



MaMoni

Integrated Safe Motherhood, Newborn Care and Family Planning Project

Quarterly Report

October 1 – December 31, 2010

Submitted

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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 quarter 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 quarter, 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

Data collection in Sylhet has been completed and began in Habiganj in November. The report will be completed by April 2011.

Phase Out components piloted in Sylhet

MaMoni has initiated phase out in 2 unions of Balaganj and Companyganj in Sylhet. MaMoni has stopped distribution of clean delivery kits (CDK) in all upazillas. The community groups, through locally recruited depholders, are ensuring supply of CDKs in Sylhet.

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 NGO 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	Habiganj Targeted in FY'11	Habiganj Completed in Q1	
CHW	268	255	X	X	CHW attrition
FWA	192	181	344	213	
HA	277	227	237	171	Vacant HA positions in Sylhet
FPI	29	38	39	20	FPI calculation were adjusted in Sylhet
AHI	46	43	43	21	
HI	7	4	14	5	
EPI Tech	10	7	10	7	
San Insp.	10	7	10	6	
Total	839	762	691	443	

In addition, MaMoni also trained project's NGO 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 is recruiting 41 CHWs and 9 paramedics in Habiganj to address the vacant positions. Recruitment for Lakhai upazilla has been completed: 10 CHWs and 2 paramedics joined in January 2011.

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

	FWA	HA	MaMoni CHWs planned	FWV	MaMoni Paramedics planned	Remarks
Ajminiganj	6	3	4	1	1	Recruitment started
Bahubal	9	0	3	1	1	Recruitment started
Baniachong	14	21*	8	5	3	12 HA recruited but not deployed
Chunarughat	7	5	4	6	0	Recruitment started
Lakhai	11	1	10	3	2	All Hired and trained
Madhabpur	14	4	7	5	1	Recruitment started
Nabiganj	6	3	4	2	1	Recruitment started
Sadar	1	2	1	3	0	Recruitment started
Total	68	39	41	26	9	Recruitment started

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 is being 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. Processes related to obtaining approval of the NGO bureau is also underway for this component.

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 will be oriented, and will conduct the training for paramedics in February.

TBA training in Habiganj

MaMoni has identified active performing TBAs 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.

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 Innovations (VSI), 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. During postnatal visit, CHW follows up on usage, and collects unused misoprostol tablets.

Since July, 7525 misoprostol sachets (3 tablets of 200microgram each) were distributed to pregnant women in their third semester in Sylhet. 4,119 mothers (99% of all deliveries at home) consumed

misoprostol right after delivery. 80 mothers (1.9%) reported side effects, the common effects being fever and shivering. None of the mothers exhibited symptoms of PPH after taking the drugs, and none of the mothers used it before the baby was delivered.

MaMoni has handed over misoprostol distribution to government 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 will be adopted from February. All training will be completed by third week of January.

Facilities Identified and to be strengthened to deliver MaMoni package

MaMoni pre-tested the tools for facility assessment in Lakhai at the end of December. 1 UHC, 1 FWC, 1 RD and 1 Community clinic was assessed. Subsequently, the tools were revised and 28 data collectors have been trained. RTM International is conducting the facility assessment and will complete the data collection of all projected 277 health facilities by second week of February. The tools 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.

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.

MaMoni has already trained 2 Paramedics in Lakhai to conduct 32 additional satellite clinics per month. Five other upazillas will deploy paramedics in March to increase the level of ANC in Habiganj.

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

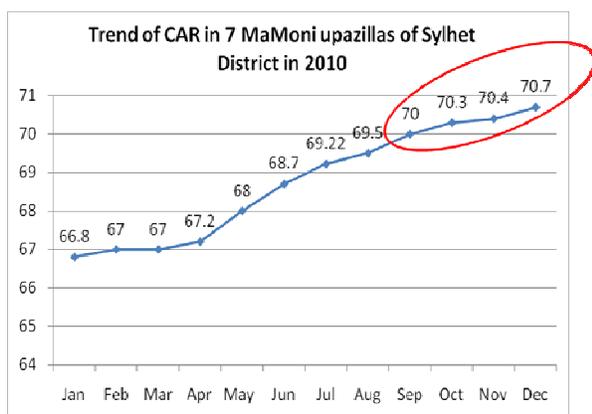
FP incorporated into household and community mobilization activities

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.

