

ADVANCING NEONATAL SURVIVAL AND INFANT HEALTH IN KENYA

Report on “Helping Babies Survive (HBS)” Training and “Helping Babies Breathe (HBB)” Stakeholder Meeting

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This is a brief report of the training and a meeting in Nairobi I attended last week (15th – 19th July 2013). I got an opportunity through Dr. Sherri Bucher, Assistant Professor of Research at the Indiana University School of Medicine, USAID-AMPATH Partnership, and Principal Investigator of the Kenya site, and Dr. Fabian Esamai of Moi Teaching and Referral Hospital, to attend a training in Eldoret, Kenya, as a Master Trainer in Helping Babies Survive (HBS), a new initiative by the American Academy of Pediatrics (AAP) that goes beyond its Helping Babies Breathe (HBB) initiative, itself a simplified protocol derived from the AAP's original Neonatal Resuscitation Program (NRP).

The Training in Eldoret

Helping Babies Breathe (HBB)- the objective of HBB is to ensure that all babies are born with a skilled birth attendant present. The AAP developed HBB on the premise that assessment at birth and simple newborn care are things that every baby deserves. The initial steps taught in HBB can save lives and give a much better start to many babies who struggle to breathe at birth. The focus is to meet the needs of every baby born. Helping Babies Breathe emphasizes skilled attendance at birth, assessment of every baby, temperature support, stimulation to breathe and assisted ventilation as needed, all within "The Golden Minute" after birth.

Every year an estimated three million newborns die worldwide during their first month of life. Half of these deaths occur during delivery or within the next 24 hours, often as a result of inadequate breathing. Helping Babies Breathe is a hands-on course focused on simple techniques such as keeping the baby warm, rubbing the baby dry and, if necessary, suctioning the baby's mouth and correctly applying a resuscitator for face mask ventilation. This can easily be done by every birth attendant and could save the majority of these infants.

The new initiative Helping Babies Survive (HBS) is a continuation of HBB focused specifically on the first 24 hours before the mother and baby are discharged from the hospital. In particular, HBS zeroes in on the care given to the child, danger signs such as a newborn not feeding, with a high fever or low temperature, convulsing, with no movement at all, or with overly rapid breathing or chest in-drawing. HBS trains skilled healthcare providers on how to help the mother initiate breastfeeding, how to provide eye and umbilical cord care; how to carry out a proper exam of the newborn (including temperature taking and weighing); how to help the mother and caregiver maintain a normal temperature in the infant how to start the first immunizations; and on maintaining general hygiene. The training also involves the information that should be provided to families as they leave the health facility on how to care for the newborn at home, what signals to look out for in case of any danger and whom to call, should any symptoms prove worrisome.

As HBS Working Group member and Kenya P.I. Dr. Sherri Bucher described the thinking of the AAP in developing this new initiative, “Eventually, *Helping Mothers Survive*, *Helping Babies Breathe* and *Helping Babies Survive* will all probably be part of the same continuum of training for birth attendants, and will be a package of validated, interrelated, effective curricula which will help address maternal/newborn mortality from labor through first week of life, some of the deadliest periods of time for mothers and babies alike.”



Participants demonstrating Kangaroo Mother Care

We were a total of 12 Master Trainers trained in the new HBS curriculum that is yet to be officially launched in Kenya. Kenya and India are the only countries where this Master Trainer training in HBS is being introduced as a pilot, as part of a global education evaluation of the program undertaken by the HBS Working Group. The HBS Master Trainer training we attended in Eldoret had 12 participants coming from mainly Western Kenya, Moi Teaching and Referral Hospital, and other three from Central and the two of us from Kisumu County. Most of the participants are also Master Trainers on HBB. It was a hands-on training that involved role-playing and practical exercises, with an examination at the end.



Practical lesson

The next step in implementation of the HBS training in Kenya is to wait for the American Academy of Pediatrics to make the changes suggested by participants during the training, regarding certain things we felt should be included in the curriculum. Once these suggestions have been incorporated and the training flipchart algorithms are updated, it will be rolled out through Kenya's Ministry of Health Division of Maternal and Child Health.



HBS Participants' graduation in Eldoret

In the meantime, those working at the health facility who attended the training were going to start by making sure there is a HBB/HBS corner in each of their delivery facilities and carry out a hands-on training for delivery personnel at each health facility on an ongoing basis.



