2011

Identifying opportunities and challenges to strengthen union level facility for providing normal delivery and newborn care services: Findings from policy advocacy activities

Md. Noorunnabi Talukder

Ubaidur Rob
Population Council

A.K.M. Zafar Ullah Khan

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh

Part of the [Demography, Population, and Ecology Commons](#), [Family, Life Course, and Society Commons](#), [International Public Health Commons](#), and the [Medicine and Health Commons](#)

How does access to this work benefit you? Let us know!

Recommended Citation

Talukder, Md. Noorunnabi, Ubaidur Rob, and A.K.M. Zafar Ullah Khan. 2011. "Identifying opportunities and challenges to strengthen union level facility for providing normal delivery and newborn care services: Findings from policy advocacy activities." Dhaka: Population Council.

This Report is brought to you for free and open access by the Population Council.

Identifying Opportunities and Challenges to Strengthen Union Level Facility for Providing Normal Delivery and Newborn Care Services

Findings from Policy Advocacy Activities

**Identifying Opportunities and Challenges to Strengthen Union Level Facility
for Providing Normal Delivery and Newborn Care Services**

Findings from Policy Advocacy Activities

Edited by

Md. Noorunnabi Talukder

Ubaidur Rob

A.K.M. Zafar Ullah Khan

Population Council, Bangladesh

August 2011

ACKNOWLEDGEMENTS

Population Council expresses sincere gratitude to **UK Department for International Development (DFID)** for their interest and financial assistance in organizing a series of advocacy meetings and workshops which were carried out as a part of policy and systems research study titled “Strengthening Union Level Facility for Providing Normal Delivery and Newborn Care Services.”

The Council accomplished one consultative meeting, one stakeholders’ meeting, two experience sharing workshops in Jamalpur and Thakurgaon, two local-level advocacy workshops in Kurigram and Habiganj, and two roundtable dialogues with journalists from Bengali and English newspapers. The Council is grateful to the policymakers and program managers who attended individual events and/or extended support in organizing those events.

Particularly, the Council is grateful to **Mr. Md. Humayun Kabir**, Secretary, Ministry of Health and Family Welfare (MOHFW) for gracing a roundtable dialogue with journalists as the Chief Guest and for providing useful direction regarding strengthening union-level health facilities for normal delivery and newborn care services. We are also grateful to **Mr. M.M. Neazuddin**, Director General, Directorate General of Family Planning (DGFP), who officiated the local-level advocacy workshop in Habiganj and graced a roundtable dialogue with journalists as the Chief Guest.

The presence and scholarly contribution of **Dr. A.B.M. Jahangir Alam**, Director, Primary Health Care, Directorate General of Health Services at the workshops in Kurigram and Habiganj as well as at the consultative meeting and stakeholders’ meeting was particularly encouraging. The interest and collaboration of **Dr. Mohammed Sharif**, Director, Maternal and Child Health Services, DGFP was crucial for smoothly organizing workshops in Jamalpur, Thakurgaon, Kurigram and Habiganj. We greatly appreciate the kind presence of **Dr. Subash Kumar Saha**, Divisional Director-Health, Dhaka, **Md. Delwar Hossain**, Divisional Director-Family Planning, Dhaka and **Dr. Md. Sajedul Islam**, Divisional Director-Health, Rangpur at local level workshops.

We also express sincere thanks to **Prof. Dr. Syed Anwar Husain**, Editor of The Daily Sun for his keen interest and cooperation in organizing a roundtable dialogue. Thanks are due to **Mr. Ganesh Chandra Sarker**, Director, Information Education and Motivation, DGFP for providing the DGFP venue for a roundtable dialogue.

The Council deeply appreciates the cordial assistance of **Dr. Md. Hafizur Rahman**, Civil Surgeon and **Dr. Md. Shamsuddoha**, Deputy Director-Family Planning (DD-FP) of Kurigram; **Dr. Md. Jasim Uddin**, DD-FP, Habiganj; **Dr. Narayan Chandra Debnath**, Civil Surgeon (Acting) and **Dr. Nargis Begum**, DD-FP of Jamalpur; and **Dr. Mohd. Khairul Kabir**, Civil Surgeon and **Dr. Paritosh Kumar Paul**, DD-FP of Thakurgaon in organizing workshops at the respective district.

Contribution of participants in sketching out future strategies to strengthen union-level health facilities for normal delivery and newborn care services is greatly appreciated. In particular, the Council would like to extend its heartfelt thanks to designated discussants, who provided thoughtful inputs at the events.

Finally, special thanks are due to Population Council staff members for their tireless efforts in organizing the events.

ABBREVIATIONS

ANC	Antenatal Care
BCC	Behavior Change Communication
DD-FP	Deputy Director-Family Planning
DDS	Drugs and Dietary Supplies
DFID	Department for International Development
DG	Director General
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EOC	Emergency Obstetric Care
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GOB	Government of Bangladesh
HFWC	Health and Family Welfare Center
IEM	Information Education and Motivation
IUD	Intra-uterine Device
LSS	Life Saving Skills
MA	Medical Assistant
MCH	Maternal and Child Health
MCWC	Mother and Child Welfare Center
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MNH	Maternal and Newborn Health
MOHFW	Ministry of Health and Family Welfare
MO-MCHFP	Medical Officer-Maternal Child Health and Family Planning
NGO	Non-Governmental Organization
PHC	Primary Health Care
PNC	Post-natal Care
SACMO	Sub-Assistant Community Medical Officer
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
TOR	Terms of Reference
UFPC	Union Family Planning Committee
UHC	Upazila Health Complex
UHFPC	Union Health and Family Planning Committee
UHFPO	Upazila Health and Family Planning Officer
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UP	Union Parishad
WHO	World Health Organization

CONTENTS

<i>Acknowledgements</i>	iii
<i>Abbreviations</i>	iv
Strengthening HFWCs for Normal Delivery and Newborn Care Services: Findings from Consultative Meeting	1
Stakeholders' Views and Experiences on Strengthening Union Level Facility for Providing Normal Delivery and Newborn Care Services	7
Strengthening HFWCs for Normal Delivery and Newborn Care Services: Findings from Local Level Advocacy Workshops	15
Lessons from Strengthened HFWCs for Providing Normal Delivery and Newborn Care Services	27
Strengthening HFWCs for Normal Delivery and Newborn Care Services: Findings from Roundtable Dialogues with Journalists	37

Strengthening HFWCs for Normal Delivery and Newborn Care Services: Findings from Consultative Meeting

Nargis Sultana, Amar Krishna Baidya, and M. Mostafizur Rahman Khan

Population Council, Bangladesh

BACKGROUND

On its journey towards achieving the Millennium Development Goal of reducing maternal mortality ratio by 2015, Bangladesh needs to ensure access to institutional delivery from the nearest facility. The first-level fixed facility health services are provided at the union level through Health and Family Welfare Centers (HFWCs), which are designed to improve maternal and child health by making services available to the people in rural areas. However, most of the HFWCs do not have the capacity to provide normal delivery services, which is often compounded by the unwillingness of pregnant women to receive those services from the Upazila Health Complex (UHC) due to long distance from their home.

Population Council, with financial assistance from DFID, carried out a policy and systems research study with the purpose of seeking evidence to strengthen union HFWCs for providing normal delivery and newborn care services in Bangladesh as well as eliciting support from key stakeholders for making the necessary policy and programmatic changes. This study was expected to develop an outline for enabling the required improvement at the HFWC to offer normal delivery services. As a part of policy advocacy activities under this study, a national workshop regarding HFWC was organized on 12 February 2011 in Dhaka where the Secretary to the Ministry of Health and Family Welfare was present as the Chief Guest. Based on the workshop findings and utilizing the available literature on HFWCs, a draft outline was developed on how to strengthen HFWCs for providing normal delivery and newborn care services, which was later shared at a consultative meeting.

PURPOSE AND ORGANIZATION

The consultative meeting was organized as a part of consecutive policy advocacy activities with the purpose of reviewing draft HFWC-strengthening outline. Besides, the meeting was designed to enhance understanding on programmatic opportunities and challenges to strengthen the HFWCs for providing normal delivery and newborn care services. The suggestions and recommendations of this meeting will be utilized to develop strategies to strengthen HFWCs for providing those services.

The meeting was held on 27 February 2011 in Dhaka, attended by 26 participants. Representatives from Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), non-governmental organizations (NGOs), development partners and other relevant stakeholders attended the meeting. The discussion of the meeting was centered on: (i) physical

structure; (ii) human resources; (iii) managerial issues; (iv) referral system; and (v) demand creation. The meeting resulted in identifying several recommendations to strengthen the existing structure and service provision at HFWC.

RECOMMENDATIONS

Physical structure

To improve the physical structure of the HFWCs, following suggestions were made:

- Almost all unions of the country have HFWCs (Both Family Welfare Centers maintained by ‘family planning’ directorate and Rural Dispensaries maintained by ‘health directorate’ are termed as HFWC). For ensuring a uniform structure, every facility at union level, irrespective of health and family planning, needs to be upgraded. In most cases, erstwhile Rural Dispensaries are not adequately constructed to provide normal delivery and newborn care services. Assessment of the capacity of all facilities that are present at union level is necessary. A revised lay-out of the facility may help to improve the physical structure for safe delivery and newborn care services. To begin with, a unified plan or guideline is necessary to identify the gaps in existing physical structure of HFWCs in order to upgrade them.
- Physical structure of the facility should be improved in terms of staff accommodation, running water, provision of electricity, constructing labor room, and building a maternal and child health (MCH) ward.
- There should be separate well-equipped labor room for providing delivery services.
- A MCH ward with at least two beds is required.
- Inadequate maintenance of facilities is considered as one of the reasons for underutilization of HFWCs. Regular maintenance of HFWCs will encourage clients to receive services from those facilities.

Human resources

Several human resource issues were identified in the discussion, which are considered as barriers to providing quality health and family planning services from HFWCs. The key problem identified was the inadequate number of service providers. Regarding indirect providers and support staff, the situation is worse. For example, there is sanctioned post of pharmacist in only one-fifth of the HFWCs. There is also the problem of accountability of service providers. The prevailing situation of weak governance to retain trained providers in the designated position is also apparent.

- Human resource situation can be improved by filling in the vacant posts of service providers and creating post of support staff.

- Most of the Family Welfare Visitors (FWVs) are aged and gradually retiring, which is worsened by the long pause in the recruitment of FWVs. Priority should be attached to training and recruitment of FWVs.
- At present, there is no appropriate workforce for conducting normal delivery at the union-level facilities. Moreover, HFWCs do not have the required human resources capacity to provide round-the-clock services. It will be burden for FWVs if they are entrusted with the responsibility to conduct normal delivery in addition to their currently assigned responsibilities. It is important to note that among their six working days, FWV needs to leave the HFWC for two days to organize satellite clinics. In this situation, one additional FWV trained in midwifery should be posted at the HFWC to ensure availability of trained service providers in shifts for round-the-clock services.
- As a long-term strategy, a new cadre “midwife” can be created to address the current and future needs of growing female population.
- About 5,500 Family Welfare Assistants and female Health Assistants have been trained as skilled birth attendants (SBAs), who are providing domiciliary services. Optimal utilization of SBAs will be possible if they are attached to the HFWC as a step towards immediately improving the availability of human resources for round-the-clock services.
- Two types of training program can be introduced for FWVs. FWVs currently working can be given six-month midwifery training. For new recruits, the duration of FWV training course could be increased to two years which must include six-month midwifery training. It will be both cost-effective and useful to produce FWVs rather than midwives.
- It will be a plus point if the doctor is posted at the HFWC for supervising normal delivery and newborn care services. In particular, posting of a female doctor will be of immense benefits for rural women, which is likely to increase facility-based delivery services. The doctor should be trained on health, population, and nutrition.
- Providing financial incentive is likely to ensure FWV’s availability at the facility.
- Involvement of local elected representatives for monitoring the HFWC has the potential to improve retention of service providers.

