

Promotion of Universal Safe Motherhood (PUSM)

Project Period: 1 October 2014 to 30 September 2015

Project Background

Pidim along with two other Partners- Hamari and Ananda embarked on Promotion of Universal Safe Motherhood (PUSM) project in three Upazilas of Khagrachari district in CHT in October 2012 under a partnership agreement signed by them. Among the Upazilas are Ramgor, Manikchari and Dighinala. The aim of the project is to reduce mother and child mortality rate in the remote hilly land of CHT where no government health services are available. The rugged terrain and hazardous road communication prevent people from getting health services from government hospitals and clinics. Three delays- the delay in decision making, the delay in reaching and the delay in getting, contribute to such a high rate of mother and child mortality in the area. The first and second delay are associated with people failing to read danger signs in pregnancy and transporting women with obstetric complication to government hospital in time. On the other hand the third delay is caused when patients fail to get emergency medical treatment even after arrival at hospital. The delay factors cause untold suffering to mother and children often putting their life at risk. Addressing the problem Pidim with its partner-NGOs set up health delivery systems in 227 hamlets connecting local community to government hospitals and clinics. The total number of households covered under the project was over 10 thousand. There are 90 (PHW) Para Health Workers engaged in delivering routine ANC and PNC in those hamlets. They were recruited locally from among young women with VIII to X grade education.

Project set up 9 Base clinics in three upazila to develop an effective referral system with government hospital. Base Clinic is located in the target areas alongside rural road connecting Upazila and district head quarters. BC is jointly run by a Paramedic and a Nurse under the supervision of a committee called BCC (Base Clinic Committee) headed by a chairperson.

Project specialty:

- Render 24 hours reproductive health services to the patients including child delivery and transportation of women with antenatal complications to government hospitals.
- Pick-up under every Base clinic to driven pregnant women to government hospital through local transportation.
- Para Health Worker (PHW) was recruited from local community. Staying the community they performed routine ANC & PNC, diagnose danger signs of pregnant women and referred them to government hospital through base clinic, performed rapid test on malaria, pregnancy, RTI, blood sugar.
- Base clinic are operated by Base Clinic Committee, which consist local traditional leaders (headman & Karbari), UP member, school teacher and local elite persons.

Goal and Objectives

Goal: To reduce mother and child morbidity and mortality rate.

Objective: Mainstreaming referral system set up under PUSM project for timely transportation of women with obstetric complication to government hospitals and clinics by ensuring doorstep routine ANC (Antenatal Care) and PNC (Post Natal Care).

BASIC INFORMATION OF THE PROJECT

District	: 1 (Khagrachori)
Upa-zila	: 3 (Ramgorh, Manikchor & Dighinala)
Union	: 8 (Ramgorh-Ramgorh & Shapmara Manikchori- Batnatoli, Juggachola & Manikchori Dighinala- Merong, Boalkhali & Kobakhali)
No. of village covered	: 227
No. of Household covered	: 10,964
No. of population covered	: 54,675
No. of fertile couple	: 8,430
No. of Base clinic	: 09
No. of doctor	: 01
No. of paramedics	: 09
No. of Nurse	: 09
No. of trained community Skill Birth Attendant (CSBA)	: 18
No. of trained Para Health Worker (PHW)	: 72
Total staff	: 124
Total budget (in BDT)	: 25,926,450
Donor of the project	: Cordaid, The Netharlands

Stakeholders: They include 10,965 target households in Ramgor, Manikchari and Dighinala upazila, base clinic committee members, LEB leaders, duty bearers of government hospitals and clinics, Upa-zila and district administration, local law enforcement agency, local transport owners etc.

ACTIVITIES:

- 1. To Raise community awareness about women reproductive health**
 - a. Conduct community meeting with fertile couple
 - b. Courtyard meeting with adolescent girl together with their parent
 - c. VIDEO display
 - d.
- 2. Setup and functioning of Base clinic**
 - a. Ensuring routine ANC (Antenatal Care) and PNC (Post Natal Care).
 - b. Performed general treatment by MBBS doctor through 09 Base clinics in three Upa-zila.

- c. Performed normal delivery by Paramedics/Nurse/CSBA (Community Skill Birth Attendants).
 - d. Referred pregnant women with obstetric complication to government hospitals and clinics through base clinic.
 - e. Performed rapid tests (Pregnancy, Malaria, Urine Albumin, Urine sugar, RTI etc.)
 - f.
- 3. Ensure safe motherhood through develop skilled Para Health worker (PHW).**
- a. Ensure doorstep ANC (Antenatal Care) and PNC (Post Natal Care) by PHW.
 - b. Health message delivery.
 - c. Family visit and counseling.
 - d. Identify risk pregnant women and refer to Upazila and Sadar hospital through base clinic.
 - e. Performed rapid tests (Pregnancy, Malaria, Urine Albumin, Urine sugar, edema, RTI etc.)
 - f.
- 4. Meeting/seminar/workshop**
- a. Community advocacy meeting
 - b. Meeting with TBA
 - c. Meeting with Base Clinic Committee
 - d. Base clinic Progress sharing workshop
 - e. Attend Monthly meeting of Upa-zila health complex
 - f. Workshop with Upa-zila health and family planning department
 - g. District level workshop
 - h. National level seminar
 - i. Project review workshop with government counterpart (JMC)
5. National and international day observation.
 6. Develop and distribution of IEC materials.
 7. Staff capacity building through training.