Safe Motherhood Promotion Project (SMPP)

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

QUARTERLY PROGRESS REPORT

April to June 2009

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 April to June 2009. 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
- Joint Coordination Committee (JCC) meeting
- District Review Workshop
- Safe Motherhood Day
- SMPP second phase development
- Others
- Visitors

2. Major Activities Implemented

2-1. Hospital Improvement Activities

Major activities performed during April to June 2009 include:

- Training on infection prevention practices
- EOC team meeting
- QA meeting at DGHS

Training on infection prevention practices (IPP): Infection prevention has been a major issue in providing quality of services at the facilities. The IPP training was therefore organized to improve the skills and understanding of the participants about prevention of hospital acquired infections. The training specifically focused on hand washing, wearing surgical gloves, sterilization of equipment including decontamination with chlorine solution, waste disposal and house keeping. The training was based on approved government curriculum, tailored to the needs of the hospital staff. The training was planned and implemented in collaboration with EngenderHealth. The duration of the training was one day and all categories of hospital staff was invited to attend the training. During this period (April to June) IPP training was implemented at Sadar

Hospital, MCWC, Belabo UHC, Shibpur UHC, Palash UHC and Raipura UHC. In total 218 staff were trained from all these facilities. Some visible changes (e.g., staff prepared chlorine solution, some staff were using personal towel, sterilization was done as per recommendations, etc.) were observed during follow up visits at some of the facilities. However, close monitoring and supportive supervision is needed by the facility managers to maintain the IPP in place.

EOC team meeting: One EOC meeting (27 April) was organized at Belabo UHC. In the meeting, the team members reviewed the facility performance and other issues (e.g., use of autoclave at the OT and sterilization at emergency room) related to safe motherhood. The quality assurance checklist was introduced on the day and the SMPP technical advisor demonstrated the facility staff how to use the checklist walking through different rooms related to EmOC services. It was decided to use the checklist quarterly to assess the facility for quality of services.

QA meeting at DGHS: A meeting was convened at DGHS on 4 May to share the hospital improvement activities of SMPP and to finalize and get approval of quality improvement checklists for piloting at Narsingdi. Deputy Director, PHC chaired the meeting while DG of DGHS was present as chief guest. The meeting was also attended by the Director MCH (DGFP), Director Hospital Services (DGHS), Director Administration (DGHS) and other dignitaries along with representatives from UNICEF and WHO. In the meeting the QI checklist was approved for use at Narsingdi.

2-2. Model Union Activity

SMPP organized Review Workshop of model union in February to March to review the progress and achievements made by each Model Union and revise the action plan accordingly. At the occasion of Safe Motherhood Day in May, all Model Unions set up a special event ‘ANC/PNC service day’ at FWC and community clinics which was relatively better organized than that of last year. The Safe Delivery Team of each Model Union gets together regularly to discuss pregnancy and delivery related issues with the members. Some Safe Delivery teams initiated a technical session under the leadership of FWV. At the District review workshop, the participants appreciated the usefulness of safe delivery team and proposed to apply to other unions. The participants also requested JICA to support expansion of model unions at least one per Upazila. SMPP will develop practical manuals to help local managers to facilitate organization of safe delivery team and expansion of model union.

The follow up of TBA Orientation in 9 model unions was conducted to understand the situation of oriented TBA after Orientation *(Report on Project News)*. The questionnaire was developed for this purpose to assess
TBA’s knowledge and practice after the orientation. The main findings of follow-up are: five danger signs of postpartum women and neonates are quite new for TBAs and the knowledge level is still low compared to pregnancy related danger signs; the relationship between TBA and FWV is still weak especially in terms of referral. Most TBAs have developed relationship with nearby private clinics that can offer referral commission to TBAs. The trainers commented that one day orientation was too short to digest every topics they taught. TBAs certainly need continuous refresher of what they have learnt from the Orientation. SMPP believes that will be a role of FWV and C-SBA. Besides, Safe Delivery team meeting can be an occasion to brash up the knowledge and skill of TBAs.

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 there are around 133 CmSS already developed in Raipura and Monohordi Upazilas and 4 in Sadar Char unions. Non-CARE intervention areas (Polash, Shibpur and Belabo Upaizlas) developed at least one CmSS in Model Unions with the facilitation of respective Upazila Coordinators.

A national Workshop titled "Towards Equitable Health Systems: Experience of Community Support System (CmSS) and Community Clinics" was organized on 13th April at Bangla China Friendship Conference Center with the participation of more than 200 people *(Report on Project News 2009-5-12)*. The Honorable Secretary and H.E. Ambassador of Japan were present at the inaugural session to grace the occasion. The main objective of this Workshop was to introduce Community Support System (CmSS), its effectiveness to address three delays of maternal death and to empower the community. At this Workshop the Operational Guideline of CmSS was distributed to the participants and CmSS presentation was made by CARE and JICA consultant. The CmSS members from Narsingdi and other districts along with H/FP officers and representatives of local government of Narsingdi attended the Workshop. The good practices of other community initiatives such as of Plan Bangladesh, BRAC and Chawgacha UHC were also presented and discussed. As a conclusion, the Workshop successfully highlighted the importance of community participation in maternal and neonatal health issues. However, community awareness and quality improvement of health services should come together, otherwise, the community people will be discouraged with the poor quality of public health facilities and become opponents instead of supporters. The critical role of local government to ensure access to and accountability of health facility was also stressed. Any community based activities must have recognition and support from local government as the CmSS in Narsingdi demonstrated.

CARE Bangladesh organized a Retreat with staffs who facilitate the development of CmSS in different projects. They identified a feasible strategy for replication of CmSS which will be the basis of CARE CmSS activities from now on.

SMPP has a plan to conduct CmSS Impact Study from July led by a Japanese Short term Expert. We hope that this Impact Study can help assess the current impact and potential of CmSS and draw a future plan to strengthen the CmSS program.

2-4. Community based Skilled Birth Attendant (C-SBA) related activity

6 months training of private CSBA at LAMB hospital, Dinajpur completed 18th June. All 11 trainees from 6 chair unions in Raipura successfully passed the final examination and they were certified by the GoB as CSBA. On the last day, SMPP chief advisor visited the training centre to observe the final examination and attended the ceremony of completion.

SMPP plans to provide intensive follow-up activities for those private CSBAs. Soon after their returning to Narsingdi, one-day orientation was organized at Raipura UHC with attendance of relevant union chairmen, the district and upazila level health service/family planning managers. Since the private CSBAs are not GoB staff, the orientation was held with the purpose of introducing health service delivery and referral system at district, upazila, and union levels to the private CSBAs.

Following this, respective UP chairmen will organize, with the presence of SMPP, a special meeting to determine the consultation fee for the service of private CSBA.

As for technical assistance, SMPP assigned a technical officer for the training follow-up. The technical officer will make constant follow-up visit for each private CSBA at least the first 3 months of period. During the visit, the technical officer will observe and assess each private CSBA's skill and knowledge using a checklist developed by SMPP and will provide necessary assistance on site.

The question of whether private CSBA can be entitled as service provider of Demand Side Financing (DSF) was raised by SMPP to the DGHS.

2-5. Joint Coordination Committee (JCC) meeting

The 7th JCC meeting was held on 11th June 2009 in the Ministry conference room. Main agenda was to discuss over the SMPP second phase proposal drafted by a technical group. It was an extraordinary meeting that apart from regular JCC members, selective stakeholders namely UNICEF, UNFPA, WHO, Engender Health, OGSB representatives were also invited and attended the meeting. The draft second phase proposal was well accepted by the JCC members with some suggestions for change. The meeting decided that technical group would further work on the revision of the draft proposal and finally submit to Joint Chief, Planning by the end of June.

2-6. District Review Workshop

District Review Workshop was called on 9th June at DC office by Civil Surgeon and DDFP, Narsingdi. Since Midterm Evaluation of SMPP in July 2008, the project could not have activity review with GoB counterparts due to Elections and transfer of key managers. The main purpose of the Review was to assess the progress and achievements of SMPP and develop a District level Action Plan for the remaining project period: from July 09 to June 2010. In addition to that, Daulatpur Union Chairman of Monohordi Upazila, after national CmSS workshop, strongly requested SMPP to support organizing District level workshop to improve the situation of Hospitals. From central level, one representative from DGHS and DGFP were present and joined the discussion. Most Upazila and District mangers actively participated in the Workshop and contributed to the development of action plan, which is consisted of hospital and community based activities, through group work. After Group presentation, proposed actions were combined as one District Action Plan with clear identification of due period and responsibility of each activity. The importance of this plan is that all activities were proposed aiming at ensuring the sustainable activities after JICA withdrawal *(annex 1)*.

2-7. Safe Motherhood Day

Safe Motherhood day was observed in Narsingdi for three days, from 23 to 25 May. This year the new government declared to observe the Day nationwide, and the GO was issued to the District offices to organize events to observe the Day. SMPP, same as last year, supported ANC/PNC campaign in 9 Model Unions. Applying the lessons learnt of last year, the SMPP tried to improve the quality of services by ensuring sufficient number of service provider, delivering a register slip to identified pregnant women, and expanding service days from one to three days. This time the project did not provide any incentive to the pregnant women (last year the project provided an umbrella with 5 danger sign messages to ANC/PNC recipients), however, we ensured all pregnant women get one small bottle of iron-folic acid tablets (100 tablets) at service delivery centers. SMPP confirmed that in total 2,273 women received ANC and PNC services at the campaign this year which is similar to last year's number. After all, reflecting this year's campaign SMPP recognized that the quality of service provided was much better than last year. We hope to continue this activity next year as well and advocate, with our successful experience, at the national level that this campaign can be a part of Nation-wide observation activities *(Report on Project News)*.




2-8. SMPP Second Phase Proposal Development

The 6th JCC decided to develop a SMPP second phase proposal to be submitted to the Government of Japan by the end of July. For this purpose, a small technical group was formed to draft the proposal on behalf of JCC. The technical group, consisted of five members, met three times to discuss the design of SMPP second phase and write the draft proposal. The group also visited Narsingdi to attend District Review Workshop on 9th June to understand the current situation of the project and hear from key stakeholders on the future of the project. As already mentioned above, the drafted proposal was discussed at the 7th JCC meeting on 11th June and some minor changes were proposed. After revising it, the final draft proposal will be submitted to Joint Chief, Planning for higher approval.

JICA team made a visit to Chittagong (Noakhali and Laxmipur Districts: 29th to 31st May) and Barisal (Barisal, Patuakhali and Barguna districts: 5th to 8th June) divisions, where JICA considers potential areas for SMPP expansion. It was a good learning visit for the team to get to know the situation and difficulties of the coastal area of Bangladesh. The innovative activities introduced by SMPP in the char area of Narsingdi can be applicable to the coastal areas.

The possible SMPP expansion site will be determined through the consultation of both parties, Bangladesh and Japan, in near future.

2-9. Others

- HNPSP Annual Program Review (APR) was conducted from April to May 09. SMPP took a coordination role for MNH group to place our concerns and demands to the Policy Dialogue.

- Orientation for newly elected Upazila Chairman was organized on 10th April. SMPP introduced its activities and stressed the importance of MNH issues to be mainstreamed in the development of Upazila. This orientation was held just before the National CmSS workshop so that Upazila Chairmen could participate actively in the Workshop.

- In the consultation with BCC program of DGHS, SMPP contracted a film making firm to produce a comprehensive documentary to introduce the strategy and activity of SMPP. The script of documentary focus on "Three Delays model" of maternal death and the project approaches to address those delays namely CmSS and Hospital Improvement. The message of five danger signs during pregnancy is also included in the film to raise awareness. The film is about 10 minutes long and already broadcasted by BTV on 27th June. This film is also useful for Community Clinic Management Committee orientation.

2-10. Visitors

In this quarter SMPP received visitors from another JICA supported BRDP project, Participatory Rural Development Project (PRDP) II and Chars Livelihoods Program (CLP) of DFID. The number of visitors in this quarter was low due to the national workshop and SMPP second phase development.

