Newsletter

7th edition - August 2008

নিউজলেটার

SAFE MOTHERHOOD PROMOTION PROJECT (SMPP)

সেফ মাদারহুড প্রমোশন প্রজেক্ট

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

For the purpose of reduction of maternal and neonatal morbidity/mortality, the government of Bangladesh requested the Japan International Cooperation Agency (JICA) to jointly implement the Safe Motherhood Promotion Project (SMPP) in Narsingdi District for 4 year period (2006 to 2010). Prior to SMPP, JICA assisted the implementation of Human Resources Development in Reproductive Health Project (HRDRHP) from 1999 to 2004. At the later stage of HRDRHP, the Project made efforts to improve MNH services in the pilot district Narsingdi. Considering the established relationship with the local people as well as the health and poverty indicators, Narsingdi district was selected as a "target district" of SMPP.

PROFILE OF NARSINGDI DISTRICT

Population	: 2,225,917
Area (sq. km)	: 1,021
Population density (per sq. km)	: 2,180
Total upazila	: 6
Total unions	: 71
No. of eligible couple	: 370,836
No. of Hospitals	: 8
District Hospital(100 beds)	: 1
Sadar Hospital (100 beds)	: 1
MCWC (10 beds)	: 1
Upazila Health Complex (31 beds)	: 5
No. of Sub-Centre/RD	: 18
No. of H&FWC	: 58
No. of private clinics	: 34

Mid-term Evaluation on Safe Motherhood Promotion Project Completed

SMPP is being implemented with the goal of improving health status of pregnant and post-partum women and neonates in Narsingdi district and aims at replicating good practices to other districts.

In July 2008, at the half-way point of the implementation period, the progress and achievement of the Project has been evaluated jointly by the members of JICA and Ministry of Health & Family Welfare which include:

Japanese side:

Leader	Mr. Yojiro Ishii	Deputy Director General, Human Department, JICA
Health System	Dr. Hirotsugu Aiga	Senior Advisor for Health, Human Development Department, JICA
Maternal and Child Health	Mr. Ken Kubokura	Staff of Reproductive Health Division, Human Development Department, JICA
Cooperation Planning	Ms. Saeda Makimoto	Deputy Resident Representative, JICA Bangladesh Office
Evaluation Analysis	Ms. Chie Tsubone	Consultant, Global Link Management, Inc.

Bangladeshi side:

Dr. Md. Nuruzzaman	Program Manager (BCC), Directorate General of Health Services, MOHFW
Dr. Md. Nazrul Islam	Deputy Program Manager (RH, DSF), Directorate General of Health Services, MOHFW
Dr. Parveen Haque Chowdhury	Deputy Director (MCH), Program Manager (MHS), Directorate General of Family Planning, MOHFW

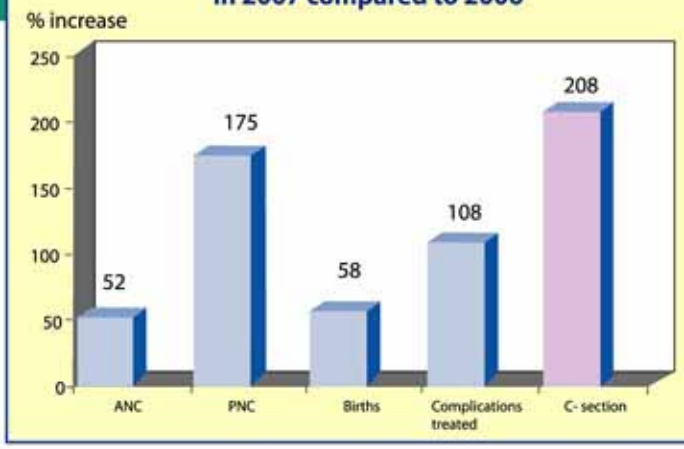
Implemented activities and achievement

In order to address the three delays of maternal death and disability (shown next page), SMPP has implemented various activities at central level, facility level and community level.

