

Shahjadpur Integrated MNH Project

INTRODUCTION

This issue of the newsletter of the Shahjadpur Integrated MNH Project is published at a stage when all the evidence-based interventions of the project have been made available for the women of Shahjadpur. The process documentation and monitoring activities are also in place to oversee the implementation process and record the necessary changes required. The 32 new NGO Community-based Skilled Birth Attendants (CSBAs) have returned to Shahjadpur after completing their six-month training and final evaluation examination conducted by the Bangladesh Nursing Council (BNC). This upazila has now one CSBA for every 10,000 people, i.e. in total, 60 CSBAs (32 NGO and 28 government CSBAs). This is probably the first instance of the public-private partnership (PPP) initiative in maternal and neonatal health by which entire Shahjadpur upazila is covered under the umbrella of the SBA service-provider system. These 60 CSBAs will hopefully cover the entire upazila in providing quality maternal and neonatal health services.

This issue also describes the process of setting the full package of the evidence-based interventions that are being currently being implemented in Shahjadpur. The package was finalized based on the recommendations generated from the findings of the baseline survey and formative research; the key findings of the survey were presented in the last issue. This issue also highlights various training activities undertaken to strengthen obstetric skills of the health service providers in the community and the facility levels at different tiers and deals with various activities relating to the training, final evaluation, and placement of the CSBAs in the community and the interactions of the CSBAs with various stakeholders. The status of the Community Support Groups (CSGs) has been described in this issue as well.



1st and 2nd Batches of NGO CSBAs after completion of six-month training in front of Tangail and Comilla FWVTI. A great stride and an example of PPP in maternal and neonatal health sector of Bangladesh



Shahjadpur Integrated Maternal and Neonatal Health Project–current status of intervention package in brief

Components of different interventions

Birth and newborn-care preparedness counselling on-

- ✧ Promotion of four antepartum care (ANC) visits, promotion of iron and folic acid (IFA), tetanus toxoid vaccination (TT) and use of safe delivery-kit
- ✧ Educational card on maternal and neonatal danger-signs
- ✧ Promotion of skilled attendance at delivery, planning for emergencies–transport and fund for referral and blood donor
- ✧ Promotion of at least three postpartum visits-one within 24 hours
- ✧ Cleanliness during delivery and newborn-care practices
- ✧ Care for the prevention of hypothermia
- ✧ Care of the umbilical cord
- ✧ Early initiation of exclusive breastfeeding, colostrums feeding, and no prelacteal feeding
- ✧ Identification of sick newborns and referral - extra care for preterm and low-birth weight babies

Updated safe delivery-kit will be distributed by the CSBAs and FWVs for deliveries in the home. It will contain-

- ✧ Standardized delivery-mat to identify postpartum blood loss
- ✧ Sterilized blade, thread, soap, cotton, and plastic sheet
- ✧ A checklist with picture for preparation for delivery and contents of the safe delivery-kit

Management of postpartum haemorrhage

- ✧ Implementation of routine active management of third stage of labor (AMTSL) at facilities
- ✧ Ensuring supply of oxytocin
- ✧ Use of oxytocin by CSBAs and uterine massage during delivery in the home for prevention of postpartum haemorrhage (PPH)
- ✧ Use of misoprostol by CSBAs in the community if oxytocin is not available
- ✧ Ensuring safe blood transfusion in the comprehensive emergency obstetric care (CEmOC) facilities
- ✧ Identification of potential blood donors for emergencies

Management of eclampsia and pre-eclampsia

- ✧ Introducing use of loading dose of MgSO₄ for eclampsia and pre-eclampsia patients at the community by CSBAs
- ✧ Referral to the nearest CEmOC facility for further treatment
- ✧ If convulsion occurs on the way, another dose can be given after checking the respiratory status
- ✧ Training of the facility providers on treatment and management of eclampsia
- ✧ Ensuring supply of MgSO₄ at facility and also at the community

Home-based essential newborn care by CSBAs and other health providers in the community and facilities

