



**Partners in Population and Development (PPD)**  
An Inter-Governmental Organization  
Promoting South-South Cooperation



**Ministry of Health and Family Welfare**  
Government of the People's Republic of Bangladesh



## Maternal Death Free Kapasia Model

# SHARING BEST PRACTICES

Addressing RH, Population and Development Challenges

Case from BANGLADESH



উপজেলা পরিবার পরিকল্পনা কার্যালয়

December 2020

## Biography of the Consultant



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## Acronyms

ANC	Antenatal care
CHCP	Community Health Care Provider
DGFP	Directorate General of Family Planning
EDD	Estimated Date of Delivery
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
HA	Health Assistant
HPNSP	Health, Population and Nutrition Sector Program
IPA	Innovation for Poverty Action
MCH	Mother and Child HealthCare
MC ID	Maternal and Child Identity Number
MCWC	Maternal and Child Welfare Center
MDG	Millennium Development Goal
MO (MCH-FP)	Medical Officer (Maternal and Child Health- Family Planning)
MoHFW	Ministry of Health and Family Welfare
MP	Member of the Parliament
OC	Officer in Charge (Police)
PNC	Postnatal care
SDG	Sustainable Development Goal
SMS	Short Message Service
UEO	Upazila Education Officer
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complex
UHFWC	Union Health and Family Welfare Center
UHO	Upazila Health Officer
UNO	Upazila Nirbahi Officer

## Foreword

Partners in Population and Development (PPD) is an inter-governmental organization of 27 Developing Countries from Asia, Africa, Latin America, and Middle East and North Africa (MENA) regions, launched in 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt with the mandate to institutionalize and promote South-South Cooperation (SSC) in Reproductive Health, Family Planning and Population related issues for the implementation of the ICPD Program of Action. Through exchange of knowledge, experiences and best practices among its member countries and other developing countries, PPD contributed in creating opportunities for launching efficient and transformational SSTC programs, considered as best alternative approaches to achieve ICPD and the 2030 Agenda for Sustainable Development in developing countries.

In 2019, PPD and UNFPA jointly documented 2 best practices from Kenya and Tunisia which were published in UNOSSC South-South Galaxy (Volume 3: South-South and Triangular Cooperation for Sustainable Development). In 2020 and as the whole world experienced the social and economic disruption, particularly in health system caused by COVID-19 pandemic, PPD with the support of UNFPA has documented nine (9) best practices from Bangladesh, China, Egypt, The Gambia, Ghana, India, Morocco, Vietnam and Thailand, highlighting the issues related to reproductive health, family planning, maternal health, adolescent health, gender equality, population and development.

I strongly believe that sharing best practices is a key tool to promote South-South Cooperation and this document will help other countries to adapt and replicate the ideas to solve similar issues in the beneficiary countries.

I wish to express my sincerest thanks and appreciation to the Government of the People's Republic of Bangladesh through the Ministry of Health and Family Welfare for their strong engagement to South-South Cooperation and continued support to PPD as witnessed by the documentation of the "**Maternal Death Free Kapasia Model in a sub-district of Bangladesh**" and the commitment to share it with other developing countries.

**Adnene Ben Haj Aissa**

Executive Director

## Outline of Documentation of Best Practices

General Information Sheet on the Country and Project setting:		
1.	Name of the Country	Bangladesh
2.	Name of the State or Province in the Country	Kapasia, Gazipur, Dhaka, Bangladesh
3.	Type of Community	Low income population
4.	Number of Beneficiaries	Approximate 20,000 pregnant women since December 2017
5.	Kind of Intervention	The intervention focused on raising awareness through information availability to beneficiary group and to increase accountability through service delivery simplifications.
6.	Implementing Institution	Upazila Family Planning Office, Kapasia
7.	Details of Institution with e-mail address	Upazila Family Planning Office, Kapasia Email: ufpokapasia@gmail.com
8.	Head of the Institution	Mr. Mohammad Abdur Rahim, UFPO
9.	Implementation Period	December 2017 to date
10.	Budget:	Approximate 5,00,000.00 BDT (USD 6000) amount will be required to introduce the model in any Upazila of Bangladesh. Though there are some factors which can be variable in other Upazila but more or less mentioned amount will be required to introduce the model. The budget for 'Maternal Death Free Kapasia Model' is enclosed in the Annexure 1.8 of the report.

## Overview

This report focuses on the 'Maternal Death Free Kapasia Model' which is considered as 'Best Practice' in reducing maternal, newborn and child mortality in a sub-district of Bangladesh.

According to Oxford Advanced Learner's Dictionary, best practice is 'a way of doing something that is seen as a very good example of how it should be done and can be copied by other companies or organizations. Activities, disciplines and methods that are available to identify, implement and monitor the available evidence in health care are called 'best practice'.



*Picture-1: Inaugural Ceremony of Maternal Death Free Kapasia Model by Honorable MP, DGFP and other notable personalities.*

The 'Maternal Death Free Kapasia Model' is termed as best practice. It started its journey from 4th December, 2017. The model was introduced by Mr. Mohammad Abdur Rahim, Upazila Family Planning Officer, Kapasia, Gazipur under the patronage and leadership of Simeen Hussain Rimi, a social worker, writer, a politician of Bangladesh Awami League and the Honorable Member of Parliament from Gazipur-4 (Kapasia), Bangladesh. Gazipur-4 constituency encompasses Kapasia Upazila (BEC, 2013). Mr. Rahim developed the model taking help from Honorable MP of Kapasia, officials of upazila family planning department, upazila health complex, upazila administration, local representatives and student associations. He placed all the components favorable for the pregnant woman and newborn babies. He sketched out all the problems a woman faces in her pregnancy time and incorporated the solutions in the model. In this report, the model's effectiveness to eradicate the problem and to find the sustainable solution has been discussed in detail.

The model was developed thinking about the destitute pregnant women as the priority. In Kapasia region, a good number of pregnant women are not aware of their health. Sometime they face life threatening situations due to lack of information/ knowledge. They often face problem while getting the better medical assistance. There remains a gap between service seeker and service provider. This

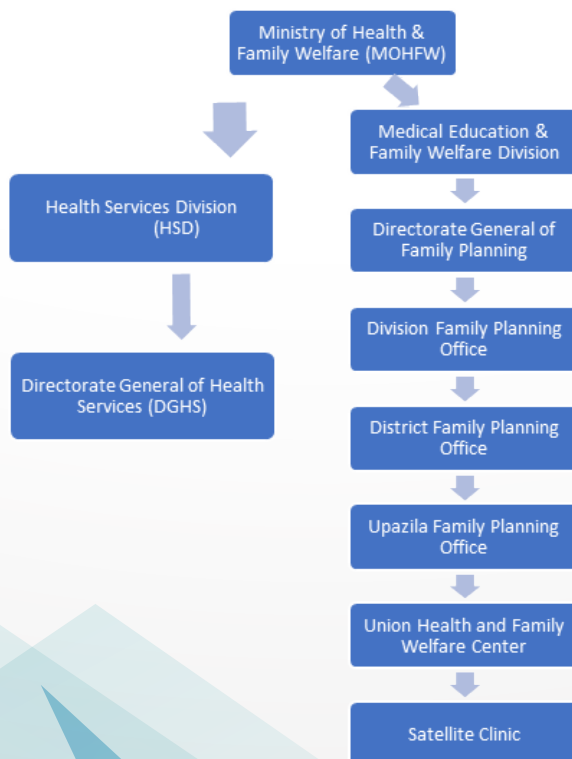
model focuses on this segment of pregnant women in general. This model also found that if the proper information can be delivered at right time at right place, the maternal mortality can be reduced significantly. The model is the integration of human resources and digital technology.

It is essential to mention here that the software itself is not working as the model actor. Rather, it is working as the supportive means to the full operational activities of Upazila Family Planning Department. The software is including all information of the pregnant women and newborn babies and at the same time it is creating the report to whom the officials will provide service at what time. For making the model beneficial to the target beneficiaries, the Upazila Family Planning Department did not need to change its organogram. It is only providing service simplification to the target beneficiaries making the information available and creating the environment where accountability is practiced. The attitudes of the service providers have changed as the model is pro-active towards beneficiary groups.

All the components of the model are working towards the awareness of the pregnant women and the larger context of the community. Every personnel, stakeholders and others are working with the same motto: to eradicate the maternal death in Kapasia. They proved that the sensible practice towards any complications of the society can reduce the hassle and at the end that practice can become 'best practice'. 'Maternal Death Free Kapasia Model' is the picture of that best practice attitude.

