WORKSHOP REPORT

Towards Equitable Health Systems through Community Participation: Experiences of Community Support System and Community Clinic

JICA

April 2009 . Dhaka .

Report of the Workshop on:

Towards Equitable Health System through Community Participation: Experiences of Community Support System and Community Clinics

Safe Motherhood Promotion Project

A project of the Ministry of Health and Family Welfare, Government of Bangladesh

Supported by Japan International Cooperation Agency

Workshop documentation and Report preparation:

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List of Acronyms and Abbreviations

ADC	Additional Deputy Commissioner
BCC	Behavior Change Communication
BRAC	Bangladesh Rural Advancement Committee
CC	Community Clinic
CmSS	Community Support System
C-Section	Caesarian Section
DD-FP	Deputy Director Family Planning
DGFP	Director General of Family Planning
DGHS	Directorate General of Health Services
DP	Development Partner
EmOC/EoC	Emergency Obstetric Care
EPI	Extended Program of Immunization
FWV	Family Welfare Visitor
GO	Government Organization
GoB	Government of Bangladesh
HA	Health Assistants
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
MCH	Maternal and Child Health
MoHFW	Ministry of Health and Family Welfare
MoLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
NGOs	Non-Government Organizations
OT	Operation Theatre
PHC	Primary Health Care
PSO	Program Support Office
SBA	Skilled Birth Attendant
SMPP	Safe Motherhood Promotion Project
TBA	Traditional Birth Attendant

UHC Upazila Health Complex

UHFPO Upazila Health and Family Planning Officer

UP Union Parishad

UzP Upazila Parishad

Executive Summary

Safe Motherhood Promotion Project is an initiative of the MoHFW technically assisted by Japan International Cooperation Agency (JICA) and CARE Bangladesh. SMPP started in July 2006 as a pilot in Narsingdi district with the purpose of improvement of health status of pregnant and postpartum women and neonates. SMPP has shown remarkable achievements in the increase of Maternal and Neonatal Health (MNH) service utilization through effectively implementing complementary community and facility based interventions. The main community level intervention Community Support System (CmSS) aims at achieving the equity in health with the participation of community at the grassroots. In order to disseminate the experiences and lessons learned of the SMPP and good practices that are underway by other initiatives in different places in Bangladesh, the workshop on "Towards equitable health systems through Community participation: the experience of Community Support System and Community Clinic" was organized.

The workshop was organized on 13th April 2009 to (a) introduce the concept and practice of CmSS and newly developed CmSS Operational Guidelines; (b) learn from Community Mobilization activities in the Health sector to document lessons learned and challenges and the ways to overcome; (c) discuss how community mobilization activity (especially CmSS) can contribute to make Community Clinics (CC) functional; and (d) identify how Local Government can support improvement of MNH in the community

The workshop was designed based on principles of *Participatory Learning Approach* so that participants can share their experiences and express their views and concerns freely. To enhance participation there were Plenary, Open Discussion and Question-Answer session as well as Exhibition and Informal interaction

In total, 254 persons representing various community organizations, CmSS leaders, MoHFW officers, District and Upazila health and family planning officers and service providers, key government decision makers, NGO staff, local government bodies, research organizations, development partners and media took part in the workshop.

The workshop was concluded with a set of recommendations as following:

a. CmSS members have to be given formal scope for participation in union and upazila level health center management.

b. The community based health center management/coordination committees have to be reorganized, functional with appropriate authority over service providers and CmSS members have to be represented in those committees.

c. CmSS may be given responsibility to monitor the activities of CCs in respective community.

d. Government should take measures to ensure the presence of doctors at District and Upazila levels. Particularly, doctors should be available 24 hours at the UHC for providing emergency obstetric care services.

e. Clear institutional mechanism has to be introduced immediately for involving elected Local Government representatives in respective union and upazila health centers.

f. Accountability and transparency has to be ensured at the UHC in planning, service delivery and procurement. The Upazila Parishad should be in charge of coordinating and supervising the activities of the UHC. Particularly, the parishad should regularly monitor the EoC services.

g. Upazila Health Plan can be developed with community participation under the leadership of upazila parishad.

h. Under the leadership of standing committee of the Upazila Parishad a civic forum can be formulated with participation of local level political parties and local civil society organizations to regularly supervise and monitor the maternal and child health status in the locality

i. At the grassroots, all health and family welfare activities and initiatives undertaken by government and non-government agencies have to be coordinated centering the existing community clinics.

j. Community Clinics can be the centre of CmSS activity by providing common space for people in the community

k. Most of the participants suggested that the JICA should not withdraw its support at the moment and take some new areas for implementation of the program.

l. The government should take immediate step to fill the vacant positions in Union Health and Family Welfare Centers and UHC with appropriately skilled health professional.

m. The *Chowgacha* model can be appreciated which demonstrates how local elites particularly the business community are incorporated in building health system at the local level.

n. For the areas which are remotely located, such as *char* and *haor,* extra resources have to be provided.

o. Continuous resources should be ensured for providing training and monitoring to the health field workers namely Skilled Birth Attendant, Family Welfare Assistant and Health Assistant so that they can offer better health services at the grassroots.

p. In order to ensure the sustainability of the CmSS model the government should integrate the idea within its upcoming Health Policy, CC management guidelines and other community based interventions.

q. The collaboration with health facility is the key for sustainability of CmSS. The quality of services provided by the upazila and union health centers has to be ensured.

r. The CmSS has to be interlinked with other service providers – both GO and NGOs at the grassroots.

s. Inclusion of health components in various modes of rural entertainment such as *Kobigaan, Kirton, and Jaree* can have long term positive health impact in the community.

t. The project activities should be extended in under privileged communities in hard-to-reach areas such as coastal, char and hilly regions.

PART 1: BACKGROUND AND CONTEXT

1.1 Introduction

Despite long time call for the right to health for all, too many people in the world are still deprived from acceptable and accessible health care. Inequity in the health sector has been a global concern as disparity in the society has widened backed by uneven economic development. Bangladesh, likewise other countries, shows a growing trend of social, economic and geographic inequity in the provision of health services although some national programs such as EPI and Family Planning are recognized successfully improving the national health indicators. The Government of Bangladesh addresses the inequity through provision of free of cost services, introduction of essential service delivery, and establishing one stop service center called Community Clinic (CC). The Health Nutrition Population Sector Program (HNPSP) highlights its policy of targeting the vulnerable groups namely the poor, women, children and minorities. However, how those government policies and strategies are being operational in the field and ensuring the targeted populations to obtain the health services needs to be examined closely. It is not merely a responsibility of Ministry of Health and Family Welfare to ensure the universal coverage of health care. In a decentralized society, there should be the roles of local government and community for establishing equitable health systems.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.... Governments have the responsibility for the health of their people which can be fulfilled only provision of adequate health and social measures (WHO Constitution)

Safe Motherhood Promotion Project is decentralized, community-based initiative of the MoHFW technically assisted by Japan International cooperation Agency (JICA) and CARE Bangladesh towards achieving the equity in health with the participation of community at the grassroots. SMPP supports the government policy to target women and children in their most vulnerable periods. The project started in July 2006 as a pilot in Narsingdi district. In order to share the experiences and lessons learned during the last two and half years under the SMPP with all stakeholders of the project, especially the government decision makers the workshop on “Towards equitable health systems through Community participation: the experience of Community Support System and Community Clinic” is organized.

1.2 Background of the Workshop

Safe Motherhood Promotion Project (SMPP) is a project of the Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh technically assisted by JICA and CARE Bangladesh. SMPP supports the government policy to target women and children in their most vulnerable periods: pregnancy and neonatal period. As a pilot project, SMPP is designed to demonstrate feasible ways to make the government policies and strategies operational in the field and advocate lessons learned and challenges of the project to be reflected in the national policy development.

SMPP was officially started in July 2006 in Narsingdi district as a pilot site. The project aims at improving health status of pregnant and post partum women and neonates, and the following three expected outputs are set to lead to the attainment of this aim:

- Output 1: Necessary decisions are made at central level through sharing good practices and lessons learnt of the Project
- Output 2: Safe delivery service system is strengthened
- Output 3: Women and neonates are supported to utilize obstetric and neonatal care services

As the overall goal of SMPP clearly states, the project envisages replicating good practices and lessons learned in other districts.

Midterm Evaluation of Safe Motherhood Promotion Project concluded that the project is on the right track to achieve its goal. It is recognized by the Midterm Evaluation mission that some interventions especially Community Mobilization activity are found to be effective and its experiences are worth disseminating at the national forum. In this vain, a Workshop titled *"Towards equitable health systems through Community participation: the experience of Community Support System and Community Clinic"* was planned by SMPP, while the issue of Community Clinic reactivation was proposed to be a part of discussion during the Workshop. Besides, the concept of Community Support System (CmSS), which is the core of the SMPP model of Community Mobilization, and a newly developed publication "Operational Guidelines on Community Mobilization of Safe Motherhood Programs in Bangladesh" will be introduced in the Workshop. Now that the progress and achievements of SMPP have reached to a satisfactory level, the Project feels it is our commitment and responsibility to take a pro-active role to advocate the critical issues such as Community Mobilization to be put on the policy level discussion.

1.3 Objectives of the Workshop

Broadly, the workshop is organized aiming to create an active space for stakeholders to learn from good practices successfully mitigated inequality in the health sector through community

participation and to determine future concrete and feasible actions in this area to be carried out in their respective field.

More specifically, the workshop is organized to achieve the following objectives:

- To introduce the concept and practice of Community Support System (CmSS) and newly developed CmSS Operational Guidelines
- To learn from Community Mobilization activities in the Health sector to document lessons learned and challenges and the ways to overcome
- To discuss how community mobilization activity (especially CmSS) can contribute to make Community Clinic functional
- To identify how Local Government can support improvement of Maternal and Neonatal Health (MNH) in the community

1.4 Methodology of the Workshop

The workshop was designed based on principles of *Participatory Learning Approach.* Participatory Learning Approach enables all participants to learn from each other with minimum or no power-distance between the speaker and listener. In fact this approach allows all participants to be engaged in discussion and deliberation and simultaneously encourages each to listen what others have to say.

The workshop was designed in a way so that participants can share their experiences and express their views and concerns freely. For participation there were:

a) Plenary
b) Open question and answer
c) Exhibition
d) Informal interaction

Plenary was one of the most common forums for sharing experiences with a larger audience. There were three plenary sessions on three different issues. *Open Question Answer* session is designed to allow all participants to freely ask any question. This session mainly helps the community representatives to ask various questions to the government decision makers. Along with the discussion and deliberation there was continuous *exhibition* of various relevant research works, project profile and model presentation. CARE Bangladesh, BRAC, Plan Bangladesh, SMPP and several CmSS from different unions of Narsigndi District took part in the exhibition. Besides, the workshop was designed in a way that allowed participants to interact informally at regular intervals e.g. *Tea-break* and *Lunch.*

All discussions and presentations were recorded by a team of rapportiers.

1.5 Participants

The workshop brought participants in under the same roof from different stakeholder groups of health sector in general and Safe Motherhood Promotion Project in particular. Altogether, 254 persons took part in the workshop including media personnel. The workshop turned to a common living space for interactions among various stakeholder groups such as MoHFW officials, DGHS, DGFP, local government bodies, community organizers, development partners (DPs), researchers and media.

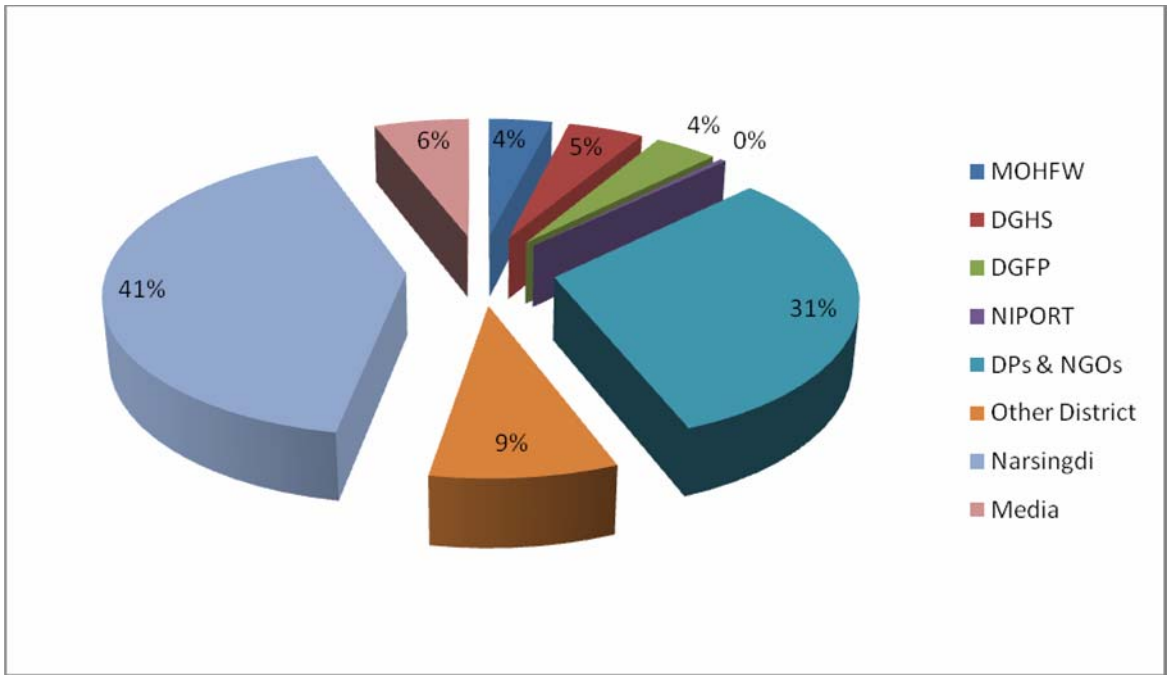

Figure 1: Distribution of Participants by categories

Figure 1 shows that maximum participants came from Narsingdi districts. Narsingdi districts participants include CmSS members, Union Parishad Chairmen, Upazila Parishad Chairmen and women Vice-Chairmen, District and Upazila Health and FP officers. The second largest section, 31% of total participants, of participants represented the Development Partners and Nongovernment Organizations. In order to share experiences of how others are doing in other districts a good number of participants came from districts other than Narsigndi. The important feature of the workshop was that a large number (25) of local government representatives (UzP Chairman, Vice-Chairman and UP Chairman) were been in the workshop. In addition to the health bureaucrats, there were quite good number administrators particularly of upazila and district level officials e.g. UNOs and ADCs. In order to reflect the real situation in ground CmSS leaders were well represented in the workshop. Besides, in order to voice the women's opinions about 53 women from various stakeholders group participated in the workshop.

