



Safe Motherhood Day Observation May 2008, Norsingdi



Report prepared by:
Safe Motherhood Promotion Project, MOH&FW
(Supported by JICA)

Abstract:

Background: Safe Motherhood Promotion Project (SMPP) is being implemented by the Ministry of Health and Family Welfare at Norsingdi district with the technical and financial assistance from JICA. The project aims to improve maternal and neonatal health situation in the district. **Objective:** The primary objective of observation of Safe Motherhood Day (SMD) was to increase ANC and PNC coverage and awareness among pregnant women on five danger signs of pregnancy. **Implementation:** The SMD was observed as “Service Delivery Day” at nine model unions of six upazilas and at MCWC. The pregnant women were identified in the community and registered prior to the service delivery day. Information about the SMD was also disseminated through miking, Imams during prayer times, school children and teachers. The event was observed for one day at all the unions except for Mirjanagar, Raipura, where services were provided for five consecutive days. The women gathered on the day received ANC, PNC (as relevant) and information on five danger signs of pregnancy. The project provided a colorful umbrella with five danger signs of pregnancy to all the women as incentive. Data related to the services were collected from the targeted unions by the Upazila project staff. Data for the month of April were collected from the Upazila MIS for the purpose of comparison. **Results:** Results show that more than 2,400 pregnant women received ANC services on SMD (average 259 per union). Highest number (794) of ANC was provided at Palash Upazila (794). There was three fold increase in ANC services at the targeted unions compared with the number of women received ANC in April '08. However, only 57 women received PNC services on the occasion, which may be because of identification of mainly pregnant women in the community for taking the services. On the other hand, informal interview with the clients showed increased awareness of danger signs of pregnancy and number of ANC required during pregnancy. **Conclusion:** Observation of SMD as “Service Delivery Day” was effective in mobilizing the pregnant women for taking ANC and increasing awareness on danger signs of pregnancy. The incentive provided from the project may play an important role in mobilizing the women for the services. **Recommendations:** The project may plan to observe the day once in every six months without incentive (iron folic acid tablets should be ensured) to see the effect. Moreover, the day should be observed over a period of one week, with one day for PNC, to better manage the services and maintain quality of care.



1. Background:

Government of Japan has been supporting the targets and strategies of the Government of Bangladesh in achieving the Millennium Development Goals (MDGs). To this effect, the Japan International Cooperation Agency (JICA), an executing agency of Japan's Official Development Assistance (ODA), gives priority to strengthening social sector, in particular, the areas of health, medical care and primary education. As for the health sector, JICA puts importance on the improvement of the basic health conditions through focusing its efforts on the maternal and child health, and infectious diseases. JICA provides technical cooperation to these two health sector priorities, taking advantage of its own experiences and achievements in the world.

Bangladesh government has been implementing the Health, Nutrition and Population Sector Program (HNPS) and JICA supports its implementation by the MoHFW in collaboration with the UN Agencies and other development partners (DPs). With the view to reducing maternal and neonatal morbidity and mortality, JICA has been supporting the government to implement the Safe Motherhood Promotion Project (SMPP) at Norshingdi district since July 2006. The project is aimed at establishing an effective safe motherhood service delivery system to improve the availability and utilization of quality services for women during pregnancy and child birth. Being implemented by both the wings of the Ministry of Health and Family Welfare, the main components (outputs) of the project are:

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



To achieve the outputs, the project has activities both at the community and service facility levels. The community level activities include social and community mobilization, such as development of community support system in collaboration with CARE-Bangladesh, training/orientation for the local government bodies (chairman and members), religious leaders, field staff and pregnant women to promote healthy practices related to safe motherhood. On the other hand, the facility level activities include assessment of the facility needs, facility level planning for improvement of utilization and quality of services and to strengthen monitoring through organization of regular Upazila Project Implementation Committee (UPIC) and District Project Implementation Committee (DPIC) meetings. Joint Coordination Committee (JCC), chaired by the Joint Chief, has been developed at national level to provide policy guideline and monitor the overall achievements of the project.

