



MaMoni

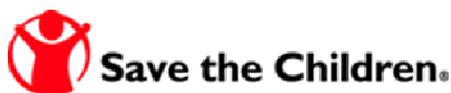
Integrated Safe Motherhood, Newborn Care and Family Planning Project

Semi-Annual Report

October 1, 2010 – March 31, 2011

Submitted

April 30, 2011



List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women’s Health Services
AED	Academy for Educational Development
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CCMG	Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CS	Civil Surgeon
CSM	Community Supervisor/Mobilizer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspectors
FWA	Family Welfare Assistant
FWV	Family Welfare Visitors
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IYCF	Infant and Young Child Feeding
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
MWRA	Married Women of Reproductive Age
PHC	Primary Health Care
PNC	Postnatal Care
SBA	Skilled Birth Attendant
SMC	Social Marketing Company
SSFP	Smiling Sun Franchise Project
TBA	Traditional birth attendant
UPHCP	Urban Primary Health Care Project
WRA	White Ribbon Alliance

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A. Introduction

The two key themes to summarize the first six months of second year of operations for MaMoni- Integrated Safe Motherhood, Newborn Care and Family Planning Project were speed and coverage. This associate award under MCHIP rolled out key MNH-FP training activities in Sylhet and Habiganj to quickly cover all health workers, and rolled out key interventions on the ground. Within the past two quarters, the family planning interventions were rolled out in Sylhet and uptake by families has been rapid. The results have been shared under sub-objective 3.

This report highlights the key activities between October and December 2010.

B. Key Activities

Startup Activities

Baseline surveys

Baseline survey for both Sylhet and Habiganj has been completed. Preliminary data is available. The report will be completed by May 2011.

Phase Out components tested in Sylhet

As per plan, MaMoni has phased out of Tajpur union of Balaganj upazila, and Darbast union of Jaintapur upazila in Sylhet. All CHWs have been systematically withdrawn from these two unions and the list of eligible couples (ELCO) and pregnant women have been updated and handed over to the MOH&FW in March 2011. 80% of each of these unions have active community groups, over half of which are run independently by volunteers. Over 50 depot holders have been trained to sell clean delivery kits, ORS and other essential commodities. Local leaders and community elites recognized the contribution of MaMoni in improving the MNH-FP situation in Sylhet.



Figure 1: MaMoni has formally handed over ELCO registers to FWAs in Tajpur, Balaganj

Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home

Community based workers skilled to deliver MaMoni package at household level

MaMoni rolled out training on maternal, newborn health and family planning (MNH-FP), including hand washing for both Sylhet and Habiganj. Government field level workers (HA, FWA, others) and their supervisors (AHI, HI, FPI, etc.) were trained on a five day training package along with MaMoni's CHWs and their supervisors.

Training for Sylhet began in September and was completed in early December. Training for Habiganj started in October and will be completed in January.

Table-1: Summary of MNH-FP Training

Provider	MNH-FP Training of key service providers				Remarks/Explanation
	Sylhet Targeted in FY'11	Sylhet Completed in Q1&2	Habiganj Targeted in FY'11	Habiganj Completed in Q1&2	
CHW	268	255	X	41	CHW attrition
FWA	192	181	344	308	
HA	277	227	237	277	Vacant HA positions in Sylhet, new HAs in Habiganj deployed
FPI	29	38	39	32	FPI calculation were adjusted in Sylhet
AHI	46	43	43	32	
HI	7	4	14	7	
EPI Tech	10	7	10	8	
San Insp.	10	7	10	9	
Total	839	762	691	714	

In addition, MaMoni also trained all community mobilizers in Sylhet using the same package.

MaMoni package delivered at household level by community based workers

In Sylhet CHW working area has been redefined to mimic the 256 FWA operational units. 77 CHWs are now working in place of 68 vacant FWAs, and will support the FWVs at the satellite clinic and HAs in other MCH services. All CHWs have added misoprostol and FP in their household counseling visits.

In Habiganj, government workers, mainly FWAs and HAs, will deliver MaMoni package at household level. MaMoni has deployed 41 CHWs and 9 paramedics in Habiganj to address the vacant positions.

