

# Newsletter

## Issue 2

### MaMoni Health Systems Strengthening Project

#### Combating neonatal deaths by national scale-up of Chlorhexidine application for newborn umbilical cord care



Newborn infection is one of the three major causes of neonatal deaths in Bangladesh. But there are measures, pretty low-cost and efficient, to protect newborns from catching infections. Application of 7.1% Chlorhexidine solution when applied to newborn umbilical cord is found by research to have led to 20% reduction on “all-cause mortality”.

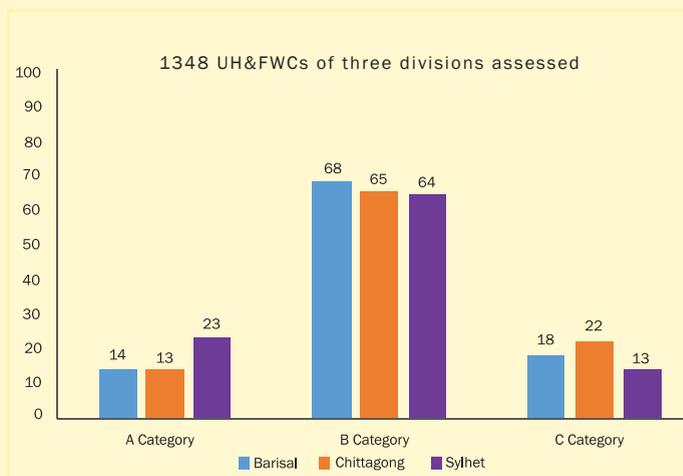
In Bangladesh MaMoni HSS is supporting the MoHFW to scale up nationally the use of CHX to cut down neonatal death. As a part of this endeavor the project is now providing training to health workers at all levels including doctors, nurses, SACMOs, FWAs, FWAs, HAs, CHCPs etc. In the first phase, the project has completed roll out in 20 districts of Sylhet, Barisal and Dhaka division.

#### Strengthening UH&FWCs to provide 24/7 normal delivery

The Health Population Nutrition Sector Development Program (HPNSDP) has identified expanding skilled birth attendance at institutional level as a priority intervention. Taking the cue MaMoni HSS Project has targeted the Union Health and Family Welfare Centers (UH&FWC) to facilitate a higher share of delivery by skilled midwives. With this objective of taking institutional delivery to the doorstep of the underserved rural community, the project is supporting the Ministry of Health and Family Welfare (MoHFW) to work out a development plan for these union-level facilities. The starting point is a comprehensive assessment of all the UH&FWCs of the country.

So far, the assessment of 1,348, covering UH&FWCs; Barisal, Sylhet and Chittagong, is complete. The assessment is done against a number of indicators, such as facility and residence infrastructure, availability of service providers, functional management committee etc. The assessment places the facilities in three categories namely A, B and C. The UH&FWCs placed under Category A would require minimum resources to make them ready to provide round the clock delivery services. More than 60% of the UH&FWCs are placed in B category, implying minor-to-mid-level requirement of resources.

Once the entire mapping process is complete the DGFP will then decide how the upgradation of the UH&FWCs would be carried out.





## “Now you can follow MaMoni HSS on Facebook”

MaMoni HSS project had its Facebook page launched in October, 2015. The project seeks to connect with and engage its audiences through the Facebook to create a general awareness about the maternal and newborn health issues and encourage them to participate in our effort.

Visit <https://www.facebook.com/MaMoniHSSProject/> and share your thoughts.

## Improving quality of infection prevention

Bangladesh has some impressive achievement in the maternal and child health sector, but the quality of clinical services provided at most of the health facilities remains a formidable challenge. The inadequate human and financial resources, the insufficient medical supplies, and lack of coordination are important factors contributing to the poor quality of clinical services.

