

# MaMoni

## Integrated Safe Motherhood, Newborn Care and Family Planning Project



### **MaMoni is unique**

Several evidence-based interventions have been identified as highly effective in reducing maternal and newborn morbidity and mortality. However, few programs have demonstrated how to embed these proven models within the existing health system in low-resource countries. As a result, countries with weaker health systems and fewer resources have yet to effectively program newborn and maternal interventions at scale. In a district-wide setting, MaMoni is demonstrating effective implementation of an integrated maternal-newborn-family planning-nutrition package, ensuring quality along with cost-effectiveness.

### **MaMoni is strategically positioned**

Under the USAID's global flagship program MCHIP (Maternal, Child Health Integrated Program), MaMoni is a USAID associate award to a partnership of several organizations including JHPIEGO Corporation and Save the Children. In Bangladesh, Save the Children is implementing the program in partnership with the Ministry of Health and Family Welfare (MOH&FW), national NGOs Shimantik and Friends in Village Development, Bangladesh (FIVDB) and the International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). MaMoni is also collaborating strategically with all relevant key initiatives to ensure cross learning, optimal use of resources and nation-wide scale up of lessons learned.

### **MaMoni implements in specific areas**

MaMoni covers a total of 15 sub-districts of Sylhet and Habiganj districts under Sylhet division with a total population of 3.5 million. Habiganj is topographically distinct with *haors (low-lying land)* making large areas of the district difficult to access, particularly during the rainy season. About 100,000 of Habiganj's 1.8 million people live in tea

gardens. Among the seven divisions of the country, Sylhet division has the highest maternal, newborn mortality and TFR.

### **MaMoni package is integrated**

- Pregnancy identification, antenatal care (birth preparedness, tetanus toxoid, iron folate, misoprostol, magnesium sulphate)
- Promotion of clean delivery by skilled attendants and at facilities
- Post natal care for the newborn and the mother
- Exclusive breastfeeding
- Family planning including PFP and LAM
- Infant and Young child feeding (IYCF)

### **MaMoni builds capacity of the service providers**

MOH&FW field workers and service providers have been trained on the elements of the integrated package. The trainings are conducted by a district pool of MOH&FW master trainers developed by the project. Members of the pool, mostly managers and supervisors, are making joint supervisory visits every month to the service delivery points and visiting end-beneficiaries to check and verify actual quality of care.

### **MaMoni engages and mobilizes the community**

Community engagement is the unique element of MaMoni approach. More than 120,000



Laily is a Community Volunteer facilitating a Community Action Group

males and females are organized in 3800 community action groups (CAG). A fleet of about 12,000 volunteers selected from and by the community, with minimal help from the NGO workers are forming and facilitating these groups with an objective to engender organized community efforts to raise awareness, promote care seeking behavior as well as to identify and address their own health problems with local resources. The presence of community volunteers and action group members are evident in more than 75% of the villages in Habiganj. The community is quick at arranging transportation where there is a complication in the pregnant mother or her

newborn and efficient in generating emergency fund. Till date almost 100% of the CAGs arranged transportation during an emergency and more than 80% collected fund which amount to a quarter less than a million taka. This fund is used for transportation, buying medicine and even for repair of roads to the facilities and other social causes.

### **MaMoni creates referral networks**

A community owned customized referral system has been developed particularly in hard to reach areas to ensure quickest transfer of the complicated mothers and newborns to the appropriate referral center. While mothers and newborns get transported to pre-identified emergency pick up points by the community, members of the project team alerts the

providers at the referral centers to ensure availability of prompt and optimum quality of care upon arrival.

MaMoni's water ambulances (locally manufactured engine boat) in haor areas of Ajmiriganj, Baniachong and Lakhai Upazilas are used for organizing outreach satellite centers and urgent transfer of mothers and newborns to the district hospital in Habiganj. MaMoni also provides two other vehicles/ambulances for travel by road to transfer of MNH cases from hard to reach areas.

### **MaMoni creates an interface between the community and the health system**

MaMoni brought together the community, the formal and the informal health system on one platform. MaMoni introduced Community MicroPlanning (CMP) to enhance system efficiency for developing an integrated service delivery mechanism within the existing health system. It is a successful interaction of various individuals and professionals to overcome community problems which adds value to the national health system of Bangladesh and its uniqueness is added by Community Volunteers, GOB Health workers, NGO health workers, data from CMP meetings incorporated in national MIS, Integration with the EPI meetings, Mapping of the area, union follow up meetings and joint supervision. Every month, in each of 650 units in Sylhet and Habiganj, first line MOH&FW field workers and supervisors are meeting with community volunteers to update their records, fill up gaps in service reach and to disseminate key health messages. This micro planning process is creating an effective interface between the community and formal health systems, resulting in increased accountability and efficiency.



