

Maternal, Child, Reproductive and Adolescent Health Operational Plan Summary

OP Management: Director, MCH Services, DGFP

Implementation Period: January 2017 to June 2022

Overall Objectives: Deliver effective and responsive quality maternal, newborn, child, adolescents, and reproductive health services with particular attention to marginalized and vulnerable groups.

Specific Objectives:

- Strengthen comprehensive and basic EmONC services
- Improve quality ANC, PNC services and strengthening 24/7 delivery at the facility level
- Improve newborn care and implementation of Comprehensive New-born Care Packages (CNCP)
- Strengthen nutritional condition for <5 children, adolescents, Pregnant and Lactating Women (PLW)
- Improve adolescent health care, and RH care services including RTI/STI, MR, MRM, PAC
- Improve Quality of Care including Facility Readiness
- Strengthen co-ordination with DGHS as well as NGOs, private and community engagement

Total Estimated Cost (Taka in lac)

	Total (BDT)	GOB (BDT)	Project Aid (RPA) (BDT)	Source of Project Aid
Estimated Cost of OP	136750 (\$170.94m)	38650.80 (\$48.31m)	98100 (80738) \$122.62m (\$100.93m)	Pool Fund, UNFPA, HCA, UNICEF, EKN, WB (GFF), WHO, USAID and others

Background Information

The MCRAH OP is aligned to global commitments, "The Global Strategy for Women's, Children's and Adolescent's Health, 2016-2030." Fulfilling the Global Strategy and achieving the SDGs will require new evidence-based approaches backed by innovative and sustainable financing mechanisms in support of Every Woman, Every Child and Every Adolescent.

This OP has been developed in light of the strategic objectives of the sector program aims to ensure that quality HNP services are provided through both public and private sector more efficiently and in an equitable manner. The Maternal, Newborn, Child, Reproductive and Adolescent Health (MNCRAH) services are provided through two OPs – MNCAH by DGHS and MCRAH by DGFP. This OP will deliver effective, responsive and quality MCRAH services through a functional and coordinated approach involving different stakeholders including DGHS.

Relevant Strategies in the Project Implementation Plan

Strategic objective 1: Strengthen governance and stewardship of the public and private health sectors
Strategic objective 2: Undertake institutional development for improved performance at all levels
Strategic Objective 4: Strengthen the capacity of the MoHFW's core health systems

Major Program Components and Key Activities

1. Strengthening Health Care Services

Maternal Health Care Services

- Provide ANC, PNC with counselling on Birth Preparedness and Complication Readiness (BPCR);
- Distribution of Misoprostol, IFA, micronutrients and calcium supplementation
- Conduct safe delivery at facilities (MCWCs and UH&FWCs) with AMTSL; use partograph
- Prevention of Pre-eclampsia and Eclampsia with MgSO4 and referral
- Strengthening 24/7 BEmONC and CEmONC services through district and upazila level facilities
- Initiation of Mother's Bank Program to strengthen Maternal & Newborn emergency preparedness.

National New-born Health Program (DGFP part)

- Antenatal corticosteroid therapy for women with threatened pre-term deliveries
- Provide essential newborn care (ENC), chlorhexidine and resuscitation at all service delivery level
- Provide sick newborn care at UH&FWC with capacity development of service providers
- Provide Kangaroo Mother Care (KMC) services for preterm and low birth weight babies at MCWCs.

Child Health Care Services

- Provide counselling on feeding practices including exclusive breast feeding, IYCF
- Strengthen IMCI at community & facility levels, limited curative care, and GMP services
- Provide immunization and de-worming services through routine program and national campaign
- Support SBCC on IYCF Practices, danger signs of both mother and newborn, and WASH

Reproductive Health Care Services

- Strengthen and scale up safe MR, MR with Medication (MRM), and PAC services
- Improve integration of FPRH counselling and services during post-partum, post-MR, and PAC
- Strengthen awareness for post-partum, post-MR, PAC services and Emergency Contraceptive Pill
- Strengthen and scale up early detection of cervical cancer and breast cancer
- Counselling, motivation and referral linkage for fistula and utero-vaginal prolapse prevention