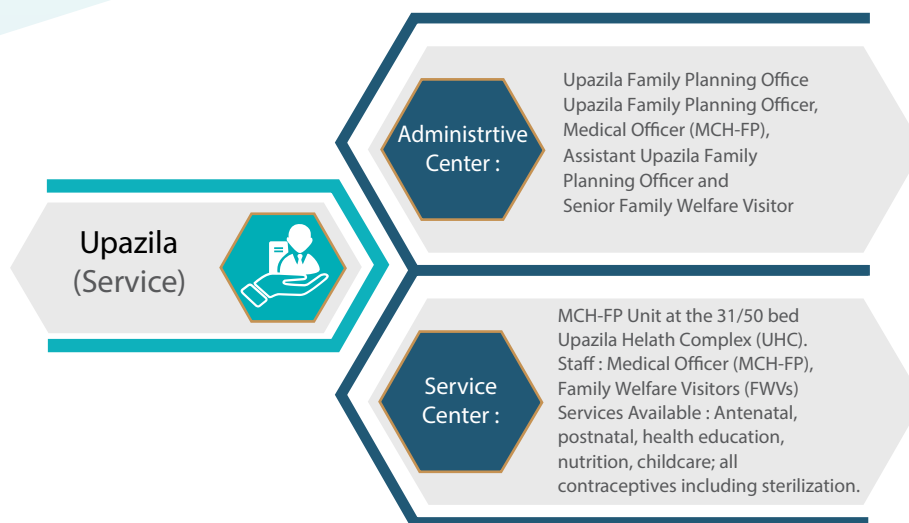
## Implementing Institutions/development actors:

The Upazila Family Planning Office works under District Family Planning Office. The supreme authority is Ministry of Health and Family Welfare (MOHFW).



Picture 2: Hierarchy Pyramid from MOHFW to Satellite Clinic

Upazila Family Planning Office is monitoring the Union Health and Family Welfare Center and Satellite clinics. The total chain of command is working for the betterment of the community people.



Source: DGFP Website

According to Upazila Family Planning Department (Kapasias, Gazipur), the Kapasia Upazila Health and Family Planning System includes the following health service facilities:

Sl.	Health Facility	#
1.	Satellite Clinic	68
2.	Community Clinic	52
3.	Union Health and Family Welfare Center	10
4.	Sub- Health Center	2
5.	S10 seated Mother and Child Welfare Center	3
6.	Upazila Health Complex	1

Services are provided to the beneficiary groups through the combined effort of these existing facilities in Kapasia.

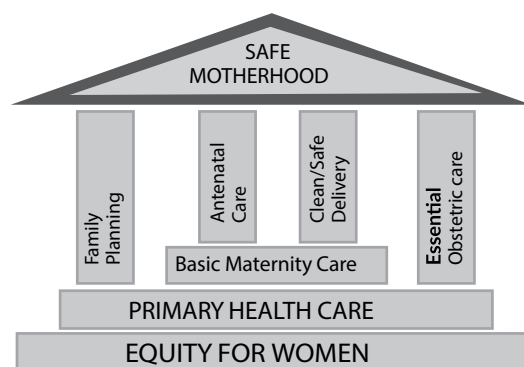
## Summary: brief overview of the practice and overview of objectives and results

The major complications for nearly 75% of all maternal deaths are as follows (WHO, 2019):

- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery
- unsafe abortion.

In Bangladesh, the scenario for maternal death relate to eclampsia and after-childbirth bleeding. According to the report (disclosed on November 22, 2017 by Ministry of Health) jointly done by the health ministry, the National Institute of Population Research and Training, the International Centre for Diarrheal Disease Research, Bangladesh, the USAID and the UKAID with support from a few foreign universities, the survey found that 55 per cent of the maternal deaths occur in Bangladesh due to hemorrhage and eclampsia (Maswood, 2019).

The scenario was not different in Kapasia. In earlier, two pregnant women died due to severe bleeding. These deaths shocked Mr. Mohammad Abdur Rahim and he took initiative to conduct base line survey with a view to finding out the actual causes of maternal death in Kapasia Upazila. The report from the base line survey and all other available case studies originated the 'Maternal Death Free Kapasia Model'. Honorable Member of The Parliament Mrs. Simeen Hossain Rimi's direction and guidance led the model to be effective under the coordination of local administration, family planning and health officials.



According to WHO (2014) report, the safe motherhood is dependent on four pillars. They are family planning, ANC, Clean / Safe delivery and essential obstetric care. In this "Maternal Death Free Kapasia Model", we find the reflection of these elements. This model aims to facilitate safe pregnancy and childbirth for women in Kapasia Upazila and to ensure effective childcare guidelines.

According to IPA (2019), this program has three broad categories. The categories with some description are provided in the following paragraph:

### a) Category 1:

**Targeting and monitoring:** These activities are designed around a database that includes identifying pregnant women, filling out their forms, entering the data from the particular form to the database, recording blood donors, sending out reminder messages and voice calls to pregnant women regarding various health components etc. High risk pregnant women are automatically identified. In this software, one can easily have various information by colors. This database can be used to monitor the performance of the health workers.

**b) Category 2:**

Information and awareness: These activities include sharing knowledge regarding safe pregnancy, childcare, nutrition, keeping records during pregnancy and so on. This model gives a 44-page 'MCH Hand book' with a unique ID to each pregnant woman identified. Organizing 'pregnant women gathering' in each union, installing display boards, establishing 'safe maternity wall' in each Union Parishad, distributing leaflets, etc. also include under the information and awareness category.

**c) Category 3:**

Better service delivery: It includes the following components for service delivery simplifications.

- Hotline for pregnant mothers,
- Phone numbers sharing of the nearby service providers/ health workers,
- Maternal and child health care one-stop service corner in the Family Planning Unit of Upazila Health Complex,
- Training to 198 local birth attendants,
- Facility of blood donor for emergency case. Motivated riders are engaged for carrying donors from different corners of the Upazila. Total 33 volunteers of 11 Unions (3x11) are ready to bring a blood donor to Upazila Health Complex. Regular Bangla SMS and voice calls are sent to pregnant women, etc.

In broader sense, the objective of the program is as follows:

- a) Reducing maternal and child mortality.
- b) Raising awareness of pregnant mothers on issues pertaining to nutrition, prenatal and postnatal care, childcare, and family planning methods.
- c) Availability of information and service simplification.

The results from this novel program are extensive and looming in large context. Kapasia Upazila has achieved almost zero maternal death after approximately two years since the launch of this program.

## Background and justification, including origin of the project

Maternal mortality rate in Bangladesh has declined by 66% over last few decades, estimated at a rate of 5.5% every year. The latest Bangladesh Maternal Mortality Rate is 170 per 100,000 live births as per UN and WHO estimates (2014). The MMR was 600 per 100,000 live births in 1975 and 574 in 1990 (The Daily Star, 2015).

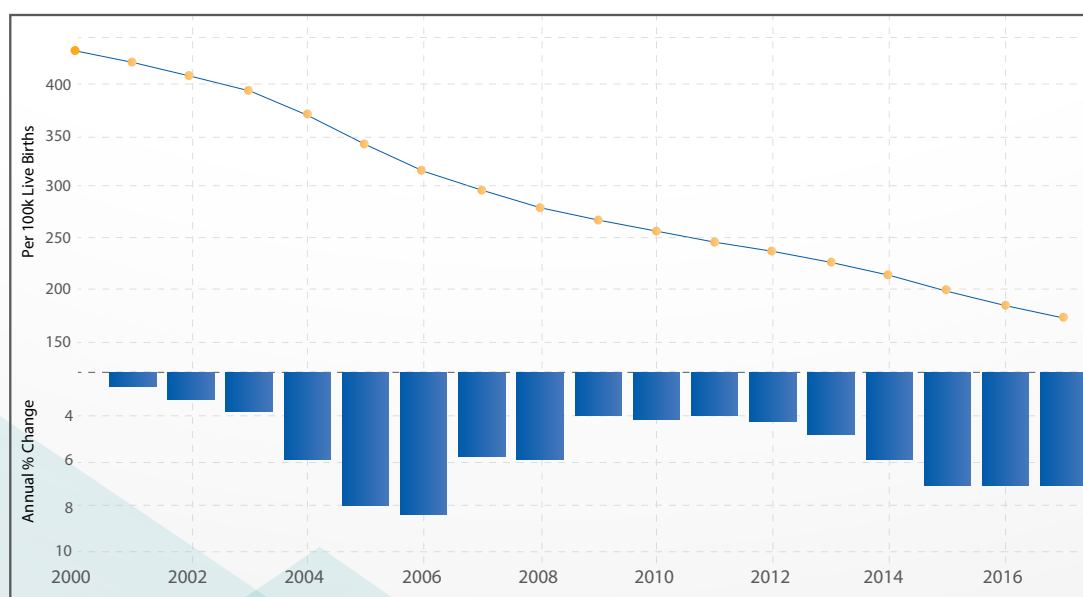
Remarkable progress has been achieved in the development of the HPN sector in Bangladesh. Honorable Prime Minister of Bangladesh received the MDG award for being on track for reducing infant and child mortality (MDG 4) in the 65th UN General Assembly Session. The government efforts and successes in the use of information and communication technology for health, recognized by the South-South ICT Award on health of women and children, which was received by the Honorable Prime Minister on September 19, 2011 during the United Nations General Assembly in New York. (HPNSDP Booklet, 2011-16).

