



PROJECT COMPLETION REPORT

CARE BANGLADESH

**Project Name: Strengthening the
Community Support System to Improve
Maternal and Infant Health**

**Project Location: Gaibandha District,
Bangladesh**

**Project Duration: Two Years (November
2015 – November 2017)**

**Reporting Period: (November 2015 –
November 2017)**

CARE Contact: Monte Allen

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Abbreviations

ANC	Ante-natal Care
CBHC	Community Based Health Care
CS	Civil Surgeon
CDC	Chest Diseases Clinic
CC	Community Clinic
CG	Community Group
CSG	Community Support Group
CHCP	Community Health Care Provider
CmSS	Community Support System
DDFP	Deputy Director-Family Planning
DIP	Detail Implementation Plan
DH	District Hospital
EOC	Emergency Obstetric Care
EPI	Extended Program on Immunization
FWV	Family Welfare Visitor
FP	Family Planning
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FWC	Family Welfare Centre
FP	Focal Person
HA	Health Assistant
MCWC	Maternal and Child Welfare Centre
MTE	Mid Term Evaluation
MOHFW	Ministry of Health and Family Welfare
MO-MCH	Medical Officer (Maternal and Child Health)
MOCS	Medical Officer-Civil Surgeon Office
OJT	On Job Training
OP	Operational Plan
PW	Pregnant Women
QR	Quarterly Report
QoC	Quality of Care
SMT	Senior Medical Technologist (SMT)
SBA	Skilled Birth Attendants
ToT	Training of Trainer's
TT	Tetanus Toxoid
UHC	Upazila Health Complex
UHFWC	Union Health and Family Welfare Centre

Introduction

Despite of huge commitment, MoHFW experiences difficulties to effectively implement the CmSS model in different districts throughout the country due to lack of clear and feasible operational guidelines, required facilitation skills including lack of role clarity among MoHFW staff members at different level. CARE Bangladesh has been requested by MoHFW to further support them through developing simple, user friendly operational guidelines for CmSS model implementation through its existing community health system with minimum external supports.

CARE Bangladesh is using the funding supports from David Wicks to test and document the cost effective operationalization strategy of CmSS through existing MoHFW health system and structures in poor performing and hard to reach Gaibandha district. The support extends for 2 years, from November 2015-November 2017. **This project named “Strengthening the Community Support System aims to improve Maternal and Infant Health” is being implemented to improve the health status of woman and children under age 5 of the district.** CARE also intends that the learning from this initiative will inform MoHFW to effectively operationalize the CmSS model throughout the country.

In order implement CmSS model using existing public structure and system, CARE Bangladesh will work closely with MoHFW to identify focal person and form core team at different level from national to sub-district with specific terms of reference and role clarifications, which will lead, facilitate and monitor the quality and effective implementation of CmSS model.

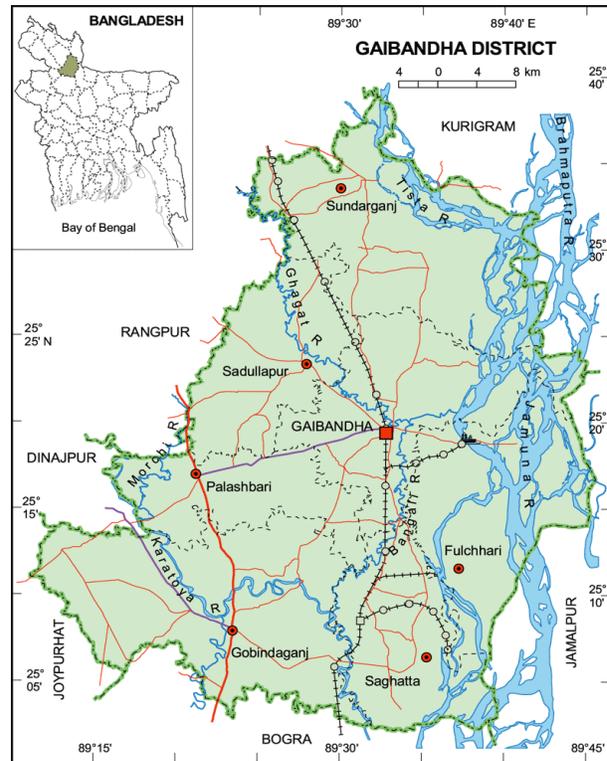
Using this project funding, CARE deployed one external facilitator at district level to work closely with the government representatives within the district with collaboration with the community clinic project (CBHC). The external facilitator will facilitate the development of the ‘CORE Teams’ at district and sub-district level consisting of existing MoHFW staff members including identification of a focal person within each CORE Team. S/he will also assist the focal persons to orient the members of CORE teams on their responsibilities and tasks with the supports of relevant MoHFW district & sub-district level managers and supervisors. S/he will also facilitate the capacity building of the CORE Team through organizing training/TOT for the core group members to develop skills on planning, implementation and reporting; provide continuous mentoring and coaching in respect of their responsibilities related CC and CSG; provide on the job supports through regular field visits as well as facilitating involvement of Local Government (LG) in CC activities. He/she will also continuously assess the skills and competency of individual core group members, and provide necessary supports for further improvement of their skills through training, regular review meetings on monitoring, planning, evidence based decision making, ensuring QoC, reporting/performance sharing. The District and Upazila core team will ensure the effectiveness of the CC, CSG.

*This narrative progress report covers the implementation during the full project period of the project, **from November 2015 to November 2017 detailing out the accomplishment and progress compared to the agreed action plan.***

Project Location:

The project is being implemented in one northwest rural district of Bangladesh, the Gaibandha district. Gaibandha district at a Glance with Map

Total area	2115 sq km
Distance From Dhaka	240 km
Total Population	2.4 million
Total Upazila or Sub-district	07
Total Municipality	03
Total Union	82
Total Village	1249
Total Community Clinics (CC)	310
Total Community Health Care Providers (CHCP)	307
Total Community Groups (CG)	310
Total Community Support Groups (CSG)	930
Total Family Welfare Centers (FWC)	55
Total Rural Dispensary	19



Project Goal and Objectives

Project Goal: The overall goal is to improve the health status of woman and children under age 5 of one poor-performing and remote district of Bangladesh.

Project Objectives:

The following project activities will advance three objectives-

Objective 1: Develop capacity of the CORE Team to strengthen local planning, accountability, coordination and data collection and analysis for decision making at community level health facilities through CSG to improve service quality and performance in the targeted district.

Objective 2: Engage CORE team to support and strengthen CSG to increase communities' awareness of and access to maternal and child health and reproductive health services and strengthening referral linkages.

Objective 3: Document learning and enhance commitment from the Bangladesh government and other stakeholders to scale up the CmSS model in other poor performing districts.

Major accomplishment during the project period:

To scale and operationalize the CmSS model through existing government system, CARE Bangladesh has closely worked with Community Based Health Care (CBHC) of MoHFW. CARE Bangladesh has been facilitating the implementation process at national, district and sub district level. For district level facilitation, one Project Manager was deployed who has worked as an External Facilitator with the government representatives within the district in collaboration with the CBHC (community clinic project). This External Facilitator facilitated number of activities that were briefly outlined in the project completion report.

With the support of this fund project has worked with 305 community clinics in 7 Upazila (Sundarganj, Shaghata, Sadullapur, Palashbari, Gobindagonj, Fulchari and Gaibandha Sadar) of Gaibandha district.

A. Inception:

A1: MOU signing with Ministry of Health and Family Welfare (MoHFW):

To facilitate all the activities through the existing health system and to formalize the commitment, a Memorandum of Understanding (MoU) signing ceremony between CARE Bangladesh and Community Based Health Care (CBHC), MoHFW on 19th January, 2016.



MoU signing ceremony at CBHC

At the beginning of the ceremony, Dr. Jahangir Hossain, Program Director-Health CARE Bangladesh briefly discussed about the project objectives and approaches. He reaffirmed the commitment and focus of CARE Bangladesh on strengthening the existing government health system and building capacity of the workforce. In reference to the similar type of system strengthening project of CARE Bangladesh at Narsinghdi, Jessore, Satkhira and Gazipur districts he mentioned that CARE Bangladesh is glad to expand its program to Gaibandha district to improve the quality of care of community clinic and strengthening the capacity of community groups (CG) and community support groups (CSG) through improvement of the supervision and monitoring.