Table -2: Summary of Vacant Positions and Planned MaMoni Support in Lakhai

	FWA vacant	HA vacant	MaMoni CHWs planned	FWV Vacant	MaMoni Paramedics planned	Remarks
Ajminiganj	6	3	4	1	1	CHW/Paramedic in place
Bahubal	9	0	3	1	1	CHW/Paramedic in place
Baniachong	14	21*	8	5	3	CHW/Paramedic in place
Chunarughat	7	5	4	6	0	CHW/Paramedic in place
Lakhai	11	1	10	3	2	CHW/Paramedic in place
Madhabpur	14	4	7	5	1	CHW/Paramedic in place
Nabiganj	6	3	4	2	1	CHW/Paramedic in place
Sadar	1	2	1	3	0	CHW/Paramedic in place
Total	68	39	41	26	9	CHW/Paramedic in place

* 12 HAs have been recruited, but not deployed because of a pending lawsuit in Baniachong

MaMoni is supporting the travel cost of 12 GAVI volunteers and 1 EPI porter for six months in Baniachong upazila of Habiganj to ensure that mothers and children receive critical TT immunization and other vaccines. This initiative started in mid March 2011, and 462 women (including 106 pregnant women) received the first dose of TT immunization on the first month through 12 reactivated EPI centers.

Integration of Nutrition within MaMoni package through collaboration with Alive & Thrive

Alive & Thrive project of AED signed an agreement with Save the Children to incorporate infant and young child feeding (IYCF) into the MaMoni intervention package. Under this agreement, a new position of Deputy Program Manager, Nutrition will be housed within MaMoni to provide technical assistance. Four unions from Balaganj, Companyganj and Jaintapur have been selected and training curriculum has been developed. This collaboration was delayed because of the announcement of USAID suspension of AED from receiving new contracts. The process has resumed, and the recruitment and workplan development process is on track. A&T will support MaMoni to introduce IYCF in Habiganj from October 2011.

Objective 2: Increase appropriate and timely utilization of home and facility-based essential MNH and FP services

Improved Quality of MOH&FW facility based providers to deliver MaMoni package

MaMoni has developed a 5 day MNH-FP training curriculum for paramedics: FWV, SACMO, MA. All mentioned providers of Habiganj will be trained using this curriculum.

In addition, MaMoni also developed a 4 day orientation manual for doctors and nurses, which will focus on secondary level care and referral for complications.

25 MOH&FW upazilla level officials from Habiganj were provided TOT on MNH-FP at Dhaka on the basic package in year 1. These trainers have been oriented, and will conduct the training for paramedics in May.

TBA training in Habiganj

MaMoni has identified 20 active performing TBAs from each of the 77 unions in Habiganj and developed training curriculum on clean delivery, hand washing and essential postnatal care for mothers and newborns. Use of misoprostol is also part of this curriculum. Master trainers (62 FWVs, 85 CSBAs) have been trained, and the training is being rolled out in Habiganj from January and will be completed in the third quarter of FY'11.

At the end of the training, the TBA is given a laminated card with the phone numbers of the FWAs, FWVs and volunteers of her respective community, and instructions on how to refer. TBAs have already begun to refer mothers with complications.

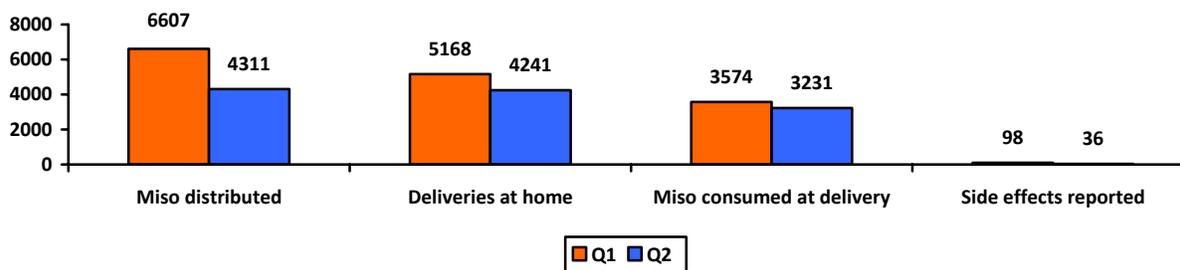
In Sylhet, TBAs have been oriented by unit level meeting on misoprostol and family planning. Through monthly meetings, at least 15 TBAs from every union in Sylhet (4,290 total) have been oriented.

