



Safe Motherhood Promotion Project (SMPP)

(A project of the Ministry of Health and Family Welfare supported by JICA)

QUARTERLY PROGRESS REPORT

April to June 2010



Japan International Cooperation Agency (JICA)

1. Introduction

Safe Motherhood Promotion Project (SMPP) has initiated its interventions in July 2006 in Narsingdi District. This is the project of Ministry of Health and Family Welfare (MoHFW) supported by Japan International Cooperation Agency (JICA) as a technical partner. JICA invited CARE Bangladesh to be another implementation partner for Community Mobilization activity. The project aims at improving health status of pregnant and postpartum women and neonates in the targeted district during four years of implementation and envisages replicating good practices proven in Narsingdi to other districts.

This is the progress report of SMPP for the period of April to June 2010. In this report following activities are highlighted:

- Maternal, Neonatal and Child Health (MNCH) Forum/Task Group meeting
- National Workshop on Finalization of Community Group Management Guideline
- Hospital Improvement Activity
- Model Union Activity
- Community Support System (CmSS)
- Community based Skilled Birth Attendant (C-SBA) related activity
- Safe Motherhood Day 2010
- Pilot PNC Intervention in Monohordi Upazila
- Chougacha Model Analysis Study
- Visitors
- Others

2. Major Activities Implemented

2-1. Maternal, Neonatal and Child Health (MNCH) Forum/Task Group meeting

The second MNCH Forum/Task Group meeting was held on 4th May chaired by Director General of Health Services at MIS conference room of DGHS. The main agenda of the meeting was to share the findings of MNH mapping exercise carried out by JICA and discuss the ToR and membership of this group (Annex 1). The conclusions of the MNH mapping exercise presented were:

- Even though GoB has taken sector wide approach in Health Sector, there are still many “projects” implemented under HNPS and outside HNPS
- Mapping shows that costal belt, some of the hilly districts and western part of the country are less covered by MNH interventions
- Major interventions can be divided into two: health facility-based and community-based interventions
- Coordination among the “projects” is not taking place for interventions and problem solving



Based on the conclusions, the following recommendations were placed:

- Development of National MNCH Program with national strategy for implementation and monitoring is critical to accelerate attainment of MDG 4&5

- All MNCH projects should be under National MNCH program and follow the same package of strategies endorsed by GoB
- All MNCH projects should use the same monitoring indicators to evaluate its effectiveness by the GoB
- There should have scope for innovative ideas & interventions to be tested for removing bottlenecks
- National MNCH Program should have clear conceptual linkage with health reforms and health system strengthening
- Assess the current functionality of the existing MNCH committees to restructure in a rational way
- MNCH forum can be an open forum among the MNCH projects to share information and coordination

At last, the meeting took decisions that this MNCH Forum/Task group should be separated into two with distinguished ToR, and membership and the MNCH mapping exercise needs further elaboration incorporating available information and study reports.

On behalf of DP HNP Consortium, JICA was selected to be a coordinator of the MNCH Forum from now on.

SMPP also participated in “the consultations on the preparation of the next sector program” held in May and particularly contributed to the assessment of draft Program Paper using the JANS tool.

2-2. National Workshop on Finalization of Community Group Management Guideline

“National Workshop on Finalization of Community Group Management Guideline” was held on 30th May by Revitalization of Community Health Care Initiative in Bangladesh (Community Clinic Project) at Sasakawa Auditorium of ICDDR,B. SMPP supported preparation and organization of this Workshop closely working with the CC project staff. In this workshop the Community Group Management Guideline was discussed and all the suggestions collected from the participants were reflected in the process of finalization of the guideline. The remarkable achievement of the SMPP is that SMPP developed Community Support System (CmSS) was recognized as effective for activating the function of Community Group (CG) and Community Clinic, and the said guideline instructs all CGs to develop three Community Support Groups, which were modeled by our CmSS, under their catchments area. After the National Workshop the guideline was finalized and sent it to the Ministry. The CC project office will distribute the copy of the guideline to all the Districts, and the District authorities will follow the guideline for Community Group management.

Through CC project, the SMPP-CmSS is expected to be replicated in all over Bangladesh. As a next step, the SMPP will support development of capacity development training program for Community Group and Union Parishad in accordance with the guideline.

