



IMPLEMENTATION TOOLKIT

Small and sick newborn care

Implementation Learning Seminar Series

<https://newborntoolkit.org>



Implementation Learning Seminar Series

Welcome to the **NEST360/UNICEF Newborn Toolkit** joint learning community!

The aim of the series is to encourage collaborative learning for the advancement of small and sick newborn care.

This seminar series, structured around the **Health System Building Blocks (HSBBs)**, is linked to the NEST360/UNICEF Newborn Toolkit:

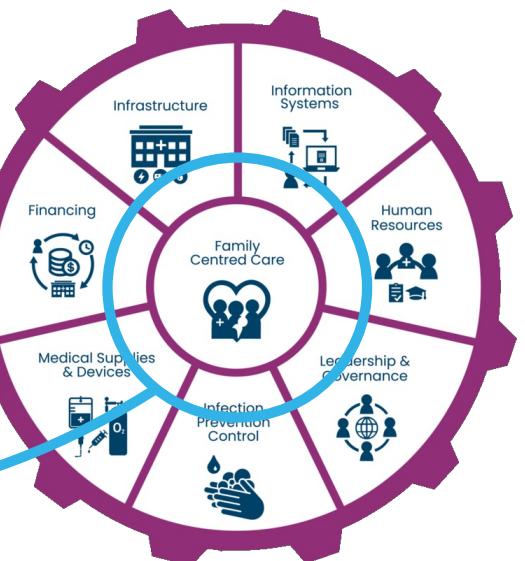
Please sign up to our toolkit newsletter:

<https://newborntoolkit.org>

<http://eepurl.com/hLb8lr>

The fourth HSBB is **Family Centred Care**

Join the **FCC HSBB group** and wider group to share ideas, tools and inputs.



FAMILY CENTRED CARE

Neonatal care – how to support families, and what happens after bereavement? Implementation realities from Kenya, Malawi and India



Interactive Seminar
Hosted by FCC Health System Building Block team
28 JUNE 2022

Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

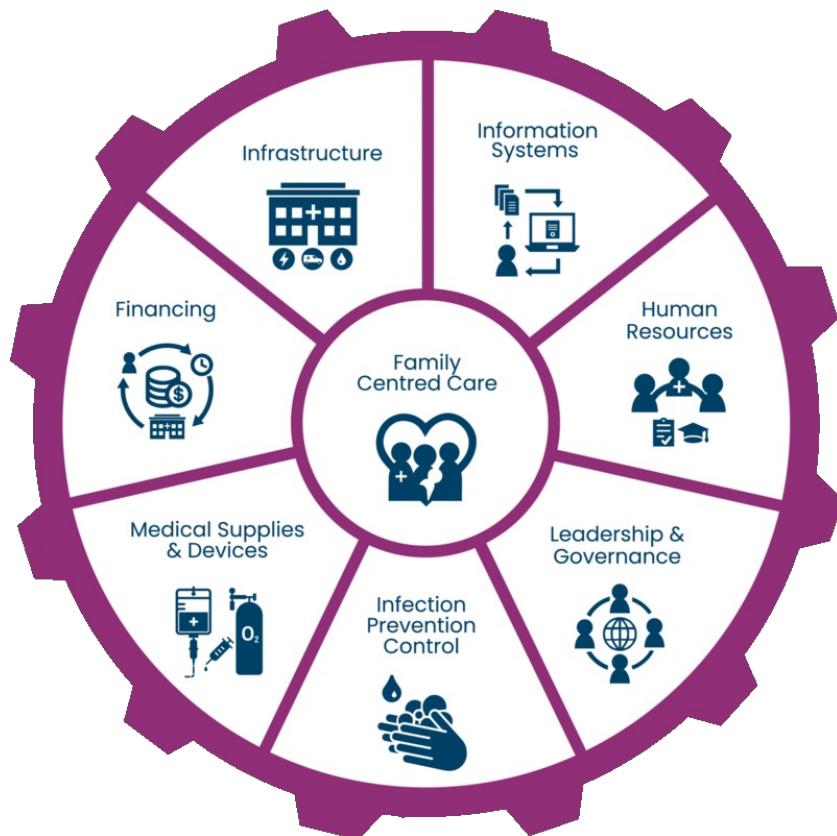
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Introduction



Dr Neena Khadka

MOMENTUM Country and Global Leadership
/ Save the Children

Senior Newborn Health Advisor

Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

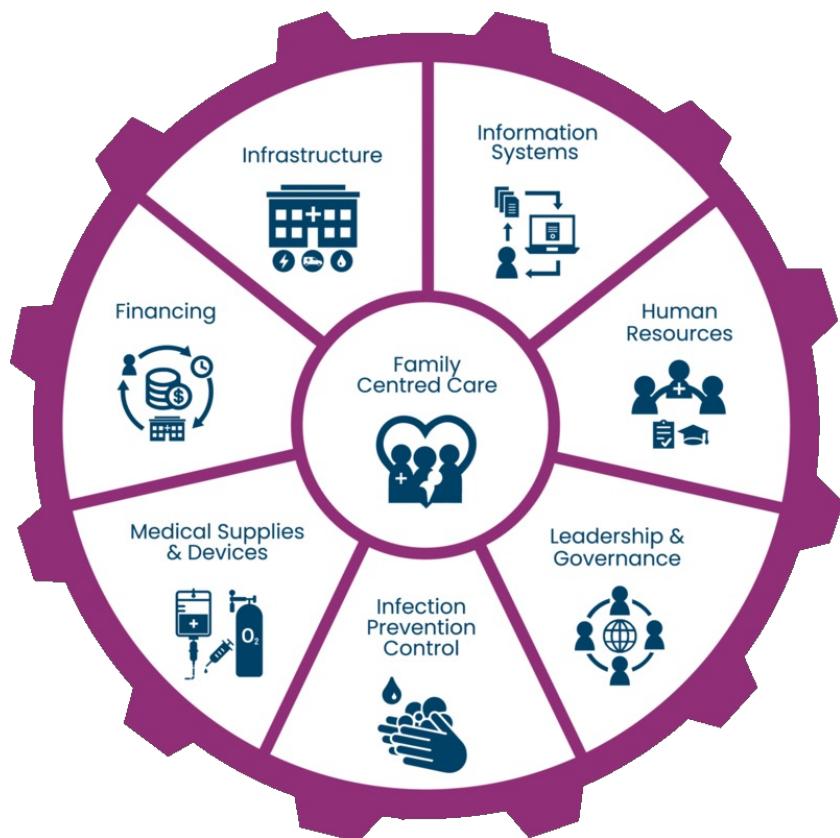
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Parental experience from India



