



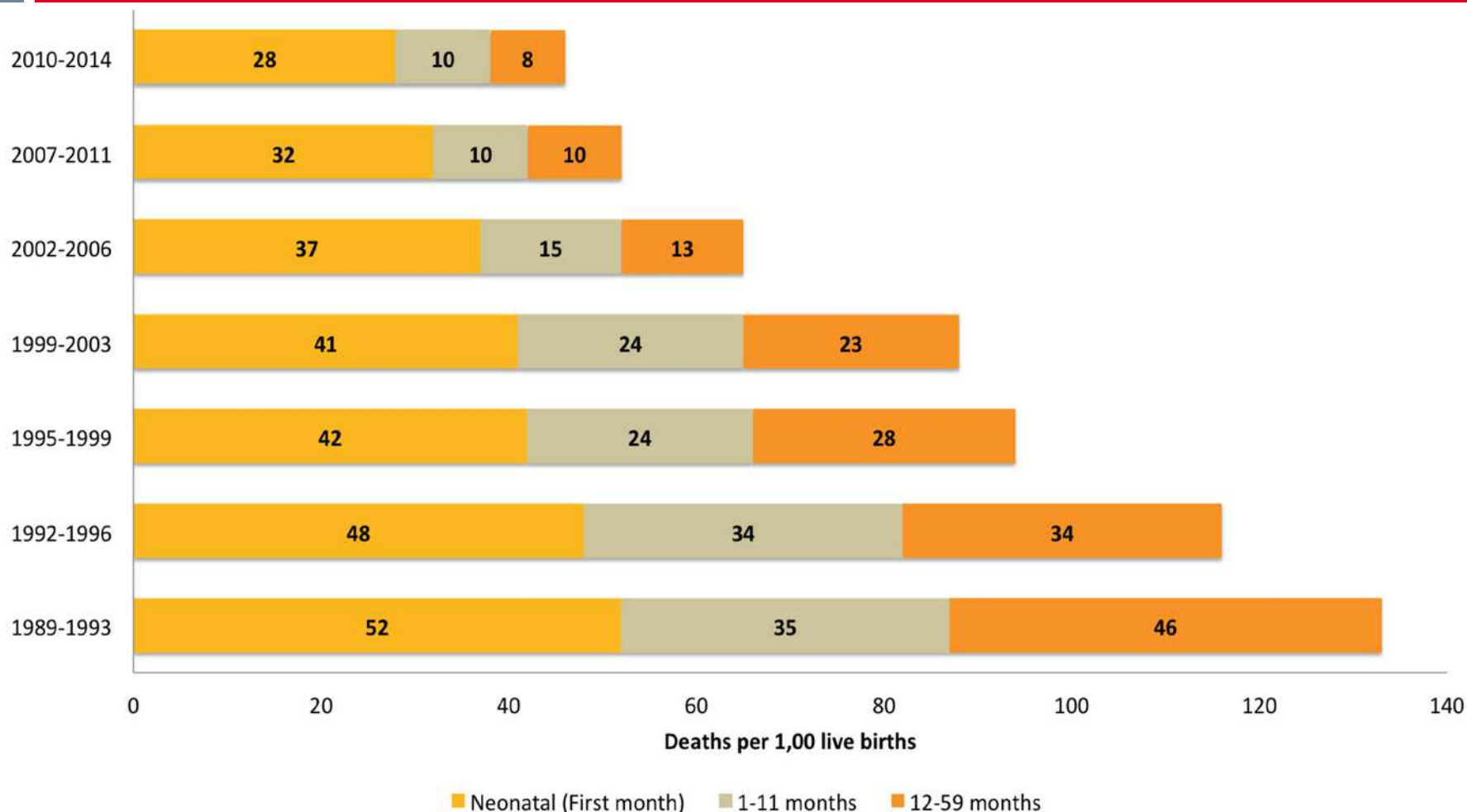
Background and Objective of Development and Demonstration of Comprehensive Newborn Care Package (CNCP)



