Bangladesh

Quality, Equity, Dignity

A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Country context

POPULATION & MORTALITY RATES	2017	2022
Population (in million)[1]	162.7	168.22
Maternal Mortality Ratio per 100,000 live births[1]	172	163
Neonatal Mortality Rate per 1,000 live births[1]	17	15
Stillbirth Rate per 1,000 births[1]	11.5	10.9

NATIONAL COVERAGE OF KEY INTERVENTIONS (2019)	%
Antenatal care (4 or more visits)[2]	37
Skilled birth attendance during delivery[3]	–
Institutional deliveries[4]	53
Post natal visit for baby (within 2 days of birth, medically trained provider)[4]	67
Postnatal care for mother (within 2 days of birth, medically trained provider)[4]	65
Caesarean section rate[5]	–
Family planning[6]	74
Initial breastfeeding (1 hour of birth)[7]	47
Exclusive breastfeeding rate (of infants under age of 6 months)[8]	63

1. Sample Vital Registration System (SVRS), 2017
   Sample Vital Registration System (SVRS), 2022
2. WHO/SHR Global Database, Percentage of women aged 15–49 years attended at least four times during pregnancy by any provider, September 2022.
3. UNICEF/WHO joint database on SDG 3.1.2 Skilled Attendance at Birth. May 2022.
4. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Maternal and Newborn Health Coverage Database, New York, May 2022.
5. WHO Global Health Observatory. https://www.who.int/data/gho
6. United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020. New York: United Nations.
7. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Ever breastfed, Early initiation of breastfeeding, Exclusively breastfed for the first two days after birth, New York, October 2022.
8. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, October 2022.

Milestone progress (2017-2022)

STRATEGIC OBJECTIVES	MILESTONE DELIVERABLES	2017	2020	2022
LEADERSHIP	Supportive governance policy and structures developed or established	In progress	In progress	On track
	Quality of care for maternal and newborn health roadmap developed and being implemented	No information	On track	On track
ACTION	On-site coaching visits occuring in learning districts	No information	On track	On track
	Quality improvement coaches trained	No information	On track	On track
	QoC coaching manuals developed	No information	On track	On track
	Learning districts and facilities selected and agreed upon	In progress	On track	On track
	QoC implementation package developed	No information	On track	On track
	Adaptation of MNH QoC Standards	No information	On track	On track
	Orientation of learning districts and facilities	Not started	On track	On track
LEARNING AND ACCOUNTABILITY	Mechanism for community participation integrated into QoC planning in learning districts	Not started	In progress	In progress
	A research institution to facilitate documentation of lessons learned identified and is active	Not started	In progress	On track
	District learning network established and functional (reports of visits)	No information	On track	On track
	Common indicator data collected, used in district learning meetings, and reported upwards	Not started	On track	On track
	Baseline data for MNH QoC common indicators collected	Not started	On track	On track
	Common set of MNH QoC indicators agreed upon for reporting from the learning districts	Not started	On track	On track

Key: On track (achieved) · In progress (initiated but not completed) · Not started · No information

Ensuring MNH QoC core indicators are available in routine HMIS

DATA ELEMENTS	Integrated into HMIS	Collected	Reported	Used	Source
Pre-discharge maternal deaths	YES	YES	YES	YES	Routine HMIS
Maternal deaths by cause	YES	YES	YES	YES	Routine HMIS
Neonatal deaths by cause	YES	YES	YES	YES	Routine HMIS
Facility stillbirth rate (disaggregated by fresh/ macerated when possible)	YES	YES	YES	YES	Routine HMIS
Pre-discharge neonatal mortality rate	YES	YES	YES	YES	Routine HMIS
Obstetric case fatality rate (disaggregated by direct/indirect when possible)	NO	NO	NO	NO	
Pre-discharge counselling for mother and baby (woman-reported)	NO	NO	NO	NO	
Companion of Choice (woman-reported)	NO	NO	NO	NO	
Women who experienced physical or verbal abuse in labor or delivery (woman-reported)	NO	NO	NO	NO	
Breastfeeding within one hour	YES	YES	YES	YES	Routine HMIS
Immediate postpartum prophylactic uterotonic for PPH prevention	YES	YES	YES	YES	Routine HMIS
Birthweight documented	YES	YES	YES	YES	Routine HMIS
Premature babies initiating KMC	YES	YES	YES	YES	Routine HMIS
Basic Hygiene Provision	NO	NO	NO	NO	
Basic sanitation available to women and families	YES	YES	YES	YES	Periodic health survey

