



# Factsheet



**USAID**  
আমেরিকার জনগণের পক্ষ থেকে



# MaMoni Health Systems Strengthening Project



Photo Credit: Dnet

## Aponjon

Aponjon, a mobile based health intervention, aims at improving maternal, neonatal and child health practice and health seeking behavior.

The MaMoni HSS partners with Dnet to implement Aponjon, to provide health information to pregnant mothers, new mothers, and their family members. Aponjon delivers customized health messages tailored to suit different stages of pregnancy to pregnant women and mothers with children under 1 year of age. Launched in 2012, Aponjon has a subscribers' base of more than 1.5 million.

'Aponjon' is a voice and SMS based mobile health service which provides important weekly health messages to pregnant women, mothers with new born babies and their family members.

The benefit of the service is to help the mother and her family member to receive personalized, reliable and accurate messages keeping in alignment with her week of pregnancy or the age of the baby- just the information the mother and her family needs at that time.

Aponjon, meaning 'Dear One' in English, delivers information twice a week either through SMS, or through voice messages of sixty seconds. The voice messages are a mix of "mini-skit" messages, with local actors playing the roles of a doctor, pregnant woman, mother and



For more information please login:  
[www.aponjon.com.bd](http://www.aponjon.com.bd)



→ **16227**

mother-in-law; and direct messages. In the dramatic format, characters enact scenarios in an entertaining and educational way. Dialogues range from the doctor explaining the importance of iron-rich food, to reminding the pregnant woman that it is time for her medical checkup. Messages around medical emergencies and warning signs are in the direct, straightforward format.

Aponjon also has a unique service targeting husbands and other household members, which reinforces messages provided to the mother and encourages family involvement in decision making around pregnancy, birth and infant care. This service adds one additional message per week, increasing the total from two to three messages per week. In addition, Aponjon offers a counselling line to subscribers which serves as a direct channel to communicate with a doctor about health problems.

Aponjon with its tailor-made messages suitable to different stages during pregnancy has been quite well received. Though the service mode was SMS and Interactive Voice Response (IVR) initially, one can now avail the service through website and mobile application.

Aponjon has heavily leveraged various partnership modalities with NGOs and other civil society actors with nationwide networks.

For instance campaigns have been a major area of collaboration since the launching of Aponjon in 2012. Aponjon has had BRAC, Smiling Sun, SMC as its outreach partners. BRAC covers 19 districts and 139 upzillas. Aponjon also launched its website and runs TV commercials to reach out to mass people, as well as online social media campaign using YouTube.

Aponjon has also introduced the first mobile app, called Aponjon Shogorbha in Bangla language with the most comprehensive information for the expecting mothers. Also worth mentioning is Aponjon's branded buses, and a host of IEC materials including leaflet, poster, wall painting, billboard etc. Aponjon also organizes courtyard meetings and fair where free medical checkup is offered to create mass awareness.



Photo Credit: Dnet

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmpur, Jhalokathi, Noakhali, Pirozpur and Bhola.

### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/GMB Akash

## Child Health

Bangladesh's success in curbing child mortality is widely recognized. Between the 1989-1993 and 2010-2014 periods, under-5 mortality declined by 65% while Infant Mortality reduced from 87 deaths to 38 deaths per 1000 live births over the same period (BDHS 2014). This rapid progress has enabled Bangladesh to achieve MDG 4 target ahead of time.

The Integrated Management of Childhood Illness (IMCI) program, run by DGHS in coordination with DGFP, encompasses a range of interventions to prevent and manage major causes of mortality and morbidity of children (acute respiratory infection, diarrhea, measles, malaria, or malnutrition) both at home and the facility level. Training of providers on facility and community IMCI is almost saturated while necessary medicine and logistics are supplied from national level. An online reporting system has been established for monthly IMCI-N reporting at designated facilities.

The government has recently introduced the Haemophilus influenzae type b (Hib) vaccine & vaccines against pneumococcal disease. The vaccines have led to reduced number childhood pneumonia incidence. Bangladesh has also sustained the use of oral rehydration salts (ORS) at about 84 percent of all children sick with diarrhea since 2007. The use of zinc along with oral rehydration therapy (ORT) has increased from 20 percent in 2007 to 38 percent in 2014. Almost four-fifths of the ORS used is obtained from

### KEY FACTS

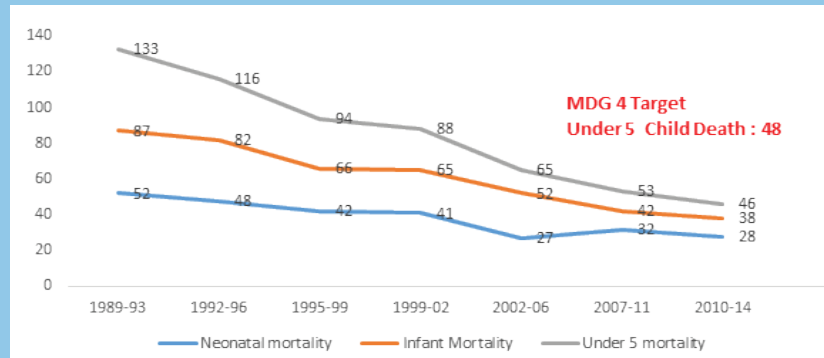
Causes of under-five death are changing. Diarrhea, accounted for almost one-fifth of all under-5 deaths in 1988-93. But in the 2007-11 period diarrhea caused only 2 percent of all under-5 deaths.