2. The Model Unions Concept:

In order to improve the maternal and neonatal health situation, SMPP has planned to intensify the community level activities with the active participation of community and service providers. The project considers local level planning as one of the effective ways to improve

maternal and neonatal health situation. Emphasis is, therefore, given on evidence-based participatory planning involving the local government, community, GOB and NGO service providers to plan, implement and monitor the activities. This activity is being implemented initially at 9 selected unions (model unions) of six Upazilas (see annex for the list) before being scaled up to other areas. The project intends to improve the following indicators at the model unions:

- Registration of pregnant women
- Proportion of complicated cases utilized EmOC services
- Proportion of pregnant women receive at least three ANC
- Proportion of pregnant women receive at least one PNC within 42 days of delivery
- Proportion of delivery assisted by skilled birth attendants (SBA), such as FWV, nurse, CSBA, doctor.
- Number of poor pregnant women of CmSS covered areas receive support from CmSS
- Proportion of newborn babies receive essential newborn care within 24 hours
- Proportion of pregnant women know at least three danger signs

3. Objectives of the Safe Motherhood Day:

The baseline survey of the model unions, conducted in March 2008, indicates low coverage of ANC and PNC, and awareness about five danger signs of pregnancy. Baseline data indicates that 46% women received 1 ANC during last pregnancy, while only 20% received 3 or more ANC compared to the national coverage of 60% and 31%, respectively (BDHS 2007). Similarly, coverage for PNC was only 14% in the model unions, while the national coverage is about 21% (BDHS 2007). Data also indicate that more than a third (39%) of the women did not have any knowledge about danger signs of pregnancy. Considering the situation, the project has decided to observe the safe motherhood day (SMD) as “ANC/PNC Service Delivery Day” to promote ANC, PNC and create awareness on five danger signs of pregnancy, especially among the pregnant and lactating women. The specific objectives were to:

- Identify and register all the pregnant women in the model unions
- Provide quality ANC and PNC services to the pregnant and postpartum women
- Provide health education on five danger signs of pregnancy
- Recognize (awarding) the staff for contribution to the safe motherhood program



4. Observation of the day:

Advocacy and planning meetings were organized at Upazila and union levels to plan and observe the day involving the government officials of health and family planning wings, local government bodies, NGOs and stakeholders. Detail local level plans were developed and necessary preparations were discussed in the meeting to observe the day. The project decided to provide colorful umbrella with five danger signs of pregnancy to all the pregnant women

coming for services for encouragement. Accordingly, logistics were prepared and transported to all the service points before the SMD.

The day was observed in a befitting manner at all the model unions of six upazilas of the district including the MCWC. The day was inaugurated at Danga Union by the Director MCH and Line Director MC&RH, DGFP (Dr. ATM Mustafa Kamal) and at the MCWC by the Program Manager, Reproductive Health Program, DGFP (Dr. Parveen Haque Chowdhury). Before the SMD observation, all the pregnant women were identified at the union with the assistance of Family Welfare Assistants, Health Assistants and other field



workers, such as National Nutrition Program (NNP) and local NGO staff. All the pregnant women were registered and invited for taking ANC/PNC services at the FWC and SCs, as planned. They were also informed about the incentive to be provided on the occasion. Information about the services and incentives were also disseminated through miking, during prayer time by the religious leaders, and through school children and teachers. Local elected leaders (UP chairmen and members) were also involved in all the steps of the process.

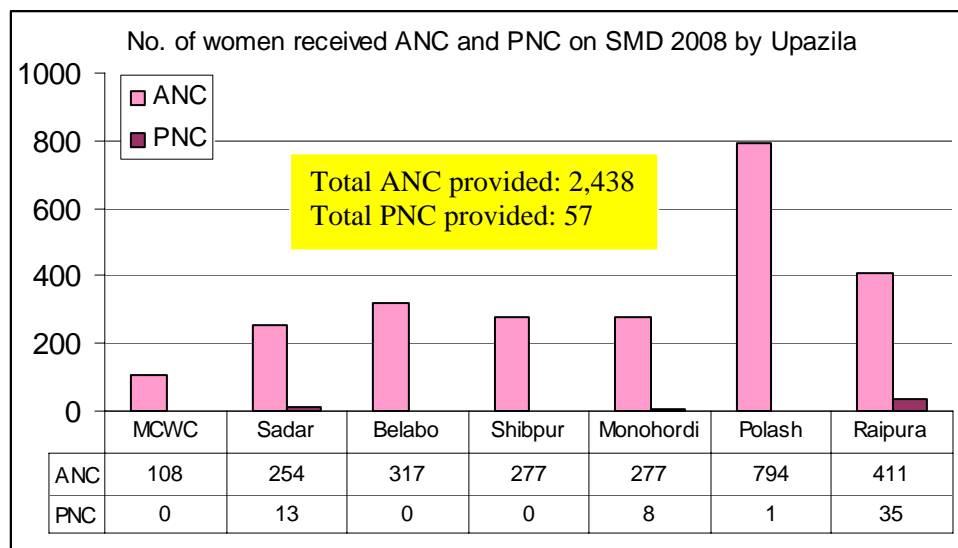
In most of the unions (eight) the day was observed for one day (from 27-29 May) and the clients were invited to take the services from the FWC. To provide services to the increased number of targeted women, FWVs from neighboring unions were engaged in the model unions. Japan Overseas Cooperation Volunteer (JOCV) members, who are registered midwives, also provided services on the occasion. Other field staff at the union actively participated and helped the service providers in organizing the service delivery day. The program was observed over the whole week at one union (Mirjanagar, Raipura) and the services were provided both from the FWC and Satellite Clinics.

