



MaMoni

Integrated Safe Motherhood, Newborn Care, Family Planning Project



Dilara Begum of Turong village, Companiganj, Sylhet, gave birth to a baby girl in 2010 who did not move or breathe. The village doctor declared her dead. Thanks to MaMoni's health promotion activities through community health workers, the local traditional birth attendant was able to revive this beautiful girl, Takmina Begum, who will turn four early next year.

Annual Report

October 1, 2012-September 30, 2013

Submitted
November 8, 2013



List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ANC	Antenatal Care
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CG/CCMG	Community Group/Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CPR	Contraceptive Prevalence Rate
CS	Civil Surgeon
CSBA	Community Skilled Birth Attendant
CV	Community Volunteer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
ELCO	Eligible Couple (for FP)
EmOC	Emergency Obstetric Care
ENA	Essential Nutrition Action
ENC	Essential Newborn Care
ETAT	Emergency Triage, Assessment and Treatment of Sick Newborn
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GOB	Government of Bangladesh
HA	Health Assistant
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
MIS	Management Information System
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
MWRA	Married Women of Reproductive Age

NVD	Normal Vaginal Delivery
PHC	Primary Health Care
PPIUCD	Postpartum Intrauterine Contraceptive Device
PNC	Postnatal Care
SBA	Skilled Birth Attendant
SBM-R	Standards Based Management and Recognition
TBA	Traditional birth attendant
TOT	Training of Trainers
UH&FWCs	Union Health and Family Welfare Centers
WRA	White Ribbon Alliance

Contents

A. Introduction	5
B. Highlights of Accomplishments of FY13	5
C. Key Activities	6
Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home	6
Objective 2: Increase Appropriate and Timely Utilization of Home and Facility-based Essential MNH and FP Services	10
Objective 3: Increase Acceptance of FP Methods and Advance Understanding of FP as a Preventative Health Intervention for Mothers and Newborns	17
Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy.....	19
Objective 5: Mobilize Community Action, Support and Demand for the Practice of Healthy MNH Behaviors.....	22
Objective 6: Increase Key Stakeholder Leadership, Commitment and Action for these MNH Approaches.....	24
Special Activity: MaMoni Program Evaluation	27
Special Activity: Collaboration with TRAction project to reduce newborn mortality through targeted intervention in Jaintapur Upazila, Sylhet.....	28
Key Activities for October- December 2013 (Year 5)	29
Annex 1: Operational Plan Indicators (October 2012-September 2013)	30

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A. Introduction

MaMoni – the Integrated Safe Motherhood, Newborn Care and Family Planning Project- accomplished several important milestones in its fourth year of implementation (FY13). MaMoni leveraged significant funds and in-kind contributions through a diverse range of partnerships to strengthen the overall MaMoni implementation. Also, in Habiganj, through multiple partnerships, MaMoni made great progress in expanding services to remote communities, assessing quality of project interventions, strengthening government Management Information Systems (MIS) through community participation, and strengthening referral systems at communities.

This report highlights the key achievements between October 1, 2012 and September 30, 2013.

B. Highlights of Accomplishments of FY13

- Completed the MaMoni external evaluation in May 2013.
- Completed the Standards-Based Management and Recognition (SBM-R) tools and initiated implementation in five health facilities.
- Inaugurated new 24/7 delivery centers (Daulatpur and Khagaura Union Health and Family Welfare Centers [UH&FWCs]), and commenced renovation for other health facilities (East Boro Vakoir and West Boro Vakoir UH&FWCs).
- Began renovation in three new clinics (Pailarkandi, Pukra and Badalpur) with the support of leveraged funds.

C. Key Activities

The key achievements are presented by project sub-objectives.

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 Family Welfare Assistants (FWAs) and Health Assistants (HAs), deliver the MaMoni package at the household level. The figure below shows the trend of antenatal care (ANC) by medically trained providers over the last year.

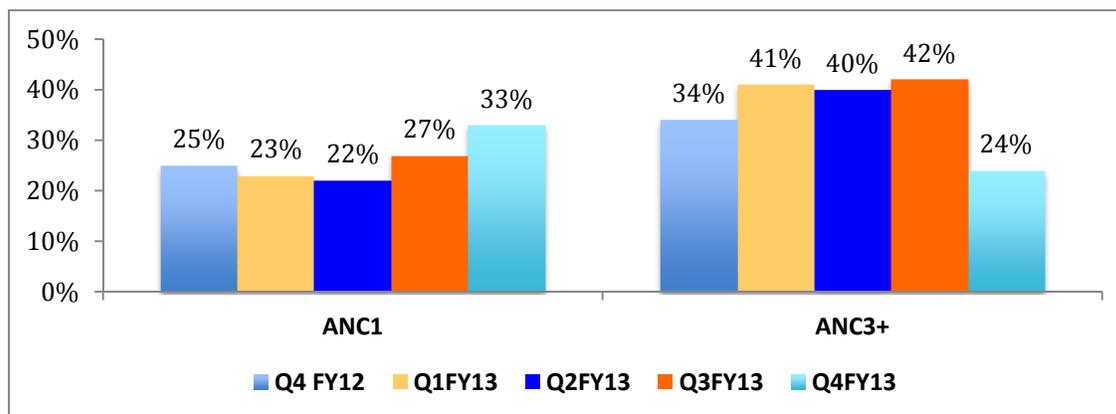


Figure 1: Trend of ANC achievements, by quarter

As illustrated in Figure 1, ANC3+ has been increasing steadily against target, except in the July-September quarter, when Ramadhan and Eid holidays disrupted services. This is due to greater engagement of community skilled birth attendants (C-SBAs) in providing ANC at home or community clinics.

Ensuring and monitoring ANC has been a consistent challenge throughout Bangladesh, not only for MaMoni. The Bangladesh Demographic and Health Survey (BDHS) 2011 reported 46.7% ANC coverage (defined as any ANC by a medically trained provider) in Sylhet division, which is minimally higher than the 43.8% coverage reported in the BDHS 2004. This plateau is also observed with the MaMoni baseline survey (December 2010) estimation of 36.6% and midline survey (June 2012) of 37.1% for the same indicator in Habiganj district.

One of the issues identified in the MaMoni 2012 survey was that 60% of mothers reported receiving ANC from doctors, likely from Upazila Health Complex (UHC) and private practitioners. The compilation of data for health and family planning has been a challenge in MaMoni, as the routine Directorate General Health Services (DGHS) report does not segregate by visit (1st, 2nd, 3rd, etc.). MaMoni has introduced a supplementary form in order to improve the quality of reported data.

Figure 2 shows the percentage of satellite clinics operating over the past four quarters. From quarter three on, MaMoni took special measures to increase satellite clinics in Lakhai and Bahubal Upazilas.

