

# **Safe Motherhood Promotion Project (SMPP)**

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## **Activities and Achievements**

**2006 – July 2008**

# Overall goal

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Approaches of Reproductive Health (RH) services extracted from the project are standardized and applied in other districts

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# Project Purpose

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Health status of women of reproductive age and neonates is improved in the target district

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# Target Groups

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- Community people, particularly women of reproductive age and neonates
  - All level relevant staff under Directorate General of Health and Family Planning: district, upazila and union
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# Outputs

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- Feedback on lessons learnt from the Project is given to the central level and necessary actions are put into practice
  - Management of Health and Family Planning Offices at district and upazila levels is improved
  - Safe delivery service system is strengthened
  - Reproductive Health (RH) services are more utilized by target community people in cooperation with private sectors
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# Interventions

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- **Community-based interventions:**
    - **Model union approach:** Development of Union Level action plan involving the local government, service providers and stakeholders
    - Development of **community support system** in collaboration with CARE-Bangladesh
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# Interventions contd...

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- **Community-based interventions:**
    - Social and community mobilization
    - Awareness on 5 danger signs of pregnancy
    - Promotion of birth planning
    - Development of effective referral system
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# Interventions contd...

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## □ Facility-based interventions:

- Facility assessment for understanding the needs for EmOC services
  - Development of facility-based action plan: DH, SH, MCWC, UHCs (5) and model unions (9) – Total 17 facilities
  - Supply of necessary equipment
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# Interventions contd...

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## □ Facility-based interventions:

- Renovation of facilities (especially the OT)
  - Support for maintenance of equipment
  - Human resources development: in-country and overseas training
  - Strengthening of MIS
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# Implementation

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- SMPP is implemented by both the wings of MOHFW
  
  - Upazila Project Coordination Committee (UPIC):
    - Chaired by UNO
  
  - District Project Implementation Committee (DPIC):
    - Chaired by Deputy Commissioner
  
  - Joint Coordination Committee (JCC):
    - Chaired by Joint Chief Planning, MOHFW
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# Activities performed

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- Developed the CSBA MIS format, and is being used
  - 590 field staff (HA, FWA) oriented on Safe Motherhood and 9 statisticians on computer
  - 6 FWVs & 3 SSN received practical training on Midwifery in Japan
  - Facility assessment done (17) for EmOC services
  - Action plan developed for all the facilities including 9 model Unions
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# Activities performed

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- ❑ Renovated OT of Raipura and Polash
  - ❑ Provided equipment at MCWC, Raipura, Polash, Monohordi, and some of the FWCs (Daulatpur, Bhatpara, Danga, Narayanpur)
  - ❑ Comprehensive EOC services initiated at Raipura and Polash
  - ❑ Supporting maintenance of equipment
  - ❑ Negotiating at policy levels to allocate HR to the project areas
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# Activities performed

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- Developed 60 Community Support System (CmSS) at Raipura and Monohordi in collaboration with CARE-Bangladesh
    - Identifies and maps pregnant women
    - Encourage them for taking ANC/PNC and EmOC services during needs
    - Negotiates with the service providers for services
    - Raise fund to support poor during needs
    - 137 MCH patients referred (up to June 08)
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# Activities performed

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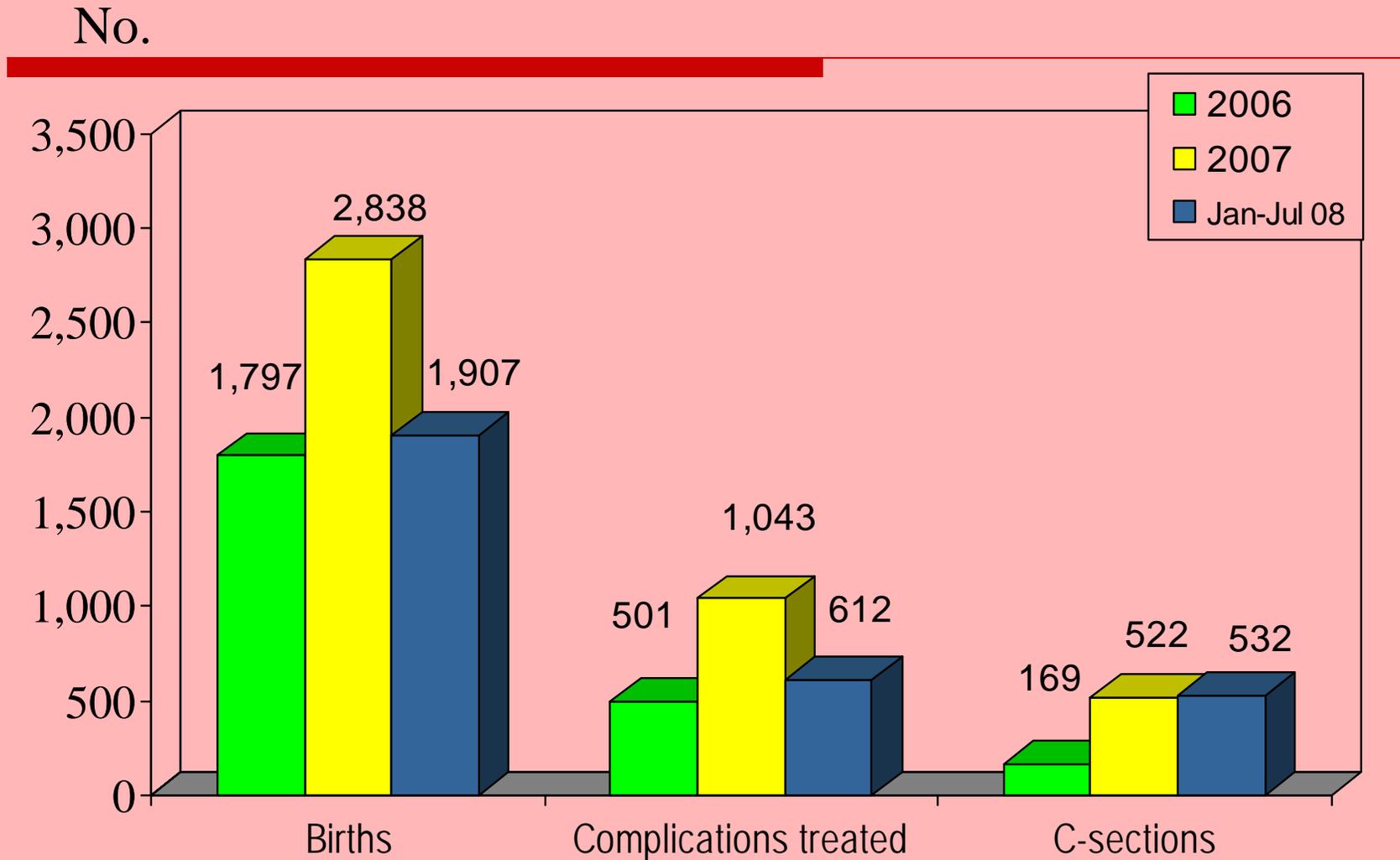
- ❑ Orientated the Community Change Agents (Village Doctors, TBAs, Teachers, UP members, Imams) on safe motherhood
  - ❑ Observed Safe Motherhood Day as “ANC/PNC service delivery day”
  - ❑ Study tour at Pubna and Chowgacha to share experience
  - ❑ Special activity in char areas: training on CSBA
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# Local level initiative (local government and community participation)

