



Action for the Newborn:

Global and Country Priorities and Implementation

10 May, 2021

Every Newborn Coverage Targets 2020-2025

COVERAGE TARGET 1	 <p>EVERY PREGNANT WOMAN</p>	<p>Indicator: Four or more antenatal care contacts</p> <p>Global target 90% global coverage of four or more antenatal care contacts</p> <p>National target 90% of countries have > 70% coverage</p> <p>Subnational target 80% of districts have > 70% coverage</p>
COVERAGE TARGET 2	 <p>EVERY BIRTH</p>	<p>Indicator: Births attended by skilled health personnel</p> <p>Global target 90% global average coverage of births attended by skilled health personnel</p> <p>National target 90% of countries with > 80% coverage</p> <p>Subnational target 80% of districts with > 80% coverage</p>
COVERAGE TARGET 3	 <p>EVERY WOMAN AND NEWBORN</p>	<p>Indicator: Early routine postnatal care (within 2 days)</p> <p>Global target 80% global coverage of early postnatal care</p> <p>National target 90% of countries with > 60% coverage</p> <p>Subnational target 80% of districts with > 60% coverage</p>
COVERAGE TARGET 4	 <p>EVERY SMALL AND EVERY SICK NEWBORN</p>	<p>Global target 80% of countries have a national implementation plan that is being implemented in at least half the country, with an appropriate number of functional level-2 inpatient units linked to level-1 units to care for small and sick newborns, with family-centred care.</p> <p>National and Subnational targets 80% of districts (or equivalent subnational unit) have at least one level-2 inpatient unit to care for small and sick newborns, with respiratory support including provision of continuous positive airway pressure. (See Table 1 for definitions of levels 1 and 2 newborn units.)</p>



USAID
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CARE OF SMALL AND SICK NEW-BORN WITH SPECIAL FOCUS ON NURTURING CARE : INDIA

Dr. Harish Kumar
Vridddhi USAID Project-India



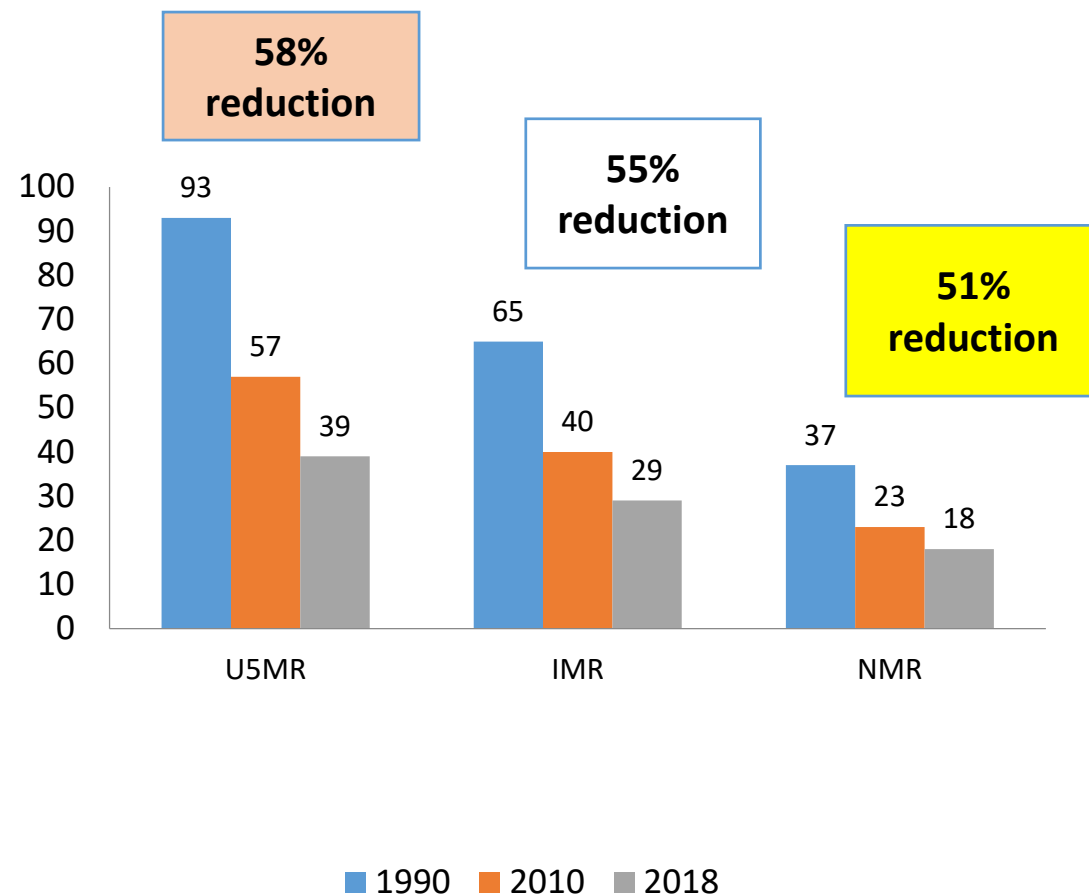
PRESENTATION FORMAT



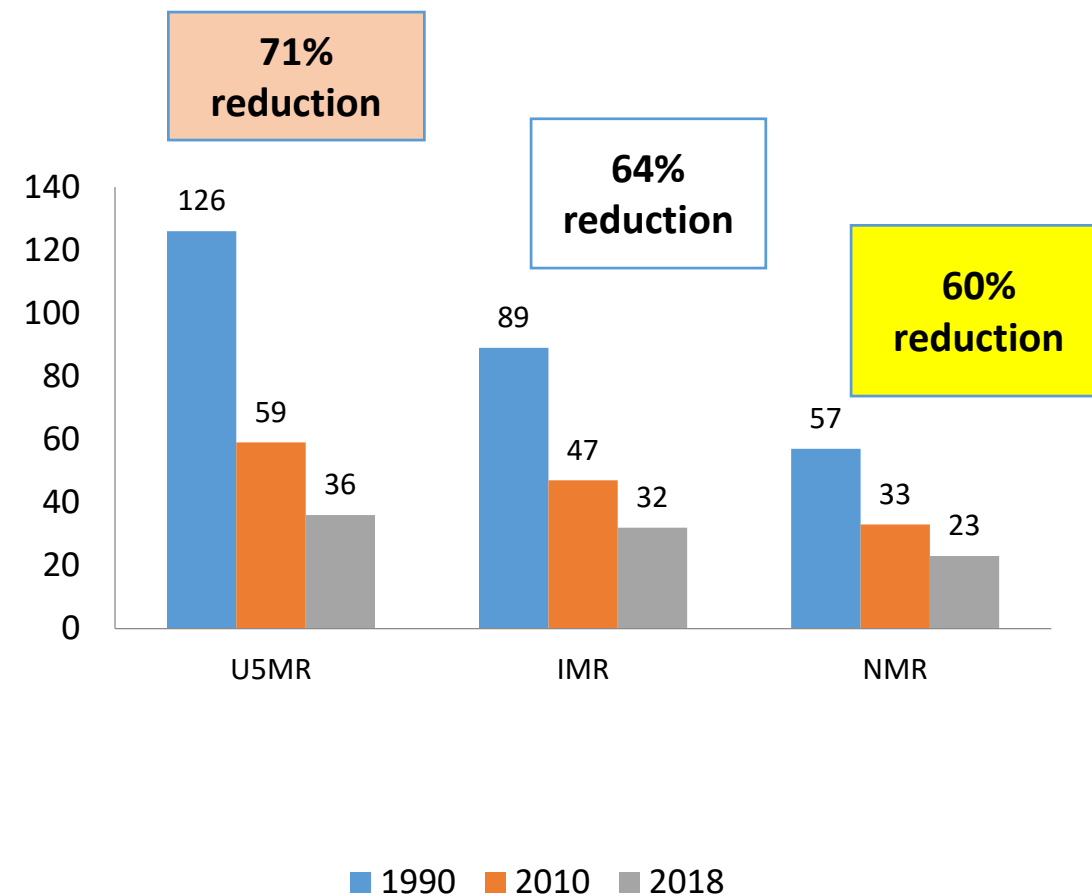
-● *Current status and Need to accelerate care of small and sick new-born*
-● *Policy to action support model*
-● *Learnings*

Mortality Reduction India and Global

Global (1990-2018)

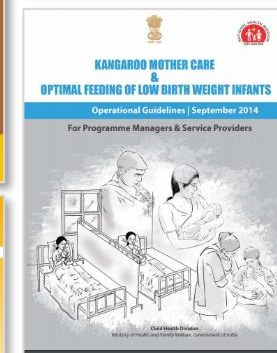
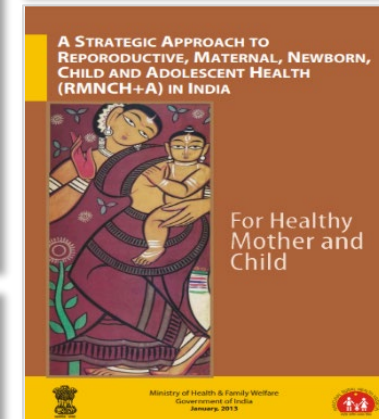
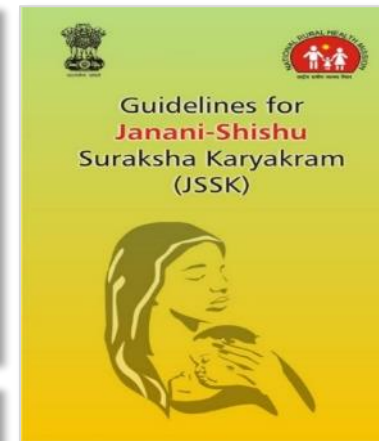
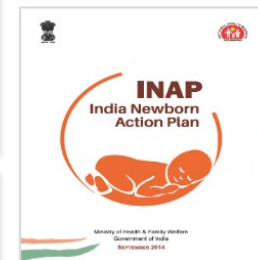
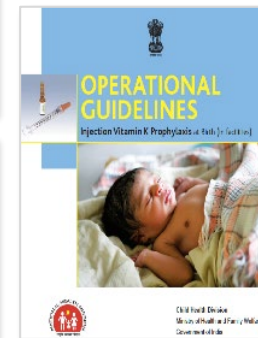
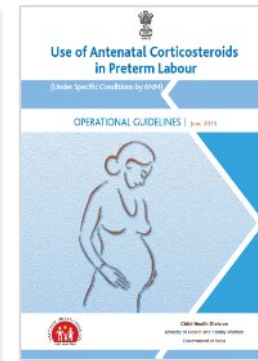
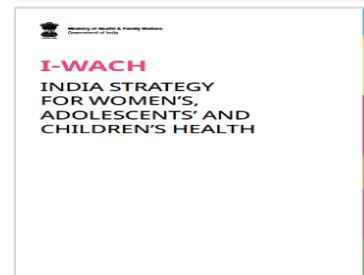
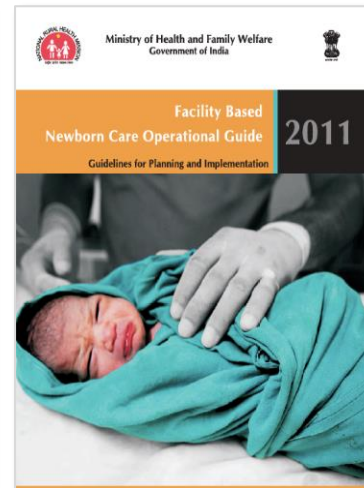


India (1990-2018)



India's performance-Higher Mortality Reduction

INDIA POLICY RICH



India New-born Action Plan (INAP)



Pre-conception
& Antenatal Care



Care
during
labour &
childbirth



Immediate
newborn
care



Care of
healthy
newborn



Care of
small &
sick
newborn



Care
beyond
survival

Across family and community level, outreach/Sub Centre level & at the facility

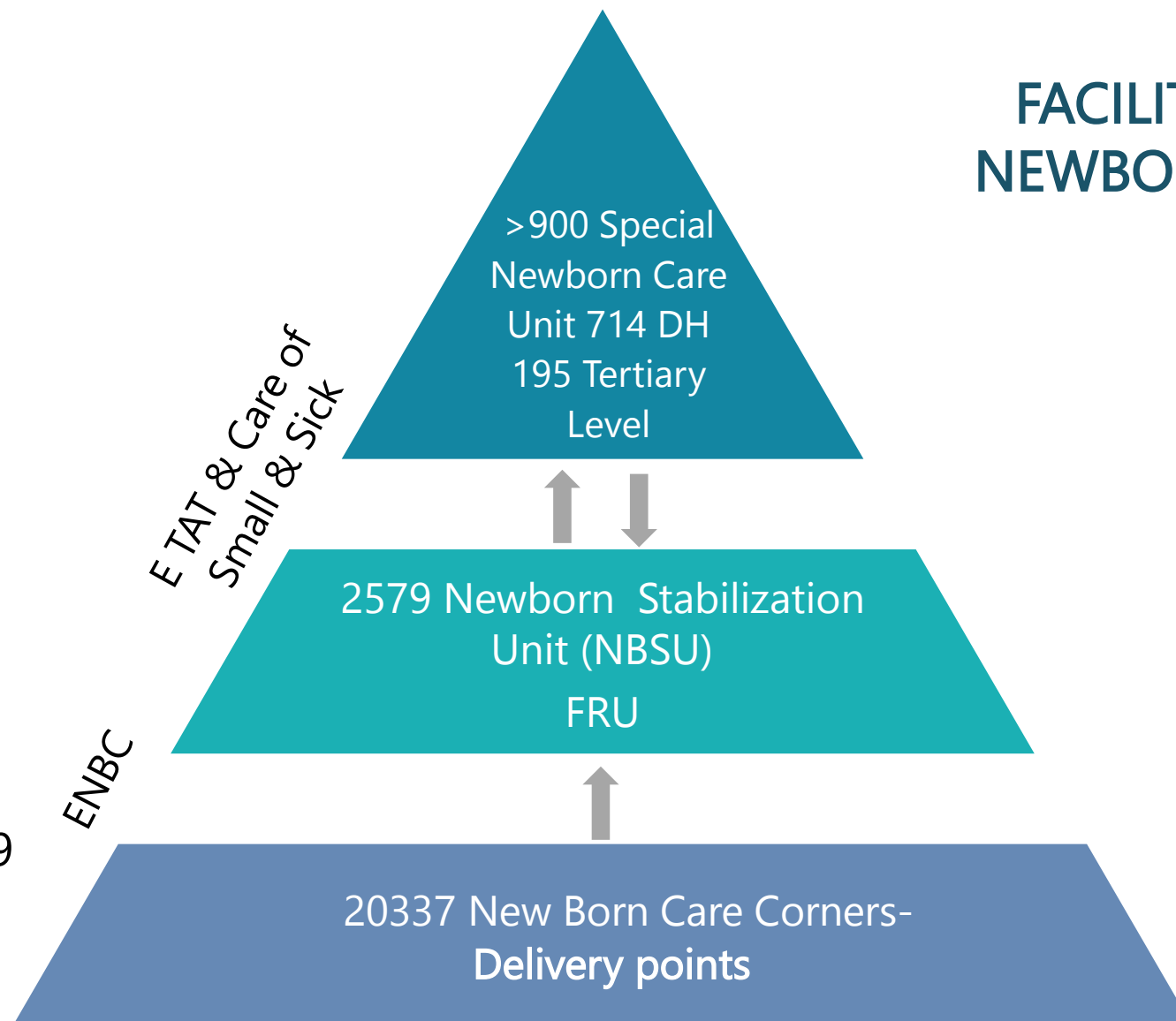
Committed to single digit Neonatal mortality rate and stillbirth rate

INFRASTRUCTURE & DATA RICH INDIA

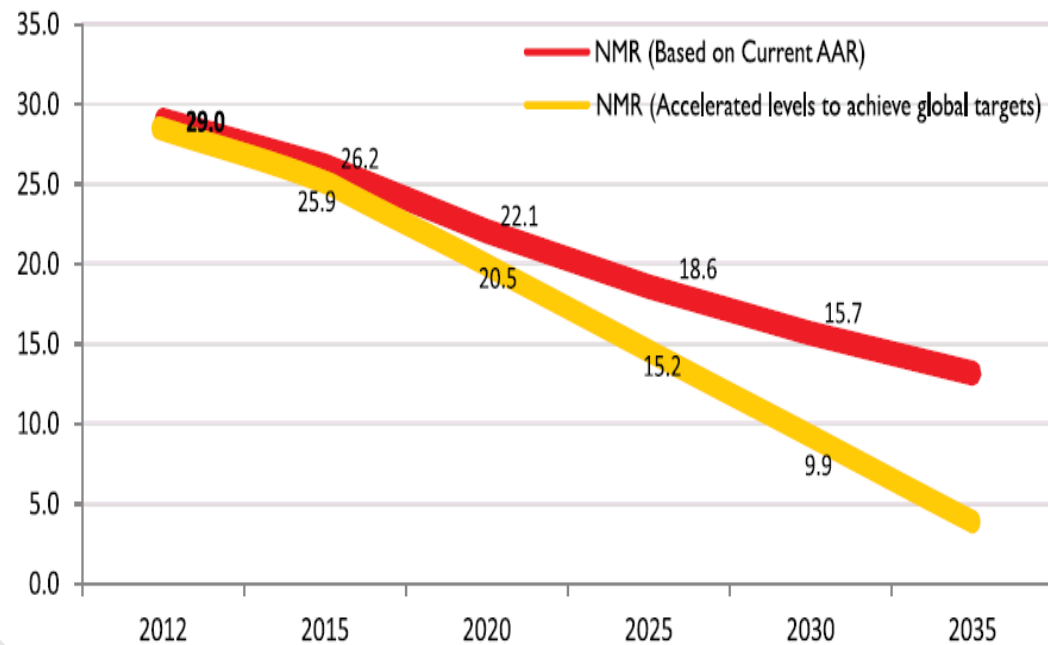


- 16000 Neonatal beds
- **10,000** trained providers & >3000 support staff
- >14 00000 Admissions-2019
- 90% SNCUs report online

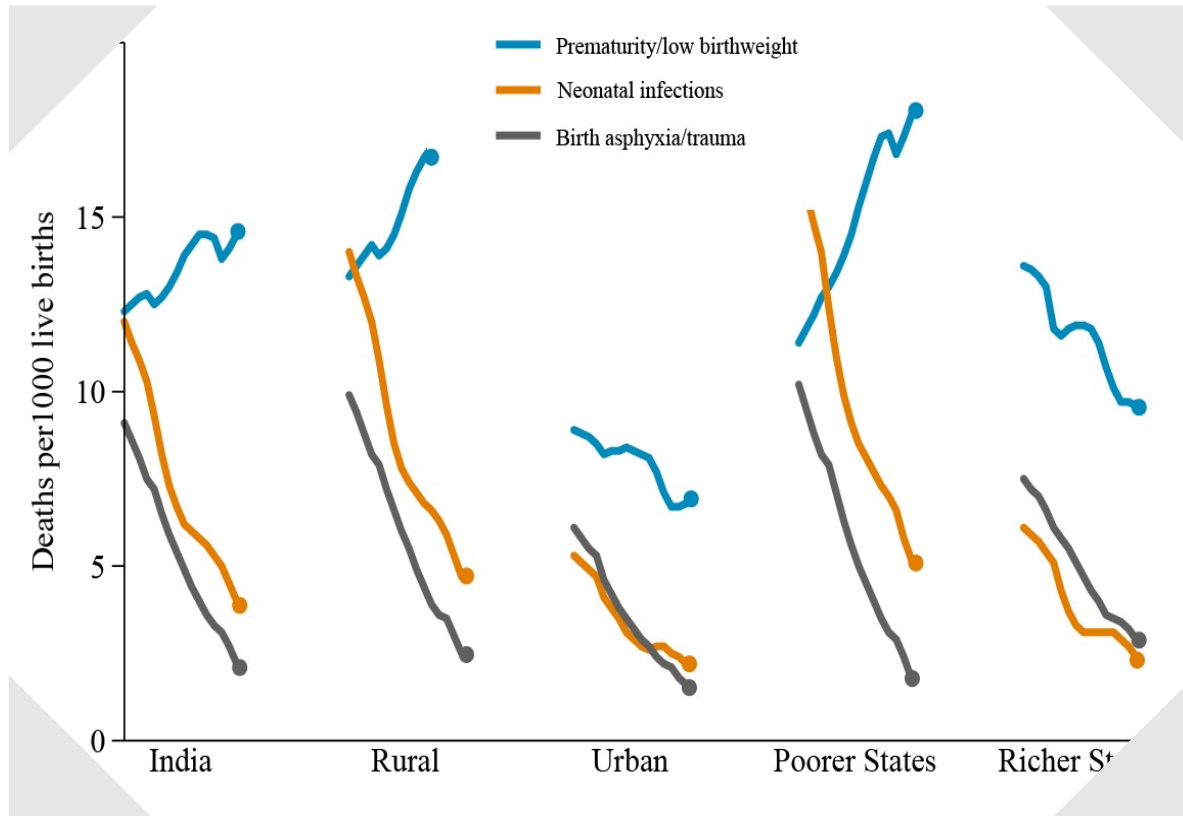
FACILITY BASED NEWBORN CARE.



