



MAMOTA

Expansion of Maternal Newborn Health-Family Planning Services in Rural Bangladesh

Background:

Bangladesh has made significant progress in reducing maternal and child mortality in the last decade, and was on track to achieve both Millennium Development Goal (MDG) 4 (Child) & 5 (Maternal) targets. However, the progress has not been uniform throughout the country. For decades, Sylhet division has lagged behind other regions in health indicators, and over time this trend has not changed significantly.

Using the existing MOHFW platform, the Mamota Project has been working to ensure availability of quality Maternal, Newborn Health-Family Planning services at facility and community levels.

Project Objectives:

The project aims to achieve the following three objectives:

Objective 1: Availability of quality health care service: Additional health service provider deployed by the project to ensure quality health care service.

Objective 2: Increase quality of health facilities: Up gradation of FWC's as 24/7 normal delivery service center and support UHC's for required medicine and logistics will reduce maternal and newborn death.

Objective 3: Systems strengthening: Strengthening sub-district and community level health systems to sustain maternal newborn health and family planning service.

Geographical Coverage: Companiganj, Gowainghat and Jointiapur Upazilas of Sylhet District.

Implementing partner: Friends in Village Development Bangladesh (FIVDB)

Strategic partners: Directorate General of Family Planning (DGFP)
Directorate General of Health Service (DGHS)

Project duration: January 2015 - December 2017

Funded by: Korea International Cooperation Agency (KOICA) and Save the Children Korea.

Target Groups



Children affected by HIV and children of sex workers



Caregivers



Community Facilitators



Teachers



Community Stakeholders, Service Providers



Newly Married Couple



Pregnant women



School Management Committee (SMC) members



Adolescents



Government Officials

Major Achievements:

- Deployed health service providers (Medical Officer-2; Nurce-07; Paramedic-24) for providing health service at Union and sub-district levels.
- Upgraded and renovated Union Health and Family Welfare Center (10) and Upazial Health Complex (1) as 24/7 normal delivery service center.
- Trained community volunteers for every 300 population to ensure health message to newly marriage couple and pregnant women.
- Developed and engaged adolescents from schools of nearby health facilities to advocate community for facility delivery.
- Engaged local community to make functional of all committees (Community Clinic, Family Welfare Center management).
- Maintaining Special Care Newborn Unit (SCANU) in one UHC to serve the needs of local community.
- Established referral mechanism from community to different health facility levels.

Major Challenges:

- Family Welfare Visitors (FWV) are not confident to conduct independently normal delivery at 24/7 service center as there is a long gap between their institutional training and practice.
- Traditional Birth Attendants (TBAs) have a strong linkage with local community and motivate local community for home delivery.
- Limited supply of logistics and essential medicines for ANC services and normal delivery
- Vacancies of health service providers different level positions and absenteeism.
- Three unions are considered by Health and Family Planning department of Government instead of six union at Companiganj.

“Pregnant mothers had no access to safe delivery service in Towakkul union under Gowainghat upazila. Mamota project has ugraded the union health and family welfare center to provide 24/7 delivery service. Now mothers can safely deliver their babies”

- Azibun Nahar, Family Welfare Visitor, Towakkul, Gowainghat, Sylhet



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