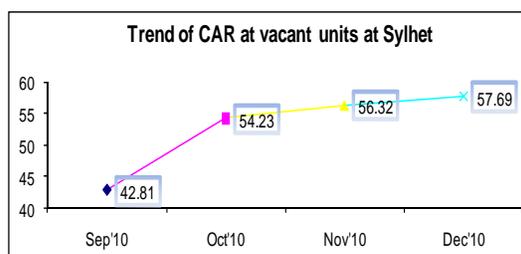
92% of the existing 2,445 voluntary Community Action Groups (covering 70% of villages) are also oriented on FP and promoting FP adoption. Around 50% of these groups are male groups. Therefore, male involvement in FP in Sylhet has significantly increased due to MaMoni intervention.

MaMoni completed the roll out of FP interventions by September, and the preliminary results are encouraging. Here are some of the data for Sylhet

Figure 1: Contraceptive Acceptance Rate in Sylhet, as per GOB MIS data



There are some concerns about the validity of the government MIS data in the vacant units. However, MIS data from the CHWs in 68 vacant units in Sylhet also show an increasing trend, although at a lower



level.

Figure 3:

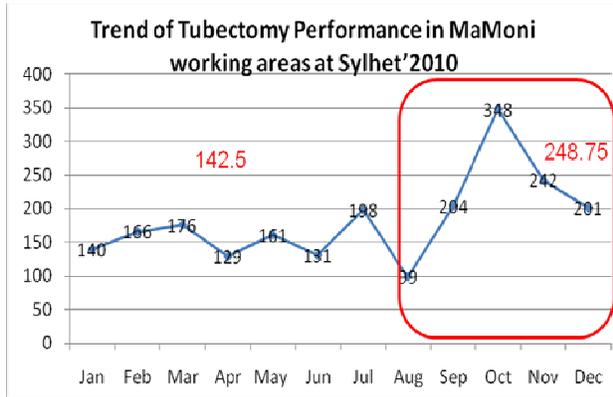


Figure 4

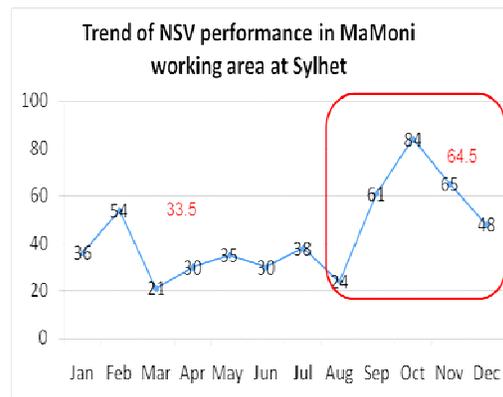


Figure 5

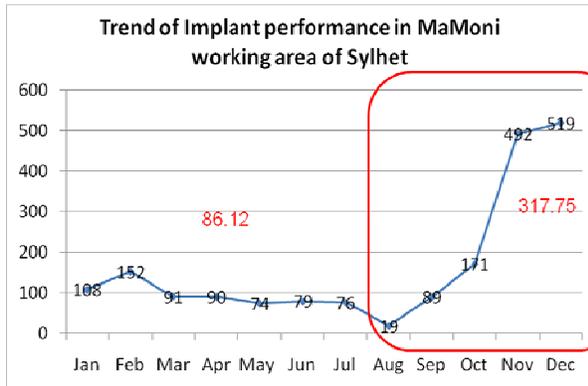
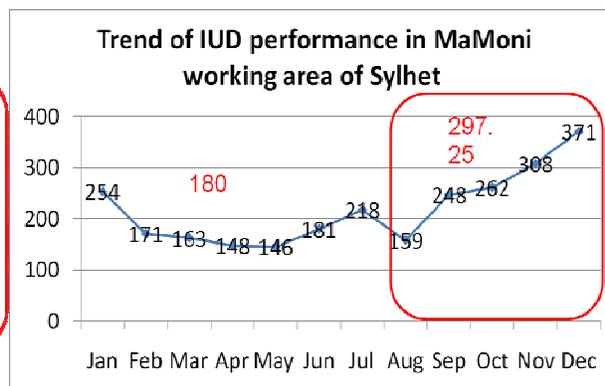


Figure 6



The four figures above summarize the FP performance in Sylhet in the last quarter. Between September and December 2010, MaMoni CHWs contributed to 36% of all NSVs, 72% of all tubectomies, 72% of all IUDs, and 39% of all implants. Though this period (Aug-Dec) is the very early phase of CHW's direct involvement in FP intervention, indications suggest that this NGO-GO complementary model has potentials in improving performance in long low-performing regions like Sylhet.

Success Story: CHWs bring much needed FP services at 68 Vacant Units of Sylhet

Hajera Begum, 38, tried to adopt family planning methods after her third child. She lives in Sarasati village of Golapganj Upazilla in Sylhet, where the family planning position (FWA) has been long vacant.

