



Safe Motherhood Promotion Project (SMPP)

(A project of the Ministry of Health and Family Welfare supported by JICA)

QUARTERLY PROGRESS REPORT

Duration: July 2007 – September 2007

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1. Introduction

The purpose of this report is to document the activities and events undertaken so far during the period of July 2007 – September 2007. During this quarter one of the major events was “Basic Training on Safe Motherhood for H & FP field staff”. As part of the software support (Technical Assistance), with active participation of District and Upazila Managers the Basic Training was organized in all Upazila. Besides this major event all other project activities continued during this period. All Upazila organized at least one UPIC meeting to review progress. During this quarter one of priority issues; e.g. Management Information System (MIS) was addressed. As part of that one short term Consultant worked closely with SMPP team and MOHFW counterparts to improve existing MIS especially related to Community-Skilled Birth Attendant (C-SBA). On the other, CARE team was actively involved in developing training curriculum on Birth Planning and Referral for community elites, Union Parishad Body (UP Chairman and members), village doctors, TBA and other influentials in two selected upazila (Raipura and Monohordi). Upazila Coordinators were actively involved to provide necessary technical assistance to their respective government counterparts in effectively implementing project activities especially in organizing Basic Training on Safe Motherhood for H & FP field staff at Upazila level. Narsingdi based project office provided excellent administrative and logistic support to all Upazila Coordinators to make the Training success.

Dhaka based SMPP team attended some of the national level meetings and made several visits to the project site to provide on the job training to Upazila Coordinators.

2. Project Management

As part of the project management support, the project office successfully organized several staff meetings at the project office, Narsingdi. The project office also provided tremendous administrative and logistics support to Upazila Coordinators to organize Basic Training and Upazila Project Implementation Committee (UPIC) meeting at upazila level. During this quarter a daylong Workshop on Improved MIS was organized at the CS office and the project office provided lots of management support in this connection. In addition the project office provided excellent support to organize field visit made by Resident Representative (RR), JICA Bangladesh. Dhaka based SMPP team accompanied the RR during the trip.

3. Major activities implemented

3.1 Project staff meeting

During this quarter several staff meetings were organized at the project office to ensure individual reporting, review progress and provide necessary guidance to the SMPP team for smooth implementation of the project activities. The SMPP team decided to organize monthly staff meeting for two days from September 2007. But due to other important involvement in the project it was not implemented.

Some special meetings were also held to discuss some important issues in relation to project implementation, MIS Workshop and Model Union concept etc.

3.2 Project Management Team (PMT) meeting:

Due to continued increasing involvement in the project at the local level the number and frequency of the PMT meeting could not be achieved as planned and expected. Despite the above, two PMT meeting were held at Dhaka office in July and September 2007. During this quarter most of working days were occupied with Basic Training on Safe Motherhood. In order to provide necessary technical assistance to the training, the PMT was also actively involved.

3.3 Upazila Project Implementation Committee (UPIC) meeting

During this quarter each and every Upazila organized their UPIC meeting except Raipura; no meeting was held at Raipura during this period. In Polash two UPIC meetings were held. In order to make the UPIC functioning, Upazila Coordinators provided necessary technical assistance to respective Coordinator (UNO) and Member Secretary (MO-MCH) to organize UPIC meeting at upazila level. It was evident that Upazila Managers started giving much importance in holding UPIC meeting at regular interval as very useful and meaningful event. The status of UPIC meeting of six upazila follows:

Name of Upazila	Month			Remarks
	July	August	September	
Polash	1		1	
Shibpur			1	
Monohordi			1	
Raipura	-	-	-	No meeting in the Quarter
Belabo	1			
Sadar		1		

Some of key decisions made by the UPIC meeting at all upazila are as follows:

- In order to combine EPI, Satellite Clinic and Nutrition centre (where applicable) all respective managers should sit together and discuss about that
- In almost all Upazila the UPIC meeting selected the Model Union with consensus
- UPIC meeting decided to co-opt the UP chairman of respective Model union as the member of UPIC

Findings:

In order to make the UPIC effective, Upazila Coordinator (UC) should provide more efforts in organizing the meeting at regular interval as planned. UC should also work closely with managers to make the meeting minute short and simple which helps the UPIC members for having common understanding as well as making good decisions.

