# Safe Motherhood Promotion Project (SMPP)

(A project of the Ministry of Health and Family Welfare supported by JICA)

# QUARTERLY PROGRESS REPORT

## January to March 2010

Japan International Cooperation Agency (JICA)

## 1. Introduction

Safe Motherhood Promotion Project (SMPP) has initiated its interventions in July 2006 in Narsingdi District. This is the project of Ministry of Health and Family Welfare (MoHFW) supported by Japan International Cooperation Agency (JICA) as a technical partner. JICA invited CARE Bangladesh to be another implementation partner for Community Mobilization activity. The project aims at improving health status of pregnant and postpartum women and neonates in the targeted district during four years of implementation and envisages replicating good practices proven in Narsingdi to other districts.

This is the progress report of SMPP for the period of January to March 2010. In this report following activities are highlighted:

- Terminal Evaluation
- Hospital Improvement Activity
- Model Union Activity
- Community Support System (CmSS)
- Community based Skilled Birth Attendant (C-SBA) related activity
- District Project Implementation Committee (DPIC) meeting
- Others
- Visitors

## 2. Major Activities Implemented

### 2-1. Terminal Evaluation

In this quarter SMPP carried out the important task: Terminal Evaluation. The SMPP is a four year pilot project started in July 2006. It was the time to overlook the activities and achievements the SMPP accomplished. The Terminal Evaluation was a joint effort of the MoHFW and JICA. A JICA mission member first arrived in Bangladesh on 16$^{th}$ January 2010, full members of the Mission joined later, and finalized the work on 11$^{th}$ February. The Terminal Evaluation mission underwent several visits to the project sites in Narsingdi, interviews with key GoB counterparts and the project staffs at national and below district levels, observation of the project activities, collection and review of the secondary data including SMPP End-line survey, and series of internal and external meetings.

A Terminal Evaluation Preparatory Workshop was organized at Narsingdi on 21 January 2010 with the participation of hospital and field staff. The workshop was attended by the Deputy Commissioner, Civil Surgeon, DD Family Planning, and other district and upazila managers of Narsingdi district. In the workshop the findings of endline survey and CmSS evaluation was presented and discussed. The district action plan (both hospital and community) was reviewed and new action plan was proposed by the participants to be implemented during rest of the project period.
The findings and recommendations of the Terminal Evaluation were shared and discussed at DPIC meeting in Narsingdi and JCC meeting at the Ministry (annex 1).

The conclusion of the Terminal Evaluation was:

1) **This project has achieved its purposes** as the set targets were met through three effective approaches: 1) **dual wheels of EmOC public facility improvement and self-sustainable community participation through CmSS-SMPP**, 2) **involvement of local government** (especially union parishad chairman/members) to improve its awareness and motivation, and to take leadership in provision of support for MNH improvement, and 3) **strengthening coordination between DGHS and DGFP at each level**.

2) The Project took a participatory approach, which mobilize local resource, aiming to secure sustainability although it took times and effort. **The NGO (CARE Bangladesh) had played a major role in the Project not as service providers, but as a facilitator for community mobilization**.

3) Neonatal care and PNC service still remain challenges

4) Further effort to systematize the methodology of the Project is required to achieve the Overall Goal

5) Sustainability is judged to be moderate. Further effort in institutionalization of the various approaches employed by the project and accelerating the on-going efforts of the health service improvement at the central level would enhance the sustainability of the positive effects they produced.

The recommendations of the Terminal Evaluation to the Project were:

1) Available data should be reexamined and further analyzed to clarify strengths and weaknesses of the approaches of SMPP

2) **The Project should make an effort to reflect the good practices and lessons learnt extracted from the experiences of the Project in the next Health Sector Program** which will be developed in the coming one year. The Project is also expected to actively work for adopting effective tools developed by the Project, such as CSBA format and various guidelines, as national standard.

3) The Project should clarify and implement the exit strategy in order to sustain the activities without further external input after the completion of the Project.

4) The Project should find the ways to ensure continuous support to P-CSBA after the completion of the Project.

The recommendations of the Terminal Evaluation to be considered by GoB in the long term were;

1) **Service delivery capacity and function of hospitals needs to be strengthened**. Although the Project implemented various activities within the constraints of the current situation, the system to sustain the Project outputs needs to be strengthened. Adequate deployment of staff and equipment is necessary.

2) Local government should be involved in the improvement of health service delivery so that health administration can utilize resources of local government.

