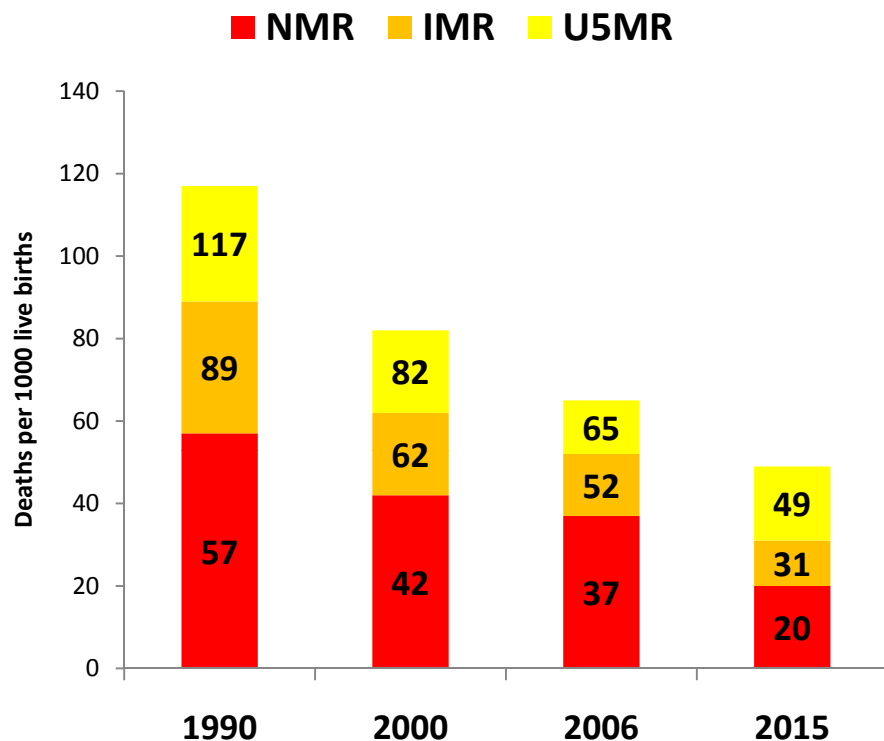


June 2011

Pilot for testing Delivery Mechanisms for Newborn Vitamin A Supplementation (NBVAS) in Bangladesh

June 2010- September 2011





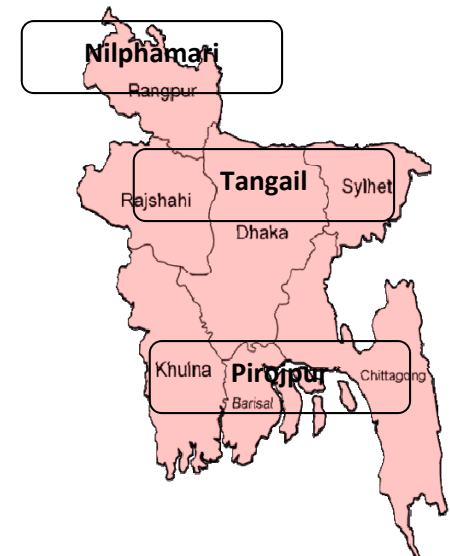
Sites of Randomized Trials in S Asia

JiVITA in north west Bangladesh

- 15,937 newborns received 50,000 IU vitamin A or placebo within 24 hrs of birth and followed through 6 months of age
- **reduced infant mortality by 15%**

