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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 reduction of 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.

Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB)-Community Clinic Project (CCP)

In rural Bangladesh, Community Clinics (CCs) are the closest health facilities to the community people. The present Bangladesh Government (GoB) has taken initiatives to utilize CCs, namely "Revitalisation of Community Health Care Initiatives in Bangladesh (RCHCIB)". The RCHCIB, which is widely known as the Community Clinic Project (CCP), aims to functionalise CCs, which were built during the period of 1998-2001, and construct new CCs, aiming for 1 CC for a rural population of about 6000. The project allocates Community Health Care Providers (CHCP) who had 12 weeks medical training; the first half for theoretical and the last half for practical. He/she works 6 days a week in CCs to provide essential health care and tries to establish an effective referral linkage with the higher facilities. Besides CHCPs, a Health Assistant and a Family Welfare Assistant work in CCs for 3 days a week. Thus, CCs can offer not only maternal and neonatal health care services but also family planning services, Expanded Programme of Immunization (EPI) and health education.

Community Group and Community Support Group under CCP:

The CCP is characterized by a public-private partnership emphasizing on community mobilization through the Community Group (CG), the Community Support Group (CSG) and local government representatives to deliver primary health care to local communities in rural areas. Their respective roles are as below.

Implementation	Responsibilities
Government of Bangladesh	• Construction of CCs, Allocation of Service Provider, Provision of medicine & other inputs of CC
Local Government (Union Parishad[*1])	• Financial support for CC
Community	• Leasing land for CC construction
Community Group	• Management of CC
Community Support Group	• Build awareness of available health services in the community • Creation of a fund and its utilisation to assist vulnerable people in getting health services • (If necessary) Referring patients to emergency health care services in time

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.

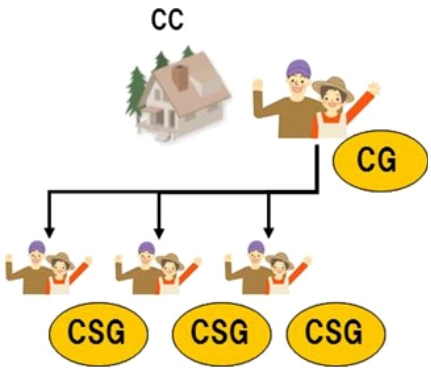
Outputs:

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: The whole county with three direct intervention district Narsingdi, Jessore and Satkhira.

1. Union Parishad (UP) is a frontline Local Government organization closest to the community. Union is an administrative unit of the GoB.

CG: Community Group is a community level organization to look after the CC services. Each CG holds a monthly meeting to discuss health issues in the community. It also manages Community fund that is saved by local people to cope well with community problems. CG members are consisted of 13 to 17 people including at least 4 females. The president is an elected Union Parishad[1] (UP) member who is supported by two vice presidents; one is a land donor or his/her representative and the other is selected by community people. Other members are from different sectors i.e. social workers, religious leaders, adolescents, retired government officials and others. CHCP is the member secretary without voting right.



CSG: Community Support Group is a community-based organization to facilitate utilisation of CCs by mobilizing the community, contributing local resource mobilization for CCs and strengthening referral linkage. Every CC has three CSGs. CSG members make a social map to identify pregnant women's houses and visit their houses regularly to follow-up the course of their pregnancy in time. They share the updated status of pregnant women at bi-monthly meetings. CSGs are consisted of 17 members including CG members. They are selected from different economic classes and occupations through a village meeting.

Capacity Building Training to develop a monitoring and support mechanism for CG and CSG

Considering the lessons learnt, the CCP and the SMPP-2 has established a strategy for strengthening CC activities and functional CG/CSG. That is to assign focal persons who are responsible for the overall activities related to CC/ CG/CSG and to make the core teams at the district and upazila levels. Focal persons at the district level are Civil Surgeon (CS) and Deputy Director of Family Planning (DD-FP), who are the heads of the district-level GoB health sector and family planning sector respectively, and those at the upazila level are Upazila Health and Family Planning Officer (UHFPO) and Upazila Family Planning Officer (UFPO), who are the heads of the upazila-level health sector and family planning sector respectively. The members of the core team are expected to display leadership in strengthening the

