

A Technical Cooperation Project of the Ministry of Health & Family Welfare supported by Japan International Cooperation Agency (JICA).
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Safe Motherhood Day 2008



Safe Motherhood Promotion Project (SMPP) observed Safe Motherhood Day on 28th May 2008. Advocacy and planning meetings were organized at Upazila and union levels to plan and observe the day involving government officials and health and family planning wings, local government bodies, NGOs and stakeholders. This year SMPP introduced ANC/PNC campaign in 9 model unions. First, the pregnancy registration was updated and information on the Campaign was disseminated through household visit and miking. The pregnant women attended the service centers to receive 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 encouraged to come back for the next visit. Iron tablets were distributed. Also to encourage the service providers, best performance awards were given to different cadres of service providers at District, Upazila and Union levels on the day. In order to maintain quality of services additional service providers were locally arranged from neighboring unions and NGOs. More than 2,400 pregnant women received ANC/PNC services and pregnancy related education during the campaign. SMPP learned that this kind of activity can be more directly benefit to the targeted population.

See details: <http://project.jica.go.jp/bangladesh/0602298/english/news.php>



Newly start C-EmOC service at Raipura and Polash UHCs

JICA supported renovation of Operation Theater, supply of necessary medical equipments and repair of old equipments of Raipura and Polash Upazila Health Complexes to start the Comprehensive Emergency Obstetric Care services (C-EmOC). The OT renovation completed in May 2008, and Raipura and Polash Upazila Health Complex (UHC)s started offering services from 16th May and 22nd June respectively. Director General of Health Services

organized planning workshop and started implementation of action plan so far. Most action plans contained improvement of facility infrastructure, better service provision, capacity development of staff especially nurses, infection control activity, health education to the patients, Behavior Change Communication (BCC) orientation to the staff, and SMPP observed that good results came out from this planning process such as:



visited Raipura on 14th June to officially inaugurate the C-EmOC service and urged hospital staff to increase the utilization of Maternal and Child Health (MCH) services. SMPP supported assessment of District Hospital, Sadar Hospital, Maternal and Child Welfare Center (MCWC) and 5 Upazila Health Complex (UHC)s in Narsingdi district using SMPP health facility assessment guideline and tools. Subsequently, each hospital started developing its own action plan aiming at improving quality and utilization of EmOC services. By the end of this quarter, 5 hospitals

- Realistic action plan developed with clear responsibilities of each party (Hospital, Community and JICA)
- High participation and commitment of hospital staff was ensured
- Active participation and contribution of Community representative namely Union Parishad chairmen was mobilized
- EmOC team of the hospital was newly established or reactivated to monitor the action plan for implementation

Model Union Approach



“Model Union of SMPP” is one of the concept through which the project would be able

- ✓ To Introduce some good/better practices
- ✓ To make positive changes in the health status of target groups (women of reproductive age and neonates)
- ✓ To demonstrate the model to others for further replication (simple, effective and attractive approach)
- ✓ To mobilize the local resources

One year implementation (January – December 2008) by following 6 steps;

Step 1: Consensus building on the ‘Model Union Approach’ among stakeholders and the selection of Union by UPIC.

Step 2: Baseline data collection (situation analysis) based on set of indicators determined for Model Union.

Step 3: Development of action plan on ‘Model Union’ action plan through union level workshop.

Step 4: Implementation of Action Plan and monitoring.

Step 5: Mid-term Review after six months.

Step 6: Evaluation of activities and approach and further replication.

SMPP conducted Baseline Survey of nine Model Unions in Narsingdi (Step 2) to understand the MCH situation before intervention. The key findings of Baseline Survey are summarized as below:

Key findings of Baseline Survey of 9 Model Unions

• Delivery	85 % of respondents delivered at home. More than 85% of those who had home delivery were assisted by unskilled personal such as TBA and relatives.
• ANC	73% of respondents did not know the number of ANC visit needed during pregnancy. 55% of respondents received at least one ANC, while coverage of 3 or more ANC visits was only 29%. The main reasons for not receiving ANC were did not have any problem during pregnancy (45.6%), financial constraints (27.1%) and lack of knowledge about ANC (5.8%).
• PNC	The PNC coverage within 42 days was 13.5% lower than national figure (21%).
• Essential newborn care	More than 80 % of newborns were dried and wrapped with cloths immediately after birth. The use of sterile or boiled blade for cutting umbilical cord is high (81.9%). More than 90% of newborns were given colostrums. However, 39% of babies were bathed within 6 hours and 45% of babies were given something else (other than breast milk) to drink after birth, such as sugar water and honey.

SMPP facilitated Planning Workshops (Step 3) in 6 model unions by the end of June. During the planning workshop, the findings of health facility (FWC or Sub-center) assessment and of baseline survey were shared with the participants and ideas of expected situation of model union regarding MCH were raised from the participants. The important issues of the facility and community levels were drawn from this exercise and action plan making by group was followed based on those identified issues.

Some of the activities planed in the model unions are:

- Initiate normal delivery services at FWC
- Ensure necessary instruments for MCH services
- Arrange SACMO, Aya, MLSS to improve services
- Request CMMU to renovate the facility
- Set up information board within the facility to let people know about available services
- Introduce emergency transport (three wheeler van) with support from UP
- Collaborate with UP and female school teachers to ensure 100% registration of pregnant women in the union
- Establish Safe Motherhood Fund for poor pregnant women
- Organize Imam training to disseminate the messages related to Birth Planning and five danger signs during pregnancy among male population
- Increase the number of Community Support System (CmSS)/ create new CmSS in Non-CARE unions.