Anjali & Karunesh Sharma

New Delhi, India



Daniel & Kiren David

New Delhi, India

Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

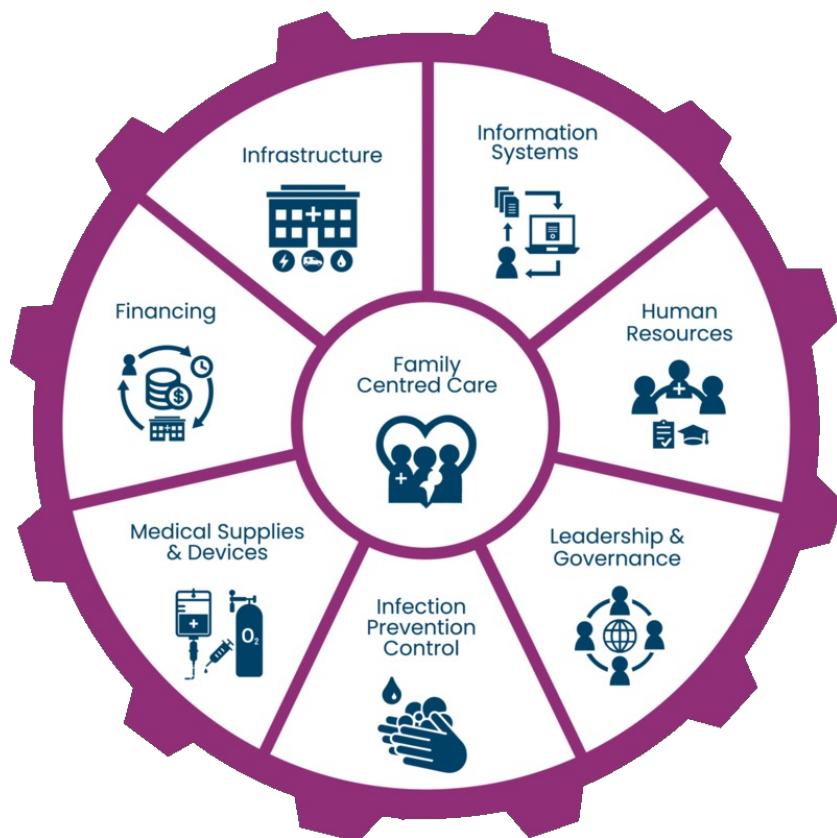
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Family Centred Care in the Newborn Toolkit: Progress and how to join us!



Jaya Chandna

London School of Hygiene and Tropical Medicine

Child Psychologist

Family Centred Care – HSBB Group

Implementation Toolkit for Small and Sick Newborn Care



Expert Advisory Team:



BILL & MELINDA GATES foundation



Save the Children



AlignMNH
collective action for maternal newborn health



FCC Leads



Tedbabe Degefie
Senior Adviser-Maternal
and Newborn
Health · UNICEF



Maureen Majamanda
Senior Lecturer, Child
Health, Malawi



Neena Khadka,
Momentum Country and
Global Leadership Save the
Children



Silke Mader, EFCNI

FCC Core Team



Jaya Chandna,
LHSTM



Suman Rao,
SJM college, Bangalore
Dept of MCA, WHO NEST360



Arti Maria, RML
Hospital, New Delhi,
India



Core Team and other members



<u>Core Team</u>		
Jaya Chandna Neena Khadka	LSHTM Save the Children / MCGL	UK/USA
Others TBC		
Louise Day	LSHTM	UK
Kemi Tongo	Ibadon Hosp	Nigeria
Maureen Majamanda	College of Medicine	Malawi
Ekran Rashid	CPHD	Kenya
Edith Gicheha	KEMRI Wellcome Trust (KWTRP)/KEPRECON	Kenya
John Ovuoraye	Ministry of Health Abuja	Nigeria
Mwanamvua Mboga	KEMRI Wellcome Trust	Kenya
Fatima Gohar	UNICEF	Kenya
Sassy Molyneux	KEMRI Wellcome Trust/Oxford Uni	Kenya/Uk
Susan Niemeyer	USAID	US
Sushma Nangia	Kalawati Saran Hospital	India
Arti Maria	Ram Manohar Lal Lohia hospital	India
Paras Chipalu	Save the Children / USAID bilateral	Nepal
Archana Amatya	Save the Children / USAID bilateral	Nepal
Kayinamura Mwali Assumpta	Intrahealth / USAID	Rwanda
Kiersten Israel-Ballard	PATH	US
Hoang Tran	Danang Hospital for Women and Children	Vietnam
Sushma Nangia	Lady Harding Medical College	India
Aleksandra Weloska	Medical University of Warsaw	Poland
Diane Spatz	University of Pennsylvania/	US
Silke Mader	European Foundation for the care of Neborn infants (EFCNI)	Germany

