



মুজিব বর্ষে স্বাস্থ্য খাত  
এগিয়ে যাবে অনেক ধাপ

# National Newborn Health Program Newsletter

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Photo Credit: UNICEF

## Editorial Note



It is our pleasure that 13 issue of the National newborn Health Program (NNHP) newsletter is coming to light amid surge of second wave of COVID-19 pandemic in the country. Like other programs of the MOHFW, the National Newborn Health Program (NNHP) is also struggling to continue its planned activities in this

pandemic situation. The training programs are suffering as almost all the training programs of the NNHP are hands-on, involving active participation. Nevertheless, the program has been continuing online meetings, supervision and monitoring to ensure that the newborn health services are going capitially. Alongside, we are emphasizing the importance of handwashing and wearing mask for the self-protection from corona virus.

This issue highlighted virtual world prematurity day observation, physical divisional performance review, and other ongoing newborn-child health related activities.

We sincerely thank all our government and non-government partners for supporting us during this pandemic situation.

**Dr. Muhammad Shariful Islam**

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

## Speaker's Corner



Activities of the maternal and child health program curved downward after diagnosis of Covid-19 cases from March 2020. With the improvement of Covid situation, we observed gradual improvement of utilization of essential maternal and newborn health services from June. Our expectation is to continue this

pace in coming days. Government of Bangladesh has taken massive initiatives to vaccinate people against Covid-19 giving priority of health service providers. Hopefully, this initiative will be able to meet the demand of care-seekers and contribute further rise of the curve upwards.

My request that all health service providers will take two doses vaccine promptly and properly.

**Prof. Dr. Abul Bashar Mohammad Khurshid Alam**

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

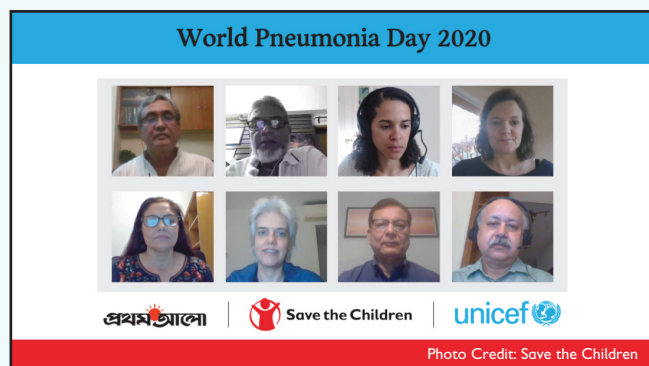
## Virtual Roundtable to observe World Pneumonia Day 2020

World Pneumonia Day 2020 was observed on November 27, 2020. On this occasion, a virtual roundtable was jointly organized by Save the Children and Unicef Bangladesh where the Daily Prothom Alo acted as media supporter. The discussants of the roundtable were Professor Dr. Mohammad Shahidullah, Chairman, National Technical Advisory Committee for COVID-19; Dr. Md Shamsul Haque, Line Director, MNCAH, DGHS; Dr. Salim Sadruddin, MCGL, Save the Children, USA; Alyssa Om'Iniabohs, Save the Children International, UK; Anne Detjen, UNICEF Headquarter in New York; Maya Vandenant, UNICEF Bangladesh; Bandana Risal, Save the Children in Bangladesh and Dr. Shams El Arifeen, icddr,b.

The eminent panel brought up their expertise and experience around the table. A lot of ground was covered across the various aspect of childhood pneumonia, especially in the context of COVID. It was highlighted that there was still scope of improvement, and effective coordination is needed to reflect the points raised in this discussion. The conversation mainly focused on government's key role as policy maker and ensuring that the infrastructure is supportive, and through helping to fill the risk gap the health systems facing. However, it is also equally important for the key stakeholders to act together under the lead of government. A VOICE of the panelists

was heard echoing all of us to act together for the survive and thrive of our children. It will contribute to developing strategic guidance as well as an implementation road map that country can use for the reduction of mortality of children from pneumonia, the biggest infectious killer of under-five children.

