



National Newborn Health Program Newsletter

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Editorial Note



Welcome to the 10th issue of NNHP newsletter. On behalf of our team, I would like to wish all our colleagues of the MOHFW and stakeholders a prosperous New Year 2020.

This issue highlighted key activities performed by NNHP and its partners during last four months. The program has featured the event of world prematurity day observation and newborn health conference; expansion of KMC services and summary of the countrywide supervisory visits. Together with other technical partners, we have identified newborn health signal functions to enhance monitoring and implementation of the program.

I humbly acknowledge the contribution of all partner agencies of GoB who supported our program implementation at national and district level. Finally, I would like to thank all of them those who share experiences, learning and program updates continuously to enrich this publication.

Dr. Muhammad Shariful Islam

Assistant Director & Program Manager, NNHP & IMCI
Directorate General of Health Services (DGHS)

Speaker's Corner



The health system of Bangladesh relies heavily on public sector. But the private health care sector is also playing vital role in our national health care system. They provide large range of maternal and newborn health services. According to BDHS 2017-2018 report, 32% of the births were delivered in private facility. Some of the hospitals demonstrated prominent success in implementing specific newborn health interventions. MOHFW has accelerated coordination with them for achieving sustainable development goals (SDGs). However, we must ensure compliance with laws and quality standards to improve service delivery.

Professor Dr. Abul Kalam Azad

Director General
Directorate General of Health Services (DGHS)
Ministry of Health and Family Welfare

National Newborn Health Conference and Observation of World Prematurity Day



Photo Credit: Save the Children

The chief guest, representatives and specialists from different government agencies, professional bodies and development partners attending the event

Every year 'World Prematurity Day' is observed on 17th November to raise global awareness and commitments to overcome the challenges and burden of preterm births. The theme of this year was "Born Too Soon: Providing the right care, at the right time, in the right place." In Bangladesh, to observe the World Prematurity Day 2019 and mark the completion of official launching of NNHP & IMCI program together the "National Newborn Health Conference" was organized. The event was organized with the support of development partners under the leadership of NNHP &

IMCI. Progress of priority newborn interventions, key research and study findings on four themes: essential newborn care practice; sick newborn management; preterm and low birth weight babies' management; health system and quality of newborn care were shared by national and international stakeholders. The Honorable Minister Mr. Zahid Maleque, MP, MOHFW inaugurated the event. Professionals, representatives from relevant directorates, development partners and different stakeholders working in newborn health programs attended the conference.

Meeting of National Technical Working Committee for Newborn Health

A meeting of the National Technical Working Committee for Newborn Health (NTWC-NBH) was held on December 22, 2019 at IMCI Conference Room, EPI Bhaban. Prof. Dr. Mohammad Shahidullah, Professor of Neonatology and Chairperson of NTWC-NBH chaired the meeting. Twenty-two members participated the meeting. Members of the group discussed about key NBH issues. Key discussion points included finalization of revision of NNHP monitoring checklists by incorporating key signal functions of newborn health, review of revised SCANU/NSU register and updates on the drafting of the revision of National Neonatal Health Strategy 2009



Photo Credit: NNHP

Member of NTWC of different government agencies, professional bodies and development partners attended the meeting

New Health Facilities Offering KMC Service

Photo Credit: Save the Children



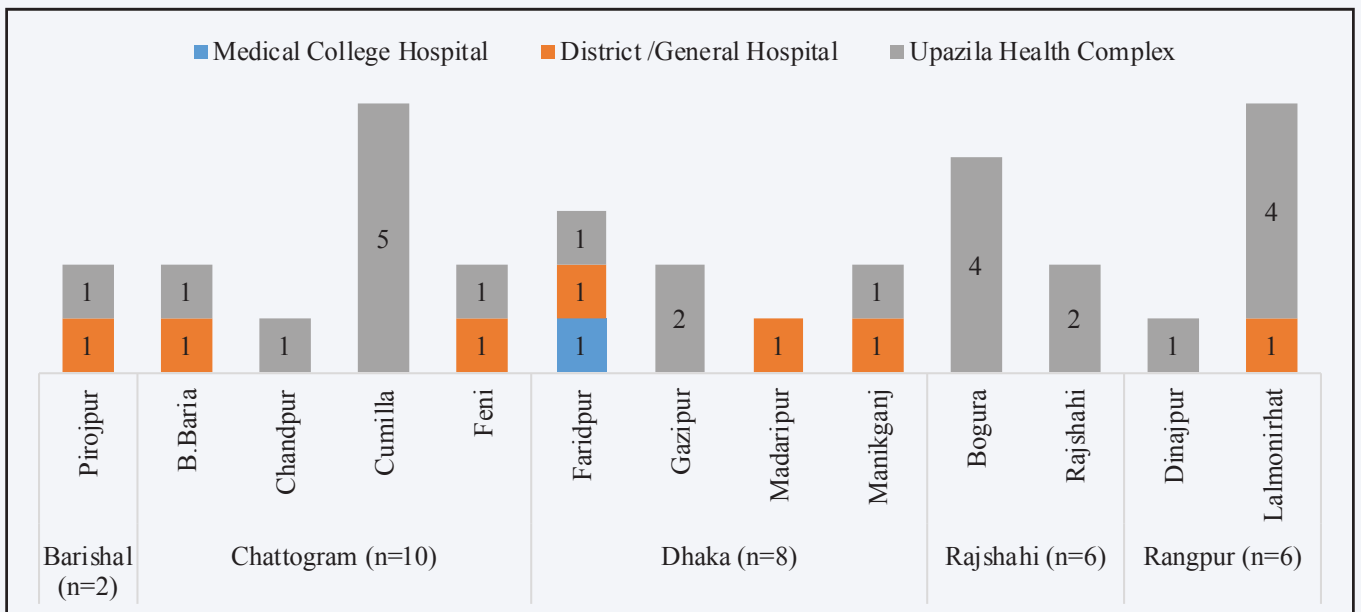
Inception meeting on Kangaroo Mother Care center at Cumilla and Lalmonirhat district



