

**Facility improvement intervention of SMPP**

*Continue: 10th edition - July 2009*

SMPP has prioritised 'Community mobilisation' and 'Health facility improvement' activities as the Project's main interventions. The various activities of 'Health facility improvement' have been implemented in 17 targeted facilities in Narsingdi. Following the previous Newsletter 10th edition, this 11th edition continuously features on 'Facility improvement intervention'.

**3.2 Training for service providers**

In facility improvement plan, human resource development is one of the key issues to improve quality of services. SMPP has provided various trainings and orientations for formal and informal service providers. As part of facility improvement intervention, the following 4 types of training were organised for GoB staff. The training needs were identified based on the facility assessment findings.

- Midwifery (focused on delivery assistance)
- AMTSL (Active Management of Third Stage of Labour)
- Immediate newborn care and resuscitation
- IPP (Infection Prevention Practices)

More than 300 facility staff and managers received these trainings. Some of the trainings were held in collaboration with other organisations, such as OGSB (Obstetrical and Gynaecological Society of Bangladesh) and Engender Health.



Newborn resuscitation training facilitated by the paediatrician of Sadar Hospital

**3.3 Promotion of clients' information right**

As a part of facility improvement intervention, SMPP has also promoted clients' information right. The Project believes that having correct and accurate information about services is one of the basic clients' rights. In this activity, the facilities can play an important role in promoting necessary information to the clients and their family members while they are visiting the facilities. During facility assessment

study, however, it was found that the information on availability of services/drugs, clients' as well as providers' rights, and labelling of in-facility rooms etc. were not uniformly displayed at the targeted facilities. Based on the assessment findings, SMPP has introduced the following information display at all targeted facilities. By the end of July 2009, 16 out of 17 targeted facilities completed to place an information board at the main gate.

**Information on display board**

Availability of services including opening and closing time (at the main gate)

Labelling (wall painting) of various procedure rooms, such as emergency, labour room, OT, female ward, post-operative room, nurse station, pharmacy, blood bank/laboratory etc.

Clients' charter of rights

Providers' charter of rights

List of drugs available

Client flow chart (wall painting)

Information on maternal danger signs and birth planning

Information on neonatal danger signs and good practices

EOC information board

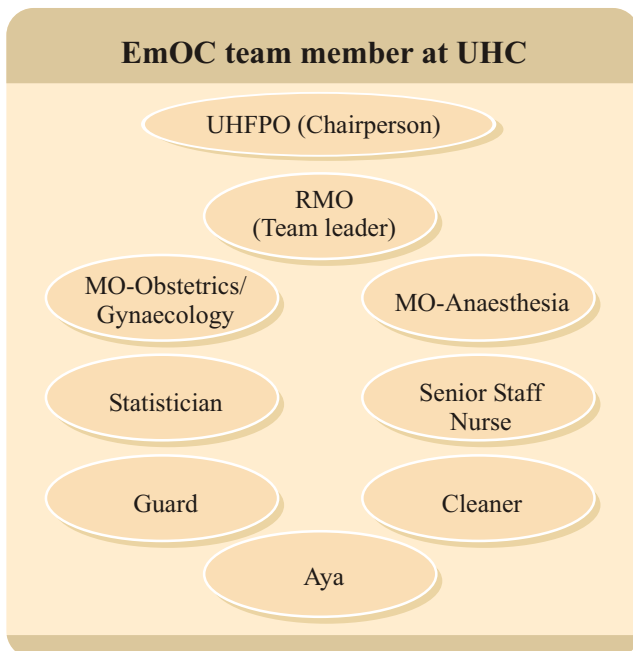


## 4. Monitoring/Evaluation

In facility improvement intervention, it is crucial to establish monitoring and supportive supervision system for ensuring the sustainability of quality of services. SMPP has intensively supported to establish in-facility monitoring and supervision system at targeted EmOC facilities.

### 4.1 At EmOC facilities (Upazila and district level hospital)

The Project facilitated to establish EmOC team in 8 EmOC facilities during action planning workshop. EmOC team consists of medical doctors, nurses, statistician, and subordinate workers (guard, cleaner and Aya).