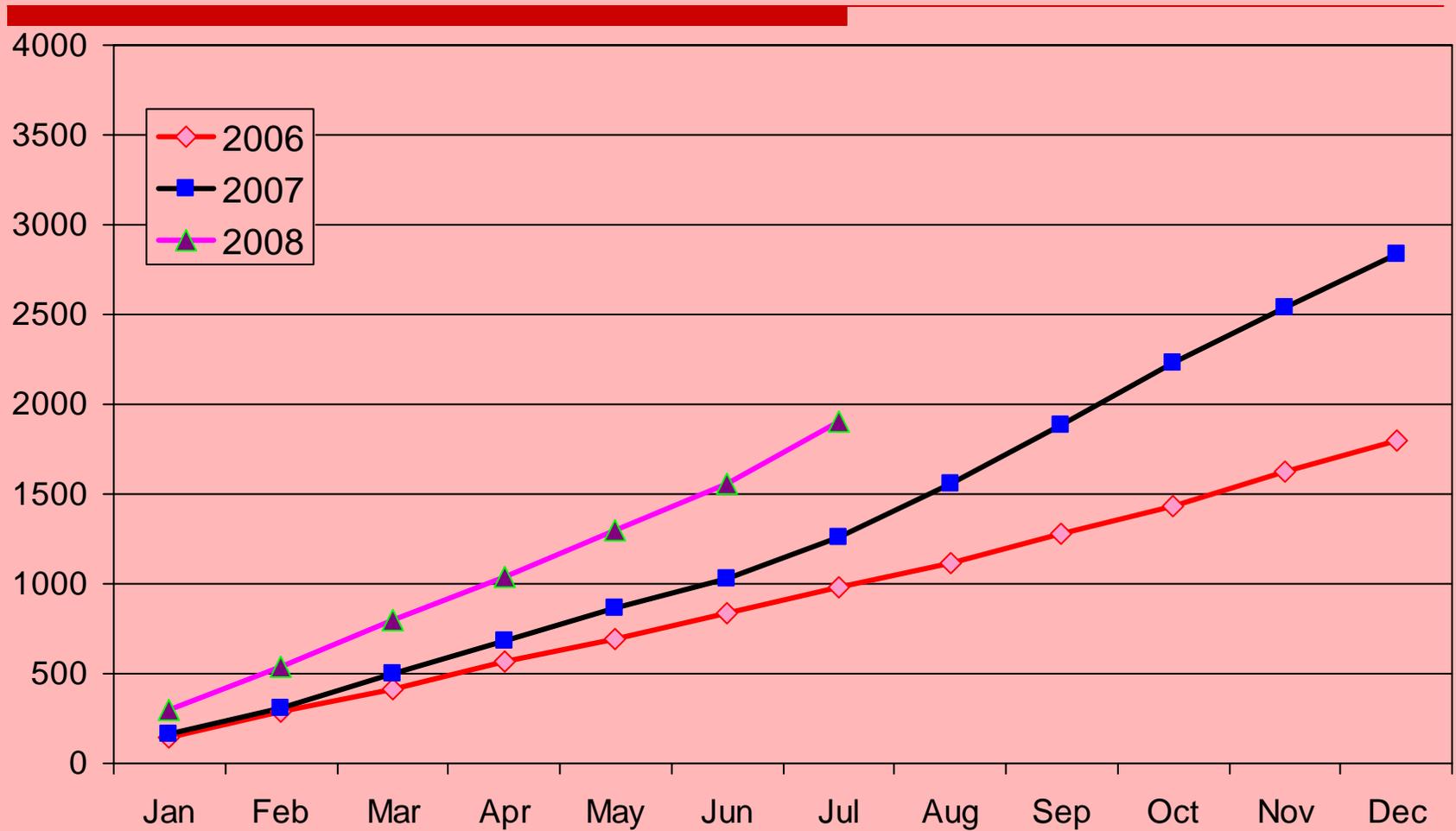
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- ❑ Developed Safe Motherhood fund: Funds collected from local institutions and from elites
  - ❑ Budget allocated for Safe Motherhood from Union Parishad budget
  - ❑ Provided Mini-ambulance (Danga, Narayanpur, Dulalpur)
  - ❑ Supported FWC (with renovation, furniture etc.)
  - ❑ Distributed “matir bank” to pregnant women to encourage savings
  - ❑ Installed siren
  - ❑ Observed Safe Motherhood Day as “service delivery day”: More than 2,400 women received ANC
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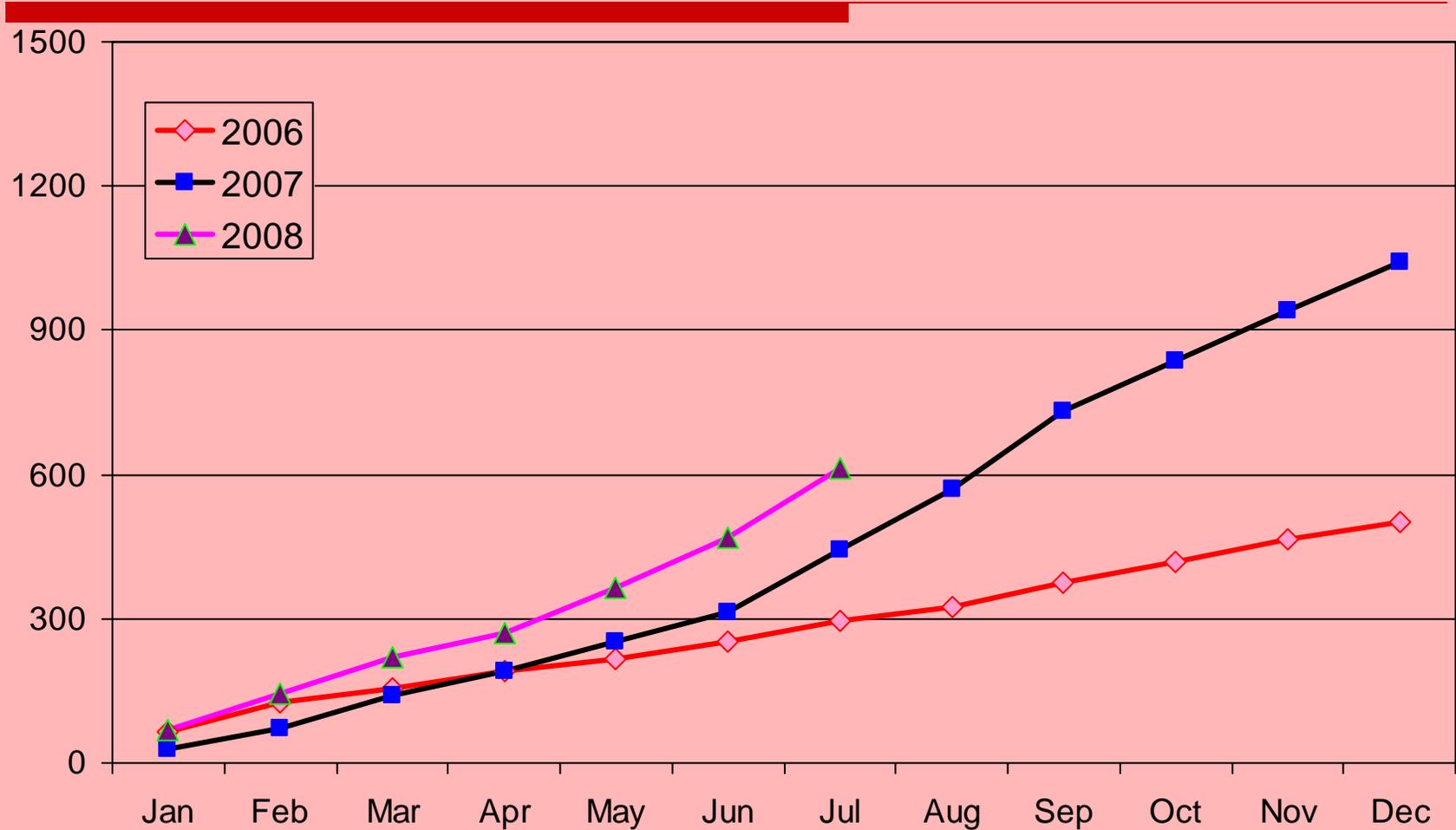
# Births, complications treated and C-sections done at public EmOC facilities: 2006 – July 2008



