



Safe Motherhood Promotion Project (SMPP)

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

QUARTERLY PROGRESS REPORT

October to December 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
- Joint Visit of Honorable Health Minister and Chief Representative of JICA Bangladesh
- District Project Implementation Committee (DPIC) meeting
- Preparation for Terminal Evaluation
- Others
- Visitors

2. Major Activities Implemented

2-1. Hospital Improvement Activities

Honorable Minister for Health and Family Welfare, Prof. Dr. AFM Ruhul Haque visited Raipura UHC, MCWC, Sadar Hospital and District Hospital in 10th October 09. This visit was helpful for the Minister to understand the activities of SMPP to improve maternal and neonatal health in the district. During the visit he was briefed about the support that JICA has been providing to improve the quality of EmOC services. SMPP shared its EmOC data that shows continued improvement of services and also took the opportunity to share the India visit findings with the Minister.



A quality assurance (QA) meeting was organized at DGHS in November involving the relevant stakeholders and development partners with the objective to review and revise the existing committees. In the meeting all the existing committees were reviewed, and revised new committees with TOR have been proposed, such as National Steering Committee (Ministry level), National Technical Committee (DGHS level) and Quality Assurance Task Group. This would now be forwarded to the Ministry for final approval.



In response to the request of the DGHS, SMPP has recruited one staff, the Quality Assurance (QA) Specialist, to support the government to improve the quality of hospital services. She will closely work with the DGHS to operationalize the existing QA activities and develop future action plan. In the mean time the QA specialist has started collecting detail information related to QA as being implementing by the government and development partners.

SMPP continues providing equipment maintenance support to the facilities. During this period, SMPP replaced some small equipment for Raipura. Two EOC team meetings (Polash and Raipura) were organized during this period. In the meetings, the members reviewed the performance of the facilities and the action plan that they had developed earlier. Routine monitoring of facilities were done by the hospital staffs in charge. Two of the facilities (Monohardi and Polash) stopped providing comprehensive EmOC services: Monohordi from July to November due to the transfer of OG consultant, OT renovation and generator disorder; Polash from September till present because of the transfer of anesthesiologist (Polash). The C-EmOC services of Monohordi was made possible to resume in November after Civil Surgeon and DDFP decided to replace the generator supplied at a FWC but unutilized to UHC Monohordi. This action was successfully facilitated by SMPP. In case of Polash, SMPP has been persuading at national level to provide one anesthesiologist at UHC Polash.

During the previous quarter, the SMPP has completed all the essential capacity building activities in the district such as Infection Prevention Practice (IPP), Active Management of Third Stage of Labor (AMTSL), midwifery training, neonatal resuscitation etc. to utilize the resources for the rest of the period (after mid-term evaluation). Follow up visits were made at all the facilities. The findings indicate that there is improvement in the areas of active management of third stage of labor, use of partograph (SMPP provided partograph board in the labor room of Sadar Hospital, MCWC and Raipura UHC) and IPP. The facility set up also shows substantial improvement as measured using quality assurance checklist.



Recently, DGFP has decided to introduce the maternal death audit in the field (for community and facility-based maternal death audits). SMPP has provided technical support to DGFP to develop the review form and SMPP developed maternal death review form has been examined and modified by DGFP for their use.

2-2. Model Union Activity

SMPP decided to increase the number of model union from current 9 to 14. Based on the criteria, 5 unions from 5 Upazilas were selected as new model union and the facility assessment of 5 H&FWC in these unions was jointly done by the upazila level managers and SMPP staff. Similar to existing 9

model unions, 5 new unions organised a participatory Action Planning Meeting in December with the attendance of selected community members, NGO workers, Union parishad members, and GoB care providers. The developed Action Plan is consisted of both facility and community-based activities, and will be reviewed after 6 months implementation period. The formation of Safe Delivery team was approved and the member list was finalised at the end of the meeting.

As for existing 9 model unions, 2nd Action Plan Review Meeting has been organised in each union to assess for the progress and revise the Action Plan (following the 1st Review Meeting held in March, 2009). In order to have more practical discussion, the number of participants was reduced by around 20 and the meeting was organised as an extended Safe Delivery Team meeting. Thus the participants of the meeting consisted of mainly Safe Delivery Team members those who have engaged in Action Plan implementation. Based on 1 year implementation experience as well as in the light of the limited resources, the participants dropped some activities from the Action Plan and the revised plans more reflect their daily activities. In the Review Meeting, the FWV at H&FWC/Sub-Centre in each union reported the performance of MNH service delivery in 2007, 2008 and 2009. Additionally, the performances of all 9 model unions were also shared by the SMPP Upazila Coordinator in each meeting.

