

SAFE MOTHERHOOD PROMOTION PROJECT (SMPP)

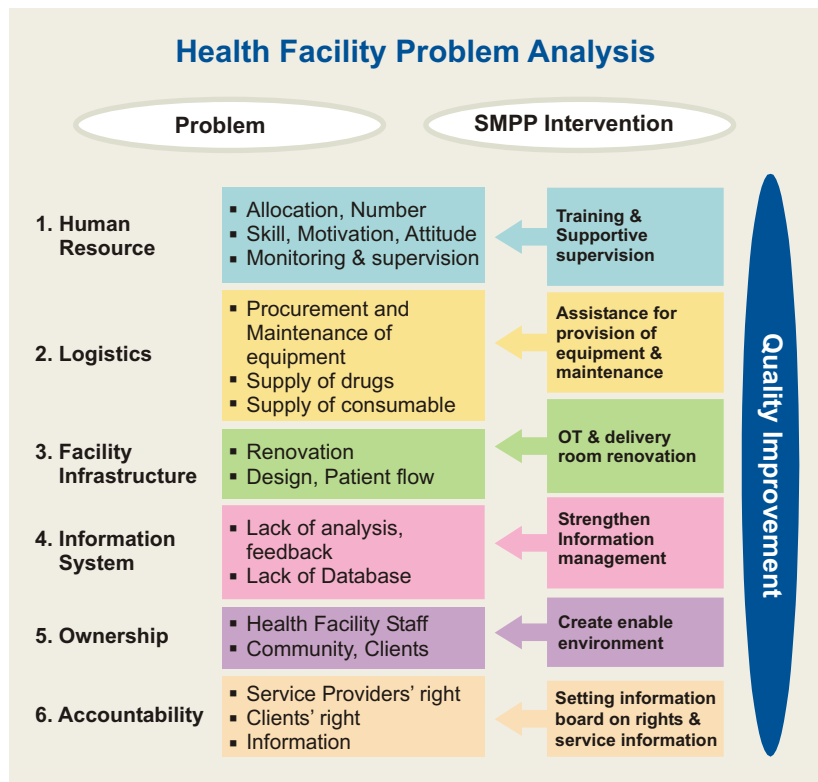
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While the health related indicators of Bangladesh has been dramatically improved over the last few decades, the quality of services at health facilities has still been one of the biggest obstacle for further improvement of the health status of population.

Based on the experience of facility improvement activities, SMPP assumes that the problems associated with health facilities can be analysed as the following chart.

Human resource, Logistic supply, Medical Information System, Ownership and Accountability are the main issues need to be addressed. Many of the issues are broad and often cross sectored. The intervention, therefore, requires wide-ranging efforts with all levels of concerned. In collaboration with the Government and relevant parties, SMPP has implemented 'Health facility improvement' activities as one of the prioritised area. The Newsletter edition 10th and 11th feature on the Project's approach to the facility issues.

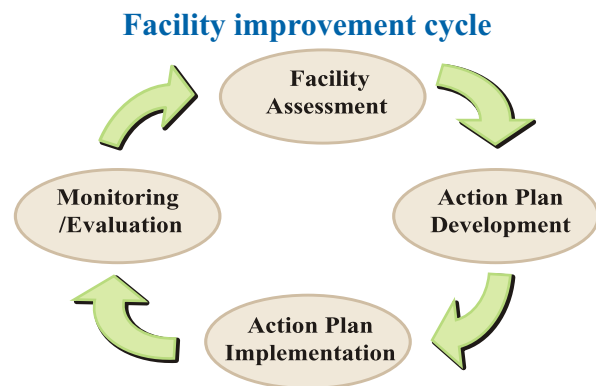


Facility improvement intervention of SMPP

Along with community mobilisation activities to increase the accessibility to health services, it is essential to ensure quality of care at the health facilities. Availability of EmOC (Emergency Obstetric Care) service has been recognised as the key for reduction of pregnancy related death and disability.

In order to address the 3rd delay of maternal mortality (delay for appropriate care), SMPP has introduced health facility improvement activities in 17 targeted health facilities in Narsingdi.

