



National Newborn Health Program Newsletter

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Photo Credit: Save the Children

Editorial Note



I am delighted to announce the 9th issue of NNHP newsletter to all my colleagues of the MOH&FW and other stakeholders.

Over the last four months, NNHP & IMCI program worked more on the capacity development on newborn health interventions, facility readiness for key newborn interventions like KMC, SCANU and quality improvement by regular monitoring supervisory visits.

I humbly acknowledge the contribution of all partner agencies of GoB who supported our program implementation at national and district level. Lastly, my gratitude and admiration for them those who share experiences, learning and program updates continuously to enrich this publication.

Dr. Md. Emdadul Hoque
Program Manager (In Charge), NNHP & IMCI
Directorate General of Health Services (DGHS)

Speaker's Corner



Country is suffering from diversified diseases. The most vulnerable groups are newborn and children. Self-awareness can prevent most of the unwanted situation. Dengue generally causes mild disease, but it may become more severe in some instances. It mainly relies on early identification and suitable medical care to prevent the disease from becoming serious. Government took several initiatives to manage the situation. Disease control room at DGHS continuously monitoring the country situation.

Professor Dr. Abul Kalam Azad
Director General
Directorate General of Health Services (DGHS)
Ministry of Health and Family Welfare

Status of National Newborn Health Program Intervention

Dr. Md. Abdul Wadud (DPM, Monitoring & Data Quality, NNHP & IMCI)

ENC for all live births

One of the basic intervention of NNHP program is to ensure essential newborn cares for all live births. The table below shows number of newborn received essential newborn care at the health facilities. The NNHP & IMCI program is conducting capacity building training to build the capacity of service provider to enhance the service readiness as part of the operation plan. Also, they provided importance to the SBCC activities for generating demand by the pregnant women to create awareness.

SCANU for critically ill newborn

NNHP & IMCI program has a mandate to upgrade selected district and above level health facilities to establish

SCANU services. According to the DHIS2 report, there are 44 health facilities ready to provide special care. The number of newborn admitted to SCANU facilities increased in the third quarter (April –June, 2019).

KMC (Kangaroo Mother Care) service for the Premature and low birthweight babies

KMC is one of the low cost interventions for the management of Premature and low birthweight babies. Although the number of facilities offering KMC services has increased, quality service remains a challenge. In the last quarter (April to June 2019), 663 newborn received KMC service from UHC, DH and medical college hospital.

Status of National Newborn Health Program Intervention (up to July, 2019)

Indicator	Status	Source of Data
No of facility ready for the SCANU	44	SCANU dataset, DHIS2 (as of July 2019)
No of facility ready to provide KMC service	110	KMC dataset, DHIS2 (as of July 2019)
Percentage of newborn received drying in one minute at facility level	29.8	EmONC dataset, DHIS2 (July, 2019)
Percentage of newborn received 7.1% Chlorhexidine in the umbilical cord at facility level	92.8	
Percentage of newborn received skin to skin care immediate after birth at facility level	76	
Percentage of newborn received delayed bath (after 3 days) at facility level	38.5	
Percentage of newborn initiated breastfeeding within 1 hour after birth at facility level	88.2	

Monitoring and Supervisory Visits by the Program Officials

One of the important strategy of NNHP is strengthening the quality of health services by monitoring and supervision visits. We have taken initiatives to visit throughout the country by October, 2019 using checklists of NNHP, MPDSR and Maternal Health at both district level and Upazila level health facilities. The main objectives of the visit is to enhance the performance of providers serving in the community and facility and compliance with the standard operating procedures. Program would like to optimize the visit by not only providing instant feedbacks but also offering refresher (e.g., mini skill lab) and ensuring follow-up actions upon return.



Photo Credit: Save the Children

Bangladesh Pediatric Association (BPA) Conference



Photo Credit: Save the Children

Policy session organized by Bangladesh Paediatric Association

The 5th International and 21st biennial Conference of the Bangladesh Pediatric Association (BPA) held on 21- 23 March, 2019 at Bangabandhu Sheikh Mujib Medical University (BSMMU). This three-days conference included workshop, plenary session, memorial lecture, symposium and closing with a policy session. On the last day of the

conference, a Policy Session was organized on “Addressing Critical Human Resources Challenges for Advancing Maternal and Newborn Health in Bangladesh”. Prof. Dr. M o h a m m o d Shahidullah, Chairman of Neonatology Department, BSMMU and President, BPA

chaired the session, and Mr. Md. Ashadul Islam, Secretary, Health Services Division, Ministry of Health and Family Welfare (MOHFW) attended as the Chief Guest. The panelists put forward a number of actionable suggestions and recommendations.

