

# Newsletter

Issue 3, October-December, 2015

**MaMoni**

Health Systems Strengthening Project

## MaMoni HSS Project supports Bangladesh Government to observe World Prematurity Day 2015 and national introduction of KMC

MaMoni HSS Project in collaboration with Ministry of Health and Family Welfare and Saving Newborn Lives (SNL) Program of Save the Children, Unicef, WHO, icddr,b, and Bangladesh Neonatal Forum organized a roundtable and seminar to mark the World Prematurity Day, 2015.



Photo: Save the Children/Beal Uddin

### Roundtable discussion

The roundtable discussion held on 16 November, 2015 focused on the gravity and magnitude of prematurity and suggested action at the national level program to prevent death from prematurity. Held in partnership with the Daily Star at the Daily Star conference room twenty two discussants representing the Ministry of Health & Family Welfare, professional bodies and network, UN and INGOs, research organizations, took part in the discussion.

It was highlighted that some 15 million babies are born premature each year worldwide and around one million of them die. Babies who survive often have lifelong health problems such as cerebral palsy, vision and hearing loss, and intellectual disabilities. In Bangladesh, premature birth causes an estimated 26,100 deaths among t under-5 children every year, according to a 2010 study.

Professor M. A. Mannan, Chair of the Dept of Neonatology, Bangabandhu Sheikh Mujib Medical University (BSMMU), cited three main reasons for death of premature babies – babies cannot retain their body temperature, they fail to get

adequate breast milk and are susceptible to infection. He added that Kangaroo Mother Care (KMC) can address all these causes, Prof. Mannan added.

Professor MAK Azad Chowdhury, Head of Neonatology, Dhaka Shishu Hospital, Dr. Md. Altaf Hossain, Program Manager, Integrated Management of Childhood Illnesses (IMCI), Directorate General of Health Services, Dr. Sufang Guo, Regional Health Specialist, Unicef, Dr. Umme Salma Jahan Meena, Team Leader, HSS, OPHNE, USAID Bangladesh, Dr. Taposh Ranjan Das, Deputy Director (MCH Services), Directorate General of Family Planning and Joby George, COP, MaMoni HSS also took part in the roundtable. Dr. Shams El Arifeen from icddr,b, moderated the discussion.

## A Seminar to Launch KMC

More than 100 attendees participated at a seminar held on November 17 to observe World Prematurity Day, and national introduction of Kangaroo Mother Care (KMC) in Bangladesh. The event took place at Lake Shore Hotel in Dhaka.

In Bangladesh 14 percent of all babies are born before the normal 37 weeks of gestation and a significant number of them die as they are less immune to diseases and succumb to infections. “Up to 75 percent deaths of preterm babies are preventable (with the use of KMC),” claimed Dr. Md. Ziaul Matin, Health Specialist of UNICEF.

Dr. Sayed Rubayet, Project Director of the SNL Program, mentioned that there are four proven cost-effective interventions to save preterm babies, including the KMC.

Dr. Umme Salma Jahan Meena from USAID said, “One of the simplest ways to deliver care to preterm newborns is KMC where the baby is cared for in direct and continuous skin to skin contact with the mother in kangaroo position.



*Dr. Umme Salma Jahan Meena, USAID speaking at the seminar on World Prematurity Day*

Photo: Save the Children/Bejal Uddin

The USAID-supported projects are piloting the KMC approach in a number of districts, while the government is preparing guidelines to scale it up across Bangladesh.

The neonatology department at Bangabandhu Sheikh Mujib Medical University (BSMMU) and Dhaka Shishu Hospital have already introduced kangaroo mother care in their units.

## Advocacy to address critical HR gaps to strengthen CEmoC

MaMoni HSS closely works with the MoH&FW and its role involves identifying and addressing gaps in the health systems. While ensuring service readiness of different levels of health facilities, the project identified that some of the key positions namely that of anesthetists and gynecologists fell vacant, resulting in disruption of services at the Comprehensive Emergency Obstetric Care (CEmoC) facilities. Some facilities did not have the gynecology consultant, and some did not have the anesthetist and in some, both positions were lying vacant. MaMoni HSS team took up the issue with the DGHS, and the effort resulted in posting of pair at CEmoC facilities to address the gap.

