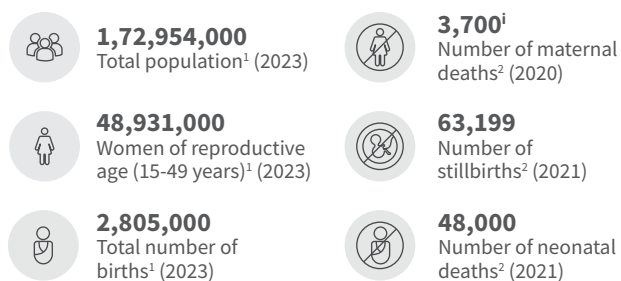


# ENAP and EPMM Country Profile | May 2023

## Bangladesh



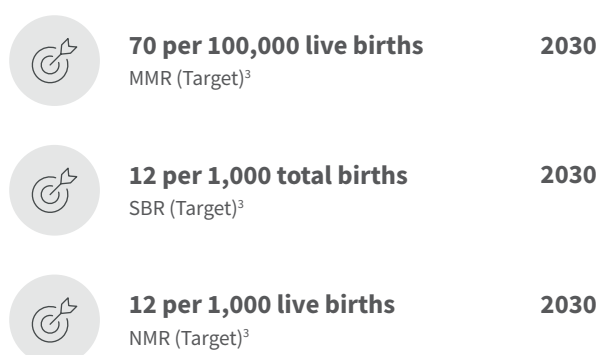
### Key Demographics



<sup>i</sup> Numbers of maternal deaths have been rounded according to the following scheme:  
< 100 rounded to nearest 1; 100-999 rounded to nearest 10; 1000-9999 rounded to nearest 100; and ≥ 10 000 rounded to nearest 1000

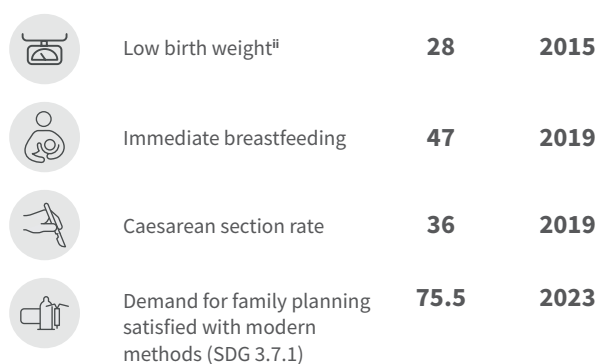
### National Mortality Targets

Year



### Additional Indicators

Value (%) Year



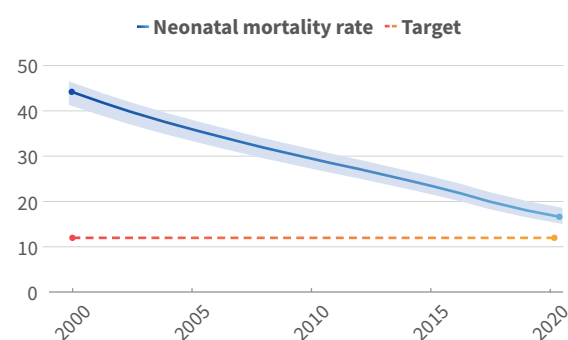
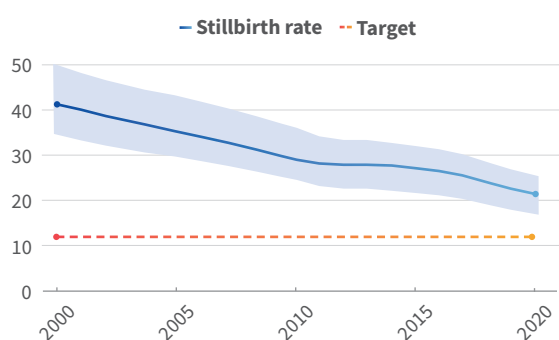
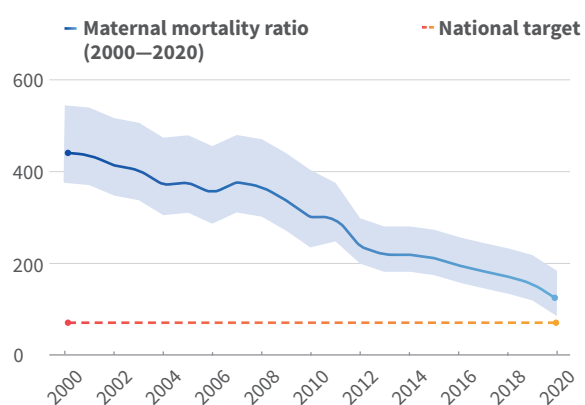
<sup>ii</sup> % of live births that weighed less than 2500 g

