

Final SCOPE presentation

Team B


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Shared Vision

Shared Vision



Build a world where all mothers and children live a safe and healthy life by ensuring maternal healthcare.

Current situation of the proposed intervention

1

In 2020 the MMR is 123 per 100,000 live births and in 2017, MMR is 173 per 100,000 live births.

2

The major causes of Maternal Mortality are - postpartum hemorrhage (31%), Eclampsia /pre-eclampsia (20%), delayed & obstructed labor (7%), Abortion (1%), other direct causes (5%) and indirect cause (35%)

3

Reducing the unmet need for FP services, overall 12% of currently married women in Bangladesh have an unmet need for FP services

Sources:

<https://www.prothomalo.com/bangladesh/xuyv9li1ry#:~:text=এবং বছরে বাংলাদেশে মাতৃমৃত্যুর হার,মায়ের মৃত্যু হচ্ছে এ কারণে/>

<https://data.unicef.org/topic/maternal-health/maternal-mortality/>

<https://dhsprogram.com/pubs/pdf/PR104/PR104.pdf>

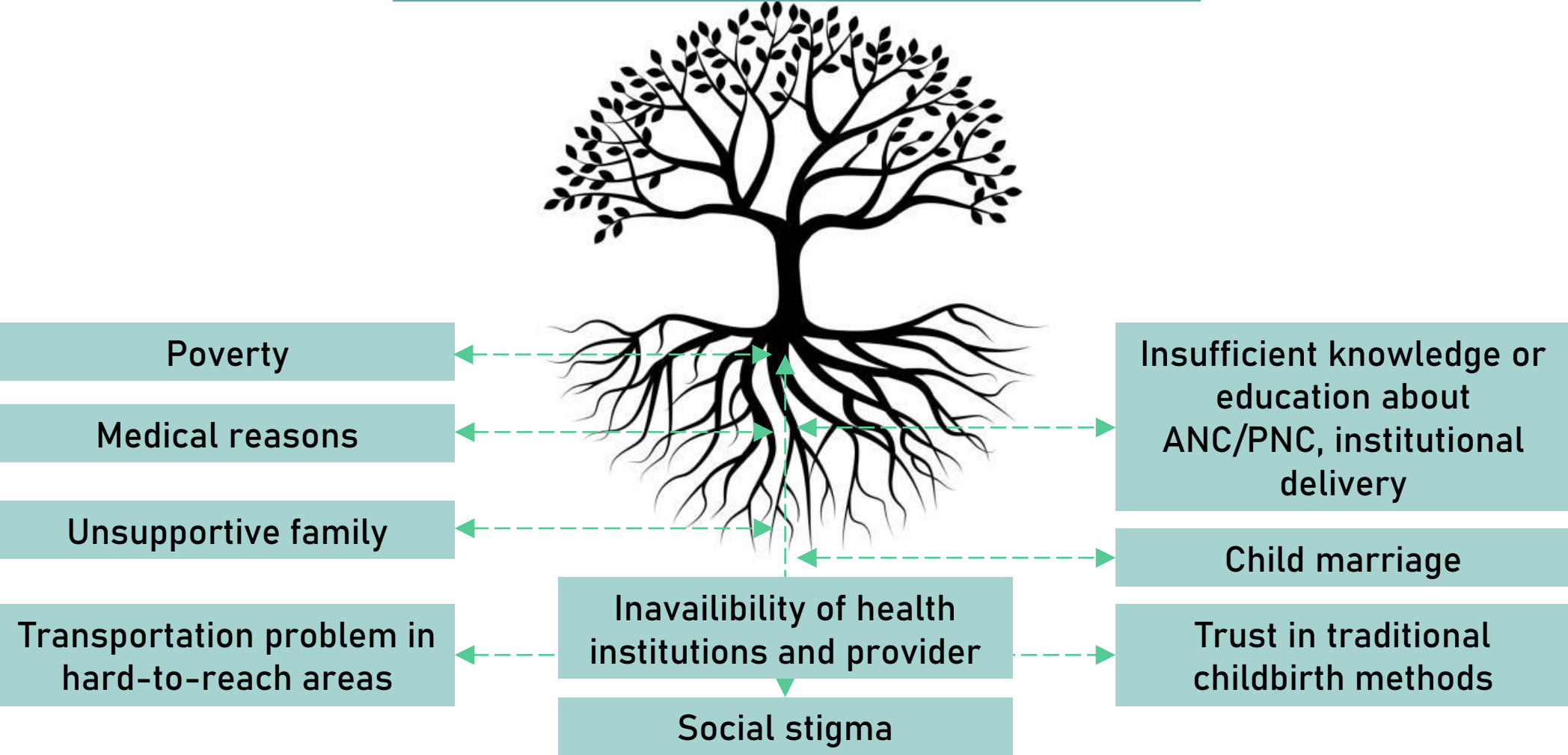
<https://www.thedailystar.net/maternal-mortality-affects-development-of-a-country-44215>

