

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 (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).

Local Government: Key contributor for the success of SMPP

The uniqueness of SMPP is strong collaboration with Local Government bodies especially Union Parishad (UP). In fact, UP has demonstrated a lot of potential to positively influence the status of maternal and neonatal health (MNH) in the community through introducing innovative ideas and effective local resource mobilization. One of SMPP approaches, “Model Union”, facilitates the proactive participation of Local Government bodies in MNH activities. The Model Union approach is a package of activities organized by the local people in order to promote safe delivery in the union.



Japanese Ambassador visited Adiabab union, Raipura Upazila

The package of activity under Model Union:

- Formation of Safe Delivery Team and its regular meeting
- Development of Model Union Action Plan and its implementation (Participatory planning)
- Union Health Facility improvement based on the assessment
- ANC/PNC training for FWV and CSBA
- Midwifery training (one month) for FWVs who have not received refresher
- TBA/Village Doctor orientation
- Community Mobilization activity
- Regularization of Union Coordination Committee meeting (UCCM)
- Allocation of UP budget to MNCH activities.

Besides those activities, some model unions developed the Community Support System (CmSS) and its supporting groups. CmSS 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 total of 151 CmSS groups created in Narsingdi.

Union Parishad and its role in Health sector

Union Parishad (UP) is the frontline LG organization closest to the rural people. The GoB has promulgated a revised Local Government-UP ordinance in October 2009, replacing the UP Ordinance of 1983. UP is expected to coordinate extension services provided from Upazila and to implement development projects for the welfare of the people. All the functions of UP will be accomplished by the procedures held at the meetings of the UP or in the meetings of the UP Standing Committee (SC). Among the 13 SCs of UP, there is a SC on “Education, Health and Family Planning (H&FP)”.

The primary role of UP bodies in the health sector should be ensuring the health service delivery responsive and accountable to the people, especially to the poor and marginalized groups. The “Education, Health and Family Planning” SC is expected to inform the community regarding all types of health services including Primary Health Care and Expanded Program



Union Coordination Committee Meeting in Daulatpur, Monohordi Upazila

on Immunization (EPI); work towards increasing funds of the UP for ensuring UP level H&FP services; assist UP in designing H&FP related activities; and work with the service providing organizations in improving quality of health care. The SC could work with the locally organized community groups to address their needs, and work with the H&FP staffs during National Immunization Day (NID) and other such events.

Compiling our experiences of working with Local Government bodies, SMPP developed “**Operational Manual of Local Government bodies to address Maternal and Neonatal Health issues in Bangladesh**” in April 2010 and presented its findings and recommendations in the national Workshop. The Operational Manual highlights the following lessons learned based on SMPP and other projects’ experiences:

- Advocacy and planning meeting with the participation of relevant H&FP, administration, LG, and community representatives at national, district, and upazila level should be held to discuss the specific roles and responsibilities of LG bodies for improving the health of their respective people, and thus, creating an enabling environment to involve LG bodies in Health related activities.

SMPP organized Model Union Planning meeting inviting all concerned stakeholders. In that meeting, UP makes commitment to provide necessary supports to solve the problems identified. That commitment is reflected to the Model Union Action Plan with specific timeframe.



Gadagari Upaizla team of Rajshahi visited Danga union, Palash Upazila

UPs Contributions:

- *Fulfil the shortage of manpower: placing cleaner and guard for hospitals and FWC.*
- *Improve the conditions of health facilities: provided furniture and fan, constructed boundary wall for security, and repair water and electricity line.*
- *Purchase rickshaw van and emergency mobile phone for CmSS.*
- *Observed Safe Motherhood day organizing ANC/PNC Campaign and distributing Matir bank to pregnant women.*

- A letter or Government Order (GO), jointly issued by MOHFW and LGED will help mobilize the commitment and institutionalize their responsibilities with regards to health.
- Collection and use of local demographic information and evidences on poor health situation would help mobilize the commitments of the UP bodies.

SMPP collected the cases of maternal deaths to discuss the causes and created mapping to locate available resources to be utilized for addressing the issue. This exercise helps the people to understand the importance of the issue and to discuss among themselves what they can do to prevent maternal deaths.



CmSS meeting attended by UP members

- If the community people articulate and share their issues in accessing health services and demand supports from UP bodies to overcome those issues, the UP body usually responds positively and extends cooperation.

Under SMPP collective voices of the community are placed with UP through Community Support System (CmSS). The CmSS groups discuss experiences and difficulties in their monthly meeting and seek support from UP to solve the problems.

- Initial skilled facilitation support is required to engage UP bodies in a meaningful way to address the health issues.

SMPP organized orientation for UP members to learn safe motherhood issue and facilitation skills.

- The UP can be allocated resources from central Government based on the performances of key health indicators such as ANC, Neonatal Death, Maternal death, FP use rates etc. along with other development parameters.

SMPP facilitated UP to allocate a budget to address MNH issues using LGSP fund. For the fiscal year 2010-2011, the total budget allocation of 20 unions summed up to Tk 879,000 in Narsingdi.

- There should be a mechanism and space where the Health & FP managers and LG bodies meet and discuss about the progress of Health and FP services.

SMPP introduced Upazila Project Implementation Committee (UPIC) to discuss the performance of Health and FP departments with the participation of

LG bodies. Union Coordination Committee Meeting (UCCM) is called by UP for all extension offices to report their activities and coordinate among themselves in order to provide better services to the people.

- Establishment of Community Support Groups found instrumental for linking community with UP and also provide a consistent mechanism to receive regular

feedback from the community.