The pregnant women attended the service centers received ANC and PNC services, as relevant. They were also provided group health education focusing on five danger signs of pregnancy. After getting the services all the women received one colorful umbrella with five danger signs of pregnancy and were encouraged to come back for the next visit. Iron and folic acid tablets were distributed at Dulalpur (Shibpur) and Narayanpur (Belabo) unions. In addition, they were provided with a five danger sign and birth planning card, and at Danga with “Matir Bank” to encourage savings to meet the expenses during delivery or obstetric emergencies. The services continued from morning till afternoon.

To encourage the service providers, best performance awards were given to all cadres of service providers at District, Upazila and Union levels on the SMD. In some unions special events, such as cultural program, sports and essay completion at schools were organized on the occasion. Prizes were distributed to the winners by the UP Chairman and local elites. All the activities were closely monitored by the GOB’s field level, Upazila and district level managers along with JICA and other stakeholders.

5. Achievements:

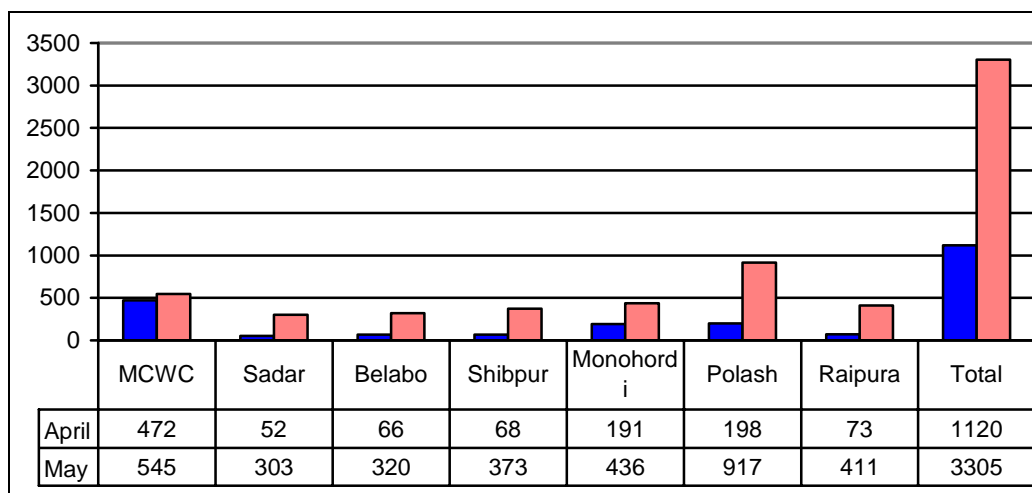
The safe motherhood day was observed at all the nine model unions and MCWC, as planned. The data indicate that, in total, more than 2,400 (average 259 per union, excluding MCWC) pregnant women received ANC on the safe motherhood day (figure 1). Highest number (794) of ANC was provided at two unions of Polash Upazila. When this number is added with the number of regular ANC visits at the unions during the month of May '08, the total number became 3,305 (figure 2). Compared with the number of women received ANC in the month of April '08, there was about two fold increase in uptake of ANC in the month of May '08, clearly indicating the positive impact of the program. Informal discussion (during monitoring visits) with the pregnant women came for the services revealed that for many of them this was the first ANC visit. Majority of the women did not know (before receiving services) the five danger signs of pregnancy and were unaware about the number of ANC visits needed during pregnancy. However, after receiving the services and health education, many of them could tell at least two to three danger signs and number of ANC needed during pregnancy.



This campaign, however, could not successfully mobilize the post-partum women for PNC services. Only 57 women received PNC services on the occasion (figure 1). This may be because during the planning stage the field workers mostly identified the pregnant women and provided them information to take ANC services on SMD. To increase coverage for PNC, more careful planning would be required. The managers need to select strategy to identify the post-partum women to encourage them for PNC services.