After that, Dr. Makhduma Nargis, Chief Coordinator-CBHC, delivered her valuable speech. She mentioned that Community Clinic is a unique model in Health Care system of Bangladesh. It is important to get the support from organizations like CARE Bangladesh. She also thanked Mr.

David Wicks for his valuable support to ensure better health care for the poor served community people in Bangladesh.

Finally, the MoU was signed by Dr. Makhduma Nargis, Chief Coordinator-CBHC and Dr. Jahangir Hossain, Program Director-Health, CARE Bangladesh which specify the role and commitment made of each party for effective implementation of the project.

A2: Inception meetings at the District level with Health and Family Planning Administrators



Inception Meeting at Civil Surgeon's Office

civil surgeon office (MOCS), Junior Health Education Officer and other NGO representatives attended the meeting. At the end of the meeting, Upazila level advocacy and planning workshop schedule was jointly developed.

At Deputy Director-Family Planning (DD-FP) office, similar inception meeting was held where all UFPO's were present. A representative from the family planning department was nominated for the 'District CORE Team'.

On 9 February 2016, a project inception meeting was held at Civil Surgeon's office which was presided over by the Civil Surgeon Dr. Nirmalendu Chowdhury himself. The Project Manager shared the goal and objectives, implementing strategy and the roles and responsibilities of External Facilitator of CARE Bangladesh in the meeting.

All sub-districts health and family planning managers (UH&FPO's), medical officer of



Inception Meeting at DD-FP's Office

A3: Organized Upazila Advocacy and Planning Workshop

In order to form the CORE Teams and share the project objective at the sub-district level, Upazila Advocacy and Planning workshops were organized in all seven (7) Upazila under the leadership of respective UH&FPO's from 11 to 19 March 2016 as per pre-agreed schedule. All probable Upazila Core Team members, Union Parishad Chairmen, health and family planning officials were present in the workshop.



Advocacy Workshop at Fulchari Sub-district

The workshop was facilitated using a presentation and reflective discussion. The presentation provided clear understanding on the goal and objective and implementing strategy of the project, composition of District and sub-district Core Teams including the focal person, roles and responsibility of project external facilitator. The participants shared their experience and expectation around the Community Clinic, CG and CSG status and CG and CSG activities.

The CORE Team for the respective Sub-district was formed during the workshop; the members agreed and were introduced with set roles and vision. All seven Upazila CORE Teams were ready to lead the community clinic supervision and monitoring at the end of these workshops.

A4. District Advocacy and Planning Workshop:

With a view to share the findings from Upazila advocacy and planning workshops organized at the Upazila level previously as well as share baseline findings an advocacy and planning workshop organized on 30 October, 2016 at the district level under the leadership of Civil Surgeon.

Deputy Commissioner, Superintendent of Sadar Hospital and DDFP were the special guests of the workshop. Dr. Makhduma Nargis, Chief Coordinator and Secretary, CBHC was the chief guest in the workshop. All UH&FPOs, all Upazila Core Teams Focal Persons, district Core Team members, NGO representatives and media representatives were present in the workshop. The baseline findings were presented in the meeting by the Civil Surgeon.



Deputy Commissioner, Gaibandha is giving speech

Deputy Commissioner of Gaibandha said, local government has a huge scope to provide support for community clinic's development including resource mobilization, but from the health department as well as community level, it should be maintain effective linkage and coordination in between UP, Upazila Parishad and health department.

Honorable Chief Guest emphasized on quality monitoring and supervision from all level for smooth implementation of community clinic services. All seven Upazila CORE Teams Focal Persons pledged to lead the CC, CG and CSG's activities supervision and monitoring at the end of the workshops.

B. Establishment and Capacity Building of CORE Team:

B1: Formation of CORE Team:

In order implement CmSS model using existing public structure and system, CARE Bangladesh worked closely with MoHFW and identified focal person and form 8 core team at sub-district and district level with specific terms of reference and role clarifications.

CARE facilitated the development process of the 'CORE Teams' at district and sub-district level consisting of existing MoHFW staff members including identification of a focal person within each CORE team.

B2: Organized ToT for district level Facilitators:

With support from CARE Bangladesh, Gaibandha District Health Department organized a 3 days long District Facilitators ToT for Core Team's basic Training from 4-6 April, 2016 at Civil Surgeon's office Conference room. A letter was issued by the Civil Surgeon with a copy to the Chief Coordinator and Line Director, CBHC, Dhaka. A representative from CBHC office was ensured during the training as resource person.



MOHFW Consultant is facilitating session

Project Manager, CARE Bangladesh closely worked on developing training materials and developing session materials, training plan, training schedule, preparing necessary budget and purchasing logistics and in collaboration with District Core Team members before the training. All District Core Team members and respective Focal Persons from each Upazila Core Teams attended the ToT.

Dr. Abul Monsur Khan, Consultant from CBHC facilitated few sessions in the training as resource person, along with Mr. S.M. Rezaul Islam, Senior Technical Manager, CARE Bangladesh has also facilitated few sessions in the training. Civil Surgeon inaugurated the ToT. DDFP observed the training to ensure its quality and shared his views.

The training was participatory where all participants enjoyed a lot, learnt many new things and inspired to facilitate the Core Team basic training. Different modern methods were applied during the training.



District Core Team is developing Action plan

B3: Organized Core Team Basic Training:

To increase knowledge, attitude and skills of Upazila Core Team members for strengthening the supervision & monitoring system, effective implementation of CC/CG/CSG activities and ensure QoC in all Community Clinics in Gaibandha District, 3 days long Core Teams basic training was organized from 18 to 26 April, 2016 by District Health Department, Gaibandha. Total 51 members from 7 Upazila Core Teams participated in the Training. District Core Team members along with External Facilitator facilitated the training.



A district CORE Team member facilitating Core team basic training at the Sub-district level

Civil Surgeon, DD-FP, all UH&FPO's and UFPO's were the observer participants at the 3rd day of each batch. Through reflection session they got clear understanding on every contents of the training in order to they would properly guide Upazila Core Team and monitor their performance.

Different methods were used to facilitate the sessions. The methods were experiential, explorative, reflective, visual and participatory. In addition, Different types of new/innovative methods and techniques were used like, Mind Mapping, Fish Pond, Study Circle, Value Clarification, Information Market, Gallery Walk, and VIPP Card Writing etc.

There was an opening session of the training which was facilitated by District Focal Person (MOCS). CS Gaibandha and DDFP attended



Civil Surgeon is opening Core Team Basic Training

D. Re-formation and Strengthen coordination platforms:

D1: Facilitating the reformation of Community Groups (CG) and Community Support Groups (CSG) by District and Sub-district Core Team's

Formation process of the CG and CSG following the formation guideline is crucial to its functionality. CARE Bangladesh facilitated issuance of an official letter from the CBHC to at the national level to initiate the formation process as many CG, CSG became inappropriate after the



A CG reformation meeting held at the CC

recent local government election in Gaibandha District before starting CARE's project. Based on the letter Civil Surgeon of Gaibandha issued a separate letter to UH&FPOs to reform all CGs & CSGs strictly following the national guideline. Considering the vital role of the 'Core Team' members in this reformation process, CARE External Facilitator oriented the members on the guideline during the 'Core Team' monthly meetings. The 'Core Team's' then facilitated the quality reformation process at the field level as well as monitored progress. All 305 CGs and 915 CSGs have been reformed in Gaibandha

during this project period. Total 5185 CG members were identified, 1660 (32%) of them are female. Similarly 15,555 CSG members were identified, 6377(41%) of them are female.

At each reformation meeting, roles and responsibilities were discussed with CGs & CSGs members. Respective Local Government (UP) chairmen were present in 43 CG reformation meetings. The reformation process was closely monitored by the 'Core Team's'. More than 60% of the CG reformation meetings were attended by at least two 'Core Team' members.