SMPP experienced that CmSS played a critical role to link between the community and UP. The CmSS rightly represented the voices of the community it serves and realized their demands with the help of UP.

Voices of Union Parishad in Narsingdi

"UP develops Private Community Skilled Birth Attendant (P-CSBA) for remote Char unions"

Because of the geographical condition, only limited number of health/FP workers is available in hard-to-reach Char area. Chairmen from 6 UPs of Char areas from Raipura Upazilla initiated the first trial in Bangladesh for creating **Private Community Skilled Birth Attendants (P-CSBAs)**, mobilizing funds from the UP, and selecting the CSBAs from local women who do not have any medical background. A batch of 11 private CSBAs from Narsingdi district received 6 month long training from the LAMB hospital in Dinajpur. After successful completion of the training all 11 trainees were registered as CSBA under Bangladesh Nursing Council. As the P-CSBAs are not Government staff, they are allowed to charge clients for each service on the basis of the affordable rate determined by the UP: for instance, 30-50 taka for ANC/ PNC service, and 300-500 taka for delivery assistance.



A Private CSBA Receiving her Certificate

Md. Sirajul Haque is the Chairman of Bashgari UP from the Char area of Raipura Upazilla. He has helped train 2 private CSBAs from LAMB Hospital, who are working in the union since July 2009. Sabikun Nahar is one of such P-CSBAs who is working at Baruakandi Hindu Para. Currently the P-CSBAs are conducting ANC at home through physical examinations for assessing status of the foetus, and doing blood tests. The P-CSBAs also conduct group check-up, attend satellite clinics, refer, and, if necessary, accompany pregnant women to the hospital, attend home call, particularly for delivery. Delivery is conducted at home, and PNC examination is done till 7 days postpartum. P-CSBAs keep Mr. Haque informed

regarding condition of the pregnant women, particularly if there is any emergency and they might need assistance. The P-CSBAs are linked with the community, including CmSS, UP Chairman and members, and the FWV. The P-CSBAs has helped cases with critical conditions, such as breach delivery, bleeding, eclampsia, distressed foetus. Female UP member, Ms. Nayantara visits her designated wards every fortnight and reviews the P-CSBA's work.

Since SACMO or FWV are difficult to place in this remote char, to adequately cover the area, Mr. Haque suggests recruiting additional P-CSBAs. He also suggests absorbing the trained P-CSBAs as government or UP staff. The P-CSBAs feel that they would require a fixed place, such as community hut, a room at the FWC, Community Clinic, UP Complex, a room adjacent to the market place, where she could perform her duties, including conducting uncomplicated deliveries. The HA and FWA suggested that the P-CSBAs could also help disseminate family planning, EPI, and NID messages.

"A Hindu community takes special initiatives for the sake of their mothers and children with the support from UP"

The Hindu village of Kocher Char comprises of a caste of Rishi's, who are extremely religious and traditional. As part of their ritual they maintain 'AshuchGhar', an ancient practice which requires the household having a pregnant woman to erect an exclusive room outside their house. The pregnant woman gives birth in this room, and stay there with her new born for one month. The underlying belief is that a pregnant woman is 'impure' and she may spread her impurity. And, therefore, she must remain isolated to cleanse herself. The hut is 5ft long, 4 ft wide and 4 ft high. There is no window, or ventilation facility. During this time lot of



incense are lit in the AshuchGhar, making the room foggy with heavy incense smoke.

During the last 2 years residents of Rishi para noted an increase in newborn death. Netu Rani, whose newborn died recently, laments, “In the AshuchGhar my baby was struggling for air and turned blue. It was very cold, and I couldn’t even stand up or step outside the door. I felt helpless’. With a total of 12 neonatal deaths due to pneumonia and breathlessness, the people in the community started thinking seriously about the tradition. While no one felt confident to abandon the tradition, they realized that their women and newborn were in danger.

Meanwhile, the villagers were invited to attend a workshop held under the SMPP, where local UP representatives were present. The workshop highlighted the issues of maternal and neonatal health that reminded the villagers the reasons of their lost babies. The villagers formed a Community Support System aiming to provide support to pregnant women. Then the community started discussing about the issue of AshuchGhar. While they argued about the pros and cons of the tradition, they were not able to reach a conclusion. The community members decided to consult the Union Parishad Chairman, who was a Muslim man. The CmSS requested the Chairman to initiate a dialogue between the Poroheets (Hindu religious leader) and Imams (Muslim religious leader) to formulate a collective solution.

The Imams indicated that pregnant women in their religion are not seen as sinful or impure and allow for them a sanitary and clean environment to live in. Consequently, they had better maternal and neonatal health outcome. The Poroheet agreed with the Imams about the need for creating a congenial environment for women, and mentioned that Hindu scripture Geeta does not say that the AshuchGhar should be stuffy and unclean. The CmSS members returned to their village and shared this knowledge with the villagers. After numerous discussions and questions, the CmSS concluded that a communal AschuchGhar should be built, which will be clean and spacious, have windows and sufficient bedding materials. The villagers agreed, but were concerned about the associated costs. The CmSS initially tried to collect money from the community, but the villagers being poor the amount raised was meager.

The CmSS finally took the matter to the UP Chairman and asked for his assistance. The chairman provided a sum of 27,000 Taka (\$400) for the construction of a new AschuchGhar. In the following months, he also committed funds for a latrine and water pump for the AschuchGhar. The CmSS members provided a total of 900 Taka worth of bedding and cushions to make both the AschuchGhar’s comfortable enough for women and the babies. Over a period of six months three pregnant women have stayed here and all the villagers viewed it as a blessing.

Horizontal Learning Program (HLP)

From 2010, 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 Danga FWC 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.



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