Dr Ishtiaq Mannan

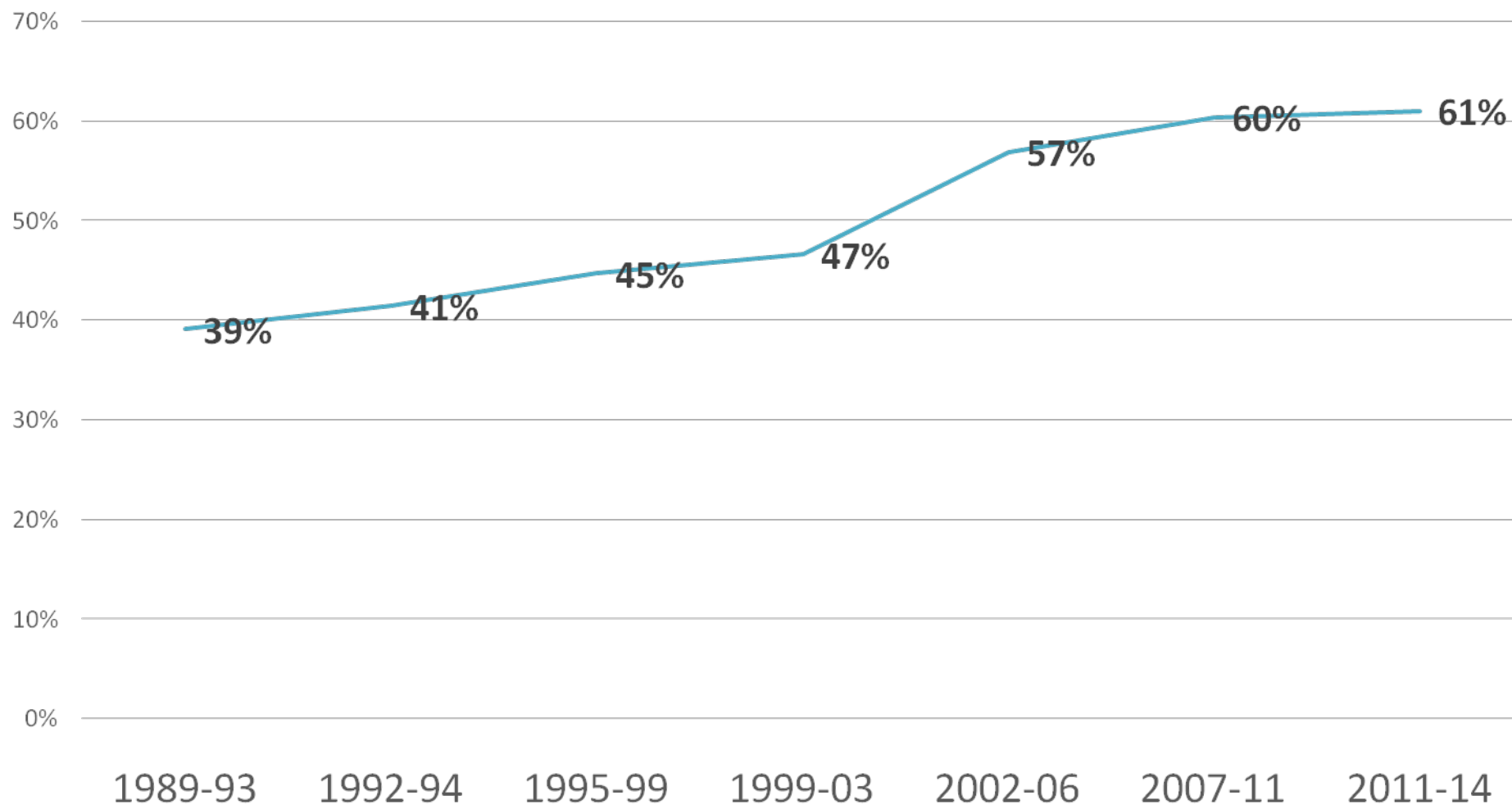
Director, Health, Nutrition and HIV/AIDS

TRENDS IN CHILDHOOD MORTALITY IN BANGLADESH 1989–2014



Source: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. Bangladesh Demographic and Health Survey 2014: Key Indicators. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International; 2015. <http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf>. Accessed 11/11/2015.

PROPORTION ON NEONATAL DEATHS AMONG UNDER 5



Source: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. Bangladesh Demographic and Health Survey 2014: Key Indicators. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International; 2015. <http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf>. Accessed May 10, 2015.



