



Helping Babies Survive Asia Regional Workshop

Meeting Report Dhaka, Bangladesh

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Abbreviations

AAP	American Academy of Pediatrics
CPAP	continuous positive airway pressure
ECEB	Essential Care for Every Baby
ECSB	Essential Care for Small Babies
EENC	Early Essential Newborn Care
EMEN	Every Mother Every Newborn
ENAP	Every Newborn Action Plan
HBB	Helping Babies Breathe
HBS	Helping Babies Survive
HMIS	health management information system
MCHIP	Maternal and Child Health Integrated Program
MCSP	Maternal and Child Survival Program
MDG	Millennium Development Goal
MMR	maternal mortality ratio
MNH	maternal and newborn health
MOHFW	Bangladesh Ministry of Health and Family Welfare
NMR	neonatal mortality ratio
QI	quality improvement
RMNCH	reproductive, maternal and newborn child health
USAID	United States Agency for International Development
ASSIST	Applying Science to Strengthen and Improve Systems
WHO	World Health Organization
WPRO	Western Pacific Regional Office

Acknowledgements

We would also like to thank the following organizations who supported the organization of the Helping Babies Survive Asia Regional Workshop in collaboration with the World Health Organization: the Bangladesh Ministry of Health and Family Welfare, UNICEF, the American Academy of Pediatrics (AAP), Survive & Thrive Global Development Alliance, Laerdal Global Health Foundation, and USAID's Applying Science to Strengthen and Improve Systems Project.

Overview

The Helping Babies Survive (HBS) Asia Regional Workshop was held in Dhaka, Bangladesh, on April 8–13, 2015. The workshop was organized by the following organizations, in collaboration with the World Health Organization (WHO):

- Government of Bangladesh
- Maternal and Child Survival Program (MCSP, which is funded by the United States Agency for International Development)
- American Academy of Pediatrics (AAP)
- UNICEF
- Laerdal Global Health Foundation
- Applying Science to Strengthen and Improve Systems (ASSIST) program, which is funded by USAID

The workshop brought together representatives from Ministries of Health, as well as clinicians, national maternal and newborn trainers, program managers, and technical advisors from regional and global maternal and newborn health (MNH) development partners. The workshop's goals were to: a) introduce participants to the Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB) newborn health training curricula, b) facilitate discussions on overall health system bottlenecks, and c) identify pragmatic solutions for strengthening newborn care training in Asia.

Meeting Objectives

Overall workshop objectives were to:

- Introduce HBS (ECEB and ECSB) materials to select countries, discuss how the materials complement existing WHO and in-country maternal and newborn curricula, and deliberate on potential integration with Helping Babies Breathe (HBB) and other relevant training curricula
- Prioritize linkages with in-country quality improvement (QI) platforms and programs to develop common understanding of how QI approaches can be applied to overcome local barriers to implementing HBB, ECEB, and ECSB
- Train participants in ECEB and ECSB; build basic, core QI competencies; and define roles and responsibilities for in-country implementation
- Identify country-specific health system bottlenecks and their pragmatic solutions for ensuring that strengthened newborn training activities contribute to the intended impact of reducing newborn mortality
- Draft outline of country-specific national/sub-national action plan that incorporates prioritized solutions to resolve health system bottlenecks to implementing a strengthened newborn training program
- Identify support and resources needed by countries intending to adapt/adopt ECEB and ECSB materials and implement strengthened quality programs
- Establish a mechanism for regular information sharing and consultation between countries and Every Newborn Action Plan (ENAP) partners

One hundred seventeen people attended the workshop, including representatives from the following countries: Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Myanmar, Nepal, Norway, Pakistan, the Philippines, United States, and Vietnam.

Appendixes I and II contain the meeting agenda and participant list. Presentations from the meeting are posted to: <https://www.scribd.com/collections/13666331/Helping-Babies-Survive-Workshop-Dhaka-Apr-2015>

Background

The ECEB and ECSB curricula are part of the HBS newborn care training modules developed by the AAP, in collaboration with other select partners of the Survive and Thrive Global Development Alliance. These modules, which include HBB, the well-tested and scaled-up curriculum on neonatal resuscitation, are designed to assist health care providers in low-resource settings deliver consistent and quality newborn care to achieve reductions in newborn mortality. In addition to clinical skills, the HBS modules also include QI approaches as an integral component to support efforts of health care providers and program managers to achieve comprehensive and strengthened service deliveries. The training modules, including the QI elements, are intended to be adapted within the existing country's contexts to strengthen, but not duplicate, existing maternal and newborn training and QI efforts. The HBS modules are envisioned to also strengthen a country's existing standards for newborn care and to contribute to efforts for implementing Every Mother Every Newborn (EMEN) QI initiatives.

The HBB materials were launched in Asia in 2010, and since then, have been adopted by the governments and their partners and implemented in small to large scales in over 70 countries worldwide. USAID's Maternal and Child Health Integrated Program (MCHIP) and its partners have had rich learning experiences from the implementation and scale-up of HBB in several MCHIP-supported countries. In Asia, the holistic health systems approach applied by Bangladesh's maternal and newborn health partners, which ensures that impact of the well-established and well-conducted HBB training program has been well documented, informed the design of sessions offered at the HBS Asia Regional Workshop.

In 2013, the ECEB materials were beta-tested in Kenya and India, and the first demonstration training took place in Uganda in January 2014. With input from WHO, the ECEB materials were finalized in March 2014. MNH partners organized the launch of materials during the Africa Regional ECEB Workshop in Addis Ababa, Ethiopia, in May 2014. The workshop was instrumental in introducing ECEB materials to African countries; since then, several African countries, including Ghana, Kenya, Malawi, Nigeria, South Sudan, Zambia, and Zimbabwe have initiated processes to adapt and adopt these materials for integration into existing MNH training, including HBB.

The development of the ECSB materials began in early 2013. A Delphi method was applied to review these materials in May 2014. Input from WHO and other reviewers were incorporated and the next draft of the ECSB materials were finalized by the middle of September 2014. Beta-testing of the ECSB materials took place in Nepal and Uganda in September and October 2014. During the HBS Asia Regional Workshop, additional feedback was provided by participants and facilitators and will be incorporated into the final version of the materials. The ECSB materials were finalized in July 2015.

Inaugural Event

Welcome Remarks

Roxana Quader, Additional Secretary for the Bangladesh Ministry of Health and Family Welfare (MOHFW), kicked off the workshop with a welcome to the attendees, on behalf of the organizing committee. She noted that this workshop would help provide an opportunity for Bangladesh and other Asian countries to reexamine their approaches to newborn care, and emphasized the potential for the HBS curricula to improve the quality of training newborn providers.

Dr. Bernadette Daelmans, Policy, Planning and Programs Coordinator for WHO's Department of Maternal, Newborn, Child and Adolescent Health, provided an overview on the implementation of ENAP,¹ and an update on what has happened since its adoption in 2014.

