Family Planning Association of Bangladesh (FPAB)

FPAB's Submission to the Office of the High Commissioner for Human Rights

on

Good and Effective Practices to Curve Maternal Mortality and Morbidity

1. Introduction

In Bangladesh prevalence of maternal complications has been reported to be quite high as per Bangladesh Maternal Health Services and Maternal Mortality Survey, 2001[1]. About 61% mothers suffer from at least one associated complications during pregnancy, delivery, and post-natal period. The leading direct cause of maternal death is ante-partum and post-partum hemorrhage (29%), then eclampsia (24%), and other direct causes are prolonged/ obstructed labour, puerperal sepsis and abortion related complications (16%). Besides direct causes, indirect causes of maternal mortality account for about 15% and causes of remaining 16% maternal death has not been classified.

Among women with at least one pregnancy outcome, over 15% of women reported uterine prolapse. Women with such morbidities live with continual discomfort and are often deserted by their close family members. Barriers to care seeking for chronic conditions include low social status women, low economic status of the family, lack of referral system and cost for surgery/treatment.

Again, In Bangladesh 47% of women are reported to suffer from gender-based violence and 14% of maternal deaths in pregnancy are reported as resulting from injury/ violence. Violence during pregnancy impacts on the health and well-being of women including unwanted or mistimed pregnancies, an increased risk of miscarriage and abortion, premature labour, fetal distress and low birth weight – a leading contributor to infant deaths in developing countries. Violence during pregnancy can lead to maternal deaths, disability and social exclusion. Violence against women, in all its forms, has undermined the impact of safe motherhood programs.

To address above critical issues FPAB has implemented "Safe Motherhood" and "Combating Gender Based Violence during Pregnancy Project" under EC and DFID fund respectively. In implementing these projects the following innovative approaches have been proved as good and effective practices to curve maternal mortality and morbidity.

2. Good and effective rights-based practices to eliminate maternal mortality and morbidity

2.1. Institutionalization increased access of marginalized to safe motherhood:

FPAB developed Community Institutions (CI) at the community level involving women, men girls and senior community members. Developed capacity of the office bearers on ANC,, natal and PNC, identification of high risk mother, use of Birth Preparedness Card for preparing pregnant women, her family and community for supporting ANC, institutional delivery and PNC services. Developed referral link between CIs and FPAB clinics and

[1] Bangladesh Maternal Health Services and Maternal Mortality Survey, 2001, NIPORT, MoHFW.

government hospitals for safe motherhood services. CIs are organizing monthly satellite clinic sessions with the assistances of FPAB clinic and providing ANC, PNC and other RH services at the community. In order to reduce morbidity of women, CIs also identifed and referred 400 uterine prolapse cases to FPAB who need surgical operation. FPAB developed formal partnership with District Government Hospital and private clinics and ensured surgical procedures and required treatment.

The following four ways of communication contributed significantly to reduce the maternal death in the project area.

- Interpersonal communication mainly through RHPs
- Communication by mobile phone
- Client transportation by Rickshaw van from inside the rural
- Client transportation by Ambulance to the clinic and to referral centres for better management.

Relevance to human rights principles:

Non-discrimination	All the services provided irrespective of cast, creed, religion, colour and social status. Moreover, poor and marginalized got more facilities than the well off.
Accountability	Every CI has a committee and the committee is accountable to the community people for ensuring safe motherhood services. In addition, officials of FPAB are also responsible to provide necessary manpower and logistics support to the CIs for implementation of safe motherhood activities.
Participation	All the community volunteers, group members actively participated in safe motherhood activities
Sustainability	Development of CIs and trained office bearers at the community level helped to sustain the activities of safe motherhood. A group of community volunteers for motivation, service delivery, referral and follow up has also been developed by FPAB. This will also help in sustaining safe motherhood activities.
Empowerment	Orientation, frequent meeting with the members of CIs and IEC materials played important role to equip members of CIs with information, knowledge and skills and empowered them to take decisions for organizing programs and taking part in implementation process of interventions.
International cooperation	European Commission funded the project of safe motherhood where technical assistances are given by IPPF/SARO

2.2. IEC opened the widow of opportunity removing the social barriers towards safe motherhood

FPAB developed need based target specific BCC materials on safe motherhood issues. Provided training to the office bearers of CIs and community volunteers under CIs on use of

these IEC materials to create awareness and sensitize the community stakeholders towards safe motherhood. Some materials have been developed for individual and community counselling.

