

Human resource development activities *Continue: 12th edition - October 2009*

Human resource development is the key to improve the quality of health services. Along with creating enabling environment by logistic support, SMPP has implemented various activities for the human resource development of health care providers as well as community people. The 12th and 13th editions of the newsletter feature issues on SMPP human resource development intervention'.

4. Training follow-up activity

Many of the SMPP organised training includes follow-up activities. The following are some examples.

4.1 Training on midwifery in Japan

SMPP sent in total 9 Senior Staff Nurses (SSN)/Family Welfare Visitors (FWV) working in Narsingdi to Japan for midwifery training in 2007 and 2008. On their return, a training follow-up meeting was organised in June 2008 at SMPP Narsingdi office. In this meeting, all the 9 trained staff decided to organise Maternity Class sessions (group health education for pregnant women and their family members) as their training follow-up activity. The session includes 'Maternity Exercise' which the staff observed the idea during the training in Japan. SMPP assisted the whole process of the preparation, such as developing module and posters as well as providing necessary technical support. After series of preparatory meetings, the first Maternity Class was held at MCWC in March, 2009. Since then, Maternity Classes are being regularly organised at MCWC with the attendance of around 20 participants in each session.



Maternity Class is organised on last Sunday of every month at MCWC

4.2 TBA orientation

As key care providers in delivery and newborn care in the community, SMPP has tried to involve the Traditional Birth Attendant (TBA) in its model union activities.

During January to February 2009, SMPP organised 1-day orientation for 188 TBAs in 9 model unions. The orientation was mainly aimed at improving their understanding on newborn danger signs and harmful practices.

As a follow-up activity of the orientation, SMPP conducted a mini interview study with the selected participants.

The interview result shows some positive changes in TBAs' knowledge and practices. On the other hand, the study also revealed the strong referral linkage between TBA and private clinics. In response to the study findings, SMPP has put more effort to strengthen the relationship between TBA and formal care providers (FWV and CSBA (Community Skilled Birth Attendant)) at union level. For example, SMPP facilitated to form a 'Safe Delivery Team' which includes both



Follow-up study done on TBA orientation



FWV provides technical session for TBAs in Safe delivery team meeting

formal and informal care providers in each model union. One of the tasks of the Safe Delivery Team is to organise regular team meeting to discuss delivery related issues among the members at union level health facility (H&FWC or Sub-Cetre). In several model unions, the FWVs started providing technical sessions for the TBAs taking the advantage of Safe Delivery Team meeting.

Orientation for Village doctors

Village doctors play an important role in health care of Bangladesh rural community. They treat all kinds of patients including medical, surgical and obstetric conditions. Majority of the village doctors do not have any formal training. They have become village practitioners after assisting either a qualified doctor (uncommon) or other village doctors for a certain period of time. As a result, they do not have minimum idea about the actions and reactions (side effects) of drugs as well as the right way (dose and route of administration) to administer them.

It has been observed in hospital practices that many of the complicated pregnant women are mal-treated in the community by the village practitioners before coming to hospitals. This not only further delays shifting of the patient to hospital, but also aggravates complications due to use of inappropriate/dangerous drugs.

Considering these problems, SMPP organised a half-day orientation for 51 village doctors at 2 unions of Raipura Upazila to improve their knowledge/understanding about pregnancy complications and harmful effects of commonly used drugs during pregnancy to prevent mal-treatment and encourage early referral of pregnancy complications.

This initiative was appreciated by the village doctors. This was the first formal orientation for majority of them. They said before this orientation they did not know that Oxytocin cannot be given IM or IV directly to induce labor. They said "It is a common practice to use Inj. Anaroxyl during ante-partum haemorrhage (APH) and post-partum haemorrhage (PPH). However, this orientation has dispelled our mistakes. We shall now refer these cases immediately to hospital."



Village doctor orientation in Mitzanagar, Raipura

4.3 Private CSBA

SMPP sent 11 trainees from 6 Unions in Char areas (hard to reach areas) of Raipura Upazila, Narsingdi, to CSBA training at LAMB hospital in Dinajpur. In order to address the scarcity of health workers in Char areas, SMPP initiated the first trial in Bangladesh creating private-CSBA. The trainees were recruited from the some char areas who do not have any medical background but fulfills the criteria for national CSBA program. After 6 months of training, all the trainees successfully passed the final exam in June 2009 and started working in their respective union, as certified CSBA.

