



Safe Motherhood Promotion Project (SMPP)

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

QUARTERLY PROGRESS REPORT

July to September 2009



Japan International Cooperation Agency (JICA)

1. Introduction

Safe Motherhood Promotion Project (SMPP) has initiated its interventions in July 2006 in Narsingdi District. This is the 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 district during four years of implementation and envisages replicating good practices proven in Narsingdi to other districts.

This is the progress report of SMPP for the period of July to September 2009. In this report following activities are highlighted:

- Hospital Improvement Activity
- Model Union Activity
- Community Support System (CmSS)
- Community based Skilled Birth Attendant (C-SBA) related activity
- Exchange visit to India
- SMPP Dissemination Workshop at Dhaka
- Upazila Project Implementation Committee (UPIC) meeting
- Others
- Visitors

2. Major Activities Implemented

2-1. Hospital Improvement Activities

The project organized training on infection prevention practices at Monohardi UHC during this period. The overall objective of this training was to improve the skills and understanding of the participants to prevent hospital acquired infections and thus, to improve the quality of services. The curriculum included hand washing, decontamination (with 0.5% chlorine solution) and sterilization of equipment, house keeping and waste disposal. This was a practical hands-on skill-based training for all categories of staff, especially for those who are involved in clinical care services. The duration of the training was one day (9:00 am to 3:00 pm). In total 36 staff members were trained in two batches at the facility. Follow up visit showed some positive changes at the facility, such as staff prepare chlorine solution and decontaminate equipment correctly, some of the staff started using personal towel, sterilization (autoclave and high level disinfection) is being done properly and sharps are preserved in safety box before final disposal.

It has been observed in hospital practices that many of the complicated pregnant women are mal-treated in the community by the village practitioners before coming to hospitals. Such practices in the community not only delay shifting of the patient to hospital, but also aggravate complications due to the use of inappropriate/dangerous drugs. Considering these problems, SMPP organized a half-day orientation for 23 village doctors at Bashgari union of Raipura Upazila to improve their knowledge/understanding about pregnancy complications and harmful effects of commonly used drugs during pregnancy to prevent mal-treatment and encourage early referral of pregnancy complications.

EOC team meetings were held at Palash, Raipura, and MCWC to review the EmOC activities and implementation of action plan that they had developed earlier. The EOC team members assessed their facilities before the meeting using the quality checklist to provide feedback about the quality of services and further action plan development. In the meeting they also reviewed their EmOC performance and discussed for further improvement.



[EOC team meeting at Palash]



[Ultrasonograph provided to District Hospital]

JICA provided an Ultrasonogram machine to District Hospital. During this period SMPP has renovated the delivery room and OT of Monohardi UHC including a separate space for post-operative patients in the female ward. To assist MCWC to organize quality training, SMPP provided some chairs for the training room. This would help the facility to better organize the ongoing CSBA training being conducted in collaboration with the Sadar hospital.



[Partition for post-operative patients at Monohardi UHC]



[After renovation of Monohardi UHC OT]

The project trained 7 Senior Staff Nurses and 2 FWVs on midwifery from district, Upazila and union level facilities to improve their skills for conducting normal delivery during January and February 2009. The follow-up of these trainees was conducted during this period as planned. The follow-up evaluation indicates that although, their retention of knowledge was satisfactory, some (three) of them could not demonstrate the skills as learned in the training. This may be because the trained nurses were not placed in the delivery room after the training mainly due to shortage of nursing staff at the facilities. The project has decided to implement the recommendations of the follow-up team in the next quarter.

2-2. Model Union Activity

On the occasion of World Population Day, Danga Union of Polash Upazila, Narsingdi, one of model unions, was awarded as best performing FWV and FWC in Dhaka Division. It was encouraging for SMPP that our Model Union has been recognized by its excellent performance in the division. Sadar Upazila got an award for best performing FWA in the Dhaka Division as well. Congratulations, Narsingdi!

The Safe Delivery Team of each Model Union has organised regular team meeting to discuss MNH related issues as well as monitor the progress of the action plan implementation. Eight out of 9 Safe Delivery teams initiated a technical session under the leadership of FWV. In total, 10 technical sessions were organised by the end of September 2009. Since the topic of the session is delivery related matters such as pregnancy/delivery complications and newborn care, not only the team members but also all trained TBAs in the union are invited to the session. Thus the session has provided a good opportunity for TBAs to refresh their knowledge and skill. Apart from the Safe Delivery Team meeting, the FWVs in two unions (Mitzanagar and Danga) started organising another meeting with TBAs in the Union. The meeting is called as 'Birth Attendant meeting' and it focuses on technical issues such as the management of complications and delivery assistance. The reason for organising Birth Attendant meeting separately is that it is often difficult to discuss those technical issues in the Safe Delivery Team meeting as many members are non technical person (local leader, CmSS representative, and religious leader) and do not need to be involved in the discussion. SMPP expects that this Birth Attendant meeting will be the initiative to strengthen the linkage among those formal and informal MNH care providers at community level.