In 2013, there were 289,000 maternal deaths, 2.9 million newborn deaths, and 2.6 million stillbirths worldwide. It is estimated that three million babies and women could be saved each year through investment in quality of care provided around the time of birth. The goal of ENAP is for every country to achieve the following reductions in mortality by 2035:

- Reduce maternal mortality ratio (MMR) by at least two-thirds from what it was in 2010 so that it is less than 140 deaths per 100,000 live births
- Reduce newborn mortality ratio (NMR) to less than 12 deaths per 1,000 live births
- Reduce the number of stillbirths to less than 12 per 1,000 total live births

Dr. Daelmans highlighted five things that countries need to do differently in order to reach these goals:

1. Develop strong intentional leadership
2. Integrate plans across the continuum of care
3. Invest for impact
4. Implement and innovate—address health system bottlenecks (resources, commodities, health information, etc.)
5. Set indicators and metrics—measure progress and impact

She also provided an overview of the updated WHO newborn health technical guidelines, including new guidelines on newborn resuscitation, cord care, postnatal care, assessment of danger signs, and care for low birth weight babies. She also shared some information on these forthcoming guidelines: antenatal corticosteroids for the management of preterm labor; Kangaroo Mother Care; and simplified antibiotic regimens.

At a global level, there are three working groups to ensure that action plans have lasting results:

1. Country implementation—identifying and responding to technical support needs and translating evidence into action

¹ www.everynewborn.org

2. Data and metrics—improving and institutionalizing metrics to track coverage impact based on the goals and targets of ENAP
3. Advocacy—strengthening global and national MNH advocacy efforts in order to create change

Dr. Nabila Zaka, Senior Health Advisor for UNICEF Maternal and Newborn Health, continued on from Dr. Daelmans' presentation to provide an overview of the global implementation progress and how the three different coordinating mechanisms function. She elaborated on three working groups that ensure action plans move forward and have lasting results: country implementation, data and metrics, and advocacy.

Country Implementation

The country implementation group is focused on tracking progress of countries and providing technical support if needed. A tracking tool has been developed and tested in 10 countries and another version of the tool is under development, but its use will be limited to countries with the highest NMRs, i.e., countries with the highest burden of neonatal deaths. As of January 2013, eight out of 28 countries have developed national newborn action plans, six have sharpened their reproductive maternal and newborn child health (RMNCH) plans in light of ENAP, and eight have developed costing plans. In terms of technical support, a global review is currently underway to identify implementing partners and donors currently providing support to MNH activities. A database will be developed and accessible on the ENAP website, listing organizations and consultants currently providing support as well as those that could be engaged for future technical support needs.

Data and Metrics

The data and metrics group is focused on improving the institutionalization of metrics to track coverage and impact of ENAP's goals and targets. Main areas of action include: technical mapping and planning of indicators, tools, and work in progress; institutionalization of data within national collection platforms and global metrics architecture; and leadership development to improve data and their use for action.

Advocacy

The advocacy group is focused on strengthening global and national MNH advocacy efforts in order to create change. Efforts include development of global and regional work plans for Asia and Africa, dissemination opportunities for the Lancet Every Newborn Series and national MNH action plans, contributions to the development of Sustainable Development Goals, and engagement with the development of the updated Global Strategy for Women's and Children's health.

Dr. Zaka also introduced the new Every Mother, Every Newborn (EMEN) QI initiative. The framework for this initiative focuses not only on the provision of care but also in the experience of care, with an emphasis on the following four main components:

1. Setting up national dialogue for adoption of standards
2. Offering routine self-assessment for MNH care in health facilities by facility staff, with support and oversight from local facility committees/boards and health authorities
3. Targeting support to low-performing facilities to improve skills and resources
4. Validating findings externally

In closing, Dr. Zaka summarized the next steps for the EMEN QI initiative, including national efforts focusing on the institutionalization of the framework, sub-national efforts for the development of a national framework, and a review of different country models to establish common QI principles that can be replicated on a global scale.

Professor Dr. Mohammad Shahidullah, Chairperson for Bangladesh’s National Technical Working Group for Newborn Health, provided an overview of the progress on newborn health activities in Bangladesh. Bangladesh is one of 23 countries on track to achieve Millennium Development Goal 4, and has the fourth most rapid rate of decline in child mortality. Eighty-eight percent of newborn deaths in Bangladesh are due to three main causes: complications of preterm birth, complications during intrapartum (birth asphyxia), and severe infection. In Bangladesh, 21% of all deaths among children younger than five occur on their first day of life.

Dr. Shahidullah noted Bangladesh’s contribution to several newborn health research initiatives, including the Projahnomo trial that focused on community interventions for newborn health, a chlorhexidine trial looking at the significance of neonatal cord infection and mortality reduction after single and multiple applications of chlorhexidine to the cord, and the Simplified Antibiotic Therapy Trial that focused on reducing newborn infections. Additionally, he highlighted several policy and strategic initiatives for newborn health that were launched during 2009–2014, including development of the National Neonatal Health Strategy and Guidelines document; the formation of a National Technical Committee for Newborn health; strengthening of a national health management information systems (HMIS) scale-up of several newborn health interventions, including HBB; and the development of a Bangladesh ENAP.

Dr. Shahidullah closed his presentation with a glimpse of the future, identifying some key priority actions, including launching a comprehensive campaign to promote behavior and practices around newborn health, care-seeking, and service utilization; having greater emphasis on quality improvement and effective coverage of services; strengthening measurement and monitoring; ensuring facilities have skilled staff and adequate stock of supplies; and reducing the equity gap for vulnerable and marginalized populations.

Dr. Lily Kak, Senior Advisor for Global Partnerships and Newborn Health at USAID in Washington, D.C., and **Dr. Nalini Singhal**, a pediatrician and an AAP Volunteer, explained the HBS program and the objectives of the workshop. Dr. Kak provided an overview of the Survive and Thrive Global Development Alliance, the role of partners, and history of HBS curriculum development. Dr. Singhal followed with an overview of the HBS suite, including the educational design and methodology, and how the curricula are intended to impact and contribute to reducing NMM.

Several distinguished guests and local implementing partners jointly emphasized their commitment to newborn health in Bangladesh by highlighting key priorities and visions for the future. Some of these guests and partners were:

- **Dr. Ishtiaq Mannan**—Chief of Party, MCHIP Bangladesh
- **Ms. Melissa Jones**—Director, Office of Population Health, Nutrition and Education, USAID
- **Edouard Beigbeder**—Country Representative, UNICEF Bangladesh
- **Dr. Navaratnasamy Paranietharan**—Country Representative, WHO Bangladesh
- **Mr. Nur Hossain Talukder**—Director General of Family Planning, MOHFW
- **Professor Dr. Deen Mohd. Noorul Huq**—Director General of Health Services, MOHFW

Syed Monzurul Islam, MOHFW Secretary and Chief Guest for the workshop, and **Roxana Quadar**, Additional Secretary for the Bangladesh MOHFW, thanked the group and made closing remarks. They affirmed their belief that the workshop would provide a very effective platform for discussing and developing country-specific action plans that are essential for ensuring the impact of improved newborn care training and capacity-building for reducing newborn mortality.

