



MaMoni Bangladesh
Integrated Safe Motherhood,
Newborn Care and Family Planning
Project

Quarterly Report
January 1 – March 31, 2010

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List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
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
ELCO	Eligible Couple
EmOC	Emergency Obstetric 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
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
PHD	Partners in Health and Development
SMC	Social Marketing Company
SSFP	Smiling Sun Franchise Project
TBA	Traditional birth attendant
UPHCP	Urban Primary Health Care Project
VD	Village doctor
WRA	White Ribbon Alliance

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A. Introduction

The second quarter of operations for MaMoni - Integrated Safe Motherhood, Newborn Care and Family Planning Project in Bangladesh, the new associate award under MCHIP was a period of building momentum, formalization of key partnerships and finalization of key mechanism of operations. MaMoni completed most of the startup activities, and began rolling out activities related to key MNH-FP interventions in Sylhet. MaMoni established office Habiganj and completed key staff recruitment and orientation. Coordination mechanisms in national, divisional and district level were established and working well.

This report highlights the key activities between January and March 2010.

B. Key Activities

Startup Activities

Habiganj Office Set up and Operational

MaMoni has set up district office in Habiganj. 6 staff from Sylhet office has already relocated to Habiganj and will be based there, and this will ensure quick roll out of interventions in the district. The district office will house staff working at the district level and also staff working at Habiganj Sadar.

Staff recruitment and orientation completed

All district and upazila level coordinators for Habiganj have been recruited. These staff have undergone orientation in Sylhet which contained a detailed overview of ACCESS/MaMoni interventions and successes in Sylhet, including time in the field to observe household counseling, community mobilization and government programs on the ground.

Project Coordination Mechanism Defined and Operational

MaMoni Senior Management Team has been formed and will meet in mid-April to finalize scope of work.

National level coordination group has been formed at DGFP and the first meeting is scheduled to take place on April 13. A similar coordination group will be formed at DGHS in the next quarter. These group is key to ensure government guidance and support, and also for facilitating government orders for rolling out key interventions at the field level.

Similar district level coordination group has been proposed, and will be finalized in the next quarter.

MaMoni Launched at national and district level



Figure 1: Prof Shah Monir Hossain, DGHS, speaking at the Launching Ceremony at Westin

MaMoni organized a joint launching program with the USAID supported HIV/AIDS project of Family Health International (FHI) on January 28, 2010 at the Westin Hotel and Resorts in Dhaka.

Professor Syed Modasser Ali, advisor to the hon'ble Prime Minister graced the event as Chief Guest while Prof. Shah Monir Hossain, Director General of Health Services presided over the program. Dr. Jafar Ahmad Hakim, Director (MCH) and Line Director (MCRH), Koki Agarwal, Director of MCHIP, and Nicholas Dean, Deputy Chief of Mission, US Embassy were among special guests present on the

occasion.

Prof Shah Monir Hossain, in his concluding remarks said, "... the resources are coming from the people of the USA, let's use it for the people of Bangladesh. ... I'm sure that Sylhet and Habiganj will have a very good program through the MaMoni program, and that program has very good interventions with the government workers. ... I want to see that at the end of the program that there is a change in the key impact indicators."

MaMoni conducted similar launching events at district and upazila level at Sylhet with key stakeholders. Launching in Habiganj has also started with Nabiganj upazila launch on **March 29**. Within April, all upazila launch will be completed.

Baseline surveys

As the process of establishing a sub-agreement with ICDDR,B continues we have made progress on designing the baseline questionnaire and survey plan. ICDDR,B has already received approval from its Research Review Committee (RRC). The baseline survey is expected to commence from May 2010.

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

MaMoni package of MNH-FP interventions and delivery strategy defined

MaMoni has drafted job descriptions and scope of work of FWAs and HAs and Community Clinics. These job descriptions, drafted in consultation with district and upazila level managers, build on the existing ones by adding new key interventions (use of Misoprostol, newborn examination, immediate and early PNC, breastfeeding support for mothers, postpartum family planning, sick newborn care, etc.). The revised JDs will be finalized in consultation with the national coordination groups at the DGHS and DGFP level.

