

# Shahjadpur Integrated MNH Project

## INTRODUCTION

The evidence-based interventions of the project to address the maternal and neonatal health are all placed in Shahjadpur upazila. All the 62 community skilled birth attendants (CSBAs), 32 from the Palli Shisu Foundation (PSF), an NGO, and the remaining ones from the government health and family welfare departments are working towards the betterment of health of mothers and children. To augment the activities of the Shahjadpur Integrated Maternal and Neonatal project, 60 community support groups (CSGs) have so far been established to sensitize the mothers and the community on the various aspects of mother and child health. These CSGs are a huge force and will surely make a difference in the outcome of the interventions in the future.

The orientation sessions for other health workers Health Assistants (HAs), Family Welfare Assistants (FWAs), Assistant Health Inspectors (AHIs), Family Planning Inspectors (FPIs), Medical Assistants (MAs) etc. of the health and family-planning departments and traditional service providers, such as trained and untrained traditional birth attendants (TBAs), village doctors (VDs) and local healers are near to completion. The topics of training covered project activities and important messages on safe mother and child health practices. The training is giving emphasis on antenatal care (ANC) and postnatal care (PNC) visits, birth planning and preparedness, danger-signs, strong referral, skilled attendants at delivery and the bad practices. The topics of the training were selected based on the results of the baseline survey and formative research findings.

This issue highlights the meetings of different tiers of committees formed for the smooth running of the project, including the second Technical Interest Group (TIG) formed at the national level headed by Joint Chief, Planning Wing, Ministry of Health and Family Welfare (MoHFW). It also includes the process monitoring and its implications.

## 2nd Technical Interest Group (TIG) meeting

The second TIG meeting of the Shahjadpur MNH Project was held at the Planning Wing of the MoHFW, Bangladesh Secretariat, Dhaka, on 6 July 2010, to review the progress and to provide future direction to the smooth running of the project. The meeting was chaired by Mr. Md. Abdul Mannan, Joint Chief, Planning Wing, MoHFW. The participants of this meeting included Prof. T. A. Chowdhury, Chief Consultant, Obstetrics and Gynecology, BIRDEM Hospital, Prof. Nasima Begum, Professor of Obstetrics and Gynecology and Focal Point, CSBA Training, Ms Rachel Payne, Head, AusAID, Australian High Commission, Dr. A. B. M. Jahangir Alam, Director, PHC, and Line Director, ESD, DGHS, Dr. Jafar Ahmed Hakim, Director MCH-S and LD, MC&RH, DGFP, Ms. Shuriya Begum, Register In-Charge, Bangladesh Nursing Council, Mr. Ronzit Roy, Project Coordinator, PSF and officials from the Planning Wing, MoHFW, and researchers from ICDDR,B.

The Joint Chief welcomed everybody to the meeting. The minutes of the first TIG meeting of the Shahjadpur MNH study was discussed and accepted. All the TIG members requested the Chair to maintain the time interval of TIGs meetings and the Chair assured that the next meeting will be held in time.

The project activities, including the mobile component and the baseline findings, including the demand side financing (DSF) were presented.

After the presentations, the Joint Chief invited the participants for an open discussion on the project interventions and findings. Discussions were held on the data presented, issues relating to active management of third stage of labor (AMTSL) and eclampsia, composition of the upazila and district MNH committees, community skilled birth attendants (CSBAs), demand side funding scheme, mobile phone intervention and CSGs.

The following decisions were taken:

1. The minutes of the first TIG meeting was unanimously approved by the members.
2. To report progress of the study through the process and monitoring data in the third TIG.
3. The Government, through its Planning Wing, MoHFW, would take required corrective measures based on the DSF findings.
4. The idea of public-private partnership (PPP) in training of CSBAs to work as skilled birth attendants should be used in other districts by the Government as there is a lack of health and family-planning human resources at the upazila level.



- Mr. Md. Abdul Mannan, Joint Chief, Planning Wing, would look at the proposed ICCDR,B study at north Matlab titled "Develop and test effectiveness of a model for facility-based delivery care strategy with public-private partnership in primary health care settings".
- From now on Dr. Md. Abdul Quaiyum will act as the Member-Secretary of the TIG.
- TIGs will be organized more regularly.

Mr. Md. Abdul Mannan, Joint Chief and Chair of the meeting concluded the meeting by thanking the participants for their valuable contributions and assured of help in conducting the study.

