

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.

Terminal Evaluation of the SMPP-2 carried out

Joint Terminal Evaluation of SMPP-2 was carried out from late November to mid December 2015. The Evaluation team comprised of both Bangladeshi and Japanese members. The evaluation was focused on five criteria, namely relevance, which sees if the project purpose and overall goal are in line with development policy of Bangladesh and Japan; effectiveness, which look at

achievements of the project purpose and causality with the project outputs; efficiency, impact both positive and negative; and sustainability, in terms of policy, institutional, technical and financial. In this issue of SMPP-2 newsletter, we would describe the results of the Joint Terminal Evaluation of SMPP-2.

SMPP-2 Project Purpose has been achieved

The purpose of SMPP-2 project is “the approaches to improve MNH service quality and utilization are expanded in Bangladesh”. To achieve the project purpose, SMPP-2 had three main approaches and all of them have been identified as good practices. The approaches are: 1) community mobilization and engagement; 2) hospital improvement; and 3) local government involvement. The first approach is to increase utilization of Community Clinics (CC) through community engagement created by strengthening community groups

(CG) and community support groups (CSG). The second approach is to improve health facility environment and eventually service quality through 5S, Continuous Quality Improvement (CQI), and Total Quality Management (TQM). The third approach is involvement of local governments, mainly Union Parishad, into the health sector through the Horizontal Learning Program (HLP).

The Evaluation Team concluded that the project has achieved its purpose because 4 indicators have been fully

achieved and other 2 are partly or mostly achieved as shown in table 1. The Team observed that SMPP-2 had been refining the three approaches based on experiences. The Team explained that factors of the success could be attributed to incorporation of those approaches into the government policies (project output 1), establishment of the monitoring and support mechanisms to replicate the good practices (output 2) and a demonstration of a package of MNH interventions under the Upazila Health System in Satkhira District (output 3).

Table 1. Achievements of Project Purpose

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

1. All the TQM hospitals in Satkhira and Narsingdi achieved 5S at least 70% at MNH service areas	Achieved: All the TQM hospitals in Satkhira and Narsingdi achieved over 70% on 5S at MNH services areas.
2. The percentage of CSGs functional in Satkhira increase to 70% or more.	Achieved: 82% (540 CSGs out of total 657 CSGs) of CSGs were functional.
3. The proportion of women with complication using Emergency Obstetric Care services increases to 80% or more in Satkhira	Partially Achieved: In Satkhira district, it was 80.9% at the time of the Evaluation
4. Proportion of deliveries assisted by skilled personnel increases to 50% or more.	Achieved: The proportion of deliveries assisted by skilled personnel in Satkhira increased to 54.8% (37.4% in 2012) and in Kalaroa it increased to 68.1% (45.6% in 2012).
5. The proportion of established CSGs reaches to 100% in Bangladesh.	Mostly Achieved: Number of established CSG is 39,240, (99.4% of target). The government order to create CSGs for all CCs was issued in 2013.
6. Number of TQM pilot hospitals expands to more than initial four hospitals.	Achieved: The number of the pilot hospitals is 106 in Bangladesh as of the terminal evaluation.

ACHIEVEMENT OF 3 PROJECT OUTPUTS

Output 1: Good practices of MNH services are identified and consolidated in national strategies and guidelines

ACHIEVED

The output 1 focuses on institutionalization of good practices at the central level by consolidating them into national strategies, guidelines and other government documents. The Terminal Evaluation Team concluded that the indicators set for Output 1 were achieved. Among the good practices,

Community Support System (CmSS), which was introduced and tested by SMPP, was adopted as CSG into Operational Guidelines of Community Clinic Project and expanded throughout the country. 5S-CQI-TQM, another good practice, was incorporated in the “Strategic Planning Document on

Quality of Care for Health Service Delivery” developed by the MoHFW in 2015. Since these were adopted in the government policy documents, many Development Partners (DP) and NGOs are supporting implementation of these good practices.

Output 2: Mechanism to monitor and support replication of good practices is developed for making replicated good practices functional

ACHIEVED

Under the output 2, SMPP-2 concentrated on making the replicated good practices functioning and long-lasting in Bangladesh by supporting development of training manuals, conduction of training courses, strengthening monitoring

community leaders to CC and CG, and increased utilization of CC services.

