

Newsletter



SAFE MOTHERHOOD PROMOTION PROJECT Phase 2 (SMPP-2)

A Technical Cooperation Project of Ministry of Health & Family Welfare and Japan International Cooperation Agency (JICA)

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.

Local Government: A Fundamental Prerequisite for SMPP Strategy Implementation

Safe Motherhood Promotion Project (SMPP) has a strong alliance with Local Government bodies especially with Union Parishads (UPs) who are the frontline LG organizations closest to the rural people. UP has already publicized a lot of potentials to positively influence the status of maternal and neonatal health (MNH) in the community through introducing innovative ideas and effective local resource mobilization.



Narsingdi Model and Local Government

SMPP has demonstrated an important role that local government bodies should play in bridging community and health service providers. This is named “Narsingdi Model,” under which

hospital improvement interventions and community mobilization activities are interlinked together by the local government. In this model, local government works to ensure accountability of health service providers to deliver the quality of services both at the community and health facilities. One of forums to discuss the public service delivery issues is **Union Development Coordination Committee meeting (UDCCM)**. The Union Chairmen coordinate the activities of different line departments through active information exchange and contribute to improvement of public service delivery by solving problems in the UDCCM. Union Parishads (UPs) also provide support to improve the quality of health service delivery. The support of UPs can be categorized in two types: annual budget allocation for health at Open budget session and improving health facility infrastructure and environment.



Union Parishad (UP) as a social change agent

Union parishad is a frontline LG organization closest to the community, which members consist of community elected representatives. The roles and responsibilities of UP are defined in the Union Parishad Ordinance of 2009. One of the important tasks of the UP is to ensure and coordinate the delivery of public services by extension workers under different Ministries and implement development projects for the welfare of people. SMPP recognizes that UPs are social change agents themselves. We have witnessed how good practices implemented by UPs' own initiatives in the SMPP areas are making differences in the people's lives, especially women and children. These good practices

contribute to generate increased interests and resources in communities, therefore, expanding the circle of good wills and mutual support to be greater collective actions. In this edition of newsletter, some good practices of UPs related to MNCH are introduced among many others. Those good practices are fruits of effective collaboration between local government bodies and SMPP and potentially improve overall status of MNH in the communities.

1. Awareness building

UP took a number of effective initiatives to raise awareness on safe motherhood issues to prevent further health problems and to promote increased utilization of interventions such as initiatives to stop early marriage and to encourage women to have hospital

delivery. Already the UNO declared 2 villages (Chandipur



and Chinardanga) of Debhata upazila under Satkhira district as Safe Motherhood village. Because 100% deliveries are conducted at health facilities especially Debhata UHC.

2. Ensure the Availability of Quality Health Care Services

To ensure quality health care service for SMPP target groups (vulnerable mothers and neonates who are prone to poverty and ill health), UP took several initiatives as follows:



- **Blood grouping of pregnant women** by local initiatives
- Preparing list of all pregnant women to motivate the pregnant women to take safe delivery services
- **Family Information Book** arrangement to keep the records for avoiding duplication
- Transport support for emergency patients.

3. Fund Mobilization

To implement various activities in the upazila/union, the LG bodies allocated fund from their annual budget which was utilized for MNH activities such

as community mobilization, procurement of ambulance or mechanized van to be used as ambulance. Some financial contributions made for supporting the health facilities such as FWC and CC, earth filling of school ground, use of digital weighing scale at the shops, prevention of fish borne diseases, construction of junior high school etc. Besides these, a **Safe Delivery Fund (SDF)** was also created by UP to support



and to encourage the poor pregnant women to take services from the health facilities.

4. Infrastructure and Staffing Support

The UPs came up with their support to health facilities for improvement of infrastructure, quality of services and accessibility of patients to the health facilities. Some examples

are-

- Construction of link road to connect community clinics with the main road
- **Renovation of community clinics** in their respective unions
- Earth rising of community clinic and FWC premises which helped easy access to the service facilities by the patients
- Provision of furniture, equipment and other necessary things to FWC and community clinic for the comfort of patients coming to take services
- Provision of staff support to minimize acute shortage of staff, especially cleaning and other unskilled staff is a major problem for providing quality services at all levels of service facilities.

5. Social mobilization

The UPs initiated social mobilization activities for women's well-being and children. Those are -

- Organization of **Mother-in-Laws and grandmothers gathering** to create awareness among those who play an

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)



- important role during child birth
- Establishment of **mothers' club** with the purpose of sharing information related to safe motherhood within the club members and in the community to ensure safe delivery
 - **Distribution of plastic banks** among the pregnant women to encourage saving during pregnancy for emergency obstetric care by the mothers
 - Organization of **income tax fare** to encourage the people to pay 100% tax where ANC/PNC services and health education were provided to women attending the fare by FWVs.
 - Organization of a **TV talk show** program on the UP activities and services related to safe motherhood
 - Mobilization of NGOs and partnership with private sector to share information and win the support of the civil society for safe motherhood activities. UP of Kumira, Tala signed a **MoU with a private clinic** (Patkalghata Nursing Home) to provide C-section services to women at the discounted cost of Tk. 4,000.

