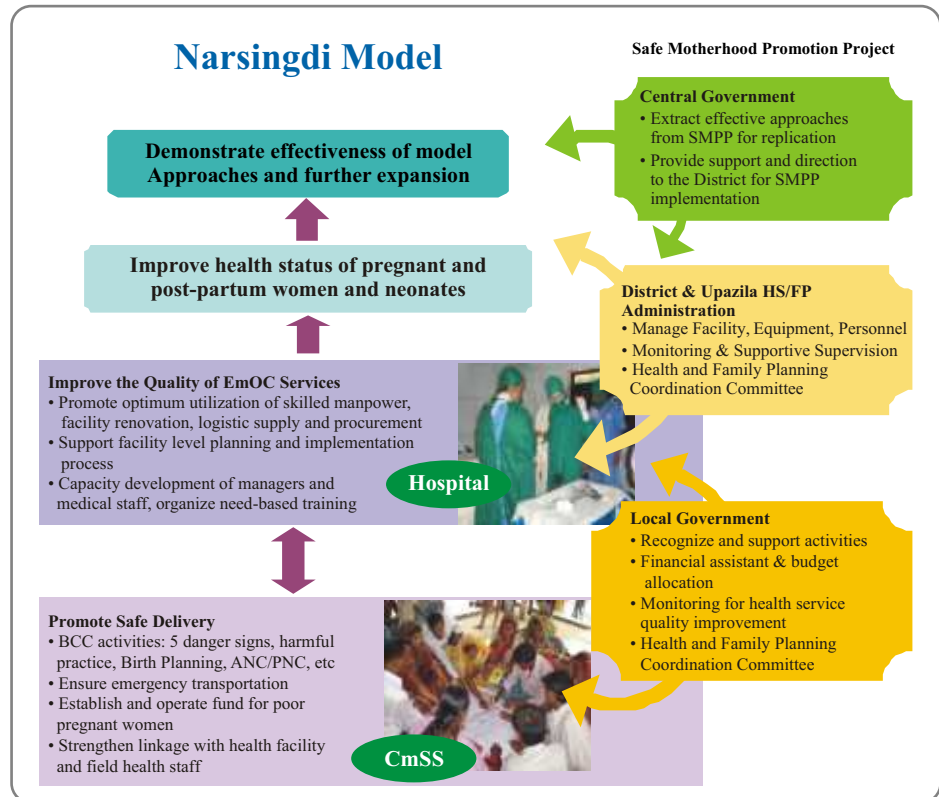


A Technical Cooperation Project of Ministry of Health & Family Welfare supported by Japan International Cooperation Agency (JICA)

*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 5 year period (2006 to 2011).*

### SMPP Extension: consolidation of “Narsingdi Model” and new interventions

Based on the recommendations of Terminal Evaluation mission, SMPP decided to extend its implementation period in Narsingdi one more year. It means SMPP will be ended in June 2011, the same time as the national program HNPS will end. In the meantime, MoHFW and JICA jointly develop the design of SMPP second phase which is planned to start from July 2011. SMPP second phase will intend to replicate “Narsingdi Model” in the southern part of Bangladesh. In this extension period, SMPP consolidates its good practices and lessons learned to further improve the “Narsingdi Model.” At the same time, SMPP introduces new interventions to strengthen the existing activities, in particular, Hospital Improvement, Community Support System (CmSS), Postnatal Care (PNC), and Model Union. The extension activities will be carried out following the revised project design matrix (PDM).



### Extension Project Design Matrix (PDM)

**Overall Goal:** Approaches of Maternal and Neonatal Health (MNH) 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, and effective approaches are utilized for the next sector programme/ related strategies development.

**Expected Outputs:**

- 1) Good practices and lesson learnt of the Project are shared for next sector programme development/ related strategies development;
- 2) Safe delivery service system is strengthened;
- 3) Women and neonates are supported to utilize obstetric and neonatal care.

## New Intervention of SMPP

### Hospital Improvement: 5S/Kaizen/Total Quality Management (TQM)

**5S (Sort, Set, Shine, Standardize, and Sustain)/ Kaizen (An evidence based participatory problem solving of the work processes)/TQM** is a three step approach to improve hospital management under limited resources. Three steps to be followed under this approach are:

Step 1: Work Environment Improvement by 5S activities;

