



Building a Healthier Tomorrow in Bangladesh

*The Legacy of the Healthy Women,
Healthy Families Project*







Healthy Women,
Healthy Families
সুস্থ মা, সুস্থ পরিবার

*In underserved urban areas outside Bangladesh’s capital city of Dhaka, young women often face many gender-related barriers—cultural, economic, structural, and physical—to high-quality health care. Since 2021, the **Healthy Women, Healthy Families project**—Shustha Ma, Shustha Poribar in Bangla—has worked to **improve the quality, acceptability, and accessibility of care** for young women and children and **gather insights to guide future care models** in Bangladesh.*

*Through a **human-centered design approach**, the project implemented an innovative group-based model of antenatal and postnatal care to support first-time parents. In this photo book, Management Sciences for Health (MSH) reflects on the experiences of real people—mothers, fathers, midwives—to celebrate the project’s **transformative impact** and its potential for **sustainable change** in Bangladesh and beyond.*

Child Care Information														
Maternity Center Service					Community Service					Death Information				
144	120	111	4.8	122	167	80	12.9	18	15.9	171	4.81	20	19	45
159	146	140	4.6	111	144	68	11.6	15.5	148	15	13.7	18	18	55
160	224	192	4.4	188	148	100	13.6	14.8	178	11.8	11.8	16	16	59

Monthly Action Plan

Group ANC, PNC Session Schedule

SS,SK Refreshers & Meeting Schedule

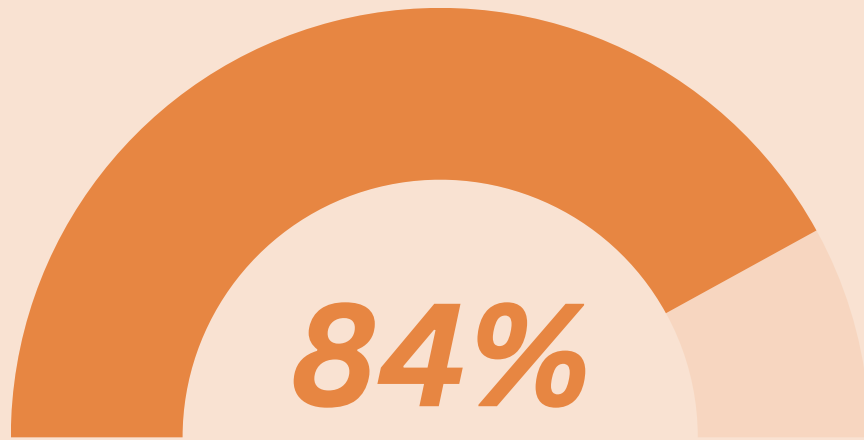




The Group ANC Model

*In recognition of the challenges faced by first-time parents, the Healthy Women, Healthy Families project implemented an innovative group-based model of antenatal care (ANC) to engage and educate expectant mothers in an **approachable, interactive, and cost-effective way**.*

*Working with trained midwives at BRAC maternity centers in select urban areas of Gazipur District, the project brought small cohorts of first-time mothers together to learn about topics like danger signs during pregnancy, birth preparedness, and newborn care in a safe, supportive environment. Each expectant mother also received **individual clinical check-ups with a health care provider at no cost** to make sure that they and their babies were healthy.*



of eligible first-time mothers enrolled and attended at least one session

Enthusiasm among women in the communities was strong, with 84 percent of eligible first-time mothers—between the ages of 15 and 24, living in Gazipur’s Tongi municipality, and experiencing their first pregnancy—enrolled in the program and attended at least one group ANC session.

*First-time mothers who participated in the sessions were **significantly more likely to recognize danger signs** during pregnancy, delivery, and the postpartum period. This **knowledge increased with each additional session attended**, highlighting the impact of continued participation.*



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>98%

of participating mothers reported satisfaction with the sessions

*This approach helped **foster a sense of community among young mothers** while also improving maternal health outcomes. More than 98 percent of participating mothers reported satisfaction with the sessions.*

*Women who attended group sessions were **twice as likely to complete the recommended number of antenatal check-ups** and reported feeling **more prepared for delivery and parenthood** compared to non-participants.*



Month	Males of 15 years				Orphanage				No. of children with 1 year of birth	Total	% of PNC	Pregnancy started within 1 hour of birth	Mortality Rate	Mortality Rate (per 1000 live births)	Mortality Rate (per 1000 live births)	Mortality Rate (per 1000 live births)	Mortality Rate (per 1000 live births)
	1-15	16-20	21-25	26-30	1-15	16-20	21-25	26-30									
Target	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Actual	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Jan	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Feb	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Mar	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Apr	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
May	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Jun	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Jul	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Aug	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Sep	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Oct	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Nov	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100
Dec	15	20	25	30	15	20	25	30	100	100	100	100	100	100	100	100	100

