



National Newborn Health Bulletin

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Issue - 2



Photo: Save the Children/ Farzana Tabassum

Editorial note

It is my great pleasure to share the 2nd issue of the National Newborn Health Bulletin from the Newborn and Child Health Cell of the IMCI section of DGHS. 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 the roll out of Maternal Perinatal Death Surveillance and Response, management sick newborns at Special Care Newborn Units also have been included. Several partners have contributed to this bulletin based on their experiences with newborn survival. I express my gratefulness to the Director General of Health Services and Director, Primary Health Care, for their continuous support and advice in accomplishing our tasks. I extend my special thanks to development partners, INGOs, professional organizations and other stakeholders of newborn survivals for their cooperation as well as technical and financial support for strengthening the newborn health interventions in the country. I congratulate the team associated with this newsletter who made very sincere efforts to improve the quality of the contents. Finally, I would like to thank everyone who worked hard directly and behind the screen 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. Md. Altaf Hossain
Program Manager - IMCI, DGHS

Bangladesh delegation attended the meeting to launch network to improve quality of care for mothers, newborns and children, February 14-16, 2017, Lilongwe, Malawi

Many women, their newborn and children still die, or suffer from life-long disabilities, even after reaching a health facility, due to poor care. Every pregnant woman and newborn receives high-quality care throughout pregnancy, childbirth and the postnatal period. To realize this vision, WHO has defined “quality of care” and has prepared a framework for improving the quality of care for mothers and newborns around the time of childbirth. The framework contains eight domains of quality of care that should be assessed, improved and monitored within the health system.

An initial group of nine countries, including Bangladesh, have joined the network based on their high level political commitment, leadership and readiness for intensified and coordinated action towards improving quality of care in maternal and newborn health services, by the government and partners. This network was launched at global meeting held in Lilongwe, Malawi from February 14-16, 2017. The network aims to reach the ambitious goal of halving maternal and newborn deaths in health facilities in settings that participate in the network over a period of 5 years.

The delegation from Bangladesh consisted of senior officials from various agencies of Ministry of Health and Family Welfare, WHO, UNICEF, USAID, Ma Moni HSS, Save the Children, OGSB and icddr,b.

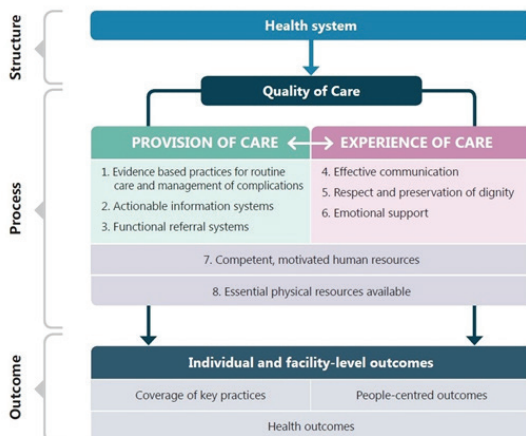


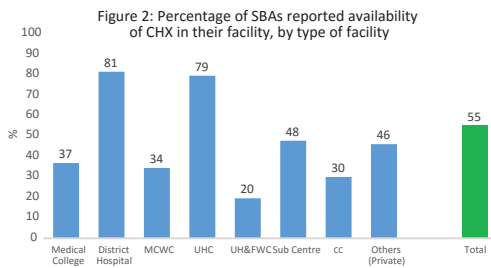
Figure 1: WHO framework for quality of maternal and newborn health care

Bangladesh delegation developed a roadmap, including a few key milestones for the next six months, 18 months and five years. Some of the major milestones identified were:

- Sharing of the QoC framework and the network objectives with a wider group of stakeholders, including the main implementing agencies of MOHFW (DGHS, DGFP and DG Nursing and Midwifery Services), other development partners, professional associations, implementing partners etc.
- Complete the development of the Bangladesh RMNCAH framework, incorporating the standards and quality statements for MNH based on the WHO QoC framework.
- Develop and M&E plan for QoC for RMNCAH, including selection of a core set of MNH QoC indicators recommended by the WHO framework
- Conduct a comprehensive mapping of RMNCAH QoC initiatives currently in progress, and a baseline assessment of the current level of quality of care in the facilities.
- Implement the QoC for MNH model in several demonstration sites, building on the past and ongoing initiatives.