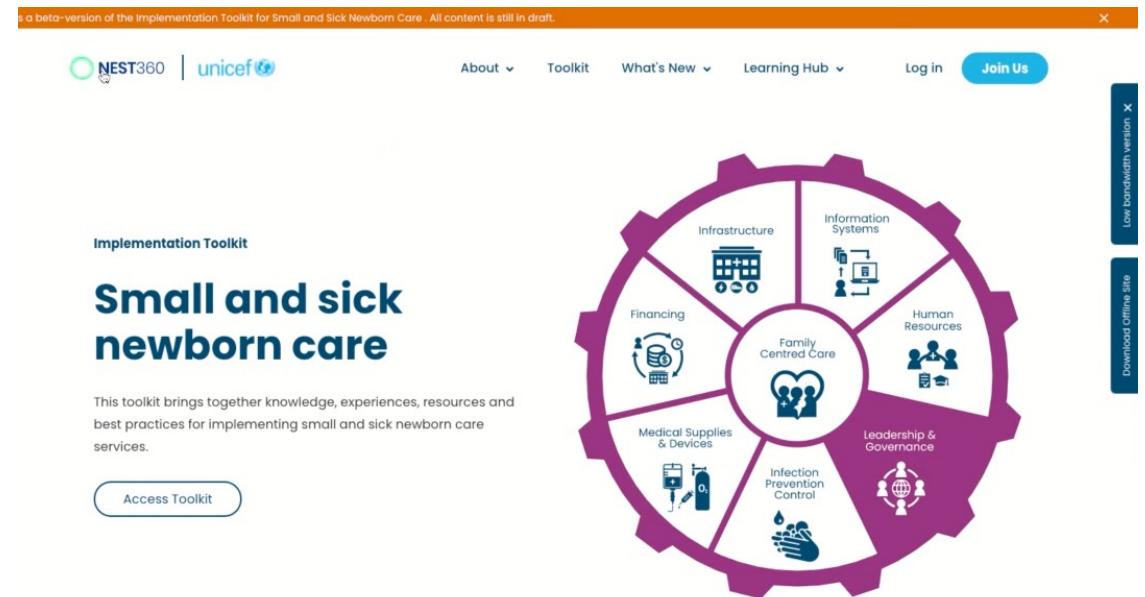
WHAT is the toolkit?

Open-access resource hub = “one stop shop” for materials

Open-access website collating practical resources, tools and active learning for small & sick newborn care in low & middle income settings.

Addressing priority health system bottlenecks. eg floor plans, data tools, education curricula, device maintenance checklists

Country case studies eg India



2. Toolkit content for this HSBB

Family Centred Care

Family centred care revolves around a mutual relationship between family and health care providers.

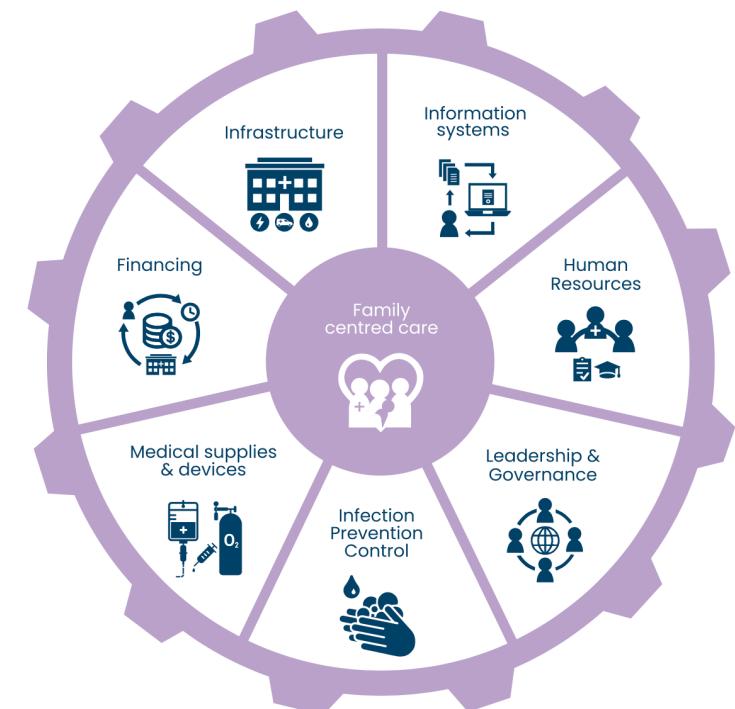
Why?

Every family who has a newborn has dreams that their baby will survive and thrive. If their newborn is sick, it is a time of great anxiety and emotional distress.

Families can feel excluded from the vital care of their small or sick newborn because of distance, lack of communication with staff and fear of technology



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



Structure



NEST360 | unicef

Toolkit

- Family Centred Care
- Overview
- Organisation of care
- Kangaroo mother care (KMC)
- Discharge & early child development
- Parent power

Family Centred Care

Overview

All families dream that their newborn babies will survive and thrive. However, when a newborn is sick or born premature, parents and families often feel anxiety and emotional distress because of separation, lack of communication with staff and fear of the technologies involved in care. Distress can worsen if families feel excluded from their baby's care. Parents' and families' involvement can be especially challenging in neonatal intensive care units (NICUs), where the most complex cases are managed. As a result, parents can feel incompetent in caring for their baby and unable to form the typical parent-infant bond, increasing their vulnerability to postnatal depression and negatively impacting breastfeeding.

Being empowered to care for their small or sick newborn reduces stress on the family and improves newborn outcomes. Family-centred care in facilities revolves around establishing a mutual relationship of trust between the family and health providers, enabling parents to feel like parents rather than visitors. Good communication with health workers is essential to enable parents and staff to understand their respective roles and facilitate parents' involvement in caring for the baby. Importantly, the concept of family centred care emphasises that the mother is not the only person responsible for the small or sick newborn, nor is she the only one affected by the baby's hospitalisation. Her partner, other children, grandparents and the wider community are also involved, and there are many ways they can become involved in supporting the baby or parents.

Organisation of Care



Developmentally supportive care

A child's early environment and experiences have a direct and long-term impact on his or her brain development and lay the foundation for health, learning, productivity, and wellbeing throughout the child's life.

