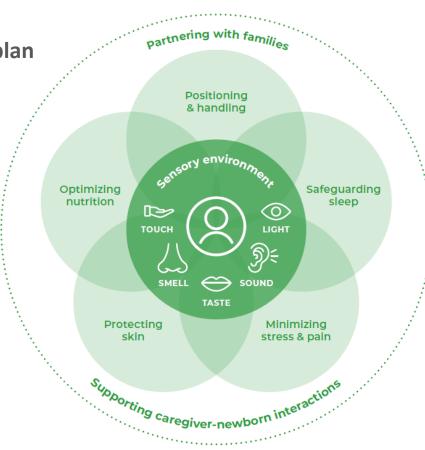


A parent perspective

Support breastfeeding and ensure an optimal nutrition plan

Establish a zero separation policy already at birth-parents are no visitors

Fathers are equal parents



Provide skin-to-skin care and support bonding processes

Respect the baby's and families needs

Provide proper discharge management to ensure self-confident parents



Ensure adequate long-term follow-up care

Global parent survey in 23 languages

Impact of COVID-19 on special/intensive care for newborns

2103 participants from 56 countries



48% were permitted to be accompanied from another person during birth (e.g. partner)

74% of mothers and 56% of fathers were allowed to be present with their child

21% no one was allowed to be present with their child until discharge

52% of mothers were highly encouraged to breastfeed, 25% somewhat encouraged and 18% not at all

49% of babies received exclusive breastmilk, 40% partly and 11% not at all





Nurturing care matters!





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World Health Organization



2. Creating nurturing environments for newborns Country experiences

Facilitated by Bernadette Daelmans
Unit Head, Child Health and Development
World Health Organization







Creating nurturing environments for newborns

Country experiences



Lama Charafeddine

Associate Professor of Clinical Pediatrics and Neonatology, American University of Beirut, Division of Neonatology, Lebanon



Arti Maria

Consultant & Head, Department of Neonatology, ABVIMS & Assoc. Dr. RML Hospital, New Delhi, India



Ylva Thernström Blomqvist

Associate Professor, PhD, RN and Head Nurse at the Neonatal Intensive Care Unit, Uppsala University Children's Hospital and Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden



Socorro De Leon-Mendoza

President, Kangaroo Mother Care Foundation Philippines Inc., The Philippines



Nathalie Charpak

Director, Fundación Canguro de Colombia, Colombia











Care for child development for preterm and sick newborns





Lebanon

Lama Charafeddine

Associate Professor of Clinical Pediatrics and Neonatology American University of Beirut, Division of Neonatology Lebanon







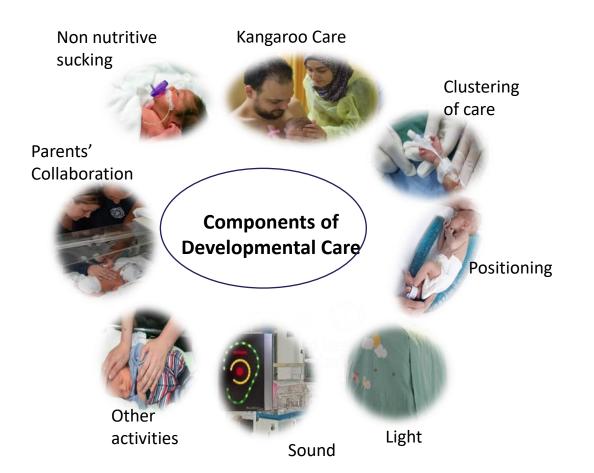




Newborn Individualized Developmental Care Program (NIDCAP)

Framework

Initiated in 2013 – NIDCAP certification 2018





- Shift from task oriented to infant
 & family oriented; QI projects
- Promoting breastfeeding (BFHI)
- Parent involvement in care
- Safe environment, staff education
- Early learning: talking, reading, follow up clinic



Infants



- Less events: better positioning
- Less stress: Care based on behaviours and cues
- Quiet time, swaddled bath
- Parent involvement

Preparing for bath



Practicing KC

Parents



- Present on rounds
- Partners in developmental care rounds
- Kangaroo care awareness day
- World Breastfeeding Week
- Read-A-Thon week



Parent education

Staff



- Capacity building
- Education
- Arabic resources
- Online course
- Policies
- Leadership
- COVID 19