3.4 Special meeting on EmOC services at Monohordi

Monohardi Upazila Health Complex (UHC) is the only Comprehensive Emergency Obstetric Care facility under Narsingdi District. But EmOC services were underutilized due to many reasons (one of the objective of the meeting was to identify reasons). UHFPO and his team and also UFPO started realizing the same and thinking of potential solutions. As part of that several discussions were held between UHC team and SMPP team and UFPO also participated. High officials from DGHS and Divisional Health office made several visits to the UHC and urged to increase the utilization of C-EmOC services.

Finally it was agreed that the SMPP will facilitate a special meeting on **“Increased utilization of C-EmOC services”** with the participation of field level H & FP staff, FWV, UHC staff including Aya and Ward Boy etc. Accordingly the special meeting on increased utilization of C-EmOC services was held on 10th July 2007 at the UHC conference room and UHFPO was the chair.

The overall objective of the meeting was to Increase the utilization of the comprehensive emergency obstetric care services those are available at the Upazila level health complex. And specific objectives were

1. To identify specific cause that hindering the optimum utilization of C-EmOC facility (UHC)
2. To find out the specific and realistic solution of individual cause (barrier / difficulty)
3. To agree the follow up mechanism

After having introductory and objective clarification session, an open session was on importance of the meeting.



During open discussion it was agreed that people used to take EmOC services especially C-EmOC services from the facilities other than UHC and brokers (dalals) played the key role in this connection. In order to find out the reason the Facilitator made an open question to the participants:

What is the main barrier or difficulty for optimum utilization of C-EmOC facility according to your own perspective?

The facilitator distributed the VIPP card to all participants to write down the honest answer to the above mentioned question. Some important findings were:

- Brokers (Dalals) influence
- Wrong impression of guardians/ attendants of clients about UHC services, lack of Quality services and also medicine
- Lack of Coordination and Co operation between Service Providers
- Lack of awareness about C-EmOC services at UHC

After having this exercise the facilitator made clusters of barriers and divided all participants in to two groups to answer another question:

How we can overcome this (very specific measures)? /

What exactly we can do? /

What exact role you can play to overcome this?

Through group work realistic recommendations were made by the participants and a consensus was made that there should be a follow up mechanism to ensure the decisions made by the meeting are implemented.

CASE STUDY (Really sad..... Mustafizur Rahman, UC, Belabo)

Asma Begum aged 32 years is the 10th wife of her husband. Malek Miah from Narayanpur union under Belabo Upazila, aged 65 years got married for 9th times previously. But out of nine wives, one wife died and rest of others left him. Asma Begum got married with Malek Miah just 10 months before her death. This was the first marriage of Asma Begum and from the very first month she became pregnant.

During interview it was found that cousin of her husband Minara Begum and one neighbor Jharna Begum were present with the pregnant mother from the time of labour pain started until death. But at the time of this interview her husband was not at home. According to their statement Asma Begum did not visit any health personnel for ANC but she was given 2 dozes of TT. Before two months of her death, her entire body including hand and feet was oedematous (swollen). But she was able to eat enough and took rest most of the time due to less activities at household level. Unfortunately she fell down twice, once during 3rd month and another at 6th month. After the second incidence she had had some bleeding. The lady was innocent in nature and her husband had very little attention and interest on pregnancy and delivery.

