NEWSLETTER
Issue 7 February 2012

Shahjadpur Integrated MNH Project

This issue informs the readers on different activities of the project, progress, and changes taking place in maternal and neonatal health (MNH) issues in different low performing unions of Shahjadpur sub-district (Upazila). The progress in the use of skilled attendant at birth as well as the utilization of Antenatal Care (ANC) in the low performing unions of the sub-district and the referral of mothers and neonates in case of complications has also been highlighted in this newsletter. The issue highlights the different outcomes accomplished through the NGO community skilled birth attendants (CSBAs) and also the community support groups (CSGs) in enhancing maternal and neonatal health in the sub-district.

The intervention activities from icddr,b project's side have been closed in December 2011. However, the locally recruited 32 NGO CSBAs trained under the government program and certified by the Bangladesh Nursing Council through the project are still in the sub-district to continue their service and support to mothers and neonates at the community. The project office located at Shahjadpur will continue till October 2012 and will primarily be responsible to conduct the end line survey, analysis and prepare reports including the end line and furnish other relevant information.

Hazrat Shah Makhdum (R) Mosque, Shahjadpur

Rabindranath Tagore's Kachari Bari, Shahjadpur

As mentioned in earlier issues, an important aspect of the MNH project at Shahjadpur was the selection, training and deployment of local NGO community health workers as CSBAs, in adding up to the existing government CSBAs to cover and complete the whole sub-district requirements of skilled birth attendants. These NGO CSBAs were selected from the community where they resided permanently and areas where few or no governments CSBAs were serving, which included the very remote unions Sonatoni, Gala and Kaijury of Shahjadpur sub-district. This deployment fulfilled the need of one CSBA /8,000 to 10,000 populations in the community to provide maternal and neonatal health as envisaged in the government CSBA program commencing in 2003. Sonatoni union situated on the banks of mighty Jamuna river and two or more hours journey from the sub-district headquarter did not have any skilled health provider or even a facility to provide any kind of skilled health services prior to the interventions. As an important component of the intervention, three NGO CSBAs were selected from and placed in Sonatoni and they brought about creditable changes in the union's MNH activities. Though the project ended in December 2011, the training received and the provision of MNH services by the 32 trained NGO CSBAs is permanent asset for the sub-district. Strong monitoring and supervision by the local NGO as well as the government system would be an important asset to avail and to maintain the continuity and quality of services by these NGO CSBAs.

MNH care-seeking behaviors among mothers residing in the inaccessible and remote unions of Shahjadpur sub-district

The three remotest unions –Sonatoni, Gala and Kaijury are the lowest performing areas in terms of using skilled birth attendants at delivery, as observed at the baseline survey. The findings of another remotest union Jalalpur could not be shown as Jalalpur union was not included at randomization during the baseline survey. These mentioned four unions have a population around 1,26,147. Prior to the MNH intervention there were no CSBAs in Sonatoni and Jalalpur, and only one (Government CSBA) in Gala and two (Government CSBA) in Kaijury. These numbers did not meet the estimated proportion between CSBAs and populations in these unions. Sonatoni union suffered the most, as there was no Family

Welfare Center (FWC) and the only Rural Dispensary (RD) had been washed away by the Jamuna river erosion and is also the remotest among the four in terms of communication and its location. The MNH project met the requirements of skilled attendant at delivery by providing another 11 NGO CSBAs within the government infrastructure to these four unions. The numbers of the new NGO CSBAs trained and placed in Sonatoni, Gala, Kaijury and Jalalpur unions are three, three, four and one respectively.

In addition to providing the required number of CSBAs in these unions, MNH project also improved the MNH services rendered from the satellite clinics through observations and supportive supervision in all unions at a regular interval. Observations results showed that the satellite clinics were not held regularly, providers of these clinics often failed to undertake some important routine examinations and counseling during ANC visits. This project monitoring activity assisted in building the capacity of the providers to provide quality MNH services and to hold the satellite clinics regularly. In addition to MNH services eight, five, six and seven CSGs each were formed in Gala, Sonatoni, Kaijury and Jalalpur unions respectively to sensitize the pregnant mothers, their families and the community members on maternal and neonatal health issues.