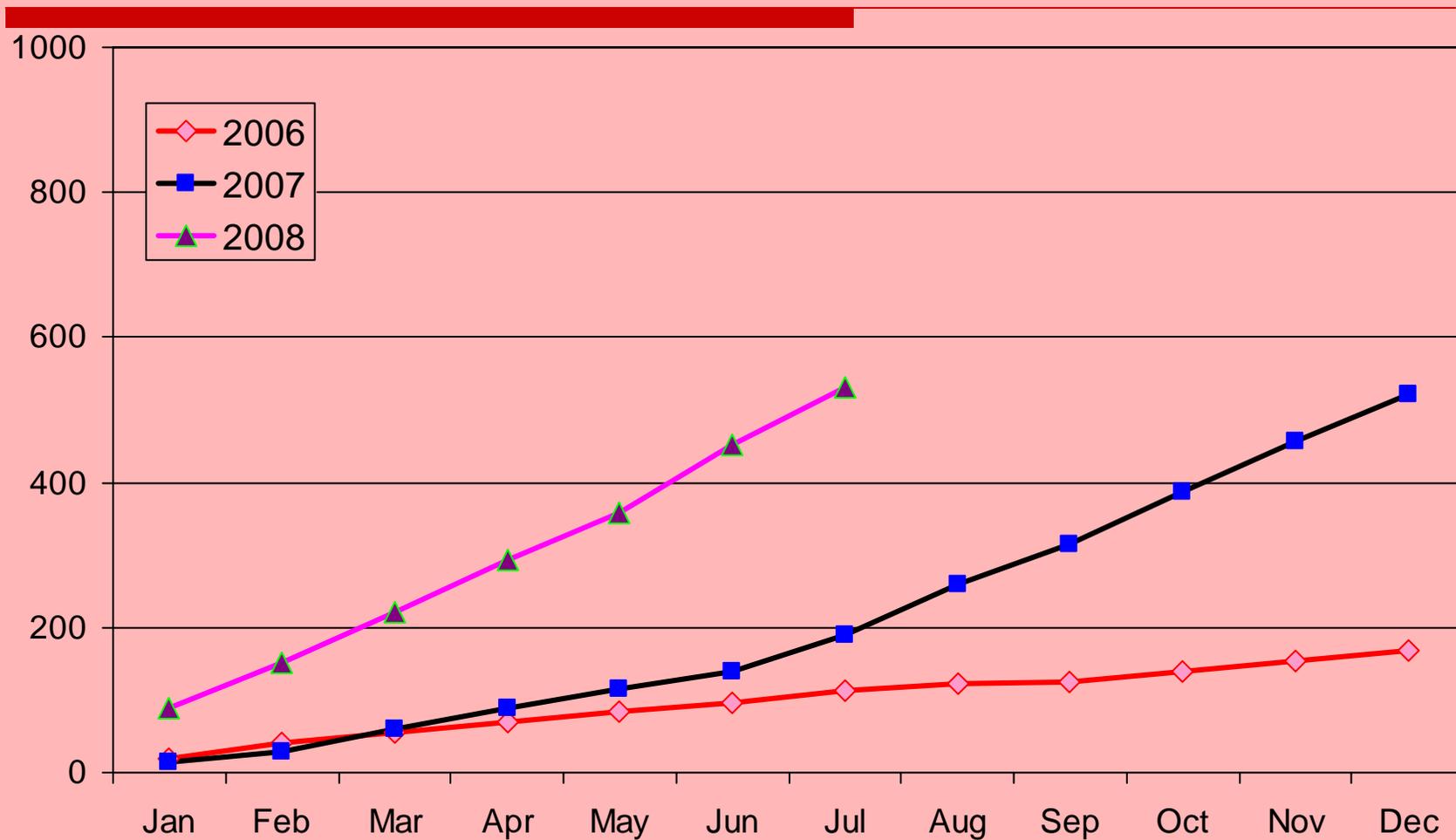
# Cumulative no. of births conducted at GOB facilities by month: 06 – July 08



