



Safe Motherhood Promotion Project (SMPP)

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

QUARTERLY PROGRESS REPORT

July to September 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 five 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 July to September 2010. In this report following activities are highlighted:

- Development of next sector program & Maternal, Neonatal and Child Health (MNCH) Task Group meeting
- Hospital Improvement Activity
- Model Union Activity
- Community Support System (CmSS)
- Community based Skilled Birth Attendant (C-SBA) related activity
- DPIC meeting
- Pilot PNC Intervention in Monohordi Upazila
- Horizontal Learning Program (HLP)
- Preparation activity for SMPP second phase
- Visitors
- Others

2. Major Activities Implemented

2-1. Development of next sector program & Maternal, Neonatal and Child Health (MNCH) Task Group meeting

New Health Sector Program is under development as the current HNPSPP will end in June 2011. In this quarter MoHFW and DPs jointly organized a series of activities to discuss and determine the design of next sector program, such as next sector program development Workshops, Concept paper analysis using JANS tool, Task group meetings, and core group meetings. SMPP actively participated in those activities and meetings and contributed to the development of the necessary documents. Especially, on the issues of EmOC, Quality of services, SBA, Community Participation and the role of local government, and Local Level Planning, SMPP intended to reflect our experiences in the field into the discussions and to draw attention on the real problems.

After proposed separation of MNCH Forum and Task group, the first meeting of MNCH Task Group was held on 15th July and following 21st July consecutively to discuss over the progress made in reference to the priority action plan of Annual Program Review 2009. The first meeting was chaired by Director General of Health Services and the second one was by Line Director ESD. Those meetings were part of light touch review of HNPSPP, and UNFPA took a coordination role for DP side and facilitated the review process of MNCH activities. JICA, as a member of Task Group, contributed to this review process.

2-2. Hospital Improvement Activities

The major activity that has been implemented during this quarter was introduction of TQM (Total Quality Management) at the public hospital setting. In order to introduce this concept Prof. Handa Yojiro, a TQM expert, visited Bangladesh during 21 August - 3 September. During his visit he not only oriented the SMPP staff on TQM, but also trained 31 key staff members and managers (such as UHFPO, RMO, Consultant/MO Obstetrics and Gynecology, Consultant/MO Anesthesiology, MO-Clinic, MO-MCH, Nurses, FWVs, and other staff) at Narsingdi. The orientation was for two days: the first day was designed for all categories of staff especially to understand the 5S/Kaizen/TQM for improvement of hospital working environment and thus, staff satisfaction. The second day was focused on leadership and some aspects of Kaizen and invited only the managers and the key service providers, such as UHFPO, RMO, consultants and medical officers. Civil Surgeon and Deputy Director of Family Planning attended the orientations and appreciated the efforts. Earlier, Prof. Handa visited a number of health facilities (Monohardi UHC, MCWC and Sadar Hospital) as well as the community to understand the project and the local situation and adopt it in his presentation.



Prof. Yojiro Handa District Hospital Narsingdi

Following the orientation of the district level staff, a meeting of the Quality Assurance Task Group was organized at the DGHS on 26 August. The meeting was chaired by the Director Hospital, while Additional Director General was present as chief guest. The main objective of the meeting was to sensitize the key decision makers on 5S/Kaizen/TQM and to select pilot hospitals for implementation of the concept. At the outset of the meeting Prof. Handa gave a presentation for better understanding of the concept of 5S/Kaizen/TQM. It was decided in the meeting to introduce the 5S/Kaizen/TQM process at three district hospitals (Narsingdi, Manikganj and Tangail District Hospital). The concept may also be introduced at Upazila level hospitals (2-3) in Narsingdi if the managers show interest.

As a follow-up of the meeting decision, orientation was organized for 22 staff members (managers and key service providers such as Civil Surgeon, RMO, consultants, nursing supervisors, ward master etc.) of the TQM pilot hospitals in Dhaka. Again, Prof. Handa made a presentation on 5S/Kaizen/TQM. All the participants appreciated his presentation and expressed their commitment to implement the concept for improvement of quality of services. Orientation was also organized at the Neurosurgery (casualty) Department of Dhaka Medical College Hospital (a tertiary level teaching hospital with about 1,700 beds) following the request of the Honorable Minister for Health and Family Welfare.

