

Sustainability of Saving Mother and Newborns: Needs Bottom Lining Holistic Approach

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High maternal mortality and newborn death are prevalent in Bangladesh, particularly in rural and poor communities for want of monetary, social and timely health care support as needed. To address the challenges needed intervention for: i) developing the capacity of caregivers, health service providers and local government bodies, ii) monetary support at need in supply side and iii) empowering awareness of mothers, families & communities, iv) strengthening linkages between mothers/families and caregivers, health service providers. To reduce maternal, newborn and infant mortality through supporting bottom lining pregnant mothers as a proven innovation emphasizing mothers are the central caretaker of family member. Further need to increase the maternity allowance and period of coverage of government safety net program. Because family people specifically pregnant mothers can utilize their intelligent understanding on the caregiving of themselves and newborn.

Spanish government AECID funded Maternity Allowance centered Social Assistance Program for Non-Asseters (SAPNA) package project has implemented by DORP through working with 892 targeted mother in 2009 to 2012 and at the same way Bangladesh government has also funded from 2014 to 2017 work with 700 bottom lining mothers which proves of low cost, in built, affordable self-sustained, authoritarian mother management gives the result of no death of a single mother, infant and a child with no disable birth.

The proven evident based action of Mothers club is organized at the lowest administrative level of Government structure (Union) for providing disseminating health information to them. The members of mother club are selected from the maternity allowance recipient mothers list collected from sub--district Women Officer. Sub-district level and downwards staff of Health and Family Welfare Department is working with us jointly in developing training materials and conduct training building community people organized centering mother. Service provider of Community clinic and Family Welfare Centers are included in the training programs. Another task of the Mother's Club are to identify or reconfirm the list from

the locally elected office of the UP Chairman for listing any poor pregnant mother that needed follow up by the health workers.

Introducing SAPNA since the bottom lining mothers' role is the integral, meaning a holistic approach needs to invest from the womb - a Bottom up -Top down match making planning. DORP has innovated the Maternity Allowance Initiative in 2005, which later took over by the government of Bangladesh in 2007, having 7 criteria for Maternity Allowances to the poor mothers for 36 months from conception day investing @ USD 10 per month. Presently 6 lack (0.6 million) mothers are receiving as a conditional cash transfer viz. nutritious food, rest, marriage not before 20 years of age for protecting early marriage and breastfeeding etc. SAPNA (Dream) consider 5 rights i.e. Health, Education, Housing Livelihood and Savings plus. Bangladesh Academy of Rural Development (BARD), Bangladesh Institute of Development Studies (BIDS), Regional Academy for Rural Development (RARD), Directorates, ministry of women and children affairs and Power and Participation Research Centre (PPRC) of Bangladesh evaluated 'SAPNA' program deeply and extensively. They recommended to government for scaling up both program 'MATERNITY ALLOWANCE' and 'SAPNA' country wise.

Health, Nutrition, Birth Control and Education Cards are provided through the Health and Family Welfare Education Ministry to ensure the health of the mother & child and education for their children respectively. Providing of USD 500 to the family of the allowance received mother as a seed money as an investment for housing, with health-friendly toilets and investment for income generating activities. Providing Livelihood grant and ensuring plantation, gardening and saving plus are in practice. Government is planning to scale up the initiative to other areas also from the learning.

Advocacy to act to increase timely visits of health workers to mothers' level and attend at the time of child birth, deployment of adequate trained health workers at rural level, availability of

essential drugs at the government facilities with affordable price for the poor population. These actions will have a long sustainable impact on the lives of mother and newborn at institutional level. In addition learning factored into the scale-up plan. The advocacy work is conducted through Mother’s Parliament at Sub-district level through networking among the Mothers Clubs. The Mothers Parliament met at least 2 times in a year where elected women vice chairman of concerned sub-district and Women Member of Parliament are the party in the program.

Service providers are track that how many numbers of women are given services on ANC and PNC through the register. The concerned sub-district health officer along with the local government officials are carrying out the responsibility of the monitoring. Maternity Allowances is promoting safe delivery, economic-social freedom, nutritious food, mothers’ economic decision making power, hesitation free and hygienic latrine, available safe drinking water, protecting child mortality, one-month full rest before possible delivery day, maintaining new born body temperature, mother’s chest centered transmit heat care (Kangaroo style), Mothers breast feeding, colostrum, delaying the new born bath and Vaccinating, ANC & PNC etc. are the stewards of the mother.

Result to be measured	Anticipated impact
Maternal and Neonatal mortality rate	Maternal and Neonatal mortality rate will be zero in the intervention area
ANC and PNC received by mothers	ANC and PNC will be increased
Lifesaving impact on mothers and newborns	Lifesaving impact on targeted mothers and newborns directly

Table

At household level, especially knowledge of mothers are built-in be enhanced. They are in a better position to seek and negotiate with another family member and contact for support outside their current level of the domain. Mothers have a better understanding of what to do or not to do during pregnancy and to contact others when needed. She is the best manager, best economist and best nurses etc.

The approach intends to build supportive peer and mothers’ networks (Mothers Parliament) at the community level through awareness, couple engagement and linkages while conducting courtyard meetings and through using a cell phone. With the increase of awareness about harmful practices, wrongly believes and social taboos, will decrease through capacity building of the local resources such as trained health professional and caregivers. The gover-

ment formed Community Clinic Support group is also involved. Establishing relationships with Government and NGO health facilities at the local level. Government staff at local level are regularly re-oriented to enhance their skills further in dealing with pregnant mothers/newborns and to increase their visits to mothers and newborns. Partnering and linking with call center Shastho Batayon [(Health Message) (Cell: 16263)] established by Bangladesh government and managed by Synesis IT Limited.

The Government are taking care over the initiative in their regular program thus it becomes sustainable both technically and financially. The health, nutrition and population (HNP) Strategic Investment Plan (SIP) has identified the key investment areas required to accelerate the pace of development in the HNP sector in Bangladesh in line with the Sustainable Development Goals (SDG) and targets, and the 7th Five Year Plan (2016- 20) strategies of the Government of Bangladesh. The goal is to ensure that quality HNP services are delivered and key services are provided more effectively, with a focus on equity. The longer-term aim is to act towards achieving universal health coverage (UHC) as targeted in SDGs. DORP is planning for implementing the activities in line with the HNPSIP engaging other stakeholders for holistic approach to reach the SDG. Apart from that other NGO’s and CBOs will be involved in learning and sharing as well as advocacy for more budgeting in this sector by government. Lobbying and advocacy for increasing maternity allowance amount from \$10 to \$100 per month and period from 36 months to 60 months so that children can enter in the school directly coming out from the vicious circle of poverty & other odd root causes. Maternity Allowance bridging to Social Assistance Program for Non-Asseters (SAPNA) focusing 20 years of a life-cycle approach as an investment by the state for the sustainability.

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