6. Coordination

Union Development Coordination Committee Meeting (UDCCM) was identified as one of good practices by



Horizontal Learning program (HLP) and recognized by the Local Government Ministry to be implemented throughout the country. UDCCM is regarded as a “mini parliament” having extension workers of different Ministries to report their activities, coordinate, and solve their problems. Two day training on UDCCM for Union Parishad functionaries was completed in Satkhira, Jessore, and Narsingdi. All Union Chairmen and Secretaries were invited in the training. This training was facilitated by SMPP in collaboration with Bangladesh Rural Development Board (BRDB). The objectives of training are: to understand the role of UP and importance of UDCCM; to share the experiences of organizing UDCCM; and to discuss how to regularize and effectively organize UDCCM. Some outstanding Chairmen took the role as resource person to share their experiences in the session. The SMPP recognizes that monitoring of UDCCM after the training is a challenge. We observed, in case of Narsingdi, that if there is a strong leadership of Deputy Commissioner ordering all UPs to submit every meeting record of UDCCM, UPs become serious about organizing UDCCM regularly. There should be a mechanism to support for UPs to regularly and effectively organize the meeting.

Horizontal Learning Program (HLP)

This is a Union Parishad (UP) led, outcome based, peer-to-peer learning initiative facilitated by the Local Government Division (LGD), Ministry of Local Government, Rural Development and Cooperatives (MoLGRD & C) and supported by 29 development partners and NGOs. Under this program, local governments connect with each other to identify, share and replicate the good practices of their peers.

As of 2012, the Horizontal Learning Program is led by 303 union parishads. Satkhira district has become the first district to introduce district HLP in July 2012. 7 upazilas under Satkhira district are members of HLP and actively participate to organize Upazila workshop, exposure visits for peer learning, and replicate good practices within/outside the district. SMPP assists the district HLP activities in collaboration with World Bank.

Safe Motherhood Day (SMD) observation on May 28

On 28th May in 2012, LG along with SMPP observed Safe Motherhood Day (SMD) at Narsingdi and Satkhira district to improve awareness among community people on Safe Motherhood issues and to encourage them to undertake related activities ensuring women have access to wide-ranging health services.



Kumira Union Parishad- a good example of LG Good Practices



Kumira - a union of Tala upazila under Satkhira district. Local Government has declared Kumira union as a 'Model union' for its outstanding

performances on various good practices. Although it is a flood and other natural calamities prone area, Kumira Union parishad (UP) is always capable of overcoming this situation with some noticeable activities.



After attending the exchange visit in Sadar upazila of Meherpur district and Debhata Upazila of Satkhira district, Kumira UP started to engage themselves in good practices such as organizing experience sharing and planning meeting with some local elites of the society in Kumira union. Union Development Coordination Committee Meeting (UDCCM) was organized regularly, where the experiences of exposure visits were shared, many progressive suggestions came from the community people and later they discussed on those issues and took necessary steps. Kumira UP also submitted a

report on social forum activities to the meeting. It also started to increase tax collection to implement plans of good practices.

Kumira UP took several initiatives to overcome the consequences of flood. UP Chairman coordinated with the government and development organizations for collection of relief items and managed abodes for the poor flood affected people.

Kumira UP has achieved no more maternal and neonatal death in its union by implementation of Safe Motherhood program. Villagers specially the pregnant women received services from three community clinics and UH&FWC by the initiatives of UP. In fact, Kumira UH&FWC assist around 17 normal deliveries per month.

UP distributed mud banks among the pregnant women to encourage them for savings for emergency obstetric care. UP facilitated transportation services for the pregnant mothers in 9 wards by providing 9 mini ambulances.

Kumira UP also achieved 100% sanitation and still continues to work on it. It also took initiatives to initiate marriage registration to stop early marriage. To encourage people, recognition program is also started by award distribution on various good practices among the people.

HLCC - Horizontal Learning in Community Clinics

Revitalization of Community Health Care Initiatives in Bangladesh (Community Clinic Project: CCP) promoted HLCC with the aim of disseminating good practices on community clinics and their replication in and outside the Horizontal Learning Program (HLP) areas.

CCP was initiated in 1998.

The project has been revitalized by the present government as the top-most priority in the health sector. Through establishment and functioning of Community Clinics, the CCP offers health and family planning services to the grass root level people, such as maternal and child health care, treatment of minor illnesses, health education, identification and referral of emergency and complicated cases to the higher facilities.

Local government representatives started the HLP to identify, validate and replicate the good practices related to water supply and sanitation initially. Later on, the learning initiatives have been expanded to a broader range of activities, such as health issues and good governance. HLCC, therefore, makes opportunities available for Union Parishads (UPs) and concerned stakeholders involved with Community Clinics to demonstrate and select good practices for further scaling up.

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