IMPROVING MATERNAL/NEWBORN HEALTH THROUGH COMMUNITY ORGANIZATION, EMPOWERMENT AND ENGAGEMENT IN BANGLADESH

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Improving Maternal /Newborn Health through Community Organization, Empowerment and Engagement in Bangladesh

Kohima Daring

Alan Talens

(Presenters)

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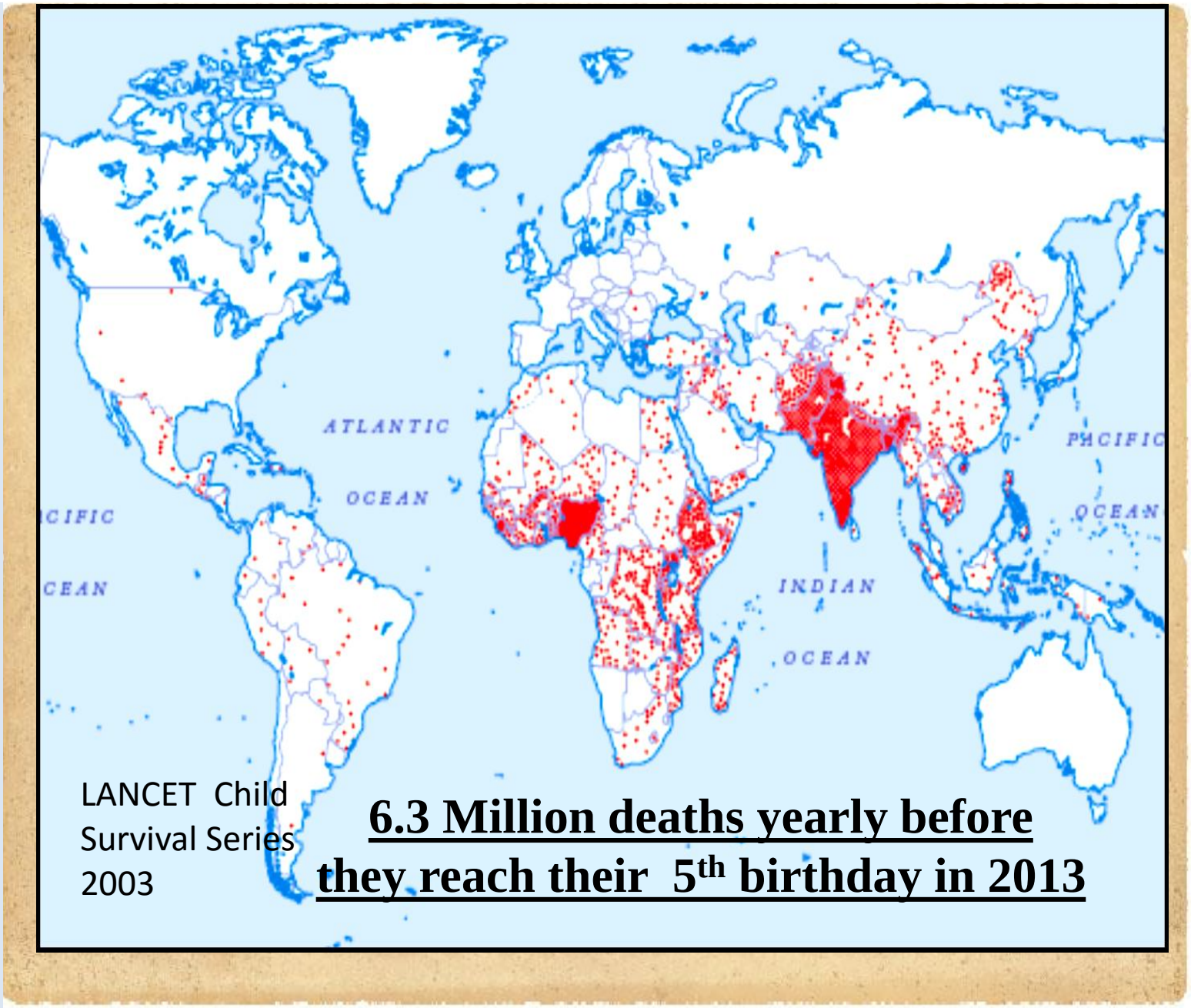
Parable of the Workers in the Vineyard
Matthew 20:1-16