Respiratory (mostly pneumonia) and other serious infections are associated with almost two-fifths of all under-5 deaths. Other causes include birth asphyxia, prematurity & drowning. (BDHS 2014)

private sector sources which are also now the primary source of zinc. Community Clinic is the predominant source of public sector Zinc and ORS supply for the diarrhea patient at community level.

Highlights of MaMoni HSS' support for strengthening IMCI in Bangladesh:

- The project is providing assistance to strengthen and improve service delivery from functioning IMCI-N corner, improve reporting, monitoring and supervision mechanism, needs based training IMCI, Emergency Triage Assessment & Training (ETAT), facility based case management for upazila and above doctors through Comprehensive Newborn Care Package (CNCP). Project supported IMCI training of FWVs of Habiganj district, statisticians on IMCI reporting of Noakhali and Community Health Care Provider (CHCP) of community Clinic of Jhalokathi district on CCM. All these are carried out through IMCI section of DGHS.



Source: Bangladesh Demographic & Health Survey.

- While the project does not provide any direct input for EPI and diarrhea management, it is contributing through community mobilization activities for expanding immunization coverage and promotion on the use of Zinc for diarrhea.
- MaMoni HSS project supports district and sub-district level managers for stock out monitoring of 25 essential medicine and commodities including ORS, Zinc, Amoxicillin, and Gentamycin in the project districts.
- To improve IMCI reporting, the project is supporting IMCI section through Newborn & Child Health (NB&CH) cell to prepare and provide regular feedback on IMCI reporting to the districts. Additionally MaMoni HSS is supporting the capacity building of statisticians on DHIS-2 reporting.
- The project is supporting organization of IMCI program review of the district with participation of district and sub district managers. The workshop will come up with an action plan to strengthen IMCI-N program of the respective district.

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozepur and Bhola.

### Contact Us

**MaMoni Health Systems Strengthening  
(MaMoni HSS) Project  
Save the Children**

Save the Children Hs No CWN (A) 35, Road 43,

Gulshan 2, Dhaka 1212, Bangladesh

Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)

Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/ GNB/ Akash

## Community Engagement

Community Volunteers (CV) can provide a strong link between the community and health facility by increasing community awareness on MNH/FP/N, counseling on key issues, and identifying eligible couples for Family Planning Services and passing on useful health messages related to children & mothers' health.

**Community Volunteers:** The project facilitates the identification, training and support for a cadre of CVs to collect basic health data, disseminate messages, facilitate community meetings and to represent the communities in meetings with the frontline health workers of MOH&FW. A CV is identified for each 250 population and they receive a three days orientation, followed by refresher trainings provided each year.

Community Volunteers (CVs) are important links and advocates for promotion of health services. Selected by the community and nominated by the Union Parishad, these unpaid volunteers work as an extension of the MOH front line workers in reaching the mothers with critical information. They are trained on identification of maternal and newborn danger signs, FP counseling, and routine and emergency referral to an appropriate service provider. CVs are supported to form Community Action Groups (CAGs) in each of their catchment areas, and use this platform to promote joint identification of community barriers MNCH/FP/N health seeking, and develop action plans to overcome these challenges. Each CV maintains record of new eligible

### KEY FACTS

The MaMoni HSS model for community mobilization efforts is premised on four major approaches:

- Capacity building of selected community members as Community Volunteers
- Facilitation of monthly Community Action Groups meeting (CAG) by CVs to share messages and address barriers
- Community microplanning by interfacing with MOH&FW service providers to promote locally-driven planning
- Engagement of LGIs for enhanced oversight role & local level resource mobilization

couples (ELCO), new pregnancies, births, deaths, etc. of her catchment area. They motivate ELCOs to adopt family planning methods and refer couples to the UHC for the Long Acting and Permanent Methods (LAPM) services.

**Community Action Groups:** Community Action Groups (CAGs) play a vital role in identifying and reducing local barriers to timely use of health services. CAGs use simple tools to help men and women reflect on gender norms and power that will open up space for communication within the household around protecting a woman's health during pregnancy and childbirth, and invite men to become involved in protecting the family's health.

**Community Microplanning:** The objective of the Community Microplanning (cMP) approach is to develop a system of appropriate local level planning for attaining complete coverage of the comprehensive MNCH/FP/N intervention package in a sustainable manner. Overall, the cMP provides opportunity for planning, unified reporting, performance analysis and feedback, identify gap and there by strengthen system.

Female Welfare Assistants (FWAs) are assigned to a Unit (the smallest catchment area of a community). Health Assistants (HA) are assigned to a ward, comprising of two units and in each ward, there are eight EPI vaccination centers. Monthly cMP meetings are held in every EPI center comprised of health and FP workers, FWAs, HAs, and community volunteers who share MNCH/FP/N information and update data on list of pregnancies, high risk mothers and newborns, childbirth, newborn deaths and maternal deaths. Monthly action plans for service delivery are developed to address major challenges.



