

The Manoshi Project

**Bringing quality maternal care to poor women
in urban Bangladesh**

BRAC is one of the largest non-governmental organizations in the world and employs more than 100,000 people. Using a systems approach and a focus on results, BRAC provides for and protects the livelihoods of around 100 million people in Bangladesh through economic development, health and education programmes.

In 2007 BRAC initiated the Manoshi project to bring skilled care into the informal settlements of six major cities in Bangladesh.^{1,2} The objective of the project is to “Decrease illnesses and death in mothers, newborns, and children in urban slums in Bangladesh through the development and delivery of an integrated, community-based package of essential health services.”³ It focuses primarily on empowering women and communities to develop a system for the continuum of care for mothers, babies, and children under five.

The components of the Manoshi project include: capacity development of community health workers and birth attendants, who provide antenatal (ANC), safe delivery and postnatal care (PNC), neonatal care and child health care; health service provision for pregnant and lactating women, neonates and under-five children; timely referral to quality health facilities run by BRAC referral staff; community empowerment through development of women’s groups; and linkage with government, community organisations, and NGOs.

The Manoshi Project uses several strategies which aim to improve care along the continuum, from pregnancy through postnatal care:

- CHWs identify pregnant women and offer ANC and PNC. They also encourage pregnant women to give birth at birthing centres, high-quality facilities that were established by BRAC inside the informal settlements.
- ANC includes physical examination, education on healthy practices and hygiene, counselling on nutrition, motivation for tetanus immunisation, iron-folic acid supplementation, education on danger signs, and birth preparedness.
- The Manoshi project’s midwives assist at deliveries, control postpartum bleeding with misoprostol, manage birth asphyxia, weigh newborns, and teach kangaroo mother care for low birth weight babies.
- PNC visits are scheduled for days 1, 3, 7, 21, and 28, and include health education on newborn care, exclusive breastfeeding, maternal nutrition, and hygiene, as well as immunisation and postpartum family planning.
- CHWs keep track of all birth records, offer essential newborn care, and manage neonatal complications. For under-fives, they promote healthy feeding practices,

teach recognition and management of diarrhoea and respiratory infections, arrange immunisations, and monitor growth.

- The Manoshi project relies on committees of local stakeholders to strengthen community health actions, monitor activities, conduct verbal autopsies, and perform other community activities.

The Manoshi project's midwives support normal deliveries at birthing facilities built to serve about 2,000 households each; there is a facilitated, direct referral mechanism to pre-selected facilities with emergency obstetric care services for when complications arise. The referral support system, established when Manoshi began, was developed in collaboration with local community networks to manage more complicated deliveries. Partnerships were built with several public and private hospitals to assure ready access to high-quality care when obstetric, newborn and child health complications arise. Manoshi helped identify local drivers to transport women in emergencies, and BRAC staff stationed outside the referral hospitals helped navigate patients through the admission process and subsequent care.

All women access services free of charge at the community level. Financial support is provided to those patients who are truly unable to pay the cost attached with treatment at hospital. Manoshi provides financial support for treatment costs for caesarean sections, complications around pregnancy and childbirth, and neonatal and child health complications.

MONITORING, EVALUATION, AND RESULTS

Evaluations of Manoshi are promising, both in terms of improved access to maternity care services and improved health outcomes for mothers and newborns. Manoshi has substantially increased demand for services in the informal settlements where it is available. For example, the proportion of pregnant women in Manoshi's target areas receiving at least four antenatal care visits increased from 27% to 78% over five years.³ Homebirths without any skilled attendance decreased from 86% to 16% over a five-year period.³ Postnatal care visits within 24 hours of birth increased from 6% to 99% in 5 years.³ Early initiation of breastfeeding (within the first hour of birth) increased from 50% to 71% in 4 years.⁴ Similarly, exclusive breastfeeding during the first six months of life increased from 43% to 65% over a 5-year period.³

While access to care and health outcomes have improved, several barriers still exist.⁵ First, the delivery centres' lack of consistent supplies and human resources can result in the low uptake of services and substandard care. In addition,

even with Manoshi's financial support, some women are left with high out-of-pocket costs. Health workers' remuneration is low, leading to limited motivation and poor quality of care. Lack of community-based education and training on pregnancy-related danger signs can lead to delays in referral to higher-level facilities.⁵

INSIGHTS FROM THE MANOSHI PROJECT

The Manoshi project has led to important improvements in maternal and newborn health in urban Bangladesh. Several factors have been crucial contributors to the successful development and implementation of Manoshi.

- **Context is key.** Maternal and newborn health programmes must be contextualised within the community. Local buy-in and feedback from community-based committees have been crucial for Manoshi's success.
- **MNH services should be set up along the continuum of care.** Manoshi's community health workers deliver antenatal, labour and delivery, and postnatal care and also link women to facilities through a facilitated referral system.
- **Standards ensure quality.** Having evidence-based protocols for all aspects of care (ANC and PNC, birthing care and referral, etc.) is important to maintain quality of care across facilities and communities.
- **Monitoring and evaluation will improve care.** Continual monitoring and evaluation is crucial for improving service delivery and outcomes. For example, after receiving positive community feedback and seeing an increase in demand, Manoshi developed better-quality birthing centres to replace the original birthing huts.

For more information, please visit <http://hsph.me/Manoshi>.

References

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- ² Center for Health Market Innovations. BRAC Manoshi. 2014. <http://healthmarketinnovations.org/program/brac-manoshi>
- ³ Manoshi programme Management Information System data.
- ⁴ Alam N, Begum D, Ahmed SM, and Streatfield PK. Manoshi community health solutions in Bangladesh: Impact Evaluation Surveys in Dhaka Urban Slums 2007, 2009, and 2011. Dhaka: ICDDR,B, 2011.
- ⁵ Banu M, Nahar S, Nasreen HE. Assessing the MANOSHI Referral System—Addressing Delays in Seeking Emergency Obstetric Care in Dhaka's Slums [Manoshi-WP10, 2010]. Dhaka: ICDDR,B and BRAC, 2010.

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Maternal Health Task Force



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