

“Improving Maternal, Neonate and Child Health in Bangladesh”

Background

The government of Bangladesh has a goal to reduce Maternal Mortality ratio to 143 per 100,000 live births by 2015 in order to achieve the MDG 5 by 2015. So far the decline is 194 per 100,000 (as of 2010) showing a good trend of decline to be able to reach the goal by 2015.

Maternal causes account for 14% of all the causes of deaths among women of reproductive age. According to Bangladesh Maternal Mortality Survey, 2010 haemorrhage and eclampsia are the dominant direct obstetric causes of death, together responsible for more than half of the MMR followed by Obstructed or prolonged labor (7%) and abortions (1%).

Indirect obstetric causes of deaths account for about a third (35%) of maternal deaths. Maternal morbidity is also a big issue, especially obstetric fistula.

Child Delivery: Only 23% of women are delivering in a facility, mostly in private sector (11%) a government sector (10%) and NGO facility (2%). Only 18% of all births were delivered by a medically trained provider, which includes qualified doctors, nurses, midwives, paramedics, family welfare visitors (FWVs) and community skilled birth attendants (CSBAs). The rest (about 70%) are delivered by Traditional Birth attendants known as Dais. Still 2.4 million women deliver at home. However, seeking treatment for complications has increased to 29% indicating that both awareness and referral systems are improving. Long-term illnesses include obstetric fistula (1.69/1000 ever married women), uterine prolapse, perineal tear, vaginal stenosis, urinary incontinence etc. Obstetric fistula is the most devastating maternal illness. Fistula repair surgeries, prevention and rehabilitation services should be expanded from the 10 Government Medical college Hospitals (including the National Fistula Center at Dhaka Medical College Hospital) and 4 private hospitals.

Infant and Child Mortality: The under-five mortality rate is over 72 per 1,000 live births for the poorest quintile while the richest quintile records a rate of below 47 per 1,000 live births. The MDG target 4.1 is reduction by two-thirds, 2015, of the under-five mortality rate, to be 48-49/1,000 live births by 2015 from 60/1,000 live births. MDG indicator 4.2 on the infant mortality rate (IMR) declined from 94 per 1,000 in 1990 to 43 live births by 2008. This should be 31/1,000 by 2015 as per the MDG 4.

The Project:

This is a Primate World Relief and Development Fund (PWRDF) coordinated project funded by Canadian International Development Agency (CIDA) under the Partnership with Canadian Branch (PWCB). The main focus of the project is to support Canada's Muskoka Initiative to achieve development results that will improve maternal, newborn and child health through accessing to basic health service. This initiative will contribute to Bangladesh Government's commitment towards the achievement of Millennium Development Goals 4 & 5 of UN.

UBINIG – Policy Research for Development Alternative – policy research, campaign and advocacy organization in Bangladesh is a long standing partner of PWRDF and was retained by PWRDF as the implementing agency of the project in 130 villages in 15 districts of Bangladesh.

It is managed by a Team called Project Central Management Team (PCMT) with 5 senior members of UBINIG is set up and operational which coordinates the works at the field through a team of staff known as Project Field Implementation team (PFIT) .

Visit by PWRDF & CIDA

ZaidaBastos, CIDA Programme Coordinator of PWRDF visited UBINIG in January, 2012 just the time when the Contract was signed for the project.



Zaida worked intensively on the Project details, particularly on the developing the Project Management Framework (PMF), budget, Workplan etc. She also interviewed the Local PWRDF Field officer, Keiko Butterworth.

Dr. Momena Khatun, Health Advisor, Programme Support Unit of CIDA, Dhaka Bangladesh and Evelyn Debire, International Development Project Advisor, CIDA, Ottawa, Canada with Farida Akhter, Project director and Shima Das Shimu, PCMT Field Coordinator in Tangail in February, 2012



Discussion with CIDA representative in Tangail in February, 2012

The Project Central Management Team



Project Field Implementation Team



The PFIT was formed in 6 areas with 30 members.



