

*For the purpose of reduction of maternal and neonatal morbidity/mortality, the government of Bangladesh requested the Japan International Cooperation Agency (JICA) to jointly implement the Safe Motherhood Promotion Project (SMPP) in Narsingdi District for 4 year period (2006 to 2010).*

## “Narsingdi Model” was introduced at Bangladesh Development Forum and G8 Summit in Canada


SMPP was called “Narsingdi Model” by the Health Ministry and introduced as one of best practices at the Bangladesh Development Forum 2010 held at Bangabandhu International Conference Centre on 15-16 February. Prof. AFM Ruhul Haque, Honourable Health Minister, praised the SMPP in several occasions in country and abroad saying that the SMPP is a good model of community participation and should be replicated in the nation wide.

The achievements of SMPP was also recognized by G8 summit held in Canada in June 2010. The Muskoka Accountability Report cited SMPP as a good example of Japan's contribution to achieve MDG 5 in Bangladesh.

## Terminal Evaluation of Safe Motherhood Promotion Project Completed

The Terminal Evaluation of SMPP was conducted in January-February 2010 jointly by the members of JICA headquarter and Ministry of Health & Family Welfare.

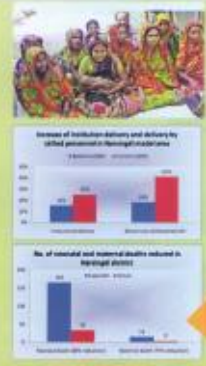
The Terminal Evaluation mission underwent several visits to the project sites in Narsingdi, interviews with key GoB counterparts and the project staffs, observation of the project activities, collection and review of the secondary data including SMPP End-line survey, and series of internal and external meetings. At the end of the mission, the findings and conclusion were shared and discussed with the stakeholders in Narsingdi and the central level.



**MUSKOKA ACCOUNTABILITY REPORT**  
Assessing action and results against development-related commitments

**Bangladesh**

In 2006, Japan launched the Safe Motherhood Promotion Project (SMPP) in Narsingdi district in Bangladesh to strengthen safe delivery service including obstetric and neonatal care at health facilities and to establish ‘Community Support System’. As a result of the project, after four years, the percentage of pregnant women who attended antenatal care and that of institutional deliveries and the deliveries attended by skilled birth attendants (SBA) have significantly increased, while death rate of pregnant women has declined from 1.7 percent to 0.4 percent at the health facilities where emergency obstetric care (EMOC) is available.



**The Narsingdi Model**

The Narsingdi Model is in fact a Safe Motherhood Promotion Project (SMPP), begun as a pilot by Ministry of Health & Family Welfare in July 2006 aiming with support from JICA to improve health status of women and neonates in the target district of Narsingdi through strengthening safe delivery service and supporting women and neonates to utilize obstetric and neonatal care. It has developed a community support system for pregnant women and newborn during obstetric emergencies organized by the community people. Regular meetings, engagement of private community birth attendants, pregnancy registration and mapping, transportation for emergency referral, funding support for poor pregnant women are, amongst others, the key elements of the activities. Local union parishads are active partners of the project. This is a successful model of Maternal and Neonatal Health built in the cultural and economic context of Bangladesh for achieving MDG 4 and 5.

**What changes Narsingdi model made?**

The figures show that the Narsingdi model could improve the percentage of institutional deliveries and also the deliveries attended by skilled birth attendants in the project area.

Government of the People's Republic of Bangladesh  
Ministry of Health & Family Welfare

**Overall Goal:** Approaches of Reproductive Health services extracted from the Project are standardized and applied to other districts

**Project Purpose:** Health status of pregnant and postpartum women and neonates improves in the target district

**Expected Outputs:**

- 1) Necessary decisions are made at central level through sharing good practices and lessons learned of the Project;
- 2) Safe delivery service system is strengthened;
- 3) Women and neonates are supported to utilize obstetric and neonatal care.

## Conclusion

In accordance with the findings of Evaluation, the Terminal Evaluation team concluded the Project achievements as follows:

- 1) The project has achieved its purposes as the set targets (UN process indicators) 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 resources, 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 as challenges.
- 4) Further effort to systematize the methodology of the Project is required to achieve the Overall Goal (replication to other districts).
- 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.