Managerial issues

- FWVs are accountable to Medical Officer-Maternal Child Health and Family Planning (MO-MCHFP), who is posted at the UHC. But most of the upazilas has no MO-MCHFP in place. In most cases, the supervision of union-level FWVs is disrupted due to the unavailability of MO-MCHFP. Entrusting Upazila Health and Family Planning Officer (UHFPO) with the authority to supervise MO-MCHFP and FWVs may ensure accountability and quality of services at the union level.

- Functional coordination is not possible by keeping ‘health’ and ‘family planning’ directorates separate from each other. Integration at upazila and below did not work earlier. Decentralization at the upazila level is necessary, which may increase cooperation between ‘health’ and ‘family planning’ directorates at the local level.
- Team management is important, which can be coordinated by a doctor (Medical Officer) posted at the HFWC. This Medical Officer should act as the supervisor of both health and family planning functionaries at the union level. Until all unions have the doctor in place, a medical officer designated by UHFPO may supervise and coordinate those activities.
- Local government should take the responsibility for monitoring and supervision, which is likely to improve retention of service providers.
- At the systems level, digital monitoring can be introduced for ensuring the availability of service providers. At the community level, Union Family Planning Committee (UFPC) must be made functional to hold the monthly meeting at the HFWC, for which required financial assistance should be allocated.

Referral system

There is no systematic referral system from HFWC to higher-level facilities. Generally, FWVs refer pregnant women to Mother and Child Welfare Center (MCWC) bypassing UHC, as they have functional relationship with those facilities. In some cases, clients are referred to District Hospital. For an effective referral system, following issues need to be considered:

- Along with strengthening the HFWCs, it is necessary to upgrade the UHCs with emergency obstetric care (EOC) services, where referred clients can get those services. However, most of these upazila-level facilities are not ready with EOC services, which must be improved so that complicated cases referred from HFWCs can get appropriate services.
- Less coordinated referral system in rural areas is a long-standing challenge to health system service delivery due to the presence of parallel service delivery systems of ‘health’ and ‘family planning’ directorates. It is critical to decide where to refer pregnant woman if complications identified at the HFWC. Specifically, who will be the staff at the UHC to whom FWV can refer complicated cases, provided the dual management at that facility. FWV can refer complicated cases to MO-MCHFP, but this medical officer is not capable of attending those cases. It is necessary to develop a referral system from Community Clinic to HFWC and from HFWC to UHC; otherwise there will be referral directly from community to MCWC.
- It will be both time-saving and convenient if HFWCs refer clients to the nearest higher-level facility (UHC or MCWC) irrespective of the administrative jurisdiction.
- Clients can have mobile phone number of the service providers of HFWCs so that they can contact them in emergency cases.

Demand creation

- Supply creates its own demand. If there is adequate supply-side inputs, demand will be there. However, it is necessary to carry out cost-benefit analysis for increasing supply-side inputs.
- Community people must be made aware that delivery at facility is safer than the delivery at home even conducted by trained personnel.

ANNEXURE: List of Participants

1. Mr. Dhiraj Kumar Nath, Former Advisor, Caretaker Government of Bangladesh
2. Dr. A.B.M. Jahangir Alam, Director, PHC, DGHS
3. Dr. Mohammed Sharif, Director, MCH Services, DGFP
4. Dr. Bishnupada Dhar, Program Manager, MCH Services, DGFP
5. Dr. Tofayel Ahmed, Deputy Team Leader, MIS, MOHFW
6. Dr. M.A. Mabud, Former Division Chief, Planning Commission
7. Dr. Md. Shahjahan Biswas, Former DG, DGHS
8. Prof. Dr. Shah Monir Hossain, Former DG, DGHS
9. Dr. Jahir Uddin Ahmed, Consultant, USAID & Former Director, MCH Services, DGFP
10. Dr. Jafar Ahmad Hakim, Consultant, Population Council & Former Director, MCH, DGFP
11. Dr. Momena Khatun, Health Advisor, CIDA
12. Prof. Barkat-E-Khuda, Department of Economics, University of Dhaka
13. Dr. Ahmed Al-Kabir, President, RTM International
14. Mr. Md. Mozzammel Hoque, Senior Policy Advisor, SSFP
15. Dr. Selina Amin, Health Advisor, Plan International
16. Dr. S.M. Shahidullah, Project Manager, CMHC, Plan International
17. Dr. Rezzaqul Alam, Plan International
18. Mr. Shah Noor Mohammad, Senior Regional Manager, BRAC Health Program
19. Dr. Morsheda Chowdhury, BRAC Health Program
20. Mr. Suraiya Akhter, President, FWV Association
21. Ms. Nargis Sultana, Research Officer, Population Council
22. Mr. M. Mostafizur Rahman Khan, Senior Research Officer, Population Council
23. Mr. Amar Krishna Baidya, Assistant Program Officer, Population Council
24. Mr. Md. Noorunnabi Talukder, Program Officer, Population Council
25. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Secretary, MOHFW
26. Dr. Ubaidur Rob, Country Director, Population Council

Stakeholders' Views and Experiences on Strengthening Union Level Facility for Providing Normal Delivery and Newborn Care Services

Amar Krishna Baidya, Nargis Sultana, and M. Mostafizur Rahman Khan

Population Council, Bangladesh

BACKGROUND

In Bangladesh, there is a comprehensive network of government health facilities to provide maternal and child health services from grassroots to higher levels. In rural areas, first level fixed-facility service is provided at the union level through Health and Family Welfare Center (HFWC). However, the union-level facilities are not utilized optimally, partly due to shortage of service providers, non-availability of some essential services such as normal delivery, newborn care, and integrated management of childhood illnesses, and limited service hours (from 8:00 am to 2:30 pm). If HFWC is upgraded from an outdoor facility to a hospital, it will enable the women to receive free round-the-clock normal delivery services within their locality. However, there are several issues that need to be addressed through policy changes. Innovative ideas and programs are required to strengthen HFWCs for providing delivery and newborn care services. To develop strategies for improving the service provision at HFWC, it is useful to learn the experience of relevant stakeholders. These stakeholders in turn need to carry out advocacy to influence the necessary reforms in programs and policies.

Considering the importance of stakeholders in influencing reforms in programs and policies, Population Council, with financial assistance from DFID, organized a meeting with key stakeholders, under a policy and systems study designed to identify opportunities, challenges and possible mechanisms for upgrading HFWCs to provide normal delivery and newborn care services. As a part of policy advocacy activities, stakeholders' meeting was designed to consolidate the voice of multiple stakeholders that have experiences on HFWCs.

PURPOSE AND ORGANIZATION

The stakeholders' meeting was organized on 13 April 2011 with the purpose to consolidate the voice for prioritizing necessary improvements of HFWC for providing normal delivery and newborn care services. The meeting also exposed a cross-section of opinion from different stakeholders aimed at multi-sectoral collaboration, which would help to undertake necessary initiatives to attract the attention of policymakers and program managers regarding strengthening HFWCs. Dr. Ubaidur Rob, Country Director, Population Council provided a brief overview on the HFWC and presented key recommendations emerged from the preceding policy advocacy activities, and Mr. A.K.M. Zafar Ullah Khan, Advisor to Population Council moderated the discussion session. The discussion of the

meeting was divided into two parts: experience sharing, and theme-based discussion. For theme-based discussion, some issues were set, which included:

- Attracting the attention of policymakers.
- Public-private partnership.
- Demand creation in the community, especially by NGOs.
- Community involvement for ensuring accountability (reactivating Union Health and Family Planning Committee).
- Outlining opportunities and steps needed for strengthening HFWCs.
- Prioritizing areas for necessary reforms.

STAKEHOLDERS' EXPERIENCES

UNICEF and Plan International are implementing projects, under which normal delivery services are provided at selected HFWCs. At the meeting, representatives from UNICEF and Plan International shared respective experience of strengthening HFWCs to provide delivery services.

Experience of UNICEF

Dr. Monira Parvin, Health Manager, UNICEF, briefly discussed about a project in which UNICEF along with UNFPA and WHO is collaborating with the Government of Bangladesh (GOB) to provide normal delivery services at selected HFWCs in four districts, namely, Thakurgaon, Jamalpur, Narail, and Moulavibazar. From 4 districts, 44 HFWCs out of 167 HFWCs in 22 upazilas are exposed to program interventions. A main criterion of selecting any HFWC is the availability of Family Welfare Visitor (FWV) at the HFWC. In 2011, another 12 facilities have been included.

UNICEF has provided necessary equipments and drugs for normal delivery services in addition to renovating HFWCs. Although strengthened, only half of the HFWCs are providing delivery services. The key problem in providing round-the-clock service is shortage of manpower and non-residence status of FWVs. The provision of round-the-clock services overburdens the existing service providers, because they need to provide services to outdoor patients from 8:00 am to 2:30 pm. Increased uptake of antenatal care (ANC), postnatal care (PNC) and child health services from HFWCs, caused by the facility strengthening as well as community efforts by NGOs, makes it difficult for the existing workforce to manage the client load properly. However, there are some good initiatives.

“There is a HFWC in Thakurgaon where 15-20 deliveries take place in a month. A 10-bedded maternity unit has been established through the project. There is no additional human resource. Interestingly, SACMO performs delivery though SACMO is male, whereas FWV assists. They provide round-the-clock delivery services. In case of emergency or complications, pregnant women are referred to Upazila Health Complex or Mother and Child Welfare Center. Community people including Upazila Chairman are pleased with their services.”

- FWVs were provided one-month emergency obstetric care (EOC) training. In addition, life saving skills (LSS) training was given to doctors, FWVs and nurses. LSS training focused on how to manage emergency, like management of post-partum hemorrhage.
- There were vacancies in different types of staff at the HFWC and existing human resources did not match the required skill-mix. For optimal utilization of human resources, additional human resources were recruited locally to ensure the skill-mix. This locally-recruited additional manpower is salaried from the project.
- It is encouraging to note that BRAC is providing skilled birth attendant (SBA) training to selected volunteers. UNICEF considers using these volunteer-turned-SBAs at the HFWC on the assumption that these SBAs can perform delivery at the facility instead of home if sufficient on-the-job supervisory support is provided by FWV. As an immediate step to provide round-the-clock services, locally recruited and trained SBAs can be posted at the HFWC as an additional service provider instead of opting for a prolonged process related to recruitment and training of midwives or FWVs.
- Community health volunteers were recruited by NGOs to identify pregnant mother and provide doorstep counseling services. These volunteers encourage pregnant women to receive delivery services from HFWC or nearby Community Clinic where trained provider is available. In particular, they provide information on the HFWCs that have been upgraded, where normal delivery services are available, and they also refer clients to those facilities.

