



Safe Motherhood Promotion Project (SMPP)

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

QUARTERLY PROGRESS REPORT

Duration: January 2008 – March 2008

1. Introduction

Safe Motherhood Promotion Project (SMPP) has initiated from July 2006 in Narsingdi District. This is a project of Ministry of Health and Family Welfare (MoHFW) supported by Japan International Cooperation Agency (JICA) as a technical partner. JICA invited CARE Bangladesh to be another implementation partner for Community Mobilization activity. The project aims to improve health status of women in reproductive age and neonate in the targeted area during four years of implementation and envisages replicating good practices proven in Narsingdi to other districts.

This is a progress report of SMPP in the period of January to March 2008. Under this report the following activities are highlighted:

- The 3rd Joint Coordination Committee (JCC) meeting (14th January 2008)
- Model Union Baseline Survey & Control Union Baseline Survey (Brahmanbaria)
- In-Country Study Tour to Jessore/Pabna
- C-SBA Reporting Discussion Meeting (24th March)
- Upazila Project Implementation Committee (UPIC) meeting and Union Advocacy meeting
- Distribution of SMPP Calendar 2008

Two new staffs were joined with SMPP in this quarter: Ms. Akiko Endo, Community Health Expert from Japan and Dr. MD. Tajul Islam, Technical Advisor for Hospital Management. SMPP welcomes those new staffs who will surely contribute to the achievement of the project goal.

2. Major Activities Implemented

2-1. The 3rd Joint Coordination Committee (JCC) meeting

The 3rd JCC meeting was organized at Ministry of Health and Family Welfare (MoHFW) on 14th January 2008. Joint Chief, Planning presided the meeting and all members of JCC actively participated the discussion. The meeting started from introduction and moved to the presentation of brief project progress and future plan by Chief Advisor, SMPP, JICA Bangladesh. The presentation highlighted the progresses as:

- Basic Safe Motherhood Training for field workers (HA and FWA)
SMPP provided a participatory technical training to 596 field workers in total.
- Midwifery training in Japan
SMPP sent 6 FWVs and 3 Senior Staff Nurses to Japan for training by now.
- Improved performance of MCWC
The number of total delivery has been gone up to over 100 every month.
- Development of Community Support System assisted by CARE Bangladesh
25 Community Support Groups have developed in two Upazilas.
- Community Mobilization

Some UP chairmen actively contributed to improvement of Maternal and Child situation organizing advocacy meetings in their community and donating mini-ambulance, emergency mobile phone, matir bank for emergency saving and safe delivery kits for pregnant women.

There was discussion on acute human resource shortage, especially field staff of both Health and FP wings. SMPP proposed to find out a local solution of dealing with HR shortage through collaboration with the private sector. This proposal was already taken an action: Sadar Upazila will organize meeting with NGOs to discuss over better utilization of existing GoB and NGO staff for ensuring essential MCH services.

2-2. In-Country Study Tour to Jessore/Pabna

This year SMPP organized In Country Study Tour to learn good practices of other districts. With the recommendation of both DGHS and DGFP departments, SMPP selected Jessore for Health managers and Pabna for FP managers as visiting sites. SMPP JICA team made preparatory visits in December 2007 and discussed a visit plan with managers of Jessore and Pabna. The actual study tour was organized in February 2008 and after all 24 participants from MoHFW and two UP chairmen joined the tour. All participants expressed usefulness of this kind of exchange visit. Even though the same limitations they are in, the staffs in Jessore and Pabna have shown and convinced us we can still make significant differences with positive attitude and introduce innovative and effective practices locally. The Narsingdi participants submitted the visit reports and shared the learning of Study Tour in different occasions. Main activities the participants like to replicate in their working place are:

- Better utilization of display board for facility performance monitoring
- Data reporting and management including analysis
- Collaboration with private sector, e.g. casual staff (sweeper) hired directly from the community, generating community participation and financial contribution
- Health Education session in the waiting room with BCC materials
- Strong team work and leadership
- Attitude of staff (honesty and commitment)
- Good Coordination among different offices and levels

As a result of this Study Tour SMPP has built up a good relationship with Jessore and Pabna. We wish to maintain this relationship and hope to make it stronger to achieve mutual improvement.