Data Driven Decision Meeting and Performance Appraisal on Newborn Health Implementation



Photo Credit: NNHP

Saving Newborn Lives (SNL) has supported NNHP & IMCI program’s regular refresher training on online reporting covering all the newborn interventions and arrange performance appraisal for the district and sub-district level facilities. A number of 3 districts attended the workshop in 3 different days, namely Panchagarh, Narail and Bogura where newborn interventions are relative new and all components are not yet started, neither supported by any

development partners as well. Participants’ number was 57 and category was- Consultant Gynae, Senior Staff Nurse – Labor room in charge, Senior Staff Nurse - OT in charge, Resident Medical Officer, Nursing In charge, Midwives, Senior Staff Nurses.

Participants were informed about their own generated service data to find out any gap or error in reporting. Service data of Essential Newborn Care (ENC), Helping Babies Breath (HBB), and Special Care Newborn Unit (SCANU) were used for demonstration. Discrepancy and mistakes, underreporting and misreporting were highlighted. Participants came to learn the importance of regular recording and accurate reporting and committed to act accordingly.

Since authentic report is a challenge; ‘Data Driven Decision Making and Performance Appraisal workshop’ helped to improve data quality and thus helped well visualization of newborn services in respective districts.

Dissemination of Results of Enhanced Management of Pneumonia in Community (EMPIC) Study

Pneumonia is the single largest infectious silent killer disease in children under 5 years of age worldwide and in Bangladesh. Reduction of under five children death due to pneumonia is critical for the reduction of overall child mortality. With the assistance of WHO, Save the Children in Bangladesh partnering with Johns Hopkins University and Child Health Research Foundation conducted a study on Enhanced Management of Pneumonia in Community in six upazilas of Barisal district.

The study was implemented through community clinics in 52 unions in sick young infants 7- 59 days old with only fast breathing pneumonia, and in children 2 - 59 months of age with chest indrawing pneumonia. Study result concludes that Community Level Health Worker can safely and effectively manage young infants 7-59 days of age with only fast breathing pneumonia and children 2-59 months old with lower chest indrawing pneumonia with oral amoxicillin without referral to a higher-level health worker/facility. A workshop was organized to share the result of the study. Director General of Health Services, Prof. Dr. Abul Kalam Azad was the Chief Guest of the event while relevant



MOHFW officials, donor, development partners and professional organizations attending dissemination program

MOHFW officials, donor, development partners, research organization, professional organizations participated in the meeting. Dr. Md. Shamsul Haque, Line Director, MNC&AH, DGHS chaired the event. Dr. Md. Moklesur Rahman, Program Manager, NNHP & IMCI presented country situation of Child health. Dr. Yasir Bin Nisar, Dr. Salim Sadruddin, Dr. Shamim Qazi of WHO Head Quarter was present as resource of the workshop. Prof. Dr. ASM Nawshad Uddin Ahmed, CHRF Bangladesh & Dr. Golam Mothabbir from Save the Children shared the study finding while Dr. Shams El Arifeen of icddr presented a study on PSBI. The meeting was followed by a Group work and come up with sets of recommendation.

Observed International Kangaroo Care Awareness Day to Create Awareness on KMC



International Kangaroo Care Awareness Day at Dhaka Shishu Hospital

Improving Newborn Survival Project (INSP) of Save the Children Bangladesh supported three health facilities to observe International Kangaroo Care Awareness Day on May 15th. Globally, May 15th is observed International Kangaroo Care Awareness Day to create awareness, generate demand and safe implementation of Kangaroo Mother Care (KMC). The objective of the day observation was to create awareness among the health professionals, service providers and medical students. An awareness session was organized and conducted

in all three health facilities to promote and create awareness on KMC among the health service providers. The awareness session was organized by the Department of Neonatology in collaboration with Department of Obs & Gynae and with the technical support from Improving Newborn Survival Project in all three project supported health facilities

Representatives from Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) were also present in the awareness session and discussed the future KMC implementation plan. More than 350 health professionals and service providers including doctors, nurses and medical students from neonatology, pediatrics and obs-gynae department of all three project supported health facilities attended in the day observation. Different government approved SBCC materials, such as stand banner, dangle, poster on maternal health, newborn care and KMC printed and displayed at each of the health facilities for engaging the mass people while social media engagement was also used to create public awareness.