Post-training follow up of national scale up of the application of 7.1% Chlorhexidine(CHX) in the newborn umbilical cord

Supported by USAID through MaMoni HSS project of Save the Children. More than 85000 MOH&FW providers, supervisors and managers were oriented in 64 districts on Essential Newborn Care(ENC) including the application of CHX in the umbilical cord during July 2015 to June 2016. Soon after the orientation roll out, 32 Independent Monitors visited 1,044 facilities of 64 districts and interviewed 3,400 providers during August- September 2016. It was found that 86% respondents received the training. At the time of the visit, CHX was available in 53% facilities; 84% providers could demonstrate correct use of 7.1% Chlorhexidine; 47% of them used CHX during the last week and 86% providers had counselled pregnant mothers to use CHX. It was also found that CHX was available in 54% pharmacies.



Source: Post Training Monitoring, August to September 2016

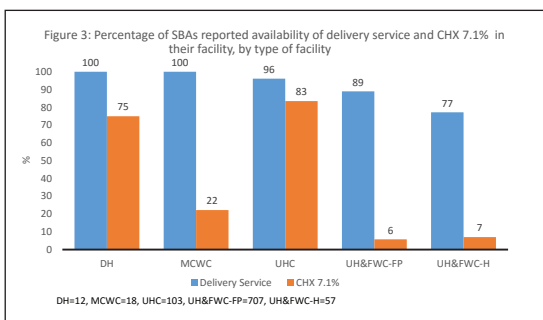
Independent Monitors also found that bag and mask and sucker for resuscitation were available in 84% OT/ delivery rooms. Bag and mask and sucker were found to be clean in 86% facilities.

Revisit on newborn health intervention

Preliminary findings from revisit data of 14 districts of phase 1 (Period: November 2016-January 2017)

(Standard check list included data on HR and skill retention, facility readiness, medicine, supply, service utilization and stock status of CHX in all facilities of 14 districts)

- Overall 57% of SBA were trained in HBB and 83% was trained in CHX.
- Overall 88% of all facilities provided delivery care services and 15% had supply of CHX.
- Overall, HBB kits were available in 79% of facilities having delivery care services.



Source: Revisit Survey, November 2016 to January 2017

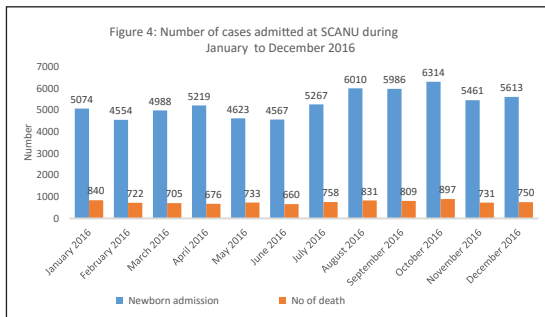
7.1% Chlorhexidine availability

Ensuring uninterrupted supply of CHX at all facilities continues to be a challenge. DGHS has distributed CHX to all health facilities. A directive has been issued by DGHS include 7.1% Chlorhexidine in MSR and local purchase. This will help for the interim management of possible stock out of CHX before next procurement. DGFP has included CHX in the procurement plan.

CHX is also available in commercial market. During January –March 2017, Advanced Chemical Industries (ACI) Ltd, the only manufacturer of 7.1% Chlorhexidine in Bangladesh has a nationwide sale of 64,062 vials. Some of the NGOs, like NHSDP and BRAC have also started use of CHX in their facilities.

Special care newborn units (SCANU)

In line with the vision of increasing facility delivery in this sector program, MOH&FW is planning to ensuring quality facility based newborn care through scale-up of SCANU in all 64 districts and 'Newborn Stabilization Units' (NSU) in all UHCs for management of sick newborn. Progress has been observed in addressing newborn complication and deaths due to birth asphyxia, prematurity and infection through establishing SCANU in 42 facilities which includes District Hospitals and Medical Colleges. Figure shows number of case admitted in SCANU form January 2016 to December 2016.