2-3. Hospital Improvement Activities

The SMPP project has been extended for one year, to be ended in June 2011. The project has, therefore, adopted the strategy of closely monitoring the hospital performance at the district with minimal support. In the mean time, the project has completed almost all the activities planned for hospital improvement.

The EmOC data of all the facilities were analyzed for the first half of this year to assess changes in utilization of services compared to the previous years. The data indicate that utilization of obstetric care services (ANC, PNC, obstetric admissions, delivery, c-sections) has been increased compared to 2009. The number of complicated obstetric cases treated at the facilities, however, remained same as compared with the previous year.

A two-day workshop on Improving Quality of Health Services was organized by SMPP in collaboration with DGHS and DGFP during 11-12 April 2010 at the Sasakawa Auditorium of ICDDR,B with the objectives to:



- Have recommendations for policy makers to improve quality of services in collaboration with Local Government and Hospital Improvement interventions
- Share the experiences of SMPP working with LG and hospital based interventions
- Introduce the Operational Manual for LG developed by SMPP
- Provide insightful ideas on how to improve the quality of health services to the planners and implementers

About 100 participants (84 on first day and 116 on second day) attended the workshop. The participants were from the MOHFW, MOLGRD, DGHS, DGFP, relevant officials from Narsingdi district, representative from the professional bodies, development partners, UN Agencies, NGOs and local government bodies. Additional Director General of DGHS attended the first day of the workshop as chief guest, while the Honorable Minister for Health and Family Welfare graced the workshop as chief guest on the second day. The workshop was also attended by the Japanese Ambassador HE Mr. Tamotsu Shinotsuka along with other dignitaries (Chief Representative of JICA, Secretary MOHFW and MOLGRD, DGHS and DGFP) (full report of the workshop is available at project office).

One of the objectives of the workshop was to sensitize the participants on TQM for hospital improvement. As such, SMPP invited one TQM Consultant (Dr. Karandagoda) from Sri Lanka for a presentation in the workshop. SMPP also organized a field visit (at Gazipur District Hospital) of the consultant to observe the situation in reality. Key persons from Chowgacha were also invited to attend the workshop to share their experiences of supporting hospital by the community and improving quality of services.

During this quarter DGFP introduced the maternal death audit tool at Narsingdi supported by SMPP. The objective of introducing the tool is to conduct maternal death audits for all maternal deaths at the district. In order to implement the activity throughout the Upazilas, 148 staff have been oriented in April.

In total four EOC team meetings were held at the district during this quarter. The facilities conducted the EOC team meetings included Monohardi, Raipura, Palash and Shibpur UHC. In these meetings hospital action plans were reviewed. After reviewing the hospital performance and current situation, new action plan was undertaken. One Hospital Management Committee (HMC) meeting was held at Raipura Upazila during this quarter and the Upazila Chairman attended the meeting as chair. Other upazilas could not organize the HMC meeting due to unavailability of time of the Chairperson.

The quality assessment checklist for assessing quality of EmOC services has been introduced at all the facilities. During this quarter, one facility (Raipura UHC) used the QA checklist to assess the facility. The assessment was done by the EOC team. Most of the things were found in place. However, partograph is not being used at the facility mainly due to acute shortage of trained nurses.

The Sadar Hospital building has been extended vertically and provided space for an operation theatre (OT). JICA provided some necessary equipment for operationalization of the OT. All the equipments, including those already available at the hospital store, have been installed. The OT is now waiting to be inaugurated by the Division Director in July. The project also provided support for maintenance of equipment at Sadar Hospital, and Monohardi UHC to keep the facility functioning for EmOC services.

Due to lack of consultant OG, comprehensive EmOC services were not available at Palash UHC during the quarter. Similarly, comprehensive EmOC services have been stopped at the district hospital since June due to transfer of anesthesia consultant. However, SMPP has been pursuing to get these human resources in place to restart the services.

During this quarter, the revised QA committees got approval by the ministry. SMPP has been pursuing the QA program manager to organize the first meeting of the National Technical Committee to discuss the overall QA activities of DGHS and future plan of action. It has been agreed, in principle, to organize the meeting as soon as the time of DGHS is available. As part of the SMPP's support to QA program of the government, the project supported QA monitoring visit of one hospital (Manikganj District Hospital on 17 June) by the hospital section of DGHS. The Chief and Technical Advisor of SMPP accompanied the team during the monitoring visit.