3. Next plan

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

- Health Facility Improvement: regularize EmOC team meeting and data update; and setting up information board; organize Hospital Improvement meeting at Dhaka
- Model Union Activity: support implementation of revised Model Union Action Plan and Safe Delivery team activity; Expansion of Model Union activity; and finalization/printing of neonatal danger sign/harmful card and poster; and Village Doctor orientation
- Community Support System (CmSS): expansion and capacity development of CmSS; formation of CmSS Federation at Union/Upazila level; and conduct CmSS Impact Study
- CSBA related activity: intensive private CSBA follow-up activity during three months after the completion of the training; regular follow-up of private CSBA; and establishing support mechanism with respective Union Parishards including fixation of service fee
- India Exchange Visit by SMPP technical team

annex 1

District Level Review Workshop on Safe Motherhood
Date: 9 June 2009
Action Plan

1. Action plan for hospital improvement

Sl	Activity	Target	Time frame	Person responsible	Resources	Supported by
1	Implement and maintain IPP at all facilities	17 (DH, SH, MCWC, 5 UHCs & 9 model unions)	July 09 and continue	RMO, MO-MCH-FP	Logistics	GOB /JICA
	— IPP training for relevant staff	Relevant staff of 17 facilities	By July 09	JICA	Fund and facilitator	GOB /JICA
	— Collection (from facility store or from district) of necessary logistics and supplies for IPP	For all the 17 facilities	By July 09	Facility managers of 17 facilities	Logistics such as buckets, utility gloves, and others including bleaching powder	GOB
	— Regular monitoring and supportive supervision by managers/supervisors	17 facilities	By July 09	Managers/supervisors of all the facilities	-	GOB
2	Improve availability of safe blood at EmOC facilities: Develop/ update doner list	5 (DH, SH, MCWC, Polash UHC & Raipura UHC)				
	— Collection of grouping reagent from the district if not available at the facility	5 facilities as above	By July 09	UH&FPO/RMO, MO-Clinic	Blood grouping regent	GOB
	— Campaign at local institutions and markets to encourage students and others for blood donation	Narsingdi sadar, Palash and Raipura	August 09	Health education officer and MO Blood Bank		-
	— Select a day and organize blood grouping for the volunteer donors	Narsingdi sadar, Palash and Raipura	September 09	MO blood bank/ Lab technologist	Blood grouping regent	-
3	Strengthening of referral system between facilities: inform the field level service providers (through monthly meeting) to refer cases using the referral slip	17 (DH, SH, MCWC, 5-UHC & 9 model unions)	July 09 and onwards	UH&FPO/ RMO. MO-MCHFP/ MO-Clinic, UFPO/UP Chairman	Referral slips (already provided by JICA)	-
4	Ensure ANC/PNC register at all the facilities: write letter to DGHS/DGFP with a copy to JICA	All facilities (9 model unions)	By July 09	UH&FPO, UFPO, MO-MCH-FP	-	-
5	Improve monitoring for quality of	All facilities (DH, SH,		RMO/MO-Clinic		CS/DD-FP

Sl	Activity	Target	Time frame	Person responsible	Resources	Supported by
	EmOC services	MCWC, 5- UHC)				
	— Introduce QA checklist at SH and MCWC (already introduced at other facilities)	SH, MCWC	By July 09	RMO/ MO-Clinic	-	JICA
	— Use QA check list to assess facilities quarterly	DH, SH, MCWC & 5 UHCs	From June 09 and continue	RMO	-	-
	— Share QA assessment findings in the EOC team meeting	All facilities as above	From June 09 and continue	RMO	-	-
	— Send assessment finding report to Civil Surgeon/ DDFP	All facilities as above	From June 09 and continue	RMO	-	-
	— Issue letter from CS and DDFP for using QA checklist & conduct EOC committee meeting quarterly	Issue one GO	June 09	CS/ DDFP	-	-
6	Obtain necessary support from UP for normal delivery at UH&FWC	5 FWC (Mirzanagar, Narayanpur, Daulatpur, Chalakchar, Danga)				
	— Discuss with facility staff to identify the needs for normal delivery at FWC	5 FWCs as above	July 09	FWV	-	
	— Discuss with UP chairman (in the union coordination meeting) to provide things as necessary	5 unions	August 09	FWV/FPI	As identified	UP Chairman/ JICA
7	Organize EOC team meetings regularly, write minutes, and ensure review of EOC data for further action	DH, SH, MCWC & 5 UHCs		UH&FPO/ RMO/ MO-Clinic	-	-
8	Give award to best performer	17 (DH, SH, MCWC, 5 UHCs & 9 model unions)	May	UH&FPO/UFPO/MO-MCH-FP, MO-Clinic, AFWO		CS/DD-FP
9	Generate poor fund for poor patients	14 (5 UHCs & 9 Model unions)	By December 09	Upazila and UP Chairman, UHFPO and UFPO	-	
	— Advocacy with local elites and elected leaders	14	By July 09	UH&FPO & UFPO	-	-
	— Develop fund management committee	14	By September 09	UHFPO and UFPO	-	-

Sl	Activity	Target	Time frame	Person responsible	Resources	Supported by
	— Collect fund from local elites and upazila and union parishad	14	By December 09	Upazila and UP Chairman, UHFPO and UFPO	-	-
10	Regularly check instrument and logistics and prepare requisition monthly	17 (DH, SH, MCWC, 5 UHCs & FWCs of 9 model unions)	From July 09 onwards	Consultant/MO-Gynae, Consultant/ MO-Anesthesia, MO-MCHFP, FWV	Check list	GOB/JICA
11	Regular check drug list and indent monthly	17 (DH, SH, MCWC, 5-UHC & FWCs of 9 model unions)	From July 09 onwards	UH&FPO, MO-Clinic, MO-MCH-FP	-	GOB
12	Repair and maintintain equipments regularly: identify repairable equipments and write for repair	17 (DH, SH, MCWC, 5 UHCs & FWCs of 9 model unions)	From July 09 onwards	UH&FPO, RMO, MO-Clinic, MO-MCH-FP	Fund	GOB/JICA
13	Ensure ambulance for 24 hours with fuel & driver		July 09	RMO, UH&FPO MO-Clinic	Funds or ambulance	GOB
14	Increase number of trained staff for EmOC services: Basic/refresher training to staffs to make 3 teams	5 (DH, SH and 3 UHCs)	July 09	RMO, UH&FPO	Funds for training	GOB
	— Write letter to the RH program for training of MOs and nurses on EOC	5 (DH, SH and 3 UHCs)	July 09	RMO, UH&FPO	Funds for training	GOB
15	Increase number of model unions	12 (2 per upazila)	By June 10	UH&FPO/UFPO & MO-MCH-FP		
	— Identification of unions based on the set criteria	12 (2 per upazila)	By July 09	UH&FPO/UFPO & MO-MCH-FP	-	-
	— Assessment of the FWCs at the selected unions	12	By September 09	MO-MCH FP	Checklist	GoB/JICA
	— Development of action plan	12	By December 09	UFPO/ MO-MCH FP	Fund for action plan workshop	UP/ JICA
	— Follow-up and monitoring	12	From Jan 10 onwards	UFPO/ MO-MCH FP, UP Chairman	-	-
16	Introduce DSF program in all upazilas: write letter to higher authority	6 (all upazilas except Raipura)	By July 09	CS/ DD-FP	-	GOB

2. Action plan for community development:

Sl	Activity	Target	Time frame	Person responsible	Resources	Supported by
1	Health and Family Planning staff will be responsible for his/her own duties	100%	Continued	All managers and supervisors (CS, DDFP, UH&FPO, UFPO, MO-MCH-FP		
2	Union service centers (UH&FWC/ USC) will open and close timely	All service centre	Continued	Managers and supervisors (UH&FPO, UFPO, MO-MCH-FP)		
3	Ensure necessary support such as drugs and logistics from Upazila & District level: give timely requisition for the supply	All unions	July 09 and onwards	UH&FPO, UFPO, MO-MCH-FP, CS, DDFP		DGFP, DGHS
4	All EPI & satellite clinics are merged together: develop local plan to merge all the SCs with EPI	100 %	From July 09 & onwards	UH&FPO, UFPO, MO-MCH-FP		CS/DD-FP
	— Obtain letter from central level for this	One letter	July 09			
5	Regular supervision & monitoring of field activities: develop monitoring checklist	FWC and SC of 9 model unions	From June 09 and onwards		Check list	
6	Develop safe delivery team at all unions and conduct regular meeting	71 unions	By August 09	UH&FPO, UFPO, MO-MCH-FP		JICA/CARE
7	Involvement of Local Govt. in SMPP activities	71 unions	Ongoing activity	UHFPO and UFPO		JICA/CARE/ GOB
	— Organize advocacy meeting all UP chairman	6 upazilas	By August 09	UHFPO and UFPO	Funds for orientation	CARE/JICA
8	Development of CmSS at all upazila		By November 09	UH&FPO, UFPO, MO-MCH-FP, UP Chairman, HI & FPI		JICA/CARE
	— Identify potential facilitators for developing the CmSS from each of the upazilas	One Upazila	By July 09	UHFPO, UFPO	-	-
	— Training for the facilitators for development of CmSS	One Upazila	By Aug 09	CARE	Funds	JICA

Sl	Activity	Target	Time frame	Person responsible	Resources	Supported by
	— Development of CmSS	As mentioned above	By Nov 09	Trained facilitators	-	CARE (if required)
	— Organize training for community support group (CmSS) members	One Upazila	From Sep to Dec 09	Trained facilitators, UH&FPO, UFPO, MO-MCH-FP	Fund	JICA/CARE
	— Regular monitoring and follow-up of the CmSS activities & provide necessary support	All CmSS	Continuous	Trained facilitators, UP, H&FP staff	-	Upazila H&FP Manager
9	Strengthen the existing CmSS: Link them with CC management, service centers	130	July 09 to March 10	UH&FPO, UFPO, MO-MCH-FP, UP Chairman, HI, FPI	-	GoB, UP
10	Formation of CmSS federation					
	— At union level	1 per Union	July 09-Aug 09	UP chairman, UFPO, UHFPO	-	JICA, CARE, UP chairman
	— At upazila level	1 per Upazila	July 09-Nov 09	UP chairman, UPIC	-	JICA, CARE, UP chairman
11	Make all the Community Clinics functional	82				
	— Renovation of all CCs as per needs	82	July-Aug 09	UH&FPO, UFPO, CC management group	Fund	GOB
	— Have electricity and water supply as needed		July-Aug 09	UH&FPO, UFPO, CC management group	Fund	GOB
12	Organize religious leaders' training (1 per union) on safe motherhood	71 (1 per each 71 unions)	From July 09 onwards	UH&FPO, UFPO, MO-MCH-FP	Fund	GOB/ Local Govt./ JICA
13	Organize TBA orientation	462 (6 for each of the 71 unions)	July–Sept 09	UH&FPO, UFPO, MO-MCH-FP	Fund	JICA/CARE
14	Orientation for FWA and HA on birth planning & ensure implementation of BP session in the community	All FWA, HA	Aug-Sep 09	UH&FPO, UFPO, MO-MCH-FP	Fund, training materials	GoB
15	Increase private C-SBA at Char areas (3 for each of the char unions) [11 has already been trained]: selection and training of private CSBAs	25 persons	July 09–March 10	UH&FPO, UFPO, MO-MCH-FP	Fund needed	

Report on TBA orientation follow-up interview

Safe Motherhood Promotion Project
Ministry of Health and Family welfare
Supported by JICA

Content

Tables/Figures

1. Background

Safe Motherhood Promotion Project (SMPP) has been implemented by MoHFW with the support of JICA since 2006 in Narsingdi.

As a part of community level intervention, SMPP developed education materials (poster and card) on neonatal danger signs and harmful practices. In order to introduce the new materials as well as to disseminate the message of essential newborn care, the Project organised 1-day orientation for Traditional Birth Attendant (TBA) in 9 Model Unions in collaboration with Radda MCH-FP Centre in January to February 2009. Around 20 TBAs who are actively assisting delivery were selected in each Model Union. The participants were consisted of trained TBA (having TBA training previously) and untrained TBA. In total, 189 TBAs attended the orientation.

As a follow-up of the orientation, the Project decided to conduct interviews to assess the changes in participants' knowledge and practice. Prior to the interview with TBA participants, the Project also had an interview with the facilitators of Radda MCH-FP centre.

2. Objectives

The objectives of the interviews were:

1) To assess the participants' understanding on topics covered in the orientation
2) To explore whether the orientation made any changes in the participants' practice/activity
3) To explore whether the participants recognise their role in improving the health status of pregnant/post-partum women and neonates in the community
4) To obtain detailed feedback and suggestions for better management of similar activities from the facilitators

3. Methodology

The survey consisted of 2 kinds of interview, namely, the interview with the participants and with the facilitators. Semi-structured questionnaire for both interviews were developed and used for data collection (Annex 1, 3).

One interviewer (MD, MPH) was assigned for conducting the interview with TBAs and data entry. The data were processed using SPSS. A data entry format was developed in accordance with the data collection tool. The filled up questionnaire as well as entered data soft was brought to Dhaka for further analysis.

The interview with the facilitators was conducted by an SMPP expert. The assigned interviewer for TBA interview accompanied as interpreter.

4. Respondent

1) Interview with participants:

5 participants of the orientation were selected as respondents in each Model Union (in total 45 respondents in 9 Unions) (see Annex 4 in detail). The sample size was determined by considering the availability of time and resource. The participant of the orientation included both trained and untrained TBAs except 1 Union (Gorashal Union consisted of only trained TBA), thus, the respondents were selected from both groups based on the proportion. The selection of respondent was done by lot.

2) Interview with facilitators:

2 external facilitators invited for the orientation from Radda MCH-FP Centre were also interviewed. The facilitators have years of experience in providing TBA training. Therefore, the Project attempted to have their detailed feedback (on method, module, education materials, venue arrangement etc.) through face to face interview for the further improvement of similar activities.

Additionally, although the baseline survey was not conducted prior to the orientation, the facilitators collected information from each participant on their perception and practice during the orientation (see Annex 2). This information could be the supplemental information which provides the idea of the participants' daily practice. After the orientation, though a summarised report was submitted from the facilitators, a purpose of the interview was to clarify and complement this baseline information.

5. Schedule for TBA orientation follow-up interview

The interviews with 2 facilitators and with 45 TBA participants were conducted on the following schedule.

The interview with facilitators was conducted at Raddha MCH-FP centre prior to the TBA interview.

All TBA interviews were conducted at H&FWC in the Union. 5 interviews in each Union took 1 day to complete (each interview took around 1.5 hour to complete).

Date	Upazila	Union	no of participant	no of trained TBA participant (no of interviewee)	no of untrained TBA participant (no of interviewee)
10/May/09	Interview with 2 facilitators in Raddha MCH-FP centre				
11/May/09	Berabo	Narayanpur	19	16 (4)	3 (1)
12/May/09	Polash	Gorashal	21	21 (5)	0 (0)
13/May/09		Danga	19	10 (3)	9 (2)
14/May/09	Sadar	Panchdona	15	10 (3)	5 (2)
17/May/09	Shibpur	Dulalpur	20	19 (5)	1 (0)
18/May/09	Monoholdi	Chalakchair	25	9 (2)	16 (3)
19/May/09		Daulatpur	22	5 (1)	17 (4)
20/May/09	Raipura	Mitzanagar	24	23 (5)	1 (0)
21/May/09		Banshgari	24	15 (3)	9 (2)
		Total	**189**	**128 (31)**	**61 (14)**

6. TBA interview findings

1) Identification

26 out of 45 respondents were trained TBA. Among those trained TBAs, 5 of them received the Government organised TBA training and 11 respondents mentioned that they were trained by NGOs. 10 of them did not clearly remember the training organisation.

