Bangladesh has made tremendous progress in the health service delivery over the last few years. The major contributor behind the scene is the adoption of inclusive approach by the GoB, by which it takes into account all population irrespective of gender, age, ethnicity, religion and economic status. However, much inequality remains in service coverage across geographical areas and wealth quintiles. All maternal and newborn health programs need to have comprehensive approach to reach every mother and newborn at low resource pockets in rural and urban slum areas.

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National workshop on effective implementation of newborn health intervention at scale

A workshop was undertaken by the NNHP & IMCI program of MOH&FW in November 2018 in Grand Sultan Resort, Sreemongal, Moulvibazar where it was discussed how the MOH&FW-endorsed evidence-based newborn interventions can be advanced rapidly to reach the desired targets. The workshop aimed to provide a forum for all relevant stakeholders to share and learn about various pilot implementations and develop consensus on action steps to ensure equitable and effective coverage of high impact newborn interventions. The NNHP interventions are- Essential Newborn Care (ENC), including application of Chlorhexidine (CHX), newborn resuscitation following Helping Babies Breathe (HBB) protocol, care of the preterm newborn, focusing on Kangaroo Mother Care (KMC), administration of Antenatal Corticosteroids (ACS) for prevention of preterm complications, management of Possible Serious Bacterial Infection (PSBI), management of sick newborns in Special Care Newborn Units (SCANU).

A report titled, “Accelerating Effective Implementation of Newborn Health Interventions at Scale”, was produced based on the workshop outputs which is being used to inform the ongoing endeavors to review update the National Neonatal Health Strategy 2009 and expected to inform NNHP Operational Plans.

Divisional advocacy meeting on NNHP implementation toolkit

NNHP & IMCI organized divisional advocacy meeting on NNHP implementation toolkit in Rangpur, Barishal and Khulna divisions. The purpose of the meetings is to sensitize the divisional and district level managers about the NNHP & IMCI program interventions.

Different topics were covered during the daylong meeting to orient the participants on NNHP roll out. Representatives from NNHP & IMCI program presented briefly the contents of the toolkit. Civil Surgeons of the districts shared their experiences and highlighted important factors for the successful implementation of NNHP program. For instances, ensuring clean bag & mask and trained staffs at facility; providing refreshers training; establishing KMC and SCANU in private hospitals and building the capacity of the staffs for the management of the complicated cases; and monitoring of registers and data quality etc.
Performance appraisal, capacity building and coordination meeting

The daylong event followed a structured schedule. At first, a representative from NNHP presented the overview of the program. Then, statisticians shared their own upazila status of NBH indicators available in DHIS2. UH&FPO provided explanation of any deviation. At the end of the event, representatives from NNHP presented upazila wise performance of key newborn health related indicators to emphasize on data quality issues. They provided relevant guidelines to improve the existing gaps in service delivery and record keeping mechanisms.

The Civil Surgeon, upazila level managers and statisticians found the program helpful. In some of the events, NNHP team members oriented the managers on NNHP toolkit for describing the components of the program. The participants demanded the new version of emergency obstetric and newborn care (EmONC) register and requested NNHP team to facilitate the supply of all service registers at facility level. In future, NNHP is planning to add other components like knowledge retention and service readiness to evaluate the overall progress.

Establishment of national neonatal perinatal database and surveillance of birth defects

A reliable database is a fundamental prerequisite for planning, implementing and monitoring the health care programs to ensure an accurate and ongoing assessment of the morbidity and mortality. Considering the situation, National Neonatal Perinatal database (NNPD) was established in 2013 as a continuation of the WHO-SEARO database. The project was intended to commence NNPD in the referral hospitals of Bangladesh with the objective to set up a network for collection of neonatal perinatal data for better understanding of epidemiology of neonatal diseases including birth defects. Later on considering the importance of surveillance of birth defect, it was strengthened as NNPD-BD surveillance. Very recently the project has expanded to Newborn Birth Defect (NBBD) supported by the World Health Organization and DGHS, MOH&FW for better understanding of epidemiology and to develop a strategic framework for the care and prevention of birth defect in this region. Bangabandhu Sheikh Mujib Medical University has been participating as a nodal centre. Data from inborn and outborn live birth as well as birth defects are collecting up to date.
Review and update of national neonatal health strategy