One of the areas MaMoni HSS Project is focusing on involves improving infection prevention measures at the UH&FWCs in selected districts of Bangladesh. One recent case in point is Murakuri UH&FWC in Habiganj where the project in consultation with district and UH&FWC staff set infection prevention standards that include the following:

- The facility is clean, has supply of clean water and an appropriate process in place to keep the clinical areas clean.
- Proper hand hygiene measures (hand washing, use of gloves) are observed.
- The equipment are properly decontaminated, cleaned and dried before reuse or storage.
- The concentration and use of antiseptics (for skin and/or mucous membrane) are correct.
- The sterilization process is performed properly.
- Waste segregation is performed properly to minimize the volume of contaminated waste.



The staff of the Murakuri facility then compared the actual practices with the infection prevention standards to identify gaps and actions needed to address them. The major actions identified included improving waste management, facility cleaning, the use of chlorine solution for decontamination of instruments, and the application of proper hand hygiene. A subsequent quality check found the level of compliance of Murakuri UH&FWC with the set infection prevention standards notably improved, from 54% to 80% to be exact.



Photo: Save the Children

## 500<sup>th</sup> and counting

When Tajnahar gave birth to her baby on 29 September, 2015, Durgapur UH&FWC recorded its 500<sup>th</sup> normal delivery - a rare achievement for a union-level health facility. The facility started offering normal delivery services in July, 2014. A large number of deliveries still occurs at home, a trend MaMoni HSS project is trying to change.

## Maternal and Newborn Care Register: Four into one

Efficient management information system is critical for making informed decisions. However, it remains one of the major challenges as far as the country's health systems is concerned. Therefore, MaMoni HSS has attached particular emphasis to strengthening the information management system. Specially notable of the project's innovative contributions involved the Maternal and Newborn Care (MNC) register.

There used to be four separate registers to record data related to MNC care, resulting in duplication of efforts and wastage of resources. The idea to merge them into one register was generated by MaMoni HSS and piloted in 2012 at Poil Union in Habiganj and then field tested in Chunarughat and Basail Upazila of Habiganj and Tangail respectively in 2013. The DGFP was convinced and issued its approval in 2014 clearing way to roll out the new register in the six districts where MaMoni HSS works.



Photo: Save the Children

The project first trained all the Sub-Assistant Community Medical Officers (SACMO) and Family Welfare Visitors (FWV) in the six districts and also supplied the newly designed registers. Now MaMoni HSS is supporting the DGFP to roll out the register in those six districts. So data related to pregnancy, delivery and post-delivery can all now be found in one register.

## Local health managers in Noakhali oriented in mentorship program

Managers in the MOH&FW are in charge of managing district and sub-district-level health facilities and family planning operations. But most of the current managers have not received any comprehensive leadership training. To improve the leadership and management capacity of these district and upazila level managers MaMoni HSS undertook a 5-day-long leadership and management course titled Strategic Leadership and Management Training Program (SLMTP) in collaboration with the Health Research Challenge for Impact (HRCI) project being implemented by the Department of Public Health and Informatics of BSMMU, with technical support from Johns Hopkins University. A total of 45 managers from MaMoni districts successfully completed the training in the period between September 14 and March 15.

Subsequent to this training program, MaMoni HSS has plan to offer a mentorship program for the SLMTP graduates in Noakhali districts. The idea is to link the managers with some vastly experienced professionals working (or retired) in the public health system so that the managers can seek their guidance and advice. With this objective in view Mamoni HSS organized an orientation meeting on mentorship pilot program in Noakhali on September 10, 2015. The meeting was organized by Ministry of Health and Family Welfare (MOH&FW) with assistance from MaMoni HSS project.

The tenure of the pilot program would be six months initially and depending on the outcome it could be taken to other districts. Presently the sub-district level managers would enroll as mentees provided they are interested to seek support and guidance from a mentor to overcome the challenges they face in their work. Mentors would share their experience with the mentees on how they handled critical situations from their own experiences.