Community awareness

Follow up



- Parent education
- Early intervention
- Arabic Leaflets



*Parents' permission to use pictures obtained

Influencing national policy and standards India





Arti Maria
Consultant & Head
Department of Neonatology, ABVIMS & Assoc. Dr. RML
Hospital New Delhi, India











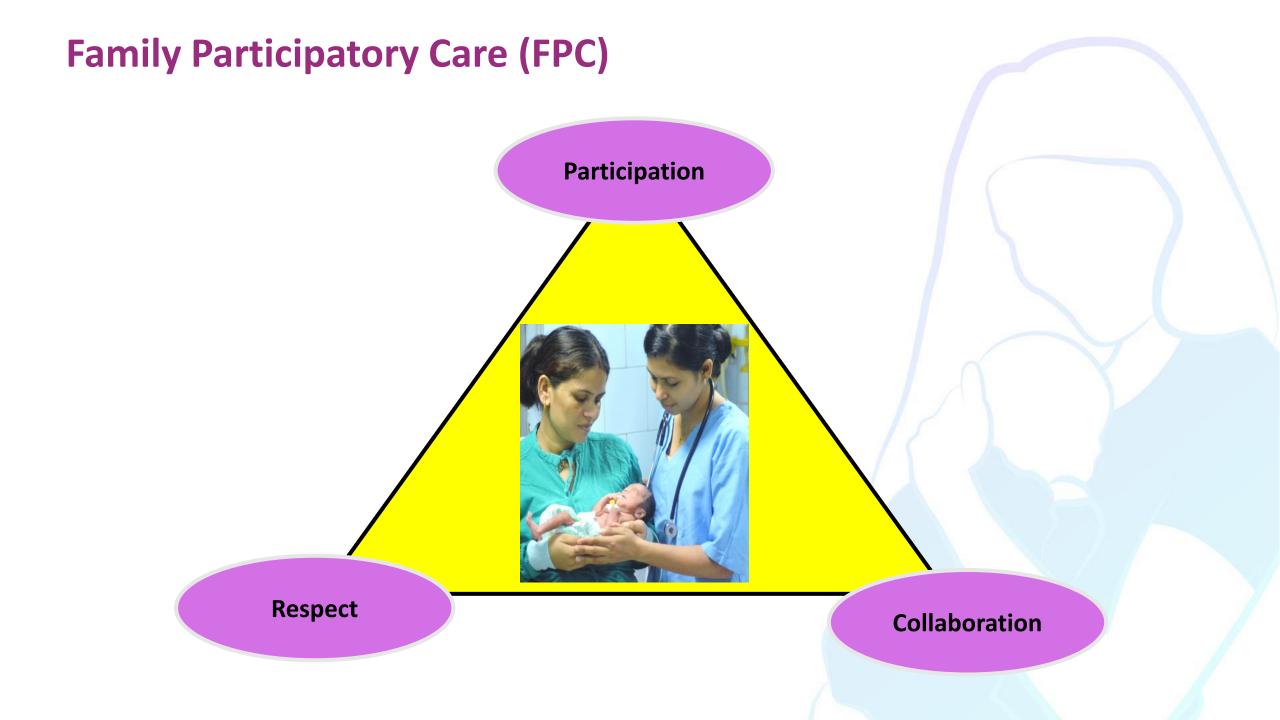
Family Centered Care (FCC)?

WHAT?

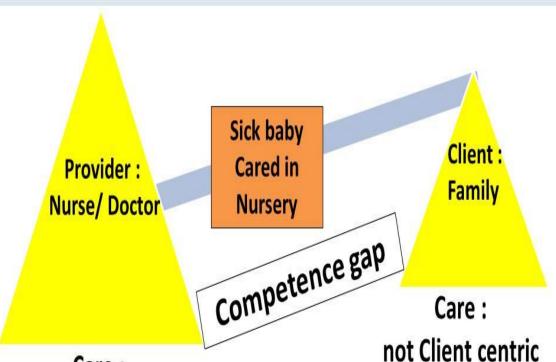
An approach, an attitude, a mindset, a concept

that aims to develop and nurture family's role in partnership with the health care team in the care of a patient.