The MDG 5 highlighted maternal health as a global public health priority. Reduction of maternal mortality ratio (MMR) by three quarters between 1990 and 2015 and achieving universal access to reproductive health by 2015 were two indicators to assess countries' progress in the MDG 5. Out of 186 countries only 19 have achieved the goal. Bangladesh is one of the successful countries in achieving the MDGs. The country is also in track in developing strategies and action taking for attaining targets of the Sustainable Development Goals (SDGs). Considering importance of the topic, a 'SDG Co-ordination Cell' has been established at the Prime Minister's Office (PMO) to guide the national SDG agenda. The 2030 agenda of SDGs are reflected in the current 7th five-year plan (2017- 2021) as well as the current (4th) Health, Population and Nutrition Sector Program (HPNSP) (2016- 2020).

Every year more than 200 million women become pregnant. Most pregnancies of healthy mother's end with the birth of a live baby. But, in many cases, childbirth is not the joyous event as it should be but a time of pain, fear, suffering and even death. Globally, it has been estimated that about half a million women die each year of pregnancy related causes, 99 percent of them in developing countries. At least 9 percent of the pregnancies are complicated by a disease which is aggravated by pregnancy, such as malaria, iron-deficiency anemia, hepatitis, tuberculosis (TB); and heart disease.

As we know, maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births. The data are estimated with a regression model using information on the proportion of maternal deaths among non-AIDS deaths in women ages 15-49, fertility, birth attendants, and GDP. (World Bank, 2019)

- Bangladesh maternal mortality rate for 2017 was 173.00, a 6.99% decline from 2016.
- Bangladesh maternal mortality rate for 2016 was 186.00, a 7% decline from 2015.
- Bangladesh maternal mortality rate for 2015 was 200.00, a 6.54% decline from 2014.



Graph-1: Maternal mortality ratio (modeled estimate, per 100,000 live births)

The graph shows that Bangladesh in 2020, the maternal mortality ratio was high at above 400. Every year the maternal mortality ratio is showing the declining trend. For achieving the success, the government needs to work till the grassroots level of the country. As we know, the healthcare infrastructure under the DGHS comprises six tiers: national, divisional, district, upazila (sub district), union, and ward. If at each level the awareness is created, the SDG goal can be achieved easily.

'Maternal Death Free Kapasia Model' can be a means to fight against the high level of maternal deaths in Bangladesh. The model, through its technological and on-site logistic support, created a boundary where pregnant women and newborn children can feel safe. With the innovative ideas of 'MCH hand book', mobile messaging and voice calls in the local language, awareness level of pregnant mothers has improved. In this model, high risk mothers are automatically identified and brought under intensive care. This process provides easy access to information, ensures transparency, accountability and service simplification and improved the quality of the service. Thus, this unique model has significantly reduced maternal mortality that turned 'Kapasia' into a Maternal Death Free Upazila.

## Goals and Principles

The goal of this model is to achieve the SDG 3.1 & 3.2 in Kapasia. The model will create an environment where the goal can be achieved effectively. As we know, the goal of the SDG 3 is as follows:

SDG 3.1	SDG 3.2
By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

The principle of the model is to aware the pregnant women and to create the accountability in the working force of Family Planning Department and Health Department. Before commencement of the model, the officials identified that the community could not avail the service they desire due to lack of information. The awareness level is raised through the proper use of communication. The officials are also providing timely services as the accountability system is raised through this model. If this process continues, the SDG will be achieved through the effective implementation of this model.

## Methodology

For purpose of the report, the consultant surveyed in the field level of Kapasia. The pregnant and recently delivered women, family members, blood donors, schoolteacher, rider, journalist, community health workers, UNO, Member from Union Parisad and officials from Upazila Family Planning Department and Upazila Health Complex – all were interviewed through the means of FGD, IDI and KII.

The two-consecutive visits on 22nd Oct and 1st Nov, 2020 were done in Kapasia for collecting data from the field level. The consultant even visited the pregnant woman home and asked about the ANC and PNC service they avail from Satellite Clinic, Community Clinic, UHFWC, MCWC and UHC. Respective FWA was present at the pregnant woman house while doing the visit.



*Picture 4: From Left to right, interview session with UNO, Upazila Vice Chairman (Female), UFPO, Union Parisad Chairman, FGD with pregnant women, FPI; FGD with mother with newborn baby and community people, interview with Medical officer (MCH-FP), discussion with FWV & FWA.*

The consultant visited the UHFWC and observed the process through which the pregnant women receive the service. Random basis two pregnant women were interviewed, and they were asked to show their SMS in mobile. They showed the consultant the SMS from the Upazila Family Planning Office. The MCH hand book was even found with the pregnant woman.

The consultant also interviewed Simeen Hussain Rimi, Honorable MP, at her residence in Banani DOHS, Dhaka. She discussed how the model inaugurated with the assistance of Mr. Abdur Rahim, UFPO. She also shared the views on sustainability of the model.

## Description including Activities, Achievements, Outcomes and Impact

### a. Main activities of the project

#### i. Activities / Achievements to date in respect to outcomes

To bring all pregnant women and newborn babies of Kapasia Upazila under digital service, 'Smart MCH Service Management Software' [[www.mch-kapasia.com/presentation](http://www.mch-kapasia.com/presentation)] been inaugurated. This software is named in Bengali as "Mirror of Pregnant Woman".



Picture 5: The First Appearance of the Software.

This database includes 37 types of data from the pregnant woman. Information of pregnant woman is collected in a particular form and then it is included in the database.

In the following paragraph, the data inclusion process of the software is discussed in detail

*The picture came from all segments that the motivation came from the true leadership. They all credited towards the movement engaged by Mrs. Simeeen Hussain Rimi MP. Otherwise Mr. Rahim mentioned "the model could not have been possible to act properly in that place."*

ড্যাশবোর্ড



Picture 7: Dashboard of the Software

In the Dashboard of this software, we can see different types of information e.g. Registered Pregnant Women (2219), high risk mothers (1215), Blood donor (1110), poor mothers (1458), newborn babies (460), enlisted office staff (103) etc. at a glance. This is the total reflection of the software database. This summary report helps everyone to know about the situation of the upazila.

নম্বর	শিক্ষার শেখরতা	গর্ভবতীর সেচাইডিং নম্বর	জন্মের সেচাইডিং নম্বর	LMP	EDD	সমস্যা- ১ (৪ মাস)	সমস্যা- ২ (৩ মাস)	সমস্যা- ৩ (৬ মাস)	সমস্যা- ৪ (৯ মাস)	NID/ BRN	রক্তের গ্রুপ	উচ্চতা	জন্মের স্থান	ধর্ম
24	GRADUATE	01753299649		2020-07-03	2021-04-06	2020-10-31 +	2020-12-30	2021-02-28	2021-03-30	5556249687		5'0"	ইন্দোনেশিয়া	ইসলাম
20	SSC	01869266120	01955554412	2020-07-03	2021-04-06	2020-10-31 Q	2020-12-30	2021-02-28	2021-03-30		B+	5'2"	শাইব মেডেল	মহা হাফিজ
36	FIVE	01772547024		2020-07-03	2021-04-06	2020-10-31 Q	2020-12-30	2021-02-28	2021-03-30	3313613154366		5'2"	আবদুল মুন্সির	হিন্দু
30	EIGHT/JSC	01781619526		2020-07-04	2021-04-07	2020-11-01 +	2020-12-31	2021-03-01	2021-03-31	19913313643000450		5'1"	আবদুল	হিন্দু
23	GRADUATE	01921065449		2020-07-04	2021-04-07	2020-11-01 +	2020-12-31	2021-03-01	2021-03-31	1953576384	AB+	5'2"	আবদুল ইলিয়াস	মহা হাফিজ

Picture 8: Summary Report in Software of Pregnant Woman

When the new pregnant woman information is added in the software, the ANC dates appear automatically in blue color. If the date is over, the date color becomes red. The data entry operator from UFPO office calls the pregnant woman and includes the information in the database just to see whether she attended her ANC service at nearest UHFWC or other service centers. When the data is included in the system, the color turns into green. This is how the user of this software can automatically see the updates of the system by color code easily.