Effective communication and meaningful participation

Effective communication with the parents and families of small and sick newborns, with meaningful participation, responding to their needs and preferences and encouraging and supporting parental involvement throughout the care pathway

Emotional support and mental health

This involves providing culturally appropriate and individually-tailored emotional support to mothers, fathers and other family members, including engaging in open and sensitive communication, counselling, validating parents' feelings and reassuring them

Bereavement support

Ensuring that all sick and small newborns who require it have access to appropriate palliative care and that their families receive compassionate bereavement care, including psychological and spiritual support

Kangaroo Mother Care

Kangaroo mother care is a method of care of preterm infants. The method involves infants being carried, usually by the mother, with skin-to-skin contact.

Zero separation: skin to skin contact

Breast feeding/ Mother's nutrition: exclusive breastfeeding to promote growth and development. Ensure good maternal nutrition so that mother produces quality and enough breast milk

Developmentally supportive care: core measures (healing environment, partnering with families, positioning and handling, safeguarding sleep, minimizing stress and pain, protecting skin, optimizing nutrition

Education and training: Of Health care professionals, support staff, parents and other family members.



Discharge and Early Child Development

A good referral system between hospital and community ensures proper handover and the existing community structures feel valued and encouraged.

- Using existing community structures e.g. village health committees, social workers, community leaders, community health workers (nurses, health surveillance assistants etc.)
- Follow up home visits including neurodevelopmental screening of high risk infants
- Peer parental support groups/ community support groups
- Feedback system between community and health facility.



Parent Power

Respectful and family centred care goes beyond mutual relationship between health care workers and families, it also includes mutual relationship between two or more families

- Access to support groups or community groups
- Peer parental support to learn from experience of other parents.
- Families are engaged in the development, implementation and evaluation of policies and programs to promote parenting skills and family involvement.

Come and join us!



Implementation toolkit

How to use and improve this toolkit

Implementation Toolkit

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

Log in

About ▾

Toolkit

What's New

Learning Hub ▾

Save page as PDF

Join us

Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

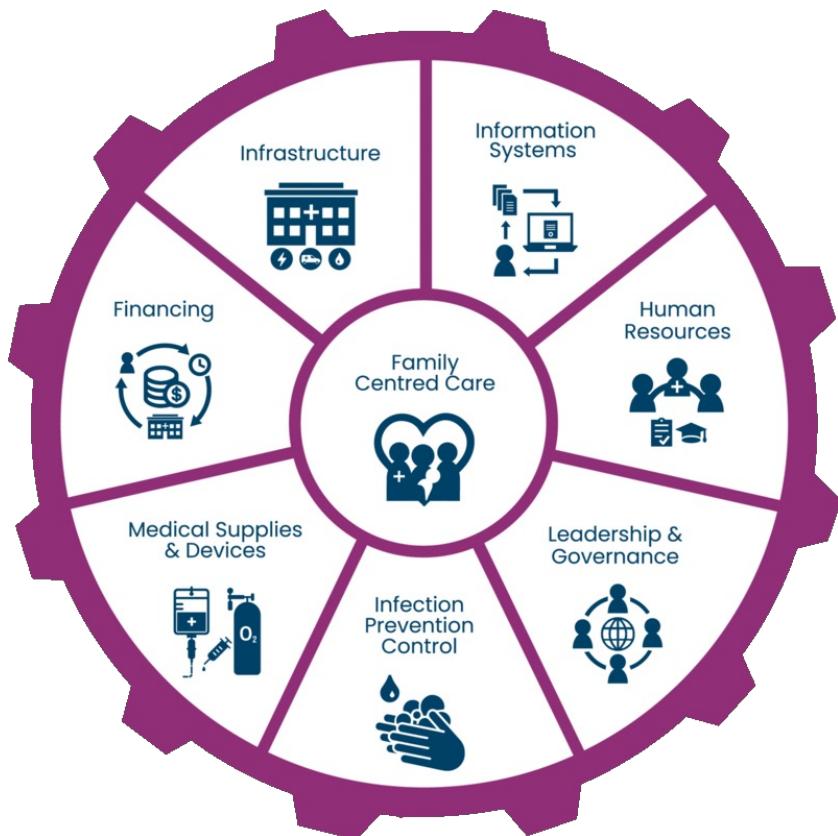
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Global gap for bereavement care: Malawi's experiences



Maureen Majamanda

Kamuzu University of Health Sciences
(KUHeS)

Senior Lecturer / Nursing Advisor

Global gap for bereavement care: Malawi's experiences

Maureen D. Majamanda
Senior Lecturer/ Nursing Advisor
Kamuzu University of Health Sciences/ NEST 360 Malawi

Introduction



- Children bring so much joy, meaning and sense of purpose (Moor & Graaf, 2016).
- FCC includes care given to family of a well, sick and dying child.
- Focus is on individual family needs in any given situation.
- Bereavement care is an important part of FCC.

Bereavement Care



- Not all sick neonates survive an illness.
- Bereavement care focuses on families' grief process.
- Family is supported before, during and after a foetal or neonatal loss.

Goal of bereavement care



- To reduce negative effects of bereavement on physical, social and mental health of family members.

Bereavement care- The Malawi experience



- Information on condition of neonate is provided to family.
- Relatives, friends visit family in hospital and offer support.
- Spiritual support within the facility-by hospital chaplain or from their church leader.
- Family is counselled on the prognosis.
- Family is informed when the neonate dies and are allowed to see their baby.

Gaps in bereavement care



- Pre service training – students not well prepared with knowledge and skills.
- In service- staff lack competence especially on the care of family when the child dies.
- No private rooms specifically for bereavement care.

Gaps in bereavement care



- Inadequate skills on breaking bad news to family.
- With heavy workload, HCW do not spend much time with grieving family.
- Mostly family is left alone to make funeral arrangements.

