




ACCESS/Bangladesh: Expanding Research to Program Practice







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Jhpiego in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and Interchurch Medical Assistance

Overview of the presentation

- ❖ Projahnmo I - adaptation of research to the program setting
- ❖ ACCESS-Safe Motherhood & Newborn Care (SMNC) program – overview
- ❖ Program approach
- ❖ Community based model
- ❖ Scaling up through NGO sector
- ❖ Opportunities and challenges for scaling up

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Projahnmo I (2002-2006)



ACCESS SMNC program builds on Projahnmo I, a community based newborn research in Sylhet.

Design: Community-based cluster randomized trial

Objective: To evaluate the effectiveness of a community-based maternal & neonatal care intervention

Key approaches:



- Home-based care arm through Community Health Workers
- Community care (CC) arm
- Control arm

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Projahnmo Results

- **33% reduction in NMR compared to baseline** – (Baqui, *et al.*, The Lancet, *in press*)
- Community Health Workers gained high acceptance in the community
- A package of maternal and newborn interventions-delivered through CHWs improves pregnancy, delivery, and newborn-care practices

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ACCESS SMNC Program

- A 3 year program starting in 2006
- 7 sub districts of Sylhet district, 1.5 million population
- SC USA is the in country lead & implement through local partner NGOs:
 - Friends In Village Development, Bangladesh
 - Shimantik
 - ICDDR,B (evaluation and technical assistance)




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Objectives & Approaches

Objectives:

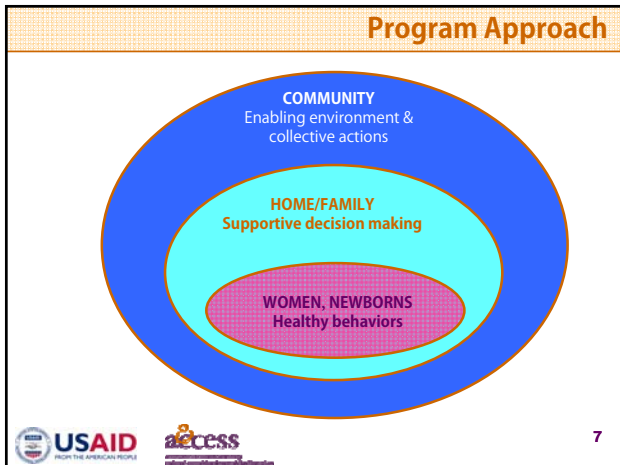
- To increase the practice of healthy maternal and neonatal behaviors in antenatal, childbirth, and postnatal periods in a sustainable and potentially scalable manner

Key Approaches:

- Household counseling
- Linkages to health services
- Community mobilization
- NGO systems development
- Advocacy




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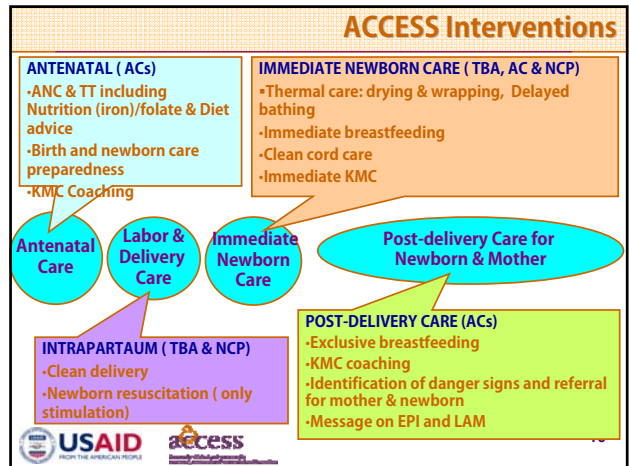


- ### Modifications for Expansion
- Community-based MNH activities - home-based counseling and care without newborn sepsis management
 - Training - short duration, counseling/education only
 - Home visitation schedule & pop coverage
 - NGO implementation
 - Community mobilization - new approach
 - Advocacy - local and national level advocacy
 - M & E - simple MIS forms & M & E system
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Community Based MNH Care