http://search.myway.com

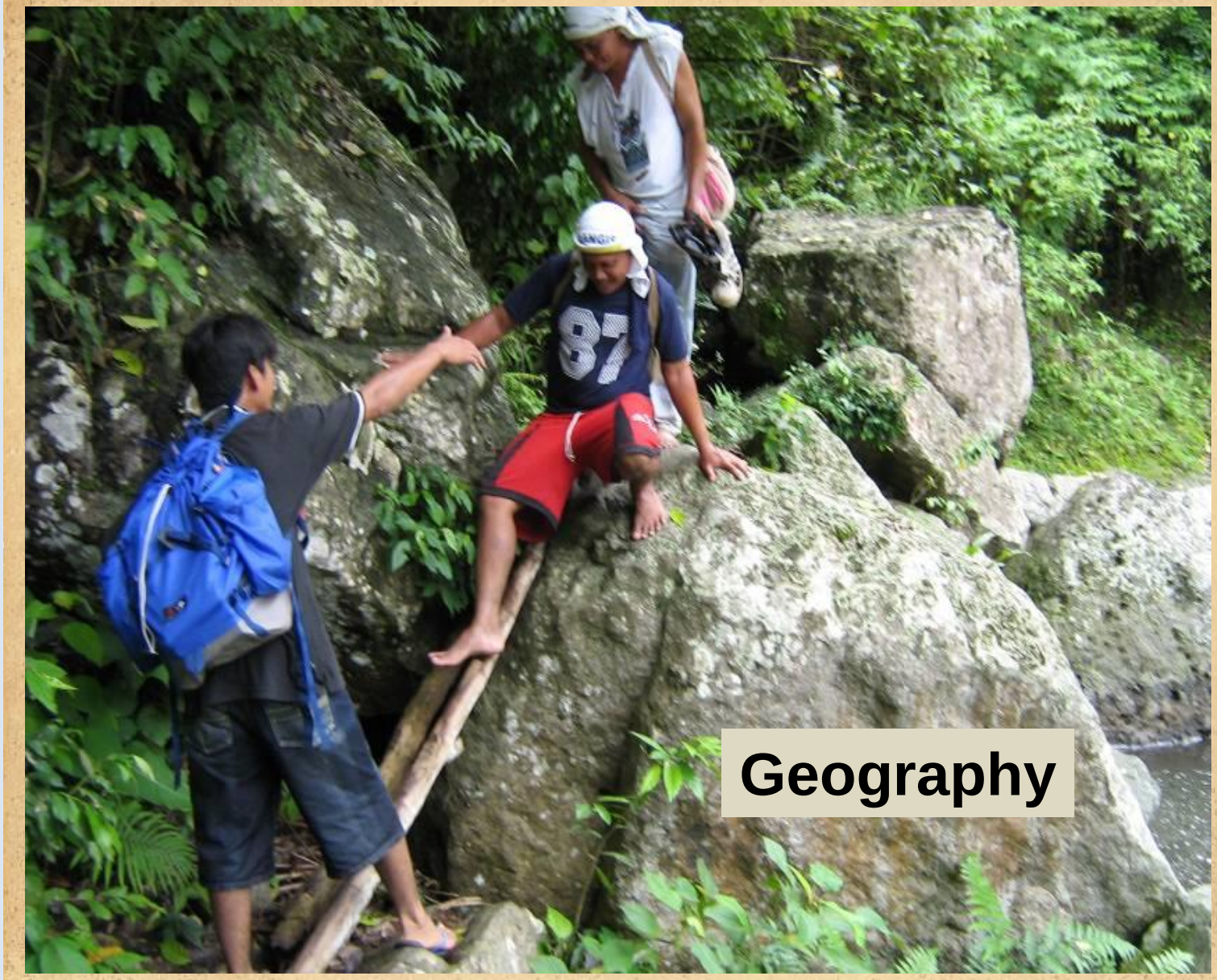


LANCET Child Survival Series 2003

6.3 Million deaths yearly before they reach their 5th birthday in 2013

In the Pathway of Child Survival , most cause of deaths are
Socio behavioral

Failure in the system


Geography

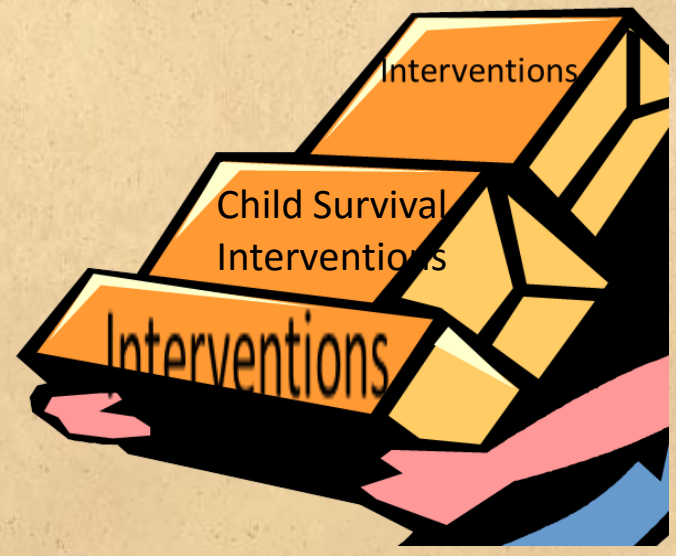
Dysfunctional Health Care System

Health Care System

Lack of “voice” or empowerment

Maternal Education

Simple affordable interventions to avert most under-5 deaths are available, yet 6.3 million children are still dying yearly.



