

MaMoni Health Systems Strengthening Project Newsletter

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Safe Motherhood Day, 2016 celebrated

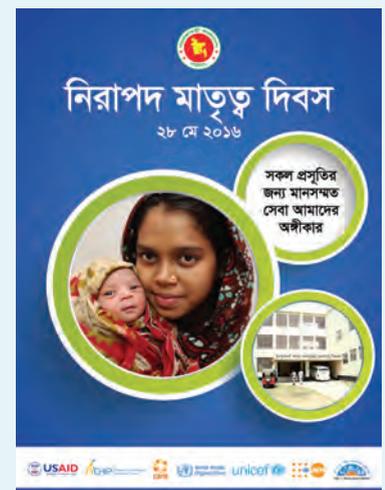


Photo: Save the Children

MaMoni HSS Project along with its partners supported the Civil Surgeon (CS) Office in Noakhali and Habiganj to organize rallies and discussion meeting in observation of Safe Motherhood Day, 2016.

In the discussion meeting in Noakhali MaMoni HSS staff made a presentation on the maternal health situation of the district. According to findings of the project, 57 maternal deaths were identified between May 2015 and April 2016. The presentation also had upazila-wise death count and direct causes of those deaths. Dr. Mojibul Haque, CS and Chair of the meeting, urged that both the government and NGO workers should work together to encourage more and more women to have their deliveries at the facility instead of home.

Habiganj too saw a discussion meeting where a presentation was made by a



MaMoni HSS staff on the district's overall maternal health situation in one year ending in April, 2016. Some of the major findings included 76 identified maternal deaths in the district; Chunarughat Upazila recorded highest death rate in the district with Bahubal taking the second spot and about 52% of the identified deaths were caused by hemorrhage.

A new lease on life for Asma

At 21, Asma Begum was about to give birth for the third time. After a daughter, now 5, her second child died during childbirth at home. In June 2015, she arrived at Noakhali district hospital requiring a C-section with her mother and their life savings, all of 21 Taka total. Her mother started crying, bracing herself for yet another tragedy in their family.



Asma Begum and her daughter after C-Section at hospital

Asma's husband, Khokon, a young man with a developmental disability, works in the garments industry in Dhaka. Because of cost, Asma and her daughter moved back in with her mother, her divorced sister, and the sister's two children. In the first two pregnancies, Asma did not go for any medical follow-up. Asma's sister worked in road construction, and heard about the free services introduced in Durgapur Union Health and Family Welfare Center (UH&FWC) after MaMoni deployed paramedics to strengthen the facility. Asma received her first ANC in her ninth month of pregnancy, and then came back on the morning of June 22 to deliver there. Because of breech presentation, anemia and symptoms of pre-eclampsia, Revena Akter, paramedic, sends her to the district hospital, and alerts MaMoni's referral coordinator, Mansura Shathi.

Mansura arranges for C-Section with Dr. Nasrin Akter, the on-duty gynecologist.

She contacts the social welfare fund of the hospital to buy medicine needed during surgery. She also organizes cross-matching of blood, obtains transfusion sets. Asma's sister donates blood, and Asma gives birth to a daughter. After six days of hospital stay, she returns home. Only four days later, she is readmitted with infection and severe weakness. The doctor identifies anemia as the major contributor, and asks for blood transfusion again. Mansura contacts Shondhani, the charity and gets two donors to donate blood immediately. The gynecologist also administered intravenous iron infusion. After nine days, Asma is released. Asma cries on her way home, and says, "I am alive because MaMoni came to Begumganj.



Durgapur UH&FWC in Noakhali, a model for primary care services

I believe many Asmas will be saved because of this project."

USAID supported MaMoni HSS Project demonstrated that investing in union level centers and strengthening referral facilities increased prenatal care, ensured skilled attendance at birth and led to early identification of maternal complications and timely referral to appropriate care facility. In a country where six out of ten deliveries still occur at home, strengthening facilities closer to home and deploying female paramedics means access to lifesaving interventions for the poor and the marginalized.