### National Policies

Status

Costed RMNCH strategy/plan including MNH	Yes	<span style="color: green;">●</span>
RMNCH/MNH plan updated to include quality of care standards	Yes	<span style="color: green;">●</span>
Eight ANC contacts	No	<span style="color: red;">●</span>
Birth/Labour companion	No	<span style="color: red;">●</span>
Labour Care Guide/Revised partograph	Yes	<span style="color: green;">●</span>
PNC updated with WHO recommendations	Yes	<span style="color: green;">●</span>
Birth registration	Yes	<span style="color: green;">●</span>
Maternal death registration with civil registrar	Yes	<span style="color: green;">●</span>
Neonatal death registration with civil registrar	Yes	<span style="color: green;">●</span>
Stillbirth registration	Yes	<span style="color: green;">●</span>

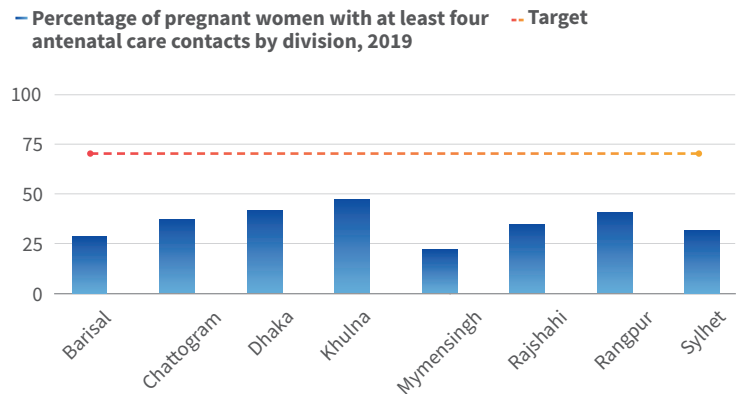
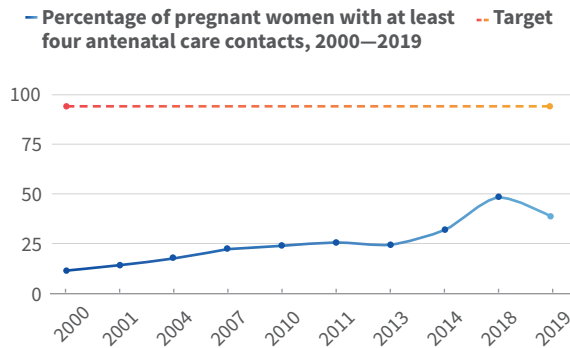
### Progress to meet Maternal, Newborn Mortality and Stillbirth Reduction Targets



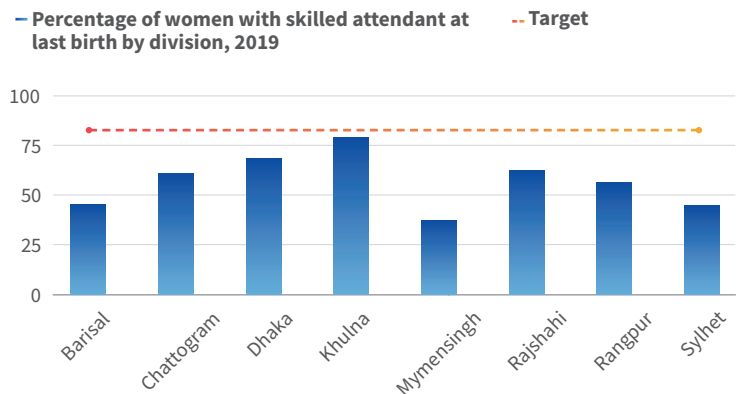
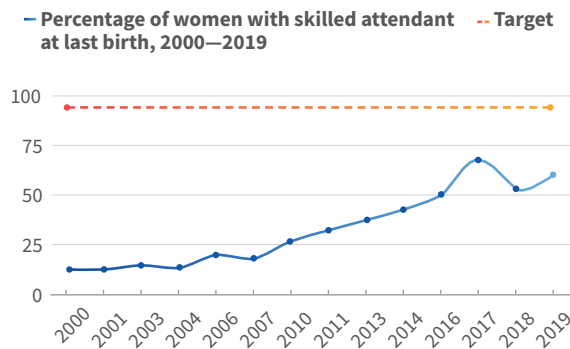
### Progress to meet ENAP EPMM Coverage Targets



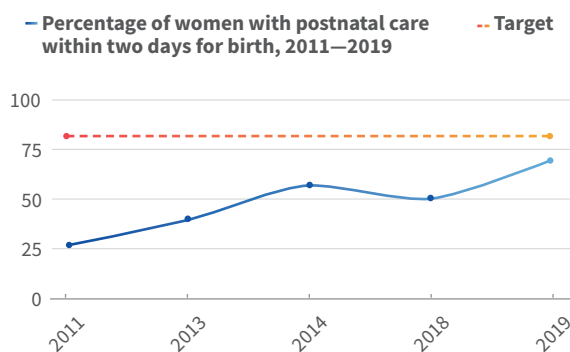
#### Four or more Antenatal Care Contacts<sup>10</sup>



