



# National Newborn Health Bulletin

April-June 2017  
Issue - 3



Photo : Save the Children/GMB Akash

## Editorial note

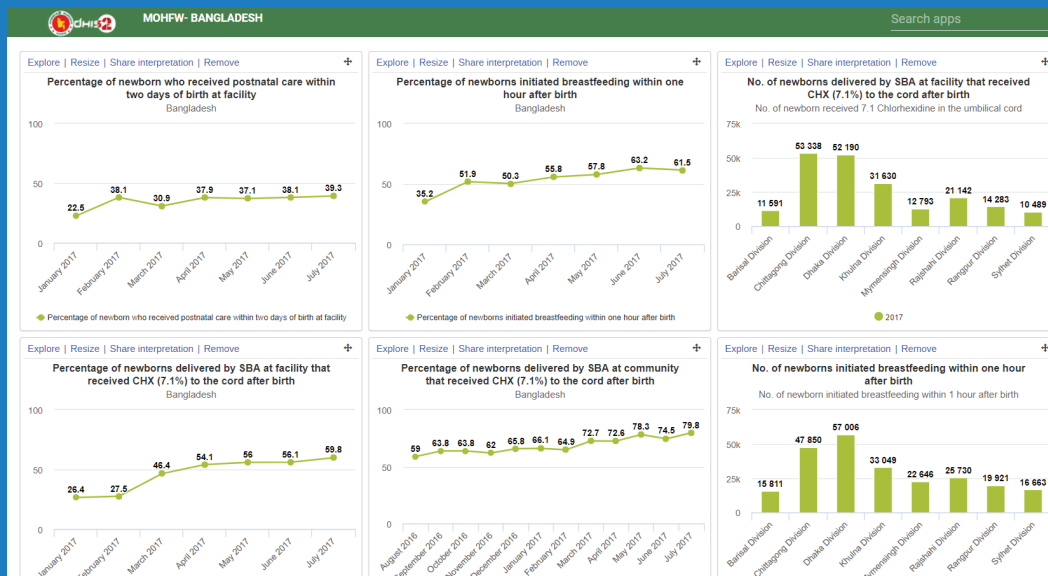
It is my great pleasure to share the 3rd issue of the National Newborn Health Bulletin from NNH Program & IMCI. An attempt is made to present the data received during the revisit program for the newborn interventions that have been recently rolled out i.e., Helping Babies Breathe and use of 7.1% Chlorhexidine application for newborn cord care. Inspiring case studies of new newborn interventions such as Kangaroo Mother Care, management of sick children at union level facilities and Health Management Information System (HMIS).

I express my gratefulness to the Director General of Health Services and Line Director, MNC&AH for their continuous support and advice in accomplishing our tasks. I extend my special thanks to development partners, INGOs, professional organizations and other stakeholders for their cooperation as well as technical support for strengthening the newborn health interventions in the country. Finally, I would like to thank everyone who worked hard directly and behind the scene for publishing this newsletter successfully. We will continue our efforts to share the updates on all the exciting work happening in Bangladesh to end preventable newborn deaths.

**Dr. Khaleda Islam**  
Director, PHC & PM, NNHP & IMCI, DGHS

## Newborn dashboard

MaMoni HSS project seeks to strengthen the Health Management Information System (HMIS) of MoH&FW under its health systems strengthening initiatives. As a part of this the project is closely working with both the DGHS and DGFP to strengthen their existing HMIS. Under the leadership of NNHP&IMCI Unit of DGHS, the project has facilitated development of a national dashboard on newborn health indicators.



Screenshot of newborn indicators in DHIS-2 of DGHS

With facilitation of newborn cell supported by MaMoni HSS, NNHP & IMCI agreed to develop a newborn dashboard on selected indicators. After the consensus on indicators NNHP&IMCI decided to show those indicators in DHIS-2 platform of DGHS. The technical areas of the indicators are mainly HBB, SCANU, 7.1% CHX, KMC and Essential Newborn Care. Currently, MaMoni HSS is closely working ICDDR,B to identify new ways of data visualization and integration to make the monitoring process more efficient and useful.