1.6 Limitations

The time constraint was the main limitation of the workshop. A one-day program was found too short for this kind of program. Besides, the number of participants was also very high. Because of these two factors the program was so tight that the participants had had a little time and fewer chances to get to know each other. As a result the quality of participation hampered.

PART 2: DESCRIPTION OF THE WORKSHOP

Guests and Special Guests are on stage in the Inaugural session

The workshop was held on 13th April 2009 at Bangladesh China Friendship Conference Centre Dhaka. The title of the workshop was "Towards Equitable Health Systems through Community Participation: Experience of Community Support System (CmSS) and Community Clinics". The workshop began at 9:30am in the morning with the recitation from the Holy Quran and welcome address by Ms. Yukie Yoshimura of JICA and ends at around 5:30pm in the evening with closing remarks from Prof. Dr. Shah Monir Hossain, Director General of Health Services. The workshop was organized in four parts: a) Inaugural, b) Plenary c) Open Discussion and Question-Answer and d) Closing Session (for detail program schedule please see the Annex 1).

The Inaugural part was more of a formal and ornamental kind, however, set the tone of the workshop at the onset and make objectives and purpose of the workshop clear to the participants. The presence of high officials from both GoB and JICA also showed the degree of cooperation between the Government of Bangladesh and Japan International Cooperation Agency.

The second part, *Plenary*, formed the main working session of the workshop. The plenary was divided into two parts. The first part was enriched with two useful presentations. And the second part was planned to demonstrate the diverse approaches and good practices in working with communities in health services.

The third part, *Open Discussion and Question-Answer* was the most interactive session in the workshop, particularly dedicated for opened interactive deliberation. Finally, the *Closing* session was to present the outcome of the workshop and generate commitment of the key decision makers for taking forward the outcomes.

2.1 Inaugural Session

The Inaugural session of the workshop formally rolled on at 9:30am with the Welcome Speech of Ms Yukie Yoshimura, Chief Advisor of Safe Motherhood Promotion Project. Dr. Md. Jahangir Alam, Director, Primary Health Care and Line Director, Essential Service Delivery of DGHS described goals, objectives and activities of the Safe Motherhood Promotion Project in his presentation which was followed by Mr. Kamaluddin Sarker, President, Khanabari (Mirjanagar) *Maa 'O Shishu Kalyan Parishad*. In the inaugural session Ms. Nobuku Suzuki Kayashima, Chief Representative, JICA Bangladesh; Prof. Dr. Hosne Ara Tashmin, Additional Director General of DGHS; Mr. Md. Abdul Qayyum, Director General of Family Planning was present as the Guests of honor. His Excellency Mr. Masayuki Inoue, Ambassador of Japan gave his speech as the Special Guest. The session was honored with the presence and speech of the Chief Guest Mr. Shaikh Altaf Ali, Hon'ble Secretary, Ministry of Health & Family Welfare of Government of Bangladesh. The inaugural session was concluded with the speech of the session Chair Mr. Md Abdul Mannan, Joint Chief, Planning, Ministry of Health & Family Welfare.

Welcome address by Yukie Yoshimura

Ms. Yukie in her welcome address explained the background and objectives of the workshop. She hailed the SMPP team of Narsigndi for their tremendous achievement in maternal health care services in their locality. She remarked that the Narsingdi people showed how the community with their commitment and dedication can make a big difference in saving mothers life and securing their children's future. Ms. Yukie thanked MoHFW and CARE Bangladesh for their whole hearted support to the project.

Dr. Md. Jahangir Alam, made an elaborate presentation introducing the Safe Motherhood Promotion Project's goal, purpose, strategies and major activities. He also showed the achievement, challenges of the project. He described that the project undertook two strategies: (a) Community-based Interventions and (b) Facility-based Interventions. The project relied mostly on the development of CmSS for community mobilization, along with other activities. Dr. Jahangir described the process of CmSS at two upazilas of Narsingdi. Finally he showed the major achievement and challenges of the CmSS.

Mr. Sarker in his speech shared their experiences of the context and reasons for which they formed CmSS in their locality. He also described how the child and maternal health has

"…reduction of maternal and neonatal mortality requires efforts both at community and facility levels…."
- *Prof. Dr. Hosne ara*

improved in their locality with the introduction of the project. After Mr. Sarker's presentation honorable guests, Chief Guest and Guests of Honor delivered their speeches.

Ms. Nobuku Suzuki Kayashima in her speech clearly mentioned that SMPP is designed to demonstrate feasible ways to make the government policies and strategies operational in the field and advocate lessons learned and challenges of the project to be reflected in the national policy development and be scaled up to other districts. She also explained JICA's role in this regard. She said, "JICA supports not only the government, who provides health services to the people but also to the people who receive and seek services". She noted, the uniqueness of CmSS of SMPP is involvement of local government to make a linkage between health facility and community. Finally she hoped success of the workshop.

Prof. Dr. Hosne Ara Tashmin spoke that although over the years, we have achieved much success in improving the standards of health care services and thus, reduction of maternal and child deaths, the Government of Bangladesh under the dynamic leadership of the Honorable Prime Minister Sheikh Hasina, is committed to supporting the efforts to further reduce the maternal and neonatal mortality in the country. She concluded her speech with requesting JICA to consider expansion of the project in other districts, especially the underserved and low performing districts.

Mr. Md. Abdul Quyyum in his speech mentioned that women have the right to have highest attainable level of physical and mental health, including the rights to special health care services during and after pregnancy and childbirth. As elsewhere around the globe, Bangladesh also perceives maternal mortality as the violation of women's right. Bangladesh government has therefore given highest priority in the area of maternal and child health. He noted that CmSS is a process to involve the community to identify their own problems and find appropriate solution. Development of CmSS may be an approach to raise community voice, and negotiate and demand for the services. Community support groups may also play a great role in operationalizing the community clinics. Finally he wished that the workshop would provide valuable recommendation for scaling up of this concept and effective operationalization of the community clinics.

"..Without active involvement of the community, it is not possible to improve the health service system.."
- *Mr. Md. Abdul*

His Excellency Mr. Masayuki Inoue, Ambassador of Japan gave his speech as the Special Guest. Mr. Ambassador said that Japan has been supporting the GoB with finance and technology in efforts achieving Milleniuum Development Goals. For example, Japan financed the re-building of the Maternal and Child Health Training Institute (MCHTI) in Azimpur, Dhaka and also provided medical equipments for

Speech by Mr. Masayuki Inoue Yoshimura

strengthening Emergency Obstetric Care (EOC) at nationwide as well as supports of human resource development.

He mentioned, the experience of Japan showed that grass root public health center was widely accepted by the people attributed to its geographical distribution and quality service. He hoped that community clinics in Bangladesh also can realize optimum utilization by the people, especially, the poor and marginalized, through ensuring necessary manpower, infrastructure, logistics, and most importantly, community support. he appreciated the SMPP because of its focus on to establish community supporting systems for helping motherhood and preventing death of babies in rural area, as well as to strengthen the Maternal and Neonatal Health service delivery system focusing on providing adequate Emergency Obstetric Care when a pregnant reaches a health facility. He also noticed that "the project is encouraging the involvement of community members to those system including Union Chairs, community council members, health workers and traditional Birth Attendants, which will be useful not only for safe motherhood, but also for whole community people in solving local problems of general health and even other issues." Finally he concluded his speech by saying that the whole community should participate and support safer motherhood. It is directly strengthening the "human security" and "gender" situation in this country. He hoped that participants would find out that Community Support System Operational Guideline developed by SMPP is useful, and consider it is relevant to be scaled up to all over this country through government of Bangladesh and other development partners.

Speech by the Secretary of MoHFW, Mr. Shaikh Altaf Ali

Mr. Shaikh Altaf Ali, Honorable Chief Guest of the workshop gave an inspirational speech on the occasion. He told, in countries like Bangladesh, the causes of maternal deaths are deeply rooted in the continuing low status of women. The health consequences of gender discrimination against women are reflected in many ways – early pregnancies, high risk pregnancies, adolescent pregnancies. This exposes young women to a much higher risk of maternal mortality even before they are biologically or socially ready to bear the demands of child bearing and child rearing. He commented that the goals of the safe motherhood initiative cannot be achieved until women are empowered and their rights to quality services are realized through greater

"The goals of the safe motherhood initiative cannot be achieved until women are empowered.."

- Shaikh Altaf Ali,

community participation and support. He stressed that the accountability of service providers has to be ensured and adequate investment of resources and energy to implement appropriate strategies for community participation has to be made. Finally, he hoped to build partnership to ensure that women no longer die giving birth and that safe motherhood is something that from now on, every woman can be assured of.

2.2 Plenary Session

After the Tea-break the first plenary session rolled on. The plenary session was divided into two parts. The first part discussed the Community Support System and the second part discussed issues related to health inequity and community participation. The first part of the plenary begins with a short introduction by the session Chair Dr. Zakir Hossain, public health researcher and ex-Director, Primary Health Care, DGHS. Dr. Nuruzzaman, Program Manager, Behavior Change Communication, DGHS acted as the Co-Chair of the session.

Presentation by Dr. Jahangir Hossain, CARE Bangladesh

This first part of the plenary was dedicated to discussing the detail of the Community Support System. Dr. Md. Jahangir Hossain, Program Director Health of CARE Bangladesh presented his keynote paper titled *"Community Support System: Addressing the Demand Side Issues and Promote Good Governance in Public Health Services"* to the audience. There was another important presentation titled *"CmSS Operational Guidelines: Key Steps and Its Facilitation Tools"* made by Mr. N K Muni, SMPP Consultant.

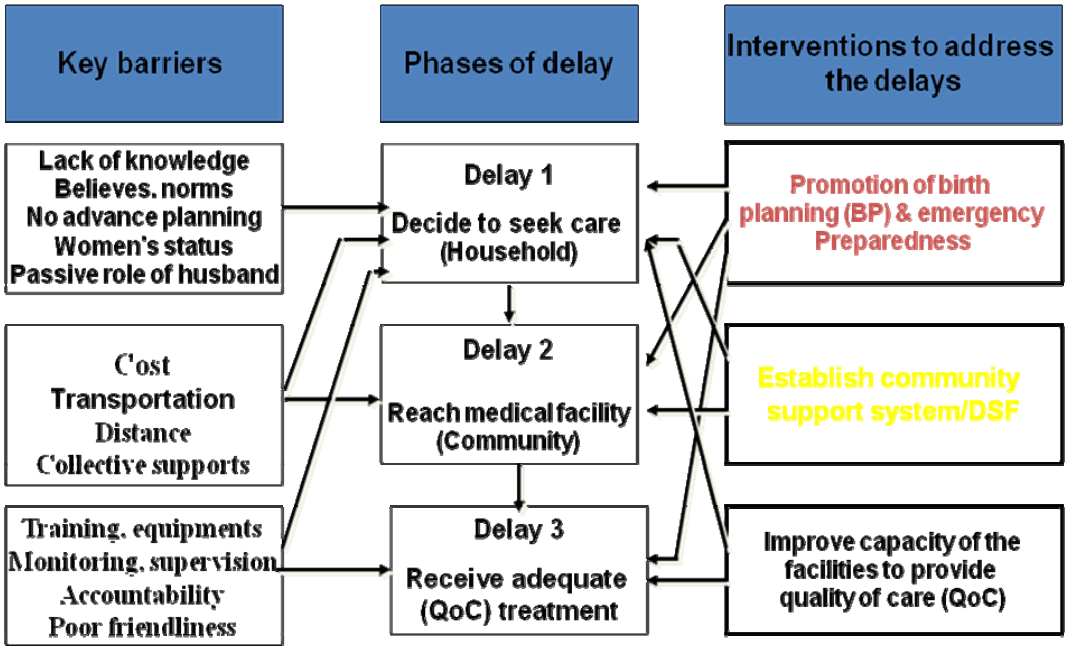

Figure 2: Three Delay Model

Dr. Jahangir in his presentation argued with clear evidence that the inequity is the fundamental challenge for the maternal health service. He also argued, significant reduction of maternal death is possible if all women are ensured access to the skilled birth attendant (SBA) and emergency obstetric care (EmOC) services for those who develop obstetric complications. He explained the "Three delays Model" was composed with an overview of maternal health, reasons of three delays and showed that the CmSS identify and remove barriers that lies between poor women and health facilities. The presentation also explained the principles of building a sustainable CmSS. Finally, the presentation concluded that the CmSS approach can be integrated with Community Clinic.

Steps in Establishing CmSS

- **Step 1: Select the area of villages**
- **Step 2: Identify Community Facilitators**
- **Step 3: Prepare Community Facilitators for conducting community diagnosis**
- **Step 4: Conduct community diagnosis**
- **Step 5: Share findings with the selected community members to sensitize them**
- **Step 6: Hold village meeting to be led by community facilitators**
- **Step 7: Formation of a CmSS**
- **Step 8: Implement the Community Support System**
- **Step 9: Disseminate Information about the CmSS**
- **Step 10: Provide Follow-up and Monitoring**

Mr. N. K. Muni's presentation covered technical aspects of CmSS. More specifically, he explained newly developed CmSS operational guidelines based on the experience of SMPP in Narshingdi district. Mr. Muni argued that an effective CmSS could enhance transparency and accountability at the grassroot level.