MaMoni HSS signs three LOCs with different departments of MOH&FW

LOC with Planning Wing

USAID's MaMoni Health Systems Strengthening project, implemented in Bangladesh by Save the Children and its partners, signed a Letter of Collaboration (LOC) with the Planning Wing of the Ministry of Health and Family Welfare (MOHFW) on June 29, 2016. Under the LOC, the project would provide technical and operational support to Planning Management and Monitoring Unit (PMMU) of MOHFW, including operational support for development of the Program Implementation Plan (PIP) for the new Health Nutrition and Population sector program. William Lynch, Interim Country Director, Save the Children, Dr. A.E.M. Muhiuddin Osmani, Joint Chief, Planning, MOHFW, signed the LOC on behalf of their respective organization.



Photo: Save the Children / Farzana Tabassum

MoU signing ceremony at Save the Children in Bangladesh office on 29 June

LOC with Health Economics Unit

The second LOC was with Health Economics Unit (HEU) of MoH&FW. Under the LOC, MaMoni HSS would support HEU implement quality improvement activities across the health systems in Bangladesh. Specific areas of collaboration include:

- Strengthen the technical and managerial capacity of the QI Secretariat.
- Provide technical assistance to developing or updating national guidelines, protocols and tools to support the implementation of the national QI strategy.
- Facilitate establishment and functioning of the

decentralized QI management structures at divisional, district and sub-district levels.

- Support the development of a system at subnational levels for monitoring QI indicators as per different areas of national strategic planning document.

The LOC meant for two years (July 01, 2016 – June 30, 2018) was signed on 30 June, 2016 by Ashadul Islam, Director General, HEU on behalf of the organization, and Tim Whyte, Acting Country Director, Save the Children in Bangladesh on behalf of Save the Children.

MoU with Human Resources Management Unit

The third LOC signed on June 30th, 2016 with the Human Resources Management Unit of MOHFW, covers the following:

- Improve human resources planning for healthcare facilities at district level and below considering national context, standards and skill mix through conducting assessment on workload and staffing needs leading towards recommendations
- Pilot implementation of Health Workforce Information System (HWIS) in two MaMoni HSS districts
- Support roll out of HWIS in other areas for planning and management decision support for better health systems performance.
- Plan and deploy human resources at union level facilities using the data on human resources and facility readiness of union level facilities across the country

Closer Public-Private collaboration needed to improve service quality

Initiatives to improve maternal and newborn care need to include both public and private sector service providers. Because the private sector is serving an increasing number of service seekers.

MaMoni HSS Project has taken an initiative in Jhalokati district to strengthen collaboration between private hospitals and the district Quality Improvement (QI) committee. The objective is to monitor and improve maternal and newborn care services, particularly comprehensive emergency obstetric and newborn care in the district. Under this initiative, the project organized a meeting on March 27th 2016, with representatives from



Photo: Save the Children

nine private hospitals. The meeting, chaired by Civil Surgeon, Jhalokati district, was attended by members of the district's QI committee and a representative of Obstetrical and Gynecological Society of Bangladesh (OGSB).

In the meeting emphasis was placed on close collaboration and information sharing between the QI committee and the private hospitals. Issues such as quality of cesarean section and ensuring basic measures in blood transfusion also came up for discussion. The meeting concluded with the decision of establishing a mechanism for continuous collaboration between the office of the Civil Surgeon, District QI committee and the private hospitals.

Assessment findings of the UH&FWCs in Rajshahi and Dhaka division shared

MaMoni HSS project has been supporting the Ministry of Health & Family Welfare (MOH&FW) to strengthen the Union Health and Family Welfare Centers (UH&FWCs) to increase skilled attendance at birth. The project has assisted the DGFP to assess around 4,400 union level facilities nationwide. The DGFP is now organizing advocacy and dissemination meeting in different divisional headquarters. The last two ones were in Rajshahi and Dhaka divisions respectively on May 9th and June 20th, 2016. The purpose of these meetings has been to increase national and local level support towards UH&FWCs strengthening efforts as well as enhance ownership of health managers and stakeholders at the divisional level and below.

In Rajshahi, a total of 582 union level facilities have been assessed. About 10% of the facilities were found to be of "A" category (indicating that they are already providing delivery service or can do so with minimum input), 64% of "B" category (meaning minor to mid-level input required) and 26% of "C" category (major input required).

In Dhaka, 1,243 union level facilities have been assessed. Of them 11% of the facilities were placed in "A" category, 63% in "B" category and 26% in "C" category. The categorization signifies the different level of readiness of the facilities for providing normal delivery service.