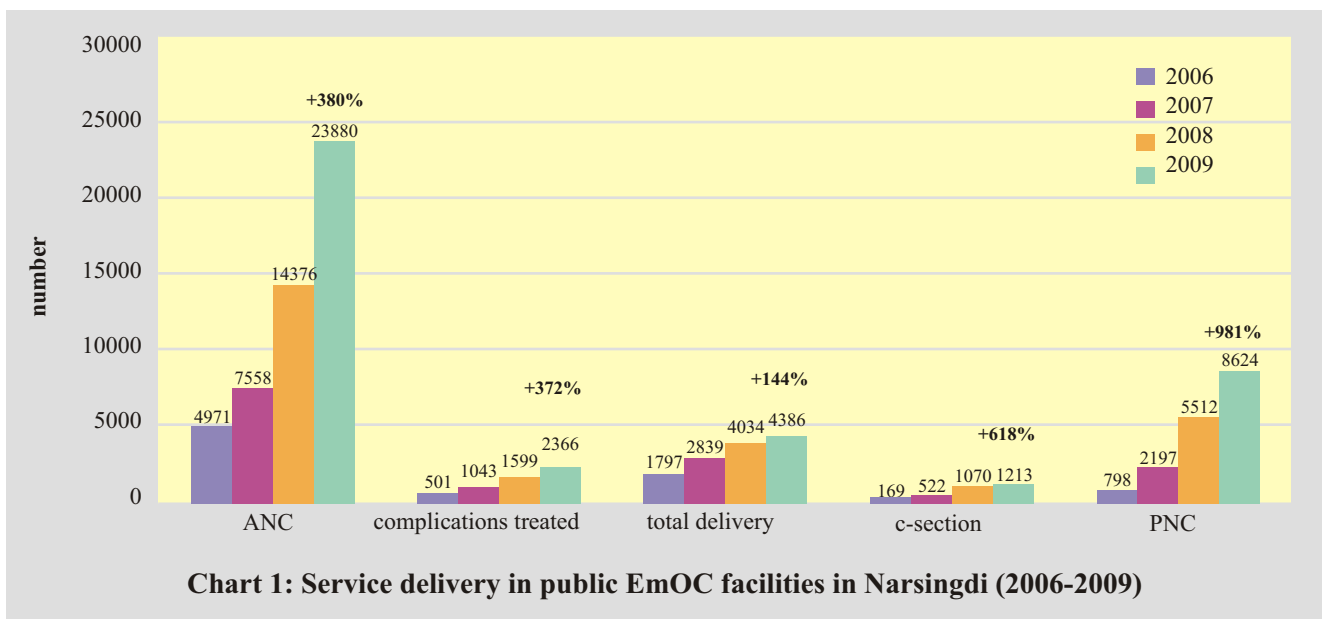


Chart 1: Service delivery in public EmOC facilities in Narsingdi (2006-2009)

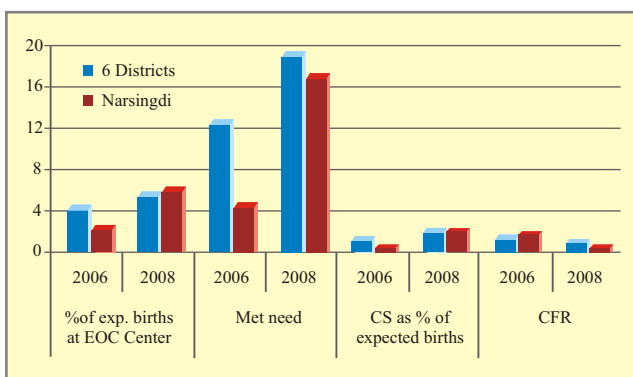


Chart 2: Change in EmOC process indicators in Narsingdi compared to six neighbouring districts

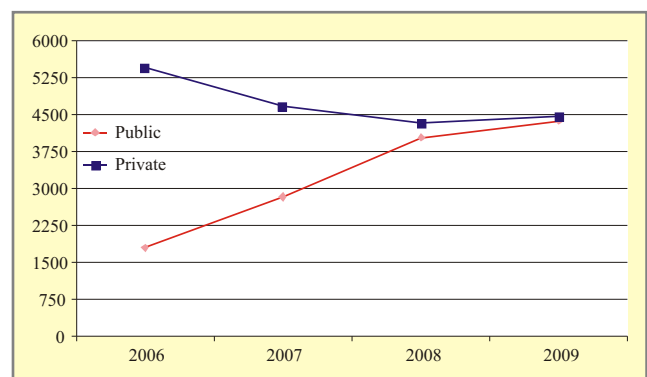


Chart 3: Cumulative numbers of deliveries conducted at Public and Private Facilities: 2006-2009

