Expansion of Narsindi Model (SMPP) to reduce maternal & neonatal mortality in Bangladesh

JICA’s Safe Motherhood Promotion Project (SMPP) phase–II will launch tomorrow (July 1, 2011) to improve the maternal and neonatal health status in Bangladesh. The project is designed to enhance Maternal and Neonatal Health (MNH) activity coordination among stakeholder at national level, to strengthen Upazila Health System in respect with MNH, and to disseminate good practices & lessons learnt from this project to all over the country. Ultimately, women and newborn babies of the target areas can get the quality MNH services at both facilities and communities with proper care.

The Government of Bangladesh (GOB) has made substantial progress in reducing maternal mortality, the momentum behind should be maintained to ensure that MDG5 can be achieved and sustained. The progress towards MDG4 is also on track; however, there has been a slow progress in reducing neonatal mortality. To support the GOB’s strategic plan for the Health Population & Nutrition Sector Development Program (HPNSDP)(2011-2016), SMPP phase –II will run for five years (2011-2016) covering approximately 71 lac people of Narsingdi, Jessore and Satkhira districts under the Ministry of Health and Family Welfare (MOHFW). The total cost for the project will be approximately US$ 6 million.

It should be mentioned here that Safe Motherhood Promotion Project Phase-1 is recognized as Narsingdi Model by the Government of Bangladesh. The Narsingdi Model was implemented as a pilot by MOHFW from July 2006 to June 2011 with support from JICA to improve health status of women and neonates in Narsingdi through strengthening safe delivery service and supporting women and neonates to utilize obstetric and neonatal care services. It has developed a community support system (CmSS) for pregnant women and newborn during obstetric emergencies organized by the community people. Regular meeting, pregnancy registration and mapping, securing transportation for emergency referrals, funding support for poor pregnant women, awareness raising on safe motherhood and birth planning (birth preparedness) sessions are the key elements of the system. Local union parishads are active partners of the project. As a result of the project, the percentage of pregnant
women who attended antenatal care and that of institutional deliveries and the deliveries
attended by skilled birth attendants have significantly increased, while death rate of
pregnant women has declined from 1.7% to 0.4% at the health facilities where
emergency obstetric care is available. The SMPP contributed to the increase in
utilization of MNH services significantly. This is a successful model of Maternal and
Neonatal Health built on the cultural and economic context of Bangladesh for achieving
MDG 4 and 5 recognized by GOB.