### District MNH meeting

The second District Maternal and Neonatal Health Committee meeting of Shahjadpur Integrated MNH Project was held in Sirajganj on 24 March 2010. Dr. Md. Nurul Islam Talukder, Civil Surgeon, Sirajganj, presided over the meeting. The objective of the meeting was to update the research activities and to disseminate the baseline findings. Dr. Shunil Chandra Karmaker, Deputy Director of Family Planning (DDFP), Sirajganj, was also present at the meeting. Other members included Resident Medical Officer, Sadar Hospital, Sirajganj, Medical Officer- Clinical Contraception, Senior Health Education Officer and others.

ICDDR,B research personnel made a brief presentation on different aspects of the MNH Project and on the study titled "Use of mobile phone to strengthen the maternal and newborn healthcare in rural Bangladesh".

Dr. Talukder, in his closing speech, said that, through this research finding, the Government would be able to undertake more appropriate integrated programme to strengthen the maternal and neonatal health system.

### Upazilla MNH meeting

The second Upazila MNH Committee meeting of the Shahjadpur Integrated MNH Project was held on 23 March 2010 in the Upazila Parishad Complex. The meeting was chaired by the head of the Committee Md. Habibur Rahman,



District MNH Meeting, CS Office conference room,  
Upazila MNH Committee meeting, Upazila Complex



2<sup>nd</sup> TIG meeting in progress, Planning Wing, MoHFW,  
Bangladesh Secretariat

Upazila Nirbahi Officer (UNO). The objective of the meeting was to inform the upazila administration and other stakeholders about the project status, baseline findings, and directions for future improvement. The meeting was attended by Mr. Golan Azam Maola, Vice Chairman, Shahajdpur Upazila Parishad, Dr. Momena Khatun, MO, Mrs Rabeka Sultana, UFPO, Dr. Abdur Rauf, MOMCH, Upazila Women's Affairs Officer, Chairman's of Rupabati, Kajury and Sonatoni unions, Project Officer-CARE, Coordinator- Marie Stopes, Md. Abdur Rashid, Ex-Vice Principal, and others.

The MNH Project and the mobile study were presented in brief. The thirty two new NGO CSBAs were welcomed in the meeting. The UNO on behalf of the Upazila administration committed to advocate for the successful completion of the project. Two CSBAs from Jalalpur and Sonatoni union,

remote areas of the upazila shared their experience on receiving CSBA training and service delivery in the community soon after the completion of the training. An open discussion followed on different issues of the project. Md. Habibur Rahman, UNO the honorable chair of the meeting gave his concluding speech. He said maternal and neonatal health is still the most vital issue of the Government. The Government is committed to extend its helping hand to improve the status.

### Union-level orientations: HI, AHIs, FPIs, FWAs, HAs, TBAs and VDS

Union-level orientations of field-level health and family planning workers (HAs, FWAs, MAs, FPIs, AHIs, and HIs), and traditional service providers (Village doctors, and TTBA/TBAs) on maternal and neonatal health and the project started in April 2010 and completed in thirteen unions by July 2010. Around 1500 participants attended the orientation sessions.

The orientations focused on pregnancy care, birth preparedness, maternal and neonatal danger-signs, importance of breastfeeding and the referral system. The misuse of oxytocin injection to accelerate labor pain and its adverse effects on maternal health were discussed. A booklet containing salient features of maternal and neonatal health was distributed among the participants

The orientation sessions informed the participants about the objectives and activities of CSGs and CSBAs. The CSGs provide health education to pregnant mothers and family members, on birth preparedness and planning, counsel mothers to attend satellite clinic for ANC, PNC and use of skilled birth attendants during delivery. They were informed that 32 new CSBAs from the PSF are now working along with 30 existing government CSBAs in Shahjadpur catering to the needs of the total upazila.



Orientations of other government health workers and VDs, TTBA and TBAs at Khukni and Beltail union council office.