Experience of Plan International

Dr. Selina Amin, Health Advisor, Plan International, shared their experience on strengthening HFWCs in Hatibandha upazila of Lalmonirhat, Joldhaka upazila of Nilphamary, and Khansama upazila of Dinajpur. One HFWC from each Upazila was exposed to interventions. The key interventions were as follows:

- As a part of strengthening HFWCs for providing delivery service, necessary equipments were provided and residential facilities were renovated with repair of windows and doors. To keep HFWCs neat and clean, additional support staff was hired locally. Referral system was established with higher-level facilities.
- Providing round-the-clock services is the simple intervention, which can increase facility-based delivery. It is not possible with one FWV to provide round-the-clock delivery services from HFWC. An additional FWV and two other support staff were posted to provide round-the-clock services. FWVs were trained for six months, equal to SBA training. Providing round-the-clock delivery service at the HFWC has been made possible, primarily due to the support of district-level health and family planning officials, i.e. Civil Surgeon and Deputy Director-Family Planning (DD-FP). The collaboration of DD-FP towards posting of an additional FWV at HFWC was critical. It does not require a lot of money for an additional FWV. At present, additional FWV is salaried from the project.

- ‘Community Clinic Management Group’ and ‘FWC Management Committee’ have been reactivated. These bodies sit on a regular basis. Community Clinic Management Group meets with Family Welfare Assistants (FWAs) and is informed about pregnant mothers who do not go for ANC, delivery and PNC services. Then, they communicate with relatives of those pregnant women who do not seek pregnancy and delivery services. The committee ensures follow-up of pregnant women through community-based volunteers, who follow ANC register and visit the residence of pregnant women and encourage them for delivery at the facility.
- A safety net mechanism is implemented under which some poorest women are given financial assistance to seek delivery care.

KEY RECOMMENDATIONS

Attention of policymakers

- It is important to sensitize Members of Parliament and local elected representatives (Upazila Chairman, Union Parishad Chairman and Members) and make them responsive to the issue of institutionalizing delivery services at the HFWCs as well as dangers of delivery at home.
- Bifurcated health service delivery system is a barrier to institutionalize an effective referral mechanism at the upazila level and below. ‘Functional integration’ of ‘health’ and ‘family planning’ directorates did not work in the past as it requires reforms in administration of these directorates for which they need to adjust their orientation and service delivery as well as to address issues of human resources management. However, ‘functional coordination’ of services is possible without changing in the administration and policy.
- Institutionalizing delivery service at the union-level facility is possible if district-level health and family planning officials are collaborative.

Public-private partnership

- Lack of inter-sectoral cooperation is attributed for low performance of local-level health system. Public-private partnership either at the health systems service delivery level or at the community level can be an effective instrument to strengthen local-level health system as well as to institutionalize delivery services at the HFWCs.
- There is a good example of public-private partnership in the community whereby Community Clinic Management Group is formed involving government service providers, local government representatives and community leaders. Government is providing technical support, and implementation of activities or management of Community Clinics remains with local people. This management group takes necessary steps for keeping the facility hygienic, manages medicines and transport, and refers women for safe delivery. Thus, Community Clinics operate through joint management of the government and local people.

- Fieldworkers are important part of the health workforce of both government and NGOs. Like FWAs and Health Assistants (HAs) in the public sector, some NGOs have developed cadres of community health workers or volunteers for providing preventive health services and conducting behavior change communication (BCC) activities. Additionally, BRAC Health Program and Plan International have involved community by forming ‘community support group’. NGO fieldworkers can be utilized for demand creation, making referral from community to HFWC, and follow-up of pregnant women or post-partum mothers. On the other hand, NGOs like BRAC is reputed for providing training. The government’s program can utilize these specialized functions of NGOs to meet the demand of urgent human resources.

Demand creation at community

- Although SBAs are providing delivery services at home, the community must be made aware that delivery at facility is safer than the delivery at home even conducted by trained personnel.
- It is important to have a BCC program that promotes social mobilization where local elected representatives and community leaders can be involved. Some NGOs are implementing innovative BCC programs, the experiences of which can be utilized.
- NGOs can be involved in mobilizing community people towards creating demand for delivery services from HFWCs. NGO fieldworkers can identify and counsel pregnant women about the benefit of institutional delivery and available services at HFWC.
- Community people visit the HFWC in the hope to get free medicines along with services. Availability of medicines is partly responsible to create demand for seeking services from HFWC. It will be a useful strategy to make necessary drugs available for attracting the community people including pregnant women towards HFWC.
- Availability of service providers is likely to create demand for seeking services from HFWC.

Involving community for ensuring accountability

- Involving community as well as reactivating Union Family Planning Committee can mobilize resources, strengthen HFWC to perform normal delivery services, and ensure the availability of services providers at the facility. Experiences from ‘community clinic management group’ or ‘community support group’ can be utilized.
- Local level planning involving community stakeholders and community monitoring need to be emphasized.
- At the community, Union Family Planning Committee can meet with FWAs and can be informed about pregnant mothers who do not go for ANC, delivery and PNC services. By

utilizing information from ANC register, Union Family Planning Committee, with the assistance of community volunteers, can encourage pregnant women to seek delivery care from the facility.

Steps needed for strengthening HFWC

- **Physical structure.** A fully-equipped delivery room and a labor ward with a minimum of two beds are necessary. Water supply and uninterrupted electricity with generator or solar panel must be in place.
- **Accommodation.** In most cases, residential facilities are not in good condition, with broken windows and doors. Moreover, it is not safe to live at the residence in the absence of proper security measures, e.g., night guard and boundary wall. There should be functioning residential facility for service providers. Since delivery can occur any time, providers must be residential for round-the-clock services.
- **Human resources.** To provide round-the-clock delivery services, additional service providers and support staff are needed. One additional FWV and one additional aya are needed to provide normal delivery services from the HFWC. Training on SBA and LSS will equip service providers to conduct delivery.

Financial incentives attached to facility-based delivery can be given to service providers as a way of discouraging delivery at home. To keep service providers at the residence for round-the-clock services, financial motivation is required too.

- **Referral.** Functional referral system from union level to upazila level and then to district level must be in place to manage complications. Follow-up by fieldworkers is needed to ensure safe delivery to every pregnant mother.

Areas of reform

Necessary reforms should be undertaken to transform the HFWC from a health center to a first-level hospital, where 24-hour services will be available, which would certainly contribute in decreasing home delivery. Otherwise, reducing maternal and newborn death will be difficult.

- Change in policy on service protocol for providing round-the-clock services at HFWCs.
- Upgrading physical structure with a delivery room and a labor ward with a minimum of two beds.
- Increasing the duration of FWV training from 18 to 24 months.
- Creating post of an additional FWV or midwife.
- Creating post of an additional aya.
- Creating post of a cleaner.
- Ensuring availability of security guard.

- Introducing a system of both supply and demand side incentives.
- Functional coordination between two directorates at the upazila level and below.
- Revision of TOR for reconstituting Union Family Planning Committee.

ANNEXURE: List of Participants

1. Dr. A.B.M. Jahangir Alam, Director, PHC, DGHS
2. Dr. Shehlina Ahmed, Health Advisor, DFID
3. Dr. Monira Parvin, Health Manager, UNICEF
4. Dr. Selina Amin, Health Advisor, Plan International
5. Dr. Ishtiaq Mannan, Save the Children, USA
6. Mr. Solaiman Sarkar, Program Manager, BRAC
7. Mr. Shah Noor Mahmud, Sr. Regional Manager, BRAC
8. Ms. Nina Naznin, Message Development Specialist, BCCP
9. Ms. Zahur Fatima, Executive Director (Acting), CWFD
10. Dr. Md. Mizanur Rahman, Project Manager, Shimantik
11. Col. (Retd.) Aulad Hossain, Managing Director, Swanirvar Bangladesh
12. Mr. S.M. Al Husainy, Chairman, Swanirvar Bangladesh
13. Dr. Jafar Ahmad Hakim, Consultant, Population Council & Former Director, MCH, DGFP
14. Ms. Nargis Sultana, Research Officer, Population Council
15. Mr. M. Mostafizur Rahman Khan, Senior Research Officer, Population Council
16. Mr. Amar Krishna Baidya, Assistant Program Officer, Population Council
17. Mr. Md. Noorunnabi Talukder, Program Officer, Population Council
18. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Secretary, MOHFW
19. Dr. Ubaidur Rob, Country Director, Population Council

Strengthening HFWCs for Normal Delivery and Newborn Care Services: Findings from Local Level Advocacy Workshops

M. Mostafizur Rahman Khan, Amar Krishna Baidya, and Nargis Sultana

Population Council, Bangladesh

BACKGROUND

Improvement in maternal health situation especially reduction in maternal mortality ratio (MMR) from 320 in 2001 to 194 in 2010 has been observed in Bangladesh, and the country is on track to achieve the Millennium Development Goal (MDG) of reducing MMR to 143 by 2015. Nevertheless, utilization of facility-based delivery care has not increased remarkably. In rural areas, only 19 percent women receive delivery services from facilities. There is ample scope of increasing facility-based delivery services as a step towards decreasing maternal mortality.

In this situation, Population Council, with financial assistance from DFID, conducted a policy and systems research study with the purpose of seeking evidence to strengthen the union Health and Family Welfare Centers (HFWCs) for providing normal delivery and newborn care services in rural areas of Bangladesh. For achieving the objective of the study, a series of activities such as national workshop, consultative meeting and situation analysis of HFWCs were conducted to identify programmatic opportunities and challenges to strengthen HFWCs for providing normal delivery and newborn care services. As part of local level advocacy, two workshops were organized: one at Nageshwari upazila of Kurigram district and the other at Madhabpur upazila of Habiganj district.

PURPOSE AND ORGANIZATION

This report is the outcome of two upazila-level advocacy workshops held at Nageshwari upazila of Kurigram district and Madhabpur upazila of Habiganj district. These local-level advocacy workshops were organized with the purpose of obtaining insights from health program managers, field-level functionaries, local elected representatives and other relevant stakeholders on the necessity and challenges of strengthening HFWCs for providing normal delivery and newborn care services. Developing a consensus on how to maximize the utilization of HFWCs for those services was another key objective. The workshops also explored the processes of engaging local government and civil society as a way of enabling the union-level facilities to become self-sufficient and accountable.

The workshop at Nageshwari upazila of Kurigram district, held on 30 March 2011, was participated by division, district and upazila level health and family planning managers, union-level service providers, local government representatives and other relevant stakeholders at the conference room of Upazila Parishad. A total of 53 participants attended the workshop. Similarly, the workshop at Madhabpur upazila of Habiganj district, held on 11 April 2011, was attended by almost same

combination of participants at the conference room of Upazila Parishad. A total of 48 participants attended the workshop. In these workshops, participants were asked to share the situation of HFWCs and provide suggestions on specific issues to strengthen the HFWCs for normal delivery and newborn care services. After a vibrant discussion, a consensus was developed on how to strengthen HFWCs for providing those services.

DISCUSSION AND RECOMMENDATIONS

Infrastructure

Regarding infrastructure, the discussion revealed that most HFWCs have well-established building with residential facility though service providers do not stay there. Residences of some HFWCs are not suitable for living due to unavailability of basic amenities. Required maintenance of both facility and residence building is not done timely. Moreover, the condition of HFWCs for providing health services is deteriorating due to limited availability of electricity and absence of pipe-lined water supply system. Security measures in the facility are inadequate for residing at the campus. For example, many facilities do not have boundary wall surrounding the compound and gate at the entrance.