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Delivery Strategy

http://www.travis.af.mil/shared/media/photodb/photos/090827-F-8155K-017.JPG

CoolClips.com

WorldRenew

Mortalities are higher among mothers and children in the disadvantaged groups

WorldRenew

Working in a disadvantaged area does not necessarily mean that we are addressing equity

HEALTH EQUITY

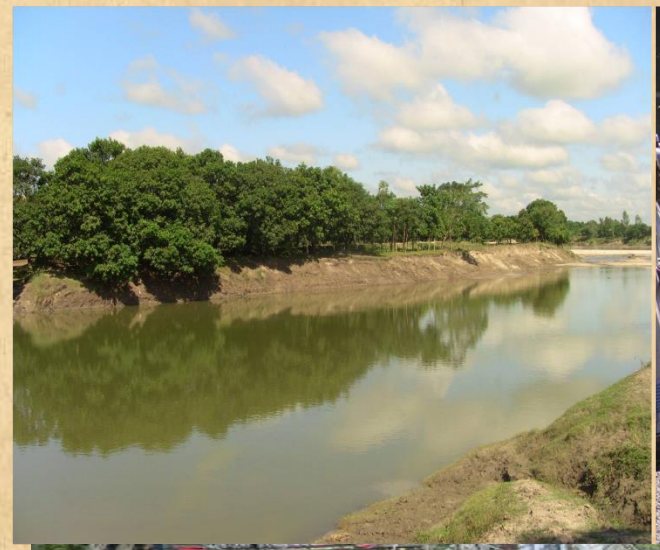
Narrowing of the difference of the health outcomes between advantaged and disadvantaged groups--**without losing the gains** already achieved for the group with the highest coverage.

