

A Technical Cooperation Project of the Ministry of Health & Family Welfare supported by Japan International Cooperation Agency (JICA) Directorate General of Family Planning (DGFP), 12<sup>th</sup> Floor, 6, Kawran Bazar, Dhaka-1215, Bangladesh

## In-Country Study Tour to Jessore and Pabna



SMPP organized In-Country Study Tour to learn good practices of other districts. With the recommendation of both Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP), SMPP selected Chawgacha UHC in Jessore for Health managers and MCWC in Pabna for FP managers as visiting sites. The study tour was done in February 2008 and after all 24 participants from Ministry of Health and Family Welfare (MoHFW) and two UP chairmen joined the tour. All participants expressed usefulness of this kind of exchange visit and submitted the visit reports and shared the learning of Study Tour in different occasions. Main activities the participants like to replicate in their working places are:

- Better utilization of display board for facility performance monitoring
- Data reporting and management including analysis
- Collaboration with private sector, e.g. casual staff (sweeper) hired directly from the community, generating community participation and financial contribution
- Health Education session in the waiting room with Behavior Change Communication (BCC) materials
- Strong team work and leadership
- Attitude of staff (honesty and commitment)
- Good Coordination among different offices and levels

As a result of this Study Tour SMPP has built up a good relationship with Jessore and Pabna. We wish to maintain this relationship and hope to make it stronger to achieve mutual improvement.

## The 3<sup>rd</sup> Joint Coordination Committee (JCC) meeting

The meeting was held at MoHFW on 14<sup>th</sup> January 2008. Joint Chief, Planning presided the meeting and Civil Surgeon and Deputy Director Family Planning (DDFP) of Narsingdi joined at the meeting. The meeting started from introduction and moved to the presentation of brief project progress and future plan by Chief Advisor of SMPP. There was discussion on acute human resource shortage, especially field staff of both Health and FP



wings. SMPP proposed to find out a local solution of dealing with HR shortage through collaboration with the private sector. This proposal was already taken an action: Sadar Upazila will organize meeting with NGOs to discuss over better utilization of existing GoB and NGO staff for ensuring essential MCH services.

### Union Advocacy Meeting



A number of Union Advocacy meetings have been organized in different upazilas by strong initiative of UP chairmen. Registered pregnant women gathered in the meeting and were oriented in pregnancy related issues such as five danger signs and birth planning. At the end of the meeting UP chairmen handed over the matir bank for emergency saving to each pregnant woman with small initial money. UHFPO, UFPO and MO-MCH were present and explained to the participant's necessary care during pregnancy up to the post delivery stage and where those related services are available.

### Orientation of C-SBA reporting format

Discussion meeting on Community based Skilled Birth Attendant (C-SBA) reporting has been held on 24<sup>th</sup> March 2008 at conference room. Director General of Health Services was Chief Guest of the meeting and LD-ESD chaired the whole meeting. The active discussion was held on the reporting format itself; especially on the information intend to collect through this format itself; on the information intend to collect through this format. Some changes and modification were suggested and accepted by the house. Accordingly, the reporting format was finalized and approved for piloting in Narsingdi. JICA will assist field trial of C-SBA reporting together with respective officers from DGHS and DGFP. OGSB and UNFPA were also supporting this piloting.

### Model Union Baseline Survey

Upazila	Model Union
Belabo	Narayanpur
Monohordi	Chalakchar & Daulatpur
Narsingdi Sadar	Panchdona
Polash	Ghorashal Paurashaba & Danga
Raipura	Banshari & Mirzanagar
Shibpur	Dulalpur

Model Union is the concept through which SMPP would demonstrate good practices to reduce maternal and neonatal deaths. Respective UPIC selected one or two model unions based on the selection criteria: Functioning of Union level health facility, presence of active FWV, C-SBA and Union Chairman; the condition of FWC; and relatively better communication. In total nine model unions have been selected and approved.

Model Union Baseline Survey was conducted to understand the situation before intervention. Baseline Survey was designed to collect the information according to the set indicators for monitoring and evaluation of the interventions. Those indicators are:

- % of complicated cases utilized EmOC services at the facility
- % of pregnant women received at least three ANC
- % of pregnant women received at least one PNC within 42 days of delivery
- % of delivery assisted by Skilled Birth Attendant (C-SBA, FWV, Nurse, Doctors)
- % of poor pregnant women received community support
- % of new born babies received Essential Newborn Care (ENC) within 24 hours
- % of pregnant women know at least three danger signs

SMPP supported selection of data collectors from respective model unions and provided technical assistance during the course of conduction of survey.

Brahmanbaria District was identified as a control area for this survey due to geographical and socioeconomic similarities and SMPP conducted data collection in the same way as Narsingdi with the support from Civil Surgeon office in Brahmanbaria.

After the Baseline Survey, a planning workshop will be held in the model unions and an action plan will be developed reflecting the findings of Baseline Survey. The activity implementation will be followed and first evaluation will be held after six months of implementation.

