MaMoni

Integrated Safe Motherhood, Newborn Care and Family Planning Project

Sr. Secretary, MOH&FW, Md. Humayun Kabir, learning how expecting mothers are mapped and tracked in Shibpasha union of Ajmiriganj, Habiganj district.

"…The contribution USAID supported MaMoni has made in providing service in this remote and hard-to-reach area is imitable. Particularly, the initiative to increase institutional delivery here is very encouraging…", he wrote.

Annual Report

October 1, 2011 – September 30, 2012

Submitted
October 31, 2012

List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ACPR	Associates for Community Population Research
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

MaMoni – Integrated Safe Motherhood, Newborn Care and Family Planning Project accomplished several milestones in FY'12, the busy third year of implementation. New partnerships were formed to complement and enrich MaMoni activities in Habiganj and Sylhet. The associate award of MCHIP also leveraged a significant amount in cash and kind through these partnerships.

MaMoni maintained a small operation in Sylhet after scaling down the interventions in September 2011, and observed encouraging results in LAPM performance level. The Community Action Groups, formed from 2007 through ACCESS and MaMoni projects, are still in operation, addressing MNH-FP issues with minimal follow-up from MaMoni CHWs. The midline survey of Sylhet, conducted in June 2012 validates these findings.

In Habiganj, MaMoni made great progress in expanding services, monitoring quality of interventions, strengthening government MIS through community participation, and setting up referral systems at communities. Preliminary findings of the midline survey, also conducted between June-August 2012 shows increase in CPR, ANC, and delivery at facility as well as by skilled providers.

This report highlights the key activities between October 2011 and September 2012.

B. Highlights of Accomplishments in FY'12

- Scaling down of interventions in Sylhet (pg.4)
- Introduction of proteinuria test in satellite clinic level (pg.9)
- Strengthening of MIS through community microplanning (pg.16)
- Successful incorporation of IYCF within MaMoni package (pg.12)
- Strengthened supportive supervision for first line providers (pg.17)

C. Key Activities

Sylhet Activities Post Scale-down

Scale-down of Interventions in Sylhet

As planned, MaMoni phased out majority of community level staff and scaled down the program in Sylhet. Save the Children handed over the program operations to the partner NGOs, FIVDB and Shimantik. A project management unit, comprising of staff from both NGOs, is operating in Sylhet. Upazila level offices were closed, and remaining staffs were housed by local government office or health facility. Table 1 shows a comparison of the NGO staff strength before and after scale-down.

Table 1: MaMoni implementation staff pattern in Sylhet before and after Sep 30, 2011

Staff Category	Before	After	Remarks
Project Coordinator	2	2	1 for each partner NGO
District M&E Officer	2	1	Shared position for M&E, documentation
F&A Officer, support (district)	4	2	
IT officer (district)	1 (0.5+0.5)	1 (0.5+0.5)	2 positions at 50% LOE
Upazila Team Leader	7	7	
Field Support Officer	16	0	
CSM/CM	64	14	Renamed Field Facilitator
CHW	220	82	70 in charge of single FP units, others shared
Upazila Fin/Adm, Support	7	0	
Total	**339**	**109 (112*)**	

MaMoni will continue to scale down operations in Sylhet. From October 2012, only the 22 vacant FP units will continue to be supported by CHWs by MaMoni.

Case Study: MaMoni performance in Sylhet 2010-2012

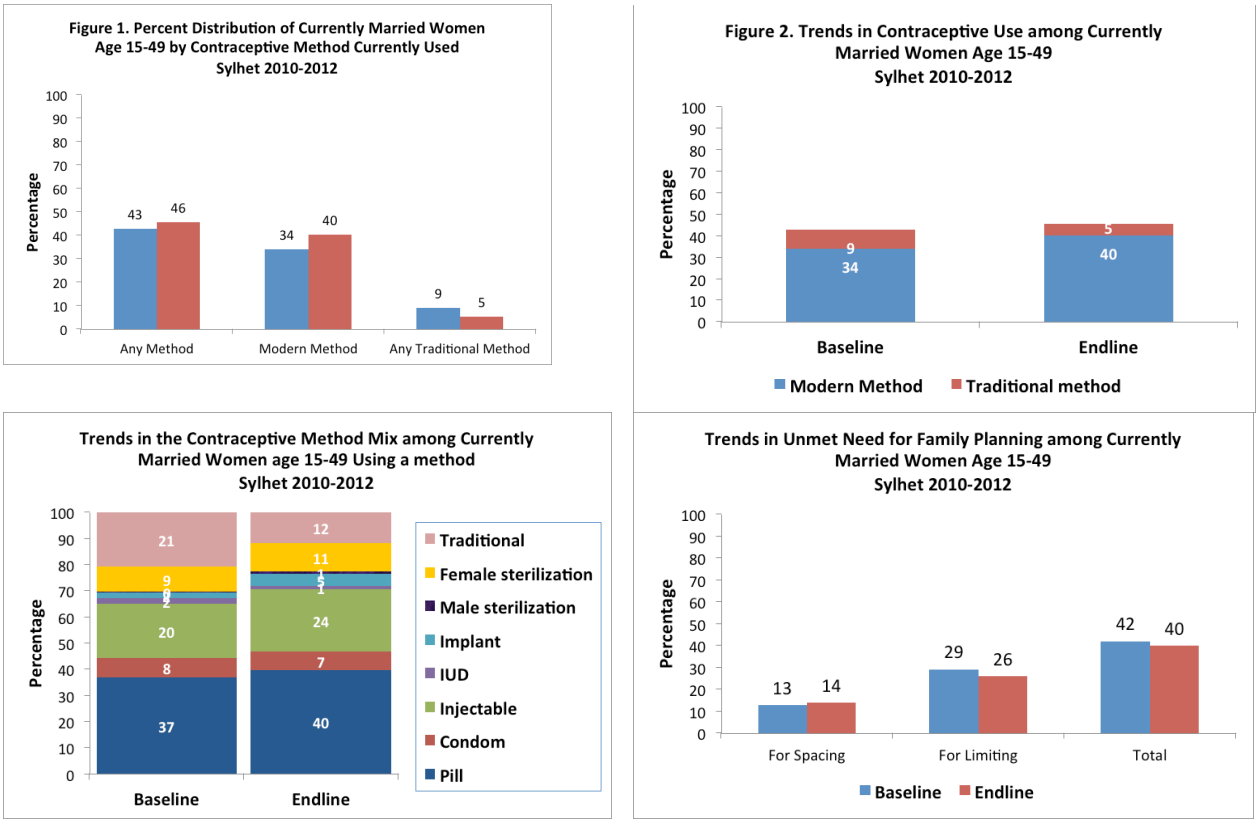


Figure 1: FP performance in Sylhet in 2010 and 2012 surveys

MaMoni introduced family planning in Sylhet in October 2010, after reallocating the 256 CHWs into FP units, providing training on contraceptive methods (including training on injectable contraceptives), and using government registers to track FP performance.

