

A Technical Cooperation Project of the Ministry of Health & Family Welfare supported by Japan International Cooperation Agency (JICA).

## Community Support System (CmSS): Community Mobilization for Promoting Safe Delivery



In order to strengthen safe delivery system in Narsingdi, SMPP has implemented various activities at central level, facility level and community level. As a part of community level intervention, community mobilisation activity, namely CmSS, has been piloted in 2 upazilas (Manohardi and Raipura) by the partnership with CARE, Bangladesh since December 2006.

CmSS is a mechanism for establishing a system at the community level, through collective efforts of the people, which aims at providing support to pregnant women and their families to ensure their access to necessary obstetric care, particularly in case of emergency. The purposes of developing CmSS are to foster an enabling environment in the community as well as ultimately at the household level to support women in accessing EmOC (Emergency Obstetric Care) services in a timely manner, and to create awareness among community about danger signs of obstetric complications and available services at different facilities.

CmSS is originally developed by CARE, Bangladesh and was first introduced in Dinajpur Safe Mother Initiative (DSI) in 1998. In DSI, CmSS was evaluated as an effective intervention to address 1st (delay for seeking care) and 2nd delay (delay for reaching health facilities) of maternal death by utilizing the available resource in the community.

By January 2009, total 122 Community Support Groups\* have been established in 2 Upazilas (Manohardi and Raipura) in Narsingdi and 475 pregnant women were referred to health facilities by CmSS. In SMPP Mid-term Evaluation in July 2008, CmSS activity was acknowledged for its achievement in contributing to increase Maternal and Neonatal Health service utilisation.

After Mid-term Evaluation, SMPP launched to expand the activity to the other 3 Upazilas (Palash, Belabo, and Shibpur) in the district without CARE facilitation. Currently, 5 new Community Support Groups have been established in these 3 Upazilas by the facilitation of Upazila Coordinator of SMPP.

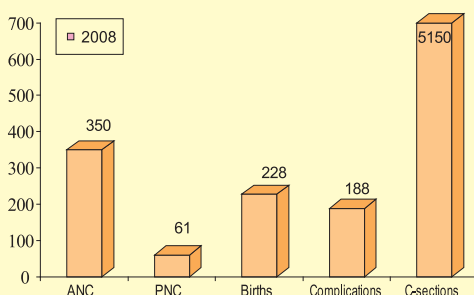
### Key achievement of CmSS in 2 Upazilas (Manohardi and Raipura) as of January, 2009

Indicator	Raipura	Manohardi	Total
# of Community Support Group* formed	77	45	122
# of Village & Community Meeting organized to develop CmSS	848	553	1401
# of community facilitator developed	267	147	414
# of household covered by CmSS	18,048	12,500	3,0548
# of population covered by CmSS (% of total population)	90,240 (15%)	62,500 (21%)	152,740 (17%)
Total fund mobilized by CmSS	Tk.65,594	Tk.29,780	Tk.95,374
Mobilize other resources	3 Vans		3 Vans
# of women received Supports to use EmOC services	291	184	475
# of other patients received support from CmSS	229	266	495
# of Neonates received support from CmSS	59	58	117

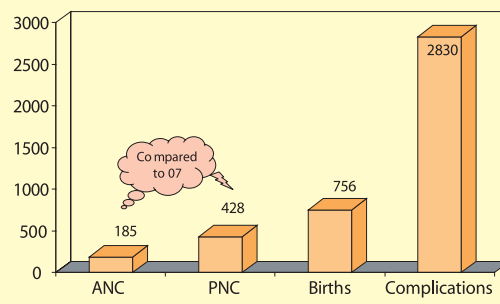
(No maternal deaths found in CmSS catchments areas)

\* Each CmSS is run by an executive committee which is called "Community Support Group". The group consists of 7 to 15 members include influential individuals of the community such as Union parishad members, local elites, religious leaders and TBAs (Traditional Birth Attendant). The group members play a role as implementing agents of the system.