Month	PNC Services		Outpatient consultation						Total Parturients	Stillbirths	Adverse Referrals for Complications from BMC	Newborn Complications at BMC	Eye Test
	1-15	16-30	Total ANC & PNC	Child Health	Maternal Health	Adolescents	Adult Health/OTIS	Tutor					
Target	15	20	35	15	15	15	15	300	250	250	250	250	
Actual	15	20	35	15	15	15	15	300	250	250	250	250	
Jan	15	20	35	15	15	15	15	300	250	250	250	250	
Feb	15	20	35	15	15	15	15	300	250	250	250	250	
Mar	15	20	35	15	15	15	15	300	250	250	250	250	
Apr	15	20	35	15	15	15	15	300	250	250	250	250	
May	15	20	35	15	15	15	15	300	250	250	250	250	
Jun	15	20	35	15	15	15	15	300	250	250	250	250	
Jul	15	20	35	15	15	15	15	300	250	250	250	250	
Aug	15	20	35	15	15	15	15	300	250	250	250	250	
Sep	15	20	35	15	15	15	15	300	250	250	250	250	
Oct	15	20	35	15	15	15	15	300	250	250	250	250	
Nov	15	20	35	15	15	15	15	300	250	250	250	250	
Dec	15	20	35	15	15	15	15	300	250	250	250	250	

Note: Nil/Number







Tangina, Sharif, & Arifa's Story

Tangina is one such mother who felt that group-based model of care helped her navigate her pregnancy—and swiftly address a health scare that arose shortly after giving birth. She and her husband Sharif live near the BRAC Maternity Center in Morkun, an underserved area in Gazipur. When Tangina learned she was pregnant, her mother-in-law told her about the group sessions held there; she went right away to enroll.

*Over the course of her pregnancy, she found the topics discussed very helpful. **“I learned a lot of new information that helped me take care of myself, how to recognize danger signs during my pregnancy, and how take care of my baby after she arrived,”** Tangina shares.*



*These lessons became vital after the birth of her baby girl, Arifa. A few days after giving birth, Tangina noticed that Arifa was displaying some concerning symptoms. **“I specifically recalled learning during the group sessions about the possibility of an umbilical cord infection after birth, so I recognized the signs,”** she explains.*

*Tangina acted quickly, taking Arifa to the center for treatment. “Although I was a little worried, I wasn’t scared because I knew what to do thanks to what I learned,” she says. Encouraged by her positive experience, Tangina recommends group care to others in their community. **“I’ve seen how these sessions benefit mothers like me.”***



“I learned a lot of new information that helped me take care of myself and my baby after she arrived.” -Tangina



-Momo

“These sessions, as well as the free checkups, made all the difference for me and my baby.” -Momo



Momo and Manha's Story

For Momo, discovering she was pregnant brought eagerness and excitement. “My husband and I had been married for a few years by the time I became pregnant,” she explains. **“We had been waiting for that moment for some time, so it was very joyful.”**

Attending group ANC sessions at the BRAC maternity center in Tongi helped Momo prepare for the journey ahead. **“I had a very good experience during the five ANC sessions I attended and really learned a lot. I still remember the five danger signs to look out for during pregnancy,”** she says. Momo recalls feeling comfortable asking the midwives questions about her health. “They advised me about the importance of good nutrition, hydration, and rest. They were extremely supportive and kind,” she recalls.

The bonds Momo forged with the midwives during her pregnancy also helped her feel supported during childbirth. **“The midwives supported me during my labor and delivery, encouraging me to stay hydrated and move around,”** she says.

Because of her positive experience, Momo has begun encouraging other mothers in her community to seek care at the maternity center. **“These sessions, as well as the free checkups, made all the difference for me and my baby. I have been encouraging other mothers to attend so they can feel as supported during pregnancy as I did,”** she shares.









Support for First-time Fathers

Another feature that sets the Healthy Women, Healthy Families project apart is its emphasis on **engaging first-time fathers in conversations around maternal health care**. Through group sessions for first-time fathers, the project helped educate men on a range of topics to support their partners experience a healthy pregnancy, delivery, and postpartum period.

These sessions, led by midwives in the maternity center or in the community, **addressed gaps in knowledge and promoted shared responsibility** for their family's health.



>5,300

attendances at first-time father sessions

Over the course of the project, more than 5,300 attendances by men were recorded across group ANC and PNC sessions for first-time fathers. Participants reported greater confidence in caring for their wives and newborns.

During a focus group discussion, one first-time father reflected on how the sessions helped him change his mind on seeking ANC services for his expectant wife. “As I attended these group meetings, I realized...seeking health care, consulting with doctors, and receiving medical care would all be beneficial,” he shared.