SMPP-1 Experiences reflected to CCP and SMPP-2

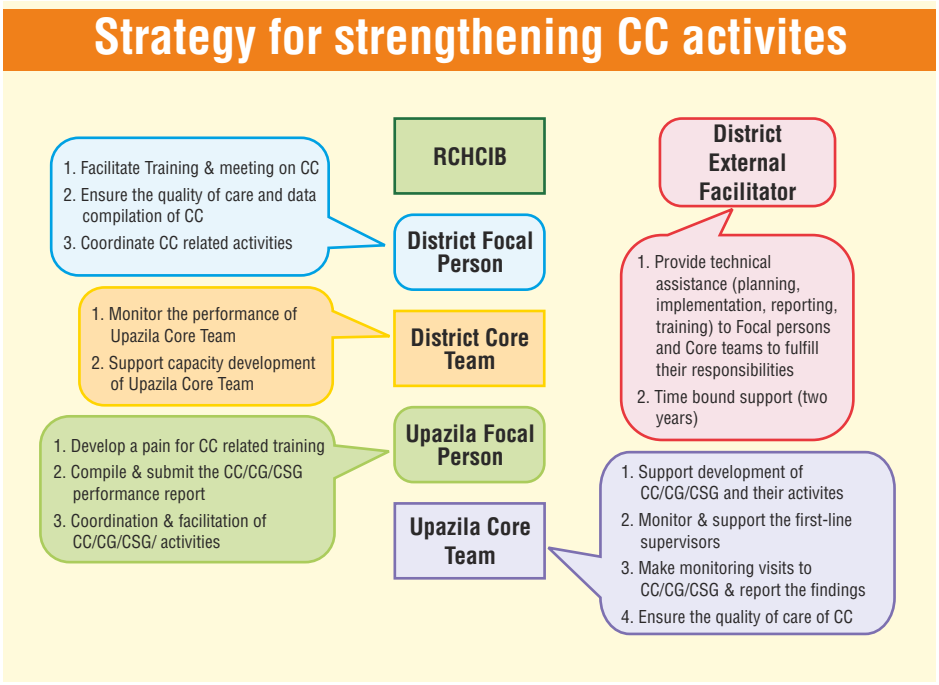
In July 2006, the Ministry of Health and Family Welfare (MoHFW) with technical cooperation from Japan International Cooperation Agency (JICA) launched the Safe Motherhood Promotion Project (SMPP) with the aim of improving the health status of pregnant and postpartum women and neonates in Narsingdi District. The SMPP phase 1(SMPP-1) has focused on 3 activity areas, namely in community, hospital and local UP. For implementation of the community level activities, JICA signed a partnership agreement with CARE Bangladesh in December 2006. CARE staff first attempted to raise awareness of community people regarding safe delivery through discussions on their experiences of death of maternity women and babies in their community. This helped lead to the community's decision to create community groups to support pregnant women and children. CARE staff provided assistance to run the groups properly at the initial stage but gradually reduced their involvement. This community support system called CmSS was proven effective for pregnant women and new-borns to get obstetric emergency care utilizing community resources, thus contributing to reduce maternal and neonatal mortality due to poverty. Implementation of the SMPP-1 completed in June 2011.

Since the CmSS was effective to refer the pregnant mothers with complications to higher facilities immediately, the CCP applied it as CSG to revitalize CCs. The CCP ordered that each CC forms three CSGs just after CG training was completed in June 2013. SMPP-2 provided technical assistance to the CCP in the process of making the CG/CSG training manuals, guidelines and conducting training of trainers (TOT) to functionalize CG and CSG.

Contents of training and lessons learnt:

There were different levels of training courses targeted different groups such as CmSS, CG and CSG members. Contents of training courses include;

- Background, objectives and management of CC,
- Structure, roles and responsibilities of CG and its formation process,
- Information collection from a CC catchment area,
- Resource and problem identification and development of annual work plan,
- Formation of CSG,
- Resource generation, expenditure and management,
- CC monitoring, evaluation and overall supervision, and so on.

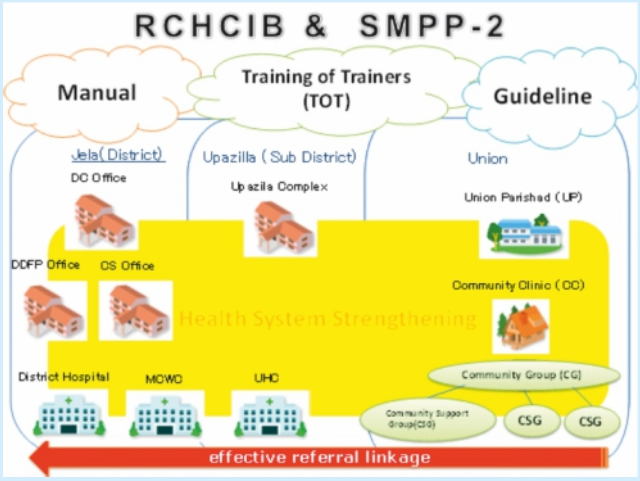


field level monitoring and capacitate the field level supervisors.

The role of District-Based External Facilitators

The SMPP-2 has also allocated the District Facilitator (CARE Bangladesh staff) in Narsingdi, Jessore and Satkhira districts since March-April 2014. At first, the district-based external facilitators are responsible for providing technical assistance to form core teams at the district and upazila levels, and then help clarify and orient the members of core team on their responsibilities and tasks together with focal persons. Secondly, they work for capacity building of the core team; in particular they assist the CSs and UHFPOs in organizing training or TOT for the core team members to develop skills on planning, implementation and reporting and also provide continuous mentoring and coaching to the core team members and the field supervisors in respect of the responsibilities related to CC, CG, and CSG. Their regular field visits along with the core team members give on-the-job supports to CC/CG/CSG and ensure involvement of Local Government (LG) in CC activities. Thirdly, they assess the skills and competency of individual core team members, and provide necessary supports for further improvement of skill on facilitation and monitoring to ensure quality of care. This support would last for two years, during the implementation of the SMPP-2 with the aim that the lessons learnt will be fed into the policy level decisions.