High level government officials representing the DGFP, and DGHS and MOH&FW spoke in the disseminating meetings, which were also attended by officials from local administration, media, local government, development partners.



Photo: Save the Children/Towhidur Rahaman

Timely referral saved Farhana

Farhana thought she was dying.

It was 3 o'clock in the morning and Farhana just had her third baby born. The baby was in sound health but the mother was not. The placenta wasn't out and Farhana was bleeding profusely. "I have vague memories of the time after the delivery. I only remember unbearable pain. It felt like I was dying," recalls Farhana.

Farhana from 8 no Mohammadpur of Subarnachor Upazila in Noakhali; was lucky enough to have Nupur by her side. Nupur, a trained paramedic, had been posted at the UH&FWC for several months with support from MaMoni HSS. Until then the facility was lying unused with no service provider. Farhana had her regular ANC check-ups by Nupur throughout her pregnancy.



Photo: Save the Children/Ruksana Eyasamin

Right after childbirth, Nupur made Farhana consume two misoprostol tablets but Farhana showed no sign of improvement. After 40 minutes, Nupur referred Farhana to the District Hospital (DH). It was 3:40 in the morning but Nupur made it abundantly clear the urgency of the situation and the family somehow managed a three-wheeler. Around 5am Farhana was finally at the DH.

Sathi, the referral coordinator, was informed over phone and she was already at the hospital before Farhana. Sathi had ensured the necessary preparation, so the attending doctor quickly got the placenta out. She organized cross-matching

of blood, obtained transfusion sets and three blood donors to donate blood. Farhana improved almost instantly. Sathi's job is to make sure that the patients referred to from different UH&FWCs or Upazila Health Complex (UHC) receive proper and timely treatment at the DH. Like Nupur, Sathi is also supported by MaMoni HSS.

Farhana's story could have a very different and potentially dangerous end. The UH&FWC became operational only a few months back with interventions from MaMoni HSS project, which hired a paramedic. Again, the referral arrangements were also set up and facilitated by the project. Without a running UH&FWC and an effective referral arrangement Farhana might have found herself in a very different situation.

Three health facilities in Habiganj recognized for improving quality of services

USAID-funded MaMoni-HSS Project is working closely with the MOHFW to improve quality of clinical services at different levels of facilities. Part of this effort involves recognizing the improvement of quality of services of different facilities. DGHS & DGFP, with support from the project, jointly organized an event named "Recognition for Improving Quality of Services" at Adhunik District Hospital Conference Room in Habiganj district on May 11, 2016. Three facilities: Maternal and Child Welfare Center (MCWC), Murakuri UH&FWC, and Shibpasha UH&FWC were recognized for their accomplishment in terms of quality of services. They succeeded in complying with at least 70% of the clinical standards for infection prevention, maternal, newborn, child health, and family planning.



Photo: Save the Children

The staff of the facilities received certificates and some stationary and infection prevention items as token of their good performance. The certificates were signed by Civil Surgeon & DDFP of Habiganj as well as MaMoni-HSS Project's Chief of Party. Representatives from DGHS, DGFP, CCSDP, QI Cell, Superintendent of DH, Local Government as well as MaMoni HSS were present in the event.

Transformation of a union health facility

Bamni is a union of Raypur Upazila of Lakshmipur district with approximately 31,500 inhabitants. Rickshaws are the main mode of transportation in day, but none when the sunlight is gone. In spite of this reality, nowadays the people residing this area can get health care services immediately when they need because of the Bamni UH&FWC.

This UH&FWC did not have the provision of delivery care service when it was established in 1984. Ahsan Ullah joined the center as SACMO in 1989 and since then he had been working hard to serve the patients and improve the quality of care provided at the center.



Photo: Save the Children

SACMO and FWV are conducting health education session

Hafza Khanom took the charge of FWV in July 1995. Just after joining here, she tried but could not introduce delivery care because the facility did not have delivery table, oxygen cylinder, resuscitation kit, sucker machine, medicine etc. She would however, conduct home deliveries, but it wasn't possible to serve entire population because of poor communication system. Maternal and neonatal death rates were pretty high.

