

Improving Health Care Quality for **NEWBORNS** and **CHILDREN** in Pakistan's Khyber Pakhtunkhwa Province

WELL BABY CLINICS AND SICK NEWBORN CARE UNITS SAVE LIVES AND IMPROVE CITIZEN CONFIDENCE IN PUBLIC SECTOR HEALTH SERVICES



BACKGROUND

Some of Pakistan's greatest public health challenges stem from the country's high newborn and child morbidity and mortality rates. Improvements have been made since the last Pakistan Demographic Health Survey in 2017-2018, but rural areas, especially Khyber Pakhtunkhwa (KP) province, still face obstacles to providing quality health care to newborns and children under five years of age. Traditional child health care was limited to examination and diagnostics for treatment of illnesses and injuries. Preventative medicine was not widely practiced and maternal health services were scarce.

In their first nine months of operation, well baby clinics provided services to more than 4,000 mothers and 3,500 newborns and children.



The USAID-supported Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity is strengthening the institutional, technical, and leadership capacity of the Khyber Pakhtunkhwa Department of Health.

Well Baby Clinic Services Include:



- Monitoring infant growth and development progress at regular intervals
- Encouraging post-partum mothers to use chlorhexidine for infant cord care
- Child immunizations
- Routine screening of vision, hearing, language, and development
- Examinations for common childhood illnesses and information about prevention
- Information about maternal and child nutrition
- Promotion of breastfeeding and infant and young child feeding practices
- Birth spacing counseling
- Referrals

Sick Newborn Care Unit Services Include:



- Preterm delivery care
- Low birth weight care
- Newborn resuscitation
- Continuous infant monitoring
- Intravenous glucose, electrolytes, antibiotics
- Hypothermia care
- Tube feeding
- Phototherapy
- Congenital malformation care
- Post-operative care

APPROACH

To address these and other common concerns, such as newborn asphyxia, sepsis, low birth weight, immunizations, and growth monitoring for children under five, USAID and JSI worked with provincial health leaders in KP to develop specialized units, located within hospitals and staffed by trained providers from paramedics to specialists. The USAID IHSS-SD Activity established seven well baby clinics for preventive care and three sick newborn care units (SNCUs) to treat sick newborns in the District Headquarter (DHQ) and Tehsil Headquarter (THQ) hospitals in districts Charsadda, Swat, and Lakki Marwat. The IHSS-SD Activity also provided specialized training to build the competencies and skills of health providers and supplied well-baby clinics and SNCUs with equipment to provide previously unavailable health services. Because children are sometimes afraid of visiting hospitals due to the medicalized environment, the new units were designed to create a welcoming, child-friendly atmosphere for families.

RESULTS

In their first nine months of operation, the seven well baby clinics provided services to more than 4,000 mothers and 3,500 newborns and children. Newly trained health providers are delivering higher quality care to newborns and children, with services ranging from general preventative care to life-saving treatment. Health providers are better able to identify families' needs and offer parents and caregivers birth spacing, nutrition, and breastfeeding counseling and other family-centered services. Moreover, advanced training continues as previously trained providers pass on their knowledge to others during clinical training rounds. The current department heads also ensure that staff are technically competent to use the equipment provided by the USAID IHSS-SD Activity.

WAY FORWARD

The work in KP province has shown that quality newborn and child health services can be provided if investments are made to ensure child-friendly services are available and providers are trained and equipped to provide family-centered services. The key to success will be to ensure the availability of the right human resources for health. The availability of trained human resources has remained an outstanding challenge. We recommend that other provinces in Pakistan adopt the same approaches and investments to reduce newborn and child morbidity and mortality across the country as well as dedicated trained human resources.