The vacancy at different facilities were pointed out in a program review meeting where Director, Administration, DGHS as well as Civil Surgeon of the Habiganj district were present. The Director promised that he would see to it that the positions got filled in. A gynecologist and an anesthetist were posted in Hatiya. The vacant posts of gynecologists in Habiganj district hospital, Ajmiriganj and Baniachong UHCs and that an anesthetist in Jhalokathi district hospital were also filled in.

## Eighth edition of FWA Register introduced

The 8th edition of Family Welfare Assistant (FWA) Register comes with substantive changes. New maternal and newborn health interventions such as the use of Misoprostol, and 7.1% Chlorhexidine application have been incorporated into the register. Health sector experts are optimistic that the register with a comprehensive set of data will serve as a useful tool to analyze the maternal and child health situation as well as inform policy decision.

The register, rolled out nationally from January 2016, was shared at an event organized by Directorate General of Family Planning in collaboration with MaMoni HSS project and Saving Newborn Lives (SNL) Program of Save the Children on 27 December, 2015 in Dhaka. The new register has been a result of the input from various partners including MaMoni HSS, SNL and icddr,b.

Mohammad Nasim, MP, Minister, Ministry of Health and Family Welfare (MOHFW) attended the event as the Chief Guest while Dr. Sukumar Sarkar, Deputy Director, Office of Population, Health, Nutrition and Education, the United States Agency for International Development (USAID), Bangladesh, Mr. Wahid Hossain, DG, National Institute of Population Research and Training (NIPORT), Bimol Kumar Saha, Additional Secretary, MOHFW, Mr. Abdul Mannan Illias, Director, MIS, DGFP spoke as special guests. Mr. Nur Hossain Talukder, Director General, Directorate General of Family Planning chaired the session.



Photo: Save the Children

Around 200 participants including health managers at district and national level, members of development agencies and media attended this event.

## MaMoni HSS at FIGO

Dr. Jebun Rahman, Program Director, Maternal Health/Family Planning, MaMoni HSS, made one oral and two poster presentations of findings from three program learnings around performance of paramedics at union level, partograph and private Community Skilled Birth Attendants (pCSBAs) at the International Federation of Gynecology and Obstetrics (FIGO) conference in Vancouver, Canada in October, 2015. These were carried out to identify specific intervention challenges and use the learning to reshape the program design. The findings from pCSBA study recommended leveraging community resources to offset operating costs, ensuring skill retention with supportive supervision on site, proper demarcation of work areas and an incentive and recognition mechanism. Partograph study recommended competency-based hands-on partograph/refresher training, regular supportive supervision and simplification of the partograph. The paper involving the performance of paramedics shows strategic interventions in the government health facilities increased its utilization of key maternal health services at community level in one district in Bangladesh.



Dr. Jebun Rahman is in an oral presentation at FIGO



Dr. Jebun Rahman is participating in a poster presentation at FIGO

Photo: Save the Children

## Joint field visit of DGHS and DGFP officials to Hatiya island

Hatiya, an island upazila in Bangladesh's south-eastern part, has witnessed some progress in bringing down maternal and child mortality over the last couple of years, but major challenges persist. A high-level visit in Hatiya in December makes this observation. The team made up of Dr Mohammad Sharif, Director, MCH Services and Line Director (MCR-AH), DGFP, Dr Ehteshamul Haq Chowdhury, Director, Administration, DGHS, Dr Umme Salma Jahan Meena, Health Systems Strengthening Team Leader, USAID, Joby George, COP, MaMoni HSS project, visited the health facilities to take stock of the overall situation in relation to MNCH/FP/N.

The team identified a number of positions lying vacant, specially those of gynecologists and anesthetists and Family Welfare Visitors, need for establishment of UH&FWC in Burirchar and Nijhum Deep and introducing 24/7 delivery services at a union-level facility. The officials representing DGHS and DGFP appreciated MaMoni HSS' work in Hatiya and promised to address the issues facing Hatiya's health facilities. In Hatiya, the project's activities have resulted in some critical achievements including those of local government's involvement in the development of the health facilities, application of CHX, etc.

