Goals, objectives or targets related to nutrition:

The goal of the National Neonatal Health Strategy 2009 is to contribute to the country’s development and progress by reducing neonatal morbidity and significant reduction in neonatal mortality (22 per thousand live births by 2015) through improved policies, services and use of services by mothers before, during, and after pregnancy and at childbirth with special attention to care of neonates. This strategy has been developed for the period 2009-2015 with provision of review after three years.

The objectives are to provide guidance and recommendations to:

- Strengthen service delivery at all levels to improve newborn health, using evidence-based interventions
- Build capacity of health service providers at all levels to deliver quality services to address the major contributors to neonatal death, including birth asphyxia, neonatal sepsis and low birth weight
- Increase awareness among mothers and their families of newborn health issues, to bring about behavior changes that reduce risks to the newborn through coordinated BCC efforts
- Sustain an enabling political and policy environment that integrates maternal, neonatal, and child health interventions across different health programs to ensure consistency and optimal coverage
- Improve overall management of human, physical, financial and information resources appropriately to ensure efficient delivery of neonatal interventions
- Involve communities and civil society to own, oversee and ensure delivery of interventions for improving neonatal health

Strategies

Strategies and activities related to nutrition:

1. Prioritize and improve home and community practices

Introducing and sustaining best practices for neonatal care by family members (e.g. tetanus immunization, immediate breastfeeding, good hygiene practices, essential newborn care, awareness on neonatal and maternal danger signs, appropriate care-seeking) Implementing communication strategies to raise awareness among women, family members and community leaders on danger signs and risk factors for neonates, promoting healthy practices, early care-seeking and self referral

Ensure availability and capacity of community-based workers to increase contact with mothers in the pre- and postnatal periods, including educating mothers and providing essential newborn care
Strengthen community clinic based maternal & neonatal health services for quality & coverage.
Scaling up CSBA training under both government and non-government sectors to increase coverage for skilled birth attendance, and to improve services to women and neonates during pregnancy, childbirth and the postnatal period.
Introducing community case management for sick neonates including sepsis (e.g., injectable antibiotics for sepsis, mouth-to-mouth resuscitation).
Establishing a birth and death registration system.

2. Strengthen Facility-Based Health Care
Strengthening capacity of managers, service providers and support staff and improving human resource availability at all facilities for provision of care to both pregnant women and neonates; use ‘skills and values’ based training approach.
Expanding capacity for provision of twenty-four hour MNH services (including manpower and supplies).
Strengthening referral systems from communities to facilities and between facilities to improve neonatal care; improve facility reception of referred patient.
Increasing coverage of skilled care for every birth including utilization of nurse midwives; initiating preservice midwifery education, ensuring appropriate attention to neonates, including emergency neonatal care.
Strengthening supervision, monitoring and evaluation of quality of maternal and neonatal care offered by all levels of health workers using a standardized guidelines and evidence-based care-practices.
Strengthening capacity of academic institutions to meet specialization and sub-specialization needs in fetomaternal and neonatal care.

3. Improve Resources, Logistics, and Supplies
Developing detailed procurement lists and equipment specifications for supplies needed for ensuring critical maternal and neonatal services.
Assessing resource needs and improving mobilization of adequate resources for maternal and neonatal health activities.
Improving efficiency of resource utilization for both public and non-public sectors to improve coverage and quality of neonatal services.
Strengthening overall logistics supply systems for community and facility service delivery to ensure continuous availability of critical supplies.
Integrate Services for Neonates
Establishing functional linkages for overall maternal and neonatal services between different programs, including family planning, maternal and child health (including IMCI) and nutrition.
Integrating services under DGHS, DGFP and NNP for essential maternal and neonatal care at home and community levels and in facilities.
Strengthening partnerships, collaboration and integration with NGOs and private sectors to improve coverage and ensure consistent standards of care among skilled and unskilled health workers providing services to mothers and neonates.
Establishing strong links between community and facility for all new community-based interventions (e.g., management of neonatal sepsis).
Coordinating policies and technical standards between different related programs, including Maternal Health, EmOC, HIV/AIDS, PPTCT, IYCF, IMCI, CSBA, and other programs that involve services to mothers and neonates.