গর্ভকালীন পরিদর্শনের ডাটা যোগ্য করুন

গর্ভকালী নাম: *	<input type="text" value="আয়েশা বেগম"/>	দাম্পত্য নং: *	<input type="text" value="194"/>
EDD: *	<input type="text" value="2021-04-06"/>	পরিদর্শনের তারিখ: *	<input type="text" value="2020-10-31"/>
ওজন (কেজি): *	<input type="text"/>	রক্তচাপ: *	<input type="text"/>
হিমোগ্লোবিন: *	<input type="text"/>	মূত্র: *	<input type="text"/>
এন্ডুসিড: *	<input type="text"/>	ইউসিএ: *	<input type="text"/>

Picture 9: Pregnant Mothers Visiting Dates Interface in Software



Picture 10: ANC Service to Pregnant Woman in UHFWC

The information is sent through SMS and voice call to the pregnant woman when, where and whom (with the contact number of the service provider) they will contact for ANC service. To include all pregnant women under ANC service, Bangla SMS is sent to each pregnant woman mentioning the information of service centers, service provider's name and phone number. Pregnant woman receives ANC provider's address, time and corporate number three days earlier at her mobile number through SMS and Voice Call. When the pregnant woman's information is included in the Smart MCH Service Management Software, the four times ANC and EDD are shown in the system automatically.

As soon as the pregnant woman gets her delivery done successfully, the data is then transferred to newborn babies list. The data entry operator gets all information by calling the new-born baby mother and the system updates the entry from pregnant woman database to newborn baby's data. It is important thing to mention that Honorable MP has given her voice for this voice call message from the software. The recorded voice is enclosed with this report Annexure 2.2.

Every month, union wise pregnant woman lists are printed and sent to each Union Health and Family Welfare Center. Service provider calls each pregnant woman from this list and inform them regarding ANC, during delivery and PNC services. They motivate people to get their baby delivered in institutional arrangement. The UHFWC and MCWC has all the facility for normal delivery if they feel the pregnant woman have complications then they transfer her to Upazila Health Complex.

Picture 11: Data Entry Field in Software

Picture 12: Data Entry Field in Software

The above picture shows the type of the pregnant woman information is included in the software. This information is always updated, as soon as the pregnant woman gets ANC service from the health complex/ nearest UHFWC / satellite clinic. The authorized data entry operator includes the data accordingly.

Picture 13: Data Entry Field in Software

The above picture shows how the software generates the blood donor information and send to the pregnant woman. The nearest blood donor's information is sent to the pregnant woman through SMS.

In the same process, the blood donors receive the SMS from the system generated process about his or her nearest pregnant woman information. The software can categorize the pregnant woman and blood donor according to Union based. The pregnant woman who is in a certain union will get the blood donor information of that union. The same process is maintained for the blood donor. The nearest pregnant woman information will be shared to him or her. The PNC service follows similar process. The SMS is sent to the parents three days earlier from consultation dates.

**Most important thing is all the communication SMS & Voice Call is done in Bengali so that beneficiaries can understand the information properly.**

To remind the date of ANC service visit date, pregnant woman and her husband receive the voice call individually. The system has such coding it can easily detect the pregnant woman from 11 unions and send the notification message to respective woman / husband mobile number instantly.

### ***Pregnant Woman***

Mrs. X came to know about Satellite Clinic/ UHFWC from FWA. Iron pill, calcium, vitamin B complex and other medicines are provided from that center. Regular checkup is also provided from that place. If she fails to visit on schedule date, Data Entry Operator of MCH Corner calls her to meet the service provider immediately. MCH Corner also communicate with the service provider to contact with the pregnant woman for follow up. Satellite clinic is near to her house and she prefers to visit it for checkup and medicine. FWA also visits her home and provide necessary guidelines. The most important thing for a pregnant mother is that she gets every service free of cost. She does not prefer private clinic as they do not provide home service and the service is also costly. She informed during this pandemic situation, UHFWC is maintaining social distance and wearing mask issues strictly. She can call to service provider any time round the clock that is very helpful for her.

### ***Mother who has one-month old baby***

Mrs. Yeasmin Akhter had normal delivery from UHFWC Kapasia Union. She came to know about UHFWC service quality from her relative. Her husband cross-checked the information and came to know that the center is well equipped with the necessary logistics and equipment. They also came to know about the reputation and skills of the FWV of this center. They did not face any problem there. Currently they are taking PNC service from that UHFWC.

Gorvobotir Goyna (Pregnant Mother's Ornaments) has been titled to Mother and Child Health Care Hand Book. It is a 44 page guideline for children and mother. Every pregnant woman gets this book with a unique ID as soon as she gets enlisted in the software. The process is very simple for the pregnant woman to avail this book. FWA/HA/CHCP/FWV and others collect information of a pregnant mother in a prescribed form. FPI of respective union collects and checks those forms. Then, he submits them to MCH Corner every Thursday. When the Data Entry Operator receives those forms, she includes them in the software. Then MCH Hand Book is issued for each Pregnant mother with individual MC ID. After getting the ANC dates from the software, data entry operator writes the four visiting dates and other necessary information by hand in the book. Additionally, corporate number for emergency, the nearest FWV names, community clinic name and community health provider's name she writes within the page.

The union wise health and family planning facilitators' and service centers' numbers are different, so it needs to be written in the book separately. After writing all relevant information, the book becomes ready to deliver to pregnant woman. At next visit of FPI in a week, he receives the book and provides them to pregnant woman under his/her territory coverage.

When the mother visits the Upazila Health Complex and shows this book she gets, discount or subsidy for her necessary diagnostic tests. The mother becomes entitled to get this opportunity once in her pregnancy period. The cost for those diagnostic tests is met from 'Humanitarian Assistance Fund'.



Picture 14: Gorvobotir Goyna (Pregnant Mother's Ornaments) or Mother and Child Health Care Hand Book

“  
*I want Maternal Death Free Kapasia Model be sustainable for longer period of time. I do not want this model be closed after my death. I wish everyone should come forward to make this model sustainable*  
 ”

**Simeen Hussain Rimi, Honorable MP, Kapasia**

When the new-born babies birth date is input in the software, the four PNC dates are shown in the system. Mothers get the notification message before the visit time in Bengali. The nearest health service provider's name and phone number are given in the SMS. Mothers can call the service provider and take necessary information as required. This book includes all the emergency phone numbers required for the pregnant woman or child bearing mother.

Perception of community people regarding MCH Services under Upazila Family Planning Office, Kapasia:

- The service providers under UFPO inform the community people regarding the service going door to door.
- FWA/ FWV and other service providers inform the people about number of services on Family Planning, ANC & PNC to the community people.
- Some of the medicines are provided free-of-cost.
- Counselling and medical service provided to adolescents.
- Medical test in UHC is cheaper than private clinics.
- Community people think this model is important for them as it is improving the health issue.
- Doctor fees not required.
- Utmost care and important is given to pregnant women in this upazila.
- During COVID-19, the UHC is maintaining the social distance and mask issue regularly.
- The service quality definitely improved from the earlier time in Kapasia Upazila. High school headmaster informed that the regular follow up is also ensured throughout the network.

Apart from the software support, UHC has commenced some facilities for the pregnant woman. They are discussed in the following points:

**Mother and Child Health Corner:** Pregnant woman and newborn children get one stop service from this corner. Medical Officer serves them. Upazila Health Complex is termed as Mother and Child Friendly Hospital.

