

Human resource development activities

Human resource is the one of the biggest concerns in health service delivery in Bangladesh. Human resource development includes both quantity and quality aspects. The shortage of care providers as well as the lack of skilled professionals at health facilities are the main cause of delay for receiving appropriate care. Safe Motherhood Promotion Project (SMPP) has addressed this overriding human resource issue by promoting effective posting of medical staff and organising various training/orientation for both facility and field level staff.

Generally, organising training could be the most common intervention for capacity development of care providers. Nevertheless, how many those interventions have actually produced the expected outcome is a big question. It is indeed not easy to provide effective training which brings practical changes to the trainees' daily work. The possible reasons why training cannot achieve the desired result could be:

- The training does not match the capacity of trainees: **Lack of pre-assessment**
- The training is not well designed (time management, module/education materials, facilitators): **Low quality of training**
- Lack of necessary equipment/logistics supply: **Non-enabling environment**
- No supervision and support on site: **Lack of follow-up**

For laying various obstacles in each context, it is often difficult for one project to overcome all the problems. Nevertheless, SMPP has tried to provide practical training in its implementation by ensuring the following points.

1. Organise need-based (identified by pre-assessment) training
2. Develop practical education materials, as well as utilise existing quality materials and facilitators
3. Introduce skill/knowledge which trainees can practice with available logistics or minimum extra supply
4. Focus on training follow-up activity

This 12th edition newsletter features on SMPP training related activities. The Newsletter introduces 'SMPP approach' of providing effective human resource development intervention.

Training/Orientation provided by SMPP

The following 2 tables show what kind of training/orientation the Project has provided for whom. In total more than 5,000 different kinds of designated staff were targeted for these capacity development activities.

Date	Training/orientation	Venue	Content
2007 Feb-Mar	Overseas training:	Japan	
2008 Feb-Mar	Midwifery course on Safe Motherhood		
2007 Jul-Sept	Orientation on reporting format with guideline	Upazila parishad	
2007 Jul -2008 Mar	Basic Training on Safe Motherhood	Upazila Health Complex (UHC)	Basic information on safe motherhood, 5 danger signs, Birth Planning,
2007 -2009	CCA orientation by CARE	CmSS catchment area	Basic information on safe motherhood, 5 danger signs, Birth Planning
2008 Aug	Computer training	Narsingdi SMPP office	Word, Excel, PowerPoint
2008 Nov	Active Management of Third Stage of Labour (AMTSL)	Narsingdi District hospital	Assistance of placenta delivery in a way to prevent post-partum haemorrhage
2008 Dec	Immediate newborn care and neonatal resuscitation	Narsingdi CS office	Thermal care, Mouth-to-mouth resuscitation practice
2008 Dec -2009Jun	Private-CSBA training	LAMB hospital	6 months CSBA training
2008 -2009	Orientation for capacity building of CmSS members by CARE&SMPP staff	CmSS catchment area	Management of community group, facilitation skill, record keeping practice
2009 Jan-Feb	TBA orientation	All Model unions	Neonatal danger signs, immediate newborn care, harmful practices
2009 Jan-Mar	Training on Safe Delivery for SSN/FWV	OGSB hospital in Dhaka	Normal delivery assistance, episiotomy & suturing
2009 Feb-Mar	Overseas training: Health management for continuum care in the community	Japan	
2009 Mar-Jul	Infection Prevention Practices (IPP)	District hospital, MCWC, UHC	Hand washing, sterilisation, disposal of hospital wastes
2009 Aug-Oct	Village Doctor orientation	Selected Model Unions and Chair area	Pregnancy related complications, harmful practices, immediate newborn care, referral
2009 Sept-Oct	ANC/PNC training	FWC in selected Model unions and MCWC	Check-up practices and room re-arrangement for effective service provision