Photo Credit: Save the Children/GMB Akash

Following the cMP meetings union level follow up meetings are organized at UH&FWCs with DGHS staff, Health Assistant (HA) and Assistant Health Inspector (AHI) to review progress, workload issues and mobilization of available resources for the community. The whole process leads to an appropriate local level planning which is effective and sustainable within the existing system.

The whole process leads to an appropriate local level planning which is effective and sustainable within the existing system.

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozpur and Bhola.

### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



## District Health Systems Strengthening

MaMoni HSS strengthens the MOH&FW's district health systems to improve the provision of an equitable, efficient and effective health service that is based on the primary care approach.

### Our approach to strengthening district health systems

MaMoni HSS' approach supports community based and the facility based maternal, newborn, child health, family planning and nutrition (MNCH/FP/N) activities with strong engagement of local government, NGOs, Private sector and, district health services at lower level facilities and through community-based providers. This is achieved through the following support to the MOH&FW:

#### Health Workforce:

- Capacity building and mentorship initiatives to improve leadership and management capacity of public sector managers at district level and below
- Facilitate the posting of NGO-hired temporary staff at GOB facilities where needed to address staffing gaps in the short term
- Advocating for and facilitating recruitment and deployment to GOB service providers to under-served areas and strategically located facilities on a priority basis

#### Health Services:

- Strengthen smart integration of MNCH/FP/N services at all levels of service provision, including strengthening of facility to community continuum of care

### KEY FACTS

Strategic leadership and smart integration are critical to tackling the more complicated health problems that remain—such as the provision of skilled care during child birth and immediate postnatal period, newborn care and preventing and managing preterm births, management of maternal, newborn child complications and ensuring equitable access to quality family planning and nutrition services.



- Support service readiness of GOB health facilities by addressing infrastructure readiness, deployment/redeployment/capacity-building of human resources, provision of equipment and supplies and establishing quality improvement initiatives
- Advocacy to local government institutions to provide oversight support the functioning of the formal service delivery systems, and to contribute local resources to address problems and gaps
- Establish joint supervision visits at different levels to monitor service quality throughout the system

### Health management and governance

- Facilitate decentralized planning, monitoring and program review using local level data
- Harnessing the power of local government institutions to provide oversight for MNCH/FP/N services at all levels, including mobilization of local resources to support local level action plans

### Health Information

- Strengthen local management information system by working at the district and below to improve the quality of data entry, promote a data feedback loop, promoting analysis and use of data at all levels
- Facilitate opportunities for local level health workers, government, and civil society to discuss utilization of data to inform governance and financing decisions at the local level
- Developing, testing and scaling up technological innovations to improve collection, analysis and use of data for programmatic and management decision-making

### Health Logistics

- Develop comprehensive logistic management systems at the district level to address local need. Integration of commodity security into the quality improvement initiatives developed
- Coordination with other partners to ensure information flow from the local to national level and to inform national level procurement decisions according to need



Photo Credit: Save the Children/GMB-Alash

### Current Context

- Human Resources for Health (HRH): Several health facilities responsible for providing essential service delivery are understaffed as a result of financial constraints and inflexible bureaucratic barriers to recruitment and optimal use of staff.
- Logistics: Procurement processes use a 'push system' and the management systems for available commodities are often weak, leading to stock-outs of life-saving essential commodities.
- Leadership and management: Inadequate decentralized planning and budgeting, and delegation of authority to lower levels is one of the limiting factors in ensuring management for results and accountability.
- Health information systems are not streamlined to the local level and there are significant overlaps between different departments and programs. The culture of using data for planning and management decision making by service providers, supervisors and managers is limited.
- Quality of care: A comprehensive quality improvement system is yet to be established at all levels of service provision. There are major gaps in the quality of care provided compared to the expected minimum standards of care.

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozpur and Bhola.

#### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/SMB Akash

## Quality Improvement Initiatives

Despite the impressive reduction in mortality rates, the quality of clinical services provided at governmental health facilities remains a major concern.

Bangladesh has achieved great progress in reducing maternal and child mortality through scaling up of evidence-based interventions aiming at preventing or managing the most common causes of mortality. An initial situational analysis conducted by MaMoni HSS Project revealed multiple gaps in the quality of clinical services including outdated national standards, inadequate human and financial resources, insufficient medical supplies, over centralized planning and decision making, and bureaucratic administrative barriers.

MaMoni HSS supports the MOH&FW to implement comprehensive quality improvement (QI) initiatives, aligned with the national QI strategy. The project aims to improve quality of care incrementally in stages starting with improving cleanliness, basic infection prevention, and medical waste management, progressing to improved management of facilities such as crowd control and organization of services, and improving compliance with clinical standards and patient-centered care. The QI initiatives of the project are applied in the context of a much broader health systems strengthening approach, which focuses on improved leadership and management capacity of the health systems to identify and address bottlenecks.

### KEY FACTS

- Basic infection prevention measures and proper waste management systems are not consistently followed in most health facilities.
- Clinical standards for providing MNCH/FP/N services are not consistently followed in most health facilities.
- There is a persistent stock-out of essential medicines and supplies at some health facilities.

A multi-pronged QI strategy is being applied to support efforts at the national, district, and community levels using the following simple and generic QI process.