Six- Step Process in Incorporating Equity in Program Design

WorldRenew

BANGLADESH

WorldRenew



WorldRenew

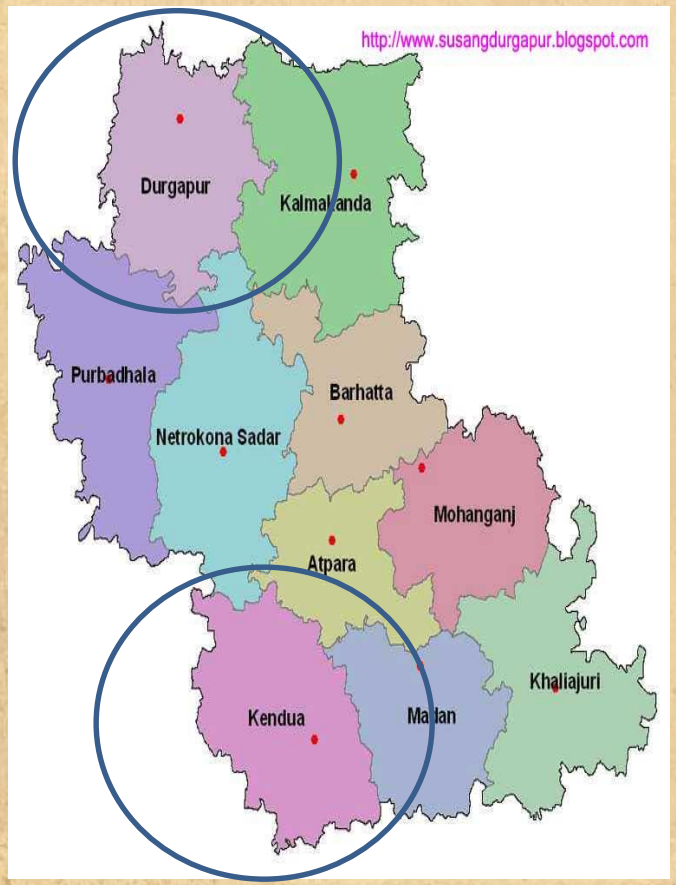
WorldRenew

STEP 1. Understand the Health Equity Issues

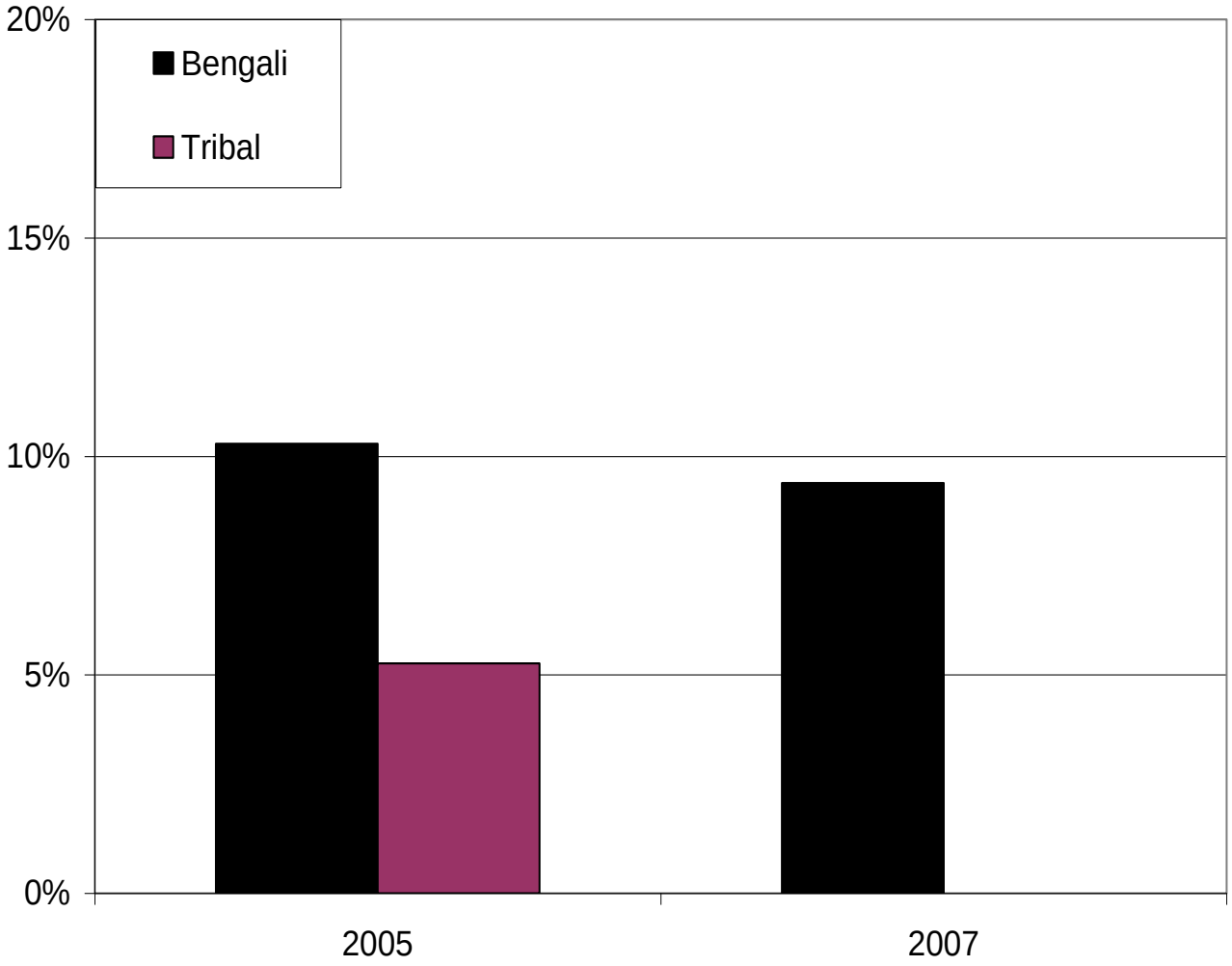
WorldRenew

WorldRenew

STEP 2: Identify the disadvantaged group(s) on which to focus



Antenatal Care (4 or more visits)