To make the HFWC ready for providing normal delivery and newborn care services, the following improvements were suggested by participants:

- One separate well-equipped delivery room.
- One MCH ward/post-delivery room with 2-5 beds.
- One doctor's room.
- Separate residential quarters for doctor, where applicable.
- Curtain at waiting space.
- Separate toilets for male and female.
- Boundary wall surrounding the compound and gate at entrance of the facility.
- Functional safe water supply system and uninterrupted electricity.
- Timely maintenance of both facility and residence building.

Human resources

Regarding human resources required for ensuring round-the-clock services at the HFWC, all participants were in accord to have one additional FWV for providing normal delivery services. On the issue of posting nurse at the HFWC, participants opposed to employ nurse, rather they suggested providing midwifery training to existing FWVs posted at HFWCs.

Participants viewed the retention of human resources at the facility as the most important challenge. The workshops revealed constant vacancies in several positions and irregularity of service providers.

As a way of retaining FWVs at the facility, it was strongly recommended to change existing accommodation policy to make residence free for living.

At present, there is one FWV in each HFWC. During satellite clinic sessions, two days per week, FWV goes to the community, leaving the facility without appropriate alternative for providing services to pregnant women. In some cases, Sub-Assistant Community Medical Officer (SACMO) provides such services. Therefore, one additional FWV is required for providing services at the HFWC while other FWV provides services at satellite clinic as well for conducting delivery in shifts as delivery may occur at any time. It was also revealed that many of the facilities do not have aya in place. Participants stressed to consider it seriously because without the support from aya, providing delivery service is difficult for FWV. At present, there is no post of a cleaner at the HFWC. Availability of cleaner must be ensured for ensuring proper waste disposal and keeping the facility hygienic. For ensuring round-the-clock services at the HFWC, participants suggested for following staff-mix:

- One doctor.
- Two FWVs trained in midwifery.
- One SACMO/ Medical Assistant (MA).
- Two ayas.
- One cleaner.
- One night guard.

Participants emphasized on skilled birth attendant (SBA) or midwifery training for FWVs instead of recruiting new midwife-nurses. The duration of FWV training should be 24 months including 6 months midwifery, instead of existing 18 months. It is also necessary to provide incentives to service providers at HFWCs, which are located in remote or hard-to-reach areas for motivating them to stay at those communities. Outreach activities should be strengthened where Family Welfare Assistants (FWAs) need to be more persuasive in counseling the pregnant women for facility-based care.

Equipment, logistics and drugs

As the HFWCs are meant to provide normal delivery services round-the-clock, most of the participants were in favor of providing simple and essential pathological tests at the HFWC. Along with equipments for delivery and newborn care services, supply of necessary drugs should be ensured in addition to currently supplied DDS kit.

Service delivery at the community level

It was shared at the workshops that there are sufficient service providers at field level under both 'health' and 'family planning' directorates. Although there are several vacant posts in each directorate, it is possible to manage field-level activities by ensuring symbiotic relationship or proper coordination between these two directorates. Historically, there are some gaps in coordination at the managerial level as well as in the process of accountability in each directorate. Participants suggested ensuring programmatic coordination at the managerial level, functional coordination of services at the field level, and separate process of accountability for getting expected result. However, without awareness raising and demand creation on maternal health checkups, normal delivery, and newborn care services, it will be difficult to motivate women for institutional delivery.

Referral system

Some gaps in referral system were identified at the workshops. There is no specific guideline at field level regarding referral mechanism. Participants shared that fieldworkers identify pregnant women and they also decide where to refer in case of complications. There is a tendency of referring complicated cases to private clinic as well as prescribing medicine of private company which is tarnishing the image of government service providers among rural people. Generally, field-level functionaries from health directorate tend to refer clients to Upazila Health Complex (UHC) while field-level functionaries under family planning directorate prefer to refer clients to Mother and Child Welfare Center (MCWC) without considering distance from the community, which creates difficulties for pregnant women and discourages them to seek services traveling a long distance. Moreover, it is uncertain whether the delivery will be normal or complicated. It is, therefore, necessary to ensure proper arrangement of transport for traveling to referral facilities. Illustrating on these issues, participants identified three areas that need immediate attention:

- Effective referral mechanism between Community Clinic, HFWC, UHC and MCWC.
- Coordination among health and family planning directorates.
- Transportation facilities from community to higher level.

Participants recommended for establishing a referral mechanism with a uniform guideline for 'health' and 'family planning' directorates where service providers and fieldworkers of two directorates need to work as a team at the field level for saving mother and newborn, for which sensitization of management staff and field-level functionaries of both the directorates is required. Moreover, they strongly recommended for proper arrangement of transportation for referral from HFWC, e.g., ambulance and engine boat. Private sector or community leaders can be involved to manage transportation. Participants felt the importance of using technology especially cell phone in arranging normal delivery services at the facility. Cell phone number of pregnant women can help follow up them for receiving services from the facility or managing complications through timely referral.

Supervision and monitoring

All the participants strongly felt the importance of supervision and monitoring system with respect to quality services along with quantitative targets, which can be carried out by Medical Officer irrespective of the directorate s/he belongs to. Participants also recommended separate monitoring and accountability for both directorates and introducing digital monitoring system down to union level. Moreover, emphasis was given on a unified organogram for health and family planning service providers at the union level.

Record keeping

Discussions revealed the absence of systematic records or necessary information though many documents are kept at the facility. Several registers on family planning services are maintained at the facility, but information on pregnancy and maternal mortality are not kept. Participants recommended collecting and compiling information on maternal mortality, child mortality, and number of deliveries along with others which can later be used for future local-level planning.

Union Family Planning Committee

In most cases Union Family Planning Committees (UFPCs) are not fully functional and some are yet to be functional. Participants emphasized that if these committees supervise union-level health activities on regular basis (minimum once in a month), availability of service providers and quality of services will be improved. However, due to multifaceted responsibilities of local elected representatives, monthly meeting of UFPC does not take place regularly. There is no fund for refreshment during the monthly meeting. Most of the local elected representatives present at the workshops suggested to fix a day for monthly meeting for maintaining its regularity. It was strongly recommended to share monthly work plan of HFWC at the meeting which will create opportunity to obtain support from Union Parishad. Finally, following recommendations were made:

- Revise Terms of Reference (TOR) of UFPC.
- Revitalize the committee to monitor the activities through facility visit and monthly meetings.
- Provide fund for holding monthly meetings of the committee.

HFWC Management Committee

Participants were divided in terms of composition of HFWC Management Committee especially retaining the wife of Union Parishad Chairman as the president of this committee. Most of the participants suggested dissolving this committee reasoning that UFPC might take over the responsibilities of this committee. Yet, a few participants were in favor of continuing this committee by reconstituting it with revised TOR.

CONCLUSION

Many thoughtful recommendations were evolved from local-level advocacy workshops. All the participants were agreed to strengthening HFWC, the nearest government health facility in the rural community, for providing normal delivery and newborn care services. The HFWC needs to be transformed from an outreach center to a mini-hospital from which round-the-clock normal delivery and newborn care services can be provided as a simple way to increase institutional delivery.

ANNEXURE 1: Program Schedule, Nageshwari Workshop

Advocacy Workshop on **Strengthening Union Level Facility for** **Providing Normal Delivery and Newborn Care Services**

Venue: Conference room of Upazila Parishad, Nageshwari, Kurigram

Date: 30 March 2011

Time	Topic	Facilitator
9:30 am – 10:00 am	Registration	
10:00 am – 10:05 am	Recitation from Holy Quran	
10:05 am – 10:15 am	Introduction of Participants	
10:15 am – 10:20 am	Welcome Speech	Upazila Family Planning Officer, Nageshwari
10:20 am – 10:40 am	Keynote Presentation	Dr. Ubaidur Rob Country Director, Population Council
10:40 am – 11:00 am	TEA	
11:00 am – 12:30 pm	Discussion on Selected Topics & Open Discussion	Mr. A.K.M. Zafar Ullah Khan Advisor, Population Council & Former Secretary, MOHFW
12:30 pm – 12:45 pm	Summarization of Workshop	Dr. Jafar Ahmad Hakim Consultant, Population Council & Former Director, MCH Services, DGFP
12:45 pm – 1:15 pm	Speech from Guests	<ul style="list-style-type: none">▪ Upazila Health and Family Planning Officer, Nageshwari▪ Upazila Nirbahi Officer, Upazila Parishad, Nageshwari▪ Deputy Director, Family Planning, Kurigram▪ Civil Surgeon, Kurigram▪ Divisional Director, Family Planning, Rangpur▪ Divisional Director, Health, Rangpur▪ Director, PHC, DGHS
1:15 pm – 1:25 pm	Speech from the Chair	Chairman, Upazila Parishad, Nageshwari
1:25 pm – 1:30 pm	Vote of Thanks	
1:30 pm	LUNCH	

ANNEXURE 2: List of Participants, Nageshwari Workshop

1. Dr. A.B.M. Jahangir Alam, Director, PHC, DGHS
2. Dr. Md. Sajedul Islam, Divisional Director-Health, Rangpur
3. Dr. Md. Zane Alam, Program Manager, DGFP
4. Dr. Md. Hafizur Rahman, Civil Surgeon, Kurigram
5. Dr. Md. Shamsuddoha, DD-FP, Kurigram
6. Dr. Nasrin Begum, AD-CC, Kurigram
7. Mr. Md. Rafiqul Haque, Upazila Nirbahi Officer, Nageswari
8. Mr. Aslam Hossain Saodagor, Upazila Chairman, Nageswari
9. Most. Labli Begum, Upazila Vice-Chairman, Nageswari
10. Mr. Md. Abdul Aziz, Vice Chairman, Nageswari
11. Dr. Md. Golam Mawla, UHFPO, UHC, Nageswari
12. Dr. Md. Amzad Hossain, RMO, UHC, Nageswari
13. Mr. Md. Anowar Ali, UFPO, UHC, Nageswari
14. Dr. Dilruba Sultana, Assistant Surgeon
15. Dr. Md. Abdul Jalil, Medical Officer
16. Most. Ayasa Khatun, SSN, UHC, Nageswari
17. Most. Irin Parvin, MA, UHC, Nageswari
18. Mr. Manik Chandro Barman, TFPA, UHC, Nageswari
19. Mr. Md. Osman Ghani, UCF, Nageswari
20. Mr. Md. Fazlur Rahman, SACMO, Nowashi
21. Mr. Md. Belal Uddin, SACMO, Mothergonj
22. Mr. Md. Rejaul Haque, SACMO, Berubari
23. Mr. Md. Shafikul Islam, SACMO, Ramkhana
24. Mr. Md. Abdul Mannan, SACMO, Nunkhawa
25. Mr. Gautam Chandra Goswami, MA, Raygonj
26. Ms. Sayeeda Zaman, FWV, Bhetogonj
27. Ms. Raoshan Ara Begum, FWV, Bamkhana
28. Ms. Begum Lutfunnesa, FWV, Raygonj
29. Most. Kamrun Nahar, FWV, Santoshpur
30. Most. Salema Begum, FWV, Hasnabad
31. Ms. Layla Bilkich banu, FWV
32. Ms. Ferdowshi Begum, FWV, Chacakata
33. Ms. Jahaun Ara Khatun, FWV, Barubary
34. Mr. Nur Mohammad Dulal, Chairman, Nageswari UP
35. Mr. Md. Afza Hossain, Chairman, Sonleshpur UP
36. Mr. Md. Babar Ali, Chairman, Vallaverklish UP
37. Ms. Shreemoti Maya Rani, UP member, Nowali UP
38. Mr. Md. Suja Uddula, UP member, Santoshpur UP
39. Most. Halima Begum, UP member, Hasnabad UP
40. Mr. Md. Nur Islam, UP member, Nowashi

