



#HealthForAll ichc2017.org



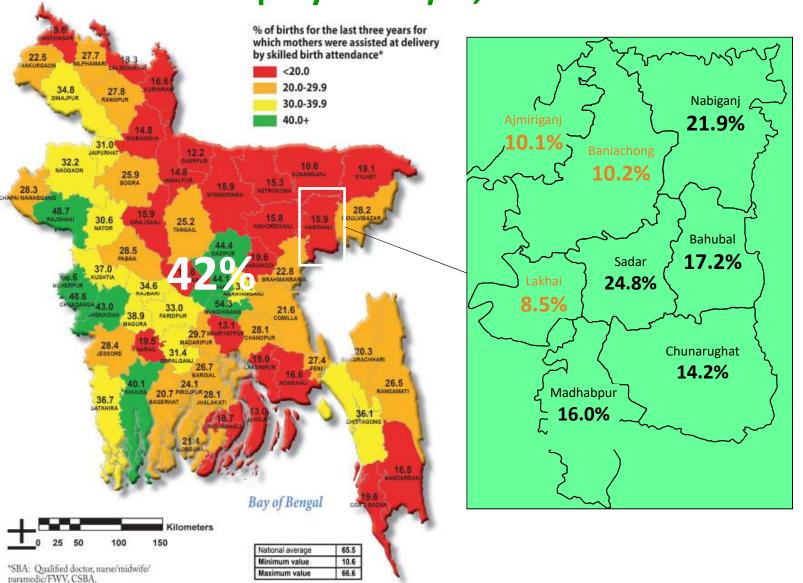






Context and challenges

Inequity: example, skilled attendance at birth



2010

District: 15%

Poorest: 6.5%

Richest: **39.2%**

System challenges

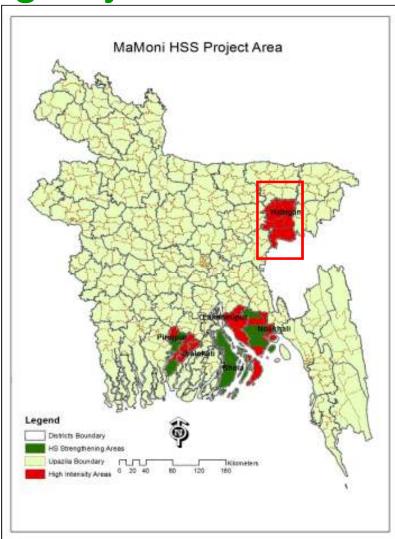
- Bifurcated domiciliary services
 - Lack of coordination and harmonization
 - Duplication of services
 - Inaccuracy of information
- Persistent staff vacancy [CHW: 12% FP, 17% Health]
- Population-CHW ratio has increased since 1970s
 - Only 13% recently delivered women had contact with a CHW in last six months
 - Care seeking for MNCH from outreach is low: 18% from satellite clinic,
 23% from community clinic

Key strategies

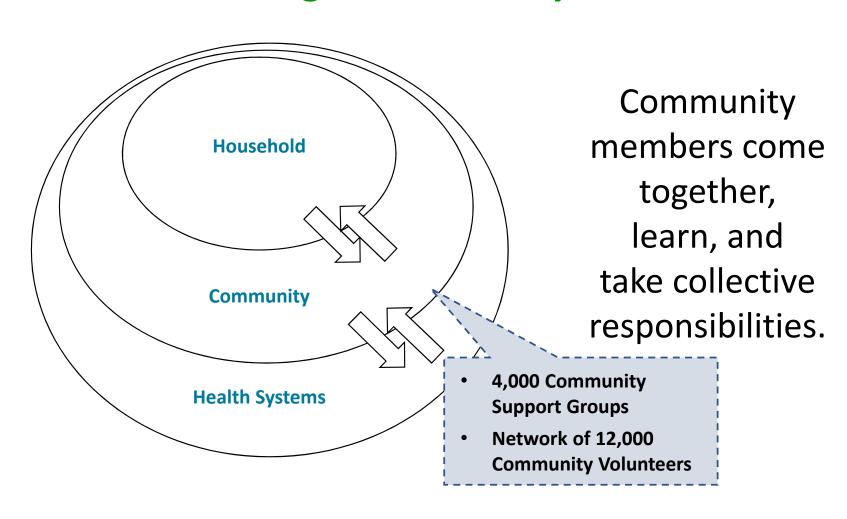
MaMoni Health Systems Strengthening Project

- USAID supported: 2009-'12, '13-'18
- Aims to improve public systems and services to increase utilization of MNCH services
- Population covered: 12.2 million (6 districts)

Current presentation uses data from Habiganj district with a population of 2.2 million



Households produce health – Can communities strengthen health systems?



