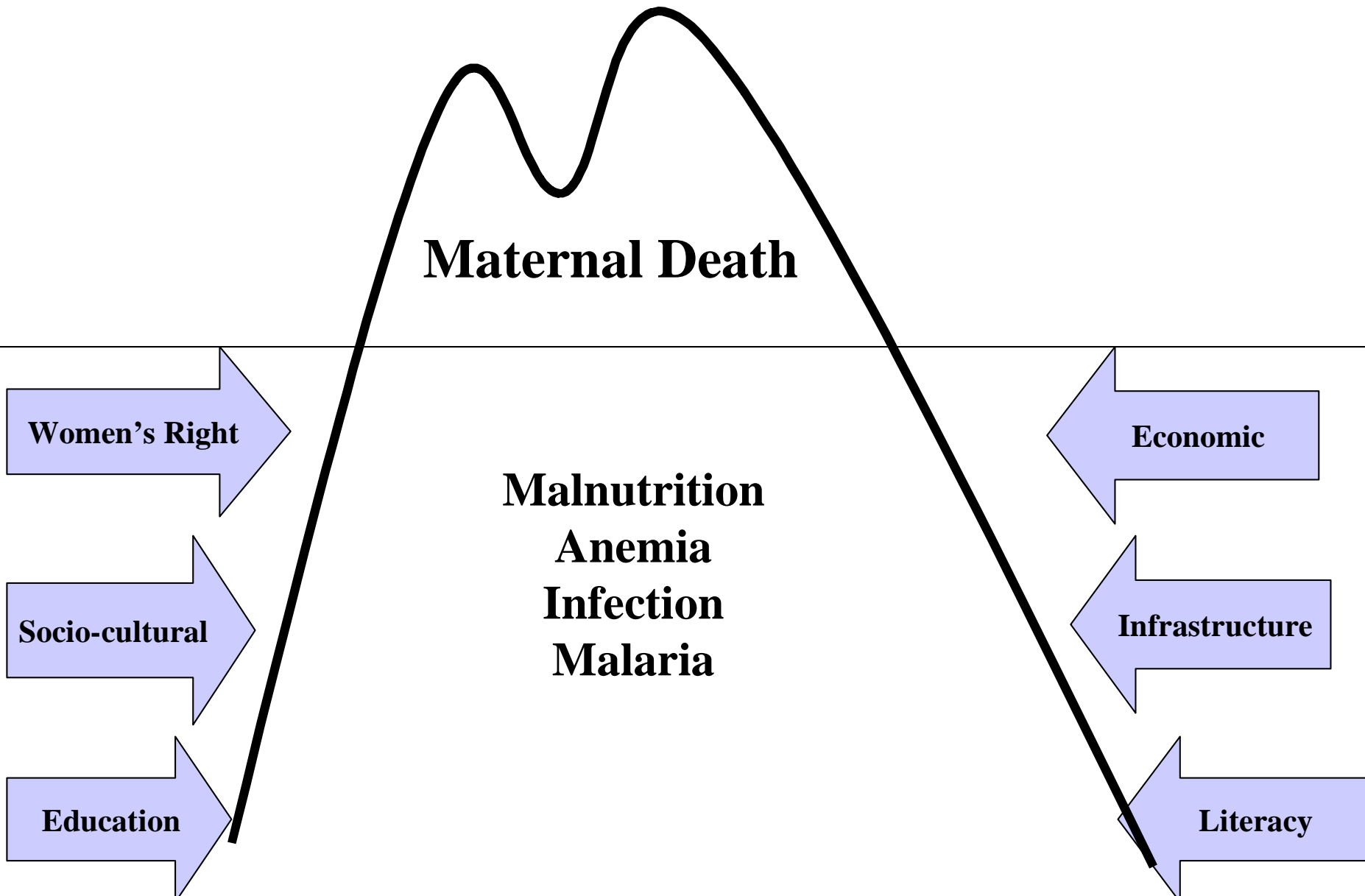


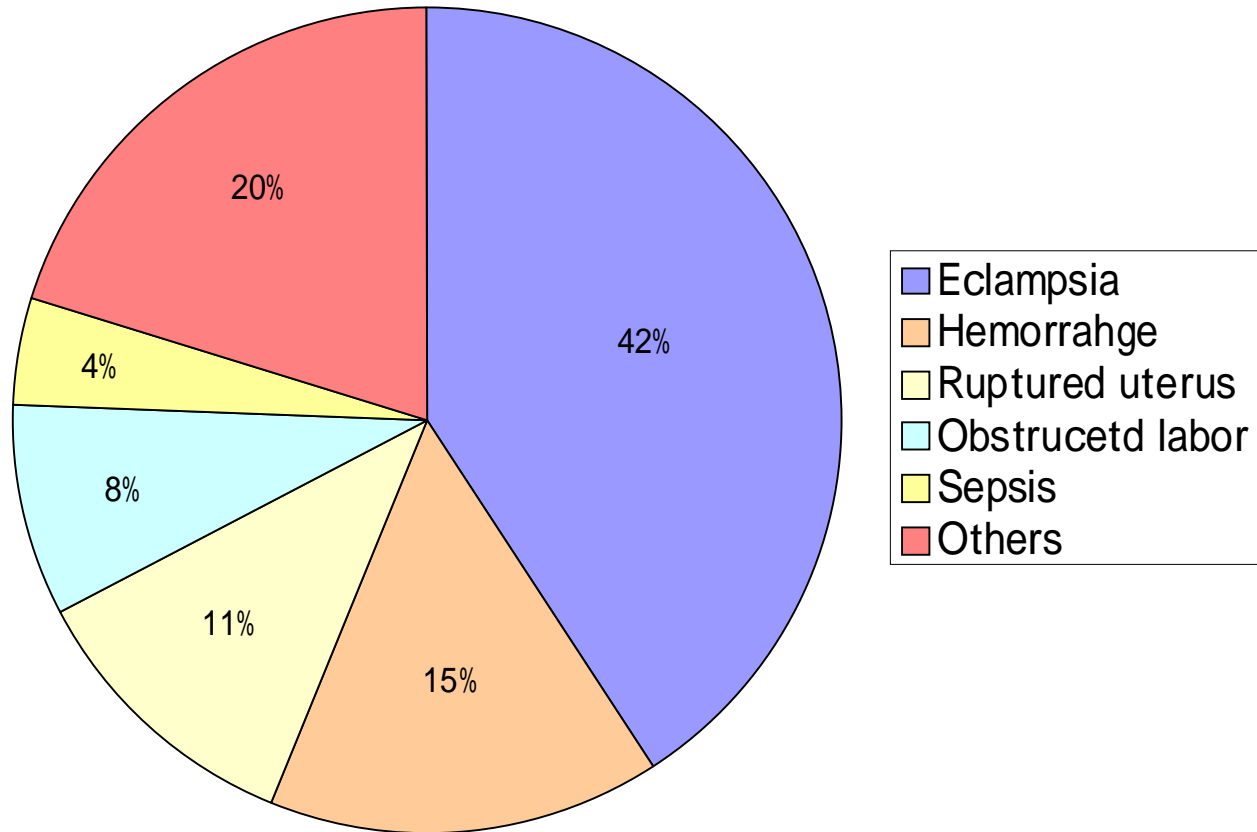
# Human Resources Development in EOC



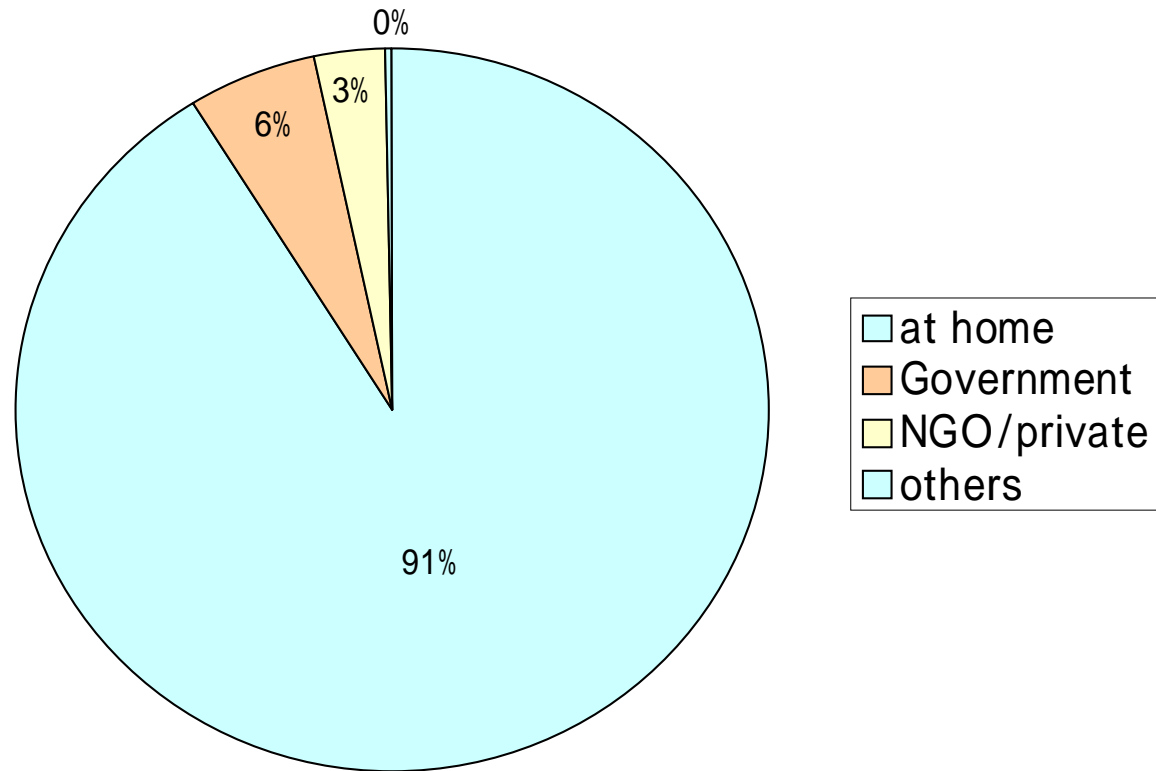
# Condition of High Maternal Mortality



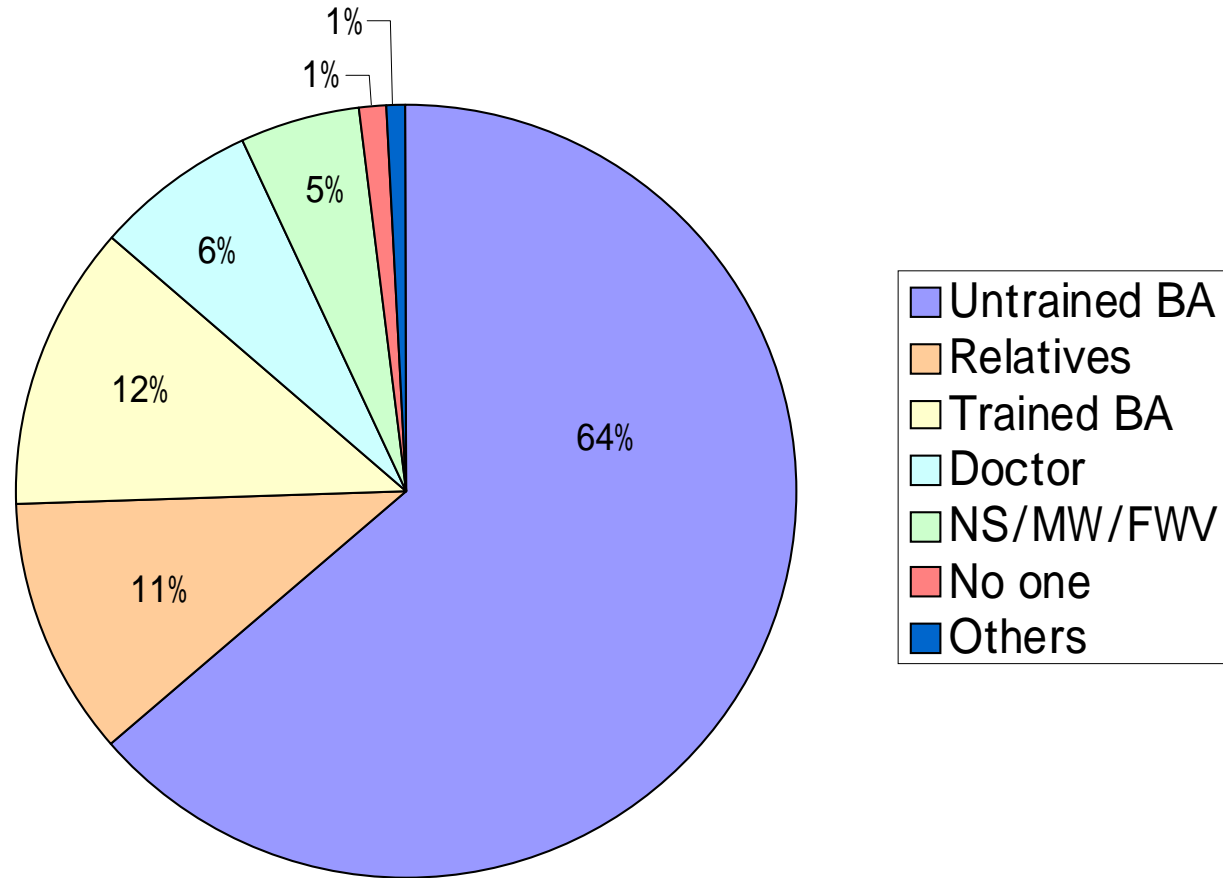