Source: SCANU Report, DHIS-2 [Note: Based on active reporting from 33 SCANU]

Skilled health service in Sunamganj

CARE Bangladesh in collaboration with Ministry of Health and Family Welfare (MOHFW) through 20% re-investment initiative of GlaxoSmithKline has been implementing an innovative Public-Private Partnership (PPP) initiative in remote Sunamganj district. Through this initiative, 300 social entrepreneur for skilled health service have been developed to address the community level human resource for health (HRH) gaps.



Figure 5: C-IMCI training for CSBA

These 300 skilled service providers has been providing antenatal care, safe delivery, essential newborn care, postnatal care for both mother and newborn in the remote communities of Sunamganj. To further develop their capacity and to expand their services, Community IMCI (C-IMCI) training has introduced for all 300 skilled service providers. To facilitate the training at Sunamganj, 24 MOHFW providers were received TOT from IMCI unit of DGHS on January 2017. After that, they trained 300 Private CSBAs on C-IMCI in Sunamganj on February-March 2017.

Born On Time: a Public-Private Partnership for the Prevention of Preterm Birth

Plan International Bangladesh launched a new project named **'Born On Time'**, a *Public-Private Partnership for the Prevention of Preterm Birth* and this project will be implemented in Bangladesh, Ethiopia and Mali. It is a five years project funded by Global Affairs Canada and Jhonson & Jhonson. The project will be implemented in six upazilas of Rangpur district in partnership with LAMB. In last quarter, Project conducted Orientation at District, 6 upazilas and 62 Unions that reached stakeholders like different level government officials, Local Government representatives, Local elites/leaders, and NGO representatives. Project has initiated 24/7 normal delivery supports from 22 Union Health and Family Welfare Centres (UH&FWCs) in 6 upazilas and will gradually cover all UH&FWCs in the project area.



Figure 6: Orientation meeting at Rangpur with presence of Divisional Director, DGHS

Management of sick newborn is now possible at the door step

Shohagi, age 18, from village Majhgram, Shilaidah union of Kumar-khali sub district, Kushtia district, noticed that her baby boy Yasin became sick, and took him to the nearest health facility Shilaidah Union Health and Family Welfare Center. He was diagnosed as a case of Clinical Severe Infection and received 1st dose of gentamicin injection and oral amoxicillin and counselled for referral to the nearest hospital immediately. Mizanur Rahman, Sub Assistant Community Medical Officer was confident to classify and manage the child from training on Comprehensive Newborn Care Package (CNCP), an initiative of Ministry of Health and Family Welfare of Government of Bangladesh.



Figure 7: Yasin with mother and Mizanur Rahman at Shilaidaha Union Health & Family Welfare Center.

Shohagi could not comply with referral advice due to family problem and Mr. Mizanur as per sepsis guideline asked her to visit again on following day. Mizanur administered 2nd dose of gentamicin injection and gave oral amoxicillin for 7 days to Yasin. Yasin found well recovered when Family Planning Inspector, visited the baby at day 8.



Figure 8 : Fully recovered 6 months old Yasin with his mother at their home, at Majhgram village.

Shohagi was much happy with this service at the nearby facility and said in joy *“Unless the Doctor treat my son with 2 days injection and medicine for seven days; my son condition would be worst. Now Yasin is six months old and fine, whenever he become sick I go to this hospital.”*

Comprehensive Newborn Care Package (CNCP) was developed and demonstrate at Kushtia district to ensure care of healthy newborn and management of sick newborn with aim to scale up nationwide by Ministry of Health & Family Welfare with technical and catalytic support from Save the Children's Saving Newborn Lives (SNL) program. After initiating services on October 2015, at all 64 Union Health & Family Welfare Centers in Kushtia, 2,462 newborn and young infant successfully treated till January 2017 and none of the cases died.