The meeting commenced with the welcome speech from Dr. Md. Delwar Hossain, Civil Surgeon, followed by speeches from Mostafa Kamal, DDFP, Noakhali district, and Joby George, COP, MaMoni HSS. Joby underlined the importance of mentorship program and how it would contribute to more efficient management of the health care facilities. Upazila Health and Family Planning Officers (UH&FPO) and Upazila Family Planning Officers



Photo: Save the Children

(UFPO) of Noakhali district took part in the event. Dr. Aminur Rahman, Director, Center for Injury Prevention and Research Bangladesh (CIPRB) and facilitator of the SLMTP course then briefly presented the salient parts of the course mainly to refresh participants' memory. Dr. A.B.M. Jahangir Alam then oriented the participants to the mentoring program, what it offers and what kind of benefits the participants could expect from it. Some of the SLMTP alumni shared their experiences and challenges while applying the SLMTP learning in their work place and hoped that guidance from experts could help them find creative solutions.

District implementation team and members from Advocacy, Communication and Program Learning (ACPL) team, and District Coordinators from two implementing partner NGOs also attended the orientation event.

## Newborn Infection management introduced at union level

Niva Debnath and her husband Toton Debnath live in Teghoria Union of Habiganj District. During her pregnancy, Niva moved back to her father's house in Khagaura Union of Baniachang upazila. Due to the move, she did not receive any ANC during that time.

Niva gave birth to Bikash, a baby boy at the BRAC delivery center in August. She returned to her husband's house several days after delivery. Bikash was fine at the time of delivery, but his condition worsened after several days. There were red discharge from Bikash's umbilical cord, and he would cry intermittently. There was all sorts of advice offered to her, but Niva, extremely concerned chose to speak with her neighbor, Sokhina Begum, who contacted a MaMoni HSS volunteer, Tahmina Begum. Tahmina took the baby and the mother to the UH&FWC, where SACMO Prithish Chandra Banik confirmed the infection. Since the family did not have the means to go to the hospital, Prithish administered injectable gentamicin for two consecutive days, and provided amoxicillin for home use. He also followed up on 4th and 8th day to ensure treatment completion. Bikash recovered and the family was overjoyed. They did not know that such a service was available so close to home, and free of charge. Prithish was also pleased to be able to treat the newborn.



Photo: Save the Children

He said he treats child infection cases all the time, but this was the first time he felt confident to treat a newborn infection. MaMoni HSS, in collaboration with DGHS introduced newborn infection management in all of Habiganj district and several upazilas of Noakhali and Lakshmipur districts. In cases such as Niva and Bikash, when referral to a hospital is not an option, SACMOs can use their training to provide simplified antibiotic therapy regimen to treat newborn sepsis cases.

## New initiative in Quality Improvement efforts

*Newly formed Regional Roaming Quality Improvement Teams (RRQIT) takes stock of Emergency Obstetrics and Newborn Care (EmONC) at Habiganj district hospital*

Improving quality of care forms a significant part of MaMoni HSS project. The latest effort in this regard has been the formation of the first Regional Roaming Quality Improvement Team (RRQIT), a group of specialists drawn from professional bodies and medical colleges. RRQIT's mandate is to inspect district level facilities, find gaps and advise remedy around emergency obstetric and newborn care.

The first RRQIT put together in Sylhet in September has representation from Divisional Director, Regional Supervisor including Family Planning Clinical Service Team of DGFP, Obstetrics and Gynecology Society of Bangladesh (OGSB), Bangladesh Pediatric Association (BPA) and Pediatric Department of Sylhet Medical College. The RRQIT split into three sub-teams and armed with a checklist took stock of obstetrics care, newborn care and general management of Habiganj district hospital and based on what they saw developed an action plan for improving human resources, logistics, and infection prevention provision.

## MaMoni HSS applies Maternal and Perinatal Death Review in Noakhali

Maternal and Perinatal Death Review (MPDR) is an innovative approach in Bangladesh which was introduced in 2010 and has since expanded in 10 districts with support from Centre for Injury Prevention and Research, Bangladesh (CIPRB) and UNICEF. MaMoni HSS Project has adopted MPDR as an important approach to identify health systems' gaps, ensure quality of care, and monitor maternal and newborn mortality. The project began to support DGFP and DGHS to scale up MPDR in the MaMoni project areas, initially in Noakhali district.