In this quarter, SMPP completed 3 batches of ANC/PNC training for FWVs and CSBAs in 14 model unions. Total 53 participants received the both trainings. The sessions included several demonstrations and case studies on the management of pregnancy and post-partum complications. It was found that the participants were particularly weak at neonatal examination and breastfeeding practice while they have adequate knowledge about ANC/Post-partum care (maternal care). Additionally, for 12 participants from 5 new model unions, a special session on IPP (Infection Prevention Practices; decontamination, cleaning, high level of disinfection, housekeeping, waste and sharps disposal) was included in the ANC training.



ANC/PNC training follow-up visits for the FWVs in 5 model unions were done by the training facilitators (SMPP technical officer and expert). The responsible AFPO also joined in the visits in some unions. In the follow-up visit, a check-list developed by the project was used to assess the participants' post-training skill and knowledge and on-site refresher sessions were given on the identified inadequate areas. Most of FWVs were found to be still poor in neonatal examination skill and knowledge. Along with the assessment and refresher session, some missing items for ANC/PNC services (examination table, step, screen, foetoscope, measurement tape) were supplied and the consultation room in each facility was re-arranged in the follow-up visit. SMPP plans to complete the follow-up visit for the rest of model unions in next quarter.

In addition, SMPP organised a half-day orientation for 51 village doctors in 2 model unions (Bashgali and Mitzanagar in Raipura Upazila) in this quarter. The orientation aimed at increasing village doctors' knowledge/understanding on pregnancy complications and harmful effects of commonly used drugs in pregnancy (especially, use of oxytocin, methergin, and infusion) to prevent mal-treatment and encourage early referral of complicated cases. Evaluation of the orientation through pre and post-test shows substantial improvement of knowledge after the orientation.

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 133 CmSS already developed in Raipura and Monohordi Upazilas and 12 in Sadar Char unions. According to the CmSS monitoring data, the total household under CmSS is 37,980, and the total fund accumulated by CmSS is Tk. 153,150 by the end of December. In non-CARE intervention areas there are 9 CmSS in Polash, one in Shibpur, and one in Belabo Upazila, already developed in Model Unions with the facilitation of respective Upazila Coordinators.

32 Union CmSS Federations have been established to develop better linkage with Union Parishad and Upazila Health Complex (UHC) and raise common voice for services and supports they obtained. The Union Federation is consisted of all members of Union Parishad, selective members of CmSSs, and other local influential persons.

SMPP categorized CmSS into three levels in terms of maturity. The categorical criteria are: leadership; conceptual and technical skill; documentation; monthly meeting and participatory monitoring; resource mobilization; accountability; and linkage and communication. At present, the following numbers of CmSS are categorized in A (satisfactory), B (moderate), and C (weak):

| Upazila/Category | A | B | C |
|------------------|----|----|----|
| Monohordi (49) | 19 | 18 | 12 |
| Raipura (84) | 23 | 40 | 21 |
| Sadar (12) | 4 | 5 | 3 |

In order to accelerate the maturity process of weak CmSS, 47 cross learning visits have been organized between A and C category CmSSs. Five key members of C-CmSS visited A-CmSS and observed regular meeting conduction and pregnant and neonatal monitoring by using social map. Furthermore, the visitors learned how to make a linkage with UP and UHC and shared the experiences of mobilizing the resources. It was reported that after cross visits the skills of the C-CmSS members had been improved in documentation, conduction of the meeting, monitoring of pregnant women, resource mobilization, and networking. They were also actively performing the planned activities.



Some CmSSs have started extending its support to Community Clinic (CC). It was observed that the CmSS members, with the help of respective Union Chairman, successfully persuaded local managers and care takers of CC to open the CC. In the case of Mirjapur union, Raipura Upazila, the UP chairman contributed to construct a road which connects between the village and the CC, therefore, the local people can easily access to the CC.

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

The following table shows the cumulative number of MNH services provided by P-CSBAs for 6 months. All P-CSBAs started providing ANC, delivery assistance and PNC, and the constant number of obstetric complication cases were detected and referred to higher health facilities every month.

Number of service provided by private CSBAs from July to December 2009

| | ANC | PNC | Newborn care | Delivery Assistance | Emergency referral |
|--------------|-----|-----|--------------|---------------------|--------------------|
| Total number | 891 | 274 | 258 | 88 | 39 |

Since July 2009, SMPP has assigned one technical officer on midwifery for P-CSBA follow-up purpose. The technical officer makes 1-2 follow-up visits per month for each P-CSBA to provide on-site technical assistance including MIS data collection and reporting practice. In total, 78 follow-up visits made by the technical officer from July to December, 2009. Along with on-site technical support, the technical officer provides telephone consultation. P-CSBAs can call the technical officer to seek advice when they get any complicated cases. In total 42 cases were consulted on the telephone for the 6 months period. The consulted obstetric complications are; abortion, APH/PPH, pre-eclampsia, PROM, prolonged labour, and neonatal risk signs (feeding difficulty, lethargy, vomiting) etc.