2) Danger signs

In the orientation, 5 danger signs of pregnancy, neonates and post-partum women were explained with posters and a flip chart. The respondents were asked about the knowledge of 3 kinds of danger signs in the interview.

(1) Danger signs of pregnant women

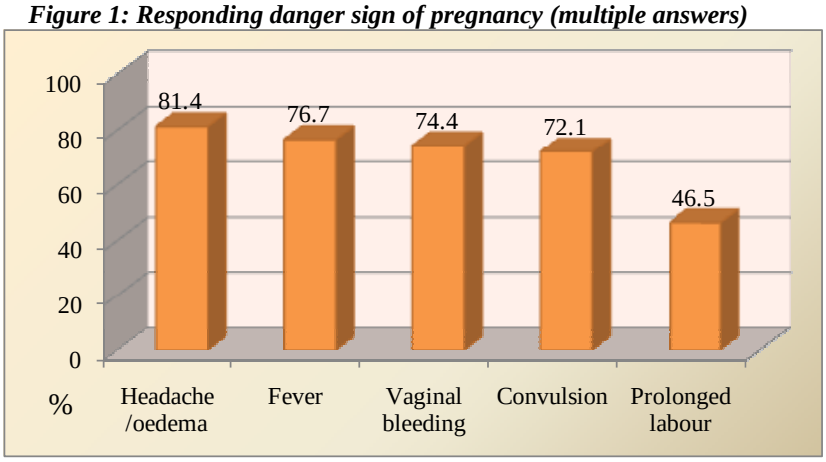
The table 1 shows how many of 5 pregnancy danger signs the respondents remember. Since the message of pregnancy danger signs are widely disseminated with the Government developed card or poster in the community, more than 75% respondents itemised 3 or more risk signs. The quarter of respondents answered all 5 danger signs.

As figures 1 presents, more than 70% of respondents named any of 4 danger signs as pregnancy related risk signs (fever, headache/oedema, vaginal bleeding, and convulsion). Of the 5 signs, prolonged labour was less recognised among the respondents. Less than half of respondents named prolonged labour as a risk sign.

Table 1: Danger signs of pregnant women

No. of collect answer	n	%
None	2	4.4
1	3	6.7
2	6	13.3
3	11	24.4
4	12	26.7
5	11	24.4
Total	45	100.0

Figure 1: Responding danger sign of pregnancy (multiple answers)



In addition to the aforementioned 5 signs, the respondents named some other risk signs as pregnancy related danger signs. These include mal-presentation, abdominal pain, severe vomiting in 2nd or 3rd trimester, maternal short height, anaemia, premature rupture of membrane, post-term delivery, and any kind of accident.

(2) Danger signs of neonate

The neonatal 5 danger signs were introduced in the orientation with the Save the children developed poster. As Table 2 shows, less than 45% of respondents named 3 or more signs. None of them was able to answer all 5 danger signs.

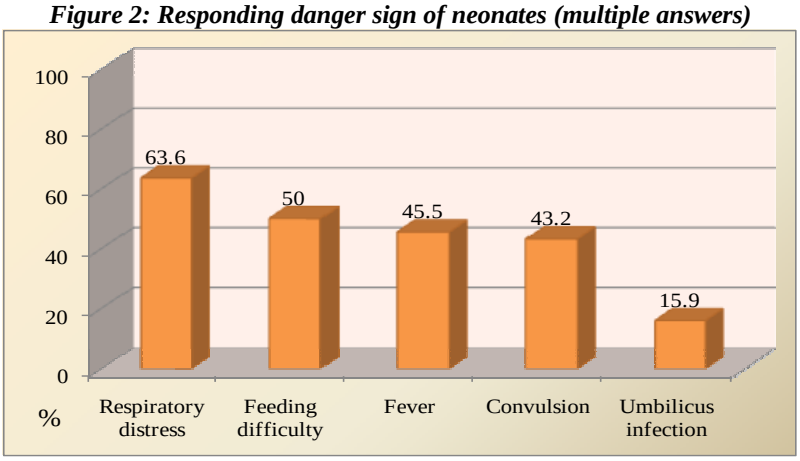
Among the 5 signs, respiratory distress was relatively well recognised. Around 64% respondents mentioned any symptoms of respiratory disorder (chest indrawing, grunting, abnormal respiratory rate)

as a neonatal danger sign. On the other hand, umbilical cord infection was less recognised among the respondents. Only 16% of them named the infection as a risk sign.

Table 2: Danger signs of neonates

No. of collect answer	n	%
None	1	2.2
1	15	33.3
2	9	20.0
3	17	37.8
4	3	6.7
5	0	0
Total	45	100.0

Figure 2: Responding danger sign of neonates (multiple answers)



Along with the introduced 5 signs, the respondents itemised the following conditions as neonatal risk signs, namely, jaundice, blue or black skin colour, delay for first crying, congenital malformation (limb deformity), problem on defecation and urination, vomiting, lethargy, drowsy, crying excessively, premature infant, bleeding from umbilical cord.

(3) Danger signs of post-partum women

The post-partum 5 danger signs were introduced in the orientation with the Save the children developed flip chart. As Table 3 shows, 40% of respondents itemised 3 or more signs. None of them was able to answer all 5 danger signs.

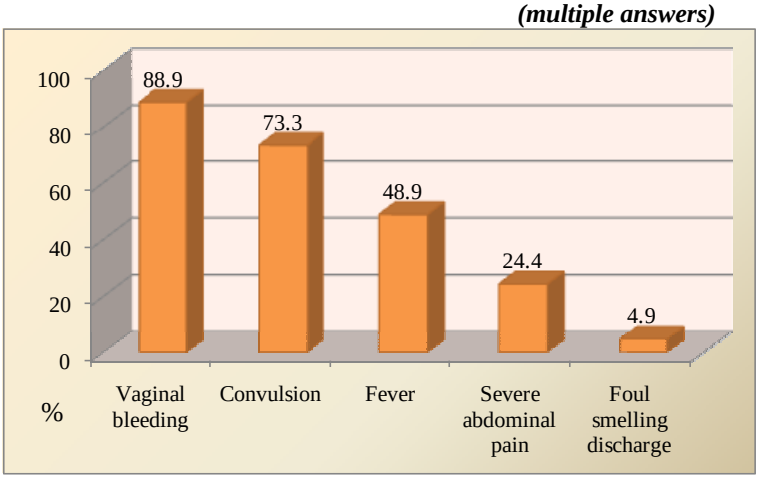
Among the 5 risk signs, around 90% of respondents named vaginal bleeding (or post-partum haemorrhage) as a post-partum danger sign. Additionally, convulsion was found as relatively well-known risk sign. On the other hand, it was appeared that those signs of puerperal sepsis (fever, severe abdominal pain, and foul smelling discharge) were not well recognised among the respondents.

In addition, the respondents answered some other symptoms, such as unconsciousness, perineum tears, retain placenta, urinary retention, and uterine inversion, as post-partum danger signs.

Table 3: Danger signs of post-partum women

No. of collect answer	n	%
None	0	0
1	7	15.6
2	20	44.4
3	11	24.4
4	7	15.6
5	0	0
Total	45	100.0

Figure 3: Responding danger signs of post-partum women (multiple answers)



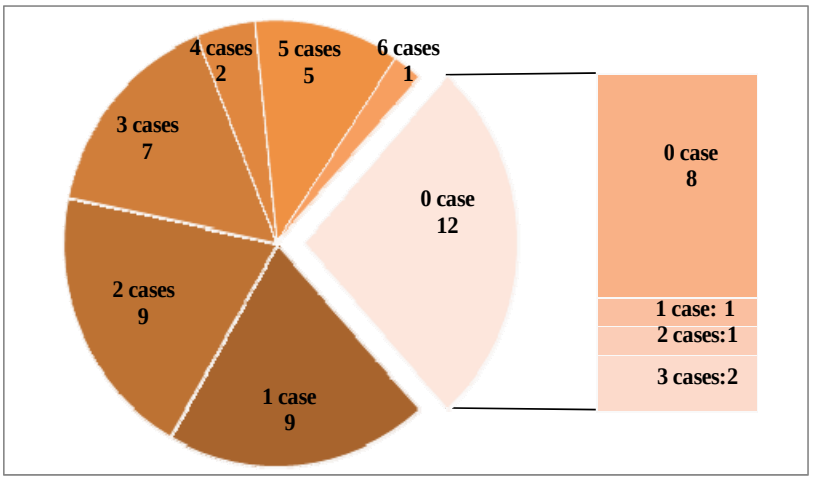
3) Delivery assistance

(1) Number of delivery assistance last month

In order to obtain the information on the monthly average number of delivery assistance, the respondents were asked the number of delivery assistance in the last month (April, 2009).

As the following pie chart presents, 73% (33 TBAs) of respondents assisted delivery in April, though the number of delivery assistance was not much. Among those who assisted delivery, more than 75% (25 TBAs) conducted only 3 or less delivery.

Additionally, more than quarter of respondents answered that they did not assist any delivery in April. Those who did not assist delivery last month were asked for further of the number of delivery assistance month before last (March, 2009) (figure 4 bar chart). Among 12 respondents who did not assist delivery in April, 8 of them answered that they also did not conduct any delivery the month before.



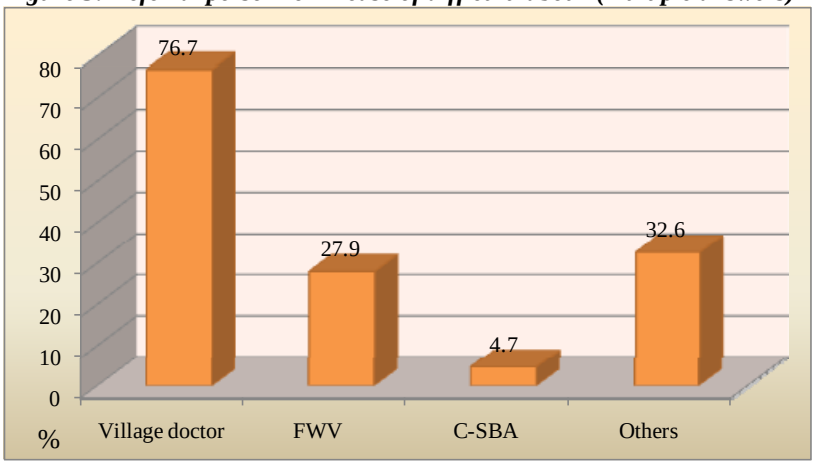
Some respondents noted that they have realised the number of childbirth in their community has been decreasing compare to before. This is because young women these days prefer having less number of children and contraceptive methods are prevailed even in rural villages (mentioned by respondents).

Figure 4*: *Number of assisted delivery last month (April, 2009) and month before last (March, 2009)

(2) Referral personnel

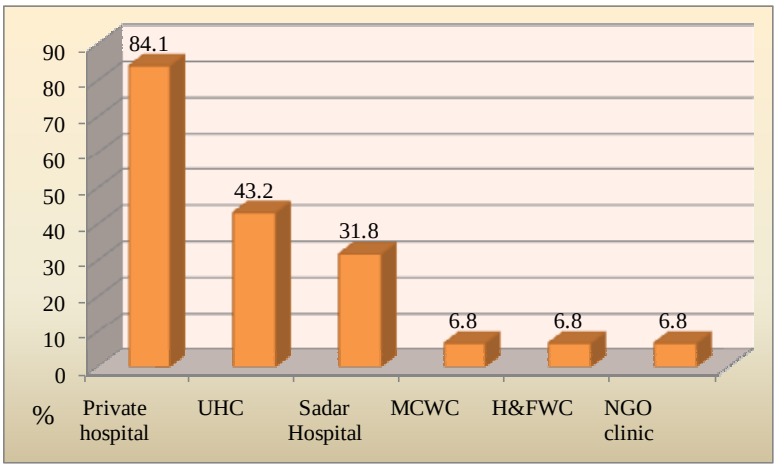
The respondents were asked who they usually call to get help in case of difficult labour. As figure 5 shows, more than 75% of respondents answered that they routinely seek technical assistance in delivery from village doctors. Around 28% of respondents mentioned that they enlist help of FWV, similarly, more than 30% of interviewees answered that they call other personnel, such as neighbours, other TBAs, and SACMO in the union.

Figure 5: Referral personnel in case of difficult labour (multiple answers)



(3) Referral health facility

The respondents were asked which health facility they usually refer when they get a complicated delivery case. As figure 6 shows, more than 80% of respondents answered that they refer their delivery clients to private hospitals. About 30 to 40% of respondents mentioned that they usually refer the cases to Sadar hospital or the nearest UHC.



Some respondents described the reasons for the selection of referral health facilities. The reasons were: they have good relationship with some private hospitals; they do not know which public health facilities provide CEmOC service; public health facilities do not provide 24 hour EmOC service; waiting time for treatment is quite long in public hospitals compared to private facilities.