# Maternal deaths in Bangladesh



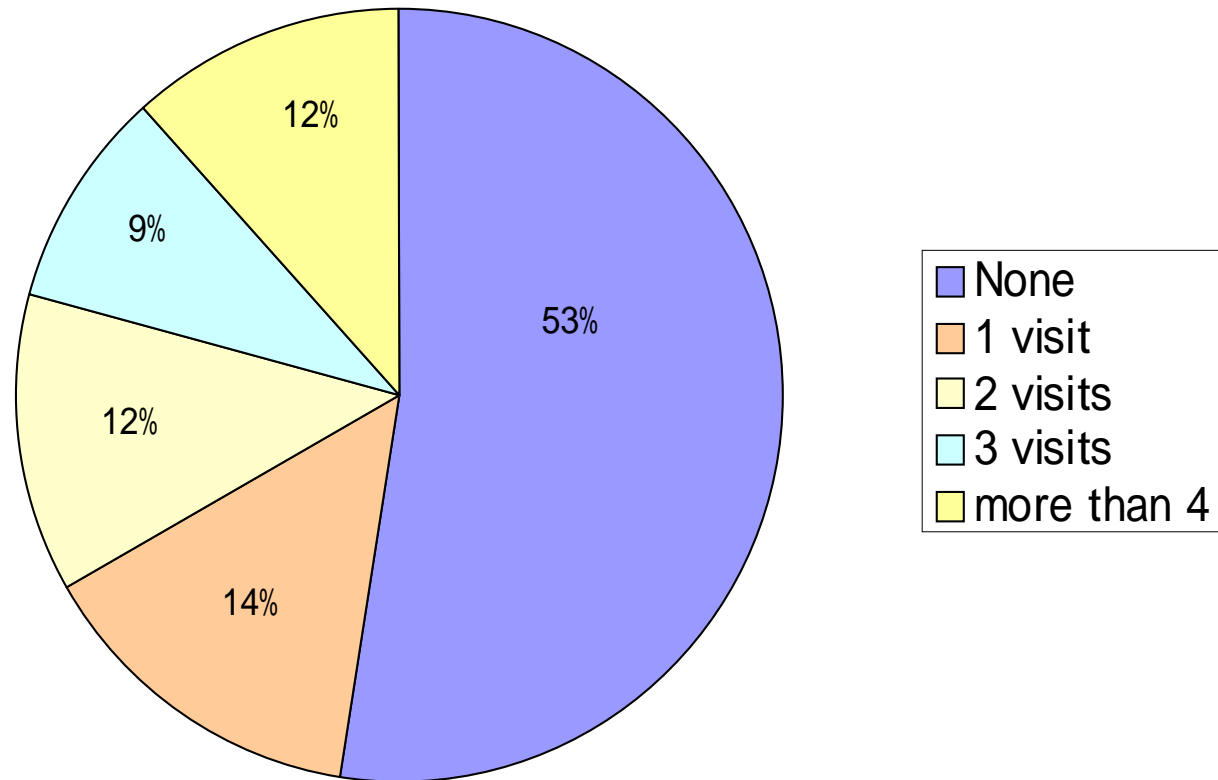
# Place of deliveries



# Birth attendants (BA)



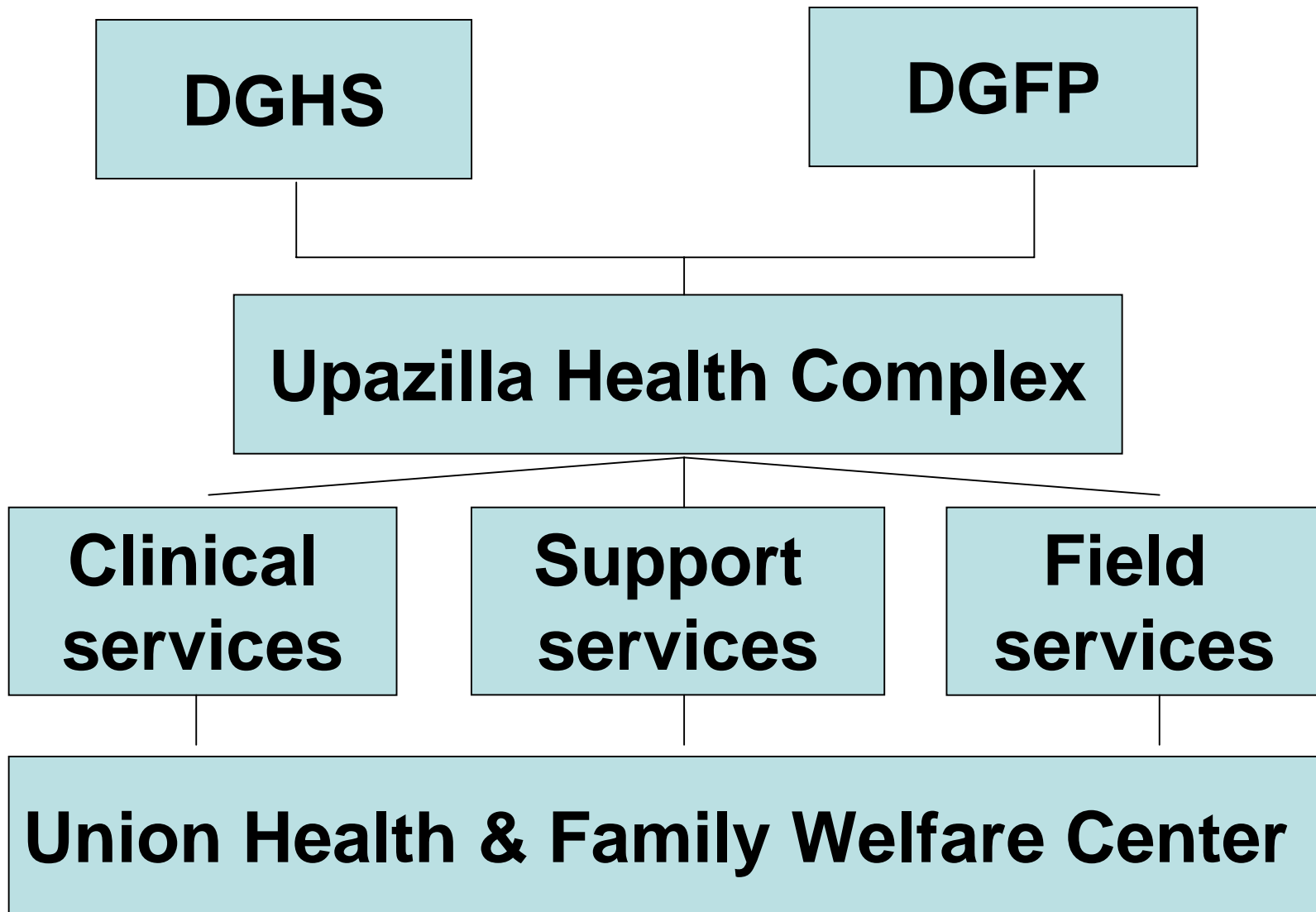
# Antenatal care visits



# Health & Population Sector