Prof. Handa, along with the SMPP staff visited Jessore District Hospital and Chowgacha UHC. The objective of this visit was to learn innovative activities of Chowgacha UHC and introduce 5S/Kaizen/TQM to the managers and other key staff in Jessore. He also visited one NGO Hospital (Ad-Din Hospital, Jessore) to have the comparative picture of quality of services.

A special advocacy meeting was organized for the Honorable Minister for Health and Family Welfare by JICA to provide information to the Minister and other key policy makers on TQM and its experience in other countries. Along with the Minister, the meeting was attended by the Secretary

MOHFW, DGFP, Director Hospital and Director MCH. This meeting helped the SMPP to convince the policy makers to introduce 5S/Kaizen/TQM in Bangladesh.

SMPP also took the opportunity to introduce the concept of 5S/Kaizen/TQA to other forums and organizations. The concept was presented in the Clinical Quality Circle meeting of Smiling Sun Franchise Program supported by USAID and in the Quality Assurance Training for the GoB officers and NGO managers organized by the BRAC University with the support from GTZ.

The newly formed QA committees got approval of the MOHFW in the last quarter. Thus, the first meeting of the National Technical Committee was convened on 21 July with DGHS as the Chief Guest. The meeting was attended by Director Administration, Director PHC, Director MCH along with other stakeholders. The objective of the meeting was to inform the participants about the QA program of DGHS and its progress as well as to inform about the newly approved QA committees and their TORs.

The Technical Advisor of SMPP along with the QA cell managers (deputy director and DPM) of Director Hospital Services, DGHS visited the Tangail District Hospital to observe the quality of services. This is part of our support to the government to monitor the quality of services at the hospitals under the QA project of DGHS. Using checklist the team visited different sections (OPD, emergency, blood bank, and IPD) of the hospital to assess the set up. The findings indicate that there are lots of scopes to improve the quality of services. Finally, the team met with the Civil Surgeon (District Manager) and provided him feedback about the findings. It may be noted that Tangail District Hospital is one of the pilot hospitals to introduce 5S/TQM.

In total eight EOC team meetings were held at Narsingdi during this quarter. The facilities conducted the EOC team meetings included Belabo, Monohardi, Raipura (2 meetings held), District Hospital, Palash, Shibpur and MCWC. In these meetings hospital performance was reviewed and service quality was discussed using the checklist. Some problems were also discussed including HR and equipment.

The quality assessment checklist for assessing the quality of EmOC services has been introduced at all the facilities. During this quarter, four facilities (MCWC, District Hospital, Palash and Raipura) used the QA checklist to assess the facility. The assessment was done by the EOC team. Most of the things were found in place. However, partograph is not being used at the facilities mainly due to acute shortage of trained nurses.

During the previous quarter, SMPP provided necessary equipment for operationalization of the operation theatre (OT) of Sadar Hospital. All the equipments, including those already available at the hospital store, have been installed. The OT was inaugurated by the Division Director on 20th July. All the targeted health facilities have been providing comprehensive EmOC services except Palash UHC. The Palash UHC is not providing comprehensive services due to lack of posting of consultant/MO trained in OG. SMPP has discussed this issue several times with the higher management but without any result as yet. As usual, the project has been supporting maintenance of equipment at the targeted facilities. During this quarter, SMPP provided equipment maintenance support to MCWC, Raipura and Monohardi UHCs.