## 7.1 % Chlorhexidine roll-out in 24 districts

The National Newborn and Child Health Cell (NBCH) of MoH&FW with support from MaMoni HSS conducted orientation of district and upazila level MOH&FW staff in 24 districts. The orientation program was organized in three stages: first there were sensitization and advocacy meeting, (Training of Trainers) ToT and then orientation of different levels of service providers:

- Advocacy meeting with 94 participants in Rajshahi, Khulna and Rangpur division
- TOT in four batches for the master trainers of 24 districts
- Oriented 1,091 service providers (Medical Officers, nurses, FWV, SACMO) and 15,893 outreach workers and supervisors on application of 7.1% chlorhexidine in those 24 districts.



Khulna divisional advocacy meeting on 7.1% chlorhexidine

Photo: Save the Children

MaMoni HSS also supported National NBCH Cell to organize a scale up mapping of CHX implementation involving the NGO partners in October 2015, to reach consensus on a common reporting mechanism on CHX rollout. NHSDP, Care-BD, Plan International, MSH/SIAPS, SMC, and 3 MaMoni HSS partners took part in the exercise.

At the district level, MaMoni HSS has been tracking chlorhexidine distribution and use. In the first two months (November-December 2015) of the quarter, 2,528 newborns of Habiganj and 815 newborns of Noakhali received chlorhexidine.

## Eclampsia/ pre-eclampsia TRAction study dissemination at icddr,b

MaMoni HSS and icddr,b jointly organized a TRAction study dissemination where lessons from MaMoni (MaMoni HSS' predecessor) project were shared. The title of the study was, Identification and management of Eclampsia/pre-eclampsia in remote areas of Bangladesh. The intervention was made by MaMoni in Habiganj district during 2012-2013 and the evaluation was conducted by TRAction project of icddr,b .



Photo: Save the Children

<sup>1</sup> Partograph is a simplified, validated tool to assess, interpret progress of labor, and identify emerging complications like maternal and fetal distress, obstructed or prolonged labor, pre-eclampsia etc.

## Family Planning Service Week Observed in four MaMoni districts

MaMoni Health Systems Strengthening (HSS) Project supported the government to mark the Family Planning (FP) Service Week-2015 on 7-12 November in four districts, namely Noakhali, Habiganj, Jhalokathi and Lakshmipur. The theme of the Family Planning (FP) week was “Adopt family planning method after child birth and check unplanned pregnancy”.

A series of events including advocacy meeting, counseling sessions on FP methods, malnutrition of children, personal hygiene were held. Besides, camps to provide Long Acting Permanent Method (LAPM) services were organized in the four districts.

In Noakhali more than 800 people availed different FP services such as IUD, Implant, NSV and Tubectomy, 52 of whom were referred to by MaMoni HSS staff. In Habiganj more than 400 availed different services with half of them through MaMoni HSS staff. In Lakshmipur and Jhalokathi around 600 and 400 respectively availed those services.



Video Show in FP Service Week, 2015, in Noakhali



Community Volunteer Lucky Akter helping a client register her name at the LAPM camp in Companigonj Upazila, Noakhali

Photo: Save the Children

## MaMoni HSS joins hands with Community Based Health Care (CBHC)

MaMoni HSS signed a Letter of Collaboration (LOC) with Community Based Health Care (CBHC) of Directorate General of Health Services (DGHS) on 13th December, 2015 in Dhaka.

The collaboration is meant to improve the MNCH/FP/N coverage and service availability through the introduction of community Micro Planning Meeting (cMPM) approach of MaMoni HSS in the context of community engagement framework of community clinic (CC). The LOC foresees piloting of cMPM adaptation in 2 unions- is Noapara of Madhabpur upazila, Habiganj district and Suktagarh of Rajapur upazila, Jhalokathi district. The Project will roll out this intervention in all MaMoni HSS upazilas if the piloting produces good results.



