



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

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

### **QUARTERLY PROGRESS REPORT**

**October to December 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 October to December 2013. In this report, following activities are highlighted:

- Annual Program Review of HPNSDP
- Maternal and Neonatal Health (MNH) Mapping Study
- Hospital Improvement activities
- Community related activities
- Local Government related activities
- Upazila Health System (UHS)
- Afghanistan delegation visit to Bangladesh
- Visitors
- Others
- Next Plan

Political unrest due to the upcoming national election hampered our daily activities tremendously. Continuous hartal and road blockade were called by the opposition party resulting in the restriction of our movement. Satkhira's situation was worse compared to other districts. Violence became an everyday incidence and was broadcasted in TV news and newspapers frequently. We were forced to delay our activities and spent a difficult time to even protect our security. As a consequence, there was, unfortunately, no significant progress of activities to report in this quarter.

## 2. Major Activities Implemented

### 2-1. Annual Program Review of HPNSDP

Annual program review (APR) of Health, Population & Nutrition Sector Development Program (HPNSDP) was organized during July to November. Chief advisor of SMPP-2 participated in the APR as a member of Maternal, Neonatal and Child Health (MNCH)/Family Planning (FP) task group. The work of task group started with drafting the ToR for independent review team (IRT: external consultants) through identifying the priority issues to be addressed. The report of Gender, Voice and Accountability Study commissioned by DfID was shared with the IRT members to be reflected in the APR. While the report made false statements related to the SMPP-2 activities that created wrong impressions and confusion on Community Group (CG)/ Community Support Group (CSG) development, it resulted in inclusion of a priority action on CG/CSG, which states, "*Monitor and report on the actions that CGs, with Union Parishads, have taken to improve quality and determine what additional support is needed to CGs and Parishads to take on this role. Where there are successes and lessons learned publicize these as a way to extend this approach.*" SMPP-2 understands that we need to help the Community Clinic Project to work for this action implementation which progress will be assessed during the MTR in 2014.

## **2-2. Maternal and Neonatal Health (MNH) Mapping Study**

JICA commissioned MNH mapping study to Dr. Anisur Rahman of ICDDR,B. SMPP supported this study past two times, in 2010 and 2011. The purpose of the study is to map out the current situation and future plan regarding MNH projects and initiatives. It is expected that this study would provide information on geographical coverage of MNH interventions that can be used for development of effective strategy to improve the equity. This study will be completed in February 2014, and subsequently a dissemination workshop will be organized to share the findings and obtain the feedback from different categories of participants. Furthermore, the findings of this study will be fed into the Midterm Evaluation of HPNSDP in 2014. SMPP-2 will work closely with the consultant to carry out the assignment smoothly.

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

### **TQM activities:**

The activities related to TQM in the hospitals under the program are in progress. Due to political unrest, monitoring activity could not be performed as planned. However, some information was collected regarding Continuous Quality Improvement (CQI) activities in the hospitals supported by SMPP2. A proposal was discussed to expand its TQM program in 12 more hospitals under DGHS and a number of meetings have been held with the Director, Hospitals and Clinics. This could be supported by JICA's Yen loan in addition to regular SMPP activities. The checklist developed by Dr. Ishijima, Senior Advisor of JICA, Tanzania, has been translated into Bangla for regular monitoring of 5S activities by the hospital staff.

An educational video on TQM has been developed which will be used as an introduction and promotion material for 5S implementation in Bangladesh. The SMPP2 has developed a comprehensive and user-friendly 5S manual for the implementation of 5S-CQI/Kaizen-TQM program at the District and Upazila level hospitals supported by JICA and UNICEF. This manual has incorporated pictures that illustrate before and after situations to understand the changes after application of 5S.

### **Support to DSF program:**

A recent evaluation of the Demand Side Financing (DSF) program identified the weakness of quality of services at the DSF supported EmOC hospitals. In order to improve the quality of services, WHO (supporting the DSF program) approached the SMPP2 for technical assistance. As such, during this quarter, SMPP had two meetings with DSF and proposed a plan for quality improvement. The plan has been, in principle, agreed by the Director PHC of DGHS and is waiting for official approval by the DSF technical committee. It may be noted that the foundation for quality improvement as proposed is 5S-CQI/Kaizen-TQM. This methodology would therefore be introduced at all the 53 DSF upazilas in the country together with a package of quality improvement interventions implemented in Narsingdi under SMPP-1.

