

For the purpose of reducing maternal and neonatal morbidity/mortality, the Government of Bangladesh (GoB) requested the Japan International Cooperation Agency (JICA) to jointly implement the Safe Motherhood Promotion Project (SMPP) in Narsingdi District for 5 year period (2006 to 2011). After successful completion of the 1st phase, SMPP has been started its 2nd phase from July 2011. This first edition of newsletter introduces the design, strategies, and interventions of the SMPP-2.

Nation-Wide Scaling Up of SMPP Good Practices -- “Yes, we can!”

The SMPP good practices are scaled up under the following activities:

1. Revitalization of Community Clinic through strengthening Community Group and Community Support Group
2. Introducing 5S/Kaizen/Total Quality Management (TQM) to improve hospital services
3. Chowgacha Model Training Program to replicate good practices of hospital management
4. Horizontal Learning among Local Government bodies to mainstream MNH issues

SMPP-2 Strategy for scaling-up

Strengthening Health System and Capacity Development

SMPP-2 supports a continuous process of enhancing the problem-solving capacity of the Ministry of Health & Family Welfare (MoHFW) and the community at individual, organizational, and societal levels. Optimum use of available resources is explored in every level.

Partnership with Multiple Stakeholders

SMPP-2 assists collaborative partnership building of MoHFW with other stakeholders including Local Government, other Ministries, Development Partners, NGOs, private sector and community.

Community Empowerment

SMPP-2 promotes community led initiatives through raising awareness and formation of groups in the community.

SMPP-2 Outline

Overall Goal: Maternal and neonatal health (MNH) status is improved in Bangladesh.

Project purpose: The approaches to improve MNH service quality and utilization in line with Health, Population, and Nutrition Sector Development Program (HPNSDP) are expanded in Bangladesh.

Outputs: 1. Function of the MNH activities coordination among stakeholders is enhanced at national level

2. Process of good practices and lessons learnt for improvement of MNH extracted from the Project are disseminated in the country.

3. Local implementation mechanisms of MNCH minimum package and approaches integrated into UHS are defined

Project sites: Satkhira, Narsingdi, Jessore districts.



Scaling-up of SMPP good practice 1: Community Support Group

SMPP-2 closely works with the Revitalization of Community Health Care Initiatives in Bangladesh



(Community Clinic Project) to make Community Clinics functional through capacity development of Community Groups and Community Support Groups. The SMPP-2 assists the activities such as:

- Development of Community Group (CG) Operational Guideline and Master Trainer's Training Manual and organizing Master Trainer's Trainings
- Initiation of Quarterly NGO coordination meeting to share the NGO supported activity progress and discuss the problems at the CCP office
- Workshop on Horizontal Learning in Community Clinic (CC) was organized to share the good practices among CCs at Prosika Center, Manikganji in February 2012
- Community Group Training in Raipura and Monohordi Upazilas, Narsingdi District was completed in March 2012.

Scaling-up of SMPP good practice 2: 5S/Kaizen/Total Quality Management (TQM)

5S/Kaizen/Total Quality Management (TQM) is initiated by DGHS and piloted in three District Hospitals (Narsingdi, Satkhira, Habiganji) and Chougacha Upazila Health Complex, Jessore in collaboration with SMPP-2.

- Assessment of TQM pilot hospitals and TQM orientation workshops were organized in four pilot hospitals. Quality Improvement Team (QIT) and Work Improvement Team (WIT) were formed and implement their own action plans.



- Necessary materials were developed including monitoring checklists, training manual, and posters for sensitization
- Regular monitoring of TQM pilot hospitals were done through hospital visits and using TV conference system
- TQM Review Workshop was held at Dhaka in January 2012 with four pilot hospitals to share the progress of activities. Narsingdi DH was awarded as the best performing hospital.
- TQM training in Sri Lanka was organized in February- March (8 days) with DGHS officials, leaders of four pilot hospitals, and UNICEF participants.

Scaling-up of SMPP good practice 3: Chougacha Model Training

Chougacha Model Training program was developed by consolidating good practices of “Chougacha Model” and “Narsingdi Model” of SMPP. This training program aims to improve hospital management by learning good practices of Chougacha Upazila Health Complex (UHC) and other UHCs for replication. The training curriculum has been approved by NIPORT for testing.

Scaling-up of SMPP good practice 4: Horizontal Learning Program (HLP)

SMPP-2 is a partner to promote horizontal learning in the health sector. HLP supports a peer learning of Union Parishad (UP) to replicate good practices. Union Development Coordination Committee meeting (UDCCM) is called “mini-parliament,” where all the representatives of concerned agencies and NGOs sit together with UP members to exchange the information, coordinate for effective service delivery, and solve the problems of the union. The health issues are mainstreamed in the UDCCM and budget allocation was sought to improve the health status of people.