41. Ms. Halima, UP member, Santhoshpur
42. Mr. Md. Shamsul Haque, UP member, Hasnabad UP
43. Mr. Md. Shahjahan Ali Khondaker, Social Worker, Nageswari
44. Mr. Md. Harun-ur-Rashid, CA, Office of Upazila Nirbahi Officer
45. Ms. Aroti Rani, Research Officer, Population Council
46. Ms. Nargis Sultana, Research Officer , Population Council
47. Mr. Md. Abdur Rob Sarder, Research Officer, Population Council
48. Mr. Md. Julkarnayeen, Senior Research Officer, Population Council
49. Mr. Md. Mostafizur Rahman Khan, Senior Research Officer, Population Council
50. Mr. Amar Krishna Baidya, Assistant Program Officer, Population Council
51. Dr. Jafar Ahmed Hakim, Consultant, Population Council & Former Director, MCH, DGFP
52. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Secretary, MOHFW
53. Dr. Ubaidur Rob, Country Director, Population Council

ANNEXURE 3: Program Schedule, Madhabpur Workshop

Advocacy Workshop on **Strengthening Union Level Facility for** **Providing Normal Delivery and Newborn Care Services**

Venue: Conference room of Upazila Parishad, Madhabpur, Habiganj

Date: 11 April 2011

Time	Topic	Facilitator
9:30 am – 10:00 am	Registration	
10:00 am – 10:05 am	Recitation from Holy Quran	
10:05 am – 10:15 am	Introduction of Participants	
10:15 am – 10:20 am	Welcome Speech	Upazila Family Planning Officer, Madhabpur
10:20 am – 10:40 am	Keynote Presentation	Dr. Ubaidur Rob Country Director, Population Council
10:40 am – 11:00 am	TEA	
11:00 am – 12:30 pm	Discussion on Selected Topics & Open discussion	Mr. A.K.M. Zafar Ullah Khan Advisor, Population Council & Former Secretary, MOHFW
12:30 pm – 1:00 pm	Speech from Guests	<ul style="list-style-type: none">▪ Upazila Health and Family Planning Officer, Madhabpur▪ Upazila Nirbahi Officer, Upazila Parishad, Madhabpur▪ DD-FP, Habiganj▪ Regional Supervisor, Family Planning, Sylhet▪ Director, PHC, DGHS
1:00 pm – 1:15 pm	Speech from Chief Guest	Mr. M. M. Neazuddin , Director General, DGFP
1:15 pm – 1:25 pm	Speech from the Chair	Chairman, Upazila Parishad, Madhabpur
1:25 pm – 1:30 pm	Vote of Thanks	
1:30 pm	LUNCH	

ANNEXURE 4: List of Participants, Madhabpur Workshop

1. Mr. M.M. Neazuddin, Director General, DGFP
2. Dr. A.B.M. Jahangir Alam, Director, PHC, DGHS
3. Dr. Umar Gool Azad, Regional Supervisor (Family Planning), Sylhet,
4. Dr. Md. Jasim Uddin, DD-FP, Habigonj
5. Mr. S.M. Sohrab Hossain, Upazila Nirbahi Officer
6. Mr. Md. Jakir Hossain Chowdhury, Upazila Chairman
7. Ms. Jahanara Begum, Upazila Vice Chairman
8. Mr. Sridham Das Gupta, Upazila Vice Chairman
9. Mr. Md. Rokon Uddin, Asst. Director (Coordination), DGFP
10. Dr. A.B.M. Ibrahim, UHFPO
11. Dr. Shukhlal Sarker, RMO
12. Mr. Akib Uddin, UFPO
13. Ms. Fahmida Khaleque Nipa, UFPO, Ashugonj
14. Dr. Md. Iqbal, MO-MCHFP
15. Dr. Shankar Proshad Adhikary, Medical Officer
16. Dr. Md. Imrul Hasan, Medical Officer
17. Dr. Aditi Roy, Asst. Surgeon
18. Dr. Tarun Kanti Pal, Asst. Surgeon
19. Dr. Kazal Debnath, UFPA
20. Mr. Md. Abdur Rashid, OA
21. Mr. Sampad Das Gupta, SACMO
22. Mr. Chandan Chandra Poddar, SACMO
23. Mr. Rabindra Debnath, SACMO
24. Mr. Emlak Ahmed, SACMO
25. Ms. Rahima Khatun, FWV
26. Ms. Shefali Roy, FWV
27. Ms. Mina Roy, FWV
28. Ms. Hasina Begum, FWV
29. Ms. Kamrun Nasrin, FWV
30. Ms. Gita Rani Debnath, FWV
31. Ms. Monowara Begum, FWV
32. Ms. Sima Debi, FWV
33. Mr. Kamal Krishna Saha, Medical Assistant
34. Mr. Zahidul Islam, Medical Assistant
35. Mr. Md. Harun Or Rashid, FPI
36. Mr. Kholilur Rahman, FPI
37. Mr. Md. Ismail Hossain, AHI
38. Mr. Md. Ekhlaur Rahman, AHI
39. Ms. Hasna Begum, Female UP Member

40. Ms. Shamsunnahar, Female UP Member
41. Ms. Zebunnesa, Female UP Member
42. Mr. Atiqur Rahman, UP Member
43. Mr. Rukon Uddin Lasker, Daily Jugantor
44. Ms. Nargis Sultana, Research Officer, Population Council
45. Mr. Md. Mostafizur Rahman Khan, Senior Research Officer, Population Council
46. Mr. Md. Noorunnabi Talukder, Program Officer, Population Council
47. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Secretary, MOHFW
48. Dr. Ubaidur Rob, Country Director, Population Council

Lessons from Strengthened HFWCs for Providing Normal Delivery and Newborn Care Services

Amar Krishna Baidya, Nargis Sultana, and M. Mostafizur Rahman Khan

Population Council, Bangladesh

BACKGROUND

Population Council, with financial support from DFID, carried out a policy and systems research study with the purpose of seeking evidence to strengthen the union-level health facilities (Health and Family Welfare Centers or HFWCs) for providing normal delivery and newborn care services in rural areas of Bangladesh. This study is expected to develop a service delivery model for enabling required improvement of HFWC to provide those services. As part of the study, two district-level advocacy workshops were held in Jamalpur and Thakurgaon where joint GOB-UN Maternal and Newborn Health (MNH) initiative is being implemented. Under MNH initiative, selected HFWCs are being strengthened to provide delivery services in four districts: Jamalpur, Moulavibazar, Narail, and Thakurgaon. In the process of developing a service delivery model on strengthening the HFWCs, it is useful to know the process that enabled those HFWCs (under MNH project) to provide normal delivery and newborn care services. It is also important to know what works and what does not at those HFWCs in MNH districts. This report is prepared based on two workshops held in Jamalpur and Thakurgaon.

PURPOSE AND ORGANIZATION

The key purpose of these workshops was to learn lessons from MNH initiatives for strengthening union-level facilities for normal delivery and newborn care services. In addition, these workshops were intended to develop a consensus amongst health program managers, field-level functionaries and other relevant stakeholders on how to maximize the utilization of union-level facilities for those services.

The workshop in Jamalpur, held on 11 May 2011, was participated by division, district and upazila level health and family planning managers, union-level service providers and other relevant stakeholders at the conference room of Civil Surgeon's Office of Jamalpur. A total of 46 participants attended the workshop. Similarly, the workshop in Thakurgaon, held on 26 May 2011, was attended by almost same combination of participants at the conference room of ESDO Training and Resources Center, Thakurgaon. A total of 34 participants attended the workshop. The participants shared experiences regarding the condition prior to starting normal delivery at HFWCs along with their opinions on how to strengthen the HFWCs for providing those services.

EXPERIENCES AND RECOMMENDATION

These two workshops have resulted in nearly similar observations and recommendations on strengthening the HFWCs to provide normal delivery and newborn care services. Participants from different levels provided their opinion on specific issues and the key points emerged from the workshops are given below:

Infrastructure

Infrastructure is one of the major concerns for initiating normal delivery at HFWCs. Rooms in the facility are allocated for family planning services, maternal health check-ups and child health services. When these HFWCs were constructed, there was no room for conducting delivery. Encouragingly, service providers utilized the existing physical capacity of the HFWC for conducting delivery. Existing rooms have been reallocated for providing normal delivery services. For example, in one HFWC, room allocated for Family Planning Inspector (FPI) was converted into delivery room, and pharmacy room was converted into post-labor room. In most cases, IUD insertion room was converted into delivery room and the same room is used for both IUD insertion and delivery purposes. In the HFWCs that have been renovated, a room for delivery has been fixed and equipped. Not all HFWCs are equipped in a uniform manner. A post-labor room or labor ward with a minimum of two beds has been developed. One HFWC in Thakurgaon reported as high as 10 beds in the labor ward. At this initial stage, the number of delivery is not encouraging with few exceptions. On an average, 2-4 deliveries are conducted per month.

In most HFWCs, there is a vacant post of pharmacist and service providers are using either pharmacy room or recovery room as a store room. If a pharmacist is posted, it will be difficult to maintain the logistics and medicines due to lack of store room. Very often, medicine is stored individually by Sub-Assistant Community Medical Officer (SACMO) and Family Welfare Visitor (FWV) due to lack of separate store room. Under MNH program, some HFWCs have the doctor in place but there is no consultation room for them. Participants strongly recommended for a separate room for the doctor. Currently, service providers are using the front lobby as waiting room. Participants suggested for separate waiting rooms for male and female.

All the participants expressed their dissatisfaction about the existing infrastructure of HFWCs. Participants from first-generation HFWCs suggested for three additional rooms: one for doctor, one for an additional FWV, and the other for normal delivery services.

Water supply is also a matter of immediate attention. Due to unavailability of electricity, there is no running water, and tube-wells in most of the HFWCs are out-of-order. In some cases, FWVs hire someone to collect water. It was strongly recommended to have at least four toilets: service provider, labor room, male clients, and female clients.

Residential facilities attached to the HFWCs are generally not in a good condition. Required maintenance of both facility and residence building is not done timely. Moreover, security measures in the facility are not adequate for residing at the campus, and the facility area is at risk of encroachment.

Participants speculated that if infrastructure and other facilities are improved, 15-20 deliveries are possible from the HFWC in every month. Although various supports were extended through Joint GOB-UN MNH initiative, following recommendations were made to strengthen the infrastructure of HFWCs for providing normal delivery and newborn care services:

- Delivery room with attached toilet.
- One post-delivery room with two beds.
- Running water supply.
- Functional uninterrupted electricity.
- Minor repairs.
- Boundary wall.

Human resources

Participants revealed that normal delivery services are being provided with existing manpower. Vacancy in the post of aya creates problem to provide delivery services effectively. In some cases, supports are being sought from part-time aya against lump sum remuneration. Retention of service providers at the facility is the key to ensure normal delivery services as commented by the participants. Generally, service providers do not stay at the residential facility. After office hour, clients do not get services from the facility in case of emergency. It is observed that clients mostly come at night for seeking delivery services, for which additional service providers are required. In a few cases, FWV lives at the facility and provides services at night, if needed, which makes it difficult for a single FWV to provide round-the-clock services. In this situation, for ensuring round-the-clock services at the HFWC, participants suggested for following additional human resources:

- One FWV.
- One aya.
- Two ward boys.