Total 15 CG and 10 CSG reformation processes were directly monitored by CARE External Facilitator at the community level with District and Sub-district Core Team' members.

E. Capacity Building:

E1: Organize one day Basic and one day Refresher Training for CHCPs on Reporting, Birth Planning and Referral Linkage through Core Teams:

To improve the timeliness of reporting and quality of care at the community clinics a day long basic training was organized on reporting, birth planning and referral linkage **from 17 to 27 October 2016** and later on CARE Bangladesh organized a day long Refresher Training on the same contents **from 10 to 17 June, 2017**. The training was facilitated by the District Statistical Assistant, Upazila 'Core Team' focal persons, Upazila Statisticians where CARE external facilitator provided necessary technical support to ensure the quality of the training.

All 305 CHCPs participated in both the Training. Civil Surgeon of Gaibandha, Dr. Nirmalendu Chowdhury, has inaugurated the basic training. UH&FPO's observed and monitored the quality of the training and given speech including directions as resource persons. Different methods were used to facilitate the sessions. The methods were experiential, explorative, reflective, visual and participatory. Both the CHCPs and the supervisors appreciated the training.



Civil Surgeon inaugurated one batch basic training for CHCPs

During the **MIS session**, the participants developed clear understanding on the common errors of MIS reporting, DHIS2 reporting such as duplication, missing data, validation. During the session, participants identified different issues related to their day to day enrolment of maternal and child health (Commission on Information and Accountability-COIA) and monthly reporting on DHIS2. Moreover, they also shared some logistical issues related to laptops, modems and internet connectivity that hampered their daily online reporting. They committed to generate error free timely report and conduct regular performance analysis. After the training, overall reporting quality improved in the district after the training and Gaibandha district stood first within the Rangpur division in terms of MIS reporting.

The importance of conduction of **birth planning (BP) discussion** with pregnant women and their



MoHFW Manager inaugurated Refresher Training

family members were discussed in the birth planning session. The use of birth planning card was demonstrated. Project distributed 48,000 BP card to the CCs (150/CC). The CHCP was advised to write his contact number, the emergency contact number of the Upazila Health Complex and the family welfare visitors contact numbers during distribution of the card so that the family can contact the service providers at the time of emergency. The CHCPs have started

distribution of the BP card and pregnant women appreciating the tool.

Referral process, importance of using a referral slip and the role of the referral facilities and the referring person was discussed in the **referral linkage session**. CHCPs brought in the current challenges in referral and demanded appropriate responsiveness of the receiving facilities towards the referred patients from the community clinics. Number of referred patients from the community clinics has increased as reported by the sub-district health managers and providers.

E2: Develop Selected Core Team members as Facilitators for Supervision and Monitoring training for 1st line Supervisors through ToT:

To roll out the 1st line supervisor's basic training on supervision and monitoring, the project first aimed to develop a pool of facilitators within the Core Team members who can assist the Master Trainer in effectively facilitating the trainings and to follow up with on the job support afterwards. A two days long ToT was organized on 8 and 9 February 2017. CARE Bangladesh hired a Master Trainer in collaboration with CBHC to implement the whole training program. The draft



Acting Civil Surgeon given speech in the District ToT



District Core Team member shared group presentation

version of 1st line supervisors training module on supervision and monitoring was followed in the TOT.

Total 23 Core Team members received the ToT, 9 members of district Core Team and 14 members from Upazila Core Teams Focal Person and Health Inspector in Charge. The trainees learnt skills to conduct the Upazila level training session, use of different methods and materials, ensure effective participation during session and post training assessment.

Civil Surgeon and Deputy Director-Family Planning closely monitored the quality of the training and shared their expectations, observations and provide encouragements. At the end of the training a micro plan was developed for organizing the Upazila level 1st line supervisors training. Master Trainer along with Project Manager of CARE Bangladesh (who is also a Master Trainer of CBHC) facilitated the ToT with practical demonstration of different methods like, group work, mind mapping, value clarification, card matching, visualize presentation and multimedia presentation.

E3: Facilitate Basic and Refresher Training on Supervision and Monitoring for 1stline Supervisors:

To develop skills of 1st line supervisors on community clinics management, performance monitoring, provide effective supportive supervision to the field staff, CARE Bangladesh facilitated two days long training for all Upazila level 1st line supervisors. These basic training on supervision and monitoring was held from 13 February, 2017 to 2 March, 2017. Total 182 1st line supervisors like, Health Inspectors, Assistant Health Inspectors, Sanitary Inspectors, Upazila Statisticians, Medical Technologist-EPI and



DD-Family Planning given speech in Upazila level 1st line supervisors Training session

Family Planning Inspectors were trained. The developed facilitators, who received ToT along with Master Trainers from CBHC, facilitated sessions in these trainings. Sub-district level health and family planning managers monitored the quality of the trainings. District level MoHFW Managers



One Training participant prioritized services through Mind mapping methods in the training

also monitored some of the trainings. With a view to refresh their knowledge, orient on revised supervision and monitoring checklist and relevant tools, exercise more supportive supervision, ensure quality monitoring of field level activity, facilitate for more functionality of CG and CSG and increase local government's engagement for CC's development, CARE Bangladesh facilitated day long Refresher Training for Upazila level all 1stline supervisors on supervision and monitoring. The training was held from 23 September, 2017 to 26 September, 2017. Total 171 1stline supervisors were trained through this training. ToT recipient District and Upazila Core Team members facilitated the refresher training. Project Manager of CARE Bangladesh provided necessary technical support to ensure the quality of the training. Upazila and District level MoHFW Managers visited the training sessions and monitored the quality of the training. Through this training the 1st line supervisors are now ready to use different revised monitoring checklists, summarize field visit findings, analyze the community clinics performance, facilitate community support, and engage local government to mobilize local resources, facilitate referral linkages and share their performance in different forums.

E4: Facilitating selected CG members training at the sub-district level:

After reformation of the community groups the sub-district Core Teams identified that most CG members were new and have not received the government basic training. The project organized two days long capacity building training for selected CG members at the sub-district level from 4 April 2017 to 13 May 2017. The Core Teams were engaged in the whole training process. The training helped the CG members to get clear understanding on the composition of CGs their roles and responsibilities, to expected services from the CC's and their role in to functionalize the referral mechanism, to develop an Annual Action



Civil Surgeon given speech in CG Training at Shaghata Upazila

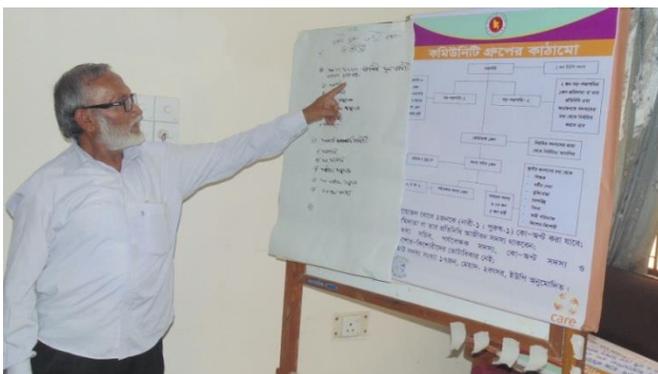


A group work is going on with the leadership of female participant in CG training

Plan by each CG and to get the CG members clear understanding on importance of local resource mobilization and its effective utilization. Total 588 members were trained from 310 CGs, out of which 38 were female and 550 were male.

District and sub-district Core Team members facilitated the sessions in the training where Project Manager of CARE Bangladesh provided necessary technical support to ensure the quality of the sessions. Considering the importance of the CG's role, district level MoHFW Managers selected President and Treasurers from each CG for the training.

Total 588 members were trained by the training out of which 550 were male and 38 were female participants in the training.



One CG president is describing CG structure during session

CG Training module from CBHC was followed in the training with different methods, like role play, mind mapping, group work, visualize presentation, reading circle etc. Sub-district and district level MoHFW managers monitored the training to ensure its quality. After the training CG members reviewed their annual action plan with other members at the CC and displayed. Sub district core team members observed that CG members shared their knowledge and learning to other members through monthly meeting they acquired from the training. Before organizing the training district level MoHFW Managers selected

CG president for the training as he leads the overall management and being an elected UP member he can share CC progress to UP and seek needful support from local government, similarly, they selected cashier as he is one of the important member who can maintain CG's fund, keeping records and relevant document. After finishing the training both the members are facilitating to local government for CC's necessary repair and maintenance and mobilize local funds from different sources.