Key: YES · NO · No information

Creating an enabling environment for sustainability and scaling up of MNH QoC

MNHQI Bundles

- USAID's MaMoni Maternal and Newborn Care Strengthening Project has developed an integrated model for system-wide Quality Improvement initiative that encompasses a range of interventions for MNH, termed MNHQI Bundles
- Across Bangladesh, 252 facilities, including 8 private facilities, are implementing the MNHQI bundles and 5,700 service provides and health managers in facilities and districts have been trained in the MNHQI bundles. The model commences with developing capacity of front-line providers in interventions specific to core clinical and operational processes as well as the documentation of progress. The use of Partograph is one focus area of the MNHQI Bundle.

Due to low utilization of partographs, facility leaders and service providers came to the consensus that partographs should be routinely used to ensure safe childbirth and prevent maternal and newborn complications. In mid-2021, MaMoni supported a baseline assessment to understand the magnitude of the gap in use and from September 2021, supported the facility to implement a QI project which included training of healthcare workers on QI Basics and Correct Use of Partograph. Following regular on the job training, coaching visits and sustained leadership, the number of partographs and number and percentage of correctly used partograph increased significantly (Figure 1 & 2). The implementation has rapidly led to positive outcomes (Figure 3). This was possible due to the ownership of the district health authority, issuance of government order for the correct use of partograph and regular reporting to DHIS2.