2-3. Model Union Activity

The number of model unions has been increasing steadily and reached to 20 in September. There are 5 more Unions interested to be a Model Union. Due to the positive influence of Horizontal Learning

Program (HLP), some Union Chairmen initiated Open Budget Forum and Union Coordination Committee meeting (UCCM). The update of the model union activity is summarized in annex 1. Together with their own initiatives, new model unions will be supported by SMPP to implement the same package of activities including:

- Formation of Safe Delivery team and its regular meeting
- Development of Model Union Action Plan and its implementation
- Union Health Facility improvement based on the assessment
- ANC/PNC training for FWV and CSBA
- Community Mobilization activity
- TBA/Village Doctor orientation
- Regularization of UCCM
- Allocation of UP budget to MNCH activities

UCCM is the activity promoted by Participatory Rural Development Project (PRDP) - II, another JICA assisted project implemented by Bangladesh Rural Development Board (BRDB) of Ministry of Local Government, Rural Development & Cooperatives. In the UCC meeting, not only UP chairman and UP members but representatives of different line offices such as agriculture, education, health, and social welfare, participate in the meeting and report their activities. In case of Narsingdi, CmSS Union Federation representatives are invited to the meeting and share their activities as well. This meeting also functions as a problem solving forum since UP Chairman make decisions on how to resolve the issue in the meeting.



Union Coordination Committee meeting Danga

As UP chairmen become convinced with the importance of MNCH issues, following Union Parisheds budgeted a amount for promoting MNCH for the period of July 2010 to June 2011;

Monohardi upazila:

Doulatpur Union Parishad- Tk 65,000, Kachikata Union Parishad -Tk 57,000, Charmandalia Union Parishad - Tk 68,000, Chalakchar Union Parishad - Tk 59,000, Barochapa Union Parishad - Tk 32,000.

Raipura upazila:

Bashgari Union Parishad -Tk 70,000, Chandpur Union Parishad -Tk 7,000, Hairmara Union Parishad - Tk 30,000, Amirgonj Union Parishad -Tk 35,000, Raipura Union Parishad- Tk 3,000, Mirzar Char Union Parishad- Tk 28,000, Musapur Union Parishad -Tk 42,000, Char Modua Union Parishad -Tk 52,000, Sri Nagar Union Parishad -Tk 25,000, Mirzanagar Union Parishad -Tk 62,000

Palash upazila:

Danga Union Parishad – Tk 90,000, Zinardi Union Parishad – Tk 47,000, Gojaria Union Parishad – Tk 63,000, Charsindur Union Parishad – Tk 33,000.

Belabo upazila:

Patuli Union Parishad -Tk 11,000



Mini Ambulance for carrying patient

The total budget allocated for MNH related activities amounted **Tk 879,000** in Narsingdi in this fiscal year. This budget will be mainly utilized for the activities such as improving infrastructure of FWC/CC, emergency referral support (Rickshaw van and mobile phone), hygienic Chotigar (delivery hat for hindu community), and matir (mad) bank distribution for pregnant women to promote saving. This is another remarkable achievement of SMPP.

2-4. 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 (average 262 households per CmSS), and the total fund accumulated by CmSS is Tk. 251,193 by the end of June 2010. 35 Union CmSS Federations have been formed to develop better linkage with Union Parishad and Upazila Health Complex (UHC) and raise common voices for improvement of health services and their smooth implementation of activities. 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.



Map for the location of pregnant women

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. The following is the comparison of CmSS maturity of June and September 2010. The table clearly shows gradual improvement of CmSS status in this quarter.

Upazila	Total CmSS	Status of previous category (as of June, 2010)			Status of present category (as of September, 2010)		
		A	B	C	A	B	C
Monohardi	49	27	19	3	30	17	2
Raipura	84	33	38	13	37	35	12
Sadar	12	0	7	5	0	8	4
Total	145	60	64	21	67	60	18

At national level, SMPP closely worked with Community Clinic Project (CCP) to design and implement Master trainer's Training and following District level ToT on Community Group management based on the guideline introduced in June 2010. The District ToT was organized in

Narsingdi on 19th September with the presence of CC Project Director. It was agreed with CCP that SMPP would support to develop another training module for capacity development of Community Group (CC management committee) and Support Group members, service providers, and UP members.

