Addressing Challenges of Maternal and Neonatal Health Care in Urban Slums of Bangladesh

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Presentation Outline

- Context and Challenges
- Design and Strategies
- Lessons learnt
- What next?
Setting the Context

Slums of Bangladesh

• Temporary settlement
• Continuous evictions
• Lack of basic amenities
• Unhygienic sanitary environment
• Scenario is worse
Rapid Urbanization
• Increased urban population growth
• Migratory, unsettled population

Epidemiological and demographic situation
• Despite declines, maternal, neonatal and child mortality and morbidity are still high
• Fertility decline with rising, unstable young population

Health system issues
• No structured public health services for slum people
• Inadequate access of the poor to quality, affordable health care
• Crisis of skilled health workforce
Manoshi: Getting into Slums

- Understanding the slum dynamics
  - Facing the gate-keepers of slums
  - Seeking support from community support group
- Realizing context of childbirth practices
  – One size does not fit all
- Adapting BRAC’s community health worker model
- Focusing on behavior change and practices by connecting community to resources

BRAC initiated Manoshi in 2007
Scaled up to now slums of 11 city corporations and one municipality reaching 7 m slum populations
Manoshi Design and Operational Strategies

- Capacity development of HR
- Linkage with public/private health facilities
- Staff
- UBA
- Maternity Center
- SK
- SS
- Community empowerment
- Services rendered at community and household level
- Timely referral of emergency cases
- Hospital
BRAC Delivery Center

- Privacy and dignity
- Cleanliness
- Women-friendly, culturally appropriate
- Immediate diagnosis and referral of maternal and newborn complications to hospitals
- UBA supported and supervised by Manoshi midwives and trained medical professionals
Transition - BRAC Maternity Centre

- Understanding need of women
- Addressing unnecessary referrals and c-section
- Providing better quality services

- Respectful maternity and newborn care
- Managed by Manoshi Midwives
A major shift is observed in place of birth from home to hospitals due to supportive, timely referral system.
MANOSHI I Trend in Neonatal Mortality Rate

- National
- Manoshi
MANOSHI I BMC Achievement

<table>
<thead>
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<th>Location</th>
<th>Still Birth</th>
<th>NMR</th>
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<td>Hospital</td>
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<td>15</td>
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<tr>
<td>Home</td>
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Legend:
- **STILL BIRTH**
- **NMR**
• Transitioning BRAC Delivery Centers to BRAC Maternity Centers maintaining respectful maternity and newborn care
• Integrating community health workers into social network
• Community mobilizations allowing women to access resources knowledge and services
• Strong referral system supporting women/newborn babies to seek health care from facilities
• Partnership with multiple stakeholders ensuring quality services and bridging the gaps
• Manoshi is an example of simple innovative solutions to maternal and newborn health care in urban slums

• Recognition of slums and permanence of ‘citizenship’ within the ‘arrival city’
• Leadership and political commitment
• Participation and commitment of all stakeholders in Investing, planning and implementing integrated health interventions to provide quality of care to mothers and newborns
• Investment in continuous innovations for improved, sustainable health care of the urban poor, with certainty and dignity in their life
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