# Community Support System (CmSS): Proven model for community engagement and mobilizing local resources for health access by disadvantaged populations.

## Background and overview of CmSS:

The Community Support System (CmSS) model for addressing maternal mortality has been implemented by CARE in Bangladesh since 1999. Its evolution covered three phases: (1) initial development of the approach with documentation; (2) replication of the approach with additional emphasis on documentation and program modifications, such as increased involvement of local government officials; and (3) greater recognition by both local and national MOH, as well as other stakeholders. This project focused on developing effective birth planning at the community level, which coincided with government initiatives to upgrade and strengthen maternal health services at district and sub-district levels. *An essential component of the CmSS model was the establishment of community committees or group (CSG) to take responsibility for pregnant women in their village.* These committees identified and tracked each pregnant woman, promoted birth preparedness with all pregnant women and their families, worked to assure access to the necessary care and resources, and promoted accountability of service providers. These activities also facilitated increased involvement by health center staff and local government officials.



A birth preparedness session with a pregnant woman family

## Scale up at National level by MOHFW:

Engagement of national stakeholders using evidence from the project garnered attention from the MoHFW and led to the incorporation of the CmSS model into national health and nutrition plans. The success of the CmSS has led to full adoption by the Government of Bangladesh and scale up in the entire country. Implementation is now fully carried out by Ministry of Health staff through country-wide 1350 community clinic networks, including the formation and orientation of the Community Support Groups (CSG) and reinforcing the linkages between the health centers, the communities, and local officials. A full time CARE advisor is embedded in the Community Based Health Care (CBHC), MoHFW to help build training capacity and reinforce monitoring and evaluation systems to implement the Community Support Groups (CSG).



The first phase of the intervention began in one sub-district of Dinajpur district with funding from CARE and the United Nations Children's Fund (UNICEF). The initial implementation of the CmSS model for effective birth planning focused on the development of a data system to track service utilization and mortality among pregnant women. The second phase, funded by the Japanese International Cooperation Agency (JICA), replicated the Dinajpur intervention package in the entire district of Narshingdi and refined the intervention package by involving health center staff and local government officials in project planning and implementation.

**Results and Impact:** This project demonstrated an increase in service utilization and decrease in maternal deaths, which led to the second phase of the project [1]. An impact study in 2010 showed that CmSS is associated with **reduced wealth disparities** for key maternal health outcomes. CmSS resulted in 71% antenatal care access among women in the lowest wealth quintile, compared to 30% in the non-CmSS area. A cluster RCT trail (2) evident the major indicators of the utilization of maternal and neonatal care among pregnant Women with different wealth status showed significant improvement after the intervention.

1] Hossain J, Ross SR: **The effect of addressing demand for as well as supply of emergency obstetric care in Dinajpur, Bangladesh.** *International Journal of Gynecology and Obstetrics* 2006, **92:**320-328.

2] Ruoyan Gai Tobe1, Mohammad Tajul Islam2, Yukie Yoshimura 3*, Jahangir Hossain4: *Strengthening the community support group to improve maternal and neonatal health seeking behaviors: A cluster-randomized controlled trial in Satkhira District. Banaladesh*: PLOS ONE l