Participants referred to success and effectiveness of skilled birth attendant (SBA). These SBAs can be attached to the respective HFWC as an immediate step to improve the availability of skilled providers for 24-hour services. Participants also emphasized the need to train SACMO along with FWV on normal delivery and newborn care services.

In some HFWCs, FWV's phone number is given on notice board at the facility. Clients have the phone number of service providers so that they can contact them whenever they need in emergency.

Equipments, logistics and drugs

Some participants shared that at the primary stage of initiating delivery services at the HFWC, they received support from community people especially from Union Parishad (UP) Chairman who arranged some furniture. Service providers of the respective facilities also arranged some equipment at their own initiative. UP Chairman arranged transportation support in emergency cases.

Medicines for normal delivery service supplied to HFWC under MNH program are adequate. Medicines for three months are supplied at a time by MO-MCHFP. Participants reported that medicine is supplied following top-down approach. Under MNH program, additional 40 medicines related to normal delivery are regularly supplied to HFWCs along with the DDS kit. Participants urged for ensuring necessary equipments and logistics and emphasized on oxygen supplies. It is also necessary to provide some basic laboratory tests at HFWCs.

Service delivery at the community level

Volunteers identify the pregnant women at the community level and encourage them to seek pregnancy and delivery care services from the facilities. These volunteers are recruited by NGOs working under MNH Program. Family Welfare Assistants (FWAs) provide domiciliary maternal health check-ups and family planning services. Participants reported the increased demand for services, which has been created through awareness raising activities at the community level. At present, about 89 percent pregnant women seek ANC compared to 40 percent prior to intervention.

Referral system

Several gaps in referral system were identified through the workshops. There is no systematic direction at field level regarding referral mechanism. Fieldworkers (i.e. FWAs) prepare list of pregnant mothers, ensure four ANCs and refer pregnant women to Community Clinics and HFWCs for services. Service providers of HFWCs (FWVs and SACMOs) exercise the latitude to refer complicated cases to any higher-level health facilities: Mother and Child Welfare Center (MCWC), Upazila Health Complex (UHC), District Hospital or private clinics. There is an ambulance under MCWC, which is generally used for pregnant women as per request from HFWCs in MNH program areas.

Supervision and monitoring

Supervision at HFWC level is carried out by MO-MCHFP. Besides, Senior FWV, posted at UHC, supervises the activities of union-level FWVs. In some cases, Upazila Health and Family Planning Officer supervises the health-related activities. Local government representatives also visit HFWCs. All the participants, particularly union-level service providers, emphasized to ensure regular supervision and monitoring from higher-level facilities for quality services.

Participants informed that there is a MNH committee at upazila level consisting of 35 members headed by Upazila Chairman where Upazila Nirbahi Officer is the Co-chairman. There are several sub-committees consisting of 5-7 members under Upazila MNH Committee. These sub-committees supervise the activities of MNH program at the union level.

Union Family Planning Committee

Participants were skeptical about the size of Union Family Planning Committee. They reported the difficulties in ensuring participation of the members in the committee's monthly meeting. Often UP Chairman is reluctant to attend the monthly meeting. Other members of the committee are not adequately interested to attend the meeting. In this context, participants strongly recommended to reduce the size of the committee and to reconstitute this committee as Union Health and Family Planning Committee (UHFPC) with revised TOR. They also suggested for allocating fund to organize committee's monthly meeting at the HFWC.

HFWC Management Committee

Participants were divided in terms of continuity of HFWC Management Committee. Most of the participants suggested dissolving this committee reasoning that 'Union Health and Family Planning Committee' might take over the responsibilities of this committee. On the other hand, a few participants were in favor of continuing this committee by reconstituting it with revised TOR. Lastly, participants suggested merging this committee with Union Health and Family Planning Committee and fund should be allocated for organizing monthly meeting at the HFWC.

ANNEXURE 1: Program Schedule, Jamalpur Workshop

Workshop on

Strengthening Union Level Facility for Providing Normal Delivery and Newborn Care Services

Venue: Conference Room, Administrative Building, District Hospital, Jamalpur

Date: 11 May 2011

Time	Particulars	Facilitator(s)
9:30 am – 10:00 am	Registration	
10:00 am – 10:05 am	Recitation from Holy Quran	
10:05 am – 10:15 am	Introduction of Participants	
10:15 am – 10:20 am	Welcome Speech	Dr. Nargis Begum , Deputy Director-Family Planning, Jamalpur
10:20 am – 10:50 am	Keynote Presentation	Dr. Ubaidur Rob , Country Director, Population Council
10:50 am – 11:10 am	TEA	
11:10 am – 1:00 pm	Discussion on Selected Topics & Experience Sharing	Mr. A.K.M. Zafar Ullah Khan Advisor, Population Council and Former Secretary, MOHFW
1:00 pm – 1:20 pm	Speech from Guests	<ul style="list-style-type: none">▪ Divisional Director, Family Planning, Dhaka▪ Divisional Director, Health Services, Dhaka
1:20 pm – 1:30 pm	Speech from the Chair	Civil Surgeon, Jamalpur
1:30 pm – 1:35 pm	Vote of Thanks	Mr. Md. Noorunnabi Talukder Program Officer, Population Council
1:35 pm	LUNCH	

ANNEXURE 2: List of Participants, Jamalpur Workshop

1. Dr. Subash Kumar Saha, Divisional Director-Health , Dhaka
2. Mr. Md. Delwar Hossain, Divisional Director-Family Planning, Dhaka
3. Dr. Md. Mojibul Hoque, Regional Supervisor, Family Planning, Mymensingh
4. Dr. Narayan Chandra Debnath, Civil Surgeon (Acting), Jamalpur
5. Dr. Nargis Begum, DD-FP, Jamalpur
6. Dr. Jatindra Chandra Mandal, RMO, District Hospital, Jamalpur
7. Dr. A.B.M. Shafiqur Rahman, Junior Consultant (Gyne), District Hospital, Jamalpur
8. Dr. M.A. Wahab, UHFPO, Sarishabari
9. Dr. A.H.M. Azizul Hoque, UHFPO, Bakshiganj
10. Dr. Md. Feroze Khan, UHFPO, Islampur
11. Dr. Md. Nurul Amin, UHFPO, Dewanganj
12. Dr. Md. Gias Uddin, UHFPO, Melandah
13. Dr. A.T.M. Matiur Rahman, UHFPO, Madarganj
14. Dr. Md. Hafizur Rahman, UHFPO, Jamlapur Sadar
15. Mr. Md. Golam Rabbani, UFPO, Bakshiganj
16. Mr. Taposh Kumar Shil, UFPO, Islampur
17. Mr. Md. Ekramul Haque, UFPO, Dewanganj
18. Dr. Md. Rafiqul Islam Talukder, MO-MCHFP, Melandah
19. Dr. Md. Sohrab Ali, MO-MCHFP, Jamalpur Sadar
20. Dr. Md. Asadul Islam, MO-MCHFP, Madarganj
21. Dr. Ajit Kumar Saha, MO-MCHFP, Sarishabari
22. Ms. Zahan Ara parvin, FWV, Jamalpur Sadar
23. Ms. Jannatul Ferdousi, FWV, Melandah
24. Ms. Jahan Ara Begum, FWV, Bakshiganj
25. Ms. Jahan Ara Begum, FWV, Sharishabari
26. Ms. Hafiza Akhter Banu, FWV, Dewanganj
27. Ms. Anwara Khatun, FWV, Madarganj
28. Ms. Gulshan Ara, FWV, Madarganj
29. Ms. Lutfa Begum, FWV, Sharishabari
30. Ms. Nurjahan Begum, FWV, Dewanganj
31. Ms. Mahmud Akhter, FWV, Islampur
32. Mr. Jalal Ahmed, SACMO, Islampur
33. Ms. Rehana Begum, SACMO, Sharishabari
34. Mr. Md. Ali Murtoja Akanda, SACMO, Islampur
35. Mr. Md. Zahidul Islam, SACMO, Madarganj
36. Mr. Md. Nazrul Islam, SACMO, Dewanganj
37. Mr. Tofazzal Hossain, SACMO, Melandah
38. Mr. Md. Maksudul Alam, SACMO, Jamalpur Sadar
39. Mr. A.T.M. Ziaul Hque, SACMO, Bakshiganj
40. Mr. Monaj Kumar Biswas, Project Manager, MNH Project, CARE, Bangladesh

41. Mr. Jahangir Selim, Journalist
42. Ms. Nargis Sultana, Research Officer, Population Council
43. Mr. Ataur Rahman, Senior Research Officer, Population Council
44. Mr. Md. Noorunnabi Talukder, Program Officer, Population Council
45. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Secretary, MOHFW
46. Dr. Ubaidur Rob, Country Director, Population Council

ANNEXURE 3: Program Schedule, Thakurgaon Workshop

Workshop on
Strengthening Union Level Facility for Providing
Normal Delivery and Newborn Care Services

Venue: Conference Room, ESDO Training and Resource Center, Gobindanagar, Thakurgaon

Date: 26 May 2011

Time	Particulars	Facilitator (s)
9:30 am – 10:00 am	Registration	
10:00 am – 10:05 am	Recitation from Holy Quran	
10:05 am – 10:15 am	Introduction of Participants	
10:15 am – 10:20 am	Welcome Speech	Deputy Director, Family Planning, Thakurgaon
10:20 am – 10:50 am	Keynote Presentation	Dr. Ubaidur Rob , Country Director, Population Council
10:50 am – 11:10 am	TEA	
11:10 am – 1:00 pm	Discussion on Selected Topics & Experience Sharing	Mr. A.K.M. Zafar Ullah Khan Advisor, Population Council and Former Secretary, MOHFW
1:00 pm – 1:10 pm	Speech from Guest	▪ Divisional Director, Health Services, Rangpur
1:10 pm – 1:20 pm	Speech from the Chair	Civil Surgeon, Thakurgaon
1:20 pm – 1:25 pm	Vote of Thanks	Mr. Amar Krishna Baidya Assistant Program Officer, Population Council
1:25 pm	LUNCH	

ANNEXURE 4: List of Participants, Thakuragon Workshop

1. Dr. Md. Sajedul Islam, Divisional Director-Health, Rangpur
2. Dr. Abu Mohd. Khairul Kabir, Civil Surgeon, Thakurgaon
3. Dr. Paritosh Kumar Paul, DD-FP, Thakurgaon
4. Mr. Md. Nayebali Sarker, OS, DDFP, Thakurgaon
5. Dr. Md. Nurul Huda, UHFPO, Sadar
6. Dr. Md. Ruhul Amin, UHFPO, Haripur
7. Dr. Md. Reazul Islam, UHFPO, Pirgonj
8. Dr. Md. Shahidul Haque, UHFPO, Ranishankail
9. Dr. Md. Reza Habib, UFPO, Sadar
10. Mr. Tawhid Hasan Md. Shafiqul Islam, UFPO, Ranishankail
11. Ms. Afroza Talukder, FWV
12. Ms. Alifa Bagum, FWV
13. Ms. Abida Sultana, FWV
14. Ms. Nargis Akhter, FWV
15. Ms. Rabaya Khanam, FWV
16. Ms. Jamila Kanam, FWV
17. Ms. Rokeya Begum, FWV
18. Ms. Sadeka Begum, FWV
19. Ms. Nazma Akhter, FWV
20. Ms. Latifa Khatun, FWV
21. Mr. Md. Khademul Islam, SACMO
22. Mr. Md. Abbas Ali, SACMO
23. Mr. M. Soleman Ali, SACMO
24. Mr. Md. Shafiqul Islam, SACMO
25. Mr. Md. Ekramul Haque, SACMO
26. Mr. Md. Shamsuzzaman, UNFPA, Thakurgaon
27. Mr. Md. Nobin Hasan, Reporter, Daily Lokayon
28. Ms. Diptee Mondol, Research Officer, Population Council
29. Ms. Nurun Nahar, Research Officer, Population Council
30. Ms. Nargis Sultana, Research Officer, Population Council
31. Mr. Md. Mostfizur Rahman Khan, Senior Research Officer, Population Council
32. Mr. Amar Krishna Baidya, Assistant Program Officer, Population Council
33. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Secretary, MOHFW
34. Dr. Ubaidur Rob, Country Director, Population Council