Figure 1: Upward trends of Correct Use of Partograph

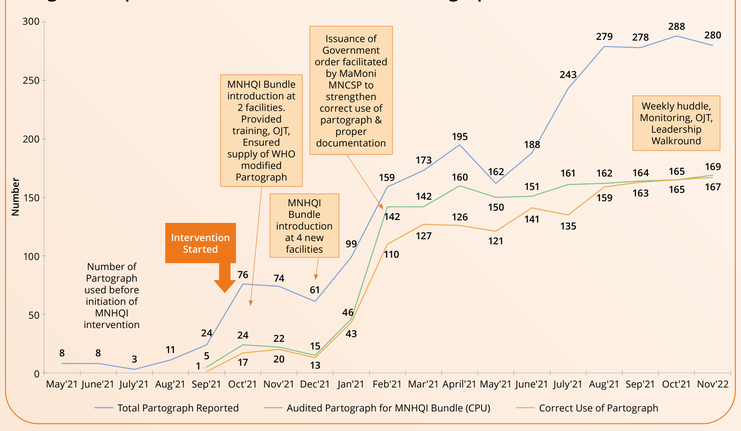


Figure 2: Percentage of correct use of partograph

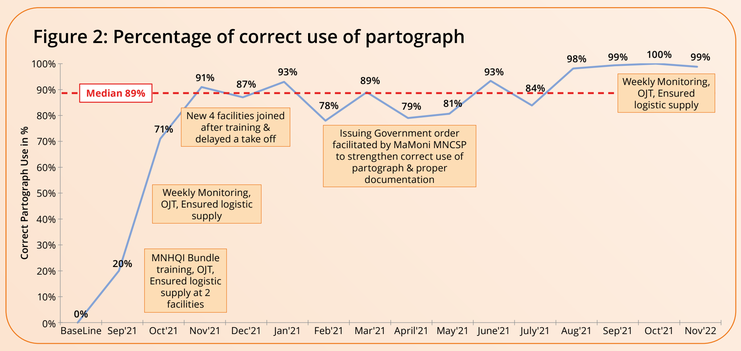
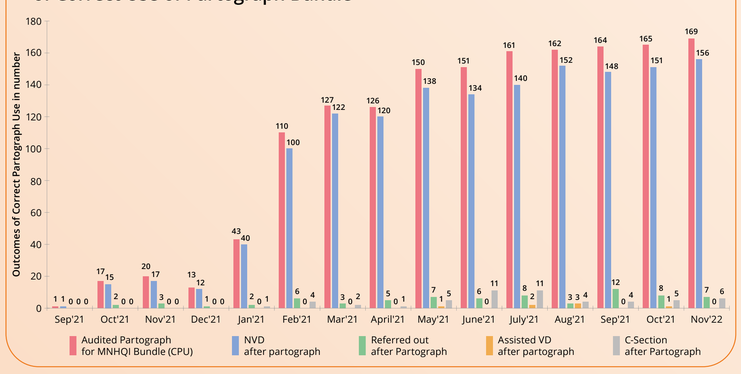


Figure 3: Increasing trends of normal vaginal delivery after implementation of Correct Use of Partograph Bundle



Using PDCA to improve KMC follow up at Jamalpur District Hospital

As part of efforts to improve quality of care for small and sick newborns, the Ministry of Health and Family Welfare (MOHFW) and UNICEF initiated Kangaroo mother care (KMC) services in 39 districts.

- A baseline assessment was conducted in Jamalpur District Hospital in September 2020 which revealed that only **10 percent** of babies received the first follow up visit for KMC in the Special Care Newborn Unit (SCANU).
- The hospital QI team and the Work Improvement Team (WIT) at the Special Care Newborn Unit set a target to increase the first follow up visit for KMC babies at the unit from **10 percent to 70 percent** within 3 months by implementing PDCA (Plan-Do-Check-Act) quality improvement approach.
- Firstly, the hospital QI team used the fishbone method to analyse the causes of low follow-up of visits of KMC babies and identified changes for improvement. Secondly, change ideas were implemented. These include ensuring proper counselling of mothers and guardians before discharge, introducing a KMC follow-up card and informing mothers and guardians of the date for the visit, making phone calls to remind mothers and guardians of follow-up visits and providing iron, vitamins, and calcium to the mother during the visits.

Data was recorded in the KMC register and DHIS-2 by the WIT at the SCANU.

- The team was able to increase the first follow-up visits for KMC babies to **68%** by March 2021. However, due to the COVID-19 pandemic (particularly the second and third waves) and the country-wide lockdown and movement restrictions, KMC follow up visits declined to **44%** and remained stagnant during 2021.
- At the beginning of 2022, when restrictions were removed, KMC follow up visits steadily increased and reached **79% by December 2022.** This increase has been sustained ever since.

In conclusion, it was observed that proper counselling of mothers and guardians was key to encourage mothers to bring their babies for KMC follow-up care. In addition, the provision of iron, vitamins and calcium was a motivating factor that pushed mothers and guardians to attend the first KMC follow-up visit.