In Sylhet, MaMoni Community Health Workers (CHWs) will support FWAs in ensuring 100% coverage of MNH-FP interventions. This will be done in several ways, taking lessons from the RED approach. CHW working areas have been redistributed to mimic government FWA working units. In units with no dedicated FWAs, CHWs will assume some of the responsibilities of the FWA to ensure 100% coverage. In other areas, CHWs will support FWAs to complete surveillance, counsel mothers, and reaching mothers with PNC services within the first 24 hours.

Community based workers skilled to deliver MaMoni package at household level

MaMoni adapted the module from the ACCESS project to ensure inclusion of newer components of the MaMoni package. The 6 day curriculum for CHWs covers basics on maternal and newborn health, family planning, prevention of postpartum hemorrhage (including use of misoprostol), micro-planning and MIS.

Training of trainers for NGO trainers was completed in two batches during which the module was field tested and finalized. MaMoni is also conducting training package orientation for MOH&FW trainers at upazila level. The training will be conducted at the upazila level. CHWs, FWAs and HAs will be trained together in batches and all training for Sylhet will be concluded by June 2010. In Habiganj, FWA and HA training is expected to be completed by July 2010.

MaMoni package delivered at household level by community based workers

As mentioned before, in Sylhet CHW working area has been redefined to mimic the FWA operational unit. Between January and March, CHWs supported FWAs to update the Eligible Couple (ELCO) list, and conduct surveillance. After receiving training, CHWs and FWAs will work together to ensure 100% coverage in Sylhet.

In Habiganj, MaMoni has already identified vacant units where dedicated FWAs are not available. MaMoni is negotiating with the government to ensure speedy recruitment of FWAs, and will temporarily recruit CHWs to provide MNH-FP services in the most vulnerable units.

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



Figure 2: TOT Participants learn about teamwork through interactive games

With assistance from Partners in Health and Development (PHD), MaMoni organized three batches of Training of Trainers course for Sylhet and Habiganj district and upazila level government staff. Two batches were conducted in Sylhet and One batch conducted in Habiganj.

This six day curriculum provides a foundation for conducting successful training, covering topics like adult learning, training needs assessment, training curriculum development, training methodology, group

management, effective use of visual aids, facilitation skills, etc.

21 health and 21 family planning officers from the district and upazila level government health facilities are now skilled in training facilitation. These officers will in turn support MaMoni in training GOB and NGO health workers at the upazila level.

Community resources strengthened to deliver selected services

MaMoni plans to train village doctors on identification and management of sick newborn. MaMoni is working with the Saving Newborn Lives program, UNICEF, Bangladesh Perinatal Society and the GOB/IMCI program to finalize the national protocol for management of sick newborn. The protocol is expected to be finalized in April, and the training curriculum will be finalized by June 2010.

MaMoni is also in the process of revising the TBA training module to incorporate messages on postpartum hemorrhage, hand washing and family planning. MaMoni has already begun conducting monthly orientation meetings with TBAs where some of these messages are being tested.

Collaboration with EngenderHealth to develop strategy to introduce misoprostol

MaMoni is in the process of signing a Memorandum of Understanding with California based Venture Strategies International (VSI) to obtain misoprostol tablets. VSI has agreed to provide the required number of misoprostol free of charge for the duration of the project period.

MaMoni, in collaboration with EngenderHealth has briefed the concerned line managers of DGHS and DGFP, and is in the process of obtaining approval from them to introduce misoprostol in Sylhet and Habiganj from June 2010. Trained CHW, FWA and HA will distribute the tablets to the mothers.

Facilities Identified to be strengthened to deliver MaMoni package

MaMoni plans to strengthen 50% of the health facilities of Habiganj over the project period to ensure effective delivery of MaMoni package. MaMoni has selected Nabiganj upazila to test the facility strengthening approach. The approach will include establishing standard operating procedures used in SSFP and UPHCP projects, community consultations to improve client satisfaction and addressing the skills and attitudes of health service providers. MaMoni is in the process of finalizing tools to conduct facility assessment in May-June. Inputs from JHPIEGO in this regard is being incorporated. Upazila health complex, family welfare centers and community clinics will be prioritized in facility strengthening.

Success Story: MaMoni CHW Apu Rani Sheel saves the life of 1 day old Baby Nahid

Apu Rani Sheel, a trained Community Health Worker (CHW) of MaMoni project saved the life of 1 day old baby Nahid in Noorpur village of Sylhet. By correctly identifying rapid breathing and indrawn chest as a danger sign and acting promptly, Apu prevented a tragedy typical in rural areas of Bangladesh.