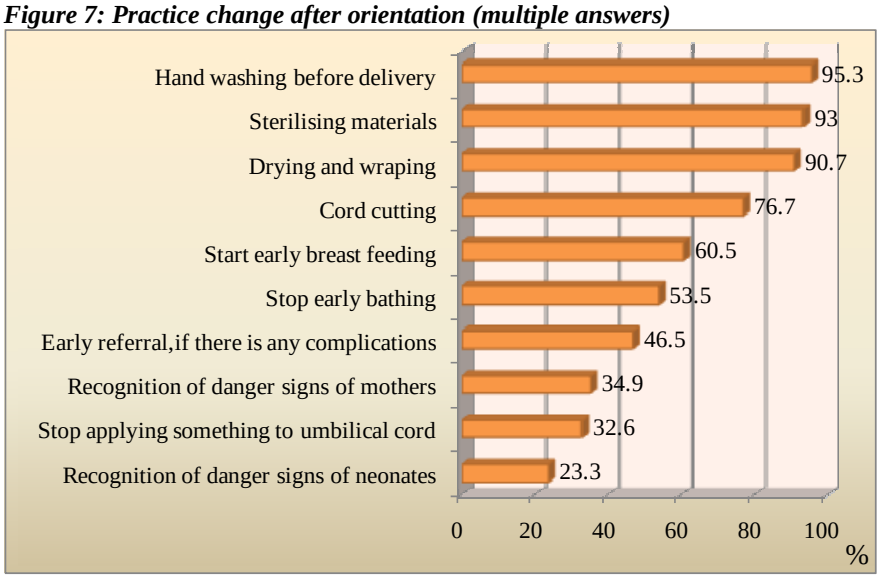
Figure 6: Referral health facility (multiple answers)

4) Changing practice/activity after orientation

(1) Any practice change after orientation

All respondents answered that they have made some changes in their practice after the orientation.

Figure 7: Practice change after orientation (multiple answers)



Most of respondents mentioned that they changed their preparation practice of delivery assistance. More than 90% of respondents told that they started or changed hand washing practice as well as sterilisation of delivery kit prior to delivery assistance. Similarly, more than 90% of respondents named immediate newborn care, such as drying and wrapping of neonates as changed practice.

In the orientation, three particular practices were introduced as harmful practice and the message of alternate good practice were disseminated with a newly developed poster. These particular practices include early bathing, improper umbilical cord care, and non-exclusive breastfeeding. In the interview, more than 50% of respondents answered that they stopped early bathing of neonate after the orientation. Regarding umbilical cord care, more than 70% of respondents mentioned that they changed cord cutting procedure, and more than 30% of them stopped applying something to umbilical cord. Additionally, more than 60% of respondents told that they started early initiation of breastfeeding after the orientation.

Moreover, around quarter of respondents mentioned that they became more aware of danger signs of women and neonates. More than 45% of respondents answered that they came to refer the complicated cases earlier than before.

Along with above-mentioned practices, the respondents named the following as the practices they changed after the orientation.

Practice changed

- Use clean apron during delivery assistance
- Spend at least 30 minutes for preparation of delivery assistance
- Assist delivery in a clean and well ventilated room
- Bring a delivery kit includes gauze, soap, thread, bled and plastic sheet
- Encourage mother to give colostrum
- Stop early hair cut of newborn (the respondent told this is because the explanation of cranial fontanel was given in the orientation)

In the interview, the respondents also described the practice/belief they used to apply and changed after the orientation (see the list below). Some information is overlapped with the information collected by the facilitators in the orientation (Annex 2).

It was found that some of the information given by the respondents is not exactly related to the topics covered in the orientation. Therefore, it might be difficult to attribute all changes to the orientation. Nevertheless, it can be said that now the respondents have the knowledge on these listed information of harmful and the alternate good practices.

Practice/belief the respondents used to apply

Pregnancy

- Encourage pregnant women to work hard for smooth and quick delivery
- Apply abdominal massage to change foetal position

Delivery

- Apply coconut oil for vaginal examination
- Bind women's upper abdomen with a cloth during delivery for stopping foetus goes up
- Make a fire in labour room and fill the room with smoke to drive away evil eyes
- Use oxytocin injection for induction purpose
- Use homeopathic medicine for induction of labour
- Not apply any protection of perineum during delivery
- Encourage delivery women to drink Kafila tree sap for smooth delivery of placenta

Post-partum/newborn

- Use dirty cloths for drying and wrapping neonate

- Leave newborn without care until placenta coming out
- Shake placenta to make newborn cry before cutting umbilical cord
- Apply manual removal of placenta
- Burn placenta for resuscitation from asphyxia
- Feed sweet staff (e.g. honey, sugar water) to newborn with a cloth soaked in the sweet
- Clean newborn's mouth with mastered oil
- Apply hot compression to umbilicus to prevent cord infection
- Apply vermilion to umbilicus
- Colostrum is impure and make infant sleepy
- Vernix is impure, need to remove by early bathing
- Hair of newborn is unhygienic and impure, better to give an early hair cut
- Encourage post-partum women to dink hot water for make their infants active (drinking cold water suppresses neonatal muscle movement)
- Encourage post-partum women to eat less amount of food to reduce weight (reducing weight is good for prevention of convulsion)
- Issorate post-partum women in labour room at least after 7 days of delivery (post-partum women is unhygienic and impure)
- Not allow post-partum women to use pillow

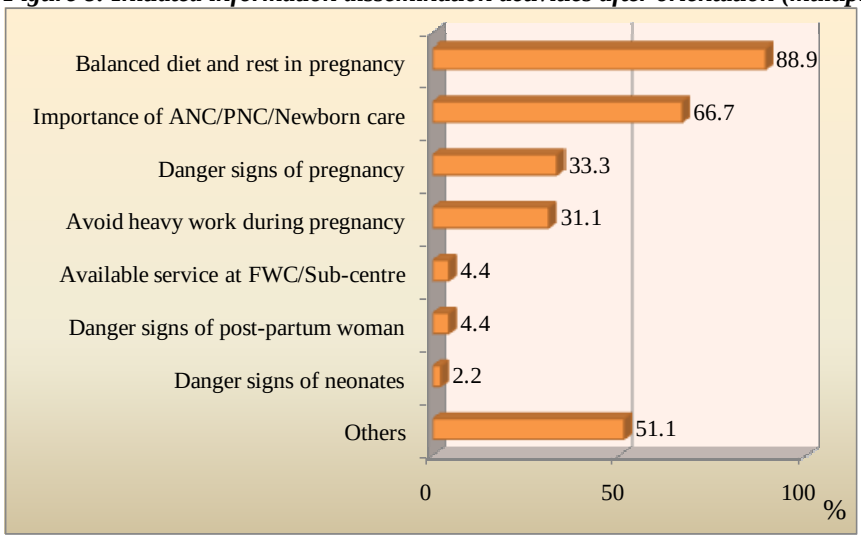
(2) Information dissemination activity

All respondents answered that they started disseminating MNH related information after the orientation.

As figure 8 shows, most commonly distributed information by the respondents is pregnancy related information. Almost 90% of respondents mentioned that they have delivered the message of the importance of diet and rest to pregnant women. 66% of respondents answered that they have encouraged pregnant/post-partum women to have ANC and PNC/Newborn check-ups.

Moreover, pregnancy danger signs and avoidance of hard work in pregnancy period are the commonly provided information (more than 30% of respondents mentioned). Other information distributed by the respondents includes birth planning (saving money for emergency) and the importance of family planning.

Figure 8: Initiated information dissemination activities after orientation (multiple answers)



5) Relationship with formal care provider

(1) Any change in relationship with FWV after orientation

The respondents were asked whether there has been any change in the relationship with FWV in their unions after the orientation.

As figure 9 presents, 12 respondents (26.7%) answered that they do not feel any change in the relationship with FWV before and after the orientation. On the other hand, 33 (73%) respondents answered that their relationship with FWV has improved compared to before the orientation.

Among those 33 respondents who answered 'improved', 40% of them told that they did not have a close relationship with FWV before, but now they feel they have a collaborative relationship. 33% of respondents mentioned that while their relationship with FWV was good enough even before the orientation, the relationship became much closer after the orientation.

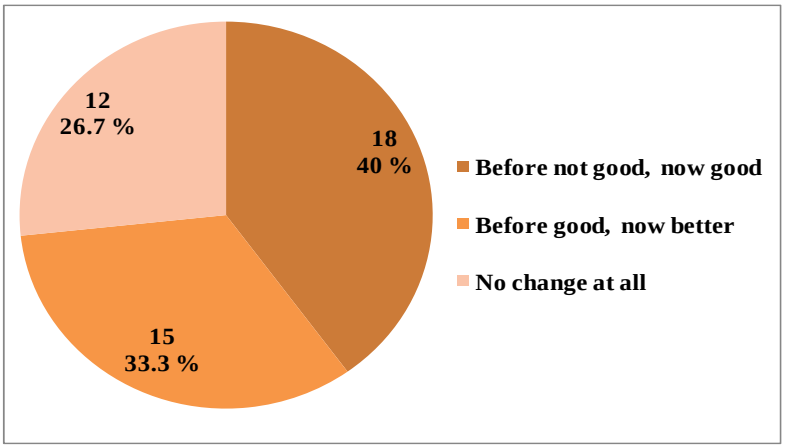


Figure 9: Relationship with FWV

Those who recognised positive change in the relationship with FWV, more than 66% described that they have come to make more phone calls to FWV for seeking technical assistance when they have difficult labour case. 48% of them told that the number of complicated referral case to FWC/Satellite clinic has increased. 33% answered that they have become more actively encourage pregnant women to have MNH service at FWC/Satellite clinic.

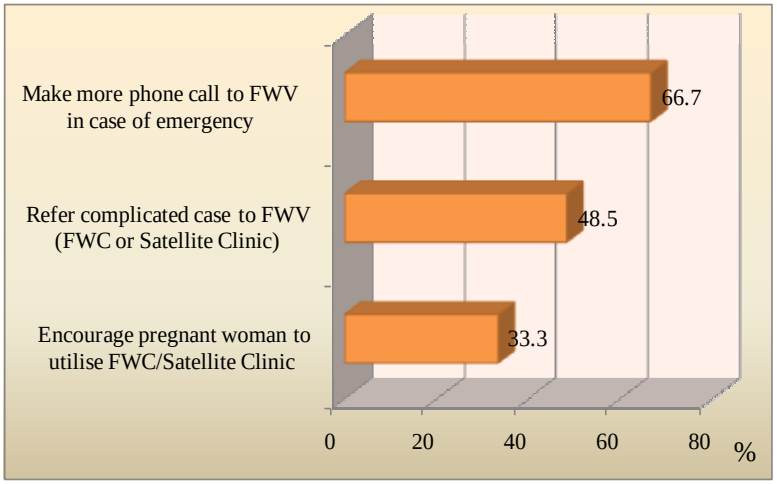


Figure 10: Change in relationship with FWV after orientation (multiple answers)

(2) Any change in relationship with TBA after orientation

Along with asking TBA respondents about the relationship with FWV in their unions, the FWVs in 7 model unions* were also interviewed whether they have found any change in the relationship with TBA after the orientation.

*FWV in Narayanpur was transferred and FWV in Bangshgali was newly assigned. Thus, only 7 FWVs (7 out of 9 model unions) were interviewed.

All 7 FWVs answered that they have recognised some positive change in the relationship with TBAs. All of them feel that the number of phone call from TBAs to seek technical advice has increased after the orientation. 6 out of 7 FWVs mentioned that the number of complicated referral case from TBA as well as ANC/PNC client at FWC/Satellite clinic has also increased after the orientation.

6) Orientation topic

(1) Useful topic

The respondents were asked which topic covered in the orientation they felt useful. As figure 11 shows, more than three quarters of respondents named good/harmful practices (bathing, exclusive breastfeeding, umbilicus care, and unnecessary injection during delivery), immediate newborn care (cord cutting, drying and wrapping), and danger signs in each partum were useful for their activity. Although most of respondents mentioned that they changed their preparation practice of delivery assistance (hand washing and sterilisation) after the orientation, less than 70% of respondents answered the topic was useful.

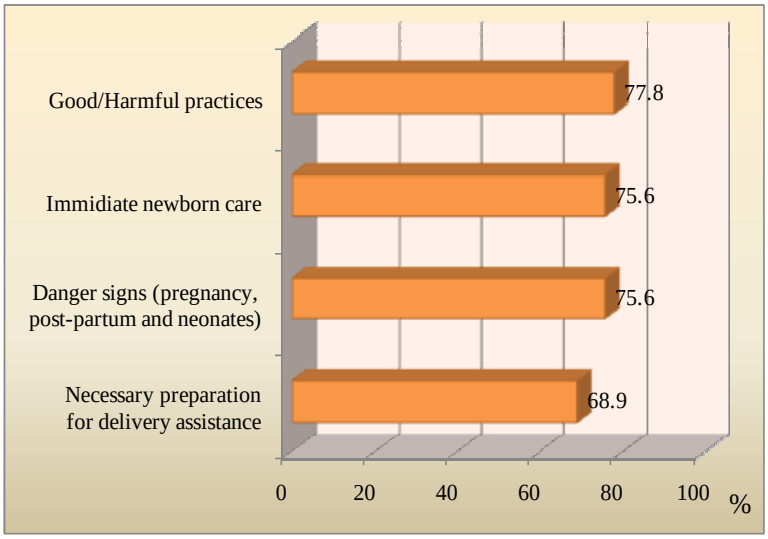


Figure 11: Useful topic (multiple answers)

(2) Difficult topic

25 (56%) respondents told that they did not find any of the topics was difficult.

Among 20 respondents who answered 'found it difficult', half of them named immediate newborn care was a difficult topic, and 30% of them found 5 danger signs of pregnancy, post-partum women, and neonates were difficult for them (they did not specify which partum of danger signs).

