

MOMENTUM

Country and Global Leadership



■ Technical Brief

FROM GLOBAL GUIDANCE TO COUNTRY ADAPTATION

Contextualizing the World Health Organization's Standards for improving the quality of care for small and sick newborns in health facilities in Nepal, Nigeria, and Kenya



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GLOBAL LANDSCAPE

The World Health Organization (WHO) “Every Newborn: an action plan to end preventable deaths” (ENAP), endorsed at the 67th World Health Assembly in 2014, laid out a global roadmap for improving the health of mothers and newborns. In 2020, ENAP’s 2025 coverage targets were established for global, national, and subnational level tracking of progress. Each of the four coverage indicators targets the mother-baby dyad along the continuum of care to reduce overall mortality. These indicators include at least four antenatal care contacts, skilled health personnel attending every birth, postnatal care within two days, and care for small and/or sick newborns (SSNBs). Unfortunately, 63 countries are not on track to achieve these goals, with SSNB coverage particularly lagging.¹ This lack of progress can be attributed in part to a lack of quality care. More than 740,000 newborns could be saved if all countries achieved quality of care (QoC) for all SSNBs.² To provide guidance for countries struggling to address the QoC for SSNBs, in 2020, WHO published their standards for improving the QoC for SSNBs in health facilities. The guidance document provides a framework with eight aspirational standards (Box 1), quality statements that further define priorities, and accompanying input, process, and outcome measures for strengthening QoC for SSNBs.

These standards guide countries to prioritize and develop quality aims and improvement actions that address implementation gaps and contexts.

As part of the project’s vision, MOMENTUM Country and Global Leadership contributes to the U.S. Agency for International Development’s priority countries’ progress in meeting global and national goals by addressing gaps in the implementation of the standards and quality statements. To do so, MOMENTUM uses the WHO and UNICEF comprehensive model of care, which serves as guidance on how countries can organize care delivery systems to scale up SSNB care. The model describes the content of care to be provided and lays out the 10 core components on how the care can be scaled at district level (see Box 1 and Figure 1).

Box 1: Standards Included in WHO’s Small and/or Sick Newborn Care Model¹

Standard 1: Evidence-based practices for routine care and management of complications

Standard 2: Actionable health information systems

Standard 3: Functioning referral systems

Standard 4: Effective communication and meaningful participation

Standard 5: Respect, protection, and fulfillment of newborns’ rights and preservation of dignity