3) **GoB should accelerate its initiative to delegate more authority to district and division levels**

4) To ensure optimum use of resources, reallocation of available resources namely human resource and logistics at the district and division levels should be more rigorously pursued.

5) It is recommended that the Government of Bangladesh to consolidate existing committees into a common platform to coordinate various health related programs, such as National Nutrition Program (NNP), EPI, FP and DSF at each level, learning from the mechanism of UPIC/DPIC developed in the Project.

6) A system to provide supportive supervision and technical learning opportunities for FWV and CSBA needs to be developed and strengthened so that the quality of their services will be ensured.

7) Hospital management committee should be activated to improve the quality of EmOC services and mobilize resources locally.

**8) Narsingdi district is expected to be a learning site for other districts on effective implementation of safe motherhood program**

*Evaluation team visit CmSS meeting at Monohardi*

*Meeting on Phase 2 with JCC member*

Based on the above mentioned conclusion and recommendations, JICA has proposed the MoHFW to **extend SMPP in Narsingdi for one more year** (up to June 2011) to accomplish the remaining tasks and refine its good practices as "*Narsingdi Model*." And, at the time of launching of new Health Sector Program in July 2011, **SMPP second phase** is planed to be kicked off in several new direct intervention Districts. The process for extension has been initiated as a bilateral agreement and expected to be completed in April 2010.

## 2-2. Hospital Improvement Activities

The Terminal Evaluation team visited a number of health facilities to observe the EmOC services and set up of the facilities in January. The facilities visited were MCWC, Raipura UHC, Palash UHC and Monohardi UHC. During the visits they discussed the contribution of SMPP, problems related to EmOC services and sustainability with the facility manager and staff to draw conclusion and recommendations for SMPP.

In total six EOC meetings were held at the district. The facilities conducted the EOC team meetings include Raipura UHC, MCWC, Sadar Hospital, Monohardi UHC, Palash UHC, and Shibpur UHC. In these meetings the hospital action plans as developed earlier were reviewed and discussed. The facilities proposed revised action plan considering the activities that could not be accomplished along with some new activities to be undertaken in the following year. The action plan mostly includes increasing/sustaining the utilization of services with improvement of quality of care.

The Sadar Hospital building has been extended vertically to provide more space for services. As a result space has been available for one new operation theatre (OT). It may be noted that at present there is only one OT at the hospital which is being used for all kinds of surgery. To equip the new OT, SMPP received a request for providing necessary equipment. SMPP coordinated this effort with the Reproductive Health Program Office of the Government to get the requested equipment from the central store, if available. Simultaneously, SMPP also checked all the stores (Sadar and District Hospital and Civil Surgeon's office) if there is any equipment available for the OT. Fortunately, almost all the equipment were found at central and district level stores, and SMPP has only provided one air conditioner and an IPS to operationalize the OT. The OT is now waiting for commissioning of new equipment to go for operation.

SMPP discussed with GTZ and proposed to initiate the Data Management and Information System (DMIS) at Narsingdi on pilot basis. Accordingly, GTZ is suggested to come up with a proposal describing clearly the activities needed for introduction of the soft ware and staff training. If this system is introduced, inputs can be provided directly from the Upazila and district level facilities with automatic compilation at district and national level.

Government has an intention to activate the Hospital Management Committee (HMC) with the local MP as chair. The member secretary for this committee is Civil Surgeon at district and UHFPO at Upazila levels. During this period one HMC meeting was held at Palash Upazila and it was attended by the Chief and Technical Advisor of SMPP. Emphasis was given to reinitiate the comprehensive EmOC services. Decision was therefore taken to get a MO anesthesia through persuasion at district and national level. In the mean time, SMPP pursued the division director (health) to provide one anesthesiologist at Palash UHC to restart the EmOC services. It may be noted that the comprehensive EmOC services are not available at Palash UHC due to transfer of MO anesthesia since September 2009. This issue was also raised with the Director General of Health Services.

To follow up the earlier decision on QA committees by the DGHS, SMPP had several meetings with the Director, Hospital, DGHS. In addition, the issue of Workshop on Quality Improvement of Hospital Services scheduled for 10-11 April 2010 and introduction of TQM at the facilities were also discussed. It was known that the file for approval of the QA committees has been sent to the Ministry with the forwarding of the DGHS. It is expected that the new committees will be approved by the Ministry soon. The future plan is to develop an action plan by the QA Task Group for implementation. In the mean time it has been decided with DGHS to assess the current situation of quality of services of eight hospitals (outside the SMPP project district) where QA training was conducted by the Hospital Section itself. SMPP would provide technical support for the assessment study.