In order to share the first 3 months performance and discuss management/technical problems in P-CSBA activity, SMPP organised a review meeting on 4th November with attendance of DD-FP, UHFPO and UFPO in Raipura UHC. The meeting included a technical session on some midwifery skills (Protection of perineum, AMTSL, Puerperal sepsis) which identified as the areas need to be improved during the first 3 months follow-up period. Some additional equipment (foetoscope and adult weight scale machine) for ANC/PNC services were provided by SMPP for each P-CSBA at the end of the meeting.

SMPP plans to reduce the number of follow-up visit by the technical officer from January, 2010. Considering after SMPP completion, the linkage between P-CSBAs and upazila/district level managers needs to be strengthened, particularly in consultation of referral cases.

2-5. Joint Visit of Honorable Health Minister and Chief Representative of JICA Bangladesh

It was honor for SMPP to realize a joint visit of Health Minister and Chief Representative of JICA Bangladesh in Narsingdi on 10th October. First, our guests visited Musapur union of Raipura Upazila to observe CmSS meeting. It was organized by local authorities namely Upazila and Union Chairman of the respective area. One of female members of the CmSS elaborately explained the objectives and functions of CmSS. The Health Minister remarked



that the people's ownership is very important to make desired changes in the health sector. Following to the community visit, the Health Minister visited UHC Raipura, MCWC and District Hospital, Narsingdi. This visit was accompanied by Director General of Health Services, Director General of Family Planning, Joint Chief Planning of MoHFW and many other officials of the government.

2-6. District Project Implementation Committee (DPIC) meeting

District Project Implementation Committee (DPIC) meeting was held on November 19th at the conference room of the Deputy Commissioner's office. The progress of activities and performance was presented by representatives of each Upazila. The performance presented was satisfactory, particularly the managers were happy to see upward trend of public facility utilization. From JICA side, we shared the plan of End-line survey and forthcoming Final Evaluation. It was appreciated that Honorable Health Minister visited Narsingdi and was pleased to see SMPP activities.

2-7. Preparation for Terminal Evaluation

As a preparation for Terminal Evaluation, SMPP had a contract with ACPR, a local research firm, to conduct End-line Survey and CmSS Evaluation Survey. The Surveys had been carried out with close collaboration between SMPP and ACPR. The preliminary data analysis of End-line Survey has been finalized. According to the data, SMPP has achieved most targets of indicators for evaluation. The final reports of both surveys will be available by the end of January 2010.

2-8. Others

- Safe Motherhood System Strengthening (SMSS) Study conducted by JICA Bangladesh has started in December. SMPP provided technical assistance to the Study working closely with two Japanese consultants and HRDC, a contracted local research organization.
- Chief Advisor and Technical Advisor of SMPP, along with one Japanese Consultant of the SMSS study visited Joint UN MNH Project in Moulvibazar. The visiting team observed the hospital and community based activities and exchanged the opinions.
- Chief Advisor, SMPP visited SHOUHARDO Program financed by USAID and supported by CARE Bangladesh in order to learn about the health related activities under a holistic and multi sectoral program.

2-9. Visitors

- As a part of exchange visit among JICA projects and Japanese experts, JICA expert team visited SMPP to observe the activities on 17th October.
- The staff team of Mamuni, a Safe Motherhood Project financed by USAID and implemented by GoB and Save the Children jointly, visited SMPP on 21st October to learn from SMPP activity. Later, SMPP was invited to the project designing workshop of Mamoni in Dhaka.



3. Next plan

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

- Terminal Evaluation will be conducted from 16th January to 11th February 2010.
- Final reports of End-line Survey and CmSS Evaluation Survey will be submitted by the end of January.
- Health Facility Improvement: regularize EmOC team meeting and data update; activate Hospital Management Committee; organize the second meeting of Quality Management Task Group at DGHS in February; and organize a national level workshop on hospital management in March
- Model Union Activity: support implementation of revised Model Union Action Plan and Safe Delivery team activity; support new Model Union activity; follow-up of 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 and CmSS Federations at Union/Upazila level; trial of Community Clinic & CmSS collaboration; and CmSS orientation for selective H/FP field workers
- CSBA related activity: Private CSBA follow-up; compile the experiences of private CSBA as a final document