PFIT meetings held many times on issues and PMF held in Ishwardi

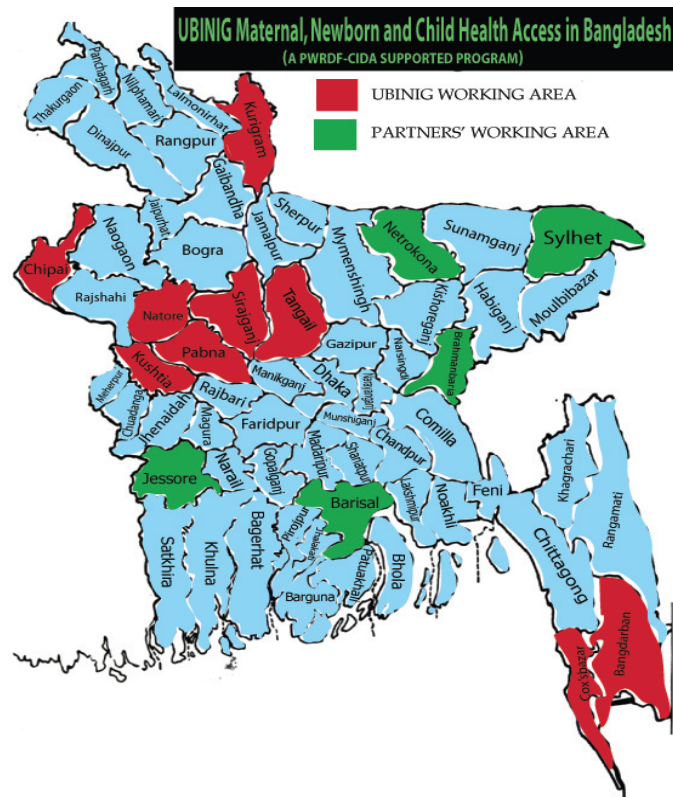
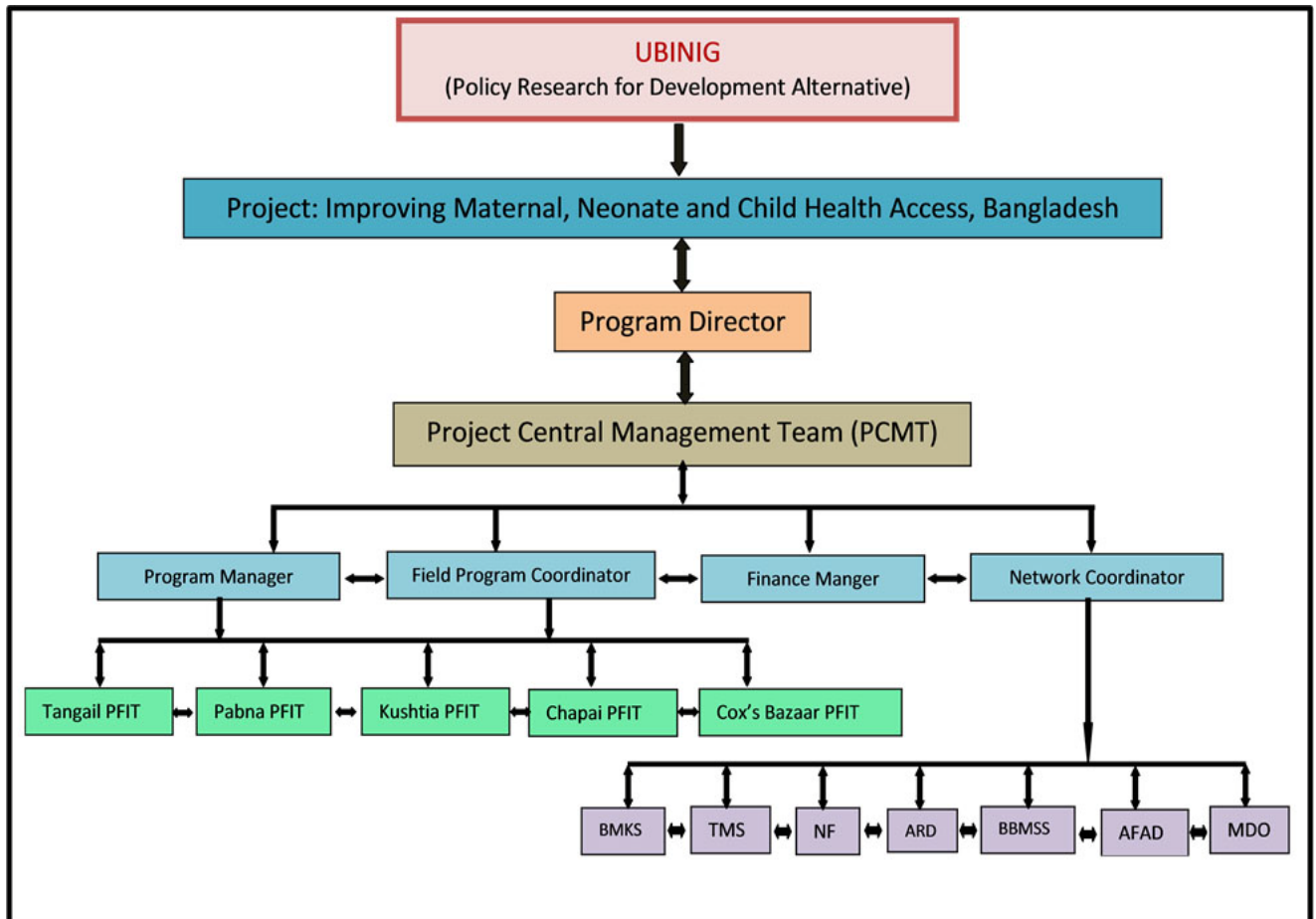