NMR- Need to accelerate?



Focus on prematurity/low birth wt



In India; 3,520,000 babies are born too soon each year and 329,900 children under five die due to direct preterm complications

[India: Profile of Pre-term and Low Birth Weight Prevention and Care, USAID, 2019](#)

Source: Million Death Study Lancet. September 2017

RECENT GLOBAL RESPONSE!!

Where focus more?



Transforming care for
small and sick newborns
(2019)

What to do?



WHO Standards of care
for Small and Sick
newborns (2020)

What are Evidence based Interventions?

Intervention	Effect on Mortality
Kangaroo mother care for <2.0 kg babies	0.60 (0.39–0.93)
Corticosteroids for preterm labour	0.69 (0.58–0.81)
Antibiotics for preterm premature rupture of membrane	0.88 (0.80–0.97)
Continuous positive airway pressure for respiratory distress syndrome	0.52 (0.32–0.87)
Surfactant therapy for respiratory distress syndrom	0.68 (0.57–0.82)

The Vriddhi Program

Scaling up RMNCH+A Interventions 2014-21

328 million population
across 15 states

01

Enhance capacity of state and districts to provide quality RMNCH+A services

02

Support monitoring and **address bottlenecks** for RMNCH+A service delivery

Goal: Reduce Preventable Maternal & Child Mortality

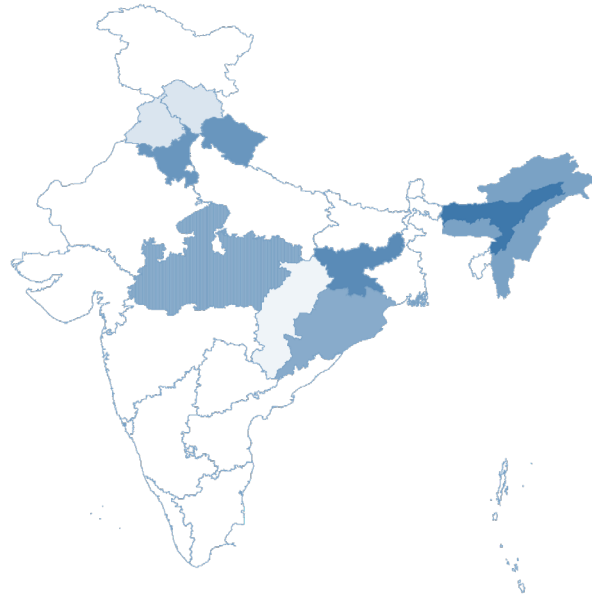
Strategy : Adopting a systems-based approach, leveraging resources and establishing partnerships

03

Involve **multiple stakeholders** in RMNCH+A service delivery

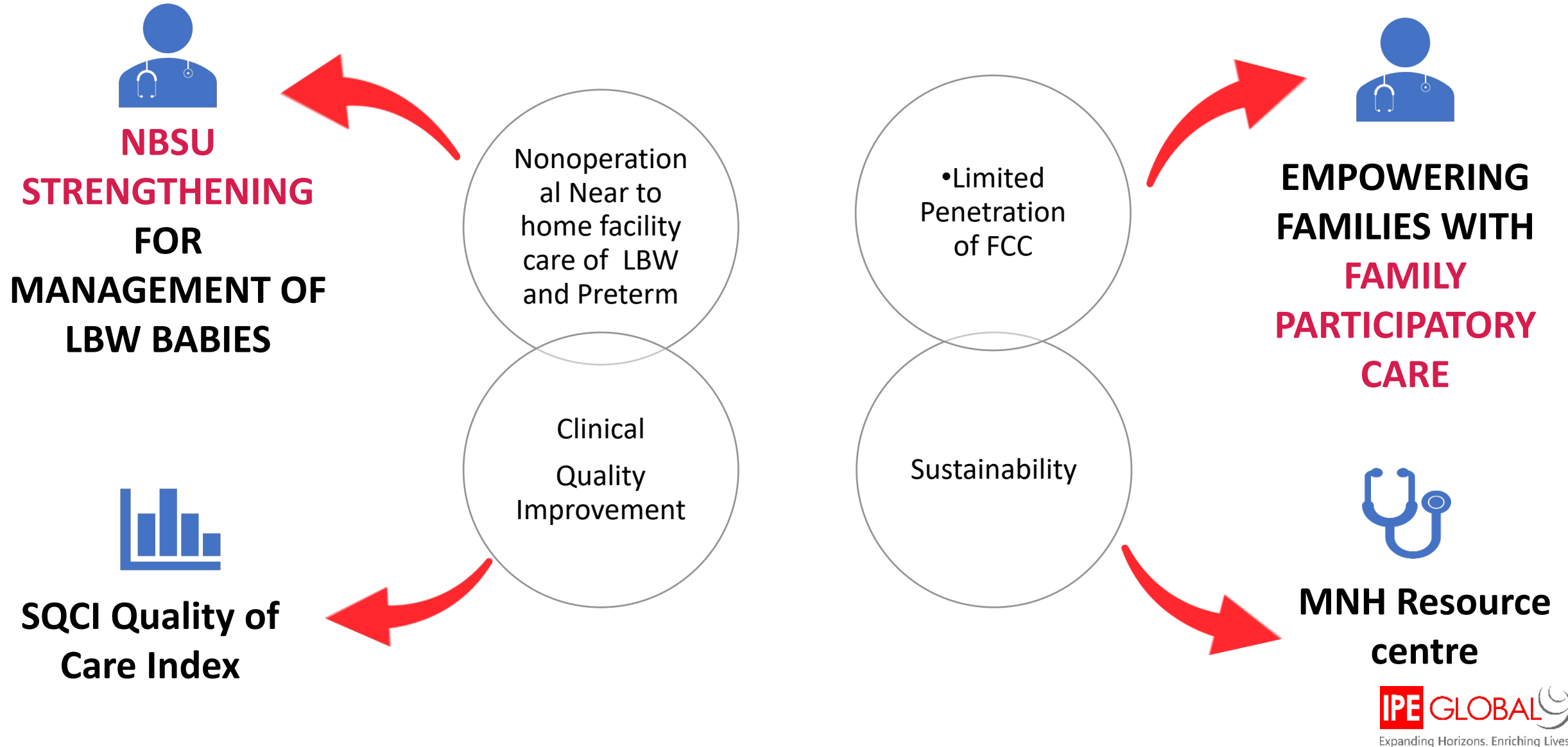
04

Demonstrate new models, learn from and support scaling up of RMNCH+A good practices



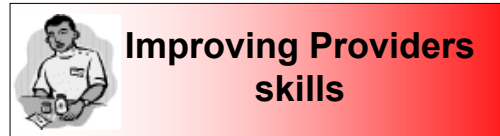
25 Aspirational District Reach	Population
Pregnant women	~ 8 M
Newborns	~ 7 M
Under 5-year children	~ 27 M

Nurturing Care Of Small & Sick Newborn Vriddhi USAID Implementation Model

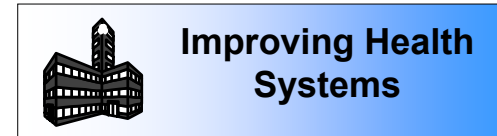


FPC Continuum of care Model

Health Personnel



Health System

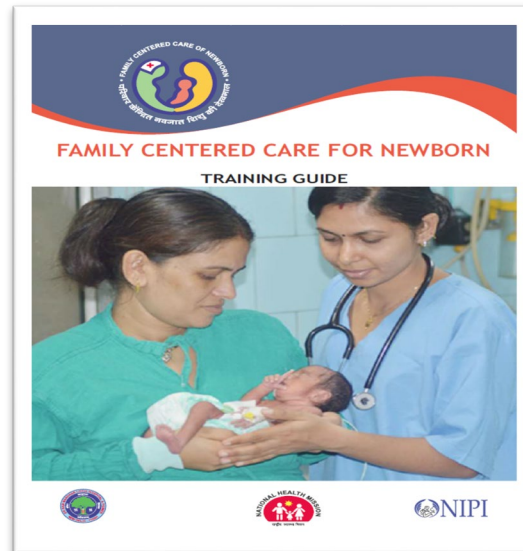


Facility & Community

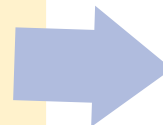


BACKGROUND

- High mortality in SNCU discharged - 6-10 %
- Low KMC at home (1-2%).
- Family anxiety and maternal stress



AV modules



Infrastructure design
(Chair, Locker, Hand Washing, Food etc.)



Practices
empower the family and
enable their participation in
the care of the baby

**Assessment, Advocacy, Design Change, Tools Development,
Skill Building, SS and Review**

Challenges Identified-6 States






2019

Assessment of Family Participatory Care Implementation status in Himachal Pradesh

Dr Harish Kumar
USAID Vriddhi Project
8/1/2019





HR

- **Shortage**, staff nurses to conduct FPC sessions.
- **Apprehensions** about **workload**/Too simple/**Nosocomial** Infection/When and **which** **babies**
- **Family hesitancy** to enter in SNCU.



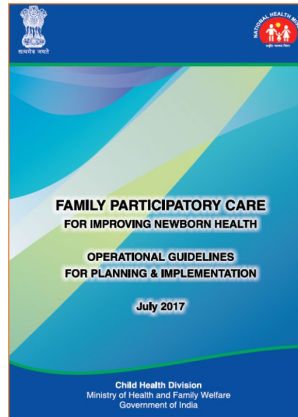
Infrastructure and Logistics

- **Space constraints.**
- Unavailability / lack of Lockers, sleepers, mask, soap, nail cutter and Food for mother,
- **Intimidating** environment
- Non availability of **recording and reporting** formats



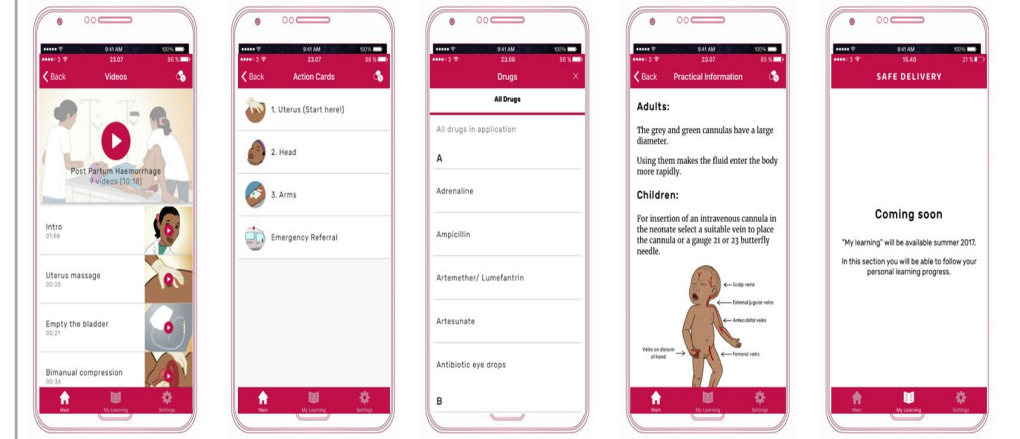
Program Management

- Not enough focus
- It may become a **routine video** only
- Lack of **technical guidance** how to start?
- Non availability of **earmarked funds** for FPC.
- **Session planning**



1 FPC Module

Videos Action cards Drug list Procedures My learning



Total Users – 23849 in 7 states



Session-1

- Sensitisation to FCC
- Preparation for entry into the Nursery
- Handwashing
- Gowning
- Familiarising with environment of Nursery

Session-1

Session-2

- Developmentally Supportive care
- Cleaning a soiled baby
- Breast feeding
- Expression of Breast Milk
- Paladai feeding/Katori feeding
- When to alert the provider?

Session-2

Session-3

कंगारू मातृ सुरक्षा
Kangaroo Mother Care

Session-3

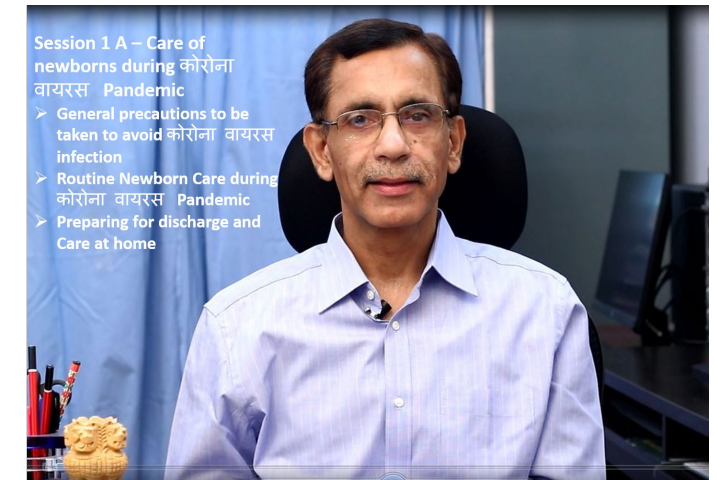
Session-4

- Preparation for Discharge & care at home
- Handwashing/ Prevention of infection/ hygiene
- Sponging/ cleaning
- Appropriate Clothing/ Thermal care
- Exclusive breast feeding & KMC
- Care of cord & eye
- Danger signs & seeking medical help
- Follow up & compliance with discharge instructions
- Immunisation

Session-4

Two additional video modules developed and rolled out with the FPC package during Covid

- Care of Newborns during COVID Pandemic
- Care at Home



Family Participatory Care-Progress



312 service providers trained in **30** facilities

30996 Sessions held (**83%** of Planned)
11506 Newborn <2 kg received support (**33%** of total)
26098 Care givers attended sessions (**74%** Out of Total Admissions)

Impact at Scale-Family Participatory Care

Units/Picture = 5 





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FPC improves KMC is known!!

RESEARCH PAPER

An Assessment of Implementation of Family Participatory Care in Special Newborn Care Units in Three States of India

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AJAY KHERA⁵

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Received: December 17, 2018; Initial review: May 20, 2019; Accepted: November 09, 2019.

Objective: To study special newborn care units (SNCUs) in terms of family participatory care (FPC) quality initiative as per Government of India guidelines in select public health facilities, and to document the perspectives of the doctors and mothers.

Design: Cross-sectional.

Settings: SNCUs with functional FPC units in the states of Odisha, Madhya Pradesh and Rajasthan.

Participants: 38 SNCUs; doctors and nurses in-charge of the unit; and two eligible mothers per unit, one inside the step-down unit and second outside the step-down unit whose newborns were admitted to special new-born care unit, having a stable baby weighing above 1500 g.

Intervention: The states implemented FPC as per Government of India guidelines using National Health Mission funds across special newborn care units. This assessment involved onsite observation and interviews of key providers.

Outcome: Proportion of facilities providing regular counselling sessions, enabling support to mothers, recording FPC information; perspectives of health providers on improvement of breastfeeding and kangaroo mother care; proportion of eligible mothers practicing FPC, exclusively breastfeeding, and providing kangaroo mother care services.

Results: Out of 38 SNCUs, we found that FPC sessions for mothers were happening in 36 (95%) facilities. SNCUs provided enabling support to mothers on FPC (74.2%), held regular sessions for the families (70.6%), nurses assisted mothers and family members for breastfeeding and kangaroo mother care (76.4%) and FPC information were recorded (70.6%).

Conclusions: The assessment of facilities where FPC was implemented showed that SNCUs were equipped to implement FPC in public health settings.

Keywords: Breastfeeding, Family centered care, Kangaroo mother care, Low birthweight neonates, Quality improvement.

Published online: January 02, 2021; PII: S097475591600270

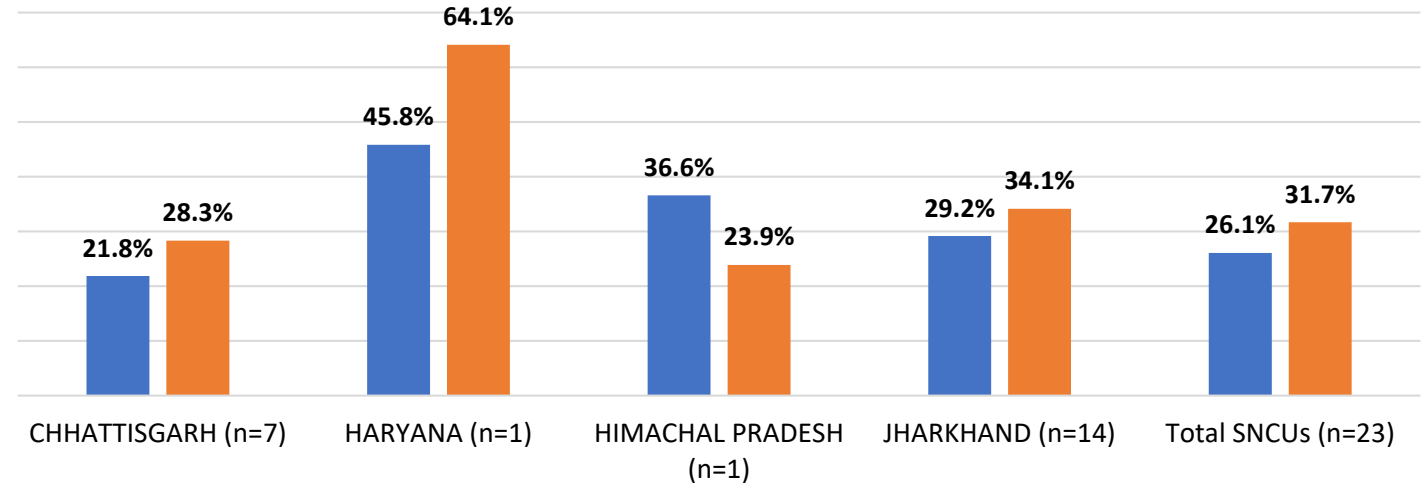
Assessed Score

Regularity Records	70.6
Br Feeding and KMC Support	76.4
Training Session Regularity	70.6
Enabling Support for mothers	74.2