2-4. Model Union Activity

In response to the local demand, Charmandaria Union of Monohordi Upazila newly joined as Model Union, which makes the number of model unions in Narsingdi 16 in total. The facility (H& FWC) assessment has been done and the Union Chairman plans to call for a planning meeting in July where each stakeholder's responsibility and contribution will be clarified and agreed. The 9 model unions of the first round continue their regular activities with less support from JICA/CARE. The Safe Delivery



UCM Daulatpur Monohardi May 2010

Team took their initiatives to plan for this year's Safe Motherhood Day Observation and successfully organized ANC/PNC Campaign in May. Apart from that, most Safe Delivery Teams decided to fix the ANC service day on every Saturday to maintain a quality of services to the pregnant women. The monthly performance of Model Unions on MNH service delivery has been showing the upward trend. Due to effective collaboration of all the stakeholders, now that all health facilities under Model Unions obtained much improved facilities and working environment. This outcome surely leads to the increase in both motivation of service providers and satisfaction of clients. As the model unions

become active, other unions especially Union Chairmen showed interest in introducing the same activities in their own unions. This is another sign of impact caused by the model union approach. The SMPP continues to support the initiatives of Union Chairman regardless of model union or not.

Village doctors' orientation was organized at Monohardi, Shibpur and Sadar Upazila with the view to provide information on harmful practices and early referral of complicated pregnancies to EmOC

facility. In total 212 village doctors were trained in this quarter. The doctors of Monohordi UHC developed the plan to organize Village Doctor (VD) Orientation covering the all unions of the Upazila. Three batches of one day VD Orientation were carried out during 16-18 May with the participation of around 25 VDs in one batch. The Gaynea/Obs consultant and Anaesthesia trained MO were main resource persons of the orientation, and they made a session plan and handout by themselves. The outcome of this orientation is not only improving the knowledge and practice of the VDs on Safe delivery issue but strengthen the tie between VDs and UHC through open discussion on the status of the hospital and its services. The follow-up of this Orientation is required, especially to check if we can detect an increase in referral cases by those VDs after the orientation.

Similarly TBA orientations have been organized in new Model Unions: Zinardi union of Palash Upazila, Joynagar union of Shibpur Upaizla, Musapur union of Raipura Upazila, Silmandi union of Sadar Upazila, Patoli union of Belabo Upaizla, and Charmandaria union of Monohordi Upazila. Those orientations were facilitated by respective FWVs and Technical officer of SMPP. The orientation emphasizes identification of complications during pregnancy and delivery and immediate referral to the nearby hospitals.



UCM Daulatpur Monohardi May 2010

2-5. Community Support System (CmSS)

Community Support System is a system which creates a conducive environment at the family and community level to ensure services to pregnant women during the pregnancy period and timely referral to appropriate facility for emergency obstetric care. At present there are 133 CmSS already developed in Raipura and Monohordi Upazilas and 12 in Sadar Char unions. According to the CmSS monitoring data, the total household under CmSS is 37,980 (average 262 households per CmSS), and the total fund accumulated by CmSS is Tk. 251,193 by the end of June 2010. 35 Union CmSS Federations have been formed to develop better linkage with Union Parishad and Upazila Health Complex (UHC) and raise common voices for improvement of health services and their smooth implementation of activities. In non-CARE intervention areas there are 9 CmSS in Polash, one in Shibpur, and one in Belabo Upazila, already developed in Model Unions with the facilitation of respective Upazila Coordinators.

SMPP categorized CmSS into three levels in terms of maturity: A (satisfactory), B (moderate), and C (weak). The categorical criteria are: leadership; conceptual and technical skill; documentation; monthly meeting and participatory monitoring; resource mobilization; accountability; and linkage and communication. The following is the comparison of situation of CmSS maturity as of March 2010.