Misoprostol distribution in collaboration with VSI and EngenderHealth

MaMoni has begun distribution of misoprostol at household level in selected upazillas in Sylhet with technical support from EngenderHealth. Venture Strategies International, through a local procurement arrangement, has made misoprostol available for MaMoni. Community health workers (CHWs) counsels mothers during pregnancy on prevention of PPH and visits the mothers at the third trimester and distributes misoprostol tablets (3 tablets of 200micrograms). During postnatal visit, CHW follows up on usage, and collects unused misoprostol tablets.

The following chart summarizes the key results of misoprostol distribution. Among the 9,409 mothers who consumed misoprostol, none exhibited symptoms of PPH after taking the drugs, and none of the mothers used it before the baby was delivered.

Figure 2: Misoprostol consumption in Sylhet



MaMoni has handed over misoprostol distribution to Govt health workers in Sylhet. Under this arrangement, mothers will receive misoprostol from FWV at satellite clinics and HAs at community clinic level. CHWs will follow up to ensure correct use and collect catch cover to track the tablets.

In Habiganj, similar mechanism is being tested in Lakhai and Ajmiriganj upazilas. Distribution in other upazillas will begin from May after completion of paramedic training.

Facilities Identified and to be strengthened to deliver MaMoni package

MaMoni in partnership with RTM International assessed all health facilities of Habiganj in the second quarter. 28 data collectors were trained to assess service availability, human resources, equipment, drugs, infection prevention set up, toilet, electricity and water supply arrangement and general condition of the health facilities through a combination of structured questionnaire and key informant interviews.

Preliminary report is available, and the final report will be completed in May. Some highlights of the facility assessment are as follows:

- None of the UHCs have functional EmOC services
- Avg maternal and neonatal deaths (between July-Dec 2010) at the district hospital were 2.3 and 32.5 per month respectively, one of the highest in the country for a referral facility.
- Human resource shortage was identified as the main barrier to service availability at all levels
- 43% FWCs do not have a functioning water source, making infection prevention activities challenging

Save the Children has secured funding of \$280,000 from KOICA, South Korean donor agency to improve the health facilities of Ajmiriganj upazilla, Habiganj. Under this agreement, the UHC and 2 FWCs will be refurbished, and 6 doctors and 4 paramedics will be recruited to support the round-the-clock operation of these facilities. MaMoni will also train 18 private C-SBAs to conduct delivery at home.

Success Story: Paramedics bring much needed ANC services for 420 mothers in Lakhai in February

Two paramedics of MaMoni in Lakhai upazilla of Habiganj brought ANC services to 420 mothers in the month of February alone. MaMoni paramedics, with the help of FWAs, 9 CHWs, and over 60 volunteers, organized 22 satellite clinics in that month. These paramedics also provided ANC services out of 2 Family Welfare Centers in Lakhai upazilla.

Almost all of these mothers came for ANC check-up for the first time in their current pregnancies. 194 of these mothers were in their third trimester, and would have delivered the baby without any ANC services or counseling if these clinics were not reactivated. 147 mothers were in their second trimester, and could have remained beyond the reach of the government clinics.

Family Welfare Visitors, a family planning cadre of workers are the only medically trained providers available to mothers through outreach services like satellite clinics. At present, there is a national shortage of FWVs due to a halt in new FWV recruitment for the past 10 years. There is an initiative to recruit new FWVs in 2011, but these new workers cannot be deployed before completing an 18-24 month in-service training. Therefore, a gap in ANC services were projected.

Mothers in Lakhai have been particularly underserved because of vacancies and geographical inaccessibility. 60 MaMoni volunteers organized the clinics, identified pregnant mothers, announced the dates of the clinics in advance, and supported the paramedics in holding the sessions on time. In the sessions, weight was taken, blood pressure was measured to identify risk, iron folate supplementation was provided, and other medicines were given following the national guideline.

