Webinar series:

Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health

World Health Organization

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CHILD HEALTH TASK FORCE

Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health
- An example from Bangladesh

Welcome & Introduction to the series

Part 1: Presentation from Bangladesh

- Dr Jatan Bhowmick

- Dr Priyanka Paul Chowdhury

Part 2: Questions & Answers

- Julianne Birungi, UNICEF NY

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Advancing community engagement for quality maternal and newborn health - An example from Bangladesh

Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health

Series objective:

Share learning from the implementation of stakeholder and community engagement activities towards improving the quality of maternal, newborn & child health

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The fundamental role of stakeholder and community engagement in quality improvement

- Stakeholder and community engagement is defined as the process of developing relationship that enable stakeholder together to address health related issues and promote wellbeing to achieve positive health impact and outcomes (1)

- Stakeholder and community engagement **is critical in quality improvement as both a means and ends**; for ensuring accountability for quality of care and to help identify gaps, prioritize concerns, monitor performance and provide solutions to improving quality of care (2)

(1)   Mara et al (2017)
(2)   WHO & UNICEF (2020)

Country progress and challenges: Learning and Accountability

Learning and Accountability	Bangladesh 2017	Bangladesh 2020	Cote d'Ivoire 2017	Cote d'Ivoire 2020	Ethiopia 2017	Ethiopia 2020	Ghana 2017	Ghana 2020	India 2017	India 2020	Malawi 2017	Malawi 2020	Nigeria 2017	Nigeria 2020	Sierra Leone 2017	Sierra Leone 2020	Uganda 2017	Uganda 2020
Common set of MNH QoC indicators agreed upon for reporting from the learning districts	Not started	On track	Not started	On track	Not started	On track	Not started	On track	Not started	On track	Not started	On track	Not started	On track	No information	On track	Not started	On track
Baseline data for MNH QoC common indicators collected	Not started	On track	Not started	On track	Not started	On track	Not started	On track	Not started	On track	Not started	On track	Not started	On track	No information	On track	Not started	On track
Common indicator data collected, used in district learning meetings, and reported upwards	Not started	On track	Not started	In progress	Not started	On track	Not started	In progress	Not started	In progress	Not started	In progress	Not started	In progress	No information	On track	Not started	In progress
District learning network established and functional (reports of visits)	No information	On track	On track	In progress	On track	On track	No information	On track	No information	No information	No information	In progress	No information	In progress	No information	In progress	No information	On track
A research institution to facilitate documentation of lessons learned identified and is active	Not started	In progress	Not started	Not started	Not started	Not started	Not started	Not started	Not started	Not started	Not started	Not started	Not started	Not started	No information	Not started	Not started	On track
Mechanism for community participation integrated into QoC planning in learning districts	Not started	In progress	Not started	No information	Not started	Not started	Not started	On track	Not started	Not started	Not started	On track	Not started	In progress	No information	Not started	Not started	On track

*Dashboard only includes reporting countries

Legend: ● On track (achieved)   ● In progress (initiated but not completed)   ● Not started   ○ No information

- Countries have made advancements in developing community engagement mechanisms and related accountability platforms
- Work needed to systematize and integrate community engagement for QoC and accountability processes

(3) The Network for Improving Quality of Care for Maternal, Newborn and Child Health Evolution, implementation and progress, 2017- 2020 Report

Global Implementation gaps

Recent policy survey across the WHO regions found **60%** of countries have mechanisms at facility level to solicit feedback on quality and access from communities, users and families
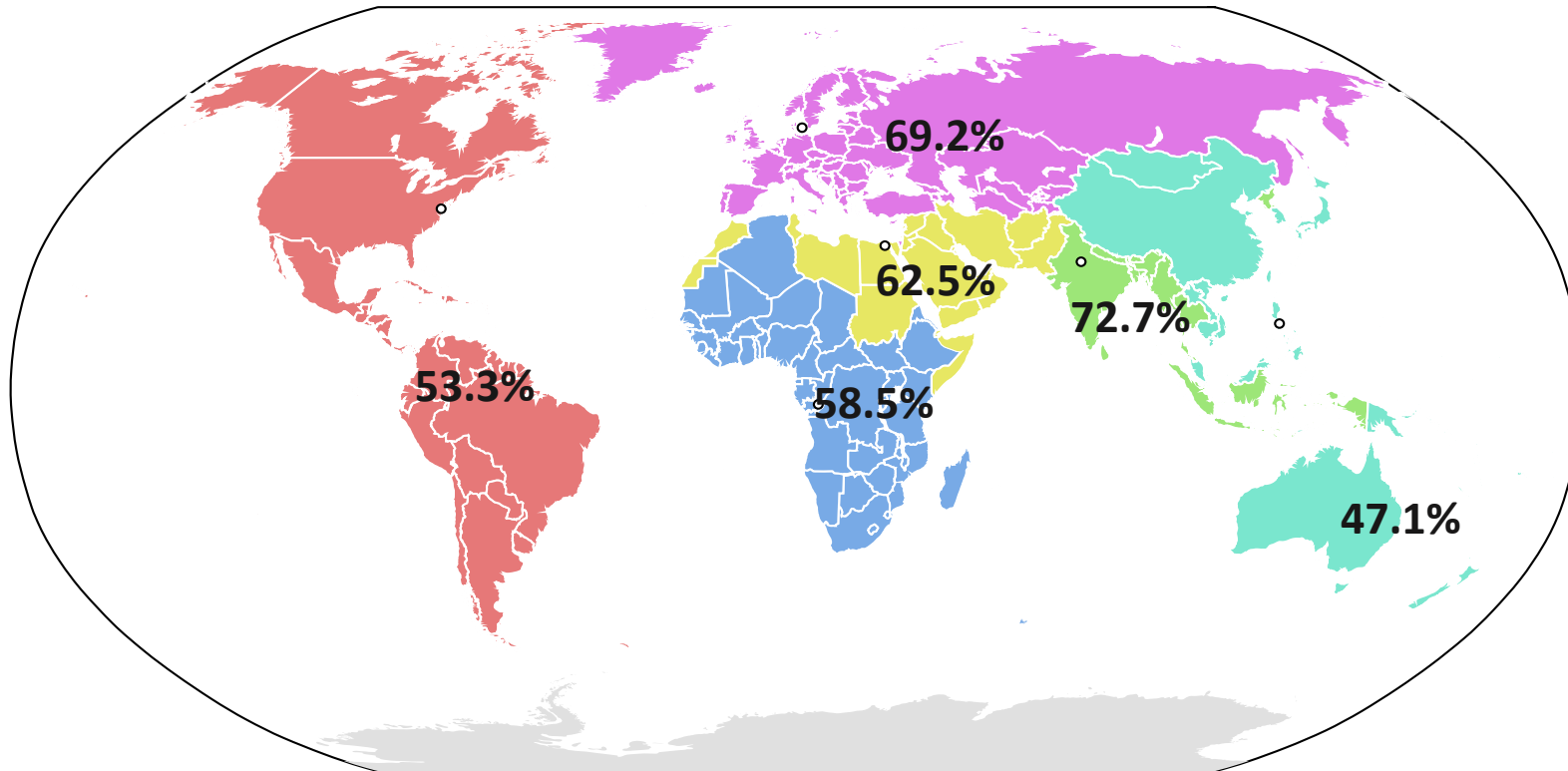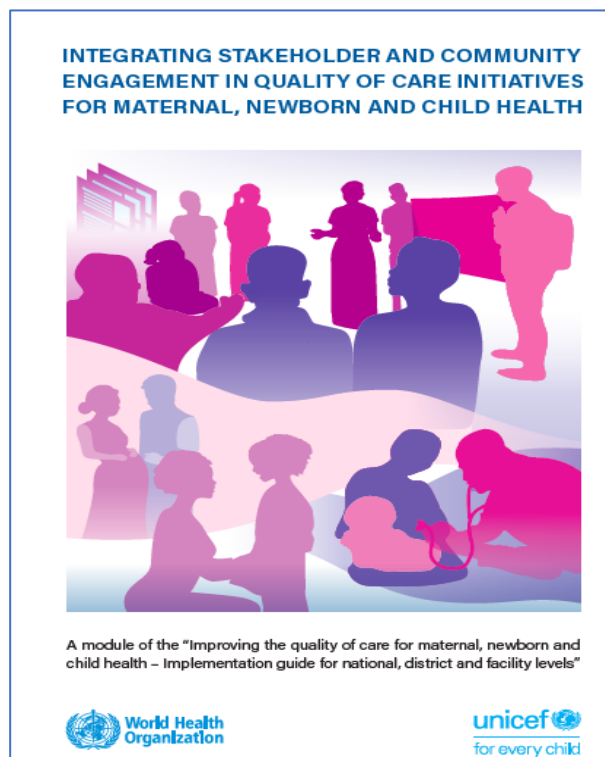
Module at a Glance