- ✧ Prevention of hypothermia in newborn baby, including drying and stimulating the newborn with warm, clean clothes immediately after birth, wrapping the newborn as appropriate for the season, covering the newborn's head, and promoting skin-to-skin contact
- ✧ Management of asphyxiated baby (newborn resuscitation - **mouth to mouth** in the community - **bag and mask**, cardiac massage and drug in the facility).
- ✧ Recognition and management of serious neonatal infections: At home and union-level facility- (Union Health and Family Welfare Center (UHFWC) / Family Welfare Center (FWC) / union sub-center/rural dispensary) the treatment of neonatal infections will include a combination of oral cotrimoxazole (10 mg/kg per day in 2 divided doses) plus injectable (intramuscular) gentamicin (5 mg/kg per day in a single dose for 7 days) approved by the government with referral in severe cases

Ensuring skill attendance during pregnancy, delivery, and after delivery

- ✧ 32 new CSBAs selected from the NGO Palli Shisu Foundation (PSF) have been given six-month CSBA training and are now placed in the community. This completes the required number of 60 CSBAs for covering the entire upazila

Community Support Groups (CSGs) formed at the ward level to

- ✧ Identify pregnant mother, sensitize the pregnant mother and other family members about the need of using skilled care for maternal and neonatal health
- ✧ Create community awareness regarding maternal and neonatal health
- ✧ Provide support to the poor and disadvantaged through raising funds and arrange transportation for mothers and newborns in the case of referral
- ✧ Refer complicated mothers to the facility
- ✧ Establish the linkage between the community and the facility
- ✧ Increase awareness among the community people regarding demand side financing (DSF)

Process documentation and monitoring

- ✧ The objective of the process documentation is to improve the implementation process through observation, record review and discussions with service providers and mothers. A Senior Field Research Officer (SFRO) with five other field staff members has been routinely observing the different project activities. In addition to the observation, the team has also been regularly visiting the Upazila Health Complex (UHC), Family Welfare Centers (FWCs), NGO clinics, and private facilities providing maternal healthcare services. The project personnel also regularly collect records of maternal and neonatal healthcare services from the above facilities and from the health workers in the community (CSBAs/Family Welfare Assistants (FWAs)/Health Assistants (HAs)) to monitor quality care and the trend in the uptake of services

Trainings on the various components of the intervention package

Training on Active Management of Third Stage of Labor (AMTSL) and use of MgSO₄ for management of eclampsia

A day-long training of different tiers of health service providers was held at the Shahjampur UHC on 14, 18 and 21 June 2009. About 70 participants, including doctors, nurses, Family Welfare Visitors (FWVs), Female Sub-Assistant

Community Medical Officers (SACMOs), NGO paramedics and CSBAs of the upazila received training on AMTSL and the use of MgSO₄ for the management of eclampsia. The training was conducted by Dr. Ferdousi Begum and Dr. Shabnam Ferdous Chowdhury, Associate Professor, Gynae and Obstetric Department, Shaheed Suhrawardy Medical College, Dhaka. The Deputy Director, Family Planning, Sirajganj, inaugurated the training session, which was also attended by the Upazila Health and Family Planning Officer and Upazila Family Planning Officer representing the administrators from the health and family-planning departments at the upazila level and also representatives from ICDDR,B-Dr. M.A. Quaiyum, Dr. Nafis Al Haque, and Dr. Jamal Uddin.

The training included lectures on AMTSL and misoprostol for the prevention of PPH and MgSO₄ for the management of eclampsia, question-answers with feedback, an audiovisual presentation on AMTSL, and practical demonstration of PPH and eclampsia kits. The participants were then divided into two groups for practical demonstration of AMTSL in dummy dolls under the supervision of the facilitators-Dr. Ferdousi and Dr. Shabnam. At the later part of the day, a role-play session was also held. The facilitators provided relevant handouts to the participants after each session.



Prof. Dr. Ferdousi Begum making presentation on AMTSL and MgSO₄ for management of eclampsia



Prof. Dr. Shabnam Ferdous delivering lecture on AMTSL and MgSO₄ for management of eclampsia

Training on the essential newborn care

A two-day long training on the country-specific new essential newborn care (ENC) strategy for the service providers, including doctors, nurses, FWVs, SACMOs, paramedics, and other skilled providers, was held in the UHC on 5-6 July 2009. Dr. Nafis Al Haque of ICDDR,B gave an overview of the project activities and maternal, neonatal and other service-delivery data of Shahjadpur upazila as revealed in the baseline survey. Thereafter, Dr. Dildar Ahmed Khan, Senior Consultant and Head of the Department of Paediatrics, Azimpur Maternal and Child Health Training Institute (MCHTI), Dhaka and Dr. Sayed Moshfiqur Rahman, Co-investigator and Paediatrician, ICDDR,B conducted the training. The training included newborn situation in Bangladesh, immediate newborn-care, newborn resuscitation, practice and demonstration, breastfeeding, and management of neonatal sepsis.