In addition, campaign on safe motherhood is organized at the eve of safe motherhood day. CIs organize rally followed by discussion meetings, media conferences, video show on safe motherhood etc. This has created good impact at the community level. More numbers of pregnant women are visiting clinics for ANC, safe delivery and PNC.

Relevance to human rights principles

Non-discrimination	Target people irrespective of caste creed, religion, gender, colour and social status are covered by IEC activities and motivational campaigns.
Accountability	Every CI has a committee and the committee is held accountable to organize IEC activities along with the service providers of FPAB. In addition, officials of FPAB are also responsible to provide necessary manpower and logistics support to the CIs for conducting IEC activities and motivational campaign.
Participation	Members of CIs are engaged in planning, implementation and monitoring of IEC activities and motivational campaigns.
Sustainability	CIs developed at the community level and community volunteers capacitated on use of IEC and motivational campaign are continuing discussion of safe motherhood issues in different national and social events.
Empowerment	Powerful and appealing IEC materials, meetings and campaign on safe motherhood at the community level equipped the target people with information and knowledge of safe motherhood and empowered them to take decisions for taking preparedness and services for safe motherhood.
International cooperation	Initially, EC though SARO/IPPF funded the project. Later on Netherlands embassy funded for more six months. DFID is also funding for more one year in a larger scale.

2.3. Involvement of experts, professionals, and community formal and informal leaders in project planning, implementation and monitoring process:

Safe motherhood project had two layers of advisory group. Central level advisory groups who are technically sound and provide assistance to the project. Secondly, the local level advisory groups who are involved in planning, implementation and monitoring of project activities.

The project utilized the credibility and expertise of the eminent maternal health professionals and program experts from GoB and NGO sectors who have contributed providing technical assistances to the project time to time both by reviewing the progress and also by visiting

project sites. Again, Local Level Project Advisory Groups helped in planning, implementation and monitoring of project activities regularly. All these support helped in effective implementation and quality improvement of the project activities which ultimately contributed to reduce the maternal death in the project area

Non-discrimination	For membership in Advisory Group, gender, religion, caste, creed, social and economic status was not considered.
Accountability	The lower level advisory groups headed by Union Parisad Chairman are accountable to the respective Upazila Health and Family Planning Coordination Committee for their support to the project.
Participation	This was a participatory process of planning, implementation and monitoring of project activities. Members are invited in planning meeting and invitation of events; again they review the project progress in half-yearly meeting.
Sustainability	All the group members were involved with the project thought the whole project period. Their long involvement with this project has made themselves as a part of the project in the community.
Empowerment	Orientating and BCC materials equip advisory Groups members with information on safe motherhood, skills to discuss the issue with community people. Moreover, institutional support boosts up their morality and empowered them to take decisions in taking part in planning, implementation and monitoring of project activities.
International cooperation	Initially, EC though SARO/IPPF funded the project. Later on Netherlands embassy funded for more six months. DFID is also funding for more one year in a larger scale.

2.4. Mukti Fund (Women emancipation fund) increased access of pregnant women to SRH care

This is a short term pregnancy support loan to pregnant women in violence relationship help empower them in making decisions on ANC, PNC, nutrition and delivery by trained attendant and increased institutional delivery.