Because of high number of clients gathered for services in a single day, it was not possible to provide full range of quality services (e.g., taking weight, blood pressure, physical examination etc.) to everybody. Waiting time was also high (average 2 hours). Moreover, some of the women had to go back without getting the desired services. Program managers need to keep all these points in mind while organizing such event in future.

Figure 2. Total number of ANC provided in April and May (regular plus SMD) 2008 by Upazila/facility



6. Lessons learned:

1. Many new pregnant women were identified and registered on the occasion of SMD. Informal interview with the pregnant women showed that this was the first-time ANC visit for many of them. The SMD campaign could motivate them to come for ANC service. The motivating factor, this time, may be getting a colourful umbrella provided from the project. However, the women showed interest to come for services even if they are not provided with any incentive next time (revealed during interview). Therefore, observation of SMD as a “service delivery day” was an effective strategy to identify and register pregnant women and provide them services, like ANC and health education on five danger signs of pregnancy.
2. It was found to be very difficult to provide full range of quality ANC/PNC services (taking weight, measuring BP, physical examination etc.) to all the pregnant women rushed to the service centre by a single day. The major constraints were presence of limited number of service providers in the union, space limitations, necessary equipment (e.g., BP machine, weighing scale etc.) and other logistics (such as ANC card). Long waiting time was also a concern and some of the women went back without services.
3. Majority of the women were found to be unaware (before receiving services) of danger signs of pregnancy as well as number of ANC/PNC needed during pregnancy. However, after receiving the services and health education, many of them could tell about the danger signs of pregnancy (at least two to three) and number of ANC needed during pregnancy.
4. In one union (Mirjanagar union, Raipura) SMD was observed for 5 days (at FWC and SCs) and registration slips (with the name of pregnant women, husband’s name, address, date and place for taking services) were provided to the pregnant women after identification in the community prior to the program. The slip was jointly signed by the UP Chairman and FWV. Distribution of such service slips prior to the SMD was found to an effective method for providing services systematically.
5. The data does not support that the strategy was effective for promoting PNC services. This may be because highest emphasis was given to identify the pregnant women in the community for taking ANC, while little emphasis was given to identify the recently delivered women (within 42 days) and encourage them for taking PNC on SMD. Different strategy may therefore be needed for promotion of PNC.

7. Recommendations:

1. If SMD is to be observed as a “Service Delivery Day”, it should be observed over a period of one week (one day is not enough). Moreover, the services should be provided both from the static (e.g., FWC, UHC, DH, MCWC etc.) and satellite clinics over the period making a schedule. This would reduce pressure on the service providers and help providing quality ANC and PNC services to large number of clients. The project should also develop the minimum package of services for SMD.
2. One specific day should be fixed for providing PNC services to increase coverage for PNC.
3. All the necessary equipment (BP machine, fetoscope, weighing scale etc.) and logistics (health education materials, measuring tap, ANC/PNC cards, registers etc.) should be ensured before the SMD.
4. To better manage the program, the service centers should organize client flow systematically (e.g., registration, waiting area and health education, measurement of body weight and BP, physical examination and dispense of drugs etc.) for getting all the services on SMD.
5. Identification of the target groups and providing them with a registration slip (with the information on date and place of services) signed by the local authority was found to be an effective method to manage the program. This should be practiced in all the upazilas. This would also provide better opportunity to improve quality of services and reduce the waiting time of the clients.
6. In Bangladesh, more than 40% women are anemic. Pregnancy aggravates anemia and reduces the chance of survival if there is bleeding during pregnancy. Anemia also has impact on birth weight and cognitive development of the newborn. It is therefore recommended to provide at least iron and folic acid tablets (calcium tablets may also be provided, in addition) to the women coming for services.
7. As this program was found to be effective, it should be observed in all the unions and upazilas of the district. Moreover, the project may influence the policy makers to observe the day throughout the country.
8. It is recommended to observe the ANC/PNC service week at least once in every six months without any additional incentive (such as umbrella etc.). However, iron and folic acid tablets should be ensured on the occasion. The pregnant women may be provided with 100 tablets each, which would serve their needs for about three months.
9. New pregnant women identified during SMD have been appended to the current list of filed workers. It is therefore necessary to follow all the pregnant women for follow-up services. The field staff should take initiative for this in their respective areas.

