



SAFE MOTHERHOOD DAY 2012

নিরাপদ প্রসব নারীর অধিকার



SSFP strives to ensure Safe Motherhood in Bangladesh

The Smiling Sun Franchise Program (SSFP) is a USAID-funded maternal health and family planning service delivery network of 325 static clinics and more than 8,500 satellite clinics across the country. To accomplish its service delivery goals, SSFP partners with 26 Bangladeshi NGOs who own these clinics and are committed to improve the quality of life of all Bangladeshis by providing superior, friendly and affordable health services in a sustainable manner. SSFP adopts a double bottom-line approach in health and FP service delivery- serving to the poor while striving for sustainability.

SSFP effectively supplements and complements Bangladesh Government's efforts to achieve its health and family planning goals. In line with the national strategies, SSFP ensures:

1. Access to family planning to prevent unintended pregnancy through quality counseling, services and continuum of supplies
2. Access to quality care for pregnancy and childbirth through quality antenatal care, skilled attendance at birth including facility delivery and home delivery, immediate postpartum care for mothers and newborns Access to quality emergency obstetric care to handle complications with strong referral linkages with higher facilities.

All Smiling Sun Clinics provide antenatal and postnatal care services while 46 clinics known as Ultra clinics (EmOC clinic) provide safe delivery services and 61 clinics provide home delivery services. Out of 46 Ultra clinics, 28 clinics provide comprehensive EmOC services and 18 clinics provide basic EmOC services. Nine of these Ultra clinics implement the Demand Side Financing program of Bangladesh in order to increase accessibility to safe delivery services by the poor people.

As part of the observation of Safe Motherhood Day 2012, SSFP plans to upgrade five Vital clinics to Ultra clinics in the month so that total number of Ultra



A mother just delivered a baby in Smiling Sun Ultra clinic

clinics stands at 51. Meanwhile seven basic EmOC clinics will be upgraded to comprehensive EmOC clinics. All of these efforts are geared to SSFP's commitment to improving access to safe delivery for pregnant women of our country.

Active Management of Third Stage of Labor (AMTSL) is practiced at the facility level and home level deliveries to prevent post partum haemorrhage which is one of the major causes of maternal mortality in Bangladesh. SSFP provides training to its service providers on safe delivery and AMTSL and actively follows up on this best practice to prevent maternal mortality.

SSFP deploys Community Service Providers (CSPs) who work in the catchment areas of about 55% of Smiling Sun clinics to motivate women for FP, ANC, PNC and facility level delivery. These CSPs are continuously trained on counseling and motivation by the Service Promoters and Clinic Managers on a regular basis. They are also trained in Essential Newborn Care and PNC. They help organize satellite sessions in the

community and refer customers to satellite as well as static clinics.

In order to improve community awareness on health issues, particularly that of improving maternal health status, foster behavioral change and develop community ownership, SSFP has developed a group of satisfied customers in the community of each static and satellite clinic known as a Surjer Hashi Health Group. The health group members conduct regular monthly meetings and discuss health issues of the community. They motivate pregnant women in the community to receive four antenatal visits in the Smiling Sun clinics or in other facilities and encourage facility level delivery. These health group members are committed to improving the maternal health status by informing married women on benefits of safe delivery and promoting long acting and permanent methods of family planning when and where applicable.

In line with SSFP's mission of improving the quality of life of all Bangladeshis, its quality vision is to provide clinical care which is safe,

effective, customer-centered, timely, efficient and equitable. Clinical quality in SSFP lies at the root of its strategic operation points that is static and satellite clinics. SSFP believes that leadership skill, shared vision and conducive culture and compact are the change foundations for quality improvement.

Smiling Sun static clinics display posters on Client's Right Charter to remind customers as well as service providers about customers' basic rights for accessing and utilizing services from the clinics.

SSFP conducts periodic campaigns to inform community members on the needs of ANC, PNC and safe delivery at the facility. The campaign results in increasing accessibility to the quality ANC, PNC and safe deliveries in the Smiling Sun network and thus improving the maternal health status in the community.

SSFP has developed several BCC materials on ANC, PNC, Safe Delivery, FP including a one-minute TV commercial on ANC for telecasting through different TV.