Community Support Groups: participatory and peer-led



Use local tools, e.g. hand drawn maps.

Community Support Groups:diverse and inclusive



Male groups discuss maternal and newborn health, family planning, and nutrition issues

Community Support Groups: action oriented



Help with referral transport

Local Solutions to Local Problems



Transfer essential skills...

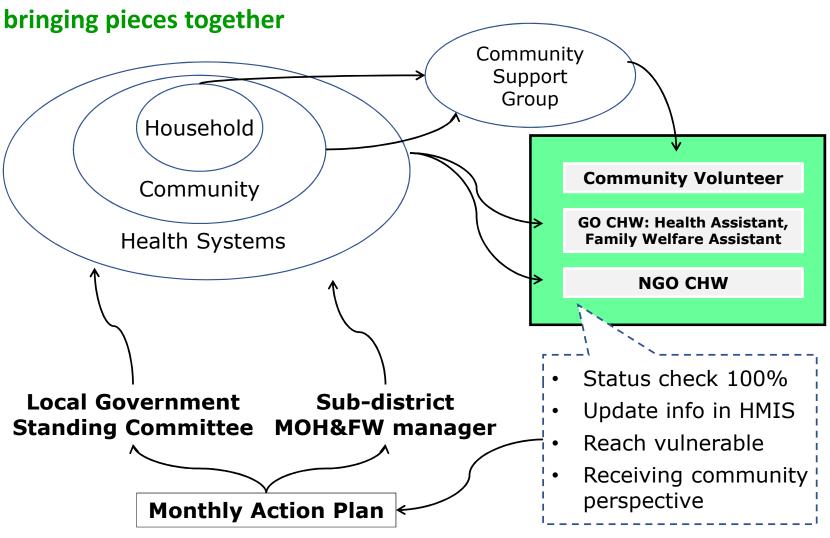
Local Solutions to Local Problems



Local Solutions to Local Problems



Community Microplanning:



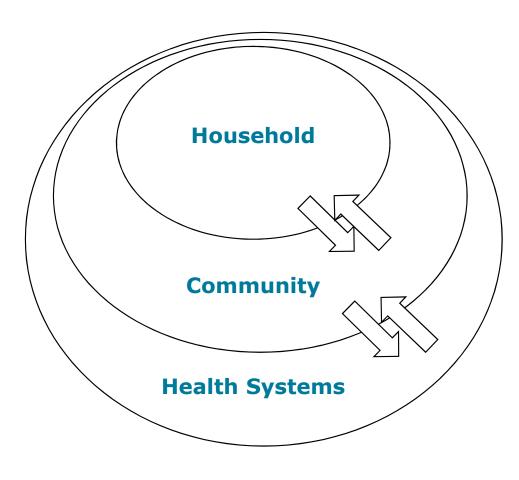
Community Interaction with MOH&FW



Health Assistant (MOH) updates register with help from volunteers at community Microplanning.

Community Interaction with Local Government Ministry (MOLG)





Interaction between households, community and health systems help institutionalization and system strengthening

Is it working?

Interactions Generate Local Resource Mobilization

- MNCH allocation by the local government:
 - 2015-16: USD 79,000 (spent 85%)
 - 2016-17: USD 81,000 (spent 31% in first 5 months)
 - Renovation health facilities
 - Supplies including medicine
 - Infection prevention, waste management
 - Temporary staff
 - Connecting road, maintenance, water/electricity supply
 - Referral vehicle and maintenance