E5: Facilitating selected CSG members training at the sub-district level:

After reformation of the community support groups the sub-district Core Teams identified that most CSG members were new and have not received the government basic training. The project organized day long capacity building training for selected CSG members at the sub-district level from 18 July 2017 to 28 August 2017. District and Upazila Core Teams were engaged in the whole training process. The training helped the CSG members to get clear understanding on the composition of CSGs, their roles and responsibilities, to expected services from the CC's and their role in to functionalize the referral mechanism from the community level especially in assisting of necessary



DD-FP given speech in the CSG Training

transportation and financial support to the poor PW's, to develop an Annual Action Plan by each CSG and to get the CSG members clear understanding on importance of local resource mobilization and its effective utilization. Total 1818 members were trained from 912 CSGs by 52 batches, out of which 734 were female and 1084 were male.

District and sub-district Core Team members facilitated the sessions in the training where Project Manager of CARE Bangladesh provided necessary technical support to ensure the quality of the sessions. Considering the importance of the CSG's role, district level MoHFW Managers selected Convener and Member Secretary from each CSG for the training.



Dr. Abul Hasem, Line Director-CBHC visited one batch CSG Training at Sadar Upazila, Gaibandha

CSG Training module from CBHC was followed in the training with different methods, like role play, mind mapping, group work, visualize presentation, reading circle etc. Sub-district and district level MoHFW managers monitored the training to ensure its quality. After the training CSG members reviewed their annual action plan with other members and preserved for reviewing. Sub

district core team members observed that CSG members shared their knowledge and learning to other members through their bi-monthly meeting they acquired from the training. Before organizing the training district level MoHFW Managers selected CSG Convener for the training as he leads the overall management and she/he can share CC progress to CG and UP and seek needful support from local government, similarly, they selected Member Secretary as he is one of the important member who has direct linked with CG, as he is the regular member of the respective CG. After finishing the training both the members are proactively facilitating their bi-monthly meeting, listing PW's at their catchment areas, facilitating local government for CC's necessary repair and maintenance and mobilize local funds from different sources.

E6: FWVs Training on Counseling and Referral linkage

A total of 54 Family Welfare Visitors (FWV's) were trained on Birth Planning, Counseling, Post-partum Family Planning and Referral linkages by two batches from 18 and 19 October, 2017 at DDFP Office's Conference room, Gaibandha. Deputy Director-Family Planning organized this training where external facilitator of CARE Bangladesh provided technical support. Before organizing the training, a module development and sharing workshop was also held at the same



Participants (FWV's) of the training



Civil Surgeon given speech in FWV's Training

premises in consultation with DDFP and Civil Surgeon, Gaibandha. Through this workshop UH&FPO-Sadar, UFPO-Sadar, MO-Clinic, MCWC, MOMCH-FP were identified as facilitators of the training and oriented them on the module.



FWV's showing hands to have given commitments

Respective DDFP and Civil Surgeon closely monitored the quality of both the batches training. In the reflection session of each batches training many participants, facilitators and resource person's commented that this training has the great role to increase numbers of ANC, PNC, institutional delivery they given commitments to have shown their hands in the training and ensure more engagement of community especially CG & CSG respectively.

F. Supervision, Monitoring and Progress review:

F1: Strengthen Health and FP coordination platforms at district and sub-district level through regular progress sharing and joint review:

The existing coordination platforms at the district and sub-district level to mobilize support from for the community clinic, CG and CSGs, the Project Manager provided support the Core Teams in regular sharing of CC performance at monthly coordination meetings organized by the health and family planning departments. This also helps to get priority decisions from the UH&FPOs and Civil Surgeon, motivate the Core Team members, enhance accountability and indirectly improve the performance of the community clinics as per OP indicator's target.



Dr. Amir Ali, Civil Surgeon given speech in the meeting

At the district level, the statistician usually presents the CC update. Through these meeting the major decisions related to CC performances were also been circulated such as, 1st line supervisors should further increase number of CG & CSGs visit by along with CC, Core Teams must conduct their monthly meetings regularly and share meeting minutes at the District level, district Core Team members must conduct visit field using checklist and share visit findings regularly, Upazila Core Team members must attend monthly CHCP meeting and CC performance must be shared. Project Manager observed total 13 district level coordination meetings out of 20 to observe the quality of discussions, presented his own field visit findings and update on project activities.



At the sub-district level, there were total 132 coordination meetings held during the project period. The respective Core Team focal persons shared the CC, CG activity update in those meetings. Project Manager observed total 62 of these meetings.

In addition, every month a CHCP monthly meeting was organized at the sub-district level where CC, CG and CSG performance was presented by the statistician and discussed. Respective Sub-district Managers facilitated these meeting. The Core Teams present their field visit findings. Total 137 meetings with CHCPs were organized during the project period and Project Manager participated in 95 of these meetings.

F2: Joint Community Clinic monitoring Visit with Core Team Members:

The project manager facilitated 41 joint monitoring visits with the district and Upazila Core Team members during the project period to provide OJT on effective monitoring and supervision. The team visited Community Clinics, Community Group and community support group activities at all 7 Upazila under Gaibandha District. Project Manager individually also visited 126 CCs during this project period.



Joint visit team with CS, DDFP, UP Chairman, Focal Person, Dist. & Sub-district Core team members,

The team observed overall CC activities, cleanliness, service delivery status and different registers and documents such as patient's registers, referral slips, nutrition materials, visual posters, IEC materials. They also checked the CG meeting minute's registers, Community Group (CG) meeting notice registers, resource mobilization and utilization status. The team also observed counseling sessions of the respective CHCPs.

The team's findings are as follows:

- All most all CCs were frequently visited by 1stline supervisors, regularly done online reporting including maternal and child enrolment. Emergency contact numbers were displayed in the CC; Total 7631 visits were conducted by different supervisors to all 126 CCs as per visiting books.
- Community Group conducted regular monthly meeting at the presence of more than 85% attendance. 100% CG meeting minutes were sent to UHC but only 70% of those did the follow up action of the taken decisions. CGs social map were displayed at all 126 CCs.
- All CG has bank account and they mobilized local resources to arrange furniture's for CC, repair tube-wells, complete CC painting, wall and floor repair, latrines repair and earth filling with support from local government.
- All CG and CSGs were reformed as per GoB guideline and the reformation process was facilitated by sub-district Core Team.
- CG members actively performed their responsibilities.
- Community people were well aware about CC's services.



PM visited CC with District Core Team member

During monitoring visit Civil Surgeon stated that "Although we have enough human resources, strong health structure and enough budgets, nevertheless, we were not being able to function CG, CSG and CC services according to GoB operational targets. Whereas, CARE

Bangladesh has only one staff to work with us as an external facilitator to develop district and sub district core teams and activate the CG, CSGs and 1stline supervisors. So, I think this is sustainable approach that helps to effectively functioning our existing health system.”

F3: Facilitated Quarterly Core Team’s Coordination Meeting at District level:

With a purpose of getting the progress update on District & Upazila CORE Team performance in Gaibandha district since inception to December,2016 based on their annual action plan, to know



DD-FP as Chief Guest given speech in the meeting

the challenges, lesson learnt and recommendations from CORE Teams, to share Upazila wise baseline findings and improvement plan with target, to identify good practices, to capacity building of District and Upazila Core Team members through learning sharing process and established a common progress monitoring system for all Community Clinics in the district, by the technical support of CARE Bangladesh Civil Surgeon, Gaibandha organized Quarterly Core Team’s Coordination meeting on January 3, 2017 at CS office conference room in the

district. Total 65 members from District and sub-district core teams attended the meeting. All UFPO’s and UH&FPO’s attended the meeting as observers. DD-Family Planning attended the meeting as special guest where Civil Surgeon, Gaibandha

chaired the meeting. It was day long coordination meeting. Each core team’s focal person in assistance of their statisticians self-prepared their performance progress presentation and shared in the meeting with good practices and lesson learnt they captured through implementing community support system scale up model. After the presentation there was an open discussion and reflection session where most of the teams commented as CORE team approach is the way to build good coordination among health and family planning department, increase numbers of quality supervision



Participants of the meeting

and monitoring visit by all level supervisors, exercise monitoring checklist, initiate more capacity building skills of 1stline supervisors to ensure supportive supervision and they have been more capable to facilitate local government to allocate budget for CC’s repair & maintenance, resource mobilization and ownership development. Especially statisticians have been much more capable to analysis CC/CG/CSG performance as per operational indicators, prepare quality presentation, closely monitor CC online reporting, validate data and information, keep updated to MoHFW managers and share in different coordination forums.