Subsequently, in October 2011, only 82 CHWs were kept to support the vacant units. The June 2012 survey thus captures both the introduction of additional service delivery points and intervention changes. The increase in modern methods by 6% is encouraging, and the monthly CAR reports from FWVs show the increasing trend to continue beyond the scale-down.

Since only the preliminary data were shared, similar analysis for MNH data was not possible for Sylhet at the time of writing of the report. ICDDR,B is expected to provide a concise summary of the report in end-October.

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

MaMoni package delivered at household level by community based workers

In Habiganj, government workers, mainly FWAs and HAs, are delivering MaMoni package at household level. MaMoni has trained them in FY'11 to strengthen the MNH-FP components of their activities.

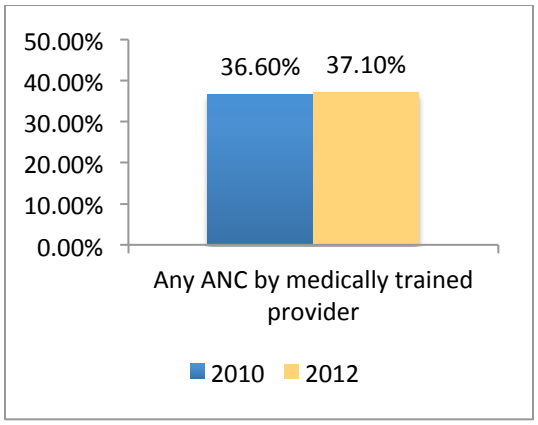


Figure 2: Habiganj surveys 2010 & 2012

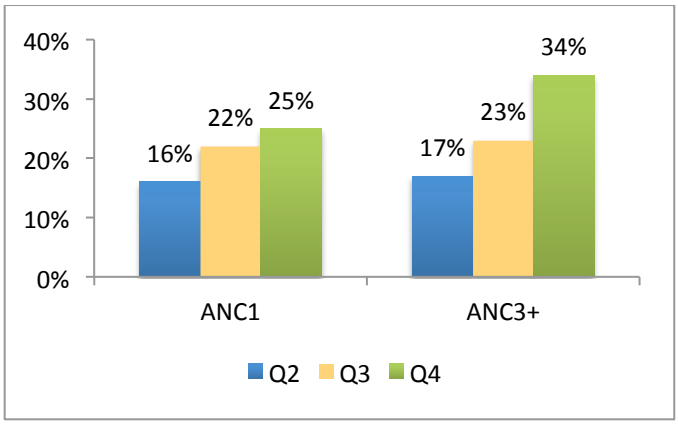


Figure 3: Quarterly performance data FY'12, Habiganj

The survey shows significant variation at upazila level, as evidenced in the following chart:

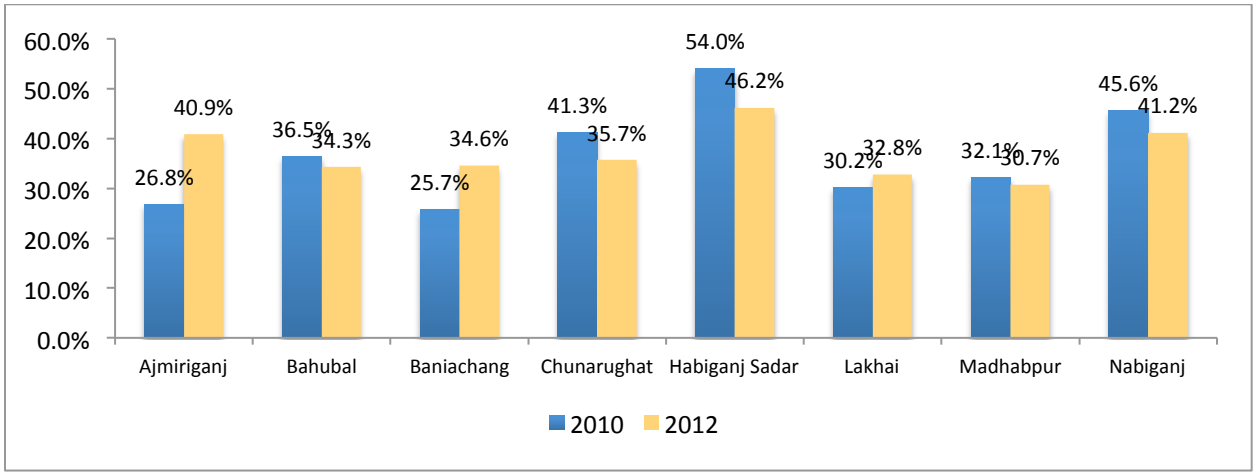


Figure 4: Any ANC by medically trained providers, Habiganj by upazila

In the three hard-to-reach upazilas, Ajmiriganj, Baniachang, and Lakhai, the ANC trend is positive, elsewhere, it is the same or negative. The increase is significant in Ajmiriganj (14% increase) and Baniachang (9% increase). There are three possible explanations for this:

1. MaMoni has ensured satellite clinic coverage in the three hard-to-reach upazilas with special initiatives like water ambulance, and temporary paramedics in vacant unions. Therefore, these upazilas have "caught up" with the level of the other upazilas.
2. Some of the FWVs, the primary providers of ANC have retired in the last few years.
3. Placement of SACMO (i.e. male paramedics) affects the number of satellite clinics held in a union. If a SACMO is not posted in a union, the FWV is instructed to conduct only half of the planned 8 satellite clinics. In Madhabpur and Bahubal, there are significant shortages of SACMOs, (7 out of 11 unions vacant in Madhabpur, 5 out of 7 unions vacant in Bahubal), therefore, the satellite clinics are not occurring in those upazilas.

MaMoni has been working with DGFP to increase the outreach satellite clinics. Around 756 new FWVs are undergoing training, expected to graduate in December 2012. DGFP has assured that Habiganj will be prioritized in the placement.

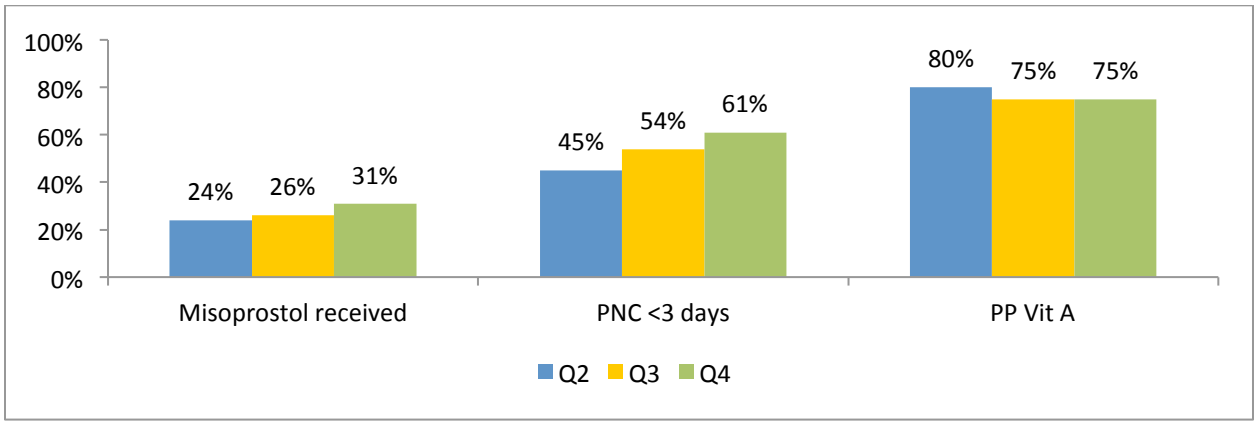


Figure 4: Continuum of Care for MNH in Habiganj for the last three quarters

The other outreach components also show increasing trend between quarters. The month of August had fewer working days because of Ramadhan and Eid holidays. MaMoni expects the trend to continue in FY'13.

