



## **Safe Motherhood Promotion Project (SMPP) Phase 2**

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

### **QUARTERLY PROGRESS REPORT**

**April to June 2013**



Japan International Cooperation Agency (JICA)

## 1. Introduction

After 5 years' successful completion of the first phase in Narsingdi, Safe Motherhood Promotion Project Phase 2 (SMPP-2) has initiated its interventions in July 2011, having direct interventions in Satkhira and Narsingdi Districts along with the National level activities. 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 maternal and neonatal health status in Bangladesh during five years of implementation.

This is the progress report of SMPP-2 for the period of April to June 2013. In this report, following activities are highlighted:

- The 2<sup>nd</sup> Project Implementation Committee meeting
- Launching ceremony of SMPP documentation “Narsingdi Model in Bangladesh”
- Hospital Improvement activities
- Community related activities
- Safe Motherhood Day Observation
- Local Government related activities
- Research
- Postpartum Family Planning (PPFP)
- Visitors
- Others
- Next Plan

It should be noted that the political situation of Bangladesh has almost remained the same as last quarter. There have been frequent political unrests that made us work very hard. Consequently, the project activities have been delayed, in particular, planned training activities.

## 2. Major Activities Implemented

### 2-1. The 2<sup>nd</sup> Project Implementation Committee meeting

The second Project Implementation Committee (PIC) meeting was held on 4<sup>th</sup> June in the conference room of MoHFW. Joint Chief, Planning chaired the meeting with the participation of key counterparts at the central and district levels. The meeting started from the approval of the last meeting minutes. As the first meeting was held almost one year back, and most members of the committee had been changes, the participants needed to clarify the decisions made and progress of those decided actions. After discussion, the meeting agreed that: 1) technical meeting of the SMPP would be organized with the participation of five core Line Directors; 2) a mechanism of coordination among stakeholders of MNCH including MoHFW and DPs would be explored reviewing the existing similar committees and groups; and 3) overseas training should be planned in a cost-effective way. The progress of the SMPP-2 was presented by Chief Advisor highlighting the achievements made with the Community Clinic Project (CCP; Community Group training and formation of Community Support Groups) and Total Quality Management (TQM) program (expansion of pilot hospitals). The final version of TQM operational



guideline and manual and the draft concept note of Upazila Health System developed by DGHS will be submitted to MoHFW for approval.

## **2-2. Launching ceremony of SMPP documentation “Narsingdi Model in Bangladesh”**

SMPP-2, in collaboration with WHO SEARO, developed a documentation titled “Narsingdi Model in Bangladesh: Saving lives of mothers and children through partnership and capacity development.” This documentation was launched on 17<sup>th</sup> April 2013 at Hotel Ruposhi Bangla. Honorable Health Minister was chief guest of the event with special guests Ambassador of Japan, Chief Representative of JICA Bangladesh, WHO Representative of Bangladesh, Health Secretary, and other. The documentation describes the planning and implementation process, achievements, and lessons learned of SMPP-1 in Narsingdi. It was a milestone event for SMPP-2 so that all staffs and collaborators were invited to attend. This documentation is distributed within the country and all the WHO overseas offices by WHO SEARO.



## **2-3. Hospital Improvement Activities**

### **5S-Kaizen-TQM:**

#### **1) Orientation in Jessore**

Initially, only 8 WITs were given formal orientation on 5S-Kaizen-TQM in October 17 and 18, last year. The Superintendent of the hospital, after the visit of Sri Lanka in February this year, oriented the rest of the 11 WITs at his own initiative on 10<sup>th</sup> April. SMPP provided necessary technical support to this 2nd orientation.

#### **2) Advocacy and baseline assessment of Jhineidah District Hospital**

The baseline assessment for introduction of TQM at Jhineidah District Hospital was done on 11 April 2013. The managers of the hospital and the civil surgeon were also advocated during the assessment. This hospital has been selected for implementation of TQM because of the interest expressed by the hospital senior staff.

#### **3) Monitoring visits to Joypurhat DH and Birampur UHC**

As part of routine activity, the Senior Project Officer (SPO) of SMPP visited Joypurhat District Hospital and Birampur UHC on 29<sup>th</sup> and 30<sup>th</sup> April. During the visit it was sensed that the concept of 5S was not well understood by the staff. Therefore, after reviewing the situation, the SPO organized an brief orientation session for the members of different WITs and clarified the concept of 5S.

