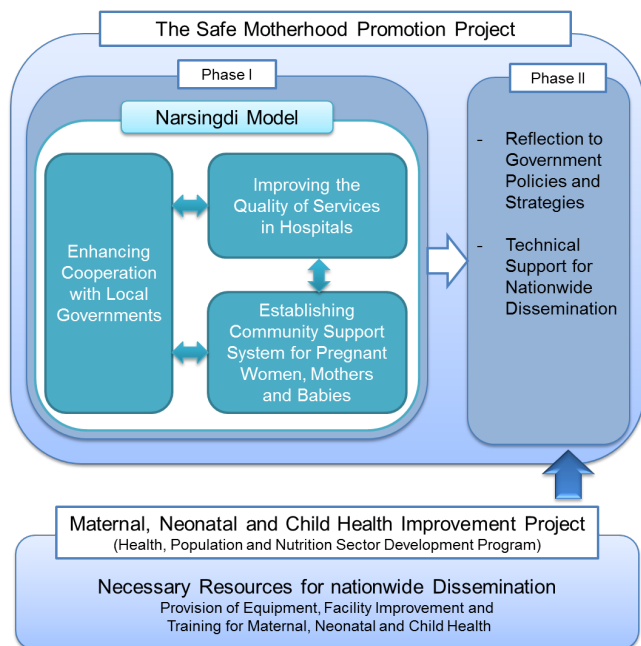


**Project Information**

- **Country:** Bangladesh
- **Program Name:** Maternal and Child Health/ Health System Strengthening Program [The Safe Motherhood Promotion Project I & II (Technical Cooperation), Maternal, Neonatal and Child Health Improvement Project (ODA Loan)]
- **Cooperation Period:** 2006 - 2016
- **Implementing Organization:** Ministry of Health and Family Welfare

**1. Background and Project Summary**

The maternal mortality ratio and neonatal mortality rate in Bangladesh are improving but are still high compared to other Asian countries. In addition to frequent pregnancies and difficulties in accessing health services, low rates of receiving antenatal care and deliveries with skilled birth attendants (SBAs) are the major factors to the high mortality. The activities shown in the following figure are called Narsingdi Model as the collaborative work between the Government of Bangladesh and JICA, the Safe Motherhood Promotion Project (SMPP) phase I implemented and established in Narsingdi District.



In collaboration with SMPP, Japan Overseas Cooperation Volunteers also have been dispatched for the improvement of maternal and child health activities in hospitals and communities.

**2. Situation of Maternal and Child Health in Bangladesh from the Gender Perspective**

In addition to the lack of knowledge of pregnant women themselves as well as their families on maternal and child health, one of the major reasons for the low

antenatal care rates and deliveries with SBAs could be the low status of women in the society. Decisions on family matters, even minor ones, are made by husbands and/ or by in-laws. Wives have no say in the family. For women to get health and medical services including antenatal care, it is necessary to not only reach out to the women themselves, but also to appeal to their families as well as involve the overall community in fostering the sense of protecting women's health.

**3. Gender-responsive Activities**

Community residents groups play an important role in establishing "Community Support System for Pregnant Women, Mothers and Babies."

During SMPP phase I, community residents groups were mobilized for strengthening preparation for delivery and emergency cases in the community as a part of community activities. The main activities of community residents groups are: a) identification and tracking of all pregnant women in a community, b) establishment of a community fund to provide necessary support for deliveries and emergencies, c) advocacy campaign for safe delivery, and d) promotion of understanding among women's families. Group members are comprised of men and women about equally. While religious leaders as well as the mothers-in-law had created obstacles at the inception of the community activities, the groups gradually earned the trust of the people in the community through support activities such as providing transport services to the hospital for women when the complications of labor and other emergency situations occur. Finally,



Provision of a rickshaw to the community residents group from the Union chair

the groups gained support from local governments and community leaders. With the combination of support for the communities and the activities for improvement of quality services in hospitals, as a result of 5-years activities of SMPP, antenatal care and deliveries at public hospitals in Narsingdi District in 2011 had increased 8.5 times and nearly 3 times respectively from those in 2006.

The government of Bangladesh promotes nationwide dissemination of Community Support Groups, based on the experiences of community residents groups of the Narsingdi Model.

Involving the overall community in the activities enabled pregnant women to receive proper health and medical care with greater understanding by their families. This is the way to protect the health of women and children by the whole community.