Overview:

Module provides **operational guidance to support making comprehensive and meaningful stakeholder and community engagement an integral part of quality improvement (QI)** initiatives.

This module compliments the implementation guide developed by The Network for Improving Quality of care for Maternal, Newborn and Child Health (QoC Network).

Target Audience:

- Policy-makers and programme implementers working in QI in maternal, newborn and child health (MNCH)
- QI teams taking leadership role in stakeholder and community engagement

Launched in August 2020

INTEGRATING STAKEHOLDER AND COMMUNITY ENGAGEMENT IN QUALITY OF CARE INITIATIVES FOR MATERNAL, NEWBORN AND CHILD HEALTH

A module of the "Improving the quality of care for maternal, newborn and child health – Implementation guide for national, district and facility levels"

World Health Organization

unicef
for every child

https://www.qualityofcarenetwork.org/integrating-stakeholder-and-community-engagement-module

Mapping of tools for stakeholder and community engagement in quality improvement initiatives for Reproductive, Maternal, Newborn, Child and Adolescent Health
https://www.who.int/activities/tools-to-support-the-integration-of-stakeholder-and-community-engagement-in-quality-of-care-initiatives-for-maternal-newborn-and-child-health

Module and QOC Network

This module aims to provide actional guidance to support the 'stakeholder and community engagement' component of the QOC Networks Implementation Guide.
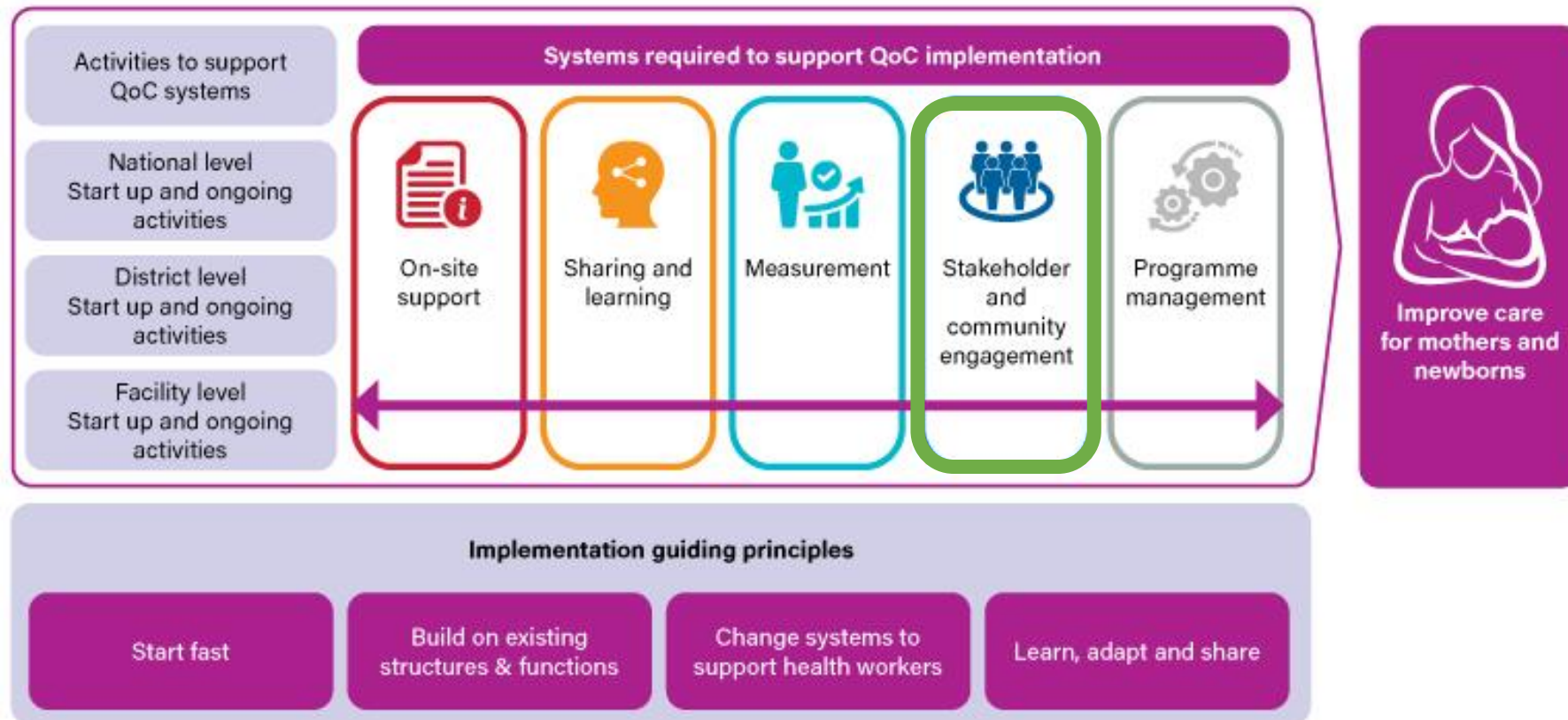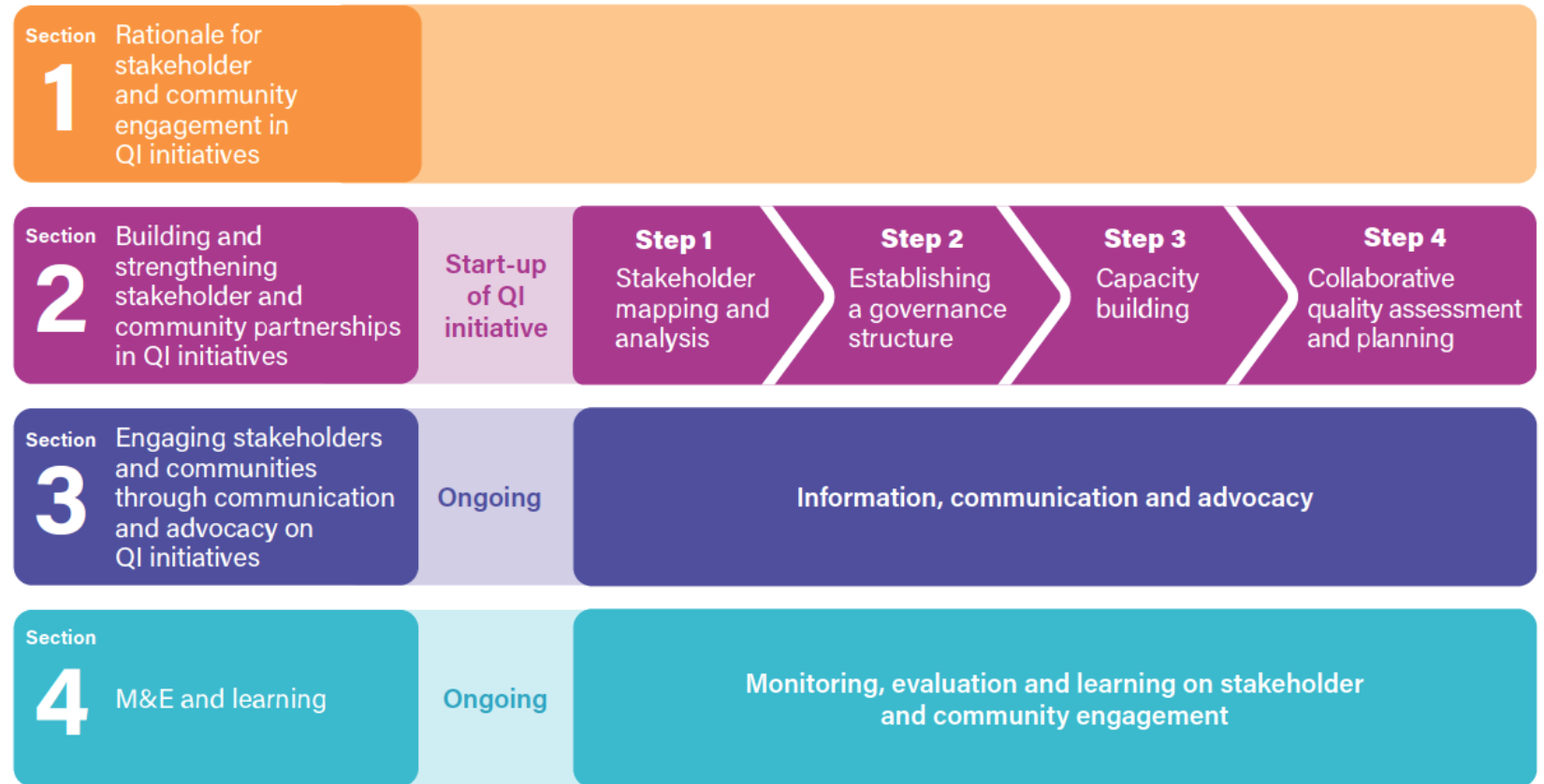
Structure of the Module