MaMoni HSS Project's QI interventions include:

- Support development of standard operating procedures (SOPs) for maternal and newborn health and family planning services
- Update national MNH clinical guidelines to incorporate recent evidence based interventions
- Strengthen ownership and leadership of the QI process through the formation of QI committees at district and sub-district levels
- Increase resource mobilization by involving local government and community in the QI process
- Strengthen supervision systems with emphasis on supportive supervision for problem solving, capacity building, and QI
- Support specialized technical teams to improve the quality of comprehensive emergency obstetrics and newborn care provided by district level health facilities
- Conduct maternal and perinatal death reviews to identify health seeking and systems gaps and take corrective action in response
- Apply Standard Based Management and Recognition (SBM-R) in selected facilities to increase compliance with clinical standards and recognize improvement
- Implement a simple dashboard system to monitor and improve the availability of essential drugs
- Facilitate competency-based in-service training to improve the skills of service providers



Photo Credit: Save the Children/GMB Akash

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozpur and Bhola.

### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/GMB/Alash

## Newborn Health

Bangladesh has shown remarkable achievement in improving child health and survival. The country has achieved MDG 4 targets well before 2015. However, the pace of reduction of mortality among newborns is much slower than that of older children. MaMoni HSS is strengthening newborn care interventions to catalyze reduction of mortality among newborns.

The government of Bangladesh has declared its commitment to 'Ending Preventable Child Deaths by 2035' and recommends introduction of four new newborn care interventions:

- Application of 7.1% Chlorhexidine digluconate solution for newborn umbilical cord care
- Newborn sepsis management and referral of sick newborns
- Administration of antenatal corticosteroid (ACS) to prevent complications due to prematurity
- Kangaroo Mother Care (KMC) for preterm and LBW babies

In addition, the MoHFW is also establishing Special Care Newborn Unit (SCANU) at secondary and tertiary level facilities to improve management of sick newborns.

The prime focus of MaMoni HSS in newborn health is to strengthen MOH&FW's efforts to: 1) Adopt new evidence-based interventions and integrate those in national programs and action plans for national level scale-up, 2) Introduce and demonstrate models for integrating the newborn interventions into the existing service delivery platforms of MOH&FW, and

### KEY FACTS

- Each year around 71,000 newborns die from three major causes. Preterm birth claims 12,000 deaths, birth asphyxia 21,000 deaths & neonatal infections and pneumonia 38,000 deaths (BDHS 2011).
- Deaths in the first month of life now account for more than 61% of all under 5 death, up from 39% in 1989-93 (BDHS 2014) .

where appropriate, the private sector; (3) Support the MOH&FW to develop, implement and monitor comprehensive national scale up plans for the prioritized newborn interventions and (4) Build national, district and sub-district level health system capacity to implement and monitor the newborn care interventions.

In the past, USAID funded MaMoni project supported national scale up of Helping Babies Breathe (HBB), an innovative newborn resuscitation program, in collaboration with UNICEF, Bangabandhu Sheikh Mujib Medical University (BSMMU), Laerdal Foundation and the American Academy of Pediatrics. With support from USAID, MaMoni (2010-2013) and MaMoni HSS projects supported the training of over 28,000 skilled birth attendants across 64 districts of Bangladesh.

Shown below are some of the highlights of MaMoni HSS' support for strengthening newborn care interventions in Bangladesh:

- All newborn care interventions are fully integrated into the delivery of a comprehensive package of MNCH/FP/N through the public sector service delivery systems. The project's efforts to strengthen the district level health systems, engage communities and to improve integrated delivery of MNCH/FP/N services enhance the chances of newborn survival.
- Supporting the MOH&FW to roll out the use of 7.1% chlorhexidine digluconate for newborn umbilical cord care. The intervention will be rolled out across the country through the public sector service delivery channels by June 2016.
- Supporting the MOH&FW to establish KMC as part of routine care at public sector health facilities, especially at the district and sub-district levels.
- Supporting the implementation of the national guidelines on the use of antenatal corticosteroids (ACS) to prevent complications of preterm births. Currently, the focus is at the district level facilities that meet criteria for the use of this intervention.
- Implementing the new national guidelines on the management of infections among young infants. The project is also collaborating with the Johns Hopkins University and the Projohnmo study team to conduct implementation research on the feasibility of implementing these new guidelines.
- Supporting the MoHFW to establish a SCANU at the district hospital in Lakshmipur and providing technical support to ensure functionality and quality of SCANUs established by MOH&FW in other four districts.
- Supporting a Newborn and Child Health Cell within the Directorate general of Health Services. This cell supports the national coordination of all newborn interventions. Additionally, in the project supported districts, MaMoni HSS is supporting the capacity building of a newborn focal person at the upazila level.



Photo Credit: Save the Children/GMB Akash

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozpur and Bhola.

### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/ GMB/ Akash

## Maternal Health

Shortage of trained healthcare workers with updated knowledge and skills, weak facility infrastructure, and poor reach of services pose major challenges to ensuring equitable access to quality maternal health services in Bangladesh. MaMoni HSS is addressing these challenges through training, site readiness and quality improvement.