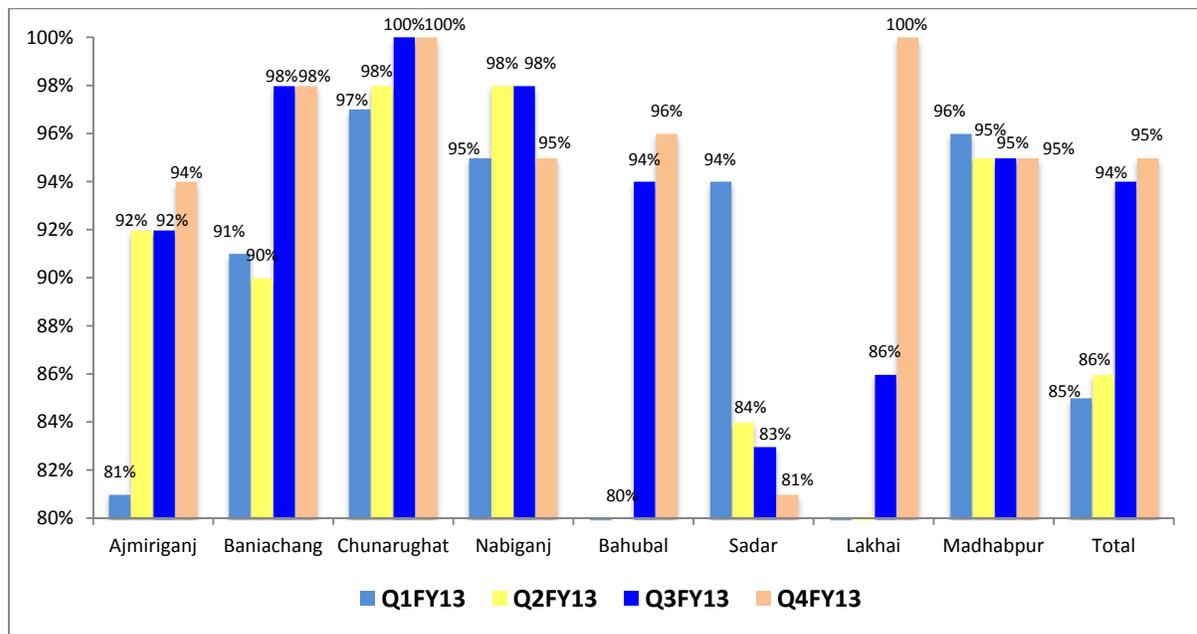


Figure 2: Percentage of satellite clinics organized against plan in the past four quarters

Habiganj Sadar has had a decline in the number of satellite clinics over the last four consecutive quarters, due in particular to one Family Welfare Visitor (FWV) from the Nurpur union who was absent from duty for over three months due to illness. Also, the SACMO of Teghoria union died; therefore, satellite services at that location were disrupted. This was mentioned to the Deputy Director of Family Planning (DDFP) in the July quarterly review meeting, and MaMoni is working with him to address these gaps as soon as possible.

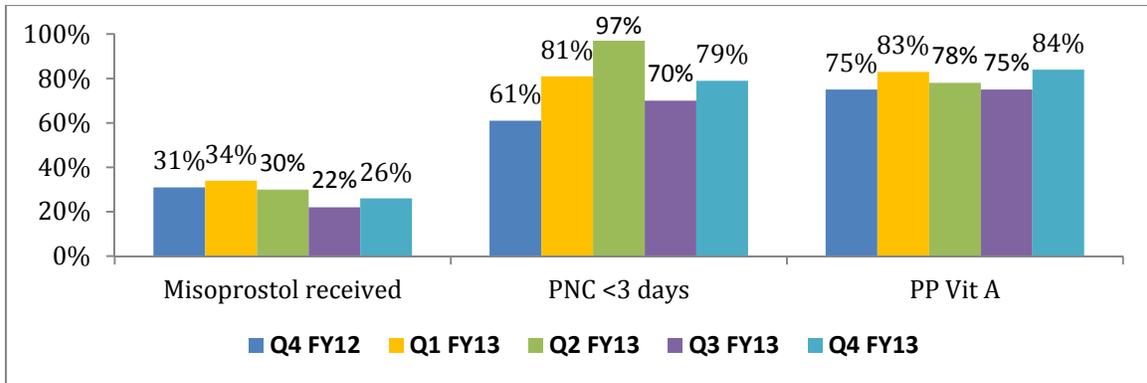


Figure 3: Continuum of care for MNH in Habiganj over the last five quarters

MaMoni’s strategy is to provide misoprostol during ANC in the third trimester. As the ANC3+ data shows in Figures 1 and 3, there are significant constraints in reaching mothers with misoprostol in the third trimester. Only 42% of mothers (against the target) received ANC three or more times in the last quarter. MaMoni is supporting FWAs and HAs to identify mothers who did not receive ANC and provide them misoprostol at home.

During the second quarter, the MIS data showed that 97% mothers received a Post Natal Care (PNC) visit at home within the first three days. MaMoni investigated this, since the figures seemed unusually high. The data was compiled from FWA and HA registers, and significant data duplication was found in the service information. MaMoni provided instructions immediately to correct the duplication, and in the current quarter, the figures showed a more realistic 70% for PNC home visits. MaMoni is developing guidelines on how to address duplication errors, as this is possibly a common problem in other districts in Bangladesh. MaMoni has conducted program review meetings in Bahubal and Chunarughat Upazila in the fourth quarter and supported the Upazila team to identify data duplication and next steps to rectify them.

Integration of nutrition through collaboration with Alive & Thrive and FANTA III

MaMoni, with support from Alive and Thrive project implemented by FHI360, has trained all MaMoni outreach workers on infant and young child feeding. Figures 4 and 5 below show mothers who received messages on exclusive breastfeeding and complementary feeding from outreach workers.

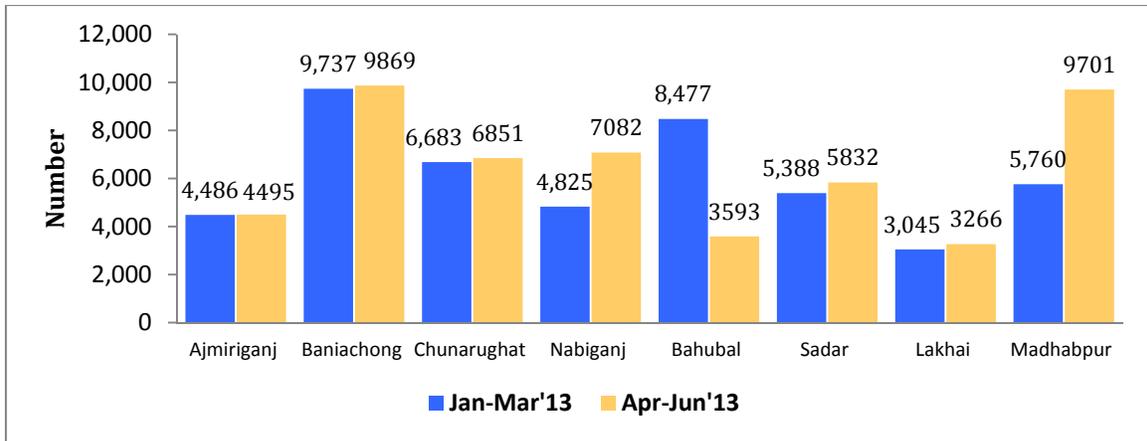


Figure 4: Household-based counseling on exclusive breastfeeding by outreach workers

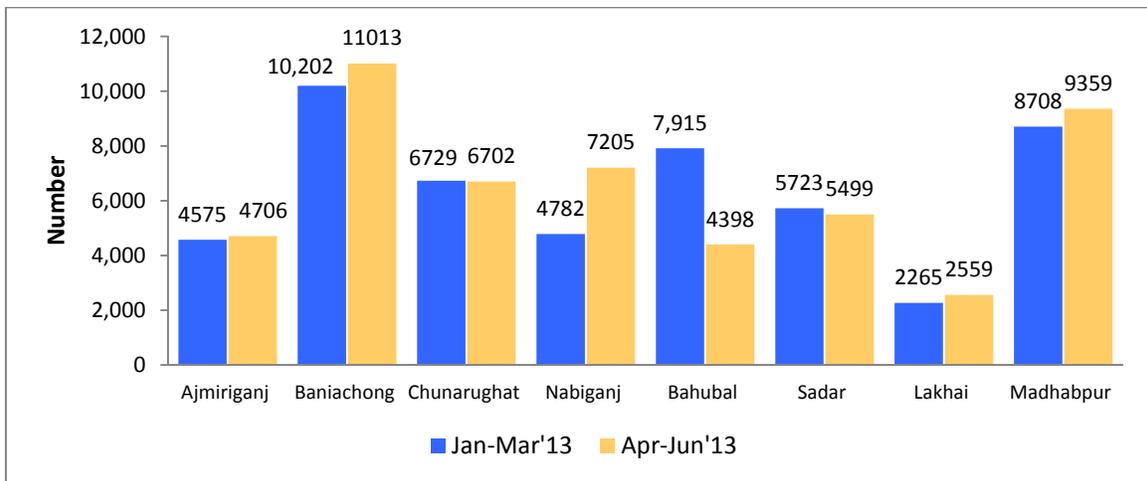


Figure 5: Number of mothers counseled on complementary feeding at household level



Figure 6: MaMoni-FANTA III collaboration for IFA launched

In collaboration with FANTA III and IPHN, MaMoni launched a special effort to strengthen uptake of IFA by postpartum mothers in Madhabpur Upazila in November 2012. Under this initiative, postpartum mothers are receiving IFA supplementation through PNC visits by FWAs. If this approach is found successful the program will be scaled up throughout the entire

district. FANTA III has also designed a Training of Trainers (TOT) training package on Essential Nutrition Action (ENA) for MaMoni that was conducted in October 2012 in Dhaka.