Module is divided into **4 sections.**

Section 1 provides rationale and some key concepts.

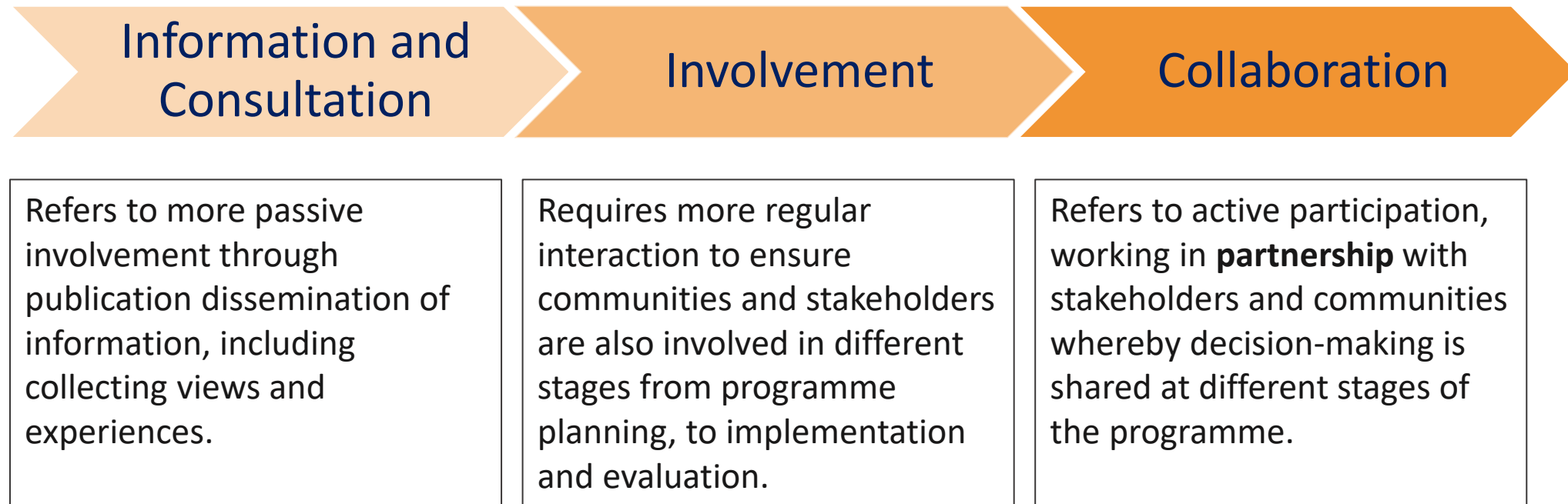**Section 2, 3 & 4** provide practical guidance.

Section 2 has four steps.

Within each section, readers are presented with **references and tools** for inspiration and to support learning (see Mapping of Tools).

Section 1 Rationale for stakeholder and community engagement in QI initiatives

Section 2 Building and strengthening stakeholder and community partnerships in QI initiatives

Start-up of QI initiative

Step 1 Stakeholder mapping and analysis

Step 2 Establishing a governance structure

Step 3 Capacity building

Step 4 Collaborative quality assessment and planning

Section 3 Engaging stakeholders and communities through communication and advocacy on QI initiatives

Ongoing

Information, communication and advocacy

Section 4 M&E and learning

Ongoing

Monitoring, evaluation and learning on stakeholder and community engagement

Degrees of Engagement

QI initiatives are likely to incorporate different degrees in different steps of QI processes. These degrees are complimentary and not ranked.
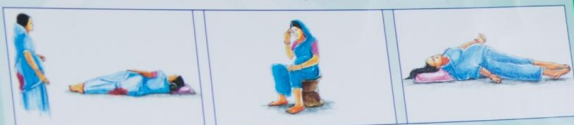
This module envisions that QI will seek a collaborative approach to engagement.

Information and Consultation	Involvement	Collaboration
Refers to more passive involvement through publication dissemination of information, including collecting views and experiences.	Requires more regular interaction to ensure communities and stakeholders are also involved in different stages from programme planning, to implementation and evaluation.	Refers to active participation, working in **partnership** with stakeholders and communities whereby decision-making is shared at different stages of the programme.
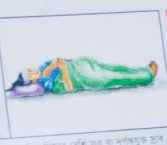
Part 2:

Sharing lessons from Bangladesh

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Speakers

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Advisor - Local Government and Accountability
USAID's MaMoni Maternal and Newborn Care Strengthening
Project

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Medical Officer, Ministry of Health and Family Welfare,
Nabiganj Sub-district, Habiganj District, Bangladesh

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**Advancing community engagement for quality maternal
and newborn health - An example from Bangladesh**

Content of the presentation

1. Project overview
2. Community engagement model
3. LGIs engagement to improve & sustain MNH services
4. Social accountability approach
5. Results & outcomes, learning & challenges

Advancing community engagement for quality maternal and newborn health - An example from Bangladesh

1. Project overview: USAID's MaMoni MNCSP: Aim and Vision

Legend
MaMoni MNCSP working districts

Reducing neonatal mortality rate below 18 (per 1,000 livebirths) by 2022

Maternal mortality ratio below 121 (per 100,000 livebirths) by 2022

Geographic Coverage

Current districts: 17
Island: 1
Population: 35.1 million

Project Duration:

