

# PUSHING THE STAGNANT LIVES THROUGH LOCAL EFFORTS

Improving Sexual Reproductive Health & Rights Including Maternal and Neonatal Health (ImSRHR&MNH) in Sirajganj and Patuakhali district

Functionality Support and training

**6,720** selected Community Group (CG) and Community Support Group (CSG) members for better management of Community Clinic

Facilitated referral linkage at 569 Community Clinic (CC) and 126 Union Health & Family Welfare Center (UH&FWC) with higher facilities to ensure Emergency Obstetric Care (EmOC) services in both Patuakhali and Sirajganj districts.

**158 MPDSR** accomplished contributing to a MMR movement

**2,729**

Health and Family Planning service providers and first line supervisors received training

**1,423**

community health volunteers were trained complementing the activities of community level government health workers



## Project Background

The decline in Maternal Mortality Ratio (MMR) between 2001 and 2010 and further projected decline to 170/100,000 live births indicates remarkable progress. This is linked to fertility reduction; access to qualified maternal healthcare; and overall care seeking during the antenatal period and delivery. Despite the tremendous efforts in reduction of maternal deaths, the country still loses 14 mothers a day due to complication of pregnancy delivery and post-partum period and largely due to delivery by unskilled birth attendants at home and lack of appropriate care for obstetric complications from a skilled provider at facilities.

Through this initiative funded by Global Affairs of Canada (GAC), supported by UNICEF, CARE engaged in Patuakhali and Sirajganj districts as the overall divisional rate has increased but the focus districts; Patuakhali and Sirajganj are far behind in terms of different key indicators like facility delivery, Anti Natal Care (ANC), Post Natal Care (PNC) etc. As per dhis2, the facility delivery in Patuakhali only 12% and 25% in Sirajganj whereas the national level status is 31%. However, the neonatal mortality and mortality of children under five years of age are more in both Patuakhali and Sirajganj districts compared to national status as well to improved sexual, reproductive and rights and reduced maternal, and newborn morbidity and mortality.

## Findings of Rapid Formative Assessment (RFA)



In 2019 Community Clinic (CC) had separate room and bed for checkup of pregnant women, only 29.4% CC has sufficient screen at facility in order to maintain



Most Union Parishad (UP) has no budget allocation for MNCH, 85.3% CC was not visited by UP Chairman in the period June-November, 2018

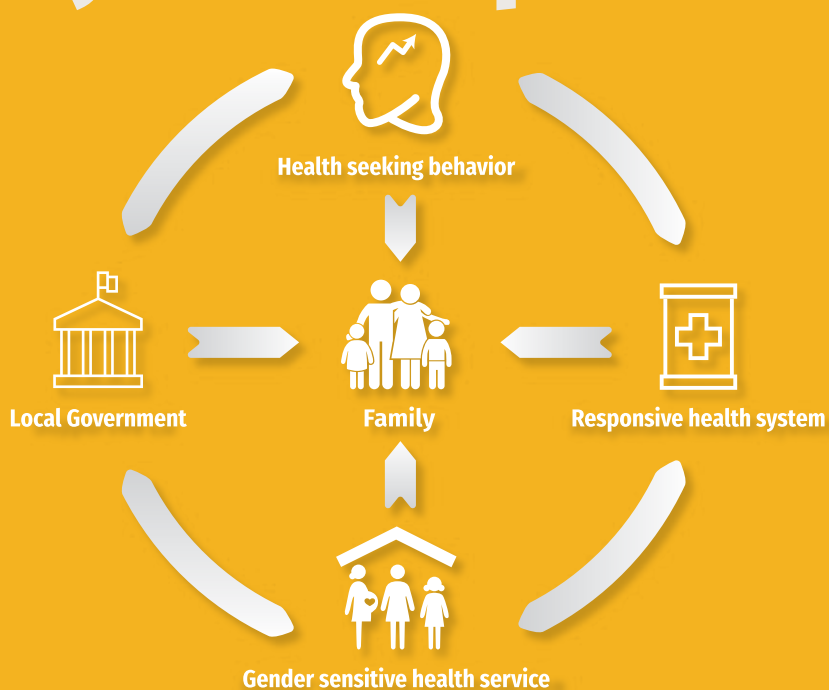


Most of the Community Group (CG), Community Support Group (CSG) are not functioning and members are not aware about their roles & responsibilities