Objective

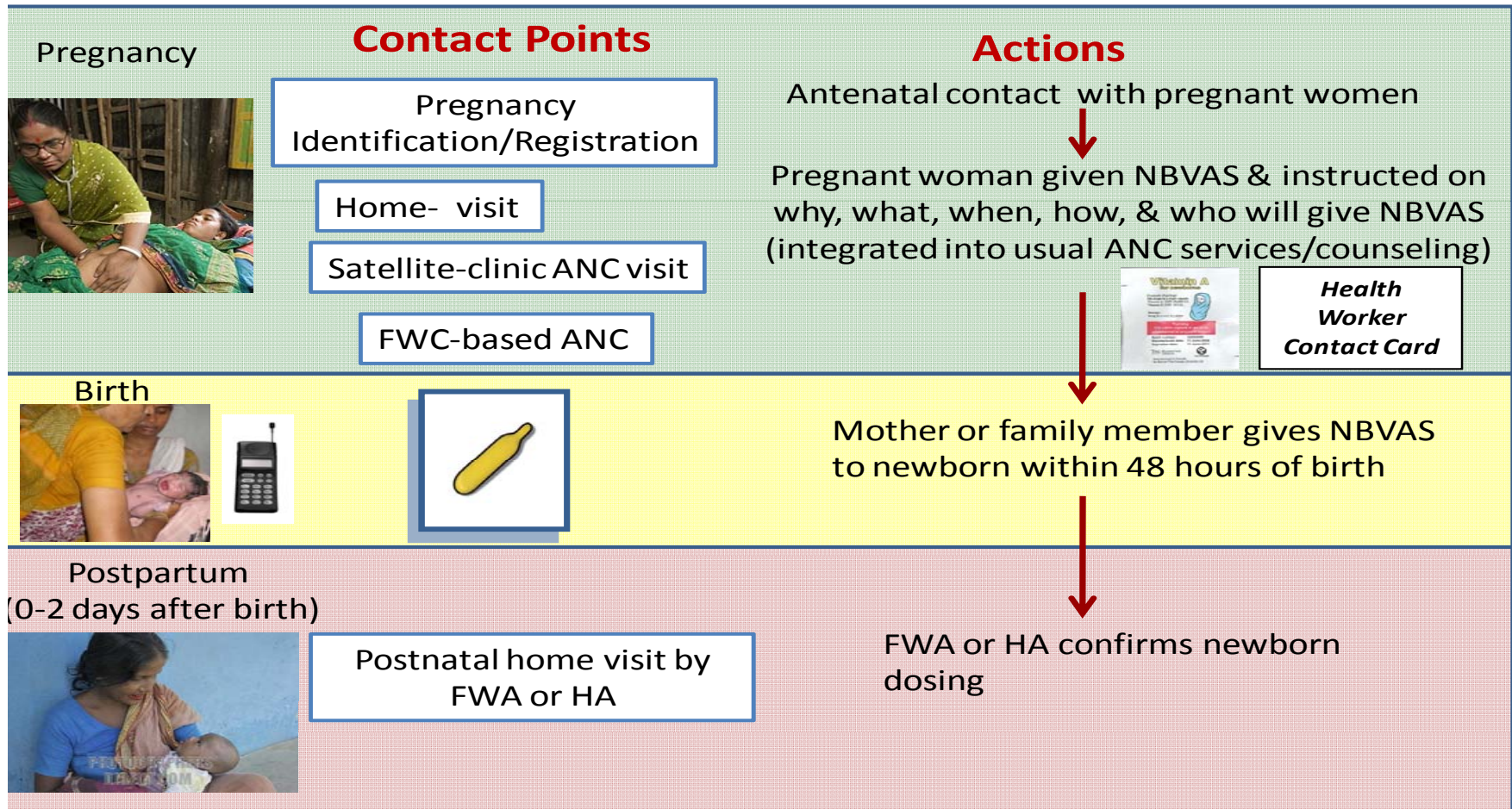
- To compare the feasibility of NBVAS delivery via 2 CHANNELS, integrated within existing community-based maternal and newborn services.



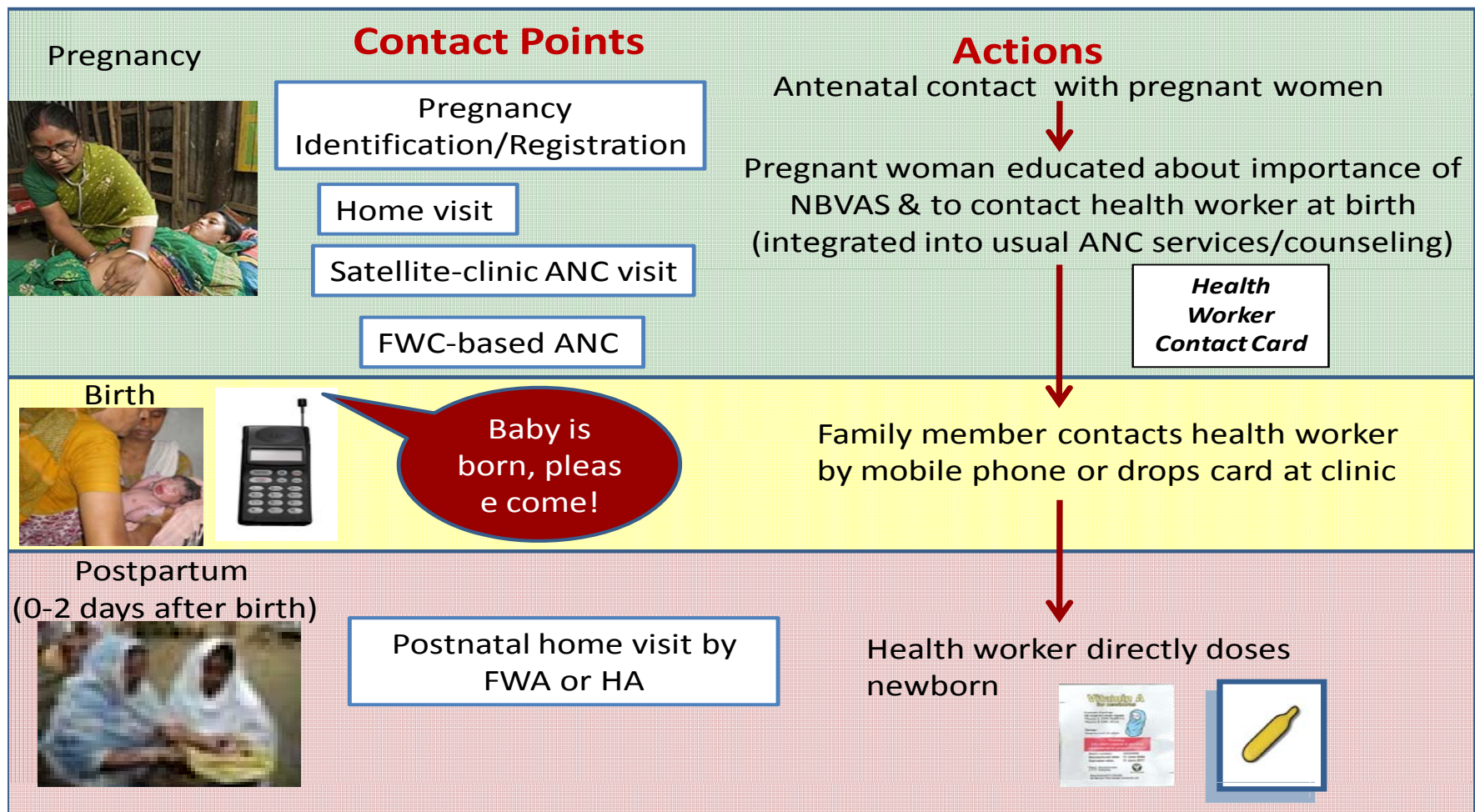
1. “Revitalization of Community Health Care Initiative in Bangladesh” (RCHCI,B) Project