This is one of the major activities of NNHP & IMCI Program of MNC&AH Operational Plan. Under the guidance of the core committee, four technical sub-committees were formed and named as 1. Preconception and Antenatal Care 2. Care During Labor and Child Birth 3. Care of Healthy Newborn and 4. Small and Sick Newborn. In each sub-committee participants from all tiers (program personnel from NNHP &IMCI, DGHS, DGFP, professional bodies and development partners) contribute their valuable experiences and important opinion on the relevant topics, which were compiled and presented to the core committee for the necessary correction and revision of the existing strategies.

Workshop held on health management information system and data quality

The workshop emphasized on improving the data quality through sharing the data gaps, reporting errors and performance in monthly EmoNC report and KMC report of each individual medical college and hospitals.

Head of the departments (obstetrics and pediatric), medical officer (obstetrics and pediatric), nursing in-charge (obstetrics and pediatric) and statistician/MIS focal from each of the medical college and hospitals participated in the workshop.

Line Director – MIS of DGHS, Program Manager- NNHP & IMCI, Program Manager-Maternal Health of DGHS highlighted the data quality issues and use of data for decision making process.

International Kangaroo Mother Care Conference, Bogota, Colombia

Involvement of the professional societies, role of development partners and role of KMC Champion were discussed in the group meetings. At the end of the workshop, working groups shared their presentations and based on that a way forward was finalized. Also, the congress focused on the brain neuro protection of the premature and low birth weight babies through KMC.
Album of NNHP & IMCI Program (January - March, 2019)

CNCP training at Mohammadpur Fertility Center

Orientation on revised IMCI Protocol at IMCI Conference Room

ETAT training at BSMMU

SCANU visits at Habiganj District Hospital

ToT on KMC in BRAC CDM, Savar

Workshop on Technical Sub-Committee of NNHS 2009

Photo Credit: NNHP
Arkan was a Rohingya one-year old child with Acute Respiratory Infection (ARI) with NS. On 25 September 2018 he was brought to PHD Health Post by Community Health Counselor (CHC) of PHD for the first time as he had severe breathing difficulties and was found neglected with inadvertent mother having disappointed look.

In one of PHD Health Posts named Balukhali 2, he was registered and one of two medical officers through primary medical examination or checkup diagnosed he has the symptom of ARI with NS and his condition is deteriorating. So, the Medical Officer took the right decision to refer him for better treatment to Upazilla Health Complex. Accordingly, the doctor along with Counselor counseled the mother; uphold the condition of her child; convinced of refer for better treatment; and told about the expense that PHD will bear.

Being motivated and with the hope of seeing the smile of her child again, she went home but didn’t come back to the Health Post. Next day one of the Doctors, Dr. Urmy Sarkar asked the Clinic Aide about the child condition and was surprised that he was not referred yesterday as his mother didn’t come back. It was humanitarian feelings that moved her to the door of Arkan and came to know that Arkan’s mother was disheartened by her husband. She along with a Paramedic and a Counselor again counseled her but in vain. Then the Doctor came to the Health Post and summoned a meeting with other Doctor and Clinic Aide and took the decision to send them to Arakan’s Parents. Accordingly, Dr. Nesarul Karim and Clinic Aide, Mokter Ahmed met with Arakan’s parents convinced them to go to UHC by PHD Ambulance.

At last, Dr. Urmy Sarkar felt somewhat comfort as they came to PHD Health Post and took the expense of treatment from PHD. Then the Referral Coordinator took them to UHC and Arkan was not treated there. So, he was taken and admitted to Cox’s Bazar Hospital. Arakan and his parents stayed 5 days in Cox’s Bazar Hospital and the Doctors treated him very carefully. Besides, it is PHD Doctors, Clinic Aide and Referral Coordinator who kept communication with the Cox’s Bazar Hospital for Arkan.