Day 1: April 9, 2015

Day 1 of the workshop began with participants answering multiple choice questions for the ECEB and ECSB trainings. These tests gauged participants' knowledge and skills in advance of their participation in the training courses.

Following the tests, **Dr. Altaf Hussain**, Program Manager for MCI/DGHS/MOHFW, introduced the Bangladesh Comprehensive Newborn Care Program (CNCP), which was the result of a multi-partner effort to adapt and adopt HBB and ECEB into a national package. The package includes three sets of training materials focused on the varying levels of service delivery in the country: UHC and higher level service providers, union level service providers, and domiciliary and community clinic service providers.

Essential Care for Every Baby Training

The remainder of Day 1 focused on ECEB training. The ECEB curriculum focuses on essential care that newborns need within the first 24 hours of life, including warmth, skin-to-skin care, early and exclusive breastfeeding, cord care, eye care, vitamin K administration, and immunization.

Participants were grouped into tables with six learners and one master trainer. Learners were given the opportunity to familiarize themselves with the content and materials, which included a flip chart, provider guide, parent guide, action plan, newborn simulation body models, and other supplemental medical supplies and equipment. Figure 1 shows these materials. Based on guidance from the master trainer, learners simulated and practiced skills they learned in caring for newborns using the accompanying materials.



Figure 1. Essential Care for Every Baby Training Materials

Day 2: April 10, 2015

Essential Care for Every Baby and Essential Care for Small Baby Trainings

Day 2 of the workshop included a review of the ECEB training and the start of the ECSB training. The ECSB curriculum is focused on the essential care required for well, premature, or small gestational weight babies in their first 24 hours of life. This care includes some of the similar elements in the ECEB curriculum, such as maintaining normal temperature and breastfeeding, but also includes methods for alternative feeding and infection prevention. Like ECEB, the ECSB curriculum includes a learner flip chart, provider guide, parent guide, and action plan, but also includes a premature newborn simulator and breast model for simulating breast milk expression and feeding. See Figure 2 for the ECSB action plan.

Day 3: April 11, 2015

Essential Care for Small Baby Training

The third day of the workshop was solely dedicated to the completion of the ECSB training session. The topics included a review of danger signs for referring newborns to advanced care and the necessary steps required to prepare them for transportation; determining when babies were ready for discharge and counseling mothers and families on home care; and a group exercise to discuss methods and practices for continuous quality improvement of care for newborns.

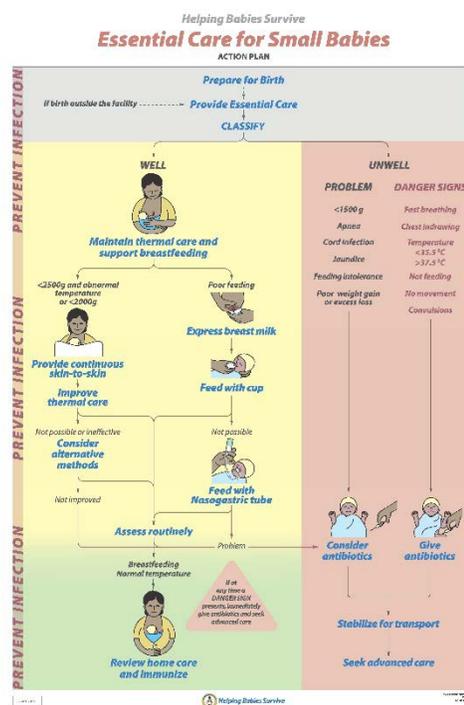


Figure 2. Essential Care for Small Babies Action Plan

Day 4: April 12, 2015

Country Group Work Sessions

Days 4 and 5 of the workshop were dedicated to country-specific group work sessions. Groups reviewed existing capacity-building plans, discussed the applicability of HBS curricula in the context of existing newborn and maternal capacity-building programs, discussed health system bottlenecks that hinder the practice of improved skills at the point of service, and generated solutions to overcome bottlenecks. Country-specific group work enabled teams to develop preliminary action plans for a comprehensive approach to capacity-building, including quality improvement, and finalize the plan with a broader group of relevant MNH stakeholders after returning home.

Process

Each country group consisted of two country group coordinators to facilitate discussion, a global facilitator to respond to any questions and troubleshoot any issues as necessary, and a rapporteur to complete the country group work tool throughout the discussion. Those countries that had a smaller group of delegates (i.e., China and Cambodia) participated in this process as observers, and were added to larger country team groups to observe the process and discussion for consideration within their own country contexts.

As the host for the workshop, the Bangladesh team took advantage of this opportunity to bring together the Bangladesh Newborn Health Technical Working Group Committee, and thus, had a much larger delegation of about 40 people.

Country Group Work Tool

A country group work tool (Microsoft Excel spreadsheet) was developed to help countries facilitate preliminary discussions on newborn care training, as well as to capture information for future planning and decision-making among a wider group of MNH stakeholders in their home countries.

The Excel spreadsheet consisted of six separate worksheets:

- Sheet 1: A pre-filled country team profile
- Sheet 2: HBS and country context for newborn training
- Sheet 3: QI opportunities for strengthening MNH approaches
- Sheet 4: Bottleneck analysis and actions
- Sheet 5: Preliminary draft action plan
- Sheet 6: Training planning tool

Inputs and action items from Sheets 1–4 were linked to cells in Sheet 5 (action plan) for efficiency.

Since many countries had already developed preliminary action plans around newborn care training, this tool was not to be used as a way to start from scratch. Instead, for countries that had already starting planning, the goal was to continue discussions based on their current progress in capacity-building, skip any non-relevant questions, and create new questions/inputs as needed for their particular context.

In addition to the country group work sessions, there were also several presentations on global and regional quality improvement initiatives to help drive discussion.