In this quarter, SMPP organised training on ANC for FWVs and CSBAs in selected 5 Model Unions (Mitzanagar, Daulatpur, Dulalpur, Danga, and Charakchair). The training was held at each H&FWC with face-to-face with the FWV and CSBAs of the union. In total, 9 FWVs/ CSBAs participated in the training. The session included a discussion on functional room/logistic arrangement for ANC consultation at the facility. Considering efficient ANC service flow, the room arrangement for consultation as well as necessary logistics was re-assessed with the FWV in the session. It was found that some facilities do not have necessary logistics for providing effective ANC service. The itemised missing logistics in the session, such as screen, examination table, and measurement tools will be provided by SMPP and the consultation space will be rearranged based on the discussion held. The training also included the demonstration of abdominal palpation with an actual patient and some case studies on the management of pregnancy complications. The participants evaluated the training as practical and they were motivated to change their daily practice. Following the ANC training, SMPP plans to organise one-day PNC training in October.

2-3. Community Support System (CmSS)

Community Support System is a system 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.

SMPP conducted CmSS Impact Study from July to August led by a Japanese Short term Expert, Ms. Nobuko Miyake. This Impact Study was expected to assess the current impact and potential of CmSS

and draw a future plan to strengthen the CmSS program. The Study took the methodology of questionnaire study targeting all the CmSS groups of Monohordi and Raipura Upazilas. In addition, the Study underwent the FGDs with selected active CmSS members and Birth Planning session facilitators. For the analysis of CmSS maturity, the study used CmSS development indicators set by CARE Bangladesh as listed below:

A	B	C
Most of the CmSS member are proactive	Half of executive body are proactive	1/3 of executive body are proactive
All CmSS member know and can brief the objectives of CmSS	All CmSS member know and can brief the objectives of CmSS	Most CmSS member know and can brief the objectives of CmSS
CmSS all document updated	CmSS all document updated	CmSS all document not updated
CmSS conducted monthly monitoring regularly and properly	CmSS conducted monthly monitoring regularly and properly	CmSS conducted monthly monitoring irregularly and improperly
All CmSS member know about his/her roles and responsibility	2/3 CmSS member know about his/her roles and responsibility	1/3 CmSS member know about his/her roles and responsibility
CmSS perform their activities and refer patients to facility regularly	CmSS perform their activities and refer patients to facility irregularly	CmSS perform their activities and refer patients to facility is very poor
CmSS has different social and innovative initiative	CmSS has no different social and innovative initiative	N/A
CmSS has good communication with UP, H&FP people	CmSS has started communication with UP, H&FP people	N/A

Some important findings of the study were:

- CmSS reported that their catchment areas found less number of maternal (3) and neonatal (33) deaths occurred compared to the estimated numbers (14 and 165 respectively).
- Among CmSS registered pregnant women around 68% were under difficult economic conditions.
- 41% of CmSS registered pregnant women had delivery assisted by SBA (SMPP baseline data was 18%)
- CmSS members reported that the attitude of husband and mother-in-law has been changed and they provide more care to pregnant women now.
- CmSS members feel that pregnant women show confidence on them to ask for needed support.
- Community people's understanding on the issue and recognition of the CmSS is an important factor for development of CmSS.

Due to limited time schedule and budget constraints, this study did not cover the beneficiaries (pregnant women) interviews which would be very important to assess the effectiveness and impact of CmSS activities. SMPP hopes that this part will be carried over by End-line Survey of SMPP.



[FGD with CmSS members]



[Sharing meeting of impact survey at CS office]

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

Following the one-day orientation introduced on public health service structure in Narsingdi district to the newly certified private CSBAs, respective Union Chairman in 6 char Unions in Raipura upazila called a special meeting to fix the service fee of private CSBA (as the private CSBAs are not GoB staff, they are allowed to charge clients for each service on the basis of the rate determined by UP). SMPP attended all meetings as observer. The determined rate for each MNH service is almost same in the 6 Unions (30-50 taka for ANC/PNC service, 300-500 taka for delivery assistance).

After the fixation of service fee, the private CSBAs started their work in their community by the end of July. SMPP assigned a technical officer on midwifery for providing on the job support. The technical officer has made 1-2 follow-up visits per month for each private CSBA to assess their skill/knowledge and provide necessary technical assistance on site. In addition to that, the technical officer has provided telephone consultations for the private CSBAs. They can call the technical officer to get technical advice any time they need.



[Meeting at Srinogar Union]



[Meeting at Paratpli Union]

The following table shows the cumulative number of MNH services provided by private CSBAs for three months. Although the number of provided service is differ among individuals, 9 out of 11 private CSBAs started delivery assistance and all of them has provided ANC/PNC service (except one who has been on maternity leave).

The number of service provided by private CSBAs from July to September 2009

	ANC	PNC	Newborn care	Delivery Assistance	Emergency referral
Total number	376	82	67	38	10

While working as MNH service providers in char area, the private CSBAs have been facing problem that they are not entitled to Demand Side Financing (DSF). Since Raipura upazila is a DSF pilot upazila and many pregnant women in char area are DSF holders, SMPP raised the question of whether private CSBA can be entitled as service provider of DSF was raised to the DGHS.