At the mid night of 11th August 2007, Saturday labour pain was started and within short time the lady developed leaking membrane (water leakage) slowly. Sunday morning local TBA 'Khushir Ma' was called upon. The Birth attendant checked and found position of the baby was not normal and her whole body was oedematous. So she refused to handle the case and advised to send her to the hospital on urgent basis. But the relatives of her parent's house and her brother were not interested to take her to the hospital rather they took her from her husband's house to parent's house at Sallabad union (another union). And over there another Birth Attendant (TBA) and one village doctor tried to conduct the delivery at home. As part of their trial the lady was given intravenous fluid and 4 doses of Oxytocin Injection (injection to accelerate the labour pain) and the Birth Attendant continued trying conduct the delivery manually for several times. And the lady developed severe pain and swelling at the delivery passage. As there was no other way at last when the relatives took her to a NGO Clinic named 'Socheton Sahajjaw Sangstha', Narayanpur union. The attending Paramedic advised to take her to the hospital for operation. But no money was arranged in their hand at that time; therefore they couldn't take her to the hospital quickly. Finally on Tuesday morning they arranged some money and the lady was admitted in to the Anwara Private Hospital, Bhairab Upazila. Unfortunately the lady 'Asma' died at the time of preparation of caesarian operation.

3.5 Basic Training on Safe Motherhood

In order to enhance the conceptual and technical skills of H and FP field staff on Safe Motherhood, it was agreed that a two day's long Basic Training should be organized. Accordingly with active participation of MOHFW District and Upazila Managers Training Curriculum was finalized. In addition, in order to develop common understanding among Upazila Trainers Team (UHFPO, UFPO, MO-MCH) on training facilitation as well as make the training effective a daylong "Training Preparation Workshop (TOT)" was organized. After having consensus training implementation plan was developed by respective Upazila and accordingly during this quarter all Upazila organized Basic Training on Safe Motherhood for H & FP field staff including NGO staff and GAVI volunteers successfully. To ensure quality of training facilitation Project Manager, SMPP was present in 1st batch of all Upazila and provided On the Job Training (OJT) & feed back to UC for adequate preparation and facilitation of the next batch and onwards. Chief Advisor, SMPP, Project Coordinator and Short term BCC expert also attended several trainings at all Upazila.



District Managers also attended the training of different batches at all Upazila and provided inputs to make the training effective.

The status of training implementation is given below:

Status of Basic Training on Safe Motherhood

Name of Upazila	Total Batch	Target participants					Training received					Coverage (%)
		Total	HA	FWA	Volunteers	NGOs	Total	HA	FWA	Volunteers	NGOs	
Belabo	3	71	18	37	6	10	71	18	37	6	10	100%
Monohardi	4	92	22	59	11	0	91	21	59	11	0	98.91%
Polash	3	63	16	30	5	12	63	16	30	5	12	100%
Sadar	6	135	32	65	12	26	132	30	64	12	26	97.78%
Shibpur	3	74	19	47	8	0	74	19	47	8	0	100%
Raipura	7	159	40	98	4	18	159	39	98	4	18	99.3%
	26	594	146	336	46	66	590	143	335	46	66	99.3%

Note: In Monohordi one HA was on maternity leave
In Sadar two HA and one FWA were sick

The overall findings of the Basic Training are as follows:

Strengths

- MOHFW Partners gave more emphasis to organize and conduct the training
- Draft training curriculum was reviewed and finalized by Upazila H & FP managers (Trainers Team) and District managers endorsed it.
- A day long training preparation (TOT) was done with active participation of Upazila Trainers Team having dummy practical sessions
- Upazila Nirbahi Officer was actively involved in the training
- Key DPIC members especially Civil surgeon, DD-FP and AD-CC were present in the training at different batches of all upazila
- AD-CC (Member Secretary, DPIC) played the role as the key resource person during the whole month of training
- Dhaka based Project Management team was present in 1st batch of all Upazila and provided OJT & feed back to UC for good preparation and facilitation of the next batch and onwards
- Active participation of both Health and FP department; participants of each batch were from both and both managers facilitated training sessions in each batch
- The whole training was conducted in a participatory manner
- Different methodologies were used in the training session like role play, case study, games, brain storming, video show etc.