Dr. Sherri Bucher showing Perez Akello from Kisumu the HBB Neonatalie donated for Kisumu

The One-Day HBB Stakeholder Meeting in Nairobi

This HBB Kenya Stakeholders meeting was organized to provide an overview of the global initiative in Reproductive, Maternal, Newborn and Child Health (RMNCH), to review the progress in HBB Implementation in Kenya; to provide insight into the Ministry of Health vision and strategies for newborn care and HBB; and to build consensus and partnership implementation of HBB in Kenya. We were taken through the background to the global partnership for HBB, an overview of recent global initiative to address RMNCH and newborn mortality and a brief overview of HBB and global development alliance. We also had a presentation about the regional (Kenya, Uganda and Tanzania) HBB experience.



Group discussions being chaired by Dr. Anne Wamai



Break-out sessions

A representative from the MOH Division of Maternal, Newborn and Child health presented the current status and vision for newborn health and HBB Implementation in Kenya. We then broke into discussion groups where we looked at bottlenecks to HBB implementation in Kenya, the goal for HBB in Kenya and the desired results, short- and long-term steps and the partnership structure that can move HBB forward in Kenya.



National HBB Stakeholders representatives (MOH, AAP, Johnson & Johnson, AMREF, Nursing Council of Kenya, Kenya Pediatric Association, Moi Teaching and Referral Hospital, Laerdal Foundation, KMTC, MCI, Kenya Medical Practitioners and Dentist Board, Aga Khan Hospital, Gertrude Childrens' Hospital, Nairobi Hospital, etc.)

What came out of this meeting was that HBB is evidenced-based and can impact positively on the MDGs. There is currently an array of partners implementing HBB in Kenya, and it has been implemented into other programs in Kenya. Some of the key recommendations were that HBB should be integrated where possible; training and the training of trainers should cut across all cadres; there is a need to train more HBB master trainers in Kenya; the quality of service mechanisms need to be put in place, to ensure that skills always refreshed; and there is definitely a need to leverage existing programs in Kenya such as Prevention of Mother-to-Child Transmission (PMTCT), Emergency Obstetric Care (EmOC) and immunization programs. There is a need to set up HBB corners at health facilities across Kenya, in order to improve skills. The MOH need to have plans and commitment, as well as local leadership, and national and international partnerships must be pulled together so as to maximize the HBB Implementation effort. The private sector must also be brought into the HBB initiative and to maximize impact, programs need to be implemented at scale. There is also a need to involve tutors, regulatory bodies such as the Nursing Council of Kenya, and schools such as the Kenya Medical Training College (KMTC), in developing curricula that will incorporate HBB components. HBB need to be covered in both pre-service and in-service trainings.

When it came to bottleneck issues in Kenya, it came out that there has been attrition of HBB-trained health workers within Kenyan health facilities and within/out of the health system. Reasons given for this include: poor coordination of training and resources for training; a lot of fragmentation, poor leadership and the lack of an enabling environment for the trainings; the shortage of healthcare workers; poor equipment, the lack of equipment; and the general dearth of resources available for HBB.

The groups were asked to come up with short- and long-term actions plans for HBB implementation in Kenya. For the near term, priorities are to: train master trainers and offer supportive supervision; have HBB champion (such as those of us trained as master trainers) in every region in Kenya; make equipment available so that health workers can train in HBB, develop partnerships to provide the necessary training equipment; and for the MOH to develop indicators to measure neonatal deaths. The MOH also needs to map resources and programs nationwide; make HBB examinable in Kenya; adopt WHO standards; and help Kenya get onto the UN Commission on Commodities List in the next wave. Some of the long-term action plans included: the need for a common Maternal Newborn and Child health plan for MOH and its partners; integrating HBB in developing the training curriculum for health workers; ensuring that there is a HBB corner in every healthcare facility offering delivery; recognizing and giving incentives to mothers delivering at each health facility; ensuring that all mothers who deliver at health facilities are delivered by trained midwives; developing a tool to appraise staff on HBB, etc.

Overall, both programs are steps in the right direction, as far as reducing neonatal deaths in Kenya. If funding allows, and Dr. Bucher and her team at Moi Teaching and Referral Hospital receive the support needed, Kisumu will be one of the regions where families will benefit enormously in the next roll out of HBB/HBS implementation.