### Improvement in satellite clinic's services

As part of process documentation, one satellite clinic under each Family Welfare Center (FWC) is being observed in each union per month. Observation of the satellite clinics started since September 2009. The table shows the

**Table 1: Problem, solution and output in services rendered by the satellite clinics during first and second quarters**

Problem identified / Q <sub>1</sub>	Solution suggested	Action taken	Outputs(Q <sub>1</sub> - Q <sub>2</sub> )
Partial observance / holding of satellite clinics	Discussion with local supervisor, UFPO, MO (MCH-FP).	Given instruction by UFPO and MO(MCH-FP) to FWs to hold regular satellite clinics	Increased number of satellite clinic sessions held
Height not measured, no measuring tape	Discussed with local supervisor /providers	Provided measuring tape for taking height by ICDDR,B	Height taking rate in Q <sub>2</sub> increased
Weight not taken, no weight machines	Discussed with local supervisor /providers	Those who had portable weighing machine were instructed to carry them on satellite session days and those who did not have were instructed to submit requisition to relevant authority at the earliest	Service increased to a extent but strong supervision is required
Inadequate physical examination (pulse, BP, anemia, jaundice, edema, breast examination and abdominal examination)	Discussions and supportive supervision of local supervisor/providers	Provided counselling and demonstrated techniques of different examinations by ICDDR,B medical personnel	Performance of physical examination improved
Haemoglobin estimation, no appropriate instrument (needle and skala)	Discussed with local supervisor /providers	No action taken by local supervisors	No change. Most FWs have got the skala but has no needle
Lack of counselling on 4 ANC/3 PNC visits, 5 danger -signs, TT immunization, nutrition, colostrums and breastfeeding, 3 delays, Selection of CSBA and place of delivery. Danger-sign of newborn. Whom and where to go if complication arise. Save money for complication management. Identification of blood donor, safe delivery-kit. Providers use counselling materials, referral etc.	Discussed with local supervisor / providers	Provided counselling and demonstrated counselling techniques on different issues by ICDDR,B medical personnel	Counseling services improved
Provider did not encourage mothers to ask questions	Discussed with local supervisor/providers	Provided counseling	No improvement

differences in various types of maternal health services provided between first quarter (Q1) (September- November 2009) and the second quarter (Q2) ( December 2009 – February 2010 ) from the satellite clinics. A structured checklist is used for observation which covers standard physical examinations and counselling during ANC visit.

In the first quarter, it was observed that many standard services during ANC were not provided and some of those were conducted inconsistently among mothers. The provider at times did not provide a particular service to all mothers attending on the day of observation. For example abdominal examination was conducted in the standing position, height and weight were not measured due to the absence of any measuring tape , weighing machine etc. Counselling on danger-sign for the newborn, identification of blood donor, use of safe delivery-kit and counseling material were almost absent during the first quarter of observation.

Based on these findings, the MNH Project undertook some initiatives to improve services from the satellite clinics. The field research team of ICDDR,B discussed these issues with the upazila-level supervisors - Upazila Family Planning Officer (UFPO) and Medical Officer (MCH-FP).

### Visit by officials of Planning Wing, MoHFW to Shahjadpur MNH Project area

Mr. Abdul Mannan, Joint Chief and Mr. Saifur Rahman, Senior Assistant Chief of the Planning Wing, MoHFW, visited Shahjadpur on 24 July 2010 to see the activities of the Shahjadpur Integrated MNH Project and to gather first hand knowledge on DSF activities in the upazila. Mr. Md. Nazrul Islam Sarker, Deputy Chief, Health, Planning Wing, MoHFW, visited Shahjadpur on 13 February 2010 to see the activities being implemented with collaboration with the Government and other private and NGO stake holders. On both the occasions, a brief presentation was made on the project. Different forms, booklets, training manuals, and register were also displayed. The Deputy Chief attended the introductory ceremony of the Government -NGO (CSBAs), facilitated by ICDDR,B and PSF. This ceremony was chaired by Dr. Anser Ali, Upazilla Health & Family Planning Officer. He also launched the mobile phone study at the ceremony. The Deputy Chief also visited a CSG facilitated by ICDDR,B in one village of Shahjadpur.



Deputy Chief handing over mobile phone to CSBA

### Next Issue

The next issue of the Shahjadpur Integrated MNH Project Newsletter will include information on further progress in the implementation of different interventions and activities, process indicators, monitoring activities, and activities being done by the NGO CSBAs, with case studies and information about the CSGs and their role in the community to augment maternal and neonatal health activities in the study areas. The issue will also contain in detail the new monitoring and evaluation method of the project to provide a better direction to undertaken activities. The DSF baseline findings will be highlighted in the next issue.

We acknowledge with gratitude the Australian Agency for International Development (AusAID) fund (Grant No. 00597) to ICDDR,B for this study. Development cost for the newsletter is supported by the AusAID, and the Department for International Development (DFID), UK, and Research Programme Consortium (RPC) fund (Grant No. 00458) to ICDDR, B.

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