Jhpiego in Bangladesh

Introduction

Located in Southern Asia, Bangladesh is not only the eighth most populated country in the world, but also has one of the highest population densities. More than half of married women use modern methods of family planning (FP), and the maternal mortality ratio has improved over the last decade. According to the 2014 Bangladesh Demographic and Health Survey (DHS), only 42% of births are attended by a skilled provider. Although this figure represents a significant improvement from the 2007 DHS (which showed that 18% of births were with a skilled provider), millions of women in Bangladesh are still at unnecessary risk of maternal morbidity and mortality when they deliver babies without a skilled provider.

Jhpiego began working in Bangladesh in 1977. More recently, in 2006, Jhpiego partnered with Save the Children under the ACCESS Program, funded by the U.S. Agency for International Development (USAID), to improve maternal and newborn health (MNH) in seven sub-districts of Sylhet. In 2009, the USAID-funded Maternal and Child Health Integrated Program (MCHIP) received funding to build on the ACCESS work, with the goal of improving maternal and neonatal outcomes in Sylhet and Habiganj Districts. The initiative, entitled “MaMoni – Integrated Safe Motherhood, Newborn Care, and Family Planning Project,” aimed to increase the practice of healthy maternal and newborn behaviors, including use of FP, in a sustainable and scalable manner. Save the Children served as the lead organization implementing the MaMoni Project, while Jhpiego provided technical assistance in FP and quality improvement. Also under MCHIP, Jhpiego implemented the Healthy Fertility Study, which began in 2007 under ACCESS and concluded under MCHIP in 2014.

In 2013, MCHIP received an Associate Award—the “MaMoni Health Systems Strengthening (HSS) Project” (or MaMoni HSS)—which builds on the results of the MaMoni Project and is described in more detail below. In 2016, Jhpiego was also funded by the United Nations Population Fund (UNFPA) to introduce a “midwifery-led care” (MLC) model of service delivery at five Upazila Health Complexes. The UNFPA project, also described below, aimed to strengthen the capacity and autonomy of a new cadre of midwives to deliver high-quality, respectful and evidence-based MNH services for women and their newborns.

Current and Recent Program Highlights

MaMoni Health Systems Strengthening Project

The goal of USAID’s MaMoni HSS project is to improve utilization of integrated services for maternal, newborn and child health, FP and nutrition (MNCH/FP/N) through a health systems strengthening lens. MaMoni HSS is currently being implemented in six districts (Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirojpur and Bhola) using a two-pronged approach to categorize districts and sub-districts into either high-intensity intervention areas or health system capacity strengthening areas. High-intensity intervention areas aim to demonstrate models for best practices in

Quick Facts

<table>
<thead>
<tr>
<th>Estimate</th>
<th>Value</th>
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<tbody>
<tr>
<td>Estimated total population</td>
<td>162.9 million</td>
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<tr>
<td>Maternal mortality ratio</td>
<td>194 per 100,000 live births</td>
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<tr>
<td>Neonatal mortality rate</td>
<td>28 per 1,000 live births</td>
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<tr>
<td>Infant mortality rate</td>
<td>38 per 1,000 live births</td>
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<tr>
<td>Under-five mortality rate</td>
<td>46 per 1,000 live births</td>
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<tr>
<td>Total fertility rate</td>
<td>2.3</td>
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<tr>
<td>Contraceptive prevalence</td>
<td>54% (modern methods)</td>
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<tr>
<td></td>
<td>62% (all methods)</td>
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<tr>
<td>HIV prevalence</td>
<td>&lt; 0.1%</td>
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<tr>
<td>Facility delivery</td>
<td>37%</td>
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<tr>
<td>Home delivery</td>
<td>62%</td>
</tr>
<tr>
<td>Births with skilled provider</td>
<td>42%</td>
</tr>
<tr>
<td>Adolescent marriage</td>
<td>59%</td>
</tr>
<tr>
<td>Adolescent pregnancy</td>
<td>31%</td>
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</tbody>
</table>

Sources:
MNCH/FP/N service delivery through intensive support to the Government of Bangladesh (GOB), while the other areas receive less intensive technical assistance and focus on strengthening existing MNCH/FP/N services. As the technical support lead, Jhpiego is collaborating with local partners to increase coverage and improve quality of MNCH/FP/N services in the project districts. In addition, the project is piloting a population registration system in Habiganj District and designing a digitized management information system tool for local health centers. These initiatives support the overall routine health information system initiative to design, test and scale up a comprehensive and fully automated routine health information system for the Ministry of Health and Family Welfare (MOHFW).