# Cumulative no. of complications treated at GOB facilities by month: 06 – July 08

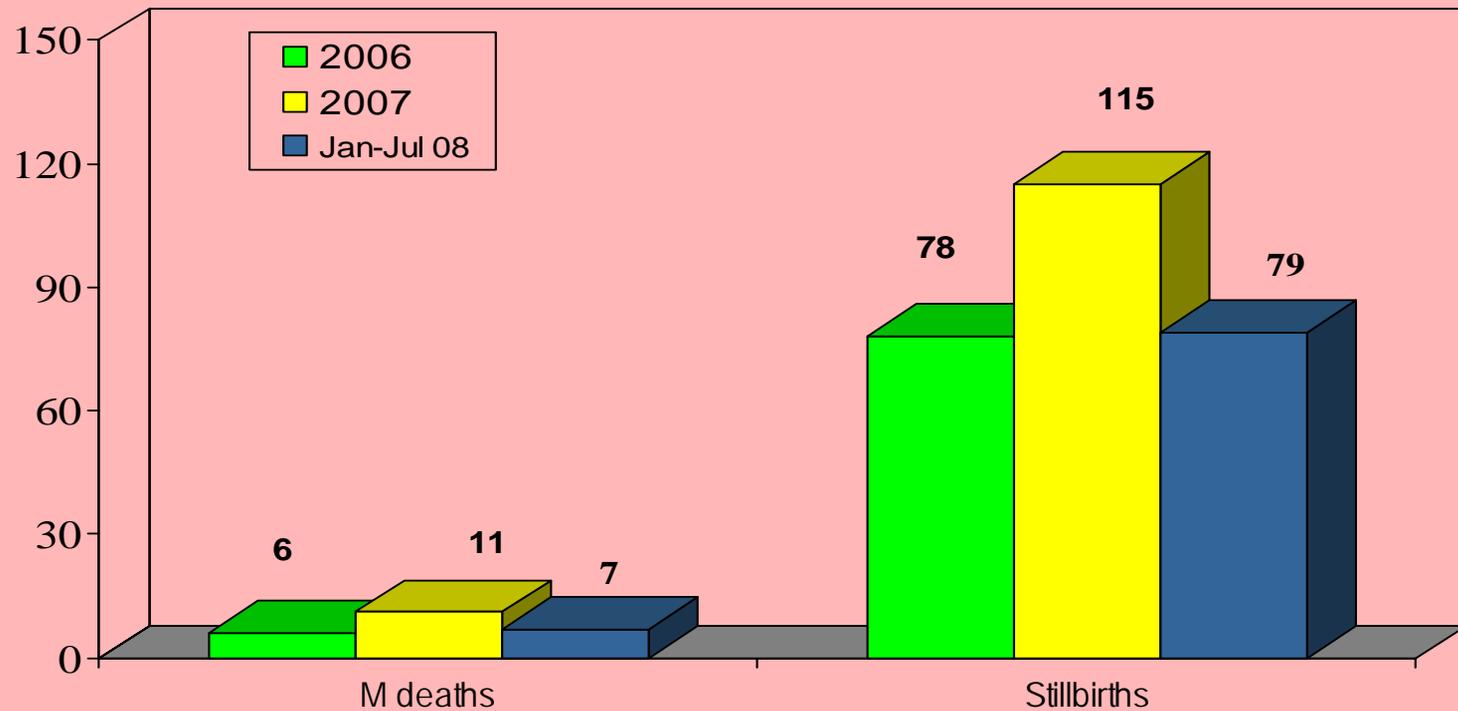


# Cumulative no. of C-sections done at GOB facilities by month: **2006 – July 08**

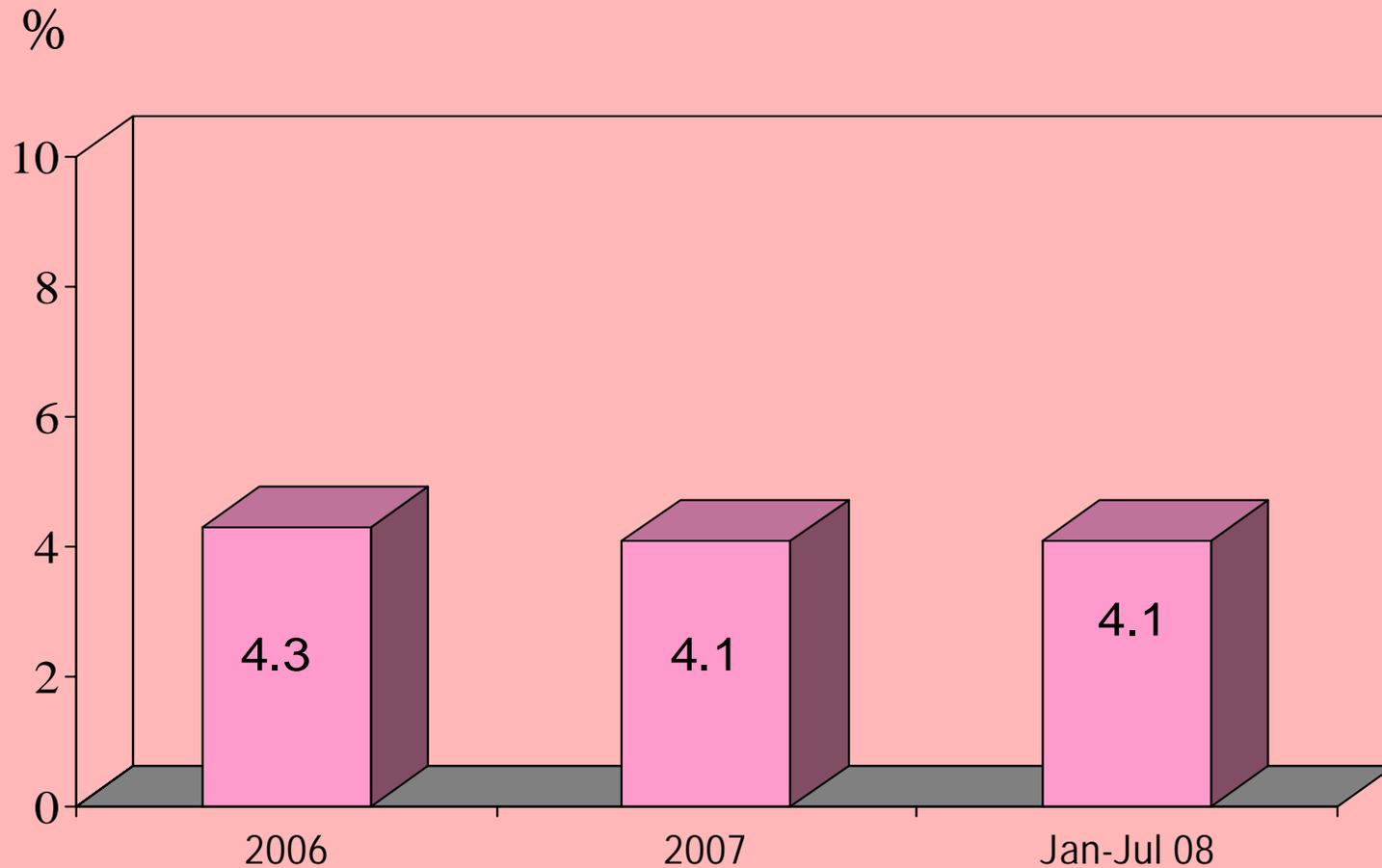


# No. of maternal deaths and stillbirths at public EmOC facilities: 2006 – July 2008

No.