Conventional Model for care of a sick newborn



Care:

Provider centric

Role: Power/Control/authority

Challenge: HR

Outcome: Compromised QOC

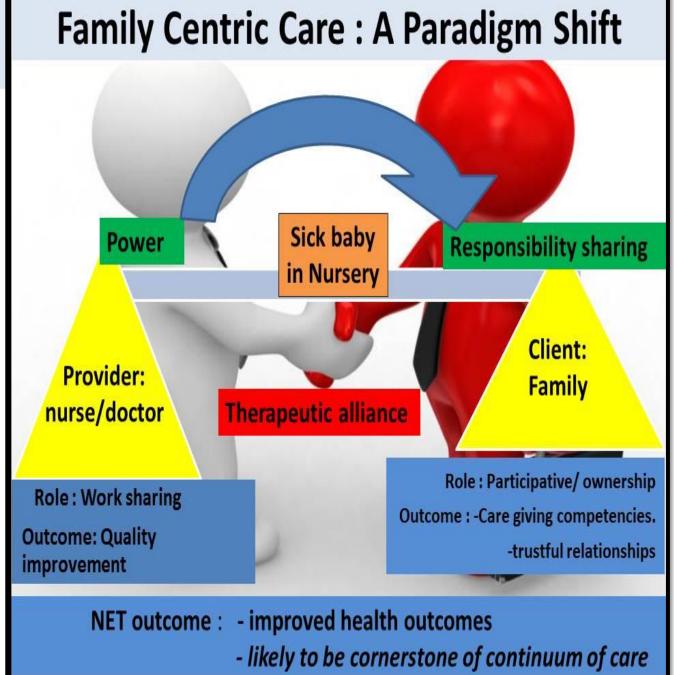
Client: Passive receiver in Silo

Challenge: Separation

Outcome: Unmet needs:

-Anxiety

-↑ Stress



Family Centered Newborn Care Influencing national policy & standards in India



- At facility level: LMIC setting: Incidental Discovery 2007: anecdotal observation, evidence generation dissemination
- Tool development by key national experts: Audio-visual training guide, Resource manuals, operational guidelines and development of implementation & monitoring framework, recording formats
- NGO initiative State level for pilot implementation 2014: Overwhelming response from stakeholders
- Practice chosen as one of the key innovative best practices in newborn care at national level. Opportunity to share and
 disseminate at such and various other technical and professional fora.
- Findings from pilot Implementation and operational research led to iterative improvements in the tools and guidelines
- Key findings: FCC improved QoC, a winning strategy for KMC implementation
- Key learnings: Identification of a 'local champion', Establishment of Model resource Centres, convincing key stakeholders, adaptation of tools & local translation.
- **FPC launched as a national health programme in July 2017**: Nation wide advocacy & scale up at district level. Also growing international interest in the intervention.
- By now FPC is integral to existing health programmes and not as a vertical programme
- Political will and national & State governments involved at all stages

Making NICU's infant and family-friendly Sweden





Ylva Thernström Blomqvist

Associate Professor, PhD, RN and Head Nurse at the Neonatal Intensive Care Unit

Uppsala University Children's Hospital and Department of Women's and Children's Health, Uppsala University Uppsala, Sweden











Making NICU's infant and family-friendly Sweden





© Karolinska University Hospital, Stockholm, Sweden/Stina Klemming

Take home message:

- What you do often you become good at
- Early start ("Early means early")
 - Parental (family) presence & involvement
 - Skin-to-skin contact
- Enabling environment

Integrating developmentally supportive newborn care in the national health benefit package The Philippines





Socorro De Leon-Mendoza
President
Kangaroo Mother Care Foundation Philippines Inc.
The Philippines











Integrating developmentally supportive newborn care in the national health benefit package

*

The Philippines



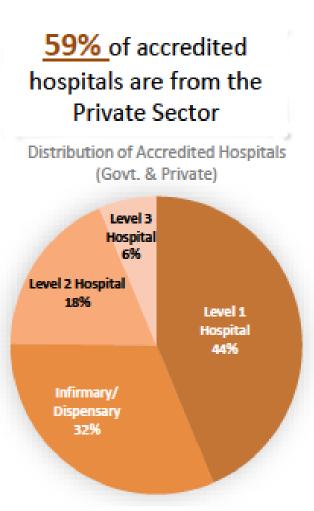
Building and sustaining capacity of health care facilities to provide nurturing neonatal care services

- Republic Acts or Laws enacted by Congress
- Administrative Orders/Policies from the Department of Health
- Developmentally-supportive newborn care packages from the Philippine Health Insurance Corporation (PhilHealth) which can be availed of by accredited health care facilities or institutions

© UNICEF/UNI266025/Dombrowski

PhilHealth accredited institutions (31 Jul 2021)