The five basic components of newborn-care, drying and stimulation, establishment of respiration, keeping the baby warm, cleaning the cord, and immediate breastfeeding, were emphasized in this training. Birth asphyxia, one of the major causes of neonatal death, was also high in the agenda. The facilitators discussed in detail about the prevention and management of birth asphyxia and neonatal sepsis by the health service providers at the community and facility levels. They also discussed in detail about exclusive breastfeeding. Audiovisual presentations and role-play and models were used for making the training more palatable for the trainees. At the end of each session, the facilitators provided relevant handouts to the participants.



Dr. Dildar Ahmed Khan, Senior Consultant, MCHTI and Dr. S. Moshfiqur Rahman, Co-Investigator and Paediatrician, ICDDR,B, facilitating essential newborn-care training at UHC, Shahjadpur

Completion of CSBAs training of NGO (Palli Shishu Foundation) health workers - a unique example of public-private partnership in the health sector

The six-month training of two batches (16 in each batch) of the NGO health workers as CSBAs was successfully concluded in November and December 2009 at the Family Welfare Visitors Training Institute (FWVTIs) in Tangail and Comilla. At the end of the training, the final assessment of the 1st and 2nd batches of the Palli Shishu Foundation (PSF) health workers as CSBAs following the standard government curriculum was held on 7-9 November and 22-24 December 2009 respectively. The Bangladesh Nursing Council conducted the assessment. The examination process was observed by personnel from the Reproductive Health Programme of the government and the district health and family-planning authorities, World Health Organization (WHO), ICDDR,B, and PSF. The assessment included both theoretical and practical examinations and evaluation of the practical and field activities during the training. The results of the examination showed that the performance of all the 32 trainees was excellent, and all the examiners appreciated the quality of the trainees in this new field, despite their lack of experience in this field.



Written examination of 1st Batch in Tangail FWVTI



Oral examination of 2nd Batch in Comilla FWVTI

The certificate-giving ceremony of the successful CSBAs who attended the six-month training is expected to be held at Shahjadpur with great enthusiasm to highlight the success in the PPP in the health sector, which is an important pledge by the present government.

As per the project protocol, 32 new NGO CSBAs have been trained taking the total number of CSBAs in the upazila to 60 (32 NGO and 28 government CSBAs). In total, 60 CSBAs are necessary for the upazila, taking into consideration one CSBA per 10,000 people to provide skilled maternal and neonatal health services. These new NGO CSBAs are now deployed in different areas of the upazila where previously there was no CSBA to cater to the needs of skilled health services to the ever-deserving mothers of this upazila. For example, in the remote water-logged union Sonatoni of the upazila there was no skilled birth attendant, but now three CSBAs have been deployed in the union.

Feedback session on observation results of satellite clinics in monthly meetings in Family Planning department

A feedback session on satellite clinics observation finding was held on 3 January 2010 at the Upazila Parishad auditorium under its regular departmental monthly meeting schedule. Mrs. Rabeka Sultana, Upazila Family Planning Officer presided and Dr. Md. Abdur Rouf, Medical Officer (Maternal and Child Health-Family Planning (MCH-FP)), Assistant Family Welfare Officer (AFWO), all FWVs, SACMOs, Family Planning Inspectors (FPIs), FWAs, Dr. Md. Jamal Uddin, Field Research Manager (FRM) and Md. Ashraful Kabir, Field Research Officer (FRO) from the ICDDR,B were present in the meeting. Dr. Md. Jamal Uddin presented the observations results of the satellite clinic during the quarter of September to November 2009. He highlighted the problems in regular holding of satellite clinic sessions, provision of quality service at the clinic, patient flow, and lack of awareness regarding satellite session in the community, performance of