For providing on-site technical support to these private-CSBAs, SMPP assigned one technical officer trained on midwifery. The technical officer makes 1-2 follow-up visits per month for each of the private-CSBAs to assess their skill/knowledge and provide necessary technical assistance. The skills and knowledge of each private-CSBA is assessed with a check-list developed by the Project and the technical officer assists them to collect MIS data on site. Furthermore, the technical officer provides telephone consultations to the private-CSBAs. They can call her to get technical advice any time they need. From July to October, the technical officer had received 25 calls from P-CSBAs. The topics consulted were threatened abortion, ante-partum haemorrhage, pre-eclampsia, malpresentation, meconium staining liquor and perineal tear.

SMPP also organises quarterly private-CSBA meeting with the attendance of District and Upazila level managers. The first meeting was organised soon after the training to introduce the district health system to the private-CSBAs. The second meeting was held in November which includes discussion session on management issues and a technical session.



SMPP Technical Officer makes follow-up visit on a Private-CSBA

Private-CSBAs are now empowered

One of the private-CSBAs Morsheda in Paratoli Union and her husband had a dream to establish their own clinic in the market area. Her husband, a pharmacist, told ‘I feel proud of my wife helping our community people. Now my wife earns some money by providing MNH services and can maintain her own expenditure. Hopefully she will also contribute to our family income and we want to open our small clinic in this union in the future.’

Morsheda said ‘When I was pregnant, I wanted to have ANC check-up but the service was not available here. I'm happy that now I can provide the service I wanted to have. I can check the pregnant women and tell them about their baby's position and condition. I feel good that I can do something for these helpless and poor women in this community’.



A court yard session organised by a private-CSBA in the community



Private chamber of a private-CSBA at her residence

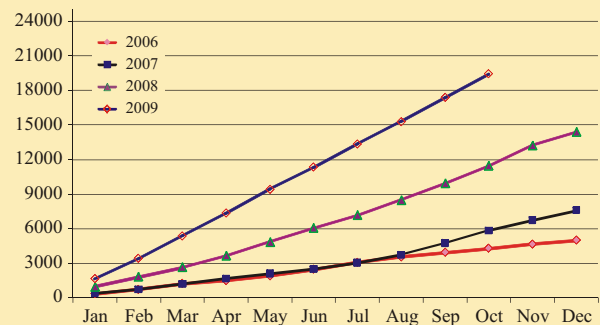
Another private-CSBA, Asma said "Though I was interested in assisting delivery for a long time, I was helpless as I didn't know how to do it. I saw and heard many women who develop complications during pregnancy and delivery just die without getting any treatment. Since ANC check-up service was not available in my union, the community people had to spend a lot of time and money to get the basic services. Now I'm proud of myself and feel empowered that I can help the women in my community by assisting their deliveries and providing basic services. I can also earn a small amount of money to buy what I need and help my family. I feel my family values me more than before. This is really a big thing for me.”

Service utilisation at public facilities in Narsingdi continues to increase

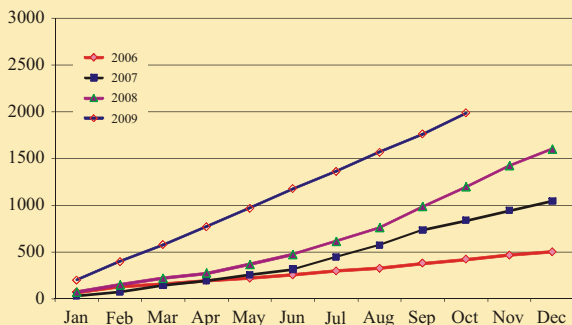
The following graphs indicate progressively increased utilisation of MNH services at the public health facilities in Narsingdi since the inception of SMPP. The graph 5 indicates that on implementation of SMPP, the delivery patients are being shifted from private to public health facilities in the district.

At the field level, the number of home deliveries assisted by CSBAs has increased sharply (graph 4). However, the total number of CSBAs in the district has not significantly increased since 2008 (only a few received CSBA training and some of them have been promoted or transferred). Therefore, this constant increase could be attributed to the improved performance of CSBAs.