Target	Types of training													
	Service provider/ manager/ informal care provider etc.	Training								Orientation				
Basic training		Oversees training	Safe Delivery (midwifery)	AMTSL	IPP	Newborn resuscitation	ANC/PNC	Private CSBA training	Computer training	Reporting format	CCA orientation	TBA orientation	Village doctor orientation	Capacity Building of CmSS member
Hospital managers					13	1								
Medical Doctors *					24	13								
H&FP managers**		2		6	3				4					
Medical assistant, SACMO					21	1			1					
Nurses (SSN)		3	7	14	99	31								
Medical Technologist (Laboratory technician)					15									
Pharmacist					4				2					
Health Education Officer					1									
Statistician									7					
Ward Master					1									
Union level H&FP staff***	631	6	2		23	15	30			85				
Guard					3									
Cleaner, Cook					53									
Ward boy, Aya, MLSS					74									
TBA												188		
Village doctor													51	
Other ****								11	3		1,821			1,964
Total	631	11	9	20	334	61	30	11	17	85	1,821	188	51	1,964

* Medical doctors: Obstetrician & Gynaecologist, Anaesthesiologist, Medical officers

** H&FP managers: UHFPO (Upazila Health & Family Planning Officer), UFPO (Upazila Family Planning Officer), AFWO (Assistant Family Welfare Officer)

*** Union level H&FP staff: Health Assistant, FWV (Family Welfare Visitor), CSBA (Community Skilled Birth Attendant)

****Other: NGO worker, Community women, Community Change Agent (UP member, School teacher, Imam, TBA, Village doctor), CmSS member

1. Providing need-based training

The initial training needs were basically identified according to the pre-assessment outcome of the targeted facilities. The assessment was done as a part of the facility improvement activity in 2008. Under the Project's health facility improvement intervention, SMPP targeted 17 secondary and primary health facilities in Narsingdi. Each facility was assessed by GoB and SMPP staff with an assessment check-list developed by the Project. The assessment tool is not only for checking infrastructure and logistic supply, but also included several other important aspects, such as human resources, performance (facility utilisation), and quality of services etc.

The main areas (skill and knowledge) identified to improve by the assessment were:

- Active Management of Third Stage of Labour (AMTSL)
- Immediate newborn care and neonatal resuscitation
- Infection Prevention Practices (IPP)

In addition to above, it was found that the number of Senior Staff Nurse (SSN)/Family Welfare Visitor (FWV) who received midwifery training was not enough in many of the targeted facilities. Furthermore, along with the facility assessment, FWVs and Community Skilled Birth Attendants (CSBAs) were interviewed in 9 model unions. The interview result indicated that Ante-natal and Post-natal check-up practices of these community level care providers need to be improved.

2. Ensuring quality of training

While the half of the training sessions were designed and directly provided by SMPP staff, the Project has also utilised the existing GO/NGO training programme and resources. For instance, SMPP sent the selected SSNs and FWVs in Narsingdi to the Midwifery training at OGSB (Obstetrical and Gynaecological Society of Bangladesh) hospital in Dhaka. Moreover,



1st batch of IPP training jointly facilitated with Engender Health



External facilitators for TBA orientation

the Project supported OGSB resource persons to conduct AMTSL training in Narsingdi. The development of IPP training curriculum and the first batch of the training were done in collaboration with one of the experienced NGO, the Engender Health. The training on Immediate newborn care and neonatal resuscitation was held with the Paediatric Consultant of Sadar Hospital, Narsingdi, as the main facilitator. For TBA orientation, two external facilitators were invited from Radda MCH-FP Centre in Dhaka, who are specially trained for such kind of training.

These organisations are well known as they have years of experience in each specific area. Therefore, considering the time constraint and the resource limitation of the Project, SMPP utilised their experience and resources to ensure the quality of training.

3. Creating enabling environment

Along with human resource development, SMPP addressed to improve enabling environment in the targeted health facilities. Based on the facility assessment outcome, the Project has provided minor facility renovation and necessary medical equipment to those MNH service centres. The necessary logistics were not only provided by SMPP, but also made through the Government procurement process as well as by the local government (Upazila or Union Parishad) contribution. Considering the sustainability, the Project has always sought the possibility to go through the existing GoB channel and tried to coordinate utilising the available local resources before the direct supply. SMPP believes that this effort is also a part of the capacity development of the government's system.

In addition to taking the above logistic support process, SMPP has responded to the extra needs identified in the training activity. For instance, in ANC training held at 5 selected FWCs, the missing necessary items and efficient room arrangement for effective ANC services were discussed with each of the FWVs. In response to the discussion, SMPP supplied the listed missing items (such as steps for bed, screen/curtain, and foetoscope etc.) and assisted the room re-arrangement on site. Moreover, after IPP training, the Project additionally supported a hand washing facility at emergency room, delivery room and OT at the District and Upazila level hospitals according to the request.