Percentage increase in utilization of services in 2008 compared to 2006 (Manohardi UHC)



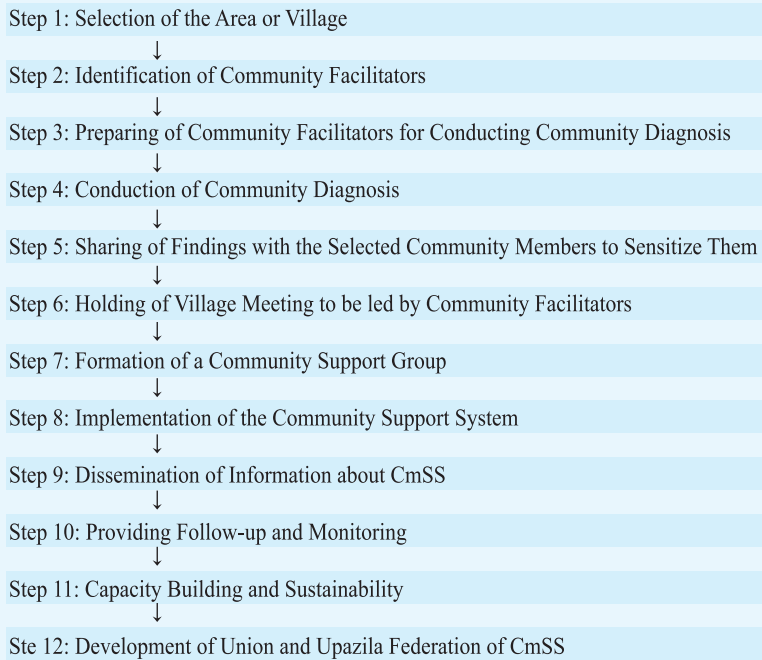
Percentage increase in utilization of services in 2008 compared to 2006 (Raipura UHC)



The graphs show the comparison of service utilisation in Upazila Health Complex (UHC) of Manohardi and Raipura between 2006 and 2008. Since Raipura UHC started CEmOC (Comprehensive Emergency Obstetric Care) service in May 2008, the Raipura graph does not include C-section.

## Steps to develop a Community Support System

The process to establish a Community Support Group and implement Community Support System is comprised of 12 steps.



First of all, a particular community needs to be identified for developing CmSS based on some criteria such as geographic condition, distance from emergency obstetric facilities, the number of maternal and neonatal deaths, and the motivation of community people. Through informal discussion with the people in the identified community, some proactive volunteers can be found. Those potential facilitators (called community facilitators) could be school teachers, Union parishad members, local elites, village doctors, and governmental or non-governmental workers. A half-day orientation is organised for those community facilitators to prepare them for conducting a community diagnosis meeting. Key stakeholders (local elites, local political leaders, school teachers, religious leaders, TBAs etc) are invited in the community diagnosis meeting. The meeting includes three main agenda, namely, local resource mapping exercise, case studies of maternal/neonatal deaths, and individual/group discussion. After the meeting, the summary findings are shared with selected community members in appropriate opportunities and the facilitators encourage the community leaders to arrange a village meeting for further discussion with the whole community.

Through these series of discussions, the community people become aware of Maternal and Neonatal issues. After ensuring this "mind-set change" in the community, the formation of Community Support Group should be discussed and decided. Each Community Support Group develops its own regulation. The activity of the group is implemented based on this regulation. The Community Support Group is encouraged to organise a regular meeting to review the progress of their CmSS activity. In order to ensure the sustainability of CmSS activity, each group needs to develop their capacity in planning, participation, leadership, governance, and management by both in-service and on-the-job training. Particularly, building up the linkage between CmSS and governmental or non-governmental stakeholders in the community (local government bodies, health facilities, social welfare department, NGO etc.) is key for the expansion of CmSS activity. It is also encouraged to establish horizontal ties (federation of CmSS) within Community Support Groups at Union level as well as in Upazila level for the institutionalisation of CmSS.

## Guiding Principles to Establish a Community Support System

- The CmSS must be initiated by the community.
- The facilitator of the village meeting must be a community member/facilitator.
- The community must agree on how to establish and implement the system.
- The community must implement and monitor the system.
- The community makes the decisions about the system.



