

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 started its 2nd phase from July 2011.

Positive Changes in Public Hospitals in Satkhira

Since the beginning of the project in 2011, the SMPP2 has been monitoring the Maternal and Neonatal Health related indicators of the target public health facilities in Satkhira, namely Sadar Hospital, Upazila Health Complexes (UHC) of Assasuni, Debhata,

Kalaroa, Kaliganj, Shyamnagar and Tala upazilas, and Mother and Child Welfare Centres (MCWC) of Sadar and Nalta. In this issue of SMPP-2 Newsletter, we would like to introduce you positive changes that have appeared in those health facilities¹.

More pregnant women are using public health facilities than before

Firstly there are more babies born at the public hospitals in Satkhira since more pregnant women are going there for delivery. Chart 1 shows the number of deliveries both at the public hospitals and those at private or NGO clinics in the past 5 years. The number of deliveries at public hospitals grew by 54.7% from 4,980 in 2010/11 to 7,705 in 2013/14.

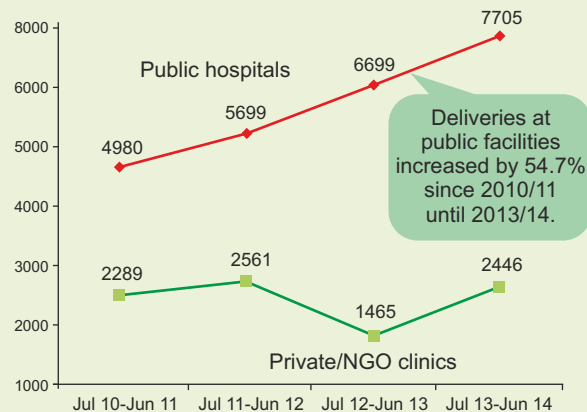


Chart 1: Changes in numbers of delivery - public and private/NGO comparison

More pregnant women and mothers are using public hospitals for ANC and PNC

Both antenatal care (ANC) and post-natal care (PNC) are important factors to detect prenatal and postpartum problems, as well as improve mother and child health. Pregnant women learn essential knowledge, such as nutrition, danger signs of pregnancy, healthy lifestyle and so on, by trained health workers including Community Health Care Providers through ANC. ANC also provide opportunities for regular checkup of women and unborn child, identify high-risk women and give them advice, and provide health promotion and prevention information. Whereas at PNC, advices to mothers are given for healthy growth of babies, post-delivery health of mothers and family planning. Mothers receive folic acid if necessary. In Satkhira, numbers of ANC and PNC have increased greatly in the last 5 years as shown in chart 2. The number of ANC increased by more than double, from 20,896 in 2010/2011 to 42,048 in 2014/15. Mothers who utilize

PNC increased by 87% in the same period, from 5,146 to 9,645.

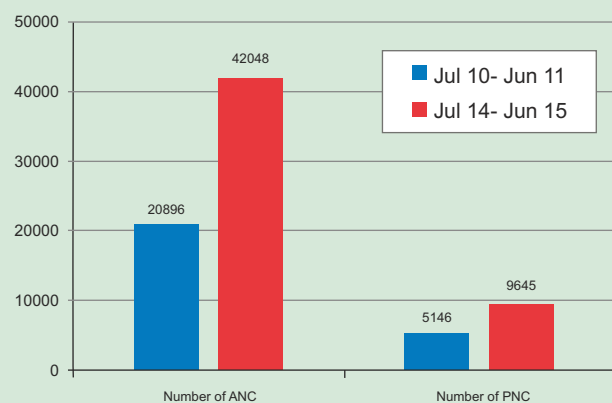


Chart 2: Number of ANC and PNC provided in 2010/11 and 2014/15

¹Data collected from Upazila Health Complexes and Civil Surgeon's office and compiled by the SMPP-2 are used in this newsletter.

SMPP-2'S STRATEGY TO SUPPORT HEALTH FACILITIES IN SATKHIRA

SMPP-2 has been supporting health facilities in Satkhira district in various ways. Equipment has been provided to Sadar hospital and UHCs for obstetric and newborn care, such as Caesarean sets, normal delivery sets, blood pressure machines, stethoscopes, to name a few.

Design of an ideal OT theatre for Sadar hospital has been submitted to Health Engineering Department. Various training has been provided, including safe delivery training for nurses, infection control training, essential newborn care and neonatal resuscitation. As for the management side, Emergency Obstetric Care team was set up, and 5S-CQI-TQM has been introduced. This multi-faceted approach has been contributing the overall

improvement of service delivery of the targeted hospitals.