The Birampur UHFPO, RMO and Nursing Supervisor attended an orientation on 5S held in Joypurhat DH in last September. Learning about the 5S, the UHFPO took initiative and started implementing the theme without any external support. During the visit, it was observed that the hospital was maintaining a good and clean environment and trying to practice 5S. After the visit, on request of the UHFPO, the SPO provided a brief orientation to the UHC staff on 5S.

#### 4) TQM Review Workshop

The second TQM Review Workshop was organized in the Sasakawa Auditorium of ICDDR,B, Dhaka jointly with UNICEF on the 1<sup>st</sup> June 2013. A total of 149 participants attended the workshop from all 17 TQM pilot hospitals (10 supported by JICA and 7 by UNICEF). The objective of the workshop was

to review the progress and reward the best performing hospitals. All the hospitals made their presentation on achievements in 5S activities. The performance of the hospitals was evaluated by PowerPoint presentations and the display of activities, and 7 best



performing hospitals (3 supported by JICA and 4 by UNICEF) were selected for award. The best hospitals under JICA support were 1. Ishwardi UHC, 2. Narsingdi DH, and 3. Pabna Medical College Hospital. The awarded hospitals under the UNICEF support were Cox's Bazar DH, Tangail DH, Kishoreganj DH and Mymensingh Medical College Hospital.

#### 5) TOT on CQI

A 5-day long residential TOT on Continuous Quality Improvement (CQI)/Kaizen was organized jointly by UNICEF and JICA from 1-5 June 2013 in Dhaka. The training was facilitated by Mr. Ishijima (TQM Expert, JICA) from Tanzania. In total, there were 32 participants at the TOT from the

TQM hospitals, DGHS, ICDDR,B, JICA and UNICEF. This course was designed to introduce CQI activities at the 5S practicing hospitals. The next step is to initiate the CQI process at 2-3 hospitals on pilot basis.



#### 6) TQM refreshers training in Satkhira

One day refresher's training was organized in Satkhira District Hospital on April 23, 2013. The main objective of the TQM refreshers workshop was to review the progress and to revise the action plan to advance the 5S activities. Total 58 participants from QIT and WITs attended the workshop. The SMPP team learned that the function of QIT is still weak, and different levels of motivation of the staff are reflected in the performance of WITs.

#### Hospital Action Plan Review:

The Hospital Action Plan of Shayamnagar UHC was reviewed and revised on 6<sup>th</sup> April, 2013. Along with others, the review workshop was participated by Upazila Chairman, UH&FPO, UFPO, and RMO. Shayamnagar UHC was the last hospital to complete the review activity.

#### Training/orientation:

##### 1) IPP Training

The infection prevention practices training for the hospital staff has been completed for the district hospital and 7 UHCs and 2 MCWCs during this quarter. The training was facilitated by SMPP staff. In total 466 staff received the training in 15 batches.



## 2) Village doctors' orientation

A total of 153 village doctors from the remote unions of Asashuni and Tala Upazilas have been oriented on harmful practices related to maternal care. The orientation was facilitated jointly by the UHC (UHFPO & MO) and SMPP staff.



## Supply of equipment:

In this quarter, SMPP has supplied radiant warmer and other necessary equipment to establish neonatal stabilization unit at Raipura, Belabo and Monohordi UHCs in Narsingdi. The equipment has been provided on completion of the ETAT (emergency triage, assessment and treatment) training (relevant doctors and nurses were attended with the support of SMPP/UNICEF) to the hospitals. To establish a SCANU (Special Care Neonatal Unit) at the Narsingdi district hospital, SMPP is collaborating with IMCI unit of DGHS and Health Engineering Department. In the meantime, the space for the SCANU has been identified, and the engineer is making the renovation design. Once the design is completed, necessary renovation will be done with the supply of equipment.



## 2-4. Community related activities

The two day community group training was organized throughout the country from the middle of May and completed by the end of June. It was a challenge to complete all the training within such a short time. In Satkhira, GoB trainers, who already received ToT on CG, actively took a responsibility to organize the training following the CG training manual. Some upazilas arranged a bag with textbook, notebook and pen for every participant. This experience taught us that CG ToT was effective to make GoB trainers capable of facilitating a participatory training with community people.