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 undertaken special efforts to increase skilled attendance at birth and ensure newborn care. These efforts include:

- Renovation of Ajmiriganj UHC and three UH&FWCs in 2011 and an additional five UH&FWC upgrades in 2012 with funds leveraged from KOICA and others.
- Renovation and staff support to the District Hospital and Maternity Care Welfare Centers (MCWC).
- Training of 43 private C-SBAs in Ajmiriganj, Baniachang and Nabiganj Upazilas. The following figure shows that these efforts are producing an effect at the Upazila level.

MaMoni midline survey from June 2012 also shows a 50% increase in facility delivery from 12.6% to 17.6%. In the poorest quintile (20%), facility delivery also increased from 5.7% to 8.6%, which is encouraging.

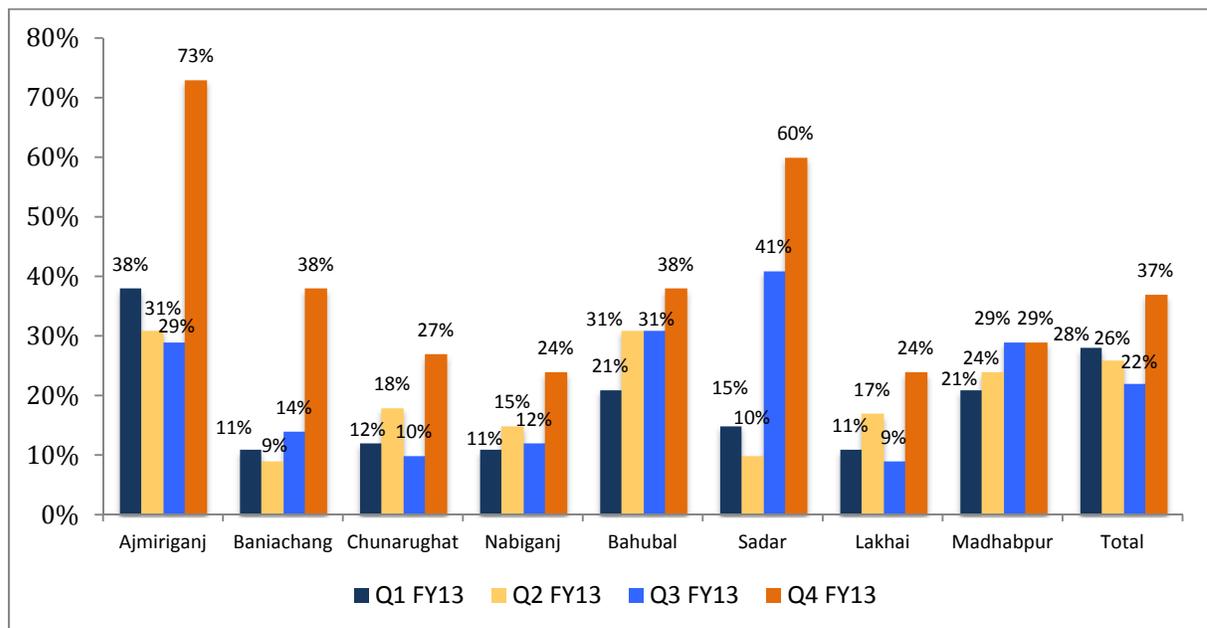


Figure 7: Percentage of deliveries attended by a skilled attendant against projected number of deliveries

MaMoni identified a reporting problem in the July quarterly review meeting, 2013. The Upazilas were not consistently reporting the “skilled attendance at birth” numbers within the DGFP’s MIS form four and, some Upazilas were interpreting the instructions

differently. This is the reason for significantly high reported numbers reported during the fourth quarter. MaMoni is in the process of validating these numbers.

Collaboration with Engender Health and OGSB to identify and manage pre-eclampsia/eclampsia at the community level

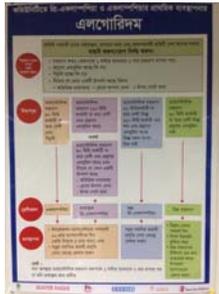


Figure 8: Job aid for pre-eclampsia/eclampsia management

MaMoni has provided calcium tablets and injectable magnesium sulfate from leveraged funds to begin intervention to prevent and manage pre-eclampsia/eclampsia in Sadar, Lakhai and Chunarughat Upazilas. FWVs have been providing a loading dose of 10mg magnesium sulfate through intramuscular injections to mothers with pre-eclampsia, and referring them to the district hospital. The district hospital has two beds dedicated for mothers with eclampsia, and has been providing referral level care.

The TRAction project, implemented by ICDDR,B, is conducting operations research for this collaboration and has identified several system weaknesses. The study observed counseling and service provision of 413 mothers at the satellite clinic and UH&FWC level and found major weaknesses in counseling. Figures 9 and 10 show that almost 40% of mothers were not tested for the presence of albumin (protein) in their urine.

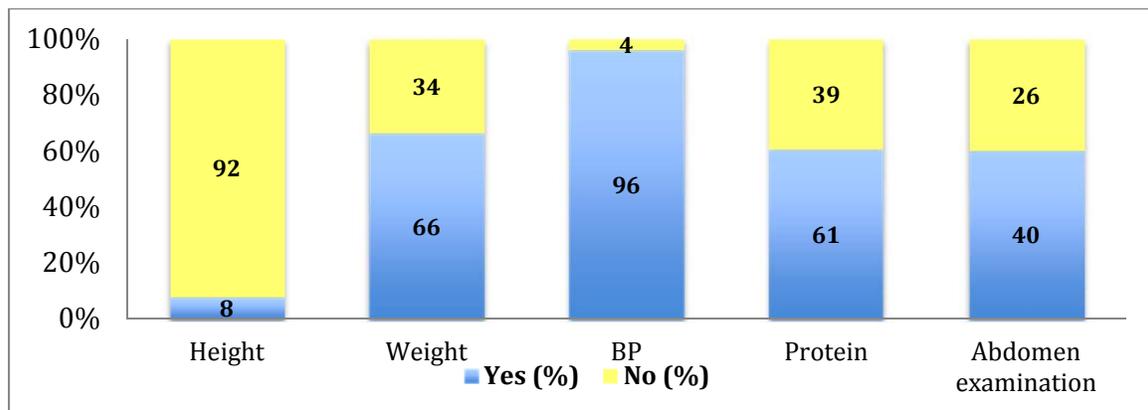


Figure 9: Observation of ANC services of 413 mothers in 67 SDPs (SC=35, FWC=32)

The observation also revealed a major gap in counseling during ANC; 93% of mothers observed received no counseling on pregnancy danger signs.