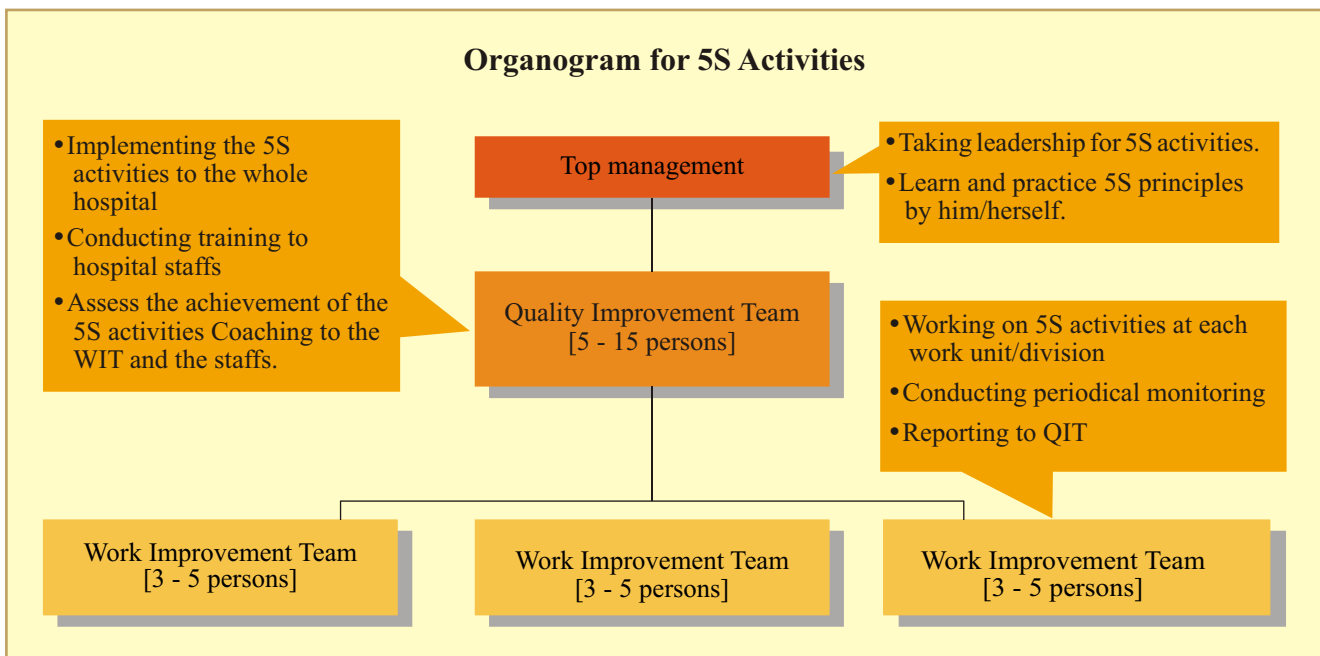
Step 2: Kaizen activities for participatory problems solving in the service front;

Step 3: TQM as an approach to make maximal use of the capacity of the entire organization.

Because of the working environment, health workers may make mistakes or even treat patients carelessly. In such situation, it is important to motivate workers in the beginning, through self-interests, such as work efficiency or orderliness of their work environment, not to jump up to quality assurance of specific technical areas. Only after they become interested in the process and outcome of 5S activities, hospitals staffs, serving in the frontline, appreciate the result of working environment improvement. Thereafter, gradually, their interests shift from the environments to more professional areas such as “quality and safety.” Formulation of Work Improvement Team (WIT) at very work unit should be promoted through top-down initiative. WIT is an intra-unit group, consisted of selected unit members, and is expected to lead 5S activities at each venue as a participatory activity for reducing inconveniences.

#### Details of 5S Activities

1. **Sort:** Remove unused items from your venue of work and reduce clutter
2. **Set:** Organize everything necessary in proper order for easy operation
3. **Shine:** Maintain high standard of cleanness
4. **Standardize:** Set up above 3Ss as norms in every section of your place
5. **Sustain:** Train and maintain discipline of the personnel engaged



Based upon the said function of WIT and continuous 5S activities, the stage of KAIZEN will be practiced as a mode of problem-solving, mainly of the work processes. The focus in this stage will be shifted from capacity strengthening of WIT members to empowerment of the middle level managers, such as team leaders of clinical units, laboratories, and nursing professionals. In TQM stage where challenges are done, to accumulate multiple Kaizen outcomes for macro-level investment control, the focus will be eventually further shifted to the capacity strengthening of the top management, such as hospital director, chief administrator and their deputies.

### Record keeping before 5S



### Record keeping after 5S



### Total Quality Management (TQM) program in Bangladesh

Total Quality Management (TQM) program is already a part of Operational Plan under Director Hospital of DGHS. The Quality Assurance (QA) Task Group meeting held in August 2010 proposed that three District Hospitals (Narsingdi, Tangail and Manikganji) would have a



trial for TQM activity. Accordingly, SMPP invited a Japanese Expert on TQM, Prof. Yojiro Handa, to organize the TQM orientation for the staffs of three pilot District Hospitals and SMPP counterparts in Narsingdi. The participants of the TQM orientation were inspired by the changes that staffs made after

introducing TQM in their hospitals in Sri Lanka and the African countries. In the course of the orientation, they became motivated and requested SMPP to provide technical assistance to start TQM in their hospitals. Four resource persons from DGHS visited Sri Lanka in October to learn about TQM activities in public and private hospitals. At the end of the visit the group developed the TQM Action Plan to be implemented in Bangladesh.