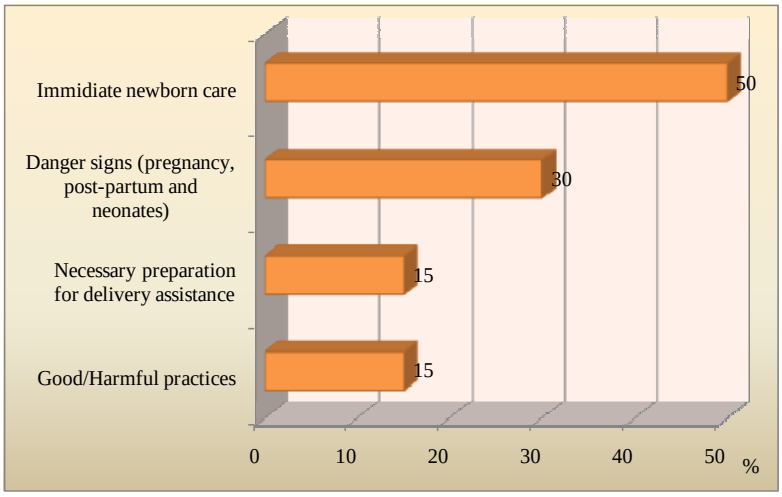


Figure 12: Difficult topic (multiple answers)

Along with the above mentioned topics covered in the orientation, some respondents provided additional information regarding midwifery skill and complicated delivery case which they have found it difficult to manage. Those include abdominal palpation for detecting foetal position, management of obstructed labour and mal-presentation.

7. Facilitator interview findings

The following is the summary of the interview with the facilitators. The interview tool and the detailed response is shown as Annex 1.

1) Participant

The facilitators assessed the manageable number of the participant for 1-day short orientation would be less than 15. Particularly, if skill practice part is included in the module, it is difficult to allocate the time for putting all participants through the practice.

In addition, the facilitators found that the trained TBAs were more actively participated compared to untrained TBAs in many unions.

2) Content/method

The facilitators mentioned that the 1-day orientation was too short to cover the all topics. Because of the time constraint, only some participants were able to go through the skill practice and the time for getting feedback from the participants could not be slotted in the end of the orientation.

Among the topics covered in the orientation, the facilitators found that the danger signs of post-partum women were difficult to explain. As the topic was new for the most of the participants, the facilitators had to explain about each sign several times in different ways. Besides, the education material (some pictures on a flip chart) was hard to recognise for many participants.

3) Education material

The facilitators pointed out 2 pictures (puerperal sepsis and severe abdominal pain) on the flip chart for explanation of post-partum danger signs did not clearly express the risk signs.

According to the experience in TBA training, the facilitators have found DVD materials are quite acceptable education material for TBAs. The facilitators suggested utilising DVD as a teaching aid for skill practice.

4) Venue arrangement

Sitting directly on the floor with carpets was suitable arrangement for TBA orientation. The facilitators found that the participants showed better concentration compared to sitting on a chair.

5) Harmful/good practice

The following is the summarised information on 3 kinds of harmful practice (non-exclusive breastfeeding, early bathing, improper umbilical cord care) which the facilitators obtained from the participants in the orientation.

- **Breastfeeding:** The importance of early initiation of breast feeding and colostrum has been widely recognised among the participants. Caw milk diluted with water is commonly given using a bottle and a rubber nipple as breast milk substitute.
- **Bathing:** Many participants believed that vernix is impure, and better to remove by early bathing with warm water and soap. Mastered oil is commonly applied to skin for wiping off vernix.
- **Umbilical cord care:** Unsterilized (washed with hot water) blade is commonly used for cord cutting. Appling antibiotic powder, savlon, hot compression to umbilicus is also common.

6) Other

The following is the recommendation given by the facilitators as well as the Radda training centre staff.

- Better to set up age limit. Some elderly TBAs did not show better concentration in the orientation.
- Better not to invite FWV and C-SBA. Since those care providers are much familiar with the topic, they cut the session by answering or asking questions in some Unions.
- A feedback session should be included in the end of the each orientation. Having prompt feedback from participants is useful for facilitators.
- The orientation should have been more focused on PNC and newborn care, as the topic was new for the many participants.
- Using video clipping/ DVD is helpful for TBA orientation.
- Better to conduct an interview with clients in order to collect the information on TBAs' actual practice.
- Better to consider creating linkage between TBA and UHC. UHC staff could be more involved in TBA related activities.

8. Conclusion

As a follow-up activity of TBA orientation, SMPP conducted interviews with the participants and the facilitators. The following points were found as notable findings.

Regarding 5 danger signs, a third of respondents mentioned that they became more aware of danger signs of women after the orientation, and about half of respondents told that they came to refer the complicated cases earlier than before. Of these 3 kinds of danger signs (pregnancy, post-partum and neonates), the pregnancy related danger signs were most commonly recognised among the respondents as more than three-quarters of them named 3 or more risk signs. On the other hand, less than 45% of respondents remembered more than 3 signs of post-partum and neonatal danger signs. Particularly, as the facilitators pointed out, the danger signs of post-partum women were less common. Above all, it was found that the signs of puerperal sepsis, such as fever, severe abdominal pain, and foul smelling discharge were not quite recognised among the respondents.

As for referral linkage of delivery, it was found that more than three-quarters of respondents call village doctors for seeking technical assistance in case of difficult labour. Although more than 70% of respondents assessed in the interview that their relationship with FWV has improved after the orientation, still less than 30% of respondents ask FWV for assistance. Concerning referral health facilities, it was appeared that most of respondents (80%) have developed a referral connection with private hospitals.

One of the aims of the orientation was to enable the participants to understand the importance of ANC and PNC/Newborn check-ups as well as their role in improving the service utilisation. In the interview, two thirds of respondents mentioned that they started motivating community women to have these check-ups after the orientation. 6 out of 7 FWV respondents also recognised the number of ANC/PNC clients referred by TBAs has been increased after the orientation.

All respondents answered that they changed some kind of their practice after the orientation. Regarding practice change, almost all respondents mentioned that they changed the practice of preparation of delivery assistance (hand washing and sterilisation) and immediate newborn care (drying and wrapping). These practices were demonstrated by the facilitators and some respondents went through the skill practice in the orientation. As for 3 particular harmful practices (early bathing, improper umbilical cord

care, and non-exclusive breastfeeding) which were introduced in the orientation with a newly developed poster, the respondents who stopped early bathing and applying something to umbilical cord after the orientation were more than 50% and 30%, respectively. Additionally, more than two thirds of respondents mentioned that they changed cord cutting procedure. Furthermore, around 60% of respondents told that they started early initiation of breastfeeding after the orientation.

Since no observation study has been conducted, it cannot be confirmed in what way the respondents' actual practice has been changed after the orientation. Besides, baseline data was not collected prior to the orientation, it is therefore difficult to conclude the orientation would be effective for improving TBA's practice. Nevertheless, according to the findings, it might be said that the respondents now have grown in knowledge to tell good from harmful of those related practices.

As key care providers in delivery and newborn care in the community, SMPP has involved TBA in the union level activities as possible. Particularly, the Project has attempted to develop a referral linkage between TBA and the formal care providers/facilities. The orientation could contribute in this regard to strengthen the relationship between TBA and FWV as both of them feel the relationship has improved and the number of referral case from TBAs has increased in many unions after the orientation.

9. Recommendations

- The manageable number of a group session was found less than 15, particularly if the session includes a skill practice.
- Sitting arrangement is important for the better concentration of participants. Sitting on the floor was found a suitable arrangement for this type of group session targeted at TBA.
- The findings indicate that 5 danger signs of post-partum women and neonates are less common among the TBA respondents compared to the pregnancy related danger signs. Focused activities as well as IEC materials to promote the awareness on these danger signs at community level need to be introduced.
- The data indicates that the referral linkage between TBA and FWV is still week (less than 30% of TBA respondents seek help from FWV in case of difficult labour). More efforts are necessary for strengthening the relationship between care providers. The Project should facilitate to establish a mechanism whereby FWV provide technical assistance for TBA and all birth attendant work as a team in each model union.
- For retention and application of the participants' knowledge and skills in actual practice, follow-up activities of the orientation need to be provided at union level. Periodical technical session may be given by formal care providers (FWV or SACMO) using the opportunity of Safe Delivery Team meetings in each model union.
- Village doctors were found to be the first referral personnel for many of the TBA respondents. Given this strong linkage between those informal care providers, organising another kind of orientation targeted village doctors need to be considered.

Result of interview with facilitators of TBA Orientation

1. Participant

Q1. Based on your training experience, what do you think of the manageable number of participant? What did you assess the number of participant in our orientation?

A1. Since the orientation was 1-day short session, around 15 participants (like Panchdona union) would be the maximum number. If the number of participants is more than 15, it is difficult to put all of them through skill practice.

Q2. Did you find any difference in response between trained TBA and untrained TBA?

A2. In many Unions, only trained TBA answered the facilitators' questions. Since trained TBAs have confidence in the topic, they participated more actively than un-trained TBAs.

2. Content/Method

Q1. What do you think of the module? Is there any point needs to be improved (topic selected, length, content, method, etc.)?

A1. Topic, Content, and Method, were OK (similar to the training provided by Radda). The length was too short to cover all topics and no time to get feedback from the participants.

Q2. Which topic do you think the most difficult for the participants (danger sign, preparation of delivery assistance, immediate newborn care, PNC/Newborn check-up, good /harmful practice etc?

A2. Post-partum danger signs. While the participants are familiar with danger signs during pregnancy, Post-partum danger signs were new for many of them. Besides, the education material (flip chart) was not quite clear to show the danger signs (many participants could not recognise the pictures of puerperal sepsis and abdominal pain).

Q3. Which topic did you find the most difficult to teach (danger sign, preparation of delivery assistance, immediate newborn care, PNC/Newborn check-up, good /harmful practice etc. →ask in detail)?

A3. Post-partum danger signs. Since the topic was new for the participants, the facilitators had to explain about the topic over and over again in different ways.

Q4. What do you assess the demonstration part (length, space, logistic arrangement etc.)?
Is there any point needs to be improved?

A4. Because of the time constraint, not every participant was able to have skill practice. The participants could be divided into 2-3 small groups so that all of them have skill practice.

Some venues were noisy and it reduced the concentration of the facilitators and the participants during the demonstration sessions.

3. Education material

Q1. Various education materials, such as flip chart, poster, and card were used in the orientation. Which

material do you find the most useful and what is the reason?

A1. Most of education materials were fine except the flip chart of post-partum danger signs.

Q2. Do you think in which way further improvement is necessary on the education materials we used or what kind of education materials you can suggest us to develop?

A2. 2 pictures (puerperal sepsis and abdominal pain) on flip chart (post-partum danger signs) were difficult to recognise.

Showing one time demonstration is not good enough for TBAs to understand the procedures. Better to use DVD materials for reviewing demonstration part (hand washing, cord cutting, drying and wrapping etc.). Basically, TBA likes to watch the visual aids (Video clipping, DVD).

4. Venue arrangement

Q1. In the most of venue, the sitting arrangement was made by putting carpets on the floor. Do you think that particular sitting arrangement made any difference? If yes, in which way?

A1.The participants seemed to be more comfortable and showed better concentration in sitting on the floor. Sitting on the floor allowed the participants to sit close each other and change their posture easily. Sitting on chair caused leg and back pain for many participants and they sometimes needed to go out to have rest.

5. Practice

Q1. Please describe the information (on the following practices) which you got from the participants in the orientation.

Q 1) Breastfeeding (colostrum, initiation of breast feeding, any substance other than breast milk, breast milk substitute, how to bottle feed etc.)

A 1) Recently, the importance of early breast feeding and colostrum have been widely recognised (no one said colostrum is thrown away).

Caw milk diluted with water is usually fed as breast milk substitute. Feeding bottle and rubber nipple is available even in rural area, but they are only washed with water (no sterilisation).

Q 2) Bathing (early bathing, perception on vernix, how to bath etc.)

A 2) Many of them believed that vernix is unholy substance. Therefore, newborn is usually bathed with warm water and soap soon after birth. Mastered oil is commonly applied to skin for removing vernix.

Q 3) Umbilical cord care (any substance applying to cord, cord cutting practice etc.)

A 3) Blade is commonly used for cord cutting, but they are washed with hot water (no sterilisation). Appling antibiotic powder, savlon, hot compression to umbilicus is common.

Q 4) Induction or augmentation of labour

A 4) TBA call village doctor for administrating injectable drugs (normal saline, oxytocin)

Q 5) Referrals chain (who do they usually call when they have complicated labour case)

A 5) Village doctor or pharmacist

6. Other

Q1. Did you find any difference between your TBA training programme and SMPP TBA orientation?
If yes, please specify good points and points need to be improved.

A1. The content of the orientation was almost the same as TBA training provided by Radda MCH-FP centre, but the length was totally different (Radda training lasts at least 6 days). While 20-25 TBAs participate in a batch, the training period is long enough and it is residential, thus the facilitators can spend more time with participants for giving detailed assistance. The training consists of series of practical sessions at class as well as at the hospital and is designed for every participant has each skill practice.

7. Any other recommendation/further comment

- *Better to set up age limit. Some elderly TBAs did not show better concentration in the orientation.*
- *Better not to invite FWV and C-SBA for the orientation. Since those care providers are much familiar with the topic, they cut the session by answering or asking questions in some Unions. If they actively join the session, TBAs hesitate to speak.*
- *It was good if a feedback session was included in the end of the orientation. Having feedback from participants is useful for further improvement.*
- *Need to more focus on PNC and newborn care.*
- *Using video clipping/ DVD is helpful for teaching TBA.*
- *Better to conduct an interview with clients for getting the information on TBAs' actual practice.*
- *Better to consider creating linkage between TBA and UHC. UHC staff could be more involved on TBA related activities.*

Information on traditional custom and practice collected from TBA in the orientation

The following is the information collected from TBA participants during TBA orientation in each model union. The topics are categorised into 4 groups, namely pregnancy, delivery, post-partum, and newborn. As table below shows, traditional belief and custom were most commonly found in diet restriction during pregnancy and post-partum period. Additionally, it was found that various traditional practices are implemented in home delivery assistance, particularly in newborn resuscitation and placenta delivery.

The content of each custom/practice is described as below.