Outcome from the meeting:

- Measured capacity of Focal Persons & identified most proactive Core Team members;
- Developed next course of action that will help to implement CORE Team’s annual action plan;
- Documented best lesson learnt and identified the way of exploration;

- District and Upazila Managers' can identified the next way of direction to improve CC activities and guide them accordingly; and
- District and Upazila CORE Team members motivated more and developed a competitive attitude to perform accordingly.

F4: District and Sub-district 'Core Team' meeting held:

Every month, a Core Team meeting is organized at the Upazila level. The major discussion issues of these meeting were ensuring 100% online reporting from CC with quality data, maternal and child registration, increasing number of ANC, PNC with nutrition counseling, different Health Day observation, Vit A plus Campaign, 1st line supervisors basic and refresher training, selected CG and CSG members training, CHCP's training on reporting, birth planning and referral linkage, FWVs training on counseling, birth planning and referral linkage, resource mobilization, linkage building, local government engagement, emphasizing CG & CSG meeting and share analysis CC performance in the district and Upazila level coordination meeting. Total 130 meetings were organized at the sub-district level during the project period out of which project manager attended total 105 nos of them. Individual Core Team member present their field visit findings and then prepare a summary of all their findings.

Some meetings were visited by the district Core Team focal person, assigned district core team members for the particular Upazila and respective UH&FPOs. They guided them to implement the plan effectively to strengthen the CC, CG & CSG activities in Gaibandha District.

Similarly district core team organized total 17 coordination meetings during the project period to discuss the above mentioned issues and taken decision to implement their annual action plan and do follow up at the Upazila level where Project Manager attended all of them.

The Project Manager oriented and supported Upazila Statisticians on the monthly progress monitoring report supplied by CARE pilot project, and CC performance analysis presentation preparation before the monthly meetings.

F5: Supervision and Monitoring visit by Core Teams:

Core Teams led the monitoring and supervision of the CCs, CGs and CSGs during the project period. They observed CC cleanliness, service delivery status and different registers and documents such as patient's registers, referral slips, nutrition materials, visual posters, IEC materials through regular field visit using standard checklists. They also checked the CG meeting minute's registers, Community Group (CG) meeting notice registers, resource mobilization and utilization status during these visits. The team also observed counseling sessions of the respective CHCPs.

The core team members conducted total of 3192 visits to 305, total of 1946 visits to the CGs and 860 visits to the CSGs to observe its performance and provided then necessary coaching and orientation to enhance their capacity on roles and responsibility, resource mobilization and its effective utilization, record keeping, linkage building and local government engagement. Sub district core team members divided all CC's among themselves to reach all CC's per month at the Upazila, but if someone cannot reach any CC during the month he/she plans to visit those CC's first in the next month. The Project Manager has individually conducted 126 CC, 50 CG and 28 CSG monitoring visits during this reporting period.



Sadar Upz. Core Team visited Kishanot Barua CC

The team's findings are as follows:

- Almost all CCs were seriously maintained CC opening and closing time.
- CGs conducted regular monthly meeting at the presence of more than 90% attendance. 100% CG meeting minutes were sent to UHC and they did the follow up action of the taken decisions. CGs social map were displayed at 95% CCs and Annual Action Plan were displayed at 100% CCs.
- All 80% CGs mobilized local resources from different sources and arranged furniture's for CC, repair tube-wells, complete CC painting, wall and floor repair, latrines repair and earth filling with support from local government.
- CG members became more active in effectively performing their roles and responsibilities.
- Community Group members were well aware about their roles and responsibilities and CC's services by receiving selected CG members training.
- CG has built a good relationship with Sub-district Core Team members and CG are inviting to Core Team before organizing their monthly meeting.

The visit finding emphasized more engagement of local government in CC activities as well as quality of the supervision of monitoring visit by all 1st line supervisors with sufficient time.

F5: Facilitated Core Team's Annual Progress Sharing Workshop



Asst. Director-Health given speech in the workshop

By the leading roles of district core team, Civil Surgeon, Gaibandha organized annual core team's progress sharing workshop in the district on 8 October, 2017 at SKS Inn Conference room, Gaibandha with a purpose of sharing team wise performance progress, lessons learnt, challenges, best practices and develop future plan of action on way out the strategy to keep continue Core Team approaches in the District. All District and Upazila Core Team members, all UFPO's and

all UH&FPO's, attended the event. Assistant Director of Divisional Director's (Health) Office, Rangpur Division was the chief guest of the function where Deputy Director-Family Planning, Gaibandha was present as special guest and Civil Surgeon, Gaibandha chaired the program.



Workshop participants

Outcome from the workshop:

- Team wise best performing indicators were identified and shared the strategy how to achieve the progress,
- Local government's engagement with their tremendous support for CC's development by facilitating Core Team was identified as best practice and shared the strategy in the workshop,
- Team wise an action plan was developed with emphasizing low performing indicators,
- A commitment has come from Division and District level MOHFW high officials to ensure more monitoring and supervision visit to keep continue the progress in the District.

F6: Facilitated monitoring visit by Chief Coordinator-CBHC, MoHFW:

Dr. Makhduma Nargis, Chief Coordinator and Secretary, CBHC conducted a three day long monitoring visit at the end of October 2016. During the visit she had a large meeting with all CHCPs in the district.

She also visited different CCs in the field and discussed with the core team members on the progress. She also attended the district advocacy and planning workshop as described above. The visit has created a vive in the district emphasizing on the government commitment, enhanced motivation of the CHCPs and the managers, and will strengthen all future project activities.



Chief Coordinator, CBHC visited Horinathpur CC, Palashbari

G. Other Activities

G7: Country Director of CARE Bangladesh observed project Core Team and CSG activities:

Jamie Terzi, Country Director of CARE Bangladesh visited the project activity in Gaibandha district on 18 January, 2017 to observe the impact of CmSS scale up. During her visit, she attended a special discussion meeting with Civil Surgeon, Gaibandha and district core team members. The Civil Surgeon shared as of some progresses on CC, CG and CSG activity through implementing CmSS project.

Civil Surgeon said, “Although we have enough human resources, strong health structure and enough budgets, nevertheless, we were not being able to function CG, CSG and CC services according to GoB operational targets. Whereas, CARE Bangladesh has only one staff to work with us as an external facilitator to develop district and sub district core teams and activate the CG, CSGs and 1stline supervisors. So, I think this is sustainable approach that helps to effectively functioning our existing health system.” He also mentioned few statistics after implementing the project for 1 year in Gaibandha, such as, CHCPs online reporting increased to 100% from 78%, clients referral from CC increased to 2% from 0.7%, CG meeting visit by 1stline supervisors increased to 75% from 25% etc. District core team members also shared some field observation and next planning with the Country Director.



Country Director also visited a CC, met with CG members, CHCP, other GoB field staff and discussed on health service access, women empowerment, gender based violence, safety net

program, preventing early marriage and leadership issues with the group members. The visit program was facilitated by district core team focal person, Civil Surgeon, Respective UH&FPO, Upazila Core Team members. CARE Project Manager and Director-PEARL Unit of CARE Bangladesh were also present.