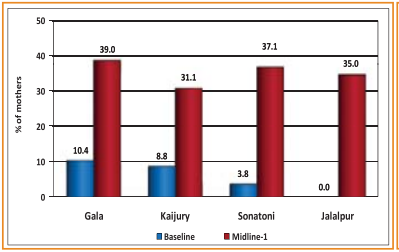

Fig 1: Changes in use of skilled attendant at delivery in low performing unions

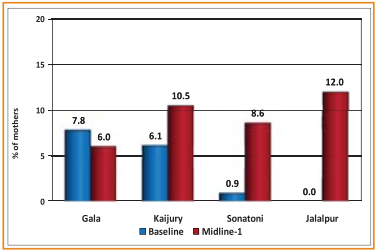

Fig. 2: Changes in delivery care at health facilities in low performing unions

In all the low performing unions, the percentage of skilled attendants at delivery has increased several folds (Figure 1). The changes were compared between the baseline and 1st midline results. Use of skilled attendant at delivery in 'Jalalpur' is also significant, although there is no compariosn data for Jalapur union. Among the three low performing unions, the highest percentage use of skilled attendant at delivery was in 'Gala'. Figure 2 shows the changes in facility delivery in the low performing unions of Shahjadpur. The facility delivery has increased remarkebly in ' Sonatoni' and 'Kaijury'. In Gala, it has decreased to some extent. This might be explained by the increase in skilled attendant (by CSBAs) at home delivery in this union. Although there is no compariosn data for Jalapur union, the proportion of facility delivery is also notable.

CSBA managed PPH through consultation with specialized provider in 'Sonatoni'

Sabiza Akter (20 years) lives in Sonatoni union. A union on the banks of river Jamuna and at least three to four hours journey to the Upazila Health Complex (UHC) by foot, van, boat and other transports and no communication at night. This was her second pregnancy and her first child is less than 2 years. Her mother-in-law is a well known TBA in that area. Sabiza took three ANC from the local NGO CSBA.

On 3rd April 2011 evening she experienced low grade labor pain and informed this to her mother-in-law. Her mother-in-law monitored the situation and opined that it would take some time for delivery to take place. Sabiza passed all night with pain and in the early next morning her mother-in-law made a miss call to Roma the NGO CSBA who called her back and listened to the progress of her delivery in details. Due to poor communication system within the unions, the NGO CSBA reached the mother's house after 2 hours. She found licking membrane and at 8:00 am she conducted normal delivery. However, after half an hour of delivery, bleeding started and the CSBA pushed oxytocin injection in consultation with the doctor over phone. She also advised the family to take the mother to a hospital for further management but the bleeding decreased gradually and the mother was saved from an impending catastrophe.

Breach presentation managed by CSBA at home in 'Jalalpur'

Twenty eight years old Alo Begum lives in Jalalpur union, a distant union from the UHC and with terrible communication system. The following scenario described was during her fifth child birth. After pregnancy she did not go to any health service provider. Her previous four children were delivered by TBA. At the onset of her labor during the last childbirth, she passed the whole day with low grade pain, gradually increasing towards the evening. Her family members called a TBA and she said that the delivery would take some time to occur. At midnight the TBA tried to deliver the baby but it was a breach presentation. TBA invariably failed to conduct the delivery. Alo was screaming. People from adjacent houses came and informed the fact to a volunteer of CSG. She suggested for calling the local NGO CSBA. The volunteer then went to the house of the president of CSG to collect the phone number of the NGO CSBA. The head of the CSG called the NGO CSBA over phone in the very early morning and explained to her in detail about mother's condition. The CSBA lived at a distance and it took two hours for her to reach Alo's home. At 7:00 am the CSBA reached Alo's house. She examined the mother and assured the family that after some fetal manipulation the delivery will be normal. CSBA conducted the delivery at 7.30 am and she remained at Alo's house for two hours more following the delivery to observe and attend to any complication which may arise.