One of the biggest challenges for MaMoni's outreach services have been the placement of FWA and HA cadres in the community clinics. Since mid-2009, these outreach workers spend half their workweek serving in the clinics, therby limiting their outreach and one-on-one counseling activities. This effect has also been validated in BDHS 2011 preliminary results where only 15% household visit coverage have been estimated for Sylhet division. This situation is not expected to change in the next year.

Temporary workers provided to support vacant units in Habiganj

MaMoni is providing a number of temporary workers in key vacant units in Habiganj. MaMoni has received financial support from KOICA/Save the Children-Korea to provide 16 paramedics in Ajmiriganj, Baniachang and Nabiganj upazila. Table 2 shows the breakdown of the temporary workers.

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

	FWA vacant	HA vacant	MaMoni CHWs	FWV Vacant	MaMoni Paramedics	Additional Paramedics
Ajmiriganj	7	3	4	1	0	7**
Bahubal	9	0	3	2	1	0
Baniachong	14	21*	8	8	4	9**
Chunarughat	7	5	4	7	0	0
Lakhai	11	1	10	4	2	0
Madhabpur	14	4	7	8	1	0
Nabiganj	6	3	4	2	1	4**
Sadar	1	2	1	0	0	0
Total	**69**	**39**	**41**	**32**	**9**	**20**

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

** Additional 16 paramedics provided by KOICA, Save the Children Korea and Save the Children UK

Integration of Nutrition through collaboration with Alive & Thrive and FANTAIII

Alive & Thrive (A&T) project of FHI 360 supported MaMoni in introducing the Infant and Young Child Feeding package in Habiganj. MaMoni Module-2 training began in Jun 2012, and has incorporated IYCF components for all outreach providers, service providers and supervisors. IYCF will also be gradually incorporated within community micro-planning and community mobilization activities. All FWAs, HAs, and their supervisors have been trained in IYCF.

Figure 5: IYCF curriculum recommends family food for infants (6-23 months)

MaMoni has developed a joint work plan with FANTA III to strengthen three components:

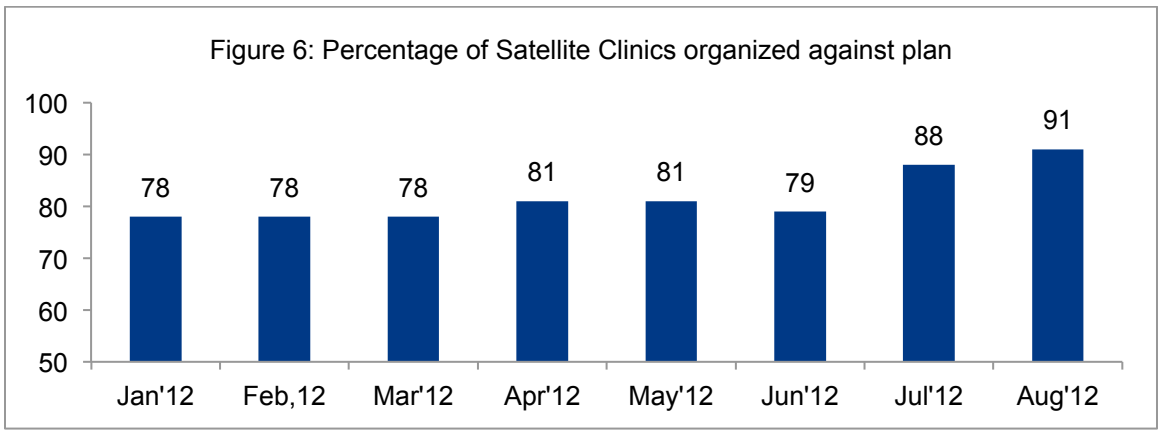
- Postpartum IFA supplementation
- Community identification and case management of moderately and severe acute malnutrition
- Strengthening of Essential Nutrition Action interventions

This intervention will focus on Madhabpur upazila, and may be scaled up if found effective. DGFP, IPHN/NNS and DGHS will support this activity. NNS has already provided directives in this matter.

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 introduced diagnostic strips for detecting proteinuria and hemoglobin levels of mothers coming for ANC. These strips are meant to be used at UH&FWC and satellite clinics by FWVs, SACMOs and MAs to identify pre-eclampsia and anemia.



Even though, the trend is increasing, as mentioned in the previous section, the planned clinics are affected by presence of SACMOs, and thus not uniform in all upazilas. MaMoni has been working with district level staff to introduce ANC by C-SBAs (FWAs, HAs trained in midwifery) at home. MaMoni has already trained all government C-SBAs in ANC and provided them with necessary logistics.

The midline survey of MaMoni shows encouraging trend in skilled attendance at birth.

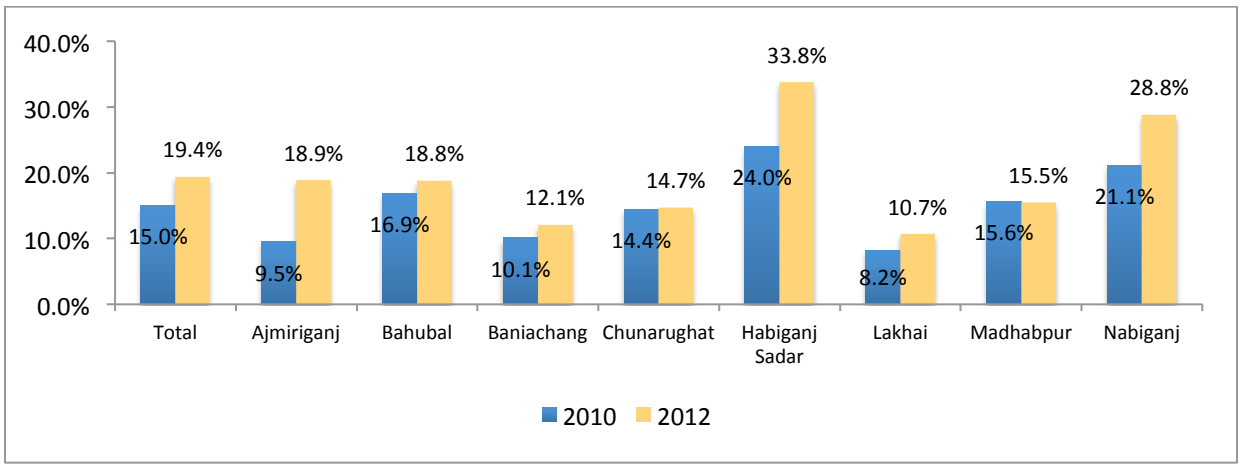


Figure 7: Skilled Attendance at birth, Habiganj, by upazila 2010 & 2012

This increase in skilled attendance at birth is due to strengthening service delivery, as well as demand creation by community groups.