G8: District Core Team facilitated monitoring visit by Line Director, CBHC of MoHFW

With a view to observe the performance of Core Team Approach, share findings of implementing the strategy and assess the impact of the “ Strengthening the Community Support System to



Senior Technical Manager, CARE shared the background of Core Team Approach

Improve Maternal and Infant Health” pilot Project, Honorable Line Director, CBHC Dr, Md. Abul Hashem Khan visited Gaibandha District on last 23 July, 2017. In CS office, at the introduction session, health department acknowledged that only an external facilitator from CARE Bangladesh through his active facilitation support it has been able to utilize the existing GoB health and family planning system, all facilities, staffs, 1st line and 2nd line supervisors, linked with local government, Upazila and District administration to ensure community participation, resource mobilization through functionalize of CG & CSG’s in the District. It was mentioned that CARE facilitator worked closely with GoB health and family staff, supervisors, mid-level manager and district level MoHFW managers to increase more supervision and monitoring to fields, increase service uptake and ensure quality of care since last December 2015 in the district.

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As a result the performance of CC, CG and CSG’s according to OP indicators of CBHC, local



District Core Team Focal Person shared performance presentation

government engagement, resource mobilization and service utilizations are increased which was reflected on the district level power point presentation by Dr. Shihab Md. Rezoyanur Rahman (MOCS), Focal Person, District Core Team. After the presentation it was analyzed that overall clients visit to CC is increased near about one lac from last June, 2016-June, 2017, clients referred from CC is increased to 2.4% from 0.6%, resource mobilization by involving local government is increased to 67% from 27% and

the CG’s mobilized at Tk. 20 lac during the project period. The LGI deployed 180 cleaners for 180 CC’s under their VGD program.

Supervision and monitoring visit is increased to 90% from 27% besides local government provided different kinds & other support to CC's like, Steel Almirah, Plastic chairs, wooden bench, solar panels, fans, newly installed tube wells, latrines, constructed boundary wall, normal delivery room, water supply motor with tank, electricity connection, sectariate tables, earth filling and need based



Honorable Line Director given speech in CSG Trainina

CC's repair & maintenance work.

Line Director, CBHC urged few issues to get clear conception on how the strategy in implementing in the District. Focal Person, other Core Team members along with UH&FPO, Sadar and Civil Surgeon answered the issues with specific evidence and example, additionally, the District Core Team shared their future plan of action to carry out the initiative. Leadership of Core Teams in all in progress of CC, CG and CSG were highly appreciated by Line Director, CBHC.

The discussion meeting was concluded through the speech with specific direction by honorable Line Director, CBHC. Line Director, in his speech he stated the vision of the present government, objective of establishing community clinics mentioning the public private partnership, rationality of piloting the supervision and monitoring system strengthening project in Gaibandha, how to increase more involvement of local government in CC's development, effectively utilize of Union level UP's coordination forum, Upazila Parishad, Zilla Parishad and administration for CC's development, facilitating by Core Teams. Dr. Md. Amir Ali, honorable Civil Surgeon, Dr. A,B,M, Abu Hanif, UH&FPO, Sadar Upazila, Md. Rezaul Islam, Senior Technical Manager, CARE Bangladesh, All District Core Team members and Mr. Khairuzzaman Manik, Project Manager, CARE Bangladesh were present in the function.

Honorable Line Director then visited the selected CSG members training program in the CSO Conference Room, Gaibandha. He then consistently visited Horinathpur Community Clinic under Palashbari Upazila, Kishamot Balua Community Clinic under Sadar Upazila, Gaibandha,



Honorable Line Director visited one CSG meeting at Hossainpur CC

And he also visited one Community Support Group activity in Hossainpur Community Clinic under Fuclahri Upazila. Honorable Line Director has highly appreciated to see the performance progress and mentionable change of CC, CG and CSG activities and government staff's commitment by Core Teams leadership and expressed his great satisfaction for the charismatic facilitation support from CARE Bangladesh. Honorable Civil Surgeon Dr. Md. Amir Ali was accompanied with the visit along with District Core Team, respective UH&FPO's and CARE representatives. Dr. Amir Ali has firmly believed that it's only possible for CARE Bangladesh to bring the

sustainable and quality change through maximum utilization of existing GoB resource and manpower by only one staff in health system.

G9: Sub-district core team made collaboration with other initiatives supporting CC service delivery:

District and Sub-district Core Team members jointly performed their multiple roles to ensure and improve quality maternal and child health services from community clinics.

In March 2017, sub-district Core Team of Gaibandha Sadar and Shaghata in coordination with district Core Team members distributed medical equipment's to the respective CG presidents through meeting like, (adult weighing scale, infant weighing scale, Measuring tape and Gluco meter) and some furniture's to Mollar Char and Kamarzani community clinics of Sadar Upazila, and Dokkhin Dighol kandi community clinic under Shaghata Upazila to cover quality health services at the remote chars in Gaibandha. Sub-district core team mobilized these resources from Red Crescent Society Bangladesh.



Dr. Amir Ali, Civil Surgeon demonstrated the use of medical equipment's during handover program

Civil Surgeon, Gaibandha was present in one equipment distribution meeting at Kamarzani CC. Respective Core Teams in presence of Project Manager, CARE Bangladesh, representative of Red Crescent Society Bangladesh, CG & CSG members, CHCP, HA and FWA along with union level H&FP inspectors were present.

H. Day observation

H1: Core Teams led Day observation program implemented to raise awareness:

After developing the sub-district and district core teams through effectively implementing the Strengthening the Community Support System to Improve Maternal and Infant Health Project, CARE Bangladesh was highly emphasized to raise different awareness programs by ensuring active engagement of sub-district and district core teams. During the project period numbers of health and family planning national and international days and weeks were observed at Upazila and district level by the leadership of core teams very successfully, like world health day, safe motherhood day, community clinics establishment day, world population day, world breast feeding week, Vit 'A' plus campaign and world AIDS day. Basically core teams developed planning, program schedule, communicating with the guests, resources, participants, media people and relevant non-governmental organization to make the event grand success where project manager of CARE Bangladesh provided needful technical support especially in planning and preparing presentation. Usually Deputy Commissioner, Superintendent of Police, Mayor, Gaibandha Municipality, Superintendent of Sadar Hospital, CS, DD-Family Planning, president BMA, media, NGO representatives and core team members attended the district level program. Similarly, Upazila Parishad Chairman, UNO, UH&FPO, UFPO, other health and family planning staff, media representatives, NGO representatives and core teams attended the sub-district level different awareness raising program.



DC, SP & CS with the WHD Rally



Discussion meeting held for SMD at CS Office

Discussion meeting held for SMD at CS Office



CS & Superintendent, DSH with WBFW's rally



DC given speech at WPD's discussion meeting

ANC/PNC, referral and community participation.

The common agenda of those awareness raising programs were, grand rally, discussion meeting, leaflet distribution, posters distribution, miking, ANC/PNC campaign, resource mobilization, blood donation activity and film show.

Through all the programs during discussion meeting, it was highly emphasized to success the theme of those particular days/weeks and provided necessary guidance to the core teams and 1stline supervisors to get the community much more aware on engaging community groups, community support groups and local government to increase service uptake from community clinics, increase numbers of

I. Project Closing Workshop:

I1: Facilitating Project Closing Workshop at the sub-District level:

With a purpose of sharing the comparison from baseline to end line status as CC per OP



Chief Guest (Upz. Chairman) given speech in the workshop at Fulchari

Indicators and other selective performance indicators, share the best practices, lessons learnt and challenge and document the recommendation for further implication, and to develop an exit action plan on how the Core Team will keep continue their monitoring leadership and demonstrate the performance in different coordination forums, MoHFW Managers at sub-district level organized this event with support from CARE Bangladesh from 5

November, 2017 to 12 November, 2017. All Upazila core team members, representatives from district core team, other medical officers from UHC, relevant NGO representatives, local journalists participated in the workshop. Respective UFPO, UH&FPO, UNO, Upazila Parishad Chairman, DDFP and Civil Surgeon attended the workshop as guests.