Journey of KMC corner of Institute of Child & Mother Health (ICMH)

Kangaroo Mother Care (KMC) is a standard protocol based care system for preterm and / or LBW newborn based on skin to skin contact between the newborn and mother or care-giver. KMC is a low cost newborn friendly intervention alternative to incubator to prevent hypothermia of preterm and / or LBW newborn.



Figure 9: A mother is providing KMC at KMC corner in ICMH

To provide this service smoothly each facility should have a KMC corner. Institute of Child & Mother Health (ICMH) having an ideal KMC corner supported by UNICEF and KOICA with three large rooms (one room to provide KMC service, one room for counselling and attendants waiting area and one room for KMC training and research). KMC corner is well lighted and well ventilated equipped with central oxygen line with adequate hand washing and bathroom facilities. To maintain privacy screen is used. ICMH have 6 KMC beds, which will be extended up to 15 bed near future.

ICMH KMC service started from 1st October 2016. During the last six months a total of 305 preterm newborns were admitted to SCANU. Among them 148, newborns received KMC. Only seven babies discontinued KMC, one baby died due to cardiac complication, 102 babies were discharged with advice and rest of them discharged on request. Among the newborn receiving KMC there were nine pairs of twin and one triplets (one son of 30 week gestational age, weighing 1600g, 1480g and 1360g respectively). Average duration of KMC is 5-7 days. Twin babies, received the longest duration of KMC for 32 days. Side by side KMC training program is going on for doctors and nurses. Total 210 participants completed KMC training successfully in ten batches.

DGHS electronic logistics management information system developed to improve availability of MNCH medicines

To ensure the uninterrupted availability of and access to priority MNCH medicines, the Directorate General of Health Services (DGHS) developed an electronic logistics management information system (eLMIS) that tracks the availability of 25 priority MNCH medicines at the service delivery point level. The eLMIS was developed with technical assistance from the US Agency for International Development (USAID)-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, implemented by Management Sciences for Health.

A total of 2,393 health facilities in 11 [Gazipur, Pabna, Khulna, Faridpur, Lakshmipur, Jamalpur, Lalmonirhat, Natore, Cox's Bazar, Moulvibazar and Khustia] districts under the DGHS are currently registered in the eLMIS. Of these, 2,288 facilities (95.6%) had submitted their logistics reports through the eLMIS as of February 2017. SIAPS has continued to provide support to eLMIS users through on-the-job training and coaching via telephone to ensure the efficient and effective use of the tool.



Figure 10: Participants practice entering data into DHIS2 through the eLMIS at the training in Jamalpur.

Maternal and perinatal death surveillance and response (MPDSR) activities

Maternal and Perinatal Death Surveillance and Response (MPDSR) is an evidence based approach that cross examines both health system and social factors contributing to maternal and perinatal death through a systematic process. MPDSR is implementing through district health and Family Planning units of health system using its field level staff and health care providers. The key activities include death notification (maternal, neonatal and stillbirth) both at community and facility levels. Data is used for identifying Unions with highest number of mortality for focused interventions. Verbal autopsy are conducted in all maternal deaths and a representative sample of neonatal deaths and stillbirths to identify medical and social causes contributed to mortality and approaches for preventing future maternal and perinatal deaths.

Activities at national level:

- National guideline and ToT manual has been approved by the ministry.
- National dissemination of national guideline done.
- UNICEF is currently supporting to govt. in 13 districts of Bangladesh and all capacity development has been done.
- UNPFA is in plan to implement in 5 districts, one district completed trainings and remains are in plan in this year.
- Save will support in four districts.
- National ToT has been done for 22 districts.
- National level MPDSR causes assignment workshop at national level has been done.
- Death notification data is notifying in DHIS-2 from community.
- Cause of death are entering in the DHIS-2 from divisional /level.
- MPDR district, sub-district and divisional level sub-committees formation and functionality is in progress.

List of contributors in this issue:

- Save the Children (MaMoni HSS, Saving Newborn Lives)
- CARE Bangladesh
- Plan International Bangladesh
- UNICEF
- Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program
- Maternal and Perinatal Death Surveillance and Response (MPDSR)
- Institute of Child & Mother Health (ICMH)

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