## Recommendations

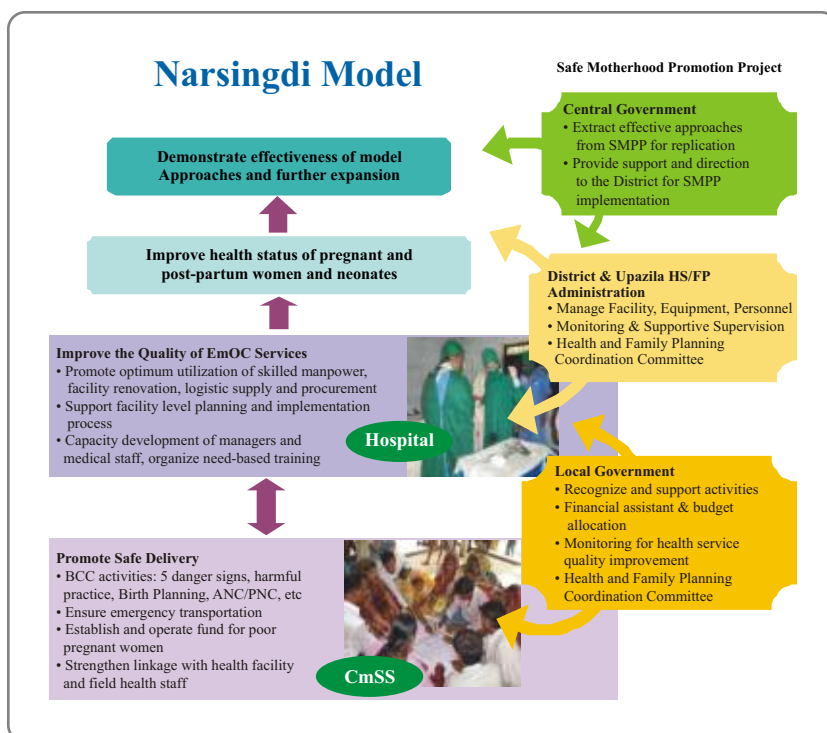
The Terminal Evaluation Team laid emphasis on the following issues as recommendations to the Project and the Government of Bangladesh:

### Recommendations to the Project:

- 1) Available data should be re-examined 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 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



## Future Plan

Based on the 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 planned to be kicked off in several new expansion Districts. The process for extension has been initiated as a bilateral agreement and expected to be completed by June 2010.



## Community Support System (CmSS) incorporated in Community Group Management Guideline

On 30th May, National Workshop on Finalization of Community Group Management Guideline was organized by Revitalization of Community Health Care Initiative in Bangladesh (RHCIB: popularly know as “Community Clinic Project”) at the Sasakawa Auditorium of ICDDR,B. SMPP supported the Community Clinic Project office to prepare and organize the Workshop. Prior to the Workshop, the Director of RHCIB, Dr. Makhduma Nargis and her team visited the SMPP site to learn from Community Clinic initiatives taken by the local people. Community Support System (CmSS) introduced by SMPP helped activate the Community Clinic through obtaining Local Government support and raising necessary fund. This model was incorporated into the newly formulated Community Group Management Guideline. According to the Guideline, Community Group will establish at least three Community support groups which are the model of CmSS.



## Workshop on Improving Quality of Health Services Organized

“The Workshop on Improving Quality of Health Services” was organized jointly by Ministry of Health and Family Welfare (MoHFW) and JICA on 10th and 11th April 2010. The objectives of the Workshop were to: 1) draw recommendations for policy makers to improve the quality of health services through Hospital Improvement interventions and collaboration with Local Government; 2) share the experiences of SMPP working with LG and hospital based interventions and introduce the Operational Manual for LG developed by SMPP; and 3) provide insightful ideas on how to improve the quality of health services to the planners and implementers in order to



be incorporated into the development of action plan. In total, 202 persons from GoB, Development partners, NGOs, and local government and community representatives took a part in the two days Workshop. The concept and practice of Total Quality Management (TQM) was presented by Dr. K. K. Wimal Karandagoda, Director of Lanka Hospital, Sri Lanka, in this Workshop, and the participants had learned how to introduce TQM in Bangladesh. The recommendations of the Workshop drawn by the participants include: formulation of Hospital Accreditation system and council; active participation of Local Government bodies in improving quality of health services; activation of Hospital Management Committee; and trial of innovative practices to address skilled manpower shortage. Those recommendations were placed in front of the national policy makers headed by Honourable Health Minister and would be followed up by the Quality Assurance National Steering Committee.

## Update of SMPP activities

The second batch of training for Private Community Based Skilled Birth Attendant (P-CSBA) has been started in Kumudini Hospital, Tangail, from April 2010. 10 Trainees were selected from Raipura and Sadar Char areas of Narsingdi. After the six month training, P-CSBA will be a vital health service provider in the remote areas where public health service delivery is hardly available.

The SMPP has become a partner of Horizontal Learning Program (HLP) under Local Government Division (LGD). In this program, local government bodies namely Union and Upazila Chairmen and members proactively learn from each others to identify good practices to be replicated in their own areas. The fruit of HL has been observed already: in Daulatpur Union of Monohordi Upazila organized the first Union Coordination Committee Meeting which was a good practice of Kalihati Upazila, Tangail district.

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