Standard 6: Emotional, psychosocial, and developmental support

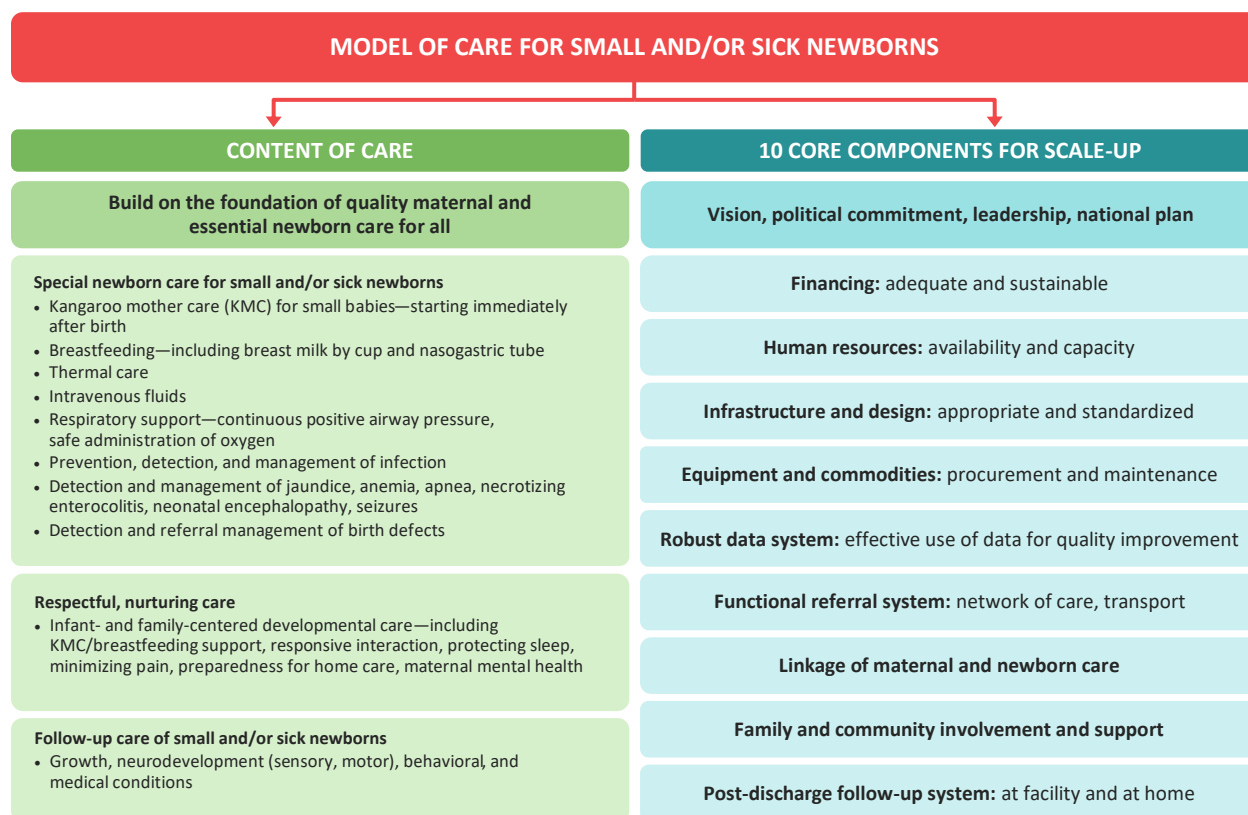
Standard 7: Competent, motivated, empathetic, multidisciplinary human resources

Standard 8: Essential physical resources available for small and/or sick newborns

¹ World Health Organization. (2020). *Standards for improving the quality of care for small and sick newborns in health facilities*. <https://www.who.int/publications/i/item/9789240010765>.

² World Health Organization. (2019). *Survive and thrive: transforming care for every small and sick newborn*. <https://www.who.int/publications/i/item/9789241515887>.

FIGURE 1: COMPREHENSIVE MODEL OF CARE³



PROGRAM APPROACH, STRATEGIES, AND INTERVENTIONS

In Nepal, Nigeria, and Kenya MOMENTUM supported country adaptation of the global WHO guidance through a desk review of relevant national policies and guidelines. These were mapped to the standards. Areas were highlighted if the policies and guidelines were not consistent with the standards. Each country undertook a multi-step process, which varied by country (Table 3). This brief focuses on the initial steps taken for each country by describing the desk review, mapping of partners, and key informant interviews to establish a comparison between existing policies and guidelines and the WHO standards. Findings included below do not span all standards and quality statements included in the WHO framework. Rather, the areas discussed in this document focus on identified gaps and potential opportunities for improvement in the quality of current SSNB care within each country’s context.

In Nepal, under the leadership of Family Welfare Division of the Ministry of Health and Population (MOHP), a national-level review of existing policies and guidelines was mapped to the QoC standards and quality statements, while partners’ mapping was undertaken simultaneously. This process then included consultations with maternal, newborn, child health, and nutrition specialists focused on determining the content of care. Additional subnational- and national-level consultations with a variety of stakeholders provided pragmatic inputs for implementations. Stakeholders consulted included national, provincial, and

³ WHO-UNICEF Expert Country Consultation on Small and/or Sick Newborn Care Group. A comprehensive model for scaling up care for small and/or sick newborns at district level-based on country experiences presented at a WHO-UNICEF expert consultation. J Glob Health 2023; 11:03023. <https://jogh.org/2023/jogh-13-03023>

district program managers; human resource, behavior change, and communication focal points; and health information system focal points and facility in-charges. This process led to the development of a Nepal-specific document for an SSNB model of care and priority actions to implement each component as relevant to the Nepal context. This document was validated through workshops with multiple stakeholders and experts at all levels of the health system and presented at a national workshop, resulting in the approval of the Nepal-specific model of quality SSNB care with the potential for scale-up. Each key step in this process is outlined in further detail in the learning case study for Nepal, found online [here](#).