This has resulted in an overwhelming positive response within the community. Once the FWVs are in place, MaMoni will hand over these responsibilities, and support the community to maintain the high level of demand for critical antenatal services.



Figure 3: MaMoni paramedics providing ANC services to mothers in Lakhai upazila of Habiganj

Objective 3: Increase acceptance of FP methods and advance understanding of FP as a preventive health intervention for mothers and newborns

FP incorporated into household and community mobilization activities

All FWAs, HAs and CHWs (741) have been trained on FP in Sylhet. This is the first time Health Assistants have been trained on FP and will play a key role at the community clinic level for FP counseling and referral.

All 2,711 voluntary Community Action Groups (covering 83% of villages) are also oriented on FP and promoting FP adoption. Around 50% of these groups are male groups. Therefore, male involvement in FP in Sylhet has significantly increased due to MaMoni intervention.

Between January and March 2011, MaMoni CHWs in Sylhet contributed to 35.8% of all NSVs, 63% of all tubectomies, 37% of all IUDs, and 65% of all implants.

MaMoni is conducting a rapid assessment in Sylhet to document changes in contraceptive acceptance and use.

FP Exposure Visit for Habiganj GOB FP Team

GoB FP officials from Habiganj visited Sylhet MaMoni project. During their visit they observed MaMoni project activities at Biswanath and Jaintapur upazila. Mr. Abus Sobahan, UFPO of Sylhet Sadar upazila explained the team how MaMoni project has been collaborating with GoB health and family planning departments since inception of the project.

Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy

Joint Supervision Visits to improve Service Delivery

MaMoni has planned to conduct 540 joint supervision visits (JSV) in FY'11 with the Master Trainers and district level technical resources. During the first six months, 374 JSVs were conducted to different level health facilities. Because of MNH-FP training in all 15 upazillas, the supervisions were less frequent, but has increased in the second quarter.

Development of Supportive Supervision Modules

The supportive supervision training curriculum development workshop was conducted at the conference room of Civil Surgeon Office, Habiganj in February 2011. The objective of the workshop was to get inputs from GoB Health and Family Planning supervisors on supportive supervision module.

Upazila Health and Family Planning Officer, Upazila Family Planning Officer, Medical Officer (MCH-FP), Family Welfare Visitors, Sub Assistant Community Medical Officers and Family Planning Inspectors participated in the workshop.

Microplanning meetings introduced to increase service coverage



Dr. A B M Jahangir Hossain, Director, PHC is observing a Micro planning Meeting at Balaganj, Sylhet.

MaMoni has introduced microplanning at the ward/unit level where the CHW, FWA and HA jointly develop action plan to ensure universal coverage at the unit level. MaMoni volunteers from selected villages also attend the meetings and share their village level information. The supervisors (FPI, AHI, HI) also attend meetings and update their monthly report.

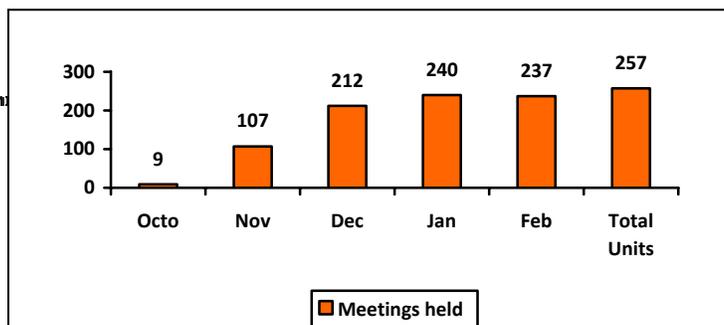


Figure 1: Microplanning meetings in Sylhet

Case Study: Micro-planning Meeting Improving Coverage of Services in Sylhet

Mira Rani Roy, 42, had difficulty covering her working area in Unit 1/Kha of North Ranikhal union of Companyganj upazilla of Sylhet. As an FWA, she is expected to visit every household in her area every two months. But often, she did not get timely information about pregnancies and births in her area. She is excited about microplanning meetings organized by MaMoni, because it now allows her to serve all mothers and babies efficiently.

