

Question 2: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?

Community engagement improved service utilization at public health facilities on Sandwip Island, Bangladesh

USAID's MaMoni Maternal and Newborn Care Strengthening Project

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Context

Describe the context in which the activity takes place. What is the health problem that you are trying to solve? What health system challenges contribute to this problem? Which voices were engaged in solving this problem before your activity started? Who was missing from the discussion and what was the impact of that absence?

- Sandwip is an island upazila located along Bangladesh's southeast coast in Chattogram District. The island is isolated from the mainland of Bangladesh and difficult to reach.
- Sandwip consists of 15 distant unions, which struggle to offer basic health care to their population of nearly 280,000 people.
- Most of the deliveries are conducted by untrained TBAs at home. Provision for normal vaginal delivery (NVD) service in union-level health centers was absent and most of the unions did not offer MNH services. Family Welfare Visitor (FWV) positions were vacant in nine Union Health and Family Welfare Centers (UH&FWCs).
- The 50-bed UHC was the sole place where people could get medical help. Even this hospital was plagued by a serious shortage of doctors, nurses, and other support staff.
- The island experienced frequent incidents of maternal and newborn deaths during referrals to other hospitals.



Activity Description

What systems-thinking approach did you take to address the health problem identified above? What government agencies or other stakeholders did you work with, why did you choose them, and how did you engage them? Describe in detail the process or mechanism used to integrate local, community, sub-national, national, or regional voices, priorities, and contributions into this approach. How did you build community, government/stakeholder ownership or buy-in? It may be useful to describe your theory of change.

- USAID's MaMoni MNCSP began its support to the island in 2021 in close partnership with the MOHFW, Upazila Parishad (Up), and UPs, as well as the local implementing partner.
- Necessary equipment and supplies, including partograph boards and forms, blood pressure machines, weight machines, thermometers, bags and masks, refrigerators, spotlights, bins, and drums were made available.
- Dedicated midwives for the antenatal care (ANC) corner and a doctor and a nurse for the Integrated Management of Childhood Illness (IMCI) corner were provided, as well. Mobile follow-up with pregnant mothers by midwives was introduced, according to the expected date of delivery (EDD).
- The UP fund was used to build infrastructure, repair and construct a health center approach road, procure emergency medicines, install a water supply system, construct waste disposal pits, and install a solar-powered system.
- The project deployed six midwives to ensure uninterrupted normal vaginal delivery.



Facility readiness



Service provider capacity building



Data management and monitoring training

Activity Impact

How did this activity strengthen the health system? Which components of the health system did you act on (for example, did you support improvements in financing, cross-sectoral coordination, governance, local ownership, information, human resources, the behavior of health system actors, service delivery, medical products, vaccines, or technologies)? How does this activity contribute to health equity, quality, or resource optimization? Be sure to explain the causal pathway by which your engagement of new voices contributed to this impact.

- Community awareness and outreach programs were conducted and targeted poor women.
- Normal delivery service was opened at some of the union-level facilities during the project period.
- DGFP deployed five FWVs who were trained by the project to replace transitioning project staff.
- A total of \$12,000 was spent from LG funds to improve the services on the island through March 2022.
- Providers started to report service statistics to the national Management Information System (MIS) portal.