Photo: Save the Children

Dr. Makhduma Nargis, Chief Coordinator, RCHCIB, MOH&FW, Dr. A.B.M. Muzharul Islam, Line Director CBHC, DGHS and Dr. Barendra Nath Mandal, Consultant, CBHC, Dr. Shahida Akter, CARE BD, Dr. Selina Amin, Dr. Afsana Karim and Dr. Jatan Bhowmick from MaMoni HSS project, Save the Children were present in the signing ceremony.

## Barisal Regional Roaming Quality Improvement Team (RRQIT) visits Jhalokathi district facilities

The RRQIT acts as a specialized supervision team focusing on district level facilities that provide emergency obstetric and newborn care, such as District Hospitals and Maternal and Child Welfare Centers (MCWC). The project developed a checklist for the RRQIT to assess the effectiveness of clinical services, identify gaps and develop an action plan for improvement.

The RRQIT consists of representatives from Divisional Director, Regional Supervisor including Family Planning Clinical Service Team of DGFP, representatives from the Obstetrics and Gynecology Society of Bangladesh (OGSB) selected from Medical College/District hospital and the Bangladesh Pediatric Association (BPA) or the Pediatric Department unit of Medical College of respective region. The RRQIT's supervisory visits are conducted jointly with medical officers at the district level, such as Medical Officer Civil Surgeon and Medical Officer Clinic, and are facilitated by MaMoni HSS Project.

The RRQIT for Barisal Division was formed through a meeting chaired by Dr. Binoy Krisno Biswas, Divisional Director- Health, Barisal Division, on 16 November 2015. The meeting titled 'Barisal Regional Roaming Quality Improvement Team (RRQIT) Orientation and Planning' selected Jhalokathi district for the first RRQIT visit in Barisal Division.

The RRQIT visit on 30 December, 2015, identified gaps in terms of manpower, medical equipment, logistics and regular maintenance. The manpower and supplies found in the hospital were appropriate for a 50-bed hospital while the hospital actually housed 140 in-patients. The significantly inadequate support staff has had its toll in the quality of infection prevention and waste management of the hospital. The RRQIT recommended the activation of a quality improvement committee at the hospital level involving local government, municipality, and members of the community to address the gaps in human resources and supplies



Meeting to establish RRQIT in Barisal, November 16, 2015.



The newly formed RRQIT for Barisal region examining the Operation Theatre of Jhalokathi Maternal Child Welfare Center

Photo: Save the Children

## Reaching out to the hard-to-reach

Char Abdullah, a remote island off Lakshmipur mainland has 9,000 population. It doesn't have any middle school, therefore, education level is quite low. The island also does not have any formal health facility with staff residence. There's one community clinic in Char Gazaria, but it is not safe for providers to stay, particularly at night.

MaMoni HSS supported UH&FPO and UFPO to undertake a special outreach program to bring services to this island. Two separate satellite clinics were organized simultaneously. A total of 37 pregnant women came for ANC service in just one day.

One of them was 32-year old Rokeya Begum, who was pregnant for the seventh time. Two of her children died right after birth. A woman in her neighborhood also died last month during labor. "This is the first time in my life I have gone through check-up after I got pregnant," Rokeya said. She was happy to receive iron tablet, as well as advice to the effect that she needed to gain weight for the sake of her baby.



EPI being provided by Mahmudul Hasan, Health Assistant

Photo: Save the Children

## Program Review and Management Meeting in Habiganj

The Quarterly Program Review and Management meeting was held in Bahubal, Habiganj on November 17-18, 2015. The objectives were to review the status of various interventions, share achievements, discuss leadership and management challenges and how they can be overcome. What lends significance to this quarterly meeting is representatives of both the DGFP and DGHS take part in the meeting, so coordination and decision making are much easier.

Joby George, COP, MaMoni HSS, in his presentation shared achievements around MNCHFP components such as ANC, SBA delivery coverage, PNC, LAPM etc of Habiganj in comparison with the situation of Sylhet division during the period of 2010-2015.