Type of institution	Govt.	Private	Total no. of accredited Institutions = 1,871
Level 3 hospitals	56	64	120
Level 2 hospitals	43	301	344
Level 1 hospitals	336	475	811
Primary care facilities (Infirmary/Dispensary)	326	270	596
Maternity care package providers	1,095	1,587	2,682



https://www.philhealth.gov.ph/partners/providers/institutional/status.html

PhilHealth newborn care & related packages

Year	Circular #	Title
2005	0026	All accredited facilities required to be MBFHI-Certified
2006 2011 2018	0034 0011 0021	Newborn Care Benefit Package Enhanced Expanded
2009	0039	Expanded NSD and Maternity Care Package
2014	0022	Maternity and Newborn Care Package
2017	0009	Z-Benefit Package for Preterm and Small Newborns
2017	0029	Z-Benefit Package for Children with Developmental Disabilities
2019	0003	Expansion of Primary Care Benefit – Primary Health care guarantees for all life stages (includes KMC & ECCD)

DOH Administrative Order 2017-0012: Primary Health Care Guarantees for all Life Stages, Including Newborn and beyond.

	Population Level	Primary Care Services for	Primary Care Services for Sick
1979		Well Individuals	Individuals
Neonate .	Surveillance and monitoring of the population's health status • Surveillance system Prevention and control of endemic diseases • Integrated Vector Control Management	Clinical Early Essential Newborn Care Physical examination (vital signs, anthropometrics) Visual and hearing screening Breastfeeding Initiation Referral and Emergency Transport Services Basic newborn resuscitation with oxygen support Kangaroo mother care for low birth weight and preterm babies	REGULAR CONSULTATION for any condition History and Physical examination DRUGS AND COMMODITIES If (+) for Newborn Screening & Confirmatory Test Assessment then refer to tertiary care facility / pediatrician
•	Public health policy development Newborn Screening Birth dose of HCG and Henatitis 8	Laboratory Newborn Screening Universal Newborn Hearing Screening & confirmatory.	If (+) for Newborn Hearing Screening & Confirmatory Test • Assessment then refer to tertiary care facility (pediatrician (before are 7)
Infant (0-12 months)	Surveillance and monitoring of the population's health status • Surveillance system • Cancer Registry Prevention and control of endemic diseases • Integrated Vector Control Management Assurance of quality and	Clinical Ilistory and Physical examination (vitals, anthropometrics) Oral Health Examination and Services (Fluoride Varnish, etc.) Early Childhood Care and Development(ECCD) screening including developmental milestones; assessment of developmental delays Visual and hearing screening Referral and Emergency Transport Services	REGULAR CONSULTATION for any condition History and Physical examination DRUGS AND COMMODITIES AEFI events Assessment then refer to tertiary care facility / pediatrician (before age 7) ENVIRONMENTAL HAZARD EXPOSURE AND POISONING Farly recognition and initial management

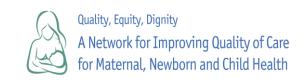
Sustaining kangaroo mother care during the COVID-19 pandemic Colombia



Nathalie Charpak
Director
Fundación Canguro de Colombia
Colombia













The COVID-19 pandemic has been disruptive to health services in many places, particularly at its onset. What are the 3 key messages that you can share of how to ensure continuity in quality of care, even when data on risks are limited.

N. Charpak, MD, Pediatrician, Director of the Kangaroo Foundation of Colombia, ncharpak@gmail.com









KMC implementation before the COVID-19 pandemic

Colombian Health Ministry (HM)

Technical KMC guidelines for the implementation of KMC programs (intrahospitalary and ambulatory KMC) Nov 2017

Annual National KMC workshop HM, KF and ASCON Colombian
Society of
neonatology
(ASCON)

Kangaroo Foundation (KF)

Research
Data monitoring
Training

KMC whatsapp with all the KMC ambulatory programs and part of the neonatal units actives in KMC: Papers, research, lecture, baby transfer between KMC programs and regions

ROP whatsapp with all the retinologists of the country for treatment, lecture, papers, transfer of premature babies for ROP surgery between cities and regions, exchanges of photos and early diagnosis support of ROP

200 Neonatal Units (private or public) with
Intra-hospitalary KMC (Kangaroo position and breastfeeding of the premature or LBWI

53 ambulatory KMC programs with follow up of the premature or LBWI up to 12 or 24 months of corrected age