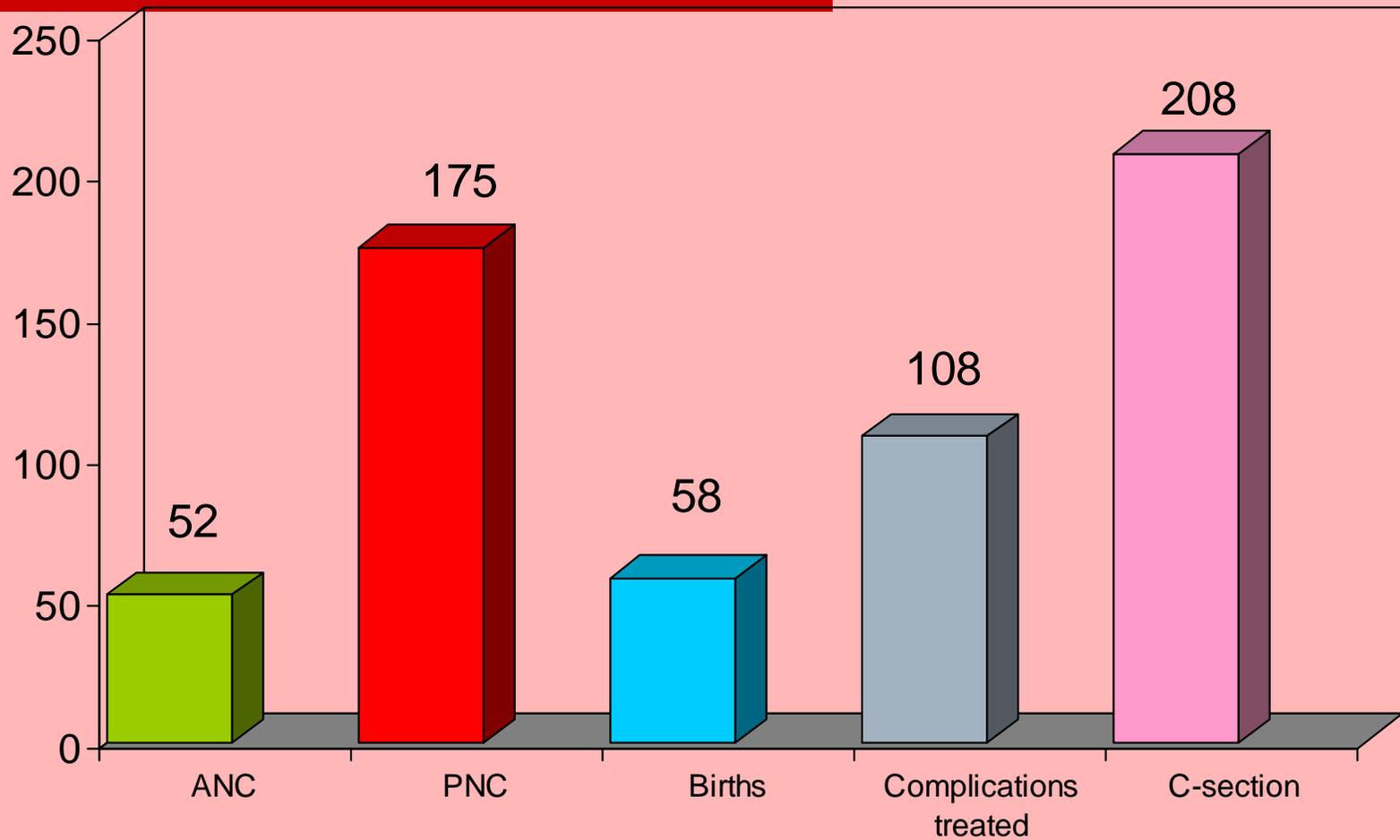


# Stillbirths as a percentage of all births at public EmOC facilities: 2006 – July 2008

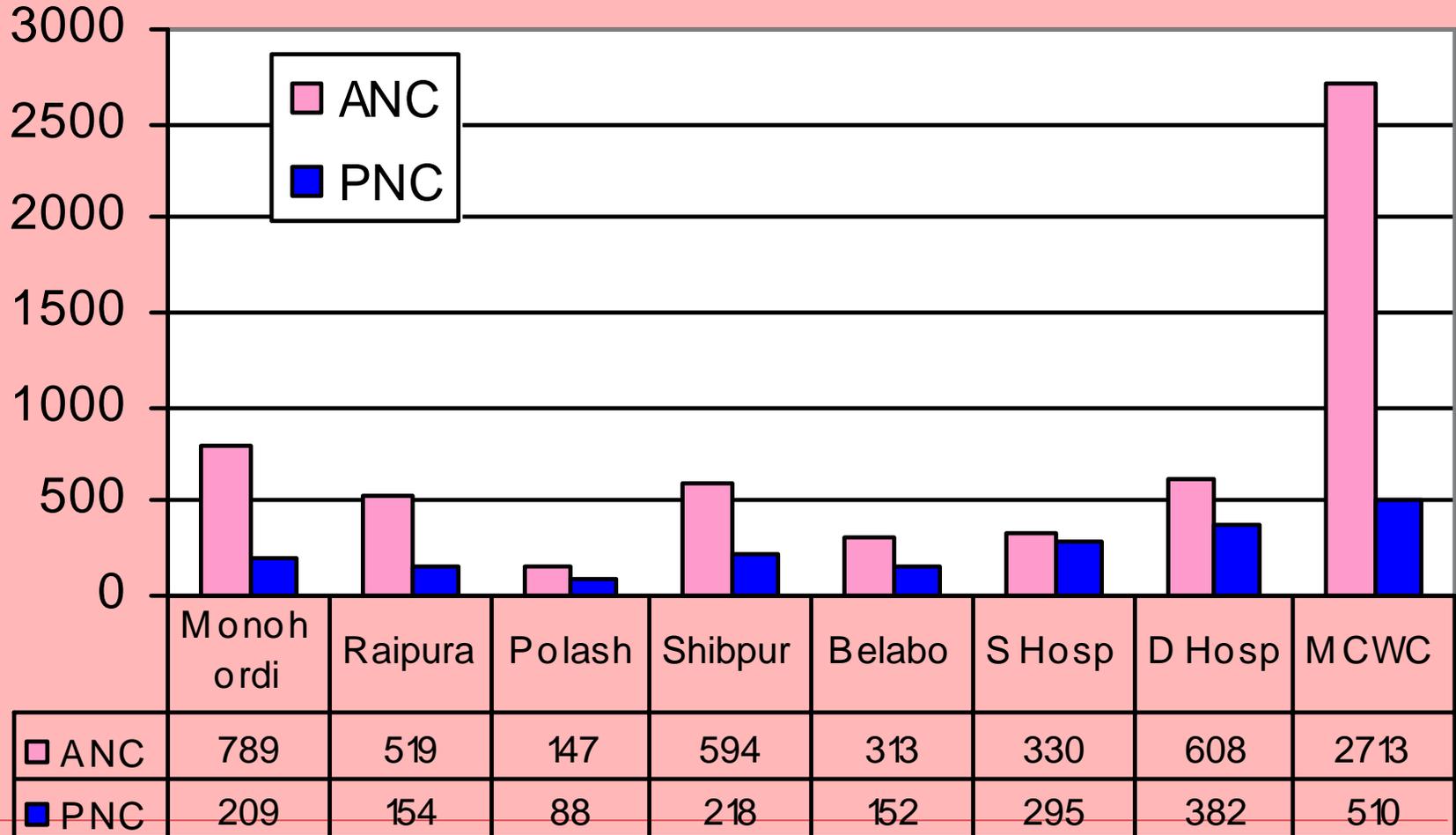


# Percentage increase of facility