April 2018 – April 2023

"a Bangladesh where there is no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential"
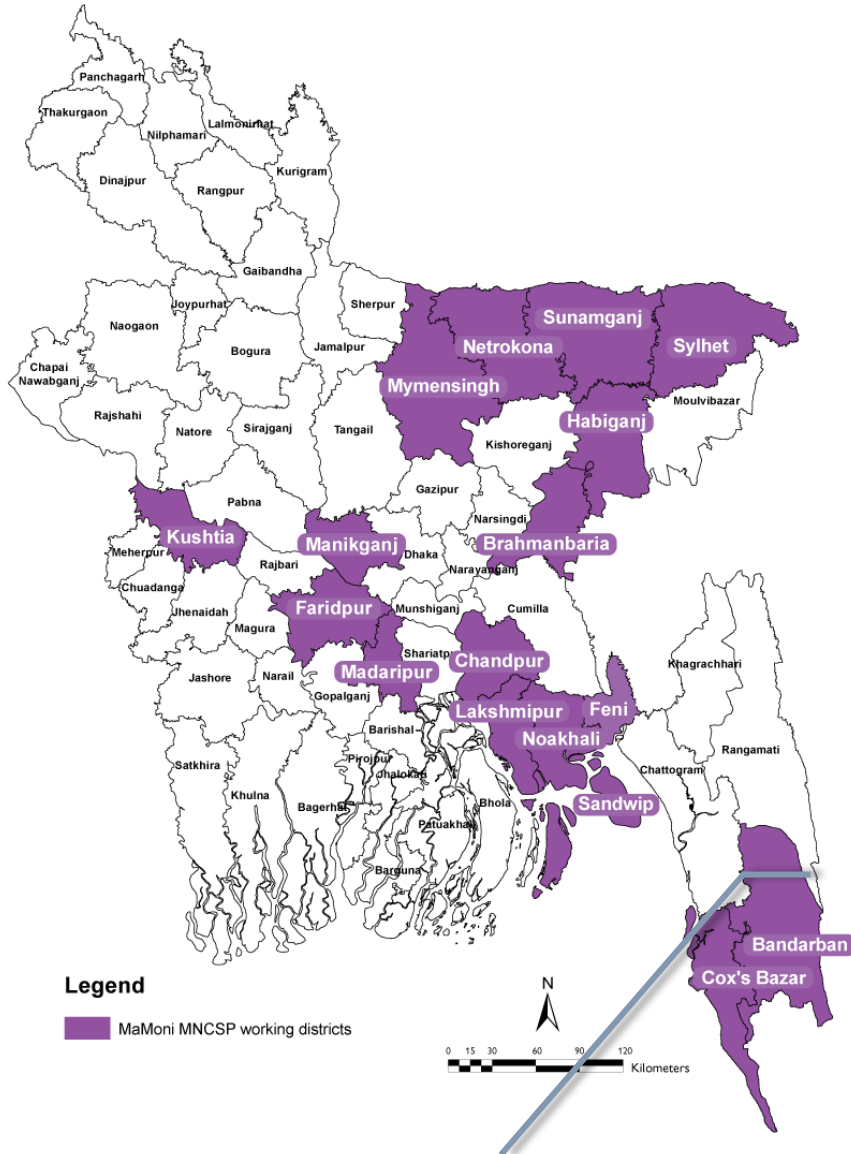
2.Developing a community engagement model within the local context

Strategic objectives: to increase equitable utilization of quality MNC services through engagement of existing community structures and community cadres with the public system.
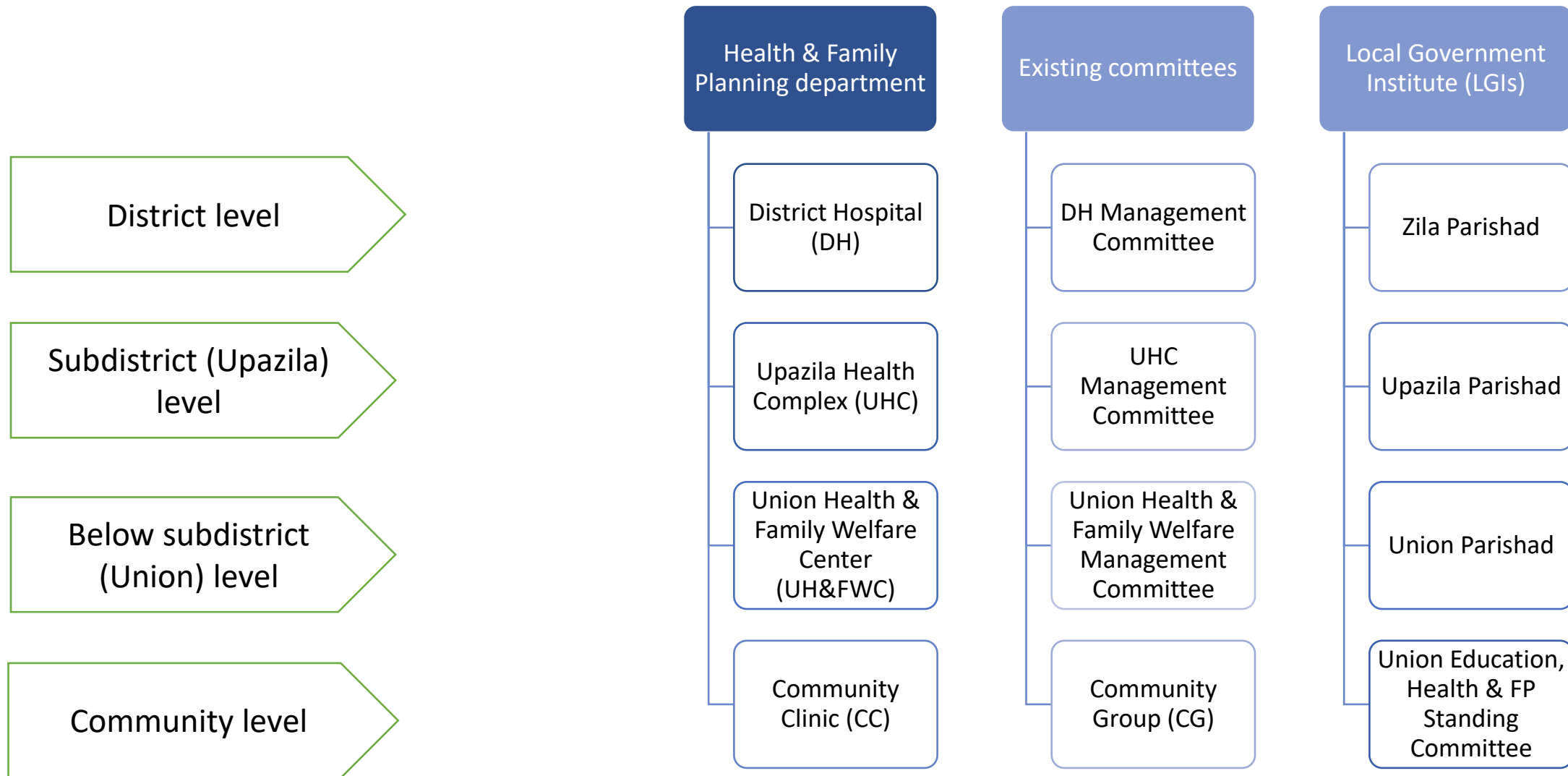
Local Government Institutes (LGIs) are identified as the important pillar and gateway to engage the community with health systems and to establish social accountability at the facilities.
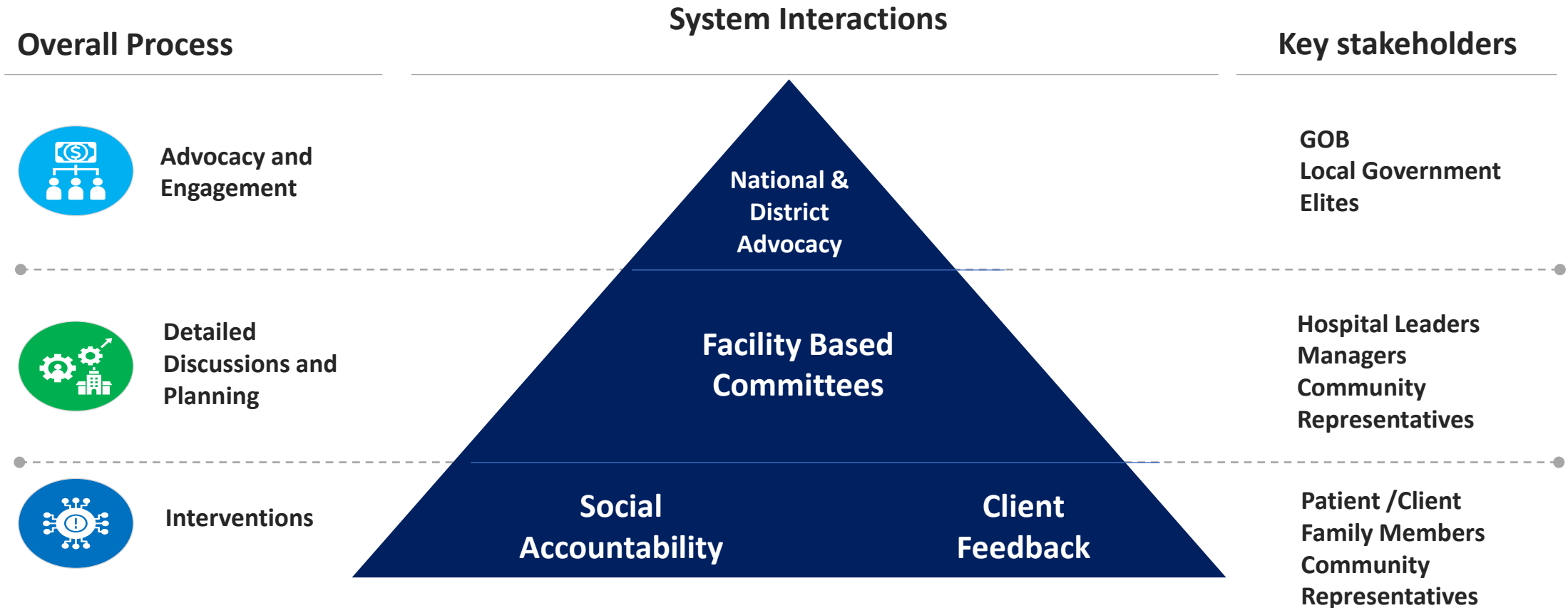
LGI representatives are the chairpersons of the Facility Management Committees - at all layers from district to community.