No1 Collaborative public health actions between the Ministry of Health, the neonatologist society and the Kangaroo Foundation



LINEAMIENTOS PROVISIONALES PARA LA ATENCIÓN EN SALUD DE LAS GESTANTES, RECIÉN NACIDOS Y PARA LA LACTANCIA MATERNA, EN EL CONTEXTO DE LA PANDEMIA DE COVID-19 EN COLOMBIA



≥ € ASCON





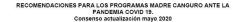


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Nathalie Charpak, Pediatra y Directora General, Fundación Canquro Clara Galvis. . Pediatra Neonatóloga, Directora Hospital Militar Central. Bogotá Mònica María León Mackenzie, Pediatra Neonatóloga, Casa Canguro Cartagena. Lida Leal, Pediatra Neonatóloga, Ministerio de Salud y Protección Social Alba Julieta Castro G . Pediatra. Hospital Federico Lleras Acosta Ibaque. Programa Madre Canguro, Conseiera Lactancia Materna

Martha Africano, Pediatra Neonatóloga, ASCON, Clínica San Luis Bucaramanga Leslie Ivonne Martínez De la Barrera, Coordinadora Unidad de Recién Nacidos Clínica Universitaria Colombia, Instructor asistente Fundación Universitaria Sanitas Juan Carlos Arias, Pediatra y Gerente, Casa Canguro Alfa Cali

Oscar Ovalle, presidente ASCON, Pediatra Neonatólogo Clínica Los Cobos-Clínica la

El Programa Madre Canguro (PMC) es el aporte colombiano más importante al mundo en el campo de la neonatología; es la estrategia de oro en el manejo ambulatorio de los recién nacidos prematuros en Colombia y dentro de esta filosofía siente el compromiso dentro de la contingencia Covid-19 de establecer recomendaciones o lineamientos que permitan garantizar su continuidad, oportunidad, seguridad del recién nacido prematuro, y de los recién nacidos de alto riesgo

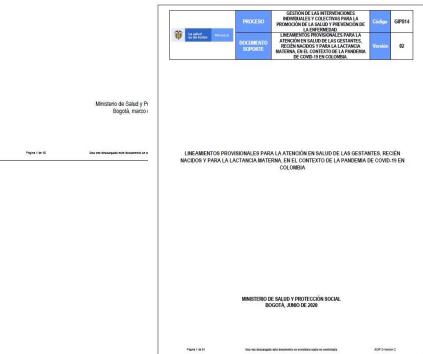
Este programa también propende por un entorno favorable de protección estimulo unión y amor que favorezcan un adecuado desarrollo y crecimiento, ofrece herramientas de soporte y seguridad a los padres y familiares con el objeto de minimizar los impactos emocionales que no se han hecho esperar ante situaciones de estrés y desconocimiento de una pandemia que pueda afectar la salud de sus hijos.

Este documento ofrece un acompañamiento a los profesionales de la salud que trabaian en los PMC y permite compartir experiencias para lograr el mejor abordaje de manejo y seguimiento, con el concurso local, nacional y mundial, de esta población vulnerable pero que constituye el capital humano del futuro de nuestro país.