Adolescent Health Care Services

- Promotion of adolescents friendly health services (AFHS) at the facility and community level
- Phase wise scale-up of AFHS in all MCWCs and at least 2 UH&FWCs in each upazila
- Strengthen school health services by satellite clinics linking referral to AFHS facilities
- SBCC for awareness of gatekeepers to prevent child marriage, adolescent pregnancy, etc.
- Finalize and implement National Plan of Action for Adolescent Health
- Capacity building of supervisors, managers, service providers and field staffs to implement NPA

Nutrition Services

- Continuation of nutrition services in 91 upazilas of 11 districts and scaling up of services;
- Counselling on early initiation and exclusive breast feeding;
- Micronutrient supplementation for children, adolescents PLW; screening for CMAM and referral.

2. Strengthening Health System including Improving Facility Readiness

- Strengthen UH&FWCs with skilled providers, physical facilities, drugs for 24/7 safe delivery, referral
- Functioning MCWCs for CEmONC and other MCWCs and selected UH&FWCs for BEmONC services.
- Strengthen procurement of essential drugs, MSRs, commodities as per the standard ESP

3. Capacity Building of the Service Providers

- Provide 1-year training for doctors on EOC, 6-month for FWVs on OT Management and midwifery

- Provide short-term training (transform FWVs to International Confederation on Midwives)
- 4. Functional Co-ordination**
- Strengthen community level service coordination linking Satellite and CCs, CSBA, referral mechanism
 - Coordination in using DGHS staff (doctors/nurses) at facility level during special programs
 - Improve task sharing of human resources to ensure CEmONC services at district and upazila level
 - Collaborate with DGHS on awareness campaigns, CEmONC services, and referral.
- 5. Quality of Care including Supervision, Monitoring and Referral Linkage**
- Update SOP guideline and Protocol for MNCRAH services at all level service delivery points
 - Expansion of TQM at all MCWCs and strengthen medical waste management and IC practices
 - Strengthening of MPDSR activity in institution and community level
 - Strengthen regulatory framework including private sector on MCRAH activities
 - Enforce performance-based renewable accreditation system.
- 6. Partnership with NGOs/private sector**
- Scaling up of CNCP, KMC and Sepsis Management through selected MCWCs and UH&FWCs
 - Promote institutional delivery and safe motherhood including ANC, PNC, birth planning, PFPF
- 7. Community/Stakeholders' Engagement at different level: Community, Union and Upazila Parishad**
- Form community groups with youths, elected representatives, teachers to promote MNCH services
 - Involve UP chairman and other community members in performance monitoring of CCs, UHFWCs
 - Organize orientation/training for different government representatives (MOLGRD, MOE, MOSOW)
- 8. Urban Health**
- Facilitate effective policy level coordination between MOHFW and LGI
 - Develop local level joint plan of action (on SBCC, training, hiring volunteers) with DGHS, LG, NGO
 - Contract out services including hiring trained HR
 - Strengthen partnership with local NGOs and build capacity of the NGO service providers
 - Strengthen monitoring and reporting, and referral system

Performance Management

Indicators	Baseline	Project Target (Middle and End of Project)	
		By June 2020	By June 2022
Utilization of MH services increased in Sylhet & Chittagong divisions (% of normal deliveries in public facilities)	71,132 (?) Jan-Dec 2016, MIS DGFP	12% of baseline	18% of baseline
Percent of newborns received essential newborn care	6.1% (BDHS 2014)	15%	25%
ANC coverage (at least 4 visits)	31.2 (BDHS 2014)	40%	50%
Percentage of delivery by skilled birth attendance	42.1% (BDHS 2014)	55%	65%
Percentage mothers with non-institutional delivery receiving PNC from medically trained provider within 2 days of delivery	5.4% (BDHS 2014)	7%	10%
Number of health facilities (MCWC, UH&FWC) made functional adolescent friendly health services	93 (MCH-S Unit Report, DGFP)	600	979