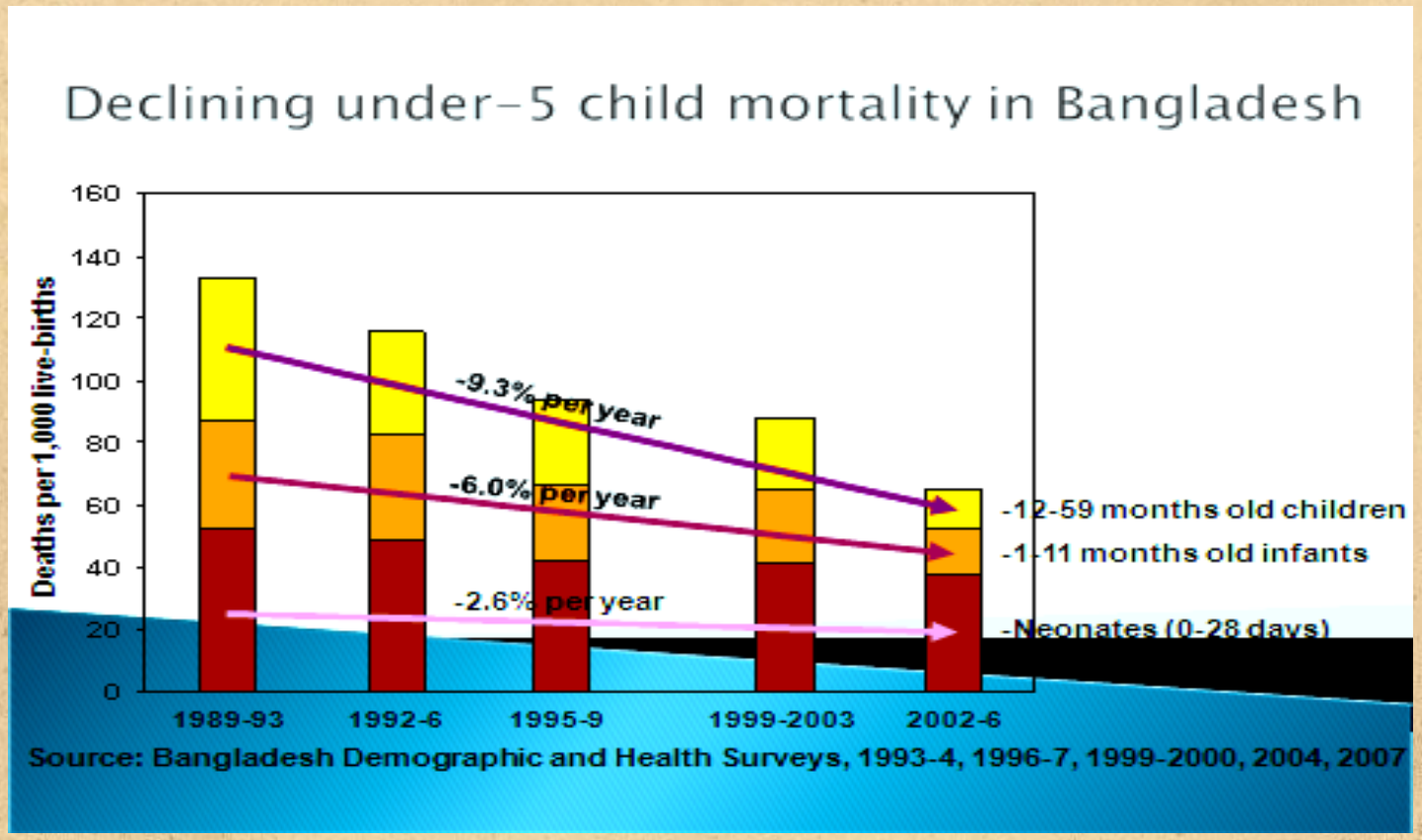


Qualitative Findings

- **Heavy work for pregnant women is good"**
- **"Less food during pregnancy is beneficial"**
- **"Less food for moms after delivery will keep them fit"**

WorldRenew

STEP 3: Decide what is the project's manageable interest to change



STEP 4: Define the equity goals

Equity Goal

To reduce mortality and improve health status among the most marginalized mothers and newborns

Step 5: Determine the equity strategy and activities

- Universal Coverage
- Targeting
- Community Mobilization/Participation Empowerment.