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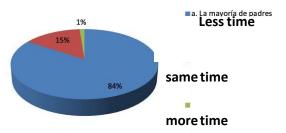
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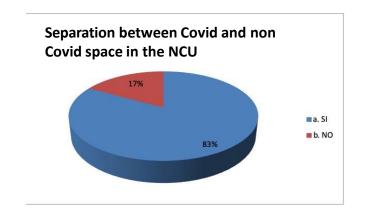
Diario Autor	Título	Principal Pregunta	puntos clave
The New England Journal of Medicine April 14, 2020 (D.F. Gudbjartsson)	Spread of SARSCOV-2 in the Icelandic Population	¿La subrepresentación de mujeres y niños seria vinculada a formas asintomáticas? (artículo Innovador) ¿Lo sabía el presidente?	Contexto: 364 000 habitantes. El virus de Italia fue introducido el 28 de febrero. Medidas efectivas: cribado + rastreolcuarentena + cierre de universidades/universidad (pero no de la escuela primaria) + distancia social Métodos: 1)Tamizado dirigido a las personas, sintomáticas al retorno de los países d riesgo: 1221+ de 9198 (13,3%) 2) Tamizado general de la población asintomática o restriada (frecuente durante este periodo) (10,787 personas) voluntaria y luego por invitación di una muestra de 2283 personas de 20 y 70 años: 98 - de cada 13,080 personas (0,8%) Resultados: 1) Clara sub representación de los menores de 10 años en los positivos de las 2 poblaciones, 6,7% y 0% si <10 años vs 13,7 y 0,8% si <10 años 2) Sub representación de la mujer entre los positivos de las 2 poblaciones 10,7% y 0,9% para Hombres vs 11,0% y 0,0% para Mujeres. Lo que se sabaiz los niños y las mujeres hacen formas menos graves que los aduttos y los hombres. Pero es el primer estudio que muestra que los niños y las mujeres están menos afectados por la infección ++++
MMWR / April 10, 2020 /	Coronavirus Disease 2019	Descripción de los casos	2.572 casos (1.7% de 149,000 casos) en niños <18 años de edad. Edad media 11 años: 1/3 de los casos entre 11 y 17 años y 27% entre 10 y 14 años. 57% niños. Detalles de las observaciones disponibles en una minoria de niños. El 5.7% de los pacientes fueron hospitalizados, pero solo se informó en 1/3 de los casos. 15 pacientes en UCI (con 5 <1 año) y 3 muertes. Conclusión: aunque en general es leve, estas infecciones pediátricas pueden requerir hospitalización. Podemos encontrar una mayor severidad en niños <1 año reportados en China (Revisión n° 1. 20 de marzo. Dong Y
Vol. 69 / No. 14 US (CDC	in Children — United	Covid-19 pediátricos en los	
COVID-19 Response	States, February 12–April	EE, UU, durante las primeras	
Team)	2, 2020	6 semanas	
JAMA Pediatr.	Screening and Severity of	Overwiew de la infección en	365 niños evaluados en 30 hospitales, 41 positivos, lo que representa el 0,8% de los casos confirmados en Madrid (mediana de 1 año IQR, 0,35-8,5 años; rango 0-15), 25 niños hospitalizados (60%) y 4 en la UCI, 4 que
2020.Research Letter	Coronavirus Disease 2019	in pacientes pediátricos	
April 8, 2020 (Taggaro)	(COVID-19) in Children in	durante las primeras	

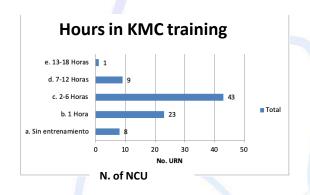


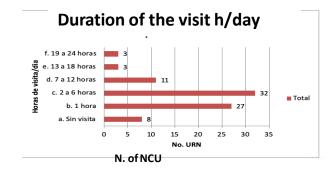
2020 KMC Survey in 93 NCU during the COVID19 pandemic

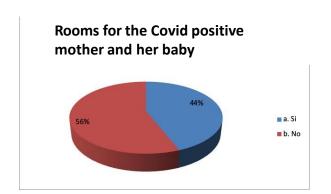
Changes in the duration of parents' visit