Collaboration with OGSB & Mayer Hashi to identify and manage pre-eclampsia at community level

MaMoni, in partnership with *Mayer Hashi* project of EngenderHealth and OGSB has developed a protocol to identify and manage pre-eclampsia at community level. Under this partnership, 1000mg calcium will be provided to all pregnant women as a preventive measure and a loading dose of 10mg magnesium sulfate will be provided to mothers exhibiting symptoms of pre-eclampsia. MaMoni plans to roll out this intervention in Habiganj Sadar, Lakhai and Chunarughat upazilas from November 2012. A TOT was organized in May 2012 involving district and upazila level master trainers. TRAction project of ICDDR,B

Misoprostol distribution in collaboration with VSI and EngenderHealth

MaMoni is distributing misoprostol in 7 upazilas of Sylhet and all 8 upazilas of Habiganj with technical support from EngenderHealth Mayer Hashi project. Venture Strategies Innovations (VSI), through local procurement arrangement has made misoprostol available for MaMoni for the duration of the project. The following figure shows the use of Misoprostol in MaMoni areas.

MaMoni switched to 400 microgram of misoprostol to align itself with new national recommendations, previous dosage was 600 microgram.

Distribution of misoprostol has been a challenge due to several constraints:

- Low home visit by FWA/HA (as they sit in Community Clinics) and
- Low ANC3+ coverage
- Reluctance to provide misoprostol during ANC counseling because of emphasis on facility delivery in UHC, MCWC and DH level service providers

MaMoni is working with the district level management to address these issues.

Facilities strengthened to deliver MaMoni package

MaMoni closely worked with DGFP and DGHS to strengthen normal delivery at union and upazila level facilities and EmOC services at district level facilities. The following table summarizes the renovation work undertaken in the first six months of FY'12

Table 8: Summary of MaMoni's Facility Renovation work in Q3 FY'12

Facility	Upazila	Date	Activities	Funding
Shibpasha	Ajmiriganj	October	Normal delivery services	KOICA/SC-

UH&FWC		2011	strengthened Staff quarters renovated Waste management pits installed	Korea SBS
Murakuri UH&FWC	Lakhai	December 2011	Normal delivery services strengthened Staff quarters renovated Waste management pits installed	MaMoni
Kakailseo UH&FWC	Ajmiriganj	January 2012	Normal delivery services strengthened Staff quarters renovated Waste management pits installed	KOICA/SC-Korea SBS
MCWC	Sadar	November 2012	OT for C-Section renovated Normal delivery services strengthened	
Ajmiriganj Upazila Health Complex	Ajmiriganj	Jun 2012, ongoing	Normal delivery services strengthened Staff quarters renovated Waste management pits installed	KOICA/SC-Korea SBS
Habiganj Sadar Hospital	Sadar	June 2012	Gynecological and pediatric ward renovated	MaMoni
Lakhai UHC	Lakhai	July 2012	Neonatal room established	MaMoni
Mirpur UH&FWC	Bahubal	July 2012	Normal delivery services strengthened Minor renovation support	MaMoni

MaMoni introduced normal vaginal delivery in three hard-to-reach union level facilities from October 2011. The number of deliveries conducted is listed below:

Table 9: Normal Deliveries conducted at MaMoni renovated facilities and referrals

Facility	Deliveries Oct-Dec'11	Deliveries Jan-Sep12	Total Deliveries	Total Referrals
Murakuri UH&FWC, Lakhai	5	178	183	33
Shibpasha UH&FWC, Ajmiriganj	14	183	197	28
Kakailseo UH&FWC, Ajmiriganj	0	122	122	42
Total	**19**	**483**	**502**	**103**

MaMoni is planning to renovate an additional seven (7) union level facilities to expand delivery services in the FY'13. Five (5) of these facilities will be funded by KOICA/Save the Children-Korea.

Private C-SBAs trained to increase skilled attendance at birth in Ajmiriganj

MaMoni, with funding support from Korean government and Save the Children-Korea, trained 14 women from the remote clusters of Ajmiriganj on 6 month C-SBA curriculum from September 2011 till March 2012. OGSB conducted the training and these CSBAs were certified by Bangladesh Nursing Council. These C-SBAs operate in 4 unions, covering 39 villages and 28,917 populations.

In the months of May and June 2012, these C-SBAs conducted 35 deliveries at home.