The virtual Roundtable was live streamed on Save the Children Facebook page, also in the Prothom Alo Facebook and Youtube page. Recording of the event is available in Prothom Alo's Facebook page & Prothom Alo's YouTube Channel. There were more coverage through the print and online version of the Daily Prothom Alo which is available in BANGLA & ENGLISH.



Participants Of Virtual Roundtable of World Pneumonia Day 2020 Forum

## Divisional Progress Review Workshop on Newborn And Child Health Services Held

NNHP & IMCI program with the support of USAID's MaMoni MNCSP organized five divisional progress review workshop on Newborn and Child Health services in Dhaka, Chattogram, Sylhet, Rajshahi and Rangpur divisions in this quarter. Performance of key newborn and child health indicators of operational plan (OP) were reviewed and discussed with the divisional and district level managers using the DGHS public dashboard for newborn and child health. The health managers were also oriented on the e-version of the NNHP monitoring checklist. An android app was installed in their mobile phones of the managers for using this checklist during their routine monitoring visits. The remaining three divisional progress review workshop will be held in the next quarter.



Line Director, MNCAH, DGHS Addressing the Forum

# NNHP Monitoring team Visited Bandarban, Barguna and Naraynganj District

Program Manager NNHP & IMCI along with the Deputy Program Managers visited Madaripur and Bandarban districts in this quarter. During the visit, they monitored activities and logistics management of SCANU, KMC corner, Labor room, IMCI corner of district hospitals in both districts using an e-version of the NNHP monitoring checklist and provided necessary guidelines to the service providers based on findings.

The NNHP official visited Naraynganj district where they observed key maternal and newborn service areas. Although, cleanliness of the emergency room was satisfactory but there was lack of different important logistics like resuscitation device.

Senior Staff Nurse (SSN) who provide service at the IMCI corner did not have training on IMCI. Logistics, like updated IMCI registers, job aid, Stethoscope, thermometer etc. couldn't be found at the IMCI corner.

In Labor room, overall service status we found satisfactory. There was one refrigerator for storing medicines for emergency use, separate baby corner and necessary logistics for newborn services got available. But there was deficiency of data recording system.

Stock ledger and bin cards were properly maintained in the store of UHC (Upazila Health Complex) where necessary medicines and MSR for MNCH services found available. Need to develop strong coordination between storekeeper and service providers for easy disbursement of logistics. Although, doctors and nurses received training on KMC



PM, NNHP & IMCI Visiting SCANU in Bandarban DH

facility received necessary logistics for KMC but due to inadequate space KMC service could not be started.

During monitoring visit to Barguna district, the NNHP team observed the services and logistics management at IMCI corner, labor room, KMC corner and store of the District Hospital. There found HBB action plan and resuscitation devices and an analog weighing scale in the labour room which should be well kept. The providers were using updated IMCI registers and reporting forms properly but basic logistics like Stethoscope, thermometer, weight machine and job aid should be ensured there. The team felt the need of basic IMCI training who provide service at the IMCI corner. The storekeeper should maintain stock ledger and bin cards for stored materials. There was no electricity supply in the store room; as a result the room temperature was not properly maintained.



Photo Credit: NNHP & IMCI



Photo Credit: NNHP & IMCI



Photo Credit: NNHP & IMCI



Photo Credit: NNHP & IMCI

NNHP & IMCI Team Members Are Visiting Different Service Area of Health Facilities