Structure of Health & Family Planning Department + Local Government Institute (LGIs) in Bangladesh

District level	Health & Family Planning department	Existing committees	Local Government Institute (LGIs)
District level	District Hospital (DH)	DH Management Committee	Zila Parishad
Subdistrict (Upazila) level	Upazila Health Complex (UHC)	UHC Management Committee	Upazila Parishad
Below subdistrict (Union) level	Union Health & Family Welfare Center (UH&FWC)	Union Health & Family Welfare Management Committee	Union Parishad
Community level	Community Clinic (CC)	Community Group (CG)	Union Education, Health & FP Standing Committee

An integrated Model for Community Engagement for quality MNH

3. Engaging Local Government Institutes (LGIs)

Local Government engagement

- Zila Parishad Orientation
- Engage district administration
- National level advocacy
- District level advocacy

- District level advocacy meeting
- Orientation of Zila Parishad on their role for MNH
- Establish functional linkage between Health & Family Planning department. and LGIs.
- Activation of existing committees of the facilities and LGIs
- Engage LGIs in data driven decentralized planning
- Regular communication and follow-up

Activation of LGIs and facility management committees

Community microplanning approach included CG meeting
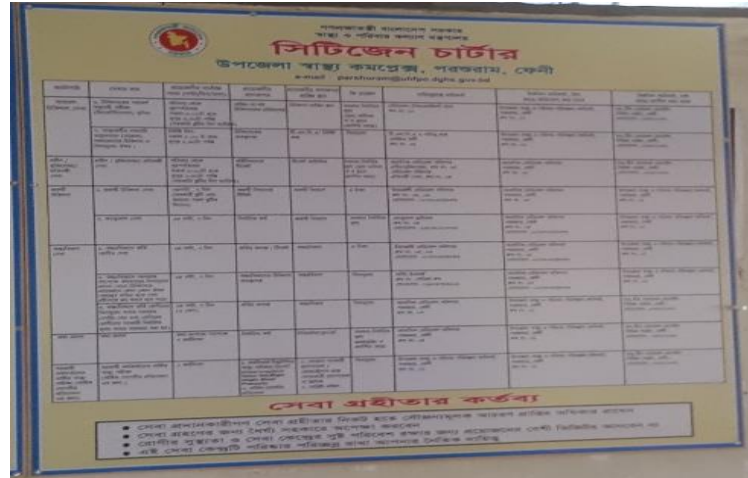
Union Coordination meeting

UH&FWC MC meeting

UEH&FP SC meeting

4. Social Accountability Approach

- Facility feedback systems: Suggestion Box, Community Score Cards

- Kiosk based Digital Client Feedback mechanism

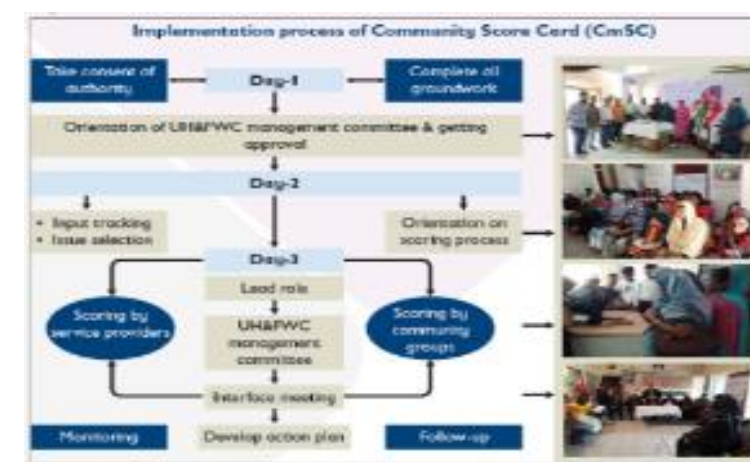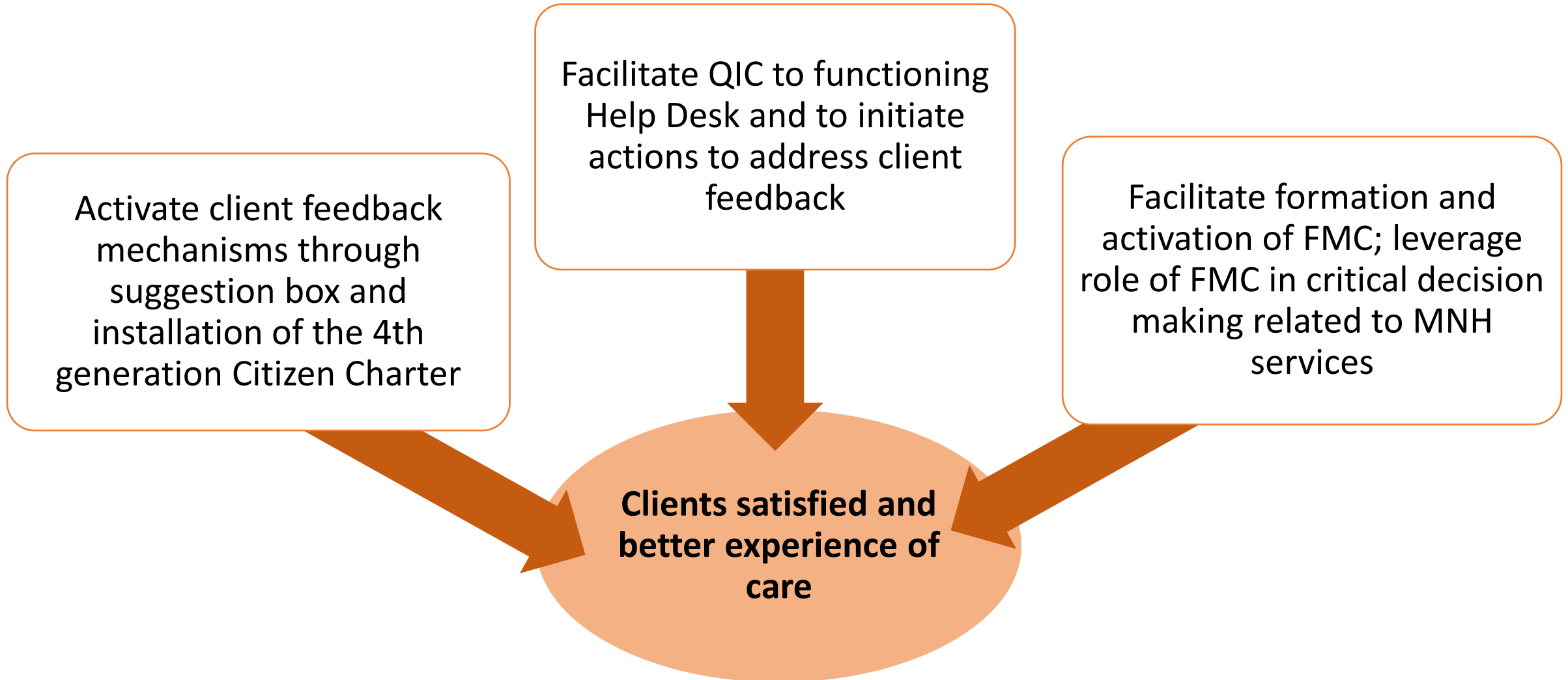- Linking client perspective through facility-based committees

