

Overcoming health systems bottlenecks in implementing Kangaroo Mother Care at district and sub-district level health facilities in Bangladesh

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Background

In Bangladesh, estimated 45% of all newborn death are due to complications of premature birth (UNICEF 2015). The USAID's funded MaMoni Health System Strengthening (HSS) project and other partners are supporting MOHFW to introduce facility based Kangaroo Mother Care (KMC) for improve survival of low birth weight and preterm babies following national guideline.

Project is supporting in capacity building, facility preparedness, logistic arrangements, development of record keeping and reporting tools, advocacy, sensitization of providers and developing community awareness at district and Sub-district levels within project areas.

Methodology

In August 2016 an assessment was conducted in health facilities parallel to regular monitoring system of the project

- to understand the implementation practices and challenges around rolling out the KMC interventions in MaMoni HSS areas
- to estimate what is needed to provide KMC services at district and sub-district level

Area- three secondary (Sub district) and 3 tertiary (District) level facilities of south-western district of Bangladesh

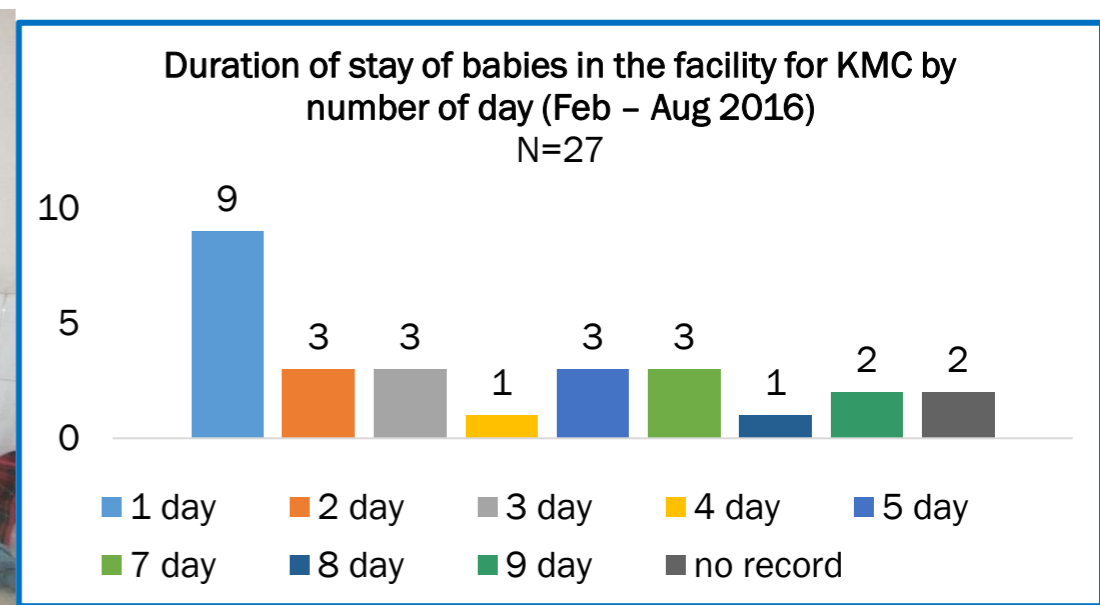
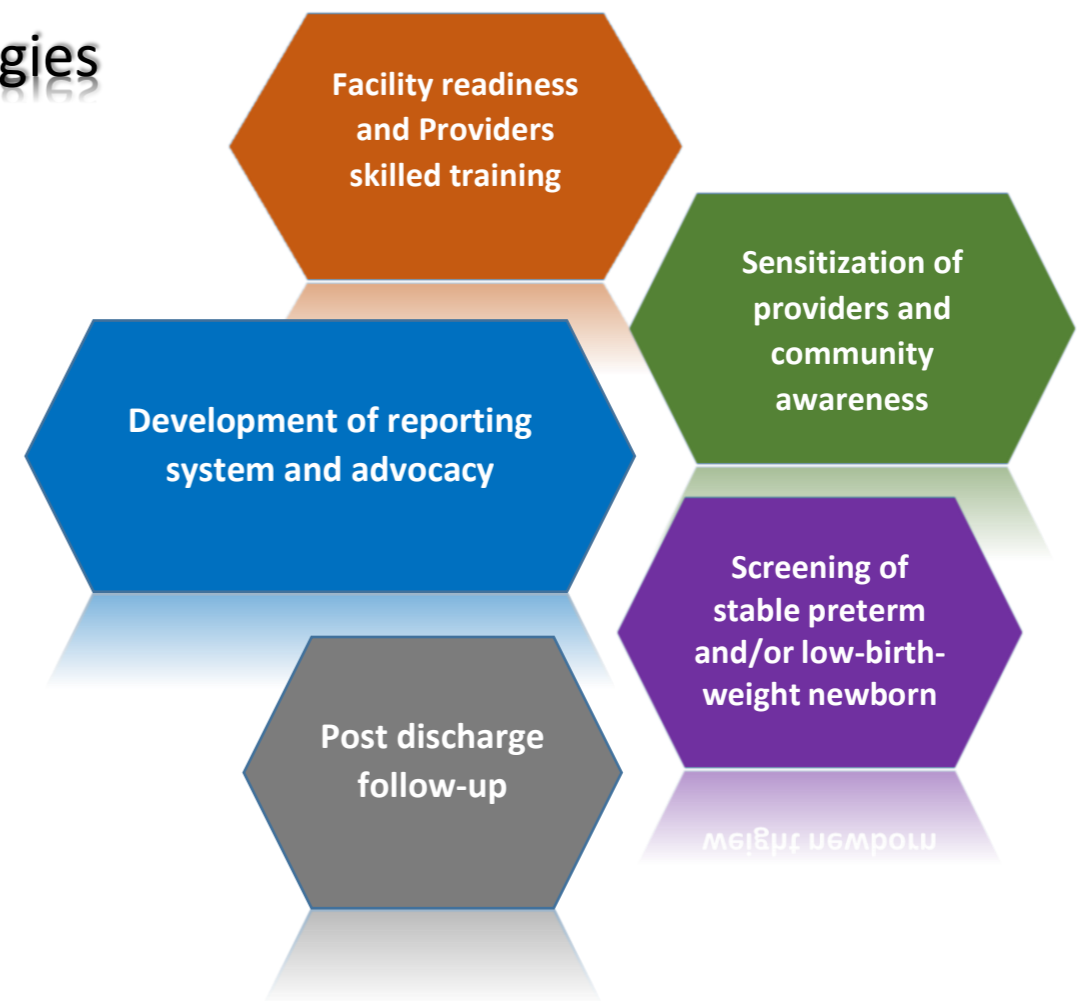
Methods - Observation service provisions