Upazila/Category	A	B	C
Monohordi (49)	27 (Mar. 10)	19 (Mar. 10)	3 (Mar. 10)
Raipura (84)	33 (Mar. 10)	38 (Mar. 10)	13 (Mar. 10)
Sadar (12)	1 (Mar. 10)	5 (Mar. 10)	6 (Mar. 10)

CmSS data of Monohordi, Raipura and Sadar Upazilas (as of June 2010)

SL	Indication	Raipura	Monohardi	Sadar	Total
1	# CmSS formed	84	49	12	145
2	# Household covered	21907	1252	3545	37980
3	Fund (Tk.) of CmSS	188053	55150	7990	251193
4	Resources (Van) of CmSS	8	0	0	8
5	# BP Session conducted	6348	2581	363	9292
6	# CmSS facilitator developed	374	276	45	695
7	# of pregnant women registered	7172	3247	459	10878
8	# of poor pregnant women registered	5086	2400	271	7757
9	# of delivery at home	3694	1485	236	5415
10	# of deliveries at facility	2259	1188	52	3499
11	# of deliveries by C-section	284	182	32	498
12	# of deliveries by CSBA/FWV at home	1034	380	2	1416
13	# of pregnant women referred	853	543	39	1435
14	# of neonates referred	274	192	14	480
15	# of pregnant received CmSS financial support	212	132	2	346
16	# of pregnant received CmSS transport support	284	205	8	497
17	# of stillbirths	59	20	2	81
18	# of newborn death	24	43	2	69
19	# of maternal deaths	8	0	0	8

Above table shows that **145** CmSS formed in three upazila, CmSS covered **37,980** household, registered **10,878** pregnant women, out of that **7,757 (71%)** pregnant women are poor. The number of total delivery is **8,914**; of which **3,499 (39%)** at the facility level, **1,416 (16%)** delivery conducted by SBAs at home, **498 (6%)** was needed caesarean section. Out of total delivery, **3,999 (45%)** delivery conducted at home and this delivery conducted by TBA/relatives. CmSS referred **1,435 (41% of institutional delivery)** pregnant mother and provided transport support to **497 (35%)** women, and financial support to **346 (24%)** women for receiving emergency obstetric care services. During the project period, there were **81** still births, **69** neonatal deaths and **8** maternal deaths in CmSS catchments areas. In this quarter CmSS organized a case analysis meeting in the areas where the CmSSs identified death cases and decided to take the following actions to reduce the deaths:

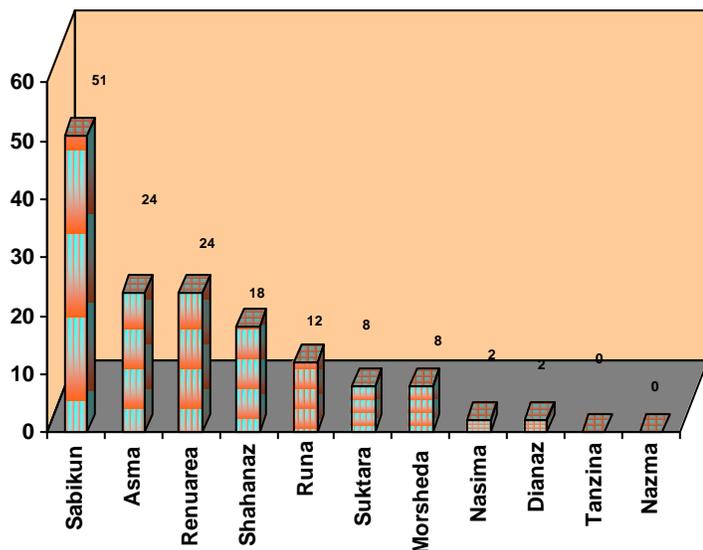
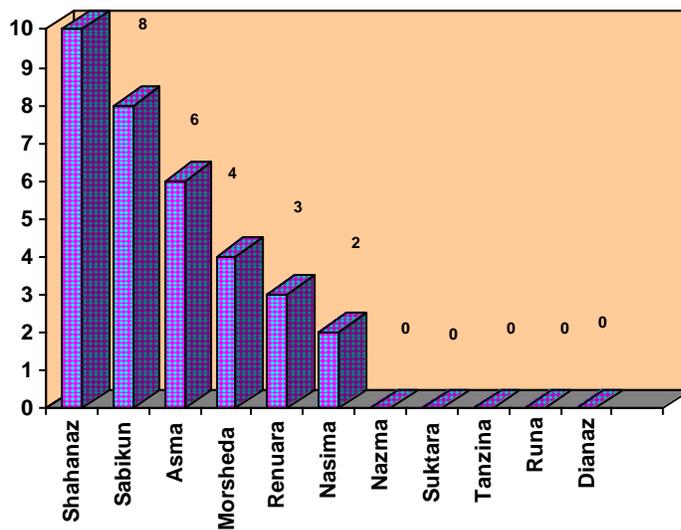
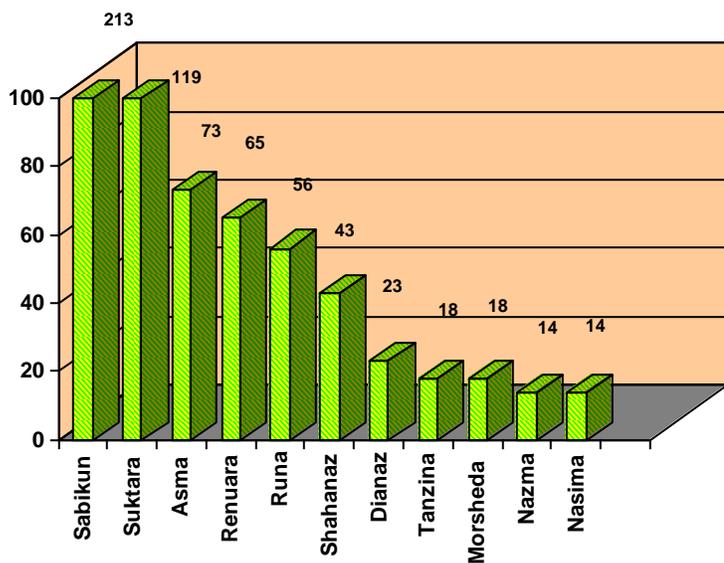
- Organize village meeting for disseminating message on pregnancy complication and its consequence
- Ensure BP session for every pregnant mother and her family members
- Increase discussion session at mosque by imam on pregnancy complication
- Prepare a list of complicated pregnant mother and ensure providing care to them by FWA/HA and community traditional healer
- Refer complicated pregnant women to appropriate service center as soon as possible