Akkas Ali, 30, baby Nahid's father is a poor farmer in Noorpur village, a remote and hard to reach village in Sadipur union, Balaganj Upazila of Sylhet district. On January 9, 2010, his wife Sulena gave birth to baby Nahid, their second child, after a long and difficult labor. The traditional birth attendant, Zahura Begum, who also delivered their previous daughter, reassured Sulena that the baby was fine, even though Sulena noticed breathing irregularities.

Sulena received two counseling visits by CHW Apu during her pregnancy, and she remembered the danger signs that Apu mentioned in those visits. There is no government service provider in her area, and the nearest FWC is too far from their village. Thus she did not receive the standard four ANC checkups. During her screening and registration visit, Apu convinced the mother and pleaded with the family to deliver at a health facility, but the family chose home delivery.

Apu, upon receiving notification of birth, visited the mother and the newborn the next day to conduct routine maternal and neonatal care. She found the newborn breathing rapidly, and with indrawn chest, indicating respiratory problems. The family refused to get the baby checked by a skilled provider.

Apu consulted her senior colleagues via mobile phone for suggestions. She finally brought in the nearest village doctor. At his urging, Akkas arranged a CNG-run taxi and brought the baby to a private clinic 9km away in Goala Bazar. The medical doctor there treated baby Nahid immediately and the baby became better soon. The doctor commented that had the referral been further delayed, this baby could not be saved.

Apu Rani Sheel, a local girl of Nurpur village was recruited as community health worker by the MaMoni implementing partner, Shimantik. As CHW, Apu received training on basic MNH issues. She put the skills she got from a refresher training on newborn danger sign to good use. After returning from the clinic, the family members apologized to Apu for their negligence.



Figure 3: Apu with Baby Nahid and Mother Sulena

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

As mentioned under objective 1, Family Planning has been included in the MaMoni training package and field testing of the module has been completed. The Training of Trainers involved key government officials, including the Deputy Director, Family Planning, of Sylhet district to ensure complete alignment of government and MaMoni messages on FP.

FP messages have been also incorporated in the revised guidelines of the Community Action Groups. In Sylhet, MaMoni currently have 1904 CAGs, which already promote MNH messages and have set up systems to ensure access to critical MNH services. MaMoni will work with the existing and new groups to ensure contraceptive security at the community level.

FP services available to couples

MaMoni has completed a detailed mapping of FP vulnerabilities in Sylhet. Out of the 256 units in the 7 working upazilas of MaMoni in Sylhet, 73 units do not have a dedicated FWA (54 of which have no FWA assigned). MaMoni CHWs will procure contraceptives from the govt. system and ensure that the couples in the units have access to FP commodities.

Similar strategy will be adopted in Habiganj, where through temporary CHWs and CAGs, MaMoni will be able to reach the 15-20% area currently without any FWA coverage. The distribution of contraceptive services will begin after the training in May 2010.

FP Service Delivery strengthened and coordinated

MaMoni also plans to work with SSFP and SMC to expand the private sector reach of contraceptives in Sylhet. In addition, CAGs will be motivated to procure contraceptives using their own funds, and provide them to their communities.

MaMoni will also work with the district and national level managers to pre-empt any stock-out of contraceptive commodities. A critical issue for Sylhet and Habiganj are vacant FWV positions, who are authorized to provide injectable contraceptives. MaMoni is in negotiation with the DGFP to train the CHWs and FWAs (where FWVs are not available) to provide this critical service.

Case Study: Munni Manjari – Critical Unmet Need in FP Services

Munni Manjari, 25, lives in Monipur Tea Garden in Ghilachara Union, Fenchuganj Upazila of Sylhet. At 14, She was married to her husband, Kripa. Because of lack of family planning services, their 11 year conjugal life has become an unbearable burden.

Monipur tea garden provides health care for its workers, but FP services are not available. Nearest FWAs are far, and thus beyond Munni's reach. Munni first became pregnant a year after her marriage, and had a miscarriage at her seventh month. Subsequently, she gave birth to five more children. The oldest, Sangita, is 9, and the youngest is four months of age. Sangita has now joined her mother at work.