- Participants became clear about their roles and responsibilities in relation to Safe Motherhood
- Besides Power point presentation, Flip paper presentation was also prepared as back-up support
- Training included not only FWA and HA but also GAVI volunteers and NGO staff who are working in vacant areas
- Most of the members of Trainers Team in all Upazila demonstrated their excellent facilitation skills in training sessions
- Coordination between health and FP was increased through joint efforts in organizing and conducting the basic training
- In the training curriculum technical topics; Emergency Obstetric Care (EmOC), Safe delivery and role of front line service providers were given emphasis
- According to the comments made by the participants, the training was more interesting and useful than other trainings that they had before in terms methodologies and participation

Areas to be improved

- Visual aid as training materials was not sufficient
- In some Upazila venue was not appropriate for training
- Few trainers were found lack of adequate preparation for session conduction
- Few trainers could not follow the methodologies, sequences and contents determined for training sessions; session was conducted in their own way
- Few trainers were found reluctant in following the training schedule developed and agreed; session(s) was shifted for their convenience which made the training ineffective (no link between sessions)
- Participants comments; duration of the basic training should have been for more days (time allocation for sessions was not adequate)

3.6 Assessment of physical facilities and equipment

In order to achieve the project goal, besides the software support (technical assistance) hardware support from the SMPP is essential. Providing Emergency Obstetric Care (EmOC) services to the target population under the project is one of the key elements. In the target district Narsingdi, Comprehensive Emergency Obstetric Care (C-EmOC) service is only available in Monohordi Upazila. Due to limitations C-EmOC services are underutilized. And lack of proper maintenance of equipment and proper environment for operated cases are the key issues need to be addressed on priority basis.

On the other, under the Safe Motherhood Promotion Project (SMPP) it was agreed that two more Upazila Health Complex will be taken under C-EmOC services. Accordingly Director General of Health Services along with high officials from the Health Ministry and Directorate inaugurated C-EmOC services at Polash

Upazila in the month of May 2007. And in consultation with MOHFW counterparts as well as in response to the local needs, Raipura Upazila has also been considered for introducing C-EmOC services. But status of physical facilities at the UHC, Raipura especially Operation Theatre is extremely poor. Moreover no equipment is available for Caesarian Section and other related operations. And two medical officers from Raipura were sent for EmOC training with the condition that after completion of the training both the doctors will be working at the same place. But as part of technical assistance, CARE Bangladesh as the partner has been working in the area of community mobilization for demand creation. As part of that Community Mobilization Workshop named Advocacy Workshop was organized at each and every union of Raipura and Monohordi Upazila. Due to this intensive work, lots of awareness has been created and clients already started seeking services from the UHC. In response to local demand Raipura UHC is not yet ready to provide necessary services to the clients but Monohordi UHC is providing the services with limitation.

In terms of human resources adequate number of skilled man power is available at Monohordi UHC; and Polash having Surgeon but Anaesthetist (MO-MCH, Polash) has been transferred to MCWC of another district after one year training. The SMPP management started negotiating with both Health and FP Directorates to ensure adequate and right persons are available at the places where the project will provide inputs in relation to physical facilities and equipment. Accordingly assessment of physical facilities and equipment in respective three Upazila has been completed. Reproductive Health (RH) department of DGHS provided tremendous support in this connection. With the formal request of Deputy Program Manager (DPM), RH, DGHS a private company (Hema; contracted agency by the MOHFW) made the assessment. In addition, the SMPP management assigned another local private firm to conduct the assessment.

On the basis of both the assessment report, the SMPP management decided to provide the necessary inputs in this connection within allocated resources. At the same time, the SMPP management mobilized lots of resources especially essential equipment from the RH department of DGHS for above mentioned places.

3.7 Short term expert on MIS

As part of the technical assistance to be provided to the Ministry of Health and Family Welfare under the project, strengthening existing Management Information System (MIS) is one of key areas need adequate attention. Under the Ministry of Health and Family Welfare, two different systems exist in Health and Family Planning separately. It has been evident that lots of information related to Maternal and Neonatal health is collected through existing systems, some of them are useful and some are not. At the same time “use of information” to make decisions is one of the key concerns.