In Nigeria, the adaptation process included both SSNB and pediatric QoC standards and statements and was conducted under the leadership of the Federal Ministry of Health (FMOH), Child Health Division, Newborn Health Branch. This office collaborated with technical partners within the National Child Health Technical Working Group. Initial steps included a mapping of existing partners working in newborn and child health in the country. For further contextualization, key informant interviews were conducted with 43 stakeholders who are implementing QoC for SSNB, pediatric and adolescent health, nutrition and water/sanitation/hygiene (WASH), and infection prevention and control (IPC) programs at national, state, and local government area levels. Respondents included representatives from the FMOH, state ministries of health, United Nations agencies, funding partners, development partners, professional associations, academia, technical experts (including technical working groups), and state and facility focal persons. As a result, the FMOH-endorsed comprehensive newborn care package has been pilot-tested by MOMENTUM in partnership with Newborn Essential Solutions and Technology (NEST360), an international alliance of clinical, technical, and public health experts working in collaboration with the FMOH to strengthen facility readiness and provision of quality newborn care with a focus of supporting the achievement of the Nigeria Every Newborn Action Plan milestones. The implementation of the comprehensive newborn care package is occurring nationally across Nigeria through collaboration with other partnerships. This process is outlined in further detail in the learning case study for Nigeria, found online [here](#).

Kenya’s process was slightly different, as this work has been ongoing at the national level since May 2021. Spearheaded by the Ministry of Health’s Division of Neonatal and Child Health, and in close consultation with the Department of Quality Assurance and Health Standards, in-country maternal, newborn, nutrition, and child health partners developed a road map for adapting the WHO QoC standards prior to MOMENTUM’s involvement. MOMENTUM supported the process through a desk review of existing guidelines for SSNB and pediatric QoC and provided technical support as the process continued.