On December 13, Mira sat down with Sunirmal Bhim, 42, HA of her ward for the second microplanning meeting at Lamagram Govt. Primary School. Both their supervisors were present along with MaMoni's CHW. Most importantly, there were six volunteers from MaMoni's community groups, who brought their own registers and data from their villages to aid these two workers. Together the team updated the lists of eligible couples, pregnant women and newborns. The lists included women who received ANC or did not go, women identified as at risk, mothers who received misoprostol, mothers who received PNC visits, newborns with complications, etc.

Mira said, "Now I am getting all actual information from CRPs (volunteers of MaMoni) through the micro planning meeting. Day by day numbers of clients is being increased, but I am comfortable to ensure quality services for all of them." The microplanning meeting followed the regularly scheduled EPI session, conducted by Sunirmal and Mira, and required only two additional hours on that day.

Mujibur Rahman 45, a volunteer of MaMoni participated in the meeting. Mujib said, "We are working at the community level, collecting and sharing information with HA and FWA. We are trying to support them, so that they can ensure services for mothers, newborns and clients." He takes the initiative as positive and thinks it will sustain in their community.

In Sylhet, there are 3,800 volunteers working with MaMoni. Through this microplanning meeting, this network of volunteers can help in ensuring timely notification leading to increased coverage of essential services for mothers and newborns.



Figure 9: microplanning meeting in Companyganj

Objective 5: Mobilize community action, support and demand for the practice of healthy MNH behaviors

Community Volunteers given charge of community mobilization

MaMoni's new community mobilization strategy relies on using Community Volunteers (CVs) to organize the CM activities. In Sylhet CVs of mature groups (Category A) have been handed over the responsibility of community group. The figure below illustrates the proportion of groups that are currently being run by CVs.

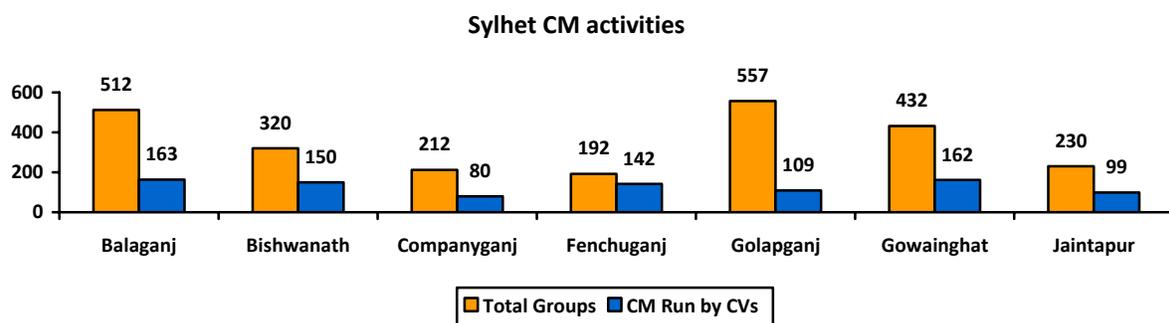


Figure 20: Number of community groups run independently by volunteers

2,711 Community Action Groups (CAGs) have been formed in 1,488 villages in 5 phases in 83% of the villages of Sylhet. 81,330 community members participate in these groups, 49% of whom are female.

Community Mobilization rolled out in Habiganj

In Habiganj, community mobilization activities have started in all unions. 6,739 volunteers (CVs) have been selected with active involvement of the Union Parishads (UP). These volunteers are being oriented, and will have the responsibility of forming and running Community Action Groups (CAGs).

In 245 villages, CAGs have been formed with 7,350 members and the 245 groups cover 11% of all villages. 75% have arranged emergency transport, 68% have their



Figure 11: Chunarughat CM meeting with UP members

own emergency funds, and 26% percent have already utilized funds to support mothers and newborns.

Local government engaged in CM activities

All 77 of the Union Parishads of Habiganj participated in the CV selection process. In some of the CAGs, the UPs also donated money to the emergency funds.

