



Safe Motherhood Promotion Project (SMPP)

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

QUARTERLY PROGRESS REPORT

July to September 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 July to September 2008. Under this report the following activities are highlighted:

- Midterm Evaluation
- Hospital Improvement Activity
- Model Union Activity
- Community Support System (CmSS)
- 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
- Learning visit to ACCESS project supported by Save the Children, USA
- Visitors

2. Major Activities Implemented

2-1. Midterm Evaluation

SMPP has reached to the middle point of project implementation and received Midterm Evaluation (MTE) Mission from Japan in the end of July. First, the consultant arrived Dhaka and started intensive visits to concerned officers at the National level and Narsingdi. The MTE mission organized several meeting with GoB counterparts to discuss over the project performance. The following is the summary of the MTE:



Members of MTE mission:

<Japan>

Yojiro ISHII	Leader
Hirotsugu AIGA	Health System
Ken KUBOKURA	Maternal/Child Health
Saeda MAKIMOTO	Cooperation Planning
Chie TSUBONE	Evaluation Analysis

<Bangladesh>

Dr. MD Nuruzzaman	Program Manager (BCC), DGHS
Dr. MD Nazrul Islam	Deputy Program Manager (RH), DGHS
Dr. Parveen Haque Chowdhury	Deputy Director (MCH), DGFP

Interview conducted during MTE with:

Joint Chief (Planning), Director General of Health Services, Director General of Family Planning, Line Director –ESD (DGHS), Deputy Director – MCH (DGFP), Civil Surgeon and DDFP of Narsingdi, UNO Monohardi, UHFPO Monohardi and Polash, UFPO Monohardi and Sadar, MO-Clinic MCWC, UP Chairman of Danga and Daulatpur, Health Advisor CARE Bangladesh, JOCVs and JICA experts



Meetings:

MTR Kick off meeting at DGHS on 20th July, District Project Implementation Committee (DPIC) meeting at Narsingdi on 24th July, Meeting at JICA Bangladesh Office on 28th July, Joint Coordination Committee (JCC) meeting at Ministry on 29th July

Conclusions:

Overall, the progress of the project is on the track. Several positive results have already been produced mainly in Output 1 (Feedback on lessons learnt from the Project is given to the central level and necessary actions are put into practice) and Output 4 (Reproductive Health services are more utilized by target community people in cooperation with the private sector). Especially, the success of community mobilization is worth noting. Regarding the evaluation by five criteria (Relevance, Effectiveness, Efficiency, Impact, Sustainability), Relevance and Impact is relatively high and efforts to increase effectiveness and efficiency have been made. As per effectiveness, the approach of Model Union and Health Facility Improvement will need to be reexamined towards the end of the Project.

Recommendations:

1) Quality of Services

- More efforts needed to improve quality of MCH services under output 3
- Promote client centered MCH services and active monitoring of service quality
- MoHFW secure necessary budgets for maintenance and repair of hospital equipment as well as posting health service providers at district and upazila levels

2) Community Support System (CmSS)

- Develop strategic plan of CmSS expansion and phase-out in Narsingdi
- Develop operational guideline for replication
- Strengthen monitoring of community activities by each union covered by CmSS

3) Essential Newborn Care

- Be covered in such manners of strengthening the already exiting ANC and safe delivery services
- Additionally promoting community awareness on essential and adequate neonatal care

- 4) Model Union Activity
 - Demonstrate the effectiveness of model union approach with evidences
 - Develop expansion plan for model union after assessment
- 5) Documentation
 - Compile project experiences and case studies and create guidelines of good practices for further standardization and application

2-2. Hospital Improvement Activities



SMPP completed organizing Action Plan Workshop of all 3 District and 5 Upazila level health Facilities of Narsingdi in this quarter. The significance of this activity is that the Planning Workshop was functioned as a negotiation table between concerned parties: Hospital, Local Government and JICA. The responsibilities of each party were clarified during the Workshop, therefore, making the monitoring of activities easier. JICA is currently on the process of preparing equipment lists to distribute to the health facilities based on their request letters. JICA provides items which are essential, not consumable and GoB cannot provide promptly.

Emergency Obstetric Care Team meeting has been initiated in each facility addressing the issues such as shortage of HR, logistics and better management of data. However, to make it regular productive function it will take more time. As one of important changes, most hospitals have been started and improved Health Education at the outpatient corner. Now they can organize health education session in more systematic way clarifying responsible staff and making a schedule.

SMPP provided in this quarter the following equipment except consumable items which listed by Facility planning workshop.

Monohardi UHC	Caesarean Set, BP Machine, Electric sterilizer, Normal delivery set, Instrument trolley, Ambo bag, Saline stand, Baby weighting scale, Episiotomy Set, Sucker machine, Steel cabinet, Charger light, EOC information board
Polash UHC	Voltage stabilizer 1000VA
Danga union UH&FWC	BP Machine with Stethoscope, Ambo Bag, Delivery set, Electric Sterilizer, Instrument trolley, Patient Exam Table, Spot light, Baby weighting scale, Bill board, EOC information board
Daulatpur UH&FWC	BP Machine with Stethoscope, Delivery set, instrument trolley, Labor Table, Wooden bed, EOC information board
Narayanpur UH&FWC	BP Machine with Stethoscope, Ambo Bag, Delivery table, Electric Sterilizer, Instrument trolley, Patient bed, Baby weighting scale, Catheter, Lifter, Mayo scissor, Mucous sucker, EOC information board

Vatpara Sub Centre	BP Machine with Stethoscope, Cotton ball container, Spot light, Thermometer, Weighting machine-Adult, Touch
--------------------	---

The Midterm Evaluation Mission suggested strengthening activities aimed to improve *Quality of Services*. In response to that, SMPP drafted a Strategic plan for Quality Improvement for EmOC/Safe Delivery services. This plan introduces the quality improvement circle consisted of 10 realistic strategies:



- 1) Facility Assessment
- 2) Adaptation of national standards (e.g. standard for facility set-up and clinical standard)
- 3) Facility set-up (supply and maintenance of equipment and logistics)
- 4) Minor renovation of facility
- 5) Capacity building of service providers and managers (e.g. Midwifery/EmOC Training for Nurses and FWVs, Training on Active Management of Third Stage of Labor, Training on Immediate Newborn Care and Resuscitation and Infection Prevention Practices)

- 6) Promoting clients' information rights
- 7) Strengthening of monitoring and supportive supervision
- 8) Maternal and neonatal death review
- 9) Client exit interview
- 10) Evaluation

The Strategic plan will be presented at the DPIC meeting for approval after having discussed with Health and FP managers.

2-3. Model Union Activity

Model Union Planning Workshop in 9 model unions has been finalized with active participation of Local Government especially UP chairmen. The unique initiative of Model Union is creation of Safe Delivery Team consists of mainly those who are directly involved in delivery assistance in the community: FWV, CSBA, active TBA and Village Doctors. The tasks of Safe Delivery team are:



- Organize monthly meeting to exchange the information on safe delivery issues and their activities (case study, referral case report, death review, technical session, etc)
- Maintain liaison with the UFPO/MO-MCH and other stakeholders in the community
- Report the activity of safe delivery team in the Union Coordination meeting

- Record the meeting minutes for the purpose of documentation
- Monitoring Union level action plan (only related activities, such as FWC /Satellite Clinic activities, and community health education activities)

By the end of September, there are 14 Safe Delivery team meetings already organized. SMPP has observed some improvement on the performance such as the number of delivery at FWC, ANC/PNC, referral cases to UHC has been increased in the model unions.