Each EmOC team organises regular team meeting based on the interval they decide (monthly, bimonthly, or quarterly). In the meeting, the facility performance and the progress of action plan implementation are presented and discussed among the team members. Additionally, the team is expected to form a small sub-group to assess the health facility using 'Quality Assurance (QA) Checklist' as introduced by the Project. The assessment group that includes the MO-OG and the nursing supervisor makes a room by room visit of the facility quarterly to collect necessary information to fill in the checklist. The assessment findings are shared with the facility manager and other team members in the subsequent team meeting. The finding is also sent to the district level manager (Civil Surgeon or DD-FP) for information and necessary action. Based on the assessment findings, each facility action plan is reviewed after a set period of time for implementation. Then the 'plan-do-see' cycle is repeated.

In addition to above tasks, EmOC team takes an important role in monitoring maternal and neonatal deaths at the facilities. If any maternal and neonatal deaths occur at the hospitals, EmOC team investigates the case using an audit format introduced by SMPP, and review the situation among

the team members. The team organises a special EmOC meeting or discusses in the regular monthly meeting for developing action plan to prevent such death in the future.

### 4.2 At union level facility (H&FWC, Sub-centre)

At Union level facility, SMPP introduced a visiting notebook for supervisory visit by Upazila and district level managers. A pile of format (notebook) was distributed for each facility and the visitors fill in their comments and recommendations for improvement of the service quality at the end of the visit.

Similar to EmOC team, SMPP facilitated to establish 'Safe Delivery Team' in each model union during Union level action planning workshop. While the member composition is varied by union to union, basically the team includes the Union level health facility staff (FWV, SACMO, MA), other GoB health workers (FPI, HI, FWA, HA), Union Palishad members (UP chairman, female UP member), Community Support Group members, informal care providers (TBA, Village doctor), religious leader, and school teacher.

Each Safe Delivery team has organised monthly or bimonthly meeting at Union level health facility (H&FWC or Sub-centre). In the meeting, the facility staff (FWV or SACMO) shows the service utilisation of the facility and the progress of action plan implementation is discussed among the participants.

The action plan has been reviewed biannually in a participatory review meeting.

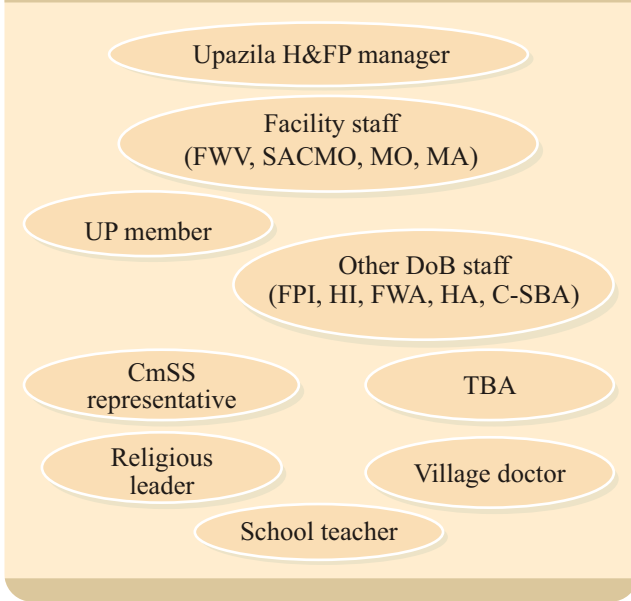
### Responsibilities of EmOC team

- Develop the facility-based action plan.
- Maintain liaison with the facility manager and other stakeholders (local government, district level managers etc.) to implement the action plan.
- Periodically check the facility for quality of services
- Organise regular meeting to monitor facility performance, progress of action plan implementation. The meeting is also the opportunity to solve the facility problems.
- Review and present progress before the District/Upazila Health Coordination committee meeting.
- Record all the meeting minutes for the purpose of documentation.