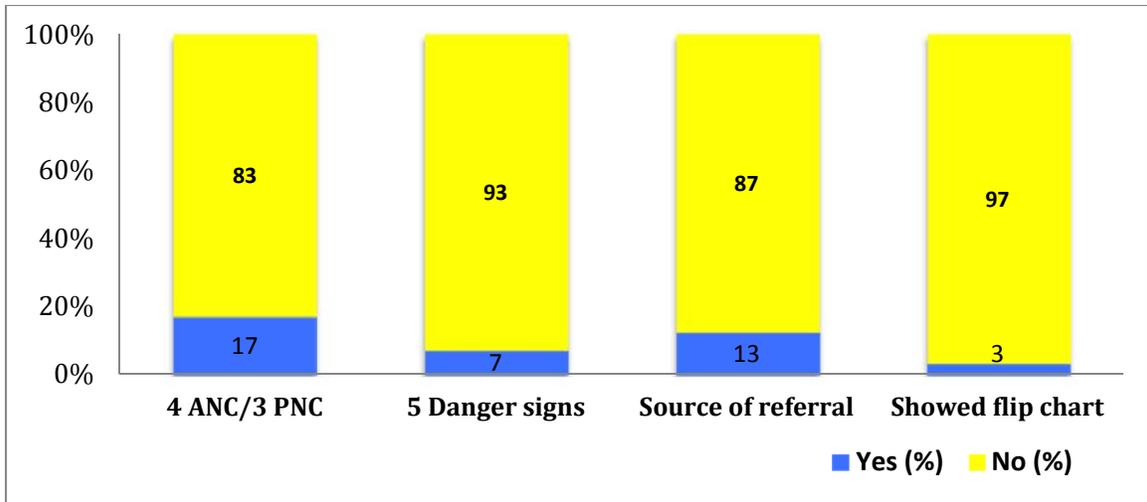


Figure 10: Components of counseling to 413 mothers observed in PE/E OR area

MaMoni, ICDDR,B and the Government of Bangladesh managers at the district and Upazila level have met several times to address implementation problems. The issues were shared at the TIG meeting at a national level on September 19, 2013.

Training of paramedics on postpartum intrauterine contraceptive device with EngenderHealth and DGFP

MaMoni collaborated with the Mayer Hashi Project and the Clinical Contraceptive Service Delivery Programme unit of DGFP to conduct postpartum intrauterine contraceptive device (PPIUCD) training for paramedics. The training was conducted at Mohammadpur Fertility Services and Training Center (MFSTC).

IUCD uptake in Bangladesh is generally low. The 2011 BDHS identified only 0.7% use among women of reproductive age in Bangladesh. MaMoni, with technical assistance from Jhpiego, is looking to introduce PPIUCD counseling and services as an option for PFP for mothers delivering at union and Upazila level health facilities. Three batches of trainings were conducted in April 2013, and 41 participants were trained over a period of five days.

Facilities strengthened to deliver MaMoni package

MaMoni undertook renovation of two new UH&FWCs of Nabiganj Upazila, Purbo Boro Vakoir and Paschim Boro Vakoir. Normal delivery services are expected to begin from January 2013.

Table 1: Summary of MaMoni's facility renovation work in the first six months of FY13

Facility	Upazila	Completed	Activities	Funding
Daulatpur UH&FWC	Baniachang	December	Normal delivery services strengthened Staff quarter renovated	100% KOICA, SC Korea
Khagaura UH&FWC	Baniachang	December	Normal delivery services strengthened Staff quarter renovated	100% KOICA, SC Korea
Ajmiriganj UHC staff quarters	Ajmiriganj	December	Nurses quarters renovated	100% Seoul Broadcasting System
East Boro Vakoir UH&FWC	Nabiganj	Ongoing (expected in November)	Delivery room, FWV room, electrical connection, roof	90% KOICA, SC Korea, 10% MaMoni*
West Boro Vakoir UH&FWC	Nabiganj	Ongoing (expected in November)	Extensive renovation of service area and staff quarters	95% KOICA, SC Korea, 5% MaMoni
Pailarkandi UH&FWC	Baniachang	90% completed	Construction of brand new health facility	100% SC UK
Pukra UH&FWC	Baniachang	80% completed	Construction of brand new health facility	100% SC UK
Badalpur UH&FWC	Ajmiriganj	45% completed	Construction of brand new health facility	100% SC UK

* In East and West Boro Vakoir, MaMoni is providing some equipment.

Below are before and after pictures of two new UH&FWCs of Nabiganj Upazila, Purbo Boro Vakoir, and Paschim Boro Vakoir.

Before Pictures	After Pictures
	
<p>Delivery room in Daulatpur, March 2012</p>	<p>Delivery room in Daulatpur, November 2012</p>
	
<p>Abandoned staff quarter Daulatpur</p>	<p>Staff quarter after renovation</p>
	
<p>Ajmiriganj nurse quarter, January 2012</p>	<p>Ajmiriganj nurse quarter, December 2012</p>

	
<p>Khagaura UH&FWC before renovation</p>	<p>Khagaura UH&FWC after renovation</p>
	
<p>Client examination room in Purbo Boro Vakoir UH&FWC in 2012 before renovation</p>	<p>Ongoing renovation to introduce delivery services at the Purbo Boro Vakoir UH&FWC</p>
	
<p>The Paschim Boro Vakoir UH&FWC was badly damaged and abandoned when a MaMoni paramedic was deployed there in 2011</p>	<p>Acid treatment was provided to remove algae growth, and damaged walls were replastered to protect against rain</p>

Figure 11: Renovation work of MaMoni in FY13

Below are pictures of the ongoing construction work of three new facilities in MaMoni working area.

	
<p>Pukra UH&FWC in Baniachang</p>	<p>Union Parishad being briefed on progress of Pailarkandi UH&FWC, Baniachang</p>
	
<p>Badalpur UH&FWC in August 2013</p>	

Figure 12: Ongoing construction work in Mamoni

Case Study: Ruby dreams of giving birth at a health facility



Figure 13: Ruby, standing in front of Pailarkandi UH&FWC with Paramedic, Julia

Ruby, a 23 year old from, Pailarkandi Union, Baniachang, is currently pregnant with her second child. Unfortunately, her first baby survived only a few minutes. Ruby experienced her first signs of labor at 1am and the baby was born at home a few hours later. Sensing a need for further care for the baby, the family tried to arrange a boat to take her to a hospital, since there was no health facility in Ruby's union; yet, Ruby's daughter died before being referred. Ruby did not receive ANC services

in her first pregnancy, so she was not informed of her pregnancy risks in advance. For her second pregnancy, things are thankfully different.

MaMoni, in partnership with Save the Children UK, is building an upgraded UH&FWC in Pailarkandi union. A paramedic has been deployed to provide ANC services and promote the clinic with the local community in advance of its opening in September. Ruby has visited the health facility and is very excited that the mothers of her area will now have a place to give birth and ensure the survival of their precious ones.

Objective 3: Increase Acceptance of FP Methods and Advance Understanding of FP as a Preventative Health Intervention for Mothers and Newborns

FP incorporated into household and community mobilization activities

MaMoni supported the DGFP in updating the FWA registers with new eligible couples between January and March 2013. Figure 14 shows the breakdown of the eligible couples registered in different Upazilas compared with the total number of projected couples in the Upazilas.

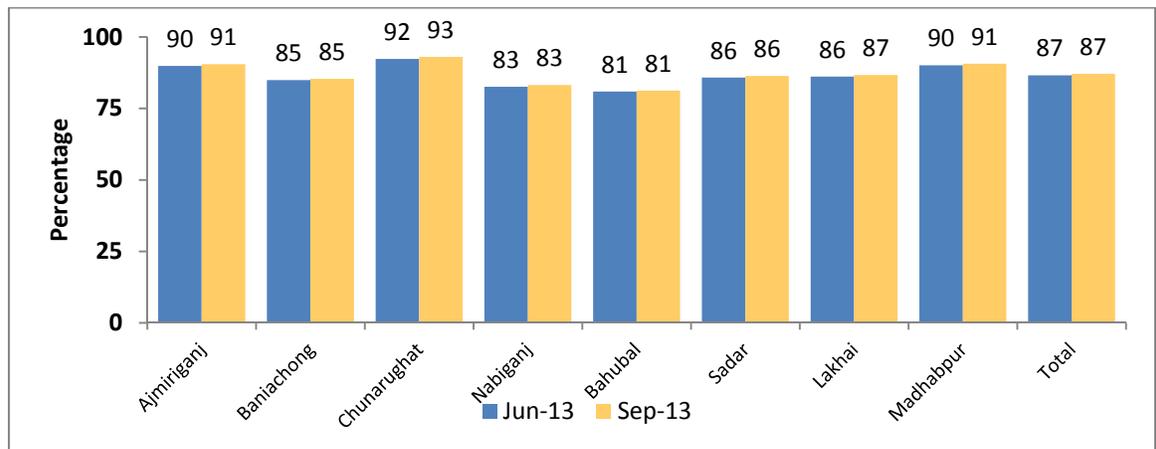


Figure 14: Percentage of Eligible Couples registered against projection

The Method mix among contraceptive users has remained unchanged.