Network meeting

The project has taken an interesting methodology of working with women-led NGOs in 6 districts to have 6 MCWCs or Dai ghors to see the potential of the replication of the project.



The Network members from Jessore, Barisal, Brahmanbaria, Kurigram, Sylhet and Netrokona are being briefed about the project



National Stakeholders Meeting

The audience in the meeting included government officials, NGOs, women's organisations, Health specialists



Palash Baral, Program Manager, UBINIG is giving an overview. Dr. Zafrullah Chowdhury is chairing and Dr. Md. Firoz Mia, Additional Project Director, Community Health Project and Dr. A. J. M. Musa, Director Primary Health Care and Line Director, MNC&AH



Keiko Butterworth, PWRDF Field Officer in Dhaka

Prof. Latifa Shamsuddin, Ex-President of Obstetrics and Gynecologist Association, and Dr. Naila Khan, a Child Specialist.



Project Activities:

Initial works included Risk assessment, Stakeholders meeting and a lot of community meetings and health centre visits to discuss the project.

The Rapid Need Assessment of services available and the services required for moth and child health were done with the PFIT members and the village Dais using the SAS tool of Force Field.

Who will support Dai Ghors and who will not! A stakeholder Analysis is done for the villages where Dai Ghor and Ambulances will be given.



A pile sorting SAS exercise to see what kind of services are most required from the Dai Ghors. The smallest circle shows those which are most needed and these include referral services, identification of the risks, nutrition advice, etc. Cards in each circle are scored between 1-3 for outer circle, 4 -6 for middle circle and 7 – 10 for the inner circle.



Visits to Health centres

A community clinic – but no patients



Community Clinics are based at the Ward (village) level, but are often closed even at 11 am.



Inside a Maternal and Child Welfare Centre (MCWC) of the government based at the district level which provides services for maternal health.



A pregnant woman admitted to hospital.



Infants also receive health services.



“Sterilising” the gloves at a government facility



Upazilla Health complex in Kushtia



DAI GHOR: The Midwife Centre for Women and Children (MCWC)

A Dai Ghor is a common centre for the Traditional Birth attendants who are responsible for helping women in the villages during pregnancy and childbirth for giving ante, neo and post natal care. They also provide services to the infants and children under 5 and adolescents. The Dai Ghor, however, is an informal but institutional space where they have to be registered through a profile making by the project.

Functioning Dai ghors as of March, 2013

| Name of Dai ghor | District/Upazilla | # of villages covered | # of Dais engaged | # of children | # of pregnant women | # of women (15 – 49) |
|-------------------------------------|-------------------|-----------------------|-------------------|---------------|---------------------|----------------------|
| NanduriaDaighor | Tangail | 8 | 34 | 41 | 26 | 3159 |
| HatigaraDaighor | Ishwardi | 5 | 32 | 426 | 35 | 1670 |
| LaxmiNarayanpur Malkarpara Dai Ghor | Chapai | 2 | 26 | 473 | 49 | 1159 |
| BelgachiDaighor | Kushtia | 5 | 20 | 620 | 87 | 1159 |
| BantiarDaighor | Shahzadpur | 8 | 44 | 16 | 14 | 2133 |