Considering existing system it has been felt that the project could contribute to improve the Management Information System which is simple and sustainable. And as part of that Dr. Tofael Ahmed (Ex. Program Manager, Unified MIS during HPSP) was assigned for short term to provide necessary technical assistance to the project. Key areas of the assignment included:

1. Comprehensive report on existing MIS with specific recommendations including Orientation/Training Module and action plan in relation to Maternal and Neonatal Health
2. Simple Management Information System of C-SBA (performance monitoring of SBA activities)
3. A day long Workshop at the district to agree recommendations and finalize the simple system on C-SBA activities in first phase and Workshop report

3.8 Workshop on Improved MIS

After having detail situation analysis on existing Management Information System in the both health and FP department, it was agreed that under the pilot project there should be a model performance monitoring system of C-SBA activities. With inputs from the field especially C-SBA, Upazila H & FP managers and MIS Directors of both DGHS and DGFP including OGSB and WHO, a draft reporting format for C-SBA was developed. In order to finalize the C-SBA Reporting Format as well as agree the total performance monitoring mechanism including reporting channel, a daylong Workshop was organized on 13th September 2007 at the CS Conference Room, Narsingdi. The short term Consultant Dr Tofael was the facilitator. All respective Upazila Managers; UHFPO, UFPO and MO-MCH were the participants and respective District Managers were also present in the Workshop.

The decisions made in the Workshop are:

- The agreed reporting format will be introduced in the field for 6 months on trial basis; based on field experience the final version of the format should be introduced
- A daylong orientation session on the reporting format should organized for the users (C-SBA); respective Upazila Managers will facilitate the session
- The Government Order on C-SBA reporting channel will be implemented

3.9 Visit of short term BCC Expert



As part of technical assistance provided by JICA, the short term expert on BCC Mr. SUMIDA Kazuaki made his second visit to the project. During this visit the BCC expert developed some visual aids on key technical aspects of the Basic Training on Safe Motherhood. At the same time he provided specific recommendations in the area of BCC including the

Strategy for the project. In addition, he facilitated a technical session on BCC for SMPP staff.

3.10 Community Mobilization

As part of community mobilization, two orientation sessions on Birth Planning and savings for pregnant mothers were organized at the Union Parishad premises of Danga union with leadership of respective Union Chairman. Fifty (50) pregnant mothers attended each orientation session.

The Chairman provided 'Soil Bank (locally available hand made soil bank; in Bengali 'Mateer Bank') to all invited pregnant women for savings and donated 50 TK each as the token fund. Upazila Coordinator and District Coordinator played the facilitation role with active participation of respective Family Planning Inspector (FPI), Family Welfare Visitor (FWV), SACMO (Sub Assistant Community Medical Officer), Family Welfare Assistant (FWA) and Health Assistant. The Chairman also donated three ceiling fan and one "Siren" at the H&FWC to remind all eligible couples of the union for having Contraceptive Pill daily at the fixed time of the day.



In CARE supported Upazilas, the SMPP team jointly developed the orientation module on Birth Planning for local elites, Union Parishad body, TBA, village doctors and other key personnel. After having adequate preparation orientation sessions were organized at union level and respective union level H & FP supervisors and FWV facilitated the session. According to the plan two orientation sessions should be organized in each union. One session was for TBA and Village doctors and another one for Imam, Teacher and Union Chairman and members. As planned during this quarter most of the unions of two Upazilas were covered successfully.