2-6. Community based Skilled Birth Attendant (C-SBA) related activity

The following table shows the cumulative number of MNH services provided by P-CSBAs in this quarter. All 11 P-CSBAs started providing ANC, delivery assistance and PNC after the completion of the training in July 2009, and the constant number of obstetric complication cases were detected and referred to higher health facilities every month. The project has been observing gradual increase in performance of P-CSBA.

Number of ANC/Delivery/PNC service provided by private CSBAs from April to June 2010

10



Above left graph shows the performance of ANC, above right graph is delivery assistance, and below graph is PNC performance

New batch of P-CSBA training was started from April in Kumudini Hospital in Tangail district. The same as the first batch the CSBA training was followed by one week long basic training in order for trainees to familiarize the health issues. The training started with 9 trainees from Raipura Char and one from Sadar Char, however, within one month, two trainees were dropped out from the course due to their health condition. At present, 8 trainees are undergoing the training with close supervision by both the training institute and the project.

2-7. Safe Motherhood Day 2010

From this year the government upgraded the position of the Safe Motherhood Day and instruction was given to the District level that the Day would be observed nationwide. Accordingly, several discussion meetings were held in Dhaka and SMPP shared their experiences of organizing ANC/PNC campaigns successfully for consecutive two years.



Safe Motherhood Day Shirmandi Sadar 30 May 2010

In Narsingdi, the discussions were held with the District/Upazila managers how to observe the SM day along with the discussion in the model unions and they decided to organize the ANC/PNC Campaign again in a same manner as last year. The project decided not to provide iron tablets for the campaign, instead urged to use the available stock of iron tablets of the GoB. In this way most demands of iron tablets were fulfilled. It is noteworthy that this year a Pharmaceutical company in Raipura supplied a banner for SMD which indicates the broader participation to the event. Union Chairmen contributed to provide a matir bank to pregnant woman and snacks for the participants of the event. Overall achievement of this year was that: total pregnant women who received ANC during the campaign was 2519, that of PNC was 216. Compared to last year, the total numbers shows a little increase despite the number of model unions increased from 9 to 16. The possible reasons of this outcome are: some Unions organized the campaign only one day; the distribution of registration slip was not arranged this year; and the weather (rain) affected the participation significantly. The SMPP also suggests the central government to send the letter for SMD observation as early as possible so that the local managers can start preparation with enough time (Annex 2).