Citizen's Charter

Help desk

Suggestion Box

Community Score Card

Facility client feedback mechanism

Activate client feedback mechanisms through suggestion box and installation of the 4th generation Citizen Charter

Facilitate QIC to functioning Help Desk and to initiate actions to address client feedback

Facilitate formation and activation of FMC; leverage role of FMC in critical decision making related to MNH services

Clients satisfied and better experience of care

5. Results and outputs, learning and challenges

Achievements: Community and LGIs mobilization

NILG incorporated a session in the national UP training manual

$919,921 mobilized from 648 (85%) Union Parishads' (UP) budget for MNH

91 Zila Parishad, Upazila Parishad, and Paurasabha utilized $ 12,848

LGIs contributed to strengthen facility preparedness and service delivery

LGIs supported to establish 179 union facilities as 24/7 and to initiate MNH services at 39 underserved unions

Improved oversight and awareness of the community for sustainability of the facilities

Achievements: Community and LGIs mobilization

1. Additional Budget for Localized investment

2. System Enhancements

3. Process Improvements

Influence on LGIs budget utilization

- Renovation, repair, maintenance, water supply system, utility services, solar panel for electricity of the facilities;

- Purchasing medical equipment, medicine, furniture and logistics for UH&FWC and satellite clinic (in case of stock out);

- COVID-19 related materials (face masks, hand sanitizers);

- Construction of placenta dumping pit, approach roads to facilities;

- Recruiting part-time employees; Paramedic, Aya, Night Guard

Charkakra UH&FWC, Companiganj, Noakhali

Key progress of Social Accountability initiative

As of March 2021:

- Suggestion Box with Suggestion Form has been set up in 50 facilities (9 DHs and 41 UHCs)

- Help Desk has been functional in 12 facilities (4 DHs and 8 UHCs)

- Citizen Charter is visible in 43 facilities (10 DHs and 33 UHCs)
- Community Score Card exercised in 2 UH&FWCs

Among total 2284 feedbacks provided by clients :

- Satisfied & fairly satisfied – 77%

- Dissatisfied - 19%
- No service – 4%

QIC addressed client feedback:

- Separate ladies' toilet in 06 facilities;

- Safe drinking water in 07 facilities;

- Cleanliness in 15 facilities;

- Que management in 06 facilities

Authority endorsed, initiated and led SA interventions
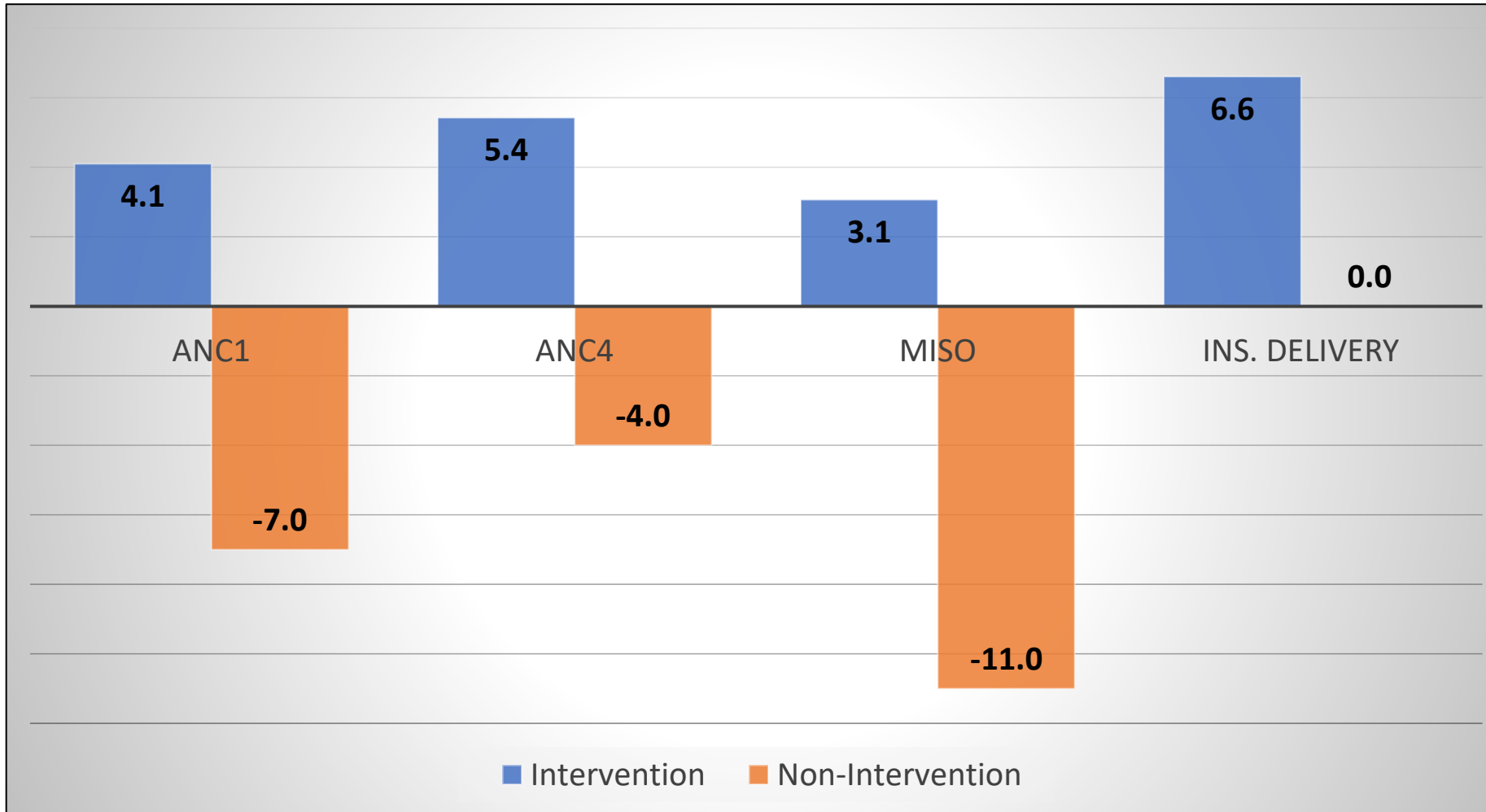
↓