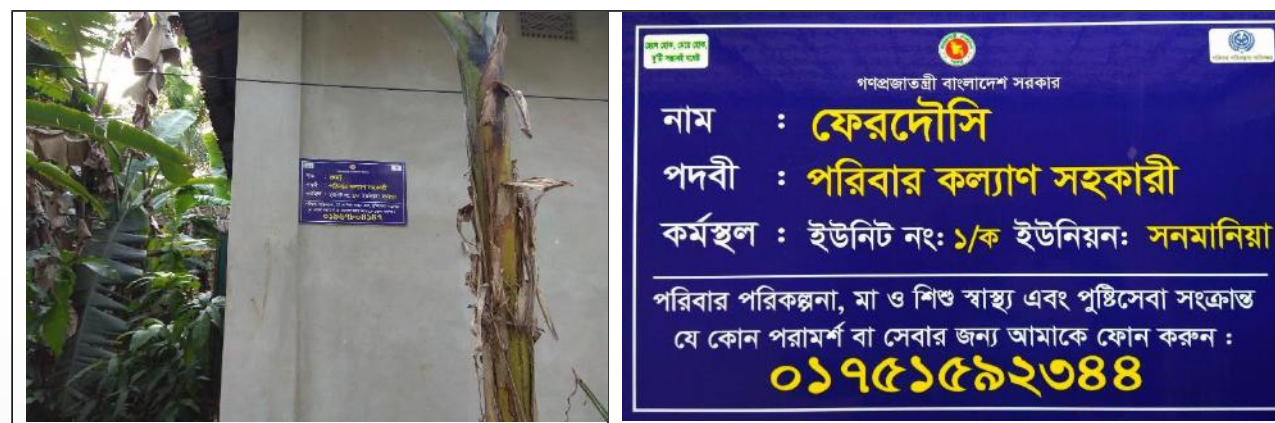


Picture -15: (Left to Right) from very entrance of the health complex there is arrow mark to guide the pregnant woman to reach mother and children one stop service health corner.

**Display board in public places:** All unions and wards under the upazila are covered by establishing a display board containing the information of health and family planning services, service providers' name, service center address and all necessary phone numbers etc. The pictures below show the display board:



Picture -16: Display Board in Public Place



Picture -17: Name Plate of service provider: The name plate is placed at every service provider's home door so that people can know the type of services s/he offers.

### Birth Attendant

Ms. Emily is working for three to four years as birth attendant. She gets training regularly from the Upazila Health Complex. If she sees any trouble with pregnant woman, she takes help from the monitor from UHFWC. If they cannot give any remedies, the patient is referred to UHC for proper medications. She does not face any problem doing her duties. The patients who are near to her house can communicate easily. If any patient stays at distance, they communicate through her mobile number. The community accepts her service whole heartedly. She reports to her supervisor right after the



delivery is done. During pregnancy, she suggests the pregnant woman husband and family members to take precautions for taking food and to be regular in ANC service. The family members accept the suggestions for the betterment of the pregnant woman. However, she admitted that there are some family members who do not provide better environment for the pregnant woman. In the meantime, it is even true that due to information gap some family members do not know how to keep the pregnant woman safe in the pregnancy period. In her coverage areas, about 70 to 80 percent family members are literate. Most of the family members are not well off. There are some family members who cannot afford to day-to-day livings cost. It becomes hard for them to available the special foods necessary for pregnant woman. She visits to pregnant woman house during morning time as husband and other family members are available. She informs the family members to ensure the good nutrient food for the pregnant woman.

### Blood Donor



Mr. Mahmudul Hasn Tushar donated blood three times till October 2020. He has been inspired by MP to donate blood for good cause. He suggested that social media can be useful to inspire others to donate blood to community. He always posts in social media after donating blood. He hopes more blood donor can be enlisted if the activities are promoted in greater extent. Government assistance will make this program more effective, Mr. Tushar informed.

### Rider

Md. Zahidur Rahman is volunteering as rider for donor in Kapasia. It takes him 10 to 30 minutes time to bring the donor from his place (union). He informed that road facility sometimes become barrier to bring the blood donors to UHC. He is also donating blood for last two years. He donated blood seven times. He said more motorcycle rider can be included as rider. He has been selected by “Kapasia Blood Donor Service Association” and he is the member of that association. He owns his motorcycle and this is why he has been included in rider list. He does not take any monetary assistance for motor repair and maintenance. He is voluntarily doing the service for the community.



### Pregnant Mother Assembly Organizer

Mr. Abul Kaiyum Bhuiyan, a leader of students’ association, says that with the full patronage and assistance of Mrs. Simeen Hussain Rimi MP, Upazila Family Planning Office organize union wise ‘pregnant mother assembly’. Local Students association, especially Bangladesh Chhatra League assists to organize this program. Health workers, family planning workers, trained birth attendants, students etc. enlist the pregnant women filling up the form provided by Upazila Family Planning Office. The campaign is organized by publicizing through miking, banner, sticker in village level etc. People appreciate their effort. Everyone participates in the campaign spontaneously. He informed that they arrange drinking water and tiffin for the participating people in campaign. Local leaders and teachers are very supportive to organize this type of campaign, he said.

**Safe Pregnancy Wall:** Pregnancy planning, duties during pregnancy, danger signs of pregnant and newborn children, emergency ambulance contact information are marked in every union parishad wall so that people can be inspired for safe pregnancy.



Picture -18: Safe Pregnancy Wall

**Pregnant Women Assembly:** In each union, pregnant woman assembly is organized every three months to aware them about safe pregnancy, free health checkup by doctors, medicine and blood grouping test etc.



Picture -19: The Pregnant mothers assembly

**Student association attachment:** Student association “Bangladesh Chhatra League” is attached with organizing pregnant woman assembly in every union. There are more than 1100 blood donors in Kapasia Upazila. In every union there are three volunteer riders who are ready to carry blood donors to UHC in emergency situation. All about 33 volunteer riders from 11 unions are ready to carry donors to UHC.

**Fund generation for humanity sake:** The ‘Humanitarian Assistance Fund’ is being formed to provide subsidy and donation to the poor people. The slogan of this fund generation is “Donate 1 Taka per day in health service, can save life of poor people’. The fund is collected from the Government official’s salary account. The account is opened under the joint signatory of UNO, UHO, UFPO in Sonali Bank Limited, Kapasia Branch. The account number is 0210503000100. There are about 1700 Government officials working in Kapasia Upazila. They are donating Tk. 1 per day or Tk. 30 per month for this model success. In this process, at least Tk. 51000 (USD 650) are generated from these officials each month. This fund is audited accordingly, and no fund can be withdrawn without the joint signature. Most importantly, the account is opened against three positions of the Govt. authorities. If the official even is transferred to other district for professional reason, the next new official will be able to operate the account. This is how the account maintenance has been confirmed by the Govt. officials.

This fund is used in number of sectors. The SMS and Voice call to pregnant woman and her husband cost is borne from this fund. It is found that per pregnant woman only BDT 5 (USD 0.05) is required to communicate with SMS and Voice Call (4 times each) during her whole pregnancy period. For example, if the MCH Corner needs to send per month 5000 SMS & Voice call to pregnant woman, it is easily bearable cost from the humanity fund.

There are about 16 staff outsourced (lab technician, cleaner, gardener, ticket clerk, data entry operator etc.) for contributing in Health Complex. The salary of these people is allotted from this fund. Local funds are used for employing people in this model activities. Government do not need to allot funds for these people at all.

This fund is also used to subsidize the lab cost for the pregnant women when they come to UHC during their pregnancy period (8th month) in 3rd checkup. All about BDT 540 is subsidized for each mother from this humanitarian fund. This is how the pregnant women are relieved to spend money for their pregnancy.

**মানবিক সহায়তা তহবিল গঠন**

**“স্বাস্থ্য সেবায় প্রতিদিন আপনার ১ টাকা দান  
বাঁচাতে পারে অসহায় মানুষের প্রাণ”**

আপনার ১ টাকায়:

- পরিচ্ছন্ন স্বাস্থ্য কমপ্লেক্স
- চিকিৎসা সেবার আধুনিকায়ন
- গর্ভবতী/ প্রসূতি মায়াদের জন্য বিনামূল্যে জরুরী এম্বুলেন্স সেবা
- দরিদ্র গর্ভবতীর প্রয়োজনীয় ঔষধসহ চিকিৎসা ব্যয়

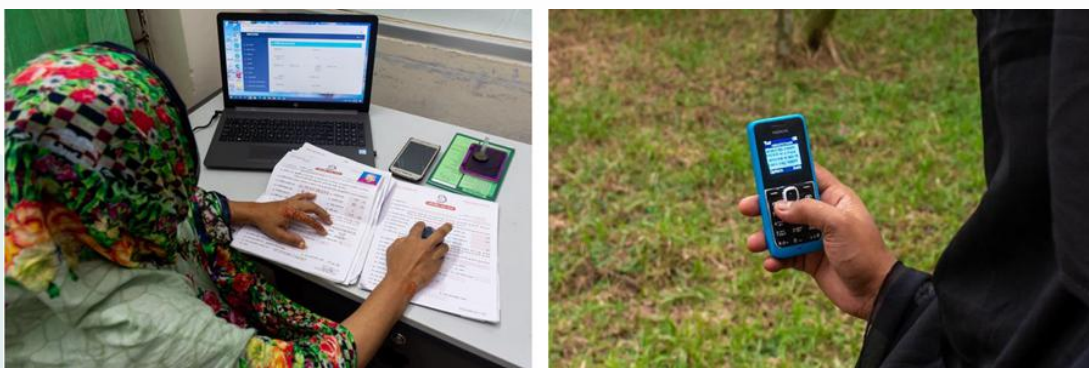


ব্যাংক হিসাব নম্বর  
**0210503000100**  
সোনালী ব্যাংক লিমিটেড, কাপাসিয়া শাখা গাজীপুর

