

## Shahjadpur Integrated MNH Project

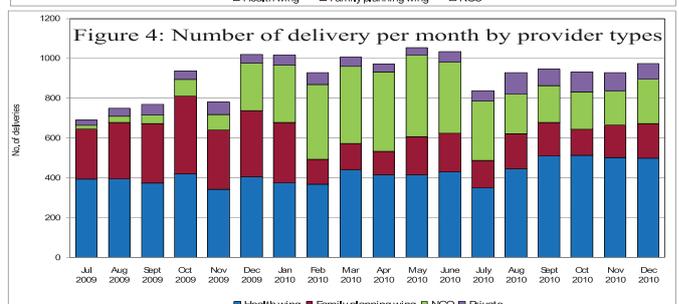
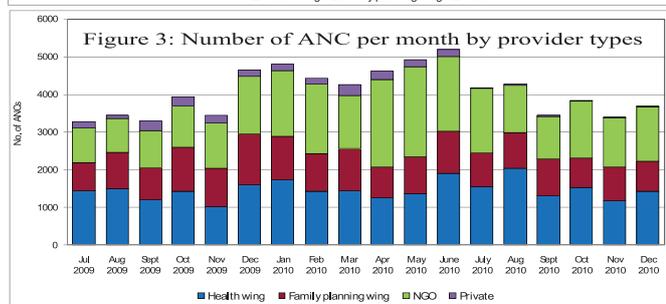
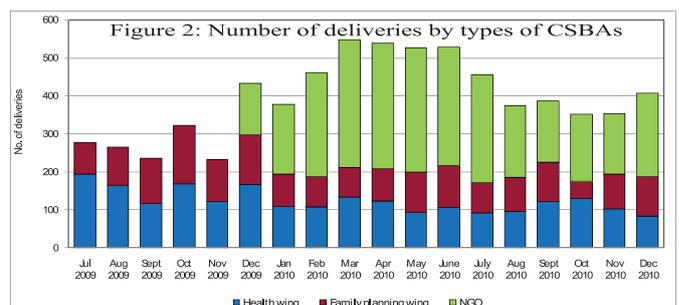
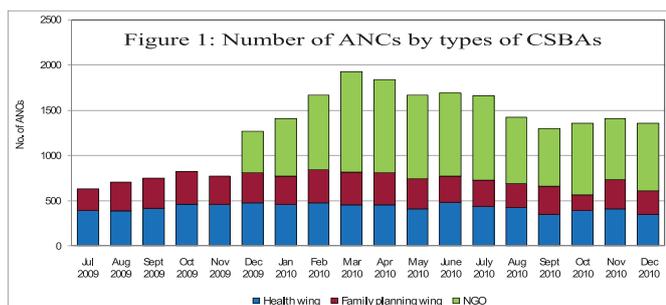
The activities of the Shahjadpur Integrated Maternal and Neonatal Health (MNH) project are running in its third year. The implementation of the project interventions are going on well except a few obstacles. At the end of July 2010, the benefits of Demand Side Financing (DSF) scheme were withdrawn for the NGO Community-based Skilled Birth Attendants (CSBAs) of Palli Shisu Foundation (PSF). After consultation with the Government by the ICDDR,B Scientists, in December 2010, the Director, PHC and Line Director-ESD, DGHS and Technical Focal Point, DSF has kindly given formal approval by which all the NGO CSBAs in different upazila of the country would be entitled to get benefits from the DSF scheme. There also has been a drop-out of two trained NGO CSBAs who have left Shahjadpur upazila. The good news is that, meanwhile another two new government health workers has received CSBAs training and joined the maternal and neonatal workforce.

Till date, sixty eight Community Support Groups (CSGs) have been formed to support the project activities through their voluntary role regarding the promotion of important information on maternal and neonatal health in the community. The volunteer groups, all females are visiting the pregnant mother and family with the messages of good practices like counselling on maternal and neonatal danger signs; promotion of 4 ANC visits; promotion of TT, use of birth kit, skilled attendant at delivery; planning for emergencies -transport, fund and blood donor etc. Education and counseling on cleanliness during delivery and newborn care practices during and after pregnancy.

This issue discusses the monitoring data collected from government service statistics from July 2009 to December 2010. Findings on antenatal care (ANC) and delivery status by types of CSBA are also placed. It also highlights visit by project personals to Nepal to observe the women's health groups of the Mother and Infant Research Activities (MIRA) project in the district of Hetauda, a successful intervention to promote utilization of skilled MNH care through community mobilization.

### Government service statistics data July 2009 to December 2010

As part of the monitoring process, the project started collecting government service statistics data from July 2009 to observe the performance of the program. Training and deployment of NGO CSBA is one of the vital intervention of this MNH project; two batches, each consisting of 16 NGO CSBAs started rendering services in December 2009 and January 2010 respectively after completion of the 6-month duration training in Tangail and Comilla FWVTIs. The NGO CSBAs started to contribute substantially in the field of maternal and neonatal health from January 2010.