TABLE 1: ACTIVITIES INCLUDED IN EACH COUNTRY’S CONTEXTUALIZATION OF THE WHO SSNB QOC STANDARDS

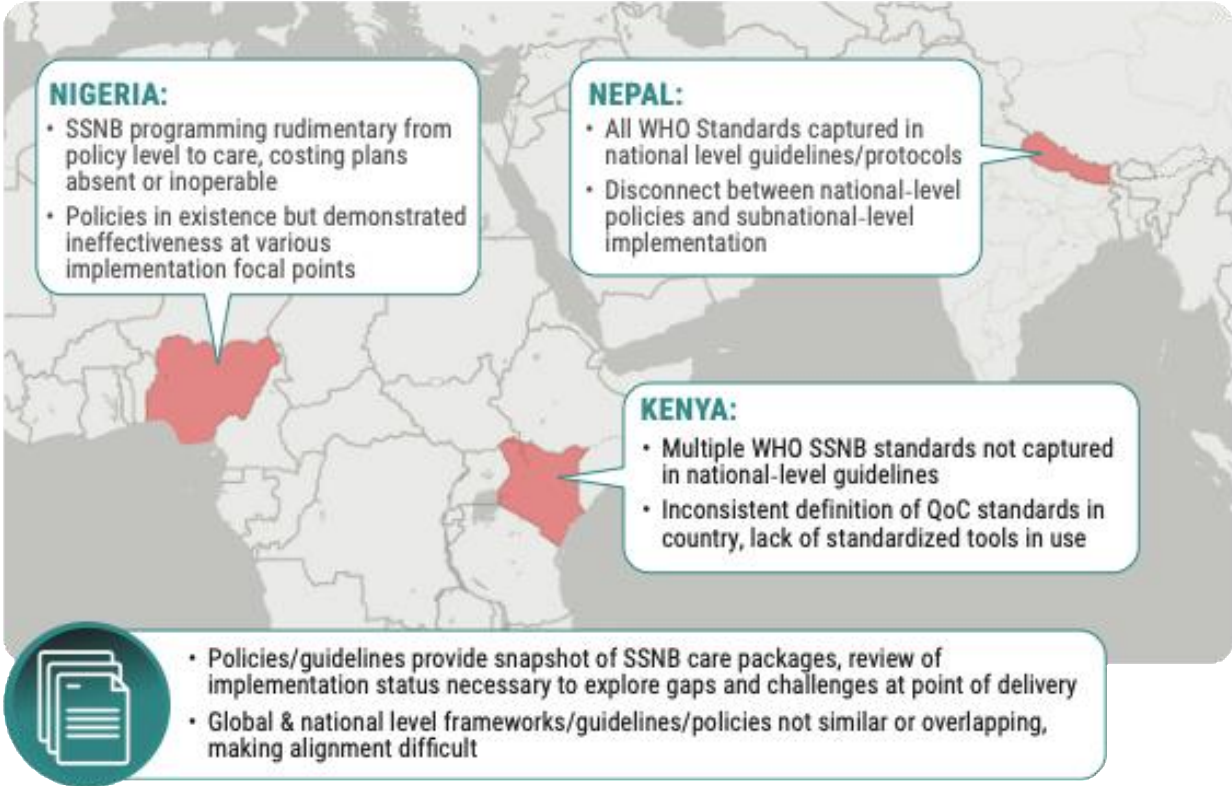
Activity	Nepal	Nigeria	Kenya
Desk Review All relevant existing maternal, newborn, and child health guidelines	Included	Included	Included
Mapping of Existing Partners in Newborn Health	Included	Included	Not included
Key Informant Interviews	Not included	Included	Not included
Workshops/Validation	Included	Included	Included

Activity	Nepal	Nigeria	Kenya
Development of SSNB QoC Core Indicators to Track Progress	Not Included, existing SSNB tracking indicators used	Included	Included
Outcome	Nepal SSNB model of care <i>Approved September 2022</i>	National strategy for reproductive, maternal, newborn, child, adolescent, and elderly health plus nutrition QoC <i>To be approved 2024</i>	National standards for improving the QoC for children, including SSNBs, in health facilities <i>Launched November 2023</i>
Way Forward	Pilot testing of Nepal SSNB model of care for implementation at scale	Testing of the comprehensive newborn care package in partnership with NEST360 (ongoing)	Pilot of comprehensive Kenya SSNB model of care