The process of the intervention has been implemented by following 'plan-do-see cycle' (Facility improvement cycle).



SMPP targeted facility		Service provision	Number
District level	District Hospital	Comprehensive EmOC	1
	Sadar Hospital	Comprehensive EmOC	1
	MCWC (Maternal & Child Welfare Centre)	Comprehensive EmOC	1
Upazila level	UHC (Upazila Health Complex)	Comprehensive EmOC	3
		Basic EmOC	2
Union level	H&FWC (Health & Family Welfare Centre)/ Sub-centre/RD (Rural Dispensary) (in 9 model unions)	Delivery assistance, ANC, PNC and FP	4
		ANC, PNC and FP	5

17 targeted facilities in Narsingdi and their service provisions

1. Facility assessment

During March to June 2008, SMPP conducted the facility assessment using a room by room checklist developed by the Project. The areas included in the assessment were infrastructure and utilities, availability of human resources, essential equipment, drugs and logistics, record keeping and reporting system, and performance of the facility during last one year. Basic information was collected from all these areas to plan and support the facilities to improve quality of services.



Facility assessment was done using room by room checklist

2. Action Plan development

After the facility assessment, the Project has facilitated at each health facility to develop its own action plan. The planning workshop was organised with the attendance of all levels of staff, and stakeholders (representative from local administration, leaders, and elected persons). In the workshop, the facility assessment findings and information from SMPP baseline survey was shared to develop an evidence-based action plan. The planning workshops at the secondary health facilities and model unions were held during May to December 2008.

In the action plan, the person or organisation responsible for each activity implementation was clearly identified. The



Participatory action planning workshop at UHC

Project complemented necessary technical/logistic support for implementing the action plan.

3. Action plan implementation

The developed action plan in each facility included various activities. As part of 'Facility improvement intervention', SMPP has mainly supported the following areas.

1. Logistic supply
2. Training for service providers
3. Promotion of clients' information right
4. Monitoring and evaluation

3.1 Logistic supply

In addition to human resource development, ensuring logistics, such as supply of equipment and medical supplies and facility renovation, are integral factors of health facility improvement. Considering the sustainability of procurement, SMPP basically has not provided consumable medical supplies, such as drugs, surgical dressing, and hand

Criteria considered in medical equipment supply

Availability of human resource: Who would use the equipment at the facility?

Capacity of users: Are the possible users capable enough for operating the equipment?

Enabling environment: Is the facility environment suitable for utilising the equipment (e.g. facility structure, electricity and water supply)?

Facility needs: Does the facility have the equipment? If the current one is out of order, is it not repairable?

Capacity to repair: If the equipment breaks down, is it possible to repair the equipment in terms of availability of parts and technician?

Criteria considered in providing renovation support

Staff allocation: Is a pair of medical doctors for caesarean section or particular staff (Nurse-midwife, residential FWV) for delivery assistance allocated?

Proactive manager: Does the facility manager agree with the renovation (including initiation of new service)? Is he capable to take leadership?

Geographical condition: Is the facility relatively easy to access? For the selection of secondary level facilities, the recommended level of UN process indicator (Minimum: 1 CEMOC facility + 4 Basic EmOC facilities for every 500,000 people) was also taken into consideration.

Facility performance: The number of clients for MNH services is relatively high.

gloves, etc. Instead, the Project has supported necessary renovation and provided medical equipment to improve quality of CEmOC (Comprehensive Emergency Obstetric Care) and delivery assistance services at the targeted secondary and primary level facilities.

The requests for major renovation, such as facility extension, and consumable medical supplies were made through the GoB procurement process. In several primary health facilities, necessary furniture, such as patient beds and benches for waiting patients, were requested to the local government (Upazile or Union Palishad). For the selection of equipment, at least a member of the Project visited the shop or company for checking the product. The selection of equipment was done in consideration of quality, usability, warranty, and locally repairable or not.