## Revision of SCANU/NSU and IMCI Recording and Reporting System

Monthly IMCI-N Dataset											
Category (according to Age)	0-28days		29-59days		2 mon-<1year		1- 5 years		Grand Total		Referred
	(a)	(b)	(c)		(d)		(e)=(a+b+c+d)		(f)		
<b>A. Child</b>											
1 Boy	40710	60337	207204		440318		808029		44218		
2 Girl	44902	59318	340140		439097		883457		42377		
3 Total	85612	119655	607404		879415		1692086		86595		
<b>B. Disease Classification</b>											
	M	F	M	F	M	F	M	F	M	F	
1 PSBI or Very Severe Disease-Critical Illness (VSD-CI)	3455	3516	4287	4251			7742	7767	5279	5285	
2 PSBI or Very Severe Disease-Clinical Severe Infection (VSD-CSI)	1602	1701	2421	2377			4023	4078	2454	2329	
3 PSBI or Very Severe Disease-Clinical Severe Infection (VSD-CSI) 1st dose Gentamicin	794	837	2176	1971			2970	2808	1270	1278	
4 PSBI or Very Severe Disease-Clinical Severe Infection- 4 <sup>th</sup> day Follow-Up	613	638	1108	1113			1721	1751	963	505	
5 PSBI or Very Severe Disease-Clinical Severe Infection- 8 <sup>th</sup> day Follow-Up	602	712	541	568			1143	1280	273	279	

Screenshot of New Monthly IMCI Dataset in DHIS-2

Last year, with the support of USAID's MaMoni-MNCSP and in collaboration with other newborn stakeholders, NNHP & IMCI revised, updated and finalized IMCI and SCANU/NSU registers which later endorsed by the National Technical Working Committee (NTWC) on Newborn Health. In view to report from updated registers to DHIS2, monthly data set has been finalized in the first quarter of this year. Accordingly, datasets in DHIS2 of MIS have been updated in

SCANU/NSU HR Information						
S.	HR	Number working in HR/SCANU	CSF trained	KMC trained	SF trained	Site of origin (theory based)
1	General Practitioner/Physician		11.7	6.5		
2	MD or NCD (before dependent)		4.3	3.3		
3	SN		52	49.3		

SCANU/NSU General information	
1	No. of HR in SCANU
	25.3

SCANU/NSU Service Information		
S.	Comments	Date
1	Total number of newborn admissions (N/A)	13164
2	Total number of newborn admissions (N/A)	2025
3	Number of persons (born before 37 weeks of gestation) seen (N/A)	3074
4	Number of newborns admitted with values from other	280
5.1	Number of newborns with/without home delivery	6027
5.2	Number of newborns with/without delivery in CH health facilities	388
5.3	Number of newborns with/without delivery in private hospital	303

Screenshot of New Monthly SCANU/NSU Dataset in DHIS-2

February 2021. NNHP organized virtual orientation on the revised recording and reporting system across the country where MaMoni provided necessary support. The orientation program was organized in nine batches in January-February, 2021 where a total of 1050 service providers (Doctors, Nurses etc) of different health facilities participated. We appreciated that MaMoni Project provided support in printing and distribution of SCANU/NSU and IMCI registers.

## Establishment of Five New KMC Corners in Khulna and Satkhira District

In January 2021 Ipas has established 5 KMC corners at Dacope, Morrelganj, Charfassion and Kalapara UHC and Satkhira District Hospital. Ipas provided financial and logistics support including minor renovation to establish the

KMC corners. NNHP & IMCI program of DGHS provided registers, monitoring chart and report form related to KMC service. KMC services has now started in Dacope UHC and Satkhira DH



Photo Credit: IPAS



Photo Credit: IPAS

KMC Services at Satkhira District Hospital and Dacope UHC

## Dissemination of Findings from the First Round of Data Collection of IMCI-PO Project in Kushtia



Photo Credit: icddr,b

Dr. H.M. Anwarul Islam, Civil Surgeon, Kushtia Inaugurating the Dissemination Workshop