In the meantime, SMPP selected 6 Community Clinics in Raipura Uapzila to have a trial of support group development in accordance with the guideline. In this trial, Community group will try to develop at least one support group as per the guideline directs. This experience will be useful for further improvement of the guideline and creation of necessary working aids for community group.

2-5. Community based Skilled Birth Attendant (C-SBA) related activity

SMPP introduced Private Community based Skilled Birth Attendant (P-CSBA) in 2009. This initiative was innovative in the sense that ordinary rural women who reside in the Char area and fulfill the selection criteria of SBA program were selected as trainees for CSBA training for the first time in Bangladesh. It was carried out in collaboration with DGHS and DGFP under National SBA program. The first batch of CSBA training produced 11 P-CSBAs and the second batch, started from April 2010, is underway with 8 trainees from Raipura Char.

It has been reported that P-CSBAs' performance was hampered by not being beneficiary of Demand Side Financing (DSF) program. The clients who are DSF card holders have strong preference in selecting DSF registered service providers such as FWV and CSBA (trained FWA and female HA) for maternal health services. Besides, some P-CSBAs were harassed by other birth attendants including TBAs, presumably out of fear that they might loose their clients due to P-CSBA. Understanding the seriousness of the problem, CSBA Technical Committee meeting, held in the CS office in Narsingdi on 11th August, decided to include P-CSBAs in the DSF program. Since then, the performance of P-CSBAs has been significantly increasing.

In this quarter, SMPP organized refresher training of P-CSBAs for two times (one day each). The technical topics that covered were: newborn resuscitation and care, ANC/PNC, and introduction on DSF program. It was a good opportunity for all P-CSBAs not only to enhance their skills and knowledge but also to learn about how other colleagues are doing and discuss their problems openly.

The second batch of P-CSBA training was going on from the end of April 2010 in Kumudini Hospital in Tangail district. Since Kumudini hospital does not have the field in the community, the trainees had to go back to Narsingdi to complete their practical session. In consultation with local managers, practical session was organized in MCWC and Raipura UHC. Those trainees will face the final exam in the mid-November at Kumudini Hospital.

UNFPA has been undertaking the Evaluation of National CSBA program in this year. In the course of evaluation process, UNFPA called several meetings to get the feedback of stakeholders. SMPP joined those meetings and shared our experiences of P-CSBA and other initiatives (e.g., CSBA reporting format) that we piloted in Narsingdi.

2-6. District Project Implementation Committee (DPIC) meeting

DPIC meeting was held on 14th July to share the findings/recommendations of SMPP Terminal Evaluation and decisions that GoB and JICA made after the Terminal Evaluation (Annex 2). It was informed in the meeting that SMPP would extend its duration up to June 2011 (one more



year) with extension PDM. SMPP also shared the news that “Narsingdi Model” was introduced in the G8 Summit in Canada in June. The Muskoka Accountability Report cited SMPP as a good example of Japan’s contribution to achieve MDG 5 in Bangladesh.

2-7. Pilot PNC Intervention in Monohordi Upazila

Terminal Evaluation of SMPP in February 2010 pointed out the weak interventions in the area of Postnatal Care/Essential Newborn Care. In response to this finding, the SMPP planed to initiate a Pilot PNC intervention in Monohordi Upazila. The main objective of this Pilot intervention is: to design and test an integrated community based postnatal and essential newborn care interventions for improving maternal and neonatal health in the rural community of Narsingdi district. The Specific objectives are:

- To explore how the CmSS members especially active female members could contribute to increase the coverage of PNC/ENC and change the practice related to postnatal and essential newborn care in rural community
- To test the effectiveness of the community based PNC intervention in improving utilization of services during maternal and neonatal complications
- To improve the referral and linkage for complications of mothers and newborns

The Baseline Survey took place in 3 randomly selected intervention unions and 3 control unions of Monohordi in June 2010. The Survey revealed that in both intervention and control areas, the number of PNC by SBA remains low (26.9 % and 18.5 % respectively, national figure is 27% within 2 days by BDHS2007). Based on the findings of Baseline survey, SMPP will design the intervention package and training module for CmSS service providers (Annex 3).