In Companyganj upazilla of Sylhet, 6 Union Parishads donated 30,000 Taka to buy medicine for 2 new satellite clinics. These satellite clinics were established by 10 CAGs in partnership with an SSFP partner NGO to serve the mothers and newborns of the remotest corners of the upazilla. 95 pregnant women came for the first day in the first two sessions.



Figure : New satellite clinic in Companyganj bringing critical services to mothers

Objective 6: Increase key stakeholder leadership, commitment and action for these MNH approaches

Global Hand washing Day observed (Oct 15)



MaMoni observed the Global Hand Washing Day 2010 in collaboration with government departments, development organizations, and local government elected bodies both in Sylhet and Habiganj. There were education activities on proper hand washing methods involving 29,596 students in 161 primary schools. 698 school teachers attended the program. They demonstrated before the students the correct method of hand washing with soap. After the demonstration, the students practiced hand washing with soap.

National Immunization Day (NID)s Observed (Jan 19, Feb 08)

MaMoni supported the national EPI program observe two rounds of NIDs in January and February. MaMoni team operated 63 centers, including 6 mobile centers and vaccinated 14,385 children. MaMoni staff and CRPs extended necessary cooperation for successful observation of NID.



Figure 3: Mr Md. Kutub Uddin, Director (FP), Sylhet Division observing NID in Bishwanath upazila of Sylhet

Collaboration with White Ribbon Alliance

Journalist Shahnaz Munni of ATN Bangla prepared a video story on Lakhai upazilla of Habiganj for a talk show with White Ribbon Alliance, Bangladesh. The talk show aired on ATN Bangla on November 2010. MaMoni supported her to collect stories on the challenges of providing maternal health in remote areas.

MCHIP, through USAID field funding is supporting WRA,B to implement their strategic plan.

Collaboration with Helping Babies Breathe

Helping Babies Breathe, an initiative led by American Academy of Pediatrics, USAID, MCHIP, NICHD and SNL/Save the Children, organized a dissemination meeting on September 05 where they presented results of training skilled attendants on neonatal resuscitation using bag and mask. MaMoni helped BSMMU, the local partner to organize the event. The Minister of Health was present and committed to include this component in the next sector plan.

Subsequent to that event, UNICEF committed to procure bag-mask for all skilled attendants. Laerdal Foundation accepted a proposal of \$442,000 for a three year evaluation of scaling up bag and mask protocol nationally as part of a multi country evaluation including Kenya and India. USAID/B also committed resources to support this initiative over the next three years, estimated to be around \$2 million. MaMoni/Save the Children is working with BSMMU, UNICEF and DGHS to scale up this initiative. Initial recruitment is on the way, and the team will be in place by May.

Support to GOB-OIC-USG collaboration

MOH&FW, USAID, Save the Children, and EngenderHealth jointly organized a day long Stakeholders' Consultation Workshop on GOB-OIC-USG Collaboration on Maternal and Newborn Health on February 8, 2011 at Hotel Lake Shore, Gulshan, Dhaka. The objective of the workshop was to glean ideas and options to develop a collaboration framework between the Organization of Islamic Conference (OIC) and the United States of America for maternal and newborn survival in the context of Bangladesh. Based on this framework, MaMoni will support development of Standard Operating Procedures (SOPs) on various MNH areas for all levels of health facilities.

Collaboration with JICA-SMPP on Habiganj District Hospital

JICA-SMPP project is introducing Total Quality Management (TQM) process in Habiganj District Hospital. MaMoni also has plans to support the district hospital. MaMoni and JICA will coordinate their activities to avoid duplication in investments.

Participation in America Week 24-26 January 2011

MaMoni participated at the America Week held in Khulna from 24-26 January 2011. MaMoni strategies and tools were displayed from Save the Children's stall. The US Ambassador, Mission Director, Head of OPHNE and CTOs visited SC's stall with the Mayor of Khulna City Corporation. America Week was a good opportunity to share with government and the Khulna public as well as donors and national/international NGOs, the work that MaMoni is doing in Sylhet in MNH-FP.