2. Directorate General of Family Planning (DGFP)

Model 1: Mother Family Member Dosing Model



Model 2: Health Worker Dosing Model



Master trainers



Directors from
MOHFW
Civil surgeon
Directors from Family
Planning
UHFPO Sub district
managers
UFPO
RMO
MOMCH

Field implementation

Activity

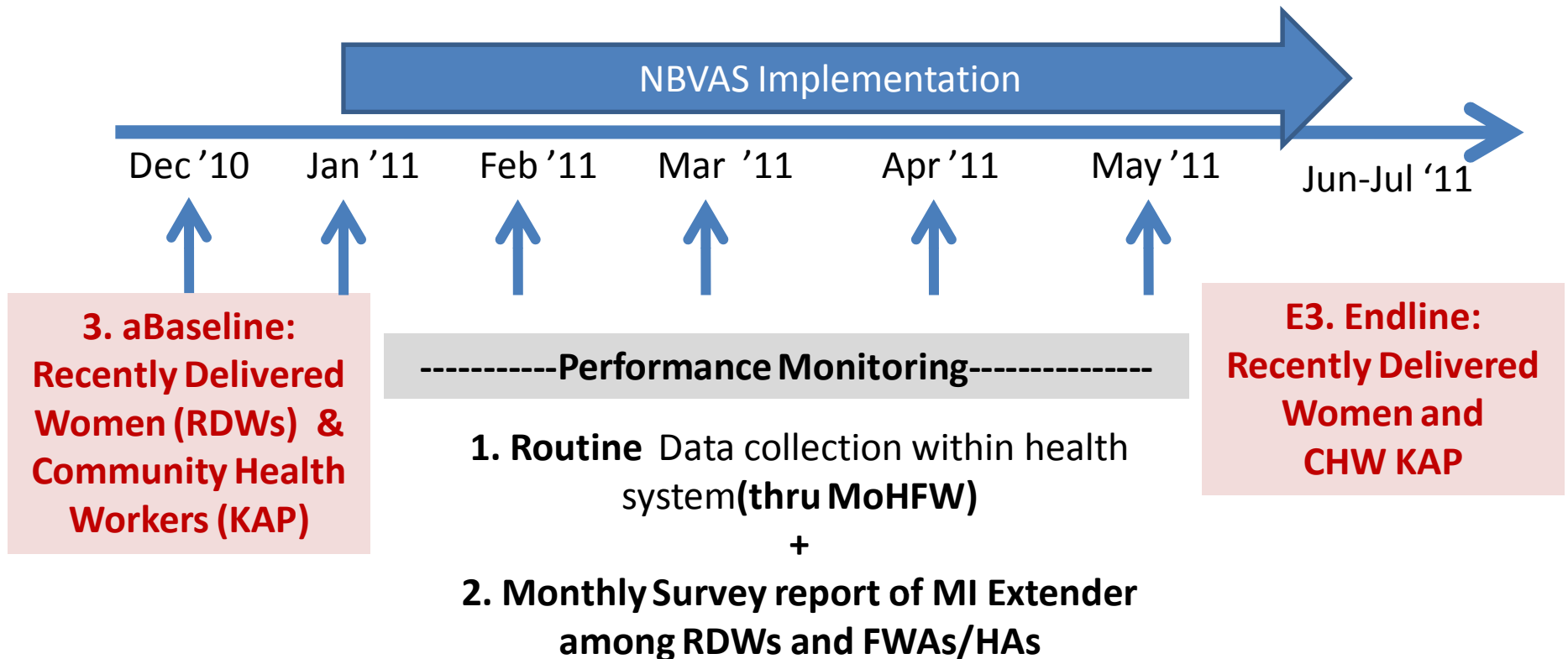
Sub-district advocacy and planning meeting.

Preparation of Training manual and Communication materials

Health workers training with good post scores

Administration of low dose vitamin A (50,000 IU) specially prepared for the new born within 48 hours.