RESULTS AND FINDINGS

GLOBAL FINDINGS

FIGURE 2: ALIGNMENT WITH WHO SSNB QOC STANDARDS IN NIGERIA, NEPAL, AND KENYA

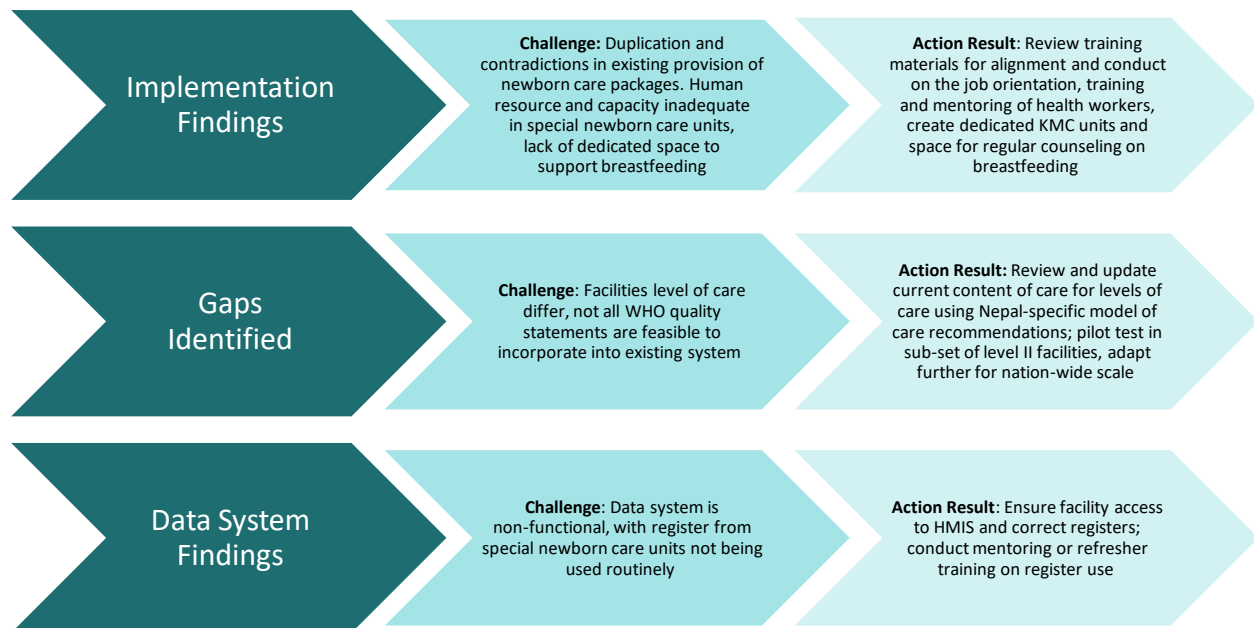


Across the three contexts, MOMENTUM found a few similar learnings/experiences, namely that: 1) ministry of health leadership and ownership of the process and engagement of a smaller group of ENAP stakeholders can create local ownership of the process and product; 2) stakeholder engagement at the subnational level, including service delivery points, is key to capturing grounded inputs for more pragmatic adaptation of global guidance; 3) in these countries, an agency/team, such as MOMENTUM, and dedicated funds can facilitate the role of partners to ensure support of processes until completion; 4) the level of stakeholder engagement varied during the adaptation process; 5) in addition to policies and guidelines, a review of current implementation status at point of delivery is necessary; and 6) alignment is difficult when global and national-level frameworks and guidelines and policies are not similar or overlapping (see Figure 2).

COUNTRY-SPECIFIC FINDINGS

In **Nepal**, the multi-month desk review process found that gaps exist between the national neonatal and child health guidelines and local implementation at facility level (Figure 3). While many of the components suggested by the QoC standards are included in Nepalese policies, guidelines, and manuals, facilities are not able to incorporate each of the WHO quality statements into their existing systems, resulting in varied levels of care. In the validation meeting, stakeholders discussed these gaps, listed opportunities, and identified feasible and practical solutions for improvement. Pilot testing of the Nepal-specific model of care in facilities located in Bagmati Province was initiated to test the suitability of the solutions identified at the validation meeting and to inform gradual expansion to other level II facilities.