Overall Challenges

Turnover at MOH&FW National, Division and District level

Several key staff, who guided MaMoni intervention design and advocacy planning has left the government positions. Some key turnovers include:

- **Director General of Family Planning**, transferred
- **Civil Surgeon, Sylhet**, replaced due to retirement
- **Programme Manager, Reproductive Health, DGHS**, transferred
- **UFPO, Lakhai, Habiganj**, replaced due to retirement
- **Deputy Director, Family Planning, Sylhet** replaced due to retirement
- **Programme Manager, Child Health, DGFP**, transferred

Rolling Out Training Programs in all 15 upazillas

MaMoni rolled out training programs in all 15 upazillas (7 in Sylhet, 8 in Habiganj) simultaneously. The training depended on the availability of Master Trainers (Upazilla H&FP managers and medical officers at health facilities). This was an ambitious plan, as many of them were not available for particular sessions due to other commitments. MaMoni staff trainers had to step in on many occasions to continue the training with sufficient quality.

Annex 1. Operational Plan Indicators (October 2010- March 2011)

SI	Indicator	FY'11 Target	Achievements
A	Operational Plan Indicator		
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	44,769	18,239 (41%)
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	36,774	16,438 (45%)
3	Number of people trained in maternal/newborn health through USG-assisted programs	20,180	14,362 (71%)
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	9,616	6,452 (67%)
5	Number of people trained in child health and nutrition through USG-supported health area programs	501	0
6	Number of newborns receiving essential newborn care through USG-supported programs	28,138	13,669 (49%)
7	Number of children reached by USG-supported nutrition programs	2,898	0
8	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	84,433	78,692 (93%)
9	Couple years of protection (CYP) in USG-supported programs	164,561	75,661 (46%)
10	Number of people trained in FP/RH with USG funds	20,180	14,362 (71%)
11	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,152,565	990,715 (86%)
12	Number of USG-assisted service delivery points providing FP counseling or services	639	584 (91%)
B	Custom Indicators		
1	Number of ELCO in MaMoni intervention areas		550,898
2	Number of pregnant women identified and registered in MaMoni intervention areas		60,203
3	Percent distribution of births by place of delivery		
	Home delivery		90%
	Facility delivery		10%
4	Percent distribution of non institutional live births by person providing assistance during childbirth		
	Delivery by trained provider		18%
	Delivery by untrained provider		82%
5	Among the recent mothers who received misoprostol during pregnancy, the percent who consumed misoprostol immediately after delivery		85%
6	Contraceptive Acceptance Rate (CAR)		73%

SI	Indicator	FY'11 Target	Achievements
7	Percent of villages in MaMoni intervention areas that have a Community Action Group (CAG)		37%
8	Percent of Community Action Groups (CAG) that have representation from the nearest health facility		89%
9	Percent of Community Action Groups (CAG) with an emergency transport system		88%
10	Percent of Community Action Groups (CAG) with an emergency financing system		72%
11	Percent of functional units where micro planning meeting were held in last month		75%
12	Percent of Joint Supervisory Visit (JSV) conducted against plan		69%

Annex 2. Visitors to the project between October-December 2010

Visitor	Organization	Dates	Purpose
Dr. Md. Abul Hasnat	IST/DGHS	6-7 Oct 2010	Deputy Program Manager of IST section of DGHS observed MNH-FP training and field testing of microplanning meetings in Bishwanath and Jaintapur upazila
Saha Bidhan Chandra	DGFP	11 Oct 2010	Deputy Director of Family Planning, Sylhet District observed MNH-FP training in Golapganj upazila
Barbara Burroughs	SC	12 Oct 2010 & 10-11 Jan 2011	Deputy Country Director of Save the Children observed MNH-FP training of Jaintapur upazila. She also visited the family of Safia Begum, CHW who died in road accident on 4 Oct 2010, and visited GOB Health Assistant and other CHWs injured in the accident.
Faiz Ahmed	DGHS	14 Oct & 7 Dec 2010	Civil Surgeon, Sylhet District observed MNH-FP training in Companyganj and Balaganj upazila.
Diana Myers	SC	23 Oct 2010	Vice President for Save the Children visited Balaganj upazila of Sylhet and observed misoprostol and FP distribution by CHW and microplanning meeting
Rae Galloway	PATH/MCHIP	23-24 Oct 2010	Nutrition Advisor of PATH visited Balaganj upazila of Sylhet and upazila of Habiganj to assess integration of nutrition within MaMoni with particular focus on maternal anemia
Md Mahmud Hasan	Ministry Of Establishment	26 Oct & 12 Dec 2010	Deputy Commissioner, Habiganj inaugurated capacity building orientation program of Community Volunteers of Lakhai upazila, and observed MNH-FP training in Madhabpur
Md. Rezaul Karim	Ministry Of Establishment	26 Oct 2010	Upazilla Nirbahi Officer accompanied Deputy Commissioner, Habiganj
Iqbal Ahmed	DGHS	30 Oct 2010	Divisional Director, Sylhet inaugurated MNH-FP training in Golapganj upazila.
Md. Kutubuddin	DGFP	3 Nov & 23 Dec 2010	Divisional Director, Sylhet Division visited in Sylhet. The following month, he visited