performance in 2007 compared to 2006

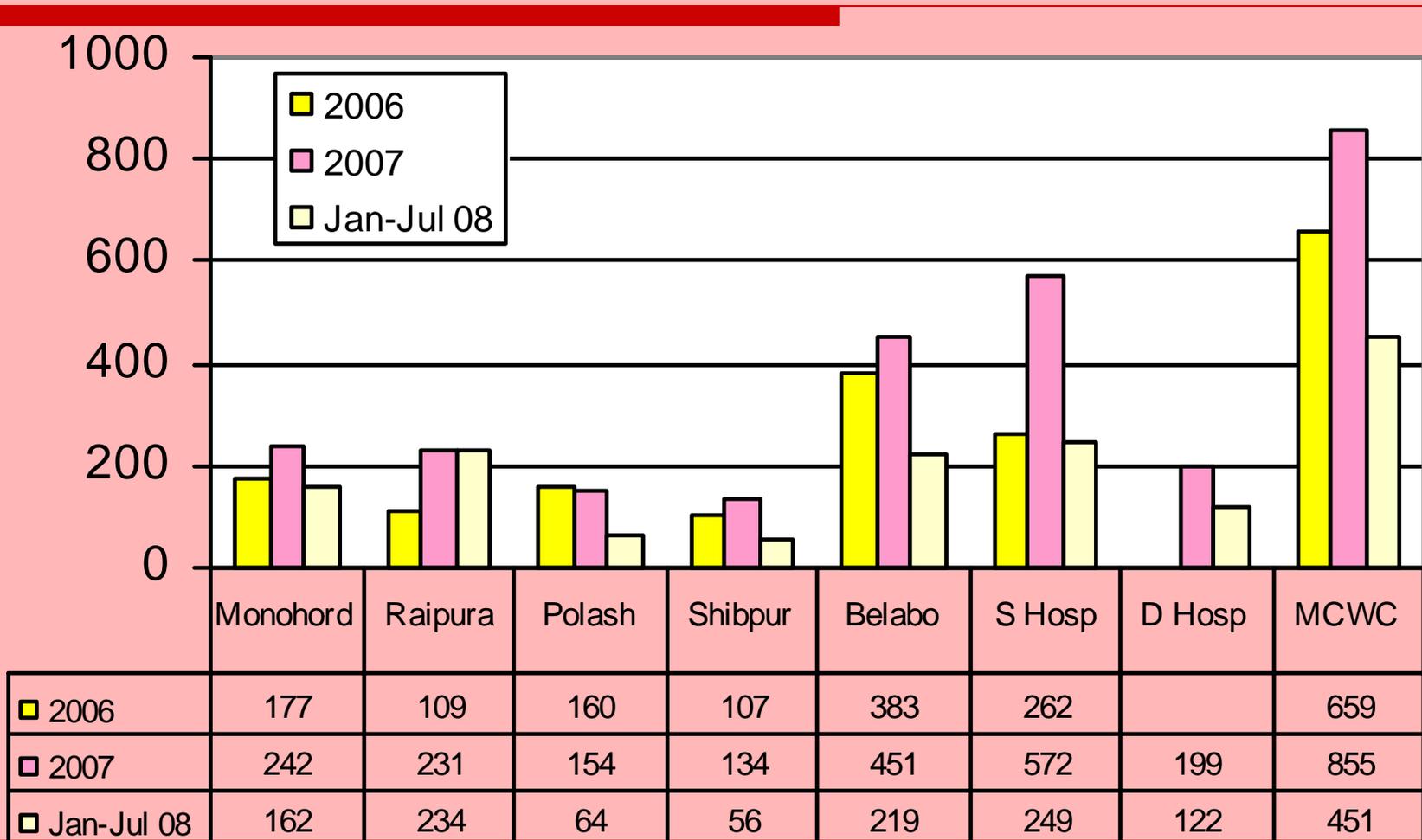
**% increase**



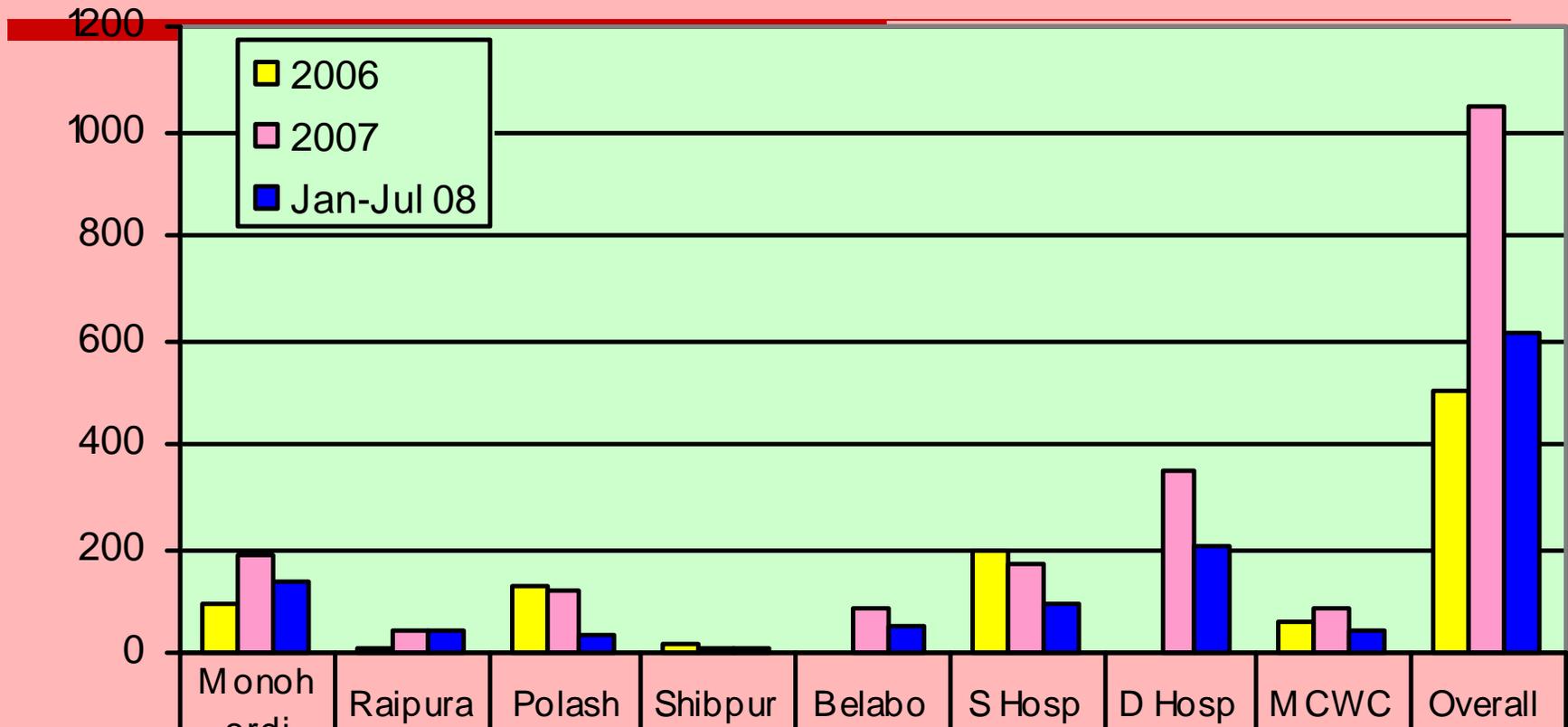
# Number of ANC and PNC provided from Jan to July 2008 by facility