Outcome from the workshop:

- Developed an exit action plan;
- All counterpart and administration are fully well-known about the successful implementation of the pilot strategy by CARE Bangladesh;
- Handover the facilitation approach to Upazila Core Team;
- Documented the recommendation;

I2: Facilitating Project Closing Workshop at the District level:

Speakers in a Project Closing workshop at District level today stressed the need for conducting all the community clinics (CCs) of the district properly by ensuring active engagement of all Core teams anyhow without CARE's support from now to provide quality primary healthcare services to the rural people to build a healthy nation.

“As the CCs are playing vital role to ensure safe pregnancy to reduce maternal and infant mortality, there is no alternative to make the CCs fully functional through joint efforts of community support groups, community groups, Upazila and district Core Team members”, they said.



Divisional Director-Health given speech in the workshop

They came up with the comments while addressing a project closing workshop at the hall room of SKS Inn at Radhakrishnapur area in the district on Tuesday 14 November, 2017.

With the financial and technical support of CARE Bangladesh, district health department organized the workshop under Strengthening the Community Support System to Improve Maternal and Infant Health Project.

Rangpur Divisional Director (Health), Dr. Mozammel Hossain addressed the function as the Chief Guest and Deputy Director, Dr. Shaheen Ara Haque, Police Super M. Mashrukur Rahman Khaled, Additional Deputy Commissioner-(General) Muhammad Mizanur Rahman, DD-Family Planning, Dewan Morshed Kamal were present as the special guests.

In the closing workshop, divisional Director-Health said *“CARE Bangladesh has taught us that this is our responsibility and we have to perform according to GoB operation targets by effectively utilizing of core teams they developed here for last two years and properly exercising the learning they demonstrated”*



ADC-G given speech in the workshop

With Civil Surgeon Dr. Abdus Shakur in the Chair, the workshop was also addressed among others by Sadar UNO Alia Ferdous Zahan, Sadar Upazila Health and Family Planning Officer Dr. A,B,M, Abu Hanif, Sadar Upazila Family Planning Officer Mahbuba Begum, Medical Officer of CS office Dr. Shihab M. Rezanur Rahman, Project Manager of CARE Bangladesh and Journalist Sarker M. Shahiduzzaman.

Earlier, a power point presentation on the overall scenario of the project and its achievement and success based on comparison of baseline and end line status here in last two years was done by Senior Technical Coordinator of CARE Bangladesh SM Rezaul Islam.

SM Rezaul Islam said the project was launched in November, 2015 and the tenure of the project would expire November, 2017, he also said.

The members of community support groups, community groups, all 1stline supervisors, all family planning visitors, Upazila and district Core Team members including Community Health Care

Providers (CHCP) were imparted need base training during the period of the project so that they could conduct the CCs smoothly after ending the project tenure, he added.

Chief Guest Dr. Mozammel Hossain said the community peoples particularly the children and the pregnant women are getting their primary healthcare services from the CCs and for this, the CCs have become more popular to the common people.

Mentioning the CC as one of the brandings of Prime Minister Sheikh Hasina Dr. Mozammel Hossain urged the concerned to be proactively performing more cordial role of all core teams that were developed in last two years in the district to run the CCs at the rural areas properly through providing essential healthcare services to the grass root level people.

A number of health officials including NGO representatives, UNOs, UH&FPOs, UFPO's and Journalists took part in the workshop.

J. Project Endline

J1. Sub-district core teams conducted end line Survey to assess the CC, CG and CSG including monitoring and supervision status

To assess the impact of CmSS Scale up model in Gaibandha District after two years of the project, documented the changes, lesson learnt and good practices in terms of QoC in CC services, Upazila Core Team members conducted an End Line Survey on CC, CG and 1 CSG from each CC according to baseline. Before starting the survey CARE Bangladesh oriented to all Core Team members on tools through Annual Progress Sharing Workshop in consultation with CBHC and other MOHFW Managers in the District. District Core team members, all UH&FPO's, DDFP and Civil Surgeon has closely monitored the quality data collection of the survey. **After the survey an internal expert of CARE Bangladesh has completed the data entry and analysis the baseline-end line comparison report for Gaibandha District.** Baseline and endline assessment of the performance of community clinics and community groups were carried out by the MOHFW supervisors to evaluate the impact of the project on quantity and quality of services offered in the community clinics.



CT member filling up the end line survey form at CC

J2: Facilitated Endline Evaluation Engaging External Consultant

An external consultant was hired with specific terms of reference to analyze the endline survey data, collect additional qualitative data to understand the attribution of the project on the success and develop a report with recommendations.

Summary of findings from end line evaluation

The end line evaluation clearly revealed that the project has been successful in achieving its purpose and all of the project's objectives that included improved performance of community clinics and community support groups through formation of CORE teams. The average clinic service hours increased by half an hour in the end line assessment compared to the baseline. Community clinic monitoring visits by union, sub-district and district level supervisors were increased substantially in the end line. Regularity of online report submission by the CHCPs improved significantly. Provision of special services in the community clinics such as growths monitoring; service by paramedics (FWV/Nurse) and doctors markedly increased in the end line assessment. Access roads of the community clinics were repaired in a number of clinics with supports from local governments and CORE teams. More number of CCs had electricity supply or solar panel installed in the end line assessment that indicates success of the project in mobilizing local resources. A significantly more number of CCs in the end line had information display board and social map on the wall of the clinic. The quality of community clinic registers improved remarkably in the end line compared to the baseline assessment. Assessment of the community clinics at baseline and end line shows significant improvement in the record keeping system of the clinics. Performance of community clinic groups and community support groups improved to a great extent in the end line assessment.

Trend analysis of the service statistics from 2015 to 2017 shows that monthly average service provision at community clinics increased over time. Number of pregnant women receiving ANC services from community clinics increased from 2015 to 2017. Monthly average number of clients who received nutrition counseling at CCs increased from 2448 in 2015 to 2872 in 2017. Monthly average number of referrals for pregnancy complications and deliveries increased substantially from 2015 to 2017. Distribution of family planning services at community clinics also increased remarkably over time between 2015 and 2017. PNC service provision from CCs also increased over time.

Qualitative data revealed that the formation of district and sub-district CORE team significantly improved community clinic and community support groups performance by enhancing effective supervision and monitoring. Majority of the respondents recognized that CARE's project had significantly contributed to improving maternal, newborn and child health status in the project areas. They were confident that they would continue most of the activities by their own efforts and resources beyond the end of the project.

It is recommended that CARE Bangladesh takes initiatives to develop comprehensive guidelines and standard operating procedures (SOP) of CORE Team approach for nationwide scale up; make systematic efforts to disseminate the results and lessons learnt with relevant stakeholders including MOHFW; work with the CBHC to scale up the CORE Team approach nationwide; and consider providing supports to the CBHC for its current wider role for comprehensive health care services at sub-district level including Sub-district Hospital, Family Welfare Centers and community clinics.

In conclusion, the uniqueness of the project, the CORE Team approach, which has produced not only impressive results but potentially a sustainable system as the project has been successful to improve supportive supervision and build capacity of community level health workers and managers.

K. Case Studies:

Resource mobilized by sub-district core team member's from Local Government for Community Clinic of Sundarganj Upazila, Gaibandha:

After formation of the sub-district core team at Sundarganj Upazila, they received District ToT,



core team's basic training including training on supervision and monitoring from CARE Bangladesh. They even attended numbers of district level core team's progress review meeting. Since beginning they were jointly moving forward with their annual action plan to make change the CC's services in terms of quality, functioning of CG and CSG and ensure engagement of local government. With their proactive facilitation to UP, the respective CG's organized



community level exchange of views meeting at the CC premises by ensuring presence of UP Chairmen in 10 Union Parishad out of 15 under this Upazila. Sub-district core team facilitated the whole process of the meeting.

Through this effort during the project period, total of 47 cleaners were deployed to CC (out of 57 CCs) by UP's VGD card, 30 tub wells were newly installed, provided 35 solar panels, necessary repair & maintenance work completed at 50 CCs with latrines nearly costs of Tk. 12 lac, Belka and Santiram union Parishad purchased different type of furniture for CCs(like, half secretariat tables, cushion chairs, plastic chairs, utensils, screen for doors and windows, fans, solar panel and fencing which was costs Tk. 240, 000/-. Total of 8 UP Chairmen now regularly visits CC, monitor its activities and do follow up the progress. They called quarterly CG & CSG coordination meeting to know the CC



performance and indentify the areas to improve more, allocated necessary budget from LGSP and other funds for CC's development with given high priority. Sub-district core team kept regular communication with UP, attended UP's coordination meeting, maintain close liaison similarly with Upazila Parishad and administration to ensure more support and supervision and monitoring from them at the CC level.