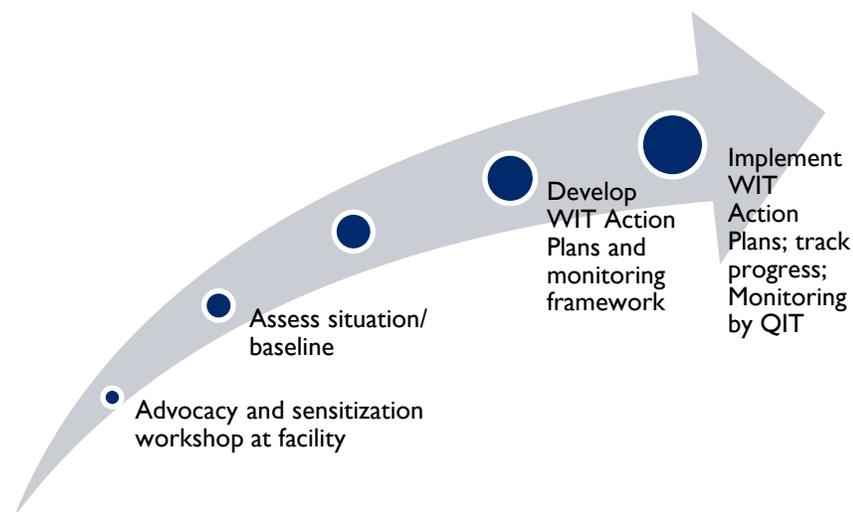
Dr. Bernadette Daelmans explained WHO’s vision for the quality of care and why quality matters. Facility-based deliveries are increasing globally, which means a higher proportion of avoidable maternal and neonatal deaths are occurring at facilities. Provision of essential interventions is not enough. The provision and quality of services is a major barrier to improved maternal and newborn health outcomes. Dr. Daelmans offered the following definition of quality of care: “the extent to which health services provided to individuals and populations improved desired health outcomes.” In order to meet this definition, Dr. Daelmans emphasized the need to ensure the following:

- Delivering **safe** health care that minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors
- Delivering **effective** services that are evidence-based
- Providing and receiving care in a **timely** manner
- Delivering **efficient** care that maximizes resource use, but avoids waste
- Delivering **equitable** care that does not vary in quality due to a user’s personal characteristics, geographical location, or socioeconomic status
- Providing **people-centered** care that takes into account preference and aspirations of individual users and their cultures

Dr. Ziaul Matin, Health Specialist for UNICEF, gave an overview of the process for implementing the 5S continuous quality improvement/total quality management (5S-CQI-TQM) approach,² a QI initiative implemented in Bangladesh. In Bangladesh, basic characteristics of service delivery in hospitals include: long waiting time, overcrowding, unhygienic and disorganized work environment, wastage, etc. The MOHFW has initiated several QI efforts aimed at improving such issues, including the establishment of a QI program within the Health Sector Program, development of a national strategic framework for QI, as well as the development of health care standards and guidelines for QI. The 5S-CQI-TQM approach has been scaled up in 97 facilities throughout the country. Implementation steps for the 5S-CQI-TQM approach are outlined in Figure 3.

² Sort, set, shine, standardize, sustain

Figure 3. Implementation steps for the 5S-CQI-TQM approach



Notes: Continuous quality improvement (CQI); Quality Improvement Team (QIT); Total quality management (TQM); Work Improvement Team (WIT)

The 5S-CQI-TQM approach has already demonstrated evidence of changes resulting from QI interventions established in a small number of targeted hospitals, and these changes and processes have been documented for future application. This has facilitated the adoption of the 5S-CQI-TQM as a useful approach in improving quality of care for MNH in several primary, secondary, and tertiary level hospitals, as well as guided policy makers and program managers in further scaling up QI initiatives in Bangladesh. Challenges still exist, including inadequate institutional capacity for QI program management, lack of effective coordination and harmonization among different programs, shortage of human resources both in numbers and skills, motivation of service providers, and inadequate monitoring and supervision system. The development of a realistic, costed implementation plan based on the national strategic QI framework, and which takes into consideration all of these challenges, is essential.

Dr. Howard Sobel, Reproductive, Maternal, Newborn, Child and Adolescent Health Program Coordinator for WHO's Western Pacific Region, in collaboration with the following clinicians, shared examples of QI initiatives for strengthened MNH programs in Asia:

- **Dr. Duong Thi Hai Ngoc**—Maternal and Child Health Department, Ministry of Health, Vietnam
- **Dr. Hoang Tran**—Da Nang Hospital for Women and Children, Vietnam
- **Dr. Anthony Calibo**—Newborn Care Program Manager, Department of Health, the Philippines

Dr. Sobel provided an overview of a set of regional training tools developed to support countries in changing practitioner behavior: Early Essential Newborn Care (EENC).³ EENC modules include the following elements:

- National Situation Analysis and Action Planning
- Clinical Practice Pocket Guide
- Health Facility Strengthening
- Coaching (Facilitator Guide)

³ <http://www.thefirstembrace.org>

- Annual Implementation Review and Planning
- Monitoring and Evaluation
- Communication: info kits, promotional videos, website

Dr. Ngoc reviewed Vietnam's current progress on adopting and adapting the EENC curriculum. National EENC guidelines have been approved by the MOH, a national action plan on EENC has been developed, and the Clinical Practice Pocket Guide has been adapted to the Vietnamese context. Currently, 124 provincial facilitators have received training and about 3,000 health staff at the provincial level have been coached on EENC. Dr. Tran provided further analysis and overview of the coaching process at Da Nang Hospital in Vietnam. Twenty hospital staff were trained as EENC facilitators, resulting in 185 hospital staff, 86 health professionals from other Da Nang hospitals, and 90 professionals from a neighboring province receiving coaching on the curriculum.

Dr. Calibo shared a case study on monitoring and evaluation to inform about practice in the Philippines, as well as the development of a detailed implementation plan for rolling out the curriculum nationally.

Nigel Livesly, India Project Director for ASSIST, gave an overview of ASSIST and continuous clinical improvement practices. ASSIST is a five-year project of USAID's Global Health Bureau's Office of Health Systems, and is designed to: improve health and social services at scale, strengthen host country capacity to improve care, and learn and share knowledge about improvement globally. The project specifically focuses on supporting team-based problem-solving at facility and community levels, peer-to-peer learning among a network of teams, and assisting government to incorporate these approaches into their systems using the following seven steps:

1. Decide what problem you want to fix
2. Get a team together to fix it
3. Identify causes of the problem
4. Develop a simple measurement system
5. Come up with some possible solutions
6. Test solutions on a small scale
7. Implement effective solutions

The project has been implemented in 24 countries, which involved 222 government and implementing partners, 4,339 facility-based improvement teams, 994 community-based improvement teams, and a catchment population of 124 million people.

Day 5: April 13, 2015

Day 5 of the workshop allowed countries to outline their preliminary actions plans based on discussions and inputs from the previous day's sessions. Countries then selected their delegates to provide a summary of discussions and plans for immediate next steps post-workshop. Appendix III contains a summary of action plans of all countries.