4. Innovative Approaches for Neonatal Care
Establishing mechanisms for exploring improvement of health systems and adjustments in job responsibilities of different categories of providers to improve coverage and quality of neonatal services.
Including community-based operations research or feasibility studies to improve management of neonatal infections, compliance of KMC at home, low birth weight management, birth asphyxia management at community level etc.
Allowing for operational testing of interventions as efficacy evidence becomes available (e.g., chlorhexidine for reducing infection; calcium for preventing pre-eclampsia; misoprostol for reducing postpartum hemorrhage).

M&E Indicators

M&E Indicators related to nutrition:

Budget and Finance.
1. Costed national plan for ensuring universal access to newborn interventions available.

Policies and Standards.
1. IMCI updated to include management of sick newborn.
2. Standards for newborn care including newborn resuscitation and ENC that have been reviewed and updated in the previous 2 years.
3. Essential newborn drugs list available.
5. Financial protection of newborns and mothers.

Capacity Building.
1. Number & proportion of medical, nursing or other health worker training schools giving pre-service training in ENC.
2. Number & proportion of planned ENC & IMCI trainings for facility-based health workers conducted in the previous year.
3. Number and proportion of planned ENC trainings for community-based health workers conducted in the previous year.
4. Number & proportion of planned staffs trained on ENC & IMCI training.
5. Number & proportion of planned staffs trained on BEmONC/CEmONC.

Facility Preparedness and Functioning.
1. Proportion of first level facilities/OPDs equipped with essential supplies/medicine for management of sick newborn.
2. Proportion of first level facilities/OPDs with trained staffs for sick newborn management.
3. Proportion of facilities with in-patient services equipped with essential equipments & supplies/medicine for management of sick newborn.
4. Proportion of facilities with in-patient services have functioning BEmONC/CEmONC.

Pregnancy.
1. % of recently delivered women who received antenatal care (ANC) at least one from a qualified provider.
2. % of recently delivered women who received antenatal care (ANC) at least four from a qualified provider.
3. % of recently delivered women who know at least three newborn danger signs.

Delivery.
1. % of recently delivered women who were assisted by a skilled birth attendant.
2. % of recently delivered women who delivered in a facility.

Postpartum.
1. % of live born newborns weighted within 24 hours and within 3 days of birth.
2. % of live born newborns wiped, wrapped immediately (within 5 minutes) after birth.
3. % of live born newborns whose bath were delayed by 3 days.
4. % of live born newborns received dry cord care.
5. % of live born newborns who were fed colostrum.
6. % of live born newborns who were initiated on breastfeeding within 1 hour of birth.
7. % of live born newborns who received postnatal home visits from a qualified provider within 1 day and 3 days of birth.
8. % of sick newborns managed by a qualified provider.
9. % of sick newborns received appropriate antibiotic.

Impact Indicators.
1. Neonatal mortality rate.
2. Neonatal mortality as a proportion of infant and under-5 mortality.
3. Proportional cause of neonatal mortality.
4. Low birth weight rate

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**Policy topics:**

- Low birth weight
- Breastfeeding - Early initiation by 1 hour
- Food distribution/supplementation for prevention of acute malnutrition
- Vitamin A
- Folic acid
- Calcium
- Iron
- Iron and folic acid
- Multiple micronutrients supplementation
- Food grade salt
- Counselling on feeding and care of LBW infants
- Promotion of exclusive breastfeeding for 6 months
- Breastfeeding promotion/counselling
- Baby-friendly Hospital Initiative (BFHI)
- Complementary feeding promotion/counselling
- Deworming
- Food security and agriculture
- Family planning (including birth spacing)
- Improved hygiene / handwashing
- Nutrition and malaria
- Vaccination
- Water and sanitation
- Right to health

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**Partners in policy implementation**

- Government
  - Health
  - Women, children, families
  - Details: more
    Director General of Health Services, Director General of Family Planning, Ministry of Health and Family Welfare
- UN agencies
  - United Nations Children's Fund (UNICEF)
- International NGOs
  - Save the Children
  - Details: more
    Bangladesh Neonatal Forum
- National NGO(s)
  - Details: more
    International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Bangladesh Pediatric Society, Saving Newborn Lives

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**Links**