Upazilla and District health managers flagged various issues around HR gap, equipment needs in the SCANU, poor functioning of IMCI unit and NSU units in UHC, need for autoclave in the UH&FWCs, poor condition of staff quarters at the UH&FWCs, renovation of facilities etc.

The meeting was chaired by Divisional Director Health, Dr. Gaurmani Sinha and co-chaired by Divisional Director Family Planning, Md. Kutub Uddin. Dr. Ehatasumul Haq Chowdhury Dulal, Director Admin-DGHS and Dr. Md. Sharif, Director MCH-DGFP, were present as special guests. District Hospital Superintendent, Civil Surgeon, Deputy Director FP, MO Clinic-MCWC, all UH&FPOs, MOMCHs and UFPOs of Habiganj were also present among others.



Photo: Save the Children

## Paramedic Mitu Akhter: saving lives and building future

Hatiya upzila, an island on the south of Noakhali, is difficult to reach. The only mode of public transport is a sea truck that makes one trip per day to and from Hatiya. But to make it to Nijum Dwip one has to embark on an hour's bike ride to be followed up by 20 minutes boat travel. In the rainy season the Meghna with its mighty, rolling waves is often too rough for anyone to venture across the other side. Imagine the situation of a pregnant woman in *Nijum Dwip* who is in labour pain and needs urgent medical attention.



Photo: Save the Children/Abir Abdulllah

*Nijum Dwip* has had its first health care facility in the form of *Bokhari Community Clinic (CC)* set up in 2012. But it has been largely non-functioning owing to the absence of clinical providers. The people of *Nijum Deep* had to wait for another three years before they found some medical help close-by.

It all changed with the coming of a paramedic, Mitu Akhter, with support from MaMoni HSS project.

Mitu is from Patuakhali district. After completing her HSC in 2011, she completed her paramedic course. She then joined MCHFP Center in Dhaka and from there came to Nijum Dwip in February, 2015. It wasn't easy to settle in. There was no place to go to and none to talk to. "After I returned home from work I was all by myself and lonely," Mitu recalls her first few weeks in Nijum Dwip. But things began to ease up as she got busy with her work. Mitu started sitting at the Bokhari CC. Slowly but steadily pregnant women and mothers started to visit her for care. "People here are poor and know little about maternal and child care. Pregnant women would complain to me that her husband and in-laws didn't initially approve of their coming to the CC," Mitu narrates the kind of challenges she faced. There were times when she had to talk to a woman's husband over phone explaining why periodical medical check-ups are important for a pregnant woman.

Apart from seeing patients at the CC Mitu was also attending patients at the satellite clinics. Every week MaMoni HSS organizes two satellite clinics in two sites, eight per month in eight different spots across Nijhum Dwip. The idea is to reach out to the pregnant women, mothers and children, who either for difficulties in communication or for other reasons cannot go to the CC. From the CC and satellite clinics Mitu has been providing services such as ANC, PNC, FP counseling, as well as advise on newborn and child health care and general health advices. Over the last 11 months or so Mitu has provided ANC care to 1206 pregnant women, PNC care to 89 mothers and referred 9 mothers to a



Photo: Save the Children/Abir Abdulliah

higher facility. She has also seen a total of 2,886 general patients. She counsels pregnant mothers on safe delivery, encourages them to get delivery done at the 24/7 delivery center at Sonadia, Char King Union Health & Family Welfare Centre (UH&F-WC) or the Upazila Health Complex (UHC) in Hatiya. If she identifies a complicated pregnancy case who needs urgent care she organizes the MaMoni HSS referral boat to take her to Hatiya. People lovingly call her “Ductar apa”.

*“It feels great when people appreciates me. One day a woman came to me and complained of having pain in her stomach. I checked and told her that she was five-months’ pregnant. She did the*

*routine check-ups and finally gave birth to a healthy baby. She continues to visit me and tells me that she would not get her child without my support,”* Mitu recounts a story to explain her motivation to keep going and serve this under-served people of Nijhum Dwip.

## 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, Lakshmipur, 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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