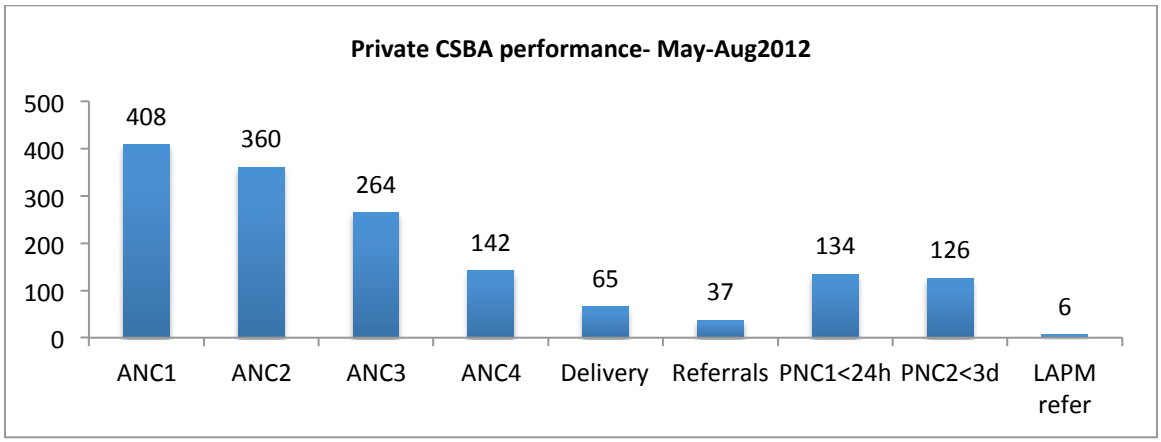


Figure 8: Performance of 14 private CSBAs of Ajmiriganj

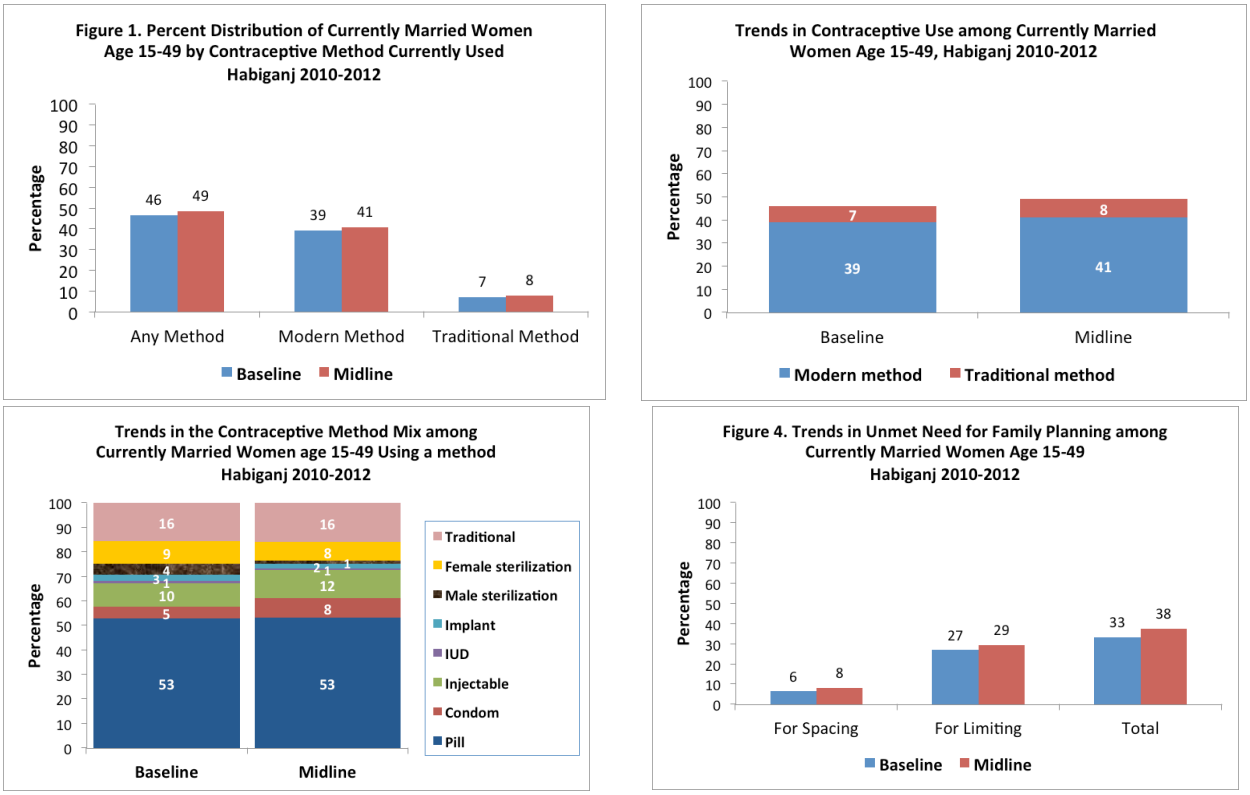
Objective 3: Increase acceptance of FP methods and advance understanding of FP as a preventive health intervention for mothers and newborns

FP incorporated into household and community mobilization activities

All FWAs, HAs and CHWs have been active in promotion of FP activities in Habiganj and Sylhet. This is the first time Health Assistants have been trained on FP and are expected to play a key role at the community clinic level for FP counseling and referral.

All MaMoni and MOH&FW service providers were provided orientation on USAID FP compliance policy.

Figure 9: FP coverage in Habiganj, 2010 vs. 2012



The data shows slight increase in CPR and unmet need, indicating increase in demand. FP surveys were not powered to capture upazila level variation.

MaMoni supported LAPM in Habiganj

Figure 10 shows LAPM performance in Habiganj from Jan 2010 -July 2012 period. There has been consistent increase in LAPM performance. In August and September 2012, LAPM uptake was 288 and 1182. The month of Ramadhan and budget shortfall were responsible for the troughs, service month promotion initiatives were responsible for most of the peaks.

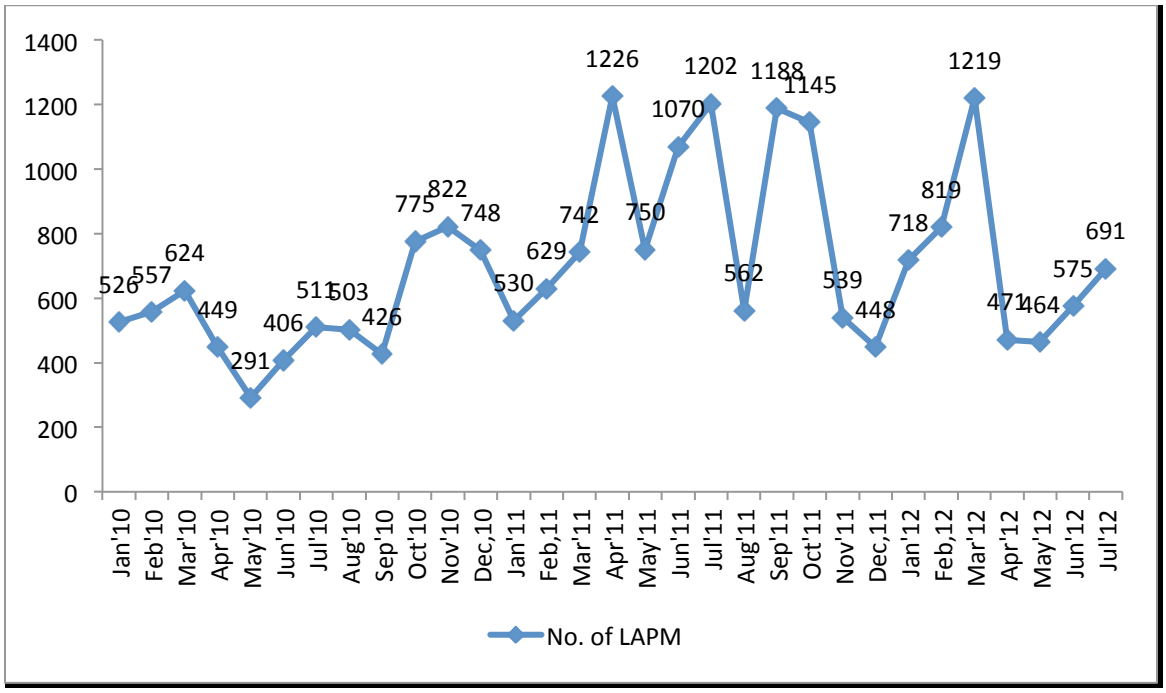


Figure 10: LAPM performance in Habiganj of MaMoni , Jan 2010-July 2012

LAPM performance in Habiganj is limited by availability of service providers and conducive environment. 16 of the 54 union level facilities do not have functional water supply, creating a barrier for safe IUCD insertion. Furthermore, 6 of the 8 MO-MCHFP positions, the upazila level doctor in charge of implant, NSV and tubectomy are vacant. In Habiganj, weekly camps are organized for implants, NSV and tubectomy, and a limited number of men/women can be provided with contraceptive service with required quality in those camps. MaMoni has been working with the DGFP district and upazila level managers to address these barriers.