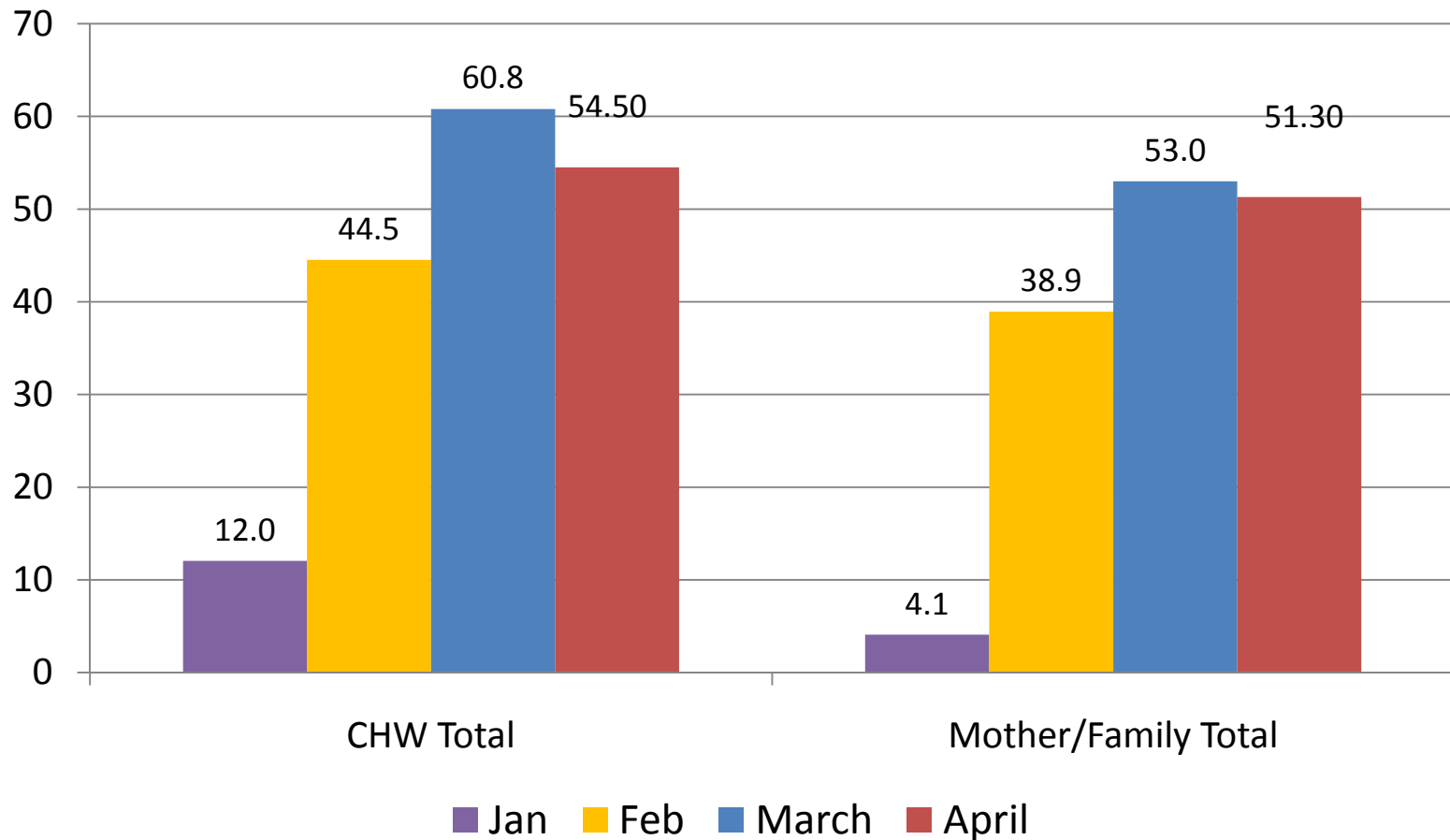
NBVAS M&E Design



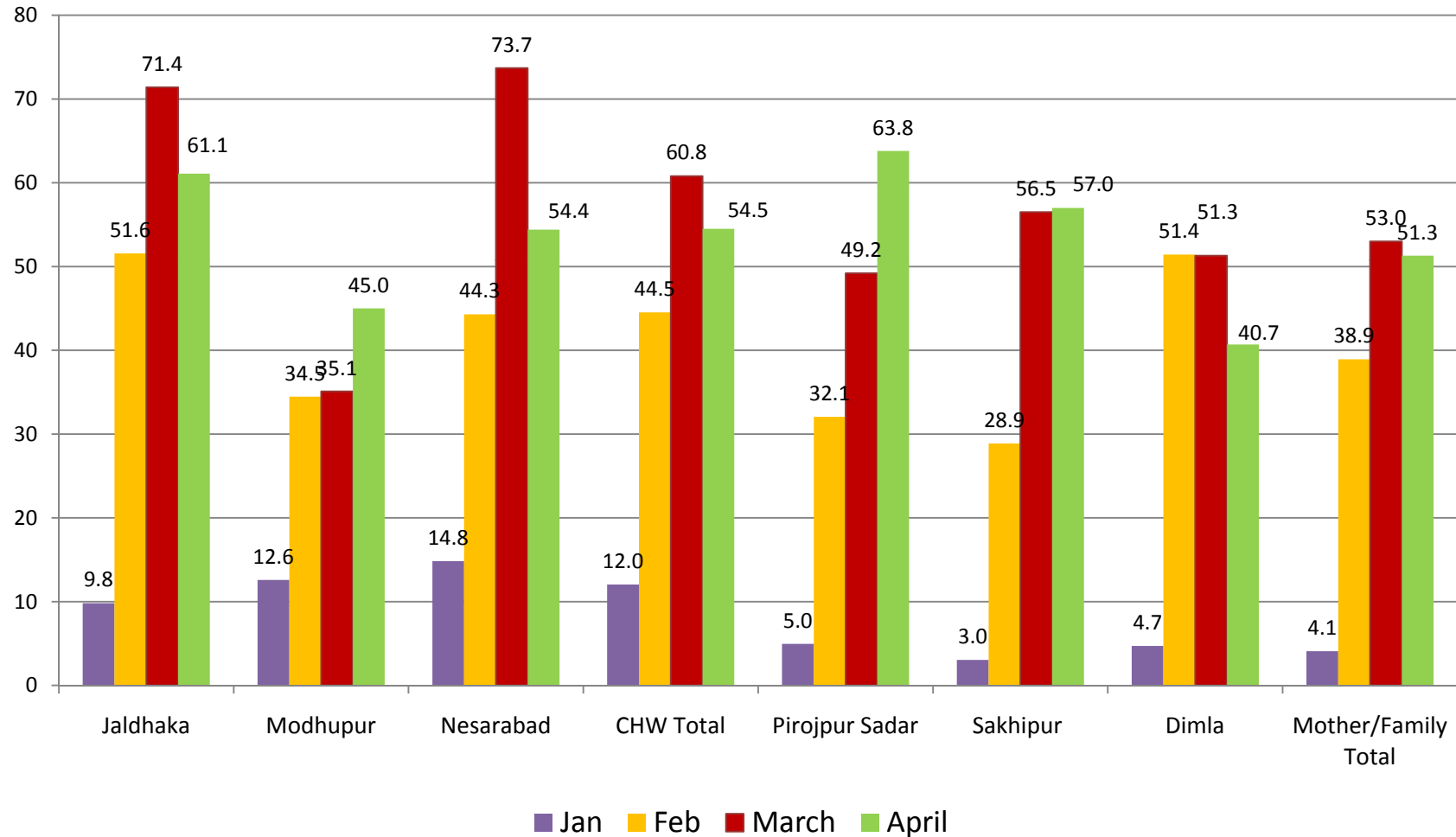


Results from the monitoring data of the NBVAS Pilot Program

