



Safe Motherhood Promotion Project (SMPP)

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

QUARTERLY PROGRESS REPORT

April to June 2008



Japan International Cooperation Agency (JICA)

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 at improving health status of women in reproductive age and neonates 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 April to June 2008. Under this report the following activities are highlighted:

- Hospital Improvement Activity
- Model Union Activity
- Community Support System (CmSS)
- Safe Motherhood Day (28 May)
- Community based Skilled Birth Attendant (C-SBA) related activity
- Follow-up activity of Midwifery training in Japan
- District Project Implementation Committee (DPIC) & Upazila Project Implementation Committee (UPIC) meeting
- Midterm Evaluation Preparation Workshop (9-10, June)
- Visitors

2. Major Activities Implemented

2-1. Hospital Improvement activity

A) Inauguration of Comprehensive Emergency Obstetric Care (C-EmOC) at Raipura and Polash Upazila Health Complexes (UHCs)



As per decisions made with DGHS, JICA supported renovation of Operation Theater, supply of necessary equipment and repair of equipment of Raipura and Polash UHCs to start C-EmOC services. SMPP also facilitated posting of anesthesia Medical officer to Polash UHC through negotiation with Reproductive health unit of DGHS. The OT renovation completed in May 2008, and Raipura and Polash UHCs started offering C-EmOC services from 16th May and 22nd June respectively. Director General of Health Services visited Raipura on 14th June to officially inaugurate the C-EmOC service and urged hospital staff to increase the utilization of MCH services.

B) Health facility action plan development

SMPP supported assessment of District Hospital, Sadar Hospital, MCWC and 5 UHCs in Narsingdi district using SMPP health facility assessment guideline and tools. Subsequently, each hospital started developing its own action plan aiming at improving quality and utilization of EmOC services. By the end of this quarter, 5 hospitals organized planning workshop and started



implementation of action plan so far (see annex 1). Most action plans contained improvement of facility infrastructure, better service provision, capacity development of staff especially nurses, infection control activity, health education to the patients, BCC orientation to the staff, and so on. SMPP observed that good results came out from this planning process such as:

- Realistic action plan developed with clear responsibilities of each party (Hospital, Community and JICA)
- High participation and commitment of hospital staff was ensured
- Active participation and contribution of Community representative namely Union Parishad chairmen was mobilized
- EmOC team of the hospital was newly established or reactivated to monitor the action plan implementation

The Planning Workshop has also served as a negotiation table for three parties namely Hospital, Local Government (UP chairmen) and JICA, to clarify their responsibilities and contributions. Based on the decisions made during the Planning workshop, JICA has provided essential equipment and instruments to Raipura, Polash and Monohardi UHCs. Most hospitals already took some actions in accordance with the plan:

- Set up a separate Post delivery room or space with privacy screen (Monohardi)
- Developed separate Post operating room vacating store room (Raipura)
- Established separate ANC/PNC corner to make women feel more comfortable (Monohardi)
- Initiated Health Education session in the OPD (Monohardi, Shibpur, Belabo)
- Issued a request letter to send nurses for EmOC training (Polash, Raipura, Shibpur)
- Create Safe Motherhood Fund for poor pregnant women in collaboration with UNO and UP chairmen (Monohardi, Belabo, Shibpur)

SMPP will support remaining 3 hospitals for organizing planning workshop in August. Smooth implementation of action plan depends on EmOC team so that efforts should be made to develop the capacity of EmOC team. Effective regular meeting of EmOC team needs to be ensured with clear set of agenda.