Difference between shared vision and current situation

Between 2020 and our shared vision, the MMR difference is 53% (because the SDG goal and our goal is to reduce MMR to 70% by 2030)

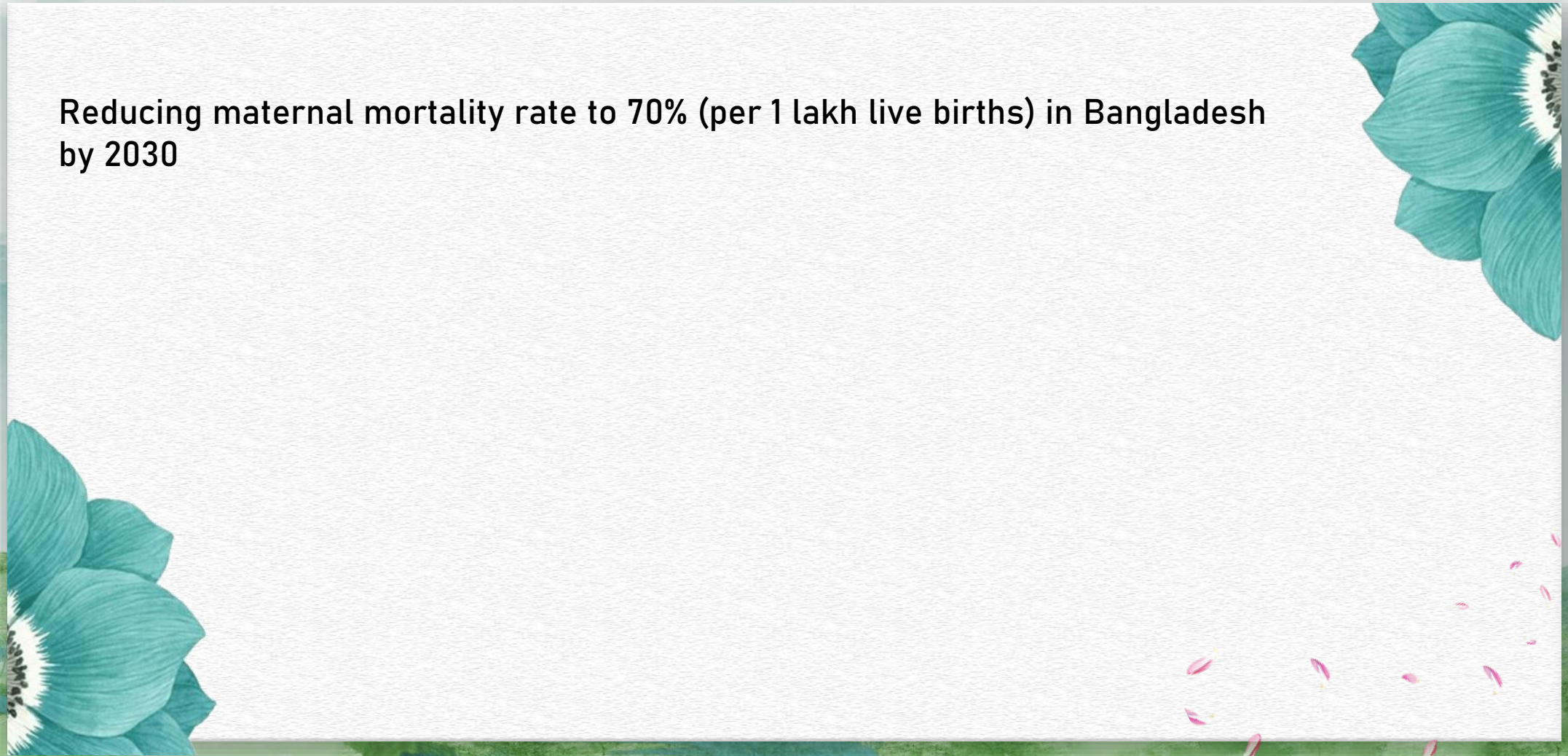
Root causes

Symptom:
Mothers are losing their lives for reasons related to pregnancy and childbirth.



