



# Demand Generation

## Adapting the Demand Generation Implementation Kit for Underutilized, Life Saving Commodities: HC3 Case Study Series

February 2017

### Using the Demand Generation I-Kit for Life Saving Commodities to Improve Maternal, Neonatal and Child Health in Bangladesh

Despite significant improvement in maternal and child health indicators and overall health outcomes, the decline in neonatal mortality in Bangladesh has not been satisfactory. Newborn deaths declined from 52/1,000 live births in 1994 to 28/1,000 live births in 2014, which now accounts for over 60 percent of all under-five deaths, compared to 39 percent in 1991 [1,2]. Birth asphyxia, severe infection and complications of pre-term births are currently the leading causes of newborn deaths in Bangladesh [2,3]. The accessibility and quality of essential newborn care at the community level – especially for marginalized, poor and disadvantaged populations – is a major concern. Evidence suggests that up to 50 percent of newborn deaths worldwide occur in the first 24 hours of birth and 75 percent during the first seven days after birth [4]. BRAC Bangladesh, the largest non-governmental organization (NGO) worldwide, has been implementing maternal, neonatal and child health (MNCH) and related activities both in urban (slums and poor settlements) and rural areas of Bangladesh for almost a decade.

In 2015, the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), BRAC and BRAC University (BRACU) initiated a project to increase demand for and utilization of MNCH commodities and to



*Interview with BRAC health service provider (health worker) in Kunipara Slum area, Dhaka, Bangladesh. © 2015 BRAC.*

build the capacity of community health workers (CHWs) to deliver newborn health care. This project utilized three core activities to achieve these objectives:

1. development of MNCH communication materials;
2. development of MNCH training guidelines; and
3. training CHWs on MNCH using the new guidelines.

Development of the demand generation materials and activities was informed by the resources and guidance available in the ***Demand Generation Implementation Kit (I-Kit) for Underutilized, Life Saving Commodities***. The I-Kit's commodity-specific content and adaptable strategies allowed for the rapid development and thorough revision of new and existing communication materials, and has been used as a framework to revise the BRAC MNCH handbook and the CHWs MNCH training. The project activities – training the CHWs and the distribution of revised the MNCH handbook – were pilot tested in two rural sub-districts and one urban slum where BRAC is currently implementing its MNCH programs.

#### Formative Research

To update BRAC's MNCH materials, particularly the MNCH handbook, BRAC conducted formative research, including a thorough **literature review** focused on



*In-depth interview with beneficiary (mother) in Kunipara Slum area, Dhaka, Bangladesh. © 2015 BRAC.*



*Training on MNCH for CHWs in Gaibandha areas of rural Bangladesh. © 2016 BRAC.*

papers published in international and national journals about neonatal health in Bangladesh. Unpublished literature such as reports, global guidelines, national guidelines, handbooks and behavior change communication materials relevant to MNCH care were also searched and reviewed by the project team. The major thematic areas of the Demand Generation I-Kit – family planning, maternal health, neonatal health and child health – were used as a framework to review the literature. The summaries of each theme were prepared accordingly in a report and shared with the Health Communication Capacity Collaborative (HC3) team.

Four **in-depth interviews** were conducted with mothers of children under one year of age to understand their perception of the existing MNCH handbook and ask for their feedback. BRAC also interviewed BRAC CHWs to obtain their feedback on the existing handbook and the improvements they would like to see in the revised version. BRAC also held a **consultation meeting** with an MNCH expert, researchers and program staff working in the areas of MNCH, and collected their feedback on the handbook.

### **Refining the Intervention**

Before determining the content that would be added to the handbook and training guidelines, BRAC considered all the information obtained from the literature review and the feedback collected during the expert review, interviews and consultation meeting. BRAC also asked the HC3 technical team to review and provide feedback and comments on the recommended contents. Finally, the revised contents was shared with the BRAC management team – the Director of the Health Nutrition and Population Program and the Communication division at BRAC – for final approval.

Using the summaries identified in the four thematic areas, and explained in detail within 13 underutilized commodities, a total of 10 commodities were adopted into the BRAC handbook and training guidelines. These commodities include maternal health (use of oxytocin and misoprostol); neonatal health (use of Chlorhexidine, resuscitation device and injectable antibiotics); child health (Use of amoxicillin, oral rehydration salt and use of zinc); and family planning (promotion of emergency contraceptive pills and contraceptive implants).