Data Source: Shahjadpur Health & Family Planning Departments



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- Since the deployment of NGO CSBAs in December 2009 and January 2010 there has been a consistent increase in the use of ANC and delivery care services by the NGO CSBAs until June 2010 (Figure 1, 2) with slight monthly variation in the months of April-June, and after that the utilization gradually decreased till the end of 2010.
- The cause of this declining trend was due to the withdrawal of DSF benefits for the NGO CSBAs by the end of July 2010. The flood situation during the period also contributed to this poor performance. However, after the Government's permission to provide DSF benefits to the NGO CSBAs the utilization started increasing from December 2010. The number of CSBAs in the health and family planning sectors are more or less equal (15/16 each) but the number of NGO CSBAs (32) are equal to the health and family planning combined. All along the time period the performance of CSBAs in the Family Planning (FP) sector was comparatively less in comparison to the health CSBAs. This may be due to some management problems resulting in delay in receiving DSF benefits by the family planning CSBAs. As the DSF program is usually managed by health wing of the upazila and also pressure by the FP managers to increase their family planning performance which is an important aspect of their duty in comparison to the health CSBAs.
- ANC services is provided mostly by the government sectors followed by the NGO and a small number by the private sectors (Figure 3,4).
- During analysis of the services data discrepancies were observed like duplication of data in many instances. A mid-line evaluation was conducted in the final quarter of 2010 with support of the mobile phone project. The results of the mid-line will be presented in the next issue.

### Shahjadpur MNH teams visit to Mother And Infant Research Activities (MIRA) Project, Nepal and final dissemination conference of the Towards4+5 DFID-RPC at London

A four-member team visited Nepal on 14 July 2010. The objective of this visit was to share knowledge between MIRA and Shahjadpur MNH projects. The major area of interest was the women health groups and their activities.



Women's Health Group Session, MIRA, Bimanchi Heatuda, Makawanpur, Nepal



DFID-RPC participants from ICDDR,B and government of Bangladesh in UK

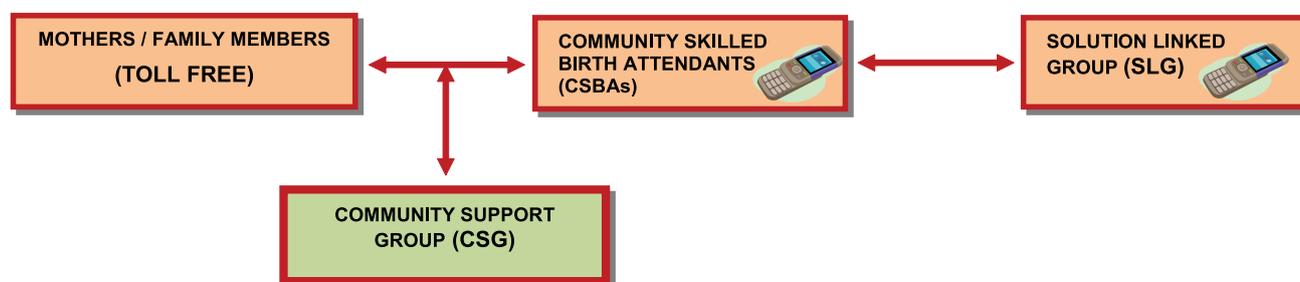
On 16 July 2010 the Shahjadpur team reached Hetauda of Makwanpur district and visited the primary health center (PHC) and one of the sessions of the women's health group on the following day. MIRA is making this effort in the Nepalese mountainous area to address the maternal and neonatal health issues through the women's health group are really challenging and recommendable.

Final dissemination conference of the DFID-RPC Towards4+5 Millennium Development Goals (MDGs) 4 & 5 was held in May 2010 in Church House Conference Centre, Westminster, London. Drs Mahbub Elahi Chowdhury, Scientist, ICDDR,B and Post Doctoral Fellow - John Hopkins School of Public Health; Iqbal Anwar, Associate Scientist, ICDDR,B and PhD student in London School of Hygiene and Tropical Medicine (LSHTM); Nafis Al Haque, Senior Research Investigator, ICDDR,B; and Mr. Nazrul Islam Sarker, Deputy Chief, Planning Wing, Ministry of Health and Family Welfare (MoHFW) attended the conference. The conference opened with an overview of the current global picture in regard to maternal and child health followed by a panel discussion by the policy makers from Nepal, Bangladesh, Malawi and Ghana. Each country gave firsthand accounts about the importance on maternal and newborn health issues in their countries as well as progress towards reaching the MDGs 4 and 5. The subsequent sessions highlighted the key

findings and policy implications of the research undertaken by members of the Towards4+5 Research Project Consortium (RPC) funded by the DFID. In that conference Dr. Nafis Al Haque presented an over view of the Shahjadpur Integrated MNH project which was partially supported by the RPC especially related to development of communication materials.