#### Skilled Attendant at Birth<sup>10</sup>



#### Postnatal Care for Women<sup>10</sup>



Percentage of women with postnatal care within two days for birth by division

NO DATA



**ENAP Target 4**

Scaling up small and sick newborn care	Status
National strategy/implementation plan for scale-up	Yes ●
Specific budget line in the national plans (and where relevant subnational plans)	Yes ●
Standardized designs and floor plans to deliver level 2 package of services	Yes ●
Defined Human Resources staffing norms for level 2 newborn care	Yes ●
Defined list of essential equipment needed for level 2 small and sick newborn care <sup>iii</sup>	Yes ●
Data system to record admissions, outcomes, and quality of care for level 2 newborn care	Yes ●
Policy provision of free transport of small and sick newborn (either government-provided or voucher for transport)	No ●
Coordination mechanism linking improvement of level 2 newborn care with improving maternity services to prevent major conditions causing newborn deaths <sup>iv</sup>	No ●
Provision in policy/guidelines for engagement of families in the care of babies	Yes ●
System for post discharge follow-up of babies to improve survival, growth and development	Yes ●



**EPMM Target 4<sup>3</sup>**

Access to Emergency Obstetric Care (EmOC)	Status
National strategy/implementation plan for scale-up	Yes ●
Specific budget line in the national plans (and where relevant subnational plans)	Yes ●
EmOC facility mapping showing the 2021 geographical distribution with MoH	Yes ●
Standardized designs and floor plans for the basic EmOC health facilities	Yes ●
Defined minimum number of midwives to be staffed in an EmOC health facility for providing 24h/7d care	Yes ●
Defined list of essential equipment needed for basic and comprehensive EmOC <sup>v</sup>	Yes ●
Country capacity to provide yearly data on the performance of EmOC signal functions for measuring the availability of EmOC	Yes ●
Proportion of functioning EmOC facilities	41%

<sup>iii</sup> CPAP, Oxygen systems, Pulse oximeter, Radiant warmer

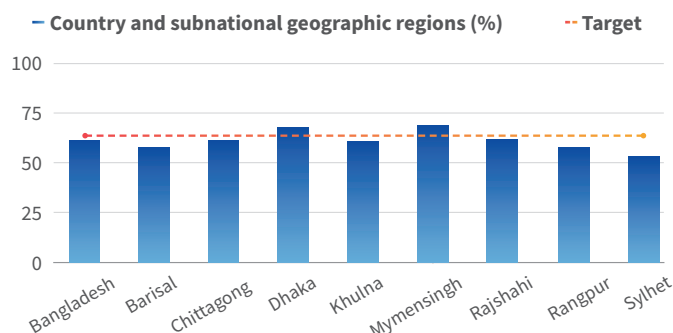
<sup>iv</sup> E.g., improved monitoring of labour, antenatal corticosteroids, infection prevention

<sup>v</sup> Complete manual vacuum aspiration set with different size cups, obstetric forceps, complete repair pack for tears, foetal stethoscope, vacuum extractor with different size cups, blood pressure monitor, capacity for blood transfusion, complete C section boxes



**EPMM Target 5<sup>3</sup>**

**SDG 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care by division (2018)**



**SDG 5.6.2: Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-EPMS4) and Component (C1-C13) values (2019)**

SDG 5.6.2	Value
Maternity Care	NO DATA
Contraceptive Services	0
Sexuality Education	94
HIV and HPV	39

**Progress toward ENAP EPMM Milestones<sup>3</sup>**

**Policies/Planning, Investment, Response, Resiliency, Equity**

Budgeted RMNCAH strategy (including MNH)	Yes ●	National emergency response plan	Yes ●
Subnational implementation plans at the State/Regional/Provincial levels	No ●	User-fee exemptions for MNH	Yes ●
Subnational implementation plans at the district or an equivalent subnational unit level	No ●	Insurance or financial protection scheme for MNH	No ●
Budgeted/financed subnational plans	No ●	Emergency transport system for MNH	Yes ●
Tracking for domestic research allocations for MNH	Yes ●	Community participation integration in the RMNCAH strategy/MNH plan	No ●
Additional resources allocated for vulnerable population groups	Yes ●		