Monitoring data shows that utilization of services, such as ANC, PNC, obstetric admissions, number of deliveries conducted, complications treated and C-sections done etc. have increased compared to the first quarter of last year (annex 2).

**2-2. Model Union Activity**

SMPP decided to increase the number of model union from current 9 to 14 in October 2009. Based on the criteria, 5 unions from 5 Upazilas were selected as new model union and the facility assessment of 5 H&FWC in these unions was jointly done by the upazila level managers and SMPP staff. Similar to existing 9 model unions, 5 new unions organised a participatory Action Planning Meeting in December with the attendance of selected community members, NGO workers, Union parishad members, and GoB care providers. The developed Action Plan is consisted of both facility and community-based activities, and will be reviewed after 6 months implementation period. The formation of Safe Delivery team was approved and the member list was finalised at the end of the meeting. Based on the facility assessment and Action plan, SMPP provided necessary logistics (equipment) to new Model Union FWCs. The Union Parishard also contributed to respective FWCs as per decisions at the planning meeting.

*Review workshop at Belabo*

ANC/PNC training follow-up visits for the FWVs in 4 model unions were done by the SMPP technical officer in this quarter. The responsible AFPO also joined in the visits in some unions. In the follow-up visit, a check-list developed by the project was used to assess the participants' post-training skill and knowledge and on-site refresher sessions were given on the identified inadequate areas. Most of FWVs were found to be still poor in neonatal examination skill and knowledge. Along with the assessment and refresher session, some missing items for ANC/PNC services (examination table, step, screen, foetoscope, measurement tape) were supplied and the consultation room in each facility was re-arranged in the follow-up visit.

To improve the knowledge and understanding of the village doctors on pregnancy complications and harmful practices of commonly used drugs during pregnancy (especially, use of oxytocin, methergin, infusion, and other drugs), SMPP organized a half day orientation at Chalak Char union of Monohardi Upazila. In total 29 village doctors attended the orientation. Evaluation of the orientation through pre and post-test shows substantial improvement of knowledge after the orientation.

*Mother gathering at Joynagar, Shibpur*

**2-3. Community Support System (CmSS)**

Community Support System is a system which creates a conducive environment at the family and community level to ensure services to pregnant women during the pregnancy period and timely referral to appropriate facility for emergency obstetric care. At present there are 133 CmSS already developed in Raipura and Monohordi Upazilas and 12 in Sadar Char unions. According to the CmSS monitoring

data, the total household under CmSS is 37,980, and the total fund accumulated by CmSS is Tk. 201,975 by the end of March 2010. In non-CARE intervention areas there are 9 CmSS in Polash, one in Shibpur, and one in Belabo Upazila, already developed in Model Unions with the facilitation of respective Upazila Coordinators.

35 Union CmSS Federations have been established through a formation meeting in each union to develop better linkage with Union Parishard and Upazila Health Complex (UHC) and raise common voices for services and supports they obtained. The Union Federation is consisted of all members of Union Parishard, selective members of CmSSs, and other local influential persons.

SMPP categorized CmSS into three levels in terms of maturity: A (satisfactory), B (moderate), and C (weak). The categorical criteria are: leadership; conceptual and technical skill; documentation; monthly meeting and participatory monitoring; resource mobilization; accountability; and linkage and communication. In order to accelerate the maturity process of weak CmSS, 47 cross learning visits have been organized between A and C category CmSSs. Five key members of C-CmSS visited A-CmSS and observed regular meeting conduction and pregnant and neonatal monitoring by using social map. Furthermore, the visitors learned how to make a linkage with UP and UHC and shared the experiences of mobilizing the resources. It was reported that after cross visits the skills of the C-CmSS members had been improved in documentation, conduction of the meeting, monitoring of pregnant women, resource mobilization, and networking. They were also actively performing the planned activities.