Weekly Weavers (tanth) Bazar

Households during the monsoon season

Delivery attended by CSBA in 'Gala'

Twenty nine years old Nurjahan Khatun was married at the age of 15 years. Nurjahan is the mother of three sons. She was pregnant fourth time because of her desire for a baby girl. She had a history of miscarriage at seven months before this last pregnancy. Nurjahan took one ANC from NGO CSBA. The CSBA requested Nurjahan to call her at the time of delivery. The labor pain started in the evening and at 9.00 pm Nurjahan's mother-in-law called a TBA instead of the CSBA and the TBA failed to conduct the delivery. At 2.00 am Nurjahan felt the peak of the pain with scanty per vaginal bleeding. Then Nurjahan requested the family members to call the NGO CSBA. Her brother-in-law went to call the CSBA and returned with the CSBA after an hour. On arrival the NGO CSBA Hosneara observed that the delivery was imminent and there was mild bleeding. There was not sufficient time to send her and as well as the hospital at Potazia was far away and was at the late hours of night. She felt that conducting the delivery was her first goal to save both the mother and child. So without delay she conducted the delivery and performed AMTSL, the bleeding stopped gradually. Then Hosneara gave intravenous DNS to mother and stayed there till 6.00 am and on departure advised the family to call her for any further complications.

Immediate and timely referral by an NGO CSBA, leading to facility delivery and saving life in 'Kuijury' union

Rina Akter, 20 years old mother, resides in the remote union Kaijury. Rina was only seventeen years of age when she got married. After two years of marriage, Rina was pregnant. She did not receive any ANC throughout her pregnancy. At five months of her pregnancy, she fell down while doing household tasks and her husband provided her some pain killer given by a village doctor. At the onset of labor pain in the early morning, a TBA living nearby was called. The TBA was unable to deliver the baby because of breach presentation and suggested the family to wait and said this would be resolved spontaneously. The entire day passed with this low grade pain, the pain was gradually increasing and reached the peak at 9.00 pm. Rina's mother was asking help from neighbors. The president of the CSG with a group of people came to Rina's home. The CSG president made a mobile call to Nurunnahar (NGO CSBA) explaining the situation. Nurunnahar suggested for immediate referral to UHC. Then he called a CNG auto rickshaw to come at Gudibari primary school and the CNG came within half an hour and the president of the CSG accompanied Rina on the way to hospital. At 11.00 pm they reached Potazia hospital (UHC) which is a comprehensive emergency obstetric care (CEmOC) facility. Rina was admitted and consultant Gynae & Obs. delivered the baby by caesarian section. The mother and the newborn both survived and are doing fine. Timely referral did save two valuable lives in this remote community of Shahjadpur sub-district.

Baseline versus midline 1 and midline 2 surveys:

The baseline survey was conducted in early 2009; midline 1 in late 2010 and midline 2 in mid 2011 to compare the progress of the integrated interventions on maternal and neonatal health issues of the Shahjadpur Integrated MNH project.

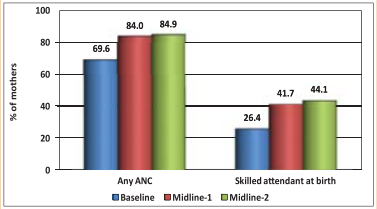

Fig 3: Any ANC and skilled attendant at delivery at baseline and midlines surveys, Shahjadpur sub-district

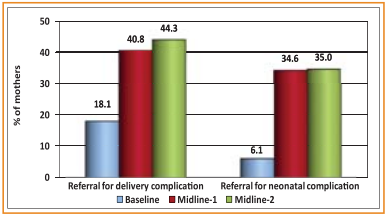

Fig 4: Referral for delivery and neonatal complications, surveys findings, Shahjadpur sub-district

The indicators on any ANC and skilled attendent at birth (Figure 3) shows rise from baseline through to the midline surveys. The changes are high between baseline and 1st midline survey. These remains almost same in the 2nd midline survey. The changes in the indictors on referral for delivery and neonatal complications have also increased remarbkly, though this remarkbale change was more for the neonatal complications (Figure 4).