Improvement in overall service delivery



What is 5S-CQI-TQM?

The TQM is a hospital management tool for improving performance and service quality for resource constraint countries. The first step of TQM is 5S (sort, set, shine, standardize and sustain), which leads to CQI – continuous quality improvement in the hospital environment and overall health services. This will lead to improved quality of services and safety at hospitals. At the beginning, the Quality Improvement Team (QIT) and Work Improvement Teams (WIT) are created, and initial hospital assessment is done. Everyday 5S activities are done by WITs, and regular monitoring is done by the QIT. The key to successful TQM is strong leadership and participation by all hospital staff. In Bangladesh, more than 100 hospitals introduced 5S-CQI-TQM as of July 2015, and good changes have been seen in especially those started early.

Take a look at an example of the Pediatric ward at Satkhira Sadar hospital on how TQM has been progressing. After they introduced 5S in May 2011, the following major inputs were done. The hospital staff started to take their own initiatives to make their hospitals better from the patients' and users' perspectives.

2011-2	2013	2014
<p>Input</p> <p><u>Introduced 5S/CQI/TQM</u></p> <ul style="list-style-type: none"> • First TQM Review Workshop in Dhaka • Emergency Triage Assessment and Treatment Training • TQM Sri Lanka Visit • Placement of Japanese Volunteer (Nurse) (~2014) • Provision of equipment 	<p>Input</p> <ul style="list-style-type: none"> • Infection Prevention Practices training • TQM Refresher Training • Second TQM Review Workshop (Dhaka), • Training on Trainers (ToT) on CQI • Essential newborn care • Protocolized management of neonates <p>Hospital own Initiatives</p> <ul style="list-style-type: none"> • Shoe free ward for improved hygiene 	<p>Input</p> <ul style="list-style-type: none"> • Third TQM Review Workshop (Dhaka) • Placement of Japanese Volunteer (Nurse) (2014~16) <p>Service delivery improvement</p> <ul style="list-style-type: none"> • Developed baby management corner • Oxygen cylinder rack and Central oxygen supply system • Neonatal register introduced <p>Hospital own Initiatives</p> <ul style="list-style-type: none"> • Allocate place for keeping attendants luggage • Allocate dining space for the attendants • Limit one attendant for one baby • Patient information board, electronic notice board and visiting hours boards set up • Health education by microphone



More sick babies' lives are saved in Satkhira Sadar hospital

In Satkhira Sadar hospital, more sick babies' lives are being saved, judging from the overall case fatality rate (CFR) of neonates. The overall CFR indicates the number of the neonate's deaths in proportion to the number of sick neonates admitted in the pediatric ward; the lower the CFR, the more sick neonates' lives are being saved. Chart 3 shows the overall CFR compared to the average number of neonatal admission per month in the past 4 years. The overall CFR has declined from 17.7% in 2011 to 11.7% in 2014, which means more sick babies' lives were saved in spite of increasing number of admission. This is something that Sadar hospital should be proud of.

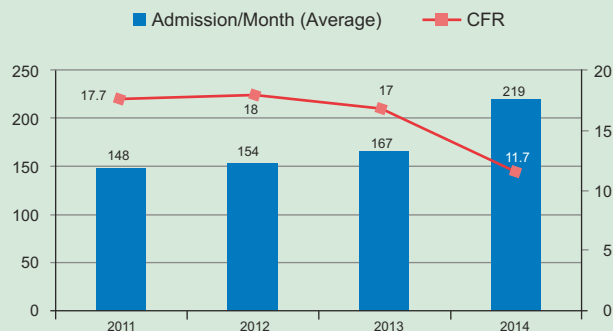


Chart 3: Overall CFR and Monthly Average Number of Neonatal Admission

But the hospital staff are busier than before...

While Satkhira public hospitals attract more pregnant women and mothers than before, that produces some problems, too. Public hospitals are always overcrowded. This causes longer waiting hours for treatment or admission for patients, huge pressures and workload to doctors, nurses and other hospital staffs, and possibly worsening working environment and quality of services. For example, time required to get treatment at the out-patient department at the Satkhira Sadar hospital was more than 2 hours according to the "Survey on clients' and providers' satisfaction at the TQM Hospitals of Bangladesh" conducted in 2013. The SMPP-2 introduced the 5S-CQI-TQM which is a proven method to overcome these difficult situations of resource-constrained health facilities. Although it will take a long time to start from 5S and to reach to the total quality management, persistent and diligent efforts by motivated staff with strong leadership surely



Hospital is flooded with patients and their family members (Satkhira Sadar hospital)

brings improvement of the hospital environment and quality of services. Commitment and actions by the Government, such as proper placement of hospital staff and more investment in facilities and equipment are also essential to provide quality health services to hospital users.