Program (HPSP)

- Sector wide approach program (SWAP)
- Integration of family planning and health services
- Essential Service Package (ESP)

# Ministry of Health & Family Welfare





# Essential service package

Reproductive  
Health

Child health

Communicable  
Disease  
control

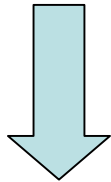
Limited curative  
care

Behavior change  
communication

# Integration of DGHS & DGFP on Reproductive health

## DGFP

1. Family planning
2. Maternal nutrition
3. Normal delivery
4. Ante-natal care
5. Post-natal care



## DGHS

1. Obstetric care  
(Abnormal delivery)
2. RTI, STD & AIDS
3. Neonatal care



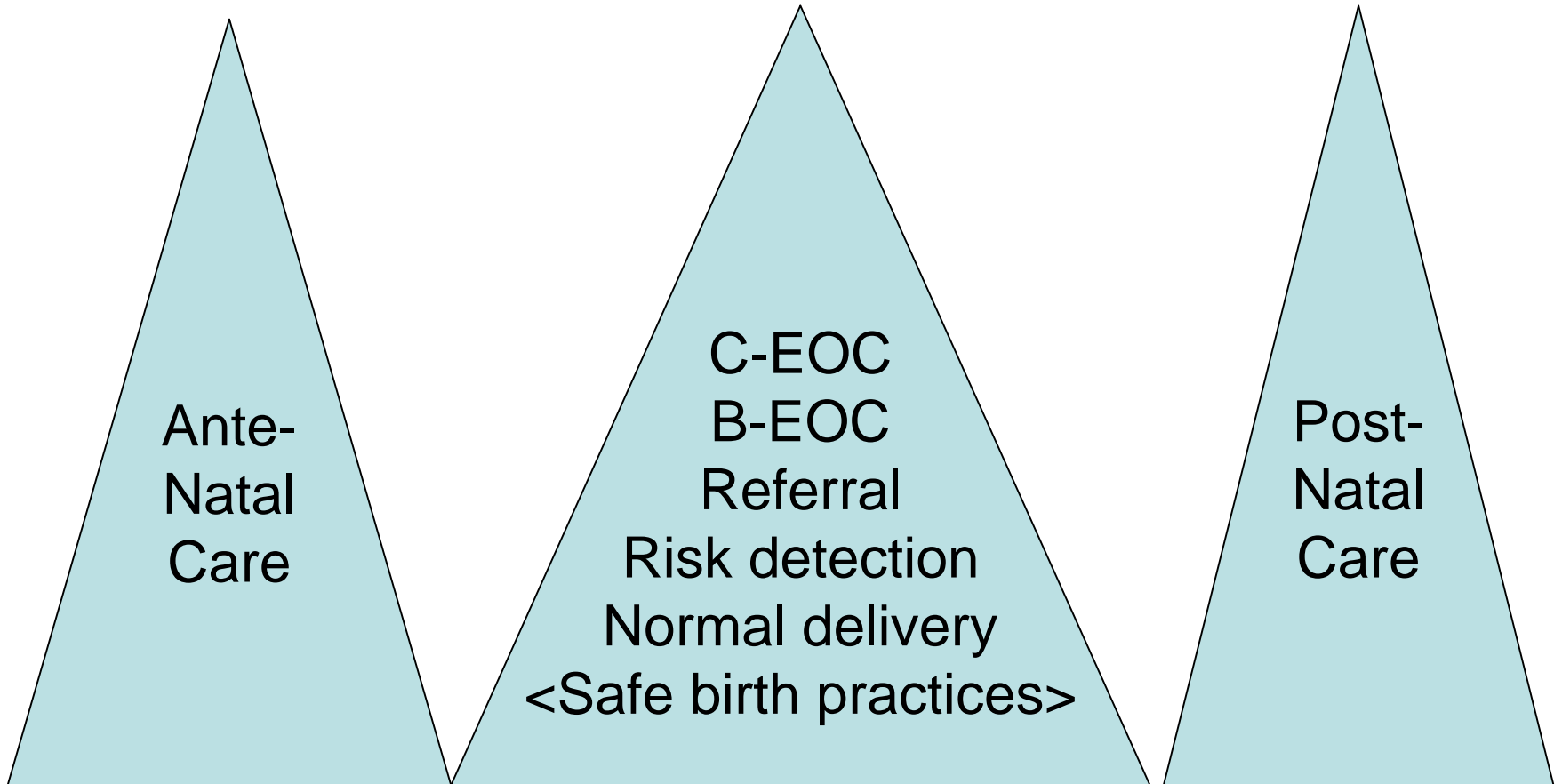
**National Strategy for Maternal Health**