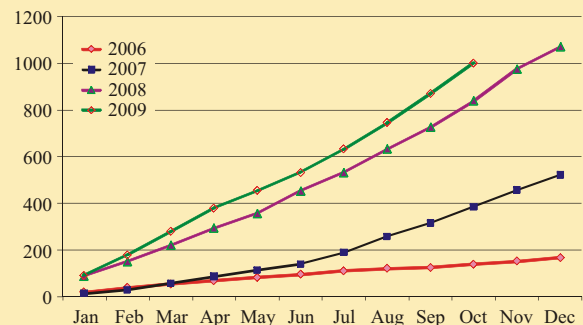
1. Cumulative no. of ANC provided at Public Health Facilities: 2006-2009



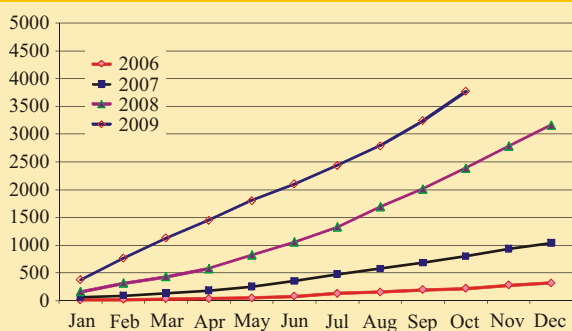
2. Cumulative no. of complications treated at GOB facilities by month: 2006-2009



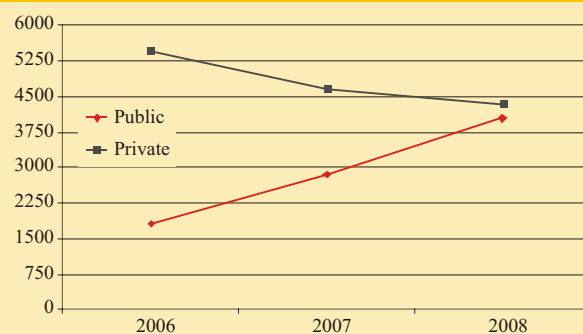
3. Cumulative no. of C-sections done at GOB facilities by month: 2006-2009



4. Cumulative no. of deliveries conducted by CSBA at the district: 2006–2009



5. No. of deliveries conducted at Public and Private Facilities: 2006–2008



Health Minister visited SMPP

The Honorable Minister for MoH&FW, Prof. A. F. M. Ruhul Haque and the Chief Representative of JICA Bangladesh, Dr. Takao Toda jointly visited SMPP site on 10th October. The team first visited one Community Support System (CmSS) group in Musapur union of Raipura. The members of the CmSS explained their group activities to prevent maternal and neonatal deaths in the community to the visiting team. The Honorable Health Minister was impressed by their devoted activities for the vulnerable groups. He remarked that people's ownership is very important to make desired changes in the health sector. The minister also requested the local government to support the community clinic operations and community initiatives, such as CmSS activities. Following the CmSS observation, the team visited the Raipura Upazila Health Complex (UHC).

The UHC was renovated with JICA's assistance to initiate Caesarean Section in May 2008. Since then, the number of delivery conducted at this hospital has dramatically increased. The Health Minister appreciated the SMPP's support and suggested the UHC to strengthen the Hospital Management Committee with the active participation of the local representatives. The local Members of Parliament, Advocate Nurul Mazid Mahmud Humayun, Lt. Colonel (ret.) Md. Najrul Islam, Md. Jahirul Haque Bhuiyan, and Md.

Anowarul Ashraf Khan accompanied the Minister during the visit. From Ministry of Health and Family Welfare, Director General of Health Services and Director General of Family Planning joined the program.



Health Minister visits the 100 bedded District Hospital at Narsingdi



Honorable Minister for Health and Family Welfare observes the monthly meeting of a CmSS group at Musapur Union, Raipura

New JOCV

Ms. Yasuko Shida arrived in Narsingdi on 21st October 2009. She is placed at the Deputy Director of Family Planning Office in the District. Yasuko has 6 years experience as nurse and midwife in hospitals in Japan. She will specify the areas of her activity after visiting different project sites in the district.



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