## MoU between Directorate General of Family Planning (DGFP) and Plan International Bangladesh for SHOW and Born On Time Projects

A Memorandum of Understanding (MoU) was signed between Directorate General of Family Planning (DGFP) and Plan International Bangladesh on March 29, 2017 at DGFP office, to support implementing two projects, Strengthening Health Outcomes for Women and Children (SHOW) and Born On Time targeting MNCH/SRH as key focus. SHOW is a four and a half year (2016-2020) multi-country initiative, funded by Global Affairs Canada (GAC), that would contribute to the reduction of maternal and child mortality among marginalized and vulnerable women including adolescent girls, and their children. Under this project, Plan International Bangladesh will work with 68 UH&FWCs in 8



Exchange of MoU between DGFP and Plan International Bangladesh

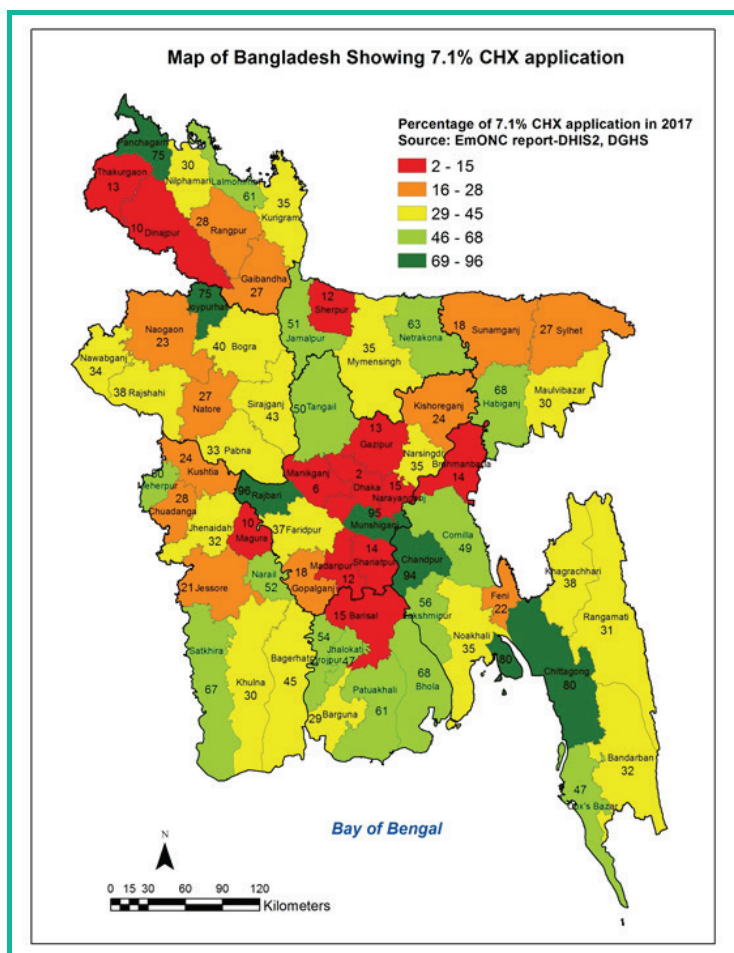
remote, underserved marginalized areas, including six Upazilas in Nilphamari District (Sadar, Sayedpur, Kishoregonj, Jaldhaka, Domer and Dimla), one Upazila in Barguna District (Barguna Sadar) and one Upazila in Khagrachori District (Panchori). Born On Time will be implemented for the Reduction in neonatal mortality in Bangladesh, Ethiopia and Mali. This is a public-private partnership for the prevention of pre-term birth, funded by Global Affairs Canada (GAC) and Johnson & Johnson. The project will address four key factors related to this i.e. Lifestyle, Infection, Nutrition and Contraception and will be implemented in 6 Upazilas (Gangachara, Kaunia, Mithapukur, Pirgacha, Pirganj and Taraganj) of Rangpur District and will work with 55 UH&FWCs for ensuring 24/7 normal delivery services along with gender sensitive, adolescent friendly services.



## Post training follow up dissemination and advocacy meeting on revisit of priority newborn Interventions in divisional level

Five divisional dissemination meetings on post training follow up of 7.1% Chlorhexidine was organized in Chittagong, Barisal, Dhaka, Rajshahi and Rangpur division. The results of post-training follow up of 7.1% Chlorhexidine conducted by Independent Monitors in 64 districts during Aug - Sept 16 have been disseminated. The presentations contained HR status, training retention, availability and usage of 7.1% Chlorhexidine in all level of facilities and pharmacies, availability and use of HBB equipment and their cleanliness in all tires of facilities.