WE KNOW THE CAUSES AND WE HAVE SOLUTIONS

NEWBORN SURVIVAL SOLUTIONS – 3 X 2

Immediate and Essential Newborn Care and Postnatal Care (PNC) for all babies and

1 For Preterm Birth

1. Management of preterm labour & proper use of antenatal corticosteroids
2. Kangaroo mother care, preterm baby care

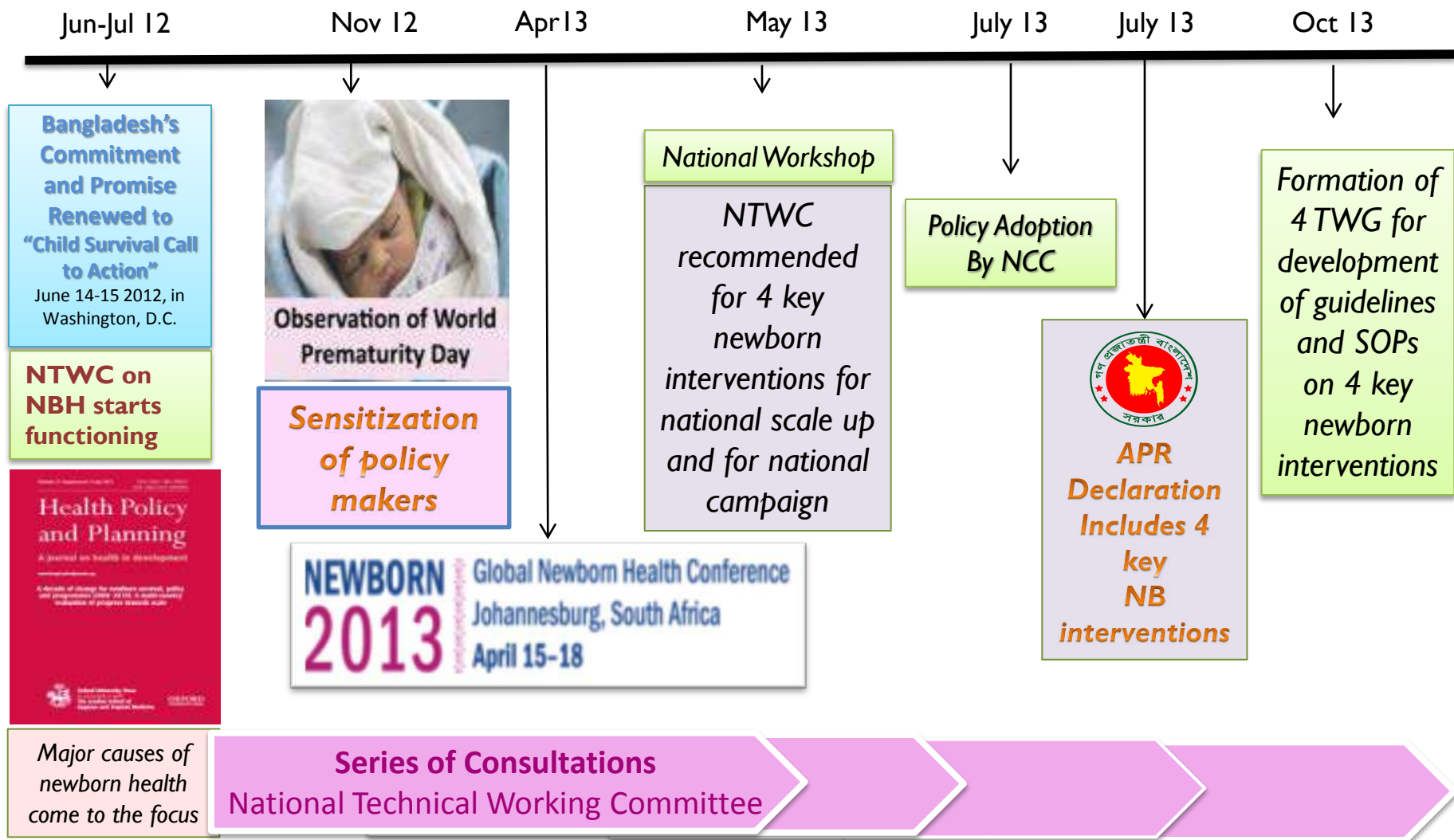
2 For Birth Complications

1. Obstetric care
2. Neonatal resuscitation (HBB)

3 For Neonatal infections

1. Infection prevention, breastfeeding, Chlorhexidine
2. Case management of neonatal sepsis

PROCESS OF POLICY ADOPTION OF 4 NEWBORN HEALTH INTERVENTIONS



BANGLADESH'S COMMITMENT:

A Promise Renewed to
'Child Survival Call to Action' on

ENDING PREVENTABLE CHILD DEATHS BY 2035



Eleven
Evidence-based
Interventions for
MNCH

ELEVEN EVIDENCE-BASED INTERVENTIONS FOR MNCH

Maternal Health interventions

1. Skilled birth attendance (CSBAs and Midwives)
2. Functional and 24/7 BEmONC and CEmONC at strategically located facilities