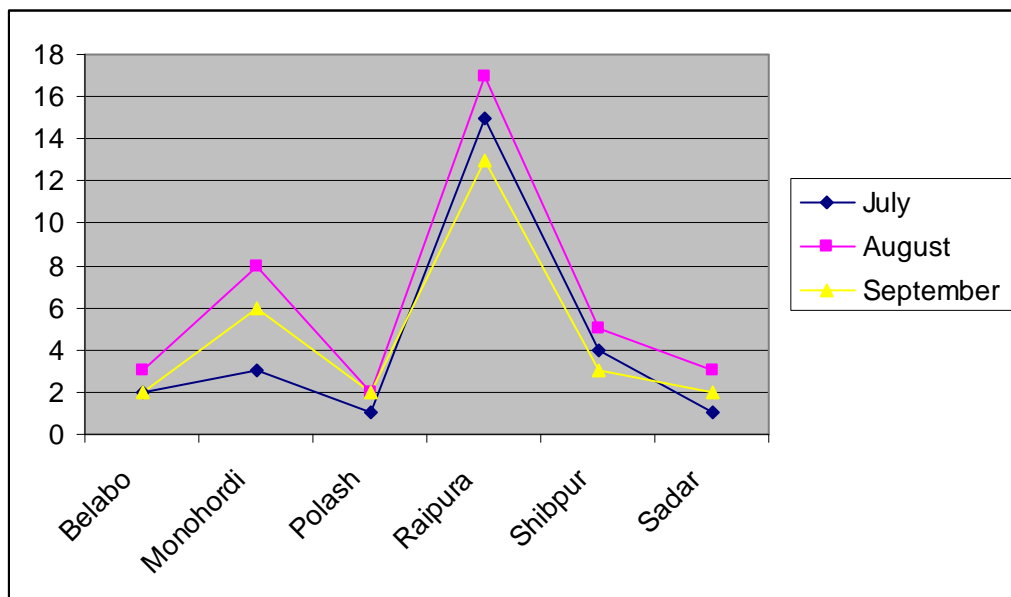
3.11 Trend analysis of key Monitoring Indicators

Reduction of Neonatal death is one of challenges in the health sector of Bangladesh. The Safe Motherhood Promotion Project (SMPP) also aims to contribute to the reduction of neonatal death during the four years project period until June 2010. Trend analysis of one of the key monitoring indicators; number of neonatal death is given below:

Trend of Neonatal death

Upazila	July	August	September
Belabo	2	3	2
Monohordi	3	8	6
Polash	1	2	2
Raipura	15	17	13
Shibpur	4	5	3
Sadar	1	3	2

Source: H & FP MIS



Interpretation: First impression is that the number of neonatal death in all Upazila is very high. Moreover in all Upazila number of neonatal death has increased in the month of August than that of July. In Raipura status is very alarming which needs immediate measures. Despite of availability of C-EmOC services in Monohordi Upazila number of Neonatal death is relatively higher. Upazila Management should immediately look in to it and make appropriate measures.

4. Special events undertaken by the project

4.1 Resident Representative visit to SMPP

The Resident Representative (RR) of JICA Bangladesh Ms Nobuko Kayashima visited the project site to observe the SMPP activities on 7th August 2007. The Deputy Resident Representative (Health in charge) and Dhaka based Project Management Team accompanied the RR during the trip. It was the first field visit to SMPP site by the RR.



The main objective was to provide detail update on the implementation status of SMPP and seek the strategic guidance and advice from the RR to the project.

As part of the introductory field trip from the RR, the following activities were planned:

- Meeting with Civil Surgeon; as planned the meeting was held at the office of Civil Surgeon at the morning. Civil Surgeon made a short briefing on the SMPP activities mainly progress made so far

Observed SMPP activities in Monohordi; Community Mobilization and facility based interventions including basic training. In relation to Community Mobilization, the RR observed the Community Support System (CmSS) introduced in the community and facilitated by CARE Team (partner of JICA). The RR was impressed with the initiative taken by the community people to help themselves. The key objective of the CmSS is to provide necessary support in terms of transportation and money during emergency need of delivery.

The following shows that under CmSS, a meeting of a committee at the community level is going on to discuss about roles of the committee members, savings and review the status of community fund created by them and future plan.



The visiting team also observed the Birth Planning session at the household level and male gathering facilitated by CARE Field Trainer. The RR made a short round to the Upazila Health Complex, Monohordi to observe the overall status. The UHFPO briefed her about UHC and its utilization including limitations in providing quality services. The RR also attended the training session of Basic Training on Safe Motherhood for H & FP field staff.