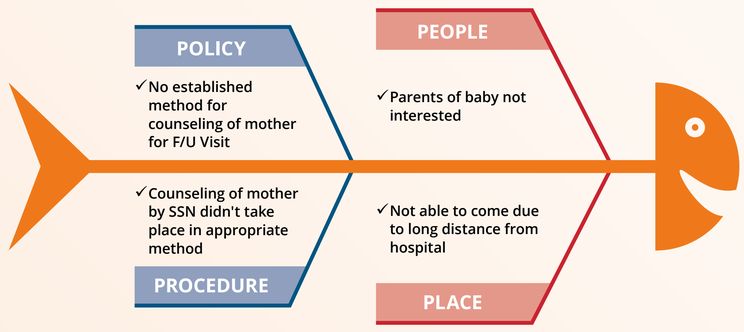
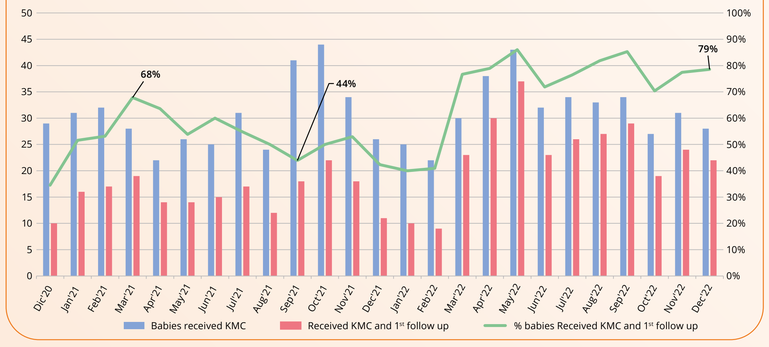


Figure 4: Improvement of first follow up visit among babies received KMC

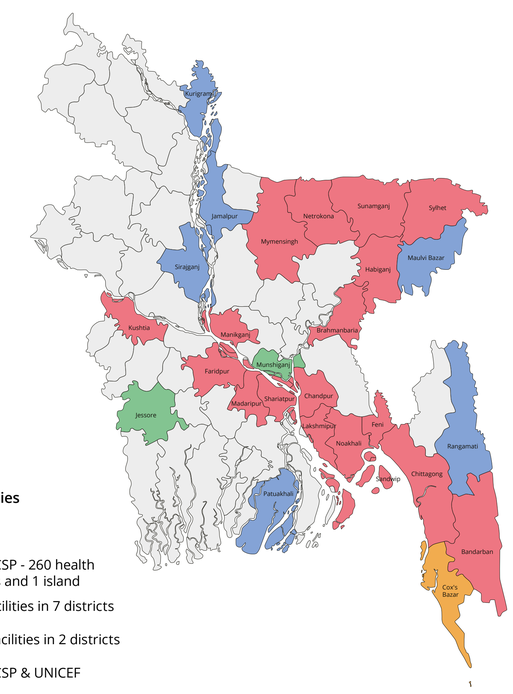


Building learning health systems for quality MNCH

In 2021, a national learning system for quality care was established in partnership with the National Institute of Preventive and Social Medicine (NIPSOM) to document and share quality improvement learning and best practices.

- NIPSOM closely works with regional Medical Colleges to design regional QI implementation plans
- Each Medical College begins by supporting one district and acts as a clinical and quality improvement hub in the region
- Three Medical Colleges were initiated in 2021, and four in 2022. Moving forward, NIPSOM will work with additional colleges to support the documentation and sharing of QI learning at the regional level.

Map of the districts and learning facilities



Number of health facilities and learning districts
Implementing partner

- USAID's MaMoni MNCSP - 260 health facilities in 17 districts and 1 island
- UNICEF - 55 health facilities in 7 districts
- IHI-BMGF - 4 health facilities in 2 districts
- USAID's MaMoni MNCSP & UNICEF

Taking forward the unfinished and emerging agenda for quality MNCH

The Ministry of Health and Family Welfare is planning to integrate quality of care activities in the fifth sector program to ensure implementation and scale up of quality of care through mobilization of resources and strengthening coordination.

Engagement of private sector in the delivery of quality health care services has been initiated and need to be strengthened further. QI initiatives have been implemented in private facilities, with support of MaMoni Maternal and Newborn Care Strengthening Project.

The Ministry of Health and Family Welfare has recently approved a new National Healthcare Quality Strategy (2021 - 2030). Work has also commenced on developing the 'Implementation Plan' which is currently ongoing through consultation processes. Once in place, the Ministry of Health and Family Welfare will commence the implementation process.

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