Topic		no. of union
Pregnancy		
1.	Diet restriction	17
2.	Care during pregnancy	1
3.	Restriction on activity	3
Delivery		
4.	Induction or augmentation of labour	4
5.	Care during delivery	7
6.	Delivery of placenta	9
7.	Other (custom)	2
Post-partum		
8.	Diet restriction	12
9.	Care during post-partum	3
10.	Separation and restriction on outings	6
Newborn		
11.	Resuscitation	13
12.	Feeding practice	7
13.	Cord care	7
14.	Other (belief)	1

Pregnancy

1. Diet restriction during pregnancy

- Eating Mrigel fish induces epilepsy (Narayanpur, Doulatpur, Panchdona, Mitzanagar)
- Eating Boal fish (with big mouth) makes the newborn's mouth big (Narayanpur, Mitzanagar)
- Eating Bima fish (slippery, snakelike fish) makes the foetus moves like fish (Narayanpur, Doulatpur, Panchdona, Mitzanagar)
- Eating green papaya induces abortion (Narayanpur)
- Nourished food increase pregnant women's blood volume and this can induce eclampsia (Narayanpur,)
- Taking green coconut water (Dab pani), egg white can cause congenital cataract (Doulatpur)
- Eating Bangee (a kind of fruit with rough skin) makes the newborn skin rough (Doulatpur)
- Having less amount of food is good for keeping newborn's weight low and this avoid difficult labour (Doulatpur, Chalak Chair)
- Eating fruit increases foetal weight and this causes difficult labour (Panchdona)

2. Care during pregnancy

- Applying massage with hot oil for leg oedema (Mitzanagar)

3. Restriction on activity

- Taking food and cutting fish/vegetable during solar or lunar eclipse can cause cleft lip (Thoat Kata) (Narayanpur, Doulatpur)
- Forcing to walk (pregnant women are not allow to sit and lie down) during solar or lunar eclipse (Doulatpur)

Delivery

4. Induction or augmentation of labour

- Using normal saline and injectable oxytocin with IV drip for induction and augumentation of labour (Gorashal, Narayanpur, Chalak Chair, Bangshgali)

5. Care during delivery

- Binding women's upper abdomen with a cloth during delivery for stopping foetus goes up (Doulatpur, Chalak Chair, Danga, Panchdona)
- In order to keep birth attendant's hand free, the protection of perineum during delivery done by foot (Chalak Chair)
- Applying oil to vagina for smooth delivery (Draulpur, Bangshgali)

6. Placenta delivery

- Eating smashed raw turmeric (Knacha Holud) quicken the delivery of placenta (Narayanpur)
- Pushing woman's hair or finger into her mouth to induce vomiting for expulsion of placenta (Doulatpur, Danga, Panchdona, Draulpur, Mitzanagar)
- Breathing into a bottle helps expulsion of placenta (Panchdona)
- Chewing garlic and rice helps expulsion of placenta (Mitzanagar)
- Instead of waiting spontaneous placenta expulsion, manual removal placenta is commonly applied by TBA (Bangshgali)

7. Other (custom)

- Encourage delivery women to wear worn cloths and they are thrown away 7 days after delivery (Doulatpur, Danga)

Post-partum

8. Diet restriction during post-partum

- Encourage post-partum women to have only dry food (Morch, Dhania and Kalozira vorta) and warm water for quick recovery of uterus (normal food and cold water induce neonatal pneumonia) (Doulatpur, Chalak Chair, Danga, Draulpur, Mitzanagar, Bangshgali)
- Tea and Roti (bread) are suitable food for women immediate after delivery (Panchdona)
- Puti fish can cause puerperal sepsis (Panchdona, Mitzanagar)
- Avoid eating fish for 40 days after delivery for prevention neonatal illness (Danga)
- Eating vegetable induce neonatal colic (Danga)
- Avoid drinking too much water (Panchdona)

9. Post-partum care

- Applying heat to lower abdomen for recovery of uterus (Doulatpur)
- Post-partum women need to have a rest for 40 days after delivery (Bangshgali)
- Post-partum women are discouraged to sit with squatting position (Doulatpur)

10. Separation and restriction on outings

- Post-partum women are not allowed to go out for 40 days after delivery (even for seeking treatment at health facilities) (Chalak Chair)
- Post-partum women are not allowed to leave delivery room for few days after delivery (Danga)
- Torn perineum is shame and should be hidden (Chalak Chair)
- In Hindu community, Shuchi ghar (unholy house) is used for delivery and separation of mother/newborn from main house. This Shuchi ghar is destroyed 10-15 days after delivery (Danga, Draulpur)
- Worst place in a house is allocated for delivery room (Danga)

Newborn

11. Resuscitation

- Hanging newborn upside down and slap the back for stimulation (Gorashal, Panchdona, Draulpur, Bangshgali)
- Breathing into newborn's nose and ear for resuscitation (Gorashal,)
- Washing placenta with water for resuscitation (Gorashal, Chalak Chair, Panchdona, Draulpur, Bangshgali)
- Heating placenta with flying pan for resuscitation (Chalak Chair)
- Mouth to mouth breathing for resuscitation (Draulpur, Bangshgali)

12. Feeding practice

- Giving something sweet (honey, sugar water) to newborn as his first feeding makes his voice sweet (Doulatpur, Chalak Chair, Mitzanagar)
- Cleaning newborn's mouth with mastered oil soon after birth (Danga, Draulpur, Mitzanagar, Bangshgali)

13. Cord care

- Applying hot oil to umbilical cord (Doulatpur)
- Applying ash like burned goat dung (Sagoler ladi) to umbilical cord as antiseptic (Panchdona)
- Applying mastered oil to umbilical cord for quicker healing (Panchdona, Draulpur, Mitzanagar)
- Applying Savlon to umbilical cord (Draulpur)
- Applying Nebanol (antibiotic powder) to umbilical cord (Mitzanagar)

14. Other (Belief)

- TBA believe some neonates are born with pneumonia (Mitzanagar)

Safe Motherhood Promotion Project
Guide for TBA Orientation Follow-up Interview

"**Safe motherhood Promotion Project**" is being implemented from July 2006 ~June 2010 in Narsingdi. The Project is aimed at improving the accessibility and utilization of quality maternal and neonatal health (MNH) service for women during pregnancy and childbirth.

Since TBAs are recognised as a key service provider in delivery/Newborn Care in the community, SMPP organised an orientation session on neonatal issues as well as harmful practices in each model Union in February ~ March 2009. This interview is a part of follow-up study of the orientation.

We would highly appreciate it if you will corporate the interview, giving your frank opinion and thoughts. Data gathered through this interview will be dealt as confidential. Although collected and analysed data will be presented to the project related personnel, each answer sheet of this interview guide will not appear in public.

Identification		
Name:		
Name of Upazila:	Name of Union:	Name of village:
□1. Untrained TBA □ 2. Trained TBA *Specify (training was provided by which organisation?)* _____		

Section 1 Questions relating to danger sign		
1.	What are the 5 danger signs of pregnant woman?	□ 0. Do not know □ 1. Fever □ 2. Headache/oedema □ 3. Vaginal bleeding □ 4. Convulsion □ 5. Prolonged labour
2.	What are the 5 danger signs of neonates?	□ 0. Do not know □ 1. Respiratory distress □ 2.Convulsion □ 3. Feeding difficulty □ 4. Fever □ 5. Umbilicus infection
3.	What are the 5 danger signs of post-partum woman?	□ 0. Do not know □ 1. Fever □ 2. Foul smelling discharge □ 3. Vaginal bleeding □ 4. Severe abdominal pain □ 5. Convulsion
Section 2 Questions relating to delivery assistance		
4.	How many deliveries did you assist last month? (if respondent did not assist any delivery last month, ask about previous month) *Specify* _____ *times/last month*	
5.	Who do you usually call when you have difficult delivery case? *Tick all which apply*	□ 1. Village doctor □ 2. FWV □ 3. C-SBA □ 99. Other *specify*_____
6.	Which health facility do you usually refer your client? *Tick all which apply*	□ 1. FWC □ 2. UHC □ 3. MCWC □ 4. Sadar Hospital □ 5. District Hospital □ 6. NGO clinic □ 7. Private clinic □ 99. Other *specify*_____

Section 3 Questions relating to practice/daily activity		
7.	Do you think the orientation provided by JICA made any change in your practice?	☐ 1. Yes If " Yes" → Q8 ☐ 2. No If " No" → Q9
8.	If yes, what kind of changes? *Tick all which apply*	☐ 1. Stop early bathing ☐ 2. Stop applying something to umbilical cord ☐ 3. Start early breastfeeding ☐ 4. Sterilising materials ☐ 5. Hand washing before delivery ☐ 6. Cord cutting (any practice related to cord) ☐ 7. Drying and wrapping ☐ 8. Early referral, if there is complications ☐ 9. Recognition of danger signs of mothers ☐ 10. Recognition of danger signs of neonates ☐ 99. Other *specify* _____
9.	After the orientation, have you started providing any information or health education to your community?	☐ 1. Yes If " Yes" → Q10 ☐ 2. No If " No" → Q11
10.	If yes, what kind of information have you disseminated? *Tick all which apply*	☐ 1. Danger signs during pregnancy ☐ 2. Danger signs for post-partum women ☐ 3. Danger signs for neonates ☐ 4. Services available at FWC / Sub-centre ☐ 5. ANC / PNC / Newborn Care ☐ 99. Other *specify*_____
Section 4 Questions relating to relationship with formal care providers		
11.	After the orientation, has there been any change on relationship with FWV in your Union (particularly in case referral)?	☐ 0. Nothing ☐ 1. Make phone call to seek FWV's help in case of emergency ☐ 2. Refer complicated cases to FWV (FWC or Satellite Clinic) ☐ 3. Encourage pregnant women to utilise maternal and neonatal health services at FWC/Satellite Clinic ☐ 99. Other: *specify*_____
12.	**Ask this question to FWV** After the orientation, has there been any change on the relationship with TBA (particularly in case referral from TBA)?	☐ 0. Nothing ☐ 1. Receive phone call from TBA to seek help in case of emergency ☐ 2. Increase the number of referral cases (FWC or Satellite Clinic) ☐ 3. Increase the number of ANC/PNC client at FWC/Satellite Clinic ☐ 99. Other: *specify*_____

Section 5 Questions relating to orientation		
13.	Which topic did you find most useful?	□ 1.Danger signs of pregnancy, post-partum and neonate □ 2. Necessary preparation for delivery assistance (hand washing, sterilising materials) □ 3. Immediate newborn care (cord cutting, drying and wrapping newborn) □ 4. Good/Harmful practices (bathing, exclusive breastfeeding, umbilicus care, and unnecessary injection during delivery) □ 99. Other *specify*_____
14.	Which topic did you find difficult?	□ 1.Danger signs of pregnancy, post-partum and neonate □ 2. Necessary preparation for delivery assistance (hand washing, sterilising materials) □ 3. Immediate newborn care (cord cutting, drying and wrapping newborn) □ 4. Good/Harmful practices (bathing, exclusive breastfeeding, umbilicus care, and unnecessary injection during delivery) □ 99. Other *specify*_____
15.	Describe if you have made any other change in your knowledge, skill, and behaviour after the orientation.	

Any further comment

Annex 4: List of participant (Interviewees are shaded in gray)

	Name of Participant	Village	Union	Upazila	Untrained TBA
1.	Rahima Begum	Tangorpara	Ghorashal	Palash	
2.	Nasima Begum	Paiksha	Ghorashal	Palash	
3.	Jostna Begum	Dharartag	Ghorashal	Palash	
4.	Feroza Begum	Tagpara	Ghorashal	Palash	
5.	Korfun Nessa	Tagpara	Ghorashal	Palash	
6.	Nurun Nahar	Baghpara	Ghorashal	Palash	
7.	Moyna Rani Gosh	Varariapara	Ghorashal	Palash	
8.	Shamsun Nahar	Vaigerpara	Ghorashal	Palash	
9.	Mitu	East Palash	Ghorashal	Palash	
10.	Dud Meher	Vaigerpara	Ghorashal	Palash	
11.	Amena Begum	Baghpara	Ghorashal	Palash	
12.	Halema Begum	Kartatail	Ghorashal	Palash	
13.	Ferdousi Akter	Ghara charpara	Ghorashal	Palash	
14.	Momeza Khanum	Balucharpara	Ghorashal	Palash	
15.	Shamsun Nahar	Varariapara	Ghorashal	Palash	
16.	Shayera Begum	Khalishkartag	Ghorashal	Palash	
17.	Mina	Khalishkartag	Ghorashal	Palash	
18.	Solema Khatun	Alirtag	Ghorashal	Palash	
19.	Fatema Begum	Kutirpara	Ghorashal	Palash	
20.	Jahanara	North Charpara	Ghorashal	Palash	
21.	Fatema	Varariapara	Ghorashal	Palash	
22.	Nurun Nahar	Kajor	Danga	Palash	✓
23.	Lovely Begum	Danga	Danga	Palash	✓
24.	Momotaz Begum	Ghalimpur	Danga	Palash	
25.	Afsari Khanum	Virinda	Danga	Palash	✓
26.	Fatema Akter	Virinda	Danga	Palash	
27.	Afroza Begum	Virinda	Danga	Palash	✓
28.	Fazila Begum	Ghalimpur	Danga	Palash	
29.	Tofura Begum	Kenduyab	Danga	Palash	
30.	Ashu Rani	Shantanpara	Danga	Palash	
31.	Rubina Begum	Khilpara	Danga	Palash	✓

