

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 started its 2nd phase (5 years) from July 2011.

Hospital Improvement:

A road to continuous improvement in the quality of MNH services

The SMPP-2 interventions have been designed considering good practices identified in Narsingdi and Chowgacha. The goal of the SMPP-2 is to support the Government’s strategy to reduce maternal and neonatal morbidity and mortality. The purpose is to expand the approaches to improve maternal and neonatal health service quality and utilization in line with the Health, Population, and Nutrition Sector Development Program (HPNSDP).

The SMPP-2 has two main interlinked interventions: health facility and community-based interventions. This newsletter discusses about the health facility interventions of SMPP-2.

1. 5S-CQI-Total Quality Management

5S-Continuous Quality Improvement (CQI)-Total Quality Management (TQM) is a quality improvement tool suitable for resource constraint countries. 5S-CQI-TQM is a three step process to improve quality of services. 5S (Sort, Set, Shine, Standardize and Sustain) is for work environment improvement to improve staff satisfaction. CQI (Kaizen in Japanese) is the participatory problem solving approach by the staff, for the staff and clients. TQM is a program of the Hospital Section under Directorate General of Health Services (DGHS) and piloted in three District Hospitals (Narsingdi, Satkhira, Habiganj) and Chowgacha Upazila Health Complex (UHC), Jessore in collaboration



Vision, Credo and Mission is realized



S + S + S + S + S = 5S

Seiri (整理)	Set	<i>mii iq idj ly Ac0qRbiq #Ribm cT</i>
Seiton (整頓)	Sort	<i>mniRtq i iLly c0qRbiq #Ribm cT</i>
Seisou (清掃)	Shine	<i>cii ~ri cii *ObzV eRiq i iLly</i>
Seiketsu (清潔)	Standardize	<i>DcTi i 3iU KtRi _bMZ gib eRiq i iLly</i>
Shitsuke (躰)	Sustain	<i>Dtj #LZ KvhEig mg#ni ari vewmKZr eRiq i iLly</i>

with SMPP-2 from 2010. The TQM program has made significant progress as follows:

- **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 assessment and monitoring checklists, training manual, and posters and briefing papers 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 District Hospital was awarded as the best performing hospital.
- **TQM training in Sri Lanka** was organized in February- March (8 days) in 2012 with DGHS officials, leaders of four pilot hospitals, and UNICEF participants. The training covered theoretical and practical sessions through intensive hospital visits. It was observed that after this training the participants became more confident and obtained new ideas to apply 5S-CQI at their hospital settings.



5S under expansion and institutionalization

Recognizing the positive changes that 5S practices brought to the pilot hospitals, DGHS decided to expand its activities to new 6 hospitals: those are District hospitals of Tangail, Cox Bazar, Pabna and Joypurhat and Iswardi and Sujanager UHCs in Pabna. Operational guideline of 5S-CQI-TQM was prepared by the DGHS for facilitating the further expansion. Moreover, SMPP-2 has a plan to assist 5S activities started by own initiative at Jessore Medical College Hospital and Narsingdi MCWC under Directorate General of Family Planning (DGFP).

2. Human resources development

No matter what resources are available, responding effectively to the needs of an emergency obstetric case requires staff, who are competent in appropriate procedures and have necessary skills. The project has, therefore, developed a comprehensive **human resources (HR) development plan** for hospital management. Human resources development plan is focused for providing better quality maternal and neonatal care services. In the SMPP2 intervention area, most of the hospitals have more patients than the capacity. The available



human resources are not adequate and appropriately trained to provide quality EmOC and neonatal care services. Under the HR plan, managers, medical officers, nurses, lab technologists, statisticians and other staff are trained in the following areas to provide quality services.

Long training:

- ▶ Training of MOs on obstetrics and anaesthesia (6 months to one year).
- ▶ Midwifery refresher/safe delivery training (one month to 4 months) for the nurses.

Short training:

- ▶ Prevention and management of PPH, partograph, episiotomy and its repair, record keeping and reporting, ANC/PNC/ENC for the nurses who have been trained earlier on safe delivery;
- ▶ Training on Emergency Triage, Assessment and Treatment (ETAT) for doctors and nurses to strengthen neonatal care services;
- ▶ Infection Prevention Practices (IPP) for all relevant staff
- ▶ MIS and management of database including calculation of basic maternal and neonatal health indicators using upazila level data for statisticians;
- ▶ Training on postpartum family planning (long acting & permanent methods) for the doctors and nurses to introduce PFPF in DGHS facilities;
- ▶ Safe blood transfusion for the lab technologists.

All these training are organized in collaboration with DGHS and DGFP following the approved Government protocol.

3. Hospital action plans developed in Satkhira (Local Level Planning)

SMPP2 has facilitated development of hospital action plans for the district hospital and all the UHCs in Satkhira. To develop an effective plan to improve quality of services, there is no substitute of up-to-date and reliable information. As such, SMPP first conducted needs assessments of all the district and upazila level hospitals. The assessment provided basic information about the needs of equipment, staff training, infrastructure, including current status of facility readiness and quality of services. All these information were used to develop the facility-based action plans to improve quality and utilization of services.