Lack of awareness among people regarding Sexual Reproductive Health and Rights (SRHR) and Maternal Neo-natal and Child Health (MNCH) including general healthcare

# Project Components



**Location:** 8 Sub districts and 74 Unions of Patuakhali district under Barisal Division and 9 Sub districts and 83 Unions of Sirajganj district under Rajshahi Division. **Duration:** October 2018 – December 2021

## Project Kickoff activities

### District and upazila advocacy meeting: Project launching with key stakeholders

As part of inception of the project, district and upazila level advocacy and launching meeting were held to share the project strategy, approach and the roles of different stakeholders. Deputy Commissioner, Civil Surgeon and Deputy Director - Family Planning (DDFP) of Sirajganj and Patuakhali districts took the lead to make the event successful.



Civil Surgeon is giving speech in a advocacy and sharing meeting in Sirajganj district

### Core Team formation and orientation to functionalize Community Support Group (CSG) and Community Clinic (CC)

Core team is a key strategy of ImSRHR&MNH project to make the project sustainable and ensure quality of services with accountability. CARE Bangladesh, having a good relationship with Community Based Health Care (CBHC), formed the district level core team followed by upazila level team in meeting with district level health and family planning department. However in the orientation session they developed the district and upazila yearly plan.



Core Team formation and orientation session

## Local government perspectives in extending supports

### Sharing and planning meeting with Local Government

After completion of rapid formative assessment (RFA) and compilation of findings, CARE Bangladesh's facilitators mobilized community level stakeholders to share the findings and develop a union plan, based on the problems revealed in the RFA. The key stakeholders. Consecutively local government started raising cash and kind contribution to address the existing problems of CC, UH&FWC, financial support to poor pregnant women for seeking institutional delivery and transport to hospital.



Union level sharing and planning meeting at Union Parishad conference room

## Introducing gender responsive health in the community clinics

### Community support group initiated establishing 41 breast feeding corner at Raiganj upazilla by July 30, 2019

Breastfeeding is the ideal method of feeding and nurturing infants for their optimal nutrition, growth and health. One of the barriers found in the implementing districts from the formative study it is found that 21.8% Community Clinic has breast feeding corner in both the districts. With this realization Raiganj upazilla established 41 breast feeding corner in all its community clinics. Community Group (CG) and Community Support Group (CSG) members took the lead with the support from Community Health Volunteer (CHV), Community Health Care Provider (CHCP) and overall CG members who ultimately mobilized the local resources worth BDT 16,400. Now CHV/female CHCP can demonstrate breast feeding process in that corner.



Brest feeding corner at community clinic

### UNICEF, GAC, GOB high officials visited project site

United Nation International Children's Emergency Fund (UNICEF), Global Affairs Canada (GAC), Government of Bangladesh (GoB) high officials visited the field level activities of ImSRHR&MNH project at Patukhali. The visitors interacted with the participants of a courtyard session conducted by a CHV in creating positive health seeking behavior of women and adolescent girls related with SRHR.



Representative from donor organizations and government official visited at intervention areas

## Maternal Perinatal Death Surveillance Response (MPDSR)

ImSRHR & MNCH assisted first line health supervisors of the MOH&FW conducting total 158 MPDSR in Sirajganj and Patuakhali district till September 2019. MPDSR is considered to be creating momentum in maternal and child death issues taking it as an important social intervention carried out at community level following a maternal or neonatal death. It cross-examines social bottlenecks related to a maternal or neonatal death and device mechanism to create a congenial environment in the community. In this process 30-40 people participate including representatives of CG and CSG. In this process the front line health workers request the community to tell the story around a death, probe further to let community identify the gaps to avert similar deaths in future.



A MPDSR event in community

## Health education through courtyard meeting, mother's assembly and birth planning sessions

### 1423 CHV trained on birth planning for saving the lives of pregnant women

Birth preparedness is a process of dialogue at family level with husbands and in-laws of pregnant women having the resources and information prepared to respond quickly in case of an emergency. 1,400 Community health volunteers (CHV) are trained on this preparedness skill in Sirajganj and patuakhali. This process includes: transportation, where to go and any needed supplies, saving money to pay for transport, a skilled attendant at delivery, knowledge of danger signs and community resources for emergencies to deliver with a skilled attendant.



A government health manager is briefing child health issues in a mothers gathering



A Birth Planning (BP) session is facilitating by Community Health Volunteer (CHV)



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