The Mukti-Fund: The creation of Mukti-Fund evolved further the financial assistances provided to survivors. The fund provides women with loan during their pregnancy to improve nutrition and access to healthcare services. A strict loan use criteria ensures that 30% of the loan is used to purchase poultry for supplementing nutrition, another 30% for transportation for ANC and the balance is used for cost of safe delivery and PNC care

A survey of 93 pregnant women who received loans showed that 98% had made 3 ANC visit while 71% had received PNC care whilst nutrition levels had improved for 94% women, institutional delivery increased to 63%. The data also showed that increased economic independence has also led to the borrower receiving better care and support form their family.

Commenting on the impact of the Mukti-Fund, 70% of women reported a reduction of violence during pregnancy.

Relevance to human rights principles:

Non-discrimination	Support was given to pregnant women irrespective of cast, creed, religion, colour and social status. Poor pregnant women who was found victim of violence during pregnancy were supported with mukti-fund and family counselling.
Accountability	It is a comprehensive approach. Service providers are accountable to Members of Survivor Support Groups, Caretaker Groups and Board members of Family Development centres to identify the poor pregnant women and girls who are victim of GBV and need support from the project.
Participation	Identification and providing counselling and mukti-fund to the victims of gender based violence and subsequently follow up for ANC, natal and PNC services is a fully community based participatory approach.
Sustainability	Knowing the good and effective impact of these initiatives, Government of Bangladesh is continuously funding to FPAB for continuing this programs in one of the district of FPAB since 2009. FPAB also mainstream this good practices to all work sites. Empowered community support groups and survivors support groups continue referring victims of gender based violence to the clinics for ANC, PNC and normal delivery.
Empowerment	Orientation and counselling of GBV victim pregnant women on safe motherhood, nutrition and women rights equipped them with information, moreover, institutional support (through Mukti-Fund and clinical support) empowered them to take decisions to avail ANC, safe delivery and PNC services and intake of nutrition during pregnancy.
International cooperation	Regional office of SARO/IPPF provided technical assistance in developing this model of women emancipation program. The model was also shared in a global GBV SRH conference in Bombay in 2009.

How similar initiatives could give effect more fully to a human rights-based approach:

- Ensue that the Mukti-fund is fully transparent and should regulate through a guidelines.
- Ensure that gender and women's rights are central components to this intervention.
- Poor pregnant women should be involved in the design of the program.

2.5. Trained GBV survivors ensured safe delivery at the Community Level

Survivors of Gender based violence who relatively educated have been provided institutional training on Community Maternal Practitioners (CMP), the training focused on ante natal,

normal delivery and post natal care. After completion of training the survives started practices at their own community staying at home. FPAB provided them logistics support for starting this practice at the community level. The survivors are also provided training of gender based violence and women rights with the help of partners: CMP Training provided for a period of 9 months with the help of a partner agency. In some cases have start practicing for treating normal ailments sitting at their home. This helped them to live in the community with honour and dignity.

Relevance to human rights principles:

Non-discrimination	Any victim of gender based violence irrespective of cast, creed, religion, social status have been given the opportunity of getting this nine month long institutional training "Community based Practitioner".
Accountability	FPAB office and respective service providers are accountable to provide them necessary moral and logistics support for conducting the activities of ANC, safe delivery and PNC at the community level. FPAB clinics were responsible for ensuring follow up training at their own clinics and also to follow up the jobs of these Community Based Practitioners.
Participation	Survivor Support Groups (SSG) formed at the community level referred all above GBV survivors for training on Community (CSG) Based Practitioner. SSG They also followed up them in translating their training into actions.
Transparency	This program, support of FPAB and post training cooperation were visible to all stakeholders, NGOs, Government and beneficiaries.
Sustainability	Since the Community Based Practitioners are developed from the community and they remain in the community, so the services are of ANC, normal delivery and PNC are sustaining at the community level. These good practices have been followed by some NGOs working on gender based violence victims.
Empowerment	Training equipped GBV survivors with information, knowledge and skills; moreover, institutional support increased confidence and self-esteem of trainee GBV survivors and empowered them to take decisions to start a new life, fight for their own rights and regaining social status and dignity.
International cooperation	To materialize these initiatives, SARO/IPPF provided technical and financial support to FPAB. The model has been shared in an international seminar on GBV and SRH in Bombay, India and published by the Indian Medical Research Institute.