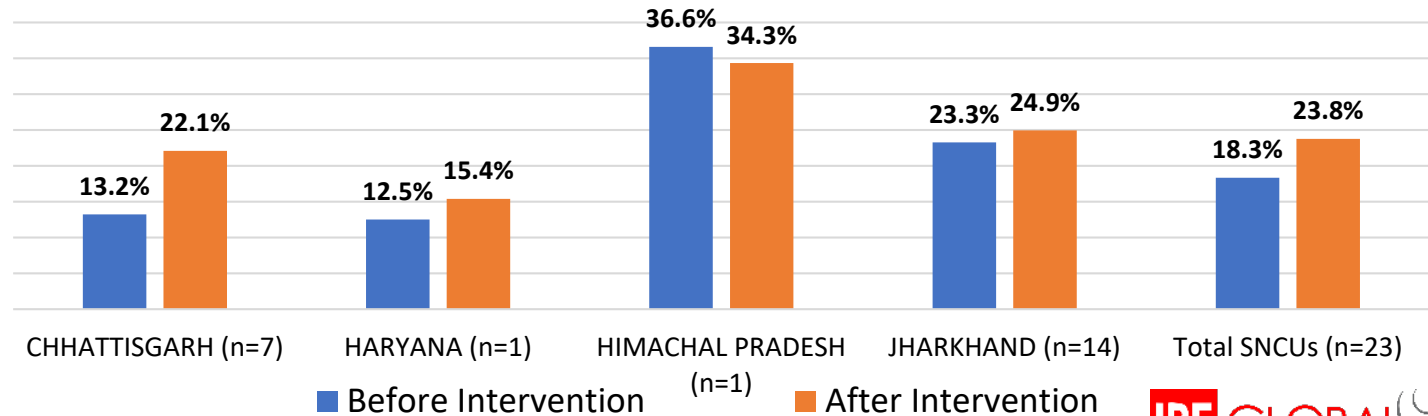
FPC Improves Follow Up



First Follow-up



Second Follow-up



■ Before Intervention

■ After Intervention

IMPLEMENTATION MODEL FOR NBSU

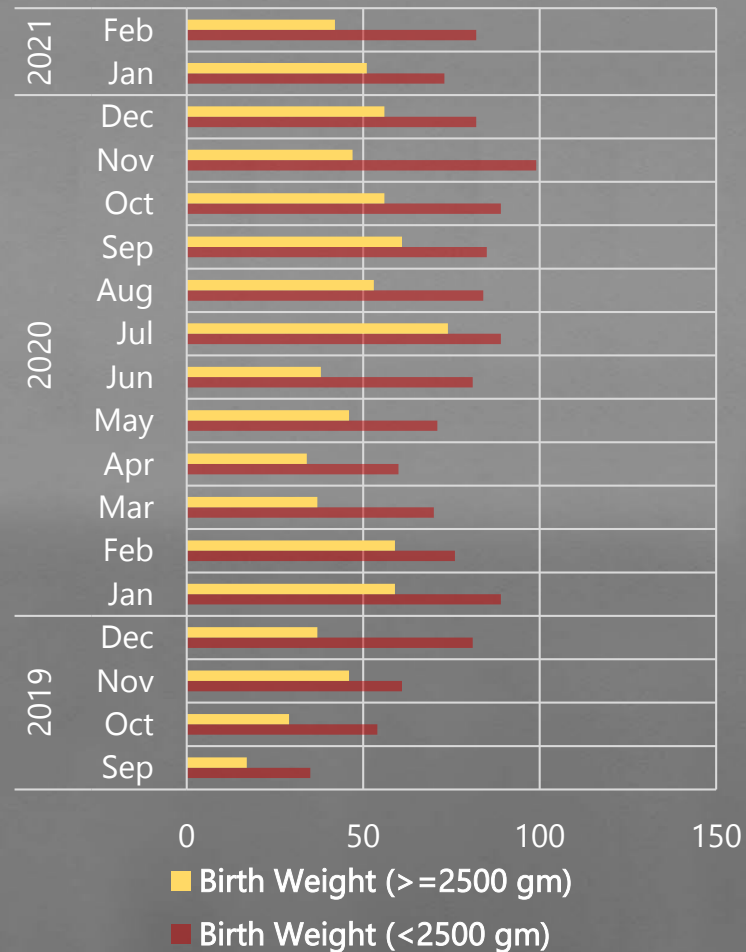


- Joint Gap analysis with states
- Advocacy for remedial actions
- States Supported HR and logistics
- Development of package and Capacity building by Vriddhi
- Strengthen data recording, reporting and regular reviews



Operationalized **15** NBSUs (Jharkhand-**5**, Uttarakhand-**4**, Punjab-**3**, Haryana-**3**) in **9** Aspirational Districts

Performance of 15 NBSU



76 service providers trained in **3** States, **2203** Babies admitted, **31%** LBW

Best Practices Model : NBSU Jagadhari, Haryana. India's first NBSU to implement FPC !!!



Mothers giving KMC for LBW babies



Video teaching session facilitated by staff nurse



Hand hygiene by mothers



Gowns with name label for mothers



Grooming kit – nail cutter, nail polish remover comb



Mothers inside NBSU providing routine care



Mother comforting baby – singing lori



Containment to calm baby

Alternate mode of capacity building through Partnerships – New Norm during Covid

eNSSK



1

Session 1 - NSSK (Navjaat Shishu Suraksha Karyakram)
NSSK known as Navjaat Shishu Suraksha Karyakram is a training module

2

Session 2 - NSSK (Navjaat Shishu Suraksha Karyakram)
NSSK known as Navjaat Shishu Suraksha Karyakram is a training module

3

Session 3 - NSSK (Navjaat Shishu Suraksha Karyakram)
NSSK known as Navjaat Shishu Suraksha Karyakram is a training module

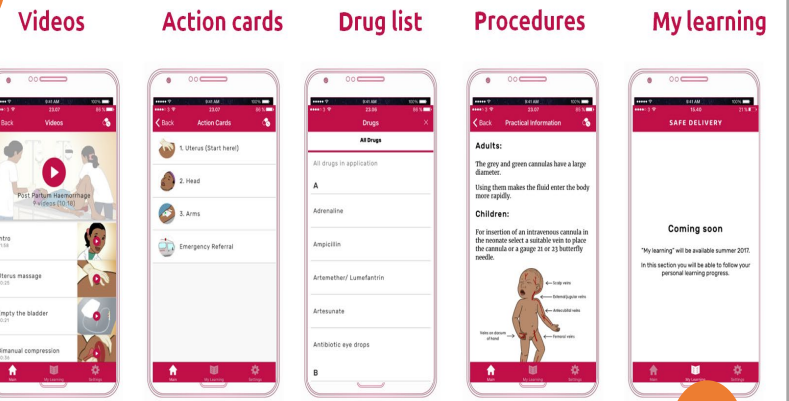
Session 1 https://sphere.aastrika.org/app/toc/lex_auth_013129658843783168108/overview
Session 2 https://sphere.aastrika.org/app/toc/lex_auth_013148868054581248162/overview
Session 3 https://sphere.aastrika.org/app/toc/lex_auth_013148875820916736164/overview

eNBSU



1

FPC Module



2

ETAT

Total Users – **23849** in **7** states

SQCI Composite Index with 7 indices

Model demonstrated in 25 SNCUs – fully transitioned to state governments

Index

Low Birth Weight Admission

Rational Admission

Optimal Bed Utilisation

Inborn Birth Asphyxia

Rational use of antibiotics

Low Birth Weight Survival

Mortality in normal weight babies

Performance grading

Good

Satisfactory

Unsatisfactory

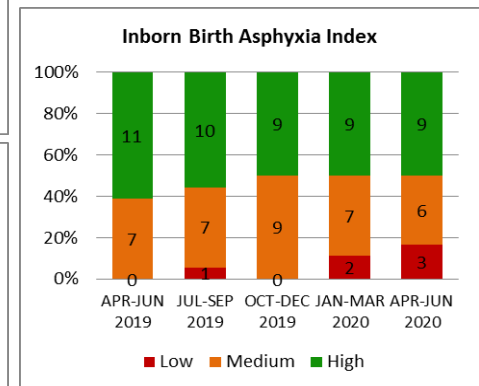
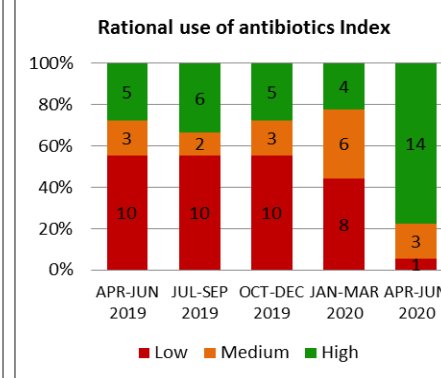
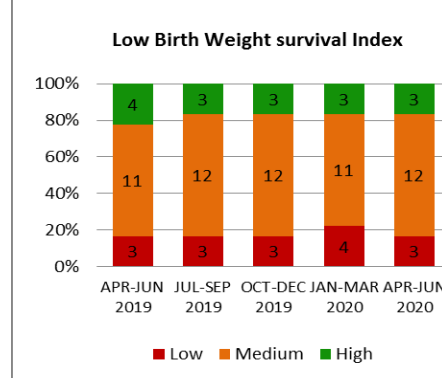
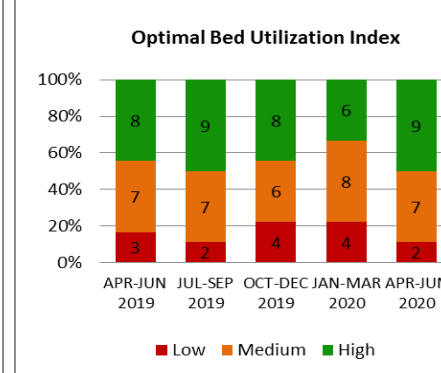
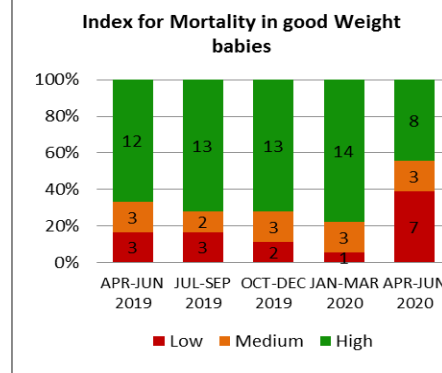
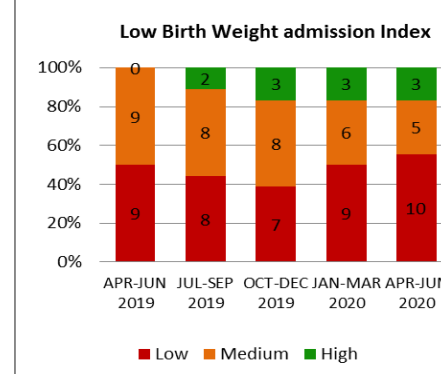
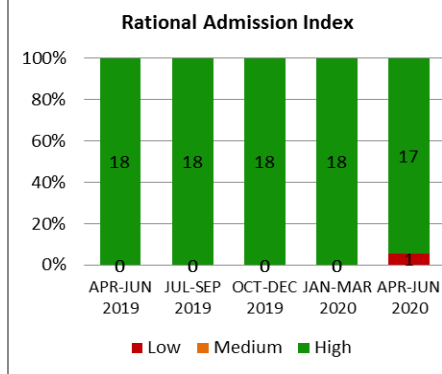
Range

0.71 – 1.0

0.4 – 0.7

<0.4

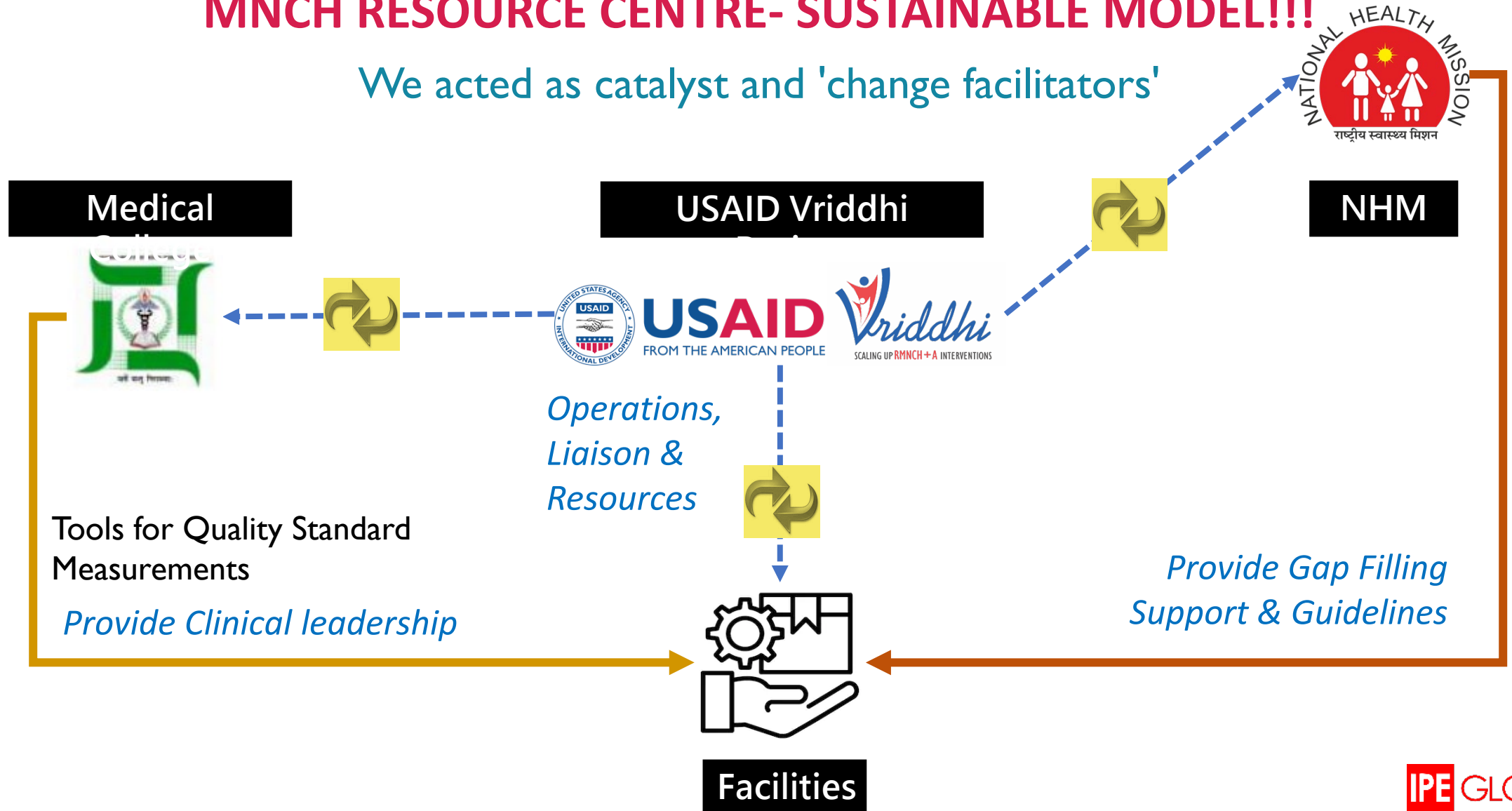
States	SNCU (19)	APR-JUN 2019	JUL-SEP 2019	OCT-DEC 2019	JAN-MAR 2020	APR-JUN 2020
Haryana	SNCU GH Mewat	0.66	0.52	0.59	0.66	0.66
	SNCU RH Chamba	0.65	0.50	0.60	0.53	0.44
Jharkhand	SNCU DH Bokaro	0.54	0.52	0.58	0.50	0.71
	SNCU DH Dumka	0.50	0.54	0.51	0.46	0.57
	SNCU CHC Ghatshila	0.57	0.57	0.25	0.54	0.77
	SNCU DH Godda	0.63	0.68	0.60	0.28	0.67
	SNCU DH Giridih	0.51	0.46	0.52	0.45	0.63
	SNCU DH Gumla	0.48	0.47	0.64	0.71	0.73
	SNCU DH Hazaribagh	0.53	0.56	0.64	0.58	0.60
	SNCU DH Latehar	0.32	0.62	0.52	0.56	0.56
	SNCU DH Pakur	0.59	0.26	0.71	0.69	0.73
	SNCU DH Sahibganj	0.62	0.65	0.67	0.58	data unavailable*
	SNCU DH Simdega	0.69	0.65	0.54	0.68	0.53
	SNCU DH West Singhbhum	0.58	0.33	0.68	0.63	0.56
	SNCU CH Firozpur	0.58	0.54	0.59	0.57	0.62
	SNCU CH Moga	0.65	0.72	0.69	0.71	0.72
	SNCU DH Haridwar	0.68	0.76	0.76	0.77	0.71



Gains -
Antimicrobial
Use, Normal and
LBW Babies
survival, Bed
Occupancy and
rational
admissions

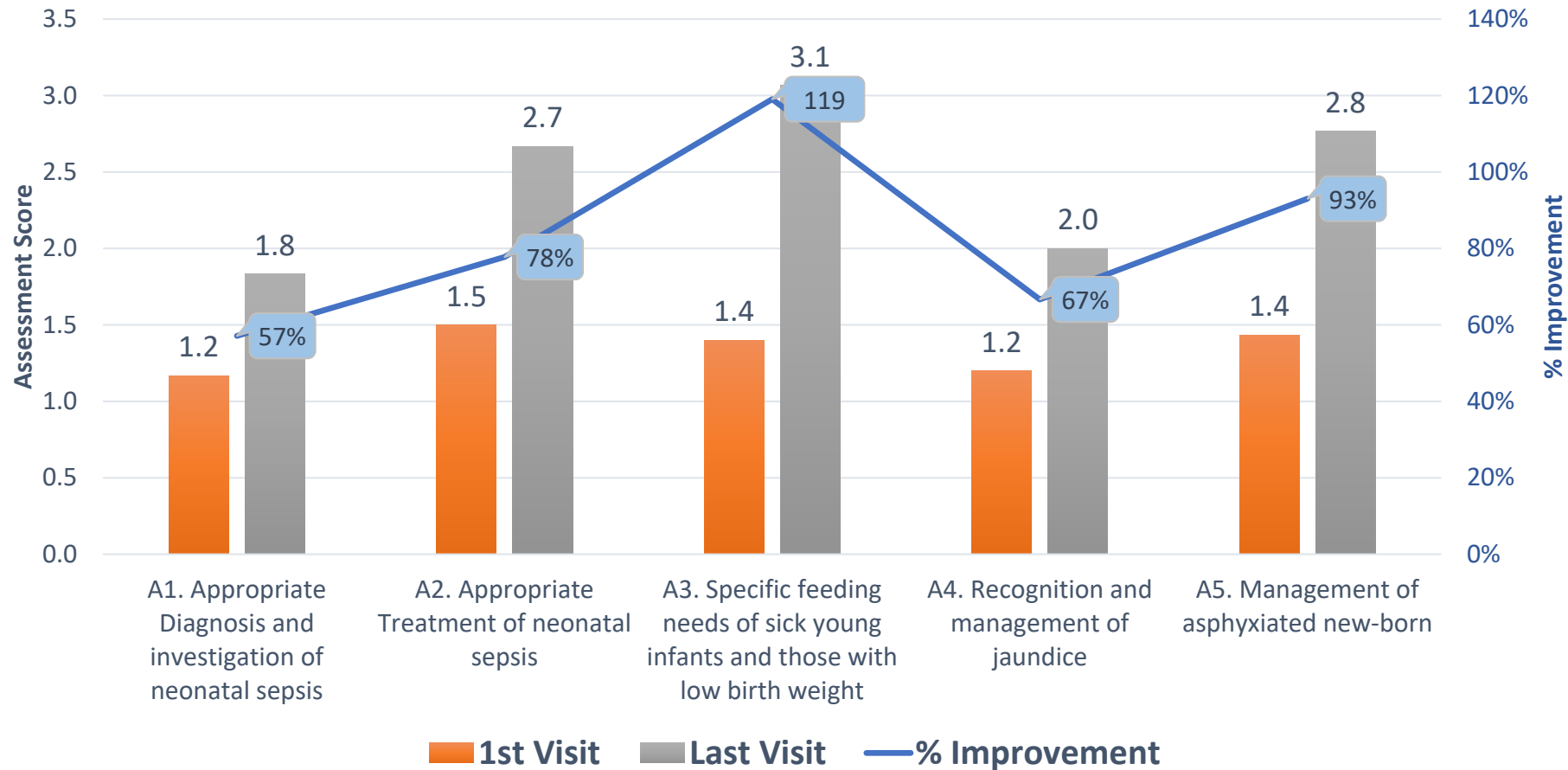
MINCH RESOURCE CENTRE- SUSTAINABLE MODEL!!!

