



# Capacity Building Approach in Health and Family Planning in Bangladesh

## The CHILD II PROJECT

*A USAID centrally-funded program (FAO-0500-A-00-5035-00)*

***Paper Presented for the BASICS Expert Consultation***

*June 21-24, 1998*

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## **Introduction and Background**

CARE-Bangladesh has been implementing child survival activities through its Health Sector projects since 1986 in different parts of the country with close partnership with the MOH of the GOB. In response to request of the Ministry of Health and Family Welfare (MOHFW), CARE-Bangladesh started Child Health Initiative for Lasting Development (CHILD) project in Sylhet, a low performing as well as remote District in the north-east of the country in 1991. The causes for low performance include i) inadequate technical and interpersonal skills of government field workers; ii) high vacancy levels of government field workers and supervisors; iii) low awareness and mobilization of communities; iv) very low literacy rate and v) high level of religious conservatism restricting women mobility and involvement in the community based health activities.

The CHILD-I (1991-1995) operated under USAID CS Grant VIII and CARE funding in 5 of 11 Thanas ( sub-districts) of Sylhet District. Based on the achievements of CHILD-I, the CHILD-II was initiated in 1995 under USAID CS Grant XI and CARE funding for four years period to cover the rest thanas.

## **Project Objective**

To strengthen the MOHFW's capacity to deliver high quality , sustainable and integrated outreach services by establishing closer linkages between MOHFW field workers and the community.

## **Key Strategies**

- i) Technical assistance to MOHFW
- ii) Community mobilization

*Technical assistance to the MOHFW for implementation of Child Survival services:*

- Planning and organization of Satellite Clinics<sup>1</sup> and Outreach Centres<sup>2</sup>;
- On-the-job training to the MOHFW service providers: joint field visits, informal meetings or discussions, education on maintaining EPI Cold Chain, record keeping, client counseling on Family Planning etc.
- Assisting the MOHFW managers to monitor and analyze the field performance: undertake joint field visits, establishing control room at the thana level to monitor EPI and FP activities, attend monthly meetings, organize special planning workshops etc.

*The community mobilization and education component includes transfer of skills to MOHFW field workers for community education:*

- mothers group education using participatory innovative methods: Child-to-Child (CTC), Participatory Action Learning (PAL) and Simulation games;

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<sup>1</sup> organized at the community level to provide Maternal Health and Family Planning Services by the Family Planning Wing of MOHFW .

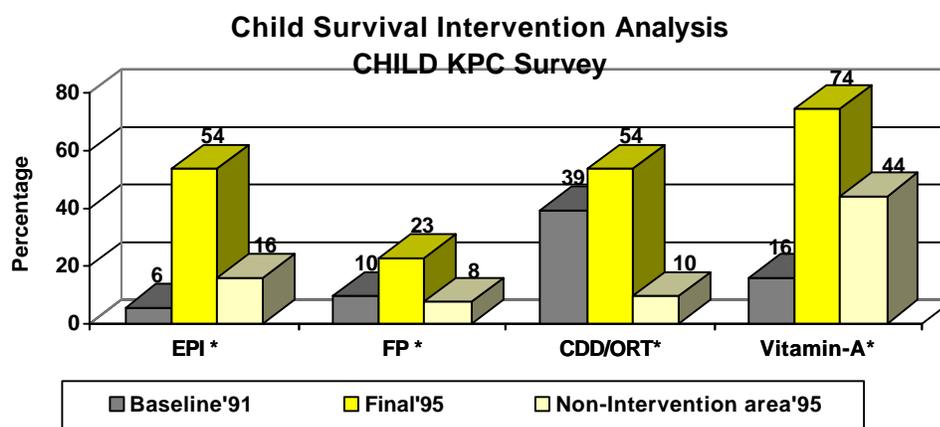
<sup>2</sup> organized at the community level to provide mainly Vaccination service for children (under 2 yrs) and women of child bearing age ( 15-45 yrs) by the Health Wing of MOHFW

- mobilization of key community members, i.e. informal leaders, religious leaders, school teachers, local elites etc. and use of different women groups of NGOs/GOB and the household owners of the Outreach Centers as community mobilizers.

It can be noted that in every thana 3-4 experienced project staff are posted and they undertake the above mentioned activities related to MOHFW capacity building and community mobilization.

## Results

1. The Final survey of intervention area and non-intervention area were compared and an impressive upward trend was found for all child survival interventions coverage for all child survival interventions:



EPI\* : Indicator: % of children 12-23 months fully immunized

FP\*: Indicator: % of proportion of mothers using a contraceptive method among mothers who desire no more children in the two next years

CDD/ORT\*: Indicator: % increase of children less than 24 months with diarrhoea in the past two weeks, who were treat with ORT

Vit A\* : Indicator: % increase the number of children aged 0-72 months who receive Vitamin A supplements during the last six months

- 2.