Visit of Joint Chief, Planning



Joint Chief, Planning of MoHFW, chairman of Joint Coordination Committee (JCC) of SMPP, visited Narsingdi on 26th June. She observed activities of Community Support System (CmSS) in Raipura Upazila, visited Mirzanagor FWC and Raipura UHC and attended Upazila Implementation Committee (UPIC) meeting. She expressed thanks to all organizers and shared her impression that SMPP is surely contributing to the improvement of health services and reduction of maternal and neonatal deaths in Narsingdi. She encouraged all to develop a good model and in this extent she assured necessary support from the Ministry side to SMPP.

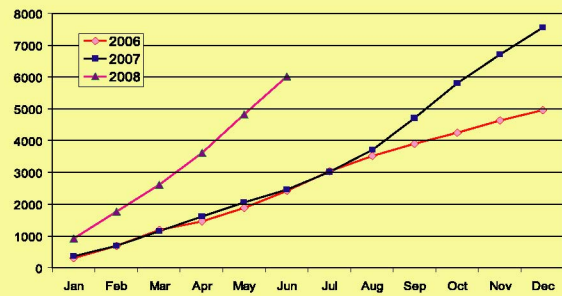
Cumulative performance of GOB facilities including MCWC: 2006-Jun 08

Delivery, Complications, CS, ANC and PNC

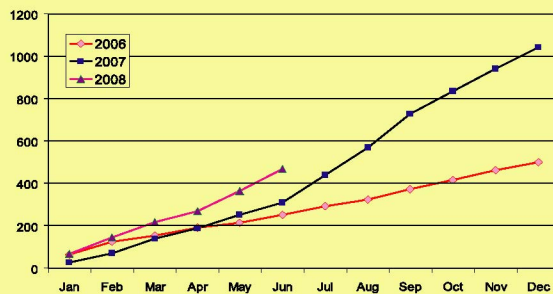
Cumulative no. of deliveries conducted at GOB facilities of Norsingdi district



Cumulative no. of ANC provided at GOB facilities of Norsingdi district



Cumulative no. of complications treated at GOB facilities of Norsingdi district



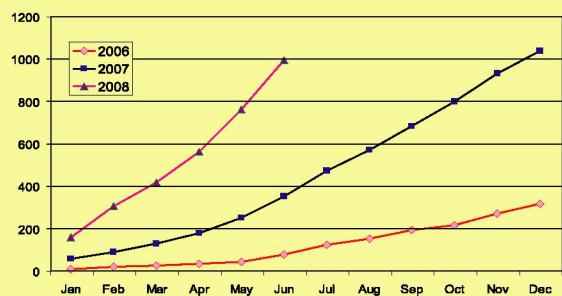
Cumulative no. of PNC provided at GOB facilities of Norsingdi district



Cumulative no. of C-sections done at GOB facilities of Norsingdi district



Cumulative no. of deliveries conducted by CSBA at Norsingdi



The 5th District Project Implementation Committee (DPIC) Meeting was held on 2nd April 2008 at the conference room of the Deputy Commissioner office. From this meeting the Upazila wise presentation became more focused on the performance instead of activities carried out by each Upazila.



Upazila Project Implementation Committee (UPIC) meeting is the main implementation body of SMPP. During this quarter four UPIC meetings were held in Shibpur, Palash, Raipura and Monohordi, chaired by UNO and activity progress and performance data was presented by respective Health and FP managers. Most UPIC meeting discussed about Safe Motherhood Day event, Safe Motherhood Fund management, and on-going Model Union and hospital activities.



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

Some progress has been made since the discussion meeting on C-SBA reporting held on 24th March at OGSB office. SMPP had a series of meeting with key stakeholders, OGSB and UNFPA, to seek collaboration with them for piloting newly developed C-SBA reporting format. The format has been finalized and together with UNFPA we decided to modify the register book of C-SBA in accordance with the new reporting format. In the meantime Narsingdi FP managers identified the need to create a compiling form for Upazila managers to submit to the respective upper authority. This issue was discussed during FP monthly meeting and reached to the consensus of using the Raipura form as a common compiled format. SMPP has a plan to review the C-SBA reporting activity during next quarter.

Another C-SBA related initiative SMPP plans to launch is to train Community supported C-SBAs in the Char. The situation of Char area is different from the mainland: there is no electricity and good communication; and a chronic shortage of GoB health/FP staff has been prevailing. SMPP submitted a proposal of ensuring C-SBAs in the Char of Narsingdi for the approval of DGHS in June.

Follow-up activity of Midwifery Training in Japan

SMPP supported to send 6 FWVs and 3 SSNs to join Midwifery training in Japan in 2007 and 2008. As a follow up activity of the training, SMPP proposed ex-trainees to have a meeting among them. The purpose of meeting was to share their learning in Japan and discuss how learning can be utilized in their working places. The meeting decided to conduct a 'Maternity Class' in MCWC. For this activity the ex-trainees are divided into three groups and each group develops a part of training module for the Maternity Class. Several group meetings were already held with active participation of ex-trainees. SMPP hopes that this activity can be expanded after successful conduction of the first Maternity class by the end of this year.

Safe Motherhood Promotion Project (SMPP) has initiated from July 2006 in Narsingdi District. This is a project of the 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 years implementation and envisages replicating good practices proven in Narsingdi to other district.

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