We acted as catalyst and 'change facilitators'



Resource Centre Support improved Quality of new-born care

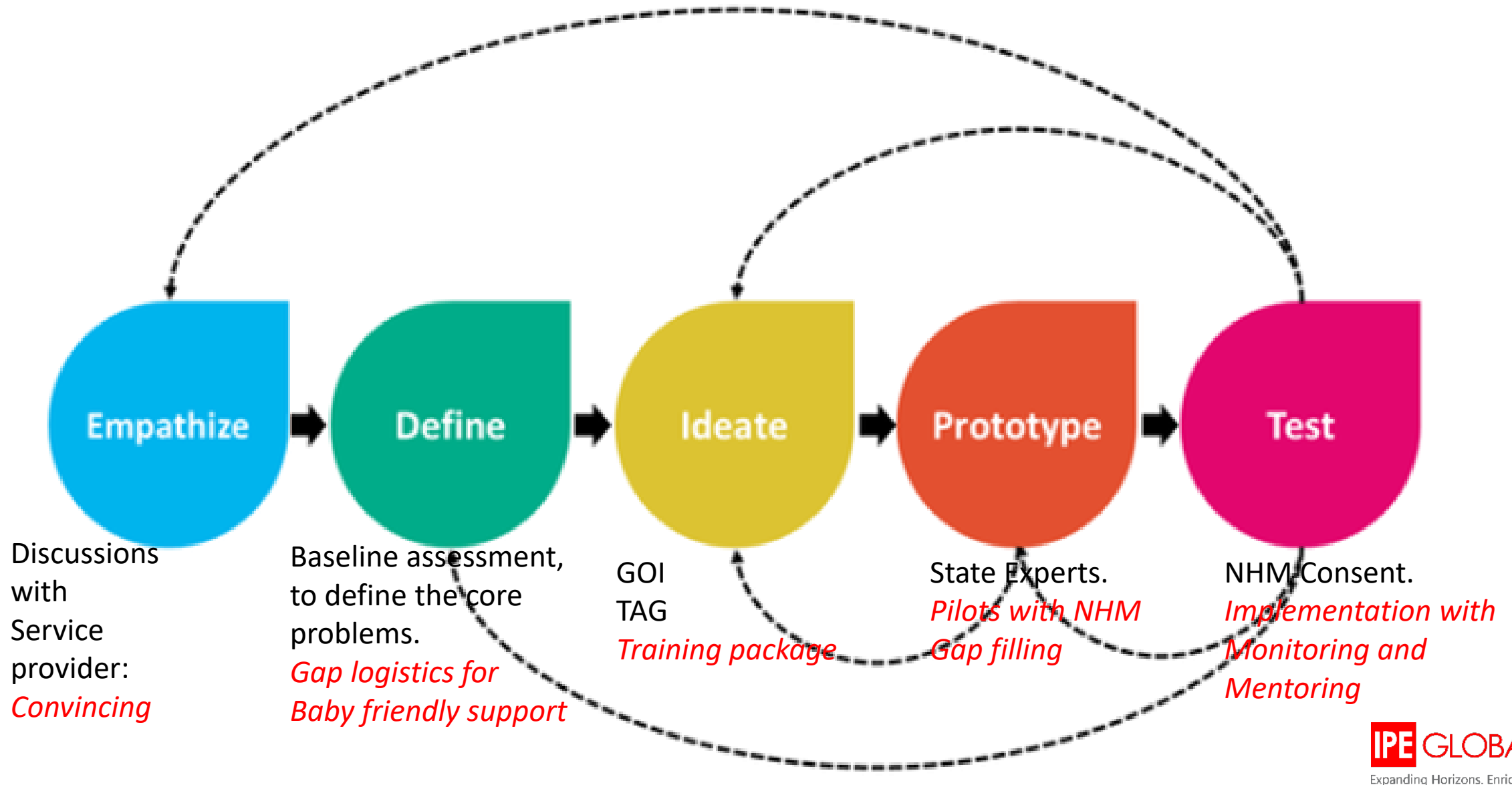
Average assessment score of 3 district hospitals (Jharkhand*)



5: being good practice complying with standards of care
4: little need for improvement to reach standard of care
3: some need for improvement to reach standards of care
2: considerable need for improvement to reach standards of care
1: services not provided, totally **inadequate care** or potentially life-threatening practices.

**District hospitals of Palamu, Giridih, Latehar of Jharkhand State*

Human Centered-Design Thinking Approach enabled our success!!



Key To Success!!!



01

Learning Management System Data for Action

- Empower Others, Enable Them-and Cultivate a Movement
- e-Platforms



02

Ideate, Prototype, Test-Measure, Measure, Measure



03

Responsive Solutions


- Design Principles to Grab Attention

We acted as catalyst and 'change facilitators'

Journal of Tropical Pediatrics, 2021, 00, 1-11
doi: 10.1093/tropej/fmab005
Original paper

OXFORD

Addressing Quality of Care in Pediatric Units using a Digital Tool: Implementation Experience from 18 SNCU of India

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ABSTRACT

Lack of quality care is associated with newborn mortality and stillbirth. India launched the Special newborn care unit (SNCU) Quality of Care Index (SQCI) for measuring quality indicators in SNCU. The USAID Vridddhi project provided support to the use of SQCI in 19 SNCU across aspirational districts of Jharkhand, Uttarakhand, Himachal Pradesh, Punjab and Haryana. The objective was to provide holistic support to quality care processes by generating analyzed quarterly reports for action with the goal toward sustainability by capacitating SNCU personnel and program officers to use SQCI, over a 1 period from April 2019 to June 2020. The composite index has seven indicators and converts them into indices, each having a range from 0.1 to 1, to measure performance of SNCU. 7 of the 18 SNCU improved their composite scores from the first to the last quarter. Rational use of antibiotics showed improvement in 12 SNCU. Survival in newborns >2500g and <2500, low birth weight admission and optimal bed utilization had the most variations between and within facilities. Based on quarterly data analysis, all facilities introduced KMC, 10 facilities improved equipment and drug supply, 9 facilities launched in-house capacity building to improve asphyxia management. The SQCI implementation helped to show a process of using SQCI data for identifying bottlenecks and addressing quality concerns. The project has transitioned to complete responsibility of SQCI usage by the district and facility teams. Use of an existing mechanism of quality monitoring without any major external support makes the SQCI usable and doable.

KEYWORDS: quality of care, quality improvement, inpatient newborn care, India, digital tool

Our solutions gave results which can be replicated!!!!

Impact at Scale

37487 Mother Baby
Dyad Benefitted
100,000 more in 75
Facilities



'Policy to 'Action

- NBSU training Package
- 60 SNCU-FPC
- 15 NBSU
- SQCI-Resource centre models



Win-Win Partnership

- National and State Government
- Health Institutions
- Professional Associations
- Health Providers
- Academic & Research Institutions



Problem Solving Approach

- Advocacy and convincing
- Convergence with social determinants



Government Systems Appreciation

- Best Practices model of Haryana
- States Special Requests



Catalytic and Agile

- Leveraged resources




Rajni & her small twins survive amidst covid pandemic...

Twin babies of Rajni at district hospital, Janjgir Champa, Chhattisgarh weighing 930 grams and 1020 grams respectively received Family Participatory Care (FPC)

Mother, Rajni shares “Initially we were very scared and didn’t knew what to do, but the supportive care and courteous behaviors of SNCU staffs helped us in taking care of our babies in the SNCU. The FPC sessions helped us in understanding KMC, Breastfeeding and protect them from infections through Handwashing. Being involved in taking care of the babies gave me confidence as well as satisfaction.”



When last contacted at 57 days Both the babies weighed 1480 grams and 1430 grams respectively at the time of discharge.



Let's Not only plant
trees but also
nurture them well
!!!

Thank You

PSBI Management Implementation in Ethiopia

**Dr. Meseret Zelalem; Director of the Reproductive,
Maternal, Newborn, Child and Adolescent Health and
Nutrition Directorate; Ministry of Health Ethiopia**

**Dr. Yunis Mussema Deputy Lead, Family Health Team,
USAID Ethiopia**

10 May 2021



Federal Democratic
Republic of Ethiopia
Ministry of Health

Reproductive, Maternal and
Child Health Directorate

Outline

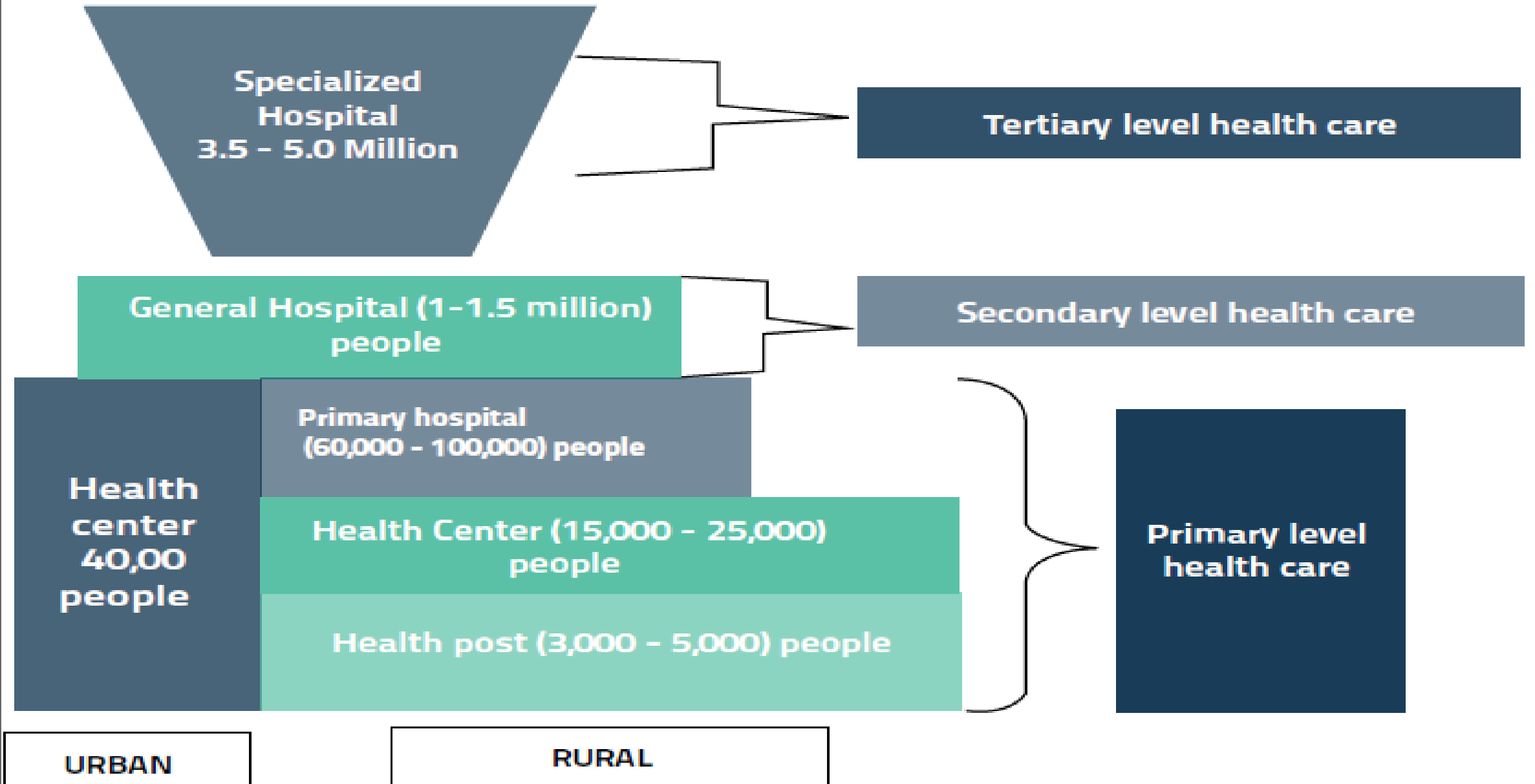
- Ethiopian Health System
- Overall Gap in Newborn Health before implementation
- Policy Context: Evidence (global and local)
- Overview of outpatient PSBI management
- CBNC evaluation and documentation
- Successes and areas of improvement
- Challenges and lessons learned
- Way forward

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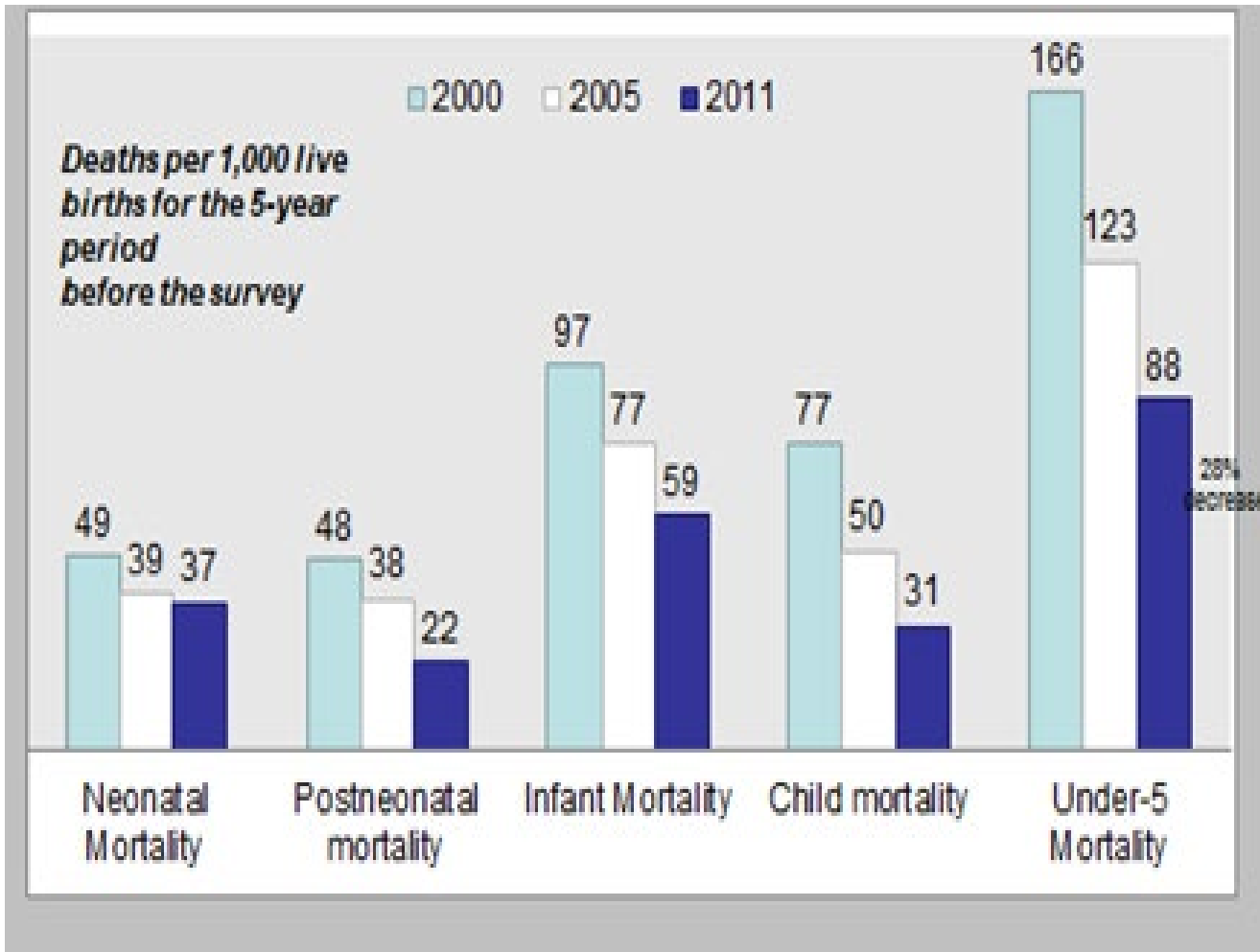
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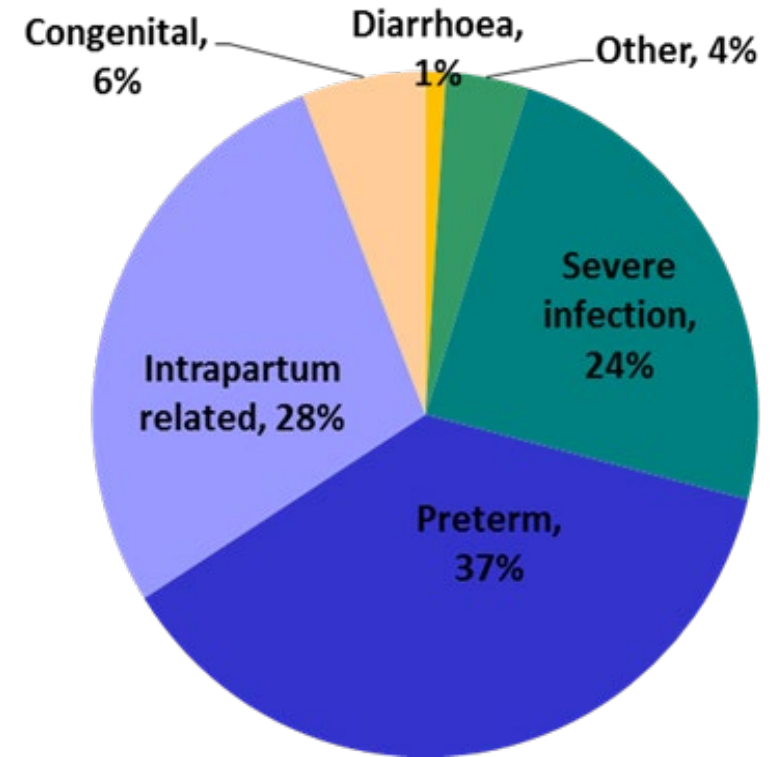
Ethiopian Health Tier System



Overall Gap in Newborn Health: before implementation



EDHS 2011: newborn mortality rate (NMR); neonatal mortality accounting for 42% of the under 5 mortality



The most vulnerable time for both the mother and newborn is during birth and in the hours and days immediately after childbirth. It is estimated that 25% to 45% of all neonatal deaths occur in the first 24 hours,

Cont'd...

- U5MR, IMR and post-neonatal mortality rates reduced significantly
 - overall social economic development
 - improved basic health service coverage in the rural areas, largely due to the successful HEP and the expansion of health centres
- Lack of progress in NMR reduction explained by:
 - high proportion of births taking place at home
 - low availability of newborn care and poor care seeking practices
 - only 7% of all mothers received a postnatal visit within the first two days (EDHS, 2011).
 - child survival programs, such as iCCM, (IMNCI), new vaccines, and complementary feeding programs tend to expand and impact post-neonatal children, more than they do neonates.



Policy context: Evidence, global and local

- Lancet Series: High coverage of a few key interventions will prevent 15% to 32% of neonatal deaths;
 - hygienic cord care, thermal care, early and exclusive breastfeeding, community-based care for low birth weight and care seeking for illness
 - strengthening the continuum of maternal, newborn and child care including ANC, PNC for the mother and the newborn.
- All the MOH Strategic Plans (HSDP IV, HSTP I and II) put maternal and newborn health as one of the top priorities.
- National Strategy for Newborn and Child Survival in Ethiopia (2016-2020) in 2015 defines various integrated, high-impact intervention packages for community and facility level implementation.



Policy context: Evidence, global and local

Significant investment was made on infrastructure and human resource development

- 2004: Health Extension Program (HEP) expanded community health services and actively engaged community volunteers to reach most communities and households.
- 2011: Women Development Army (WDA) strategy introduced to further strengthen the HEP, and participation of individuals, families, and communities.
 - Women development groups support health extension workers (HEW) to promote key messages related to skilled maternal and newborn health care through social events (coffee ceremonies, using peers during marketing, etc).
 - Identify pregnant women and births in their communities and link them to HEWs for early antenatal care (ANC) and postnatal care (PNC).



Policy context: Evidence, global and local

- Prior to iCCM, HEWs provided preventive and promotive care and treated severe acute malnutrition, malaria and diarrhea.
- 2010: community-based management of pneumonia included in HEP, providing treatment services for child pneumonia, diarrhea, malaria and severe acute malnutrition at the community level.
 - Ethiopia documented iCCM implemented at scale
 - community-based HEWs are capable of correctly managing multiple illnesses.
 - improving use of iCCM services is critical to affect child mortality.