32.	Mohumaya Rani Ghosh	Hasonhata	Danga	Palash	✓
33.	Rekha Rani Shil	Hasonhata	Danga	Palash	✓
34.	Rehana Akter	Hason hata	Danga	Palash	✓
35.	Renu Begum	Taltala	Danga	Palash	
36.	Marufa Begum	Dashpara	Danga	Palash	
37.	Lili Akter	Virinda	Danga	Palash	✓
38.	Sufiya Khatun	Hasonhata	Danga	Palash	
39.	Halima Begum	Virinda	Danga	Palash	
40.	Hasnara Begum	Mathichar	Danga	Palash	
41.	Rowshan Ara	Jongua	Narayanpur	Belabo	
42.	Halema Begum	Dorikandi	Narayanpur	Belabo	
43.	Rokeya Begum	Kukurmara	Narayanpur	Belabo	
44.	Rowshan Ara	Kukurmara	Narayanpur	Belabo	
45.	Bedena Begum	Tan Laxmipur	Narayanpur	Belabo	
46.	Mofiza Khatun	Tan Laxmipur	Narayanpur	Belabo	✓
47.	Amina Begum	Naraynpur	Narayanpur	Belabo	✓
48.	Ganga Rani	Narayanpur	Narayanpur	Belabo	
49.	Rezia Begum	Vater Char	Narayanpur	Belabo	
50.	Shahara Begum	Hossain nagar	Narayanpur	Belabo	
51.	Rezia Begum	Hossain nagar	Narayanpur	Belabo	
52.	Rahela Begum	Jalalabad	Narayanpur	Belabo	
53.	Romana Begum	Jalalabad	Narayanpur	Belabo	
54.	Sharjahan Begum	Khamarer Char	Narayanpur	Belabo	
55.	Nilufa Begum	Botiband	Narayanpur	Belabo	
56.	Farida Begum	Patiladhoa	Narayanpur	Belabo	
57.	Minara Begum	Gobindapur	Narayanpur	Belabo	
58.	Fazila Begum	Tan Laxmipur	Narayanpur	Belabo	
59.	Sofia Begum	Narayanpur	Narayanpur	Belabo	✓
60.	Minara	Daoulatpur	Daulatpur	Monohardi	✓
61.	Azufa Begum	Harinarayanpur	Daulatpur	Monohardi	✓
62.	Jostna Begum	Nischantapur	Daulatpur	Monohardi	✓
63.	Milon Rani	Nischantapur	Daulatpur	Monohardi	✓

64.	Farida parvin	Kerani Nagar	Daulatpur	Monohardi	✓
65.	Fazila	Daulatpur	Daulatpur	Monohardi	
66.	Amowara	Daulatpur	Daulatpur	Monohardi	✓
67.	Zarina Begum	Kocher Char	Daulatpur	Monohardi	✓
68.	Deloara	Kerani Nagar	Daulatpur	Monohardi	✓
69.	Maleka Begum	Kitti Bashdi	Daulatpur	Monohardi	✓
70.	Solema	Kerani Nagar	Daulatpur	Monohardi	
71.	Firoza	Kitti Bashdi	Daulatpur	Monohardi	✓
72.	Falani Begum	Daulatpur	Daulatpur	Monohardi	✓
73.	Nazma Begum	Kitti Bashdi	Daulatpur	Monohardi	✓
74.	Minara begum	Kitti Bashdi	Daulatpur	Monohardi	
75.	Rangshari rani	Kocher Char	Daulatpur	Monohardi	✓
76.	Fuler Shari Rani	Kocher Char	Daulatpur	Monohardi	✓
77.	Romiza Begum	Daulatpur	Daulatpur	Monohardi	✓
78.	Rabiya	Pathordia	Daulatpur	Monohardi	✓
79.	Sufia	Kocher Char	Daulatpur	Monohardi	
80.	Mokbuler Nessa	Daulatpur	Daulatpur	Monohardi	
81.	Shirina Akter	Kocher Char	Daulatpur	Monohardi	✓
82.	Shamsun Nahar	Chalakchar	Chalakchar	Monohardi	✓
83.	Monoyara Begum	Hafizpur	Chalakchar	Monohardi	✓
84.	Morium	Hafizpur	Chalakchar	Monohardi	
85.	Rabiya	Hafizpur	Chalakchar	Monohardi	
86.	Kamali Begum	Hafizpur	Chalakchar	Monohardi	✓
87.	Abeda Begum	Changain	Chalakchar	Monohardi	
88.	Sufia Begum	Hafizpur	Chalakchar	Monohardi	
89.	Amina	Hafizpur	Chalakchar	Monohardi	
90.	Zaheda	Baghber	Chalakchar	Monohardi	
91.	Mazeda	Baghber	Chalakchar	Monohardi	
92.	Anowara	East Chalakchar	Chalakchar	Monohardi	✓
93.	Rabeya Begum	Chalakchar	Chalakchar	Monohardi	
94.	Vimola Rani	Chalakchar	Chalakchar	Monohardi	✓
95.	Nurjahan	Chalakchar	Chalakchar	Monohardi	✓
96.	Nargis Begum	Chalakchar	Chalakchar	Monohardi	✓

97.	Fazila Begum	Chalakchar Charpara	Chalakchar	Monohardi	✓
98.	Aklima Begum	West Chalakchar	Chalakchar	Monohardi	✓
99.	Rehana Begum	Middle Chalakachar	Chalakchar	Monohardi	✓
100.	Rezuyana	Kamar Algi	Chalakchar	Monohardi	✓
101.	Mazeda Begum	Middle Chalakachar	Chalakchar	Monohardi	✓
102.	Parvin Akter	Middle Chalakachar	Chalakchar	Monohardi	✓
103.	Feroza Begum	Masimpur	Chalakchar	Monohardi	✓
104.	Porisha begum	Hafizpur	Chalakchar	Monohardi	
105.	Anowara	Baghber	Chalakchar	Monohardi	✓
106.	Mersia Begum	Middle Hafizpur	Chalakchar	Monohardi	✓
107.	Fatema Begum	Tangi	Panchdona	Sadar	
108.	Sharban	Bhatpara	Panchdona	Sadar	
109.	Rabeya Begum	Chakshal	Panchdona	Sadar	
110.	Rowshanara	Nehab	Panchdona	Sadar	
111.	Anowara Begum	Chamarchar	Panchdona	Sadar	✓
112.	Fatema	Gussagram Lashkerpara	Panchdona	Sadar	
113.	Gholatun	Shoil Bari Kulait	Panchdona	Sadar	✓
114.	Firoza Begum	Kulait Madurtag	Panchdona	Sadar	✓
115.	Fatema	Char Madhabdhi	Panchdona	Sadar	✓
116.	Rezia Begum	Ashmandirchar	Panchdona	Sadar	
117.	Hoshnara	Nagar Panchdona	Panchdona	Sadar	✓
118.	Indrabala Shutradhar	Khidirpar	Panchdona	Sadar	
119.	Shur Akter	Nehab	Panchdona	Sadar	
120.	Renu Begum	Charpara	Panchdona	Sadar	
121.	Somirun	Cackshia	Panchdona	Sadar	
122.	Lutfa Begum	Dulalpur	Dulalpur	Shibpur	
123.	Shamima Begum	Dulalpur	Dulalpur	Shibpur	
124.	Dud Meher	Lackpur	Dulalpur	Shibpur	
125.	Fatema	Adarsagram	Dulalpur	Shibpur	
126.	Shamsun Nahar	Manikdhi	Dulalpur	Shibpur	
127.	Anowara Begum	Lackpur	Dulalpur	Shibpur	
128.	Bashenti Rani	Vitachinadi	Dulalpur	Shibpur	
129.	Mukteja Begum	Shimulia	Dulalpur	Shibpur	

130.	Amena	Paratala	Dulalpur	Shibpur	
131.	Rahela Begum	Manikdhi	Dulalpur	Shibpur	
132.	Ashiya Begum	Shimulia	Dulalpur	Shibpur	
133.	Poriza Begum	Shatpakia	Dulalpur	Shibpur	
134.	Jahanara	Shatpakia	Dulalpur	Shibpur	
135.	Zahera Begum	Shatpakia	Dulalpur	Shibpur	
136.	Fahima Begum	Vitachinadhi	Dulalpur	Shibpur	
137.	Jostna Begum	Lackpur	Dulalpur	Shibpur	
138.	Sufia Begum	Ali Nagar	Dulalpur	Shibpur	
139.	Jostna Begum	Chandibardi	Dulalpur	Shibpur	✓
140.	Shahera Begum	Ghorbari	Dulalpur	Shibpur	
141.	Nupur	Ali Nagar	Dulalpur	Shibpur	
142.	Julikha	Baher Char	Mirzanagar	Raipura	
143.	Anowara Begum	Baher Char	Mirzanagar	Raipura	
144.	Sufia Begum	Baher Char	Mirzanagar	Raipura	
145.	Khadija Begum	Baher Char	Mirzanagar	Raipura	
146.	Nurjahan Begum	Hugla Kandi	Mirzanagar	Raipura	
147.	Nazmun Nahar	Hugla Kandi	Mirzanagar	Raipura	
148.	Rashida Khanum	Hugla Kandi	Mirzanagar	Raipura	✓
149.	Hasiba	Hugla Kandi	Mirzanagar	Raipura	
150.	Sufia Begum	Bangali Nagar	Mirzanagar	Raipura	
151.	Golapi Begum	Bangali Nagar	Mirzanagar	Raipura	
152.	Ambiya khanum	Pathanpara	Mirzanagar	Raipura	
153.	Rokeya Begum	Mirzanagar	Mirzanagar	Raipura	
154.	Jostna Begum	Mirzanagar	Mirzanagar	Raipura	
155.	Janaber Bebum	Mirzanagar	Mirzanagar	Raipura	
156.	Firoja Begum	Purbokandi	Mirzanagar	Raipura	
157.	Rakiba Khanum	Hatubanga	Mirzanagar	Raipura	
158.	Hazera Begum	Hatubanga	Mirzanagar	Raipura	
159.	Renu Begum	Mirzanagar	Mirzanagar	Raipura	
160.	Saleha Begum	Mirzanagar	Mirzanagar	Raipura	
161.	Ambiya Khatun	Mirzanagar	Mirzanagar	Raipura	
162.	Sahara Khatun	Hugla kandi	Mirzanagar	Raipura	

163.	Rashida Begum	Mirzanagar	Mirzanagar	Raipura	
164.	Shelina Begum	Baher Char	Mirzanagar	Raipura	
165.	Fatema	Hatubanga	Mirzanagar	Raipura	
166.	Jobeda Begum	Chenderkandi	Bashgari	Raipura	
167.	Golapi Begum	Baluakandi	Bashgari	Raipura	
168.	Farida Begum	Baluakandi	Bashgari	Raipura	
169.	Rawsanara	Baluakandi	Bashgari	Raipura	✓
170.	Mongoli	Baluakandi	Bashgari	Raipura	✓
171.	Parboti	Baluakandi	Bashgari	Raipura	
172.	Amina Begum	Digaliya Kandi	Bashgari	Raipura	
173.	Jarna Begum	Digaliya Kandi	Bashgari	Raipura	✓
174.	Sarifa Begum	Digaliya Kandi	Bashgari	Raipura	
175.	Safia Begum	Digaliya Kandi	Bashgari	Raipura	
176.	Chinu Bala	Digaliya Kandi	Bashgari	Raipura	✓
177.	Bazister	Sobanpur	Bashgari	Raipura	✓
178.	Aysa Khatun	Bottoli Kandi	Bashgari	Raipura	
179.	Aliya Begum	Bottoli Kandi	Bashgari	Raipura	
180.	Aysha	Bottoli Kandi	Bashgari	Raipura	✓
181.	Rozina Khatun	Charmegna	Bashgari	Raipura	✓
182.	Awa labu Nesa	Char Megna	Bashgari	Raipura	
183.	Hazera khatun	Char Megna	Bashgari	Raipura	
184.	Moyna Begum	Dobarkandi	Bashgari	Raipura	
185.	Shajeda Begum	Dobarkandi	Bashgari	Raipura	
186.	Rebeka Begum	Dobarkandi	Bashgari	Raipura	✓
187.	Jobeda khatun	Chander Kandi	Bashgari	Raipura	
188.	Amina Begum	Chander Kandi	Bashgari	Raipura	
189.	Aysa Begum	Char Megna	Bashgari	Raipura	✓

Report on

Safe Motherhood Day Observation
May 2009, Norsingdi

Abstract:

Background: SMPP observed the Safe Motherhood Day (SMD) 2009 based on learning of previous year's SMD. The day was observed this year without offering any incentive to the clients.

Objective: The primary objective of observing the SMD was to increase coverage for ANC and PNC and improve awareness among pregnant women on five danger signs of pregnancy, birth planning and neonatal care.

Implementation: The SMD was observed as “ANC/PNC Service Delivery Day” at nine model unions of six upazilas. Prior to SMD, the eligible women were identified and registered in the community and provided with a registration/service slip for taking services from specific points. Information about SMD was also disseminated through miking. The event was observed for three days (26-28 May) at all the unions except for Panchdona (observed for one day). The pregnant and postpartum women received ANC and PNC services and information on five danger signs of pregnancy, birth planning and neonatal care.

Results: Results show that 84% (2,273) of the targeted women (2,700) received ANC/PNC services. Number of women received ANC was 2,077 (91% of all women received services). This figure is a bit lower than the previous year's SMD (2,438). Highest number of women received services at Palash upazila. Only 196 women received PNC on the occasion, which may be because of social and cultural taboos prevailing in the community. Monitoring and interview with the women indicate that they received quality services this year compared to previous year.

Conclusion: Observation of SMD as “ANC/PNC Service Delivery Day” is effective in mobilizing the pregnant women for taking ANC even without any incentive.

Recommendations: The SMD as "ANC/PNC Service Delivery Day" may be observed nationwide maintaining quality of services. The day should be observed for at least three days, if ANC/PNC service delivery is planned. Local government body plays an important role on SMD and they should always be involved with such an event.