- ❖ MWRA & Pregnancy Identification
- ❖ Home Visits for education and negotiation with family to practice healthy behavior
- ❖ Two home visits during pregnancy (3-5 months and 7-8 months)
- ❖ Two post natal home visits (24 hours and 5-7 days after birth)

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Profile of ACCESS Counselor

The KEY Behavior Change Agent

- Young female, majority unmarried
- Local residence
- Serve a cluster of 6000 pop
- 10 day basic training including basic MNH information, counseling /negotiation skills, MIS and reporting

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- ### Training for ACCESS Cadre
- Core NGO Staff
 - Cascade training
 - Supervisory training for 2 day in addition to basic training contents
 - Community Supervisor Mobilizers/Mobilizers:
 - Receive 10 day basic & 2 day supervisory training
 - 6 day basic training in CM component
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Community Mobilization

Why engage at the community level?

COMMUNITY
Enabling
environment &
collective actions

Community Mobilization is a capacity building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.

Community Mobilization



Scaling thru NGO Systems

Design key NGO systems for scaling up:

- Participatory design and planning process
- NGOs conduct training & implementation
- Supervision and monitoring for quality improvement
- Reporting (programmatic & financial)

Advocacy

LOCAL

- To increase knowledge and awareness of MNC in the community and of providers
- To increase access to health services from the government and NGOs
- Engagement with community leaders, Imams, local government and local MOH

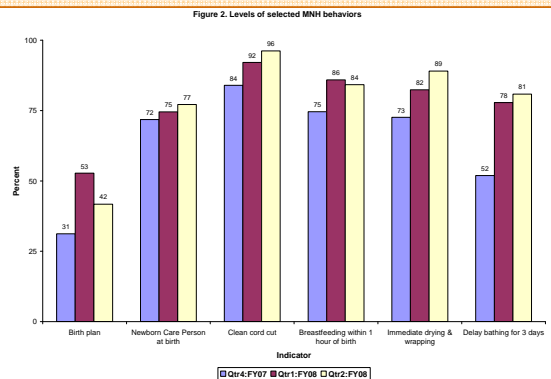
NATIONAL

- Liaise with GOB, donors & professional associations for increased commitment & resources for MNH programs
- For scaling up thru other national programs

Monitoring and Evaluation

- Shift from rigorous data collection
- Developed simple MIS targeted to improve activities at field level
- Fewer indicators
- Community mobilization: new set of indicators and MIS forms
- Data sources: Counselors visit record forms and meeting record forms
- Data used by Counselor and their Supervisors at the field level
- Baseline and end line

Results on Selected MNH Behaviors



USAID External Assessment 2008

- Careful and extensive stakeholder preparation facilitated a rapid and systematic roll out of activities.
- Strong program management system in place
- Minimally skilled community workers changing household behavior
- Signs of early behavior change visible in newborn care
- Solid Community support emerging as the result of Community Action Groups

USAID Assessment cont..

- Field staff need enhancement of technical skills
- Enhance family planning content
- Introduce misoprostol after national policy roll out
- NGO capacity development plan for sustainability
- Expand to new district
- Modification of current M&E system to a simpler, community-oriented version

Lessons Learned

- Strategic decision making from the beginning
- Taking 'research to scale' requires significant technical and managerial changes
- Effectiveness and acceptability of young, single women in newborn care
- Community mobilization is easier in resource poor, rural areas
- Male community action groups were very involved

Lessons Learned..cont

- If local government entities are systematically engaged in the process, show greater interest
- NGOs have a better understanding of and ties within communities,
- Can be challenging to introduce new activities thru NGOs
- Invest in strategic TA to develop NGO capacity
- Lack of good referral and receptiveness of referrals to the GOB/MOH services are critical



THANK YOU