Management Committee has been activated

↓

Client feedback mechanism is in place

↓

QIC address client feedback

Difference in difference (%) in key MNH indicators at population level after introduction of community microplanning included CG meeting
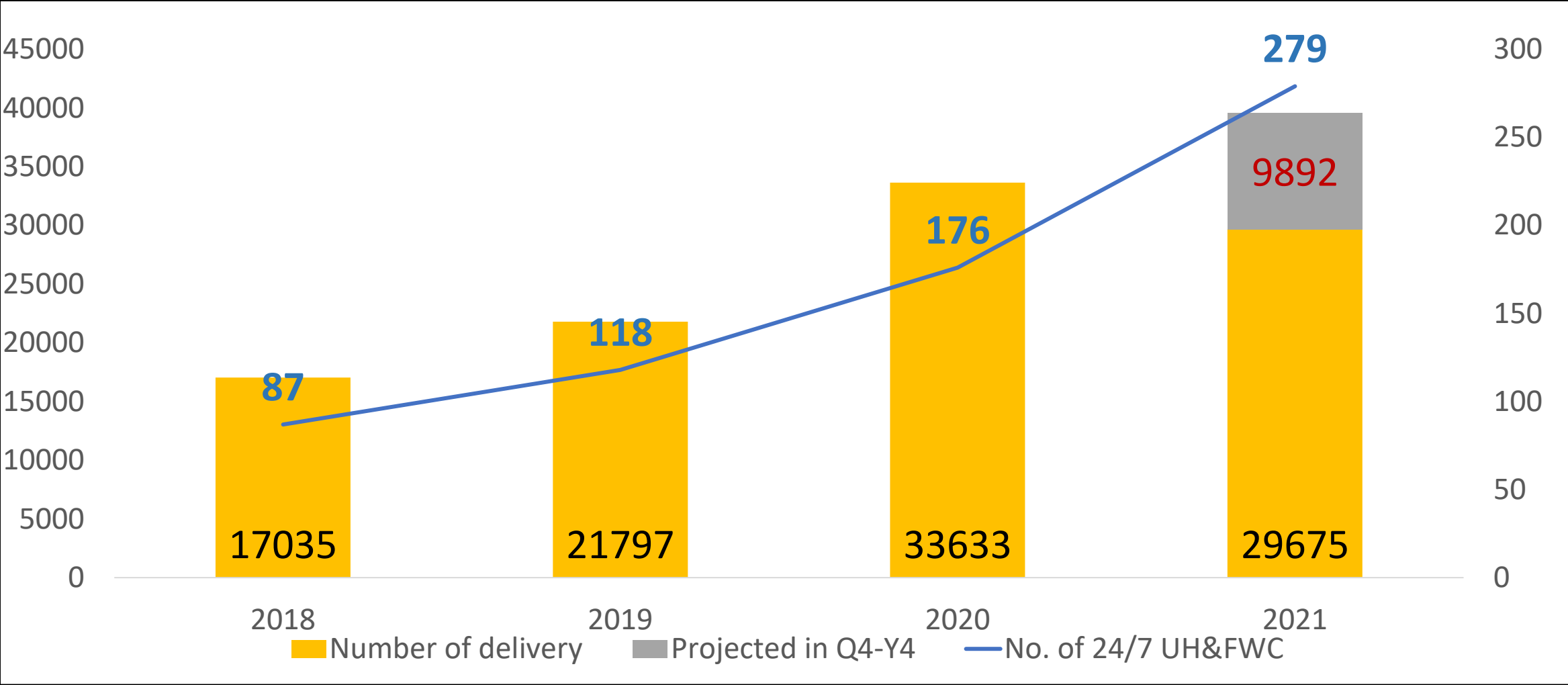

Sample:
Intervention union - 10
Control union- 5
Denominator- Est. pregnant women and delivery

Data source: MIS2, DGFP

Chart values:

Indicator	Intervention	Non-Intervention
ANC1	4.1	-7.0
ANC4	5.4	-4.0
MISO	3.1	-11.0
INS. DELIVERY	6.6	0.0

Legend: ■ Intervention ■ Non-Intervention

Increased facility delivery through 24/7 UHFWCs

Source: HMIS of DGFP and Project MIS

Reflection from Sub-district Ministry of Health and Family Welfare
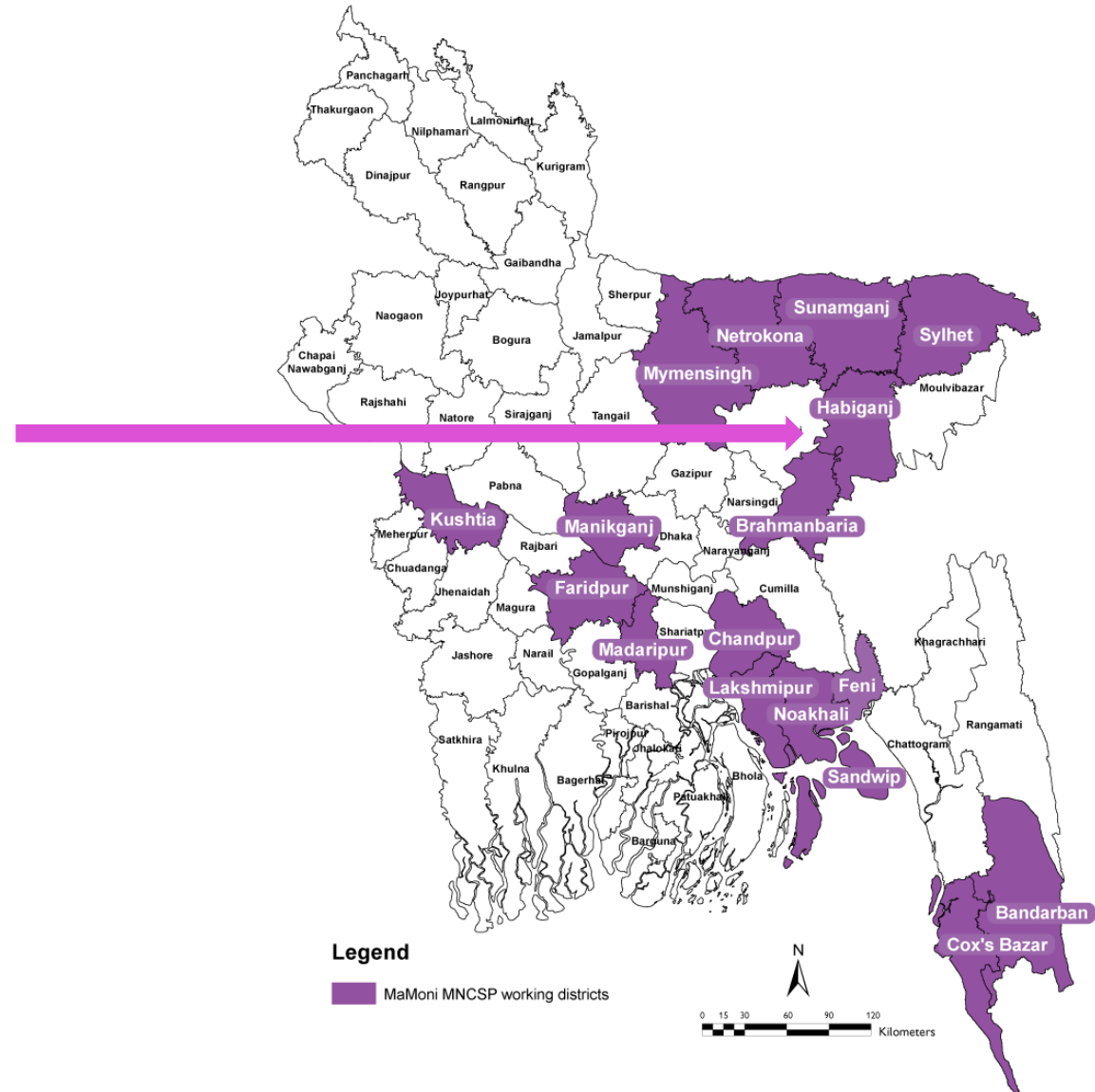