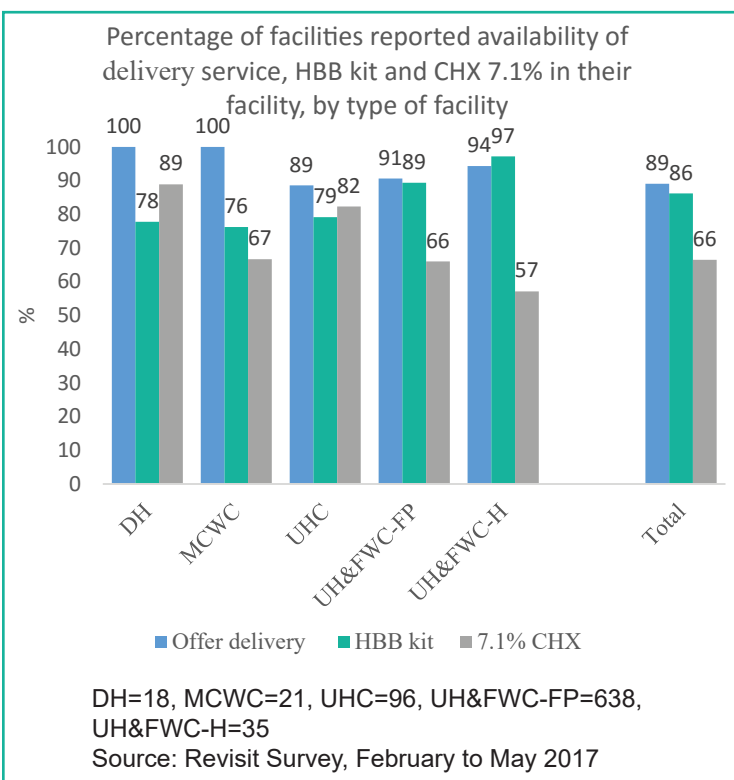
In the same meeting, divisional level advocacy on revisit of priority newborn intervention was completed in those 5 divisions. NNHP&IMCI has played a pivotal role in those advocacy meetings. Divisional and district level managers of health and family division attended those meetings.



## Revisit of specific newborn health intervention

Preliminary findings from revisit data of 16 districts of phase 2 (Period: February 2017-May 2017) are listed below

- 89% facility offered delivery service
- 86% facility had HBB kits
- 66% facility had supply of 7.1% Chlorhexidine
- 14% facility had supply of inj. Gentamicin
- 77% facility had supply of inj. Amoxicillin
- 3% facility had supply of MgSO<sub>4</sub>
- Average percentage of 7.1% CHX trained personnel available in facilities is 75%
- Average percentage of HBB trained personnel available in facilities is 49%



## IMNCS program activity on newborn care

BRAC has initiated Improving Maternal, Neonatal and Child Survival (IMNCS) program in June 2008 with the goal of reducing maternal, neonatal and child mortality and morbidity, particularly, among the poor and socially excluded population. The target groups are pregnant and lactating women, neonates, under-five children and adolescents from communities especially the poorest and socially excluded. The program reaches 25 million population across 14 districts of Bangladesh. From May to June this year, 55,920 neonates were successfully initiated breastfeeding within an hour of birth. In the same duration, 78,052 neonates were exclusively breastfed within 24 hours of their birth. 814 cases of neonatal sepsis/birth asphyxia cases were identified by the Shasthya Shebikas and were referred to appropriate facilities for management in the past three months. 2153 cases of neonatal sepsis/birth asphyxia cases were treated by the Shasthya Shebikas in the program area from April to June.



CHW is taking birthweight

## Timely administration of Antenatal Corticosteroid (ACS) saves life

Nasima Begum, 28 years old, got admitted to Habiganj Sadar Hospital with complication of rupture of membrane on 15th May. This was her 2nd pregnancy. Nasima, wife of Kismot Miya, lives in Anandapur village of Gopaya Union in Habigong district. She was in her 33rd week of pregnancy. Suspecting a probable premature delivery, the Gynae consultant gave her two doses of ACS on emergency basis. Before getting admitted, Nasima underwent three Antenatal checkups.

The baby weighed 2500 gram, cried out immediately and had regular and normal respiration. However, the baby had to be admitted in the newly established SCANU unit of Sadar hospital to receive phototherapy for the treatment of neonatal jaundice. After a few days stay at SCANU and child unit the baby went home in stable condition.

The mother was overwhelmed with joy. She remarked, *“I am grateful to Allah. I was in panic when I had rupture membrane. The doctor pushed me two injection and that saved my baby”*.

The Senior Gynaecology Consultant of Sadar Hospital Dr. Samar Kumer Ghosh told that they regularly use ACS in compliance with the protocol. *“We have not found any complication after birth of the premature newborn whose mother received ACS timely”*.

The SCANU is funded by SDF and supported by MaMoni HSS project.



Nasima with her baby



## SIAPS leverages public-private partnership to reduce preventable deaths of newborns and children

To reduce preventable deaths of neonates and children, SIAPS has recently partnered with Khulna Shishu Hospital (KSH), a 285-bed secondary-level health facility established in 1980 by local philanthropists. In 2014, with guidance from USAID mission, SIAPS joined an assessment team to identify and address potential areas for improvement within KSH establishing a potential public-private partnership model. Among the challenges identified was the hospital's irregular oxygen supply, which was provided manually through oxygen cylinders.