How similar initiatives could give effect more fully to a human rights-based approach:

- Ensue that the initiatives is fully transparent and should regulate through a guidelines.
- Ensure that gender and women's rights are central components to this intervention.
- GBV survivors and trained community practitioners should be involved in the design of the program.

2.6. Increased Capacity of Service Providers on GBV integrated it in SRH settings:

Comprehensive capacity building training throughout the project period to sensitize and increase awareness of frontline service providers to make a link between SRH/R and GBV has resulted in increased confidence of service providers to identity and support clients experiencing or at risk of violence. At the baseline survey service providers identified lack of training as key factors in feeling uncomfortable to provide adequate support to survivors of GBV. In contrast, end line data shows that they had a better understanding and skills related to GBV.

The introduction of new screening procedures, strengthening of infrastructure, and training and referral mechanism has institutionalized system and procedures to identify and support women at risk of violence. All women, pregnant or not, aged 15-49 who have access SRH services at operational areas are screened. Training and screening protocols have strengthened the capacity of service providers to recognize different types of violence that women face. Comparison between baseline and end line data shows that a marked shift in the attitude of service providers towards violence against women from condoning violence under certain circumstances to recognizing marital rape. Findings shown that service providers, for instance , were able to identify a range of factors that cause GBV including patriarchy (67%), religious superstition (12%), women's economic dependency on men (35%), poverty (66%), dowry (85%) an lack of education (2%)

Relevance to human rights principles:

Non-discrimination	Capacity building training, orientation have been provided to all of service providers and stakeholders irrespective of different tiers, status, status, sex, ages, religion, education level. People of all walks of life, irrespective of religion, social and economical status, caste and creed, educational status have been screened, provided clinical services, counselling and referred for required services.
Participation	Community Support Groups members and Survivors Support Group members are the key forces working at the community level for identifying GBV cases, mediation of GBV cases (minor) cases at the community level and referral of cases to clinics for screening, counselling and services, the groups also referred GBV victims to legal support giving agencies as FPAB helped to developed a functional link between community and legal and clinical support giving agencies. Participation of district level policymaking volunteers in advocacy the issue of combating gender based violence including rights and entitlements of women helped to neutralize oppositions and unfolded GBV as public issue instead of private issue.
Sustainability	Attitude of service providers both at clinics and community level has been changed towards the issue of gender based violence. Services like screening, counselling, clinical services, referral for higher/specialized services are continuing. At the community level CSG and SSG members continuing talking the issue of women rights and their entitlement issues in different gatherings, meetings and occasions. They are involved in mediating the cases at the local level, referring GBV cases to FPAB and other agencies for clinical and legal support. Field workers continue

	primary screening, referring cases to clinics for counselling and clinical support.
Empowerment	Capacity building training equipped service providers with information, increased knowledge and skills and also changed their behaviour, all these increased their confidence, self-esteem and empowered them to address the issue.
International cooperation	To materialize these initiatives, SARO/IPPF provided technical and financial support to FPAB.

How similar initiatives could give effect more fully to a human rights-based approach:

- Ensure that the capacity building training to the service providers and stakeholders are fully transparent and should regulate through a guidelines.
- Ensure that gender and women's rights are central components to this intervention.
- Service providers and stakeholders should be involved in the design of the program.

Recommendations:

1. Strategic partnership are necessary to provide holistic services to the survivors
2. A multi-sectoral approach ensure comprehensive service delivery
3. A strong gender and right based perspective should inform all aspects of any intervention on GBV

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