2-3. Model Union Baseline Survey & Control Union Baseline Survey (Brahmanbaria)

SMPP conducted Baseline Survey of Model Unions in Narsingdi. Respective UPIC selected one or two model unions based on the selection criteria: Functioning of Union level Health facility, presence of active FWV, C-SBA and Union Chairman; the condition of FWC (up-graded?); and relatively better communication. In total nine model unions have been selected

and approved. Baseline Survey was conducted to understand the situation before intervention. Baseline Survey was designed to collect the information according to the set indicators for monitoring and evaluation of the interventions. Those indicators are:

- % of pregnant women registered
- % of complicated cases utilized EmOC services at the facility
- % of pregnant women received at least three ANC
- % of pregnant women received at least one PNC within 42 days of delivery
- % of delivery assisted by Skilled Birth Attendant (C-SBA, FWV, Nurse, Doctors)
- % of poor pregnant women received community support
- % of new born babies received Essential Newborn Care (ENC) within 24 hours
- % of pregnant women know at least three danger signs

SMPP supported selection of data collectors from respective model unions and provided technical assistance during the course of conduction of survey.

Brahmanbaria District was identified as a control area for this survey due to geographical and socioeconomic similarities and SMPP conducted data collection in the same way as Narsingdi with the support from Civil Surgeon office in Brahmanbaria.

After the Baseline Survey, a planning workshop will be held in the model unions and an action plan will be developed reflecting the findings of Baseline Survey. The activity implementation will be followed and first evaluation will be held after six months of implementation.

2-4. Orientation of C-SBA reporting format

Discussion meeting on C-SBA reporting has been held on 24th March 2008 at DGHS conference room. Director General of Health Services was Chief Guest of the meeting and LD-ESD chaired the whole meeting. The objectives of the meeting were:

- To finalize C-SBA reporting format
- To have common understanding of C-SBA reporting mechanism
- To discuss the piloting of C-SBA format in the field and its expansion plan

The active discussion was held on the reporting format itself; especially on the information intend to collect through this format. Some changes and modification were suggested and accepted by the house. Accordingly, the reporting format was finalized and approved for piloting in Narsingdi. JICA will assist field trial of C-SBA reporting together with respective officers from DGHS and DGFP. OGSB and UNFPA were also shown interest in joining this piloting.

2-5. Upazila Project Implementation Committee (UPIC) meeting and Union Advocacy meeting

UPIC is the main implementation body of SMPP. The activity of SMPP at Upazila level needs to be approved, implemented and monitored by UPIC members. In this extent, UPIC meeting is vital for the success of SMPP. During this quarter four UPIC meetings were held in Shibpur, Polash, Raipura and Sadar, chaired by UNO and activity progress and performance data was presented by respective Health and FP managers. The main agenda and decisions made at the UPIC meetings are:

- UPIC reviewed the performance of year 2007 of Health and FP and decided to continue having quarterly performance review at the meeting
- UPIC reviewed maternal and neonatal deaths occurred in their locality and identified the causes of death
- UP chairmen of model union joined as a UPIC member and expressed their willingness to contribute to the improvement of MCH situation and services
- JICA informed the progress of OT renovation in Polash and Raipura UHCs. JICA will assist organizing a planning session for health facility based on the findings of health facility assessment currently going on.

A number of Union Advocacy meetings have been organized in different upazilas by strong initiative of UP chairmen. Registered pregnant women gathered in the meeting and were oriented in pregnancy related issues such as five danger signs and birth planning. At the end of the meeting UP chairmen handed over the matir bank for emergency saving to each pregnant woman with small initial money. UHFPO, UFPO and MO-MCH were present and explained to the participants necessary care during pregnancy up to the post delivery stage and where those related services are available.

2-6. Distribution of SMPP Calendar 2008

In order to disseminate the activities of SMPP, JICA made SMPP Calendar 2008 to distribute GoB counterparts, Development Partners, private institutes and NGOs. JICA hope that those who received the Calendar this time, they learn about SMPP, get positive ideas form SMPP, and become a supporter of SMPP in the future.

3. Next plan

From the year 2008 two main areas of activity will be paid more attention under SMPP.

- Model Union Activity to ensure safe delivery in the community level
- Health Facility Improvement to improve quality of EOC services provided by Hospitals

There are nine Model Unions and eight health facilities already identified as priority. Those model unions and health facilities will develop their own action plan and implement the action plan. A core group of people will be identified and monitor the activities in accordance with indicators set to measure the achievement.