Important lessons were learnt from the training courses conducted in SMPP-2. As for training of CG/CSG members, the first point is the significance of capacity and preparation of the trainers and facilitators. They need clear understandings about the objectives and contents of each training session. Secondly, proper facilitation is essential for participants to understand topics clearly. Trainers must understand the level of participants and their ability to digest the contents of each topic. Use of easy language with examples from the practical life and demonstration helps them for better understanding of the topic. These lessons learnt would be reflected to the future training manual and guideline of the GoB. Finally, it was found that capacity building training could enhance knowledge of CG/CSG members, but not enough for them to develop and establish skills. Mentoring and close follow up with practical demonstration is essential to develop skills and developed skills to take roots. Training without any follow up is less effective for the trainees. The GoB staff at field level play vital roles for this purpose.



Another finding was the importance of capacity building of the GoB trainers. Since the phase 1, SMPP and Care staff served as external facilitators to develop workable CmSS. They have long experiences and skills in running training sessions with community people and are capable to motivate and organize community groups. However, those external facilitators are time bound and may create dependency in both GoB and community. Therefore, the CCP decided to develop a core team which works as facilitator in each district and upazila involving doctors and health staff to provide periodical on-the-job training and follow up support through field visits and monitoring. It is hoped that this core trainers' team can make CG/CSG effective, taking over the roles of external facilitators when they withdraw.

A lot of good stories have been born under SMPP-2 and CCP

Go to the people, reflect in the governance

For Mr. Alhaj Sayed Mohammad Iqbal, Union Chairman of Danga Unioin, Polash Upazila, Narsingdi, the health of his union is the biggest concern. He injected a large amount of funds into the improvement of environment and maintenance of CC like electricity lines, service boards and health education televisions, and activities supporting safe motherhood. He attends CG meetings regularly to figure out the community

problems related to health. On Safe Motherhood Day, he provided plastic banks for pregnant women and promoted saving money in case of emergency. The contribution of the chairman raises the awareness of health within the local community and it leads to a better status of health for them. The chairman shares his experiences with other Unions through the Horizontal Learning Program (HLP)[*2].

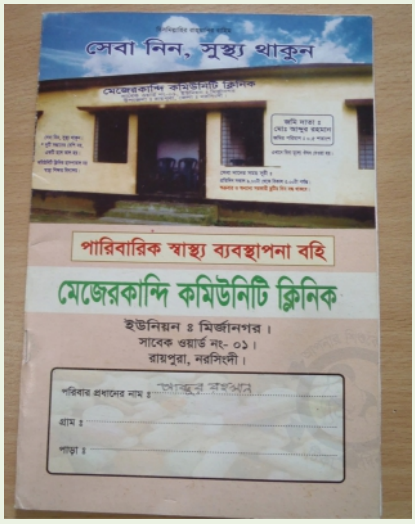
Work as a part of the community people in CC

Mr. Sohel Abbas is a happy CHCP who has been working in Ghoradia CC, Sadar Upazila, Narsingdi since 2 years ago. The number of patients he examines per day in his CC is about 100, and he provides his patients with not only medicines but also warm advice including health education. He said that "I love my work and feel pleasure when the patients

visit me and recover from the sickness." Sometimes his patients invite him to lunch to show thanks for his work, and he always feels that he is loved by the community people. Recently, he held the first CSG meeting with a help of SMPP staff, and shared the experience with other CHCPs in a CHCP monthly meeting.

Deliver the essential medicines to the community people

Mr. Abdur Rahman, President of Mejerkandi CG, Mirzanagar Union, Raipura Upazila, Narsingdi noticed a problem of lack of medicines in the CC, and he and other CG members came up with a use of medical record book for each family to avoid prescription of too much



medicine. The medical record book is printed through the community fund and distributed to all households in the catchment area of the CC. Patients visit the CC with their medical record book, and diagnosis and medicines given are recorded in it. It enables CHCP to follow the treatment course of each patient and prescribe proper amount and kind of medicine. The book includes CG members' contacts for emergencies and information on health education as well. As a result, they had succeeded in reducing the unnecessary prescription of the medicines. The initiative of Mejerkandhi CG, use of medical record book, is spreading to other CCs now.

Help mother & child with a power of the community

Miss Nazma Khatun, Kakdanga, CSG member Karagachi Union, Kalaroa Upazila, Satkhira, found a baby suffering from malnutrition through the household visit. However, the family was under extreme poverty

and it was impossible to take the baby to a hospital by themselves. So, she shared this issue with the other CSG members, and they decided to take the baby to a hospital using the community fund that CSG members saved for the community. This is a simple example of the community fund, which has been set up and managed by CSG, allows babies and mothers to receive an essential health care at hospital.

2. Horizontal Learning Program (HLP): The program run by Local Government Division and the World Bank aiming to empower local government through an opportunity to share good performances of UP with each other.

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