This year SSFP has planned an elaborate program to observe Safe Motherhood day across its network. These activities include advocacy on ANC, PNC, pregnancy danger signs among the pregnant women in the community, distribution of leaflets on maternal health services in the clinics, hanging posters on ANC, PNC and safe delivery and distribution of newborn gift hamper to the mother for having facility level delivery. Apart from all of these activities, SSFP will participate in all government programs elsewhere in Bangladesh.

Beginning in October 2007, SSFP has conducted more than 82,000 safe deliveries with skilled birth attendants. SSFP believes that no mother should die while giving birth. Although Bangladesh is on track to achieve MDG 5 by 2015, it is very important to keep the pace in order to sustain progress until the final milestone is achieved.



In some cultures white symbolises mourning; in others it symbolises hope and life. Our white ribbon is dedicated to the memory of all girls and women who died needlessly in pregnancy and childbirth.



Community Support System (CmSS)

A proven community based approach for realizing rights to safe motherhood

Bangladesh is one of the most densely populated countries in the world, with a population of 155 million (estimated) living on 147,570 sq. km. Each year, about 3.5 million women get pregnant and need quality maternity care services. In Bangladesh, around 7300 women (194 per 100,000 live births) die each year and 360,000 women suffer from long term disability due to unsafe delivery. Moreover, there are huge disparities between the wealthiest and poorest women in accessing maternal and neonatal health services. For example, use of ANC services by the wealthiest women versus the poorest is 93% to 48% and access to skilled birth attendants (SBA) at birth is 63% versus 11%.

High maternal mortality rates are indicative of gender and other socioeconomic inequalities- this includes low social status, lack of power, lack of access to information, limited mobility and lack of decision-making opportunities as well as poorly functioning and inequitable health systems. This situation is not just an outcome of degraded public health systems, but symptomatic of a wider denial of a woman's basic right to safe pregnancy and childbirth.

CARE's rights-based approach to maternal health recognizes that a responsive health system, empowered communities and policy actions must be understood and develop programmes that represent changes in power dynamics and the distribution of resources within households and broader society.

Considering both the medical and social determinants of maternal health, CARE Bangladesh along with MOHFW and other development partners have been implementing a community based intervention widely known as "Community Support System (CmSS)". Community Support System is a mechanism for establishing a system at the community level, through collective efforts of the community people, which tracks all pregnant women, and provides need-based support for making their pregnancy safer including timely use of life-saving emergency obstetric care services.

The key functions of CmSS include (i) identification and tracking of pregnant women; (ii) promoting birth preparedness targeting pregnant women and decision makers; (iii) acting as watch dog to prevent harmful practices; (iv) mobilizing funds and transportation for referral; and (v) linking and sharing information/feedback with health system and local government.

A local community support group plans and leads. The process includes identification of a community facilitator followed by community diagnosis and mapping. Key stakeholders map community resources and discuss local case studies of maternal/neonatal complications and deaths. This is followed by a meeting with the whole community, local decision making on how community support will be provided to pregnant women, and formation of a support group. Participants in monthly CmSS meetings include a representative of the Union Parishad and a local healthcare provider, engaging local government and the healthcare system with the community.

The CmSS intervention was implemented in the JICA supported Safe Motherhood Promotion Project in Narsingdi between 2006-2011. The final evaluation revealed that CmSS was associated with reduced wealth disparities of key maternal health outcomes with 71% antenatal care access among the lowest quintile, compared to 30% in non-CmSS areas.

Community Support System amplifies collective community voices to make the service providers accountable, act as a peer pressure group to prevent harmful practices by traditional healers and addresses broader social and women's issues like violence against women, early marriage and dowry and links the house and facility through addressing barriers (information, financial and others) that lie between women and health facilities.

The Community Support System has been identified as a key community mobilization intervention by the joint GoB-UN Maternal and Newborn Health Initiative and has been implemented in Jamalpur, Moulvibazar, Narail and Thakurgaon district since 2009, through involving NGOs including CARE and will be implemented in 7 new districts. In MNH, the CmSS has been implemented through Community Clinic Management Committee with the Community Clinics being the center for establishing Community Support System. The national operational guidelines for Community Clinic have already incorporated the concept and process of establishing Community Support Groups.

Countrywide quality implementation of Community Support System will ensure that Bangladeshi women, regardless of their wealth, socio-political standing and cultural identity, will enjoy their rights to sexual, reproductive and maternal health.

'Safe childbirth is a woman's right'

Bangladesh is on track to meet the 2015 deadline for UN Millennium Development Goal (MDG) 5 in reducing maternal mortality ratio (MMR) by three quarters. According to the Bangladesh Maternal Mortality and Health Service Survey (BMMS) 2010, maternal deaths fell from 322 per 100,000 in 2001 to 194 in 2010, a 40 percent decline in 9 years. However, attaining MDG5 requires efforts to achieve a further 25% reduction in MMR. Based on evidence, some key programmatic areas have been identified to bring maternal mortality further down which include: universal coverage of antenatal care (ANC); increase access to and utilization of skilled birth attendants (SBAs); timely recognition and appropriate management of pregnancy complications, and reducing inequality in utilization of maternal health service. While the Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016 of the Government of Bangladesh sets target to increase 4 ANC visits from current 26% to 50%, delivery by SBAs from 32% to 50% by 2016; and bringing equality in reducing the gaps between the wealthiest to the poorest in utilizing maternal health services, what has been missing so far is bringing human right approach in understanding maternal health issues and finding out appropriate solutions to deal with them.

In the recent years there has been an increasing understanding at the international and regional levels that reducing maternal mortality and morbidity is not solely an issue of development, but matter of human rights. International human rights law specifies that all human beings must be able to enjoy and exercise their human rights on a basis of equality between women and men, and free from discrimination on the basis of sex, race, colour, language, religion, political or other opinion, national or social origin, property, birth or other status. Recognizing the importance of human rights issues, the Human Rights Council identifies a range of human rights directly implicated by maternal mortality and morbidity, namely, the "rights to life, to be equal in dignity, to education, to be free to seek, receive and impart information, to enjoy the benefits of scientific progress, to freedom from discrimination, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health" (resolution 11/8, para. 2).

The scale of maternal mortality and morbidity across the world reflects a situation of inequality and discrimination suffered by women throughout their lifetimes, perpetuated by state laws, policies and harmful social norms and cultural practices. In Bangladesh, social norms and cultural practices place women in a subordinate position from the day they are born; women are considered born to get married, to bear children, and to work in their husband's family. Despite some improvements in female education and employment, and formulation of laws and policies in recent years, women, in general, hold a sub-ordinate position in the society and social and cultural contexts do not allow them to seek appropriate health care at the time when they need it the most. As a result, motherhood which should be a positive and fulfilling experience for all women, for many it brings sufferings and ill-health, and for some it even leads to death. So, on the occasion of Safe Motherhood Day let us all come together and acknowledge that improving maternal health is not only a developmental issue, but a human rights issue - "Nirapod proshob naari rodhikar" - every woman should celebrate her womanhood and birthing experience should be a happy occurrence not a nightmare!



Farida, 30 with her husband and youngest three children
Noai Dakkhinbhag Village, Golapganj Upazila, Sylhet District

Management of Excessive Bleeding During Delivery

When Farida Begum became pregnant for the 8th time, she expressed frustrations about her fragile health to a Community Health Worker (CHW) from MaMoni, a USAID-funded safe motherhood, newborn care and family planning project. Her earlier deliveries had been long and hard. During the delivery of her 8th child, Farida's condition deteriorated due to excessive bleeding. Fortunately for Farida, the CHW had given her misoprostol during a home visit in the last few weeks of her pregnancy, which she was able to take just after delivery. This ultimately stopped Farida's bleeding and saved her life.