A range of additional MNCH-related information was included in the handbook and training guidelines, including tobacco prevention and control, nutritional supplements and food charts for mothers, hand washing guidelines, kangaroo mother care, maternal and neonatal danger signs, recommended schedules for baby bath and referral information in case further care is needed.

### **Project Outcomes**

The project outcomes, guided by the three main objectives, include:

- **Revised MNCH Handbook:** The revised BRAC MNCH Handbook will be used in ongoing BRAC MNCH programs in both urban and rural areas. It now includes clear pictorials of common underutilized MNCH services, accompanied by short, simple messages. During the training sessions CHWs responded that the revised handbook is much more interactive.
- **Revised Training Guidelines:** The revised CHW training guidelines reflect the revised BRAC MNCH Handbook. The CHWs think the updated



*Training on MNCH for CHWs in the rural Gaibandha areas, Bangladesh. © 2016 BRAC.*

MNCH messages will be very helpful for improving the quality of MNCH services at the community level.

- **Training of Trainers:** Six trainers have been trained to date on the revised MNCH booklet and training guidelines.
- **Training of the CHWs:** The trained CHWs include Midwives, Swasthya Karmi [5] and Swasthya Sebika [6], who are the key service providers of BRAC MNCH programs at the community level. Over 220 CHWs have now been trained. Trainers will continue to conduct trainings in other sub-districts where BRAC has its MNCH and Essential Health Care Package programs. During training, the CHWs reported that the revised MNCH Handbook helped them enhance their level of MNCH knowledge and skills for service delivery.
- **Distribution of Revised MNCH Handbook:** The revised MNCH Handbook is currently being distributed to women residing in sub-districts with trained CHWs. The CHWs also opined that distributing the revised handbook would have a substantial impact on disseminating important information for improving MNCH care throughout Bangladesh.

### Next Steps

- Over two million copies of the revised BRAC MNCH Handbook were printed in November 2016. BRAC will distribute these copies to its rural and urban MNCH program areas; BRAC currently plans to distribute over 100,000 copies of the revised handbooks to its MNCH program areas every month.
- The revised BRAC MNCH handbook is expected to reach over 120,000 urban households and over 5,168,712 rural households in the areas where BRAC is currently implementing its MNCH programs. BRAC is also planning to make this revised handbook available in all 63 districts where the Essential Health Care Package program is operating. The estimated number of households in these 63 districts is yet to be determined.
- BRAC currently has over 100,000 CHWs, including 57,000 Swasthya Sebika exclusively for the BRAC program, 37,000 Swasthya Sebika for the Directly Observed Treatment, Short Course (DOTS) program and 6,000 Swasthya Karmi providing services across Bangladesh. BRAC plans to scale up its MNCH program throughout the country. As a result, training on the revised BRAC MNCH Handbook will be provided to over 100,000 CHWs in the country.



The final health communication commodities product: BRAC MNCH Handbook, 2016.

### Endnotes

1. National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. (2016). *Bangladesh Demographic and Health Survey 2014*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.
2. Chowdhury, A. M. R., Bhuiya, A., Chowdhury, M. E., Rasheed, S., Hussain, Z., & Chen, L. C. (2013). The Bangladesh paradox: exceptional health achievement despite economic poverty. *The Lancet*, 382(9906), 1734-1745.
3. Liu, L., Li, Q., Lee, R. A., Friberg, I. K., Perin, J., Walker, N., & Black, R. E. (2011). Trends in causes of death among children under 5 in Bangladesh, 1993-2004: an exercise applying a standardized computer algorithm to assign causes of death using verbal autopsy data. *Population health metrics*, 9(1), pg 43.
4. Lawn, J. E., Cousens, S., Zupan, J., & Lancet Neonatal Survival Steering Team. (2005). 4 million neonatal deaths: when? Where? Why?. *The Lancet*, 365(9462), 891-900.
5. Swasthya Karmi (SK) are paid BRAC community health workers, who have minimum of ten years of formal schooling and have received trainings from BRAC.
6. Swasthya Sebika (SS) are unpaid BRAC community health volunteers, who have basic level of education and have received trainings from BRAC.

## Resources

- [Every Woman, Every Child](#)
- [Demand Generation I-Kit for Underutilized, Life Saving Commodities](#)



Project partners and technical team from HC3, BRAC Bangladesh and icddr Bangladesh with the final product – BRAC MNCH handbook.  
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