The FWV and the SACMO worked together to change the depressing scenario prevailing in the health care situation. They communicated with the higher level authority and local government to solve the lack of equipment. Their efforts led to mobilization of some resources from local government. The broken labor table was fixed and the facility began to provide normal delivery services.

In the course of time, MaMoni HSS project started working in Lakshmipur district to support the government to improve the MNCH-FP-N situation of this area. The project introduced a number of trainings and orientations on AMTSL, IP, ANC, PNC & Labor room protocol, CHX, Sepsis management, MCH register, FP counseling for the health care providers of this center to enhance the quality of care. Simultaneously, the project staff started lobbying with the Union Parishad (UP) chairman and members to engage them in improving the maternal and neonatal health care situation. The Union Education, Health and Family Planning Sanding Committee was activated; engaging debate ensued on how to improve health care service ensued. They visited the UH&FWC and identified some of the major barriers and worked out solutions. At the end, the UP was successful to mobilize funds to procure the necessary equipment and essential drugs. A solar panel and several fans were installed and on July 7th in 2014 the facility launched 24/7 delivery center on 7 July, 2014.

The facility is doing very well. Its overall service delivery, waste management, IP procedure, general cleanliness, overall environment, and record keeping is very well managed. FWV and SACMO together conduct 'Health Education session' with pregnant mothers and discuss on ANC, PNC, newborn care and Infant Young Child Feeding etc. They also maintain the partograph appropriately during delivery.

Presently one FWV, one SACMO, one MLSS and one Aya are working here to serve the patients. On an average, 50 mothers receive delivery care, 150 receive ANC and 60 get PNC every month. On the other hand, minimum 60 newborns (0- 59 days) and nearly 40 children are served in a month. Additionally, around 400 general patients receive treatment every month.

Pro-active staff, problem solving attitude, effective communication and coordination among colleagues, and resources mobilization from local sources like the LG and support from local leaders have transformed the facility into one of the best in the district.

Declaring it as the best UH&FWC in the Upazila the Union Parishad Chairman promised to provide it with all types of drugs that might be required for conducting deliveries.



FWV Hafza Khanom with the newborn

Photo: Save the Children

Aponjon Launches Two New Mobile Apps

Aponjon, a mobile health messaging service for mothers and newborns, launched two new services —Aponjon Shogorva and Aponjon Koishor — to cater to the needs of expectant mothers and adolescents.



Photo: Dnet

Zunaid Ahmed Palak MP State Minister, ICT, attended the launching event held on 7 April, 2016 in Dhaka as chief guest while U.S. Ambassador to Bangladesh Marcia Bernicat addressed the ceremony as a special guest

Aponjon Shogorva is the first mobile app in Bangla language with comprehensive information for expecting mothers. The app will help expecting mothers to get week by week information on development and conditions of her and the child growing inside her womb. She will also get other general health information and a few useful tools such as the one for calculating the expected date of delivery.

Aponjon Koishor is a mobile app in Bangla for adolescents that helps create awareness among adolescent boys and girls about physical and mental changes that they go through as well as about adolescent reproductive health. The app contains topic wise information on physical and mental changes adolescents commonly experience, their

interests and curiosities, and issues such as how to deal with relationships and information about sexually transmitted diseases, HIV, family planning etc.

Aponjon, a maternal and child health mobile messaging service, is funded by USAID, launched in September 2011 is implementing in partnership with MaMoni HSS project among others. In September 2015, Aponjon acquired 1.5 million paid subscribers, a remarkable feat for a mobile messaging service in Bangladesh.

New staff at MaMoni HSS

Dr. Waleed Abdel Khalek El-Feky has joined the MaMoni HSS team as the Senior Advisor – Program Management in June, 2016.



Dr. Waleed brings with him extensive experience in healthcare and public health programming, including strategic planning, program design, capacity building, monitoring and evaluation, implementation, and management of health systems strengthening programs in international settings. During his more than 15 years of work experience in global health, Dr. El-Feky has supported USAID and Ministries of Health across the Middle East/North Africa region. Prior to joining Save the Children, Dr. Waleed has been serving as the Regional Healthcare Technical Advisor for the International Rescue Committee in Amman, Jordan. Dr. Waleed completed his medical graduation from the University of Cairo and his MPH from Johns Hopkins University, Bloomberg School of Public Health.