Repeated pregnancy has taken a severe toll on Munni. She suffers from anemia, chest pain and general weakness. She needs to take off from work every other day because of her physical condition. With the limited daily wage, Kripa and Manjari can barely provide for their children.

Munni received MNH services from MaMoni CHW Sathi Rani during her pregnancy. She begged Sathi for FP commodities, but Sathi was not trained or equipped to provide FP services. MaMoni is now working with the family planning directorate to train all CHWs on FP counseling and distribute FP commodities at household level. Munni mentioned that many mothers in her community want to keep their families small. These mothers are desperate for methods, but cannot access them. MaMoni, soon will be able to bring critical FP services at their doorstep and give the hope of a better life for these women.



Figure 4: Munni with her surviving five children

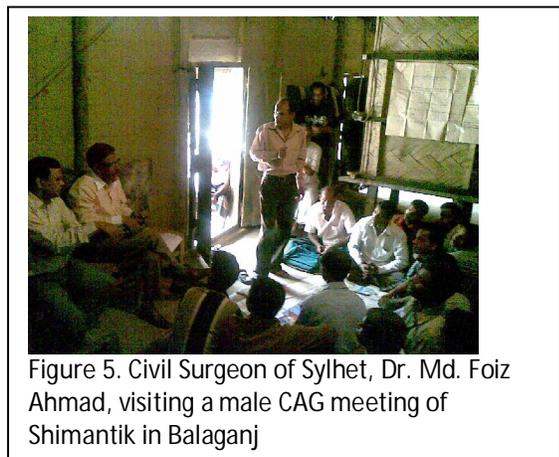
Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy

Support Systems for household based services strengthened

MaMoni has modified its MIS instruments to accommodate MaMoni package. The MIS system has been revised to align closer with the government reporting system. In Habiganj, MaMoni will closely follow the government reporting mechanism, and is negotiating with the district managers to introduce additional tools for PNC and misoprostol use.

MaMoni is supporting effective supervision by introducing microplanning at the ward level where the CHW, FWA and FPI will jointly develop and action plan to ensure universal coverage at the unit level. Currently 25% of FPI positions of Sylhet, and 53% of those in Habiganj are vacant. MaMoni will work closely with the DGFP to ensure effective support and supervision for the frontline health workers.

Community Action Groups linked to existing health system components.



MaMoni CM strategy has identified strategies for handing over CAG operations to the community and link with the existing health system. As part of the strategy, in Sylhet, MaMoni is in the process of mapping CCMGs, the management groups of Community Clinics, and identifying community resource persons, volunteers who can run the CAGs independent of MaMoni staff.

MaMoni will also orient the local government body, Union Parishad (UP) members on the successes and activities of CAGs.

Through participation of UP members and CCMGs in Sylhet, MaMoni expects the CAGs to play an active role in the community after the program is phased out in 2011.

MaMoni coordinated/linked with MOH&FW at all levels

MaMoni has already established national coordination committees at DGFP and will form one at the DGHS. Similarly, at district, upazila level coordination committees will be formed for effective support for field level activities.

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

Community Mobilization Strategy Modified and streamlined to support MaMoni package and strategies

MaMoni's community mobilization strategy and training curriculum has been developed. The new strategy differs from the previous ACCESS CM guideline in that it relies on using Community Volunteers (CVs) to organize the CM activities. In Sylhet CV (formerly called CRPs) orientation will be completed in April.

1904 Community Action Groups (CAGs) have been formed in 3 phases in 50% of the villages of Sylhet. These CAGs have undergone the cycle approach to solve problems in their communities. For the remaining villages, MaMoni will involve Union Parishads and CCMGs to form groups, and use the CRP/CVs to implement the CM activities. FWAs and HAs will be sought to participate regularly in these groups.

Family Planning tools have been introduced in the existing CAGs, and will be a standard part of the new groups.

Resource Pool Built to Facilitate CM

The Community Supervisors/Mobilizers (CSM/CM) will be trained using the new curriculum, who will in turn develop the capacity of CRPs/CVs in Sylhet and Habiganj.

Success Story: Community Action Saved the Lives of Rezia Begum and her baby

Rezia begum resides in Ghagua village, a pocket village of Amura union, Golapganj upazila of Sylhet. Ghagua is also in the famous marshland, Hakaluki Haor, from where getting to a health facility is nearly impossible. Like any other mother, Rezia, 18, and her day laborer husband, Abdur Rahim, 24, arranged for home delivery on her first pregnancy.