Strengthening HFWCs for Normal Delivery and Newborn Care Services: Findings from Roundtable Dialogues with Journalists

Amar Krishna Baidya, Nargis Sultana, and M. Mostafizur Rahman Khan

Population Council, Bangladesh

BACKGROUND

Bangladesh is yet to achieve the Millennium Development Goal of reducing its maternal mortality ratio by 2015. In order to achieve this goal, it is critical to ensure access to institutional delivery from the nearest health facility, as 81 percent deliveries take place at home in rural areas, which is considered as the predominant reason for maternal mortality. Although Bangladesh has a comprehensive network of health facilities from grassroots to higher levels, the facilities at the union level are not utilized optimally, which leaves a useful opportunity of integrating normal delivery services at union Health and Family Welfare Centers (HFWCs). Upgrading HFWCs, the nearest health facility in rural community, could help women to receive free normal delivery and newborn care services with convenience. However, there are several issues that need to be addressed through policy changes so that HFWCs could provide those services.

In this context, Population Council, with financial support from DFID, carried out a policy and systems research study, which primarily included policy advocacy involving a wide range of stakeholders from local level to national level for eliciting support to influence the necessary policy and programmatic changes to strengthen HFWCs for providing normal delivery and newborn care services in rural areas of Bangladesh. Considering the importance of mass awareness through media, sensitization of journalists is critical. Hence, two roundtable meetings with journalists were held so that journalists can learn about the necessity of strengthening HFWCs for normal delivery and newborn care services.

PURPOSE AND ORGANIZATION

The key purpose of the roundtable dialogues was to sensitize the journalists so that they can attract the attention of policymakers to the importance of strengthening HFWCs for providing normal delivery and newborn care services by creating mass awareness. These dialogues were also intended to seek opinion of journalists on specific areas where there are further scope of improvement in strengthening HFWCs. Eliciting support from journalists for influencing necessary policy and programmatic changes was another objective of the dialogues.

The first roundtable dialogue was held on 15 May 2011 at Directorate General of Family Planning (DGFP) in Dhaka, participated by 44 experts and journalists (list is attached as annexure 2). Mr. M.

M. Neazuddin, Director General of DGFP, officiated the roundtable dialogue as the Chief Guest, while Mr. Ganesh Chandra Sarker, Director, IEM, DGFP, delivered the welcome speech. The second roundtable dialogue, held on 2 July 2011 at BRAC Center in Dhaka, was graced by Mr. Md. Humayun Kabir, Secretary of Ministry of Health and Family Welfare (MOHFW) as the Chief Guest, where experts, journalists of electronic and print media, and representatives from development partners, national and international NGOs were also present. A total of 37 participants attended the dialogue (list is attached as annexure 4). Dr. Ubaidur Rob, Country Director to Population Council, presented the keynote paper at both the roundtable dialogues, while Mr. A.K.M. Zafar Ullah Khan, Advisor to Population Council moderated the dialogues.

WAY FORWARD

In addition to the issues and challenges mentioned in the keynote paper, journalists shared their observations regarding maternal and child health service opportunities and functioning condition of HFWCs. Experts suggested several strategies to strengthen HFWCs for normal delivery and newborn care services as a way of reducing maternal and child mortality. The key recommendations emerged from the dialogues are given below:

Physical structure

- Infrastructural condition of HFWCs is not satisfactory. Dilapidated building with broken doors and windows is common. In some cases, facility remains closed during service hour, which indicates its insufficient utilization. Besides, there is widespread allegation of antisocial activities at the facility during night, suggestive of an ineffective security system. Carrying out necessary repairs and ensuring security of the facility are two issues of immediate concern.
- In most cases, HFWCs are not found in organized condition. Unhygienic and untidy condition prevails inside and outside of the facility, generating a negative impression among clients. Condition of toilets is grossly sickening. Immediate attention should be given on the cleanliness of the facility for attracting clients.
- Uninterrupted supply of electricity through either solar panel or generator should be ensured.
- There is no indication outside the facility, which should reflect what types of services are available at the facility. It is necessary to make the entrance of HFWC noticeable so that community people can easily locate the facility. It is crucial to place a billboard with a list of services outside the facility. Opening and closing time for outdoor services should also be visible so that people might be encouraged to seek required services on time.
- It has been strongly recommended to keep one government health facility at the union level instead of two facilities that exist in a few unions (i.e., Rural Dispensary under 'health directorate' and HFWC under 'family planning directorate'). Presence of one facility at the

union level will reduce the confusion of community people towards seeking health and family planning services.

Human resources

- Resources at the union level and below are underutilized. Existing human resources do not match the required skill-mix. Moreover, vacancies of different types of staff hinder the team work at the union level facility. For optimal utilization of human resources, it is necessary to determine what services should be rendered and what skills are needed to render those services. Then matching should be done among skills and services. After analyzing the situation, necessary staff must be recruited. There should be effective mechanism of governance and monitoring too.
- Existing Family Welfare Visitors (FWVs) must be trained for six months on midwifery.
- There is a provision to conduct satellite sessions in the community by FWV two days per week while the HFWC operates without FWV during that time. An additional FWV trained in midwifery should be recruited for providing 24-hour services at the facility, in shifts.
- Training of existing FWVs and community paramedics in midwifery will be a better option than creating a new cadre of midwives. Currently, the government is developing 3,000 midwife-nurses, which is a four-year course. It will be more cost-effective and time-saving if six-month midwifery training along with 18-month basic training is given to FWVs. Thus, midwife-FWVs for HFWCs will be produced within two years – half of the time required for producing midwife-nurses.
- Sub-Assistant Community Medical Officers (SACMOs)/ Medical Assistants (MAs) can be given midwifery training along with FWVs, as a way to ensure attending the clients at night on call and to reduce burden of FWVs for providing round-the-clock services.
- Until there is shortage of doctor for posting at each HFWC, there can be a mechanism whereby doctor will be available for two or three HFWCs on emergency basis.
- Counselor is necessary at HFWC, for which pharmacist can be given some training to perform dual responsibilities of counselor-cum-pharmacist.
- SACMOs/MAs can be given basic training on laboratory technology, which will in turn enable them to provide basic pathological services.
- A post of cleaner should be created for making the facility neat and clean, and maintaining proper waste management system.
- In rural areas, traditional birth attendants (TBAs) are still active. It will not be useful to train TBAs in midwifery, considering their level of education and expected outputs.
- Developing additional human resources will require a long time. Several parties are involved in this process. First, to create new post, an approval from the Ministry of Finance is necessary. Limited capacity of training institutes is another concern. It is important to

mention that due to government's favorable policies the number of training institutes is increasing. The government encourages the production of human resources by the private sector.

- For developing human resources within a short time, government should partner with NGOs and private sector as the number of training facilities of the government is not adequate. Public-private partnership will be an effective instrument for developing human resources.

Managerial issues

- Both 'health' and 'family planning' directorates should supervise field-level activities in a coordinated fashion to make HFWCs more functional avoiding duplication of services.
- For coordinated functioning at the HFWCs, backward linkage with community outreach services and forward linkage with upazila and higher level facilities should be strengthened. However, linking Community Clinics, HFWC, Upazila Health Complex (UHC), and District Hospital will be difficult due to dual management. Strengthening HFWC will not work optimally unless both 'health' and 'family planning' directorates work jointly.
- Medical Officer-Maternal Child Health and Family Planning (MO-MCHFP) supervision is necessary to improve quality of care and enhance technical competency of service providers at the HFWC, but the existing workload will not allow them to perform such supervision. Moreover, most of the upazilas do not have MO-MCHFP in place. It is necessary to post MO-MCHFP at every upazila for regular and effective monitoring and supervision at the union level.
- Alternatively, gynecology/pediatrics-trained medical officers posted at UHC can be involved to mentor and supervise service providers at the HFWC.
- Service providers do not stay at the facility. There should be financial incentive to keep the staff at the facility while introducing delivery services.

Referral system

- Referral system is important since cesarean section delivery cannot be conducted at the HFWC or complications of pregnancy cannot be managed there either. Often, service providers do not follow proper referral system. It was reported that service providers of HFWC refer clients to private clinic ignoring UHC and Mother and Child Welfare Center, in an attempt to earn money, which diverts clients from the government facility. A strong and systemic public sector referral system should be developed, and subsequently its functioning should be monitored.
- As mobile technology is widely used across the country including rural areas, a dedicated mobile phone at HFWC will help connect with pregnant women. Initiative should be

undertaken to publicize this phone number all over the union, particularly at public places like village markets, mosques and schools, by writing the message that normal delivery and newborn care services will be available if anyone contacts through this number.

- Communication between service providers and pregnant women through cell phone has the potential to increase utilization of facilities for normal delivery and newborn care services.
- Door-to-door services should be strengthened for timely referral of pregnant women.
- A fixed minimum target of conducting normal delivery can be set for every HFWC to increase institutional delivery.

Service delivery at the community level

- **Awareness raising.** Community people are not aware of functions of HFWC. They do not know what services are available at HFWC and who provide those services. That HFWC provides only family planning services is known to them. Ignorance about the opening and closing time of HFWC exists among community people too. Lack of information about the HFWCs is one of the reasons for not receiving services from those facilities, which requires undertaking mass campaign to inform people about HFWCs.
- **Availability of service providers.** In most cases, HFWCs are providing services to people with inadequate workforce. Generally, people are not encouraged to visit HFWCs due to absenteeism of service providers and support staff. Availability of service providers and support staff is critical for providing quality services.
- **Introducing health card.** Clients of special needs could be provided 'health card'.
- **Ensuring accountability.** In many instances, FWVs and ayas remain busy with menstrual regulation services for making money. Sometimes clients are charged for medicines though it is free. Delay or lack of attention in providing services is also apparent. Often, HFWCs are not opened on scheduled time. Community should be involved in monitoring the activities of HFWCs to enhance the accountability of service providers.

Union Family Planning Committee

- In most of the cases, Union Family Planning Committees (UFPCs) are not functioning well. Local level government and non-government representatives themselves do not know about their roles and responsibilities related to the committee. Sensitization of committee members regarding their roles and responsibilities under UFPC is the first and foremost priority.
- Large size of UFPC is one of the major reasons for its non-functioning. Several posts of UFPC like president of 'imam samity' or president of 'kazi samity' do not exist in the community, which also makes it difficult for regular functioning of the committee. UFPC should be reconstituted as Union Health and Family Planning Committee (UHFPC)

consisting of 5-7 members. Local elected female representative and imam of local mosque should be involved in this new committee.