FIGURE 3: NEPAL KEY DESK REVIEW FINDINGS AND SOLUTIONS



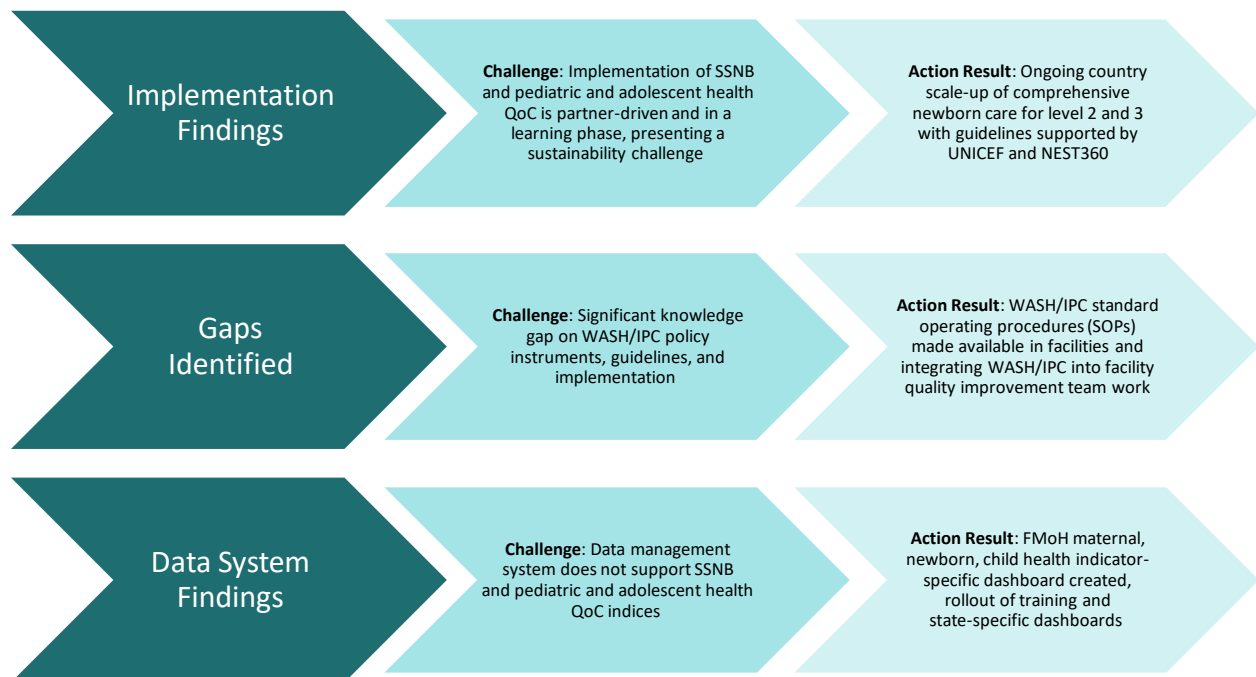
In **Nigeria**, the desk review and key informant interviews revealed unclear alignment and linkages between the WHO QoC and the objectives of the Nigerian national reproductive, maternal, newborn, child, and adolescent health (RMNCAH) strategy (Figure 4). Implementation of QoC is driven by partners, not the FMOH, and there is inadequate knowledge sharing among key stakeholders, including implementing agencies, ministry officials, and ministry departments. This is an issue for long-term sustainability. The data management system does not support SSNB QoC indices; information about essential newborn care is

available but SSNB QoC programming is not. Additionally, significant knowledge gaps exist in WASH and IPC policies, guidelines, and implementation, with WASH and IPC not properly integrated into the RMNCAH continuum of care.

“Part of the gaps is you go to a lot of our centers, they do not have newborn corner, for instance. Babies are delivered ... there are no facilities to even resuscitate these patients after delivery, during delivery, and after, or to give them the initial care before they are referred.