			Madhabpur MNH-FP training in Habiganj
AZM Nurul Haque	Ministry Of Establishment	3 Nov 2010	Upazila Nirbahi Officer of Golapganj accompanied Divisional Director, Sylhet of DGFP to observe Golapganj MNH-FP training
Md. Iqbal Ahmed	MOLGRD	3 Nov 2010	Upazilla Chairman of Golapganj accompanied Divisional Director, Sylhet of DGFP to observe Golapganj MNH-FP training
Susan Ross	USAID	Nov 2010	Consultant for USAID visited Bishwanath Upazila of Sylhet observed microplanning meeting, community group meeting and household level counseling by CHW.
Md. Shafiqur Rahman	DGHS	27 Nov & 13 Dec 2010	Civil Surgeon of Habiganj observed MNH-FP training in Nabiganj and Madhabpur upazila and visited Nabiganj Upazila Health Complex.
Jashim Uddin Bhuiyan	DGFP	4 Dec 2010	Deputy Director, Family Planning of Habiganj visited
Md. Altaf Hossain	MOLGRD	12 Dec 2010	Deputy Director, Local Government of Habiganj observed orientation of community volunteers in upazila
ABM Jahangir Alam	DGHS	15 Jan 2011	Director, Primary Health Care and Line Director (ESD) visited Balaganj and Bishwanath upazila of Sylhet to observe CM and microplanning activities.
Ganesh Chandra Sarker	DGFP	26 Jan 2011	Director, IEM visited Sylhet FP activities
Yukie Yoshimura	JICA	15 Feb 2011	Health advisor of JICA and Ministry of Foreign Affairs of Japan representative visited Habiganj
Sayako Kanamori	Japan MOFA	15 Feb 2011	
Ju-un Chowdhury	Unilever	26 Feb 2011	Brand Manager visited Balaganj of Sylhet to explore collaboration opportunities through GDA initiative
Mafruha Alam	D.Net	7 Mar 2011	Research Associate of D.Net visited Balaganj and Gowainghat to assess feasibility of launching M4Health activities
Hye-Jeong Choi	SC-Korea	27-30 Mar 2011	SC-Korea and SBS team visited Companyganj and Bishwanath upazila to document opportunities for further investment in newborn care in Sylhet. SC-Korea and KOICA
Jung-Youn Choi	SC-Korea	22-30 Mar 2011	

Sun-mi Song	Korean Celebrity	27-30 Mar 2011	is partnering to support strengthening of 3 health facilities in Ajmiriganj upazila of Habiganj.
JinHun Yoo	SBS, Korea	27-30 Mar 2011	
Lee Jong Jin	SBS, Korea	27-30 Mar 2011	

Annex 3. List of Documents Produced

Document Title	Produced by	Language	Description
MaMoni Training Manual for Service Providers/Paramedics (FWV, SACMO, HA)	MaMoni	Bangla	Training manual contains topics of MNH, FP, PPH and misoprostol, MIS
MaMoni orientation manual for doctors and nurses	MaMoni	English	Training manual contains topics of MNH, FP, PPH and misoprostol, MIS
MaMoni Supportive Supervision Training Module for Field level supervisors	MaMoni	Bangla	Training manual contains topics of supervision, monitoring, mentoring, motivation, etc