## ii. Summary of strengths and weaknesses

The strengths of the model are as follows:

- Leadership is the strength of this model. The Honorable MP, UNO, UHO and UFPO have shown support for this model and are inspiring people to work towards the common goal of reducing maternal and infant deaths.
- The donation from the government officials to a Humanitarian Assistance Fund helps to subsidize health services for the poor people of the community.
- The innovative software and its implementation in addressing the service has improved the quality of service delivery and accountability.
- Involvement of maximum stakeholders in the program such as field service providers, student associations, local community influential, blood donors has proved to be very beneficial to the sustainability of the program.
- The mobile messages and voice call in the local language serve as timely reminders of ANC check-ups, date of delivery and PNC visits.



Picture -20: (Left to Right) Data Entry operator is inputting information of pregnant woman and sending the mother SMS. Pregnant mothers receive the message in Bangla.

- The 44-page booklet given to each pregnant woman contains comprehensive information about maternal and child health and nutrition; safe pregnancy, childcare; family planning methods; as well the names, addresses and mobile numbers of service providers in the vicinity.

The weakness of the model is as follows:

- Although the health providers make every effort to register all the pregnant women in the area, yet some people may remain out of this model. So, it is important to raise mass awareness in the community and include all the pregnant women into the program.
- If mobile phone availability for every pregnant woman or her husband is not ensured, the regular follow up call (through SMS and Voice call) will be impossible.
- Ensuring regular fund is a challenge for this model.

#### **b. Achievements**

The model has remarkable achievements by this time. They are as follows:

- Bringing the pregnant mothers under digital service system.
- Simplification of services and ensuring accountability.
- Raising awareness in community level.
- Ensuring maximum ANC and PNC.
- Availability of all necessary information.
- Consuming time, cost and visit of service seekers and service providers.

#### **c. Outcomes:**

To measure the outcome, we must therefore consider different timeframes (long and short-term), whether outcomes are direct or indirect (proximal and distal), and the consequences of initiatives. These factors make outcome measurement complex and require that outcomes be measured at various stages throughout an initiative so that progress can be monitored. In the case of Kapasia Model, we have to assess the outcome through the initiatives been taken over to reduce the maternal death and child death in the upazila. The outcome did not appear all on sudden rather it happened due to the direct involvement of local leaders, the presence of hard labor of the officials and the full functional body of that place. The model could not have been able to become successful, if all the initiatives failed to address the issue.

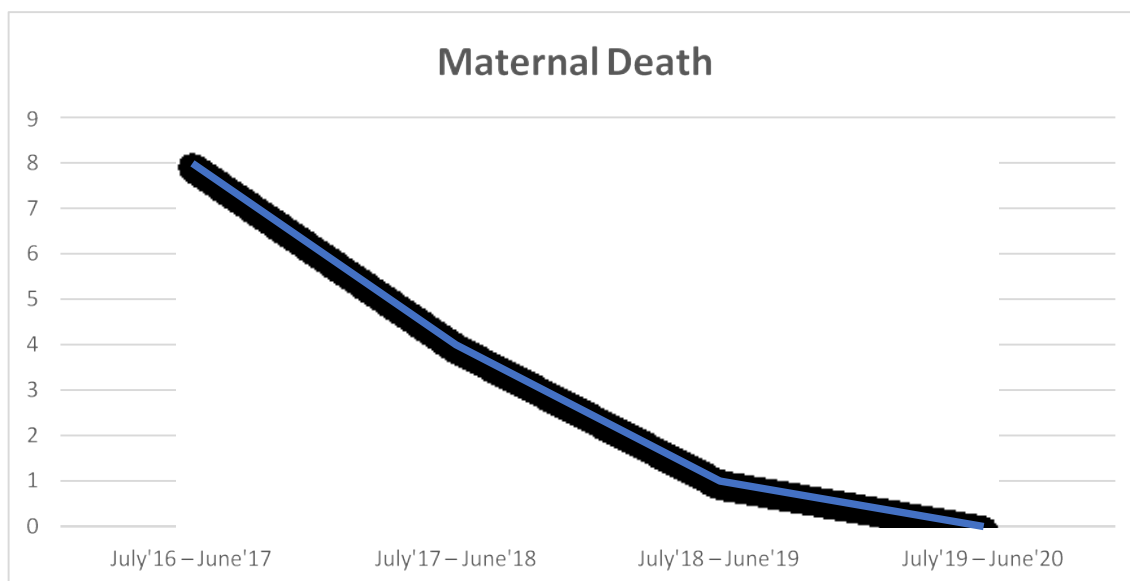
Analyzing the data from Upazila Family Planning Office, the outcomes of this model are as follows:

- a) Almost zero maternal death
- b) Newborn deaths significantly reduced from 12 (2016) to 3 (2020).
- c) Ensuring safe pregnancy and childbirth, raising awareness of pregnant mothers on issues wperaining to nutrition, prenatal and postnatal care, childcare, and family planning methods.

From the data received from Upazila Family Planning Office, the outcome is exemplary. UFPO provided the following data on maternal death, newborn death, infant and child death from July 2016 to June 2020. The remarkable progress been achieved over the last four years on the maternal death. Gradually, the death number reduced, and it is now almost zero in Kapasia.

There were eight (08) maternal deaths in the year July 2016 – June 2017. This number was halved to 4 maternal deaths in the next year, followed by further reduction to only one maternal death in the year July 2018 – June 2019. Finally, there is zero maternal deaths for the year July 2019 – June 2020.

Year	Maternal deaths
July'16 – June'17	8
July'17 – June'18	4
July'18 – June'19	1
July'19 – June'20	0

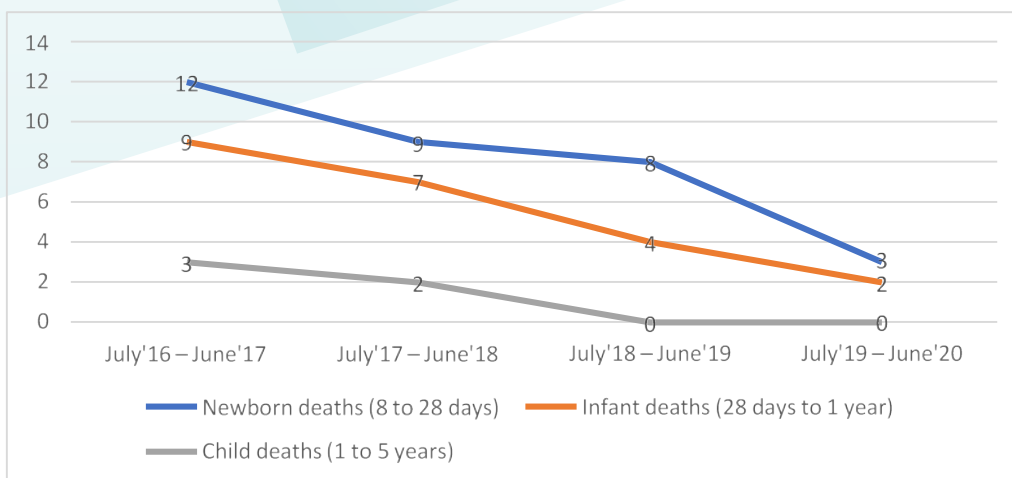


Graph 2: Maternal Death in Kapasia

The graph shows the gradual decline of the maternal death in Kapasia. The success comes as the beneficiary and the service provider working hand on hand.