Despite a high level of commitment and prioritization by the Government of Bangladesh to increase skilled attendance at birth and improve the continuum of maternity and newborn care services, over 58% of women deliver at home without a skilled birth attendant. The MaMoni HSS project is addressing these challenges by increasing Skilled birth attendant (SBA) coverage by improving the readiness of public sector health facilities to provide normal delivery care and management of obstetric complications. The project supports improving the service readiness of union health and family welfare centers (UH&FWCs) to provide round-the-clock services, with strong referral linkages to the upazila and district level facilities that provide basic and comprehensive emergency obstetric care services.

Building skilled workforce has been a particular focus. The project has provided competency-based training to all SBAs on selected topics including **Active Management of the Third Stage of Labor (AMTSL), use of partograph for decision making, and the management of pre-eclampsia/ eclampsia.** In a few selected number of facilities, the project

### KEY FACTS

- Postpartum hemorrhage causes 31 percent of the total maternal deaths in Bangladesh (BMMS 2010)
- Deliveries by medically trained providers has increased from 16 percent in 2004 to 42 percent in 2014 (BDHS2014)
- The proportion of births delivered at health facilities has increased from 12 percent in 2004 to 37 percent in 2014 (BDHS2014)

has deployed paramedics with midwifery skills to fill in the shortage of public sector providers. In addition, the project selects, trains, and deploys private community SBA (pCSBAs) in the hard-to-reach and under-served areas.

In the six MaMoni HSS districts, the project is supporting MoH&FW to strengthen the UH&FWCs to provide the comprehensive package of MNCH/FP/N services, including normal delivery care through a combination of: leveraging existing resources of MoH&FW, mobilizing local resources, and providing direct input to meet facility needs. As of January 2016, a total of 75 out of 193 UH&FWCs in the four focus districts are providing round-the-clock normal delivery care services.

Based on the encouraging results achieved in the project supported UH&FWCs, MaMoni HSS is providing technical assistance to the Ministry of Health and Family Welfare to strengthen the UH&FWCs across the country to provide round-the-clock normal delivery care services. The support includes a comprehensive assessment of all the 4,000 plus facilities across the country to determine the inputs needed to make them fully functional as facilities for normal delivery care.

MaMoni HSS also supports improved availability and quality of basic and emergency obstetric and newborn care services of designated district (District Hospitals MCWCs) and upazila level (UHC) facilities.

#### Scaling up of evidence-based interventions

Following Bangladesh's policy for community distribution of **Misoprostol** for home deliveries, MaMoni HSS continues to scale up the use of Misoprostol for home deliveries through orientation of supervisors, training of community health workers, and strengthening of the supply chain management. In collaboration with DGFP, the project supported orientation of community level fieldworkers and their supervisors on Misoprostol in the six project focus districts, and is working closely with the government to ensure uninterrupted supply, distribution and use of misoprostol.

The project is supporting the MoH&FW and collaborating with the Population Council and Obstetric Gynecology Society of Bangladesh (OGSB) in scaling up improved management of **Pre-Eclampsia/Eclampsia**. The project has supported the training of all service providers at district and upazila level facilities on the management of PE/E at these facilities. In addition, the project is collaborating with OGSB and Population Council to introduce the screening and management of severe PE/E at the union level facilities by administering loading dose of Magnesium Sulphate followed by referral to the nearest referral facility. The project is also focusing on improving the coverage and quality of antenatal care to ensure early identification of all maternal complications and referral and management at the appropriate level.



Photo Credit: Save the Children/GMB Akash

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozpur and Bhola.

#### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/CMB Akash

## Maternal and Child Nutrition

Improving status of nutrition is one of the keys to child survival. Well-nourished children are better equipped to fight diseases, learn and contribute to the nation building efforts. Societies with nourished population are more productive, economically viable, and secure.

MaMoni HSS is supporting MOH&FW to integrate maternal, child and adolescent nutrition interventions, along with maternal and newborn health, child health and family planning interventions, delivered through the public sector health services.

The first 1000 days – from the start of a woman’s pregnancy through her child’s second birthday – is the timeframe MaMoni HSS emphasizes as the “window of opportunity” for a well nourished child. Improving feeding and health care practices during this period can save lives and have a lasting impact on the health of individuals, families, and communities. The project works with the partners at National (National Nutrition Services, Institute of Public Health Nutrition), District, Upazilla and community level to prevent and manage malnutrition by bringing a wide-range of multi-sectoral nutrition interventions to underserved people. The project has an all-inclusive approach and strategies to reach women before they become pregnant or at an early stage of their conception.

### KEY FACTS

- In Bangladesh, 36% of children under age 5 are stunted 14 % percent are wasted and 33 % are underweight. (BDHS, 2014)
- 51% of children age 6-59 months are anemic (BDHS, 2011)
- 42% of ever-married women age 15-49 are anemic (BDHS, 2011)
- Chronic malnutrition can have a devastating and permanent impact on child’s physical and cognitive capabilities.



Following are the nutrition and health systems interventions that MaMoni HSS is focusing on:

- Optimal **breastfeeding** of infants during the first 6 months of life that entails the initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first 6 months of life through counseling during ANC/PNC visits.

- Age specific appropriate complementary feeding from 6 months of age with continued breastfeeding to 24 months through counseling during monthly GMP sessions.