**Midwifery-Led Care Project**

The goal of this one-year (January to December 2016) pilot project was to establish an innovative, scalable MLC model for the delivery of MNH services in Bangladesh. Jhpiego developed and piloted this model at five sub-district-level Upazila Health Complexes. In addition, model sites were linked to five nursing and midwifery colleges, which serve as clinical practice sites for midwifery students. Specific activities included: building capacity in evidence-based maternity services; establishing midwives as clinical preceptors; providing routine clinical mentoring, ongoing monitoring and supportive supervision; and integrating MLC practices within existing quality improvement standards to strengthen the quality of services. By project end, and with support from GOB counterparts and partners, Jhpiego established evidence-based antenatal care (ANC), postnatal care (PNC) and delivery care practices among midwives. Midwives are now more empowered and practice consistent, respectful and safe clinical management for pregnant women, postpartum women and their newborns. Jhpiego is currently capturing routine service data along with supplementary data on evidence-based practices to track progress and measure the ultimate impact of this intervention. Project learning is also being documented to support development of a plan to promote and scale up MLC nationally.

**Key Accomplishments**

Under MaMoni HSS to date, the project:

- Provided competency-based training to 80,896 individuals (at national, district, sub-district and community levels) on MNCH/FP/N topics such as ANC, PNC, management of pre-eclampsia/eclampsia, use of the partograph, labor room protocol, FP, nutrition and management of acute malnutrition, integrated management of childhood illness and community case management.

- Increased deliveries conducted by skilled birth attendants in six districts covered by the project from 61,524 in FY2014 to 123,099 in FY2016. Facility-based deliveries made up the majority of these, increasing from 52,295 to 108,212.

- Contributed to updating national FP standards and guidelines and supported the MOHFW in increasing access and improving the quality of FP services, particularly in postpartum FP, at 216 health facilities in four districts. Supported four districts in planning and organizing “mobile camps” to increase access and utilization of long-acting, reversible methods of contraception, as well as permanent methods.

- Supported the MOHFW for the introduction and national scale-up of application of 7.1% chlorhexidine for newborn umbilical cord care. This intervention has been rolled out in 20 districts of Dhaka, Sylhet and Barisal Divisions, training 29,000 service providers and directly benefiting an estimated 200,000 newborns in 2015 and 2016.

- Rolled out a mass media communication on essential newborn care, including chlorhexidine cord care, on all leading television channels in target districts.

- Oriented 106 private clinics in four districts and promoted the use of 7.1% chlorhexidine solution for newborn umbilical cord care for deliveries taking place in private clinics.
Supported the MOHFW, in collaboration with Saving Newborn Lives, to develop a comprehensive newborn care package, and rolled out the package to 1,022 providers in six districts.

With the MOHFW, conducted facility preparedness assessments of all 4,345 Union Health and Family Welfare Centers in all eight divisions of Bangladesh, leading to the identification of priority actions at the district/upazila levels. The project currently supports the development of a detailed master plan to strengthen Union Health and Family Welfare Centers' readiness to provide 24/7 delivery services.

Assisted the MOHFW in strengthening governance for quality improvement. The project supported the human resource capacity of the Quality Improvement Secretariat via staff seconded to national and divisional levels. This seconded staff played an essential role in helping the secretariat coordinate activities among national partners and develop and implement a national strategy to improve the quality of clinical care. This included the formation of quality improvement committees at district and sub-district health facilities and involvement of the ministry of local government in renovation and repairs of health care facilities.