Stellite services that was not seen by the evaluation team<sup>3</sup> in the non-CHILD areas :

## The Key Elements of Success

- i) Addressing the GOB System : It can be noted that, from structural point of view the GOB health infracture is faily good with a large number of work force posted at the different level. Considering the factors like wider coverage as well as sustainability CHILD project has been partnering with the Ministry of Health and Family Welfare as catalyst using its existing structure. The challenge was to bring the two "Wings" (Health and FP) of MOH closer, specially at the field level in order to achieve better performance. So,

<sup>3</sup> Robert Weierbach, MPH, Evaluation Team Leader, 1995

CHILD's main focus was to do effective coordination between these two wings at different level through joint action planning/meetings, joint field visit, establish a "Control" room at the thana level to monitor the progress of Health & FP wing activities jointly etc. All these efforts of CHILD project eventually made the system more operational with improved performance.

- ii) Improving in-service and on-going training approach of the MOHFW through Intensive technical assistance at the different level: improve the quality of the routine "meetings" of the MOHFW staff held at the different level (for example assist in preparing the meeting agenda, assist in taking minutes of the meetings effectively, discuss programmatic issues more than the administrative ones, etc.); provide on-the job training to field workers in planning and conducting the outreach service centres effectively ( for example, in preparing yearly schedules, provide education on how to do appropriate client counseling/ keep records/ maintain correct cold chain/ dispensing drugs,/client flow etc. )
- iii) Effective monitoring system with focus on quality performance: Besides MOHFW's routine data, CHILD has been tracing quality data on outreach service delivery system, using a Quality Checklist which compiled at the end of the month to see the trend . Results are shared with the managers, and supervisors and field workers during monthly meetings.
- iv) Emphasis in strengthening the MOHFW Supervisory System: the project rightly identified the gap between MOHFW field workers and their supervisors who are reluctant to do field supervision as well as practice traditional "fault finding" method which caused low performance of staff, low morale, deterioration of service quality etc. CHILD project put emphasis on improving the supervisory system by creating a support-a-vision environment rather than doing policing. CHILD project organized training for the Supervisors on how to do appropriate supervision (in-service training ) and developed a continuous follow-up mechanism ( direct observation at the field when making joint visits) which helped improving workers-supervisor relationship .
- v) Community mobilization and communication strategy:

CHILD project effectively used multiple channels utilizing every opportunity of mobilizing the community and touched every section of the community (for example local leaders, religious leaders school teachers, children , TBAs were utilize effectively in awareness building activities .)

To ensure more community involvement in GOB outreach health activities, CHILD organized training for household owners ( they have been providing space to conduct Outreach health centers of MOHFW voluntarily every month ). These household owners are now participating as volunteers in a whole range of activities (for example, bringing the target children/mothers in the sites, updating birth registers etc.)

To enhance the motivation for work well as the community ownership the project introduced the system of awarding (giving Certificates/prizes) to the best performers among the volunteers as well as for MOHFW field workers and supervisors.

- vi) Emphasis on local level resource mobilization through partnering with other sectors:

The project assisted to make an effective linkage between health functionaries and the local level GOB institutions, like Union Council. The council Members/Chairman are making useful contribution (cash/kind : boats/boat fares etc. to carry medicine, vaccine, other logistics for health service delivery in the most remote areas during monsoon ) to the program.

Lastly it can be said that , CARE's long years of partnering experience with MOHFW in child survival (through TICA, a massive immunization program: 1986- '95 and through CHILD project since 1991) and skilled manpower of the project have contributed significantly to make it a successful project.

### **Major Lessons Learned**

The strategy of CHILD Project has had positive impact on performance and motivation of health workers. This is particularly evident at the level of workers who interact with the community in the outreach and satellite sessions. It should be noted that, this was done without providing extras (funding) to the workers or the system in which they work.

Within the communities of Bangladesh there is a sense of community responsibility that can be used and rewarded. The program initiated by CHILD, for rewarding the community participants in different occasions ( National Immunization Day/National Vitamin A Week etc.) is a good example.

### **Future Direction**

- . Replication of the project in other low performing areas of Bangladesh.: Based on the lessons learned from CHILD project, CARE started a project called BATCHA (Building Appropriate Training for Community Health Activities) in January 1997 under bi-lateral funding from a GOB project which is being implemented in Sunamgonj a hard-to-reach district of neighboring Sylhet.

The project is also aimed at strengthening the supervisory system of MOHFW at thana and below. From the point of view of health development, this project is an excellent test of replicability, relevance, feasibility and effectiveness of the CHILD strategy in Bangladesh's most remote, most under served district.