Dr. Emdad was describing the *Chowgachha Model* of community participation

After the presentations floor was announced open for question and discussion on the papers. Many participants took part in the discussion.

During the open discussion, Dr. Izaz wanted to know about the relationship between the UP and the CmSS, and

how the CmSS model can be replicated in the urban area.

Chairman of Danga Union of Palash sharing his experiences

Dr. Abdur Rashid, UHFPO, Monohordi Upazila commented that GoB staff are also working in the community side-by-side with CmSS for social and community mobilization, and refering pregnant women with complications at the facilities. It is therefore very difficult to say that increased utilization of services is the impact of CMSS alone

Mr. Abdul Malik, CmSS Member from Sylhet shared their experience of forming CmSS with support from CARE Bangladesh in Sylhet during 2002-2005. He suggested that the CmSS activities should be taken care by government or local government agencies otherwise the CmSS might not sustain after the phase out of the project.

Dr. Mahbubur Rashid of JEEBIKA project wanted to know what kind of role CmSS is playing in reducing abortion in the rural areas.

Mr. Abdur Razzak, Upazila Family Planning Officer of Monohordi pointed out that the involvement of Upzilla Health and Family Planning Officers have not been ensured in the SMPP. Besides, he also said, UPIC meeting at Monohardi is not being held for a long time although it has been scheduled for quarterly.

Dr. Salahuddin, Civil Surgeon, Jessore said that we must appreciate the CmSs, as CmSS is working very well in Jessore. He commented that it is not the issue of debate between CmSS and Government; rather we must see that they are complementary to each other.

Participants sharing their experiences

Md. Abdus Sadek, Chairman, Rajanagar Union Parishad demanded that the local level people's representatives should be given chances to raise their concerns and experiences to the policy makers through this workshop. He also demanded that the CmSS should be

provided with some office space for their regular meeting and coordination. He again expressed his concern that presence of medical officers has to be ensured at the facilities.

Mr. Chairman of Chalakchar Union Parishad commented that doctors are not found available 24 hours at UHC for EOC services. However there are *dalals* who mislead patients and take them to private clinics. Therefore, 24 hours emergency EOC care has to be ensured by the government.

After a very interactive session of open discussion the second part of the plenary began. In this part Plan Bangladesh, Chowgachha UHC, BRAC Community Clinic, Comilla and SMPP representatives presented their experiences of working with communities to the audiences.

Plan-LAMB presented their experiences of implementing community based initiatives in Lalmonirhat and Dinajpur. Dr. Emdad Junior Consultant, Obstetric and Gynaecology, Chowgachha Upazila Health Complex shared unique experiences of community participation in the development of health system at local level. Sharmina Nasreen of Bramanpara Community Clinic described how they formed community clinic with the help of BRAC. Chairman of Daulatpur Union of Monohordi Union Parishad pointed some specific claims to make CmSS functional i.e. 24-hour availability of doctors at the EOC center, continuous community mobilization, awareness raising and support from CARE Bangladesh.

Having the presentation completed, participants were invited to take part in the open discussion. At this stage, Chairman, Danga Union Parishad of Palash Upazila, and Ms. Tahmina Akter Lyli, Vice-chairman of Palash Upazila Parishad took part in the discussion.

At the end Dr. Zakir Hossain concluded the session with his closing remarks. In the closing remarks Dr. Zakir said that the women, particularly the poor women live in marginalized situation; they are the most affected during disaster, recession or any other crisis period. They do not have network and support. He praised the CmSS because of its contribution to provide the poor women with financial and other supports, information and linkage with the greater community and service providers.

2.3 Open Discussion Session

The post-launch session took place differently than it was planned. In response to the demands of the participants the post-launch session was designed as an Open Discussion and Question- Answer Session. Dr. Jafar Ahamad Hakim, Director MCH-S and Line Director MC&RH of DGFP Chaired the session and Dr. M. Abdus Sabur, Team Leader, PSO and Dr. Nuruzzaman, Program Manager, BCC, Co-Chaired the session.

Session chair and co-chairs are on the stage of Open Discussion Session

Mr. Oliullah from Koira Khulna pointed out that Sundarban region is an underserved area, SMPP project should be implemented in those areas. He also suggested that the Community Clinic Support Group can play the role of CmSS. Besides, he also opined for forming a committee for the management of Union Health and Family Welfare Center.


Posters in the Workshop

Mr. Akhter Hossain of Doani Village, Char Dighalia union, Narsigndi suggested that the CmSS should be provided with office space.

Civil Surgeon Narsingdi opined that it would have been better if the CmSS groups were integrated with the CC management. He also suggested that the CCs could provide the CmSS with the required office space/ meeting place.

Abdul Malek from Moulivibazar said that there is no scope for participation of common people in the policy making at Upazila that has to be created. In addition, there has to a mechanism in place to ensure accountability of service providers at upazila level.

Ms. Firoza Yeasmin Daisy, the vice-chairperson of Shibpur UzP, Narsingdi said that all unions of an upzila should be taken under the project instead of

picking up few. It is because the people living in the areas where the project is not being implemented found them deprived in relation the areas where project is being implemented. And as a people's representative it creates embarrassment for them.

Participants asking questions in the Open Discussion and Question-Answer session

Adv. Umme Salma Maya Vice Chairperson of Narsindi UzP requested the project planner to extend the project activities in hard-to reach areas, particularly in remote char areas. Begum Hena Ahmed, Vice-Chairman Belabo UzP stressed on the same point.

One person from Putia Union Parishad said that in his union the Union Family Health Welfare Center has been occupied by police for years. He wanted to know what does government law say about it and why the DGHS is not utilizing it for the purposes it was made.

Ms. Saki Khandakar from Plan Bangladesh raised some broader issue related with health and people's participation. She suggested that government has to strengthen the local government in general in terms of resources and authority. At the same time she also suggested to utilize the Local Level Planning of UzP provision for making local health planning.

The Chairman of Danga UP suggested that local popular form of entertainment such as Kirtan, Jareegaan can be used to disseminate health messages.

Muslehuddin Khan Sentu, Chairman, Narayanpur UP stressed on the point that MBBS doctors have to be provided at the union level facilities.

Fakhrul Islam, Chairman, Polash UzP, Narsingdi raised the issue of accountability of health professionals at the upazila level. He commented that he never found all doctors available at UHC on any day. And the medical supplies have also need to be audited regularly.

Mr. Salahuddin Adel, Chairman, Paratoli UP, Raipur described to the audience how difficult it is to get a pregnant mother from a remote village to a UHC in her emergency, He suggested that remote CmSS should be provided with speed boat or engine boat for giving ambulance service.

Mr. Kamaluddin Ahmed, CmSS member of Raipur stressed on continuous coordination between NGOs, Government and Donors.

Prof. Shah Monir Hossain, DGHS to the workshop participants:

- Shortage of health professionals will be immediately filled up
- Community Clinics will be at the center in Government's health intervention plan
- NGOs cannot be left alone with full responsibility of health services

Dr, Razzakul Alam of Plan Bangladesh questioned the overall health service structure and stressed on the point of total reorganization. He also suggested that at the grassroots all GO, NGO health service providers can be coordinated through CC.

Besides, Mr. Mostofa Kamal, ADC Narsingdi, Mr. Shafikul Islam Kamalganj and Civil Sergeon Jessore and Ms. Jetley, Chief Advisor of CARE Bangladesh took part in the Open Discussion session.

Mr. Mostofa Kamal spoke that people are not aware of what services are available in government health service centers, thus massive awareness campaign has to be taken through different media.

Dr. Salah Uddin Khan, Civil Surgeon, Jessore shared his experience how he, along with his colleagues, built the Chowgachha Model through public private partnership. He stressed that it is the service providers who have to come forward to embrace the community support. He mentioned, *Chowgachha Model* shows if we, the service providers, work with transparency, commitment and accountability communities would support us.

Ms. Jetley said that CARE Bangladesh is happy to be the part of the program. CARE has a long tradition to work with community. And the experience shows that the communities are full with creativity and they know how to solve their problem. We can facilitate them to work on their own ways of exploring opportunities.

Dr. Pulin Kular Sing, CS Narsingdi in his short discussion commented that we need to take into account our resource limitation, thus maximization of existing resources have to be made with the highest professionalism.

Dr. M Abdus Samad Sikder, DD-FP, Narsingdi in his presentation raised some important questions for example, why don't we go for coordination between health and family planning departments, and who will be the head of the CC.

The Open Discussion was very vibrant, full with deliberation, questions, comments and

Speech by Ms. Zotalis of CARE Bangladesh

suggestions. At the end of the session Dr. Sabur the Co-chair of the session made his comments on the questions and issues raised in the session. He said to the audience that we must not forget the shortage of skilled workforce and nobody can produce them in a month or year. It takes time. He also said that reduction of MMR will not be possible without community participation.

Concluding Speech by Prof. Dr. Shah Monir Haossain, Director General of Health Services

The session as well as the whole workshop was concluded with the speech of the Special Guest Prof. Dr. Shah Monir Hossain, Director General of Health Services. In his speech he addressed the issue of severe shortage of doctors and Health Assistants in government health service and explained the plan of the government how they are going to address it. He informed the audience that in coming years Community Clinics will be a thrust point for the Government health and family planning intervention to communities. Government is going to build Community Clinics in all areas in Bangladesh. He said that it would be a great mistake if we plan to provide health services by NGOs, because, there is no accountability for NGOs. He proposed posting green flag at the house-top of pregnant women's house so that they can be easily located and known to others that there is a person who might need emergency services. He also mentioned that health and family planning services, the two directorates of MoHFW are not separate. Finally he concluded his speech and the workshop by appreciating CmSS as an effective approach for community participation in health care and stressing on working all stakeholders together.

PART 3: OUTCOME OF THE WORKSHOP

Recommendations and suggestions are the prime and tangible outcomes of the workshop. Indeed, the workshop produced a great amount of intangible outcomes too. Intangible outcomes include confidence gained, experience shared and network built amongst the participants. It was observed that the participants representing community level initiatives had been very happy and looked confident at the end of the workshop. The exposure, participation, sharing enhances participant's morale too. In addition, the workshop heightens motivation of all stakeholders through dissemination of the contribution that the project is making to the millions of people in the rural areas in Bangladesh. Indeed, the main contribution of the workshop to the project was a set of recommendations and suggestions.

The workshop outcomes include all identified weaknesses, recommendations and suggestions that were made in different speeches, presentations, suggestions, and recommendations made in and during Plenary and Question and Answer sessions made by different guests and participants. Since the workshop was participated by representatives from all stakeholder groups of the *Safe Motherhood Promotion Project*, recommendations and suggestions reflected the interests, demand and realization of those diverse groups. However, in order to highlight the essence of all weaknesses, suggestions and recommendations, they are summarized in this report under couple of sub themes as follows:

3.1 Major Issues Discussed in the Workshop

The participants, mainly the frontline workforce of the project, CMSS members and elected local government representatives, identified several areas that require immediate steps to strengthen. These areas are as follows:

1. **Absenteeism of Health Professionals:** The success of the Safe Motherhood Project depends on the quality services provided by the health professionals from the government service delivery points such as Union Health and Family Welfare Center and Upazilla Health Complex. However, the participants report that in most centers in remote rural areas health professionals, especially the physicians remain absent very often. Due to their absence patients find no reliable service providers to attend the complications at the center, as a result of which apathy to the government service centers grows amongst them and stop going there.

2. **Lack of Accountability**: The participants report that the health professional, especially the doctors, are not accountable to local authorities and communities. One UP female

member describes, “nobody can hold them accountable; doctors themselves decide when they would come to the center and when they wouldn’t.”

3. **Lack of Resource to Meet Emergency:** It is found, as the participants presented, that due to lack of resources like vehicles (e.g. ambulances, speed boats, vans) lives of many mothers could not be saved. The participants said that in most of the union CmSS does not possess any faster human-hauler. In some places the committee, with support from the respective union parishad, managed to buy a tricycle-van, however on the rural *kancha* road van is not enough fast to handle the emergency. Secondly, in some places like *char and haor* van does not work. In that case people do need vehicle like speed boat or engine-boat to drive on the water-ways. The participants also noticed that in many cases ambulances of Upazila Health Complex remain non-functional for months so that they could not respond to the emergency needs of the community.

4. **Sustainability of the Project:** The participants spend a good amount of time on discussing sustainability of the project. Regarding sustainability several models were discussed such as Chowgacha model, BRAC’s Public Private Partnership Model etc. However, most of the speakers stressed that CmSS is needed to be integrated in the GoB’s existing program.

5. **Relation between Local Government and CmSS**: Many participnats raised the issue of how to strengthen the relation between local government bodies and CmSS, They acknowledged that most of the CmSS have been benefited from enormous support from the respective local government bodies, however, it is seen that the support and coordination is provided mostly because of the personal interest of a UP chairman or member. To make the relation strong and effective, institutional relationship has to be built.

3.2 Recommendations regarding Governance

1. Despite of the provision on paper, at the moment, except for the Community Clinics, no community based management committees are functioning. Thus, participants suggested that community based management/coordination committees has to be made reorganized, functional with appropriate authority over service providers and CmSS members have to be represented in those committees. Particularly, institutional arrangement has to be made for incorporating CmSS members in the committees related with UHC and Union Health and Family Welfare Center.

2. Participants suggested that government should rethink the way the CC will be running in coming days. They said it is seen in the near past that the CCs were left with no attention from the community and government. They were abandoned. According to the participants from the community level, it happened because of absence of a participatory

community based watchdog committees at the community level. Thus, the precise suggestion in this regard is to give the responsibility to the CmSS to make CCs functional.

3. It has been acknowledged by the government and nongovernment stakeholders that the CmSS model is an effective model for ensuring safer health for the pregnant mothers. However, the large scale contribution of the model to the national level can be made if the model is adopted by the government. Thus, the Government should take responsibility to integrate CmSS model in its existing programmatic framework.

4. Government should take measures to ensure the presence of doctors at Upazila and Union levels. Particularly, doctors should be available 24 hours at the UHC for providing emergency obstetric care services.

5. Participants suggested that the elected local government officials of both upazila and union parishad be engaged in respective union health centers. Institutional mechanism has to be introduced immediately for involving elected Local Government Representatives.

6. Accountability and transparency has to be ensured at the UHC in planning, targeting and procurement. The Upazila Parishad should be in charge of coordinating and supervising the activities of the UHC. Particularly, the parishad should regularly monitor the EoC services.

7. Local Level Planning process that is already in place can be revived. With the special focus on Health Planning, Upazila Health Plan can be developed with community participation under the leadership of upazila parishad.

8. In addition, under the leadership of standing committee the Upazila Parishad a civic forum can be formulated with participation of local level political parties and local civil society organizations to regularly supervise and monitor the MNC health status in the locality

9. At the grassroots, all health and family welfare activities and initiatives undertaken by government and nongovernment agencies has to be coordinated centering the existing community clinics.

3.3 Recommendations regarding Resource Mobilization

1. Since the CmSS has resource constraint, particularly it does not have any office premise to coordinate and conduct meeting regularly, thus, it is recommended by most of participants that the existing Community Clinics can provide CmSS with the spaces so that they can meet in specific place.

2. Most of the participants suggested that the JICA should not withdraw its support at the moment and take some new areas for implementation of the program.

3. The government should take immediate step to fill the vacant positions in Union Health and Family Welfare Centers and UHC with appropriately skilled health professional.

4. In meeting the resource constraints the *Chowgachha* model can be appreciated which demonstrates how local elites particularly the business community can be incorporated in building health system at the local level.

5. For the areas which are remotely located in the *char* and *haor* extra resources have to be provided. For example, in some villages in Narsingdi there is no means of communication other than boat. Therefore, in order to provide emergency obstetric services to the pregnant mothers some kind of speed boat or engine-boat is needed. So the project and/ or government should provide enough resources for procuring this kind of vehicle.

6. Continuous resource flow should be ensured for providing training to the health professional like Birth Attendants, FWVs, HAs.

3.4 Recommendations regarding Sustainability

1. In order to ensure the sustainability of the CmSS model the government has to integrate the idea within its Upcoming Health Policy and CC management guidelines. The MoHFW in collaboration with the MoLGRD CmSS model can be implanted within the activities of UP and UzP.

2. It is found that the there is a great deal of similarity between existing Community Groups for the Community Clinic management and CmSS. In addition, to sustain the CmSS, it can also be engaged in delivering other social awareness like water and sanitation, education and so on.

3. The sustainability of CmSS largely depends on the quality of services provided by the upazila and union health centers. Because the CmSS acts only as the intermediate actor between the mother and service provider. Thus the sustainability will be ensured once the quality service delivery is ensured. For this, doctors have to be placed for 24 hours in service points, particularly at union and upazila level.

4. Since the safe motherhood is not mere health issue, the CmSS has to be interlinked with other service providers – both GO and NGOs at the grassroots. The high rate of maternal death is the result of existing inequity in the society, therefore, women empowerment issues has also need to be addressed.

5. Traditional forms of popular entertainment such as *Kobigaan, Kirton, Jaree* etc. can be utilized to help raise health awareness amongst in rural population. Inclusion of health components in various modes of rural entertainment can have long term positive health impact.

3.5 Recommendations regarding Further Expansion of the Project

1. Most of the participants suggested extending the project activities in under-privileged communities and hard-to-reach areas such as the coastal, char and hilly regions.

2. Most of the elected officials who participated in the workshop suggested including all unions, instead of selected unions, under the project so that no discrimination is created between project and non-project unions.

Annex 1: Program Schedule

9:00	**Registration**
9:25	**Recitation from the Holy Quaran**
9:30	**Welcome address** ***Ms. Yukie Yoshimura, SMPP Chief Advisor***
9:35	**Presentation on Safe Motherhood Promotion Project** ***Dr. Md Jahangir Alam, PHC & Line Director Essential Service Delivery, Directorate General of Health Services***
9:50	**Remark from CmSS representative of SMPP**
10:00	**Speech of Guest of Honnour** ***Ms. Nobuko Suzuki Kayashima, Chief Representative, JICA Bangladesh*** ***Prof. Dr. Hosne Ara Tashmin, Additional Director General of Health Services*** ***Mr. Md Abdul Qayyum, Director General of Family Planning*** **Speech of Special Guest** ***H.E Mr. Masayuki Inoue, Ambassador of Japan*** **Speech of Chief Guest** ***Mr.Shaikh Altaf Ali, Hon'ble Secretary, Ministry of Health & Family Welfare*** **Speech of Chairperson** ***Mr. Md Abdul Mannan,Joint Chief, Planning, Ministry of Health & Family Welfare***
11:00	**Tea break**
11:30	Session 1: Community Support System (CmSS) ▪ **Concept of CmSS, its achievements and experiences** ***Dr. Md Jahangir Hossain, Program Director- Health, CARE Bangladesh*** ▪ **CmSS operational guidelines: key steps and its facilitation tools** ***Mr. N K Muni, SMPP Consultant*** ▪ **Open Discussion**

12:00	Plenary Session 2: "Addressing Inequity in the Health sector" --- Voices from the community **Chair: Dr. Md Jahangir Alam, PHC & Line Director Essential Service Delivery, Directorate General of Health Services** **Co-chair: Ms. Khushi Kabir, Najarakori** ▪ **Plan Bangladesh (Community Clinic)** ▪ **Chawgacha UHC, Jessore (Local Govt. support for health facility)** ▪ **Bramanpara Community Clinic, Comilla (BRAC)** ▪ **SMPP (Local Govt. support for CmSS)** ▪ **Open Discussion**
13:00	**Lunch**
14:00	Plenary Session 3: "Community participation in Maternal & Neonatal Health" --- lessons learned, challenges and the way to overcome **Group work:** **Chair: Dr. Jafar Ahamad Hakim, Line Director MCH, Directorate General of Family Planning** **Co-chair: Dr. M Abdus Sabur, Team leader, PSO** ▪ **CmSS: lessons learned, challenges and the way to overcome** ▪ **Community Clinic: lessons learned, challenges and the way to overcome** ▪ **Roles of Local Government to improve MNH in the community**
14:45	**Presentation of the group works** **Open Discussion**
15:30	**Tea break**
16:00	**Conclusion of the workshop: recommendations and future actions** ***Mr. Md Abdul Mannan, Joint Chief, Planning, Ministry of Health & Family Welfare***
16:25	**Remark of Country Director CARE Bangladesh** ***Mr. Nick Southern***
16:30	**Closing speech** ***Prof. Dr. Shah Monir Hossain, Director General of Health Services***

Annex 2: Speeches in the Inaugural Session

Welcome Address by Ms. Yukie Yoshimura

Chief Advisor, Safe Motherhood Promotion Project

- Honorable Chief Guest, Mr. Shaikh Altaf Ali, Secretary, Ministry of Health and Family Welfare
- Honorable Special Guest, HE Mr. Masayuki Inoue, Ambassador of Japan
- Distinguished Guests of Honor
- Media representatives
- Participants
- Ladies and Gentlemen

Good Morning!

I welcome you all to this Workshop organized by Ministry of Health and Family Welfare, JICA and CARE Bangladesh jointly. I am happy to be here today and celebrate with you. Do you know why we celebrate? One reason is because tomorrow is the Bangla New Year. There is another reason to celebrate, especially with Narsingdi people and SMPP team. The following presentation will explain to you clearly that Safe Motherhood Promotion Project has made remarkable achievements in Narsingdi. So, we should celebrate. And, I am proud of you all who work very hard in the field to make Narsingdi a model for maternal and neonatal health. I hope Narsingdi people also feel proud of your achievements, your dedication and devotion to the community people. Without your commitment it was impossible.

Taking this opportunity, I also want to thank to the guests who are sitting in the dais. Your support and guidance encouraged us and made us possible to reach to this satisfactory end. However, we need more support from you to advance further in Narsingdi and replicate our success to other districts as well.

This workshop is not merely sharing SMPP's experiences and lessons learnt. We are also eager to learn from other good practices available in the country. The main theme we selected is very important, which is "Community Mobilization." Let' discuss about it, learn from each other, and work together. Together we can make a big difference!

Thank you very much.

Speech by Ms. Nobuko Suzuki Kayashima

Chief Representative, Japan International Cooperation Agency

It is a great pleasure for me to be present here on this workshop of promoting safe motherhood in rural area. I would like to express my sincere appreciation to the Ministry of Health and Family Welfare for jointly organizing such a significant workshop with us.

JICA's cooperation in Bangladesh has been from 1973, and health sector has always been the priority area. Infectious diseases and recently health system strengthening are the focus areas, but especially the maternal and child health is the most high priority area because of high burden in the country as well as global priority issue set as the MDGs.

Safe Motherhood Promotion Project (SMPP) is a project of Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh technically assisted by JICA in partnership with CARE Bangladesh. SMPP supports the government policy to target women and children in their most vulnerable periods: maternal and neonatal. As a pilot project, SMPP is designed to demonstrate feasible ways to make the government policies and strategies operational in the field and advocate lessons learned and challenges of the project to be reflected in the national policy development and be scaled up to other districts.

In this project, JICA supports not only the government which provide health services to the people but people who receive and seek services. Even if the government system is strengthened, the intervention to the local people is essential to make them benefit from service provided. Community Support System (CmSS), which is introduced to you today, is a mechanism for establishing a system at the community level, through collective efforts of the people, which aim to provide support to pregnant women during any obstetric emergency. Establishing community support system (CmSS) is proven to be effective for timely referral of women with obstetric complications through ensuring innovative community funds, transportation, blood donations etc. SMPP also learned that the linkage with health facilities and local government is essential for CmSS to ensure access to necessary health care and its institutionalization and sustainability. I recognize that the uniqueness of CmSS of SMPP is involvement of local government into linkage between health facility and community.

Today we will discuss how to strengthen community participation for health service utilization through examining several leading experiences in Bangladesh. I am very glad to see strong commitment and leadership of MoHFW to learn lessons from those practices for making further strategy, such as community clinic operationalization.

I hope the workshop to be successful and MoHFW and participants will be able to find out fruitful result after the workshop.

I am a mother who has two children. Delivery of babies is a wonderful event in life for a woman. I strongly hope that the discussion in this workshop results in reflection to the strategy to improve the health status of mothers and children.

JICA has been supporting many other countries in Asia and Africa to improve maternal and neonatal health. We would also like to learn from the experience in Bangladesh to reflect the lessons to our cooperation in other countries through today's workshop.

Thank you all.

Speech of Prof. Dr. Hosne Ara Tashmin

Additional Director General, Directorate General of Health Services, Government of Bangladesh

- Honorable Chief Guest, Mr. Shaikh Altaf Ali, Secretary, Ministry of Health and Family Welfare
- Honorable Special Guest, HE Mr. Masayuki Inoue, Ambassador of Japan
- Distinguished Guests of Honor
- Media representatives
- Participants
- Ladies and Gentlemen

Assalamu Alaikum and Good Morning

It gives me great pleasure to attend the inaugural session of the workshop where the participants would discuss the community support system, and operationalization of the community clinics to come up with recommendations to the policy makers for change.

The Government of Bangladesh, under the dynamic leadership of the Honorable Prime Minister Sheikh Hasina, is committed to supporting the efforts to further reduce the maternal and neonatal mortality in the country. Over the years, we have achieved much success in improving the standards of health care services and thus, reduction of maternal and child deaths.

For instance, maternal mortality has declined from 574 in 1990 to 320 per 100,000 live births in 2001. Although, we don't have any reliable data for 2008 to estimate the maternal mortality ratio, it is expected that the maternal mortality has further declined with the government's efforts and support from the development partners. However, this is not enough. To achieve the MDG 5 we need to work more and continue our efforts to bring down the MMR at 143 by 2015.

On the other hand, Bangladesh is on track to achieve the MDG 4, the reduction of under-five mortality by two thirds by 2015. Although under-5 mortality has declined from 133 during 1990s to 65 per 1000 live births, decline in neonatal mortality is the slowest amongst the under-5 age groups.

Reduction of maternal and neonatal mortality requires efforts both at community and facility levels. Bangladesh Demographic and Health Survey 2007 data indicates that there is disparity in utilization of services between rich and poor. We need to reduce the gap. Otherwise, it would be very difficult to achieve the reproductive health goals as set by the government.

CmSS are being developed by the community themselves with the technical assistance from CARE Bangladesh. These are the self help groups. They provide information and necessary support to the poor pregnant women and their families for getting services during needs. I believe this could be an effective strategy to reduce the gaps between rich and poor. We appreciate CARE Bangladesh to support such initiative.

I would like to say a few words about the Safe Motherhood Promotion Project, technically and financially supported by JICA. Recently, I had an opportunity to visit the project at Norsingdi. The project is a combination of facility and community based interventions.

JICA is providing support for renovation of the facilities and necessary equipment and human resources development to improve the quality of obstetric care services. The community leaders have taken active role under the project. They organize male gathering and provide information on safe delivery and newborn care. Pregnant women and their family members also receive orientation on birth planning.

Some of the Union Parishads have taken remarkable initiative to support the health facilities, such as renovation, providing furniture and emergency transport. I believe if such kind of community mobilization is possible in all other districts, it would not be difficult to achieve the MDG goals.

We are grateful to JICA for supporting this project. Simultaneously, I would like to take the opportunity to request JICA to consider expansion of the project in other districts, especially the underserved and low performing districts. I hope JICA would consider this issue positively in their next planning phase.

I look forward to hearing the recommendations of the participants at the end of the workshop. I believe they will come up with realistic and feasible recommendations to expand CmSS in other areas and to operationalize the community clinics.

Thank you.

Speech of Mr. Abdul Qayyum

Director General of Family Planning, Government of Bangladesh

- Honorable Chief Guest, Mr. Shaikh Altaf Ali, Secretary, Ministry of Health and Family Welfare
- Honorable Special Guest, HE Mr. Masayuki Inoue, Ambassador of Japan
- Distinguished Guests of Honor
- Media representatives
- Participants
- Ladies and Gentlemen

Assalamu Alaikum and Good Morning

It is a matter of great pride that Bangladesh has achieved remarkable progress in reproductive health during the last decades. There is substantial increase in contraceptive prevalence rate with simultaneous decline in fertility rates. There is reduction of maternal and infant mortality as well. Still population growth, maternal and neonatal mortality are the major health problems in the country. If we cannot address these issues with effective means, it would tremendously affect the overall development of the country.

Women have the right to have highest attainable level of physical and mental health, including the rights to special health care services during and after pregnancy and childbirth. As elsewhere around the globe, Bangladesh also perceives maternal mortality as the violation of women's right. Bangladesh government has therefore given highest priority in the area of maternal and child health.

Availability of skilled, competent and confident service providers is essential for providing quality services. About 85% of the deliveries are conducted at home and majority by unskilled persons. To provide timely life-saving emergency obstetric care services at the health facilities, it is essential to have linkage with the community. Community support system may bridge the gap through improving awareness of the community, arranging transportation and providing other necessary supports to the pregnant women.

One of the important strategies for reduction of neonatal mortality is immediate newborn care. This has to be achieved through community education and services by the skilled birth attendants and field workers. I believe community support groups can play great role in making linkage between the community and service providers.

It has long been realized that without active involvement of the community, it is not possible to improve the health service system. Gaps between poor and rich need to be addressed. Community needs to be involved in every step, from planning to implementation. CmSS is a process to involve the community to identify their own problems and find appropriate solution. Development of CmSS may be an approach to raise community voice, and negotiate and demand

for the services. Community support groups may also play a great role in operationalizing the community clinics.

We thank CARE Bangladesh for helping us in guiding the development of CmSS. We express our deep appreciation to JICA for supporting the Safe Motherhood Promotion Project to ensure women's right to safe delivery and childbirth. We hope JICA would positively consider expansion of the project in other areas of Bangladesh based on learning from this pilot phase.

This workshop is hosting participants from the community who are directly involved in the support system development, its operationalization and management. I hope this workshop would provide valuable recommendation for scaling up of this concept and effective operationalization of the community clinics.

It is great honor for me to be a part of this event. I am sure the government would greatly benefit from the recommendations of the participants, especially the elected persons of local government and community people.

I wish grand success of this workshop and look forward to seeing the workshop recommendations.

Thank you.

Speech of His Excellency Mr. Masayuki Inoue

Ambassador of Japan in Bangladesh

It is a great pleasure for me to be present here on this workshop of promoting safe motherhood in rural area. I would like to express my sincere appreciation to the Ministry of Health and Family Welfare and to the JICA for organizing such a significant workshop.

In Bangladesh, health service delivery and health status of the people have been significantly improved over the three decades. For example, infant mortality rate is drastically getting down. However, regarding the UN Millennium Development Goals (MDGs), maternal mortality rate is still high. Further measures should be taken. Appreciating the efforts by the government of Bangladesh, Japan has been providing assistance in this area. For example, Japan financed the re-building of the Maternal and Child Health Training Institute (MCHTI) in Azimpur, Dhaka. Japan provided medical equipments for strengthening Emergency Obstetric Care (EOC) at nationwide as well as supports of human resource development.

In this connection, JICA has started a technical assistance project called ”Safe Motherhood Promotion Project” in Narsingdi three years ago. This pilot project along with the Bangladeshi government’s “Health Nutrition Population Sector Program (HNPSP)” is trying to establish community supporting systems for helping motherhood and preventing death of babies in rural area, as well as to strengthen the Maternal and Neonatal Health service delivery system focusing on providing adequate Emergency Obstetric Care when a pregnant reaches a health facility. Under the community supporting system, antenatal care and birth planning for families with pregnant women are facilitated and better supports for emergent transportation to hospitals and micro-credit are also being mobilized by community itself.

The current Government has committed to reactivate community clinics. The experience of Japan showed that grass root public health center was widely accepted by the people attributed to its geographical distribution and quality service. I hope that community clinics in Bangladesh also can realize optimum utilization by the people, especially, the poor and marginalized, through ensuring necessary manpower, infrastructure, logistics, and most importantly, community support.

In addition, the project is encouraging the involvement of community members to those system including Union Chairs, community council members, health workers and traditional Birth Attendants (TBA). Such a community supporting system will be useful not only for safe motherhood, but also for whole community people in solving local problems of general health and even other issues.

Ladies and Gentlemen,

The diseases and deaths related to pregnancy and delivery are sometimes reflecting the fragile position of women in local communities. I hope that the whole community will participate and support safer motherhood. It is directly strengthening the “human security” and “gender” situation in this country.

I understand that in today’s workshop some good practices including JICA SMPP Project, which illustrate doable approaches to strengthen community participation to health improvement, will be discussed. Each approach might have its own uniqueness - I do hope that participants will find out that Community Support System Operational Guideline developed by SMPP is useful, and consider it is relevant to be scaled up to all over this country through government of Bangladesh and other development partners.

I would like to conclude my speech by wising today’s workshop will be a good opportunity to discuss how the community supporting system to be contributing to the better health and family welfare in Bangladesh.

Thank you very much and good day to you all.

Speech of Mr. Shaikh Altaf Ali

Secretary, Ministry of Health and Family Welfare, Government of Bangladesh

- Honorable Special Guest, HE Mr. Masayuki Inoue, Ambassador of Japan
- Distinguished Guests of Honor
- Respected Participants, especially community representatives
- Media representatives
- Ladies and Gentlemen

Assalamu Alaikum and Good Morning

I would like to thank my colleagues of MOHFW, JICA and CARE Bangladesh for organizing such an important workshop for sharing the practical field experiences of promoting Communuity Partcipation in Health. I would also like to welcome you all here for attending this important and unique workshop. I would also like to welcome all community volunteers, who participated from different part of Bangladesh including Narsingdi districts. We are very pleased that you were able to be part of this workshop.

The Government of Bangladesh is very proud of our friendly relationship with Japan. We appreciate the suppport that Government of Japan provides to the people of Bangladesh in different sectors including Health. Today's workshop is extremely important for us as the Government of Bangladesh is committed to make the community clinic functioning and effective. The essence of community participation is in-built within Community Clinic approach.

If we go back in history to 1978, the historic Alma Ata Conference on Primary Health Care became the turning point in the promotion of "Health for All". Mother and Child health were identified as one of the essential elements of primary health care.

Since independence, over the last four decades there have been major achievements in some areas of health development both globally and in Bangladesh. Smallpox has been eradicated, the major epidemics of plague and cholera are largely over, and most children today are protected from childhood diseases through Expanded Program on Immunization (EPI). Infant deaths have declined significantly and people are living longer.

However, despite many major achievements in health, there are still great health challenges, most importantly the large number of women in our country continue to die from preventable causes related to Child Birth. The rate of maternal deaths in Bangladesh is *320 per 100,000 life birth*, one of the highest in the world.

In countries like Bangladesh, the causes of maternal deaths are deeply rooted in the continuing low status of women. The health consequences of gender discrimination against women are reflected in many ways – early pregnancies, high risk pregnancies, adolescent pregnancies. This exposes young women to a much higher risk of maternal mortality even before they are biologically or socially ready to bear the demands of child bearing and child rearing. It also deprives women of educational opportunities.

We know the solutions on how to prevent such deaths. Many women and newborns die from childbirth complications because we fail to reach those women and newborn with Skilled Birth Attendants (SBA) and life saving services. Only 18% of women currently have access to SBA, merely 15% of deliveries occurred in a health facility and 8 % of births were C-section.

The current trend of reducing Maternal Mortality in Bangladesh indicates that we are not on track in achieving the MDG-5 by 2015. The goals of the safe motherhood initiative, now a decade old, cannot be achieved until women are empowered and their rights to quality services are realized through greater community participation and support.

Empowerment implies choice and decision. Too many women have too few choices. They often lack knowledge about issues and barriers that affecting their own and their family's health. Empowering women means enabling them to overcome these barriers and to make fully informed choices, so they are able to articulate their health needs; have access to services with confidence and without delay and seek accountability from service providers. We must ensure that these services are available to all women who need them.

Often times we forget the importance of community participations and do not invest adequate resources and energy to implement appropriate strategies for community participation.

I am glad to hear the experiences of community peoples on how they provide collective support to the poor women in utilizing Emergency Obstetric Care services from Government Facilities. It proves again the community peoples have the potential that need to be ignited through our programs. I am thankful to JICA and CARE for developing operational guideline of Community Support System, which can be used by other agencies and GOB for replicating the experiences and learning.

Let us work together to ensure that the health of women is upheld by all of us as a human right. Let’s work together to ensure that women no longer die giving birth , and that safe motherhood is something that from now on, every woman can be assured of.

Thank you!

Annex 3: Papers and Presentations

Safe Motherhood Promotion Project: A Brief Overview

Goal of the SMPP:

Approaches of reproductive health (RH) services extracted from the project are standardized and applied to other districts

Purpose:

Health status of pregnant and post-partum women and neonates improved in the target district

Outputs: The project aims to achieve the following outcomes:

1. Necessary decisions are made at central level through sharing good practices and lessons learned
2. Safe delivery service system is strengthened
3. Women and neonates are supported to utilize obstetric and neonatal care services

Strategies and Activities:

The project has been implemented based on two strategies: (a) Community-based Intervention and (b) Facility-based Intervention

The community-based intervention came into being through four major activities:

(i) Promotion of Birth Planning to Pregnant women and Household decision makers by GoB frontline workers, community volunteers, TBA, School teachers; (ii) Development of Community Support System (CmSS); (iii) Mass Awareness campaign & Male targeted session by religious leader; (iv) Promote pregnant women to access MNH services

For developing CmSS Model Union Approach was put in action which entails a) Development of action plan of 9 model unions, b) Safe delivery team formed, c) Mobilization of local resources and d) Orientation for TBAs on newborn care & harmful practice

The Facility-based Intervention encompasses major activities like a) Facility assessment and Facility-based action plan developed by all 8 public Hospitals; b) Reactivation/ formation of new EmOC team; c) Supply of necessary equipment & support for maintenance; d) Renovation of facilities: OT & Delivery room; e) Human resources development (in-country and overseas

training) - 565 staff have been trained with assistance of SMPP; f) Introduction of quality assurance system and g) Addressing clients' information rights.

Uniqueness of the SMPP: What is CMSS?

CmSS is a mechanism for establishing a system at the community level, through collective efforts of the people, which aim to provide support to pregnant women and newborn during any obstetric emergency

The Purpose of creation of CmSS

- Facilitate timely referral of women with obstetric complications to an appropriate EOC facility;
- Foster an enabling environment in the community to support (financial, transportation, blood etc.) women in accessing EOC services in a timely manner, and
- Create awareness among community about danger signs of obstetric complications and available services at different facilities.

Lessons learned from CmSS

- Effective approach for creating a supportive environment for women in the community
- Enable poor and marginalized women in timely use of EmOC services
- Found effective to mobilize and negotiate quality of services at public facilities
- Collective voices of the community make the service providers accountable
- Create peer pressure to prevent harmful social norms (early marriage, dowry, domestic violence) in the community

Experience of CmSS can be used to make the Community Clinic functioning through community participation

Conclusion

The project has achieved its target to initiate two comprehensive EmOC service facilities and CFR, and near to achieve the met need. It is seen that there is improvement of EmOC process indicators, such as no. of CEmOC facilities at the district, met need, and C-sections as a proportion of all deliveries. Collaborative effort both facility & community level interventions found effective to increase utilization of MNH services at public health facilities. The CmSS approach found effective to address demand side barriers (financial & others) and also to make public service facility responsive

Dr. Md. Jahangir Alam
PHC and Line Director, Essential Service Delivery, Directorate General of Health Services
[This paper has been made as an abridged version of the power point presentation that he made in the workshop]

Presentation of Dr. Md. Jahangir Hossain, Program Director Health CARE Bangladesh

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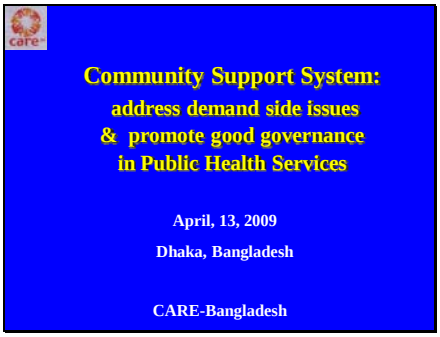

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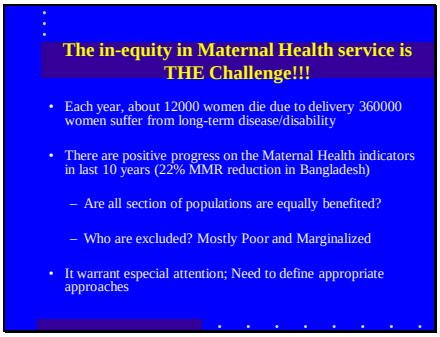

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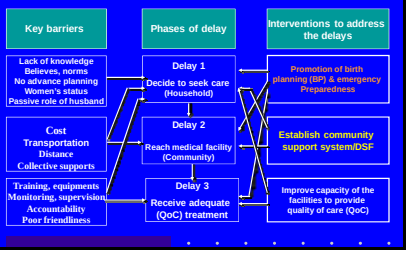
Important Lessons Learned

- All pregnant women are at risk
- The Maternal Death can not be substantially reduced until and unless:
  - all women will have access the SBA,
  - all women will have access to EmOC services who develop obstetric complications

Slide 4

"Three Delay" Model



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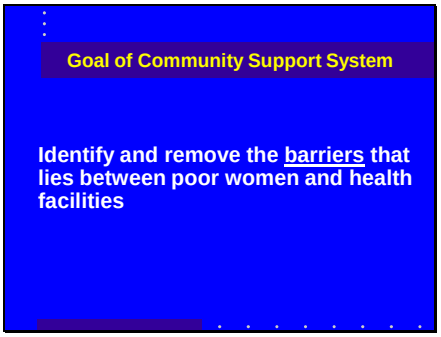
What to do

- **Upgrade and decentralize the functioning EOC services**
  - **GOB has the commitment and allocated resources**
  - **Monitoring the quality and 7/24 availability of services- !!**
- **Demand side Supports (information, money, transportation, blood, accompany etc.)**
- CARE Bangladesh tested a community intervention, which is widely known as **Community Support System (CmSS)**

Slide 6



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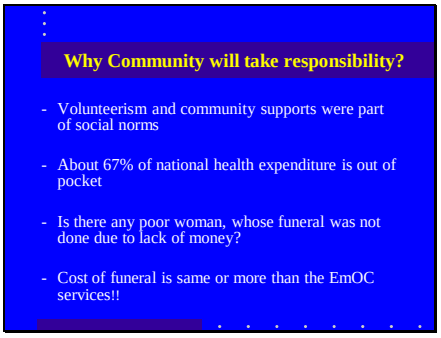

Slide 8

Definition

CmSS is a mechanism for establishing a system at the community level, through collective efforts of the people, which aim to provide support to pregnant women and newborn during any obstetric emergency.

Slide 9

Key Guiding Principles

- Community led process
- GoB ownership
- Building capacity of community volunteers
- Linkage with health facility and other institutions
- Participatory monitoring & community surveillance
- Continuous analysis/reflection

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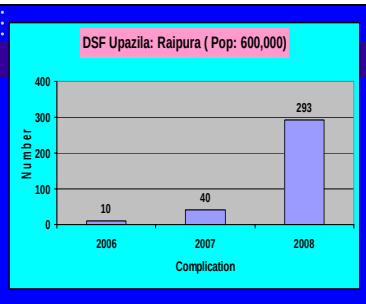

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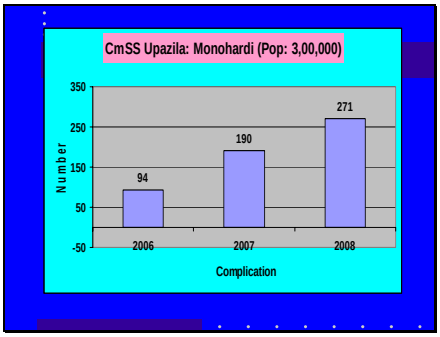

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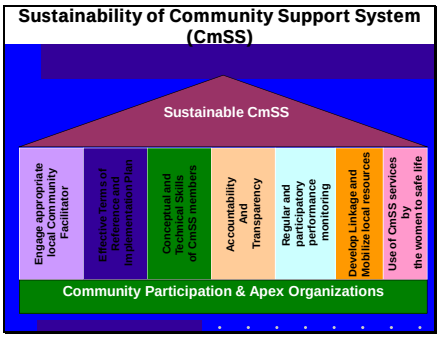

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Lessons Learned

- Effective approach for creating a supportive environment for women in the community
- Enable poor and marginalized women in timely use of EmOC services
- Collective voices of the community to make the service providers accountable
- Create peer pressure to prevent harmful practices by traditional healers
- Address broader social and women's issues like Violence against Women, early marriage and dowry

Slide 14

Conclusion

- **The CmSS can complement the DSF through**
  - **Timely support to the poor women**
  - **Address beyond financial issues**
  - **Address the provider biasness issue to high # of C/S**
  - **Community surveillance for maternal and newborn death**
- **Can explore ways to integrate the CmSS with Community Clinic Management Committee**

Slide 15

Thanks

Presentation of Mr. N K Muni, Consultant, SMPP

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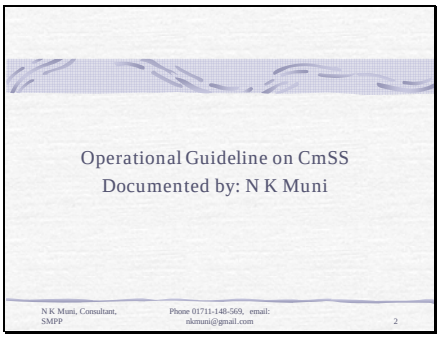

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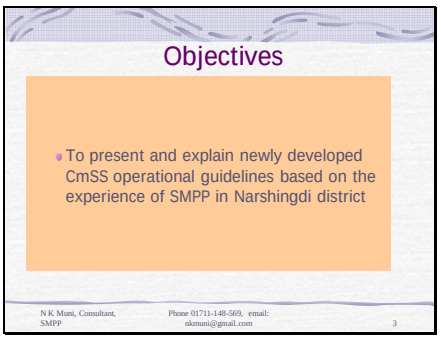

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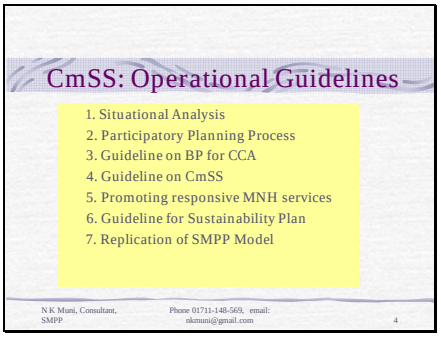

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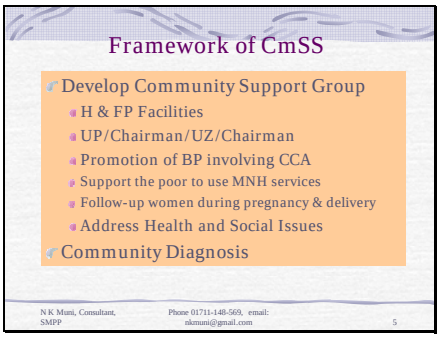

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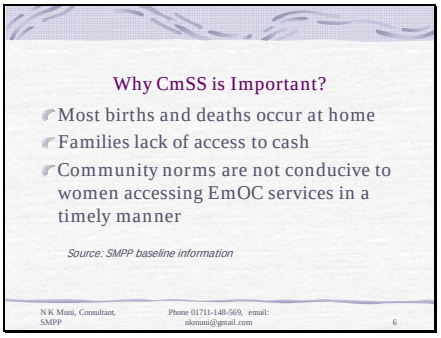

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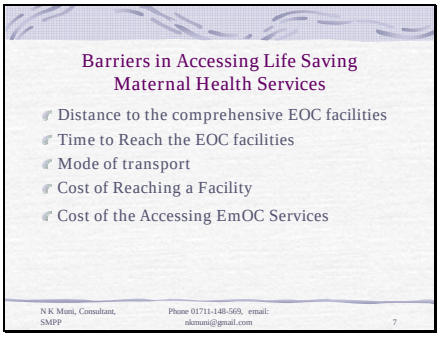

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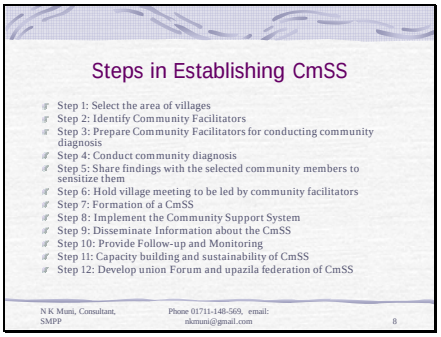

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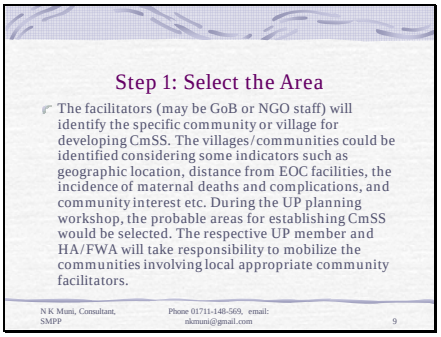

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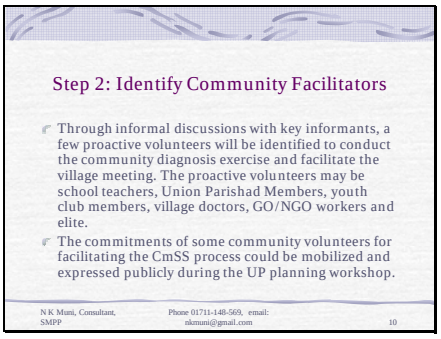

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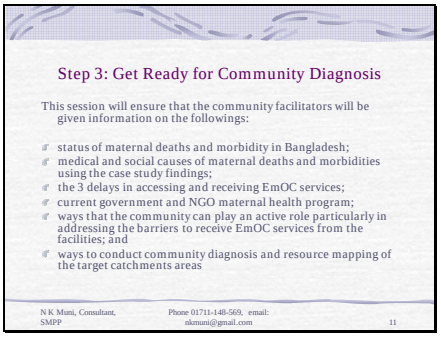

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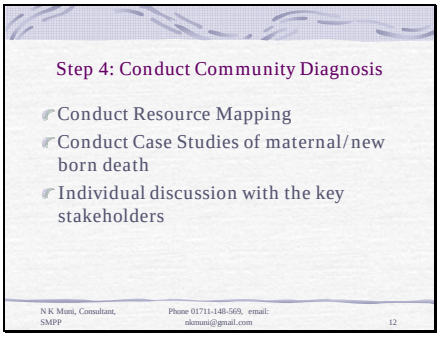

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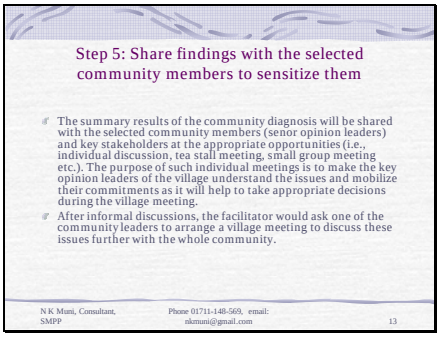

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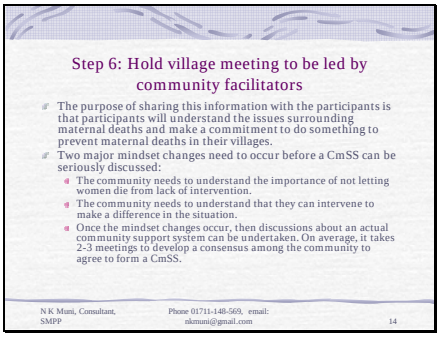

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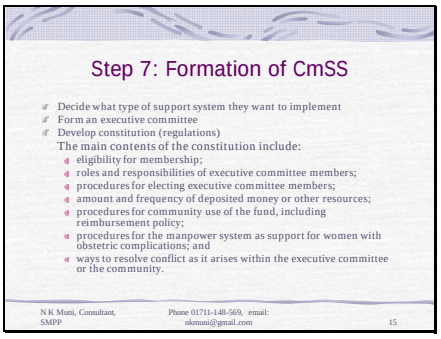

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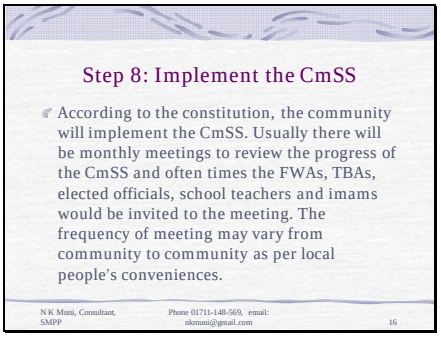

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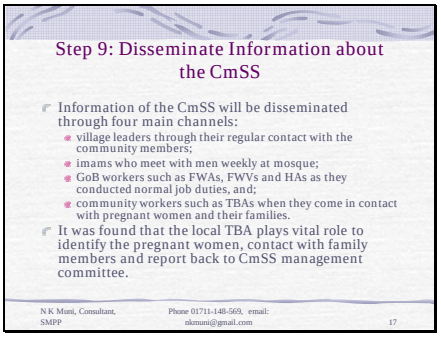

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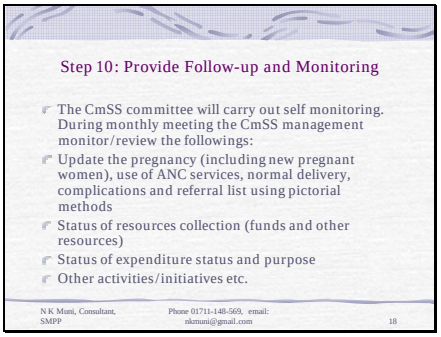

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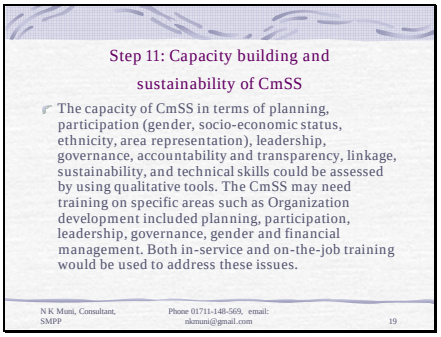

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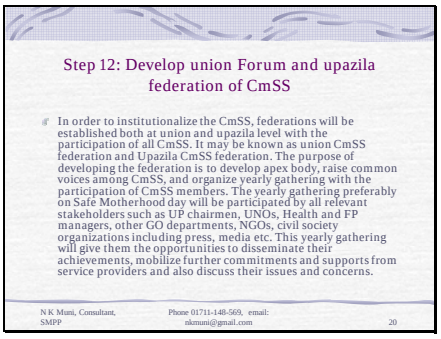

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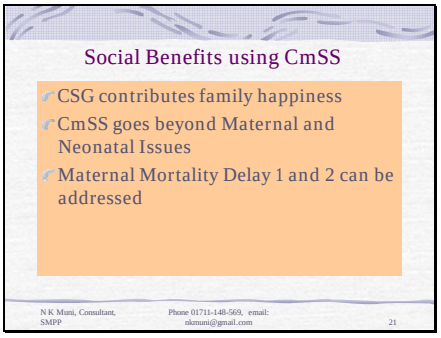

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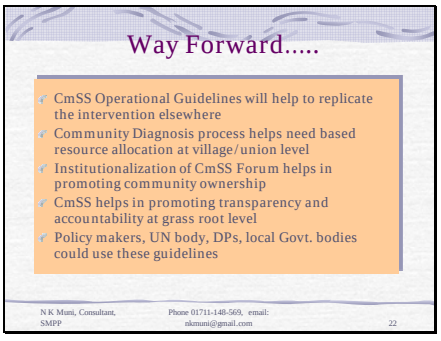

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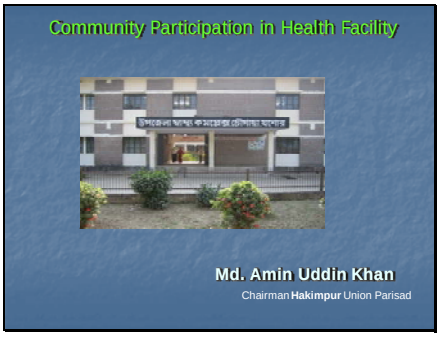
Presentation of Md. Amin Uddin Khan, Chairman, Hakimpur Union, Chowgachha

Slide 1



Slide 2

Health Profile of Chowgacha Upazila- 2008

1.	Total Union -	: 11
2.	Total population	: 238648
3.	Total Fertile Couples	: 50809
4.	Total Pregnant	: 5793
5.	Total Delivery	: 5117
6.	Total Live birth	: 5037
7.	Basic Health Man power	
	a. Doctor	: 12 (8 + 4)
	b. Nurse + FWV	: 21 (14 +7)
	c. SACMO/MA	: 13
	d. H/A + FWA	: 64 (29+35)
8.	Health Institutions	
	a. Health Complex	: 01
	b. H & FWC	: 11 (RD- 4 + FWC– 7)
	c. Non- Govt. Clinic	: 03
	d. Community Clinic	: 23

Slide 3

09. Mother received-ANC(1st Vist)	: 143% (8263)
10. Hospital Delivery Rate	: 52.4% (2682)
11. Bed Occupancy Rate	: 199.0%
12. Population Growth Rate	: 1.72 %
13. Maternal Mortality Ratio	: 119 / 100000 live birth
15. Infant Mortality Rate	: 23.2 /1000 live birth
16. Under-5 Mortality Rate	: 27.6 /1000 live birth

Slide 4

Upazila Health Complex

CHOWGACHA , JESSORE.

Indoor Service 2004 to 2008

Sl No	Year	indoor Service	No of Bed	Bed occupancy rate
01	2004	6742	31	140.76%
02	2005	7126	31	158.22%
03	2006	8355	31	182.0%
04	2007	8743	31	201.00%
05	2008	10944	50	199.0%

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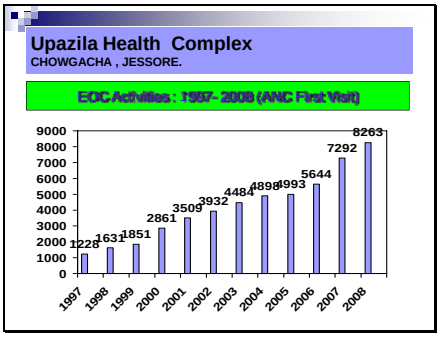

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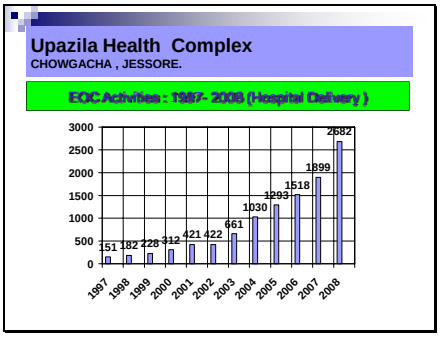

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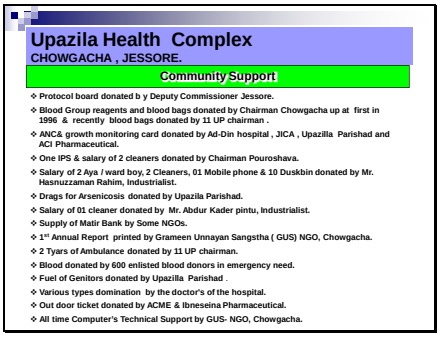

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Hakimpur Union Parisad, Chowgacha, Jessore.

Slide 9

Health Profile Of Hakimpur Union'2008

		Ward No-01	Hakimpur Union
Total Population	:	6102	20282
Total Live birth	:	131	460
Total Death	:	15	68
Total Under 5 Baby	:	780	2480
Total Fertile Couple	:	1250	3732
CAR	:	80% (1005)	85%(3132)
EPI Coverage : Measels	:	99%	99.5%
Sent Latrine use rate	:	98%	98.2%
Health Inst. & Manpower :			
(i) H & FWC	:	0	1
(ii) Community Clinic :		1	2
(iii) Health & FP Worker:		1	9
Educational Ins. & Manpower :			
(I) Primary School	:	3	14
(ii) High School	:	1	4
(iii) College	:	0	2
(iv) Madrasa	:	0	1
(v) Man Power	:	28	160

Slide 10

Hakimpur H& FWC , Chowgacha

Slide 11

Saruppur Community Clinic

Slide 12

Community Support in Community Clinic

Many of the Madrasa, Mosque, School & Collages of our Country are established by Community Participation. We can arrange fund for Community Clinic during religious meeting & other meetings.

- 1. Donation of land for Community Clinic.
- 2. Maintaining the Security of Community Clinic.
- 3. Support by Local donors.
- 4. Support by the beneficiaries.
- 5. Support from Union Parisad.
  - * Planning and budgeting for community clinic
  - (i) Provide Part time sweeper.
  - (ii) Security.
  - (iii) Motivation.
  - (iv) Drug Supply .
  - (v) Arrangement of health camp.

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Slide 13

Problems of the Community Clinic

1. Limited service provider in Community Clinic
2. Low quality of the Service provider
3. Lack of awareness of the Community People about the actives of Community Clinic
4. Limited drug supply to the Community Clinic
5. Security problems of the Community Clinic
6. Experiences of the services of H & FWC/ RD among the community Public is not up to mark
7. Two separate departments working in a single Clinic

Slide 14

Annex 4: List of Participants

Safe Motherhood Promotion Project

Japan International Cooperation Agency (JICA)
Workshop on
Equitable Health Systems through Community participation: Experience of Community Support System (CmSS) and Community Clinic

Venue: Bangladesh China Friendship Conference Center, Date: 13 April 2009

MOHFW

Sl #	Name	Designation	Organization
1	Mr.Shaikh Altaf Ali	Secretary	MOHFW
2	Mr. Md. Abdul Mannan	Joint Chief, Planning	MOHFW
3	Mr. Md. Helal Uddin	Deputy Chief, Planning	MOHFW
4	Mr. Saif Uddin Ahmed	Sr. Asstt. Chief	MOHFW

DGHS

Sl #	Name	Designation	Organization
1	Prof. Shah Monir Hossain	Director General	DGHS
2	Prof. Dr. A.K. Azad	Director, MIS	DGHS
3	Dr. Md. Saikul Islam Helal	DPM, MNH, ESD	DGHS
4	Dr. Mosaddeque Ahmed	PM. IMCI	DGHS
5	Dr. Anwar Hossain	Director (H) Dhaka Division	DGHS
6	Dr. A.B.M. Jahangir Alam	Director, PHC, LD-ESD	DGHS
7	Dr. A.M. Nuruzzaman	PM, BCC & CC, ESD	DGHS
8	Dr. A. K. M. Azad	DPM, CC	DGHS
9	Dr. A. Rahim	MO, RTT-ESD	DGHS
10	Dr. Md. Lutfor Rahman	Additional Director	DGHS
11	Prof. Dr. Hosne Ara Tahmin	Assistant Director General	DGHS
12	Dr. Md. Nazrul Islam	DPM (RH&DSF)	DGHS

DGFP

Sl #	Name	Designation	Organization

1	Dr. Md. Zahurul Islam	AD (MCH)	DGFP
2	Dr. Md. Didarul Islam	DD (Service)	DGFP
3	Md. Zahir Uddin Babar	Director - MIS	DGFP
4	Md. M. A. Qayyum	Director General	DGFP
5	Md. Rokon Uddin	AD (Cord)	DGFP
6	Dr. Zafar Ahmed Hakim	Director, MCH	DGFP
7	Md. Hossain Molla	Director, LPS	DGFP
8	Md. Matiur Rahman	Director, Planning	DGFP
9	Dr. Md. Aminul Islam	Director, Admin	DGFP
10	Dr. Rezaul Karim	AD (MCH)	DGFP

NIPORT

Sl #	**Name**	**Designation**	**Organization**
1	Dr. A.Wahab Hawladar	Deputy Director	NIPORT

DPs/NGOs

Sl #	**Name**	**Designation**	**Organization**
1	Masayuki Inoue	Ambassador of Japan	Embassy of Japan
2	Mohammed Kamal Hossain	DPM-CM Access Project	SC-USA
3	Mohammad Rezaul Huda Milon	TC- CM&A - ARSHI	CARE. SFO
4	Rohan Gomez	TC- TRG - ARSHI	CARE. SFO
5	Dr.A. M. Zakir Hossain	Consultant	Freelance
6	Rezaul Karim	Sr. Regional Manager	BRAC
7	N.K. Muni	Consultant	Freelance
8	Dr. Kazi Maruful Islam	Consultant	JICA
9	Dr. Jahir Uddin Ahmed	Acting DG	FPAB
10	Dr. Jahangir Hossain	PD - Health	CARE Bangladesh
11	Dr. Iqbal Ahmed Khan	PC (F) BDRCS	BDRCS
12	Pintu Saha	CRM Officer	CARE Bangladesh
13	Dr. A Z M Zahidur Rahman	Head of Disease Prevention	SMC
14	Md. Imtiazul Islam	Team leader - ARSHI	CARE Bangladesh
15	STAV Zotalis	ACD	ACD
16	Biplab K. Barua		
17	Md. Abdus Salam Khan	National DSF Coordinator	WHO
18	Dr. AGM Saiful	Managing Director	CDPO

19	Michael Pastoos	Health	German Red Cross
20	Dr. Ezaz Rasul	Head of Urban Program	Concern Worldwide
21	Melauie Lutz	Advisor	GTZ
22	Jamil Ahmed	Director	CARE Bangladesh
23	Dr. Sukumar Sarker	Project Management Specialist	US AID
24	Dr. A. J. Faisel	Country Representative	Engender Health
25	Nobuko Suzuki Kayashima	Chief Representative	JICA Bangladesh
26	Ms. Saeda Makimoto	Representative	JICA Bangladesh
27	Mr. Takuzo Komabashiri	Representative	JICA Bangladesh
28	Ms. Salma Akter	Program Officer	JICA Bangladesh
29	Mika Iwasaki	JOCV	JICA Bangladesh
30	Sayaka Oka	JOCV	JICA Bangladesh
31	Mai Okuno	JOCV	JICA Bangladesh
32	Mayuko Takahashi	JOCV	JICA Bangladesh
33	Kenji Tsuji	JOCV	JICA Bangladesh
34	Yukari Shigeuchi	JOCV	JICA Bangladesh
35	Tahera Ahmed	Retd	UNFPA
36	Akira Munakata	Chief Advisor, BRDB	JICA Bangladesh
37	Dr. Nafiz Al Haque	Sr. Research Investigator	ICDDRB
38	Kaosar Afsar	Program Head	BRAC
39	Moshiur Rahman	Program Officer	Population Council
40	Dr. S.M. Kamal	Executive Director	Radda MCH-FP
41	Dr. Zubayer Hussain	Chief Executive	BWHC
42	Dr. Farhana Ahmed	Program Director	CARE Bangladesh
43	Dr. Nowrozy K. Zaman	SPO	Eengender Health
44	Kamrul Ahsan	Technical Team Leader	GTZ
45	Dr. Rezzaqul	Health Specialist	Plan Bangladesh
46	Dr. Ahmed Al kabir	ED	RTM
47	Rafiqul Alam	PC	LEPRA
48	Dr. Umme Salma Jahan	Health Officer	SSFP
49	Dr. Reena Yasmin	Director Service	Marie Stopes
50	Dr. Monira Parvin	Health Specialist	UNICEF
51	Dr. Atef El Mugraby	MNH Coordinator	UNFPA
52	Dr. Nadira Sultana	NPO - MNH	WHO
53	Mohd. Nurul Islam	Admin Officer	CARE Bangladesh
54	Dr. Fawzia Akhter Huda	Sr. Research Investigator	ICDDRB