In the case of newborn, infant and child death the improvement occurred. The graph and data in the following show the exact picture of Kapasia model. Newborn deaths (8 to 28 days) and infant deaths (28 days to 1 year) have drastically reduced from 12 and 9 deaths to 3 and 2 deaths respectively since the Kapasia model was introduced in December 2017 till date. There have been no child deaths over the last two years. The following table includes all the information:

Year	Newborn deaths (8 to 28 days)	Infant deaths (28 days to 1 year)	Child deaths (1 to 5 years)
July 2016 – June 2017	12	9	3
July 2017 – June 2018	9	7	2
July 2018 – June 2019	8	4	0
July 2019 – June 2020	3	2	0

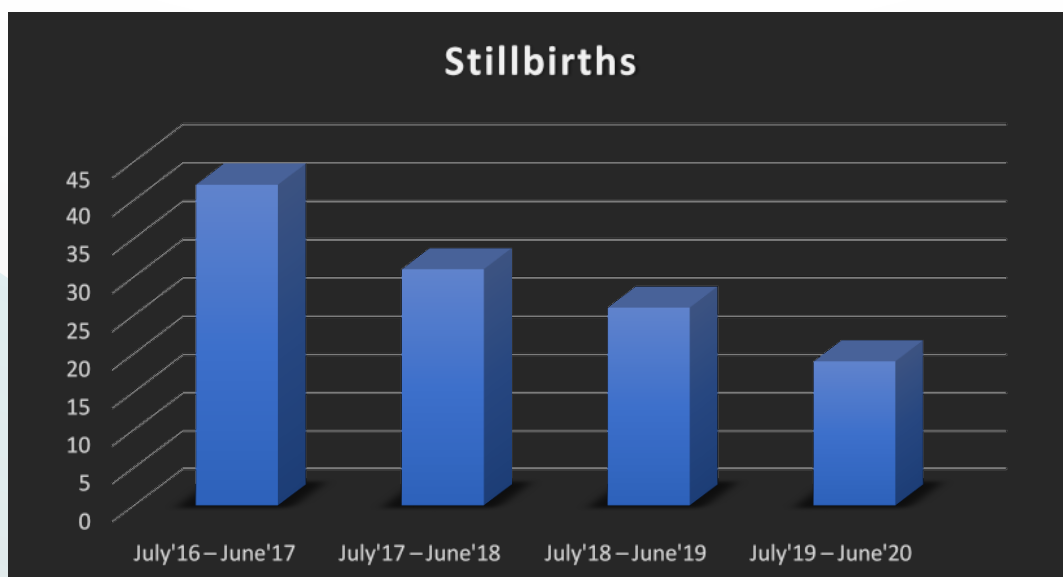


Graph 3: Newborn, child and infant deaths

The situation improved as the parents of the babies are now suggested for PNC service from the service providers. The people are more aware for the betterment of the newborn babies from earlier period of time.

Similarly, stillbirths were significantly reduced from 42 in the year July 2016 – June 2017 to 19 deaths in the year July 2019 – June 2020. The gradual declining death of the stillbirths also happened in Kapasia.

Duration	Stillbirths
July'16 – June'17	42
July'17 – June'18	31
July'18 – June'19	26
July'19 – June'20	19



Graph 4: Still Births in Kapasia

#### d. Impact

The Kapasia Model has already proven to be remarkably successful in reducing maternal deaths to zero over the span of two years; along with significant reductions in infant and child mortality. If this model is replicated in other regions of the country, it can contribute substantially to achieving the SDGs

## Planning and Design: Experience

#### a) Process of planning

As mentioned earlier, the process of model formation started from 2016. The synergy and the cooperation between Honorable MP and UFPO directed the way to form this model. Honorable MP Simeen Hussain Rimi informed us that she was very anxious regarding the health facilities adverse situation in her constituency. She was looking forward to work with local UFPO and to make available the effective and efficient medical facilities in Kapasia.



*Picture -21: Discussion with Honorable MP Simeen Hussain Rimi*

On other side, Mr. Mohammad Abdur Rahim had similar vision to implement in Kapasia. He took initiative to have base line survey first in all unions of Kapasia. Through this survey he found out the gaps remaining with the medical facilities and community engagement.

Mr. Rahim took this survey report and discussed with Honorable MP to eradicate the problem in Kapasia. Most important thing they identified that information gap is creating the vast gap between beneficiary and service provider. Regarding safe maternity, people do not know when and what should be done. They do not know the functions and services provided from the government health service centers. They even do not keep medical records, emergency phone numbers etc.

UFPO in assistance with Honorable MP developed the model such a way that community engagement occurs in greater extent. They are using the tools which are readily available to poor or vulnerable people. Government Administration with the support of the Local leadership helped the model to work effectively. Both the parties are helping each other to provide service to the beneficiary groups. Without local leadership and motivation people engagement could not reach at higher level.



*Picture -22: Discussion with Mr. Mohammad Abdur Rahim, UFPO*

**b) Representativeness:**

From administrative point, the representativeness is carried out by the following officials in Kapasia.

- MP
- UNO
- Upazila Health Officials
- Upazila Family Planning Officials
- NGOs
- Local student associations
- Political leaders
- Teachers and Religious leaders

The integrated effort from all authorities are working behind the success of the model. The theme of the model is well accepted by the authorities.

**c) Community engagement**

- Local political leaders
- Elected Member and Chairman of Union Council
- Students
- Volunteers
- Scouts

**d) Local institution building (including through informal networks) The model is working with the assistance of informal network.**

- Local leaders
- Volunteers (Blood donors, riders and others etc.)

**e) Sustainability plans (including through links to other projects)**

The 4th Health, Population and Nutrition Sector Program 2017–2022 has set the target of reaching an MMR of 105 per 100,000 live births in 2022. At present, the rate of total maternal deaths in Bangladesh is 169 per 100,000 live births. As a signatory of the Sustainable Development Goals (SDGs), the country will have to reduce the number to less than 70 per 100,000 live births by 2030. (Tawsia, 2020).

The Kapasia model is working remarkably in the region to reduce the rate of maternal death. The drastic activities required to achieve this goal. In this regard, the sustainability of this project can be ensured if the project funding and the eagerness level remain high like current situation. This model received a lump sum amount BDT 6,51,000 (USD 7683) [ assuming 1 USD equal BDT 84.73] for 'Innovation and Service Simplification' under 4th Health, Population and Nutrition Sector Program from Ministry of Health and Family Welfare one time (supporting document is attached in Annexure 1.4). This amount they used for the purpose of the model sustainability i.e. upgradation of software, purchasing bulk SMS and voice call etc. They have used this amount for raising awareness of the mass people in an innovative way.

Safe Maternity Wall has been installed in each Union Council. This type of Government fund is highly required to keep this model active. The project funding is dependent on the 'Humanitarian Assistance Fund' generated from the government official's salary account. If this account remains active and the passionate people work on the project, there is possibility of sustainability of the project progress.

And last not the least, the overall motivation came from Honorable MP of Kapasia. Her contribution to engage community with full responsibility cannot be ignored anyhow. Leadership like her will be required for the sustainability of the project. People are working voluntarily for the benefit of the community. This model has become ideal as the full engagements of all stakeholders are working in same scale.

**f) Description of evaluation activities taken to date**

There is no evaluation formula Upazila family Planning Office practice now. But the report which comes from the field level is monitored and evaluated. Through the weekly meeting, if any gap is found, the officials are asked to address the issue properly. If any pregnant woman does not come for the schedule visit, the respective FPI, FWA or FWW contacts with her to ensure the visit.

At the same time, the data entry operator who is taking feedback every day from the pregnant woman, (who were schedule to have consultation dates earlier) also play vital part. If any woman is found not consulted in the satellite clinic/ UHFWC, her number is reported to the nearest center/ service provider immediately.

The field level officers are working every day and interacting with the pregnant woman. The status of the working process is also updated from the Upazila Family Planning Office. As the data entry operator calling for data upgradation to pregnant woman, the overall situation can easily be observed. There is little scope for the field level officers not to contact with the pregnant woman within due time. The process is designed such a way that it can be evaluated regularly.

**g) How this model suitable to address any emerging issues like COVID19 in order to maintain effective health care services?**

This model is working properly integrating information of pregnant women and newborn children in MCH Software. ANC and PNC whenever the beneficiary groups are scheduled to receive, the software sends them message 3 days earlier. The pregnant women and husbands get the SMS and VOICE CALL in their mobile phone. The service is using through the local language so that the beneficiary gets to understand easily and properly. So, there is no hassle to queue in the row in hospital or satellite clinic to get the ANC and PNC service on consultation date. As beneficiaries getting the information well ahead through digital means, people can well prepare and visit the nearest doctor/ service provider.

If pregnant woman fails to go to hospital/UHFWC for delivery, the skilled birth attendant comes to their home for assistance. For any emergency issues, the pregnant woman is referred to nearest hospital for safe delivery.