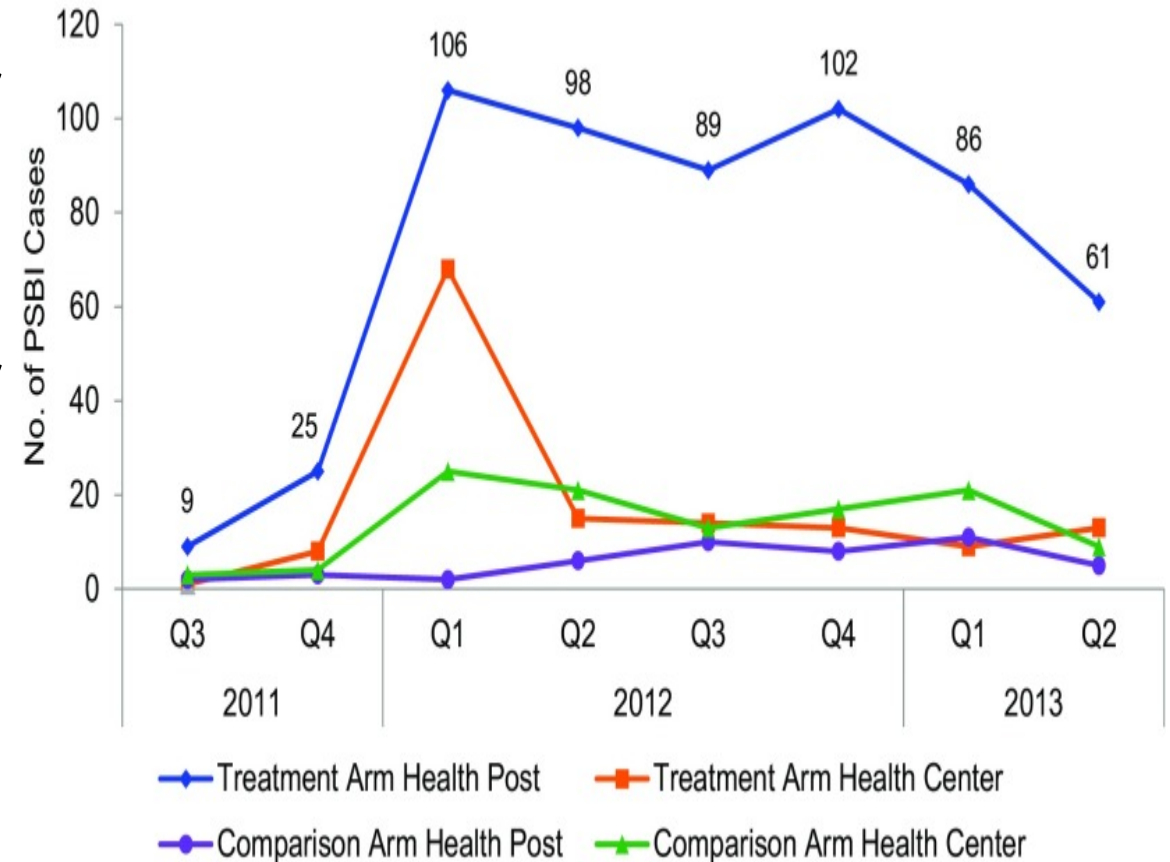
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Policy context: Evidence, global and local

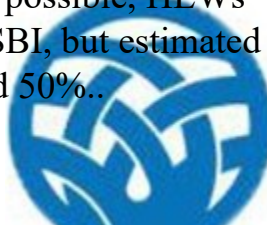
- Community-based packages with CHW managing neonatal sepsis reduced NMR by 34% to 62% in studies in India and Bangladesh.
- Feasibility study in Nepal: community health volunteers could be trained to recognize danger signs of severe newborn infection and initiate treatment and referral to health posts (HP) and/or health centres (HC) for injectable antibiotics.



COMBINE result: When referral to higher levels of care is not possible, HEWs can deliver outpatient antibiotic treatment of newborns with PSBI, but estimated treatment coverage in a rural Ethiopian setting was only around 50%..

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Overview of PSBI management implementation

- Program goal(s) and objectives
 - To contribute to the reduction of NNM and morbidity
 - strengthen primary health care units and HEP to deliver quality MNCH services, with efficient and effective linkages between HC and HP
 - To reduce newborn and young infant mortality due to PSBI or VSD
- Geographic areas covered _ National
- Main activities
 - Advocacy and sensitization
 - Training (capacity building)
 - post-training follow up, performance review clinical mentoring meeting (PRCMM)
 - Supply and commodities (Gentamicin, Amox., registers, chart booklet, etc...) with short term, medium and long terms plans
 - Demand creation
- Number of young infants reached_ 3 million newborns



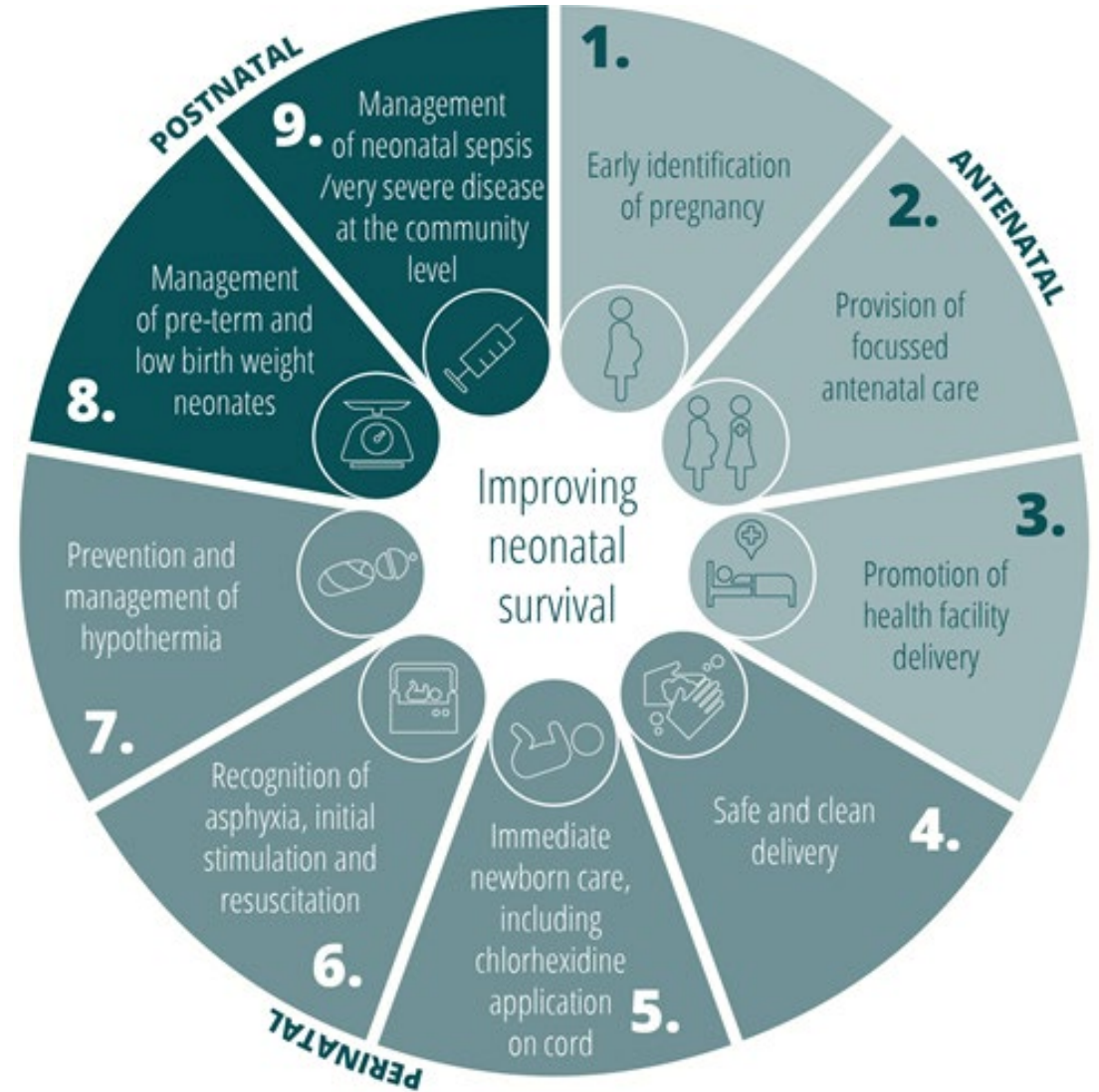
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CBNC Program

- Comprehensive approach to integrating newborn care within the existing maternal and newborn care strategies through the “Four Cs Model”:
 - (1) prenatal and postnatal **Contact** with the mother and newborn;
 - (2) **Case-identification** of newborn with signs of possible severe bacterial infection;
 - (3) **Care**, or treatment that is appropriate and initiated as early as possible;
 - (4) **Completion** of a full seven days course of appropriate antibiotics

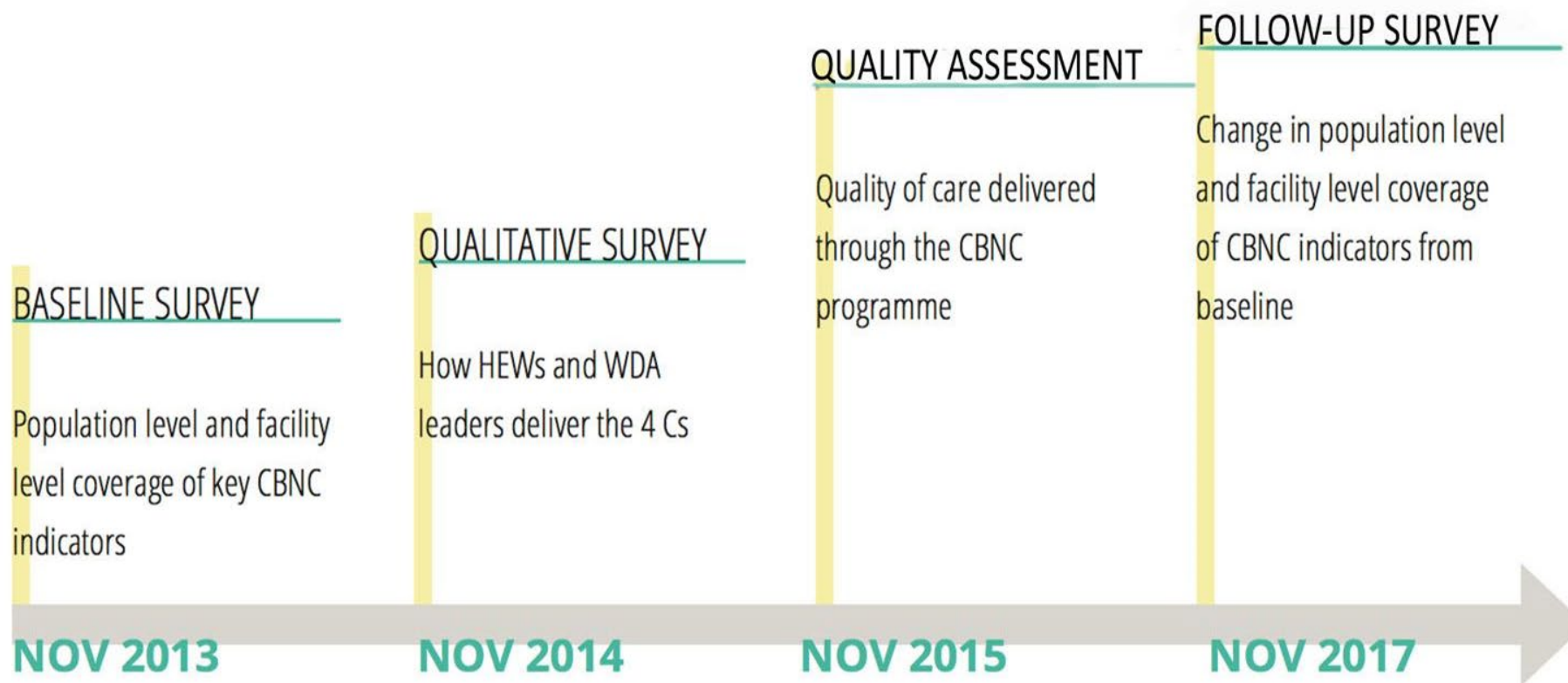


Barriers for implementation

- getting buy in from clinicians: Policy briefs and technical deliberations through professional societies
- lack of data from routine sources: Parallel system for monitoring while advocating for inclusion in HMIS; several operations studies
- lack and delay of supply route for critical commodities: parallel system for supply forecasting, procurement and distribution while advocating for inclusion in LMIS
- community barriers: several context based community engagement approach by partners, national and regional community sensitization, Newborn health month

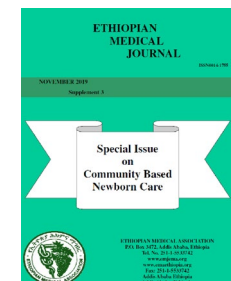
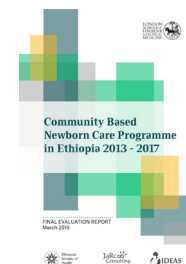


CBNC Evaluation and documentation



Lessons learnt
(Special issue)

November 2019

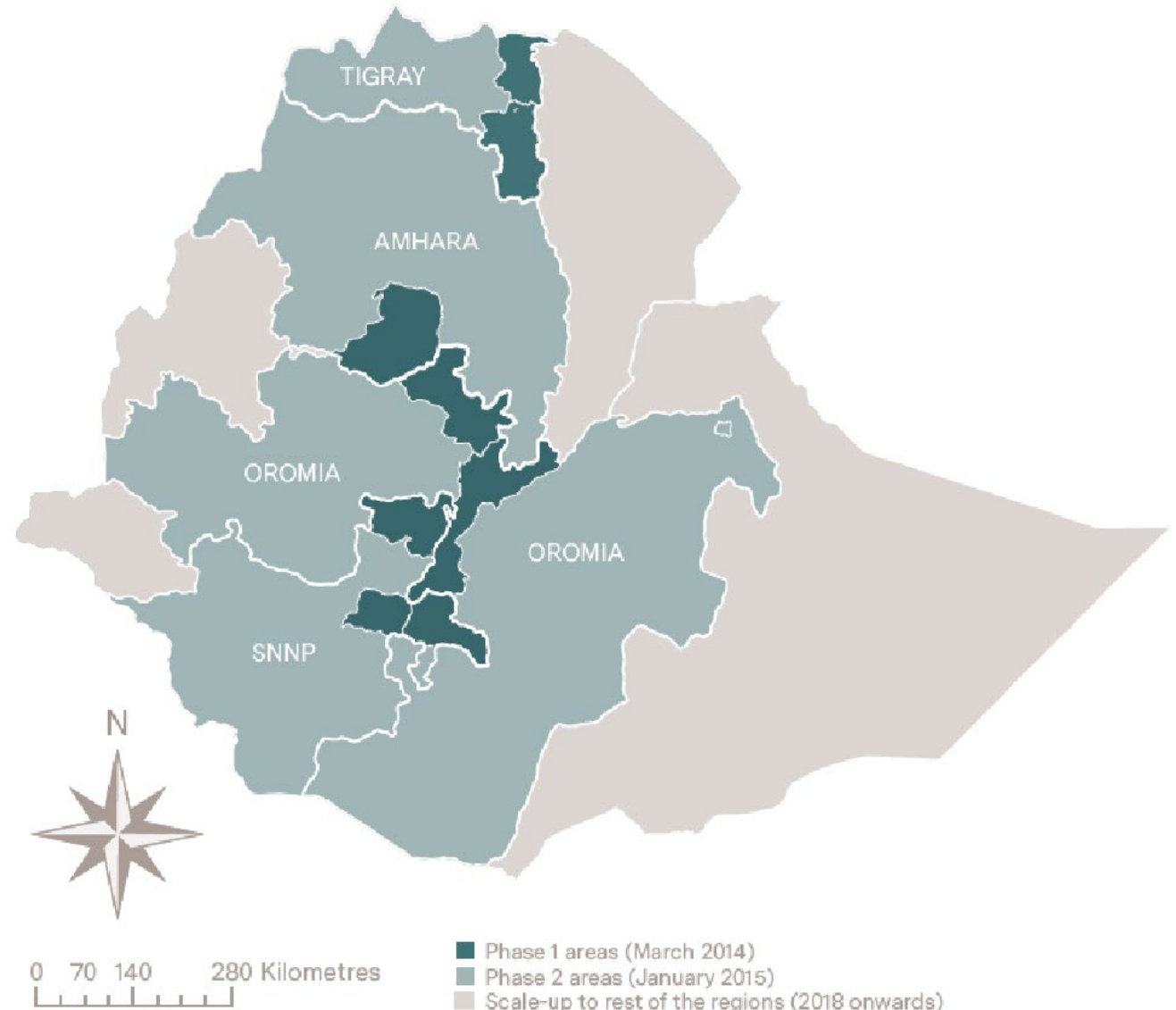


Phased Scale up:

Start with zones with

- 1) Strong HEP implementation,
- 2) functioning WDAs,
- 3) functioning linkages with PHCU and HMIS,
- 4) Strong iCCM implementation

- UNICEF, USAID, SC, JSI, IFHP, Emory, CIFF ...



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Table 1: Components of newborn care at the community and facility level

Community based newborn care	Facility based newborn care
Early identification of pregnancy at the community level	Provision of FANC including laboratory tests
Provision of Focused Antenatal Care (FANC) at Health Posts	Skilled attendance at birth
Promotion of institutional delivery	Provision of immediate and essential newborn care, including cord care and application of Chlorhexidine
Provision of immediate and essential newborn care, including cord care and application of Chlorhexidine	Recognition of asphyxia, initial stimulation and resuscitation using bag and mask
Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	Management of pre-term and/or low-birth weight neonates, including use of corticosteroids and KMC
Management of pre-term and/or low-birth weight neonates and promotion of Kangaroo Mother Care (KMC)	Management of PSBI, including in-patient care
Management of Possible Serious Bacterial Infection (PSBI) when referral is not possible	Early postnatal care
Early postnatal home visits, counseling and identification and care for sick neonates	Integrated Management of Neonatal and Childhood Illnesses (IMNCI)
	Neonatal intensive care at hospitals

Platform being used to bring PSBI stakeholders together

- ✓Newborn and child health TWG: Implement
- ✓Review meeting
- ✓Experience sharing forums
- ✓RMNCH coordination platform
- ✓Via email
- ✓Joint program visit (program based visits)
- ✓RAC (Research advisory committee) meetings

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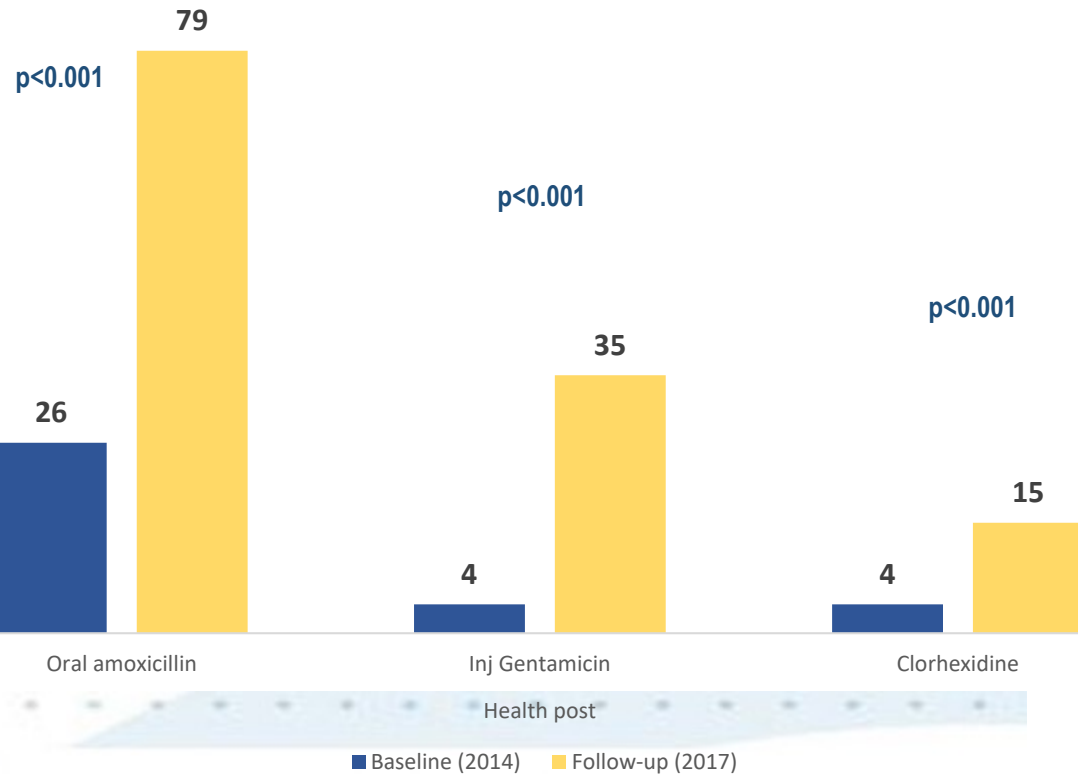
Health systems strengthening strategies applied to support management of PSBI