CG training has launched with a colorful ceremony at Tala and Shyamnagar Upazila in Satkhira District on 2<sup>nd</sup> May, 2013. According to the plan, all Upazilas have started their CG training. Before starting the training, the formal invitation to the all participants from the government side has ensured and followed up accordingly. Locally CHCP, HA and FWA had the principle role of communication with the participants, pre-visit of training venue and



arrangement of necessary logistics. All UH&FPOs in the District were course coordinators of the CG training. Though the training venue was not enabling to conduct a good training session using all sorts of materials and methods as described in the guideline, the enthusiasm of the participants made possible to use all methods and materials. The methods as described in the guideline were good enough to concentrate the attention of the participants in all sessions and group works during the training. Both facilitators and participants in the training enjoyed the session, thus creating a learning environment that made the things easier to accept and exercise. Different levels of resource persons monitored the training session with a checklist and encouraged the group members to play their role for making CG functional. Visitors from health department and family planning department from national and central level visited the training, and they expressed their satisfaction to see the quality of the training. That could enhance the

spirit to work, ensure community participation and also encouraged the group to own the CC. Local government provided support to implement the training with good quality. MoHFW had the overall control of the training, they ensured effective participation of all resource persons and facilitators. It was a great achievement of GoB counterparts in training conduction. Different media has covered the training program in different local daily newspapers.

## 2-5. Safe Motherhood Day Observation

Safe Motherhood Day (SMD) was observed nationwide on 28<sup>th</sup> May in Bangladesh under the theme of “Take Care of Pregnant Women; Prevent Maternal Death.” This year SMPP-2 supported the observation events in Sathkira, Narsingdi, and Jessore districts. In response to the DGHS request, SMPP-2 provided financial contribution to those three districts to organize awareness raising activities at Union, Upazila and District levels. In Satkhira, before observing the day, a preparatory discussion meeting was held with the initiative of Civil Surgeon, District as well as Upazila led by UHC managers with participation of SMPP and NGO representatives. The notable activities in Satkhira were Rally, discussion meeting, ANC campaign, savings bank distribution among pregnant mothers, resource mobilization, relevant poster and visual materials distribution, community gathering etc. In addition, SMPP staff helped local people to plan and organize their own initiatives to support community clinics. In Narsingdi, the SMD has been successfully observed in 5 CCs in Monohoradi Upazila and in 11 CCs in Raipura Upazila under Narsingdi District through different activities at the community level by involving H&FP Managers and field staff along with CGs and CSGs. In the program they have taken, ANC, PNC campaign, Health Education, Pottery Bank distribution, Miking, Iron-Folic Acid, Calcium and Vitamin-B Complex distribution, Award giving to best 3 mothers, who conducted institutional delivery, Discussion Session, Blood Grouping and Display Board (2 CCs) and Water Filter (2 CCs), Chair (2 CCs), Window Curtain (2 CCs) donation by the CG members.



Chief Advisor was invited to take a part of the round table on Safe Motherhood organized by Protom Alo (the largest national newspaper). This round table discussion was published in the paper on the day Prime Minister awarded best performing hospitals and workers on 19<sup>th</sup> June.

## 2-6. Local Government related activities

SMPP is one of partner organizations of Horizontal Learning Program (HLP) under Local Government Division, supported by Water & Sanitation Program (WSP) of World Bank. Local Government bodies namely Union Chairmen and members are capacitated by learning on good practices among themselves through exposure visits and Workshops. Union Development Coordination Committee Meeting (UDCCM) was identified as one of the good practices by HLP and ordered by the Local Government Ministry to be implemented throughout the country.

There was HLP District Networking Workshop at Munsigonj, Satkhira on 12-13<sup>th</sup> April to share their good practices. 51 participants from Union Parishad and Pouroshova participated in this workshop. Pouroshova shared 5 good practices and each Upazila also shared them and 1 good practice of Community clinics. After learning them, participants



selected one good practice from other Union parishad or Pouroshova for visiting there. Moreover, some Union Parishads allocated their annual budget for good practices which they learned from the workshop and for exposure visit to learn how to implement them at their own Union Parishads.

Union Parishads cooperate with Community Clinics for developing their environment by using UP's budget. This cooperation happens that Union Chairmen give decision for using their budget after discussion in Union Development Coordination Committee (UDCC) when Community Health Care Provider (CHCP) and field staffs of Health or Family Planning gave their speech, or Union Parishads' Members who are chairmen of Community Groups at Community Clinics tell situation or needs from Community Groups to Union Chairmen.

Union Parishads cooperate for:

- Repairing building, Tube-wells, and bathroom of Community Clinics.
- Constructing bricks road and small bridge to connect with Community Clinics.
- Providing furniture and electric systems.
- Arrangement of community gathering for motivating pregnant women.