### **Construction of SCANU at Narsingdi District Hospital:**

The construction of Special Care Newborn Unit (SCANU) has started at Narsingdi district hospital with the support from SMPP2 in collaboration with Health Engineering Department under the Ministry of Health and Family Welfare. The renovation is expected to finish by the end of January 2014.

### **MNH Package Training:**

In this quarter, three batches of training have been conducted and a total of 43 nurses were given training on MNH issue (Package: ANC, PNC, Partograph, AMTSL, NBC and resuscitation etc.). The comparison of pre-post test results showed that there is notable improvement in trainees' knowledge on the issues of importance.

#### **2-4. Community related activities**

Due to delay of release of fund the second batch of community support group (CSG) training was not carried out as planned. Those districts under the second batch including Satkhira and Jessore had to continue regular CSG activities without proper training or to be kept simply inactive. In contrast, the number of active community groups (CG) has been constantly increasing after the completion of CG training in July 2013. SMPP-2 made a proposal of enhanced monitoring system implemented by the GoB staff to the CCP for consideration. The proposed monitoring system was coordinated by the district and upazila level focal persons (Deputy Civil Surgeon or MO-CS and MO-Disease Control) and core monitoring & support teams for CC. The responsibilities of those identified persons are: to provide capacity development support to CG/CSG through training (including on the job training); to make monitoring visits with the use of monitoring checklist; and to report to/coordinate with the upper level for improvement of CG/CSG activities. Having several discussions over this proposal, the CCP has, in principle, agreed to try out this new monitoring system in Narsingdi. Accordingly, SMPP-2 will adjust the staff formation in Narsingdi from January 2014.

As a part of social capital study interventions, 3-4 volunteers were selected from CSG members per each CSG and trained by SMPP-2 in Kolaroa upazila, Satkhira. Those volunteers are responsible in data collection from households within their catchment areas including identification of pregnant woman and their uptake of MNH services. They are also expected to provide birth planning education to pregnant women and their family members.



Development of training manual of UP orientation on CC has been almost completed and waiting for a finalization workshop in Dhaka to have broader consultation of the contents. The second workshop of Horizontal Learning in Community Clinic (HLCC) was fixed the dates but were postponed several times by different reasons. After the APR 2013, the development partners showed increasing interests in the contribution of CCs and CGs/CSGs to make community voices heard. The HLCC workshop can serve for identifying good practices exist in this regard. Besides, the records of quarterly NGO coordination meeting can be summarized to capture the discussions and experiences of NGOs working with CCs. SMPP-2 will assist the CCP to compile the information available regarding the CCs' contribution to increasing the community engagement and equity.

#### **2-5. Local Government related activities**

SMPP is a partner organization 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.

The third meeting of District HLP Technical team was held on 23<sup>rd</sup> November at the conference room of the Satkhira Deputy Commissioner (DC) office. The purpose of this meeting is to share Pourashava and Upazila wise good practices and budget allocation for MNH activities by UPs and to discuss the next step of District HLP activities. The DC, Satkhira chaired the meeting, and in total 27 people (Assistant Commissioner, 5 UNOs, a Mayor of Satkhira Sadar Pourashava, 7 UP chairmen, and others) participated in the meeting. The good practices were reported such as providing emergency transport for pregnant women, activities related to prevention of early marriage, organizing UDCCM, and increase in tax collection. The experiences of exposure visit to Narsingdi (Danga union) by UP chairmen and members of Tala Upazila were shared and appreciated by all.



After coming back from Narsingdi some UPs already introduced good practices that they had learned



including setting up street lights and decollating information boards at community clinics. The meeting was informed that in this financial year the total of nearly 12 lack Tk was allocated for MNH related activities by different UPs in Satkhira. Tala UNO reported that he provided 17 water filters to Community Clinics to ensure safe drinking water. Sadar Pourashava Mayor also reported that he supported construction of deep-tube well in front of a primary school. It appeared that this meeting itself created an atmosphere to encourage good practices in different places of Satkhira. The DC was present until the end of the

meeting and was supportive commenting on participants' presentations and remarks. Finally, the meeting was closed with the suggestions that we need to further improve the HLP activities by looking into the quality of workshops and good practice implementation and replication closely.