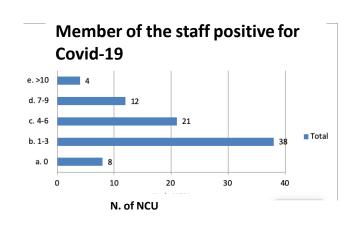


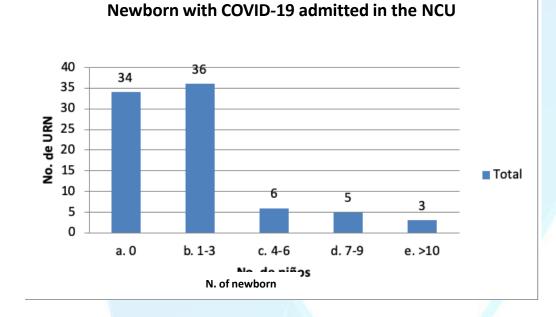












KMC adaptation in the Neonatal Unit



Before the pandemic



During the pandemic





The NCIU

The Intermediary care unit

The minimal care unit

Epidemiological situation April 10, 2021 in Colombia



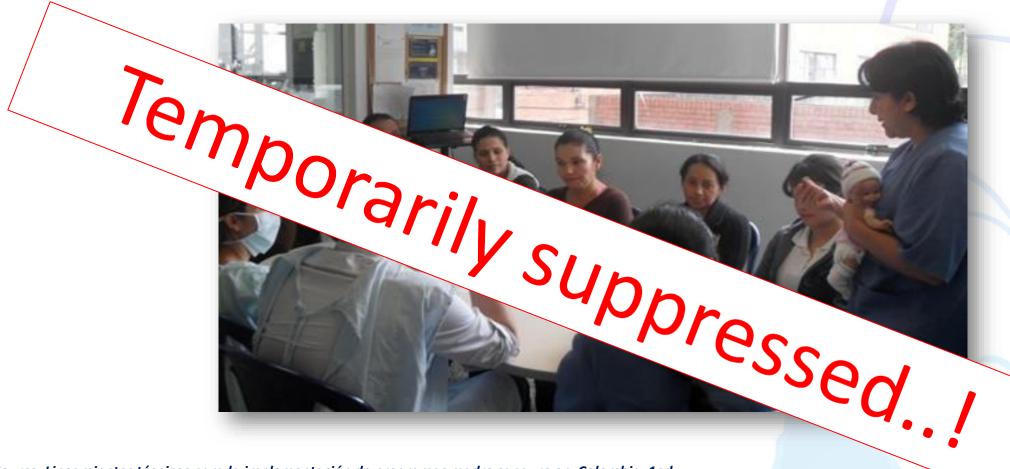






0.05% of the total COVID19 cases in Colombia are classified neonatal COVID

KMC Collective activities with the family in the neonatal unit



Source: Lineamientos técnicos para la implementación de programas madre canguro en Colombia. 1ed.

Bogotá: Ministerio de la Protección Social; 2012.

Fotografía autorizada.

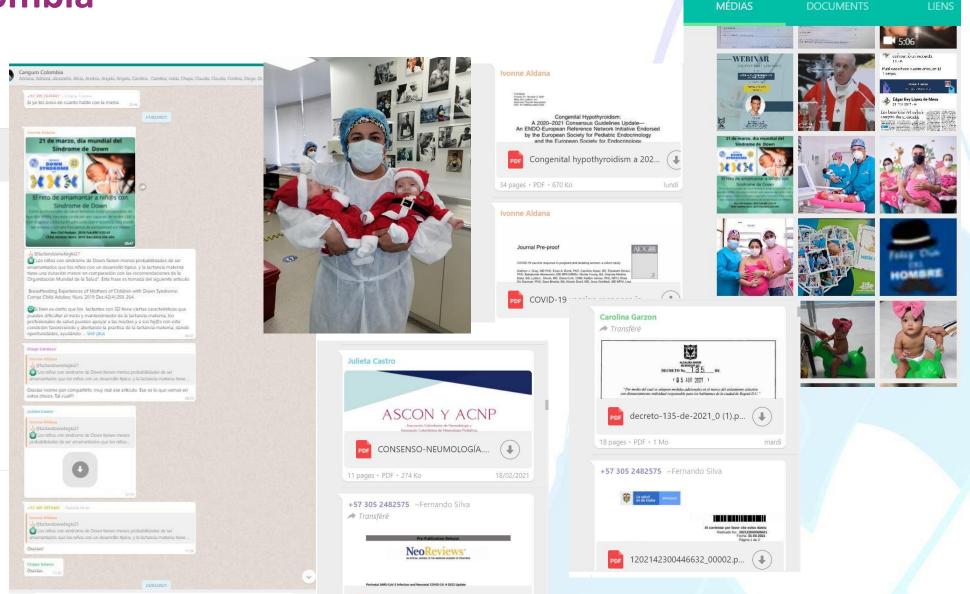
No 2 Communication: the KMC WhatsApp group "Canguro Colombia"