Shahjadpur Upazila MNH Meeting:

The 3rd MNH Committee meeting of Shahjadpur Integrated MNH Project was held on 28 November 2011 in the Upazila Parishad Complex. The meeting was chaired by Mr. Golam Azam Mowla, Vice Chairman of the Upazila Parishad on behalf of the head of the Committee Mr. Md. Russel Sabreen, Upazila Nirbahi Officer (UNO). The objective of the meeting was to inform the Upazila Parishad, government and other stakeholders about the project status, midline findings and directions for future improvement. All the NGO CSBAs were present and introduced to the Upazila administration. The meeting was attended by the two Elected Vice Chairman of Shahjadpur Upazila Parishad (Council), Mayor of Shahjadpur Municipality, Assistant Commissioner- Lands, Upazila Health and Family Welfare Officer, Medical Officer (MO), Mrs. Rabeka Sultana, Upazila Family Planning Officer (UFPO), Dr. Abdur Rauf, Medical Officer – Maternal & Child Health (MOMCH), Upazila Women's Affairs Officer, Union Parishad Chairman's of Rupabati, Kaijury and Sonatoni Unions, Project Officer-CARE, Coordinator- Marie Stops, Md. Abdur Rashid, Ex-Vice Principal and other members. Beside the survey findings the role of the CSGs was also highlighted in the meeting. Two CSBAs and members of the CSG committees also shared their experiences in the meeting.

Mrs. Moushumi Sarker, Vice Chairman, closed the meeting. In her closing remarks she addressed maternal and neonatal heath as one of the important issue for the government of Bangladesh. She also shared some cultural norms pertaining to pregnancy and delivery of our rural community and emphasized for a change in this culture. Her assurance to render help from the Upazila Parishad in the maternal and neonatal health issues gave hope to the attending participants and as well to the Shahjadpur community.

Participants of the 3rd Upazila MNH Committee Meeting at Shahjadpur sub-district.

Participants of the 3rd District MNH Committee Meeting at Sirajgonj District.

Sirajganj District MNH Meeting:

The 3rd District MNH Committee meeting of Shahjadpur Integrated MNH Project was held in Sirajgonj on 29 November 2011. Dr. Md. Shariful Islam, Deputy Civil Surgeon, Sirajgonj presided over the meeting. The objective of the meeting was to update

the research activities as well as to disseminate the midline findings and provision of service continuity for the NGO CSBAs after the end of the project. Dr. A I M Mozzamel Haque, Deputy Director of Family Planning (DDFP), Sirajgonj was also present at the meeting.

icddr,b research personals made a brief presentation on the different aspects of the MNH project including the midline findings. The findings showed the encouraging impact of the interventions on the improvement of some indicators of maternal and neonatal health issues in the sub-district. In addition to the dissemination of findings, icddr,b research team also informed about the completion of the project by the end of the year 2011 and stated that the district and local health authorities have much to do in the upcoming days for the continuity of MNH services by the NGO CSBAs to the rural poor mothers of Shahjadpur. The district health authorities were also requested to include the NGO CSBAs in the new proposed government MNH program to be started in the district shortly. Dr. A I M Mozzamel Haque, DDFP, Sirajgonj, in his closing remarks thanked the icddr,b for undertaking these important project at Shahjadpur and said that the MNH health committee members were eagerly waiting to see the results of the end line survey and policy implication of this project.

Community Support Groups (CSGs):

A total of 105 CSGs have been formed during the MNH project period till December 2011. The roles of the CSGs have been to sensitize the mothers and next of keens and the community on issued related to maternal and neonatal health as stated in the project activities. These have been achieved through holding advocacy meetings for the formation of CSGs, courtyard-sessions for the pregnant mothers and their families and also through one-to-one personal contact. The volunteers of the CSGs were oriented on different issues related to MNH activities by the project personals and they were assigned to a definite number of households in the locality to identify pregnant mothers as well to motivate them on safe delivery and utilization of skilled attendant at birth. The NGO as well as the government CSBAs were introduced to the community through holding of the advocacy meetings and the mothers were provided with a card showing the different danger signs during the pregnancy and the neonatal period. The mobile number of the CSBAs was also provided to the community through the advocacy meetings so that the mothers were able to utilize the services of the CSBAs at the time of need. Below are mentioned few case stories related to the activities of the CSGs and as well as the outcomes achieved.