EmOC team members regularly assess their facility with checklist

### Safe Delivery Team member at Union



### Responsibilities of Safe Delivery Team

Organise regular team meeting to monitor the progress of action plan and to exchange the information on safe delivery activities

Organise regular technical session among delivery assistant (FWV, TBA, C-SBA)

Record the meeting minutes for the purpose of documentation

Maintain linkage with Upazila level managers and other stakeholders in the community (local government, CmSS) to implement the action plan

Report the activity of safe delivery team in the Union coordination meeting



Safe Delivery Team meeting at FWC (Family Welfare Centre)

### What SMPP experience tells?

SMPP introduced facility improvement activities in Narsingdi in 2008. As part of Project's main intervention, SMPP will compile the experiences in implementation and share with relevant authorities at central level for future standardisation and expansion of the approaches at the end of the Project period.

From the experience up till now, it has been observed that facility performance can be improved by ensuring facility

set-up. Logistic supports (minor renovation and necessary equipment supply) made a big change in the service utilisation of the targeted facilities. It can be said that better working environment increases staff motivation. Ensuring enabling environment for service providers could be the first step to improve the service delivery.

SMPP has addressed to strengthen the linkage between the targeted health facilities and their surrounding community. The linkage includes not only patients' referral system but also building supportive relationship between them. The Project has created a mechanism which enabled the community (e.g. local government) to provide necessary support (logistic, financial, man power etc.) directly to the facility and monitor the facility performance. In response to local assistance, the facility is expected to assure providing quality services. Despite the efforts we made, the linkage between the targeted facilities and the community is still weak particularly at Upazila and District levels. We believe that utilisation of locally available resources as well as increasing the ownership of community towards health facilities could be one of the effective approaches. Thus the Project will continue the efforts to strengthen the linkage between facilities and community during rest of the implementation period.

Maintenance of equipment and renovation, ensuring constant supply of drugs and consumables are also the challenges in facility improvement intervention. Since providing the logistic support to the targeted facilities, SMPP has taken care of the repairment of those provided materials. Particularly, medical equipment, although there is a GoB organisation in charge of medical device management, their workshops cannot sufficiently respond to each facility's request. The existing system for maintenance and repair is usually a long time process. Additionally, the unstable supply of drugs and consumables always hampers the service provision of public health facilities. It is indispensable to establish a system which would enable the facilities to locally manage minor repairing, renovation, and procurement of supplies on their own initiative. With the progress of decentralisation, it is expected to ensure the financial disbursement from the central to local government and promote local empowerment for the budget execution to encourage each facility to provide quality of health services.

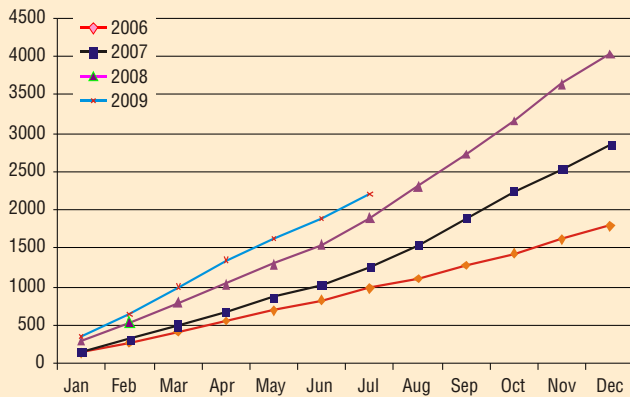
### Challenges

- Ensure drugs, medical supplies, and logistic supply
- Ensure maintenance of facility and medical equipment
- Improve staff motivation and commitment
- Establish regular supportive supervision system at Union, Upazila, District and National level
- Strengthen Quality Assurance system
- Strengthen MIS and establish sustainable performance review mechanism
- Community participation in health facility management
- Local Level Planning with direct allocation of budget

