

## **Poster Title: Community involvement to increase utilization of maternal health services: Experiences from rural Bangladesh**

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### **Background**

- Bangladesh has high maternal mortality ratio: 290 deaths per 100,000 live births.
- Around 600,000 women experience any pregnancy related complications annually, of which 12,000-15,000 deaths occur due to inadequate medical attention.
- About 56% women seek antenatal care (ANC) and only 18% women receive postnatal care (PNC).
- Almost 85 percent births take place at home.
- Trained service providers assist only 18 percent deliveries.
- Pregnant women in rural areas are less likely to seek maternity services from health centers and/or trained providers due to insufficient knowledge about the importance of pregnancy care and lack of motivation and financial support.
- Community participation proved viable approach in reducing maternal morbidity and mortality in Ghana, Cambodia, and Tanzania by increasing knowledge, motivating and creating demand among pregnant women to utilize maternal health services.
- This study examined community participation to create demand among poor pregnant women for receiving ANC, delivery and PNC services from trained service providers along with financial assistance (Voucher).
- Community participation was ensured through voluntary community support group (CSG).

### **Objectives**

- Assess community participation in the implementation and monitoring of maternal health care financing scheme (voucher) in improving utilization of ANC, delivery and PNC from health facilities and/or skilled service providers.

### **Methodology**

#### **Study sites**

- Two unions in Nabigonj sub-district of Habigonj District

#### **Study design**

- Pre- and post-test design
- Documentation and analysis of CSG activities

- In-depth interviews with pregnant women
- Collection of service statistics.

### **Pre-intervention activities (Formation and orientation of CSG)**

- The lowest administrative unit in Bangladesh is union, which is further divided into nine wards.
- Approximately, 25,000-30,000 population live in each union
- One CSG committee was formed in each ward totaling 18 CSGs in two study unions.
- Each CSG consisted of approximately seven to eleven members of the respective ward.
- CSG members were cautiously selected so that participation is ensured from all level of the society including poor.
- Elected representatives of the local government (Union Council) and government fieldworkers: Family Welfare Assistant (FWA)/ Health Assistant (HA) of respective wards were purposively selected as the members of CSG. They were primarily responsible for organizing meetings.

### **Involvement of CSGs in intervention**

- Orientation workshops with the CSG members about the study and their roles and responsibilities.
- CSG members selected 580 poor pregnant women in study unions for the financial scheme (vouchers) following a standard criteria.
- Financial contribution of CSG members (cleaning premises, furniture, and renovation of health center and service provider's dwelling place) strengthened health infrastructure.
- CSG members organized monthly meetings to monitor the distribution of vouchers and utilization of services. Meeting discussion include: problems encountered by the voucher recipient during services provision in exchange of vouchers, possible solutions, necessary suggestions, inspire field activities such as motivation of pregnant women to seek services from the health centers and information on maternal health.
- CSG members assisted fieldworkers and service providers in organizing group sessions with the pregnant women focusing on importance of maternal health care services, three delays that cause maternal deaths, five danger signs during pregnancy, financial assistance (voucher), service centers, and family planning issues.
- Dramas were staged in the community to convey messages on importance of utilization of maternal health care services from the health facility, family planning issues, maternal health care issues, early marriage, reproductive health, service provider and fieldworker's activities, and role of community people to

promote health care services. CSG members assisted in organizing dramas in the community.

- CSG members organized raffle draw in each health facilities to encourage clients receiving services from health facilities.

## **Findings**

### **Findings from CSG monthly meetings**

- Meetings were held regularly.
- A total of 66 meetings were recorded.
- Meetings were found participatory and specific issues were discussed.
- Male Union Council (local govt.) members played critical roles in organizing meetings.

### **Findings from in-depth interview**

- A total of 30 in-depth interviews were conducted with the women who got voucher to receive pregnancy and delivery services.
- All interviewed women heard about voucher scheme.
- CSG members and fieldworkers were reported main sources of information about voucher scheme, benefits, and options.
- Women learned about getting transport and medicine cost while visiting health facilities for any pregnancy and delivery related services.
- CSG members helped women to surmount difficulties if encountered while utilizing vouchers.

### **Findings from service statistics**

- Voucher serves a pregnant woman receiving three ANC, delivery and one PNC services.
- Voucher can be used for the treatment of pregnancy and delivery related complications.
- Financial support to poor pregnant women significantly increased the utilization of maternity care from the health facilities.
- Utilization of ANC increased from 41 to 89 percent.
- Institutional delivery increased from 2.3 to 18 percent.
- PNC remarkably increased from 10 to 60 percent.

## **Lessons Learned**

- Motivated community leaders and/or members could be effective contributors in improving physical infrastructure of health facilities, which is fundamental for increased maternal health utilization.
- Community leaders can provide guidance and support to the mothers to enhance utilization of services from health facilities.
- Community leader's involvement in monitoring field activities can improve utilization of maternal health care service.
- Community support group (CSG) was a viable strategy that provided community people sense of ownership.

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## **For more information, contact**

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