After five days, Arkan came to the Refugee camp by PHD Ambulance again but this time not with faster breathing but with faster happy smile.

As usual, PHD Counselors visited Arkan and his parents for following up and felt happy to see Arkan’s happy smile and also felt proud of PHD when Arkan’s family and neighbors expressed thankfulness to PHD.
Activities of Maternal and Child Health Services (MCH) unit of Directorate General of Family Planning (DGFP)

Various activities focusing on newborn health, facility readiness, skill retention, logistic distribution and Social Behavioral Change Communication (SBCC) are going on under the NNHP of MCH services, MCRAH, DGFP. Comprehensive Newborn Care Package (CNCP) for Sub-Assistant Community Medical Officer (SACMO) and Family Welfare Visitor (FWV) at union level is also going on in 09 FPCSP-QIT regional training institutes including MCHTI, Azimpur and MFSTC, Mohammadpur, Dhaka. A total of 1643 participants were trained from December 2018 to March 2019. Through SBCC approach, training on community package of CNCP for Family Planning Inspector (FPI) and Family Welfare Assistant (FWA) is also going on. Total 2820 participants were trained from December 2018 to March 2019 in 30 districts which causes the alacrity among the field level service providers from DGFP. Participants are getting benefit from these trainings and they are confident enough to support in essential newborn care as well as prevent the newborn death. To prevent newborn deaths due to low birth weight and prematurity, health care providers like Doctors and Family Welfare Visitors (FWVs) working in Maternal and Child Welfare Center (MCWC) will receive the training on KMC. 18 participants from MCHTI, Azimpur and MFSTC, Mohammadpur received one-day orientation in KMC services on 18/02/2019.

Special Care Newborn Unit (SCANU): implementation strategies and lesson learnt

Guided by the evidence from Lancet newborn series 2014, Bangladesh MOH&FW took initiative to establish SCANU at secondary and tertiary level based on the following strategies—

- **Strategic Action 1:** Gradual scale-up of SCANU during current and new sector programme
- **Strategic Action 2:** Deployment, skill development and retention of human resources
- **Strategic Action 3:** Capacity building of the National Electro- Medical Equipment Maintenance Workshop (NEMEMW) and District Electro- Medical Equipment Workshop (DEMEW) for repair, trouble shooting and preventive maintenance of equipment in the SCANU
- **Strategic Action 4:** Quality improvement initiative for improved service delivery in the SCANU
- **Strategic Action 5:** Establish individual case tracking system in all SCANU through web-based MIS for data driven monitoring, networking and performance improvement
- **Strategic Action 6:** Knowledge sharing, cross country learning and regional collaboration for management excellence and evidence generation
Improving Newborn Survival Project: KMC service established at Dhaka Shishu Hospital

Mohammadpur Fertility Services and Training Centre (MFSTC) targeting the urban-slum dwellers.

With the facilitation of INSP, DSH authority sanctioned a dedicated space at neonatal unit for initiating 4 bedded KMC service. INSP supported for renovating KMC space and provided logistics to start KMC services. The service started from January 2019. Dr. Sultan Md. Shamsuzzaman, Director & Line Director - MNC&AH and Dr. Md. Moklesur Rahman, Program Manager, NNHP & IMCI of DGHS visited the KMC corner at DSH during January 2019.

The project supported NNHP & IMCI program for the capacity building of health service providers (doctors and nurses) on newborn health care and also supported to strengthen record keeping and reporting through routine MIS in DHIS2.

Improving Newborn Survival Project (INSP) of Save the Children is working for establishing and strengthening KMC to manage the complications of preterm and low birth weight babies in three tertiary level facilities in Dhaka city namely Shishu Hospital (DSH), Sir Salimullah Medical College and Mitford Hospital (SSMC&MH) and Mohammadpur Fertility Services and Training Centre (MFSTC) targeting the urban-slum dwellers.

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