Voices from the Field TQM Changes Satkhira Sadar Hospital

"Many improvements have happened in the hospital since we started 5S-CQI-TQM," said Dr. Shamsur Rahman, Pediatric Consultant of Satkhira Sadar Hospital, and facilitator of Work Improvement Team. "Different wards and corners keep 'shoe-free' areas for better hygiene, and clients now receive outdoor tickets to receive services in an orderly manner." He observed that introduction of 5S has given positive influences to hospital staff. He said, "Many staff now think positively, and provide services with satisfaction thanks to many learning opportunities, such as experience sharing with other TQM hospitals. SMPP-2

helped them a lot to boost morale and to give them learning opportunities." He thinks he can tackle many other problems through TQM. "I am thinking to develop a ticketing system to ease over-crowdedness, and to arrange



curtains for every bed to keep patients' privacy. I also have an idea to award best performing staff to create healthy competition." He is surely the one who considers how to continuously improve the quality of hospital services (CQI), don't you think?

The SCANU room inauguration in Narsingdi District hospital

The SCANU (Special Care Newborn Unit) which is like an Intensive Care Unit for new born babies, of the Narsingdi District Hospital was inaugurated on 26 March, 2015 by Lt. Col. (Retd.) Md. Nazrul Islam, State Minister, Water & Resource. The JICA supported the construction of the SCANU room and equipment specialized to save lives of sick new born babies, including baby warmers and phototherapy machines. Mayor of Narsingdi Municipality, Civil Surgeon and other health staff were present.

OUTSTANDING TQM HOSPITALS AWARDED

Most outstanding TQM hospitals were awarded on 2 June 2015. This year, 100-bedded District Hospital and MCWC, both from Narsingdi district, were the best performing TQM hospitals in the above secondary level hospital group and the below hospital group respectively. At the award giving ceremony held in June, Dr. Ashim Kumar Bhowmick, Medical Officer-Clinic at MCWC Narsingdi, was very proud to say, “By bringing in 5S, I could make radical changes in our hospital. Staff are more motivated than before, and working environment of the hospital and service quality has improved. So please visit and see our hospital.”

Other awarded hospitals were Jhinaidah District Hospital and Cox's Bazar District Hospital in the above secondary level, and Ishwardi UHC in Pabna and Shyamnagar UHC, Satkhira district in the below secondary level.



A newly produced 5S manual called “Implementation of 5S in Hospital Setting” was also launched at the same occasion. The manual is a comprehensive document incorporating all the components needed to implement 5S. The manual is expected to give the idea of practical and step-by-step activities and processes to introduce and move forward the 5S.

Learning 5S-CQI-TQM experiences in Sri Lanka

The third 5S-CQI-TQM training in Sri Lanka was held from 7-14 June 2015. This time, totally 35 participants joined, from medical colleges, district hospitals, UHCs & MCWCs, MoHFW, DGHS, DGFP and so on, as well as supporting agencies that have been involved in implementation of 5S-CQI-TQM activities in Bangladesh. They learnt a wide range of topics related to quality improvement,

including policy, government administration, health system and implementation of TQM in health facilities of different levels in Sri Lanka. At the end of the training, the team was divided into groups to come up with action plans of their own hospitals and offices. Participants are now more active and motivated, so let's see how their hospitals and work places will change!

Two SMPP-2 Management Meetings Were Held



The third Project Implementation Committee (PIC) and the third Project Steering Committee meetings were held in the first half of 2015. Both are important meetings to support effective and smooth project implementation, and supervise its progress and direction. In the PIC meeting the revised Project Design Matrix (PDM) was shared. The revision was made mainly to incorporate suggestions that had been made in the mid-term review. The overall goal and project purpose has not been changed. In the steering committee meeting, JICA's future technical cooperation after SMPP-2 was discussed apart from monitoring of SMPP-2 progress.

SMPP-2 Outline (Revised version)

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. Good practices of MNH services are identified and consolidated in national strategies and guidelines
2. Mechanism to monitor and support replication of good practices is developed for making replicated good practices functional
3. A package of MNH interventions under Upazila Health System (UHS) is developed.

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