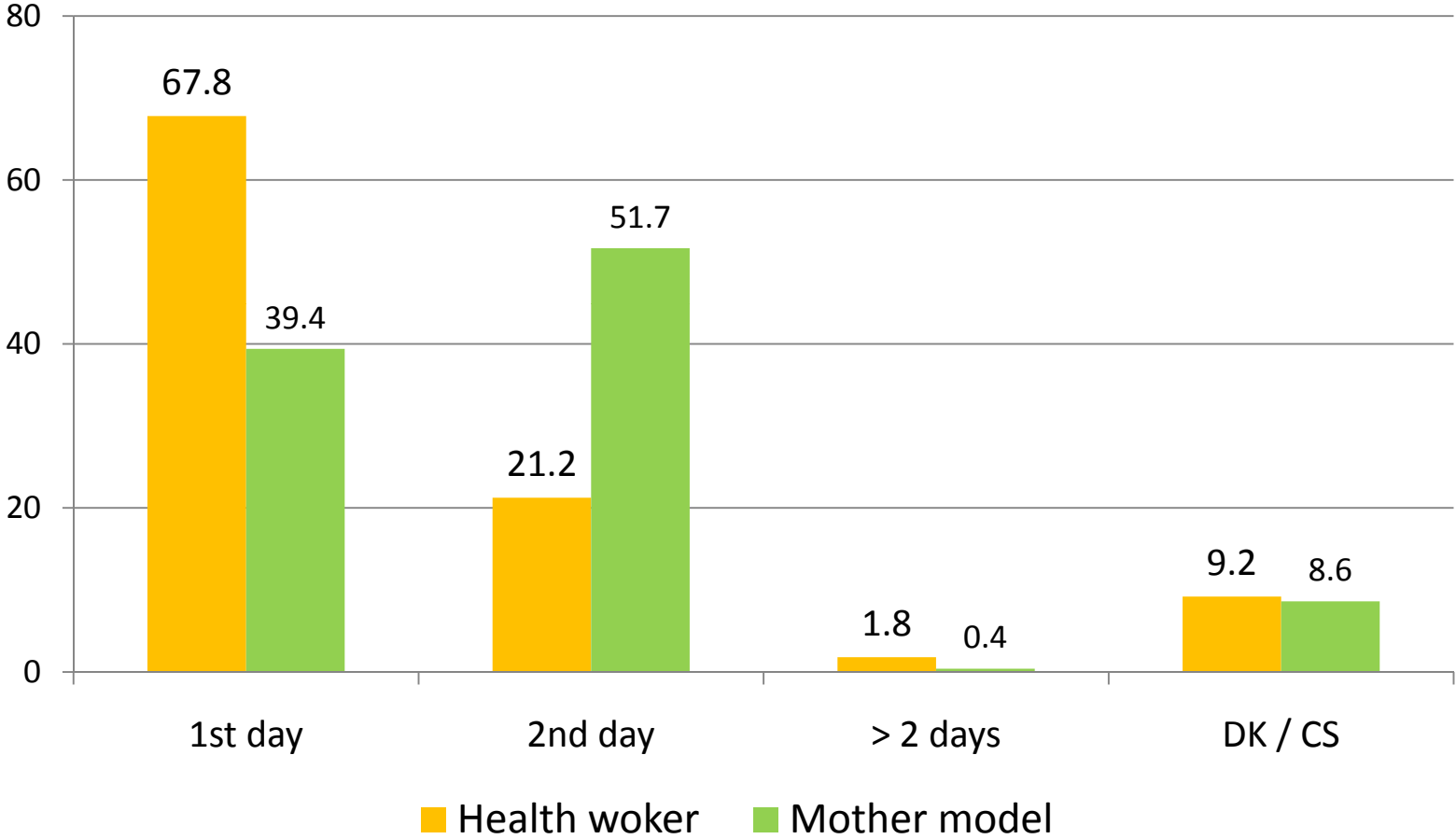
Coverage of NBVAS based on expected live births by program area, Jan- April, 2011