Newborn health specific interventions

3. Essential newborn care with newborn resuscitation & application of chlorhexidine
4. Antenatal steroids for premature labour and Kangaroo mother care (KMC) for premature/low birth weight babies
5. Neonatal sepsis management at PHC level
6. Specialized newborn care at district & sub-district level

Child Health specific interventions

7. Effective referral linkage to ensure continuum of care – from CC to hospitals

8. IMCI at all levels

9. Multi-sectoral approach to promote exclusive BF and IYCF

10. Community based child drowning prevention activities

11. New vaccines: pneumococcal and rotavirus

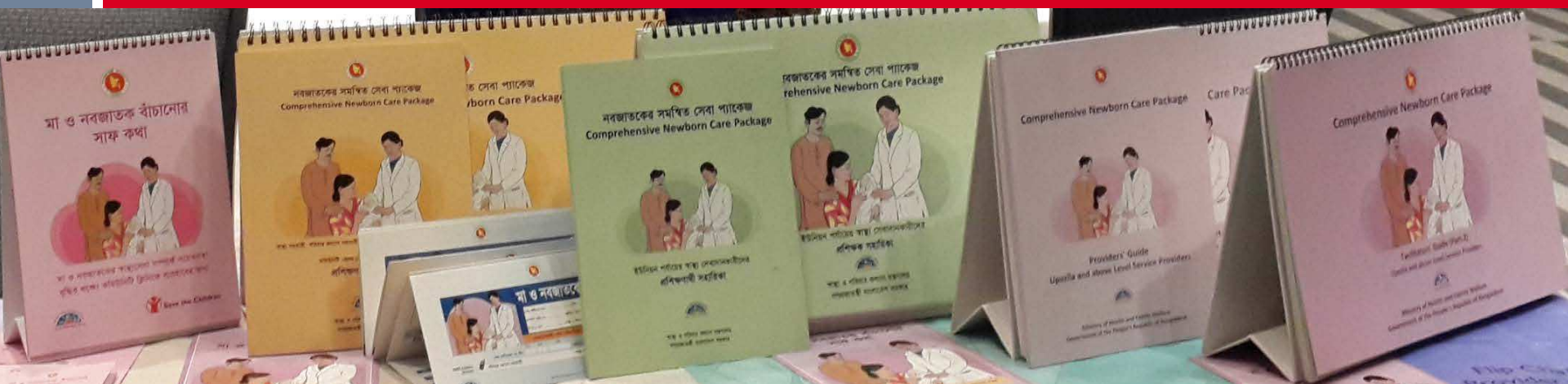
DEVELOPMENT OF NATIONAL GUIDELINE FOR 4 NEW NEWBORN INTERVENTIONS

Four Technical sub-groups formed by NTWC on NBH for development of Guideline and Protocols

- CHX TSG
- ACS TSG
- KMC TSG
- NB Sepsis TSG



DEVELOPMENT OF TRAINING MATERIALS AND JOBAIDS



Based on existing and new guidelines training materials and job aids have been developed.

Four sets of training materials are for :

- ☐ UHC & above level service provider
- ☐ Union level service providers
- ☐ Domiciliary & Community Clinic service providers
- ☐ Volunteers

DEVELOPMENT OF COMPREHENSIVE NEWBORN CARE PACKAGE (CNCP)

- Importance of demonstration of new & existing newborn intervention:
 - Challenging to achieve effective coverage
 - Initial implementation learning prior to wider national scale-up
 - New issues regarding monitoring with new indicators ensuring proper management of commodities
 - Social behavioral changes communication for promoting MNH behavior and care seeking is important
- In this context, the DGHS and DGFP decided to demonstrate implementation of a comprehensive newborn care package in a district with the technical and catalytic support of SNL program of Save the Children.
- The district implementation model will be documented and lessons learned will be shared for eventual roll out of a national newborn care package

SELECTION OF KUSHTIA AS DISTRICT LEARNING LABORATORY OF CNCP

- NMR in Kushtia district is 36 per 1000 live births, higher than the national average (32 per 1000 live births)
- 30.7% deliveries take place at a facility but PNC within 2 days of delivery by any provider is only 20%
- Coverage of 4 ANC visits is 14.7%
- 20.6% of households belong to the lowest wealth Quantile.
- No large scale MNH project



Ref: Bangladesh District level Socio-demographic and Health Care Utilization Indicators, BMMS 2010.

THANK YOU