- Review of available data, registers and logistics management
- Interview with key providers and managers

Key findings and learning

- High bed occupancy rate at District level (as high as 200%)
- At district level facility doctors hesitate to recommending KMC for high HR vacancy
- Service provider's motivation is critical for KMC introduction. National level resource can facilitate district providers motivation through sensitization meeting
- Local gov't initiative mitigate the unavailability of dedicated physical spaces for KMC in one of the district level facility
- Local government have the potential to contribute for KMC introduction support to MOHFW

Program strategies



Scope at sub-district level facility

- Presence of relatively more nurses at sub-district level facility ease monitoring and record keeping of KMC
- Development of a MOHFW medical officer to support KMC roll out in the sub district
- Post discharge follow up of cases by existing community level MOHFW providers
- More convenient for hard-to-reach community as longer stay at facility is

Next steps

Understand the scope of implementation of KMC at Primary level facility where normal delivery service coverage is high

Mentoring of a MOHFW medical officers at sub district level who will be coordinating all newborn interventions including KMC in respective sub district

SBCC initiatives for community awareness. Counselling of pregnant women by facility providers

Advocacy of best practices of MaMoni HSS to introduction of KMC services within a public health structure of Bangladesh at scale

Implementation challenges

- Drop out of targeted training participants (46% doctor, 40% nurse) delayed implementation process
- Vacant position of Doctors and Nurses (30% doctor, 40% nurse)
- Adherence to standard, consistent admission of cases, completeness of documentation of services by provider, duration of stay of cases in the facility, community follow up are some of the key concerns
- Early discharge/short duration of stay after NVD