Dai ghors under construction or just completed as of March, 2013

| Name of Dai ghor | District/Upazilla | # of villages covered | # of Dais engaged | # of children | # of pregnant women | # of women (15 – 49) |
|--------------------|-------------------|-----------------------|-------------------|---------------|---------------------|----------------------|
| Madhobpur Daighor | Netrokona | 4 | 13 | 143 | 70 | 833 |
| Bodarkhali Daighor | Chakaria | 4 | 7 | 431 | 74 | 852 |
| ShaplapurDaighor | Moheshkhali | 4 | 7 | 524 | 46 | 807 |
| KumarghataDaighor | Jessore | 4 | 11 | 247 | 27 | 747 |
| KhaskandaDaighor | Barisal | 4 | 25 | 498 | 41 | 1377 |

Dai ghor involved a detailed process starting from selection of the location and finalisation of the spot on the basis of practical criteria of the five surrounding villages



Starts with selecting the land where the Dai Ghor will be built, even discuss the facing of the house which is best if it is South Facing (DhakkinMukhi), or East facing (PurboMukhi) but not at all North facing (Uttar Mukhi) , because of light and air in inside the house. It has to be a bit away from roadside so that women have a private but free space. There has to be some space in front of the house so that meetings can be arranged.

Construction materials brought from nearby district.



Belgachi, Kushtia



Bantiar, Shahjadpur



Construction is going on. To build one Dai Ghor it needs about 14 days by 5 workers.



Hatigara, Ishwardi

Nanduria, Tangail



A pregnant woman came for checking



**How much does she weigh?
It is a fun to watch the baby on the weighing**



The boy wants weight measurement



The Dai is watching the weight of the pregnant woman



Dai Maya in Pabna can check blood pressure

Dai Training

Over 778 midwife profile was done to be able to select 650 dais for the project. This was done in all the 15 districts. The profile of the Dais have all relevant information including their age, years of experiences, particular skills to handle different complications women face during pregnancy and also about their works related to nutrition of the mothers and children.

They are the profiled Dais in Shahzadpur



Nazma talking to Dais in Chapai



Meetings held in villages



After a training, the Dais are given a certificate



Shima Das Shimu, Field Coordinator in PCMT, Rokeya Khanum Tulu PFIT Coordinator and Rokeya Begum, a Health Expert from UBINIG

Use government materials to identify risks of pregnant women.



Trainings are held in villages. There are many medicinal plants in front of the house.



Meeting inside a Dai Ghor



They are experts on medicinal plants



Training in Functioning Dai ghors as of March, 2013

| Name of Dai ghor | District/ Upazilla | # of villages covered | # of Dais Trained | # of Dais under profile | # of active Dais in Dai ghor | Comment on usefulness of training |
|-----------------------------------|--------------------|-----------------------|-------------------|-------------------------|------------------------------|---|
| NanduriaDaighor | Tangail | 8 | 25 | 121 | 121 | 1. Danger sign in pregnant mothers. 2. Nutrition about mothers and children. 3. Pregnant mothers about pre-natal and post-natal service. 4. Referral |
| HatigaraDaighor | Ishwardi | 5 | 16 | 32 | 21 | 1. Referral 2. danger sign in pregnant mothers. 3. Nutrition about mothers and children. |
| LaxmiNarawnpurMalkarpara Dai Ghor | Chapai | 2 | 3 | 27 | 16 | 1. Nutrition (Child) 2. danger sign in pregnant mothers. |
| BelgachiDaighor | Kushtia | 5 | 6 | 20 | 15 | 1. Referral 2. danger sign in pregnant mothers. 3. Van Ambulance |
| BantiarDaighor | Shahzadpur | 8 | 52 | 56 | 44 | 1. New born baby. 2. Nutrition (Child) 3. Referral 4. Boat Ambulance. 5. danger sign in pregnant mothers. |