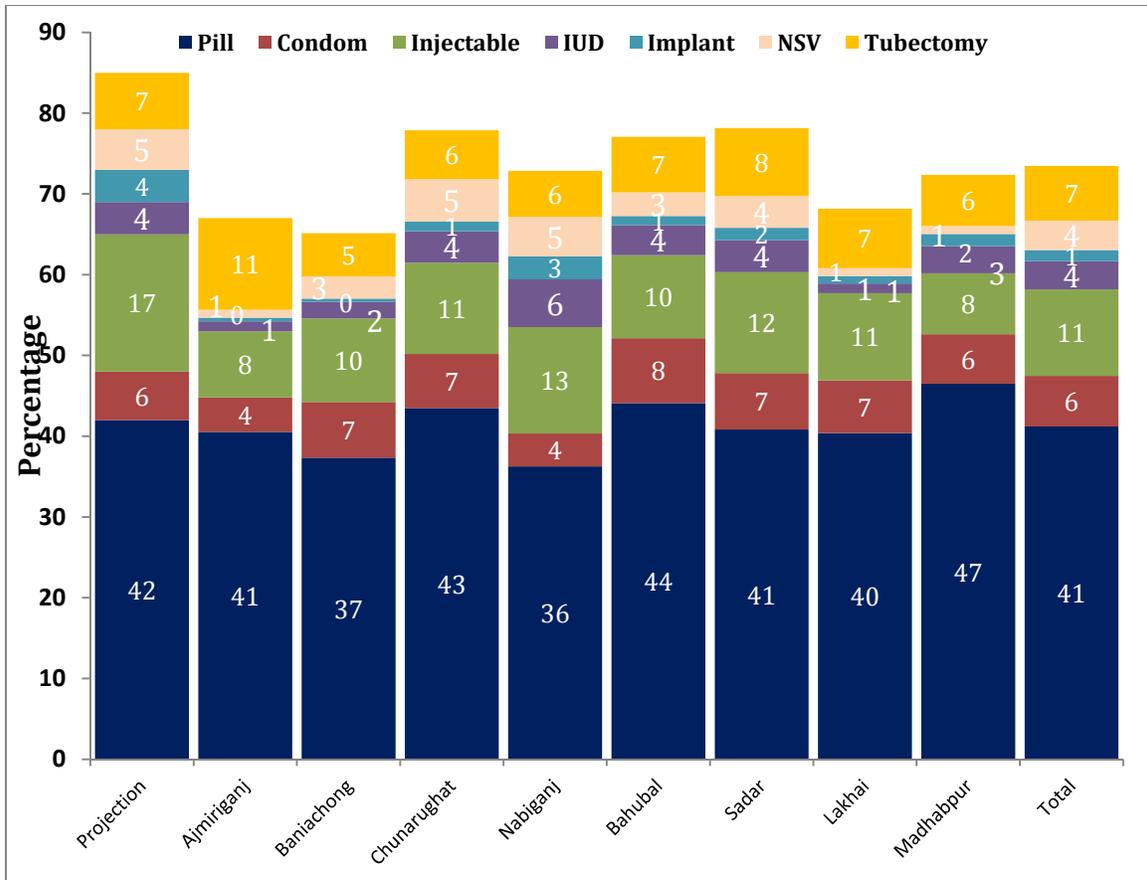


Figure 15: September 2013 contraceptive acceptance of eligible couples

MaMoni supported long-acting and permanent methods in Habiganj

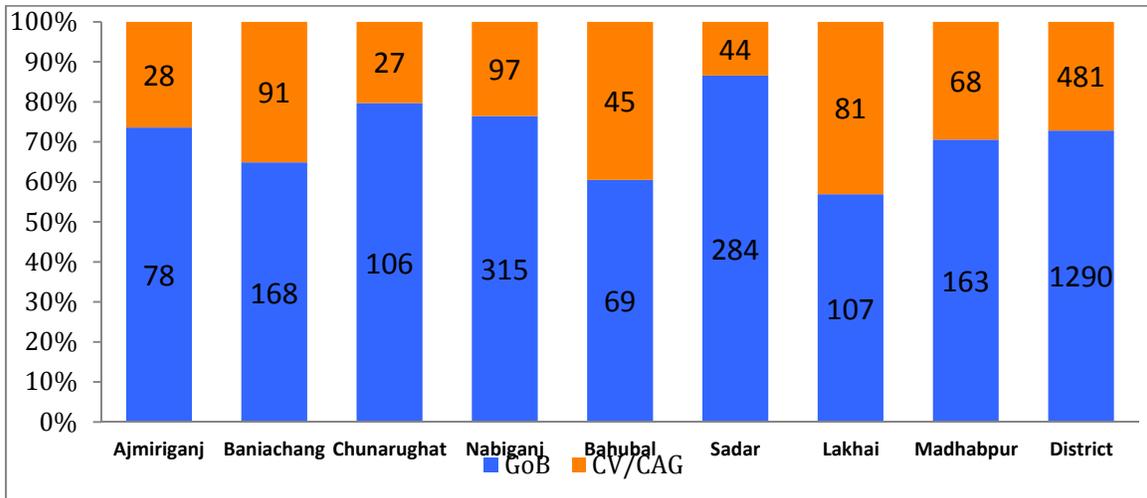


Figure 16: Proportional contribution of GoB field workers and community volunteers of referrals for LAPM (figures shown are numbers) Jul-Sep 2013

MaMoni volunteers contributed to around 22% of all long-acting and permanent methods (LAPM) services performed in Habiganj in the final quarter. Volunteer

contribution is lower in Habiganj Sadar, because many of the families using routine services at the MCWC are self-referred.

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

Community MicroPlanning meetings held to increase service coverage

MaMoni facilitates *community MicroPlanning* at the unit level where the Community Health Workers (CHW), FWAs, HAs and community volunteers jointly develop action plans to ensure universal coverage at the unit level. Volunteers from selected villages attend the meetings and share their village level information. The data from all the *community MicroPlanning* meetings 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. Figure 17 shows the status of the *community MicroPlanning* meetings.

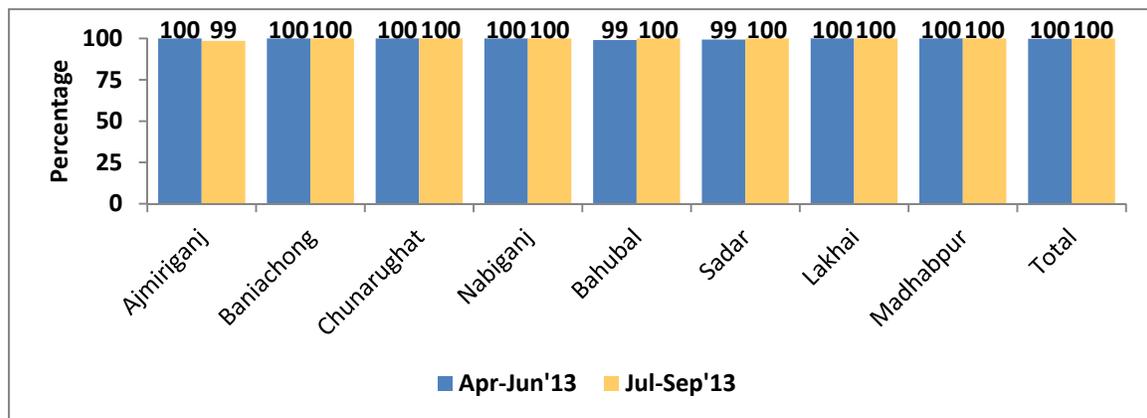


Figure 17: Percentage of units where *community MicroPlanning* meetings were held

The high percentage of community MicroPlanning meetings held shows that it is now being accepted by the government as a tool for improving coverage and the MIS system.