“I faced problem using injection as three months cycle temporary method, I changed method and started using pill from SSFP depot-holder, but I conceived fourth time, because of side effect and irregular pill uses.” She pleaded her husband, Fatik Mia, 45 to adopt a comfortable method, but he was afraid and did not want to discuss this with a doctor or health worker. Hajera gave birth to two more babies. Finally, after counseling from Rufna, a trained CHW of MaMoni, she underwent a ligation operation on October 27 2010.

“(This situation) never would have happened if I could get family planning workers, a counselor to give me appropriate message which I finally received from MaMoni Community Health Worker.”

Rufna, 21, has been working as a counselor on MNH in Golapganj Upazilla from March 2007 through the ACCESS project. In MaMoni, Rufna was trained on family planning counseling and is now serving Unit 2/Ka of Golapganj Sadar Union as a substitute against the vacant position. From October 2010, she’s brought family planning services to mothers who were out of reach for several years. She registered all eligible couples (ELCO), all pregnant women and recently delivered mothers, motivated them for ANC check-up, conducted PNC visit for mothers and newborns and provided contraceptive education. In only October and November after her training, Rufna distributed condoms to 51 new users, pills for 189 users, referred 17 women to SSFP for injectable contraceptives, 2 for IUD, 2 for implants, 2 for ligation and 1 for NSV.

Rufna said, “I found many mothers who had given birth to 5-7 children as because they did not get uninterrupted supplies, were not informed about sources of methods. No one counseled them on permanent methods as an option.” She also added that female users are the largest adopters of permanent method whereas we need to convince more male users to bring a change in the area.

Like Rufna, there are 76 CHWs of MaMoni Project supporting the government in 68 vacant units among total 256 units in seven upazillas of Sylhet.



Figure 7: Hajera Begum, left with Rufna, CHW

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 quarter 66 JSVs were conducted to different level health facilities. Because of MNH-FP training in all 15 upazillas, the supervisory visits were less frequent, but have increased in January.

Microplanning meetings introduced to increase service coverage

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. This is one of the unique elements of MaMoni's system strengthening initiative where an effective interface between the community and the formal health system is created to complement each others need/gaps.

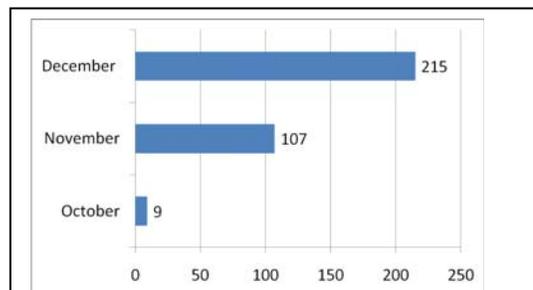


Figure 8: Microplanning meetings in Sylhet

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.

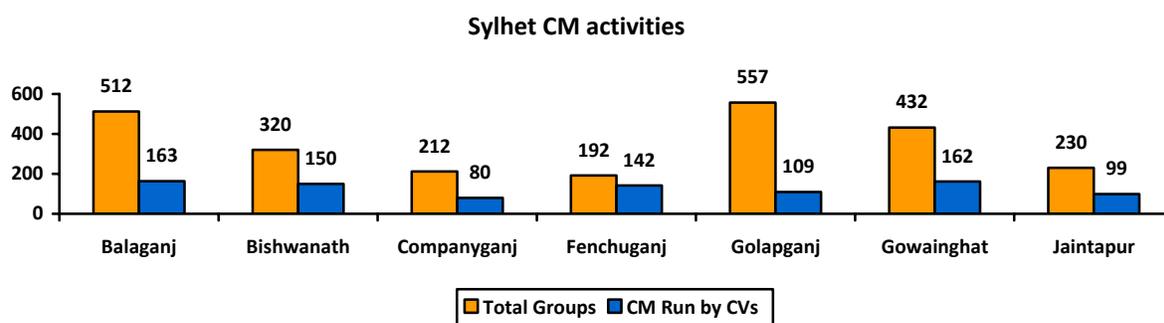


Figure 10: Number of community groups run independently by volunteers

2455 Community Action Groups (CAGs) have been formed in 4 phases in 77% of the villages of Sylhet. By end of year 2, 80% villages will have a functional community group.

Community Mobilization rolled out in Habiganj

In Habiganj, community mobilization activities have started in all unions. 5,243 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 170 villages, CAGs have been formed and the 170 groups cover 7.5% of all villages. 17 of these groups are female groups, and 153 have both male and female members. 46.5% have arranged emergency transport, 55.9% have their own emergency funds, and 97.6% have representation from the nearest health facilities.



Figure 11: Chunarughat CM meeting with

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.