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

Strengthening Referral Services

MaMoni has set up an extensive network to strengthen referral of mothers and newborns with complications. No maternal death occurred in the cases that were referred to the health facilities. The four figures show some highlights from MaMoni's referral activities from March 2011-Jul 2012

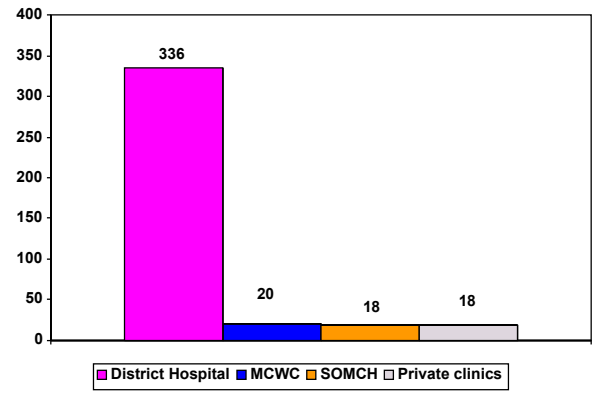


Figure 11.a Distribution of Referral sites (Mar11-Jul'12)

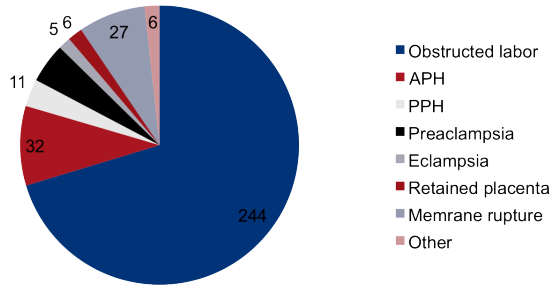


Figure 11.b Distribution of Maternal cases (Mar'11-Jul'12)

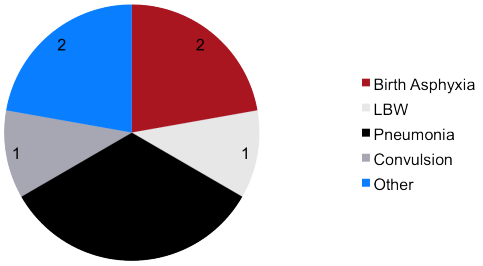


Figure 11.c Distribution of neonatal cases

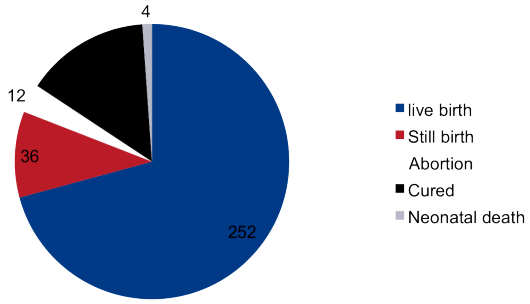


Figure 11.d Outcome of referrals (Mar'11-Jul'12)

Community Micro planning meetings held to increase service coverage

MaMoni is organizing community micro planning at the 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 data from all the micro-planning meeting in a union are compiled in a follow up meeting with the union level supervisors, FWV and other service providers to develop a single complete MIS. The two following charts show the status of the community micro-planning meetings and union follow up meetings.

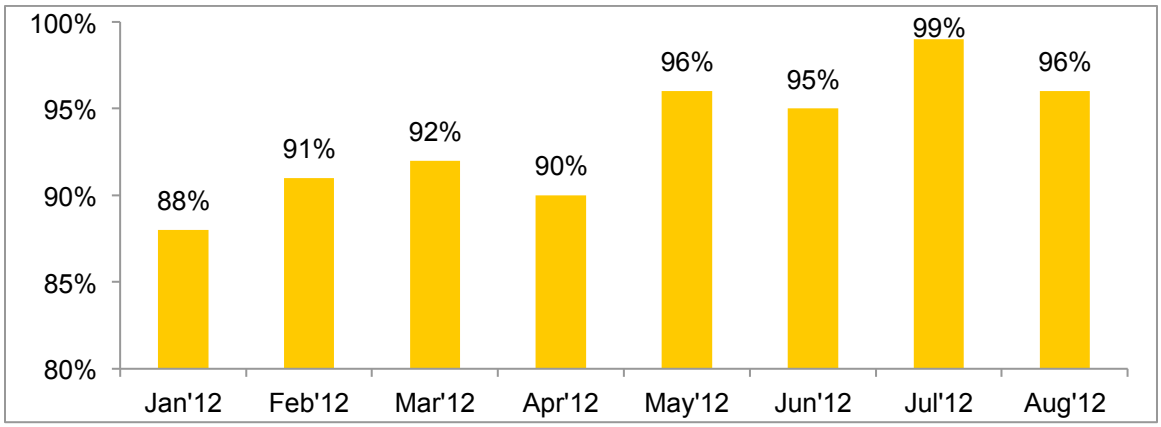


Figure 12: Trend of Community Micro Planning meetings in 2012 in Habiganj

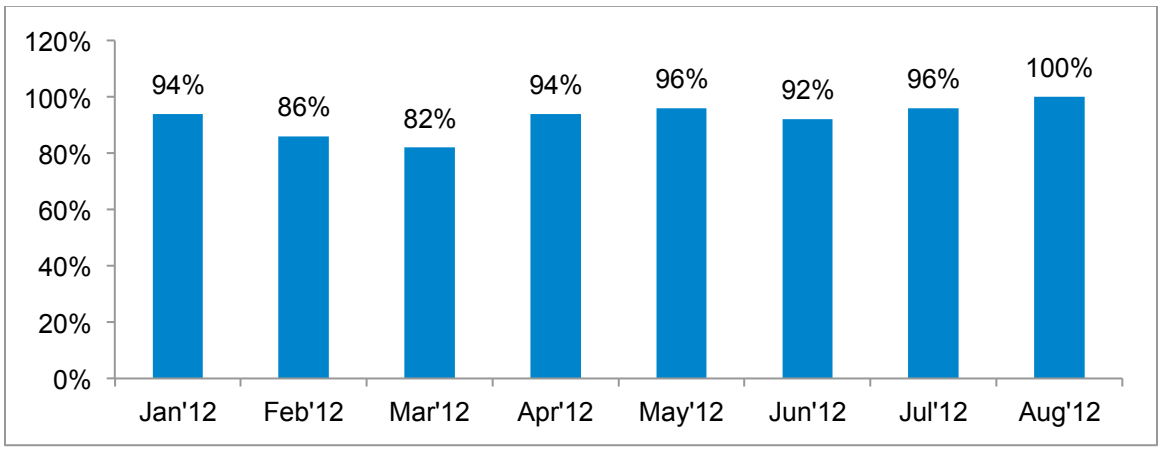


Figure 13: Trend in Union Follow up meetings in Habiganj in 2012

Community microplanning has been found to be an effective tool in ensuring completeness of data. UNICEF has already adapted MaMoni's model and is replicating the approach in Tangail district.