Strengthened referral services for maternal and newborn complications

MaMoni has strengthened the referral of mothers and newborns through a community-led transportation and financing system.

To avoid the third delay, availing services at the referral facilities, MaMoni has deployed a three-person team at the district hospital for referral management.

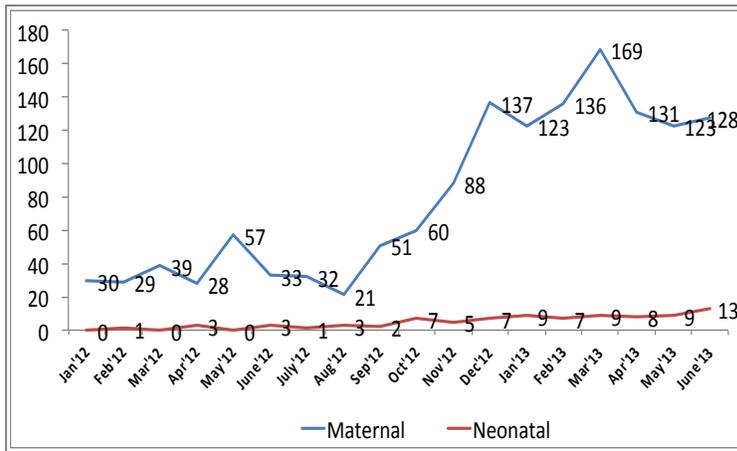


Figure 18: Number of referral cases in district referral facilities by month

Figure 18 shows a steady increase in the utilization of referral services at the district level facilities of Habiganj over the past two years. One challenge has been the bed occupancy rate in Habiganj District Hospital, which has doubled.

The TRAction project, implemented by ICDDR,B, conducted a qualitative study with 15 mothers undergoing referral and collected population based data on 3,999 mothers of Lakhai Upazila to identify issues surrounding referral during pregnancy complications. MaMoni has received preliminary data and is in the process of reviewing them to strengthen the network across Habiganj.

The TRAction project, implemented by ICDDR,B,

Introduction of Standards Based Management and Recognition (SBM-R)



Figure 19: Shibpasha UH&FWC team field testing SBM-R tools with Jhpiego team

MaMoni made notable progress this year with the introduction of the SBM-R approach for quality improvement. Five health facilities at the district, Upazila and union level were selected for the first operational phase to implement SBM-R.

Eight areas have been identified for quality improvement in the initial phase: ANC, NVD, PNC, management of complications, management of sick newborns, family planning, infection prevention and facility management.

MaMoni has met with different stakeholders to obtain buy-in for implementing this quality improvement approach.

The baseline assessment of the five health facilities (one MCWC, one UHC, and three UH&FWCs) was conducted in the fourth quarter using tools developed by Jhpiego. Based on the gaps identified in this assessment, MaMoni will work with implementers to develop a quality improvement plan for the facilities to bridge the gaps between actual and desired performance. Figure 20 shows the percentage of standards achieved in the baseline, by health facility and clinical and management area.

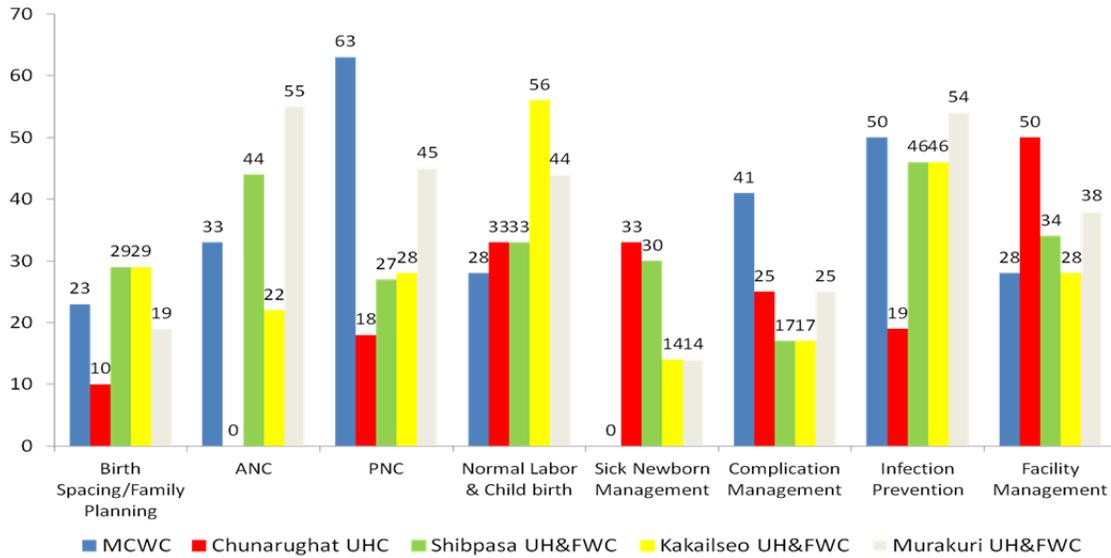


Figure 20: Baseline score of health facilities in different technical areas



Figure 21: Root cause analysis of problems with health facility providers

Based on the baseline scores, each facility conducted a root cause analysis and is in the process of developing their own improvement plan. Facilities will conduct internal assessments after a few months to measure progress.

In FY14, MaMoni will introduce SBM-R to the district hospitals and three new UH&FWCs in Habiganj. Based on the lessons learned from the SBM-R rollout, the MaMoni Health Systems Strengthening activity will expand the quality improvement program to other MCHIP districts (Noakhali and Laxmipur).

Objective 5: Mobilize Community Action, Support and Demand for the Practice of Healthy MNH Behaviors

Community Action Groups conducted by volunteers

As of September 30, 2013, 2,132 community action groups (CAGs) have been formed in Habiganj (100% of project target), with 94% of the 2,245 villages now with a CAG. MaMoni is working with 7,134 volunteers, 73% of whom are female, to organize the monthly CAG meetings.

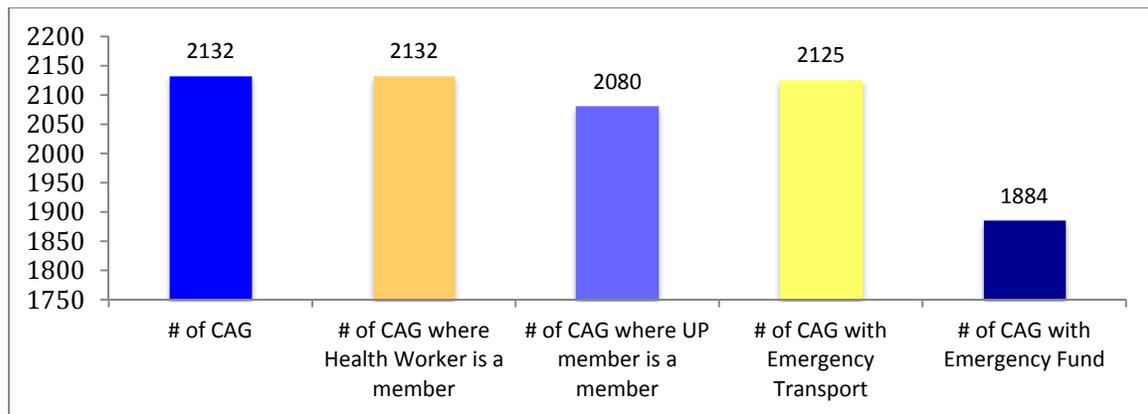


Figure 22: A snapshot of community mobilization activities as of June 2013

CAGs of Habiganj have a collective emergency fund of BDT 1,221,217 (approximately 15,477 USD) as of September 30th to be used in maternal and newborn emergencies, such as referral and medicinal costs.