- OHEP (optimization of health extension program in general)
- OHEP (demand creation for ICCM)
- Community empowerment through Community Action Cycle (CAC)
- Strengthening public health system ownership (Gov- lead)
- Child health commodity integration in to IPLS
- Strengthening the M & E system (Inclusion of child health indicator in routine HMIS & e-CHIS)
- Several operational and implementation researches

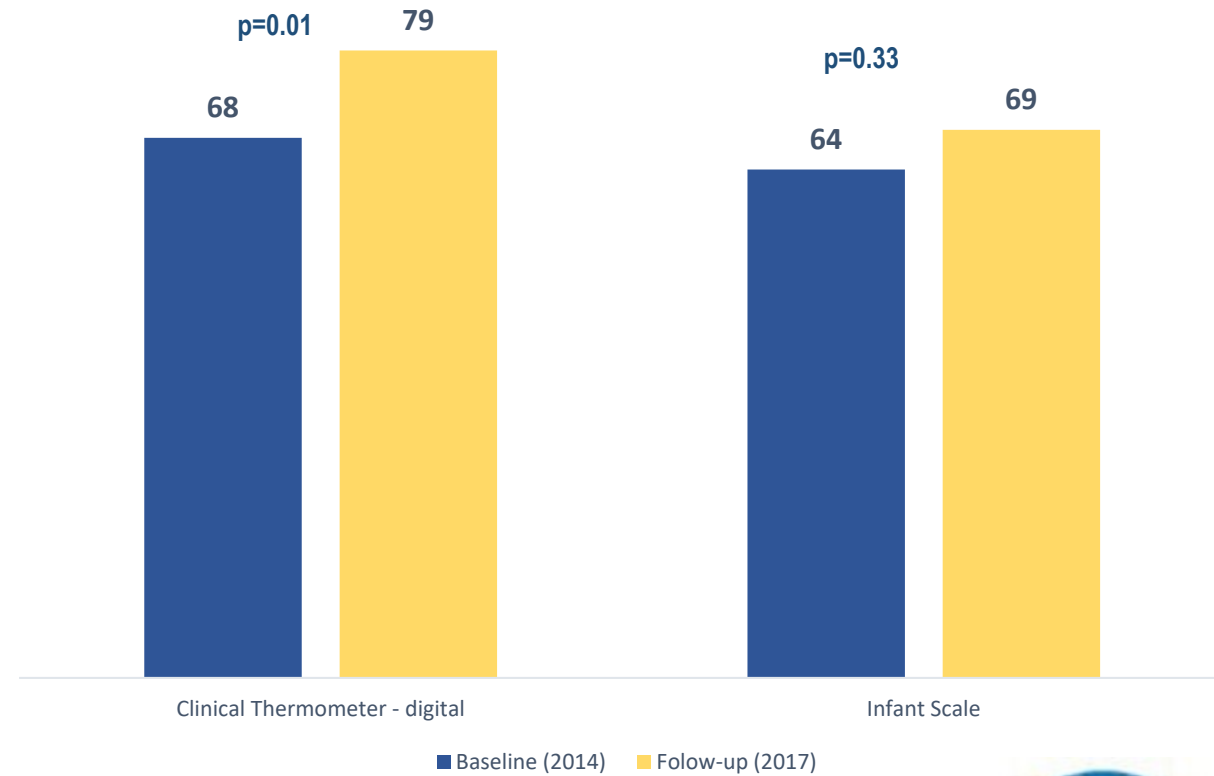


Successes: System support

Drugs



Equipment



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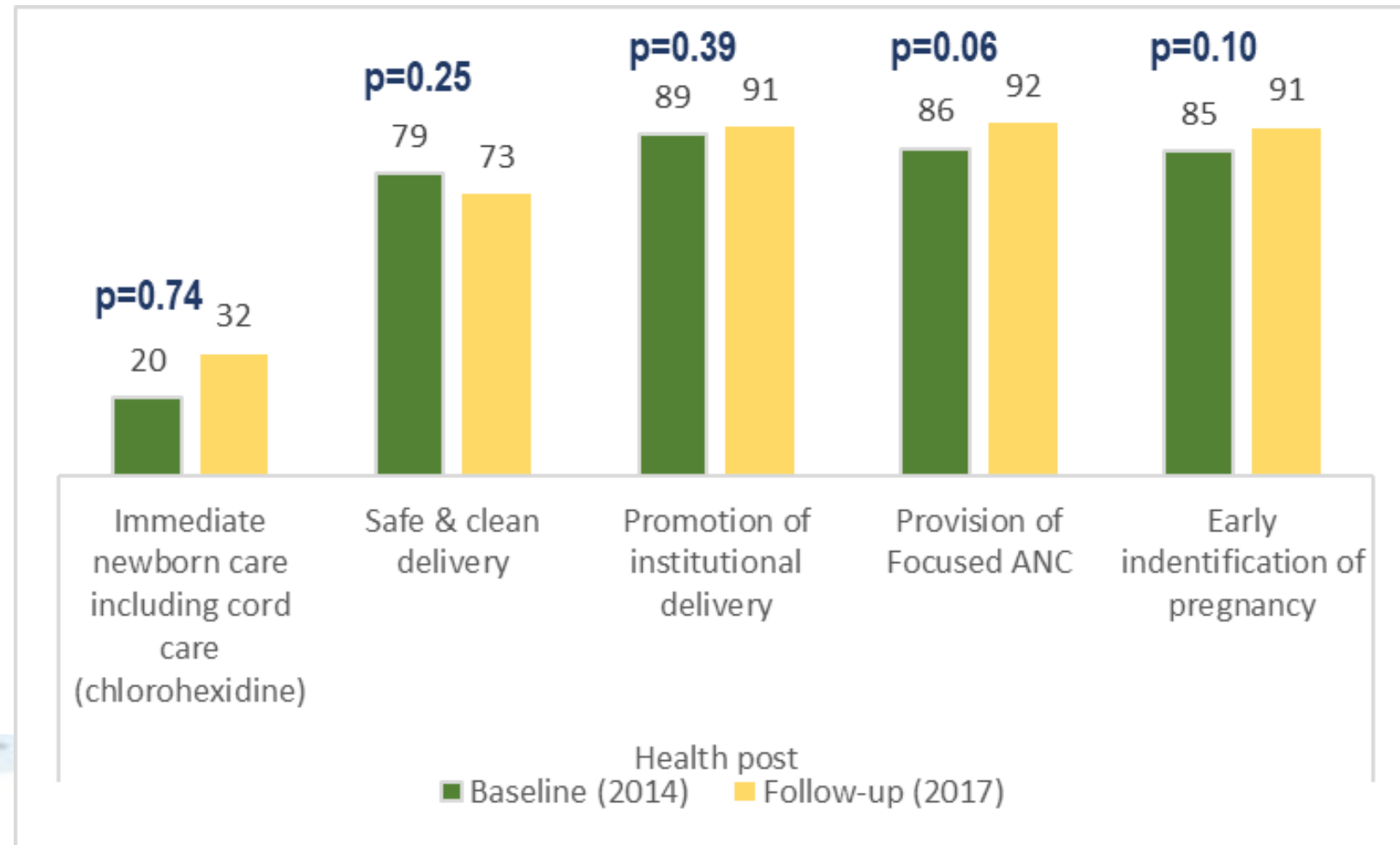
Changes in system support from baseline to follow-up survey



Successes: System support

If a visit in the past 3 months occurred: Discussion ANC and Natal

Job aids



Successes: facility delivery and antiseptic use for cord care in facility deliveries

Figure 3.5a. Immediate newborn care at baseline (2013) and follow-up (2017) surveys: facility delivery care

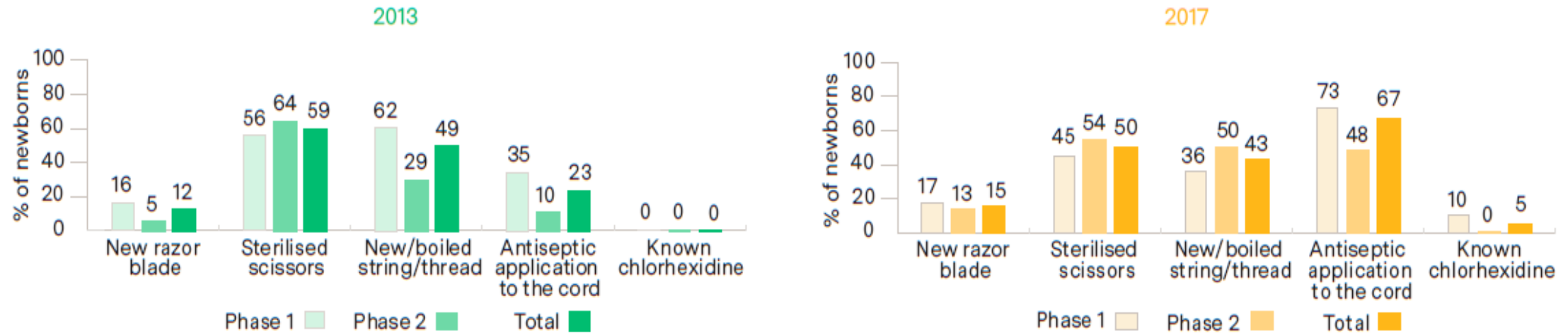
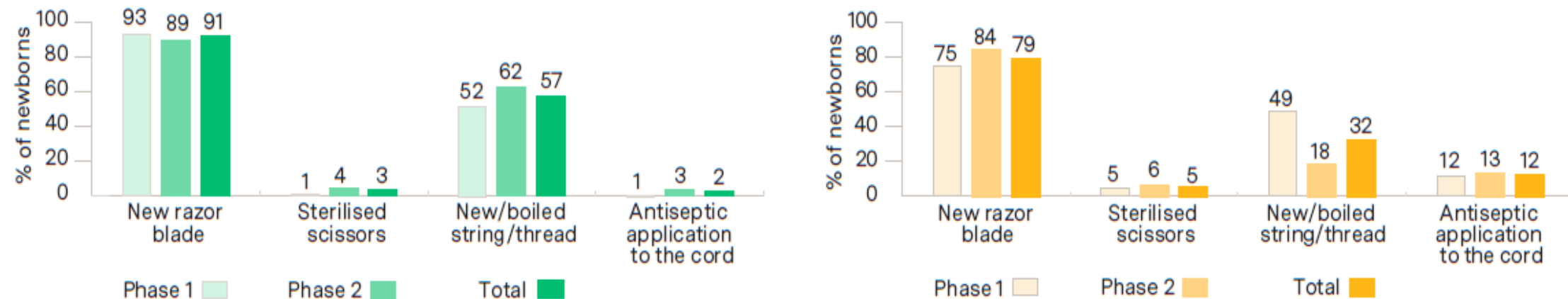


Figure 3.5b. Immediate newborn care at baseline (2013) and follow-up (2017) surveys: home delivery care



Successes: more young infants with symptoms for very severe disease were receiving antibiotics than in 2013.

Figure 3.9b. Very severe disease in young infants at community level at baseline (2013) and follow-up (2017) surveys: classification and management

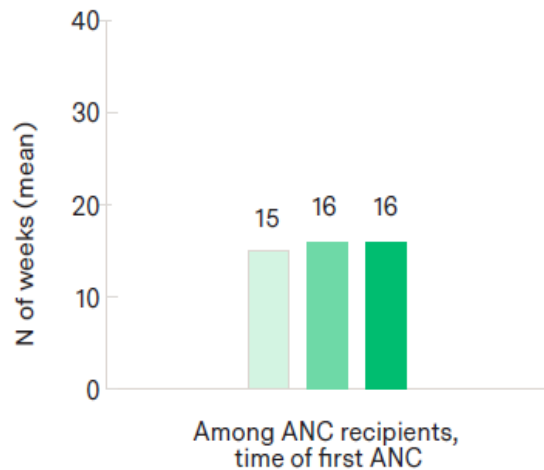
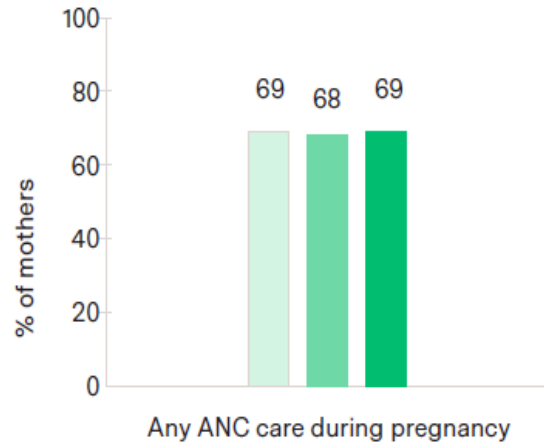


- not all children that got amoxicillin also received
- gentamicin, shortage of gentamycin was also observed



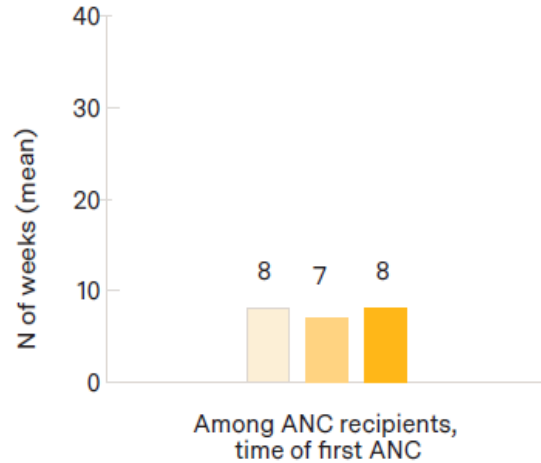
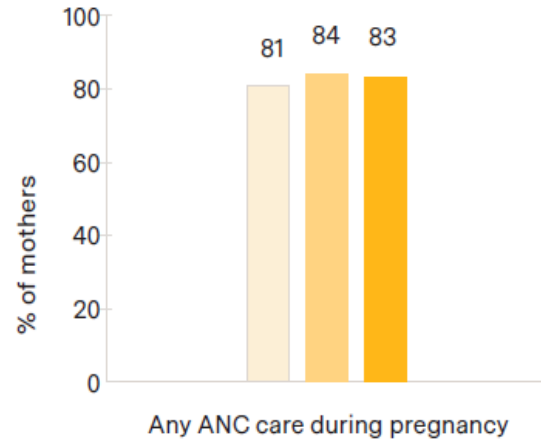
- increase for early pregnancy notification and ANC 1 and 4,
- improved the health care-seeking behavior of mothers of sick young infant