Exchange of views meeting with CG & CSG held at Fulchari Upazila

Capitalizing the experiences from Sundarganj sub-district core team, Fulchari sub-district core



Deputy Speaker as the Chief Guest in the meeting

team first initiated an exchange of views meeting with CG & CSGs in collaboration with UP at Konchipara Union under Fulchari Upazila on December 10, 2016. Advocate Fozle Rabbi Miah, honorable Deputy Speaker and Member of the Parliament attended the meeting as Chief Guest. Respective UNO, Upazila Parishad Chairman, DD-FP, Civil Surgeon and Deputy Commissioner, Gaibandha attended the meeting as special guests. CG presidents under the union

organized this meeting where rest of all CG & CSG members participated. Through the meeting, numbers of issues from CG & CSG representatives come out to be resolved immediately for smoothly running the CCs by active functioning of CG & CSG. Speakers in the meeting recalled the commitment of the government to reach the quality door step services through community clinics; they said no alternative than to ensure community participation, active engagement of local government and proactive facilitating roles of GoB 1stline supervisors. Chief Guest in the meeting requested to all relevant stakeholders to extend their support for smooth functioning of CC according to community requirement, additionally he also given assurance to provide necessary support and do monitor CC activities when he will be available in the district from now onward .

Resulting to the meeting total of 14 cleaners were deployed to CC (out of 14 CCs) by UP's VGD card, 9 tub wells were newly installed, 100% repair & maintenance work completed at 4 CCs with latrines under this union including 7 CC's under Fulchari Upazila which was nearly costs of Tk. 7 lac. Konchipara union parishad purchased different type of furniture for CCs(like, half secretariat tables, plastic chairs, utensils, screen for doors and windows, fans, solar panel and fencing which was costs Tk. 140, 000/-.



Total of 5 UP Chairmen now regularly visits CC, monitor its activities and do follow up the progress. They called quarterly CG & CSG coordination meeting to know the CC performance and indentify the areas to improve more, allocated necessary budget from LGSP and other funds for CC's development with given high priority. Sub-district core team kept regular communication with UP, attended UP's coordination meeting, maintain close liaison similarly with Upazila Parishad and administration to ensure more support and supervision and monitoring from them at the CC level.

Horinathpur Community Clinic sets unique example in providing health services to the community people

Horinathpur Community Clinic under Horinathpur union of Palashbari Upazila in the district has set a unique example in providing health care services to the community people of the surrounding area. According to sources the CC was established at the area in 1996 during the regime of then Awami League Government. Later, the function of the CC was totally stopped during the period of four-party alliance led by BNP from 2001 to 2006. In course of time, the overall activities of the CC resumed in 2009 after the grand alliance government led by Awami League came to power through taking the mandate of the people.



Line Director, CBHC visited Horinathpur CC

Since then, the CC has started to run slowly but after capacity development of sub-district core team through implementing the Strengthening the Community Support System to Improve Maternal and Infant Health Project of CARE Bangladesh, and their proactive frequent supervision and monitoring visit to this CC, attended CG & CSG meeting, facilitating more engagement of local government enhanced health care services to the local people including the mothers and the children and was able to draw the big attention of all as a good CC in the district. Community Health Care Provider (CHCP) of the CC is providing ANC, PNC, health

education and counseling, referring clients side by side with ensuring Medicare services for the PWs, children, adolescents and general patients.

Total 144 normal deliveries is also done during the period from November 2014 to 15 November, 2017 at the CC for the pregnant mothers and the able couples are briefed about family planning methods and then contraceptive pills, injections and condoms were distributed to them to check the population growth, said CHCP Nilufa Sultana.

Every working day, at least 70 persons come here and 29 kinds of medicine are distributed to them as treatment purpose and the critical patients were also referred to Gaibandha District Hospital for better treatment, she added.



Deputy Commissioner, Gaibandha visited the CC

Convener of Shapla CSG M. Matiur Rahman, said along with CG members we are always looking after the CC, monitor its activities, providing necessary support to the CHCP for ensuring quality

services, so now we are very pleased and grateful to the CC as it is providing primary health care services and counseling on different health and family planning issues properly.

CG president Mobassher Hossain said, we are always communicating with UP Chairman, Upazila Parishad, administration and similarly with Upazila Core Team to bring more support for CC's development, we mobilized huge resources from UP's LGSP funds, Upazila Parishad's funds, funds from Upazila and district administration and from local different sources, thus we already constructed menstrual hygiene toilet complex costs of Tk. 180,000/-, renovated normal delivery room costs of Tk. 100, 000/-, constructed CC boundary wall costs of Tk. 250,000/-, newly installed tub well costs of Tk. 60, 000/-, completed CC room's tiles work costs of Tk. 40, 000/-, purchased table, chair, fans, steel almirah, solar panel, connected electricity and other equipments costs of Tk. 200,000/- he added. He also mentioned that a cleaner was deployed to the CC from UP's VGD card. Upazila core team members and district core team members frequently visited this CC, attended CG & CSG meeting to provide them necessary guidance and technical support.

Civil surgeon Dr. Abdus Shakur said, by this time numbers of visits were conducted in this CC like, Chief Coordinator and Secretary of CBHC Dr. Makhduma Nargis, Line Director of CBHC Dr. Abul Hashem, Line Director-PHC, Divisional Director-Health, Local MP, Deputy Commissioner, ADC-G, SP, Upazila Parishad Chairman, UNO, District level MoHFW Managers, besides different donor agency representatives also visited this CC, like, Country Director of CARE



CD, CARE Bangladesh visited one CSG under the CC

Bangladesh, Country Director & Regional Director of UNICEF, WHO representatives, different journalists and non-governmental high official visited this CC to observe its performance and highly appreciated. So, now we are motivating the sub-district core team's of other sub-district to develop a model CC and CHCPs in the district so that they could provide health care services to the common people from the CCs like the Horinathpur one to attain the cherished goal of the CCs.

Challenges and Lessons:

Challenge faced:

- Frequent turnover of GoB Medical Officers and MoHFW Managers, like, Focal Person (MOs), UH&FPOs and Civil Surgeon's;
- Natural disaster like flash flood hampering the project activities
- Shortage of medicine in the community clinic due to government policy
- Irregular performance monitoring of CORE team from National and Divisional level by government personnel;

Lesson learnt

- Proactive managers can play a very crucial role in mobilizing commitment from different level.
- By enhancing regular monitoring and supervision visit from MoHFW district and sub-district level managers created impact on quality services and functioning of CG & CSG.
- Maintaining liaison and good relationship by MoHFW managers and core teams members with local government, Upazila Parishad, Upazila and District administration enhanced resource mobilization and increase community participation;
- Training for 1stline supervisors and orientation for selected CG & CSG members can increase quality of services, functioning of referral linkage and engage local government for CC's development;

Conclusion:

With the technical support and continuous facilitation from Project Manager of CARE Bangladesh, Core Team members at district and sub-District level has been capable to planning, facilitating different training using session materials with quality, started quality monitoring and supervision with defined GoB checklist. Their efforts resulted in improved status of 100% online reporting and improved the functionality of the coordination platforms. Consistent support from the supervisors and improved quality resulted in increased service up take and referral to higher health facilities. The improvements are highly appreciated by divisional director-health, district administration, Upazila parishad, local government, and different media, MoHFW managers, 1stline supervisors and other non-governmental health partner organizations and finally CARE senior management and CBHC at the national level. Local government support and commitment to CC and CG activities has enhanced mentionable support for the poor families. Considering the high turnover rate of the government officials, sustainable improvement depends on proactive leadership by core teams and MoHFW managers at sub-district and district level to keep sustain the trust of the community on the community health system as recommended by the speakers from the district closing workshop.