1. Background

Safe Motherhood Day (SMD) is observed on 28 May with aim to create awareness among general people to make pregnancy and child birth safer. This year (2009) the Government of Bangladesh (GOB) has decided to observe the day nationwide after a long gap. The theme of the SMD 2009 was "Ensure Safe Motherhood, Build Healthy Nation".

Supported by JICA, the Safe Motherhood Promotion Project (SMPP) is being implemented by the MOH&FW at Narsingdi on pilot basis since July 2006. SMPP has been observing the SMD at Narsingdi since 2007 with the government's permission. For the first time in 2008, SMPP observed the SMD as "ANC/PNC Service Delivery Day", and to attract the pregnant women JICA provided colorful umbrella as an incentive to the service recipients. About 2,500 women received ANC/PNC services on SMD 2008. Keeping in mind the recommendations of SMD 2008 and to see the turn over of pregnant women for ANC/PNC services without incentive, SMD 2009 was planned.

2. Objectives

In the vein of last year, it was decided to observe the SMD 2009 as “ANC/PNC Service Delivery Day” to promote ANC and PNC, create awareness on five danger signs of pregnancy and birth planning especially among the pregnant and lactating women. The specific objectives were to:

- Identify and register all the pregnant women in the model unions
- Provide quality ANC and PNC services to the pregnant and postpartum women
- Provide health education on five danger signs of pregnancy, birth planning and neonatal care

3. Planning and Implementation

Advocacy and planning meetings were organized at Upazila and union levels to plan and observe the day involving the government officials of health and family planning wings, local government bodies, NGOs and stakeholders. Detail local level plans were developed and necessary preparations were discussed in the meeting to observe the day. The project decided not to provide any incentive to the clients this time as provided last year. However, it was decided to ensure iron-folic acid tablets to all the pregnant and postpartum women. Accordingly, SMPP provided iron-folic acid tablets to all the service delivery points before the SMD.

Based on the last year's experience and recommendations, the SMD was observed for 3 consecutive days (26-28 May) at eight model unions of five Upazilas. The day was observed for a single day (28 May) at Panchdona of Sadar Upazila. Before the SMD, all the pregnant women were identified in the community and provided with a service/registration slip, developed by the project with clients' identity and time and place of service, with the assistance of the health and family planning field workers, NNP (National Nutrition Program) field staff, and NGO workers. In order to reduce the time for registration procedure at service centers, a partly filled out ANC card (general information part only) was also distributed in some unions along with the service/registration slip in advance to newly identified pregnant

women. Information about the services was disseminated through miking in the unions. Local government bodies and elites were involved in all the steps of planning and implementation process. The services were provided from the FWCs, community clinics and satellite clinics from 9:00 am to 3: pm. Local NGOs (BWHC and PSTC) also participated in the program (where it was available) and provided free services on the occasion. Some of the service delivery points had more than one booth. The ANC/PNC service was provided either by FWV or CSBA and was assisted by FWA, HA, NNP staff and JOCVs. Necessary logistics, such as BP machine, weighing scale, examination beds etc. were made available at the service delivery points for quality services. To manage large number of clients and provide quick services, FWVs and CSBAs from neighboring unions were engaged on the SMD. The women attended the service centers received ANC or PNC with iron-folic acid tablets and five-danger sing and birth planning card. They were also provided group health education focusing on five danger signs of pregnancy, birth planning and neonatal care etc.

In order to manage a large number of patients, efficient service flow was considered in each union with the care providers. The following is the typical client flow that was adopted in many unions.

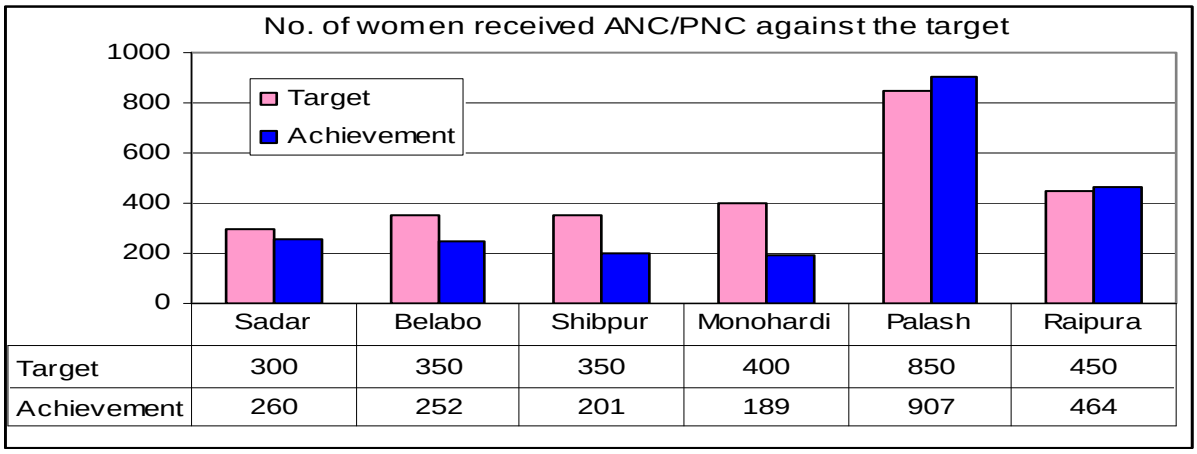
	Service component	**Provider**	**Other**
1.	Group health education	FWA	Group session was organized using waiting time (at specific time intervals or when they have a certain number of waiting clients)
2.	Registration	FWA	Client's information was recorded on a registration book/sheet and ANC card (some unions distributed partly filled out ANC card in advance)
3.	Weight/height check	FWA	A weight/height scale was placed at the registration booth so that FWA could complete the checking and registration at the same time
4.	Blood pressure check	C-SBA or SACMO	A particular space for taking blood pressure was arranged next to registration booth or in another room
5.	Abdominal palpation	FWV or CSBA	Physical examination was done at isolated area/room to maintain privacy
6.	Face to face consultation	FWV or CSBA	Iron/folic acid was distributed to each client during face to face consultation
7.	Iron/folic acid distribution	FWV or CSBA	
8.	Complete filling out ANC card/registration book	FWV or CSBA	As only one registration book was available in each union, some unions prepared a temporary sheet for each booth as a substitute. FWV compiled all the information of the temporary sheets on the registration book at the end of the day. One union kept the registration book at the registration booth, and asked patients to return to the booth so that FWA could transfer all data to the original book.

In some unions special events, such as discussion meeting (e.g., Panchdona union, where one Parliament Member attended the meeting), distribution of "matir bank" to pregnant women, blood grouping of pregnant women, rally, and essay completion at schools were organized on the occasion. Prizes were distributed to the winners by the UP Chairman and local elites. All

the activities were closely monitored by the GOB's field level, Upazila and district level managers along with JICA and other stakeholders.

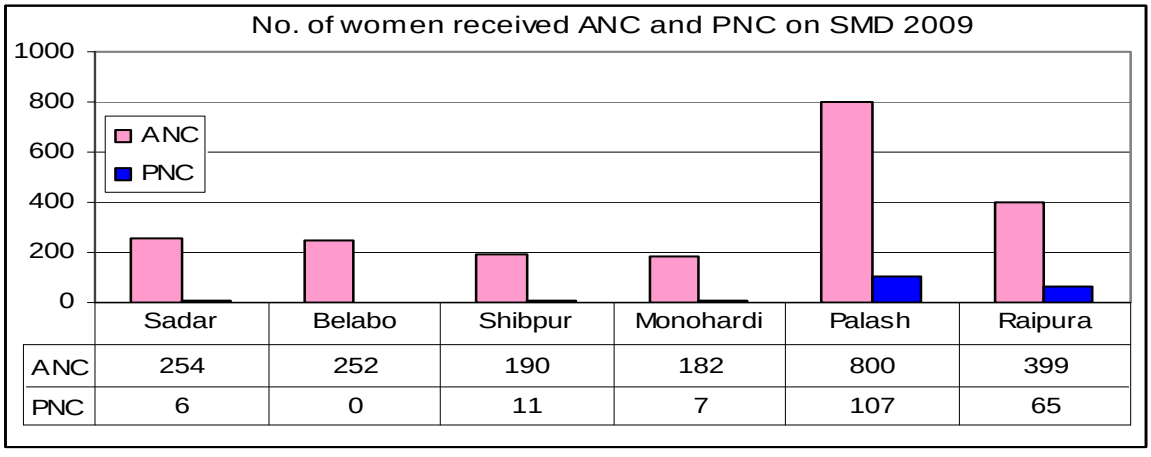
4. Achievements:

The SMD 2009 was observed at all the nine model unions, as planned. The day was, however, observed at all the unions of Shibpur upazila. In total 2,700 service slips (target) were distributed to pregnant and postpartum women for taking the services. Of them, 2,273 (84%) women received services at nine model unions (fig 1). The target was exceeded at Palash and Raipura upazila as women from neighboring unions also came to receive the services. Majority (91%) of the women received ANC services. Highest number of ANC (800) and PNC (107) was provided at two model unions of Palash Upazila (fig 2).



	Sadar	Belabo	Shibpur	Monohardi	Palash	Raipura
Target	300	350	350	400	850	450
Achievement	260	252	201	189	907	464

*Target is the no. of service slips distributed



	Sadar	Belabo	Shibpur	Monohardi	Palash	Raipura
ANC	254	252	190	182	800	399
PNC	6	0	11	7	107	65

*Note: There is one model union at all the upazilas except for Palash and Raipura, where there are two model unions.

Data collected during monitoring visits (using checklist) from the women received services on SMD (exit interview) indicate that all the women received iron-folic acid tablets, ANC/PNC and five danger sign cards. The BP was checked and physical examination was done at all the centers indicating quality services on that day.

Compared to last year, the program was managed better this year. In some service centers canopy (temporary shelter) was made with chairs for waiting clients. Health education focusing on five danger signs, birth planning and neonatal care was provided to the waiting

clients. High turn over of clients indicate that even without incentive women are willing to receive ANC/PNC services if the service quality is good and convenient. However, only a few women (196) received PNC services (57 received PNC on SMD 2008). The reasons for low turn over may be social and cultural taboos that need to be identified for better planning in the future.

5. Lessons learned:

1. Some new pregnant women were identified and registered on the occasion of SMD. Even without incentive SMD campaign could effectively mobilize the pregnant and postpartum women for taking ANC/PNC services. Although, SMD was observed only at 9 model unions, women from neighboring unions also came to receive the services. Therefore, SMD if observed as a "Service Delivery Day", is an effective approach to identify and register pregnant women and provide ANC services in the community.

2. All the activities of SMD were planned and implemented by the government in close collaboration with SMPP staff and other stakeholders. The government staffs were found to be efficient enough to organize and manage such an event if they receive necessary support.

3. Good planning and defining clear responsibility of staff is the key to success to organize such an event. ANC/PNC service quality can be maintained on such special event if the service centers are provided with necessary equipment and logistics along with close monitoring and supervision.

4. Prior identification of target women and distribution of service/registration slips (with the name of pregnant women, husband's name, address, date, time and place for taking services) was found to be effective in organizing and managing the services systematically. As approximate time for service delivery was mentioned on each slip, it was possible to prevent rush at a particular hour and reduce the waiting time for services.

6. Recommendations:

1. SMD should be observed as a "Service Delivery Day" nationwide to increase awareness on five danger sings and increase coverage for ANC/PNC. The day should be observed at least for three days (one day is not enough), if ANC/PNC services are planned on the occasion. Spreading of services over a period of three days help reduce pressure on the service providers and provide quality ANC and PNC services with less waiting time for the clients.

2. Emphasis should be given on quality of ANC/PNC services through providing necessary equipment, logistics and supplies. Otherwise, women may not be interested to take the services in the future events.

3. The field staff and managers can take advantage of the updated pregnancy register to follow up the registered pregnant women for follow-up visits to achieve the minimum recommended 4 ANC visits during pregnancy.

4. It is very important to involve the local government in the program. In some unions they offered special programs by their own initiatives and managing budgets from UP fund.

5. Out of three days, one specific day may be fixed for providing PNC services to increase PNC coverage. However, this needs to be tested before any concrete recommendation is made.

6. Few women came to receive PNC services as observed during SMD in consecutive two years. Investigation needs to be done to find out the reasons for low turnover for future programming.

Annex 1. Registration and service delivery slip

SL:

wbivc` gvZ…Z¡ w`em 20

GGbwm ‡mev cÖ`v‡bi Rb¨ Mf©eZ©x gv‡qi †iwR‡ó^{a}kb wmøc

ZvwiL: _____mgq: _____

bvg: _____

¯^vgxi bvg: _____

‡mev ‡K›`^{a}: _____

IqvW© bs: _____ BDwbqb: _____

Dc‡Rjv: _____ †Rjv: biwms`x

`„wó AvKl©b: Kv‡W© D‡jøwLZ ZvwiL I mgq †gvZv‡eK

†mev †K‡›`^{a} Dcw¯’Z vK‡eb|

Annex 2: SMD Monitoring checklist

Place of visit: _____

Date of visit: _____

Time of visit: _____

Name of visitors: _____

_____

_____

Observations:

No. of slips distributed for services:	
No. registered at the centre at the time of visit:	
Service providers actually giving ANC/PNC:	FWV/ SACMO/ CSBA/ Nurse/ others (specify):
How many booths are arranged?	
Logistics:	
BP machine:	Present/ Absent
Stethoscope:	Present/ Absent
Weighing scale:	Present/ Absent
Examination table:	Present/ Absent
Iron tablets:	Present/ Absent
Waiting area:	
Chair	Present/ Absent
Fan	Present/ Absent
Water	Present/ Absent
Penndel	Present/ Absent
Exit interview (interview at least 3)	
Received iron tablest?	
BP checked?	
Abdomen checked?	
Received health education?	
Received danger sign card?	

Other comments: