

People's Institutions for Improved MNH in Bangladesh

PROJECT DATES

September 2009 – September 2014

PROJECT BUDGET

USAID contribution: \$1,166,019
World Renew contribution: \$391,457

LOCATION

Netrokona District, Bangladesh

CONTEXT

Bangladesh's high neonatal and maternal mortality ratios (53 and 194 per 100,000 live births, respectively) are compounded in the northern district of Netrokona, which the Government of Bangladesh has declared a "low performing" district. In two hard-to-reach sub-districts of Netrokona — Durgapur in the northern part of the district and Kendua to the south — health facilities are not adequate to meet current maternal and newborn health needs. To address this challenge, SUSOMA targeted marginalized women and newborns to reduce mortality and improve health status. (Data source: [Bangladesh DHS 2011](#))



Netrokona District by Nafsadb (cropped; via Wikimedia Commons)

BENEFICIARY POPULATION

Total population in the project area: 484,920
124,313 women of reproductive age (15–49 years)
96,571 children under 5 (0–59 months)

PROJECT AT A GLANCE

	Maternal	Newborn	Child
Household	✓	✓	
Community	✓	✓	
Facility	✓	✓	
District	✓	✓	
National			

Project Approach

To support the Government of Bangladesh's efforts to improve the health status of mothers and newborns in the district of Netrokona, the Healthy Child and Mother Project (SUSOMA) adapted a proven community mobilization model, the "People's Institution," to empower poor and marginalized citizens to engage with the public health sector.

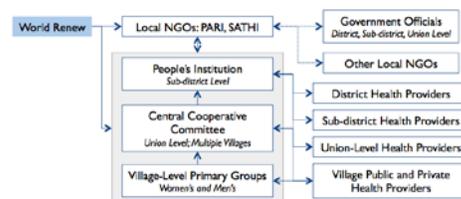
The People's Institution is a three-tiered civil society structure that creates village-level "primary" groups, multi-village cooperative committees, and sub-district People's Institutions. In Netrokona, People's Institutions were designed to create community-based and public-private partnership (PPP) structures for sustainable gains in maternal and newborn health (MNH). To do this, SUSOMA trained People's Institution members to manage MNH care at the village level; link and collaborate with district and sub-district health facilities and private providers; and establish a referral system and emergency health funds to improve quality of care for poor mothers and families. Project interventions aligned with the government strategy for integrated management of childhood illness, which emphasizes high-poverty areas and the use of informal and community-based providers to expand access to MNH.

DESIRED OUTCOME	MAIN ACTIVITIES AND SELECTED OUTPUTS
Strengthen PPPs	✓ 4 Peoples' Institutions, 22 cooperative committees, and 541 primary groups in 494 villages established
Improve MNH	✓ 1,078 community health volunteers trained and working at village level to promote behavior change
Increase quality of MNH services	✓ 1,455 informal, public, and private providers trained in MNH services ✓ Referral system established
Increase NGO capacity to support People's Institutions	✓ 2 local NGOs (PARI and SATHI) trained to initiate and support community mobilization for MNH
Enhance the enabling environment for MNH	✓ Monthly and quarterly PPP learning and collaborative activities led by PARI and SATHI ✓ PARI, SATHI, and People's Institutions trained and supported to advocate at multiple levels for enhanced MNH services

Partnerships

World Renew trained and mentored local NGOs PARI and SATHI to network with the government and initiate, monitor, and support the People's Institutions. PARI and SATHI

built strong relationships with government and health-oriented NGOs to share the model and advocate for improved health service delivery. The People's Institutions engaged with the health system at multiple levels to improve MNH services, particularly for marginalized citizens. At village level, primary groups supported community health volunteers to deliver MNH behavior change messages at community and, using timed and targeted counseling, at household level.



PEOPLE'S INSTITUTIONS FOR IMPROVED MNH IN BANGLADESH

An Effective Mobilization Platform

The People's Institution model is an effective service delivery platform to mobilize marginalized citizens (primarily women) and improve MNH status through collaboration between community members and providers. Formal government registration of the four project-supported People's Institutions as independent social welfare agencies and official agreements with health facilities will contribute to the sustainability of the model.

Key Findings

The project evaluation used data from knowledge, practice, and coverage surveys carried out with mothers of children under 2 years at baseline (2009; n=4,088) and endline (2014; n=4,502); a rapid health facility assessment for MNH services (baseline n=30 facilities; endline n=30 facilities); as well as stakeholder interviews, reviews of project documents, and cost analysis.

- **PPPs for Health.** Findings indicate that the People's Institutions were foundational in improving social capital of marginalized people by engaging the poor in all supported communities in MNH through a strong PPP. People's Institutions collaborated with government and private facilities through joint participation on advisory/management committees and data coordination. People's Institution members reported feeling respected by the government.
- **MNH Services and Practices.** SUSOMA's work helped strengthen essential MNH services, such as the use of clean birth kits for home deliveries (Figure 1), and demand for and use of those services.
- **Referrals and Supervision.** Referrals to government facilities increased, as did supervisory visits (Figure 2). Stakeholder interviews indicated that project training improved MNH skills and knowledge of public health workers and community volunteers.

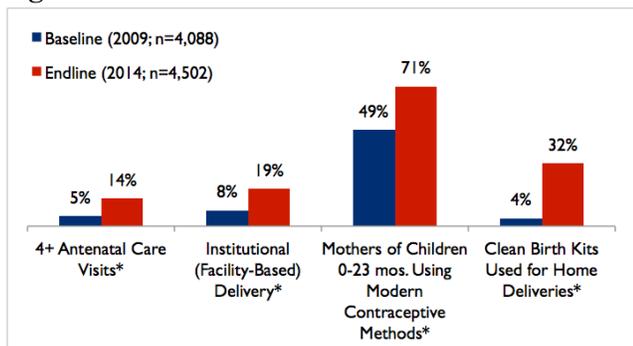
Lessons Learned

- **Community Engagement and Social Capital.** SUSOMA empowered communities with knowledge, skills, and finances through People's Institution mechanisms. Project partners delivered behavior change messages during household visits, group education, and community theater. These direct connections helped overcome resistance to women's participation in the primary groups and fostered wider commitment to MNH. A mid-project decision to form men's primary groups strengthened People's Institutions' advocacy with government officials.
- **Bridging Gaps in Access.** Establishment of emergency health funds in the vast majority of project-supported villages (96 percent), transport systems, and an active referral system were all crucial for improving access to MNH services for the poor.
- **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.

Contact for More Information

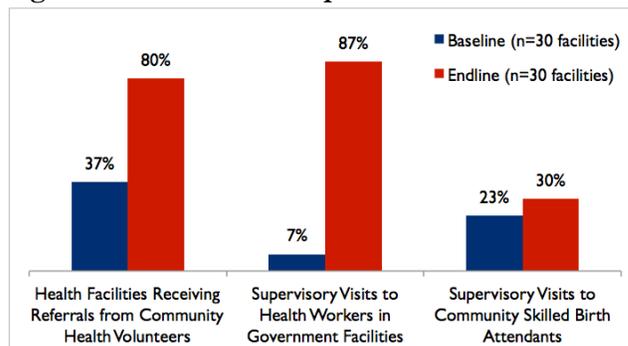
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Figure 1. MNH Services and Practices



* Indicates statistical significance at <0.05

Figure 2. Referrals and Supervision at Facilities**



** Data from the rapid health facility assessment (did not test for significance)