Donna Vivio, Senior Newborn Health Advisor for USAID in Washington, D.C., gave an overview of the United Nations Commission on Life-Saving Commodities for Women and Children, as well as an update on the status of newborn health commodities within the Commissions' strategy: chlorhexidine, injectable antibiotics, resuscitation equipment for asphyxia, and antenatal corticosteroids. PATH, under the auspices of the Survive and Thrive Global Development Alliance, has developed a series of purchasing guides intended to assist procurers in the selection of MNH technologies, paying special attention for their use in low-resource settings. There are currently six purchasing guides, including the following technologies: birth and cesarean section simulators, continuous positive airway pressure (CPAP) devices, portable ultrasound devices, rechargeable lighting devices, and thermoregulation devices.⁴

Dr. Lily Kak facilitated a panel discussion on issues and local solutions for procurement bottlenecks in implementing newborn health programs. Representatives from Laerdal Global Health and several country teams spoke about some of the challenges they've experienced in their own contexts, and discussed successful solutions that have already worked for them or will help resolve some of the challenges, both from a national and regional perspective.

Closing remarks were given by the following individuals:

- **Professor Dr. Nazmul Nahar**—Director General of Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM), a member of the National Technical Working Committee for Newborn Health, and a member of the Advisor-Executive Committee of the Bangladesh Neonatology Forum
- **Allison Bear**—Deputy Director for USAID Bangladesh
- **Dr. Lianne Kuppens**—Chief of Health for UNICEF
- **Dr. Atlaf Hussain**—Program Manager for IMCI/DGHS/MOHFG
- **Dr. William Keening**—AAP Volunteer
- **Joby George**—Deputy Chief of Party of MCHIP MaMoni project

Certificates of completion for the ECEB and ECSB trainings were distributed to workshop participants.

⁴ Survive-and-thrive-purchasing-guides-selection-maternal-and-neonatal-health-technologies

Next Steps

1. Countries will hold national stakeholders' meetings to finalize action plans and discuss next steps (with support from global/regional partners as necessary).
2. Global and regional partners will continue discussions on the establishment of an integrated partners' support platform to provide technical assistance to countries.
3. MCSP, in collaboration with other global partners, will develop and launch a knowledge sharing platform for countries and global/regional partners to share resources, best practices, and lessons learned from experiences in rolling out national newborn care training and capacity-building programs.
4. Global and regional partners will hold a follow-up meeting at the Global Maternal Newborn Health Conference in Mexico City, Mexico, in October 2015.
5. Global and regional partners will discuss the potential for holding a similar workshop on newborn care training and capacity building for the West African region in 2016.

Appendix I: Workshop Agenda

Helping Babies Survive: Asia Regional Workshop

April 8–13, 2015

Dhaka, Bangladesh

Inaugural Event Wednesday, April 8, 2015		
3:00–5:00 p.m.	Registration	---
5:00–5:05 p.m.	Recitation from the Holy Quran	---
5:05–5:10 p.m.	Welcome remarks	Roxana Quader—Additional Secretary, MOHFW
5:10–5:20 p.m.	Update on global ENAP implementation and newborn health technical guidelines	Dr. Bernadette Daelmans—WHO
5:20–5:35 p.m.	Overview of global implementation progress	Dr. Nabila Zaka—UNICEF
5:35–5:50 p.m.	Bangladesh overview: Progress on newborn health activities in Bangladesh and vision for the future	Professor Dr. Mohammad Shahidullah—Chairperson, National Technical Working Group for Newborn Health, Bangladesh
5:50–6:10 p.m.	Helping Babies Survive Program	Dr. Lily Kak—USAID Dr. Nalini Singhal—American Academy of Pediatrics (AAP)
6:10–7:10 p.m.	Remarks by special guests and partners	Dr. Ishtiaq Mannan—Chief of Party, MCHIP Bangladesh Ms. Melissa Jones—Director, Officer of Population Health, Nutrition and Education, USAID Edouard Beigbeder—UNICEF Dr. Navaratnasamy Paranietharan—WHO Mr. Nur Hossain Talukder—Director General of Family Planning, MOHFW Professor Dr. Deen Mohd. Noorul Huq—Director General of Health Services, MOHFW
7:10–7:25 p.m.	Address by the Chief Guest	Syed Monzurul Islam—Secretary, MOHFW
7:25–7:30 p.m.	Thanks and closing remarks by the Chairperson	Roxana Quader—Additional Secretary, MOHFW
7:30–8:30 p.m.	Welcome dinner	---

Day 1 Thursday, April 9, 2015		
8:30–8:45 a.m.	Security briefing	Mr. Hassan Mahmudul—Safety and Security Officer, Save the Children
8:45–9:15 a.m.	MCQ (ECEB and ECSB)	---
9:15–9:45 a.m.	Introduction to a successful model on capacity-building in the Asia region: Bangladesh CNCP Program	Dr. Altaf Hussain—MCI, DGHS, MOHFW
9:45–10:15 a.m.	Welcome introduction newborn programs and ECEB	Dr. Nalini Singhal—AAP
10:15–11:00 a.m.	Care in the first 90 minutes (ECEB Grey Zone) Providing treatments that prevent disease and allow babies to be categorized as normal; having a problem that requires additional care or having a danger sign/other problem that requires advanced care	HBS facilitators
11:00–11:30 a.m.	Tea break	---
11:30–1:00 p.m.	Care in the first 90 minutes (ECEB Grey Zone)—continued	HBS facilitators
1:00–2:00 p.m.	Lunch	---
2:00–3:00 p.m.	Care of the well-baby (ECEB Green Zone) Care and assessment of the well-baby and preparation for home care	HBS facilitators
3:00–3:30 p.m.	Tea break	---
3:30–4:30 p.m.	ECEB Green Zone—continued	HBS facilitators
4:30–5:30 p.m.	Care of the baby with an abnormal temperature or feeding problem (ECEB Yellow Zone) Care and assessment of the baby who needs extra support	HBS facilitators

Day 2 Friday, April 10, 2015		
8:30–9:00 a.m.	Review	Dr. Nalini Singhal—AAP
9:00–10:00 a.m.	Care of the baby with a danger sign or need for advanced care (ECEB Red Zone) Recognizing the baby who needs advanced care (birth weight < 1,500 grams, severe jaundice, or a danger sign) and referral to advanced care	HBS facilitators
10:00–11:30 a.m.	OSCE and MCQ ECEB	HBS facilitators
11:30–12:00 p.m.	Tea break	---
12:00–12:15 p.m.	Introduction to ECSB	HBS facilitators
12:15–1:00 p.m.	ECSB Grey Zone and classify	HBS facilitators
1:00–2:00 p.m.	Lunch	---
2:00–3:00 p.m.	ECSB Yellow Zone: Thermal care	HBS facilitators

Day 2 Friday, April 10, 2015		
3:00–3:30 p.m.	Tea break	---
3:30–5:30 p.m.	ECSB Yellow Zone: Feeding and assess	HBS facilitators
7:00–8:30 p.m.	Cultural dinner	---