Community Based Health Care

Community Engagement for Social Change

PI

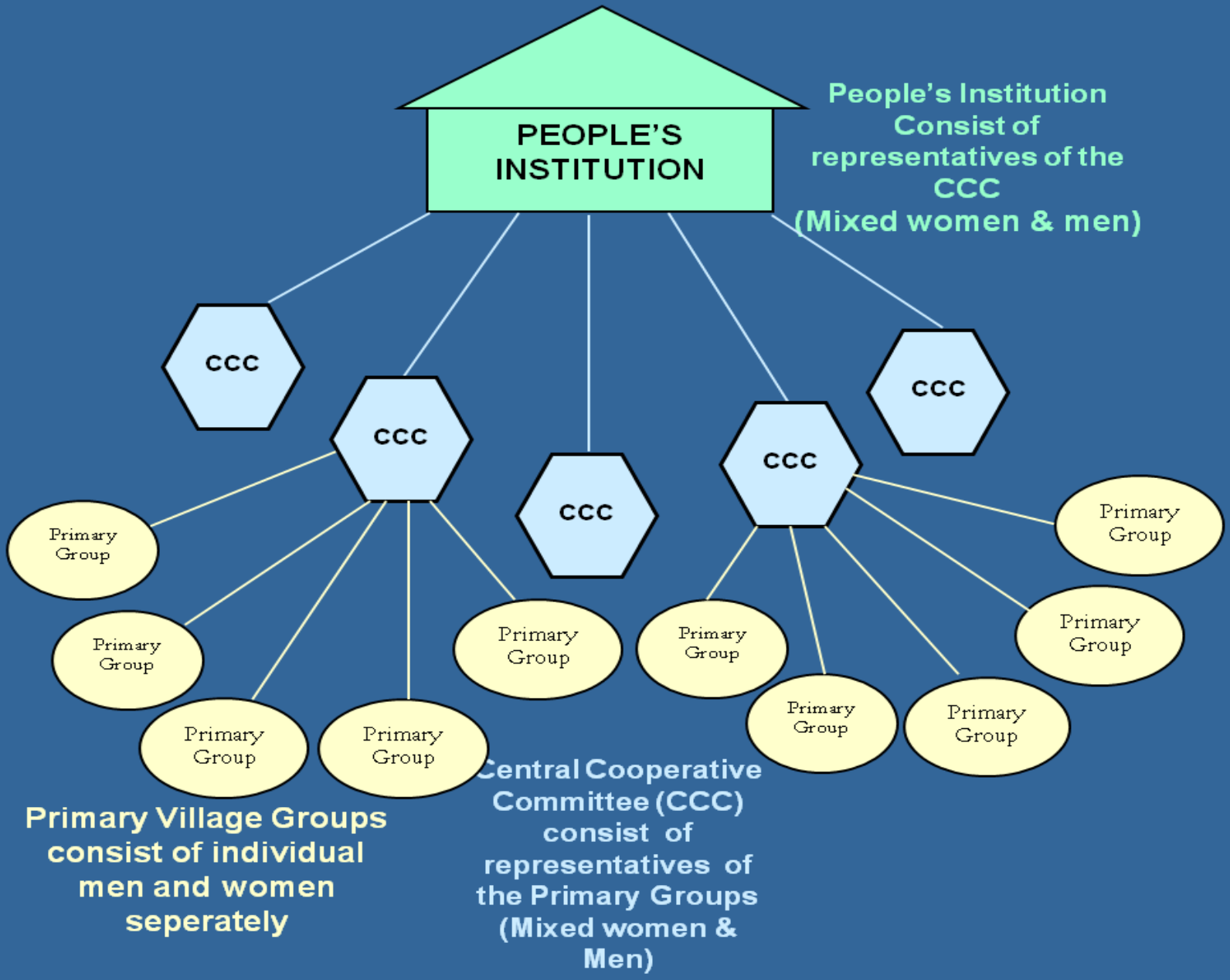
People's Institution Consist of representatives of the CCC (Mixed women & men)

CCC

Community Central Committee (CCC) consist of representatives of the Primary Groups (Mixed women & Men)

Primary Groups (PG) consist of individual men and women

Community Leadership Structure



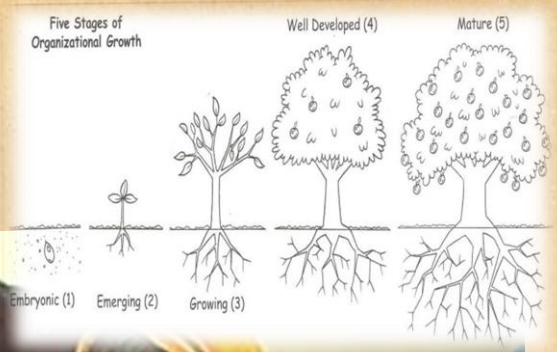
USAID
FROM THE AMERICAN PEOPLE

WorldRenew

Civil Society Organization

PEOPLES' INSTITUTION

CAPACITY BUILDING



PI Participation in the District Technical Advisor Committee (DTAC)

Emergency Health FUND

- Monthly contribution of 2 Taka by members.