When Rezia went into labor, only her younger brother-in-law was at home. Her husband was out at work, and father and mother-in-law went to visit relatives. A neighbor, Delwar Hossain, also a member of the male Community Action Group (CAG) of that village, heard her cry, and called in the TBA, Kulsuma Begum. Kulsuma detected obstructed labor, and urged the male and female CAGs to transport her to a health facility. Delwar notified the designated CNG (taxi) driver, Selim, and withdrew money from the CAG emergency fund. He also notified Rezia's husband and father-in-law. Two female CAG members, Jorina and Kamla bibi accompanied her to Dharabahar Government Hospital in Golapganj.

Rezia delivered a male baby, Suhag. The mother and the baby left the hospital after two days, and the CAG paid for her expenses there. Rezia is very grateful to the CAGs for their prompt action, she can't imagine what would have happened if these volunteers did not intervene at the right time. The CAG members are also pleased that they could save the lives of one of their own.

MaMoni has established around 1,900 CAGs in Sylhet, about two thirds of these groups have set up their own emergency fund and transport system. The CAGs make sure that mothers like Rezia are not denied the essential services when they need it the most.



Figure 6: Rezia with Suhag, saved through community action

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

Participation in Conference on Scaling Up High Impact FP/MNCH Best Practices in Asia and the Middle East

MaMoni supported three key government officials to attend the aforementioned conference in Bangkok from February 7-11. The officials were:

- Dr. Bishnupada Dhar, Program Manager (Child Health), DGFP
- Dr. Mosaddeque Ahmed, Program Manager (IMCI), DGHS
- Dr. Md. Altaf Hossain, Deputy Program Manager (Newborn Health), DGHS

Ishtiaq Mannan and Mohiuddin Chowdhury of MaMoni also participated in the conference. The Bangladesh Country Team have chosen Prevention of Postpartum Hemorrhage as the issue to scale up in Bangladesh. MaMoni, with the intervention of misoprostol at community level will play a key role in the scaling up.

MaMoni interface with national initiatives/programs identified and operational

MaMoni supported WRA Bangladesh in developing their strategic plan and work plan. MaMoni also supported the IMCI department in developing action plan to implement the National Neonatal Health Strategy and Guidelines.

MaMoni visible and model promoted at national and sub-national levels

Collaboration with Alive and Thrive (A&T)

MaMoni is working jointly with Alive and Thrive, a program funded by the Bill and Melinda Gates Foundation, to promote breastfeeding in the country. Several discussions have taken place to launch a broad based partnership including the UNICEF, SNL, BBF and the Institute of Public Health and Nutrition (IPHN). As part of a series, the first seminar/workshop is to take place in April to share research findings on breastfeeding problems. This series is to culminate into a process to formulate an action plan to be incorporated into the action plans for National Neonatal Health Strategy and Maternal Health Strategy.

Collaboration with UNICEF

Discussions have been initiated with UNICEF and ICDDR,B on including Habiganj in the Newborn Sepsis Operations Research initiated by the DGHS. Since in Habiganj MOH&FW service providers will identify

and manage newborn sepsis in the community, learning pertaining to feasibility, quality and coverage will provide important lessons for nation wide scale up of community based management of newborn sepsis. UNICEF has agreed to supply the project with necessary drugs (antibiotics) and support additional evaluation cost related to sepsis.

Collaboration with Engender Health and VSI

Use of community based misoprostol in the absence of Active Management of Third Stage of Labor (AMTSL) by a skilled provider is the intervention to prevent postpartum hemorrhage. Engender Health through its Mayer Hashi project has been working with the MOH&FW to pilot introduction of community based misoprostol in several areas of the country. We have reached a collaborative agreement with EngenderHealth to receive technical support in scaling up of misoprostol in MaMoni areas. MaMoni will also receive technical support from Engender Health on clinical contraceptives as well. MaMoni, in turn, will extend its expertise on community mobilization to Engender Health.