The following is the comparison of situation of CmSS maturity at December 2009 and March 2010. The below column clearly shows the improvement of CmSS status after the cross visits.

| Upazila/Category | A | B | C |
|---|---|---|---|
| **Monohordi (49)** | 19 (Dec. 09) ↓ **27 (Mar. 10)** | 18 (Dec. 09) ↓ **19 (Mar. 10)** | 12 (Dec. 09) ↓ **3 (Mar. 10)** |
| **Raipura (84)** | 23 (Dec. 09) ↓ **33 (Mar. 10)** | 40 (Dec. 09) ↓ **38 (Mar. 10)** | 21 (Dec. 09) ↓ **13 (Mar. 10)** |
| **Sadar (12)** | 1 (Dec. 09) ↓ 1 (Mar. 10) | 5 (Dec. 09) ↓ 5 (Mar. 10) | 6 (Dec. 09) ↓ 6 (Mar. 10) |

Some CmSSs have started extending its support to Community Clinic (CC). It was observed that the CmSS members, with the help of respective Union Chairman, successfully persuaded local managers and care takers of CC to open the CC. In the case of Mirjapur union, Raipura Upazila, the UP chairman contributed to construct a road which connects between the village and the CC, therefore, the local people can easily access to the CC. In Danga union of Palash Upazila, Community Clinic management committee and CmSS have developed a close relationship. CmSS generated the fund for CC to pay electricity bill and other necessity.

**CmSS data of Monohordi, Raipura and Sadar Upazilas (as of March 2010)**

| Sl | Indication | Monohardi | | | Raipura | | | Sadar | | | All upazila | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Up to March' 09 | Apr-' 09 - Mar' 10 | Cumulative (As of March' 10 | Up to March' 09 | Apr-' 09 - Mar' 10 | Cumulative (As of March' 10 | Up to March' 09 | Apr-' 09 - Mar' 10 | Cumulative (As of March' 10 | Up to March' 09 | Apr-' 09 - Mar' 10 | Cumulative (As of March' 10 |
| 1 | # of pregnant women registered | 1,450 | 1,598 | 3,048 | 3,212 | 3,432 | 6,644 | 0 | 396 | 396 | 4,662 | 5,426 | 10,088 |
| 2 | # of poor pregnant women registered | 1,065 | 1,194 | 2,259 | 1,985 | 2,675 | 4,660 | 0 | 252 | 252 | 3,050 | 4,121 | 7,171 |
| 3 | # of delivery at home | 551 | 745 | 1,296 | 1,116 | 2,044 | 3,160 | 0 | 181 | 181 | 1,667 | 2,970 | 4,637 |
| 4 | # of deliveries at facility | 859 | 282 | 1,141 | 1,536 | 607 | 2,143 | 0 | 43 | 43 | 2,395 | 932 | 3,327 |
| 5 | # of deliveries by C-section | 88 | 79 | 167 | 77 | 159 | 236 | 0 | 28 | 28 | 165 | 266 | 431 |
| 6 | # of deliveries by CSBA/FWV at home | 155 | 200 | 355 | 394 | 494 | 888 | 0 | 1 | 1 | 549 | 695 | 1,244 |
| 7 | # of pregnant women referred | 261 | 235 | 496 | 439 | 300 | 739 | 0 | 31 | 31 | 700 | 566 | 1,266 |
| 8 | # of neonates referred | 89 | 91 | 180 | 193 | 80 | 273 | 0 | 12 | 12 | 282 | 183 | 465 |
| 9 | # of pregnant received CmSS financial support | 86 | 43 | 129 | 178 | 34 | 212 | 0 | 1 | 1 | 264 | 78 | 342 |
| 10 | # of pregnant received CmSS transport support | 111 | 83 | 194 | 166 | 88 | 254 | 0 | 8 | 8 | 277 | 179 | 456 |
| 11 | # of stillbirths | 11 | 9 | 20 | 24 | 34 | 58 | 0 | 2 | 2 | 35 | 45 | 80 |
| 12 | # of newborn death | 27 | 14 | 41 | 3 | 18 | 21 | 0 | 2 | 2 | 30 | 34 | 64 |
| 13 | # of maternal deaths | 0 | 0 | 0 | 3 | 5 | 8 | 0 | 0 | 0 | 3 | 5 | 8 |

## 2-4. Community based Skilled Birth Attendant (C-SBA) related activity

The following table shows the cumulative number of MNH services provided by P-CSBAs in this quarter. All 11 P-CSBAs started providing ANC, delivery assistance and PNC after the completion of the training in July 2009, and the constant number of obstetric complication cases were detected and referred to higher health facilities every month. The project has been observing gradual increase in performance of P-CSBA.

*Number of service provided by private CSBAs from January to March 2010*

| | ANC | PNC | Newborn care | Delivery Assistance | Emergency referral |
|---|---|---|---|---|---|
| Total number | 574 | 189 | 181 | 44 | 14 |

Since July 2009, SMPP has assigned one technical officer on midwifery for P-CSBA follow-up purpose. The technical officer made initially 1-2 follow-up visits per month for each P-CSBA to provide on-site technical assistance including MIS data collection and reporting practice. After more than 6 months of intensive supports by TO, SMPP decided to reduce the number of follow-up visits gradually. Along with on-site technical support, the technical officer provides telephone consultation.