The facility assessment indicated that most of the secondary facilities require minor renovation of the OT (operation theatre) and delivery room, such as renovation/establishment of hand washing facility, repair of roof, toilets, doors and

Renovation for Health facilities		Operation theatre	Delivery room	Recovery room	Hand washing facility
District level facility	District hospital				
Upazila level facility	Monoholdi UHC				
	Polash UHC				
	Raipura UHC				
	Belabo UHC				
Union Level facility	Shibpur UHC				
	Daulatpur H&FWC				
	Chalakchair H&FWC				
	Danga H&FWC				
	Bhatpara Sub-centre				
	Gorashal Sub-centre				

SMPP provided renovation for above targeted health facilities.

windows etc. In order to increase the availability of CEmOC and delivery assistance services, the Project decided to prioritise the renovation of OT and delivery room at the targeted facilities.

Equipment/instrument supply

		Examination equipment	C-section /Surgical	Delivery	Sterilisation	Newborn	Furniture /fixtures	Electrical appliance	Other
District level facility	District hospital								
	Sadar hospital								
	MCWC								
Upazila level facility	Monoholdi UHC								
	Polash UHC								
	Raipura UHC								
	Belabo UHC								
Union level facility	Shibpur UHC								
	Daulatpur H&FWC								
	Chalakchair H&FWC								
	Danga H&FWC								
	Mitranagar H&FWC								
	Narayanpur H&FWC								
	Draulpur H&FWC								
	Bhatpara Sub-centre								

Examination equipment: BP machine, state scope, weight scale, thermometer

C-section related equipment/instrument: C-section set, Anaesthesia machine, Diathermy machine, Suction machine, Nitrous Oxide/Oxygen gas cylinder

Delivery related equipment/instrument: Delivery set, Episiotomy set, D&C set, Ventos machine

Newborn care related equipment/instrument: Phototherapy machine, Infant warmer, Ambu bag, Mucus sucker

Sterilisation apparatus/supplies: Electric steriliser, Autoclave machine, Gloves, Bucket

Furniture/fixtures: Bed, trolley, IV stand, Bed side screen

Electrical appliance: IPS, Charger light, Spot light, Stabiliser, Extension cord

Other: Ultrasonograph, Doppler

Increased CEmOC facilities in Narsingdi

After providing minor renovation and necessary equipment supply, the number of Comprehensive EmOC facilities in the district increased from 3 to 6. The number fulfils the recommendation of UN process indicator (1 CEmOC facility per 500,000 population: the number needed in Narsingdi is 5).

Number of Public EmOC facilities in Narsingdi	2006	2008
Comprehensive EmOC	3	6
Basic EmOC	4	2
Total	7	8

District hospital (called '100 bed hospital') in Sadar Upazila was newly opened 2007. Now the hospital became the biggest referral centre in Narsingdi which has two operation theatres (one is designed for obstetric cases). In order to enhance its function as a top referral facility,

SMPP decided to provide an ultrasonographic machine to the hospital in August 2009. The hospital expects to receive around 20 clients per day for ultrasound examination.



Ultrasound examination is now available at District hospital

Renovated Raipura UHC

Raipura upazila is the largest upazila in Bangladesh. The DSF (Demand Side Financing) project introduced in the upazila in 2007, has largely increased the demand in providing for comprehensive MNH service at the UHC. In response, SMPP supported the renovation of the OT (Operation Theatre) and delivery room at Raipura UHC in March 2008 and March 2009. In addition to the renovation, the Project also provided necessary equipment to initiate Comprehensive EmOC service at the UHC. Now the UHC conducts around 20-30 C-sections and assists 50 deliveries



Before and after renovation of delivery room

per month. An anaesthesiologist of the UHC told that 'Now the hospital is well equipped and has two pairs of surgeon and anaesthesiologist. This means we are ready to receive obstetric referral cases for 24 hours'. The nursing supervisor said 'Although we are struggling with shortage of nursing staff, now we can work in better environment compared to before.'

The UHC performance shows that the hospital has been functioning as a referral CEmOC facility in the Upazila. Considering the high patient load, the Government decided to up-grade the UHC from 30 to 50 beds hospital. The UHC staff are motivated to be awarded as the best UHC in Dhaka division next year.

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