Summary



- Bereavement care is as important as any aspect of family centred care.
- Efforts must be made to include bereavement care in the pre service curriculum.
- Development of resources to train health care workers in bereavement care for families is urgently needed.

Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

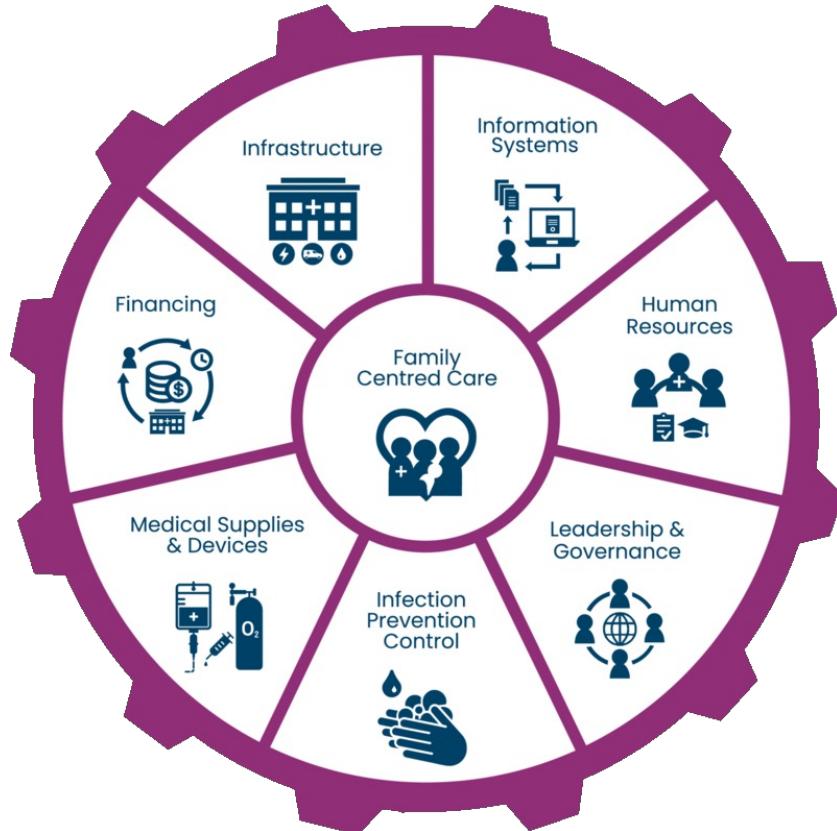
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Modules for bereavement care after neonatal death or stillbirth



Dr Hannah Blencowe

London School of Hygiene and Tropical Medicine

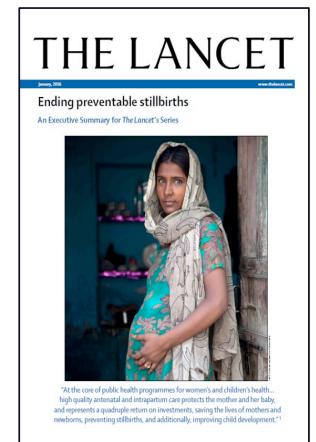
Associate Professor

Modules for bereavement care after neonatal death or stillbirth



Lancet Ending Preventable Stillbirth series (2016) by 2020...

- Alongside reaching mortality targets, ENAP milestones and reducing stigma
- Called for: **Global consensus on a package of respectful bereavement care after a death** in pregnancy or childbirth for the affected family, community, and caregivers in all settings

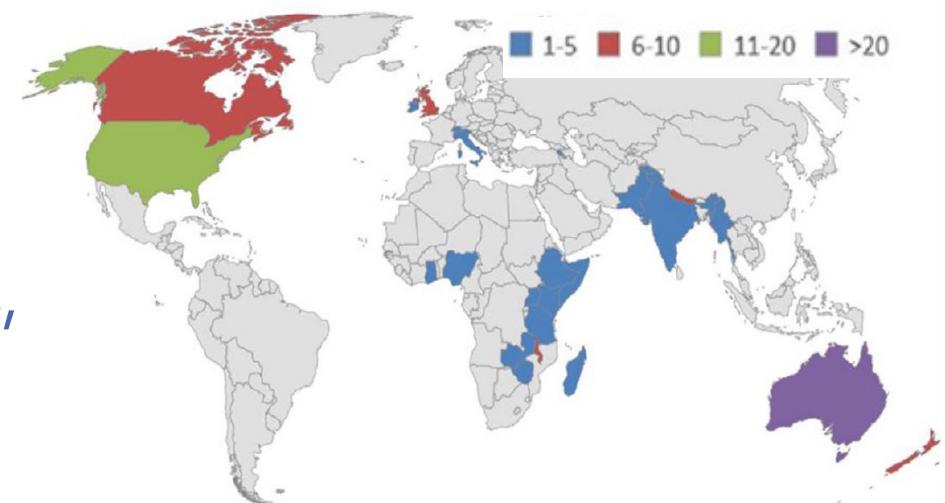


What progress is being made?