Overall Challenges

High 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, PHC and Line Director (ESD), the key technical position guiding misoprostol and neonatal sepsis management, was replaced
- Divisional Director, Health, Sylhet division, replaced twice in last four months
- Civil Surgeon, Habiganj, replaced
- Additional Director General (Admin), and Line Director, IST, the key authority for organizing training for health cadre of workers, replaced due to retirement
- Deputy Director, Family Planning, Moulvibazar, instrumental part of the FP Clinical Services Team for Sylhet Division, replaced due to retirement
- Deputy Director, Family Planning, Habiganj, replaced
- Program Manager (RH), DGHS, replaced due to transfer

As MaMoni began to roll out of new interventions on the ground, these changes have affected the continuity of the decision making at the policy level. MaMoni is building in advocacy and sensitization activities at all levels to address this challenge.

Managing dual district set-up

The team based in Sylhet now has to be divided in terms of time and physical location between Sylhet and Habiganj. Both the districts have its own unique programmatic demands as the program components roll out. It is a challenge to manage two districts with different programmatic and systematic focus.

Annex 1. Operational Plan Indicators

MaMoni performance by indicators Quarter 2: FY2010

SI	Indicator	Status
A	Operational Plan Indicator	
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	7,286
2	Number of people trained in maternal/newborn health through USG-assisted programs	35
3	Number of newborns receiving essential newborn care through USG-supported programs	3,851
4	Number of institutions with improved Management Information Systems, as a result of USG Assistance.	3
5	Number of institutions that have used USG-Assisted MIS System information to inform administrative/management decisions	3
6	Number of people trained in strategic information management with USG assistance	0
7	Number of monitoring plans prepared by the USG	0
8	Number of people trained in monitoring and evaluation with USG assistance	0
9	Number of baseline or feasibility studies prepared by USG	0
10	Number of special studies	0
11	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	9,954
12	Number of people including project staff trained to impart hand washing counseling messages and technique with USG assistance	0

SI	Indicator	Status
13	Couple years of protection (CYP) in USG-supported programs	-
14	Number of people trained in FP/RH with USG funds	35
15	Number of people that have seen or heard a specific USG-supported FP/RH message	9,464
16	Number of counseling visits for family planning/reproductive health as a result of USG assistance	9,464
17	Number of target facilities experiencing stockouts of key MNH-FP drugs/supplies in the reporting period	-
18	Number of USG-assisted service delivery points providing FP counseling or services	-
B	Custom Indicators	
1	Number of ELCO in MaMoni intervention areas	251,675
2	Number of pregnant women identified and registered in MaMoni intervention areas	12,043
3	Percent of pregnant women received home visit during pregnancy by CHW	99.1
4	Percent of pregnant women referred by CHW for pregnancy related complications	-
5	Number of pregnant women received ANC	-
6	Percent distribution of births by place of delivery	
	Home delivery	83.8
	Facility delivery	16.2
	Others	0

SI	Indicator	Status
7	Percent distribution of non institutional live births by person providing assistance during childbirth	
	Delivery by skilled provider	3.8
	Delivery by relative	7.2
	Delivery by TBA	88.5
	Delivery by other	0.4
8	Percent of postpartum women received postpartum home visit by CHW	
8a	Postpartum visit within 24 hours	57.1
8b	Postpartum visit between 5-7 days	83.3
9	Percent of postpartum women referred by CHW for postpartum complications	-
10	Number of recent mothers received PNC	-
11	Percent of ELCO referred by CHW for FP services	-
12	Percent of sick newborns referred by CHW	-
13	Percent of recent mothers received misoprostol	-
14	Percent of recent mothers consumed misoprostol	-
15	Contraceptive Acceptance Rate (CAR)	-
16	Contraceptive method mix	-

SI	Indicator	Status
17	Percent of ELCO received FP counseling	-
18	Percent of functional service delivery points providing FP services	-
19	Percent of functional service delivery points with adequate FP commodities	-
20	Percent of functional service delivery points covered under joint supervision plan	-
21	Percent of functional service delivery points visited by joint supervisory team	-
22	Percent of service delivery points planned strengthening	-
23	Percent of service delivery points strengthened	-
24	Percent of Coordination Committee Meetings held against planned	-
25	Number of live births	9,395
26	Number of newborn deaths	161
27	Number of women died during pregnancy and/or within 42 days following delivery	19
28	Percent of villages in MaMoni intervention areas that have a Community Action Group (CAG)	55.4
29	Percent of Community Action Groups (CAG) that met at least once in the last 2 months	49.3
30	Percent of Community Action Groups (CAG) with action plans to advocate for improved EMNC services	100
31	Percent of Community Action Groups (CAG) with an emergency transport system	92.6
32	Percent of Community Action Groups (CAG) with an emergency financing system	73.7