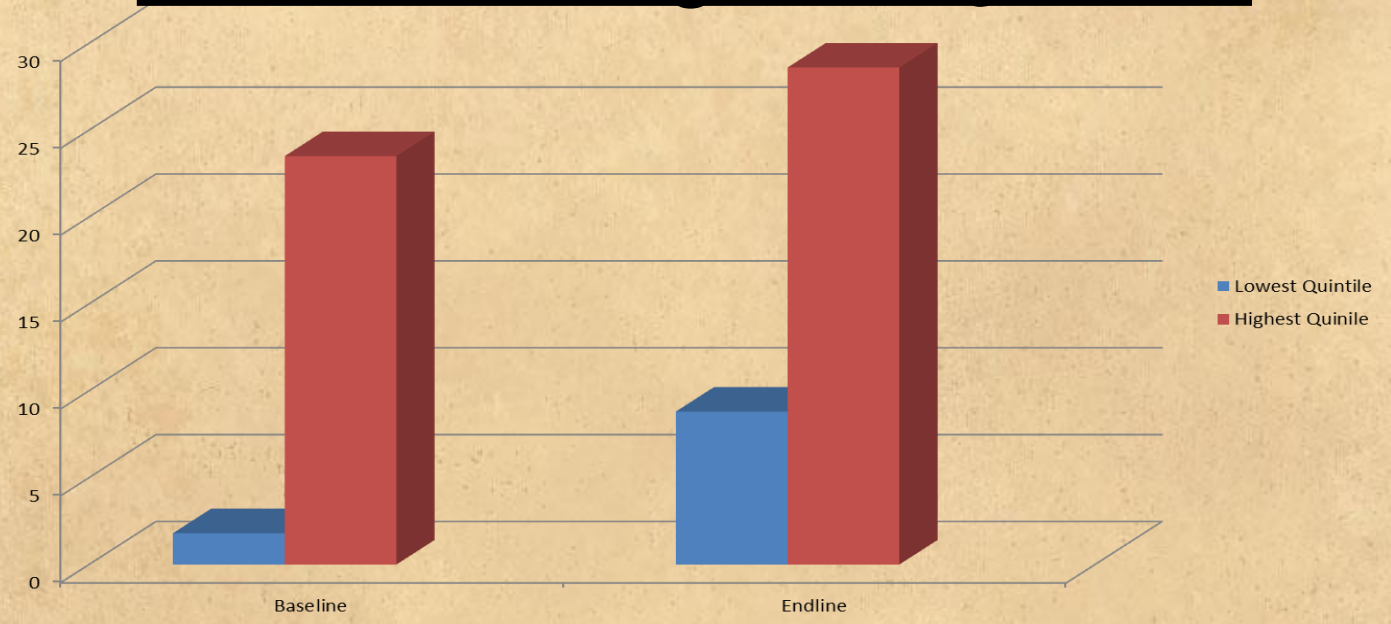
- Emergency Transportation & treatment

Step 6: Develop an Equity Focused M&E

Results

Percentage of newborn Receiving Postnatal Care

Lowest vs.highest Quintile



Baseline End Line

Narrowing of Gap between lowest and highest quintile at end of project

Lessons Learned

1. Community Engagement and Social Capital.

The empowerment of civil society helped overcome resistance to women's participation in the primary groups and fostered wider commitment to MNH