2-2. Model Union Activity

A) Model Union Baseline Survey

SMPP conducted Baseline Survey of nine Model Unions in Narsingdi to understand the MCH situation before intervention (see annex 2). The key findings of Baseline Survey are summarized as below:

- **ANC**
73% of respondents did not know the number of ANC visit needed during pregnancy. 55% of respondents received at least one ANC, while coverage of 3 or more ANC visits was only 29%. The main reasons for not receiving ANC were did not have any problem during pregnancy (45.6%), financial constraints (27.1%) and lack of knowledge about ANC (5.8%).
- **Delivery**
85 % of respondents delivered at home. More than 85% of those who had home delivery were assisted by unskilled personal such as TBA and relatives.
- **PNC**
The PNC coverage within 42 days was 13.5% lower than national figure (21%).
- **Essential newborn care**
More than 80 % of newborns were dried and wrapped with cloths immediately after birth. The use of sterile or boiled blade for cutting umbilical cord is high (81.9%). More than 90% of newborns were given colostrums. However, 39% of babies were bathed within 6 hours and 45% of babies were given something else (other than breast milk) to drink after birth, such as sugar water and honey.

Based on the above mentioned findings, SMPP will develop a package of intervention including focused BCC strategy to try out in the model unions.

B) Model Union Planning

SMPP facilitated Planning Workshops in 6 model unions by the end of June (see annex 1). During the planning workshop, the findings of health facility (FWC or Sub-center) assessment and of baseline survey were shared with the participants and ideas of expected situation of model union regarding MCH were raised from the participants. The important issues of the facility and community levels were drawn from this exercise and action plan making by group was followed based on those identified issues. Some of the activities planed in the model unions are:



- Initiate normal delivery services at FWC
- Ensure necessary instruments for MCH services
- Arrange SACMO, Aya, MLSS to improve services
- Request CMMU to renovate the facility

- Set up information board within the facility to let people know about available services
- Introduce emergency transport (rickshaw van) with support from UP
- Collaborate with UP and female school teachers to ensure 100% registration of pregnant women in the union
- Establish Safe Motherhood Fund for poor pregnant women
- Organize Imam training to disseminate the messages related to Birth Planning and five danger signs during pregnancy among male population
- Increase the number of Community Support System (CmSS)/ create new CmSS in non-CARE unions

2-3. Community Support System (CmSS)

Community Support System is a system by which creates a conducive environment at the family and community level to ensure services to pregnant women during the pregnancy period and timely referral to appropriate facility for emergency obstetric care. At present CARE Bangladesh under SMPP helped develop 60 CmSS and so far 137 pregnant women and 138 other patients received support from CmSS such as emergency referral and financial aid. The members of CmSS are highly motivated to contribute to the reduction of maternal and neonatal death. They actively seek support from health service providers and local authorities to realize their planned activities. Now that activities of CmSS have reached to beyond health issues: establishing local non-formal school; awareness raising against domestic violence, dowry and early marriage; and facilitating the poor women's access to social safety net program.

SMPP recognizes the success of CmSS and intends to expand in the model unions where CARE Bangladesh is not operational. On the other hand, SMPP will develop an operational manual of CmSS to facilitate replication of CmSS to other areas.

2-4. Safe Motherhood Day

SMPP observed Safe Motherhood Day on 28th May 2008. This year SMPP introduced ANC/PNC campaign in 9 model unions. First, the pregnancy registration was updated and information on the Campaign was disseminated through household visit and miking. In order to maintain quality of services additional service providers were locally arranged from neighboring unions and NGOs. SMPP provided an umbrella with the message of five danger signs during pregnancy and pictorial Birth Planning Card to the pregnant women who came to service delivery points for ANC/PNC purposes. After all, we had more than 2,400 pregnant women received ANC/PNC services and pregnancy related education during the campaign (see annex 3). SMPP learned that this kind of activity can more directly benefit to the targeted population compared to the rallies and speeches by VIP we usually see as a special event. We plan to continue this campaign periodically with more careful attentions to the quality of services but without any incentives to the clients.



2-5. Community based Skilled Birth Attendant (C-SBA) related activity

Some progress has been made since the discussion meeting on C-SBA reporting held on 24th March. SMPP had a series of meeting with key stakeholders, OGSB and UNFPA, to seek collaboration with them for piloting newly developed C-SBA reporting format. The format has been finalized and together with UNFPA we decided to modify the register book of C-SBA in accordance with the new reporting format. In the meantime Narsingdi FP managers identified the need to create a compiling form for Upazila managers to submit to the respective upper authority. This issue was discussed during FP monthly meeting and reached to the consensus of using the Raipura form as a common compiled format. SMPP has a plan to review the C-SBA reporting activity during next quarter.