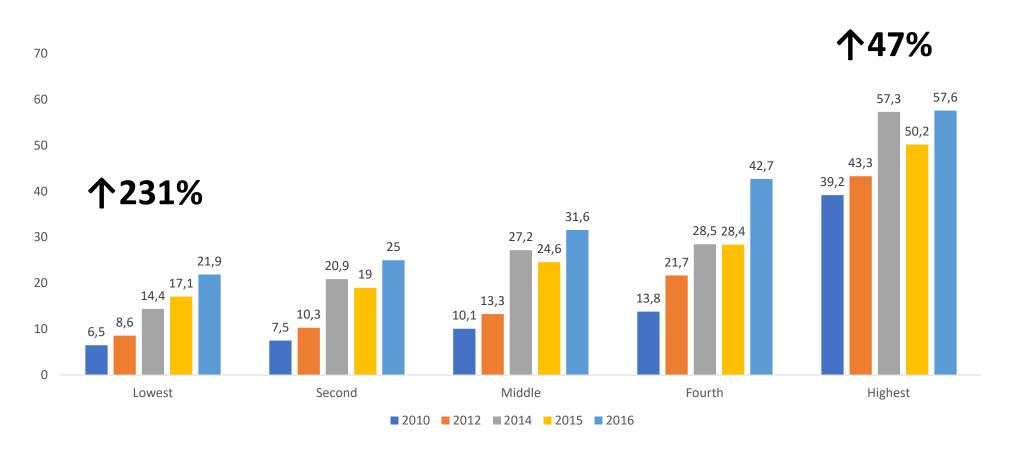
Interactions Generate Local Resource Mobilization