NNHP & IMCI, in collaboration with icddr,b and with technical and financial assistance from the RESPIRE group of the University of Edinburgh, UK is implementing a project entitled, "Assessing the feasibility and effectiveness of introducing pulse oximetry in IMCI services to manage acute respiratory infections at first level health facilities of Bangladesh (IMCI-PO)". A workshop was organized by icddr,b on 22 March at Civil Surgeon's office, Kushtia to disseminate the findings from the first round of data collection of IMCI-PO project. Civil Surgeon, Kushtia; Superintendent of General Hospital, Kushtia; Upazila Health and Family Planning Officer (UHF&FPO), Resident Medical Officer (RMO), and statistician of Bheramara, Daulatpur, Khoksha, Kumarkhali, Sadar and Mirpur upazila and members from icddr,b were present in the

workshop. First round of data collection started in December 2020 and was completed in February 2021. Data collection method included independent observation of the use of pulse oximetry by IMCI service providers, re-assessment of oxygen saturation by study staffs, interview of the caretakers of the sick children, phone follow up of the study participants on day 2 and day 14 and data extraction from IMCI registers. A total of 22 IMCI service providers and 855 children aged 2-59 months visiting IMCI corners of 12 health facilities of Kushtia with cough and difficult breathing participated in the first round of data collection. In this dissemination workshop, there were also discussion on what can be done to motivate the service providers to use pulse oximetry in the IMCI service corners.

# Observation of World Prematurity Day, 2020

World Prematurity Day 2020

Together for babies **born too soon**  
– Caring for the future

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Bangladesh is one of the countries in the world with the highest number of neonatal deaths. One of the major causes of these newborn deaths are prematurity related complications. One out of every 10 people in the world and one out of every five newborns are premature in Bangladesh.

'World Prematurity Day 2020' was globally observed on November 18, 2020. This year, the theme of 'World Prematurity Day' was 'Together for babies born too soon-Caring for future'. On this occasion, a virtual roundtable meeting was organized by Bangladesh Neonatal Forum (BNF) in collaboration with Save the Children, UNICEF and Prothom Alo. Neonatal health experts and

stakeholders of the country participated in this meeting. The discussion emphasized on what needs to be done to prevent premature birth rates. The Kangaroo Mother Care (KMC) services are currently available in 192 health centers to save premature child in the country. It is expected to be launched in 260 centers by 2022. The meeting called for taking steps to introduce this service in every hospital and health center in the country. Emphasis is also placed on taking two types of measures to prevent premature birth. One is preventive, the other is postpartum treatment. Among preventive measures reducing child marriage, ensuring proper nutrition for the mothers, and providing proper training and skills to the health workers were highlighted.

## Digital Auscultation Study: Opportunity to Improve IMCI Guideline



Photo Credit: Projahnmo Research Foundation

Improving Childhood Pneumonia Diagnosis Using Digital Auscultation: Stakeholder Meeting at District Level

The “Community use of digital auscultation to improve diagnosis of childhood pneumonia in Sylhet, Bangladesh” (DA Study) is a mixed method study involving children of under 5 years who were identified as a case of possible pneumonia. Projahnmo Research Foundation implemented this study with technical support from the Johns Hopkins University, USA and the University of Edinburgh, UK, funded by the National Institute of Health Research using Official Development Assistance (ODA) funding. Aim of this study is to validate automated lung sounds classification by digital auscultation compared to a trained standardised paediatric panel’s classification to improve the diagnostic accuracy of childhood pneumonia and increase the specificity of IMCI guideline.

A national level stakeholder engagement meeting was held on 20th January 2021 to discuss the importance of improving the diagnosis of pneumonia by healthcare providers at the first-level facility using a low-cost pediatric digital stethoscope, and its future implication in LMICs including Bangladesh.

On the consequence of national level stakeholder engagement workshop another meeting was held on 17th February 2021 at Civil Surgeon Office, Sylhet, Bangladesh, titled “Improving Childhood Pneumonia Diagnosis Using Digital Auscultation: Stakeholder Meeting at District Level” to disseminate methods and preliminary findings. Dr. Muhammad Shariful Islam, Program Manager and other team members of NNHP & IMCI of DGHS attended the workshop.



Photo Credit: Projahnmo Research Foundation

IMCI Team Field Visit, DA Study Field (Community Clinic)



Photo Credit: Save the Children

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WHO, UNICEF, icddr,b, IPAS Bangladesh, Projahnmo Research Foundation and Save the Children International

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