

Delivering safer births in Bangladesh

Context

Although Bangladesh has made progress in improving maternal and child health, an estimated 62,000 newborns die in Bangladesh each year accounting for 7 newborns every hour¹. This ranks Bangladesh 61 out of 225 countries worldwide². A further 3,819 women die from pregnancy or childbirth related complications - ranking Bangladesh 49th out of 184 countries in the world. These high mortality rates reflect the fact that 73% of women give birth at home, usually with the assistance of unskilled attendants or relatives. In addition, most newborns do not receive postnatal care from a trained attendant. Poorer families also have difficulty accessing appropriate and affordable health care.



What is CARE doing?

CARE, with support from Target and DFAT, has been working to reduce the number of deaths by improving the health and wellbeing of vulnerable mothers, babies and children in Gazipur – a growing industrial region of Bangladesh and home to many poor families and readymade garment workers. By training health workers and building the capacity of community health support systems, maternal and child health services throughout Gazipur have improved. Thousands of women are now accessing mothers' groups, birth planning, and healthcare before, during and after pregnancy. More young children are also receiving vital healthcare.

What did CARE achieve?

Between 2014 and 2017, 80,803 women benefited from the project.

CARE's end-of-project evaluation found that:

- **The community has better awareness of sexual, reproductive and maternal health services:** use of care services in community clinics increased by 50% (average monthly services provided by a community clinic increased from 8 to 12) before pregnancy and 150% (average monthly services provided by a community clinic increased from 2 to 5) after pregnancy. The number of women from lower income groups accessing health services has increased by 13%.
- **There are stronger links between communities and health care providers:** 215 community members have been trained in how to identify and register pregnant women in the community, and refer emergency patients to the most appropriate health provider. This has led to an increase in the number of women being referred to health clinics for pregnancy, delivery and emergency obstetric care. There has also been a 34% increase in referrals from

¹ Source: Unicef. <http://newssummedup.com/summary/Unicef-Seven-newborns-die-every-hour-in-Bangladesh-2n2xe4>

² CIA World Factbook

community clinics to higher facilities. In addition, the project helped establish a 'referral corner' at the major health complex in Gazipur. This has improved the referral process from community health centres to the health complex.

- **Women are having safer births:** more pregnant women and their families participated in birth planning sessions - from 7% (75) at the start of the project to 45% (294) at the end. More births also took place in health care facilities, rising from 52% to 65%. In addition, in 2017, 63% of births in Gazipur were attended by a skilled birth attendant, compared with 54% at the project's beginning in 2014.
- **More women are empowered to make decisions about health care:** 52% of women participated in decision-making about their own and their children's health, compared to only 29% at the start of the project. The number of women using contraception has also increased from 65% to 85%.
- **The quality of services has improved:** community clinics are open for longer hours and provide more services. The clinics are now well equipped and staffed, and have developed a fundraising system for taking fees and donations. The community can also have a say in improving services by rating their experiences at the community clinics and suggest solutions to overcome any shortcomings. The clinics also support community groups and mothers' groups.
- **Women are talking about other social issues:** the positive experience of working together on activities related to maternal health has motivated the Community Support Groups to discuss other issues such as child marriage and violence against women. CARE played a role in providing practical support on how to form committees and organise and implement various activities.

How did we get there?

- **Teaching skills:** Frontline workers (Health Assistants, Family Welfare Assistants and Community Health Care Providers) were trained in counselling, birth planning, screening of disability and nutrition. The health and family planning managers were trained on quality supervision and monitoring. This improved referrals and linkages between health facilities.
- **Building awareness:** CARE worked to raise awareness and improve access to sexual, reproductive and maternal health services in the community through: events to mark Safe Motherhood Day, World Health Day, Community Clinic Day and World Breast Feeding Week; support groups; and activities such as mothers' gatherings, street dramas, learning visits and community dialogues.
- **Working in partnership:** CARE worked through Community Clinics established by the Government of Bangladesh as part of their healthcare delivery system. Effective monitoring and supervision systems were set up to ensure quality of care in Community Clinics and successful running of community groups.

Who is CARE working with?

- Community Based Health Care project and Directorate of Family Planning under Ministry of Health and Family Welfare.
- 163 Community Clinics, 27 Family Welfare Centers, 1,803 Community Support Group Members, 446 health and family planning staff and supervisors.
- Local and national level government policy makers.
- Health service providers and health facilities.