2013



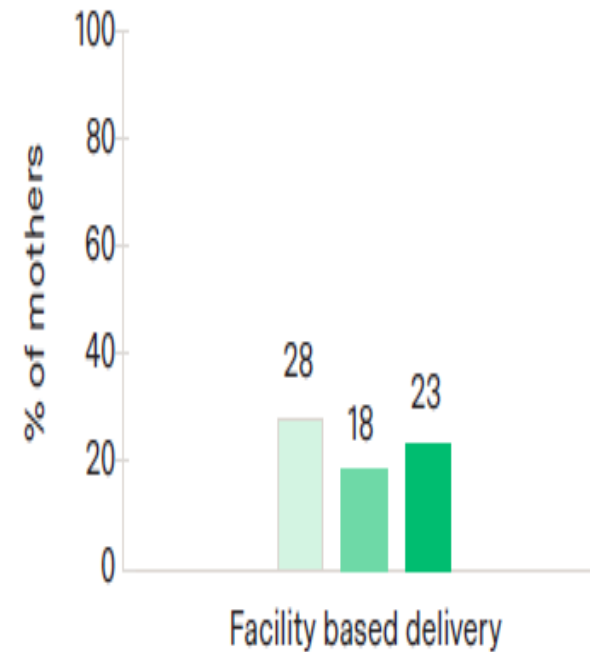
Phase 1 Phase 2 Total

2017



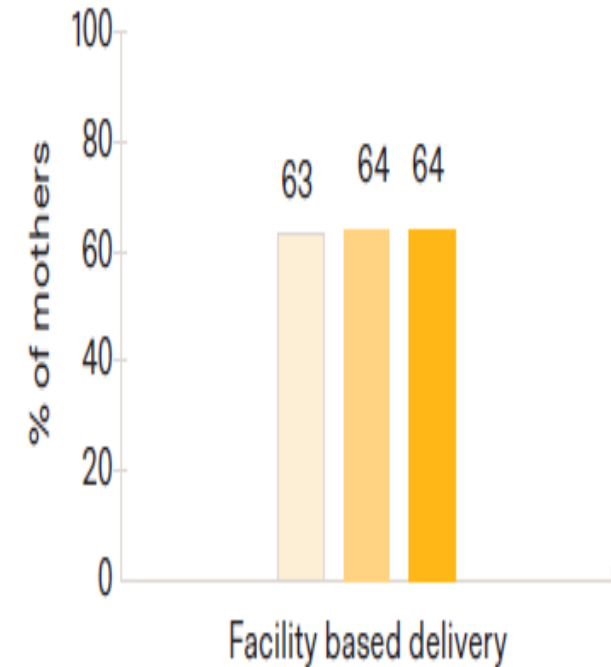
Phase 1 Phase 2 Total

2013



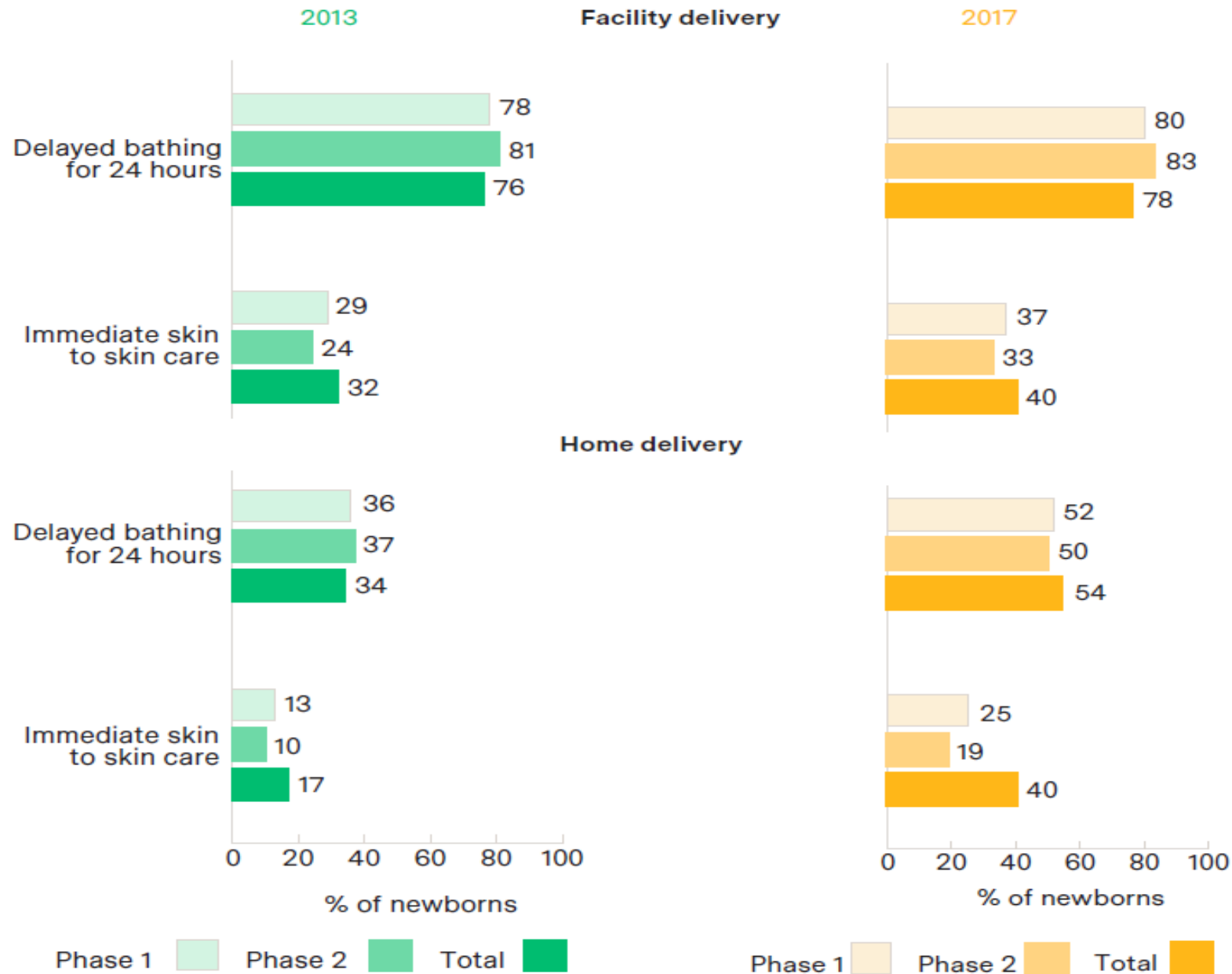
Phase 1 Phase 2 Total

2017



Phase 1 Phase 2 Total

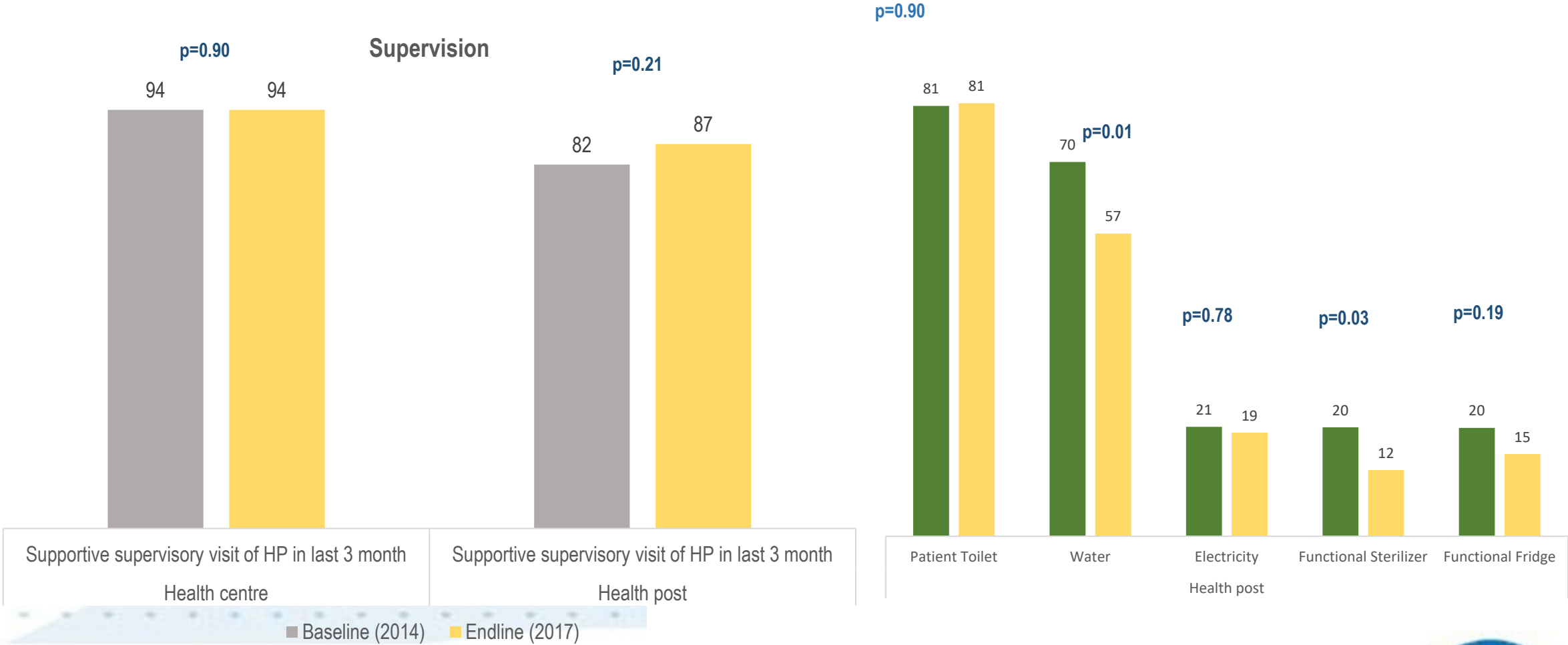
Figure 3.7. Prevention and management of hypothermia at baseline (2013) and follow-up (2017) survey facility and home delivery care



- increase for early pregnancy notification and ANC 1 and 4,
- Increase in care for newborns with a breathing problem,
- Improved delayed bathing for home deliveries, prevention and management of hypothermia and skin-to-skin care.

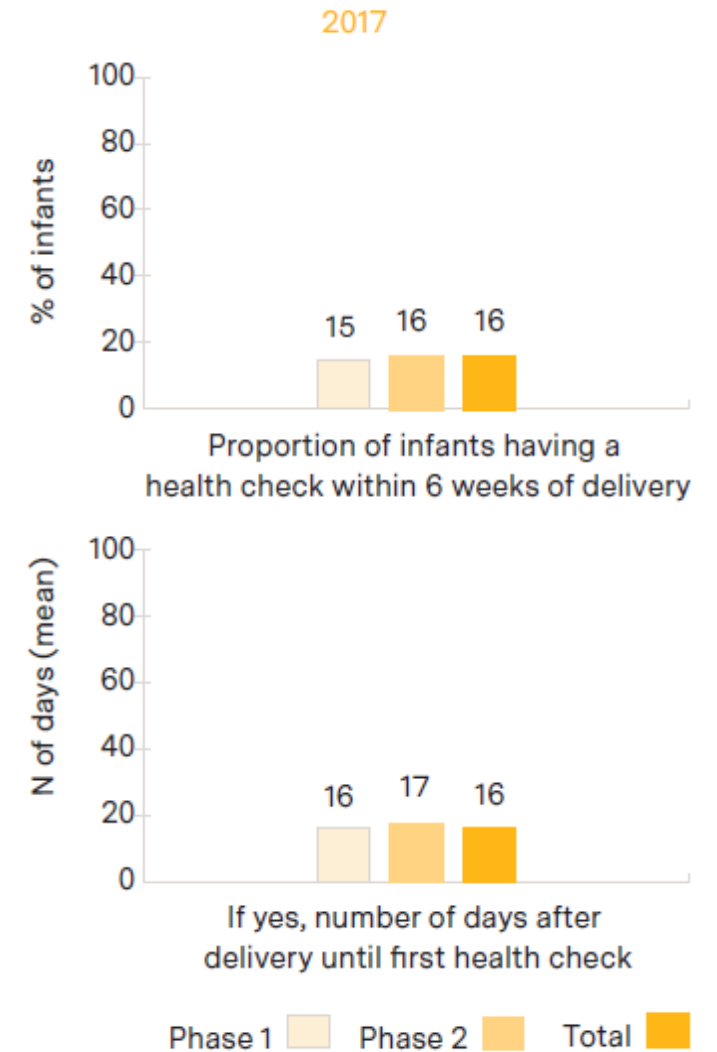
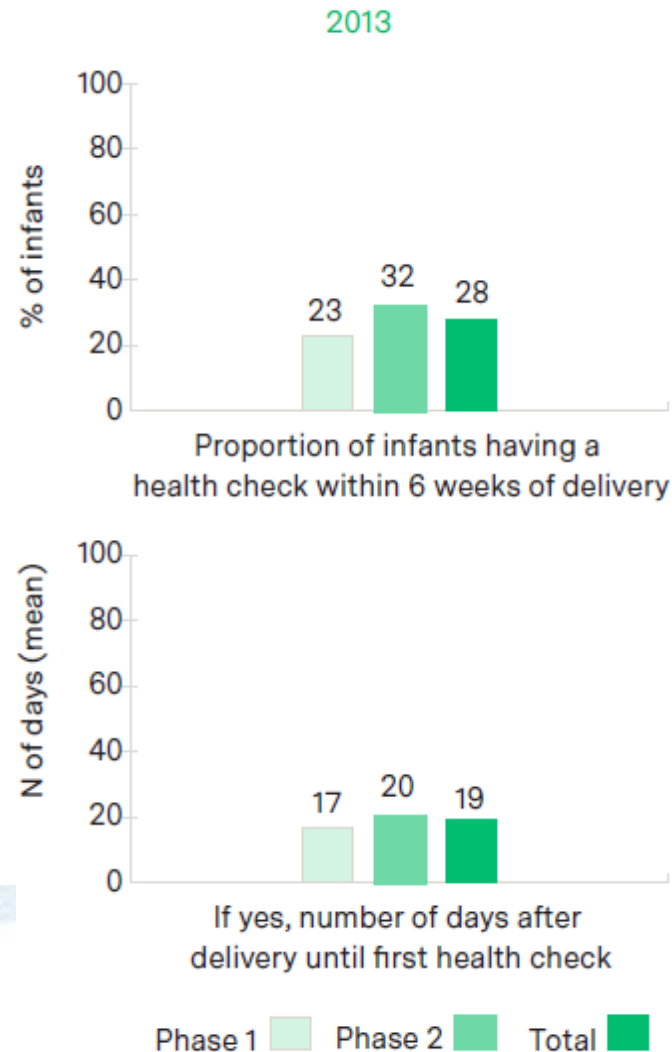


Areas that need Improvement: System support and linkages



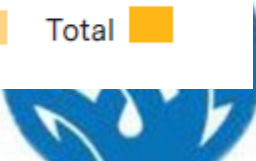
Areas that need improvement

- care-seeking is still low when compared with the numbers of expected cases.
- postnatal checks were very low and had even decreased



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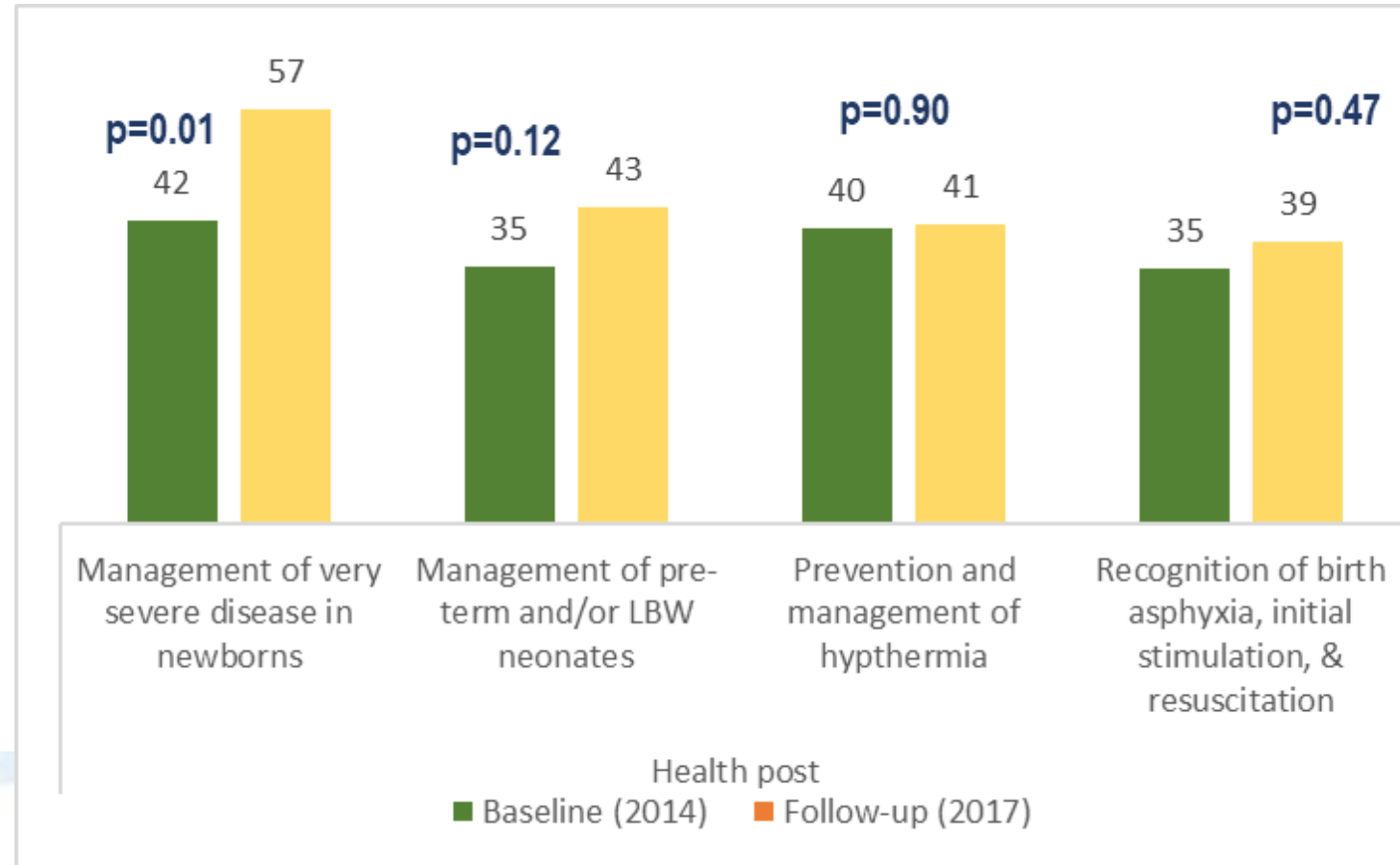


Areas that need Improvement: System linkages

- Most supportive supervisory visits to health posts covered antenatal care and promotion of facility delivery but very few addressed newborn and sick young infant care.

- The referral practice including universal offer of referral, use of referral slips, and providing pre-referral treatment according to the national guideline needed support

If a visit in the past 3 months occurred : Discussion on PNC



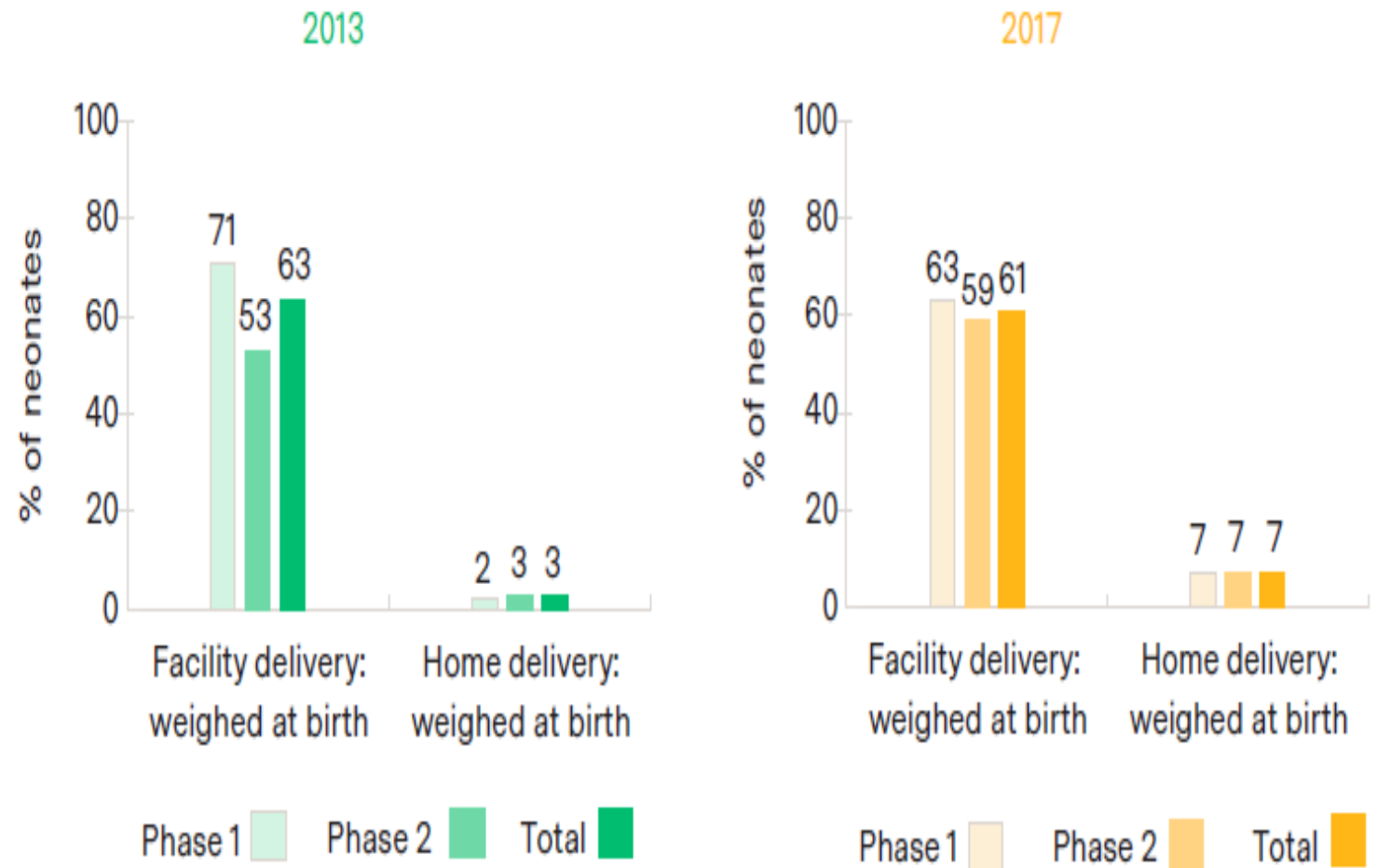
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- All newborns delivered at home were not weighed, indicating that preterm and low birthweight babies are likely to be missed at birth
- Challenges around ability of facility administration to utilize newborn care equipment was observed

Figure 3.8. Management of pre-term and low birth weight neonates at baseline (2013) and follow-up (2017) surveys: weighing at birth for facility and home deliveries



Challenges experienced and ways of resolving

Challenge

- Low service utilization
- Poor quality of service
- supply distribution interruption
- Weak ICCM/CBNC program
Ownership: requiring continued support by IPs
- Inadequate resource

Solutions

- OHEP focusing on demand
- Development and implementation of Quality improvement and transition plan
- IPLS integration
- WBHSP, HMIS, RMNCH-score card

Lessons learned

- Engaging political leaders at different level is a promising approach in ensuring ownership and service promotion
- the need of planning exit strategy before the actual implementation of the program (for sustainability)
- Health System strengthening across all pillars is required to have a successful, effective and equitable provision of PSBI management universally
- Modelling of the possible reduction of NMR indicated that CBNC delivered at scale and high quality is a significant contributor to the reduction of neonatal mortality in rural Ethiopia and continued investment in CBNC is critical to sustain and improve the recent decline in child mortality.
- For Community-Based Newborn Care to succeed at national level, adapted models are needed for different populations such as pastoralists in emerging regions.
- community-based newborn care can be implemented effectively in similar contexts if it is well planned, there is good-coordination with partners and stakeholders, uninterrupted supply is ensured, and continuous support and supervision is in place.