In addition, some Upazila Parishad in Satkhira also cooperated with Community Clinics such as:

- Tala upazila bought 17 water filters for community clinics.
- Shyamnagor upazila allocated 4.5 lack tk for reparing buildings of Community Clinics.

As above written, most of Union parishads allocated their 2013-2014 annual budget for developing community clinics, development of health services, safe motherhood activities such like distributing mini ambulance for community clinics and so on.

## 2-7. Research

Dr. Kamiya of Osaka University and Mr. Aoyagi of JICA Headquarter visited Dhaka to follow up the social capital and women empowerment study in Koraloa upazila of Satkhira district during 26-29 April. The study team had a discussion with SMPP-2 to clarify the future research plan and individual responsibilities.

## 2-8. Postpartum Family Planning (PPFP)

This is a collaborative program of SMPP-2, EngenderHealth, DGHS and DGFP in Satkhira district. Under this program post-partum family planning will be encouraged and performed, especially long acting and permanent methods (LAPM) just after delivery. Under this program, logistics are provided by the DGFP to the hospitals providing EmOC services, and the service provider of the health side are also eligible for the providers' benefits like in DGFP.

21 service providers (12 nurses and 9 MOs) in two batches (21-22 May and 16-17 June) have been trained on PPFPP at the district during this quarter. The participants were from District Hospital and UHCs involved in assisting delivery. The training was conducted by the trainers trained earlier. One of the limitations of the training is an inadequate number of PPFPP clients to have hands-on training and practice.

## 2-9. Visitors

In this quarter, a Nursing delegation from Japan headed by Prof. Minami visited Narsingdi to observe the SMPP-2 activities on 1<sup>st</sup> May. This delegation was to brainstorm the ideal of formulating a JICA technical cooperation project on nursing. We had two NGO representatives, DASCOS and joined the District Networking Workshop in Satkhira on 12-13<sup>th</sup> April. JICA Rain Water project team headed by Prof. Hirose visited UHC and two CCs in Debata Upazila, Satkhira on 25<sup>th</sup> April to explore the possibility of collaboration with SMPP-2. Mr. Ishijima, TQM Expert in Tanzania, visited District Hospital and MCWC in Narsingdi on 7<sup>th</sup> June. Gender & Accountability study team commissioned by DFID visited Narsingdi to learn from SMPP's community level activities on 19<sup>th</sup> June.



## 2-10. Others

- Revising work of Maternal Health Strategy 2001 has been going on along with development of Standard of Operation (SOP) for maternal health including ANC and EmOC. Three technical staffs of SMPP are involved in three sub groups (Cross-cutting, EmOC, and ANC) to contribute to the discussion and write-up. The draft SOPs were almost completed; however, it has been slowed down due to the country's difficult situation.
- Chief Advisor (CA), SMPP-2 attended the Regional WHO meeting for Reproductive and Maternal Health Managers from 10<sup>th</sup> to 12<sup>th</sup> June in Phuket, Thailand. In this meeting, the member countries presented the progress of MDG 5 achievements, and technical update of maternal and reproductive health issues was given by WHO SEARO. Chief Advisor contributed to group work of Bangladeshi team to develop a future action plan and introduced the SMPP-2 activities by presentation and distribution of the documents.

## 3. Next plan

SMPP-2 has a plan to implement the following major activities in next quarter (July to September, 2013):

- National level activities: support Upazila Health System (UHS) related activities; follow-up COIA related activities; contribute to the activities to revise Maternal Health Strategy and development of SOP; sensitization of Maternal Death Surveillance and Response (MDSR).

- Health Facility Improvement: follow up of TQM activities in pilot hospitals; complete the field level training of PFP activity in Satkhira; support for implementation of revised Upazila Action Plan implementation in Satkhira; implementation and follow-up of skilled training program including IPP, safe motherhood, village doctor/TBA orientation, and neonatal care in Satkhira.
- Community level activity: Support the RCHCIB to strengthen the mechanism of supporting CC/CG/CSG and coordination with NGOs; support the activities of HLCC; assist to organize CG training in Satkhira, Jessore, and Narsingdi; facilitate the development of CSGs in Satkhira and Narsingdi.
- Local Government: promotion of open budget session and UDCCM; support District HLP activities in Satkhira; and organize District HLP orientation with administration officers and District networking workshop in Satkhira
- Remote area interventions: identify strategies to address the needs of remote areas in Satkhira such as ensuring the SBA services in the remote areas and village doctor/TBA orientation on harmful practices and emergency referral
- Research/study: compilation and analysis, operationalization of the findings of the studies.