Evidence

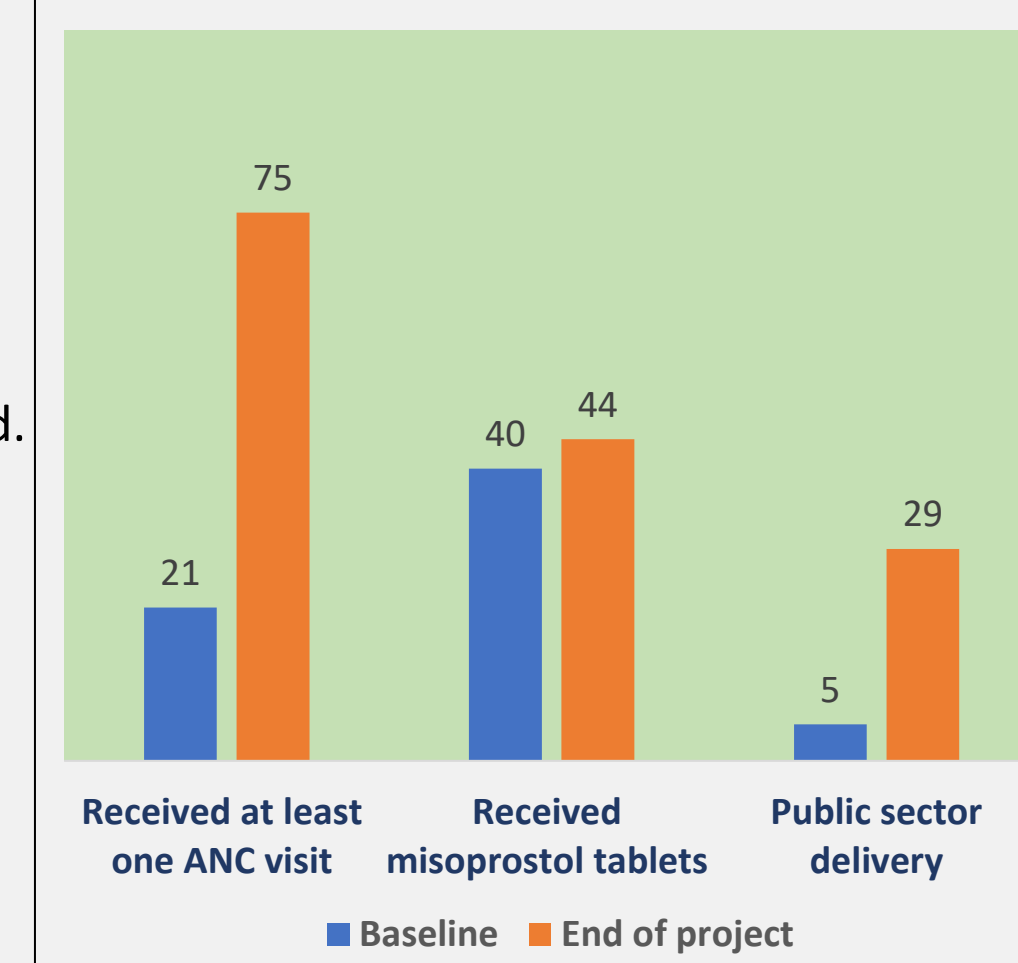
What evidence do you have that the integration of local, community, sub-national, national, and regional voices, priorities, and contributions in this approach was successful? What evidence do you have that this approach led to health or health system impacts? How can you best show what your activity accomplished? How do you know that you met your goals? Is the evidence able to be measured? Graphs or charts may be useful here to show this evidence.

In a one-and-a-half-year period:

- Running facility numbers increased from one to seven (one UHC and six UH&FWCs).
- Institutional deliveries increased from 5% to 29%.
- All six UH&FWCs offered 24/7 NVD, ANC, Postnatal care (PNC) and PFP services.
- First ANC consultations increased from 21% to 75%.
- Quality initiative bundles and mentorship programs were introduced.
- Five of the six UH&FWCs reached the hundred delivery benchmark.
- UHC introduced PFP service, with support from DGFP.

"We used to need to have deliveries at home. But now, all the pregnant mothers in this area give birth at this health center. My fifth child was also delivered here. I heard about their services from my neighbor first who gave birth there. This center became very famous within a very short time because of its good services."
[NVD client Haramia]

Service utilization of public health facilities by pregnant women (%)



Facilitators

What aspects of the health system, context, or external partner support helped make this successful? For example, were there existing working groups in place that enabled efficient coordination between stakeholders on this activity? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity?

- Development of an action plan, involving all relevant stakeholders, for facility readiness.
- The Union Education Health Family Planning Standing Committees were activated to mobilize funds for the facility.
- A total of \$28,000 has been invested by LG representatives from July 2021 to June 2022, which illustrates increased accountability by the LG.
- The Up and UP chairmen and members conducted regular supervision visits to the health centers to oversee the availability and quality of services and the procedures for referral and management of cases with complications.

"Before MaMoni came here, the facility (UH&FWC) provided only general treatment. Now, the mothers are getting check-up and normal delivery services." -Union Chairman, Bauria

Challenges

What were some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges?

- Due to a shortage of human resources (especially obstetrics, gynecology consultants, and anesthesiologists), cesarean delivery has not yet started at sub-district level facilities.
- Besides oral contraceptive pills, there were no other alternative FP methods available for PFP service.

Lessons Learned

What lessons have you learned while you implemented this activity? How will this impact future activities or approaches? What advice would you give to other implementers and health systems actors in other countries that might want to adapt your approach?

- The project-initiated learning visits from Sandwip Island to other locations motivated the LGI leaders, and Health and FP managers to work together to upgrade their own facilities for offering services.
- Local ownership of the whole process played a vital role in strengthening the local health system.



UH&FWC visit by local government authorities



Advocacy meeting for 24/7 normal delivery services with the local community