MaMoni Support to FP-MIS for FWV register revision

MaMoni is piloting a "streamlined" set of registers for FWVs in Poil union of Sadar upazila. Discussions are underway for DGFP-MIS unit to use the lessons from this intervention to revise their national forms in the next revision.

Figure 14: Nurjahan Begum, FWV of Poil UH&FWC

Supportive Supervision for Frontline supervisors

MaMoni, in collaboration with consultant firm Partners in Health and Development (PHD) trained 195 government supervisors (AHI, HI, FPI) and 32 NGO supervisors of Sylhet and Habiganj on supportive supervision. The 5-day curriculum had three modules:

- Supportive supervision,
- Stress and time management,
- Leadership and participatory management skills

Total 9 batches of training were conducted, 4 for Sylhet and 5 for Habiganj.

Figure 15: Communication exercise in Supportive supervision training

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

Community Volunteers given responsibilities of community mobilization

MaMoni project's community mobilization strategy relies on using Community Volunteers (CVs) to organize the CM activities. MaMoni's community mobilization uses the Community Action Cycle (CAC) approach, adapted from Save the Children's experience in Bolivia and Nepal. Local government body, *Union parishads* (union councils) supported MaMoni in selection of volunteers, who were then trained on the CAC approach. These volunteers formed Community Action Groups (CAGs) in their communities, and identified priority issues to be addressed by themselves through collective action.

Figure 14: A CAG discussing their action plan in Chunarughat upazila, Habiganj

As of Aug 31, 1,785 Community Action Groups (CAGs) have been formed in 1,725 villages in Habiganj, covering 76% of the villages, 84% of project target. More than 82,000 community members participate in these groups, around half of them female.

The following figure summarizes the Community Action Group activities in Habiganj as of August 2012

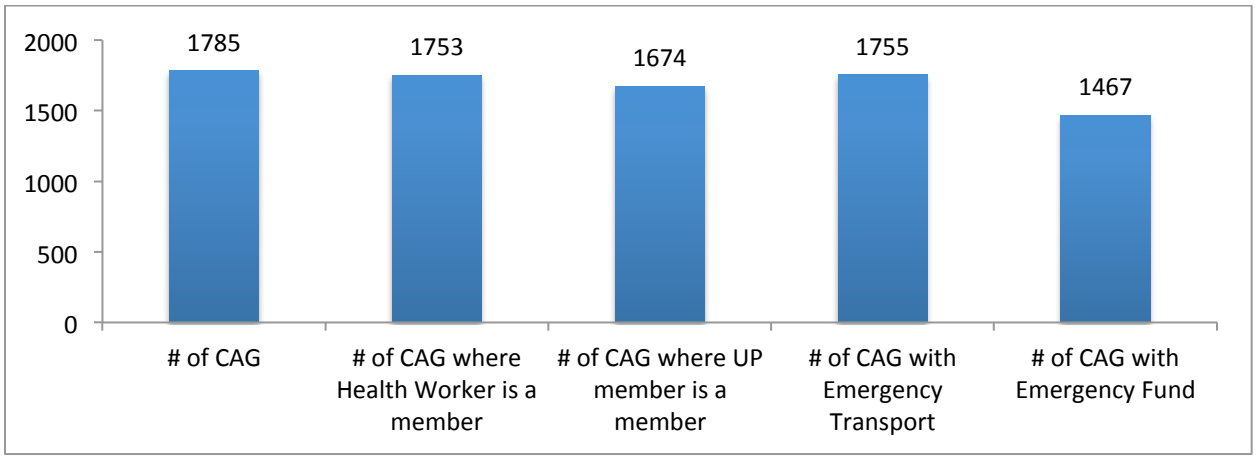


Figure 16: A snapshot of Community Mobilization in Habiganj as of August 2012

Community Action Groups of Habiganj have a collective emergency fund of BDT 795,015 as of August 2012 available to be used in maternal and newborn emergencies, including referral, medicine and other costs.

Local government engaged in CM activities

MaMoni supported union education, health and FP standing committees. The committee meets every two months and allocated budget for MNH-FP activities. Examples of UP contribution include BP/stetho machines to health workers.

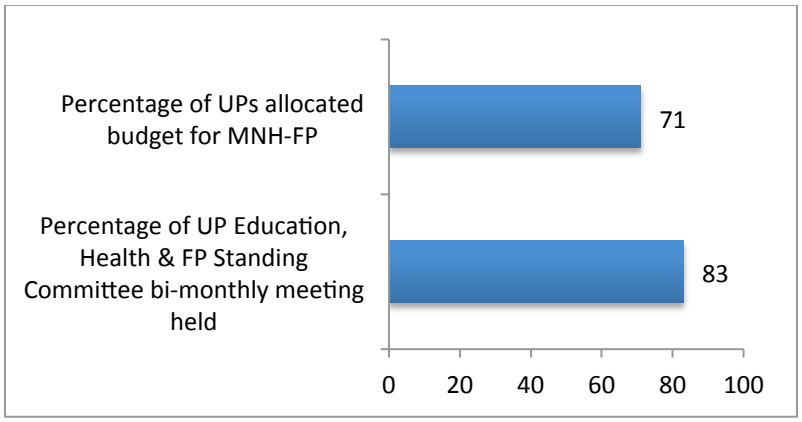


Figure 17: Union Parishad involvement in MNH-FP between Jan-August 2012

Table 6: the contribution of union parishads in MaMoni areas between July 2011-Jun 2012:

	# of FWC supported	Amount Contributed to FWC (BDT)	# of satellite clinics supported	Amount Contributed to Satellite Clinics (BDT)	Types of Contribution
Jul-Dec 2011	3	9,000	9	2,780	Road, Curtain, Weight Machine, Earth Work, Tube well
Jan-Jun 2012	6	470,951	4	4,050	
Total	**9**	**479,951**	**13**	**6,830**	

Since the fiscal year for union parishads ended in June 2012, only data up to June was available.

Conference on Community Engagement held on October 20

Figure 15: Guests at Conference on community engagement

MaMoni, in collaboration with RCHCIB (Community Clinic) Project of MOH&FW, Plan Bangladesh, Care Bangladesh and BRAC organized a half day conference to share experiences of community engagement. Secretary, MOH&FW, MCHIP Director and Director, OPHNE, USAID/Bangladesh were present at this conference.Each partner presented their approach to engage communities to improve the health and nutrition of mothers, children and families.

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

Collaboration with Unilever HWWS GDA to observe Global hand washing day (Oct 15)

Figure 17: TBA practicing hand-washing

From five primary schools in Biswanath Upazila in Sylhet, 777 students and 30 teachers took part in the activities to observe Global Hand Washing Day. 240 Community Volunteers and TBAs participated in three separate CAG group meetings and observed the program in Dewargach and Paschim Baniachang Union, Baniachang Upazila in Habiganj district.