At the central level, SMPP has advocated lessons learnt from the Project's experience at every opportunity. In order to disseminate the Project's information for further replication, SMPP recognises the involvement of the government officials and strengthening the collaboration with other development partners are crucial. Along with organising several workshops/seminars (82 workshops/seminar have been organised by SMPP by the time of Mid-term Evaluation), the Project has encouraged the government officials to visit Narsingdi for gaining an understanding of the actual situation of the site and the Project's activities. Joint Coordination Committee (JCC) meeting with the government officials has been held every six months to give feedback on the Project experience to consolidate the recommendations. Additionally, SMPP has published quarterly Newsletter and developed its website for information dissemination.

At health facility level, SMPP has targeted all governmental hospitals in Narsingdi (8 hospitals) and Family Welfare Center (FWC) in 9 model unions for addressing 3rd delay. Prior to intervention, the Project conducted facility assessment for all targeted health facilities and provided necessary logistic support based on the assessment findings. Particularly, SMPP assisted two Upazila Health Complexes (UHC) to initiate Comprehensive Emergency Obstetric Care (CEmOC) service by providing renovation work and equipment supply. As a result, 6 out of 8 public hospitals now provide CEmOC service in Narsingdi and the performance of hospitals has been significantly increased since the Project begun.

Percentage increase of facility performance in 2007 compared to 2006



After the completion of the facility assessment in all targeted hospitals, the Project started facilitating each hospital develops its own action plan for improvement of their service. Three hospitals already organised a planning workshop to develop their action plan with community participation. As a part of action plan each hospital organises **EmOC team** for implementation and monitoring of the action plan. SMPP will assist this whole process by providing technical and logistic support.

At the community level, SMPP has taken **Model Union approach** to address mainly 1st and 2nd delay. Similar to the facility level intervention, SMPP has facilitated each model union develops a union level action plan made up both facility (FWC and its outreach service) and community level activities (e.g. facility improvement, community mobilization, and BCC). Four model unions already organised a planning workshop with participation of the local government (Union Parishad and UP-Chairman), governmental/non-governmental care providers, and the community change agent (CCA: influential community members such as school teacher, village doctor, and religious leader). In order to strengthen referral chain, the Project suggests establishing a **Safe Delivery Team** consisting of formal (governmental worker) and informal (Traditional Birth Attendant and Village doctor) community care providers in each model union.In two Upazilas (Monohordi and Raipura), CARE Bangladesh (as an official partner of SMPP) have intensively introduced **Community Support System (CmSS)** which aims

at providing support to pregnant women in any obstetric emergency. 54 Community Support Groups have been established in two upazilas, and around 100 pregnant/post-partum women received any support from CmSS. The Community Support Groups created their own fund to support pregnant women in the community. It has been observed that some of the Community Support Groups not only focus on pregnant women, but also render necessary services to other general patients. For instance, the Community Support Groups are using community-owned bicycle van as ambulance to transfer all sorts of patients to health facilities. Additionally, apart from the health services, the Community Support Groups have been addressing other issues like protection of early marriage, dealing with the social disputes etc.

The ownership of local government and respective communities in some model union and the CmSS areas found significantly high. Some unions started to secure Union budget to provide to poor pregnant women. The commitment at community level is gradually going upward. They are quite motivated to continue the activities on their own initiative even after the Project implementation period.

3 delays of maternal death and disability

It is globally recognized that there are three major delays causing pregnancy related death and disability.

The 1st delay: Delay for seeking care

Detection of the problem and decision to seek medical care by the client, the family, and the community determines this delay. Socio-economic and cultural factors directly affect this 1st delay. The accessibility of facilities and the quality of care in facilities are also the influencing factors for decision to seek medical care.