# Reproductive health

- Safe motherhood
- Family planning
- Prevention & control of RTI/STD/AIDS
- Maternal nutrition
- Unsafe abortion
- Adolescent care
- Infertility
- Neonatal care



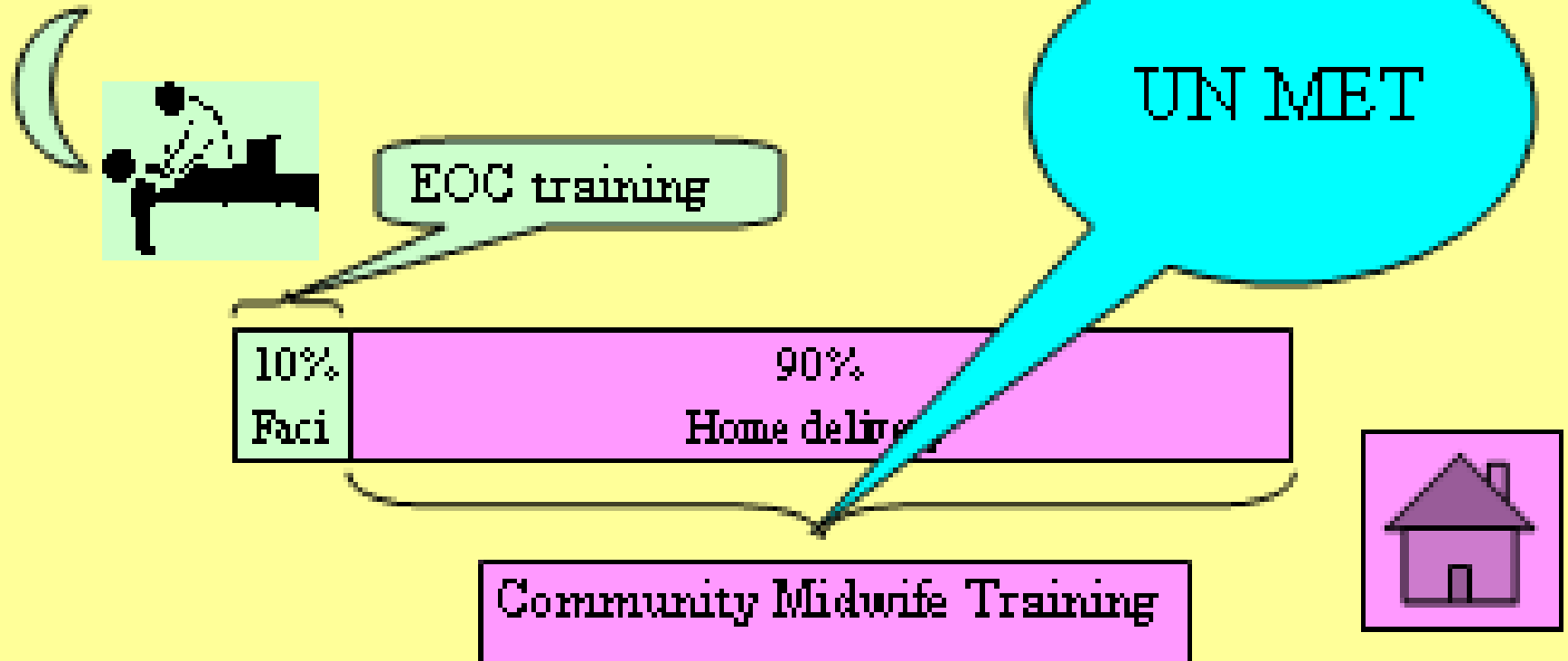
# Safe Motherhood



# Level & activity for EOC

Community	Union	Upazilla	District & Upazilla
ANC Vaccination Education Normal deliv. Risk detection Community mobilization Referral	Obstetric First aid (Injection of oxytocic drugs, antibiotics and anticonvulsant) Normal delivery Referral	First aid B-EOC (Assisted vaginal delivery) Manual Removal of Placenta	First aid B-EOC C-EOC (Cesarean section, Blood trans.)

# Community midwife training



Training is only a part of whole process to secure the home deliveries.

# Human Resources Development in EOC

To reduce maternal mortality rate

The right  
people

With right  
skills

In the  
right  
place

At the  
right  
time

Who will be trained  
and where ?