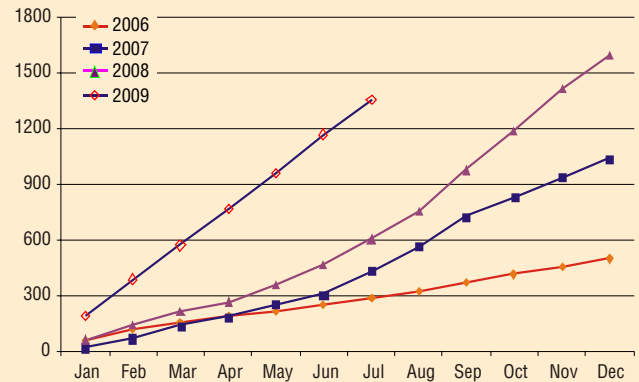
## Increasing service utilisation at public health facilities in Narsingdi

All MNH related services such as ANC/PNC, delivery assistance, treated complications and caesarean section at the targeted 8 EmOC facilities have been constantly increased. Even compared to surrounding 7 districts, Narsingdi facility based data shows the substantial increase in utilisation of EmOC services. This indicates SMPP approach (combination of community mobilisation and facility improvement activities) is effective in terms of increasing utilisation of health facilities.

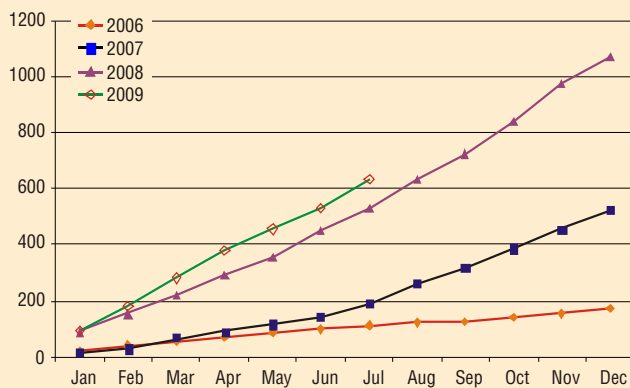
**Cumulative no. of deliveries conducted at GOB facilities by month: 2006–2009**



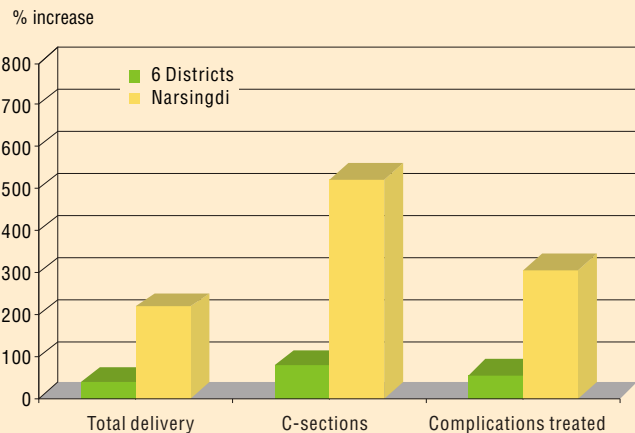
**Cumulative no. of complications treated at GOB facilities by month: 2006–2009**



**Cumulative no. of C-sections done at GOB facilities by month: 2006–2009**



**Percentage increase in utilization of EmOC services at Narsingdi compared to six neighboring districts**



Master in Public Health students of Nagasaki University in Japan made study visit same as last year.

## Visitors

The following visitors visited Narsingdi site during April to August 2009.

Participatory Rural Development Project (PRDP) II, supported by JICA

Chars Livelihoods Program (CLP), supported by DFID

The member of Cabinet Secretary of Japan

The Chief Representative of JICA, Bangladesh

Graduate School of International Health Development,

Nagasaki University, Japan

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**SMPP Dhaka Office:** Directorate General of Family Planning Building (DGFP), 12th Floor, 6, Kawran Bazar, Dhaka-1215, Bangladesh. Tel: 04474700797. **SMPP Narsingdi Office:** 124, Bashail, Narsingdi, Bangladesh. Tel/Fax: +88-02-51622

**Home page:** <http://project.jica.go.jp/bangladesh/0602298/english>