The intensive follow-up visit by SMPP technical officer will be continued till October. SMPP plans to organise a review meeting at the beginning of November to share the private CSBA's performance and discuss the follow-up activities.

2-5. Exchange Visit to India

SMPP supported a GOB and JICA team to visit Gujarat, India to learn best practices from their safe motherhood program. Some of the important learning from the visit are - hospital management system by Rugi Kalyan Shamiti (a stakeholder committee with independent decision making), management of ambulance services in the province and quality improvement project. The learning from the visit has already been shared with GOB policy makers, and SMPP has planned to implement similar kind of hospital management system in its second phase.



2-6. SMPP Dissemination Workshop at Dhaka

“Dissemination Workshop of SMPP: Effective Approaches and Achievements” was held on 15th September at the auditorium of IDB Bhaban. It was a half day workshop and the officers from DGHS, DGFP and Ministry, NGOs and private institutions attended the Workshop. The objectives of the Workshop were: to disseminate SMPP achievement and effective and innovative approaches; to share the plan of the SMPP second phase and get feedback from the participants; and to share the learning of Exchange Visit to Gujarat state, India. In the Workshop we had three sessions based on the SMPP approaches namely Hospital Improvement presented by Civil Surgeon, Narsingdi, Community Support System (CmSS) presented by DDFP, Narsingdi and Safe Delivery in Model Union presented by DPM, Reproductive Health, DGHS. The forth session was organized to share the learning from Exchange visit and was presented by Director MCHS, DGFP. In the closing session, the Joint Chief, Planning made a presentation related to SMPP second phase proposal and conclusion and recommendations of the Workshop.



Following recommendations were made by the workshop participants through open discussion.

The Recommendations of the Workshop:

- Development of **hospital management system** similar to Gujarat model (RKS) may be tried at least in one district on pilot basis
- **Placement of adequate funds** to the local management body by the Government
- Authorize local management body to decide about introduction of **user fee and use it for facility development**
- Develop **national quality assurance system** for health services (Development of an autonomous body for accreditation; Development of standards for health facilities; Networking with the professional bodies and others)
- Implementation of a **study of community mobilization** was suggested and its findings should be placed before GOB so that they could replicate lessons learnt in the future.
- Emphasis to be given more on **addressing the needs of poor people** to have effective result in lowering the MMR & IMR.
- **Reevaluate the contribution of TBAs** in remote areas where other service providers are hard to find.
- To explore the possibility to introduce Gujarat **ambulance service management system** in Bangladesh.

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

In this quarter we had UPIC meeting in Monohordi, Sadar, Polash, Raipura and Shibpur Upazilas. The members of UPIC of each Upazila discussed the performance of Health and FP departments, activities they organized such as Safe Motherhood Day observation and FP week, as regular meeting agenda. This time they also spend time to discuss the future plan of organization of UPIC especially after withdrawal of JICA support. Polash Upazila decided to merge the UPIC with Upazila Health/FP Standing Committee chaired by Upazila Chairman. Raipura UPIC meeting will be merged with that of DSF management committee from next time. Monohordi UPIC meeting will be integrated into the Upazila Coordination Committee meeting. The rest of Upazilas want to continue the UPIC as it is for a while and before June 2010 they will finally decide how to continue the function of UPIC. Polash and Raipura UPIC seemed to have strong leadership of Upazila Chairman from now on. For other Upazila UPICs, the involvement of Upazila Chairman is still uncertain.

2-8. Others

- As per the decision during HNPSP Annual Program Review (APR), MNCH Forum/Task Group has been formed and organized the first meeting on 12th August. The SMPP proposed to conduct the MNCH project mapping study, which was conducted in 2008, to up-date the current situation.
- By the initiative of GTZ, DGHS decided to form Quality Management Task Group to develop quality assurance system in Bangladesh. JICA was invited as a member of this group. The ToR and membership of the Task Group was discussed among key stakeholders and would be finalized in the first meeting of the Group.

2-9. Visitors

Due to Exchange visit to India, Ramadan and following Eid holidays, in this quarter SMPP received a few visitors to Narsingdi.



*[MoFW, Japan &
JICA Chief Representative]*



[Nagasaki Univ. MPH students]



[Telecommunication Minister]

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; activate Hospital Management Committee; organize the first meeting of Quality Management Task Group at DGHS; and organize a national level workshop on hospital management
- Model Union Activity: support implementation of revised Model Union Action Plan and Safe Delivery team activity; Expansion of Model Union activity; organize ANC/PNC training for selected FWVs and CSBAs; finalization/printing of neonatal danger sign/harmful card and poster; and Village Doctor orientation
- Community Support System (CmSS): capacity development of CmSS; formation of CmSS Federation at Union/Upazila level; and conduct CmSS Impact Study as part of End-line Study
- CSBA related activity: organize Private CSBA follow-up meeting; and regular follow-up of private CSBA
- Conduct End-line Survey
- Preparation for Final Evaluation of SMPP