2-4. 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. Most visitors of SMPP become impressed by high motivation of CmSS group members. The strength of CmSS is community ownership. From the beginning, CARE Field Trainers maintain their role as a catalyst and let community people decide what they want to do. At present there are 85 CmSS already developed under SMPP. We can categorize the CmSSs as follows:

	Phase 1	Phase 2	Phase 3	Phase 4	Total
Monohardi (14 unions)	4	11	14	3	32 CmSS
Raipura (24 unions)	6	29	12	6	53 CmSS
Total	10	40	26	9	85 CmSS

Phase 1: Age of CmSS is more than 12 months; **Phase 2:** Age of CmSS is more than 6 months;
Phase 3: Age of CmSS is more than 3 months; **Phase 4:** Age of CmSS is below 3 months

SMPP has started the process of drafting “Phase out, Expansion and Replication Plan of CmSS.” This plan is expected to be finalized at the next DPIC meeting in November 08. At the same time, SMPP hired the local consultant for development of Operational Guideline of CmSS to use for the expansion of CmSS by GoB and other interested groups or individuals. Hopefully, the consultant submit the first draft guideline by December, then this guideline will be shared and discussed with local and national concerned people at the Advocacy Workshop organized by SMPP.

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

The proposal of SMPP to train private CSBA in the Raipura Char has been approved by DGHS after several consultations with concerned stakeholders. We had a discussion with local authorities of Raipura including UNO and UP chairmen and FP officers and agreed to go ahead with the plan. 8

Unions under Raipura Char have initiated to collect the information of interested candidates for CSBA training and the candidate lists are expected to be submitted to Upazila CSBA Selection Committee by the middle of October. In the meantime, SMPP will organize union level meeting with local authorities and CSBA candidates in the Raipura Char to explain about the CSBA program and discuss a local support system of private CSBA. Those finally selected CSBA candidates will be sent to the six-month training organized by LAMB Hospital in Dinajpur with financial support from JICA. After the completion of the training, CSBA trainees will be officially recognized as CSBA and start providing safe delivery services in their own communities.

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

The former participants of midwifery training in Japan decided to organize Maternity Class (a group health education session for pregnant women and their family) as a training follow-up activity in the 1st workshop 26th May 2008. Since then, the participants have been working on necessary preparation such as developing module and education materials with assistance provided by SMPP and JOCVs.



Through series of preparation team meetings, the participants have expanded their knowledge of MNH and tried to incorporate what they learnt in Japan into their module. Each participant already developed a draft module of their responsible part, and the idea of education materials for each module has been discussed in the team meetings. The module will be finalized by October, and education materials are planned to be completed by the end of December. The first performance of maternity class session will be held in MCWC at the beginning of next year.

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

The 7th DPIC meeting was held on 24th July 2008. Midterm Evaluation mission also joined in this meeting and presented preliminary findings of the evaluation. There were discussions on Upazila wise performance, combined session of EPI and Satellite clinic, Hospital Improvement and Model Union activity up-date, and revision of 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 two UPIC meetings were held in Shibpur and Belabo chaired by UNO and activity progress and performance data was presented by respective Health and FP managers. Most UPIC discussed about on-going Model Union and hospital activities and presented the action plan made at respective planning workshops.

2-8. Learning visit to ACCESS project supported by Save the Children, USA

SMPP Japanese team (Chief Advisor, Community Health Expert and 4 JOCVs) visited ACCESS project in Sylhet on 20-21 August to learn neonatal care focused activities in the community. We observed the activity of Access Counselor such as household visit to collect information on

pregnant women and orientation session of ANC, Neonatal Care and PNC. SMPP hopes that this experience sharing visit can be further strengthened to explore positive collaboration of the two projects.

2-9. Visitors



In this quarter SMPP had received several important visitors: Joint Secretary Administration of MoHFW, Line Director ESD (DGHS), Line Director MCH (DGFP), Program Manager BCC (DGHS), Deputy PM-Reproductive Health (DGHS), Deputy Director MCH (DGFP), Midterm Evaluation Mission and Health Sector Program Formation Mission from Japan. SMPP also accepted a group of students from the graduate school of international health, Nagasaki University, Japan.

3. Next plan

During next quarter SMPP has a plan to implement the following major activities:

- Health Facility Improvement: introduction of a system of ensuring quality of EOC services at Hospitals; support for Infection Prevention Practices Training and Training on Active Management of Third Stage of Labor & Immediate Newborn Care and Resuscitation
- Model Union Activity: support implementation of Model Union Action Plan and Safe Delivery team activity
- Community Support System (CmSS): expansion and capacity development of CmSS, finalization of CmSS Operational Guideline
- CSBA related activity: support conduction of CSBA training for Raipura Char