Standardization  
of curricula

Referral system  
GO & NGO collaboration

Monitoring and evaluation

# Skilled birth attendants to reduce maternal mortality

## Target

One skilled birth attendant per 5,000 population  
Total needs : 26,000 in Bangladesh

Who will be trained ?

Community  
Family Welfare  
Assistant (FWA)  
NGOs

Union  
Family Welfare  
Visitor (FWV)

Upazilla/Districts  
Registered NS  
Registered MW



# Where they will be trained ?

- Training institutes should have;
  - Adequate number of qualified trainers
  - Training facilities/ materials
  - Adequate number of delivery cases

Medical  
Colleges

-Dhaka:10,000

-Others:2,000 x 12

MCHTI: 6,000

ICMH: 1,700

District hp(59)  
0-2,000 (Av:500)

MCWC(61)  
300 per each



# Human Resources Development in Reproductive Health (HRDRH)

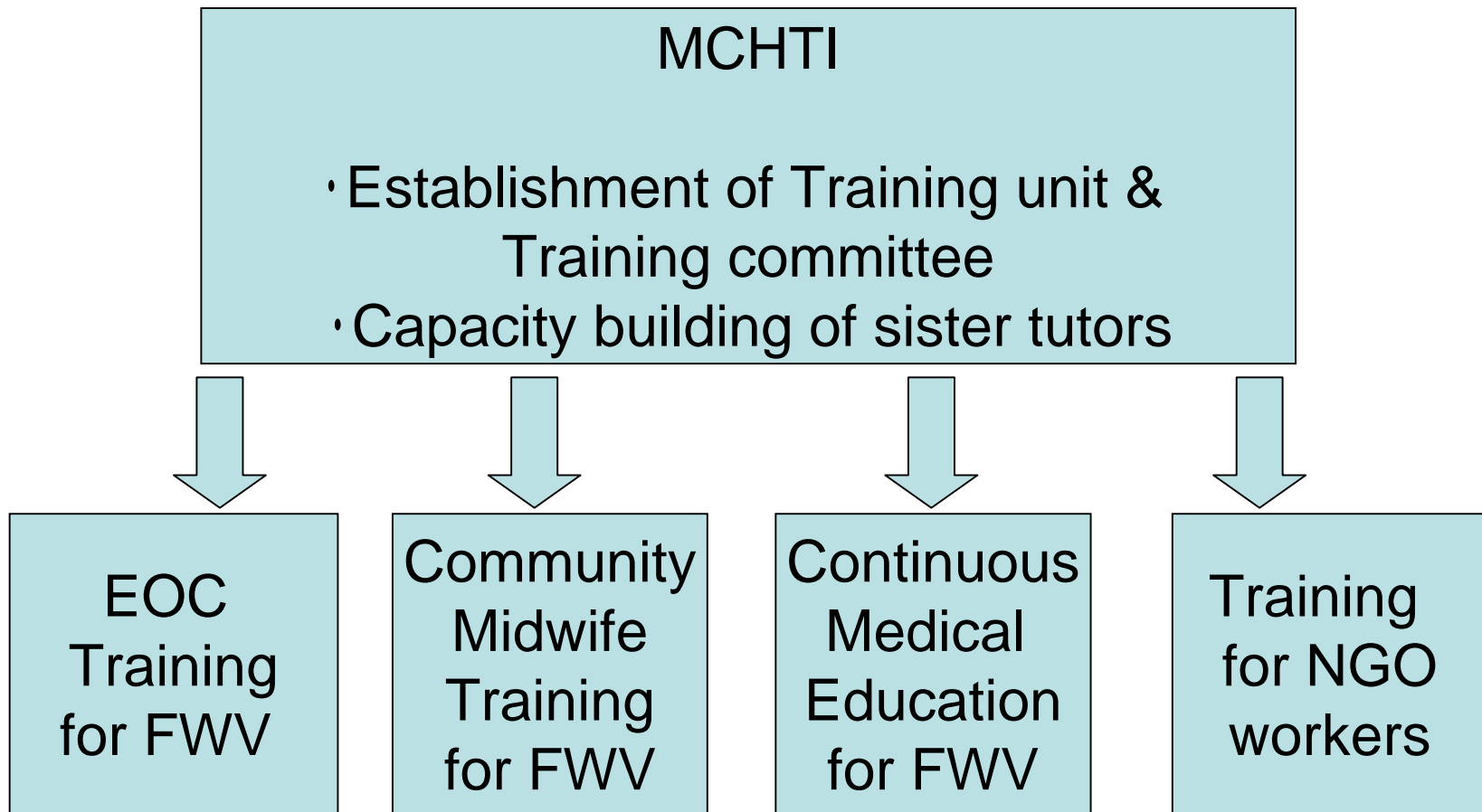
1. To improve the clinical activities in MCHTI
2. To improve the training activities in MCHTI
3. To strengthen the collaboration network between MCHTI & other training institutes
4. To establish monitoring and evaluation system through capacity development of Technical Training Unit (TTU) in MOHFW