Workshop on Development of Strategic Plan for National Newborn Health Program (NNHP) Implementation 2019-2022



Workshop on Development of Strategic Plan for National Newborn Health Program (NNHP) Implementation 2019-2022, BRAC CDM, Rajendrapur, 2-3 March 2019

With the objective to effectively implement the NNHP in co-ordination with all stakeholders, National Newborn Health Programme organized a Workshop on the Development of Strategic Plan for National NNHP Implementation 2019-2022 with the support of UNICEF at BRAC CDM, Rajendrapur, Gazipur on 2-3 March 2019. In the two-day residential workshop, 36 participants from MoHFW,

UNICEF, WHO, Save the Children, ICDDR-B, CARE, BRAC and other related partners reviewed the newborn health related areas of the Operational Plan of MNCAH, MCRAH, CBHC and HSM to identify gaps and address the requirements for implementation of the NNHP. Finally, a comprehensive joint costed workplan was developed to support the revision of the current Operational Plan.

CNCP Training for Rohingya



Practical session on Cord Clamping in Teknaf UHC

To strengthen the capacity of service providers working in Rohingya camp health facilities as well as nearby Upazila Health Complexes, the Civil Surgeon's Office of Cox's Bazar, with the support of UNICEF, organized a five-day Training of Trainers on CNCP. This training supported the provision Essential Newborn Care and management of sick newborns at Rohingya camps following the national guidelines. The practices of organizations have been standardized after this training.

New Research: Community Health Workers and In-home Led Phototherapy to Dramatically Reduce Brain Damage from Neonatal Jaundice

Bangladesh like other low and middle-income countries has a high burden of hyperbilirubinemia induced neonatal morbidity and mortality. Approximately 60%-80% of newborns develop neonatal jaundice and 18% of infants are at risk for adverse outcomes from neonatal jaundice. Bangladesh has had difficulty addressing neonatal jaundice because of the expense and logistics of providing timely prevention, screening and treatment to families with few resources.

icddr,b in collaboration with Stanford University and support from Grand Challenges Canada and in partnership with NNHP Program of Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) and Professional Associations; a new, low-cost, easy to use screening and phototherapy treatment technologies enable proposed redesign of care delivery to save infant brains through shift care from specialists and hospitals to community health workers (CHW) and homes .



Stakeholder Workshop on Screening and Management of Neonatal Jaundice

Photo Credit: icddr,b

The study will explore the feasibility of screening and management of neonatal jaundice at community through engaging trained CHW with relevance to the existing community service providers educational level and responsibilities.

The study will provide valuable knowledge and information on screening and management of neonatal jaundice by CHW at community level. The study finding will enable to identify the potential opportunity and modality for incorporation and scale-up plan through existing health care delivery system.

Intercountry Consultation for Strengthening Management of Pneumonia and Neonatal Sepsis for Accelerating Reduction in Child Mortality

WHO collaborating Centre for Research, Community-based Action and Programme Development in Child Health, Society for Applied Studies (SAS), New Delhi, with support from WHO, has organized an Inter-country consultation for strengthening management of pneumonia for accelerating reduction in child mortality in New Delhi, India, from 25 to 27 June 2019.

The consultation successfully brought together researchers from multiple sites within and outside the Region and newborn-child health programme managers from countries with high child mortality burden in the Region (Bangladesh, India, Indonesia, Myanmar, Nepal, Timor-Leste) to understand the successful solutions using the findings from the research. It was concluded that CLHW can safely and effectively manage young infants 7-59 days of age with only fast breathing pneumonia and children 2-59 months old with lower chest in