Small group meeting with community key personnel



Village meeting



Executive committee formation of Community Support Group

## A Glimpse of Kocher Char Reeshipara Community Support System

The Community Support Group of Kocher Char Reeshipara, Daulatpur Union in Manohardi Upazila was formed on 5 July 2007 comprising of 15 members. Among 15 members, 7 are female. There are 3 gurujons (advisors) in the committee. The Committee is headed by Sunil Chandra Moni Das, the President of the CmSS. The group covers 120 households in the community. Most of the community people are engaged in day-labourer, rickshaw-puller, small traders (collector of raw materials of leather), and thus the financial status as well as the literacy rate in this community is quite low.

Since the group was formed, the members organise monthly meeting regularly to discuss about various Maternal and Neonatal issues in the community. The group maintains a registration book for keeping records of new pregnant women and their status. Any obstetric referral cases in the

community are also kept in the book. Additionally, a social map which was drawn by the members is used for identifying the households of pregnant women. In the monthly meeting, the group members exchange and up-date the information on those pregnant women. The information includes the physical, mental and financial status of pregnant women and their family, the progress of delivery preparation, status of ante-natal check-up etc.

If the members find any pregnant woman who has a problem, they try to seek possible support for her among the group members. If the members cannot reach an agreement, they defer the decision to gurujons (advisors). The gurujons often help making a decision quickly. The governmental care providers, such as Family Welfare Assistants, sometimes attend the meeting and disseminate technical message on Maternal and Neonatal issues.



As a part of CmSS activity, the group has created a fund for poor. The members maintain this fund by collecting Tk. 2 per week from each household in the community. The total amount of the fund is now reached Tk. 3,000. The fund has already been used for assisting some delivery complicated and diarrhoea cases. All incoming and outgoing cash flow has been kept a record by the treasurer of the group.

Similar to other Hindu community, this community also has a tradition to keep pregnant women in a separate house during delivery and post-partum period. This special house is called "Chatighar". While this Chatighar is often not comfortable and hygienic environment for both women and newborn babies, this community successfully got financial support from the Union Chairman and built a new well-furnished Chatighar by the initiative of the Community Support Group.

Md. Ahsanul Haque Sharif, Daulatpur UP-Chairman

told that "CmSS is an effective and functional system, because the system involves community people in the whole process, such as identifying the problem, planning activities, and their implementation". Now he shows strong commitment to CmSS activity in his Union. The Chairman said "if any Community Support Groups in this Union face fanatical difficulty, Union Parishad is ready to allocate a part of its budget to CmSS activity".

The CmSS of Kocher Char now plans to extend their activity. The group tries to include not only Maternal and Neonatal issues but also other development issues such as education, human rights, social development as their agenda. Recently, the catchments area was also expanded including additional 50 new households. In the near future, the group is considering to purchase their own emergency rickshaw-van for carrying complicated pregnant women to higher health facilities.



Community Support Group in a Monthly meeting



Community Support Group develops a social map



CmSS members monitoring their performances by using social map

## Role of CARE Field Trainer

In the process of Community Support Group formation as well as CmSS implementation, the Field Trainers of CARE, Bangladesh play a key role, particularly at the initial phase.

### The main responsibilities of Field Trainers in the early stage are:

- Selection of village
- Identify proactive leaders and community members
- Collection of case studies on maternal and neonatal deaths, understand social and cultural norms
- Share the findings with the community leaders and people for generating possible solutions
- Assist community to identify and mobilise the local resources by drawing a social mapping
- Assist local leaders to organise community meetings

At the initial stage of CmSS development, the field trainer tries to build up connections with people in the different classes and sectors so that he himself would be accepted by the community. The field trainer also tries to understand the social and cultural norms in the community by spending some time with the local people. In this stage, the field trainer shares the overview and purposes of SMPP with some proactive leaders and sees how they react.

In the meantime, the field trainer starts profiling the existing local resource, and analysing the situation of Maternal and Neonatal Health in the community. The trainer collects the information on Maternal and Neonatal death cases for conducting case studies. In the case studies, he facilitates the discussion so that community people can find the possible reasons of those death cases, and after the discussion, he starts explaining the social, cultural and financial causes behind the deaths. The field trainer also collects secondary data from relevant sources such as government workers, UHC, Union Parishad etc.