Photo Credit: NNHP

Preterm births with complications are the leading direct cause of 35% of the world's neonatal deaths each year. In Bangladesh, estimated 45% neonatal deaths are due to complication of preterm birth. The Government of

of 2019. Community awareness, supervision and plan for refresher training were highlighted to ensure quality of care.



Graph: No. of new health facilities offering KMC service

Bangladesh (GoB) has declared its commitment towards reaching the SDG target of reducing neonatal mortality rate to at least as low as 12 per 1,000 live births by 2030. KMC is the evidence-based solution for reducing preterm mortality and morbidity and can avert up to 4,50,000 preterm deaths each year if near-universal coverage is achieved. NNHP & IMCI established 110 KMC corners throughout the country. During last four months, they have ensured reporting system from another 32 new KMC facilities. With the support of development partners, they conducted inception meeting in 22 new facilities by the end



Photo Credit: Save the Children

NNHP Performed Countrywide Supervisory Visits at Health Facilities

Quality is an integral part of health systems. To ensure quality of health services, supervision and monitoring is an essential activity. This activity helps health manager by identifying the bottlenecks of service delivery. The identified challenges then treated as opportunists to improve service quality. In 2019, NNHP performed countrywide supervision and learning visits.

They used standard checklist of NNHP to monitor Emergency Room, ANC & PNC Corner, IMCI & Nutrition Corner, Delivery Room, Operation Theater, KMC Corner, and SCANU.

Emergency room: In district hospitals, low birth weight and newborn sepsis have been identified and managed as per protocol but at sub-district facilities, service providers of emergency room do not identify low birth weight and newborn sepsis.



KMC corner is ready to provide service

IMCI corner: There is severe scarcity of ARI timer in IMCI & Nutrition Corner both in district and sub-district facilities. Half of them did not have updated IMCI registers.

Delivery room: Handwashing facilities was available in more than half of district and sub-district facilities. APGAR scores was not recorded properly. Use of ACS was practiced comparatively more in district hospital than in



A nurse is taking care of newborn in SCANU

UHC. ENC practice was satisfactory in both level of facilities but availability of updated registers was poor.

Kangaroo mother care and SCANU: In most cases baby's diaper were unavailable, audio-visual systems were nonfunctional. Inadequate patients in KMC and its follow-up.

SCANUs are playing a significant role to serve critical ill babies at district level facilities. All the SCANUs are practicing Infection Prevention Control as per protocol though manage the visitor control should be focused.

Recording and reporting: Monitoring team review DHIS2 online reporting and crossed check with registers. Supply of updated ANC/PNC registers, Delivery registers and IMCI registers was inadequate in the facility. Service providers record service information partially. We observed service providers use notebook for recording and reporting.

Store and supply of commodities: There was severe scarcity of insulin syringe both in district and sub-district facilities, which hamper use of injectable gentamycin and amoxicillin to manage neonatal sepsis. Monitoring team facilitated the distribution of undistributed MNH commodities/ registers where appropriate.

Identification of 20 Newborn Signal Functions (NSFs) and Health Facility Assessment in 205 Public Health Facilities

National Newborn Health Program (NNHP) & IMCI, with technical assistance from icddr,b and USAID, has identified a set of NSFs. Five consultative workshops and three rounds of surveys were conducted with relevant policy makers, program managers, academics and researchers to identify the NSFs. A total of 20 signal functions have been identified, of those 9 are primary, 13 are basic, 18 are comprehensive and 20 are advanced. The signal functions identified through rigorous method have been approved as the National NSFs. A health facility assessment tool was developed based on the identified signal functions as well as health facility survey was carried out in 41 District Hospital, 41 Maternal and Child Welfare Centers, 41 Upazila Health Complexes, 41 Union Health and Family Welfare Centers and 41 Community Clinics to assess the



National stakeholders meeting at IMCI conference room to discuss on NBH signal function

readiness of these health facilities to provide newborn health services. A national dissemination on the study findings will be organized in March 2020.