Coverage of NBVAS based on expected live births

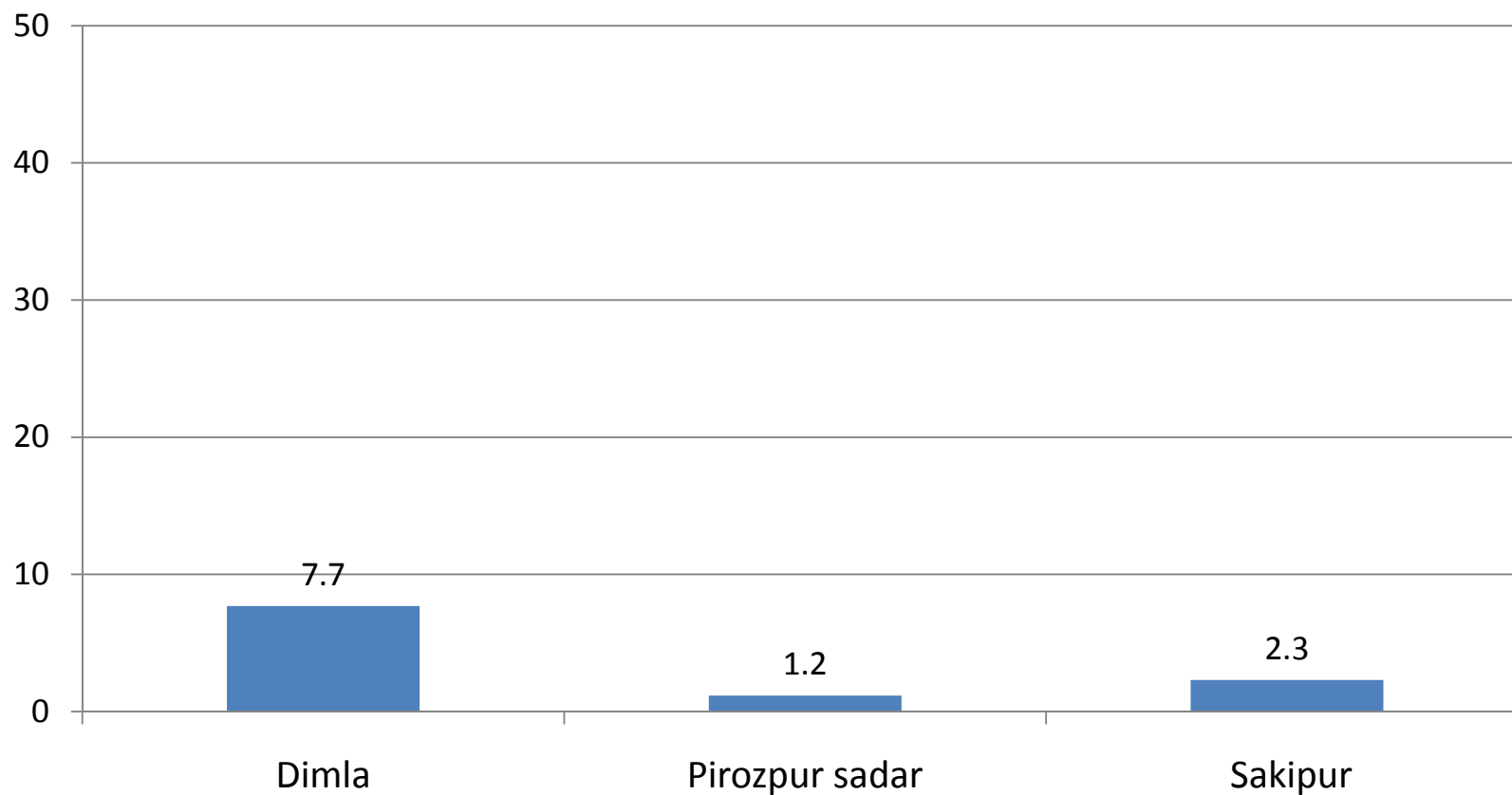


Timing of NBVAS dosing by model



Source : Extender Surveys

Proportion of mothers reporting problems in dosing NBVAC



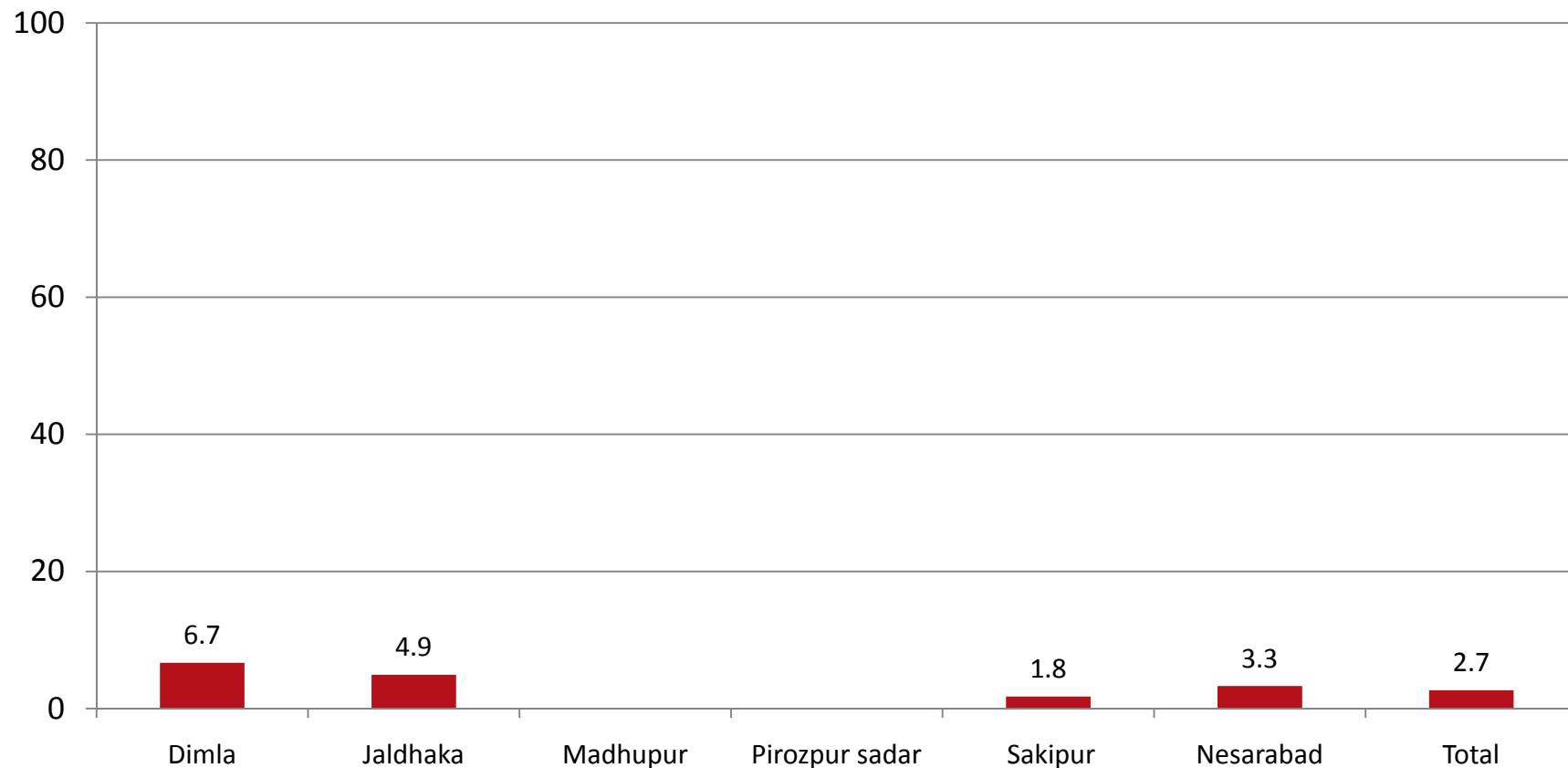
Source : Extender Surveys

85% were fully satisfied and 12% moderately more than 90% of Health Workers reported correct knowledge of NBVAS program

	Timing of NBVAS	Content of Retinol	NBVAS not a stand alone program	NBVAS same as preschool Vit A	No of capsules to be provided	N
Dimla	100.0	98.3	91.7	100.0	96.7	60
Jaldhaka	100.0	100.0	100.0	100.0	100.0	61
Madhupur	100.0	98.5	93.9	100.0	87.9	66
Pirozpur sadar	76.1	69.0	98.6	97.2	95.8	71
Sakipur	96.5	96.5	100.0	100.0	94.7	57
Nesarabad	95.1	93.4	83.6	96.7	96.7	61
TOTAL	94.1	92.0	94.7	98.9	95.2	376