Dr Priyanka Paul Chowdhury

Medical Officer-MCH FP

Nabiganj Sub-District

Habiganj District

Bangladesh

Advancing community engagement for quality maternal and newborn health - An example from Bangladesh

Role played by MOHFW to support and sustain Community Engagement to ensure quality MNH services

1. Activated Facility Management Committees

- Followed up conduction and decisions of the management committee meetings
- Ensured coordination between Health, Family Planning, and other stakeholders

2. Developed Local Government's ownership and mobilized resources

- Developed Local Government's oversight role for the facilities
- Facilitated Union Parishad to allocate budget for their facilities and utilized budget

3. Supported data driven decentralized planning at Union and sub district level

- Organized and facilitated data driven decentralized planning meeting to ensure preparedness of the facilities
- Followed up action points of decentralized planning meeting in my monthly meeting

Role played by MOHFW to support and sustain Community Engagement to ensure quality MNH services

4. Maintained round the clock delivery services from the UH&FWCs

- Facilitated Union Parishad to deploy service provider against vacant position of the facilities
- Ensured readiness addressing gaps of the facilities in collaboration with Local Government

5. Engaged other stakeholders

- Disseminated MNH messages at the training on safety net program of Women and Children's Affairs department
- Engaged local stakeholders through multi-stakeholders planning meeting to mobilize supports for underserve areas

6. Supported Community Group meetings

- Followed up monthly meeting of Community Group through the field workers and their supervisors
- Followed up action points of Community Group meeting in my monthly meeting

Lessons learned

- Linking the MOHFW, Local Government and community through a single platform maximized potential for success

- Local ownership is facilitating the sustainability of services (Manpower & Materials)

- Local ownership can facilitate increased utilization of MNC services

- Understanding the local clients perspective is enhanced when there is a structured approach rather than an adhoc process on a needs-based model

- Community encourages increased accountability through regular discussion and feedback

- cMP included CG meeting can increase identification of potential service receivers which increases service utilization

Challenges

|	
Government of Bangladesh	• Vacancies in healthcare delivery centers impact on activities • Frequent transfers at management level need repeated sensitization and engagement • Job description does not include responsibility of Social Accountability
Community members/ LGIs	• Not aware of their voice/role in supporting quality MNH in Public Health Service Delivery Units • Local Government Institutes can provide one-off support rather than cover ongoing costs
Project	• Sustainability is a challenge without structure and accountability • Effort required to start work and mobilize funds – slow burning work • COVID 19 and other system issues
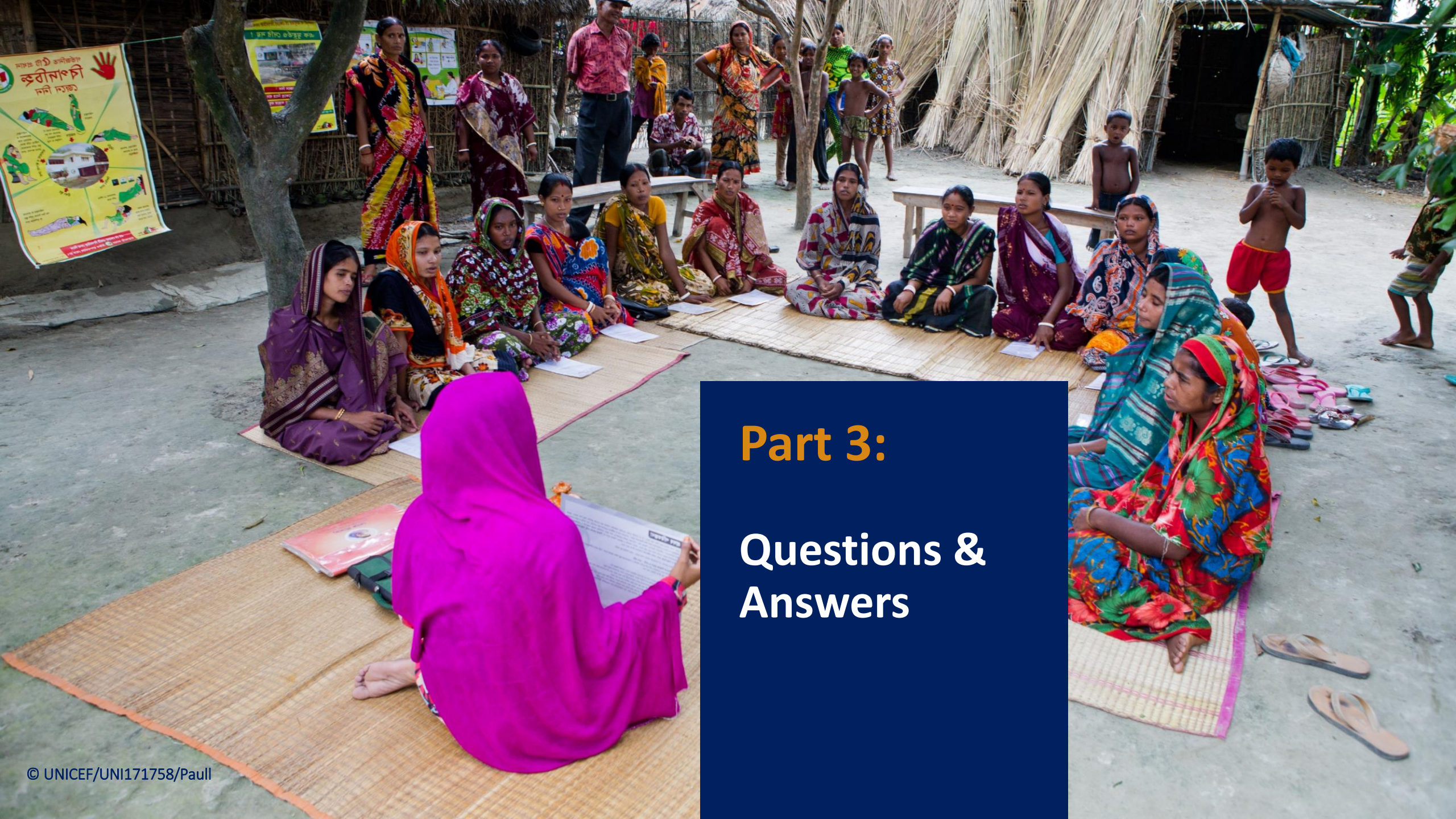
Part 3:

Questions & Answers

Questions & Answers

Facilitated by:

Julianne Birungi, Communication for Development Specialist UNICEF New York

We created a community of practice for this webinar. Questions and answers will be posted in this CoP.

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▪ Visit website: https://www.qualityofcarenetwork.org/about

▪ Join the Community of Practice for this series: https://bit.ly/CECoP

RESOURCES

• Stakeholder and community engagement in QI Module:
https://www.qualityofcarenetwork.org/integrating-stakeholder-and-community-engagement-module

• Mapping of tools for stakeholder and community engagement in quality improvement initiatives for Reproductive, Maternal, Newborn, Child and Adolescent Health
https://www.who.int/activities/tools-to-support-the-integration-of-stakeholder-and-community-engagement-in-quality-of-care-initiatives-for-maternal-newborn-and-child-health

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