P-CSBAs can call the technical officer to seek advice when they get any complicated cases. The problem of Demand Side Financing (DSF) is still prevailing: since the P-CSBAs are not beneficiaries of DSF, they loose the clients who hold DSF cards. The project suggested UHFPO Raipura raise this issue at the District DSF technical committee meeting and request for inclusion of P-CSBA in the DSF program.

*One of P-CSBA open her service room at Char*

SMPP decided to support one more batch of P-CSBA training from April. After the consultation with GoB and training institutes, the project selected Kumudini Hospital in Tangail district to organize P-CSBA training this time. SMPP team visited Kumudini hospital in March to discuss over the conduction of P-CSBA training and the contract between two organizations. At the same time, the identification of qualified trainees started in Raipura and Sadar char areas through union level meetings and motivation activities. Training will hopefully begin from the end of April and end in October 2010.

## 2-5. District Project Implementation Committee (DPIC) meeting


DPIC meeting was organized in February 4th at DC conference room in Narsingdi. The main agenda was to share and discuss the conclusion and recommendations of the Terminal Evaluation Mission with the members of DPIC. The participants of the meeting was pleased to hear the positive findings of SMPP Terminal Evaluation, however, expressed the frustrations that the constraints pointed out by the mission such as lack of skilled manpower and shortage of logistics and budget were long lasting problems of Bangladesh and they felt powerless to tackle with those issues. They requested the mission to urge the central government to take immediate actions to resolve those problems.

## 2-6. Visitors

Because of Terminal Evaluation, the Narsingdi project site received a lot of visitors in this quarter. The Terminal Evaluation Mission leader, Dr. Ishi visited Mirzanagar union and UHC in Raipura upazila. He shared his impression that SMPP is an excellent example of JICA's Human Security approach, which is characterized with top-down protection and bottom-up empowerment.

We had meaningful visits of an influential visitor from the national level, Prof. Madma Nargis, Additional Secretary and Project Director of "Activation of Primary Health Care in Bangladesh" on March 13th. She observed Community Group activities to support Community Clinic in Danga union of Palash Upazila. She was impressed by enthusiasm of the group members and their innovative activities backed

by Union Chairman, such as mapping and registration of pregnant women and collection of membership fee. Due to devotion of the local people, around 100 patients visit this community clinic every day. In her remark, she encouraged the community and local government to come forward to start their own initiatives to improve service delivery of community clinics. In this connection, she stressed that local community should be given the authority to generate necessary fund and manage the clinic in a way that the poor and vulnerable people benefit most.

**2-7. Others**

- Final reports of End-line Survey and CmSS Evaluation Survey were finalized and submitted by ACPR in February. SMPP central team and the Health program Director of CARE USA were involved actively for finalization of the surveys.

- Safe Motherhood System Strengthening (SMSS) Study conducted by JICA Bangladesh started in December 2009 and completed in March 2010. SMPP provided technical assistance to the Study working closely with two Japanese consultants and HRDC, a contracted local research organization.
- Chief Advisor and Technical Advisor of SMPP visited PNC Operational Research Project in Faridpur during 29th February to 1st March. The visiting team joined the discussions on the findings of the OR and observed the field data collection and micro planning activities and exchanged the opinions. This visit was helpful for SMPP to develop its own intervention package of PNC

**3. Next plan**

SMPP has a plan to implement the following major activities in next quarter:

- Reanalysis of existing data including End-line and CmSS Evaluation surveys for publication
- Health Facility Improvement: regularize EmOC team meeting and data update; activate Hospital Management Committee; organize the Workshop on Quality of Health Services in April; and assist to develop QA Action Plan by the QA task force.
- Model Union Activity: support implementation of revised Model Union Action Plan and Safe Delivery team activity; support new Model Union activity; follow-up of ANC/PNC training for selected FWVs and CSBAs; finalization/printing of neonatal danger sign/harmful card and poster; and Village Doctor orientation
- Community Support System (CmSS): capacity development of CmSS and CmSS Federations at Union/Upazila level; trial of Community Clinic & CmSS collaboration; and Orientation of PNC for selective female members of CmSS
- CSBA related activity: Private CSBA follow-up; compile the experiences of private CSBA as a final document; and new selection of candidates from Raipura and Sadar char for the second batch P-CSBA training in Kumudini hospital

*SMPP Retreat at Manikganj*