To address this, SIAPS commissioned a central oxygen supply system in November 2015 to ensure a regulated and uninterrupted supply of medical oxygen for the critical management of pediatric patients. KSH estimates that as of March 21, 2017, oxygen had been administered to 12,300 children, including newborns.

Toma, whose daughter was admitted to KSH with pneumonia-related complications, said *"I am happy that we decided to bring my daughter to Khulna Shishu Hospital and started treatment. If the oxygen support had not been given to her in time, it could have become fatal."*

SIAPS also introduced a web-based health information management system, develop a capacity building plan for hospital staff, and formulate a long-term sustainable plan and marketing strategy for the hospital that included the establishment of a neonatal intensive care unit of five doctors and three senior staff nurses from KSH were trained on Kangaroo Mother Care and Emergency Triage Assessment and Treatment in December 2016, organized by the NNHP&IMCI section of the DGHS in collaboration with MaMomi-HSS and SIAPS.



Prof. Mohd Shahidullah, Chairman of the Technical Working Committee of Newborn Health, visits children at KSH.



Discussion on capacity building issues for KSH doctors and nurses.

## Newborn healthcare boosted by SCANU

Kamrun Nahar went through regular antenatal checkup during her pregnancy period. But after expiry of her expected date of delivery she did not have pain and movement of the baby had stopped as well. She was anxious and went to Laksmipur Sadar Hospital. After examination the doctor recommended c- section immediately. She got admitted on the same day, had a caesarian delivery and baby boy was born, weighing 1800 gram. On the first day of life the baby was affected by sepsis and lost 100 gram within 3 days.

On 3rd July the baby got admitted into the SCANU in Laksmipur Sadar Hospital. He was in intensive care for next 4 days and was provided with antibiotic, thermal care and phototherapy. The baby was released from SCANU on 6th July.

The mother, Kamrun Nahar, feels grateful for the SCANU services. *"I could not believe that we would get such kind of facilities in Sadar hospital"*, she remarked.

The nurse in charge of the SCANU said, *"After the establishment of the SCANU it has become possible to save many critically ill newborn lives. The service recipients are very happy now"*

To improve the newborn health service in Laksmipur Sadar Hospital MaMomi HSS project deployed 5 nurses and arranged special training on SCANU operation and online reporting in DHIS-2. For ensuring quality care services the project is supporting with strengthened supervision and monitoring and introduced a periodic approach termed Regional Roaming Quality Improvement Team (RRQIT). MaMomi HSS project of Save the Children is supporting MOHFW to establish SCANU at district hospitals in five districts.



Newborn receiving special care at Laksmipur Sadar Hospital SCANU

Photo Credit: MaMomi HSS

## Kangaroo Mother Care (KMC) services for preterm babies available at Upazila Health Complexes and District Hospital of Kushtia

On October 3, 2016, 22 years old Jesmin from Poschim Lahinipara of Kushtia district delivered a baby girl at Kushtia District Hospital. The baby was too small with a birth weight of just only 1400 gram.

She was admitted into the KMC corner and gradually the baby gained weight with KMC services without any illness or complication. She stayed at the hospital for the next 13 days and her family members provided support to ensure KMC of the baby. Jesmin continued KMC even at home after discharge and completed four rounds of follow up as per doctor's advice.

Now Sharmin, the baby girl, is nine months old and in perfectly good health. Jesmin is thankful to the doctor and nurses and remarked *"I learned about KMC after my baby was born with low weight. She got well and her weight increased when she got proper care at the KMC. I am very happy to receive this service."*

Shahinoor Akther, Senior Staff Nurse in the hospital, said *"We counselled the mother with her family member about the importance of KMC. The parents visited again for follow up."* Dr. Nazimuddin, Junior Consultant (Pediatrics) explained *"KMC is much simpler and easier. I have received Comprehensive Newborn Care Package training. KMC was part of that. Now we are happy to provide this service, and the number of KMC recipients is increasing."*

Since the start of KMC service in early 2016, 186 newborn have received KMC services from all the five upazila health complexes and 250-bedded General Hospital of Kushtia and except one case all babies survived.

Save the Children's Saving Newborn Health (SNL) program is providing technical support to the Ministry of Health and Family Welfare to establish KMC corners for the first time in Bangladesh and the service is now available at all upazila health complexes and district hospital of Kushtia.



Demonstrating KMC position to Sharmin's grandmother at KGH

Photo Credit: Saving Newborn Lives (SNL)/SCIBD



Four months old Sharmin with her mother Jesmine

Photo: Saving Newborn Lives (SNL)/SCIBD

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- Save the Children (MaMoni HSS, Saving Newborn Lives)
- Plan International Bangladesh
- BRAC
- Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

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