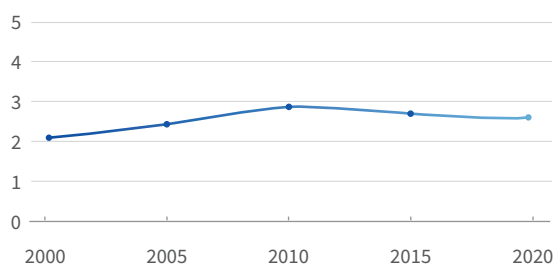


### Quality of Care, Health Workforce, Commodities and Data for Action<sup>3</sup>

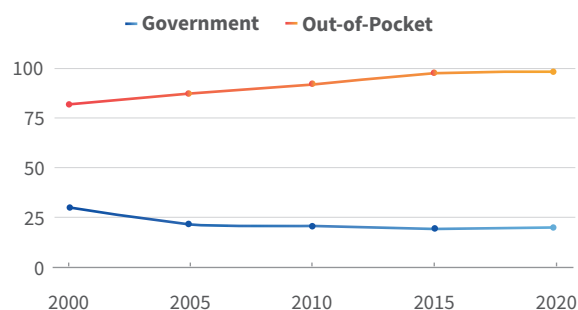
National quality of care standards for MNH	Yes	Defined core competencies for newborn care, including small and sick newborn care	Yes
National quality of care standards for small and sick newborn care	Yes	Defined core competencies for community health or extension workers	Yes
National quality of care plan including community participation in MNH for priority setting and planning	No	Tracking of availability and stock outs of essential MNH drugs (oxytocin)	Yes
National quality of care plan including community participation in MNH for monitoring and evaluation	Yes	Tracking of availability and stock outs of essential MNH drugs (heat stable carbetocin)	No
Agreed set of quality of care indicators	Yes	Tracking of availability and stock outs of essential MNH drugs (magnesium sulfate)	Yes
National strategy for accrediting and contracting private sector for MNH	No	Tracking of availability and stock outs of essential MNH drugs (oxygen)	No
Maternal and perinatal death surveillance system in place for maternal deaths	Yes	Tracking of availability and stock outs of essential MNH drugs (dexamethasone)	Yes
Maternal and perinatal death surveillance system in place for neonatal deaths	Yes	Tracking of availability and stock outs of essential MNH drugs (caffeine citrate)	No
Maternal and perinatal death surveillance system in place for stillbirths	Yes	Electronic individual patient-based data system for maternity care to include uterotonic use, labour monitor, breastfeeding, and neonatal resuscitation if needed	Yes
Integration of maternal and perinatal death surveillance system data and routine health information system	Yes	Electronic individual patient-based data system for small and sick newborn care to include details on Kangaroo Mother Care, oxygen/CPAP use, antibiotics, etc.	Yes
National strategy/plan for human resources for MNH	No	Mechanism for data sharing from the private/NGO sector	No
Defined core competencies for midwifery practice (essential competencies as per ICM)	Yes		



### Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)



### Domestic General Government Health Expenditure and out-of-pocket expenditure as % Current Health Expenditure<sup>10</sup>



### Research, Innovation and Knowledge Management<sup>3</sup>

National prioritized research agenda for MNH and stillbirth prevention	Yes
Identified innovation needs for MNH	Yes
National mechanism for sharing learning	Yes

### Accountability<sup>3</sup>

Representation from civil society, women's groups, and parent advocacy groups in technical working groups	Yes
Representation from parent advocacy groups for MNH and prevention of stillbirths	No

### References

- 1 Maternal, Newborn, Child, and Adolescent Health and Ageing. Geneva: WHO Headquarters; 2023 (<https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new>, accessed 24 March 2023).
- 2 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: WHO Headquarters; 2023 (<https://www.who.int/publications/i/item/9789240068759>, accessed 23 March 2023).
- 3 Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM), Joint Country Implementation Tracking Tool. 2022.
- 4 Global Preterm Birth Estimates 2014. WHO Headquarters; 2018 (<https://ptb.srhr.org/>, accessed 20 April 2023).
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- 6 Family Planning 2030. (<https://fp2030.org>, accessed 19 April 2023).
- 7 Global Health Expenditure Database. 2023; (<https://apps.who.int/nha/database>, accessed 24 March 2023).
- 8 UN Inter-agency Group for Child Mortality Estimation (UN IGME). Never Forgotten: The situation of stillbirth around the globe. UNICEF; 2023 (<https://data.unicef.org/resources/never-forgotten-stillbirth-estimates-report>, accessed 24 March 2023).
- 9 UN IGME. Levels & Trends in Child Mortality, Report 2022, Estimates Developed by the United Nations Inter-Agency Group for Child Mortality Estimation. UNICEF; 2023 (<https://data.unicef.org/resources/levels-and-trends-in-child-mortality>, accessed 24 March 2023).
- 10 Maternal Mortality Data: Monitoring the situation of children and women. UNICEF; 2022 (<https://data.unicef.org/topic/maternal-health/maternal-mortality>, accessed 24 March 2023).