Through this process, some proactive volunteers (community facilitators) are identified and the field trainer develops their capacity for facilitation. Once the right opportunity comes, the field trainer organises a Union Advocacy Meeting/Planning Meeting by involving government workers, Union Parishad, local elites, school teachers etc. In the

meeting, findings of situation analysis, Maternal and Neonatal death cases, indirect and direct causes of deaths, are shared with the participants. Usually, the family members of those death cases tell their story, when, how, where, why the death was occurred. Now the community people became more aware of Maternal and Neonatal issues and the idea of developing a system to prevent Maternal and Neonatal death is spontaneously brought up by the people as a possible solution.

According to the decision in the meeting, the field trainer selects a specific village or area to form a Community Support Group with considering the condition of communication, remoteness, high maternal mortality rate, poverty etc. The Community Support Group members are elected in a meeting in the identified village or area by the community people.

After formation of the Community Support Group, the field trainer provides sufficient technical assistance at least for a while. The necessary assistance at the beginning include, naming of the CmSS, making regulations, organizing regular meeting, preparing action plan, updating registration of pregnant women, revision of resource map, motivating pregnant and post-partum women to utilise ANC and PNC, regular monitoring, and establishing the linkage between CmSS and Union Parishad/ UHC.

## Community Support Group contributes family happiness

Shilpi, a 25-year old woman, lives in Singrapur village of Paratali union of Raipura Upazila. She married when she was 16, and then got pregnant after 4-years. During her pregnancy, she did not receive any antenatal care. Shilpi's family planned to deliver her at home, but she developed a delivery complication and was admitted to a clinic to have caesarean section.

4 years after the first delivery, Shilpi was pregnant again. Like her first pregnancy, Shilpi did not receive any ante-natal care. Shilpi and her family were not aware of the risk of her second delivery. At the time, a discussion session about Safe Motherhood issues was held in Paratali union and Shilpi's father joined the session. In the session, he shared his daughter's experience with the other participants. Shilpi's father was recommended by the participants to bring his daughter to a health facility for ante-natal check-up.

On 11 August 2007, Shilpi's father attended a meeting organized for establishing a community support group in Paratali. He brought his daughter's medical report to the meeting, and he complained "My daughter's expected date of delivery was 9th August, but she had been suffering from labor pain for two days." The participants of the meeting advised him to take his daughter to Raipura Upazila Health Complex immediately. He followed the advice and Shilpi was admitted to the Health Complex in that evening. She was kept under observation whole night through, but Shilpi's condition was deteriorating. The following morning, Shilpi's family decided to transfer her to the district hospital. Finally, Shilpi delivered a baby by caesarean section.

A woman in Pirpur village, Mitzapur Union, Raipura Upazila realised that she was pregnant just after her husband left for abroad as an expatriate worker. Since she was diagnosed as pregnant after departure of her husband, her in-laws were suspicious of whether the baby was not be their son's. They were reluctant to accept her pregnancy. The pregnant woman asked the Community Support Group to help her. The group members communicated her husband working at overseas and also tried to have a dialogue with her in-laws to resolve the issue. After a long discussion with them, the CmSS successfully made in-laws understand that the baby is their grandchild. Now they are more supportive to their daughter-in law.