55	Dr. Sharmin Sultana	DPM-MNH Access	SC-USA
56	A.K.M Elias Sarker	Vice President CHS	BRAC
57	Dr. Sufi Zamal	Deputy Director, Medical	FPAB
58	Dr. A. S. Haider	Director Health	Bangladesh Red Crescent
59	Shaymal Kumar Roy	Sr. Health Coordinator	BRAC
60	Toslim Uddin Khan	Head of Research & MIS	SMC
61	Rashed Reza Chowdhury	Project Director	PSTC
62	Dr. Mahbuba Khan	National Consultant	WHO
63	Dr. Mahbubur Rahman	Epidemiologist	JIVITA
64	Perveen Rasheed	Managing Director	SMC
65	Sujit Kumar Barua	Senior Economic Specialist	Embassy of Japan
66	Dr. Lubna Ahmed	Health Specialist	UNICEF
67	Elsie Hasdak	Dept. Head Training	LAMB
68	Dr. Saqi Khandaker	PS - Health	Plan Bangladesh
69	Dr. Saleh Amin	HA	Plan Bangladesh
70	Mafizur Rahman	Sr. Progam Officer	Population Council
71	Dr. Tanveer Khan	Program Officer	FPAB
72	Banani Mallik	Service Promotion Officer	PSTC
73	Yukie Yoshimura	Chief Advisor, SMPP	JICA Bangladesh
74	Dr. Md. Tajul Islam	Technical Advisor, SMPP	JICA Bangladesh
75	Akiko Endo	Community Health Expert, SMPP	JICA Bangladesh
76	Kenji Yokoi	Project Coordinator, SMPP	JICA Bangladesh
77	Md. Sanwar Hossain	Admin & Finance Officer, SMPP	JICA Bangladesh
78	Ms. Tomoko Inagaki	Secretary	Embassy of Japan
79	Sheikh Sekendar Ali	Office Assistant, SMPP	JICA Bangladesh

Other District

Sl #	**Name**	**Designation**	**District**
1	Dr. Salah Uddin Khan	Civil Surgeon	Jessore
2	Dr. Md. Mosharaf Hossain	UH&FPO	UHC Chowgacha, Jessore
3	Dr. Emdadul Haque	Jr. Consultant (Obs & Gynea)	UHC Chowgacha, jessore
4	Hafiz Amin Uddin	Chairman, Union Parishad	Chowgacha, Jessore

5	Prof. Mostanichur Rahman	Principal Mridhapara Women College	Chowgacha, Jessore
6	Md. Oliullah	President Islampur Community	Koyra, Khulna
7	Md. Nazrul Islam	Program Officer	Plan , LAMB, Dinajpur
8	Ranjita Roy	CMC Member	Plan , LAMB, Dinajpur
9	Monomohan Roy	Vice Chairman	Plan , LAMB, Dinajpur
10	Asadul Islam	Child Representative	Plan , LAMB, Dinajpur
11	Kishan Chokroborty		
12	M. Shafiqul Islam		Ajmiriganj, Hobiganj
13	T H Kamal		Raipura, Narsingdi
14	Md. Shamsul Alam		Birampur, Dinajpur
15	Md. Zaker Hossain		Birampur, Dinajpur
16	Md. Abdul Malik		Kulaura, Moulavibazar
17	Jean Olivier Schmidt	Program Coordinator	GTZ
18	Dr. Shila Rani Das	Consultant (Gynae & Obs)	UHC Rajoir, Madaripur
19	Golam Rabbani	Upazila Manager	BRAC, Brahmanpara
20	Shamima Nasrin	Community Paramedic, Dulalpur CHS	BRAC, Brahmanpara
21	Md. Abul Hashem Akhand	Secretary, Gopalnagar CHS	BRAC, Brahmanpara
22	A.K.M Ilias Sarker	Vice President, CHS, Dulalpur	BRAC, Brahmanpara

Narsingdi

Sl #	**Name**	**Designation**	**District**
1	Mustafa Kamal	ADC Revenue	Narsingdi
2	Md. Khairul Alam Sheikh	Upazila Nirbahi Officer, Shibpur	Narsingdi
3	Md. Rezanur Rahman	Upazila Nirbahi Officer, Raipura	Narsingdi
4	Md. Israt Hossain Khan	Upazila Nirbahi Officer, Palash	Narsingdi
5	Mohammad Khasru	Upazila Vice Chairman, Belabo	Narsingdi
6	Begum Hena Ahmed	Upazila Vice Chairman, Belabo	Narsingdi
7	Md. Saiful Islam Khan (Biru)	Upazila Chairman, Monohardi	Narsingdi
8	Md. Nazrul Islam Bhuiyan	Upazila Vice Chairman, Monohardi	Narsingdi
9	Nasima Parbin	Upazila Vice Chairman, Monohardi	Narsingdi
10	Md. Monjur Elahi	Upazila Chairman, Sadar	Narsingdi

11	Md. Shakawat Hossain Soka	Upazila Vice Chairman, Sadar	Narsingdi
12	Adocate Umma Salma Maya	Upazila Vice Chairman, Sadar	Narsingdi
13	Md. Faruqul Islam Faruque	Upazila Chairman, Palash	Narsingdi
14	Md. Obidul Kabir Mridha	Upazila Vice Chairman, Palash	Narsingdi
15	Tahmina Aktar Laily	Upazila Vice Chairman, Palash	Narsingdi
16	Md. Fazlur Rahman	Upazila Chairman, Shibpur	Narsingdi
17	Ms. Firoza Yeasmin	Upazila Vice Chairman, Shibpur	Narsingdi
18	Dukul Barua	Upazila Coordinator, Sadar	Narsingdi
19	Md. Shajahan	Field Trainer, Raipura	Narsingdi
20	Anonto Kumar Pal	Field Trainer, Raipura	Narsingdi
21	Lipon Ara Lipi	Finance & Admin Officer, CARE	Narsingdi
22	Marufa Khatun	Field Trainer, Raipura	Narsingdi
23	Swapna Rani Das	Field Trainer, Monohardi	Narsingdi
24	Md. Shah Alam	Field Trainer, Sadar	Narsingdi
25	Laila Begum	Field Trainer, Sadar	Narsingdi
26	Dr. Pulin Kumar Sing	Civil Surgeon	Narsingdi
27	Dr. M. Abdus Samad Sikder	DD-FP	Narsingdi
28	Dr. Ashim Kumar Bhowmick	MO - Clinic, MCWC	Narsingdi
29	Dr. Md. Mosaddek	UH&FPO	Narsingdi
30	Fouzia Asmat	UFPO, Belabo	Narsingdi
31	Dr. Sharif Washima Parveen	MO- MCHFP, Belabo	Narsingdi
32	Dr. Md. Abdur Rashid	UH&FPO, Monohardi	Narsingdi
33	Md. Abdur Razzaque	UFPO, Monohardi	Narsingdi
34	Dr. A.B.M Nizam Uddin	MO- MCHFP, Monohardi	Narsingdi
35	Dr. Md. Abul Hossain	UH&FPO, Sadar	Narsingdi
36	A K M Salim Bhuiyan	UFPO, Sadar	Narsingdi
37	Dr. Md. Ahsan Habib	MO-MCHFP, Sadar	Narsingdi
38	Md. Sorwar Jahan	UFPO, Palash	Narsingdi
39	Dr. Nikhil Kumar Saha	UH&FPO, Palash	Narsingdi
40	Dr. Md. Abdul Malek	UH&FPO, Raipura	Narsingdi
41	S.M. Khairul Amin	UFPO, Raipura	Narsingdi

42	Dr. Md. Abdullah	MO-MCHFP, Raipura	Narsingdi
43	Dr. Md. Amir Ali	UH&FPO, Shibpur	Narsingdi
44	Jakeya Jesmeen	UFPO, Shibpur	Narsingdi
45	Dr. Nazmun Nahar	MO-MCHFP, Shibpur	Narsingdi
46	Abdur Rashid Sarder	UP Chairman, Ekduriya, Monohardi	Narsingdi
47	Md. Ahsanul Haq Sharif	UP Chairman, Daulatpur, Monohardi	Narsingdi
48	Sarder Moazzem Hossain	UP Chairman, Chalakchar, Monohardi	Narsingdi
49	Shahid Ullah Master	President of CmSS, Daulatpur, Monohardi	Narsingdi
50	Sunil Chandra Das	President of CmSS, Daulatpur, Monohardi	Narsingdi
51	Rabiul Alam	President of CmSS, Sukundi, Monohardi	Narsingdi
52	Juga Maya	President of CmSS, Ekduria, Monohardi	Narsingdi
53	Farhad Hossain	Secretary of CmSS, Charmandalia, Monohardi	Narsingdi
54	Shamol Chandra Bonik	Secretary of CmSS, Khidirpur, Monohardi	Narsingdi
55	Shahida Begum	President of CmSS, Chalakchar,Monohardi	Narsingdi
56	Abdul Wahab Moulavi	President of CmSS, Chalakchar, Monohardi	Narsingdi
57	Muslem Uddin	President of CmSS, Gotasia, Monohardi	Narsingdi
58	Rekha Akter	President of CmSS, Kachikata, Monohardi	Narsingdi
59	Farid Hossain	Secretary of CmSS, Lebutala, Monohardi	Narsingdi
60	Rina Begum	Secretary of CmSS, Chandanbari, Monohardi	Narsingdi
61	S.M. Abdul Bari	TO (ME&D), CARE	Narsingdi
62	Moukbul Ahamed	District Coordinator, SMPP, JICA	Narsingdi
63	Md. Sharif	PO, CARE, Monohardi	Narsingdi
64	A.K.M. Mustafizur	Upazila Coordinator, Belabo,	Narsingdi

	Rahman	SMPP	
65	Md. Zakir Hossain	Admin & Finance Officer, SMPP	Narsingdi
66	Manik Paul	Upazila Coordinator, Monohardi, SMPP	Narsingdi
67	Sheikh Lutfor Rahman	Upazila Coordinator, Raipura, SMPP	Narsingdi
68	Monju Ara Khatun	Upazila Coordinator, Shibpur, SMPP	Narsingdi
69	Md. Monir Hossain	UP Chairman, Panchdona	Narsingdi
70	Md. Safiuzzaman Bablu	UP Chairman, Nazarpur,Sadar	Narsingdi
71	Akhteruzzaman	President of CmSS, Dighaldi, Sadar	Narsingdi
72	Jashim Uddin	President of CmSS, Karimpur, Sadar	Narsingdi
73	Hazi Syed Mohammed Iqbal	UP Chairman, Danga, Palash	Narsingdi
74	Fazila Akter	President of CmSS, Danga, Palash	Narsingdi
75	Mobarak Ali	President of CmSS, Danga, Palash	Narsingdi
76	Md. Anowarul Islam Bhuiyan	UP Chairman, Dulalpur, Shibpur	Narsingdi
77	Pradip Kumar Barman	President of CmSS, Dulalpur, Shibpur	Narsingdi
78	Saleha Begum	Secretary of CmSS, Dulalpur, Shibpur	Narsingdi
79	Mosleh Uddin Khan	UP Chairman, Narayanpur, Belabo	Narsingdi
80	Rabeya Begum	Vice President of CmSS, Narayanpur	Narsingdi
81	Maulana Ershadul Islam	Cashier of CmSS, Narayanpur, Belabo	Narsingdi
82	Md. Abdus Sadek	UP Chairman, Radhanagar, Raipura	Narsingdi
83	Md. Mustafa kamal	UP Chairman, Musapur, Raipura	Narsingdi
84	A. Gafur	UP Chairman, Adiabad, Raipura	Narsingdi
85	Shabuddin	UP Chairman, Paratali, Raipura	Narsingdi
86	Jainal Abdin	UP Chairman, Mirjanagar, Raipura	Narsingdi
87	Md. Shajahan	President of CmSS, Bashgari,	Narsingdi

		Raipura	
88	Md. Younus Mia	President of CmSS, Bashgari, Raipura	Narsingdi
89	Ms. Rehana Begum	Vice President of CmSS, Musapur	Narsingdi
90	Ali Akbar	Member of CmSS, Musapur, Raipura	Narsingdi
91	Akter Hossain Bachhu	Secretary of CmSS, U.Bakernagar	Narsingdi
92	Md. Joynal Mia	President of CmSS, Raipura	Narsingdi
93	Md. Golam Faruk	President of CmSS, Amirganj, Raipura	Narsingdi
94	Md. Nur Alam	President of CmSS, Char Madua	Narsingdi
95	Jonaki Begum	Secretary of CmSS, Radhanagar	Narsingdi
96	Fatema Khatun	Cashier of CmSS, Adiabad, Raipura	Narsingdi
97	Halima Khatun	Secretary of CmSS, Polashtali, Raipura	Narsingdi
98	Shahanaj Begum	Vice President of CmSS, Olipur, Raipura	Narsingdi
99	Hazi Kamal Uddin	President of CmSS, Mirzanagar, Raipura	Narsingdi
100	Md. Kamal	Cashier of CmSS, Chanpur, Raipura	Narsingdi
101	Maya Islam	Vice President of CmSS, Chanderkandi, Raipura	Narsingdi
102	Md. Monir Hossain	President of CmSS, Paratali, Raipura	Narsingdi
103	Dr. Nazib Ahmed	MO-CS	Narsingdi
104	Mahmoudul Hassan	Project Assistant, SMPP, JICA	Narsingdi
105	Dr. Ahsanul Islam	Project Manager, CARE Bangladesh	Narsingdi

Media

Sl #	**Name**	**Designation**	**Organization**
1	Ruhina Tasmin Anu	Managing Director	Shankachil Srutichitran
2	Laila Afroz	Program Anchor	Shankachil Srutichitran
3	Royal	Staff Correspondent	The Bangladesh Today
4	Mahbuba Zannat	Staff Reporter	The Daily Star
5	Waliar	Reporter	Dhakar Katha

6	Shafiqul Alam	Reporter	The Daily Star
7	Nuru	Reporter	ETV
8	Mahmudul Hasan	Journalist	Dainik Destiny
9	Moimnur Rahman	Cameraman	Shankachil Srutichitran
10	Rasel	Cameraman	Shankachil Srutichitran
11	Anis	Light Man	Shankachil Srutichitran
12	Saifullah	Coordinator	Shankachil Srutichitran
13	Paresh Rozario	Program Assistant	Shankachil Srutichitran
14	Liton	Projector Assistant	Shankachil Srutichitran
15	Imtiaz Mamun	Interpreator	Andes Ltd