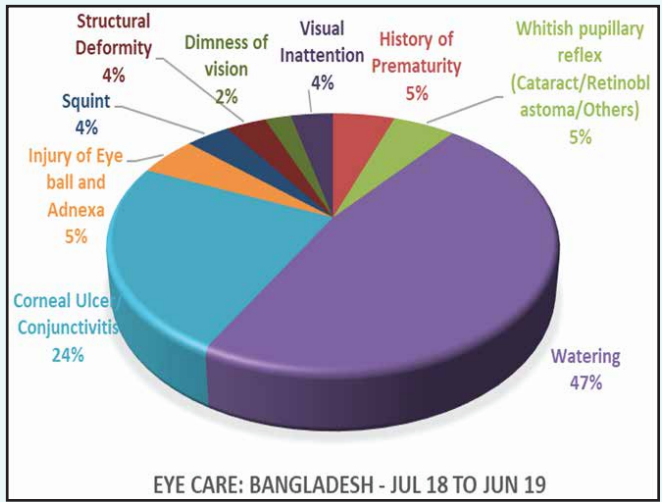
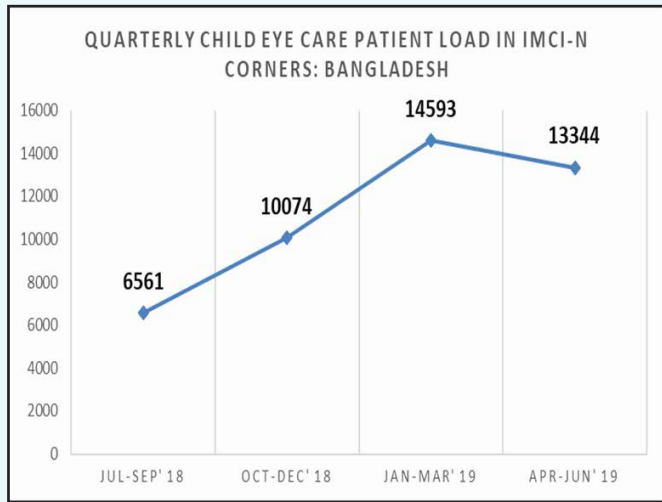


Intercountry consultative meeting for strengthening management of pneumonia and neonatal sepsis for accelerating reduction in child mortality held at New Delhi, India on June 25-27, 2019

Photo Credit: NNHP

drawing pneumonia with oral amoxicillin without referral to a higher-level health worker/facility; and implementation of “Guidelines for treatment of PSBI where referral is not feasible” in programmatic settings is safe, effective and increases population-based coverage of treatment.

Early Detection and Prevention of Avoidable Childhood Blindness by Incorporation of Child Eye Care within IMCI Services



NNHP&IMCI program has updated IMCI protocol according to WHO 2014 guidelines and incorporated Eye Care Part in 2018 after consultation with IMCI National Group. IMCI case recording form and reporting form (DHIS 2) was updated accordingly.

After this incorporation within routine health system, it was observed that gradual increasing of child eye care within IMCI services. About 44572 child eye care patient (0.56% of total IMCI patient) were served for last one year during July 2018 to June 2019. It was observed that watering (47%)

and Corneal Ulcer/ Conjunctivitis (24%) contributing major portion. On the other hand, 2383 babies were identified during the same period with History of Prematurity in IMCI-N corner and referred for ROP screening.

NNHP &IMCI program provides orientation on Child eye care for 553 service providers including local health managers and statisticians during January-June 2019. There is a huge plan in revised MNCAH Operational Plan 2017-22 for training, printing and procurement for accelerating this initiative throughout the country.



Follow-up of Kangaroo Mother Care to Manage Preterm and Low Birth Weight Babies



Photo Credit: NNHP

Mawa Binte Nur is receiving KMC from father at home. Her family members play key role for proper KMC service.

Mawa Binte Nur was born in Institute of Child and Mother Health (ICMH), Matuail, Dhaka on June 2019 at 34 weeks of gestation age and her birth weight was 1700 gm only. As she was born premature and low birth weight, she received KMC in ICMH, Dhaka for 1 week. Her growth rate was satisfactory. She was discharged after 1 week and her family members continue KMC care at home for another 2 weeks with regular follow up. After receiving 3 weeks KMC service she achieved her desirable weight of 2500 grams.

Currently NNHP & IMCI program has established 110 KMC corner through out the country and ensure quality care. In addition another 22 KMC corner will be functional by October 2019 with the help of WHO.

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