During this week, 50,000 leaflets for TBAs and pregnant mothers, 5,000 posters with newborn messages and 4,000 soaps were handed over to MaMoni Dhaka office from Unilever, to observe Hand Washing Day. This was sent to the field immediately. Another 3,800 vinyl posters for the CAG groups were donated from Unilever. Unilever-Lifebuoy is in a partnership with USAID-MCHIP to increase hand washing with soap (HWWS) to reduce neonatal mortality (mortality during the first 28 days of a child's life)..

MaMoni participated in 7 billion population day observation

MaMoni Upazila teams from Nabiganj, Madhabpur, Habiganj Sadar and Chunarughat in Habiganj and Companiganj, Biswanath and Jaintapur in Sylhet organized rallies celebrating "World of Seven Billion" on October 29, 2011 jointly with respective Upazila family planning department.

Exposure visit for Sylhet and Habiganj district and divisional managers

Figure 19: Visitors learning about FCHV activities of Nepalganj in Nepal

A 7 member team from Sylhet, Habiganj and Dhaka (See Annex 3 for names of participants) visited Bardya and Nawalparasi districts, Nepalganj region of Nepal to observe the community based newborn care project scaled up by Ministry of Health and Population (MOHP) of Nepal. MOHP Nepal has recruited Female Community Health Volunteers (FCHVs) to provide newborn care and identify newborn complications at home level. MaMoni intends to use the lesson from Nepal to strengthen identification and management of sick newborn in Habiganj district.

Observed World Health Day (Apr 07) and National Safe Motherhood day (May 25)

MaMoni supported Habiganj district officials to observe two national events, World Health Day (April 07) and National Safe Motherhood Day (May 28). Mothers, community action groups are engaged to highlight issues of MNH-FP into these programs.

Rally in Ajmiriganj on World Health Day

Rally in Chunarughat on Safe Motherhood Day

Overall Challenges

Turnover at MOH&FW at various levels

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

- **Director, Primary Health Care,** transferred
- **Director, IPHN,** transferred
- **UH&FPO, Baniachang,** retired
- **UH&FPO, Ajmiriganj,** transferred
- **UFPO, Habiganj Sadar and Lakhai,** retired
- **Director General of Family Planning,** transferred
- **Upazila Family Planning Officer, Habiganj Sadar,** changed
- **Medical Officer, MCH-FP, Habiganj Sadar,** transfered

Annex 1. Operational Plan Indicators (October 2011-September 2012)

Sl	Indicator	FY12 Target	Achievements (Cumulative)
A	**Standard Indicator**		
A1	**MCH**		
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	31,253	28,932 (93%)
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	28,063	49,105 (175%)
	Reasons for over or under achievement: • 26 paramedics and 41 CHWs deployed in Habiganj as a part of gap management • Number of satellite clinics increased, referral increased • 5 UH & FWCs upgraded to provide MNH-FP & delivery services • Supervisory visits increased		
3	Number of people trained in maternal/newborn health through USG-assisted programs	2,013	4,224 (211%)
	Women	1,449	3,714
	Men	564	530
	Reasons for over or under achievement: • 2,676 TBAs were trained in Sylhet which was not included in the FY12 target.		
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	12,025	18,948 (158%)
	Reasons for over or under achievement: • 26 paramedics and 14 private CSBAs deployed in Habiganj • 5 UH & FWCs upgraded to provide 24/7 delivery services • Referral system strengthened • Supervisory visits increased		
5	Number of newborns receiving essential newborn care through USG-supported programs	22,213	22,938 (103%)
6	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	94,850	105,575 (111%)
A2	**FPRH**		
1	Couple years of protection (CYP) in USG-supported programs	210,763	287,767 (137%)
	Reasons for over or under achievement: • 26 paramedics, 41 CHWs and 14 private CSBAs deployed in Habiganj as a part of gap management • Referral for LAPM by community volunteers increased • CYP conversion factors revised • Supervisory visits increased		
2	Number of people trained in FP/RH with USG funds	2,013	4,244 (211%)
	Women	1,449	3,714

Sl	Indicator	FY12 Target	Achievements (Cumulative)
	Men	564	530
	Reasons for over or under achievement: • 2,676 TBAs were trained in Sylhet which was not included in the FY12 target.		
3	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,154,413	1,485,176 (129%)
	Women	1,108,986	1,409,253
	Men	45,427	75923
	Reasons for over or under achievement: • 41 CHWs deployed in Habiganj as a part of gap management • Supervisory visits increased		
4	Number of USG-assisted service delivery points providing FP counseling or services	651	646 (99%)
A3	**Nutrition**		
1	Number of people trained in child health and nutrition through USG-supported health area programs	5,013	1,110 (22%)
	Women	2,949	587
	Men	2,064	523
	Reasons for over or under achievement: Training of community volunteers delayed		
B	**Custom Indicators**		
1	Number of ELCOs in MaMoni intervention areas	671,706	585,624 (87%)
2	Number of pregnant women identified and registered	132,413	114,988 (87%)
3	Number of institutional deliveries	20,105	17,818 (89%)
4	Number of pregnant women of 3rd trimester received misoprostol	44,138	39,585 (90%)
5	Number of villages in MaMoni intervention areas that have a Community Action Group	3,651	3,258 (89%)
6	Number of Community Action Groups in MaMoni intervention areas	5,028	4,739 (94%)
7	Number of Community Action Groups that have representation from the nearest health facility	5,028	4,449 (88%)
8	Number of Community Action Groups with an emergency transport system	5,028	4,612 (92%)
9	Number of Community Action Groups with an emergency financing system	5,028	3,900 (78%)
10	Number of units where *Community MicroPlanning* meetings were held	7,872	6,434 (82%)
11	Number of Joint Supervisory Visits (JSV) conducted	540	306 (57%)

Annex 2: Publications produced by MaMoni (October 2011-September 2012)

Document Title	Produced by	Language	Remarks
MaMoni Supportive Supervision Trainer's Manual	PHD/Save the Children	Bangla	
Mid Term Evaluation of Maternal and Newborn Health 2010, Sylhet	ICDDR,B	English	
Baseline Evaluation of Family Planning 2010, Sylhet	ICDDR,B	English	
Baseline Evaluation of Maternal and Newborn Health, Habiganj	ICDDR,B	English	
Baseline Evaluation of Family Planning, 2010, Habiganj	ICDDR,B	English	
Final Report of Verbal Autopsy 2010, Habiganj	ICDDR,B	English	
MaMoni Module 2 Trainer's Manual	Save the Children	Bangla	
MaMoni Module 2 Participant's Manual	Save the Children	Bangla	
Prevention and Primary Management of Pre-eclampsia/Eclampsia Trainer's Manual	OGSB/ EngenderHealth	Bangla	
Prevention and Primary Management of Pre-eclampsia/Eclampsia Participants Handout	OGSB/ EngenderHealth	Bangla	