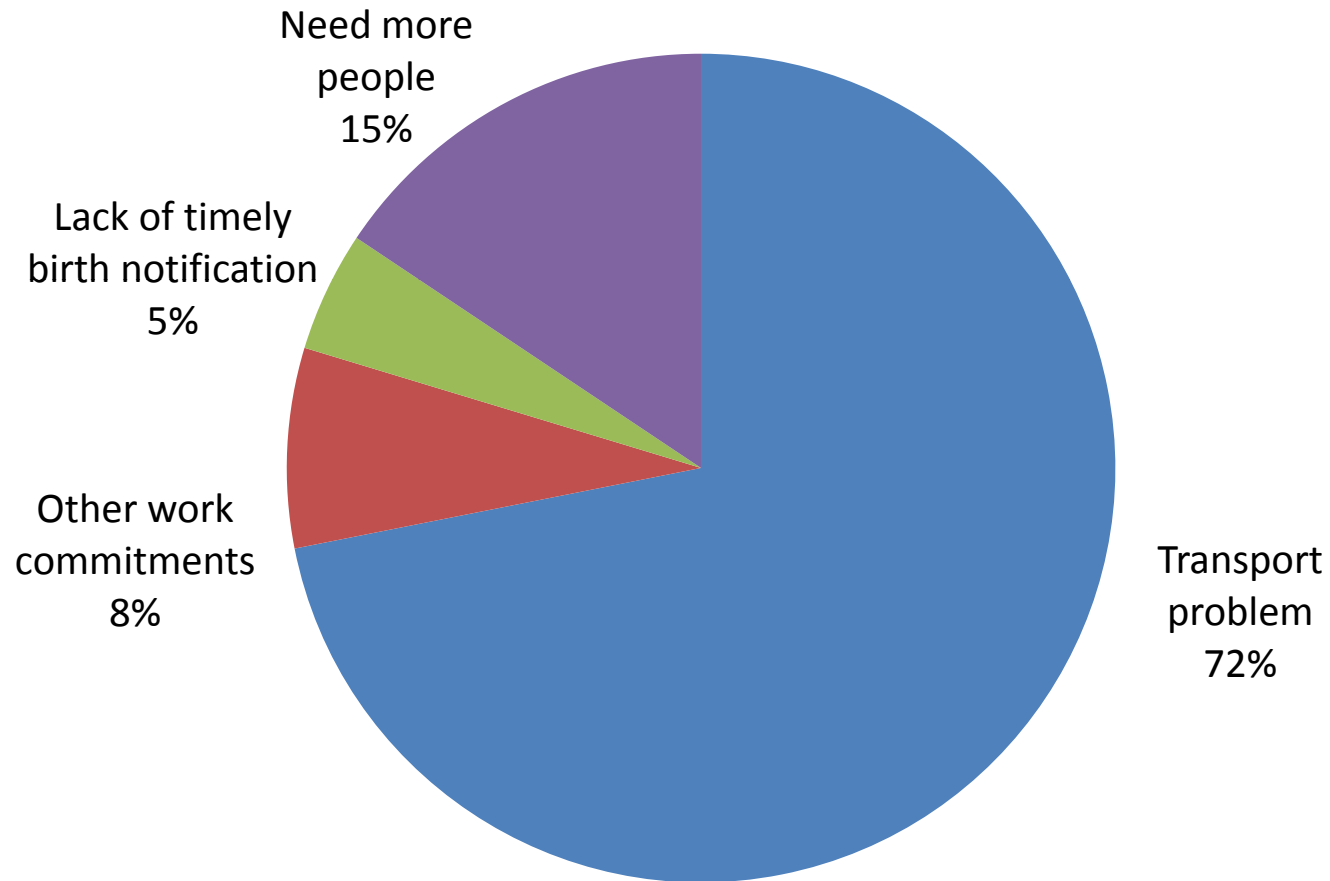
Source : Extender Surveys

Percent of health workers who faced trouble in replenishing supplies



Source : Extender Surveys

Problems faced by 30% health workers in reaching household within 2 days



Source : Extender Surveys

Number of Health Workers Reporting Adverse Event after NBVAS dosing

Upazila	No. of health workers reporting adverse event	Total Number of Health Workers Interviewed
Sakhipur	0	57
Dimla	2	60
Pirojpur Sadar	1	71
Modhupur	2	66
Jaldhaka	2	61
Nesarabad	0	61
TOTAL	7	376

Source : Extender Surveys

Major Findings

- No difficulty in dosing and recording NBVAS within 48 hours of birth as more than 40% were dosed.
- Use of Mobile/cell phones effective in increasing coverage
- Effective Training and advocacy program.
- All protocols followed during dosing including breast feeding and cutting capsules. However, hand washing seems to be an issue.
- Very few adverse events noted. Not clearly attributable to NBVAS.
- Passive impact of this program on ANC and PNC coverage

Challenges for Newborn vitamin A Delivery in Bangladesh

- > 8,000 births/subdistrict/year¹
- >90% of births occur in the home²
- 12% of births attended by health professional²
- 48% of women have ≥ 1 antenatal care visit²
- Deaths of > 200,000 infants/ year

¹UNICEF, State of the Worlds Children, 2008

²Bangladesh Maternal Health Services and Maternal Mortality Survey, 2001

IN CONCLUSION USING THE DELIVERY STRATEGIES TESTED IN BANGLADESH, NBVAS APPEARS TO BE A FEASIBLE INTERVENTION

More than 15% of 200,000 deaths infants/ year prevented

“Introducing birth dose of vitamin A into the essential newborn care package”