- Nutritional care of sick and malnourished children including care and treatment of moderate and severe acute malnutrition in children through proper referral mechanism and availability of services at UHCs and District Hospitals.

- Improved nutrition for pregnant and lactating women including dietary changes to ensure increased caloric and protein intake, iron and intake of other micronutrients and iron-folic acid supplementation through counseling during ANC/PNC visits.

- Integrated control of anemia in pregnant women and children: includes improved iron nutrition and supplementation for pregnant women and for children starting at 12 months of age; and delayed cord clamping.

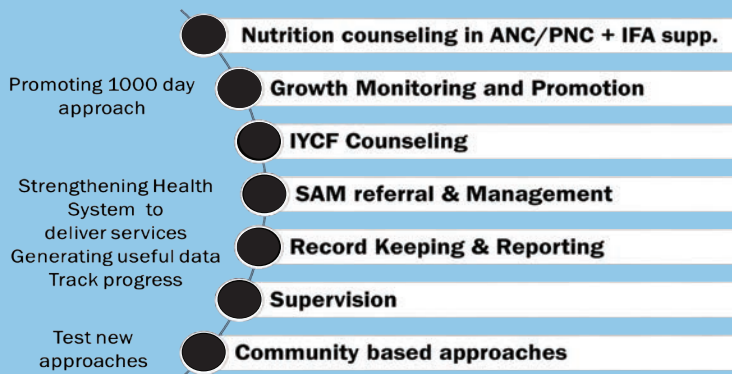
- Improved hand washing practices among mothers and children before child feeding.

MaMoni HSS supports mothers and children’s equitable access to quality nutrition services delivered through MoHFW staff and community volunteers (CVs) in the community and through the service providers of MOH&FW at community and at facility levels. Special emphasis is given to promoting optimal infant and young child feeding (IYCF) practices, dietary diversification, micronutrient supplementation, care-seeking during illnesses, growth monitoring and promoting, referral of children with acute malnutrition and management of malnutrition at secondary and tertiary level facilities. MaMoni HSS’ nutrition interventions are built around the following approaches:

- Mainstreaming of nutrition service delivery through different levels of existing health system (community to district) through filling up capacity and quality gaps through supportive supervision and monitoring

- Test innovations and approaches (e.g. supervision and monitoring checklists and tools, community-based SBCC interventions) in selected areas

- Collaboration with other nutrition partners (UNICEF, BRAC, HKI, SHIKHA) for complementarity of efforts at district and national levels



## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozepur and Bhola.

### Contact Us

**MaMoni Health Systems Strengthening  
(MaMoni HSS) Project  
Save the Children**

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/CHM Akash

## Local Government Engagement

The local government is a statutory body having a mandate on public health among other things. The MaMoni HSS project has prioritized engaging the Local Government Institutions (LGI) into health systems strengthening interventions by supporting the LGIs to oversee health care provision, mobilize local resources as well as lead community engagement efforts.

The MaMoni HSS project has sought to engage the LGIs of different levels such as Union Parishad, Upazila Parishad, Municipality, Zila Parishad in its efforts to strengthen the health systems right from the outset. The LGIs as public bodies have both the mandate and legal authority in their respective constituencies to lead the development efforts and as such are an important stakeholder in the health systems strengthening process.

The Union Parishad Act of 2009, has assigned responsibility of the local govt. to undertake programs related to Health and Family Planning, immunization, registration of birth and deaths and facilitating primary health care. To support this effort, LGI's are supported to form Union Education, Health and Family Planning Standing Committees (UEHFPSC), but few of these were active and playing their due roles.

The project thus started by sensitizing the LGI, a non-health actor, about their wider scope of engagement. The UEHFPSC comprising of elected

### KEY FACTS

MaMoni HSS is involving the LGIs to play an oversight role, support the health facilities to manage immediate needs and strengthen facility readiness to provide quality services.

In the FY 2015-2016, all but one (210 out of 211) UPs in four districts, namely Habiganj, Noakhali, Lakshmipur and Jhalokathi, have allocated budget for MNCH/FP/N work.

members, service providers and community members provides a good platform for the major stakeholders to identify and address local level challenges facing the health systems. The committee has also been encouraged to play an oversight role through regular visit to the health facilities and enquiry of the functioning and operation of the health facilities. The UEHFPSC has also expanded its public engagement around health issues by supporting work related to birth registration, vital event data collection, creating health consciousness and motivating families to have deliveries at the facility.

The project has also engaged with the Union Development Coordination Committee (UDCC), a forum of UP representatives and government officials, to facilitate improved functioning of the facilities but also to ensure their (health systems) accountability.

At the upazila level the project is supporting the Upazila Health and Family Planning Standing Committee to ensure accountability of the field-level health workers and also to coordinate with district and national level officials to get their needs addressed.

The project undertook the following approaches to actively involve the local government at different levels:

- Sensitized the LGs about their responsibility in the development of the health sector within their constituencies, with particular focus on MNCH/FP/N
- Promoted local oversight role on: quality of care, availability of care (e.g., absenteeism), gender equity, referral system and death audit and public hearing
- Encouraged UP members participate in the community group meetings, CAG/CSG meetings, and community microplanning meetings
- UP budget allocation for MNCH/FP/N
- Engaged LGs in visit to service delivery points like satellite clinics, EPI sessions, LAPM camps and UH&FWCs

The project has also started involving the municipalities and district parishads in its focus districts in various health systems strengthening efforts, particularly in the area of medical waste management. Involvement of these LGs has contributed to establish transparency in the local level health systems; for instance, in areas with greater LG engagement staff absenteeism at the facilities has gone down.

