

Component of Implementation Readiness	Challenge	Level of Health System	MaMoni HSS Activities
Ensure adequate supply of core equipment, medicine and logistics required for infection management in UH&FWCs	Prior to implementation of guidelines, adequate supply of essential drugs and equipment were not available at UH&FWCs	Upazila	<ul style="list-style-type: none"> The project provided interim support to the MOHFW to ensure core items were available in the upazila supply chains for disbursement at union level: <ul style="list-style-type: none"> Equipment: Thermometer, infant weighing scale, safety box for disposal of sharp instruments, ARI timer, insulin syringe Medicine: Injectable gentamicin, oral amoxicillin pediatric drops Job aids: Algorithm, dose calculation chart, <i>saf kotha</i> flip chart (counseling on Maternal and Newborn Health (MNH) messages) Reporting tools: sick newborn and young infant service register, prescription forms, referral note, FPI surveillance forms
		Union	<ul style="list-style-type: none"> Collaborated with MOHFW throughout program period to fill gaps in supply of core items at UH&FWC
Capacity building of health workers to manage infections in young infants	Providers involved in implementation did not have previous training on PSBI management	National/ District/ Upazila	<ul style="list-style-type: none"> Training in PSBI management followed a cascade approach from the national to sub-district level. A pool of master trainers (MTs) were selected from district and sub-district level managers, in both DGHS and DGFP, and trained at the national level by a core trainer group. Supported the MOHFW to strengthen the quality of care for sick infants at the referral facilities, which included training of clinical providers on PSBI management; emergency triage, assessment and treatment (ETAT); and functioning of Special Care Newborn Units (SCANU) at district level facilities for the advance care of critical cases
		Upazila & Union	<ul style="list-style-type: none"> Provided 5-day training on PSBI management for 87 SACMOs including modules on the infection management guidelines <ul style="list-style-type: none"> Organized an additional 2-day competency-based training focusing on completing registers and reporting forms (totaling 7-days of training) Provided 2-day training to FWV on PSBI management, including provision of 2nd dose of injectable gentamicin in the absence of the SACMO
		Union	<ul style="list-style-type: none"> Oriented FPIs (1-day) on home follow-up of PSBI cases receiving simplified antibiotic treatment Facilitated Day 8 visit with FPI including accompanying FPI on home visits to provide on-the-job coaching on assessment of infant and completion of register

Supervision of health workers managing PSBI in young infants	Vacancies in MOHFW manager positions responsible for the supervision of UH&FWC providers	District	<ul style="list-style-type: none"> Introduced a supervision and mentoring process to improve the quality of newborn care in the SCANU
		Upazila	<ul style="list-style-type: none"> In each of the 10 sub-districts a medical officer working at the UHC was identified by their DGHS supervisor (i.e., Civil Surgeon) and appointed as the Newborn Focal Point (NBFP) <ul style="list-style-type: none"> The NBFP, in coordination with the technical supervisor of DGFP (i.e., Medical Officer-MCH-FP), led the implementation of the PSBI management in their respective sub-district Led monthly meetings with SACMOs at the UHC, which served as a platform for program monitoring, monthly report preparation and refresher sessions of technical knowledge
		Union	<ul style="list-style-type: none"> Developed a supervision checklist for PSBI management through a consultation process with district and sub-district level managers. Sub-district managers used this checklist during onsite supervision visits at the UH&FWC Performance on the checklist was reviewed monthly at the sub-district level and quarterly at district level Project staff periodically joined MOHFW supervisors during visits to UH&FWC MaMoni HSS extracted data from the SACMO's routine reporting forms monthly to monitor program progress
Capacity building of CHWs in identification of newborn illness and referral	Promote new services available at UH&FWC	Ward/Community	<ul style="list-style-type: none"> Oriented Community Clinic staff (e.g., Community Health Care Providers [CHCP]) and GoB frontline workers (e.g., Family Welfare Assistant [FWA], Health Assistant [HA]) on identification of infant illness and appropriate sources of referral. Community Clinics (catchment area ~6,000 persons) are at the ward level and provide limited outpatient services. FWA and HA provide MNH messages during monthly home visits, ANC consultations, and bi-monthly satellites sessions for immunization and family planning services in the community.
		Union/Community/Ward	<ul style="list-style-type: none"> Print media, including billboards and posters, were placed in public places to disseminate newborn care messages, and broadcasted through local cable networks.

Community mobilization and engagement of community groups	Delays in recognition of infant illness and prompt care-seeking from appropriate sources of care	Community/ Ward	<ul style="list-style-type: none">• Developed a pool of unpaid Community Volunteers (CV) (1 per 250 persons) who work as an extended arm of GoB frontline workers<ul style="list-style-type: none">○ Oriented CVs on maternal and newborn danger signs and the process for community referrals• CVs facilitated a peer-led monthly community meeting to collect data on vital events and illness episodes (i.e., births, deaths, referrals, etc.)<ul style="list-style-type: none">○ Shared data with the GoB CHW during their monthly community Microplanning Meetings (cMPM)• CVs recorded treatment outcomes for young infants with suspected infection that were treated at the UH&FWC
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