Day 3 Saturday, April 11, 2015		
8:30–9:00 a.m.	Review	Dr. Nalini Singhal—AAP
9:00–10:00 a.m.	ECSB transport and Green Zone	HBS facilitators
10:00–10:30 a.m.	Begin the process to improve care	HBS facilitators
10:30–11:00 a.m.	Tea break	---
11:00–1:00 p.m.	OSCE and MCQ	HBS facilitators
1:00–2:00 p.m.	Lunch	---
2:00–3:30 p.m.	Exercise on how to improve care	HBS facilitators
3:30–4:00 p.m.	Tea break	---
4:00–4:30 p.m.	Feedback	Dr. Nalini Singhal—AAP

Day 4 Sunday, April 12, 2015		
8:30–9:00 a.m.	Introduction to group work	Dr. Neena Khadka—MCSP Dr. Nabila Zaka—UNICEF Dr. Nuzhat Rafique—UNICEF
9:00–10:00 a.m.	Country group work to discuss ECEB and ECSB training in the context of existing training programs in country	Country teams
10:00–10:30 a.m.	Tea break	---
10:30–11:00 a.m.	EMEN QI initiative	Dr. Bernadette Daelmans—WHO
11:00–12:30 p.m.	Initiatives for strengthened maternal and newborn health programs in Asia region: Examples of quality improvement initiatives	Howard Sobel—WHO India Bangladesh Indonesia
12:30–1:30 p.m.	Lunch	---
1:30–2:30 p.m.	ECEB, ECSB, and continuous clinical improvement practices	Dr. Nigel Livesley—USAID ASSIST
2:30–3:30 p.m.	Country group work on opportunities for strengthening QI approaches for maternal and newborn health	Dr. Nabila Zaka—UNICEF
3:30–4:00 p.m.	Tea break on 14 th floor/ground floor, depending on group work location	---
4:00–5:00 p.m.	Country group work on bottleneck analysis	Country teams
5:30–7:30 p.m.	~Optional~ QI materials development Delphi Method group meeting	Dr. Nigel Livesley—USAID ASSIST Dr. Susan Niermeyer—AAP

Day 4 Sunday, April 12, 2015		
Day 5 Monday, April 13, 2015		
8:30–9:15 a.m.	Procurement bottlenecks in implementing newborn programs: issues and local solutions	Dr. Lily Kak—USAID Country case studies
9:15–10:30 a.m.	Develop draft outline of country action plans	Country teams
10:30–11:00 a.m.	Tea break on 13 th floor/ground floor, depending on group work location	---
11:00–12:00 p.m.	Develop draft outline of country action plans—continued	Country teams
12:00–1:00 p.m.	Lunch	---
1:00–2:30 p.m.	Countries present draft action plans	Country teams
2:30–3:00 p.m.	Knowledge sharing post-workshop	MCSP
3:00–4:00 p.m.	Closing remarks and certificate distribution	<p>Chairperson Mrs. Roxana Quader— Additional Secretary, MOHFW</p> <p>Special Guests Professor Dr. Nazmun Nahar— National Technical Working Committee, Newborn Health</p> <p>Dr. Lianne Kuppens—Chief of Health, UNICEF</p> <p>Mrs. Allyson Bear—Deputy Director, Office of Population Health, Nutrition and Education, USAID</p> <p>Dr. Altaf Hussain—Program Manager, IMCI/DGHS/MOHFW</p>

Appendix II: Participant List

Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB) Trainees			
Country	Name	Title	Organization
Afghanistan	Dr. Laila Natiq	Quality Improvement Team Leader	Jhpiego Afghanistan
	Dr. Stanakzai Mansoor	Health Associate Director	Save the Children
	Dr. Khaksar Yousufi	Child Survival Officer	UNICEF
	Dr. Emal Mujadidi	Health Officer, Southern Region	UNICEF
	Dr. Ahmad Shekib Arab	Newborn Care Manager	Ministry of Public Health/ Reproductive Health Directorate
	Dr. Atiqullah Halimi	Trainer Specialist of Pediatrics	Laghman Afghanistan
Bangladesh	Dr. Md Abid Hossain Mollah	Professor and Head, Department of Neonatology	Dhaka Medical College and Hospital
	Dr. Dildar Ahmed Khan	Senior Consultant, Department of Pediatrics	MFSTC
	Dr. Sanjoy Kumer Dey	Associate Professor, Department of Neonatology	BSMMU
	Dr. Arjun Chandra Dey	Associate Professor, Department of Neonatology	BSMMU
	Dr. Shahida Akter	Professor, Department of Pediatrics	BIRDEM
	Dr. Md. Mahbubul Hoque	Professor, Department of Neonatology	Dhaka Shishu Hospital
	Dr. Rubiya Parveen,	Assistant Professor, Department of Pediatrics	ICMH
	Dr. Sharifun Nahar	Professor, Department of Neonatology	SSMC
	Professor Ferdousi Begum	Retired Professor of Gynecology	
	Dr. Md Ziaul Matin	Health specialist (NBH)	UNICEF
	Dr. Wahida Siraj	Saving Newborn Lives	Save the Children
	Dr. Mostaque Ahmed	MaMoni	Save the Children
Cambodia	Yim Sovann	Health Program Manager	Save the Children
China	Yue Zhang	Associated Professor	Child Health Division, National Centre for Maternal and Child Health
	Lin Zhang	Health Project Manager	Save the Children China
	Dr. Xiaomei Tong	Director of Pediatric Department	Peking University Third Hospital
India	Dr. Ajay Gambhir	President	National Neonatology Forum
	Dr. Sunil Mehendiratta	Secretary General	NNF
	Dr. Javvad Suri	National Expert—Newborn Health	IPE Global Private Limited
	Dr. Sachin Gupta	Project Management Specialist (Child Health)	USAID
	Dr. Renu Srivastave	National SNCU Coordinator	MOH

Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB) Trainees			
Country	Name	Title	Organization
	Dr. Anju Puri	National Professional Officer (Child Health)	WHO Country Office for India
Indonesia	Dr. Eni Gustina	MOH	MOH
	Dr. Karina Widowati	Maternal and Child Health Specialist	UNICEF
	Dr. Dina Mila Anwar	MOH	MOH
	Dr. Pancho Kaslam	Senior Maternal Neonatal Advisor	Save the Children International
	Dr. Victoria Tarigan, S.KP	Member	PPNI
	Dr. Nurlely Bethesda Sinaga	Program Officer of Maternal Newborn and Child Health	UNICEF Indonesia
	Dr. Setya Wandita Sudibyo/ Dr. Iding	Pediatrician	Indonesian Pediatric Society
Myanmar	Dr. Myint Myint Than	Director, Child Health Division	DOH
	Dr. Hla Myat Nwe	Associate Professor	Department of Child Health
	Dr. Cho Cho Khin	Associate Professor	Department of Obstetrics and Gynecology
	Dr. Thein Thein Hnin	Senior Consultant Pediatrician	Taungyi
	Dr. Kyi Kyi Ohn	Head of Health	Save the Children
	Dr. Myint Oo	Senior Consultant, Obstetrics and Gynecology	Taungyi
	Dr. Sarabibi Thuzarwin	Health Specialist (MNCH)	UNICEF
	Dr. Myo Thike	Junior Consultant Pediatrician	Department of Health
Nepal	Sabita Tuladhar	AID Development Program Specialist—MNCH	USAID/Nepal
	Resham Bahadur Khatri	Program Coordinator, SNL	SC Nepal—SNL
	Dr. Tanka Barakoti	Chief Consultant Pediatrician	Koshi Zonal Hospital
	Dr. Padam Bahadur Chand	Chief PPICD, MOHP	MOHP
	Dr. Senendra Raj Upreti	Director General	DOHS
Pakistan	Dr. Irfan Waheed	Associate Professor, Neonatology	Convener Neonatology Group of PPA; The Children's Hospital, Lahore
	Dr. Sabeen Afzal	Deputy Director Program	Ministry of National Health Services, Regulation and Coordination
	Dr. Naila Shahid	Health Officer MNCH and HIV	UNICEF
	Dr. Qamar Jamali	Newborn and Child Health Advisor	Save the Children/MCHIP Sindh
	Dr. Asma Badar	MNCH Specialist	Save the Children
The Philippines	Dr. Maria Lourdes Imperial	Neonatologist	Fabella Hospital

Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB) Trainees			
Country	Name	Title	Organization
	Dr. Anthony Calibo	Newborn Care Program Manager	Department of Health (MOH)
	Dr. Jackie Kitong	Maternal and Child Health and Nutrition Technical Officer	WHO Philippines
	Mariella Castillo	Health Specialist	UNICEF
	Dr. Amado Parawan	Health & Nutrition Advisor	Save the Children
	Dr. Ma. Gemma F. Ramos	Medical Specialist III	Department of Pediatrics, Eastern Visayas Regional Medical Center, Tacloban City
	Consuelo Anonuevo	Program Development Specialist	USAID Philippines
Vietnam	Dr. Phan Thi Ninh	Deputy Director	Maternal and Child Health Department, Ministry of Health
	Dr. Duong Thi Hai Ngoc	Senior Official, Maternal and Child Health Department	Ministry of Health
	Dr. Tran Thi Hoang	Deputy Director of Neonatal Department	Da Nang Obstetrics and Gynecology Hospital
	Dr. Helenlouise Taylor	Maternal Newborn Child Health and Nutrition Advisor	Plan International
	Dr. Chu Lan Huong	Official, Neonatal Department	National Pediatric Hospital
	Nguyen Quynh Nga	Project Manager of the HHCC	Save the Children

Observers, Administrators, and Planning Team		
Name	Title	Organization
Global/Regional		
Dr. Nabila Zaka	Senior Health Advisor	UNICEF
Dr. Nuzhat Rafique	Regional MNCH Specialist, UNICEF, ROSA	UNICEF ROSA
Dr. Lily Kak	Health Development Officer	USAID Washington
Dr. Donna Vivio	Senior Newborn Health Advisor	USAID Washington
Dr. Bernadette Daelmans	Coordinator, Policy, Planning and Programs, Department of Maternal, Newborn, Child and Adolescent Health (MCA)	WHO
Dr. Howard Sobel	Regional Coordinator, Reproductive, Maternal, Newborn, Child and Adolescent Health	WHO Western Pacific Region
Dr. Nigel Livesley	Country Director, India	URC
Ida Neuman	Global Program and Implementation Manager	Laerdal Global Health
Tore Laerdal	Chairman	Laerdal Global Health
Rashmi Aradhya	Program Implementation Manager	Laerdal Global Health
Dr. Neena Khadka	Newborn Health Team Lead	MCSP
Alyssa Om'niabohs	Program Officer	MCSP
Lydia Wisner	Program Coordinator	MCSP
Erick Amick	Program Manager	AAP

Observers, Administrators, and Planning Team		
Name	Title	Organization
Steve Wall	Senior Director, Newborn Health	Save the Children/SNL
Bangladesh		
Dr. Umme Meena	Team Leader, Health System Strengthening	USAID Bangladesh
Melissa Jones	Director, OPHNE	USAID Bangladesh
Dr. Altaf Hussain	Program Manager and Member Secretary	IMCI (NTWC-NBH)
Professor Nazmun Nahar	Director General and Professor of Pediatrics	BIRDEM
Professor Kishwar Azad	Professor of Pediatrics and Director	Perinatal Care Project, BIRDEM
Professor Hosne Ara Begum	Professor of Neonatology	BIHS, BADAS
Professor Roushan Ara Begum	Professor of Gynecology and Obstetrics	Holy Family Hospital
Professor Laila A Banu	Professor of Gynecology and Obstetrics	Lab Aid Hospital
Professor Farhana Dewan	Professor and Head of the Department	Shahid Sohrawardy Medical College, Dhaka
Dr. Tapas Ranjan Das	PM-MNH	MCH Unit of Directorate General of Family Planning
Dr. Aminul Islam	Quality Improvement initiatives	Health Economics Unit
Dr. Shams Arifeen	Head	CCAH Unit, icddr, b
Dr. Dialo Hadi		WHO
Dr. Mahbuba Khan Poly		WHO
Dr. Sharmina Sharmin		UNFPA
Dr. Riad		UNICEF
Dr. Rubayet Sayed	Project Director, Saving Newborn Lives	SNL/Save the Children
Dr. Arifen Islam	Deputy Director, Saving Newborn Lives	SNL/Save the Children
Dr. Ishtiaq Mannan	Chief of Party	MaMoni HSS
Dr. Sabbir Ahmed		MaMoni HSS
Dr. Azizul Alim	Program Manager	MNH, DGHS
Dr. Ishwat Jahan	Superintendent	MCH-TI
Dr. Muniruzzaman Siddiqui	Deputy Director	MFSTC

Essential Care for Every Baby and Early Essential Newborn Care Facilitators	
Country	Name
Bangladesh	Professor Chowdhury
Bangladesh	Dr. Mohammad Abdul Mannan
Canada	Dr. Nalini Singhal (Lead Facilitator)
Canada	Dr. Doug McMillan
Canada	Dr. Marsha Campbell-Yeo (RN)
India	Dr. Anju Puri
India	Dr. Sushma Nangia

Essential Care for Every Baby and Early Essential Newborn Care Facilitators	
Country	Name
India	Dr. Ashok Deorari
Uganda	Dr. Data Santorini
United States	Dr. Susan Niermeyer
United States	Dr. Bill Keenan
United States	Dr. Sara Berkelhamer