## Hospital Improvement activity



Development of facility level planning is the key to improve the quality and utilization of safe delivery services. The facility based plan will be developed based on assessment and baseline survey findings, and with the participation of facility staff and stakeholders. The project has developed a detail guideline for facility-based planning which describes the objective, process of formulation of the plan, tentative schedule including the format (tool) for facility level planning. The planning tool clearly indicates the output, indicators, activities, person responsible, time line and the organization to support the activity, if additional resources are required. The first step of hospital improvement actively is facility assessment. The overall objective of the assessment is to assess the current situation and needs of the health service facilities for providing quality EmOC/safe delivery services. Assessment has been completed for 17 facilities (5 UHCs, 9 H & FWCs, Sadar Hospital, District Hospital and MCWC). The assessment findings will be shared with the facility staffs and other stakeholders and will be the basis for facility-based planning.

**\* Note: To obtain full document of Facility Planning guideline, contact to SMPP Dhaka Office.**

## New CEmOC Services in Raipura and Polash

SMPP agreed to provide assistance to make two more UHCs to be a C-EmOC facility, namely Raipura and Polash UHC. Accordingly, two UHC staff assessed the situation of necessary equipment for C-EmOC and the condition of OT with the support from a CMMU engineer. SMPP discussed with DGHS to determine the contribution of GoB and JICA. Based on the discussion JICA provided financial assistance to repair the out of order equipment, provision of additional equipment and OT renovation of the two UHCs. Raipura and Polash UHCs are expected to start C-EmOC Services in May 2008.

## Midwifery Training in Japan

"Midwifery Course for Safe Motherhood" was held for Health Service Providers who are working at clinical level in Bangladesh and Philippines from 28 January to 1 March 2008 in Osaka, Japan. One Sr. Staff Nurse and three FWVs joined the training.

They learnt the current situation of perinatal care, regional maternal and child health and roles of midwife in Japan. They developed an ability to analyze issues of maternal and health services in their workplace and made the action plan after in-service training for midwives serving in medical institutions and maternity clinics, and learnt about health education for pregnant women as well as perinatal and postnatal care.

## Distribution of SMPP Calendar 2008

In order to disseminate the activities of SMPP, JICA made SMPP Calendar 2008 to distribute GoB counterparts, Development Partners, private institutes and NGOs. JICA hopes that those who received the Calendar this time, learn about SMPP, get positive ideas from SMPP, and become a supporter of SMPP in the future.

## Community Mobilization



Community Mobilization is an important component of SMPP. JICA has invited CARE Bangladesh to facilitate community mobilization in Raipura and Monohardi Upazilas. In this quarter CARE Bangladesh supported the activities as below:

"Community Support System" (CmSS) is a system by which create 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 SMPP helped to develop 50 CmSS and so far 151 community people received support from CmSS such as emergency referral and financial aid.



"On the job training for Community Change Agents (TBA, village Doctors, UP members, school teachers and religious leaders) and GoB field workers (HA and FWA) to provide effective birth planning session with community people.

"Folk song and drama session" to disseminate message on five danger signs during pregnancy and birth planning.

## A Case Study describes how the project interventions contribute to save the life of a woman and new born:

### "A coordinated initiative can save a valuable life"

Sabita is an example of early marriage, she is only 21 years old but already has 3 lovely kids. In last three pregnancies she did not received any ANC, so she was not aware about diet, rest, and danger signs and had no idea about the Birth Planning. In the mean time a CmSS was established in her catchment area and she became a member of that CmSS. During different meetings the community facilitator discussed different maternal and neonatal health related issues, and also some DATRI were assigned for promoting BP message to all pregnant women and their families. She could not follow all the messages but tried to manage some materials for clean delivery, like Blade, Threads, Soap, clean cloth etc. In her pregnancy period some times she felt so weak and also pain in lower portion of the body. She attended the CmSS session but did not share anything about her pregnancy because she thought if she shared then CmSS might give some suggestions but she had not enough ability to follow those. One day evening an assigned DATRI went to her residence and observed that Sabita was laid down on the bed and was informed that she felt pain for last couple of hours. DATRI reminded the family members about danger signs and suggested them to call her any time or call a doctor for necessary action. Sabita passed that night and next day with delivery pain, but at the night of next day she felt severe pain and requested to call DATRI. Her husband called DATRI. The DATRI observed the situation and advised to call a CmSS member. After that the CmSS member came and decided to call C-SBA. C-SBA came and referred the patient to Lebutala, Rural Dispensary. There C-SBA conducted the delivery without any problem. Now Sabita with her newborn baby is passing happy days and all the community are realizing the importance of CmSS to save the life of women and newborn.

## "Mainstreaming MCH issue in the Union Coordination Meeting" MIS tools for the project

To continuously monitor the performance of the facilities and field staff, the project has developed seven data collection tools. The information to be collected using the tools is in line with the Project Design Matrix (PDM) and routine data collection by the government. The project will analyze the data periodically (quarterly) and provide feedback in the UPIC and DPIC meetings for monitoring and further course of actions. The project Upazila coordinators have already been oriented on the tools and the tools are being tested in the field.

Safe Motherhood Promotion Project (SMPP) has initiated from July 2006 in Narsingdi District. This is a 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 to improve health status of women in reproductive age and neonate in the targeted area during four years implementation and envisages replicating good practices proven in Narsingdi to other districts.

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