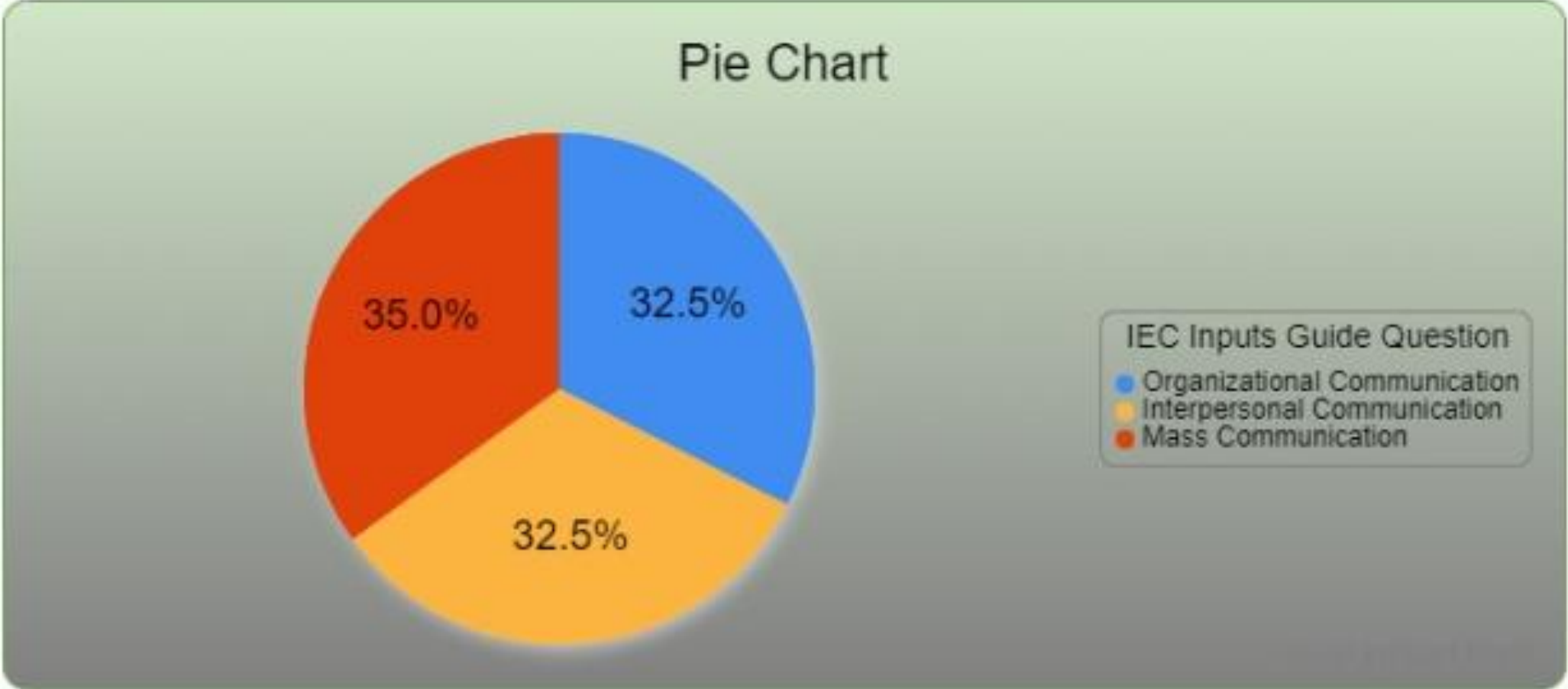
Our Program goal

Reducing maternal mortality rate to 70% (per 1 lakh live births) in Bangladesh by 2030



Program analysis profile

Chart





SWOT analysis

Availability of existing research and data
Infrastructural readiness
Policy support

Strength

Delay in decision making due to too many stakeholder participations and approval processes
Shorter program lifetime
Lack of newly trained manpower

Weakness

To leverage the public-private partnership for wider reach and scaling up in future
High potential for sustainability

Opportunity

Threat

Reach and acceptance and practice among the hard-to-reach/remote local communities is difficult.
Religious leaders play a big role, and if they don't cooperate, this will be difficult.