Establishing KMC Corner in the Family Planning Centers to give Kangaroo Mother Care service (DGFP)

Among three major causes of newborn deaths, premature birth or low birth weight is one of them. To reduce this preventable death of newborn, DGFP trained Doctors, service providers and inspectors of the maternal and child welfare centers. During, FY 2017-2018 and FY 2018-2019, a total of 40 physicians, and 119 family welfare inspectors were trained on Kangaroo Mother Care (KMC). To give KMC services in the facility, in FY 2018-19, 18 maternal and child welfare centers (MCWC) established two (2) bedded KMC corner. These MCWCs are- Cumilla, Pabna, Kushtia, Gaibandha, Cox's Bazar, Sirajgonj, Narshingdi, Mymensingh, Baklia Chattogram, Bhola, Lalmohon (Bhola), Jhenaidah, Rajshahi, Natore, Thakurgaon, Rajbari, Patuakhali and Dinajpur. MaMoni MNCSP supported implementation of KMC services at the MCWCs of Habiganj, Lakshmipur and Chandpur districts. Besides, newly built MCHTI, Lalkuthi,



KMC corner at the Maternal & Child Welfare Centre, Kushtia district

Mirpur facility allocated KMC corner. DGFP planned to establish KMC corner in every MCWC of the country.

Photo Credit: Save the Children

ICT Solution for Community Level Post-Discharge Follow-Up of KMC Baby

Post-discharge follow-up of KMC babies at health facility level is a major barrier to meet the compliance in both urban and rural area. According to the DHIS-2 report in 2019, 42% of KMC recipient baby came at health facility for post-discharge follow-up visit. Community level follow-up of KMC is more challenging in urban area due to no existence of government CHWs. Community activities mostly driven by NGO CHWs.

Improving Newborn Survival Project (INSP) of Save the Children in Bangladesh, is working in Dhaka city for accelerating the preterm services in Dhaka Shishu Hospital (DSH), Mohammadpur Fertility Services and Training Centre (MFSTC) and Sir Salimullah Medical College and Mitford Hospital (SSMC&MH). In addition, provide support for referral, follow-up and demand generation. According to government-approved register and report, the project developed an online KMC eMIS for tracking the KMC service from facility level and android-based mobile apps for community level follow-up by the CHWs. The system includes the features of KMC case recording, tracking, reporting, post-discharge follow-up and different analytical tools to generate information. Both system is interconnected while a dashboard was developed to visualize the data for the decision makers and manager to track the progress and take necessary actions accordingly for improving the quality of service.

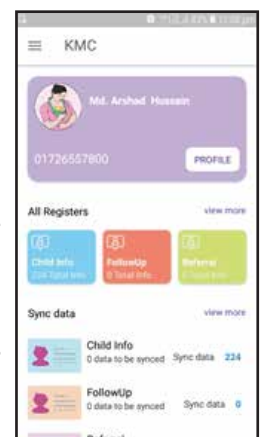
The project introduced a reminder follow-up through sending SMS to the parents/guardians of KMC recipient baby as per the hospital follow-up date. The same SMS



CHW is using mobile apps for community level follow-up of KMC baby

delivers to the CHWs of specific geographic area for community level follow-up.

From mid October 2019, INSP team is piloting the android-based mobile apps in collaboration with Surjer Hasi Network (SHN) surrounding the urban slums of project supported health facilities in Dhaka city. INSP mobilize the CHWs of SHN and provided training on the operation of the mobile apps. From October 2019 to December 2019, 33.33% of baby received KMC from the INSP supported hospital and c100% follow-up completed by using the mobile app by the CHWs.



Mobile application for community

Photo Credit: Save the Children

Photo Credit: Save the Children

Regional Roaming Team “A Quality Improvement Initiative for SCANU”



Photo Credit: BSMMU

Prof. Dr. Mohammad Shahidullah is presenting the major findings of RRT visit

DGHS in coordination with BSMMU and support from UNICEF has been taken initiative to conduct assessment visits by Regional Roaming Team (RRT) for selected SCANUs to assess and mentor the quality of services at those SCANUs through the RR team finding analysis. As a part of this process, RR team has assessed 32 SCANUs. These findings have been analyzed by the RRTs with technical lead form BSMMU. To share these findings, HSM, DGHS organized an RRT visit finding dissemination workshop on 9 December 2019 at CIRDAP auditorium, Dhaka.