The model is always focusing to eradicate the communication barrier between Service provider and service seeker (especially pregnant woman). It is true that the family members of pregnant mother sometimes need to consult the doctor. But they are scared to visit the hospital due to financial shortage. Through this model, people are becoming aware to have the necessary medical assistance almost free of cost. They are always under guidance of SMCH software to get their consultation dates. There is no scope for them to forget the dates of visit. In any case, they fail to visit, they can easily consult with the doctors through their corporate numbers round the clock 24/7. This model is combination of digital software and human resources. Software is creating awareness of the consultation dates and human resources are making those dates effective with effective solution. Through this software mechanism, people are getting the information well ahead. No field worker needs to go to their house for reminding the dates. The SMS and voice call service is saving time and creating touchless communication. And if the pregnant woman visits the hospital or health complex, the sound hygienic steps are taken from the hospital end.

This is reason why, in the pandemic situation, the service delivery for the pregnant woman did not get hampered at all.

**h) Is there any remarkable progresses that have been made during pandemic time of COVID19?**

Due to COVID-19 pandemic situation, pregnant woman family member is unable to move further from their home. Many family members are getting the birth attendant service at their home. During the COVID-19, the rate of maternal death raised as most of the deliveries were done at home around the country. Upazila Family Planning Department of Kapasia addressed this problem and took rapid action to solve it.

Under the direction of Mrs. Simeen Hussain Rimi, MP of Kapasia, 198 birth attendants of Kapasia Upazila were trained up so that they can provide service to pregnant women. Family Planning Department of Upazila organized six-day long training program for the birth attendants. As many as 198 birth attendants attended the training program. Upazila Health Officials and Gynecologist of UHC conducted the training program. Birth attendants were given “Penguin Sucker” along with other instruments to ensure safe delivery.

Additionally, two more pages (page 41 & 42. attached in Annexure 1.9) have been added to the MCH Hand Book with a view to make the pregnant mothers and her husband aware of the Covid-19 situation. These two pages include all information about how to keep the pregnant woman safe. The hand washing process is also shown in the instruction pages. The pregnant woman can easily use this material and practice at home for saving themselves in this pandemic

## Partnerships

### a) Overview of implementing institutions

Upazila Family Planning Department, Kapasia is working under collaboration and cooperation mode with relevant Ministry and all authorities for the implementation of the model. The Upazila Family Planning Office, Kapasia is responsible to implement this model.

### b) Role of government

The Ministry of Health and Family Welfare and other departments support this model to act properly. The Health Education and Family Welfare Division has already took an initiative to replicate this model in 100 Upazila of Bangladesh.

### c) Civil society partnerships

Local political leaders and influential personalities are the prime factor for collaborating with this model.

### d) Role of multilateral agencies

The model engages the collaboration and cooperation from all the agencies working in Kapasia. The law and order agencies, and relevant stakeholders are cooperating for the success for this model.

## Monitoring and Evaluation

The focus of this model is to ensure information availability to pregnant woman so that they can get the proper service from their point. This model reduces the gap between the beneficiary and service provider and make available the service at their door point.

The model is not working alone. The officers and the institutions are working as supportive component to make this model fruitful. The book also provides pregnant mothers all the necessary phone numbers from grassroot levels to higher officials like MP, Upazila Chairman, UNO, UHO, UFPO, OC etc. If any doctor or service provider fails or shows the reluctance to provide service, the pregnant woman has the scope to report to higher officials. They will be able to get their rights established. Due to that reason, accountability is ensured.

Now the big point here it is that the higher officials along with MP motivated the service providers and all stakeholders such a way that they work not for money but for the sake of humanity. This gesture has been observed in different times talking with them. They are highly motivated to provide the higher service to the beneficiary groups.

However, the MIS unit under Directorate General of Family Planning, Directorate General of Health Services and District level monitoring is also practiced for this model.

## Successes and Lessons Learned

The maternal and child death rates have significantly reduced over the time and it is now almost zero in Kapasia. The success came due to make available the services to the community people and to make the officials accountable for their services.

The lesson from this model so far can be assumed that if the information becomes available to right person at the right time the remarkable progress can be achieved.

## Future Plans: extensions that are currently being implemented

The software includes all information about the pregnant woman. The family members' information also comes under inclusion. The financial status of the pregnant woman can easily be detected through the software information. The innovator of this model has planned that this same software can be used for the pregnant mother's financial sustainability. Through the information hub, the model can identify the needy woman and help to assist them.

Government has already taken initiative to replicate the model in other Upazila. Mr. Zahid Malek MP, Honorable Minister, Ministry of Health and Family Welfare, presided over meeting on 22nd January

2020 and suggested to take necessary action to replicate this 'Maternal Death Free Kapasia Model' in other 100 Upazila in Bangladesh. The roadmap has been suggested to design and to implement this model so that people get benefit in this 100th birth year celebration "MUJIB BORSHO" of Father of the nation, BANGABANDHU SHEIKH MUJIBUR RAHMAN.

This model expects more regular fund scope from Government of Bangladesh for the success. Upazila Family Planning Department has plans to create more awareness in the Upazila. They will do the presentation in school and college level to aware about the process of this model. They expect if more engagement can be created in the community, the more maternal death can be reduced.

Upazila Family Planning Department has plan to introduce the tab or data entry means in the field level so that they can input the data whenever they meet the pregnant woman home straightaway. The system will get more update information without any delay. The full process will become paperless starting from collecting the information from the pregnant woman. The field level officer will not need to come in the MCH Corner to input in the software. All data input will be done from the filed level. This is how the process can be more simplified and time will be less requiring for availing the service to the pregnant mothers.

The tracking system of the field level employees can be introduced. The official of Upazila Family Planning Department will be able to monitor the field level workers' movement from office.

There is lack of data entry officer for MIS support. One more data entry human resource is expected to recruit for data entry task. Currently only single official is working in the data entry procedure.

## Replicability and Scalability to promote South-South Cooperation

### a) Pre-requisites for replication in other developing countries:

Bangladesh has widespread field activities to address the health issues. In other developing countries if they want to replicate this model, they should have the field level force to introduce the model. The social engagement or community participation needs to be ensured for the purpose of the pregnant woman. If government and local leaders both can work hand to hand, the model can be replicated easily.

It is to mention here that the 'Maternal Death Free Kapasia Model' is supported by the Government fund and logistic support. Though there are subsidy arranged by the humanitarian fund, the logistics support and others are coming from the Government. It was easy to create influence in community as the officials are from Government appointed. People have tremendous reliability on the govt. officials. This is the plus point the model enjoyed at the implementation stage in Kapasia. The replication can be done easily if the officials are equally trusted in other countries. If the awareness can be created in the community level about the model, the higher result will come automatically.

### b) Experiences in replicating in other countries through South-South Cooperation:

This model is not practiced yet in other countries through South-South Cooperation.

**c) Suggested steps for replication in other countries:**

The Kapasia 'Maternal Death Free Model' is currently practiced in the specific location. The wholistic use around the country not yet practiced. The result is not known how the model would give result if implemented around the country. If model can be implemented in the certain area or district or zone level of developing country at first, that would be beneficial. The advantage and disadvantage of the model will be identified from that region and taking the result into consideration the model can be implemented in greater context.

Still the model can be replicated if the following steps can be followed in other countries:

- Identify the problem (maternal or child death in the country / specific area)
- Decision on how to address the issue from administrative side (hospital and local government can work together)
- Engage the effective local leaders.
- Engage the community
- Ensure quality service
- Introduce the Model (Software and human assistance integration)
- Promote the benefits of hospital
- Prepare sustainability plan
- Generate funds for the subsidy and other operations
- Continuous fund collection
- Build root level hospital or Community Clinic/ Satellite Clinic
- Available the resources pregnant woman can get at doorstep (Trained birth attendants)
- Ensure data transparency
- Create accountability towards officials
- Get the benefit of the model.

**d) Potential partnerships (what would be provided, willingly, upon request)**

The partnership can be extended learning the scenario of the county who become interest to adopt the 'Maternal Death Free Kapasia Model'.

## Contacts

**a) Details of implementing institutions**

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Mr. Mohammad Abdur Rahim, UFPO, Email: ufpokapasia@gmail.com
- ii. Project team and individuals in leading roles:  
Mr. Mohammad Abdur Rahim is leading the team for implementing the model activities.

**b) Practice documentation team**

Usually, the best practice documentation has no specific team at this moment. But as Head of the supervising activities, Mr. Mohammad Abdur Rahim preserving the notes and report through the assistance of his colleagues / sub-ordinates of his office in Kapasia.

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