Training in Daighors under construction or just completed as of March, 2013

| Name of Daighor | District/Upazilla | # of villages covered | # of Dais Trained | # of Dais under profile | # of Active Dais in Daighor | Comment on usefulness of training |
|--------------------|-------------------|-----------------------|-------------------|-------------------------|-----------------------------|---|
| Madhobpur Daighor | Netrokona | 4 | 25 | 33 | 15 | 1.About new born baby 2.Nutrition 3. About Prolong delivery. |
| Bodarkhali Daighor | Chakaria | 4 | 20 | 24 | 7 | 1.5 danger sign in pregnant mothers. 2. Nutrition about mothers and children. 3. Pregnant mothers about pre-natal and post-natal service. |
| ShaplapurDaighor | Moheshkhali | 4 | 15 | 19 | 7 | 1. danger sign in pregnant mothers. 2. Nutrition about mothers and children. 3. Referral_ Govt. Hospital. |
| KumarghataDaighor | Jessore | 4 | 30 | 41 | 11 | 1. Referral_ Govt. Hospital. 2. Nutrition about mothers and children. 3.5 danger sign in pregnant Mothers. |
| KhaskandaDaighor | Barisal | 4 | 31 | 55 | 16 | 1. Nutrition about mothers and children. 2. About Prolong delivery. 3. danger sign in pregnant Mothers. |

Discuss about Nutrition value of food that are required by Pregnant women, children under five etc. these vegetables are brought by Dais themselves.



Measuring the height of the Van cover



Making a sample for approval



The Van Ambulance



The Dais are going to village to see patients

Van Ambulance in a village



Women and children are happy



In Shahzadpur char villages such as Bantiar, boats are the only means of transport to go to the health centres. The health centres are located on the other side of the river.



These boats are converted into Boat Ambulance and takes about an hour or two to cross the river.



Networking with Health Manpower

About 5,500 existing health workers, Family Welfare Assistants (FWAs) and Female Health Assistants (FeHAs) have been trained as community based skilled birth attendants (CSBAs) to provide home based maternal health services in addition to their designated functions in promoting family planning or immunization

Functioning Dai ghors as of March, 2013

| Name of Daighor | District/ Upazilla | # of HA | # of SACMO | # of FWV | # of FWAs | # of Medical doctors | # of Community health provider |
|-----------------------------------|--------------------|---------|------------|----------|-----------|----------------------|--------------------------------|
| NanduriaDaighor | Tangail | 3 | 1 | 1 | 5 | - | 2 |
| HatigaraDaighor | Ishwardi | | | | | | |
| LaxmiNarayanpurMalkarpara Daighor | Chapai | 3 | 1 | 1 | 5 | - | - |
| BelgachiDaighor | Kushtia | 3 | 1 | 1 | 5 | 1 | - |
| BantiarDaighor | Shahzadpur | 2 | - | 2 | 2 | - | - |
| | | | | | | | |

Dai ghors under construction or just completed as of March, 2013

| Name of Dai ghor | District/Upazilla | Distance to Community Clinic | Distance to Union Health centre | Distance to Upazilla Health Centre | Distance to District Health Centre | Which health centre is used most |
|--------------------|-------------------|------------------------------|---------------------------------|------------------------------------|------------------------------------|--|
| Madhobpur Daighor | Netrokona | 4 km. | No Union Health Centre | 6 km. | 40 km. | Upazilla Health Centre |
| Bodarkhali Daighor | Chakaria | 1 km. | 4 km. | 22 km. | 80 km. | Union Health centre |
| ShaplapurDaighor | Moheshkhali | 4 km. | 1 km. | 16 km. | 25km. | Union Health Centre |
| KumarghataDaighor | Jessore | 2 km. | 2 km. | 17 km. | 40 km. | Fultola (Khulna Dist) Government Hospital. Distance is only 16 km. |
| KhaskandaDaighor | Barisal | 3 km. | 4 km. | 20 km. | 10 km. | District Health Centre |

Family Welfare Visitors trained for ante and post natal care of women are posted in MCWCs.



Upazilla Medical officer, Tangail assuring of cooperation in the opening ceremony of Daighor

District Health education officer



Upazilla Chairman, Ishwardi, Pabna

Union Parishad Member, in the presence of
Upazilla Health Officer, Medical Officer
(Gyne)



The story does not end here, it is going on

However, the women and children in 130 villages of 15 districts will live a happy life

IF

- ❖ they can get regular services from the Dai ghors and the government health facilities
- ❖ the Dai ghors and the Van and boat Ambulances can run on a sustainable basis
- ❖ the Dais are recognised and can provide quality health care services particularly advice for women and children
- ❖ there is a good coordination between the government health service and the Dais

The Dais are always by the side of the majority of the rural people.

2013