# To improve the clinical activities

- Hospital management
- Women friendly hospital initiative
- Behavior change communication

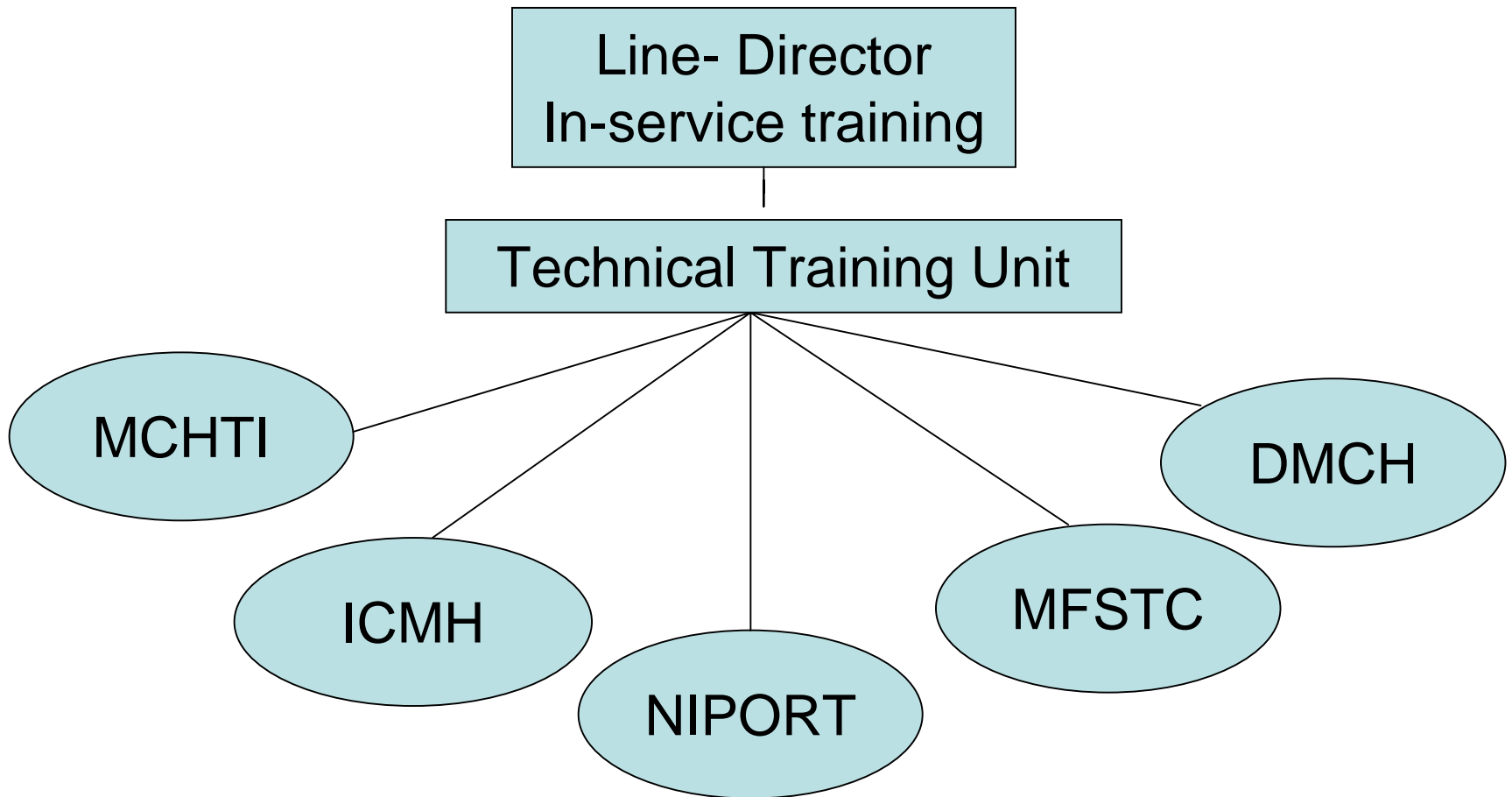


# To improve the training activities





# To strengthen the collaboration network among the training institutes



# To establish monitoring & evaluation system



Make linkage based on human relationship in order to empower FWVs!

- Follow-up system by trainers at working site of trainees
- Communication between trainers & trainees

# Community midwife training

- Trainees: Family welfare visitor (FWV)
- Working places: Union Health & Family Welfare Center (UHFWC)
- Training courses
  - Duration: 6 months
  - Training places: MCHTI, ICMH, District hospitals
  - Contents: Normal delivery care (with episiotomy), Risk detection and management, ANC, PNC and neonatal care



# Post training follow-up

- Follow-up team
  - Training planner, coordinator, trainers
- Results of follow-up
  - FWV obtained and kept knowledge and skill after the training course
  - FWV can not conduct home delivery due to several difficulties.

# Lesson learnt

- Follow-up system by trainers at working site of trainees should be established.
- Commitment of the Government is important to establish the back-up system to support home delivery by community midwife.
- Community midwife should be selected from the community and stay in the community.