Meet Salma Akhter

Salma is a housewife living on Hatia island under the Noakhali district. She is expecting her first child. Due to the COVID-19 situation, her father decided to marry her off at 17 years old of age because of the financial crisis. After 1 year of being married, she is now expecting a child. Her husband is a fisherman. They live in a small hut with a straw roof. They have two goats.



Salma Akhter

Place/region of residence:

Hatia island of Noakhali district

Education level: SSC

Age: 18

Income: none

Occupation: Housewife

Demand variables:

Primary healthcare: Local health complex

Immunization: little knowledge

Maternal and child services: little knowledge

Communication variables:

Knowledge about health issues: Little

Access to media: TV, Radio, Community

Preferred: TV, Radio, IEC

Communication with spouse:

Family network is strong, husband wife communication imbalanced

Social network: Neighbourhood

Age of marriage: 17

Contraceptive use: Insufficient



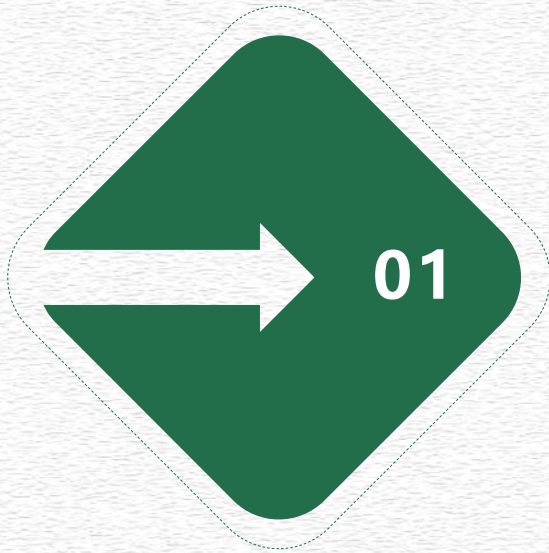


Name of
Program

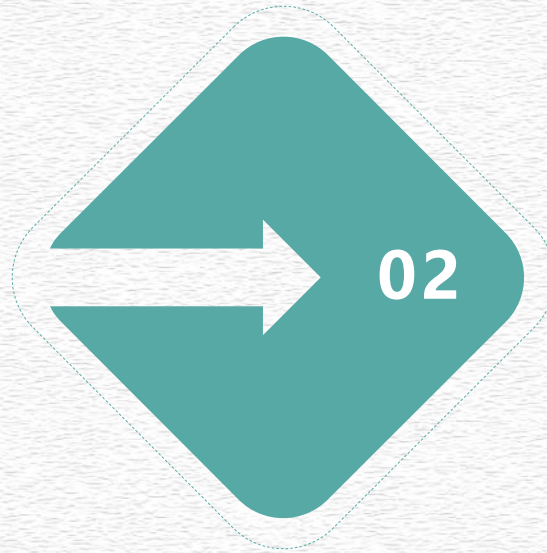


মাতৃত্ব হোক নিরাপদ

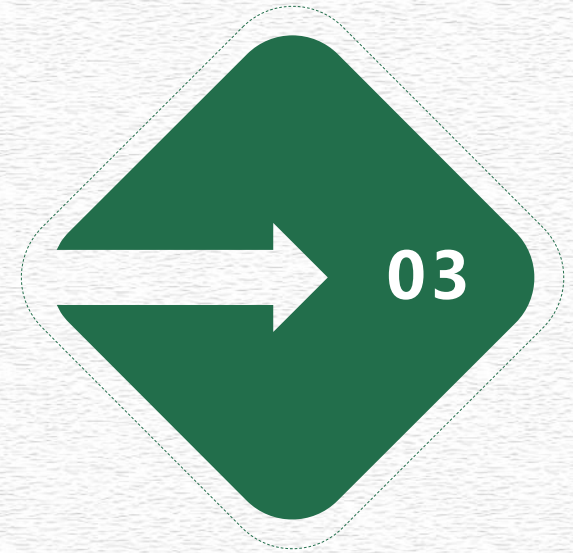
Communication objectives



To raise awareness by 40% the ELCO about ANC/PNC and institutional delivery in the intervention area



To increase practice of availing of ANC/PNC and institutional delivery among the ELCO by 20% about safe motherhood in the intervention area



To raise awareness among TG by 30% about access related information about ANC/PNC and institutional delivery in the intervention area