## Deliveries conducted during 2006 to July 2008 by facility

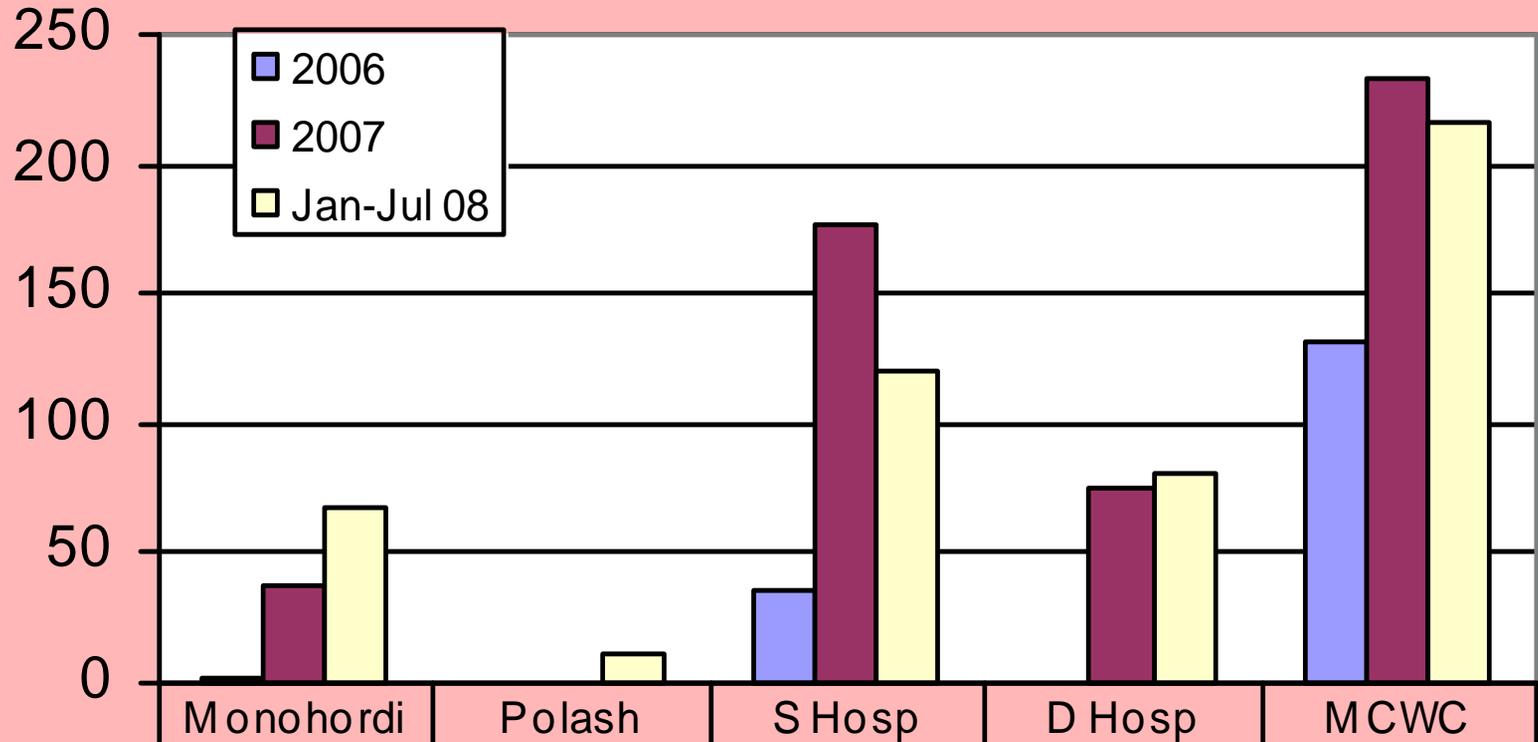


# Number of complications treated from 2006 to Jul 08 by facility



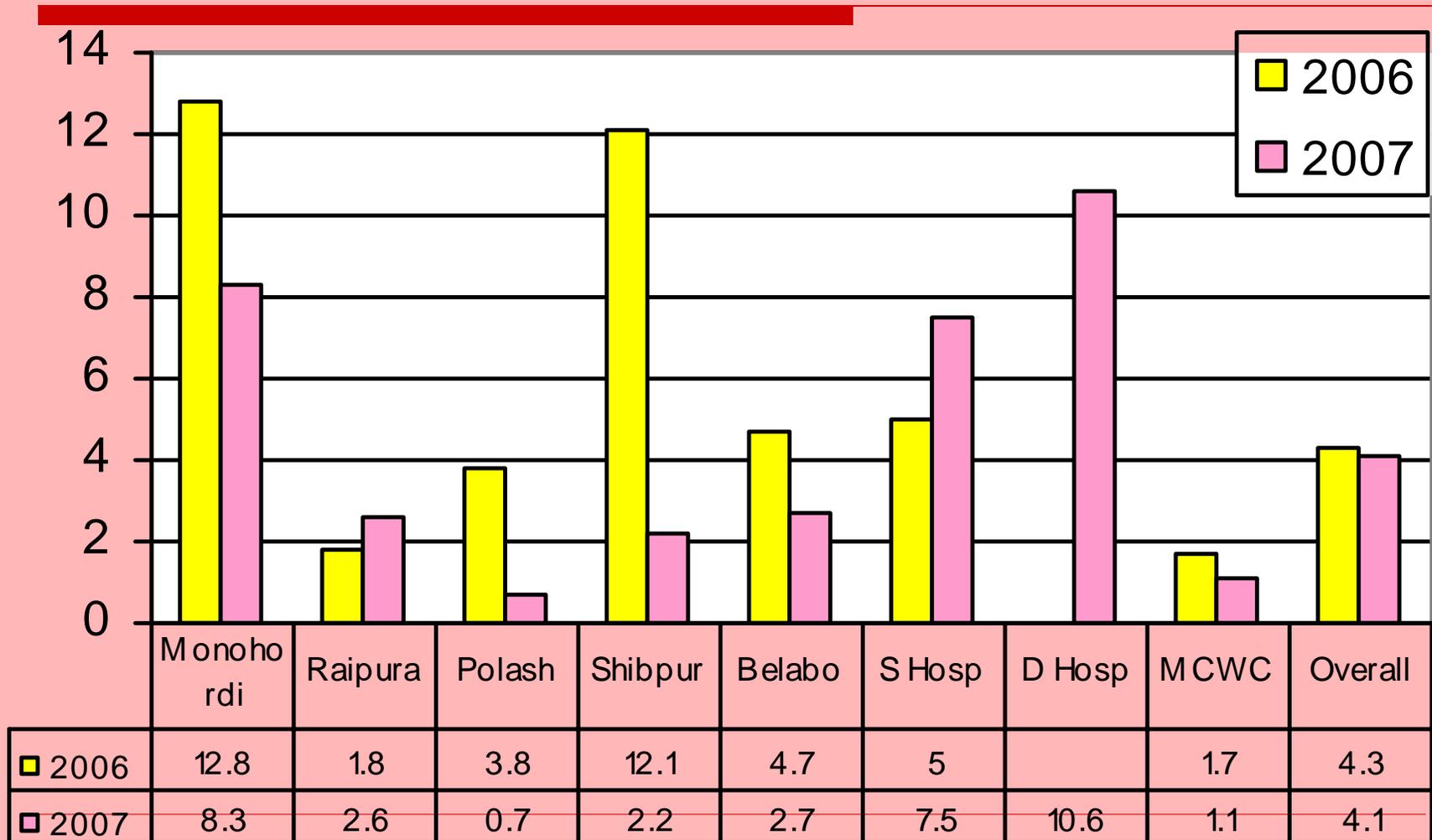
2006	94	10	127	13	0	199		58	501
2007	190	40	117	7	85	169	351	84	1043
Jan-Jul 08	138	44	37	7	54	90	202	40	612

# Number of C-sections done: 2006 to July 2008 by facility



2006	2	0	35	0	132
2007	37	0	176	75	233
Jan-Jul 08	67	12	120	80	217

# Still births as a proportion of all births in 2006 and 2007 by facilities



## Some EmOC process indicators contributed by both public and private facilities at Norsingdi in 2007

Indicators	Expected No.	GOB facilities: No (%)	Private facilities: No. (%)	Total: No. (%)
Births (CBR: 26/1000 population) <b>[Pop: 2,225,917]</b>	<b>57,874</b>	2,839 (4.9% of all expected births)	4,672 (8.1% of all expected births)	7,511 (13% of all expected births)
Obstetric Complications (15% of expected births)	<b>8,681</b>	1,043 (Met need: 12%)	501 (Met need: 5.8%)	1,544 (Met need: 17.8%)
Min. C-sections (5% of expected births)	<b>2,894</b>	522 (0.9% of all expected births)	3,492 (6.0% of all expected births)	4,014 (6.9% of all expected births)
Maternal deaths (3.2/1,000 live births)	<b>185</b>	11 (Overall CFR: 1.05%)	2 (Overall CFR: 0.4%)	13 (Overall CFR: 0.84%)
Neonatal deaths (37/1,000 live births)	<b>2,141</b>	4	15	19

# What contributed to the achievements

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- Strong commitment of the government at policy, district, upazila and union level
  - Regular review at JCC, DPIC and UPIC meetings
  - Involvement of local government (local level initiatives)
  - Development of local level participatory planning
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# What contributed to the achievements

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- Effective CmSS
  - Experience sharing visits by the managers, service providers and UP chairmen
  - Prompt action on facility level problems, such as maintenance and supply of equipment
  - Close monitoring by government and JICA