ANC consultation room was rearranged according to efficient check-up procedure

Visible changes after training

IPP (Infection Prevention Practice) training was conducted in Monohardi UHC in July 2009. The training targeted all kinds of hospital staff including medical officers, nurses, cleaners, and ward boys etc. That was the first opportunity for most of the subordinate workers to learn about hand washing, wearing gloves, and waste disposal. As the following picture shows, now the cleaners and Aya (aid workers) are carrying their own hand towel when they work. They used to share a towel for wiping their hands with other staff, but they have changed their practice in accordance with the recommendation of the training.

The UHFPO (the hospital director) also told the visible changes after the training. He said 'I have realised particularly the emergency room staff has

been more aware of infection prevention and their sterilisation practice has improved after the training. Moreover, SMPP provided the partition panels for setting up a separate space for the post operative patients (mainly Caesarean section case) in the female ward. I believe that these multiple efforts have contributed in reduction of hospital infection risk in this facility.'



Hospital staff carrying their personal towel



Partition for post-operative patients at Monohardi UHC

CmSS impact study conducted July-September

From July to September, SMPP assigned a Japanese short term expert, Ms. Nobuko Miyake, for conducting the CmSS Impact Study. The study aimed at assessing the impact and potential of CmSS and draws a future plan to strengthen the CmSS program. The study included a questionnaire survey targeting all CmSS in Monoholdi and Raipura Upazilas and the series of FGD (Focus Group Discussions)/ key informant interviews with selected CmSS members. The following is the some important findings of the study:

- According to CmSS report, the number of maternal (3) and neonatal (33) deaths in CmSS catchment areas are much less than the estimated numbers (14 and 165 respectively).
- Among CmSS registered pregnant women, around 68% were under difficult economic conditions.
- 41% of CmSS registered pregnant women had delivery assisted by SBA (SMPP baseline data was 18%)
- CmSS members reported that the attitude of husbands and mother-in-laws has been changed and now they treat pregnant women with more consideration.
- CmSS members feel that pregnant women show confidence to ask Community Support Group for help.
- Community people's understanding on MNH issues and recognition of Community Support Group is an important factor for development of CmSS.



Sharing meeting of impact survey at Civil Surgen's office

The findings were shared with the Health and Family Planning managers in Narsingdi on 31st August at the Civil Surgen's Office. Due to the time and budget constraints, this study did not cover the beneficiaries (pregnant women) which would be very important to assess the effectiveness and impact of CmSS activities. This missed information will be addressed in the Project's End-line Survey in December, 2009.

SMPP Dissemination Workshop

SMPP organised a dissemination workshop entitled 'Effective Approaches and Achievements' on 15th September at the auditorium of IDB Bhaban, Dhaka.

Mr. B. D. Mitra, Additional Secretary, Ministry of Health and Family Welfare (MoHFW) was present as the Chief Guest. Mr. Eiichiro Cho, Senior Representative of JICA Bangladesh, and Prof. Dr. Shah Monir Hossain, Director General of Health Services (DGHS) were the Special Guests. Along with these guests, a numbers of senior officials from DGHS, DGFP, NGOs and Developing Partners attended the Workshop.

The Workshop was held for:

- Disseminating SMPP achievements, and effective and innovative approaches
- Sharing the plan of the SMPP 2nd phase and get feedback from the participants
- Sharing the learning of Exchange Visit to Gujarat state, India.

Three SMPP approaches, namely 'Hospital Improvement', 'Community Support System (CmSS)' and 'Safe Delivery in Model Union', were introduced in the Workshop as effective interventions. Following the presentation on effective approaches, the presentation on 'The learning from Exchange Visit to India' was made.

The MoHFW developed the proposal of SMPP 2nd phase and submitted to the Government of Japan in July 2009. After all the presentations, the organiser invited the participants for open discussion for summarising practical and feasible recommendations which could incorporated into SMPP 2nd phase design. In the wrap up session, Mr. Md. Abdul Mannan, Joint Chief Planning, MoHFW made a deliberation to summerize the SMPP achievements, effective and innovative approaches, and future plan. The presentation introduced the submitted SMPP 2nd phase proposal and also captured the key points of four papers presented in the morning session as well as the open discussion.



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