Provided support to improve the quality of clinical care in four districts through:
1) the establishment of quality improvement committees in 216 health facilities;
2) 813 joint supervision visits by upazila-level supervisors, Upazila FP Officers and MCH/FP Medical Officers to Union Health and Family Welfare Centers; and
3) promotion of the concept of supportive supervision for on-the-job mentoring, problem-solving and quality improvement. As a result, the number of facilities complying with infection prevention standards increased from five to 76 facilities.

Updated quality of services standards for reproductive, adolescent, maternal, newborn and child health care; contributed to the development of the MOHFW’s national quality improvement strategy; and supported its rollout across the country. Supported the MOHFW in scaling up maternal and perinatal death surveillance and response nationwide, and designed a sentinel surveillance system to monitor the quality of clinical services.

Worked with local partners to develop manuals and information, education and communication materials for injectable contraceptives, postpartum FP and FP counseling/referral.

Supported the formation of community action groups and recruitment of community volunteers covering more than 800 villages in four districts. Community action groups and volunteers tracked pregnant women in the community, facilitated ANC services for all pregnant women and assisted in childbirth planning with emphasis on the benefit of facility childbirth. They also provided advice on sources for obtaining FP counseling and services.

Trained more than 20,000 community health workers, particularly Family Welfare Providers, in proving essential maternal and FP services at satellite clinics and at community clinics.

Under the MLC project:

Provided technical and logistic support to the MOHFW to implement the MLC project within five sub-district-level health facilities during the pilot period.

Continued strong collaboration with the Directorate General of Family Planning, Directorate General of Health Services and Directorate of Nursing and Midwifery Services to ensure the posting of midwives at MLC sites and logistic support for making the sites functional.

Conducted a baseline and facility readiness assessment of Upazila Health Complexes and selected five MLC sites in consultation with GOB counterparts within Rupganj, Golapganj, Sreemangal, Chandaonai and Rajarhat sub-district hospitals.
Completed skills-based training for midwives in ANC, PNC, labor and delivery, postpartum hemorrhage and clinical training skills to develop their practical skills for managing normal birth, assessing complications and completing timely referrals.

Developed four learning resource packages for: 1) ANC/PNC, 2) normal labor and delivery, 3) postpartum hemorrhage prevention, and 4) management.

Supported mentoring, on-the-job training and coaching for midwives by national and international midwifery experts to improve the quality of maternal and newborn care.

Provided support to strengthen the District Health Information System through on-the-job training and supportive supervision, and introduced supplementary monitoring forms for proper recordkeeping and reporting.

Following skills-based training, observed midwives practicing evidence-based MLC, including alternative birth positions, companionship, hydration, delayed cord clamping and skin-to-skin contact.

Established learning corners at each MLC site for midwives, preceptors and students to practice evidence-based care. Learning corners were equipped with training materials, essential supplies and monitoring tools/checklists so that midwives and students could practice between daily tasks.

With the International Confederation of Midwives (ICM), conducted a feasibility assessment of upgrading Family Welfare Visitors to become ICM-standard midwives. Jhpiego mapped the current Family Welfare Visitors curriculum (2012) and six-month Post-Basic Midwifery Module (2003) against the seven essential ICM competencies. The findings of this assessment were shared with stakeholders and used to formulate a recommendation and plan to upgrade Family Welfare Visitors to ICM-standard midwives.

Conducted training in adolescent and youth sexual reproductive health for 11 midwives from three MLC sites to enhance knowledge, attitudes and skills of midwives in this area.

Conducted a rapid assessment of all 38 public nursing colleges and institutes across Bangladesh using a rapid assessment tool (developed by Jhpiego and endorsed by ICM and UNFPA) to assess midwifery pre-service education programs and identify potential gaps and bottlenecks for quality improvement of midwifery education.

**Partners/Donors**

- USAID currently serves as the primary donor for Jhpiego programs in Bangladesh.
- MaMoni HSS is primed by Jhpiego. Partners on MaMoni HSS include Save the Children, John Snow, Inc. and the Johns Hopkins University Institute for International Programs, with national partners icddr,b, Dnet and Bangabandhu Sheikh Mujib Medical University. Save the Children serves as the functional operational lead partner for MaMoni HSS.
- UNFPA funded the MLC pilot project, led by Jhpiego and in collaboration with Johns Hopkins University Bangladesh.

**References**