Local government engaged in community mobilization activities

MaMoni has trained 77 union education, health and FP standing committees (100%) and eight Upazila parishad members (100%) on their roles and responsibilities. These committees have taken an active interest in MNH-FP issues. The committee meets every two months and have allocated budget for MNH-FP activities.

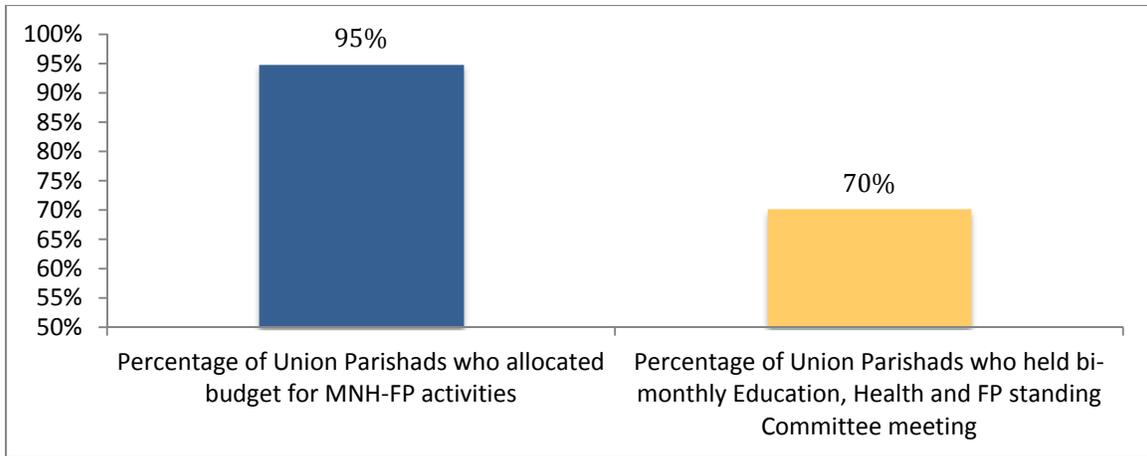


Figure 23: Activities of Union Parishads in the July-September 2013

Due to the Ramadhan and Eid holidays, the Union Education, Health and Family Planning Standing Committee meetings were interrupted in the months of August.

Case Study: Shibpasha Union Parishad's recent contribution to satellite clinics



Figure 24: Mr. Tafsir Miah (2nd from left) handing over benches for satellite clinics of Shibpasha union to Mr. Md. Shajahan, UFPO, Ajmriganj (center)

Mr. Tafsir Miah, the Shibpasha Union Parishad Chairman, in Ajmiriganj, has been actively engaged in MaMoni's renovation of Shibpasha UH&FWC. The Union Parishad paved the access road to the clinic and also provided a van to bring mothers to the health facility.

An ongoing issue for the FWV and paramedics has been conducting satellite clinics around the union. None of the sites had proper tables to conduct counseling and provide services.

Recently, Mr. Tafsir Miah purchased tables to be placed at the homes where the clinics take place. Contributions like these are simple, but go a long way to ensure proper care of mothers and newborns. UFPO Ajmiriganj, Md. Shajahan, appreciated Mr. Tafsir's contribution to the union's health performance.

Objective 6: Increase Key Stakeholder Leadership, Commitment and Action for these MNH Approaches

Global Handwashing Day observed (October 15, 2012)



Figure 25: Hand washing station in Poil UH&WC, Habiganj Sadar

Through the Global Development Alliance GDA with USAID, Unilever provided one year's supply of liquid hand soap to 12 health facilities on Global Hand Washing Day. The hand washing stations were installed in FWV room and delivery rooms of the health facilities.

Important stakeholder visits

During November 18-20, 2012, MCHIP Brand Ambassador and popular vocalist, Samina Choudhury, visited several MaMoni project sites and widely interacted with service providers and community members listening to the issues and challenges they encounter in their day to day lives. Samina appreciated the impressive changes that are being engendered through local initiatives while debriefing a group of local journalists during the last leg of her visit.

Yukie Yoshimura and Dr. Tajul Islam from JICA visited MaMoni working areas during November 13-14, 2012. They visited the renovated UH&FWCs and observed service provision at the facility. The team also observed a postnatal care counseling session conducted by a Family Welfare Assistant at Baniachong Upazila and a Community MicroPlanning meeting participated by FWAs, HAs and Community Volunteers.

Bangladesh Cricket Captain focuses attention on maternal health in Habiganj



Figure 26: Mushfiqur Rahim holding a newborn in Habiganj.

Mushfiqur Rahim, MNH Ambassador of USAID and the captain of the Bangladesh Cricket Team, supported MCHIP by visiting the MaMoni Project in Habiganj District on April 4, 2013. He visited a UH&FWC and spoke to pregnant women and mothers with small children. Mushfiqur emphasized the importance of community health initiatives, prenatal care for pregnant women, and the

use of health facilities for giving birth. He also played with community cricketers to raise funds for rural mothers.

The cricket match, organized by MaMoni, was sponsored by Beximco Pharmaceuticals Limited, Duncan Brothers (Bangladesh) and Bengal Indigo Limited. The event raised 100,000 Bangladeshi Taka which will help rural mothers and newborns in a complicated delivery. Mushifiquur stated, “It was my dream to carry out this kind of social work and I am proud to be a part of such a great initiative. If you can disseminate health messages through me, which can help save the lives of mothers and newborns, then there can be nothing more satisfying”.

The event was widely covered in 25 local and national print media (including online media) and four national television channels with an estimate of over 3.5 million readers and viewers reached. This huge success was due to the great collaboration efforts of MCHIP’s Maternal and Newborn Health Campaign, and Save the Children’s MaMoni Project, Helping Babies Breathe Initiative, Capital Appeal and Everyone Campaign.

Links to more photos can be found here on Save the Children Bangladesh’s Facebook page:

<https://www.facebook.com/media/set/?set=a.173794909440270.1073741826.100150920138003&type=1>

Safe Motherhood Day observed (May 28, 2013)



Figure 27: Family of Rina Begum, a mother who died during childbirth in Muriak union of Lakhai

MaMoni organized a major campaign to raise the profile of maternal health on the eve of Safe Motherhood Day. MaMoni engaged service providers, local government (UP) representatives and media to visit the families of all 106 mothers who died in Habiganj between May 2012 and March 2013.

The visitors learned of the causes of maternal deaths within their communities and vowed to prevent further deaths.

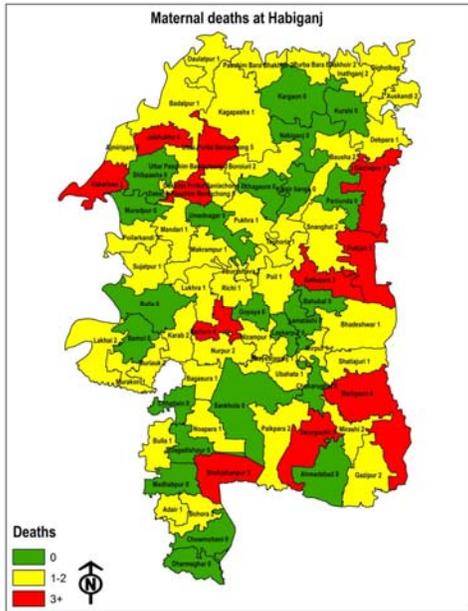


Figure 28: Union wise breakdown of 106 maternal deaths of Habiganj

The figure to the left (Figure 28) shows the 106 maternal deaths in Habiganj between May 2012 and April 2013 segregated by union. The high death frequencies (in red) are highly correlated with areas where the road communications are disrupted during different parts of the season. Conversely, some of the hard-to-reach areas reported no deaths, which is unusual, and points to the need for better community surveillance.