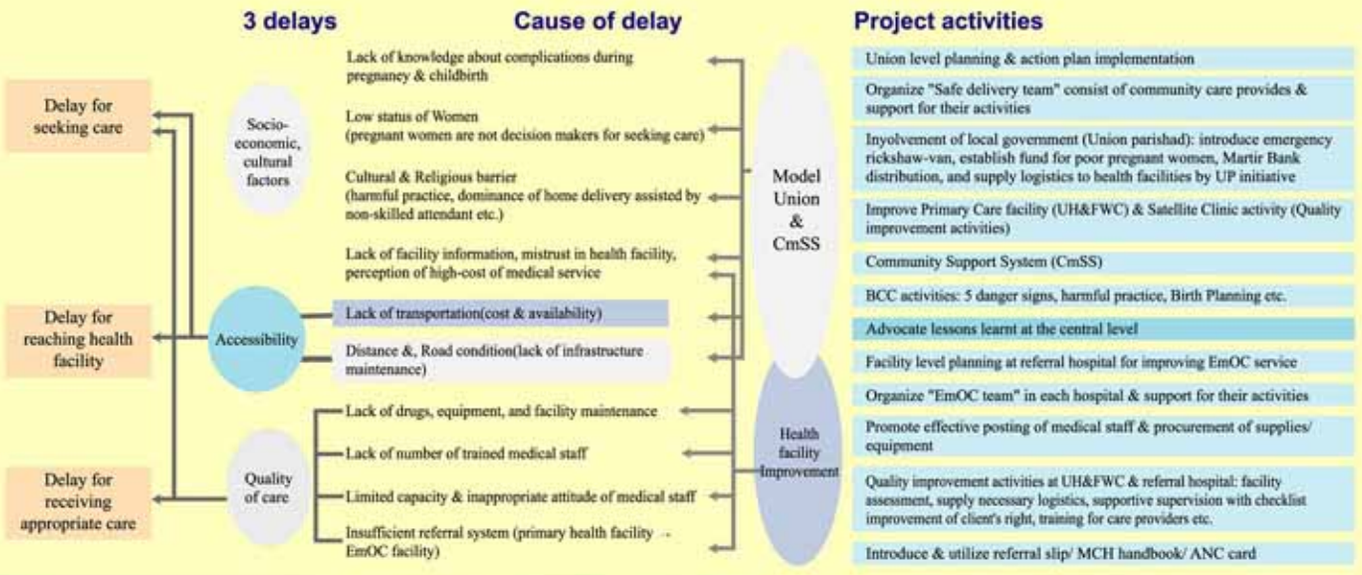
The 2nd delay: Delay for reaching care

Dysfunctional referral system for reaching EmOC facilities is the cause of this delay. Geographical conditions, economic status of both individual and community have an impact on the accessibility of health facilities. The process of identifying and reaching a facility are affected by distance, road condition, and availability/cost of transportation.

The 3rd delay: Delay for receiving care

This delay is related to the quality of care in health facilities. Receiving adequate and appropriate treatment at facilities is often difficult in resource scarc settings due to lack of drug/equipment supply, and shortage of skilled human resource. Insufficient referral system from primary health facilities to EmOC facilities also brings this 3rd delay.

Three delays of Maternal death and Projectactivities



Recommendations

The Mid-term evaluation team laid emphasis on the following issues for successful and sustainable implementation of the Project:

- To maximize the effectiveness of the Project, more attention should be paid on assuring client-centred maternal and child health services and activate monitoring system to check the quality of services.
- Operational guideline for replication as well as strategic plan of CmSS expansion and phase-out in Narsingdi has to be developed.
- The effectiveness of model union approach with evidences should be demonstrated to inspire other unions for replicating the success. Additionally, the future expansion plan for model union based on assessment has to be developed.
- The Project experience should be compiled as documentation (case study report, operational guidelines etc.) for the future standardization and application of the Project model to other districts.
- Neonatal care should be ensured by strengthening the already existing MNH services. Community awareness should be promoted on basic and adequate neonatal care.