The intervention took off with a sensitization meeting in September, 2014 in Noakhali district which was attended by upazila health managers. It was followed by a series of training including those on notifying maternal and neonatal death, stillbirths notification and verbal and social autopsy. The implementation of MPDR formally came into operation in Begumganj Upazila of Noakhali district in April 2015 with technical support of CIPRB.

The field level health and family planning staff started to notify deaths from the community in Begumganj Upazilla in April this year. They used their network including support from the community volunteers to capture and report the deaths. With an emphasis on data for decision-making, the project worked closely with district and upazila level decision makers to identify gaps in health care seeking, service delivery, referral, and health system, and develop action plans in response to the MPDR results.



Photo: CIPRB

## Dr Anowarul Azim: Leading from the front

In his 27-year career, Dr. Anowarul Azim has never received a foundation training. After joining MOH&FW as a medical officer, Dr. Azim was promoted as Upazila Health and Family Planning Officer (UH&FPO) for Companyganj Upazila, Noakhali in December 2011. He received a post-graduation training in medicine, as well as a six-month clinical training, but no trainings to prepare him to act as an administrator and an upazila leader. As a result, Dr. Azim found his new role and responsibilities challenging. But his enthusiasm, exposure to USAID-supported Strategic Leadership and Management Training Program (SLMTP), and support from Upazila Chairman and MaMoni HSS project have helped him in becoming an exemplary leader in his peer group.

When Dr. Azim joined Companyganj UHC, the facility was understaffed and needed many repairs. The facility was being upgraded from a 31-bed to a 50-bed hospital, but sufficient staff and support were not available. Dr. Azim did not know where to ask for support. After completing the SLMTP course, Dr. Azim came back with a renewed enthusiasm, and with the help of the Upazila Chairman and MaMoni HSS project, he began to transform the health facility. He mobilized funding from his colleagues to appoint two cleaners to ensure the cleanliness of the hospital. To ensure round the clock service, Dr. Azim focused on the duty station, which was unfit for night stay.

Dr. Azim mobilized resources from local supporters and renovated the emergency room, donating an IPS on his



*Dr. Anowarul Azim, UH&FPO, Companyganj, Noakhali*

own initiative. In addition, Dr. Azim motivated the Upazila chairman and utilized the Chairman's network to lobby with the high authorities to expedite the work for renovating the old hospital into a 50-bed hospital, repairing the washrooms in the female and child wards and installing a tube well to ensure alternative water supply. Dr. Azim also successfully lobbied DGHS to allocate funds for the construction of a boundary wall, approach road, directional signs and entrance and exit gates.

Thanks to his Dr. Azim's initiative, the hospital is now providing round the clock NVD service and caesarian sections. While the facility had an average of 200–300 outpatient visits per day and 80% bed occupancy, it now attracts an average of 450–550 outpatient clients per day with a monthly in-patient rate of 110–115%.

Dr. Azim has also engaged the political leaders, elected public representatives and NGOs with a view to secure their support to realize his vision for improved maternal and child health. "I am prepared to approach everyone who I think can support this hospital", he says. He noted, "I think I have been able to change the mindset of my staff. Now, no one will go back home without receiving treatment from this hospital."

Advisory board: **Joby George** and **Imteaz Mannan**

Central Editorial Team: **Munia Islam, Shamim Ahsan, Belal Uddin** and **Marufa Aziz Khan**

Data input: **TA Robin**

Design and Layout: **Farzana Tabassum** and **Sk. Towhidur Rahaman**

Support and Contribution: **Manirul Islam, Mohitul Azim, Md. Murad Ahmed Khan Wahid Zaman** and **Md. Mahidul Islam**

Produced & Published by: **Advocacy, Communication and Program Learning Team**

MaMoni- HSS, Health, Nutrition & HIV/AIDS Sector  
Save the Children in Bangladesh

**For more information, please contact:**

Joby George, COP, MCHIP  
MaMoni Health Systems Strengthening Project  
Health, Nutrition & HIV/AIDS Sector, Save the Children  
House CWN (A) 35, Road 43, Gulshan 2, Dhaka-1212  
Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)