Tackling Disrespect and Abuse: Seven Rights of Childbearing Women

Category of Disrespect and Abuse	Corresponding Right
1. Physical abuse	Freedom from harm and ill treatment
2. Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including the right to companionship of choice wherever possible
3. Non-confidential care	Confidentiality, privacy
4. Non-dignified care (including verbal abuse)	Dignity, respect
5. Discrimination based on specific attributes	Equality, freedom from discrimination, equitable care
6. Abandonment or denial of care	Right to timely healthcare and to the highest attainable level of health
7. Detention in facilities	Liberty, autonomy, self-determination and freedom from coercion

Mobile Alliance for Maternal Action (MAMA) Bangladesh

'Aponjon' service helped Asha Rani Sarker to get accurate health messages

"Well...now I know that I should keep my daughter on my shoulder for a few minutes after she receives breast milk. She doesn't vomit anymore and I am so relieved. The Aponjon service helped me to get accurate health messages on how to raise a child as well as to take care of my own health."

Asha Rani, a 24-year old woman happily married with two children, lives in the Vashantek slum in Mirpur, one of the most crowded slums in Dhaka city. She lives with her husband, children, and in-laws in the same compound which is typical for Bangladeshi family living. Asha's family is very loving and respectful, but when she started to raise her first child, she realized she did not know important things about how to raise a healthy child health. For example, she had questions about immunization needs, nutritional diet, and common physical ailments that can be managed at house hold level.

Upon the birth of her second child (daughter), a health worker informed her about 'Aponjon', a new service that provides the type of health information she was looking for.

The 'Aponjon' service was created by the Mobile Alliance for Maternal Action (MAMA) Bangladesh initiative, which is funded by the United States Agency for International Development (USAID), the U.S. Government's premier development agency and also supported by private donors such as and Johnson and Johnson. Under the Aponjon program, expecting and new mothers, husbands and mothers-in-laws will receive pre-programmed voicemail and text messages on health and safe motherhood to encourage the

About MAMA and Aponjon

Mobile Alliance for Maternal Action (MAMA) is engaging an innovative global community to deliver vital health information to new and expectant mothers through mobile phones. Globally the founding partners include United States Agency for International Development (USAID) and Johnson & Johnson with supporting partners the United Nations Foundation, Health Alliance, and BabyCenter.

Under the brand name 'Aponjon', MAMA Bangladesh initiative is poised to become the first financially sustainable health information service utilizing mobile phones. The objective is to reach 500,000 pregnant women, new mothers, and their families within 3 years with voice (IVR) and text (SMS) messages.

Ministry of Health and Family Welfare (MoH&FW) and the Access to Information (A2I 2) program at Prime Minister's Office (PMO) are the official government partners of MAMA Bangladesh. In collaboration with a core group of partners, D.Net, a Bangladeshi social enterprise (non-governmental organization) is responsible for implementing and coordinating MAMA Bangladesh initiative.

adoption of best practices to ensure safe pregnancy and delivery. Excited to receive the information she was missing on how best to take care of herself and her children, Asha immediately registered for the service.

New information that Asha learned from the service

After registering with the 'Aponjon' service, Asha became well informed about the immunization schedule for her daughter, and got motivated to bring her to the health facility for vaccination. The 'Aponjon' service has made her

knowledgeable on supplementary food choices for her child after her daughter had 6 months of exclusive breast feeding. Service providers found that Asha even fights with her mother-in-law who insisted on her giving cow's milk to the baby.

Asha loves the message where a mother is advised to make direct eye contact while making interactions with her child. Accordingly, Asha maintains eye contacts while talking to her baby. She believes it is helpful in developing the bonding between the mother and the child. This is important, because in rural



Asha Rani Sarker with her 8-month old child Debi Rani and husband Bikash Sarker

Bangladesh, mothers are usually asked not to do so as there is a misconception that it's harmful for the child. She also talks in clear accent so that her baby can learn how to talk clearly.

Changes in the family and community

Asha and her husband share the same phone. Every week her husband receives SMS text messages on his mobile phone - two for his wife and one for himself. When he returns home at night, she reads the messages from his mobile phone. Asha's husband receives messages targeted to him, so he is equally knowledgeable about their child's health. He is now concerned about the child's nutrition and immunization schedule and takes steps as suggested in the messages. Satisfied by 'Aponjon' service, Asha is now encouraging others in her community to subscribe to the mobile messages. She thinks it is her responsibility to inform others about this helpful service.