The meeting concluded with highlighting areas for improvement and way forward. These are:

- Encourage parents to be part of SCANU care and to ensure patient centered care in SCANU.
- SOP and protocols should be available/displayed and all service providers must be oriented on SOP and protocols.

- There should be appropriate newborn care facilities in the emergency, labour and OT.
- All SCANU should have proper KMC facility and ensure KMC for all eligible cases.
- All SCANU should have proper and adequate hand washing facility and all service providers should practice it which is a must before handling any newborn in SCANU
- Compliance of waste management protocol/instructions in SCANU.
- All SCNU should have 24/7 electricity and water supply.
- Proper indenting and supply system for ensuring essential drugs in all SCANUs for case management as per protocol.
- Time information to the program for maintenance of key equipment is critical for the proper management of sick newborn.

MR Khan Shishu Hospital: A New Training Venue for NNHP & IMCI Program

NNHP & IMCI program prepared MR Khan Shishu Hospital and Institute of Child Health as one of the training venue. The first batch of training for doctors took place from 17 December to 20 December 2019. Doctors from Kushtia, Jhenaidah, Magura, Shatkhira and Dhaka participated. Every day the training started with outdoor and indoor practical sessions which were followed by various technical sessions. Representatives from icddr,b was present throughout the session and coordinated the pre-test, post-test and other evaluation processes. The spontaneous participation of the facilitator and the trainees made it successful.



Photo Credit: icddr,b

A training session is going on at Mr Khan Shishu Hospital

Quality Essential Newborn Care through Midwives



Photo Credit: Save the Children

A Midwife is ensuring skin to skin care of newborn

Cox's Bazar District is one of the most vulnerable districts in Bangladesh and a low performing area in almost all Sexual Reproductive Health Rights (SRHR) indicators compared to national averages. Under these circumstances, government is now focusing to access the SRHR services in the Cox's Bazar health facilities. To bring the action into result, funded by UNFPA, Save the Children is undertaking some special measures to serve the host community of Cox's Bazar district. Establishing Midwifery - Led Care (MLC) is one of the crucial initiatives from the project to ensure the SRHR services in union to district level government health premises. In this regard, project has deployed 29 project Midwives at 1 UHC, 2 USCs and 11 UH&FWCs who are monitored by the clinical mentors. Along with facilitating to establish 24/7 Emergency Obstetric and Neonatal Care (EmONC) especially initial stabilization of PPH and eclampsia cases from district to selected union facilities, this project emphasizes on Clinical Mentoring to institutionalize evidence based practices, where essential newborn care practice is a part and parcel of midwifery-led care model.

Midwives have a crucial role in taking care of newborn during first 24 hour of life. Project Midwives are trained on Essential Newborn Care and periodically refresher training is organized by the project. They manage all newborn delivered at respective facilities including delayed cord clamping, cord care, skin to skin care, keeping warm, early initiation of breast feeding and if required resuscitate asphyxiated babies with ensuring quality of care. They also properly counsel the mother and attendants with Saffkotha pictorial. Midwives post the photographs of their cares in a Facebook group where Clinical Mentors, Managers and International Midwifery Consultant provide instant comment and feedback if any so that they can correct their practices with the new baby. Photographs are taken with written consent.

Many of the union level facilities observed childbirth after many years and even one center celebrated first childbirth after 30 years of inception. Midwives' presence and their maternal and newborn service delivery has stimulated the local communities to avail institutional delivery and thus helping avert maternal and newborn mortality and morbidity especially within first 24 hours of birth which tolls about 50% of newborn death.

Annual Workshop on Prematurity with Dhaka Urban Newborn Health Stakeholders



The Annual Workshop on Prematurity with Dhaka Urban Newborn Health Stakeholders held on 22 January, 2020 at Hotel Amari in Dhaka. The workshop was jointly hosted and organized by the Line Director, MNC & AH, DGHS and Director, MCH services & Line Director - MCR & AH, DGFP.

The objectives of the 'Annual workshop on prematurity' are to accelerate the uptake preterm services by urban stakeholders in Dhaka by

- sharing implementation experiences, challenges and opportunity of preterm services
- utilizing unique platform and resource at national and NGO level to mobilize preterm services
- establish an effective referral system for preterm services at urban area
- exploring national and local model of best practice by demonstration

The workshop will comprise of key newborn health stakeholders including representatives from DGHS, DGFP, city corporations, professional medical and nursing associations, development partners, implementing NGOs, private sectors of Dhaka. The workshop was interactive and create a platform of urban newborn health stakeholders by sensitizing them to work together for newborn including preterm.



Photo Credit: Save the Children

List of Contributors: WHO, UNICEF, ICDDR, BSMMU and Save the Children International

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