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# Key Challenges

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- ❑ Ensure 24-hour & 7 days a week EmOC services
  - ❑ Ensure safe blood transfusion services
  - ❑ Maintenance of equipment
  - ❑ Ensure essential drugs and logistics, especially for the poor
  - ❑ Further improve the quality of EmOC services
  - ❑ Addressing the Char Areas: selecting appropriate strategy
  - ❑ Merge Satellite Clinics with EPI center
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# Key Challenges

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- ❑ Increase no. of quality CSBA
  - ❑ Further improvement in utilization of services: Community mobilization to understand the 5 danger signs and take EmOC services during needs
  - ❑ Shortage of human resources
  - ❑ Motivating service providers to take responsibility and respect to women's human rights: Provide appropriate incentives to the service providers
  - ❑ Continuous monitoring of the facilities and functions
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# Future Plan

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## □ **Addressing char areas:**

- CSBA training for the community people
- Increase awareness in general population on MNH
- Prevention of harmful practices
- Expansion of CmSS

## □ **Improve quality of EmOC services:**

- Minor renovation of delivery room and OT
  - Staff training: IPP, AMTSL, Neonatal resuscitation, etc.
  - Supply of necessary equipment
  - Develop monitoring system for quality EmOC
  - Maternal and neonatal death review
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# Future Plan

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- Expansion of CmSS:
    - Within and outside the planned upazilas
  
  - Improve neonatal care at community:
    - Increase awareness among population
    - Prevention of harmful practices
    - Improve quality of PNC and newborn care
    - Improve referral linkage for neonatal complications
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