## CmSS goes beyond Maternal and Neonatal issues

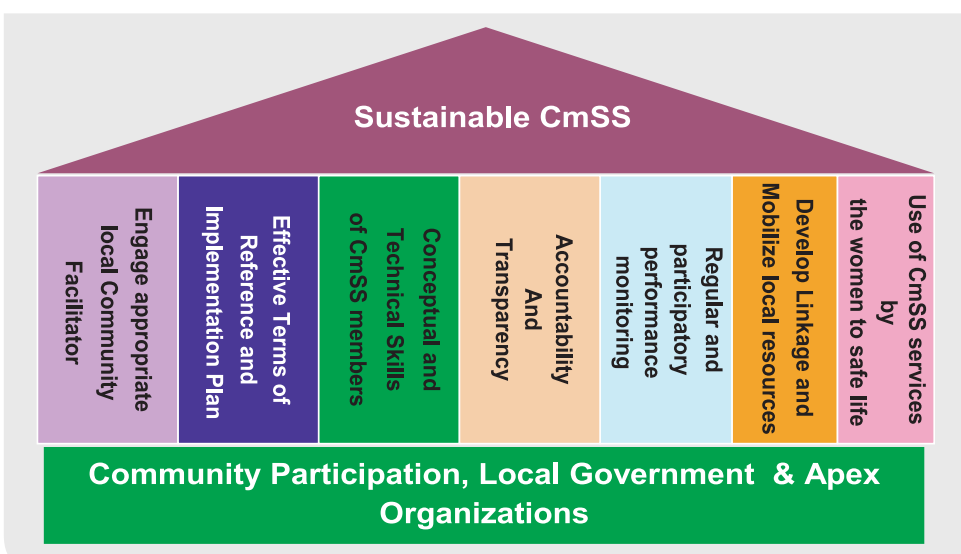
In Thanakandi of Maheshpur union and Laxmipur of Radhanagar union has a Satellite Clinic (outreach service) run by government staff, but that clinic had been open irregularly for last one year due to the absence of FWV (Family Welfare Visitor). CmSS members discussed this issue with local Union Parishad (UP) members. UP members raised this issue in a Union coordination meeting. After the discussion in the meeting, UP formally requested to the government authority to take necessary action for providing regular Satellite Clinic in the community. Finally, a FWV was allocated permanently and she has organized regular Satellite Clinic since December, 2007.

In Motiurnagar of Musapur union, the Satellite Clinic and EPI (Immunisation) centre used to provide their services at two different places. This system was not quite convenient for clients, and thus many people in the community were not motivated to access two different service stations. In this situation, CmSS members discussed this issue and shared with Union level Health (responsible for EPI service) and Family Planning (responsible for Satellite Clinic service) supervisors. As a result, both services (MNH service at Satellite Clinic and EPI service at EPI centre) were decided to be merged. Now the community people can get two different services at one place.

Uttar Mirjanagar Ma o Shishu Kallyan Parishad (CmSS), Mirjanagar stopped two early marriage cases by discussion with both guardians in presence of UP chairman and community people. Union Chairman and CmSS committee members explained the government regulations and discussed with community people about the harmful effect of early marriage. Char Gohalbaria CmSS members got the information that a young adolescent girl in the community was being forced to marriage. The CmSS members discussed the issue with UP chairman and the community people. Finally, CmSS successfully stopped the force marriage.

## Sustainability of Community Support System (CmSS)

Based on the previous experience in Dinajpur project, CARE, Bangladesh has identified number of factors that are important determinant for sustainability. These factors should be kept in mind in planning, implementation, capacity building and monitoring of CmSS activity. CARE proposes a framework for sustainability of CmSS with seven important Pillars. A special effort will be taken to linkup the CmSS with as many as GoB and NGO resource institutions (local government bodies, health facilities, social welfare department) as well as to recognise the CmSS efforts and to create an opportunity to mobilize support. Thus, building capacity and link them with relevant institutions will give high potentials to sustain the activities of CmSS beyond the project period.



## Some challenges of CmSS implementation

- True community participation and inclusion of poor and marginalized people in CmSS
- Ensuring quality services as per increased demand for Maternal and Neonatal Health services
- Involvement of Male in Maternal and Neonatal Health especially (CmSS) activities due to their other priorities
- Maintaining financial transparency in CmSS fund management & develop trust among the community people

## CmSS Operational Guideline

In order to further replication of CmSS activity, SMPP and CARE, Bangladesh jointly developed an Operational Guideline on CmSS. The dissemination workshop of the guideline is planned to be held in April, 2009 in Dhaka. This operational guideline is designed to be used by the MOHFW frontline staff, NGO workers, local government bodies, and other developing partners working on Maternal and Neonatal Health issues. Interested individuals and organisations on CmSS Operational Guidelines are welcomed to contact at SMPP Dhaka Office, DGFP Building, 12th Floor, Karwanbazar, Dhaka-1215 (Tel: 04474700797).

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