SI	Indicator	Status
33	Percent of Community Action Groups (CAG) that have representation from the nearest health facility	78.3
34	Percent of Union Parishad that take action to address MNH-FP issues	-
35	Percent of Union Parishad that use local government resources to address MNH-FP issues	-

Annex 2. Visitors to the project

Visitor	Organization	Dates	Purpose
Nowrozy Kamar Jahan and Md. Bashir	Engender Health	January 13-14	Dr. N K Jahan, Team Leader, PPH Prevention/Maternal Health trained the first batch of NGO trainers on misoprostol and postpartum hemorrhage and the EH team visited MaMoni community mobilization activities.
Angela Brasington	MCHIP/SC	January 14-28	Community Mobilization Specialist of Save the Children came for a TA visit to support the finalization of Community Mobilization approach for Sylhet and Habiganj.
Koki Agarwal	MCHIP/JHPIE GO	January 25	Director, MCHIP visited MaMoni field activities and attended MaMoni's launching program.
Md. Didarul Islam	DGFP	February 14	Deputy Director, Services visited the Training of Trainers Course for government and NGO trainers. MaMoni will train about 400 NGO staff and 300 government health workers using these trainers at upazila level.
Kazi Shahadat Hossain	DGHS	February 17	Additional Director General (Admin) & Line Director (in-charge), IST visited the Training of Trainers Course for government and NGO trainers. MaMoni will train about 400 NGO staff and 300 government health workers using these trainers at upazila level.
Shamanaz Urmee Rubayet, Zafor Ullah Nizam	SSFP/ Chemonics	March 1	The monitoring and service promotion team of Smiling Sun Franchise Project visited the counseling and community mobilization activities. MaMoni and SSFP is collaborating in Sylhet to increase service utilization of SSFP clinics and expand satellite clinic services to underserved areas.
Catharine McKaig and Jaime Mungia	MCHIP/ JHPIEGO	Mar 3	Director of ACCESS-FP and Program and program backstop for ACCESS-Healthy Fertility Study in Sylhet visited community mobilization activities. MaMoni is building on the experience of Healthy Fertility Study to promote postpartum family planning and increase access and utilization of contraceptives.

Sukumar Sarker and Umme Salma Jahan Meena	USAID-BD	March 24	USAID FP assessment team visited MaMoni sites to visit community mobilization activities.
Gerard Bowers and Betty Ravenholt	GH-Tech	March 24	USAID FP assessment team visited MaMoni sites to visit community mobilization activities.
Md. Foiz Ahmad	DGHS/ Sylhet	March 7	Civil Surgeon, Sylhet District visited project areas to observe household counseling, community mobilization activities. MaMoni is collaborating with the CS office to expand access to essential PPH and sick newborn management services at the community
Saha Bidhan Chandra	DGFP/Sylhet	March 13	The Deputy Director of Family Planning, Sylhet District visited project areas to observe household counseling, community mobilization activities. MaMoni is collaborating with DGFP to increase coverage and utilization of family planning services in Sylhet project areas
Ahmad Shah Noorzada, Md. Munir Sarwary, Adela Kohestani	JHPIEGO/ HSSP- Afghanistan	March 18	Afghanistan's Health Services Support Project team visited MaMoni counseling and CM activities and shared their experience in implementing community based PPH project in Afghanistan. HSSP is an associate award of ACCESS Global project which reached over 2,000 mothers with misoprostol drugs at home level using CHWs.

Annex 3. List of Documents Produced

Document Title	Produced by	Description
MaMoni Training Manual and Participants Handout	MaMoni	Training manual contains topics of MNH, FP, PPH and misoprostol, microplanning, MIS
Training of Trainers Course Manual and Participants Handout	Partners in Health and Development (PHD) for MaMoni	Training manual contains topics of adult learning, training needs assessment, group facilitation, training feedback,
MaMoni MIS Register for CHWs	MaMoni	Register for collecting household level information on MaMoni package components
MaMoni Community Mobilization Strategy	MaMoni	Guideline describing MaMoni's approach to CM.