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Way forward

- ❖ Improving service utilization
- ❖ Sustain the program in all districts of pastoralist regions
- ❖ Strengthening the referral linkage
- ❖ Regular quantification of child health commodities
- ❖ Strengthen mentorship and supportive supervisions
- ❖ Pre- deployment training(HEWs) and Gap filling for HWs and HEWs
- ❖ Continuous PRCMM at PHCU

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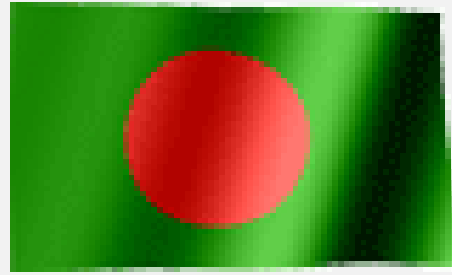
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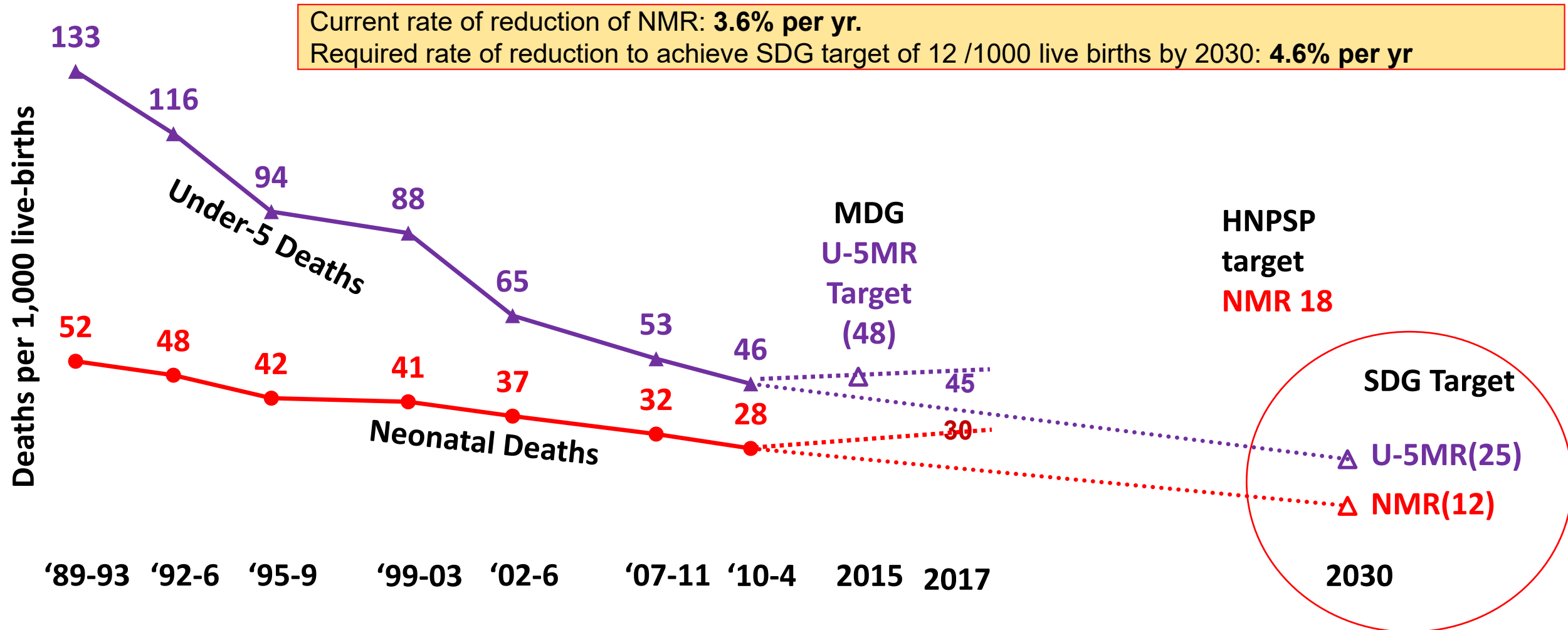
SMALL AND SICK NEWBORN CARE IN BANGLADESH FROM A POLICY-TO-PROGRAM PERSPECTIVE



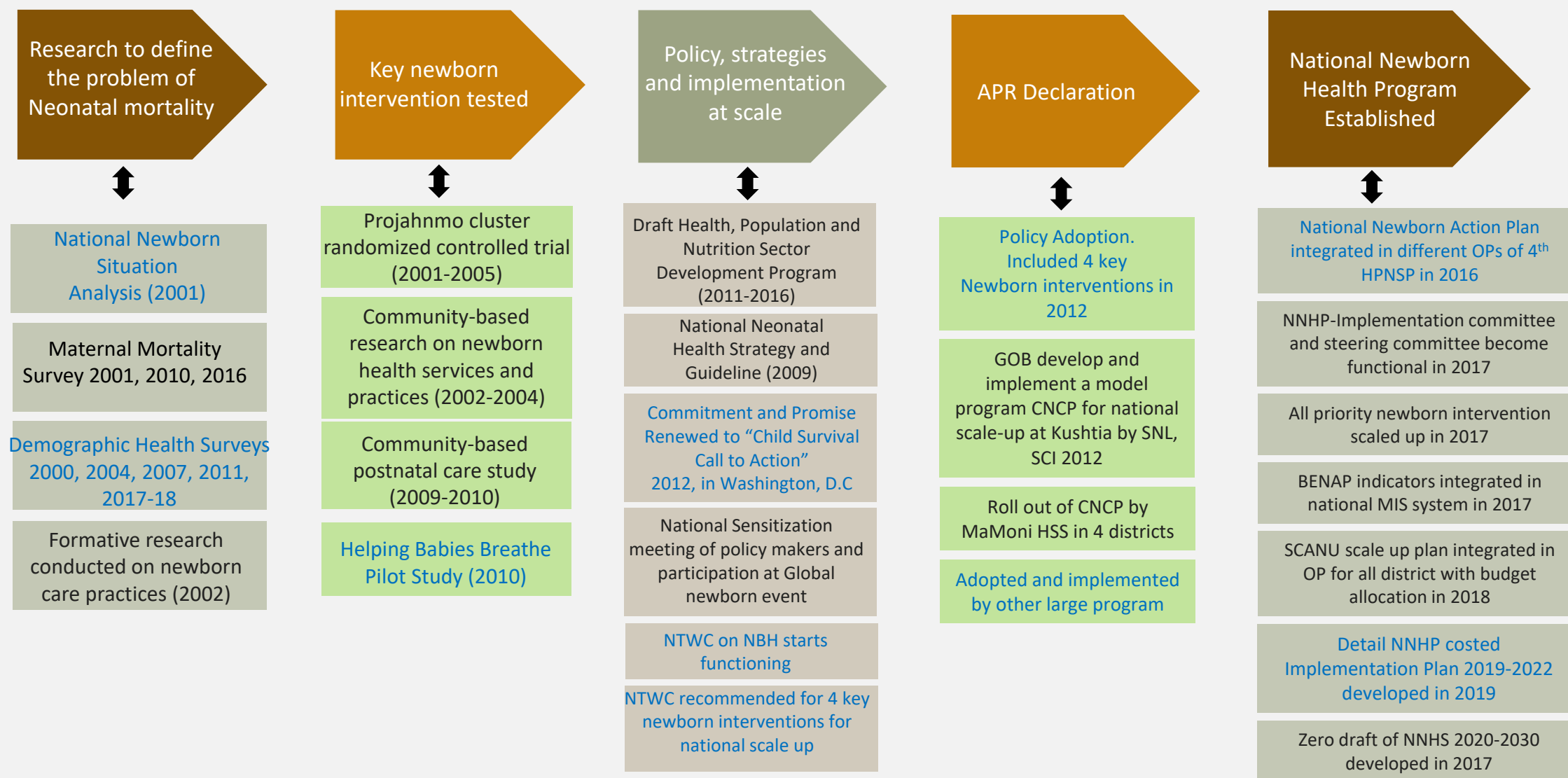
Professor Mohammad Shahidullah

Chairman, Department of Neonatology, BSMMU,
President, Bangladesh Medical and Dental Council,
Chairperson, National Technical Working Committee, NBH
**Chairman, National Technical Advisory Committee
for COVID-19 Response**

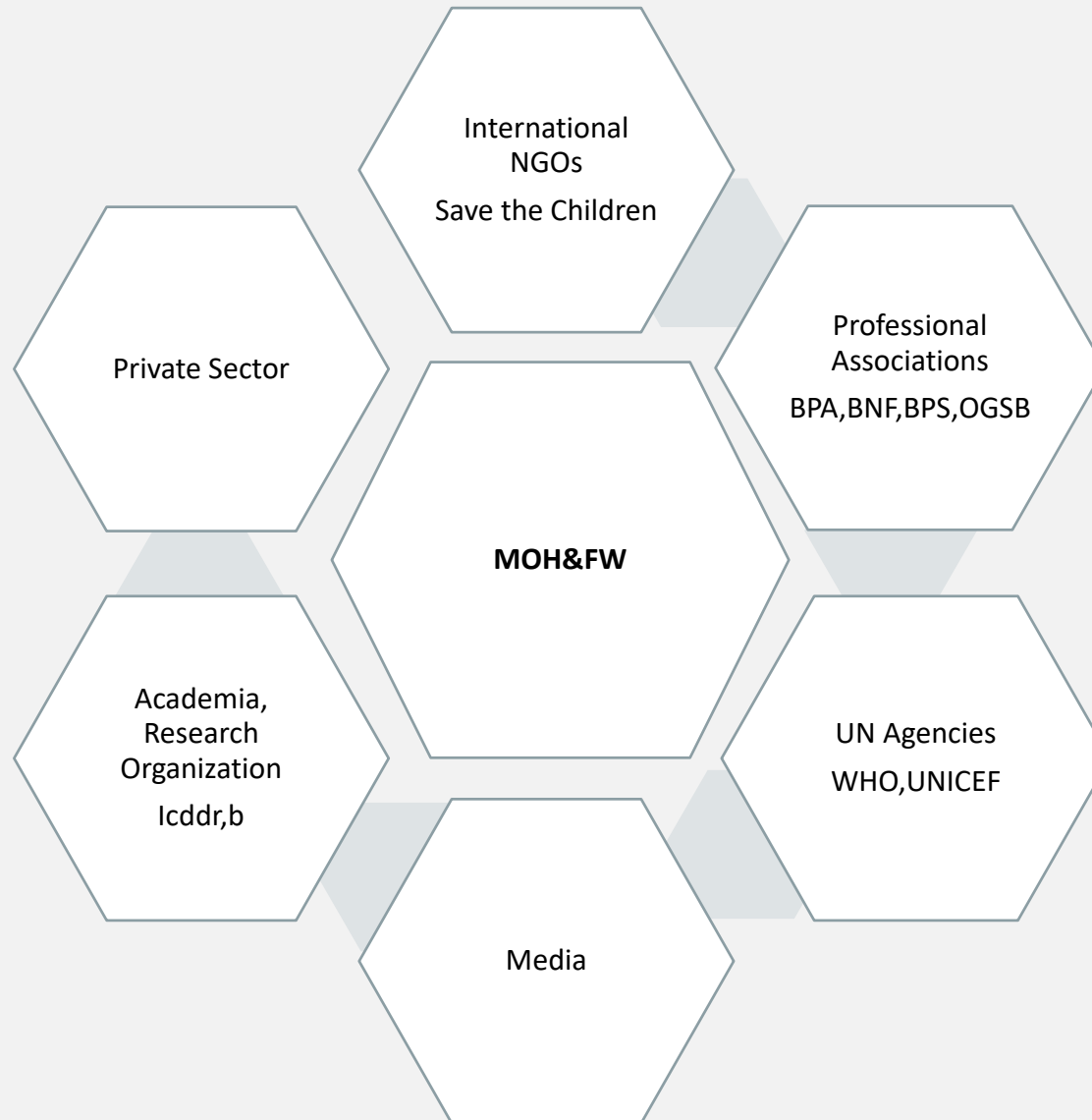
Newborn Health: Journey towards SDG



NEWBORN HEALTH JOURNEY (2000-2020) IN BANGLADESH



KEY PARTNERS FOR NEWBORN



DEVELOPMENT OF COMPREHENSIVE NEWBORN CARE PACKAGE (CNCP)

Interventions in CNCP:

- SBCC for promotion of
 - Healthy MNH behavior and care seeking
- Care for all newborn
 - Immediate and Essential newborn care including application of CHX NB cord
 - Postnatal care
- Care for sick newborn and newborn with complications
 - Resuscitation (HBB)
 - PSBI Management
 - Kangaroo Mother Care
- Care for prevention of preterm complication
 - Use of Antenatal Corticosteroid



DEMONSTRATION OF DISTRICT IMPLEMENTATION MODEL BY SAVING NEWBORN LIVES

Program inputs supply side:

- Capacity building and skill retention
- Ensure availability of supplies
- Establishing Routine Monitoring System
- Strengthen supervision and mentoring support for quality improvement

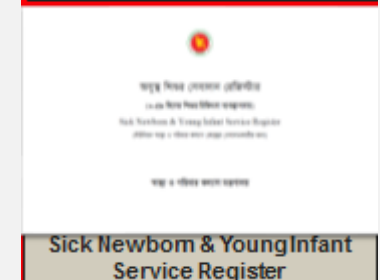


Supplies for newborn interventions

TA to develop new reporting register for new newborn health intervention



KMC Register



Sick Newborn & Young Infant Service Register

Programmatic Inputs: Demand Side:

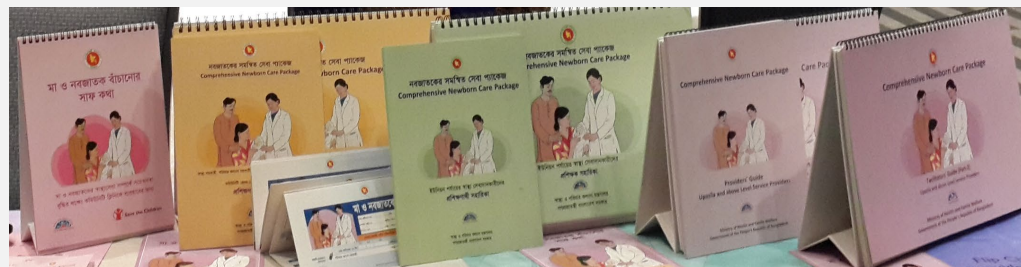
SBCC Approaches: Promoting Healthy MNH Behavior and Proper Care seeking

- Health System Contacts
- Community Engagement
- Multi-Sectoral Engagement
- Media Campaign (Local and National)



Job aids

Establishing Routine Monitoring System



NCP training packages



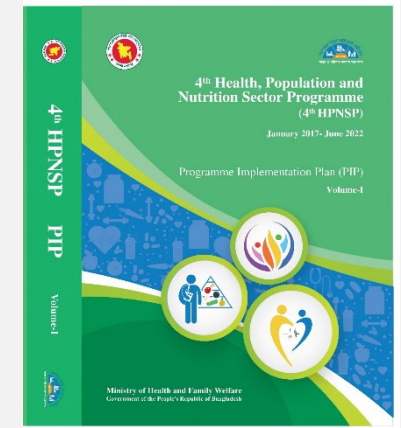
Training on Kangaroo Mother Care (KMC)

IMPLEMENTATION OF KMC IN BANGLADESH

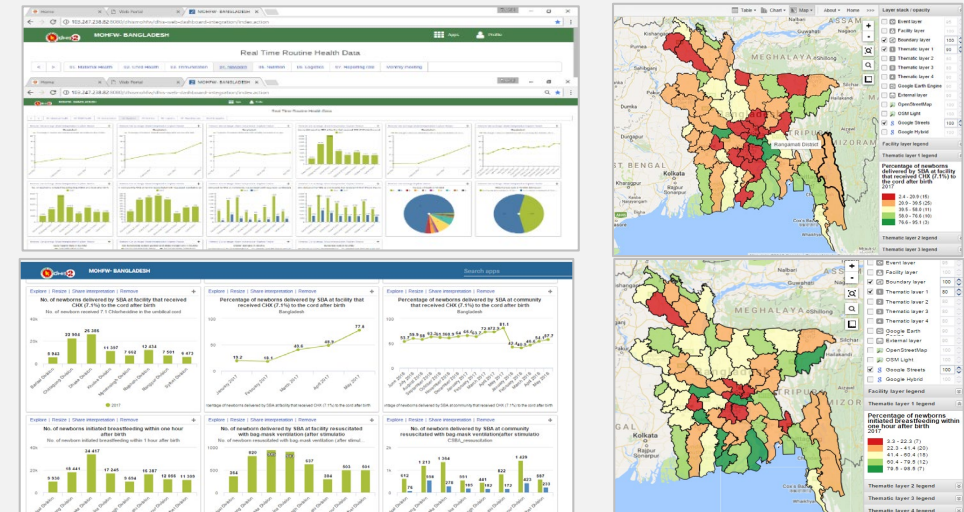
Organized by: IMCI, DGHS, Bangladesh

LAUNCHING OF NATIONAL NEWBORN HEALTH PROGRAM

- All newborn interventions incorporated into the National Newborn Health Program (NNHP)
- Incorporate in different Operation Plans (OPs) of 4th HPNSP program (2017-2022)
- Bangladesh Government decided to scale-up CNCP
- Procurement and distribution of commodities
- Indicators included in the MIS, dashboard created on DHIS 2
- Monitoring and review of progress
- Comprehensive Newborn Care Package for capacity-building
- National newborn health campaign
- Engagement of partners and stakeholders
- Engagement of private sector and social marketing



NNHP in 4th HPNSP



Integration of NBH Indicators and Dashboard in National HMIS

NNHP INTERVENTION PACKAGE

District Hospital and Medical College Hospital

District Level

Special care newborn Unit (SCANU)

ACS- for confirmed impending preterm deliveries

MCWC and Upazila Health Complexes

Special Care for Premature & LBW Newborn- KMC

Union Health and Family Welfare Center

Immediate and Essential Newborn Care

Newborn Resuscitation

Newborn infection management

Community Clinic

ANC & PNC for all newborn

Counselling for Healthy MNH Behavior during ANC

MANAGEMENT OF 0 TO 59 DAYS SICK NEWBORN FOR POSSIBLE SERIOUS BACTERIAL INFECTION (PSBI): UPDATED IMCI CLASSIFICATION AND TREATMENT

IMCI guideline updated & addressed PSBI

- **Facility IMCI** services from all UHCs, DHs & MCHs.
- **Community IMCI** Services from all UHFWCs & CCs.
- **Dispersible Amoxicillin Tablet** to treat pneumonia
- **Ensure injection Gentamycin before referral of Very Severe Disease/ Severe Pneumonia**
- **3,579** service providers were trained in last two years.



CURRENT STATUS OF NEWBORN PROGRAM IMPLEMENTATION

- CNCP scaled up in all 64 districts.
- KMC scaled up in all 64 district in **193** facilities.
- ACS service is available in 14 public Medical college hospital and 63 district hospitals.
- Total **48** SCANU established.



BANGLADESH PROGRESS ON ENAP MILESTONES 2015-2020

- Costed Bangladesh ENAP developed in 2015, which guided the MOHFW to incorporate all priority newborn interventions in its Operational Plan and scale-up nationwide.
- Quality improvement of newborn interventions, M&E framework and guidelines were developed and scaled up.
- More than sixteen thousand health workers were trained on essential, small and sick-newborn care >30,000 health Workers trained on Essential, Small and sick-newborn care
- Midwifery cadre introduced with 1183 midwives deployed since 2018 in 378 facilities
- National MNCH communication strategy and materials was developed
- More than fourteen thousand community clinics were engaged for demand creation and increase uptake of essential Newborn care.
- All newborn and quality indicators for NBH were incorporated in national MIS system
- Different research were conducted such as 7.1% CHX application, Study on SCANU service and all the results were shared in the National Newborn Health Conference.



LESSONS LEARNED

- Integration of NBH interventions into existing service delivery platforms for MNCH
- Effectiveness of scale up depends largely on the strength of implementation
- Institutionalization of the interventions possible when scale up done through health systems platforms
- Strong partnerships critical to achieve scale - private sector, NGOs, professional associations, NGOs



FUTURE DIRECTIONS

- Access to high priority intervention/most essential care in HTR areas
- Quality MNH services (Standard, Adherence to SOPs)
- Demonstrate model with private sector engagement in NB care
- Regional institutional hub for training and mentoring established for MNH care transform the Medical Colleges as training institution
- Provision for separate indoor facilities for treatment of sick newborns who don't need admission at SCANU.
- Country wide reporting on Maternal and newborn data both from public and private facilities
- Monitoring of NB progress through MIS data analysis (national and local) and action plan
- Accreditation/certification process in place for public and private facilities



THANK YOU