Participation in the Global Newborn Health Conference and Women Deliver Conference

MaMoni presented their program experience on home-based postnatal care at the Global Newborn Health Conference in Johannesburg, South Africa, in April 2013. Dr. Ishtiaq Mannan moderated the PNC system strengthening session in the conference. Based on the recommendations of the conference, MaMoni is collaborating with UNICEF and the Saving Newborn Lives Program of Save the Children to incorporate newborn health issues into the national sector program.

A team from the Habiganj district was also able to participate at the *Women Deliver* Conference in Malaysia in May 2013.

Special Activity: MaMoni Program Evaluation



Figure 29: Evaluation team visiting water ambulance in Baniachang

A team comprising of three international and one national expert evaluated the MaMoni project in May 2013. The team visited program activities in Ajmiriganj and Habiganj Sadar Upazila of Habiganj, Balaganj and Jaintapur Upazila of Sylhet, and met a range of stakeholders at the district and national levels. The team presented their preliminary findings at a debrief meeting in May 2013. The final report is now available.

Special Activity: Collaboration with TRAction project to reduce newborn mortality through targeted intervention in Jaintapur Upazila, Sylhet



Figure 30: Inauguration of Special Care Newborn Unit at Jaintapur UHC by local MP Mr. Imran Ahmed

MaMoni is collaborating with the TRAction project to reduce newborn mortality in Jaintapur Upazila of Sylhet.

Overall, the targeted intervention/differential management approach holds two sets of activities; first is surveillance and second is targeting and management.

As part of the intervention, a Special Care Newborn unit (SCANU) was established in Jaintapur Upazila Health Complex in March 2013. An additional room to care for newborns with sepsis has also been established.

As part of the intervention, a Special Care Newborn unit (SCANU) was established in



Figure 31: An admitted newborn being treated at Jaintapur UHC

The entire Upazila is divided into 21 units with each unit divided into 40 blocks. One CHW is assigned to each of the units and for each block one CV is selected. The average population of each block is 300 individuals.

The six unions of Jaintapur Upazila are divided into four paramedic clusters and one paramedic is responsible for each of the clusters. CHWs of a cluster notify their paramedic of any maternal/newborn

assessments and referrals.

All the referred newborn cases receive essential services at the Jaintapur UHC SCANU. A team of one medical officer and two nurses/paramedics provide services round-the-clock at the SCANU. The project has placed four MOs and six nurses (MATS certified Paramedics/Diploma nurses) under local supervision of UH&FPO. All of the service providers have received training on ETAT from BSMMU and on hands (in service) training from the pediatric department of Sylhet Osmani Medical College Hospital. The project has supplied all necessary equipment, drugs and logistics required for SCANU.

During March - September 2013, the CHWs identified 649 new pregnancies in the community and tracked 2,598 deliveries. Out of these deliveries:

- 2,519 were live births and 97 were stillbirths.
- 326 newborns were referred from the community for complications, 284 were referred to Jaintapur UHC.
- The causes of the 284 admissions were: infection/sepsis – 118, birth asphyxia – 88, pre-term – 51, jaundice – 21, others – 6 .
- 13 newborns died at the Jaintapur UHC. Total neonatal deaths for Jaintapur Upazila during this period were 56.

Key Activities for October- December 2013 (Year 5)

MaMoni has planned the following activities in the next quarter:

1. Initiate closeout and reporting activities for MaMoni.
2. Start normal delivery services at East and West Boro Vakoir UH&FWCs (December 2013).
3. Collaborate with FANTA III on Essential Nutrition Action (ENA) in Madhabpur Upazila (October 2013).
4. Inaugurate Pailarkandi UH&FWC in Baniachang (September 2013).
5. Begin construction of four new UH&FWCs (North East Baniachang, Dighalbak, Sngahat and Lukra) using leveraged funds from Save the Children UK (December 2013).

Annex 1: Operational Plan Indicators (October 2012-September 2013)

SI	Indicator	FY13 Target	Achievements (Cumulative)
A Standard Indicators			
1	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	44,025	199,341 (453%)
	<i>Reason for overachievement: The definition of “number of antenatal care (ANC) visits” changed as per Mission advice. Previous definition was: “number of women who received ANC1”, and the target was set accordingly. Current definition is: “total number of ANC visits” (ANC1 + ANC2 + ANC3 + ANC4).</i>		
2	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	17,004	18,428(108%)
3	Number of injectables provided through USG supported programs to prevent unintended pregnancies	94,445	84,733 (90%)
4	Number of people trained in maternal/newborn health through USG-assisted programs	13,953	19,245 (138%)
	Women	8,340	13,195 (158%)
	Men	5,613	6,050 (108%)
	<i>Reason for overachievement: Trainings were organized for newly recruited GoB field workers and service providers, trainings for replacement staff due to drop out project staff and community volunteers was not foreseen while setting the target.</i>		
5	Number of people trained in FP/RH with USG funds	13,953	19,245 (138%)
	Women	8,340	13,195 (158%)
	Men	5,613	6,050 (108%)
	<i>Reason for overachievement: Trainings were organized for newly recruited GoB field workers and service providers, trainings for replacement staff due to drop out project staff and community volunteers was not foreseen while setting the target.</i>		
B Custom Indicators			
1	Number of eligible couples (ELCOs) registered	421,546	380,879 (90%)
2	Number of pregnant women identified and registered	80,498	55,197 (69%)
	<i>Reason for underachievement: Target was overestimated based on the assumptions that the total number of pregnancies is 3.5% of the total population and the total population for FY13 was projected based on Bangladesh Population Census 2010.</i>		
3	Number of pregnant women received misoprostol	34,107	42,524 (125%)
	<i>Reasons for overachievement: Misoprostol distribution is contingent upon pregnancy registration, satellite clinic organization and ANC coverage. The number of pregnant women who received ANC increased as a result of increased pregnancy registration through the Community MicroPlanning Meetings, deployments of 35 paramedics, 41 CHWs and 31 private CSBAs from the project as part of gap management, and</i>		

Sl	Indicator	FY13 Target	Achievements (Cumulative)
	<p><i>upgradation of eight UH&FWCs to provide MNH-FP & 24/7 delivery services. Organization of satellite clinics also increased as a result of MaMoni facilitation, additional staff deployment and increased supervisory visits by local level MOHFW managers. MaMoni has also taken special initiatives to increase misoprostol distribution at household levels. MaMoni's strategy is to provide misoprostol during antenatal care in the third trimester from facilities and satellite clinics. As the coverage of antenatal care during the third trimester is low, there are significant constraints in reaching mothers with misoprostol in this period. So, MaMoni is supporting Family Welfare Assistants (FWAs) and Health Assistants (HAs) to identify mothers who did not receive ANC visits and provide them misoprostol at home.</i></p>		
4	Number of institutional deliveries	12,555	12,429 (99%)
5	Number of villages in MaMoni intervention areas that have a Community Action Group	3,757	3,613 (96%)
6	Number of Community Action Groups that have representation from the nearest health facility	5,028	4,797 (95%)
7	Number of Community Action Groups with an emergency transport system	5,028	5,003 (100%)
8	Number of Community Action Groups with an emergency financing system	5,028	4,344 (86%)
	<p><i>Reasons for underachievement: The Community Action Group establishes the emergency financing system for the group voluntarily.</i></p>		
9	Number of units where Community MicroPlanning meetings were held	7,872	7,726 (98%)
10	Number of Joint Supervisory Visits (JSV) conducted	540	416 (77%)
	<p><i>Reasons for underachievement: JSVs are conducted jointly by GOB-NGO Master Trainers (Upazila Health & Family Planning Officer (UH&FPO), Upazila Family Planning Officer (UFPO), Resident Medical Officer (RMO), Medical Officer-MCH (MOMCH) and MaMoni Upazila Coordinator of respective Upazila who received training from the project). Many of the GoB Master Trainers have been transferred and the positions are vacant.</i></p>		