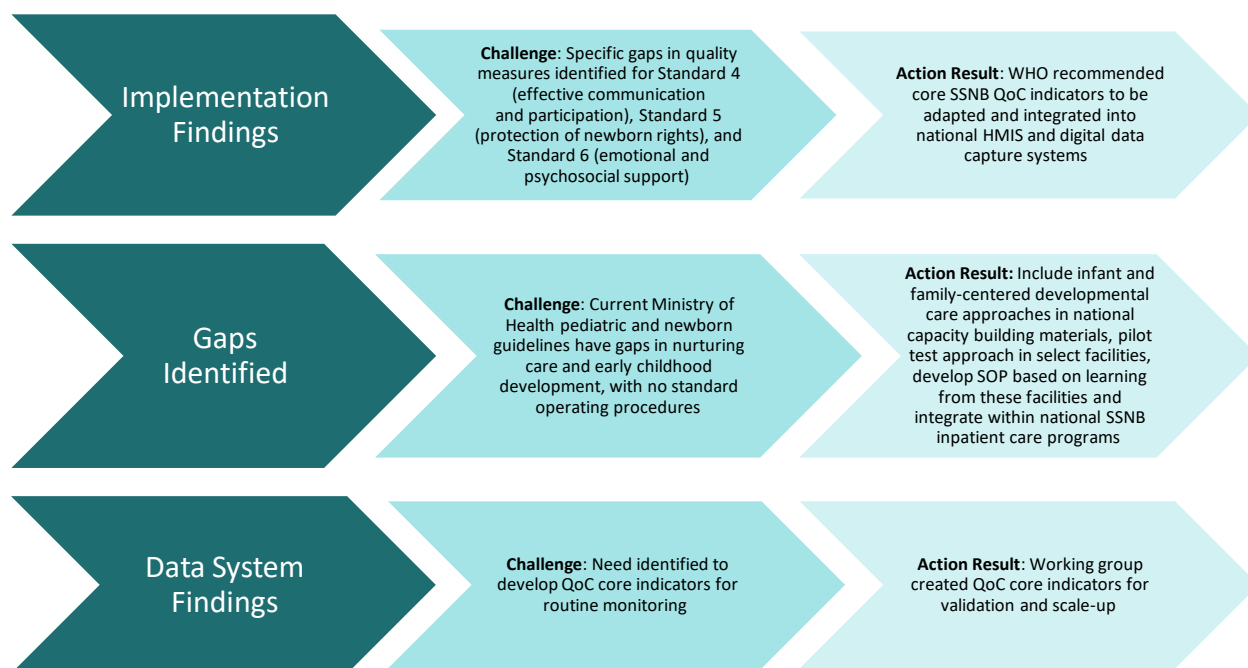
– Key Informant, Nigeria

FIGURE 4: NIGERIA KEY DESK REVIEW FINDINGS AND SOLUTIONS



The review in **Kenya** found that while most WHO standards and quality statements were included in Kenyan guidance and policies, three standards were not included, namely: Standard 4 (effective communication and participation), Standard 5 (protection of newborn rights), and Standard 6 (emotional and psychosocial support). Additionally, QoC standards are inconsistently defined in Kenya, and there is a lack of standardized tools being used.

FIGURE 5: KENYA KEY DESK REVIEW FINDINGS AND SOLUTIONS



RECOMMENDATIONS

USE IMPLEMENTATION TO INFORM POLICY

While the three countries had existing inpatient SSNB services provided through WHO-defined level II and III facilities, there was an almost uniform lack of understanding of the functionality and quality of services provided. Hence, across all countries, MOMENTUM found that while a policy and guideline review provides a snapshot of SSNB care packages, a detailed review of their implementation status is necessary to explore actual gaps and challenges at the point of delivery.

MAKE STAKEHOLDER ROLES CLEAR

Ministry of health leadership and stakeholder engagement is important and necessary, but their roles need to be clearly defined. The facilitative function of a partner organization such as MOMENTUM is catalytic in supporting the ministry of health to bring all implementing partners together for a common cause. Such support plays a significant role in strengthening commitments and resource mobilization, by removing redundancies while establishing a common understanding of gaps that partners can help address without duplications. Continued implementing partner support, in collaboration with ministries of health, ensures that standards move from policy to implementation.

These findings also provide implications for global guidance—as such, a process of alignment and review of SSNB care in countries may sometimes highlight gaps or challenges in guidance. These country-level contextual factors should be considered and reflected at the global level as more countries work to improve and adapt their SSNB care provision so that feasibility and additional implementation considerations can be incorporated.

Acknowledgements

Cover photo: mother in Kenya performing KMC.
Photo by Fredrik Lerneryd.

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