2-8. Pilot PNC Intervention in Monhordi Upazila

Terminal Evaluation of SMPP in February 2010 pointed out the weak interventions in the area of Postnatal Care/Essential Newborn Care. In response to this finding, the SMPP planed to initiate a Pilot PNC intervention in Monhordi Upazila (Annex 3). The main objective of this Pilot intervention is: to design and test an integrated community based postnatal and essential newborn care interventions for improving maternal and neonatal health in the rural community of Narsingdi district. The Specific objectives are:

- To explore how the CmSS members especially active female members could contribute to increase the coverage of PNC/ENC and change the practice related to postnatal and essential newborn care in rural community
- To test the effectiveness of the community based PNC intervention in improving utilization of services during maternal and neonatal complications
- To improve the referral and linkage for complications of mothers and newborns

The Baseline Survey took place in 3 randomly selected intervention unions and 3 control unions of Monhordi in June 2010. The findings of this study will be shared in a meeting in Dhaka and Narsingdi with the participation of concerned stakeholders, and the design of the intervention will be

finalized in August 2010. It may be noted that this Pilot intervention will be aligned with National Newborn Care Strategy approved by the GoB.



PNC Training May 2010

2-9. Chougacha Model Analysis Study

Chougacha UHC is regarded as a model UHC in Bangladesh due to their outstanding achievements. The SMPP believes that learning from the Chougacha UHC on their good and innovative practices can benefit further improvement of Narsingdi. In this respect, the project conducted a small study to know about the success of Chougacha UHC (Annex 4). The findings of the study are:

- To make a hospital successful at least one capable and highly motivated doctor needs to be present at the hospital.
- Community participation into the management of hospitals is essential, and hospital staff should learn how to mobilize community resources.
- Training to learn about the practices of Chougacha alone cannot help much to replicate the Chougacha model in other Upazilas.
- The common vision of the hospital backed up by the reliable data collection is the key for success of the Chougacha UHC in convincing the people to contribute to the hospital.

As the study report suggested SMPP is willing to support replication of Chougacha Model within Jessore district. The discussion on the detail plan of replication will be held with the Chougacha team and concerned GoB officers in Dhaka.

2-10. Visitors

In this quarter, Prof. Syed Modasser Ali, Health Advisor to the Honorable Prime Minister, State Minister for Health, Additional Secretary of MoHFW, and Mr. Tamotsu Shinotsuka, the Japanese Ambassador, visited our project site. Prof. Ali visited Palash Upazila to observe a Community Clinic (CC) and exchanged the opinions with community group and District/Upazila managers regarding how to activate CCs. Mr. Shinotsuka visited Raipura Upazila to observe Community Support System (CmSS) activity and



Upazila Health Complex (UHC).

2-11. Others

- Chief Advisor and Technical Advisor of SMPP visited Child Survival Project supported by UNICEF in Sherpur during 14th to 15th June to learn from the project activities. This learning will be utilized for the Pilot PNC intervention in Narsingdi district.
- Technical Advisor joined the UNICEF Child Health Program Short Program Review in BRAC CDM from 21st to 25th May. He contributed to the assessment of the current program, identification of the problems and recommendations to be reflected to the National Child Health program.
- SMPP became a partner organization of Horizontal Learning Program coordinated by WSP of WB, in which Local Government namely Union Chairmen will be capacitated by learning from good practices among themselves through exposure visits and Workshops.



3. Next plan

SMPP has a plan to implement the following major activities in next quarter:

- Reanalysis of existing data including End-line and CmSS Evaluation surveys for publication. The short term Expert will be dispatched in July to assist the SMPP team to finalize the re-analysis design and discuss possible research/study conducted in the second phase.
- Health Facility Improvement: regularize EmOC team meeting and data update; activate Hospital Management Committee; assist smooth start of QA National Technical Committee and Task group; introduction of TQM; and organize Health Minister's visit to Sri Lanka to learn about the TQM.
- Model Union Activity: support implementation of revised Model Union Action Plan and Safe Delivery team activity; support new Model Union activity; follow-up of ANC/PNC training for selected FWVs and CSBAs; organize Village Doctor/TBA orientation; and initiate Pilot PNC intervention
- Community Support System (CmSS): capacity development of CmSS and CmSS Federations at Union/Upazila level; trial of Community Clinic & CmSS collaboration; and Orientation of PNC for selective female members of CmSS; support Community Clinic Project office to finalize the Community Group Management Guideline and CG training program.
- CSBA related activity: Private CSBA follow-up; compile the experiences of private CSBA as a final document; and support practical training of second batch P-CSBA in Raipura.