## 2-6. Remote Area Interventions



As one of key interventions in the remote areas of Satkhira, Village Doctor (VD) and Traditional Birth Attendant (TBA) orientation was organized in selected unions of Tala, Asaasuni, Khaliganj and Shamnagar Upazilas. The purpose is not to encourage their involvement of delivery assistance but prevent their harmful practice. Since there is a chronic shortage of skilled HR in the remote areas, it is imperative to collaborate with informal service providers to ensure emergency referrals. This orientation also helped develop a good relationship between GoB staff (MOs of UHCs and FWVs) and participants.

## 2-7. Postpartum Family Planning (PPFP)

All the training planned on Postpartum Family Planning for the Field Workers under the Health and Family Planning departments in Satkhira District has been completed. A total of 911 staffs under the Health and Family Planning have been trained on PPF in Satkhira district from all the upazilas. A total of 153 participants from Shayamnagar upazila have been orientated on PPF in five batches in this quarter (17-21 November, 2013). One checklist has also been developed for monitoring the activities on PPF by the service providers in different hospitals in Satkhira district.

## 2-8. Upazila Health System (UHS)

Officials under Director ESD have conducted situation analysis of three UHS pilot upazilas, namely, Khaliganj upazila of Satkhira district, Bhairab upazila of Khishorganj district, and Charghat upazila, Rajshahi district. SMPP-2 assisted data compilation and analysis of three upazilas. SMPP-2 also helped update the concept paper of UHS to be presented in the Ministry.

## 2-9. Afghanistan delegation visit to Bangladesh

The Afghanistan delegation supported by JICA visited Bangladesh to explore the possibility of organizing the third country training on MNCH. The delegation stayed Dhaka from 6<sup>th</sup> to 9<sup>th</sup> October. During this stay the delegation had several meetings with officials of DGHS, DGFP and Health Ministry including Health Secretary and made field visit to Narsingdi arranged by SMPP-2. The delegation also visited MCHTI to observe the on-going Midwifery refresher and EmOC training program.



## 2-10. Visitors

In this quarter, the follow-up meeting of Midterm Review (MTR) was held from 15<sup>th</sup> to 17<sup>th</sup> September. Two visitors of JICA HQ discussed the findings of the MTR and the revision of Project Design Matrix (PDM) with the SMPP staff in Dhaka.

## 2-11. Others

- ◆ Chief Advisor and Technical Advisor attended the Regional Meeting on Improving Quality of Care for Reproductive-Maternal-Newborn-Child-Adolescent Health (RMNCAH) at New Delhi, India, from 16<sup>th</sup> to 18<sup>th</sup> December. SMPP-2 has contributed to the preparatory work of the country's QI abstract and poster development presented in the meeting. During the meeting, SMPP-2 participants took active role in participating in the discussions and group works. Attending this meeting strengthened the presence of SMPP-2 as the key player of QI in Bangladesh. SMPP-2 will be proactively take part in revitalizing the QI implementation starting with holding meeting of QA related committees and workshop.
- ◆ The SMPP2 has submitted an article on “Newborn care practices in rural Bangladesh” in the Journal of Pregnancy and Childbirth, which is a peer review journal with open access.
- ◆ The SMPP2 participated in discussions on Impact study proposal developed by ICDDR,B, which is planned to be conducted in Brhamonbaria district.

## 3. Next plan

SMPP-2 has a plan to implement the following major activities in the next quarter (January to March, 2014):

- National level activities: support scaling up of SMPP good practices (e.g., CSG, TQM); 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; initiation of Maternal and Neonatal Death Review.

- Health Facility Improvement: follow up of TQM activities in pilot hospitals; monitoring 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 MNH package training 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 CSG training in Satkhira; establish monitoring and support mechanism of CSGs in Satkhira. Jessore and Narsingdi.
- Local Government: promotion of open budget session and UDCCM; support District HLP activities in Satkhira; and organize District HLP working team meeting in Satkhira
- Remote area interventions: identify strategies to address the needs of remote areas in Satkhira such as ensuring the SBA services and village doctor/TBA orientation on harmful practices and emergency referral
- Research/study: conduct Maternal and Neonatal Health (MNH) mapping study and dissemination of research findings; finalization of tools and methods of maternal and neonatal death review and initiation of activities in Satkhira.