Dr. Md. Jamal Uddin, FRM, ICDDR,B, presenting in monthly meeting on family planning at Shahjadpur December 2009



Mr. Md. Ashraful Kabir, FRO, observing antepartum care in one session field findings in the FWC

physical examinations during antepartum and postpartum check-ups, and quality of counselling of pregnant women. Dr. Md. Jamal Uddin mentioned that ICDDR,B, along with government, NGO, and the private sector, wants to improve the maternal and neonatal health status in Shahjadpur. He also mentioned that recently, 32 new NGO CSBAs have joined the health and family-planning workforce and sought cooperation from the Family Planning department for strengthening and improving the quality and increasing the quantity of maternal and neonatal health service in the upazila. The Managers of the Family Planning department assured of all-out support and cooperation.

To improve the maternal and neonatal health service of Shahjadpur upazila, the following instructions were given by the UFPO and MO-MCH-FP to all family-planning service providers in the facilities and community—

- Conduct satellite clinics regularly
- Undertake proper physical examinations and counselling during the sessions
- Ensure supportive supervision by the Family Planning Inspectors (FPIs) and ICDDR,B personnel

Visit of UHFPO, Shahjadpur to Tangail and Comilla FWVTI to observe training of NGO CSBAs

On 4 November 2009 and 21 December 2009, Dr. Md. Ansar Ali, Upazilla Health and Family Planning Officer (UHFPO), Shahjadpur, visited the FWVTI in Tangail, along with Dr. Md. Jamal Uddin, FRM, Shahjadpur ICDDR,B field office, and Mr. Jahedul Islam, Manager, PSF, Shahjadpur unit, to see for himself the training of the two batches of health workers of PSF.



UHFPO in discussion with trainees at FWVTI in Tangail



A NGO CSBA conducting health-education session at Shahjadpur

Meeting with new NGO CSBAs

A meeting of the first batch of the new NGO CSBAs was held on 17 November 2009 with the research investigators team of ICDDR,B, UHFPO, upazila-level official of PSF, field-level supervisors of the health and family-planning department, such as HIs, AHIs, FPIs, and NGO CSBA at the office of PSF, Shahjadpur, Sirajganj.

Formation of CSG, training of CSG volunteers

Till December 2009, 22 CSGs were formed in Shahjadpur by the local people with the technical support of ICDDR,B as part of its project implementation. Each CSG consist of three committees: (a) Advisory Committee, (b) Executive Committee, and (c) Volunteer Committee. The volunteers were provided orientations by the field research team of ICDDR,B. In the orientation sessions, the working areas of the volunteers were distributed, the role of volunteers and strategies for identifying pregnant women discussed including the importance of establishing linkage between the care-seekers and the service providers - CSBAs in the community and FWV in the satellite clinic. Creating necessity for services , ANC check-up, need for skilled delivery at birth, identification of blood donors and fund and transport for referral were also discussed. Each volunteer was provided with a small booklet on the different aspect of maternal and neonatal health as well as a pictorial card to support her in sharing information on maternal health with pregnant mothers.



Mr. Moyazzam Hossaine, SFRO, conducting monthly meeting of CSG- Bantiar village, ward-2, Sonatoni union



A new NGO CSBA, Munni placing the baby in the excited mother's lap after delivery

Monthly meetings of CSG

Of the 22 CSGs, monthly meetings of 16 CSGs were held. The monthly meeting is usually chaired by one of the committee members. The participants discussed about identification of pregnant mothers, providing message on safe and quality pregnancy and delivery care, maternal and neonatal complications with problem-solving activities, role of the CSBA, transport management in emergency, saving scheme, status of volunteer activities, etc. In some meetings, the volunteers raised problems in identifying pregnant women and providing information on available ANC, DSF, and other services within the existing health system. The committee members proposed to pursue the family members to take the mother for ANC and DSF, communicating with the local health service providers, such as FWA, FWV, HA, FPI, and most importantly the CSBA, to ensure the available services on time.

Next Issue

The next issue of the Shahjadpur Integrated MNH Project newsletter will include information on the Technical Interested Group (TIG), District and Upazila MNH Committee Meetings, progress in the implementation of different interventions and activities of the project, process indicators, monitoring activities, and activities being done by the NGO CSBAs, and information about the CSGs.

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