× Infos du groupe



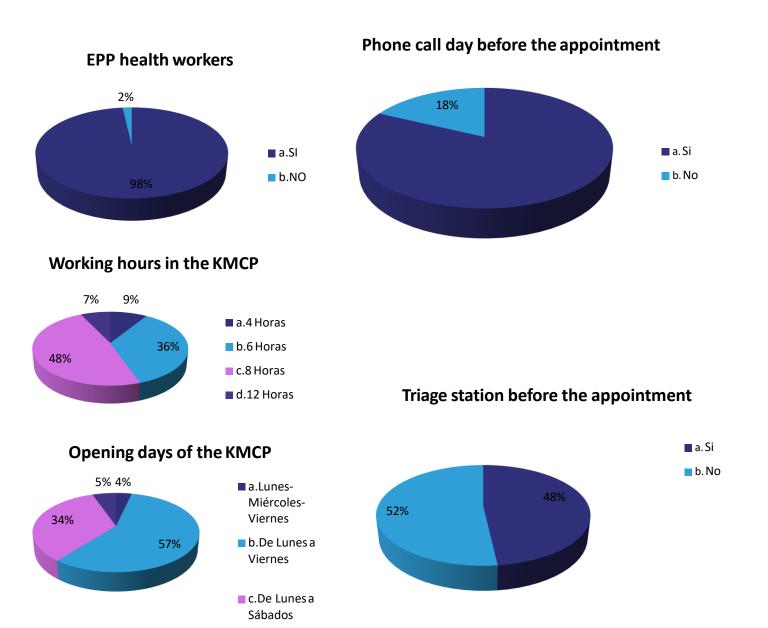
Canguro Colombia

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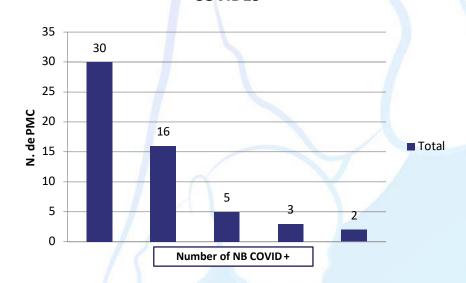


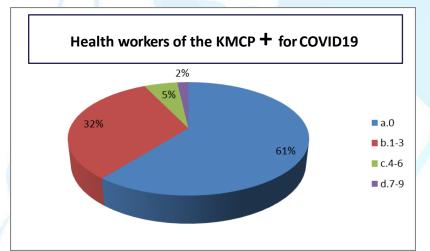
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2020 survey in the 53 KMC follow-up Programs during the COVID-19 pandemic



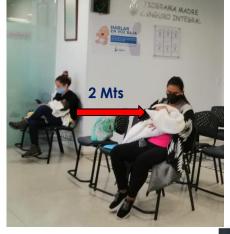
Number of NB included in the KMCP with COVID19 or with positive mothers for COVID19





The ambulatory follow-up KMC program





















Solution: Strict cleaning protocols















Mothers are creative and innovative "Protect yourself and you will protect others"







Conclusion

No 3 The challenge was to act based on evidence not on emotion.







Support of the kangaroo position



Breastfeeding



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3. Questions & answers

Facilitated by Sheila Manji ECD Specialist World Health Organization











Questions & answers

- We created a community of practice for this webinar.
 Questions and answers will be posted in this community of practice: bit.ly/NCforeverynewborn
- We invite you to join the Quality of Care for MNCH Community of Practice to continue the conversation with the panelists and contribute in further discussion on this topic.















4. Reflections from partners

Facilitated by Shekufeh Zonji Global Technical Lead ECD Action Network

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Reflections from partners



Lily Kak

Newborn Health Team Lead, United States Agency for International Development (USAID)



Björn Westrup

Senior Consultant in Neonatology, Founder, Karolinska NIDCAP Training & Research Centre



Joy Lawn

Director MARCH
Centre, London
School of Hygiene &
Tropical Medicine



Alison Morgan

Senior Health
Specialist (MNCH),
Global Financing
Facility Secretariat
(GFF)



Neena Khadka

Newborn Health
Focal Point
MOMENTUM
Country and Global
Leadership Program
(MCGL)













5. Closing remarks

Facilitated by Bernadette Daelmans
Unit Head, Child Health and Development World
Health Organization

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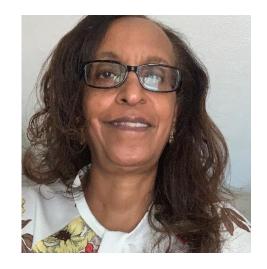








Closing remarks



Tedbabe Degefie HailegebrielSenior Adviser MNH
UNICEF New York



Anshu Banerjee
Director of the Department of Maternal, Newborn,
Child and Adolescent Health and Ageing
WHO Geneva











STAY ENGAGED

- Learn more about the series "Transforming care for small and sick newborns" bit.ly/SSNB2021
- Thematic brief: nurturing care for every newborn https://nurturing-care.org/nurturing-care-for-every-newborn/
- Websites:
 - Network for improving quality of care for maternal, newborn and child health https://www.qualityofcarenetwork.org/about
 - Child Health Task Force: https://www.childhealthtaskforce.org/
 - **Nurturing care**: https://nurturing-care.org
 - ECDAN: https://ecdan.org

