



## Safe Motherhood Promotion Project (SMPP)

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

# **QUARTERLY PROGRESS REPORT**

**October to December 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 pregnant and postpartum women 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 October to December 2008. Under this report the following activities are highlighted:

- Hospital Improvement Activity
- Model Union Activity
- Community Support System (CmSS)
- Community based Skilled Birth Attendant (C-SBA) related activity
- Health and FP Progress Review meetings
- ➢ Follow-up activity of Midwifery training in Japan
- > District and Upazila Project Implementation Committee (DPIC/UPIC) meeting
- Visitors

## 2. Major Activities Implemented

## 2-1. Hospital Improvement Activities

SMPP completed organizing Action Planning Workshop of all 3 District and 5 Upazila level Health Facilities of Narsingdi. Emergency Obstetric Care (EmOC) Team meeting has been initiated in each Hospital addressing the issues such as shortage of HR, logistics and better management of data. The progress of Action plan implementation is also monitored by



EmOC team during the meeting. Quality Assurance checklist has been introduced by SMPP to facilitate the hospital staffs to regularly assess the situation. The computer training was offered to the statisticians (17 in no.) of the hospitals and Upazila and District FP offices to strengthen their skills to manage the data. The display of performance at the health facility has been improved using graphs and tables.



As per request SMPP decided to renovate the delivery room of Monohordi, Polash and Raipura UHCs to improve quality of delivery services. The assessment of delivery room was completed by the CMMU engineer of Narsingdi, respective UHC managers and JICA.

In this quarter, the Training on Active Management of Third Stage of Labor (AMTSL) was organized by OGSB in collaboration with SMPP. Moreover, Newborn Resuscitation and Newborn Care Training (one day) was held by SMPP with the Pediatric Consultant of Sadar Hospital as a main resource person (61 staff received training). SMPP started discussion with technical partner, Engender Health, in regard with the organization of Infection Prevention Practice (IPP) training and Supervisory training for managers. Those trainings are expected to be carried out in February and March 2009.

## 2-3. Model Union Activity

9 model unions have started the implementation of Action Plan. The Safe Delivery Team of each Model Union gets together to discuss pregnancy and delivery related issues with the members. Some Safe Delivery teams initiated a technical session under the leadership of FWV. The commitment of local authority namely UP Chairman varies place to place, which affects the progress of activities decided at the planning workshop. Among 9 FWCs in the model unions 3 FWCs have started assisting normal delivery as per decision of the planning workshop using JICA provided essential materials. SMPP will organize Review Workshop of model union in February to understand the progress and achievements made by each Model Union and revise the action plan accordingly. The outcomes of those workshops will also be a basis of Model Union future plan.

SMPP started developing education materials (poster and card) on neonatal danger signs and harmful practices. Along with introducing the new education materials, SMPP plans to organize an orientation session for TBAs in 9 model unions in January to February in 2009. The first preparation meeting was held with TBA trainers from RADDA MCH-FP Center to discuss the module in December.



#### 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. At present there are around 100 CmSS already developed in Raipura and Monohordi Upazilas and most of them went through skill development session facilitated by CARE. In Daulatpur union, Monohordi, CmSS representatives decided to form Union CmSS Forum to share the experiences and find out the problem solutions jointly. It was observed that as the number of CmSS is growing high, so as the level of maturity of CmSS. The health managers appreciated CmSS members' contribution to the GoB health program such as EPI, working as a volunteer for NID. Non-CARE intervention areas (Polash, Shibpur and Belabo Upaizlas) also started developing CmSS with the facilitation of respective Upazila Coordinators. The idea of cross visits among the CmSS in different Upazilas was also proposed.

The Operational Guideline of CmSS developed by the external consultant is almost at the final stage for completion. SMPP plans to print the Guideline for distribution at the CmSS Dissemination Workshop in Dhaka in the early March 2009.

## 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. SMPP held a series of meetings in the targeted unions and had a discussion with local authorities of Raipura including UP chairmen and FP officers to clarify the selection criteria and selection process of private CSBA and explained to them about the National CSBA program and its training course. The 15 women submitted the application to Upazila CSBA Selection Committee and among them 14 candidates were selected by the Committee in the end of November. However, by the beginning of the training three candidates dropped out voluntarily, and after all 11 trainees departed from Narsingdi to attend the CSBA training in LAMB Hospital, Dinajpur District, on 11<sup>th</sup> December. SMPP, in collaboration with OGSB and UNFPA, will support the training activity through monitoring visit to LAMB Hospital.

#### 2-6. Health and FP Progress Review meetings

In this quarter SMPP organized Progress Review meetings with Health and FP managers in response to the request made by those managers. The summary of Midterm Evaluation and future plan developed based on the recommendations of the Midterm Evaluation was presented and discussed at the meetings. The strategic action plans of Hospital Improvement, Neonatal Care, Char intervention, and Community Support System were



also shared and finalized. The managers actively discussed on-going activities, in particular, Hospital Improvement and Model Union, and made suggestions for improvement.

#### 2-7. 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 1<sup>st</sup> workshop 26<sup>th</sup> 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. The first trial of Maternity Class is expected to be held at MCWC in March 2009.

#### 2-8. District Project Implementation Committee (DPIC) & Upazila Project Implementation Committee (UPIC) meeting

The 8<sup>th</sup> DPIC meeting was held on 10<sup>th</sup> November 2008. Main agenda was the revision of Project Design Matrix (PDM) in accordance with the recommendations made by the Midterm Evaluation, and contribution of local government to the Health/FP activities. The revised PDM was presented and the participants were requested to give their comments to the member secretary if there is any. The contribution



made by Union Parishard to SMPP was also reported to the House and the Deputy Commissioner encouraged UNOs to ensure collaboration with SMPP.

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 Monohordi and Sadar chaired by UNO and activity progress and performance data was presented by respective Health and FP managers. In addition, UPIC discussed about on-going Model Union, hospital activities and Community Mobilization including Community Support System (CmSS).



Upazila level activities faced difficulties in this quarter due to the National Election and preparation for the Upaizla Election.



## 2-9. Visitors

Due to the holiday seasons, SMPP had received a small number of visitors in this quarter: Ambassador of Japan and his wife, the First Secretary of the Embassy of Japan, and the group of Japanese students (Aisec) visited Narsingdi. The visit of Japanese Ambassador was memorable for the Monohordi people, who organized a special event of planting trees in the Doulatpur UP office compound.

#### 3. Next plan

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

- Health Facility Improvement: introduction of quality assurance checklist of EmOC services at Hospitals; organize Infection Prevention Practices Training, Safe delivery training at OGSB clinic (two batches); regularize EmOC team meeting and data update; and setting up information board
- Model Union Activity: support implementation of Model Union Action Plan and Safe Delivery team activity; organize TBA Orientation on neonatal issues; organize Model Union Review Workshop; develop the future plan of Model Union activity; and finalization/printing of neonatal danger sign/harmful card and poster
- Community Support System (CmSS): expansion and capacity development of CmSS; finalization of CmSS Operational Guidelines; formation of CmSS Federation at Union/Upazila level; organize CmSS workshop in Dhaka
- CSBA related activity: support conduction of CSBA training for Raipura Char