Khalek: Profile of a Community Volunteer in Companiganj, Sylhet

“I could not do for my own family what I am doing for the community now,” says Abdul Khalek. He is a father of three daughters and two sons. The oldest is 26 and the youngest is nine. Before USAID’s ACCESS program, he never heard about ANC, birth planning, neonatal care, or exclusive breast feeding. All of his children were born at home. He only helped his wife to bring the nearby traditional birth attendant. He took his children to village doctors. Now he knows better.

Khalek, 41, lives in Nowagaon village, North Ranikhai Union in Companiganj Upazila, Sylhet. He participated in a village orientation program on MNH issues, organized by NGO workers under ACCESS. Since then, he has participated regularly in community action group (CAG) meetings. 38 members (26 female and 12 male) sit together regularly in their group. Khalek was selected as Community Resource Person by the group members and was tasked to facilitate the group. He had received orientation from MaMoni and receives regular technical support from MaMoni staff.

Khalek is also a member of the government community police program. Helping pregnant mothers and sick newborns is very new to him. “In the village, community people have different norms, and cultural beliefs.” Khalek Said. “It was impossible (at first) to discuss pregnancy, to recommend mothers for essential services, but now situation has changed.” He added that CAG members are now screening eligible couples, enlisting pregnant mothers, informing government workers (HA, FWAs) of pregnancy and birth, following up on ANC and PNC services and even promoting family planning commodities.

As a volunteer, Khalek helped send 25 mothers with complications to upazila and district level hospitals. However, there’s more to be done. Recently a mother, Halima Khatun, died because of referral non-compliance. Khalek personally stayed with the mother during the complication, and pleaded the husband, but the mother was taken to a village doctor instead. Khalek pleaded with the village doctor and finally was able to refer Halima, but it was too late. He has been active in promoting the danger signs of pregnancy after that. Khalek’s group have collected Tk. 18,000 and used some of it for managing emergency referrals. Eight mothers used the fund to obtain emergency care.



7 upazilas of Sylhet like Khalek who organize the communities to take and newborns.

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 the concerned government departments, development organizations, and local government elected bodies both in Sylhet and Habiganj. There were educational 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.

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.

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 is working with BSMMU, UNICEF and DGHS to develop action plan for [nation-wide](#) scaling up [of](#) this initiative.

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
- **Director General of Health Services, Retired**
- **Director, MCH and Line Director MCRH (at DGFP)**
- **Civil Surgeon, Sylhet**, replaced due to retirement
- **Programme Manager, Reproductive Health, DGHS**, transferred
- **UFPO, Lakhai, Habiganj**, replaced due to retirement

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

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	12,065 (27%)
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	36,774	20,540 (56%)
3	Number of people trained in maternal/newborn health through USG-assisted programs	20,180	5,472 (27%)
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	9,616	2,737 (28%)
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	8,993 (32%)
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	42,137 (50%)
9	Couple years of protection (CYP) in USG-supported programs	164,561	140,049 (85.1%)
10	Number of people trained in FP/RH with USG funds	20,180	5,472 (27%)
11	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,152,565	359,151 (31%)
12	Number of USG-assisted service delivery points providing FP counseling or services	639	343 (54%)
B	Custom Indicators		
1	Number of ELCO in MaMoni intervention areas		544,364
2	Number of pregnant women identified and registered in MaMoni intervention areas		30,892
3	Percent distribution of births by place of delivery		
	Home delivery		90.1%
	Facility delivery		9.9%
4	Percent distribution of non institutional live births by person providing assistance during childbirth		
	Delivery by trained provider		73.4%
	Delivery by untrained provider		17.2%
	Delivery by skilled provider		9.4%
5	Among the recent mothers who received misoprostol during pregnancy, the percent who consumed misoprostol		86.1%
6	Contraceptive Acceptance Rate (CAR)		72.2%

SI	Indicator	FY'11 Target	Achievements
7	Percent of villages in MaMoni intervention areas that have a Community Action Group (CAG)		32.9%
8	Percent of Community Action Groups (CAG) that met at least once in the last 2 months		58.7%
9	Percent of Community Action Groups (CAG) with action plans to advocate for improved EMNC services		99.8%
10	Percent of Community Action Groups (CAG) with an emergency transport system		79.9%
11	Percent of Community Action Groups (CAG) with an emergency financing system		64%
12	Percent of Community Action Groups (CAG) that have representation from the nearest health facility		83.9%
13	Percent of Union Parishad that take action to address MNH-FP issues		67.7%
14	Percent of Union Parishad that use local government resources to address MNH-FP issues		66.9%

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	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

Visitor	Organization	Dates	Purpose
			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 Rae 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

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