- People do not know about HFWC Management Committee which is headed by the wife of Union Parishad chairman. In most cases, this committee exists in paper only. HFWC Management Committee should be dissolved by reallocating the responsibilities to UHFPC.

Strengthening upazila health system

- Strengthening HFWC should be a part of broader health sector reform, and while strengthening HFWCs, UHC and Community Clinic should also be strengthened. Upazila health system might not function properly if HFWC is improved without strengthening the service delivery points at both lower and higher levels.
- In rural areas, at present pregnant women need to travel about 10 kilometers to reach UHC to seek delivery care, for which travel expenditure matters to rural women. Also, rural women are not aware of the environment at UHC and feel hesitant to receive services from the providers they are not accustomed to visit. Transforming HFWC as a hospital to provide delivery services will benefit pregnant women living in rural areas by reducing difficulties of traveling a long distance, reducing the cost of transportation, and providing the comfort in receiving services from the providers they know.
- It is estimated that if transformed into a hospital with additional capacity, HFWC is likely to conduct roughly half of the deliveries of a union in a year. Compared to the total output, the cost of upgrading existing structure will not be high. The planners should pay utmost attention towards increasing budgetary allocation to the union-level health facilities.

Role of media

Media is playing its role by writing on health issues though it is insufficient. If journalists visit HFWCs as a part of their professional responsibility and publish reports on those visits, it will make an enduring impression among people through which a voice for strengthening the HFWC as a hospital to provide normal delivery and newborn care services will surface.

- Media should cover relevant health news and publish special health bulletin to create mass awareness on the importance of institutional delivery to reduce maternal and child mortality and morbidity.
- Media should focus on the role of the government to transform the union-level facilities from providing out-patient services to the first-level hospital for providing round-the-clock services.

ANNEXURE 1: Program of the Roundtable Dialogue at DGFP

Roundtable Dialogue with Journalists

Strengthening Union Level Facility for Providing Normal Delivery and Newborn Care Services

Venue: Conference Room, DGFP, Kawran Bazar, Dhaka

Date: 15 May 2011

Time	Topics	Facilitator
10:30 am – 11:00 am	Registration	
11:00 am – 11:05 am	Recitation from Holy Quran	
11:05 am – 11:15 am	Introduction of Participants	
11:15 am – 11:20 am	Welcome Speech	Mr. Ganesh Chandra Sarker Director, IEM, DGFP
11:20 am – 11:50 am	Keynote Presentation	Dr. Ubaidur Rob Country Director, Population Council
11:50 am – 1:00 pm	Expert Opinions and Open Discussion	Mr. A.K.M. Zafar Ullah Khan Advisor, Population Council & Former Secretary, MOHFW
1:00 pm – 1:15 pm	Speech from the Chief Guest	Mr. M. M. Neaz Uddin Director General, DGFP
1:15 pm – 1:20 pm	Closing Remarks	Dr. Ubaidur Rob Country Director, Population Council
1:20 pm	LUNCH	

ANNEXURE 2: List of Participants, Roundtable Dialogue at DGFP

1. Mr. M.M. Neazuddin, Director General, DGFP
2. Mr. Ganesh Chandra Sarker, Director-IEM & Line Director-IEC, DGFP
3. Dr. A.K.M. Mahbubur Rahman, Line Director-CCSD, DGFP
4. Ms. Rina Parveen, Director-Planning, DGFP
5. Mr. Md. Taslim Uddin Khan, Deputy Program Manager, IEM, DGFP
6. Dr. Jafar Ahmed Hakim, Project Manager, SwissContact & Former Director, MCH, DGFP
7. Mr. Muhammad Abdus Sabur, Senior Advisor, Health, UNDP
8. Dr. Monira Parveen, Health Advisor, UNICEF
9. Mr. Narayan Chandra Sarker, Project Coordinator-ARH, Plan Bangladesh
10. Dr. Monoarul Aziz, Senior Technical Officer, BRAC
11. Mr. Shah Noor Mahmud, Senior Regional Manager, BRAC
12. Dr. Mustafiza Rushdi, Program Specialist, RTM International
13. Professor Barkat-E-Khuda, Department of Economics, University of Dhaka
14. Professor A.K.M. Nurun Nabi, Department of Population Sciences, University of Dhaka
15. Mr. A.H.M. Yasin, Sub-editor, Daily Prothom Alo
16. Mr. S.A. Taleb Rana, Staff Reporter, Daily Ittefaq
17. Mr. Abdul Mannan, Senior Reporter, Daily Jugantor
18. Mr. Atiqur Rahman, Staff Reporter, Daily Inqilab
19. Mr. Nikhil Mankhin, Staff Reporter, Daily Janakantha
20. Mr. Md. Bashirul Islam, City Reporter, Daily Janakantha
21. Mr. Sadequr Rahman, Staff Reporter, Daily Sangram
22. Mr. Jakir Hossain Liton, Staff Reporter, Daily Naya Diganta
23. Mr. Borun Kumar Das, Daily Sangbad
24. Mr. Pavel Haider Chowdhury, Daily Kaler Kantho
25. Mr. Badruddoza Sumon, Staff Reporter, Daily Samakal
26. Mr. Reaz Chowdhury, Senior Reporter, Daily Amar Desh
27. Mr. Kazi Md. Shafiqul Islam, Daily Destiny
28. Mr. Md. Mahmudul Hasan, Daily Destiny
29. Mr. Shahin Ahmed, Managing Editor, Shilpakanta
30. Mr. Md. Maksudul Haque, The Oporadthkantha
31. Ms. Rowshon Jhunu, Senior Reporter, Daily Bangladesh Somoy
32. Mr. Habibullah Fahad, Staff reporter, Sheershanews
33. Mr. Mahmudur Rahman, Producer, Radio Foorti
34. Mr. Md. Kabir Hossain, Asst. Program Producer, ATN Bangla
35. Mr. Saiful Islam, Program Assistant, ATN Bangla
36. Mr. Iqbal Farhat, Reporter, RTV
37. Mr. Animesh Kar, Senior Reporter, Independent TV
38. Ms. Nargis Sultana, Research Officer, Population Council
39. Ms. Kaji Tamanna Keya, Senior Research Officer, Population Council
40. Mr. M. Mostafizur Rahman Khan, Senior Research Officer, Population Council

41. Mr. Amar Krishna Baidya, Assistant Program Officer, Population Council
42. Mr. Md. Noorunnabi Talukder, Program Officer, Population Council
43. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Secretary, MOHFW
44. Dr. Ubaidur Rob, Country Director, Population Council

ANNEXURE 3: Program of the Daily Sun Roundtable Dialogue

Roundtable Dialogue with Journalists

Strengthening Union Level Facility for Providing Normal Delivery and Newborn Care Services

Venue: BRAC Center, Mohakhali, Dhaka

Date: 2 July 2011

10:30 am	Registration and Tea
Chief Guest:	Mr. Md. Humayun Kabir , Secretary, MOHFW
Moderator:	Mr. A.K.M. Zafar Ullah Khan , Advisor, Population Council & Former Secretary, MOHFW
11:00 am	Recitation from the Holy Quran
11:05 am	Welcome Speech Prof. Dr. Syed Anwar Husain , Editor, The Daily Sun
11:15 am	Keynote Presentation Dr. Ubaidur Rob , Country Director, Population Council
11: 30 am	Speech by Chief Guest Mr. Md. Humayun Kabir , Secretary, MOHFW
11:45 am	Background of the Project Dr. Shehlina Ahmed , Health and Population Adviser, DFID
11:55 am	Interactive Session Mr. A.K.M. Zafar Ullah Khan , Advisor, Population Council & Former Secretary, MOHFW A. Infrastructure <ul style="list-style-type: none">▪ Physical structure (facility strengthening inputs)▪ Human resources (required manpower and training)▪ Cost-benefit analysis B. Management <ul style="list-style-type: none">▪ Development of an integrated referral mechanism▪ Supervision and monitoring▪ Implementation modalities: Functional integration of services at field level▪ Providing incentive C. Governance <ul style="list-style-type: none">▪ Community involvement (revitalization/reconstitution of existing committees) D. Demand creation
1:25 pm	Wrap up and Closing Remarks
1:30 pm	Vote of Thanks
1:35 pm	Lunch

ANNEXURE 4: List of Participants, Daily Sun Roundtable Dialogue

1. Mr. Md. Humayun Kabir, Secretary, MOHFW
2. Mr. M.A. Quyyum, National Project Director, Comprehensive Disaster Management Program & Former DG, DGFP
3. Dr. Mohammed Sharif, Director, MCH Services, DGFP
4. Dr. Jafar Ahmed Hakim, Project Manager, Swiss Contact & Former Director, MCH Services, DGFP
5. Dr. Shehlina Ahmed, Health Advisor, DFID
6. Dr. M.A. Sabur, Sr. Health Advisor, UNDP
7. Dr. Md. Khairul Islam, Country Director, Water Aid
8. Dr. Ahmed Al Kabir, President, RTM International
9. Mr. Masum Billah, Program Manager, BEP, BRAC
10. Professor Barkat-E-Khuda, Department of Economics, University of Dhaka
11. Professor Sushil Ranjan Howlader, Institute of Health Economics, University of Dhaka
12. Professor M. A. Hye, East West University
13. Professor Dr. Syed Anwar Husain, Editor, The Daily Sun
14. Mr. Emdadul Hoque, Staff Reporter cum Sub-Editor, The Independent
15. Ms. Arafat Ara, Reporter, Financial Express
16. Mr. Tarik Hasan Shahriar, Journalist, The Daily Sun
17. Mr. Bayazid Akter, Journalist, The Daily Sun
18. Mr. Baliuzzaman Bay, Journalist, The Daily Sun
19. Mr. Salman Forid, Journalist, Manabzamin
20. Mr. Fazlul Hoque, Sr. Cameraman, Bangla Vision
21. Ms. Juthika, Staff Reporter, Bangla Vision
22. Mr. Amindin Kamal, Reporter, ATN Bangla
23. Mr. Shohag, Reporter, ATN Bangla
24. Ms. Zinnatun Noor, Journalist, Daily Bangladesh Protidin
25. Mr. Nurul Islam Habib, Reporter, BD News 24
26. Mr. Alauddin Chowdhury, Journalist, Ittefaq
27. Ms. Mahpara Rob, Student of University of Toronto
28. Ms. Nargis Sultana, Research Officer, Population Council
29. Ms. Kaji Tamanna Keya, Senior Research Officer, Population Council
30. Mr. Mostafizur Rahman Khan, Senior Research Officer, Population Council
31. Mr. Amar Krishna Baidya, Assistant Program Officer, Population Council
32. Mr. Md. Noorunnabi Talukder, Program Officer, Population Council
33. Mr. Md. Moshir Rahman, Program Officer, Population Council
34. Mr. Dipak Kumar Shil, Director AF&HR, Population Council
35. Mr. A.K.M. Zafar Ullah Khan, Advisor, Population Council
36. Dr. Sharif Mohammed Ismail Hossain, Associate, Population Council
37. Dr. Ubaidur Rob, Country Director, Population Council

www.popcouncil.org

South & East Asia - Bangladesh Office

House CES (B) 21, Road 118

Gulshan, Dhaka 1212, Bangladesh

Phone: 8802-8821227, 8826657

Fax: 8802-8823127

Email: info.bangladesh@popcouncil.org