### Community Support System (CmSS): integrated into Community Clinic revitalization

The MoHFW has shown keen interest in replicating CmSS through Community Clinic revitalization. The Community Group Management Guideline developed by Revitalization of Community Health Care Initiatives in Bangladesh (Community Clinic Project) clearly states that Community group will form three Community Support Group (modelled by CmSS) to mobilize the community support for management of Community Clinic (CC). In this connection, SMPP was requested to provide technical assistance to Community Clinic Project to develop Trainer's Training (ToT) module to make aware of the roles and

### 5S practice in Sri Lanka



Categorized & colour distinguished waste disposal



Organized storage: labelling and cording



Every necessary item is on the trolley



Pre-packaging of surgical instruments

responsibility of community group and service providers in Community Clinic operation. 13 District level ToT have been completed till October. It was recognized that further capacity development of stakeholders (Community group/Support group, CC service providers, Local government) is necessary to make them capable of running CC smoothly. SMPP discussed with CC project to prepare skill development training course for those key stakeholders.



## Community based Postnatal Care Intervention

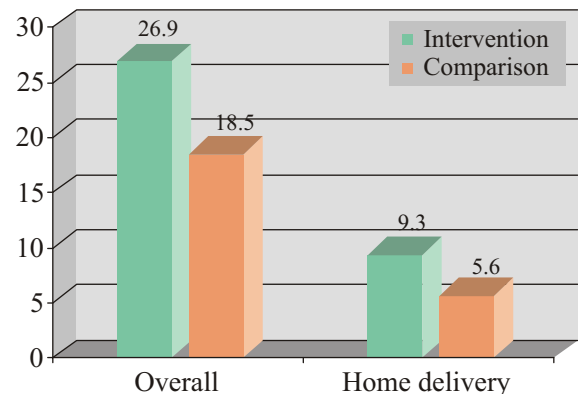
Terminal Evaluation of SMPP in February 2010 pointed out the weak interventions in the area of Postnatal Care/Essential Newborn Care. In response to this, the SMPP planed to initiate a Pilot PNC intervention in Monohordi Upazila. The main objective of this Pilot intervention is: to design and test an 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 linkage with health facilities for complications of mothers and newborns.

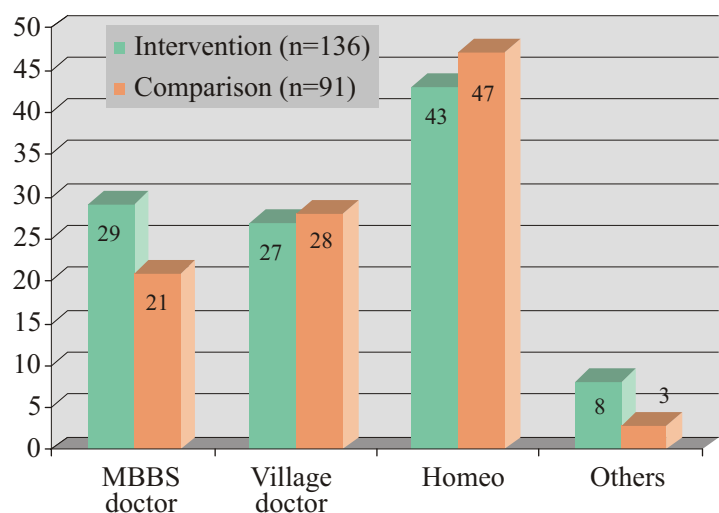
Accordingly, SMPP designed the package of PNC intervention based on the approved National Neonatal Health Strategy. It is planned that the female CmSS members would organize Birth planning session with pregnant woman and her family at least three times before child birth and make three home visits as per the set schedule after delivery: 1st visit - within 24 hours of delivery; 2nd visit - within 2-3 days of delivery; 3rd visit - within 4-7 days of delivery. The female CmSS members will provide the following limited PNC services to mothers before and after delivery:

1. Provide information (Counselling) on:
  - Breastfeeding;
  - Breast care;
  - Nutrition during breastfeeding;
  - Newborn care practices Family planning;
  - Postnatal care by skilled person.
2. Identification of postnatal complications (danger signs) and referral.

The Baseline Survey took place in 3 randomly selected intervention unions and 3 control unions of Monohordi in June 2010 (see Graph 1 and 2). Based on the findings of Baseline survey, SMPP will design the intervention package and training module for CmSS service providers.



Graph-1: Received PNC by skilled persons by area



Graph-2: Service seeking behavior during neonatal sickness

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**Home page:** <http://project.jica.go.jp/bangladesh/0602298/english>