2-8. Horizontal Learning Program

SMPP became a partner organization of Horizontal Learning Program (HLP) supported by Water & Sanitation Program (WSP) of World Bank, in which Local Government bodies namely Union Chairmen and members are capacitated by learning from good practices among themselves through exposure visits and Workshops.



HLP Workshop was organized in Polash Upazila on 17th July. The Union chairmen and members and paurashava representatives of Polash and selected unions of other Upazilas were participated in the one day Workshop. The participants learned the concept and activity of HLP, and applying appreciative inquiry method, identified and prioritized their own good practices to be replicated in all upazilas. At the end of the Workshop they developed Action Plan with specific timeframe for implementation.

The team of Godagari Upazila of Rajshahi District visited Polash Upaizla facilitated by DASCOH on 25th -27th September. The main purpose of the visit was to learn about good practices of UP especially the management of Community Clinic and an active role played by the Community group. The team visited Santanpara CC and also had discussion with Danga UP chairman, Polash Upazila Chairman and UNO, UHFPO, and UFPO. The members of the team developed an action plan to replicate CmSS, provide support to FWC and CCs, and distribute matir bank in their community.

2-9. Preparation activity for SMPP second phase

As a preparatory work for second phase initiation, SMPP sought permission from DGHS/DGFP to collect necessary information from Jessore and Satkhira Districts. In this connection, one of local staffs of SMPP was assigned to station in Jessore and started to develop rapport with local managers and key stakeholders. Along with the data collection, SMPP will support the willingness of MoHFW to replicate “Chowgacha/Narsingdi model” in Bangladesh. NIPORT is developing a training manual to replicate the model, and SMPP contributed in the development of the said module through participation in the module development meeting.

2-10. Visitors

In this quarter, we had a guest from Japan: Dr. Ushio and Mr. Hiraoka from Human Development department of JICA Headquarter, and a group of Graduate Students of International Health, Nagasaki University. Dr. Ai Koyanagi of Tokyo University visited Bangladesh from 3rd to 15th July to help reanalyze SMPP conducted Survey data. As a short term expert, Prof. Yojiro Handa visited Bangladesh from 21st August to 3rd September to assist introduction of 5S/Kaizen/TQM activity.



Dr. Ushio and Mr. Hiraoka form JICA Headquarter



Hon'ble Minister Ministry of Health & Family Welfare
Prof. A. F. M. Ruhul Haque
Prof. Yojiro Handa ,Dr. Toda CR JICA Bangladesh

2-11. Others

- In response to Health Minister’s request, Chief Advisor visited Satkhira on 24th and 25th July to observe the activities of Nalta hospital and the situation of the District.
- Chief Advisor participated in the Investment Case Workshop organized by UNICEF in the first week of August. In the Workshop district investment cases using Marginal Budgeting for Bottlenecks (MBB) were introduced. The participants are from the planning units of DGHS, DGFP and Ministry and representatives from other UN agencies.
- Short program review on maternal and child health was organized by ICDDR,B with the support from UNICEF and WHO. Technical Advisor, SMPP attended the program reviews to develop the policy recommendations for the next sector programs.

3. Next plan

IPP 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. SMPP plans to present the study findings in the international conference and publish its study report.
- Health Facility Improvement: regularize EmOC team meeting and data update; activate Hospital Management Committee; assist the activities of QA National Technical Committee and Task group; TQM Training in Sri Lanka and following introduction of TQM in the pilot hospitals
- 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; organize Village Doctor/TBA orientation; support for regularization of Union Coordination Committee meeting (UCCM); and initiate Pilot PNC intervention
- 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; support Community Clinic Project office to conduct CG related trainings
- CSBA related activity: Private CSBA follow-up; compile the experiences of private CSBA as a final document; and support practical training of second batch P-CSBA in Raipura.
- Chowgacha/Jessore team visit to Narsingdi to learn about “Narsingdi Model”