Quality health service is getting more importance in the MoHFW. Quality Improvement (QI) Secretariat was established and a national QI strategy was developed. SMPP-2 is the main driving force of the expansion of 5S-CQI-TQM: facilitating different types of training, assisting development of internal groups and action plans at the health facilities to implement QI activities, and supporting periodical

monitoring. Apart from its targeted hospitals, SMPP- 2 technically assisted Training of Trainers on TQM and other training courses for hospitals supported by other DPs. The number of hospitals introduced 5S-CQI- TQM has increased to 123. DGHS and SMPP-2 developed the “Manual for Implementation of 5S in Hospital Setting.” This document provides practical step-by-step guidance to introduce 5S in the health facilities. The Evaluation Team also noted the contribution of Japanese



CSG members in front of their community clinic



CSG meeting

mechanisms, and so on. The Team concluded that the output 2 was achieved and noted that people who have been working with SMPP-2 for these practices appreciated the usefulness and uniqueness of these mechanisms and tools.

As for CC/CG/CSG activities, a monitoring and supporting system called “Core Team Strategy” was developed and piloted in 6 districts (Satkhira, Narsingdi, Jessore, Cox’s Bazar, Rajshahi, and Gazipur). The Evaluation Team found that this mechanism had brought positive changes, including improvement of CC management, increased on-line reporting in the health information system by CHCPs, commitment of

Before



Reception at hospital

After



Pharmacy and drug store



Store room



volunteers (JOCV) in implementation of SMPP-2 activities at the field level. The Team noted SMPP-2's contribution to HLP by demonstrating how HLP is implemented at district level. The Team found that the

SMPP-2 facilitated establishment of a district HLP implementation structure and helped organizing workshops in all 7 Upazilas and 2 municipalities in Satkhira. Through this initiative, budget allocation by UPs for the

health sector in Satkhira was increased, which was in total 54 lak Taka in the 2013-14 financial year. An implementation guideline of the district HLP was being developed at the time of the Terminal Evaluation.

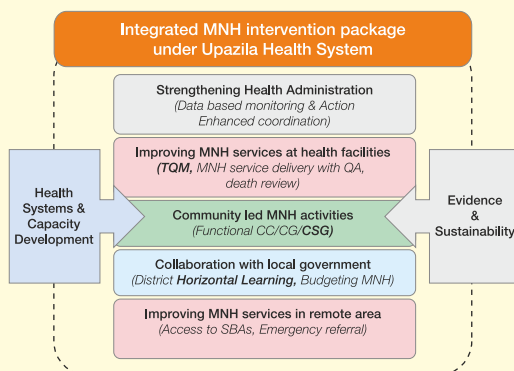
Output 3: A package of MNH interventions under Upazila Health System (UHS) is developed

MOSTLY ACHIEVED

The output3 focuses on development and operationalization of the Upazila Health System (UHS) in the area of MNH. The UHS is a government initiative to improve the primary health care services through a three-tier system: hospitals– union level health centers – community clinics. The Evaluation Team found that SMPP-2 contributed to the conceptualization of the UHS and demonstrated how the UHS was implemented at the field level by conducting several different activities and field trials. These include local level planning,

strengthening data based planning and management capacity, MNH service quality improvement, and community mobilization. Figure 1. “Integrated MNH Intervention Package under UHS” is a visual presentation of activities in Satkhira district. The Evaluation Team identified several positive signs in Satkhira district, including increased utilization of MNH related services, well-functioning CC/CG/CSG and more

Sustainable MNH development in Sarkhira



allocation of UP budget for MNCH activities.

IMPACTS AND SUSTAINABILITY

Under the impact, the Terminal Evaluation Team judged whether the Overall Goal could be achieved within 3-5 years after the end of the project. The Team concluded that maternal mortality ratio and neonatal mortality rate (MMR and NMR) targets would be possibly achieved. The Team also pointed out positive impacts of SMPP-2 such as 1) evolving partnership and mobilisation of resources, 2) contribution to how the government engages the community, 3) creating practical examples for improvement, 4) contribution to global health community and publicity at international conferences and technical journals, and 5) increase in social capital in communities through CSG.

The Team concluded sustainability of the project effects as fair. They noted some minor concerns including government's organizational rearrangement after the project closing, continuation of function of the Core Teams, and delayed budget release within MoHFW.