Principles for global bereavement care after stillbirth – RESPECT study



- 43 evidence-based themes derived from systematic reviews (LMIC and HIC)
- Consensus on 8 principles
- Included 267 participants from 26 countries, predominantly researchers and clinicians.
- Further work planned to:
 - include **neonatal deaths**
 - involve voices of women and families globally
 - explore implementation



Source: Shakespeare et al 2019. The RESPECT Study for consensus on global bereavement care after stillbirth [here](#)

Bereavement Care Pathways

Combining pregnancy and infant loss developed **recently** in several HIC

Stillbirth
Full Guidance Document

Neonatal Death
Full Guidance Document

A pathway to improve bereavement care for parents in England after pregnancy or baby loss

A pathway to improve bereavement care for parents in England after pregnancy or baby loss

national bereavement care pathway
for pregnancy and baby loss

Second Trimester Pregnancy Loss Care Pathway

Ectopic Pregnancy Care Pathway

First Trimester Pregnancy Loss Care Pathway

Perinatal Palliative Care Pathway

Neonatal Death Care Pathway

Stillbirth Care Pathway

GO TO PAGE

<https://nbcpathway.org.uk/>

<https://pregnancyandinfantloss.ie/>

PERINATAL SOCIETY OF AUSTRALIA & NEW ZEALAND | SANDA
Stillbirth And Neonatal Death Alliance

PSANZ

Stillbirth CENTRE OF RESEARCH EXCELLENCE

Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death

Section 1

Overview and Summary of Recommendations

Version 3.4, January 2020

<https://stillbirthcre.org.au/researchers-clinicians/download-resources/clinical-practice-guidelines-and-position-statements/>

Endorsed by

Australian & New Zealand Network, Stillbirth Foundation Australia, Women's Health Care Australia, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Sands, acm, red nose, and others.

NEST360 | **unicef**

IMPROVE eLearning and Workshops



This chapter outlines how to provide possible psychological and social support to women and families after a still birth.

Repeat



This chapter aims to explain the recommended investigations to identify the causes of fetal death.

Repeat

This chapter demonstrates how to undertake a detailed clinical examination of stillbirths and neonatal deaths including measurements and clinical photographs.

Repeat



Principles for global bereavement care after stillbirth or neonatal death



Communication and respect:

- Respectful maternity care to bereaved women, families and babies, including using babies' name where relevant
- Support women & families to make shared, informed & supported decisions about care*
- Provide point of contact for ongoing support



Healthcare providers – support & training:

- Provide comprehensive and ongoing training and support to all members of the healthcare team



Stigma and grief:

- Reduce stigma by raising awareness
- *Provide culturally appropriate opportunities for memory making*
- Acknowledge depth and variety of normal grief responses & offer appropriate emotional support



Information:

- Provide clear information using format and language appropriate to context
- Investigate and identify contributory factors and communicate these to families
- Provide information to about future pregnancy planning

*Including funeral arrangements

Examples of ongoing work



Important work in Kenya & Uganda around understanding stillbirth*



international
stillbirth alliance
Parent Voices Initiative: [global registry](#) and [toolkits](#)



Grace Mwashigadi - AKU



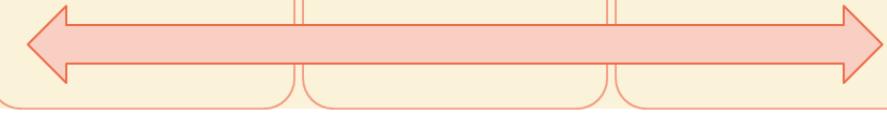
Development of
Bereavement
Care Package



Training
Curriculum for
Healthcare
Workers



Culturally
appropriate
guidelines: Post-
hospitalization



- Ongoing follow-on work to RESPECT study to explore implementation & involve voices of women & families globally & include neonatal deaths (LISTEN)
- Integrating into forthcoming 'Stillbirth advocacy and implementation guide' Discussing with UN partners next steps for perinatal loss bereavement support resources.

*[Mills et al 2022](#), [Ayebare et al 2021](#),

Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

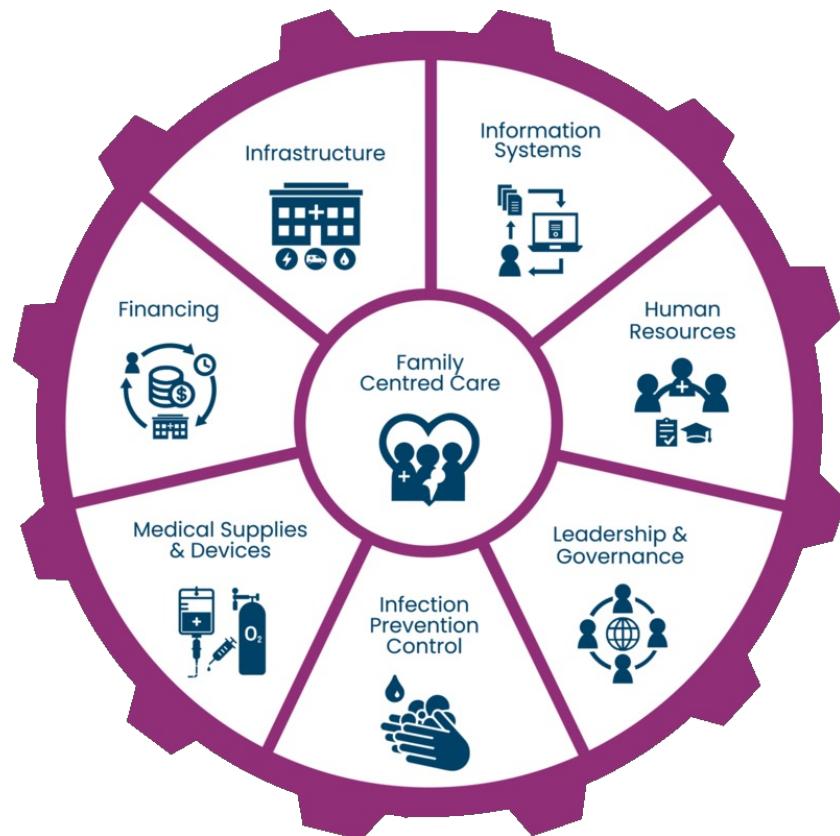
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Health worker experience from Kenya



Mwanamvua Boga

KEMRI – Wellcome Trust

Clinical Nurse Manager & Trainer

FCC Webinar: 28 June 2022

"I simply tell them sorry and I don't know what else to do to make them feel better"