Appendix III: Country Group Work Summaries

Country	Country Group Work Global Point of Contact	Country Coordinators for Group Work	Immediate Action(s)	QI Action Plans	BN Action Plans	HBS Action Plans
Afghanistan	Dr. Nuzhat Rafique	Dr Mansoor Stanakzai and Dr. Khaksar Yousufi	Meet with MOH and other stakeholders	Revise QI tool standards based on new national, WHO, and HBS contents	Update national policies (STS, CHX, HMIS); revise newborn procurement toolkit in light of HBS; update JDs	Host stakeholders' workshop; adapt materials; conduct TOT
Bangladesh	Steve Wall	Dr. Rubayet Sayed, Dr. Mostaque Ahmed, and Dr. Sabbir Ahmed	Review CNCP and necessary adaptation; review HSS in BENAP; revise NNHS; incorporate interventions in 4th Health Sector Plan	Further strengthen total quality management model (accountability framework, incorporate newborn interventions, update standards and protocols, and build capacity)	Institutionalize capacity-building; synchronize with commodities, monitoring, HMIS, and QI	Adapt to national guideline and context; organize content by level of care; include video and other practical demonstrations
China	Dr. Susan Niermeyer	Dr. Naila Shahid and Dr. Asma Badar	Initiate a small-scale pilot in a few counties; adapt training materials and conduct national TOT	Categorize health facility; advocate to add newborn elements	Follow-up of trained providers is not consistent; need to implement hierarchical monitoring and evaluation plan for different aspects and include coaching by higher cadres of providers	Adapt HBS training materials and conduct a small scale pilot in poorer areas of the country
India	Nigel Livesley, Dr. Lily Kak, and Dr. Bill Keenan	Dr. Anju Puri and Dr. Javvad Suri	Share workshop learning with stakeholders; finalize TOR for field testing; and adapt training materials	Have effective implementation and mechanism for supporting quality assurance, including the quality assurance team's actions and their sustainability	Generate multiplicity of training materials; resolve having lack of trained facilitators; resolve having inadequate HR and irrational deployment; conduct post training follow-up; implement training management information system	Host meeting with stakeholders; assess technical capacity for country adaptation; test in the field

Country	Country Group Work Global Point of Contact	Country Coordinators for Group Work	Immediate Action(s)	QI Action Plans	BN Action Plans	HBS Action Plans
Indonesia	Steve Wall and Dr. Marsha Campbell-Yeo	Dr. Pancho Kaslam and Dr. Karina Widowati	Adapt HBS materials to match national guidelines; engage professional bodies and health staff for dissemination; institutionalize into national system for sustainability	Intensify facilitative supervision; provide on the job training; monitor logistics and implementation; ensure quality of data; conduct reviews	Improve HR placement and rotation; offer performance incentives; conduct HRH capacity-planning and explore mechanisms outside traditional capacity-building approaches	Use HBS modules for high neonatal mortality in low-resource settings; train <i>bidan</i> (midwife), nurses
Myanmar	Dr. Nabila Zaka and Dr. Nalini Singhal	Dr. Kyi Kyi Ohn and Dr. Sarabibi Thuzarwin	Host meeting with relevant stakeholders to share learning from the Asia HBS workshop	Establish QI mechanism and consult with stakeholders on QI framework	Review, modify, and finalize action plans for bottlenecks	Develop or adapt HBS modules by level of care (tertiary, secondary, and primary)
Nepal	Dr. Neena Khadka and Dr. Data Santorino	Dr. Resham Khatri, Dr. Sabita Tuladhar	Host in-country consultation workshop with MNH stakeholders for in-country adaption of HBS contents and methods for SBA, IMNCI, and other relevant pre- and in-service curricula; host in-service coaching/ refresher training for existing SBA and paramedical staff	Assist MOPH in setting standards for health facilities; develop mechanism for accreditation of health facilities	Resolve having inadequately trained and qualified HR; resolve unequal distribution of skilled HR; perform regular assessment of competencies linked to JD; train and recruit more qualified HR, SBA, anesthetic assistants, and anesthesiologists	Review existing SBA and CBIMNCI curricula and include relevant methods of HBS modules; encourage and enforce private sector to follow government SBA and CBIMNCI modules

Country	Country Group Work Global Point of Contact	Country Coordinators for Group Work	Immediate Action(s)	QI Action Plans	BN Action Plans	HBS Action Plans
Pakistan	Dr. Donna Vivio	Dr. Naila Shahid and Dr. Asma Badar	National consultative workshop of all relevant representatives, HDP, and academia on HBS; receive inputs; include recommendations into country plans	QI initiatives to be introduced in consultation with Health Care Commission and other regulatory bodies	Skill learning gaps and follow-up of monitoring and quality assurance; review and revise training methodology and focus on hands-on training as learned from HBB and HBS experience	Contextualize HBS to local situation; conduct formative research and consultations about STS as it is new; adapt and incorporate into existing ENC package; focus on skill learning techniques; focus on SBA; advocate for resource generation; conduct TOT with trickle-down; follow up for skills retention and QI
Philippines	Dr. Bernadette Daelmans	Mariella Castillo and Consuelo Anonuevo	Conduct a high level meeting with DOH Executive Committee for feedback and seek endorsement of the country's newborn action plan	Institutionalize the quality improvement process with linkages to regulation and health financing	Develop a quality improvement framework and guideline for facility self-assessment and maintenance of regional (sub-national) and provincial coordination teams' process; finalize quality improvement monitoring tool on MNH implementation; create a master list of training centers and mentors	Evaluate HBS training methodology for its usefulness

Country	Country Group Work Global Point of Contact	Country Coordinators for Group Work	Immediate Action(s)	QI Action Plans	BN Action Plans	HBS Action Plans
Vietnam	Dr. Howard Sobel	Dr. Helenlouise Taylor and Nguyen Quynh Nga	Finalize and approve EENC action plan; update national guidelines and disseminate pocket book of guidelines	Continue and complete QI in three centers of excellence for EENC; disseminate EENC practice throughout the country	Finalize quality improvement monitoring tool on MNH implementation; Create master list of training centers and mentors	Adapt HBS to current country/WHO guidelines (many contents need to be adapted, such as feeding, jaundice, action plan); consider incorporating selected parts of HBS module into current training

Notes: Bangladesh Every Newborn Action Plan (BENAP); bottleneck (BN); community-based integrated management of newborn and child illnesses (CBIMNCI); chlorhexidine (CHX); Comprehensive Newborn Care Package (CNCP); Department of Health (DOH); essential newborn care (ENC); Early Essential Newborn Care (EENC); Helping Babies Survive (HBS); health management information system (HMIS); human resources (HR); health and human resources (HRH); health systems strengthening (HSS); Integrated Management of Neonatal and Childhood Illness (IMNCI); (JD); maternal and newborn health (MNH); Ministry of Public Health (MOPH); National Newborn Health Strategy (NNHS); quality improvement (QI); skilled birth attendant (SBA); (STS); Terms of Reference (TOR); training of trainers (TOT); World Health Organization (WHO)