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

**Sandwip Island**: An island located along Bangladesh’s southeast coast in Chittagong District.

- The island is isolated from the mainland of Bangladesh and difficult to reach.
- The island is relatively small and covered with dense vegetation.
- The island has a population of nearly 280,000 people.

**Health System Challenges**:

- Lack of primary health care facilities.
- The 50-bed UHC was the sole place where people could get medical help.
- Visitor (FWV) positions were vacant in nine Union Health and Family Welfare Centers (UH&FWCs).
- The island experienced frequent incidents of maternal and newborn deaths.

**Facilities on Sandwip Island**:

- One UHC and six UH&FWCs.
- All six UH&FWCs offered 24/7 NVD, ANC, Postnatal care (PNC), and PPFP services.
- First ANC consultations increased from 21% to 75%.
- All six UH&FWCs reached the funded delivery benchmark.

**Visitor (FWV) Positions**:

- 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 2022.
- The UHC introduced PPFP service, with support from DGFP.

**Other Activities**:

- Community awareness and outreach programs were conducted and targeted poor women.
- Mobile follow-up with pregnant mothers by midwives was introduced.
- Quality initiative bundles and mentorship programs were introduced.
- 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.

**Community Engagement**:

- The UP fund was used to build infrastructure, repair and construct a health center approach road, procure facilities by pregnant women (%)
- Facility readiness
- Service provider capacity building
- Data management and monitoring training

**Activity Impact**

- Running delivery numbers increased from one to seven (one UHC and six UH&FWCs).
- Institutional deliveries increased from 29% to 68%.
- All six UH&FWCs offered 24/7 NVD, ANC, Postnatal care (PNC) and PPFP 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 funded delivery benchmark.
- UHC introduced PPFP service, with support from DGFP.

**Evidence**

- What evidence do you have that the integration of local, community, sub-national, national, and regional voices, priorities, and contributions in this activity enabled efficient coordination between stakeholders? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity?

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**Facilitators**

- 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 $26,000 has been invested by LG representatives from July 2021 to June 2022, which illustrates increased accountability by the LG.
- The UP and UF 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.

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**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?

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**Lessons Learned**

- What lessons have you learned while you implemented this activity? How will this impact future activities or approaches?

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**Results**

- Increased facility readiness and service utilization.
- Improved maternal and newborn outcomes.