**Communication and Emotional
Competence Training to Strengthen
Respectful Communication in Neonatal
Units in Kenya**

Mwanamvua Boga

KEMRI|Wellcome Trust

 **NEST360 | unicef**

Introduction

- **Effective communication and emotional** care is key to family centered care
- Health professionals work under **very stressful situations**
- **Emotions** can influence providers communication with patients and ability to provide FCC
- **Unacknowledged- emotional competence not taught in medical and nursing schools**

Studies show:

- **Profound need:** Bridge the gap between medical and emotional aspects of care

McQueen (2004) Mann (2005), Bagdasarov (2013)

(2020, September 02 Standards) <https://www.who.int/publications/i/item/9789240010765>

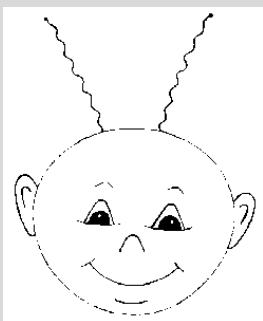


iCARE Haaland Model

6-9 months: Reflective learning, own habits over time

Phase 1: Self-observation and reflection 3- 4 months on the job learning)

Awareness building:
Weekly tasks – to discover and identify learning needs –



Phase 2: Workshop (5days)

Links observations to theory and practice, using experience-based learning and reflective practice



Phase 3: Skills into practice (3 months)

Observation and informed reflection in daily routine work, to strengthen self-awareness



Phase 4: Follow-up workshop (3days)

Summarizes and anchors learning to daily challenges



(<https://connect.tghn.org/training/icare-haaland-model/>)

Implementing iCARE in Newborn Units in Kenya

- **2019: Training** new-born unit nurse managers from 16 county hospitals.
- **2021: Training Of Trainers** – for new-born unit nurse managers
- **2022: Pilot training (TOT led)** for NBU nurses in two county hospitals.



Handling bereaved parents

It's difficult (Before training)	<p><i>"When dealing with a mother who has lost their baby, it is quite difficult, and it takes much of one's time." (NBU nurse facility 1)</i></p>
Allowing parents time to stay with body. (After training)	<p><i>"Earlier I could not allow them to hold the baby and allow time with the baby's body but post training I give time for the mother to grieve and try to answer her concerns as much as I could" (NBU nurse facility 2)</i></p>

Ongoing works

- **In-depth evaluation approaches** of the TOT & pilot trainings
- Incorporating **patient experiences into the modules** and pilot in 2 hospitals
- Exploring how training can be brought into **nursing school curricula**



Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

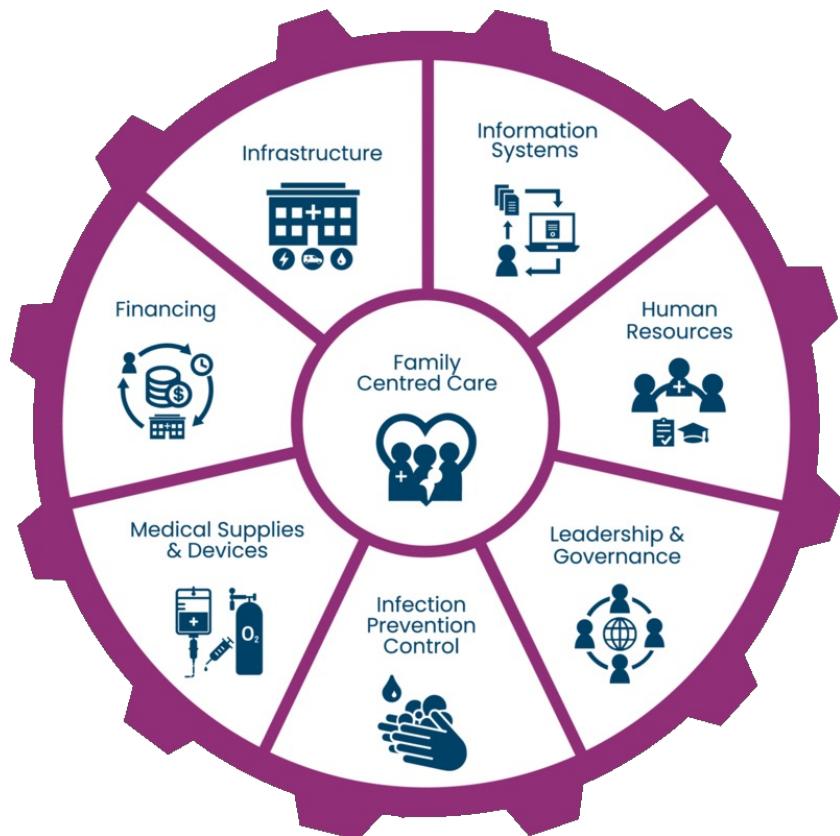
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Q&A and discussion with panellists



Dr Neena Khadka

MOMENTUM Country and Global
Leadership / Save the Children

Senior Newborn Health Advisor

Discussion – Q&A and discussion with panellists

Please post your comments, learnings, questions, reflections in the **Q&A section** of the webinar.

Critical to hear from you regarding **what is working in your settings**, so that we can learn and improve together.



Overview

1. Introduction

Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

2. Parental experience from India

Anjali & Karunesh Sharma
Daniel & Kiren David

3. Family Centred Care in the Newborn Toolkit: Progress and how to join us!

Jaya Chanda, London School of Hygiene & Tropical Medicine

4. Global gap for bereavement care: Malawi's experiences

Maureen Majamanda, Kamuzu University of Health Sciences (KUHeS)