Formation of a CSG

Md. Pashan Ali Sarkar is an elected member of Khukni Union Council of Shahjadpur sub-district. Mr. Sarker was approached by two icddr,b field supervisors Mr. Monirul Islam and Msst. Lutfunnesa and they discussed the prevailing maternal and neonatal health issues of the country as well as of the sub-district. He was informed that the present maternal and neonatal health status of Bangladesh was less strong compared to many neighboring countries. He was also informed that the situation in Bangladesh was improving and could be further improved by lowering the maternal and neonatal deaths within the existing health infrastructure, with the strong support from the local community. Mr. Sarker, the member was excited and was eager to know how the community could help and what possible role could he play in the initiative. The icddr, b team advised him to form a CSG by including people of different shades of the locality and that icddr, b would help in the process. Mr. Sarker discussed the issue with the locals and in most cases the people responded positively to the proposal of forming a CSG with the technical support of icddr,b. After doing extensive groundwork by the icddr,b personals with the help of the elected memeber and other local elites an advocacy meeting was called and a CSG was formed on 17 April 2010. The three committees of the CSG namely the Advisory, Executive and the Volunteers were formed. On the same day of the advocacy meeting the people present were oriented on the project and its activities, maternal and neonatal complications, nearest health facility and referral facility, nearest CSBAs etc. The persons present were also provided with a mother's danger-sign card and also the mobile number of the local area CSBA. They were advised to call for help from the nearest CSBA during all the stages of pregnancy. Subsequently the CSG health volunteers, all females and from the CSG households were provided orientation on good practices of maternal and neonatal health care as well as on danger signs of different stages of pregnancy and the neonates.

CSG's role in decision making and support during referral

In June 2010, the members of the CSG came to know about the labor pain of Popy Akhter. The local CSBA Lily Akhter was called over on the mobile phone. The labor pain continued for a long time and as the cervix was not fully dilated, on the advice of the CSBA, Poppy Akhter was transferred to a private clinic at Enayetpur (adjacent sub-district of Shahjadpur) for better management. The whole night she stayed at the clinic without any result and as the specialist was not present , no decision could be taken and caesarian section could not be performed. The following day the situation was discussed with other members of the CSG and it was decided that the mother would be taken to Sirajgonj district. The members of the CSG motivated the family members to take prompt decision and also helped in arranging transport for shifting the mother to Sirajgonj. The members of the CSG also accompanied the mother to the district hospital.

There caesarian operation was performed but the baby could not be saved. The specialist doctor stated that further delay could have placed the life of the mother at risk too. But the President of the CSG was happy and said that "at least we could save the life of the mother and forming the CSG has helped us achieve this feat. Otherwise we would have stayed at home and would be looking for help from the local dai and with dire consequences, may be we could not even save the life of the mother, forming the CSG has helped us to take the right decision".


Advocacy meeting for the formation of CSGs, Shahjadpur

CSG stopped the harmful practice of TBA by helping in taking timely decision and referral

A member of the volunteer group of the CSG in Khukni union discussed with Farida, a pregnant mother of the locality, on various issues related to pregnancy like increased care, increased nutrition intake, evening rest during pregnancy, to attend ANC sessions and deliver with the assistance of the CSBA, to inform the CSG in case of emergency etc. with her personally and also with the family and other relatives through the courtyard-sessions. At the onset of labor pain the mother-in-law of Farida called a senior member of the CSG Kalpana Rani at her home and informed her about the situation. Without delay Kalpana Rani reached Farida,s home with NGO CSBA Nurjahan and found a TBA waiting to conduct the delivery and insisting that the delivery will take place normally at home without any danger. But the CSBA on questioning came to know that the mother had the history of previous caesarian sections. The CSBA told the mother-in-law about Farida's risk and advised to shift the mother to a hospital or a clinic without delay for observation and better management. The mother-in-law stated that there was no male member present at home at that moment and also no money in hand, so requested the CSG member Kalpana Rani to do whatever she feels for Farida,s well being and safety. In the meantime other members of the CSG came. The CSBA and the members of the CSG called a rickshaw van and carried the mother to the main road, from where a CNG, motor vehicle was rented and mother was taken to the District Hospital at Sirajgonj.