On way back to Dhaka as planned a meeting was held with DD-FP and her team at her office. DD-FP and other team members shared the experiences on SMPP especially implementation status.

- Briefing session at the project office; with participation of all SMPP staff Project Manager made a presentation on the SMPP. The RR and Deputy RR made several questions for further clarification. After having open interactions, the RR made some recommendations especially to ensure “functional linkage between community and upper level” for addressing key parts of safe delivery system. Health advisor, CARE made another presentation on Community part especially progress made so far and future plan.

4.2 Distribution of SMPP and JICA staff contribution to flood victims

Raipura was the worse sufferer during flood especially the remote unions (8 unions) were affected most. On humanitarian ground in consultation with District and Upazila authority, the SMPP took the initiative to provide relief support to the poorest quintile of affected ones.

As discussed and agreed with Upazila administration, it was decided that the support will be provided to the poor



pregnant women and accordingly four unions were selected. Individual contribution from salary of all SMPP, JICA and JICA Bangladesh staff was collected and distributed accordingly to 420 pregnant women. The SMPP team including CARE and other Government officials headed by UNO, Raipura made the trip to distribute the monetary support to all four unions on 22nd August 2007.

4.3 World Population Day 2007



The “World Population Day 2007” was observed on 11th July 2007 nationwide and in all Upazila of Narsingdi advocacy meeting and awareness raising activities were undertaken in this connection. The theme of the day was “Male participation in improving maternal health”.

5. Challenges faced

During the quarter few challenges faced by the project in order to achieve the expected outcomes. The challenges included:

- Quality of Basic training on Safe Motherhood; facilitation skills of MOHFW trainers, commitment of Upazila managers and attendance and participation of trainees varied upazila to upazila
- Natural disaster; flood affected normal activities especially in Raipura and some parts of Sadar, Belabo and Shibpur Upazilas.

6. Positive changes occurred

❖ Ownership

In Polash Union Chairman of Danga union Mr. Mohammed Iqbal continued providing excellent support to ensure safe delivery practice including awareness among the community. As part of that The Chairman provided ‘Soil Bank (locally available hand made soil bank; in Bengali ‘Mateer Bank’) with 50 TK each as the token fund to all invited pregnant women for savings until delivery to meet the emergency needs.

He also donated three ceiling fan and one “Siren” for the H&FWC to remind all eligible couples of the union for having Contraceptive Pill daily at the fixed time of the day.

❖ Involvement of Upazila H & FP managers in Basic Training

After having necessary preparation Upazila Trainers Team was actively involved in organizing and conducting basic training on safe motherhood in all Upazila. Upazila Managers had lots of interests and demonstrated commitment to successfully complete the training at their level. District Managers; CS, DD-FP and AD-CC were present in the training at different batches of all upazila. AD-CC (Member Secretary, DPIC) played the role as the key resource person during the whole month of training.

7. Recommendations

Considering the pros and cons of the implementation of SMPP activities during this quarter, following recommendations could be made:

- Materialization of key decisions made jointly with MOHFW counterparts and or by the UPIC without delay
- Basic training on Safe Motherhood for other category of staff at the Upazila level should be organized keeping the key components of the current module same with addition of some components related to position of staff.
- Performance monitoring system of C-SBA (reporting format and use of information) should be introduced immediately as has been finalized by MOHFW managers
- The SMPP should focus on supply side interventions in order to meet the needs of the community
- Coordination between CARE team, Upazila Coordinator and MOHFW counterparts should be improved
- 'Model Union Concept' in relation to Safe Motherhood should be implemented as early as possible with active involvement of local key stakeholders
- Documentation on lessons learnt (good and bad practices) should be given one of the priority tasks under the project
- The project management should keep the central level MOHFW counterparts actively involved. As part of that the project management should organize the file trip for JCC (Joint Coordination Committee) members at regular interval.