The other aspect of local government engagement concerns resource allocation on the part of the UP for improving health care. MaMoni HSS staff also supported the UP to identify the priority needs in the health systems and allocate budget against those needs.

LGs have contributed a number of items including medicine, refrigerator, expensive medical equipment like autoclave, weighing machine, BP machines, stethoscope, delivery tables, construction of approach road, placenta dumping pit, setting up of solar power panel, construction or repair of facilities' structure, etc have been procured with resources from the UP.



**Local Government Engagement:** The project successfully engaged the Union Parishad Chairmen, elected Ward Members, Upazila Chairmen, and occasionally the Parliamentarians to be actively involved in planning, overseeing and supporting MNCH/FP/N interventions in their respective areas. In several cases, the local government institutions have also come forward to make financial and non-financial contributions to address bottlenecks and resource constraints.

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozpur and Bhola.

### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh

Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)

Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children/ GMB Akash

## Health Information System

USAID funded MaMoni HSS project is supporting the government to strengthen the HIS with data quality and develop a comprehensive and automated routine health information system.

Strengthening overall health system and governance including establishing a sustainable monitoring and evaluation system along with Health Information System (HIS) is one of the seven drivers of the Strategic Plan for Health, Population & Nutrition Sector Development Program (HPNSDP). While the country's HIS has made some progress in recent years, its fragmented system has a paucity of real-time, quality data and a limited ability to provide data for decision-making. MaMoni HSS is a key partner supporting the government to strengthen the HIS, to develop a comprehensive system, to improve data quality and enhance use of information for decision making at all levels. The overall approach is directed to:

- Streamlining MIS tools to minimize information gaps and duplication, and reduce burden of data collection and compilation;
- Improving capacity of health care providers and supervisors to generate real-time, quality data;
- Improving use of information and promote evidence-based decision making.

At the national level, MaMoni HSS works with icddr,b, Management Sciences for Health (MSH) and Saving Newborn Lives to support MOHFW in the development of structured registers for Health Assistant (HA) and Community Skilled Birth Attendant, revision of Family Welfare Assistant (FWA) register, reduction of number of registers for Family Welfare Visitor (FWV), revision of

### KEY FACTS

- MaMoni HSS is partnering with MEASURE, icddr,b and MSH/SIAPS to develop, test and scale up a comprehensive automated routine health information system
- MaMoni HSS has supported DGFP to roll out simplified recording and reporting tools for community and facility-based workers
- The automated health information system will enable the tracking of real-time population health data using individual health identity numbers.

online monthly reports into DHIS 2 and DGFP MIS forms.

At the local level, MaMoni HSS supports roll-out of revised tools and facilitates real-time reporting in its implementing districts. The project facilitates establishment of a community microplanning (cMPM) approach where trained community volunteers are the link between communities and formal public health care system. These volunteers share vital health information with FWAs and HAs at the cMPM. This interface contributes to major improvement in quality of data reported by DGHS and DGFP.

MaMoni HSS supports MOHFW to strengthen mechanisms to ensure data quality. These mechanisms include validation of data at source and cross-checking during Joint Supervisory Visits.

The project promotes a culture of data sharing at local level through regular review meeting with DGHS-DGFP managers. While upazila level managers during the monthly review meeting discuss implementation issues based on reported data and develop corrective action plan, the upazila and district level managers during Quarterly Performance Review Meeting discuss implementation issues and make corrective action plan for the district.

A review of the current experience with strengthening HIS initiative in Bangladesh has envisaged that the future is with digital systems. Leveraging on the advances in digital technology, MaMoni HSS is collaborating with USAID and its implementing partners such as MEASURE Evaluation, icddr,b and MSH/SIAPS to develop and test a comprehensive, virtually unified automated routine health information system (RHIS), which will collect both population and facility level data with tracking of individuals; and provide real-time data for the HPN sector indicators.

The RHIS initiative focuses on:

- i. Designing and pilot testing a comprehensive but modular, electronic, interoperable routine health management information system for MNCH-FP and Nutrition services;
- ii. Build capacity of workers, service providers and managers at all levels to use the systems for generating and using real-time data for management, monitoring, planning purposes; and
- iii. Facilitating the development of a phased national roll-out of the automated electronic routine health management information system and providing technical and facilitation support for its implementation.



Photo Credit: Save the Children/GMB Akash

Under the RHIS initiative, tablet PC-based Population Registration System (PRS) and e- Register for FWA and tablet PC & web-based Maternal & Newborn Care e-Register for FWV have already been developed. MaMoni HSS is pilot-testing these modules in Habiganj, while icddr,b is implementing the pilot in Tangail district. To date, the population registration has been completed in Basail and Madhabpur upazilas of Tangail and Habiganj districts respectively and is underway in all other upazilas of Tangail and Lakhai upazila of Habiganj district. Field testing of e-Register for FWA is underway in both the districts.