A day long workshop at all the targeted hospitals was organized to formulate the action plans. The action plans were focused on



Debhata UHC was awarded for best EmOC Performance UHC in Khulna division in 2012.

emergency obstetric and newborn care services. All the action plans indicate the activities, person responsible, time line and resource needs for implementation. All the plans are being implemented with the active participation of facility staff and technical support from SMPP. Annual review of the action plans will also be done with the formulation of new activities. To support implementation of action plan, SMPP provides assistance for minor renovation, necessary equipment and maintenance to the facilities.

EOC teams formed at the Upazila and District Hospitals

To implement and monitor the hospital action plans, EOC teams have been formed at the district hospital and all the UHCs. The EOC teams are chaired by the facility managers and have members from all the relevant sections. The teams will meet monthly or bimonthly to review the implementation of facility action plans and provide necessary support for implementation.

Stakeholders support hospital management

Like Satkhira, many of the hospitals in the country find it difficult to provide services to attending clients with limited resources. Based on the Chowgacha experience, initiative has been taken to make linkage between stakeholders (such as, local government and administration, leaders and elites) and hospitals. The idea is to involve the stakeholders to contribute (fund allocation from local government or personal contribution) to health facilities to solve some of the problems, such as staff shortage (cleaner, aya, ward boy etc.), fuel for generator, furniture, etc. So far some progress has been made in this initiative. For instance, 7 staff in Debhata and 3 staff in Shyamnagar are being supported by local elites. The Sadar Union Parishad of S h y a m n a g a r h a s contributed Tk. 50,000 to the UHC for furniture



procurement.

Initiatives taken for Chowgacha Experience sharing

SMPP, in collaboration with NIPORT, has taken initiative to disseminate the Chowgacha Experiences to other districts. Accordingly, the training curriculum has been developed and is approved by the curriculum review committee in last December. The primary objective of this training is to share Chowgacha Experiences with other health facility managers to replicate some of the good practices. Those good practices incorporated in the training

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: Throughout the country (Special interventions in Satkhira, Narsingdi, Jessore districts)

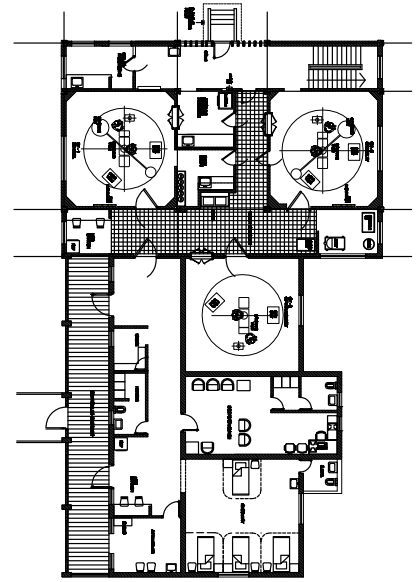
include: hospital environment; MCH Services; MIS; and community participation. This would be a three-day long training with field visit and practical learning at Chowgacha UHC.

Managers of 14 Resource backed LLP Upazilas visited Chowgacha UHC to learn from their experiences in May 2012. This was a two day program coordinated by Planning unit of DGHS. During the visit, the managers shared their innovative activities and challenges that they are facing in their hospitals.

4. Redesigned OT complex of Satkhira District Hospital

While assessing the health facilities in Satkhira, it was observed that the Operation Theatre (OT) and delivery area of Satkhira District Hospital is not user-friendly and does not have all the facilities needed for an ideal OT complex. In response, SMPP decided to support a vertical extension to develop a model OT complex including a model labour area.

Accordingly, the OT and delivery complex of the hospital has been redesigned by an architect engineer, experienced in hospital design at home and abroad. The design has already been approved by the District Manager and Health Engineering Department (HED) in Dhaka. The construction works would start soon after completion of the tender process. SMPP will also support minor renovation of other health facilities, especially the delivery room, OT, hand washing facilities etc. based on needs and action plan.



The 5S efforts are recognized in the newspaper!

Summary of the article "My comment is not for all Doctors" by Dr. Mizanur Rahman, Head of Human Rights Commission, Bangladesh, published in The Daily ProthomAlo, dated 09 March 2012.

Cox's Bazar District Hospital. During my visit I observed many management problems, such as doctors not attending on time, lack of cleanliness, drug list not available and reuse of syringes. This picture is more or less similar to other hospitals in the country. While visiting Sirajganj District Hospital, clients complained me about the behaviour of the service providers.

However, I have seen different picture while visiting Narsingdi District Hospital. The hospital was found to be clean and shining, in spite of same government allocation of resources. Different pictures in different hospitals indicate the problems with management. I believe in all professions there are some honest and responsible persons. We can understand their code of conduct if we talk to them and should be practiced everywhere.

According to the National Human Rights Commission Law enacted in 2009, it is the responsibility of the Commission to visit the district and upazila level prisons, educational institutions and hospitals. It's not long back that I visited Sylhet prison. As continuation of my responsibility I have visited the



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