Health Assistant Jalal conducting a Community MicroPlanning Meeting

### **MaMoni invests at facilities**



Renovated Shibpasha UH&FWC at Ajmiriganj Upazila, Habiganj District

After a thorough assessment of all levels of health facilities MaMoni has identified a few that are strategically located. MaMoni initiated the renovation and staffing of initially three Union Health and Family Welfare Centers (UH&FWC) to provide quality MNH-FP services and ensure round the clock normal delivery services. Since their inception since 2011, more than 100 babies atleast have been delivered safely in each facility. The paramedics who assisted in the delivery were provided hands-on training at the District Hospital

and Maternal Child Welfare Center (MCWC) on normal deliveries. These facilities that provide high quality services like 24/7 delivery care is being replicated as a model for other UH&FWCs in the district. MaMoni has also invested to improve infrastructure of government owned Maternal and Child Welfare Centres (MCWCs) by renovating its pediatric ward, operation theatre and patient ward. In addition MaMoni has provided logistics and equipment for the neonatal unit as well as provided 3 nurses for the maternity ward and 2 doctors and 3 nurses for the pediatric ward of the district hospital. MaMoni provides assistance for the renovation of the maternity ward of the Upazila Health Complex at Lakhai Upazila . Training on sick newborn management has been provided to the new recruits at the union to district level facilities.

### **MaMoni plays a role in critical gap management**

Service availability is severely hindered owing to gaps in human resources in health. In several places MaMoni negotiated with the family planning department to deploy skilled CSBAs at UH&FWCs to ensure 24/7 delivery services in lieu of NGO CHWs taking care of their household based services. Instead of creating a parallel service delivery structure, MaMoni NGOs have recruited key providers at both facility and community levels on a temporary basis only in places where MOH&FW provider positions are vacant and, where presence of provider is a critical need in terms of providing essential MNH-FP interventions.

### **MaMoni facilitates Misoprostol distribution to prevent PPH related maternal death**

MaMoni promotes Misoprostol which is an evidence based maternal life saving intervention to prevent post partum hemorrhage with the aim to reach every home delivery with two Misoprostol tablets. Supply, distribution and reporting of Misoprostol are through existing MoH service delivery system. Two Misoprostol tablets (400mg) are given to every pregnant mother by Family Welfare Visitor (FWV) or Sub Assistant Community Medical Officer (SACMO) during Ante Natal Care (ANC) check up at third trimester of pregnancy. Later during Post Natal Care (PNC) visit, Family Welfare Assistant (FWA)/Health Assistant (HA)/Community Health Worker (CHW) collects catch cover of the tablet. For mothers, who do not attend ANC at third trimester, Misoprostol is also made available at the community clinics through HA/FWA/CHCP (Community Health Care Provider). If mothers are unable to avail any of the option, Misoprostol is distributed to the Pregnant Women (PW) by FWA/CHW at home.

### **MaMoni Promotes IYCF in the integrated package**

MaMoni integrated Infant and Young Child Feeding (IYCF) to maternal newborn and family planning package (MNH FP) to strengthen existing counseling and demonstration on exclusive breast feeding (EBF) up to 6 months of age and complementary feeding (CF) after 6 months. Intervention targeted mothers with children of age up to 12 months to support them in improving IYCF practices. During their routine household (HH) visit - front line health workers provide counseling and demonstration on IYCF based on the age of the infant, service providers deliver age-specific counseling on breastfeeding, complementary feeding and if feasible, on child iron supplementation. In addition, Community Action Groups (CAGs) discuss handwashing, breastfeeding and complementary feeding during their community group meetings and promote IYCF

practices in their communities, Community Volunteers (CV) conduct follow up visits to mothers of infants up to 12 months age. IYCF based TVC spots are shown in strategically identified locations like tea stalls of village markets and mothers who have poor or non compliance with IYCF practices are identified at *Community MicroPlanning Meeting (CMP)* and targeted to ensure compliance.

### **MaMoni works with the local government**

MaMoni is working with all the Union Parishads (UP - local government) to activate and strengthen the local government's Health and Family Planning Standing Committees. This process has resulted in enhanced engagement and oversight of the health activities by the UP members and, commitment of UP funds towards local health systems improvement. MaMoni's community initiatives and volunteers are being linked with the UPs to ensure local government ownership and sustainability.

### **MaMoni builds leaders**

District and Upazila level managers of MOH&FW are leading the MaMoni activities and all levels down to the unit, MOH&FW services providers and workers are engaged in planning, implementing and monitoring the activities. Through a facilitating role of the NGOs at Upazila level, MaMoni addresses USAID and MOH&FW's strategy to strengthen Upazila Health Systems with a greater participation of the community.

### **MaMoni leverages resources**

Within first two years, MaMoni has been able to leverage additional support from several sources to strengthen particular components.

- Venture Strategies Innovations (VSI) is providing Misoprostol tablets for all pregnant women.
- Bill and Melinda Gates Foundation (BMGF)-funded Alive and Thrive is providing support to integrate IYCF into the MNH-FP package.
- KOICA-SCK providing support to strengthen facilities to ensure skilled delivery care in the most hard-to-reach areas.
- SBS Korea is providing support to buy medicine and other essential commodities.
- Several other donors are working with us to support critical elements.