Conclusion of Mid-term Evaluation

In accordance with the findings of Evaluation, the Evaluation team concluded that the overall progress of the Project is on the right track, especially several positive results have already been produced at national advocacy and community mobilization activities. Although it is too early to judge the sustainability of the Project, it was pointed out that the ownership of the counterpart and relevant stakeholders over the Project needs to be grown up and taken the lead role for ensuring its effective implementation. The activities have to be continued and the services must be standardized according to the demand even after phase out of the Project. Above all the synergistic efforts of all concerned and relevant stakeholders are inevitable to reach the goal of the Project in a sustainable manner.

SMPP Future Plan

Based on the recommendation, SMPP developed plans of the following key activities to implement in the later half of the Project's period. As a pilot project, SMPP will more focus on dissemination of the lessons learnt and documentation and compile the experience as practical guideline from now on. SMPP believes that these efforts enable other stakeholders including GoB to replicate the good practices in other districts in Bangladesh. Along with monitoring the activities and monthly collecting data, an end line survey will be conducted at the end of 2009 to assess the overall progress of SMPP activities.

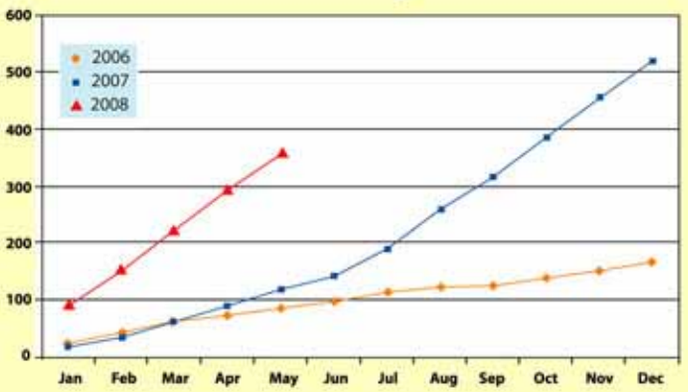
a) **Health Facility Improvement:** Effective mechanism of ensuring quality of EmOC services at health facilities will be introduced. This will be a cycle of activities, such as facility assessment, adaptation of national standard, necessary logistic supply, provide trainings for care providers, increase clients' right, and establish supportive supervision system with introducing facility check-list for monitoring and evaluation.

b) **Model Union Activity:** The support for effective implementation and monitoring of Model Union Action Plan and Safe Delivery Team activity will be continued. Increasing the number of Model Union will be considered after the assessment of initial activities.

c) **Community Support System (CmSS):** Extensive works will be done for expansion and capacity development of Community Support Group for ensuring the sustainability of the activity. The Operational Guideline of CmSS will be formulated and finalized for future expansion and the continuation of the activity.

d) **C-SBA Related Activity:** SMPP will Organise a batch of private C-SBA training for 8 unions at Char area (hard to reach area) in Raipura upazila. Because of its geographical condition, only limited health service is available in Char area. SMPP is planning to initiate the first trial in Bangladesh creating private C-SBA recruited from local women for ensuring safe delivery in the area.

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



Cumulative no. of deliveries conducted at GOB facilities: Narsingdi district

Important Address:

Japan International Cooperation Agency (JICA), Bangladesh Office: Uday Tower, 7th Floor, 57/57A Gulshan Avenue (South), Circle-1 Dhaka-1212, Bangladesh. Tel: +88 02 9891897, 9891899, 9891972, Fax: +88 02 9891689, 9891753, **URL:** http//www.jica.go.jp/bangladesh

Dhaka Office: Directorate General of Family Planning Building (DGFP), 12th Floor, 6, Kawran Bazar, Dhaka-01215, Bangladesh. Tel: 04474700797

Project Office: 124, Bashail, Narsingdi, Bangladesh. Tel/Fax: +88 0628 51622. **Home page:** http//project.jica.go.jp/bangladesh/0602298/english