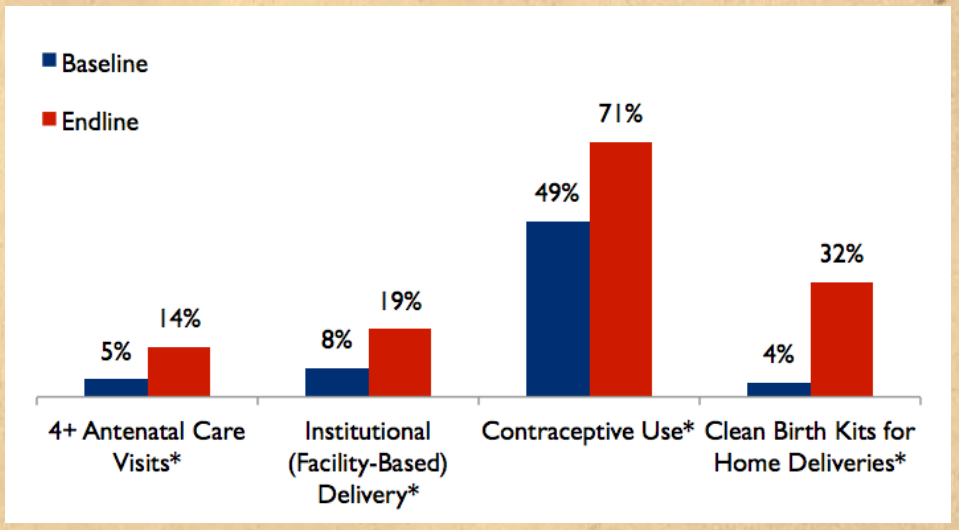
2. Bridging Gaps in Access.

Establishment of emergency health funds in the vast majority of project-supported villages (96 %), transport systems, and an active referral system were all crucial for improving access to MNH services for the poor.

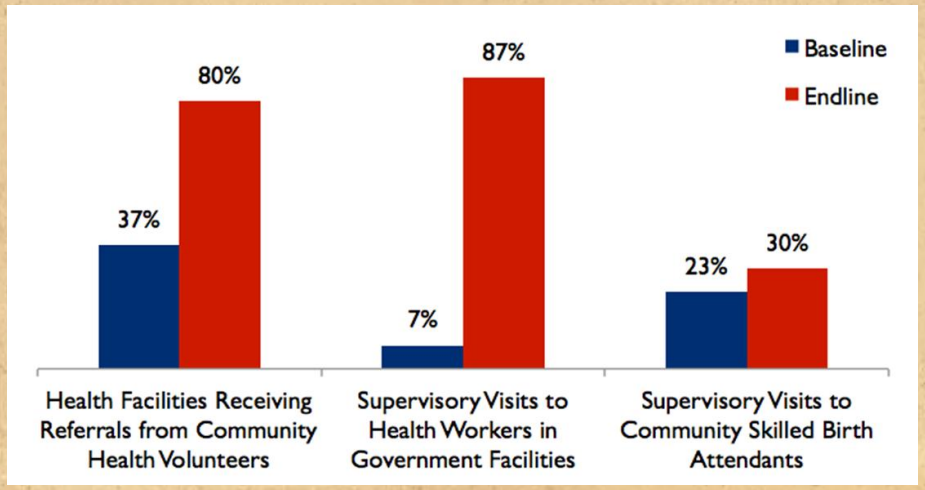
3. Information for Decision-Making.

People's Institutions and public sector providers came together regularly to sync community and government MNH information. These "matching meetings" resulted in more complete MNH data and information to inform decision-making.

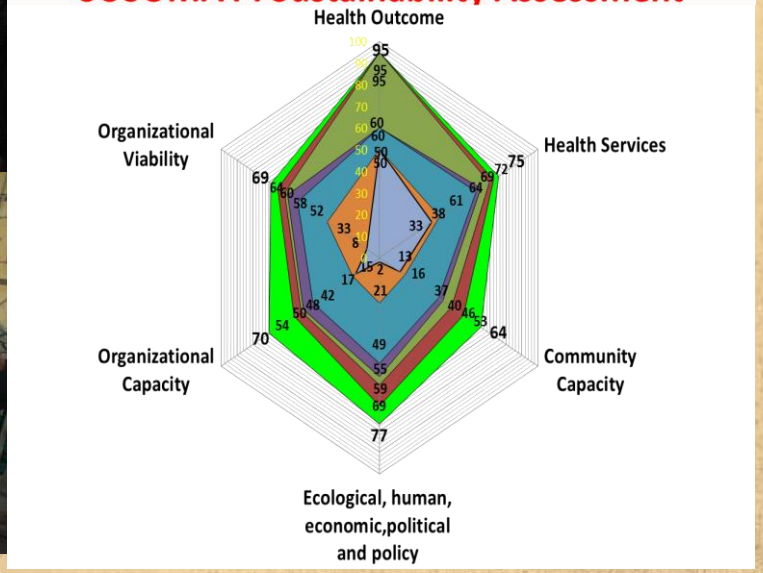
MNH Services and Practices



Referrals and Supervision at Facilities



SUSOMA PI Sustainability Assessment



"The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.‘
Matthew 25:40

Thank you