The CSG member said that "at the hospital we were talking amongst ourselves about the complications which may arise or arises during pregnancy, the nurse overheard our discussion and asked how we came to know so much about the emergencies and complications during pregnancy, 'are you the member of any organization'? We said that we are the members of the icddr,b CSGs at Shahjadpur. They behaved very nicely with us and said the initiative is excellent. We had no money for conducting the ultra sonogram, they provided advance money for the investigation which was reimbursed by the husband when he came to the hospital". The mother was delivered through caesarian operation and both mother and child were fine. At 9:30 pm the CSBA accompanied by the member of the CSG returned home.

The mother and the CSG member Kalpana Rani both were full of praise for the CSG and said "that the formation of the CSG has raised the awareness of the mothers and the community to seek medical help during pregnancy and delivery. Otherwise the mother and the family would have still waited for the TBA to conduct delivery which would never have happened normally and with terrible consequences. In near future, we will try our best to prevent death of the mother or neonates by taking timely decision and taking proper maternal and neonatal care".

Government / NGO CSBAs: Refreshers Orientations

The integrated MNH project introduced an initiative to provide the CSBAs of both the government and NGO sectors with updated information and adequate skills development to provide improved maternal and neonatal health care to the mothers and the neonates in Shahjadpur sub-district. The first orientation was held on 31 August 2011. Dr. Md. Abdul Quaiyum, Principal Investigator, Dr. Nafis Al Haque, Senior Research Investigator, personnel from Shahjadpur field office and 29 NGO CSBAs attended that orientation session. Consequently 2nd orientation session was arranged on 31 October 2011. All the sessions were held at the Shahjadpur field office of the MNH project. Dr. Abul Awal, UH&FPO, Dr. Momena Khatun, Medical Officer, Shahjadpur and trained on EmOC acted as facilitators. Mr. Moyazzam Hossaine, Field Research Manager, Ahsan Ullah, Research Officer, all Field Research Supervisors and NGO CSBAs attended the orientation. These orientations will be arranged for government and NGO CSBAs every month on different maternal and neonatal health issues till March 2012. Topics discussed

included high and low performing CSBAs, timely and properly reporting on delivery, maternal and neonatal death, essential newborn health care and use of loading dose of MgSO4 in the community etc.

Orientation sessions of the NGO CSBAs at the Shahjadpur project field site office, 1st and 3rd batch

The different issues of the Shahjadpur MNH News Letter, Reports and Knowledge Translation Briefs:

End line survey (February – April 2012):

The end line survey of the project has started from middle of February 2012 and will continue till April 2012 to measure the outcomes of the different interventions on the overall maternal and neonatal health status of the sub-district. The end line community-based survey will be conducted among (around 3,000 women) who delivered in the 6-months prior to the completion (December 2011) of the intervention in this sub-district. All women who delivered in the last one year will be identified and listed by door-to-door visits and mothers who delivered in the last six months will be interviewed. The data collection training was completed among the new recruited field research assistants and data collection have started to fulfill the purpose of the end line survey.

Training of data collectors for end line at Shahjadpur icddr,b field office, February 2012

A FRA interviewed a mother during the end line survey in Kayempur union at Shahjadpur

The assessment of the Shahjadpur Integrated MNH Interventions Project (SIMNHIP) at different time intervals and the perception of the community as well as the program mangers of the sub-district indicate that, an encouraging maternal and neonatal change resulted from placing the required number of CSBAs according to the ratio of one CSBA/ 8000 to 10000 population. It also helps us to understand the necessity of forming CSGs for sensitizing the pregnant mothers, her family members on MNH issues. The intervention also shows the necessity of strong supervision and monitoring of the NGOs and as well as the NGO CSBAs in allocating their roles and responsibilities. The specific impact measurement will be possible through analyzing the end line survey data.

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