Key benefits

If you choose to

Give birth to your child by institutional delivery



Then you will

Build a healthy future for your child by being a healthy mother



Because

institutional delivery will allow you to give birth to a healthy child



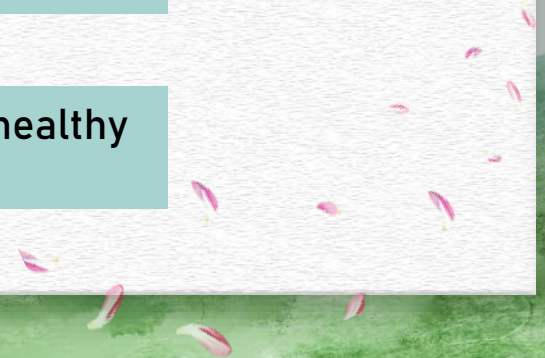
To enjoy benefit you have to

avail all proper maternal healthcare processes



What's the benefit?

Enjoy safe motherhood and have a healthy child through safe delivery



Key benefits – strategic themes

a

Avail complete ANC/PNC and institutional delivery services and **let your child be born safely**



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Key benefits – strategic themes

b

Avail complete ANC/PNC and institutional delivery services and **be a healthy woman and mother**



Key benefits – strategic themes

C

Avail complete ANC/PNC and institutional delivery services and spend more time with your family



Positioning statement

Who: we are

An organization working to saving mothers and their children for a healthier island community

What: we are in the field of

Public health (Maternal health)

For whom: we provide service to

Mothers and pregnant women

What need: The special needs of the people we serve are

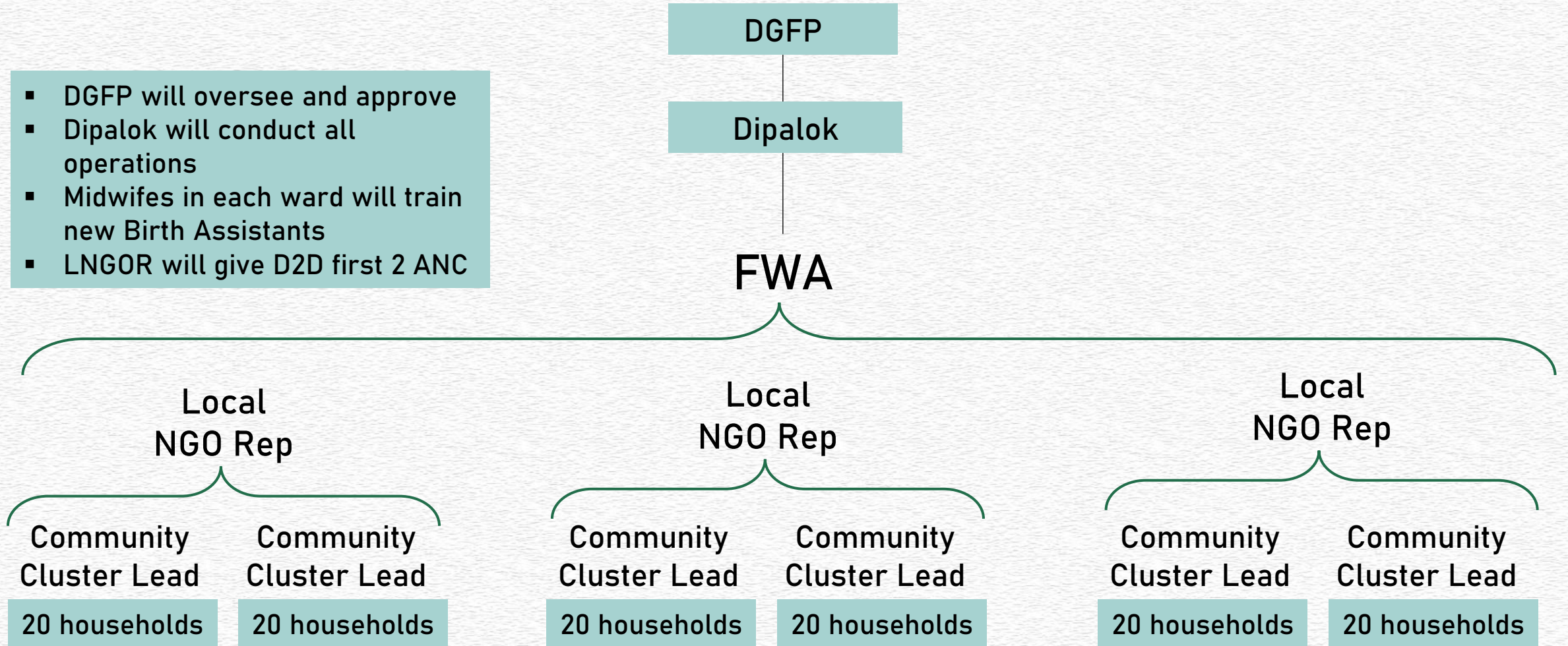
Proper maternal healthcare services

What's the benefit? Our clients will derive the unique benefit of:

Enjoy safe motherhood and have a healthy child through safe delivery

Program activity mapping

- DGFP will oversee and approve
- Dipalok will conduct all operations
- Midwives in each ward will train new Birth Assistants
- LNGOR will give D2D first 2 ANC



Interventions/media strategy

Media Mix

- Community Radio
- Community miking
- eToolkit
- Print Materials
- Social Media

Community because:

Community Radio, miking, courtyard sessions -- because these interventions will allow us to raise awareness in the community

Interpersonal because:

HH visits will allow for a more personal intervention to raise awareness at a one-to-one level

Social Media because:

Smartphone usage is high and raising awareness using digital media channels gives high reach and cost-effective.

Bangladesh had 44.70 million social media users in January 2023

Facebook had 43.25 million users in Bangladesh in early 2023.

[Source: Datareportal: <https://datareportal.com/reports/digital-2023-bangladesh>]

Program materials

Radio script

শোনে শোনে শোনে শোনে
শোনে দিয়া মন
গর্ভকালীন সময়ে
চারবার চেকাপ প্রয়োজন
প্রথম চেকাপ চার মাসে
দ্বিতীয় চেকাপ ছয়ে
তৃতীয় চেকাপ আটে হলে
চতুর্থ হবে নয়
যদি চান সুস্থ সন্তান
নিশ্চিত করুন সেবা
প্রশিক্ষিত ধাত্রী আছে
দিতে সেই সেবা



Program materials

Calendar concept

এপ্রিল

সুস্থ শিশু জন্ম দেয়ার জন্য
কমপক্ষে ৪ বার গর্ভকালীন
সেবা নেয়া জরুরি



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				



মাতৃত্ব হোক নিরাপদ

মা ও শিশু স্বাস্থ্য ও পরিবার
পরিকল্পনা নিয়ে যেকোনো
তথ্য জানতে যেকোনো সময়ে
বিতামূল্যে ফোন করুন
১৬৭৬৭ নাম্বারে

Program materials

Poster concept



গর্ভকালীন
সেবা
সময়সূচি

ANC 1 March 30

ANC 2 April 30

ANC 3 July 30

ANC 4 August 30

মা ও শিশু স্বাস্থ্য ও পরিবার পরিকল্পনা নিয়ে যেকোনো তথ্য জানতে
যেকোনো সময় বিনামূল্যে ফোন করুন

১৬৭৬৭ নাম্বারে

Program materials

Social media post concept

ডুল ধারণা

বেশি বেশি চেকআপ
করলে, চেকআপের
সময় টিকা নিয়মিত
নিলে, ডাক্তারের কাছে
বার বার গেলে, সিজার
করতে হয়।

সঠিক তথ্য

আসলে এর কোনোটিই
ঠিক নয়। সিজার বা নরমাল
কোন ডেলিভারি হবে সেটি
ঠিক হয় গর্ভবতী নারী এবং
গর্ভের শিশুর শারীরিক
অবস্থার ওপর।



M&E Plan

Indicators

- MMR rate (per unit then to per 1 lakh LB)
- ANC/PNC required check-up %
- Percentage of delivery by type (*normal and c-section*)
 - Home delivery
 - Institutional delivery

- Survey
- In-depth interview
- Key Informant interview
- Focus Group Discussion

Tools

- Survey
- In-depth interview
- Key Informant interview
- Focus Group Discussion

Baseline

Endline

3 years

 **Budget**

Media	Activity	Budget
Print	IEC materials/publications (poster, calendar, leaflet etc.)	\$150,000
Local	<ul style="list-style-type: none">▪ Community radio▪ Miking in locality▪ Courtyard sessions▪ Folk theater▪ Drama screening	\$200,000
Social Media	<ul style="list-style-type: none">▪ Content development for social media▪ Boosting/paid promotion (Twice a year, each run 3 months)<ul style="list-style-type: none">▪ Facebook ads▪ YouTube ads▪ IMO ads	\$350,000

Grand total = \$700,000



দ্বীপালোক

আলোকের এই
ঝর্ণাধারায় ধুইয়ে দাও

Thank you!