“As men, there are many issues we do not talk about, but these sessions changed that.” -Billal

Shimla and Billal's Story

*When Shimla first realized that she might be pregnant, she recalls feeling a mix of joy and fear. **“My husband Billal and I were overjoyed, of course. But at the same time, we had concerns.”***

While Shimla enrolled in the group ANC sessions, Billal enrolled to participate in the group sessions geared toward helping men prepare to become fathers—an especially vital component of the intervention, given the low levels of knowledge and awareness among men about maternal health and the important role they play in decision-making and care-seeking behaviors in Bangladesh.

“As men, there are a lot of issues we do not talk about, but these sessions changed that. They provided me a space where I could learn how to fully support my wife,” Billal says. “I learned about what vaccines she needs, how much rest she requires during pregnancy, what her diet should consist of...all information I had seen before, but these sessions explained it in the most effective way.”

*During Shimla’s pregnancy and delivery, Billal’s support and the midwives’ guidance ensured a safe and positive experience. They agreed that the group sessions were critical in helping them navigate their first pregnancy together as a couple and ensure the well-being of their baby. **“I strongly recommend that other men participate,”** Billal says. “Not only will they gain knowledge for themselves, but they will also learn how to support their wives and how best to take care of their families.”*







Group PNC Sessions

*The support provided by the Healthy Women, Healthy Families project did not stop at childbirth; through group postnatal care (PNC) sessions, new mothers and fathers received critical support to help them navigate this period. During group sessions, new parents learned about topics like **recovery from childbirth, infant and young child feeding practices, and newborn health.***

*Mothers and newborns also received cost-free check-ups with a health care provider during each group PNC session. By combining professional guidance with peer support, the PNC sessions helped families **transition into parenthood confidently and ensure better health outcomes** for mother and baby.*



63%

of mothers who participated in group sessions exclusively breastfed their babies



*Beyond pregnancy and delivery, the model also supported healthier postnatal practices. **More mothers in the intervention group exclusively breastfed their babies for up to six months compared to those in the control group**—more than 63 percent versus 55 percent.*

*Similarly, a significantly **higher proportion of mothers who participated in the group sessions could name three or more postnatal danger signs and two or more newborn danger signs compared to those in the control group.***

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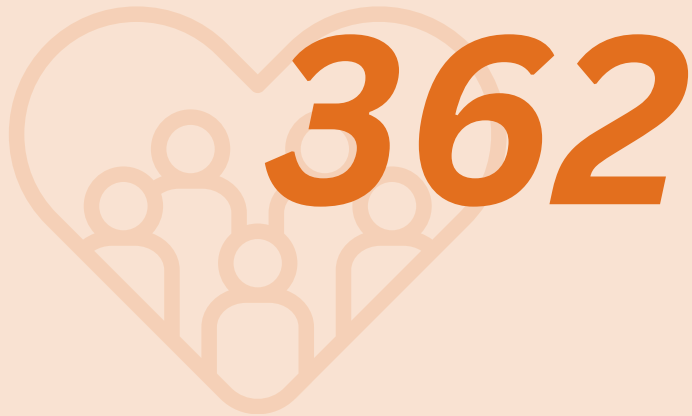
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Community Outreach

*In addition to group sessions for first-time parents, BRAC midwives conducted **outreach sessions for adolescents, caregivers, and community leaders**. Each session included topics carefully tailored to their audience. For example, adolescent girls were informed about good menstrual hygiene and nutrition practices, while mothers-in-law learned how to foster positive relationships and support the mental well-being of the first-time mothers in their families.*

*Anjuman Begum, a senior technical advisor for the project, explains the importance of this outreach. “**The goal of these sessions was to create a supportive network for first-time families,**” she says. “When everyone is engaged and the right support is in place, first-time parents are not left to navigate this journey alone—and the entire community benefits.”*



362

community sessions held for adolescents, caregivers, and community leaders



1,089

community members reached in 2022

1,218

community members reached in 2023

984

community members reached in 2024

**through September 2024*





Paving the Way for Lasting Change

*The **Healthy Women, Healthy Families project** has demonstrated the power of a supportive, human-centered approach to maternal health. By pioneering a model that enhances knowledge and improves the uptake of antenatal, delivery, and postnatal care, the project has made a **meaningful impact on first-time mothers and their families.***

*"It is very gratifying to see how these first-time mothers thrive, but the **impact of these sessions and this model overall extends beyond the mothers themselves,**" explains Dr. Farzana Islam, Project Director. "You can see the **ripple effects on the entire family unit, the community, and ultimately, the health care system as a whole.**"*

Initially implemented in an NGO setting through BRAC maternity centers, this model has **great potential to be scaled up and adapted within government-run health facilities**. Expanding its reach would not only **strengthen social support** for first-time families but also **improve the quality, acceptability, and accessibility** of maternal care at a larger scale.

"Our hope is that **this model can be sustained, paving the way for a more equitable and effective approach to maternal health in Bangladesh**," says Dr. Farzana. "By integrating these practices into government facilities, **we can create lasting change** that helps young families flourish for years to come."