Another C-SBA related initiative SMPP plans to launch is to train Community supported C-SBAs in the Char. The situation of Char area is different from the mainland: there is no electricity and good communication; and a chronic shortage of GoB health/FP staff has been prevailing. SMPP submitted a proposal of ensuring C-SBAs in the Char of Narsingdi for the approval of DGHS in June.

2-6. Follow-up activity of Midwifery training in Japan

SMPP supported to send 6 FWVs and 3 SSNs to Midwifery training in Japan in 2007 and 2008. As a follow up activity of the training, SMPP proposed ex-trainees to have a meeting among them. The purpose of meeting was to share their learning in Japan and how those learning can be utilized in their working places. The meeting decided to conduct a 'Maternity Class' in MCWC. For this activity the ex-trainees are divided into three groups and each group develops a part of training module for the Maternity Class. Several group meetings were already held with active participation of ex-trainees. SMPP hopes that this activity can be expanded after successful conduction of the first Maternity class by the end of this year.

2-7. District Project Implementation Committee (DPIC) & Upazila Project Implementation Committee (UPIC) meeting

DPIC meeting was held on 2nd April 2008. From this meeting the Upazila wise presentation became more focused on the performance instead of activities carried out by each Upazila. The revision of project Design Matrix (PDM) was also one of main agenda and the meeting approved the proposed changes in the current PDM.

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. During this quarter four UPIC meetings were held in Shibpur, Polash, Raipura and Monohardi, chaired by UNO and activity progress and performance data was presented by respective Health and FP managers. Most UPIC discussed about Safe Motherhood Day event, Safe Motherhood Fund management, and on-going Model Union and hospital activities.

2-8. Midterm Evaluation Preparation Workshop

SMPP organized internal Midterm Evaluation Preparation Workshop on 9-10 June at HOPE Guesthouse in Savar. JICA and CARE teams identified and discussed achievement and challenge of SMPP (see annex 4). Based on the SMPP M&E framework and set indicators, the workshop found that the SMPP was on the right track towards the achievement of project goal. Good practices of SMPP identified are:

- Participatory Planning Process
- Involvement of Local Government (UP)
- Project Management & Coordination structure like JCC, DPIC and UPIC
- Community Support System (CmSS)



The challenges of SMPP are as follows:

- EmOC data are not analyzed at the facility level
 - GoB MIS did not show all maternal & neonatal deaths in time and not accountable
 - M&E system of SMPP is not up to the mark
 - Mobilizing the local government to support SMPP is difficult
 - Difficult to ensure coordination with UHFPO at Upazila level
 - Lack of attention of district level managers to SMPP
 - Ownership of GoB counterparts
- GoB people do not follow up the activities
 - Ensure health services at Char area
 - Staff shortage and availability at station
 - Satellite clinic and EPI session merged and service ensured
 - Increase the number of service providers
 - Coverage of SMPP
 - Ensure quality of services

Those findings will be shared with the Midterm Evaluation mission in July 2008.

2-9. Visitors



During this quarter SMPP had received several important visitors: Director General of Health Services, Joint Chief, Planning, Line Director MCH (DGFP), Deputy Director MCH (DGFP) and Program Manager BCC (DGHS), Deputy PM-Reproductive Health (DGHS). Vice President of JICA and County Director of CARE Bangladesh also visited SMPP site. Those visitors provided directions and meaningful

suggestions for SMPP. SMPP wishes for continuous supports from those influential visitors.

3. Next plan

SMPP will continue its efforts to achieve the project goal through:

- Health Facility Improvement to improve quality of EOC services provided by Hospitals
- Model Union Activity to ensure safe delivery in the community level
- Community Support System (CmSS) to prevent maternal and neonatal deaths

SMPP will strengthen its advocacy activities at the national level to obtain recognition of SMPP good practices by the MoHFW. This activity will surely promote the replication of our good practices to other districts. At the same time, SMPP will ensure effective documentation to keep a record of good practices and lessons learnt with sufficient evidences.