Dr. Israt Nayer joined in May as Deputy Director, Health Systems (Human workforce and capacity development).

Dr. Israt Nayer is a public health expert working in the field of MNCH, reproductive health and communicable diseases control over the last 13 years. Israt brings with her experience in the areas of program management, capacity building, monitoring & evaluation, Before joining Save the Children, she worked BRAC, Plan International and CARE Bangladesh. Israt completed her MBBS from Sylhet M A G Osmani Medical Collage and obtained MPH in Epidemiology from NIPSOM (BSMMU).



Md. Arshad Hussain joined the Project in June 2016 as Deputy Manager-Data Management and Analysis

Mr. Arshad has 12 years' work experience in the field of database design, data management and analysis and monitoring & evaluation. He has worked for the USAID funded Agricultural Value Chains (AVC) Project, Innovations for Poverty Action (IPA), UKaid and AusAID funded Chars Livelihood Programme Arshad obtained his Masters in Management from National University.



Sk Towhidur Rahaman joined MaMoni HSS Project as Officer – Data Management

Sk Towhidur Rahaman joined MaMoni HSS Project as 'Officer – Data Management' in June, 2016. A graduate from Bangladesh University of Engineering and Technology's (BUET) Urban and Regional Planning Department Mr. Rahaman had worked as a consultant for the same project before joining as a staff member.



Mashuda, serving communities in a tough terrain

When Azufa Begum, 19, had labour pain in a July morning in 2014, her family members called Mashuda Khatun, a trained skilled birth attendant in Habigonj's Baniachong Upazila (SBA) to carry out the delivery. Mashuda had been doing her ANC checkups and enjoyed their complete trust as far as her delivery skills were concerned. The delivery went smoothly, but the newborn was struggling to breathe. Mashuda, well equipped with penguin sucker, bag and mask, massaged the baby and cleared up her airway. After three minutes of doing so the baby breathed comfortably, to the relief of the mother and Mashuda.

Mashuda Khatun, 34 and mother of three children, had been associated with MaMoni since 2011 as a Community Volunteer. In 2012 she was among 32 women who undertook the six-month long CSBA training in Habiganj District Mother and Children Welfare Center and since then has been providing delivery services, basic maternal, newborn and family planning service in North-west Baniachong Union in Habiganj. Over the last three years or so Mashuda has carried out around 280 deliveries in and around her union and earned reputation as a reliable midwife in and around her union.



What makes Mashuda's services particularly valuable is that there isn't any Union Health & Family Welfare Center (UH&FWC) in North-west Baniachong Union. Large water bodies, locally known as Haor, make it a difficult terrain for people to commute to a health facility in the neighbouring unions. But then there is little enthusiasm for facility delivery among the people who are known for their conservative attitude.

Mashuda has received a number of training organized by MaMoni HSS over the last couple of years including on maternal care, family planning method and nutrition, management of eclampsia and pre-eclampsia, use of misoprostol which has enabled her to provide a whole baggage of services to the community. "It gives me immense pleasure when I am able to give a mother relief from pain and help someone come into this world and see the light," Mashuda explains what motivates her.

Kamrul Hossain, FPI, has high opinion of Mashuda's service. "She would go to remote villages where the government health workers cannot go. We are seeing a rise in deliveries assisted by skilled attendants, thanks to services by Mashuda," Hossain explains.

About MaMoni HSS Project

The MaMoni Health Systems Strengthening (HSS) project seeks to reduce maternal, new-born and child mortality rates in Bangladesh. A key component of USAID's support to Bangladesh's health sector program MaMoni HSS supports the Ministry of Health and Family Welfare (MOH&FW) to strengthen the country's existing health systems and standards for maternal, new-born and child health, family planning and nutrition (MNCH/FP/N) services.

The MaMoni HSS project is a four-year (2013-2017) Associate Award under the Maternal and Child Health Integrated Program (MCHIP). The project is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), and in Bangladesh International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU).

MaMoni HSS works in 40 upazilas of six districts namely Habiganj, Lakshimpur, Jhalokathi, Noakhali, Bhola and Pirozepur. The project engages with local government structures and NGOs to improve delivery of health services and strategically partner at the national level to build consensus around policies and standards that positively drive evidence-based interventions at all levels.

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