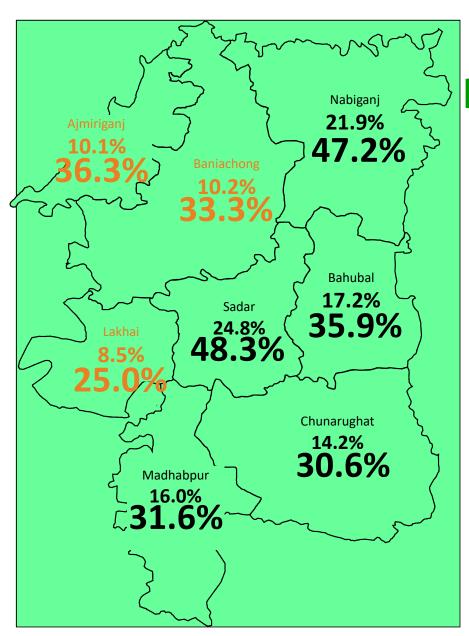


Interactions Generate Local Resource Mobilization



Addressing inequity: larger uptake by the poor

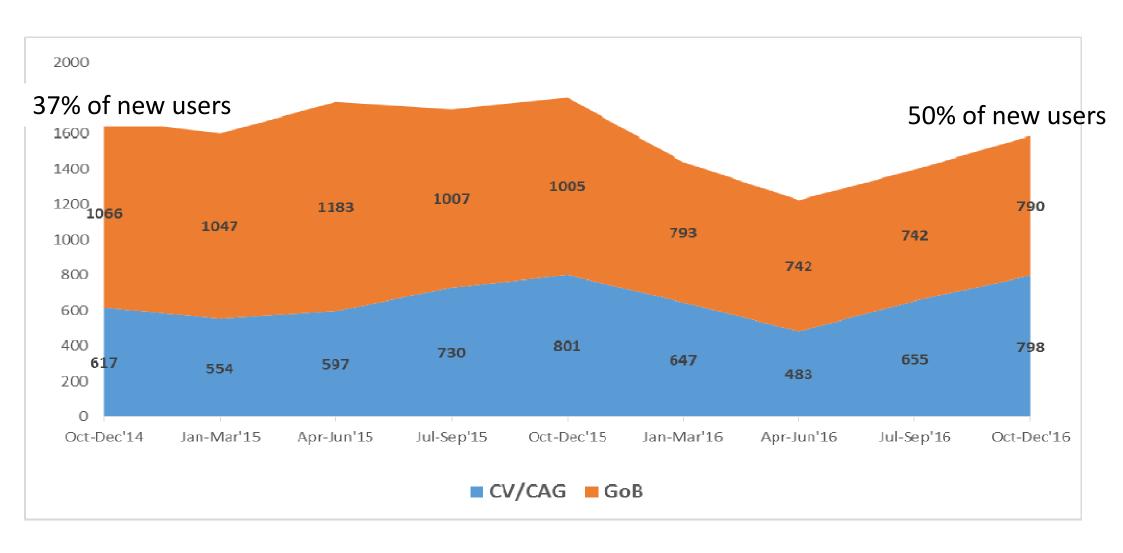




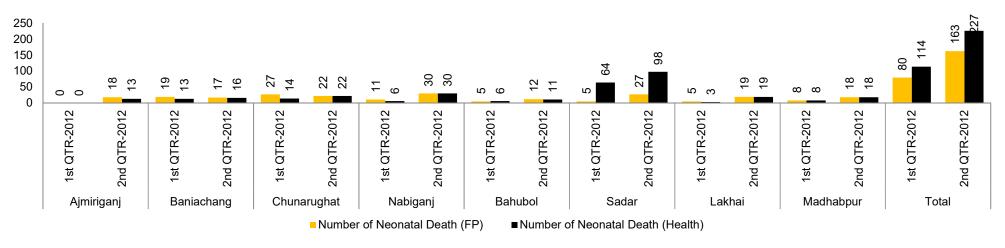
Addressing inequity: larger uptake in hard to reach areas

Between 2010 and 2016: Hard to reach sub-districts had 3 folds increase compared to 2 folds in rest of the district

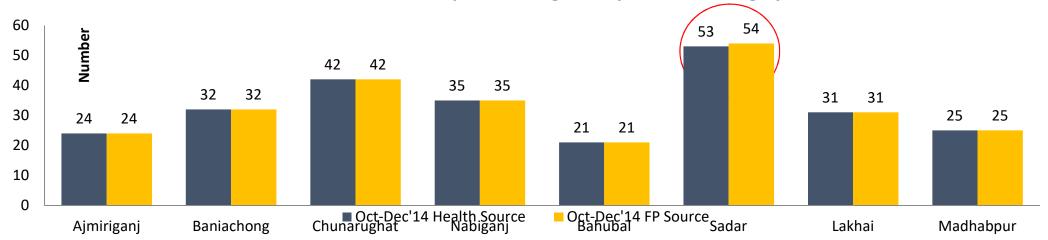
Contribution of CVs: referral for LARC/PM FP



Improved Reporting of vital events and data consistency

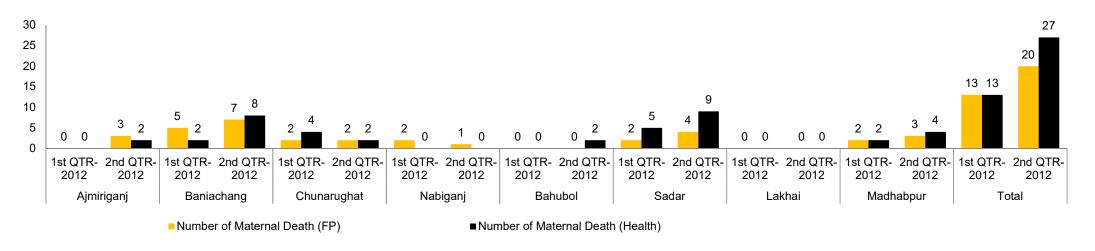


Number of Neonatal Death reported during January-June 2012, Habiganj district

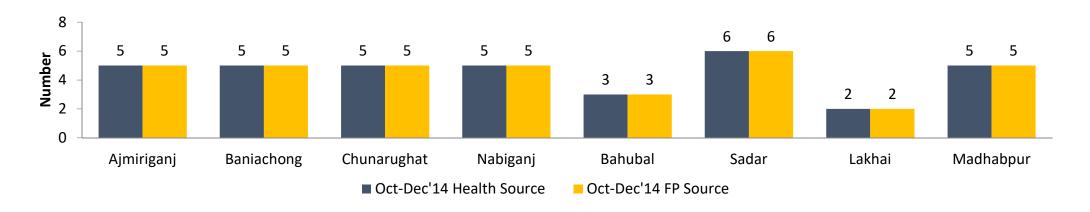


Number of Neonatal Death reported during October-December 2014, Habiganj district

Improved Reporting of vital events and data consistency



Number of Maternal Death reported during January-June 2012, Habiganj district



Data Source: MoHFW MIS

Number of Maternal Death reported during October-December 2014, Habiganj district