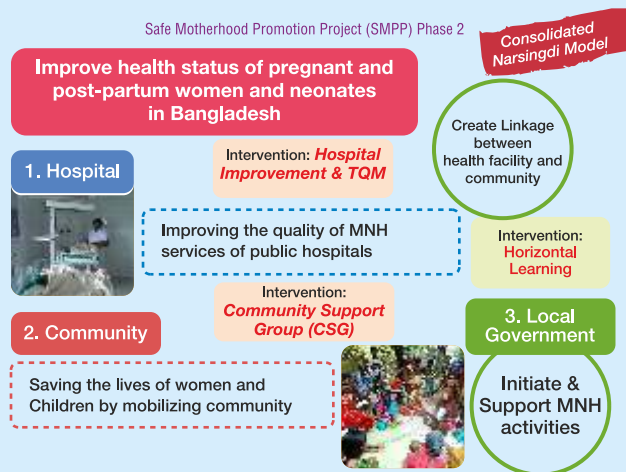


Figure 2: Three main approaches of SMPP-2 based on the Narsingdi Model. Developing the Narsingdi Model is the major achievement of the SMPP Phase 1.

Important lessons from SMPP-2 experiences

The Team also drew lessons learnt. Some of them are explained below:

- 1) It was proved that the Government of Bangladesh could effectively mobilize the community participation with strong ownership by support of external facilitators such as SMPP-2.
- 2) SMPP-2, instead of increasing the geographical coverage, focused on policy formulation and its operationalization through constructing linkages between the policy and activities. It resulted in the

formulation of appropriate policy and approaches in the Bangladesh context, and attracted other development partners' participation.

- 3) SMPP-2 conducted the third country training such as 5S-CQI-TQM in Sri Lanka and exchange visits to Kenya. Those activities had the positive impacts beyond the national border by utilizing the achievements of other JICA technical cooperation projects. One example is that Community Health Strategy in Kenya was developed inspired by the practices in Bangladesh.

² A study shows that community peoples' willingness to contribute to the welfare of other community members have increased in communities where CSGs were introduced.



Terminal Evaluation Report discussion



Terminal Evaluation Team visited one of the HLP good practice sites

From here to where? Recommendations and Activities to sustain the project effects

The Terminal Evaluation Team proposed several recommendations to both Bangladesh and Japanese sides. One issue is expansion and sustainability of the Core Team Strategy. The Team recommended the Bangladesh side to promote the Core Team Strategy in districts other than the current 6 with appropriate budget for effective implementation of the strategy. The Team also recommended development of CSGs in the catchment area of the Health and Family Welfare Centers (H&FWC) to improve utilization of H&FWCs. The Team suggested to strengthen internal Plan-

Do-Check-Act cycle at health facilities to maintain the effects of 5S-CQI-TQM. It was also recommended for documentation of the SMPP-2 experiences, including district HLP, impact studies in Satkhira and 10 years experiences of SMPP. The Evaluation Team recommended MoHFW to assure responsible departments to take over the achievements of SMPP-2 in the next health sector program. SMPP-2 is determined to carry out remaining activities together with MoHFW counterparts.

Voices of the counterpart

Mr. Md. Abdus Sobhan is the Sanitary Inspector of Kaliganj Upazila Health Complex (UHC), Satkhira. Mr. Sobhan is passionate about 5S-CQI-TQM and trying hard to improve his hospital. He said, "I am motivated and inspired by 5S-CQI-TQM. We created Quality Improvement Team and Work Improvement Teams in the hospital and each floor staff are actively working to reorganize our hospital using 5S principles." Asked if there is



Mr. Md. Abdus Sobhan conducting health education class

any problem, he said, "Many people say that we cannot improve hospital because we do not have money, but I do not think so. We could improve this hospital without big money. Important thing is positive attitude of staff". At the time of the terminal evaluation, he thanked SMPP-2, and said "After SMPP-2 started working with us, we learned and experienced many things. I will keep working to improve this hospital further". Thanks to the manager and all the staff, including Mr. Sobhan, of Kaliganj UHC for their continued efforts to improve quality of services. Kaliganj UHC was awarded as one of the best 2 upazila level hospitals in Khulna division by the WHO-supported Health System Strengthening Project of DGHS.

SMPP2 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. 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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