Creating drivers for change

SMPP success in Narsingdi: Community Interventions

Voice from Community Support System (CmSS)

Shaymol Bonik, Secretary of CmSS, Khidirpur union, Monohardi Upazila

Before we develop the CmSS, there were frequent deaths of neonates and mothers due to pregnancy complications in our village.



We did not know what to do to solve the problems. Initially, we discussed this issue amongst ourselves but could not find any solution. One day I met with one of the CARE staff working for SMPP. He guided me to develop the

CmSS. SMPP also trained us how to organize and manage the CmSS. Our CmSS members have developed the area map indicating the houses of pregnant women.

We closely monitor the pregnant women and conduct birth planning session with them and their family members. In the meantime, we have been able to generate a substantial amount of fund that we spend in supporting the poor pregnant women in accessing the health facility during emergencies. We organized blood grouping campaign with the help of local health department. It is now easier to find the donors when blood is needed for any of us. The Union Parishad is very much supportive to our activities. We have regular

What is Community Support System (CmSS)?

CmSS is a system to provide support to pregnant women during any obstetric emergency through collective efforts of community people. CmSS forms community groups to carry out the activities including:

- Identification & registration of pregnant women
- Awareness raising on 5 danger signs during pregnancy and birth preparedness
- Support for emergency referral
- Fund raising to support the poor
- Liaison with LG & health service providers.

communication with him as well as the local health care providers. As a result people are getting better health services from satellite clinics and FWC.

Nowadays, we do not see any maternal deaths in our locality. We would like to thank JICA and CARE for taking the SMPP project in this district.

Voice from Local Government

Md. Ahsanul Haq Sharif, UP Chairman, Daulatpur union, Monohardi

After attending one Union Development Coordination Committee meeting (UDCCM) with

the help of SMPP, I conducted an open budget meeting in my union. I openly discussed with the attendants about the amount of budget we had for the union. They identified the priority areas and I allocated budget accordingly. I have also allocated Tk. 200,000 for improvement of health sector. I did not know before that we can allocate budget in health sector from the union development program. I could do this as I had some exposure to health related activities as supported by SMPP in the upazila. This helped me to initiate some activities for improvement of maternal and child health, such as providing furniture and logistics to the Family Welfare Center, developing a delivery hut for Hindu community, supporting awareness campaign, etc.. SMPP also helped us in organizing the union level planning meeting and after that coordination with health sector has been improved. We are now regularly meeting with the health and family planning staff in the UDCCM and discuss the maternal and child health and other issues and implementation of the action plan that was developed for my union. We have, in the meantime, taken several initiatives, such as ANC/PNC campaign, imam training for dissemination of information, supporting the Community Support System (CmSS) to increase accessibility of the poor pregnant women to health facility.



Voices of Health & Family Planning Managers

Dr. Sher Mostofa Sadiq, ex-UH&FPO, Raipura

I would like to give thanks to the CmSS representatives for their great effort to improve the referral linkage between community and facility. The CmSS referral system of Raipura Upazila is now very strong than before. Now, CmSS members directly contact with me over telephone. I visited a number of CmSSs and found community people were very supportive and they followed CmSS advices to go to different facilities for getting services. The way of CmSS working in Narsingdi is very encouraging.



I hope it would help us further reduce the maternal and neonatal death from our Upazila. And, I also hope that by the cooperation of Health & Family planning department, CmSS, JICA and other NGOs, we are able to save lives of mother and child.

Md. Abdur Razzak, UFPO, Monohardi

CmSS is a unique intervention as the community people have the power to do any activities. If anyone asked me what were the changes I observed after formation of CmSS, I would answer two changes were visible: one change is the enhancement of their communication skill and another is improvement of leadership & organizational capacity. One of important issues is how CmSS can be



linked with formal H&FP system. I request the concern authorities to take necessary steps to make a better linkage with CmSS for their sustainability. I also request the CmSS leaders to keep it up their good works and maintain good communication with the Health & Family Planning managers and field staff for the benefit of mother and child health.

We maintain good relationship with the Upazila Health Complex and union health facility and encourage referral of cases from the community if there is any problem. After these activities we see fewer neonatal deaths and during the last three years I did not see any maternal deaths in my union.

Finally, I request the doctors to come and stay at the rural areas to serve the poor people in spite of lots of problems. We shall definitely provide you our all support for your comfortable stay.

Important Address:

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