5. Modules for bereavement care after neonatal death or stillbirth

Dr Hannah Blencowe, London School of Hygiene & Tropical Medicine

6. Health worker experience from Kenya

Mwanamvua Boga, KEMRI – Wellcome Trust

7. Q&A and discussion with panellists

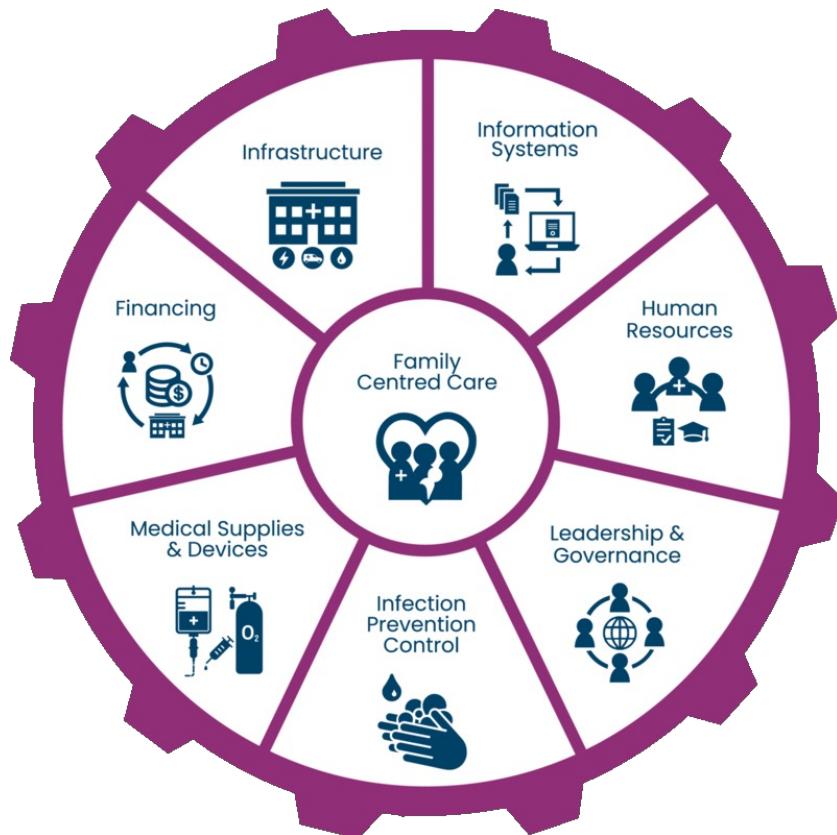
Dr Neena Khadka, MOMENTUM Country and Global Leadership / Save the Children

8. Closing remarks

Prof Arti Maria, Dr Ram Manohar Lohia Hospital, New Delhi, India



Closing remarks



Prof Arti Maria

Dr Ram Manohar Lohia Hospital, New Delhi,
India

Professor of Neonatology & Paediatrics

Implementation Learning Seminar Series

Thank-you so much for joining us today!

Visit and contribute to
the Toolkit:

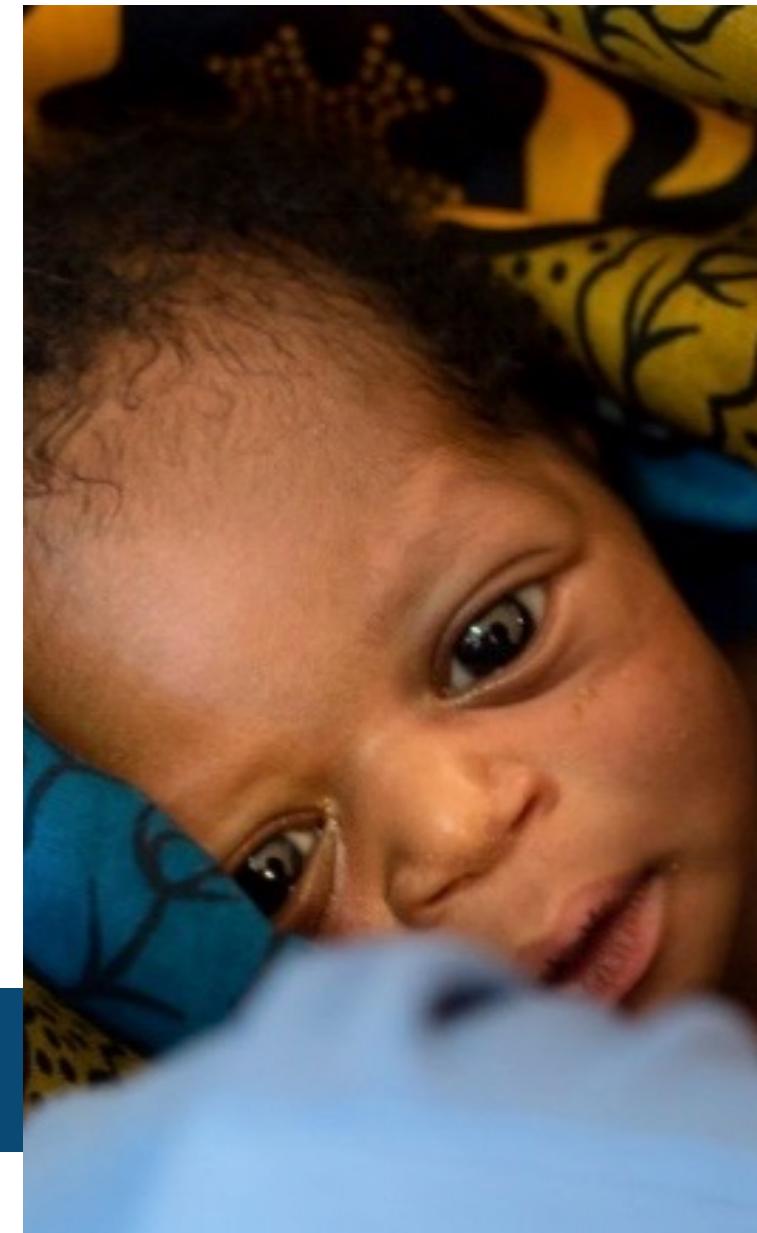
<https://newborntoolkit.org>

Sign up for the
newsletter:

<http://eepurl.com/hLb8lr>

Let's continue to learn together for the benefit of
every newborn!

Next NEST360 Seminar: Leadership & Governance, 19th July





NEST360