### Mobile Phone Project: Consultations over Mobile Phone saved mother's life from eclampsia in Shahjadpur

Since early 2009, ICDDR, B is implementing an evidence-based and integrated package of interventions (supported by AusAID) in Shahjadpur upazila to improve maternal and neonatal health (MNH) by the deployment of required number of community skilled birth attendants to cover the total population and formation of CSGs. From early 2010, the Shahjadpur Integrated MNH project is extending support to the 'The Mobile Phone Project' (also supported by AusAID) which aims to facilitate early diagnosis, prevention measures and management at community level for MNH emergencies. Rural women and their family member were oriented on MNH complications and availability of a trained CSBA with toll free call mobile phone to serve them during their complications. Mothers and their family member were provided with the mobile phone number of the CSBA assigned to their area. An expert team of registered physicians (Solution Linked Group-SLG) was formed to provide specialist consultation to CSBAs over phone whenever required during any MNH problem and emergencies of the pregnant mothers.



#### Mobile phone network - mobile phone access pathway

An example of change that mobile phone communication has brought about is illustrated in the following paragraph. Ayesha came to her mother's house in Khukni union to give birth to her first child. Near to her expected date of delivery (EDD), she noticed that her legs were swollen (Edematous) and she had attacks of severe headaches (symptoms to develop pre-eclampsia/eclampsia, third major cause of maternal death in Bangladesh). Initially Ayesha was attended by a traditional birth attendant (TBA). Later, when she was in difficult labour with eclamptic fits, a family member communicated with the CSBA. The CSBA attended and conducted the delivery. However, the mother continued to have convulsive fits. The CSBA found herself in a helpless condition and made a mobile phone consultation with a registered physician, a member of SLG to get specialist consultations. It was mid night and transportation was difficult. The CSBA was advised to provide the mother a loading dose of  $MgSO_4$  to prevent further convulsions and immediately refer the mother to the district hospital, not to the sub-district where the management of eclampsia patients was poor. The first dose of  $MgSO_4$  was given, the referral was accomplished without delay and both the mother and the child survived and were adequately treated at the district hospital.

In a resource poor setting, this timely and appropriate referral and management with  $MgSO_4$ , not only saved the mother's life but also saved huge incidental cost and time of the family and gave the CSBA extra confidence to provide care in critical condition, but also helped to build confidence of the community in CSBA's care.

#### Dr. Laura Reichenbach, Head, Reproductive Health Unit visits Shahjadpur project site

Dr. Laura Reichenbach, Head, Reproductive Health Unit, ICDDR,B visited Shahjadpur upazila in December 2010 accompanied by the MNH and Mobile Phone study research team members. She was briefed about the project by Dr. Jamal Uddin, Field Research Manager of the MNH study. Dr Laura visited one of the CSG's groups followed by a visit to an orientation session on mobile phone communication.



Dr. Laura attending a household orientation session



Advocacy Meeting for CSG formation

### Shahjadpur, formative research findings

PROGRAM  
MANAGER

- *"TBAs don't give up easily and sometimes their treatment is responsible for the deterioration of the state of complication. In one event the 'dai'(untrained TBA) tried for 14 hours ( the whole night) to conduct the delivery. In the next morning the condition deteriorated and then they admitted her to the hospital. Patient survived finally after the cesarean section but her urinary tract is damaged", "The village dai never let the patient to go from her even in a serious case", "The dais don't want to refer, they want to try till death of the patient". Program Manager*

CSBA  
VD  
MOTHER

- *"Allah will make it happen normally", "whatever is written in my fate will happen", "If complication arise we can then go the hospital", "Hospital is not a pleasant place to go, it is only for the complication" . "I gave birth to 3 daughters and blood was never ever required, so why should I be prepared for this?"-mother.*
- *"I tried a lot to expel the placenta, I pushed oxytocin but the placenta didn't come out. Then I advised to arrange a van quickly and take the mother to the 'Potazia' (sub district level) hospital, otherwise the placenta will not come out. But I found the behavior of the family to be mysterious. At last they called a TBA. The TBA by her hands pulled the placenta out"-CSBA.*
- *"Because of delayed placenta expulsion the relatives become frightened. In many events they give kerosene to the mother. In a delivery event three days ago, placenta was not being expelled, they came to me. I suggested to give few more time for expulsion but found they already gave her kerosene"-VD.*

### Next Issue:

The next issue of the Shahjadpur Integrated MNH Project Newsletter will include the results of the first phase of the mid-line evaluation. These mid-line results hope to provide a clear scenario of the targeted indicators to be achieved through this integrated project at this mid point of intervention. It will also present the recommendations based on the mid-line evaluation. It will also include case studies and information about the CSGs and their role in the community to augment maternal and neonatal health activities in the study areas. We acknowledge with gratitude the Australian Agency for International Development (AusAID) fund (Grant No.00597) to ICDDR, B for this study.

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