Once the pilot testing is successfully completed, it will be shared with broader stakeholder groups specially with government MIS departments and will gradually be scaled up throughout the country.

## About MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmpur, Jhalokathi, Noakhali, Pirozpur and Bhola.

### Contact Us

#### MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh

Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)

Web: [www.mamoni.info](http://www.mamoni.info)



Photo Credit: Save the Children / GME/Almasri

## Family Planning

The prevention of unplanned and unwanted pregnancies could help avert 20-35% of maternal deaths and as much as 20% of child deaths. MaMoni HSS is promoting scale-up of FP services as an essential part of comprehensive maternal, newborn and child health care (MNCH).

MaMoni HSS Project is assisting the Government of Bangladesh both at the national and district levels to increase access to and quality of integrated FP services throughout the MNCH continuum of care. Nationally, MaMoni HSS participates in key FP technical working groups and contributes to national policy and guidelines as part of the GOB's FP2020 commitment to increase utilization of FP services. At the sub-national level, MaMoni HSS is providing technical assistance to DGHS and DGFP in Sylhet and Chittagong -- two of the lowest performing divisions in the country with CPR rates less than 50% and the highest unmet need for contraception. Since April 2014, the project has extended its work in Barisal division as well.

Key contributions include the following:

### National Level Contribution:

*National Policy and Strategy Development:* The project provides technical assistance to the MOHFW, through the FP2020 Bangladesh Country Engagement Working Group (BCEWG) and the National Post-Partum Family Planning Working Group (NPPFPWG), to set national targets, strategies, and action plans to scale up and improve quality of FP services.

## KEY FACTS

- Total Fertility Rate 2.3
- Modern Contraceptive Prevalence Rate (CPR) 54.1%
- Unmet Need for Family Planning Services 12%

Source: Bangladesh Demographic and Health Survey 2014.

*Developing National Guidelines and Training Modules:* MaMoni HSS has supported the development of national curriculum on injectable contraception, development of counseling guidelines and job aides on family planning for community volunteers.

#### **District level Contribution:**

*Integration of family planning services:* The Project promotes integration of family planning services in the MNCH continuum at all levels of service provision. Special emphasis is given on improving access, quality and utilization of post-partum family planning (PPFP) services. MaMoni HSS supported capacity building of service providers on insertion of postpartum intrauterine contraceptive device (PPIUCD) by trained providers (FWVs and paramedics) from different levels of facility. Community Volunteers (CVs) are engaged and oriented to provide FP counseling and referral for all FP services, including long acting and permanent methods.

*Improving demand for FP services and addressing barriers:* The community engagement and behavior change communication efforts focuses on addressing barriers to accessing FP services. MaMoni HSS uses multiple channels and methods to communicate FP messages and to promote care seeking, including community meetings, counseling by community volunteers and referral, interpersonal communication by service providers, group BCC events etc.

*Quality improvement:* The project is supporting the integration, scale up & quality of FP services in all service delivery points of MOH&FW, particularly at the upgraded UH&FWCs. Quality improvement standards and tools have been developed and facility providers are oriented to benchmark their performance against these standards and identify areas where further capacity building support may be required.

*Logistic Monitoring:* In project areas, in coordination with DGHS & DGFP, MaMoni HSS regularly tracks and monitors availability of commodities to ensure continuous supply of modern short-term and long-term contraceptive methods in facility and community levels according to national guidelines. All methods, including IUCD, implants, and LAPM are available in UHC, MCWC and DH hospitals while barrier methods, oral hormonal contraception, short term injectable contraception are available at community level.

*Strengthening information systems and use of data:* The project closely supports the government to improve the collection, compilation, analysis and use of routine health information systems. As part of the process the project has supported revision of registers for antenatal care, postnatal care and delivery used by FWVs, CSBA registers, and FWA registers. MaMoni HSS staff also support government field staff from both departments in collecting quality data and entering them into the national database. The project also has introduced joint supervisory visit and a quality improvement cycle for critical gap management in quality service delivery in the facility that includes FP services with emphasis to PPFP for improving Maternal & Child health.



Photo Credit: Save the Children/CMB Akash

## **About MaMoni Health Systems Strengthening (MaMoni HSS) Project**

The MaMoni Health Systems Strengthening (HSS) is a four-year project of USAID under the global Maternal and Child Health Integrated Program (MCHIP). The focus of this project is strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of evidence-based practices already acknowledged in Bangladesh.

MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners, International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU) and six local non-government organizations.

The project covers 40 upazilas in six districts and serves around 12.2 million people. The six focus districts are Habiganj, Lakshmipur, Jhalokathi, Noakhali, Pirozpur and Bhola.

#### **Contact Us**

#### **MaMoni Health Systems Strengthening (MaMoni HSS) Project Save the Children**

Save the Children Hs No CWN (A) 35, Road 43,  
Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)  
Web: [www.mamoni.info](http://www.mamoni.info)



Contact  
MaMoni Health Systems Strengthening Project  
Save the Children  
House CWN (A) 35, Road 43, Gulshan 2, Dhaka 1212, Bangladesh  
Email: [mchipbd.info@savethechildren.org](mailto:mchipbd.info@savethechildren.org)