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Community HMIS e-Newsletter

Management Information System, Directorate General of Health

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HMIS Initiative in Hard-to-Reach Districts

Health Management Information System Goes Through a Boost

By Raffat Rashid

The entire health sector of Bangladesh starting from national and sub-national to community level is now connected with Internet -- it's an astonishing fact in which the figures tell the story.

What's inside?

There are about 561 government hospitals, 193 medical teaching and training institutions, 73 health administrative offices located at divisional, district and upazila (sub-district) levels with Internet connection since 2009 with 13,500 community clinics and 1,275 union health centres given laptops and internet access since April 2014; and to top this off is 24,000 community health workers (health assistants, health inspectors and assistant health inspectors) given internet connection in 2014.

A well-connected health system

The Management Information System, Directorate General of Health Services (MIS-DGHS) was the pathfinder in the entire public sector of Bangladesh that first created the Internet connectivity across all health-points down to the upazila level. Now, this network is completed through expansion to all the grassroots-level health facilities (all union health centres and community clinics) and all the community health workers.

"In April 2014, the MIS-DGHS completed Internet connectivity to all the community clinics and community health workers. The community clinics were given laptops, and the community health workers were given laptops, and the community health workers were given handheld tablet devices," says Professor Abul Kalam Azad, ADG (Planning & Development) and Line Director MIS-DGHS.

This connectivity created a new era of the population-based data collection and analysis through routine health information system for correctly understanding, planning, intervening, and reviewing the actual health problems prevailing at the community level.

The health information system of MIS-DGHS collects data from various sources and cleans, analyzes, and summarizes the data to generate and distribute the information. Data are collected electronically, covering all health facilities and health administrative points from national to the community level.

“An initiative has been undertaken to register and track every pregnant mother and under-five child," he continues, adding, community health workers and community clinics are registering every pregnant woman and community catchments, using the online form. A routine weekly meeting is being held in the community clinic, where the government community health workers, NGO healthcare workers, and members of the community clinic management committee and community support group, review the local maternal and child health data, if required clean and further update; make intervention plan for the following week and implement the plan. This routine cycle continues to track, follow-up, and improve maternal and child health.

"The MIS-DGHS completed data capture for the electronic health records of citizens. Currently, we have 98 million individual electronic records. These data, which comprise basic health records of the citizens, will make the foundation of future lifetime shared health-records," says Prof. Azad.

Mobile health service being rolled out

The mobile phone health service, being provided by each upazila health complex and each district hospital (grand total 482), has also been introduced as a sustainable service. Each of the hospitals has a mobile phone which an on-duty doctor carries and responds to round-the-clock. People living in the catchment areas call the doctor, if need arises, and the doctor gives appropriate medical advice. The service is free of charge.

Current number of telemedicine centres is 43. These telemedicine centres are equipped with high Internet bandwidth, large screen display, good-quality telemedicine camera, and telemedicine peripherals.

Rural communities covered by telemedicine

All functioning community clinics and union health centres have been brought under coverage of Internet connectivity through provision of one laptop and one broadband wireless Internet modem. These ICT gadgets are opening up a new horizon in expanding medical consultation by qualified physicians to patients visiting community clinics and union health centres. About 13,500 community clinics were functioning, while writing this report, all over the rural areas of Bangladesh -- one for about 6,000 to 10,000 people. There are about 4,500 unions, each having an outpatient health centre.

"In community clinics or most of the union health centres, no qualified doctor is posted. However, there may be occasions when some patients need to consult a qualified medical practitioner. In such cases, a Skype video-conferencing will be set up to hook the community clinic or union health centre to a doctor sitting in the nearby upazila hospital to have a direct conversation with the service-seeker. The laptop computers in the community clinics and union health centres will be used for multiple purposes, including telemedicine, updating community health data, health education to people, training of health staff, monitoring of clinic operation time, email communication, and Internet-browsing," Professor Azad adds.

In order to address and work towards the systematic analysis of bottleneck and achieve effective coverage for all services, MIS is the most efficient way to strengthen the system. Each and every complaint lodged or reasons for mortality or morbidity can now be monitored and consequently intervened.

UNICEF supports and conducts pilot interventions and then gives it to the government to scale up, the Health Management Information System (HMIS) of web based live data feeds is one such initiative.

Changing Work Pattern Improves Health Services Delivery: Abdullah Al Mamun – CHCP

By Nayeem Al Mifthah

Community Health Care Providers (CHCP) are one of the important elements of the health services delivery mechanism of the government. In rural settings, health care system is served better through 13,500 CHCPs as they have been deployed in the Community Clinics (CCs). There are 12,895 CCs across Bangladesh which works as the lowest level of static facilities in the rural areas under the Ministry of Health and Family Welfare (MOH&FW). The plan of the government is to offer health care services through one CC for 6,000 rural populations in the ward level. Now, the CHCPs work through the CCs in the rural areas and mainly offer primary health care services with special focus on maternal, neonatal and child health issues. The government has also taken initiatives to train the CHCPs as a skilled birth attendant in the community to ensure safe delivery.

Abdullah Al Mamun is one of the CHCPs who has been working of Bade Barenga Community Clinic in Gohalakanda Union under Purbadhala upazila (sub-district) of Netrokona district. Al Mamun recently received hands-on training on Health Management Information System (HMIS) imparted by the Government with support from UNICEF so that their work contributes to overall health system strengthening. We spoke with Al Mamun after the training.

Bi-weekly meeting of CHCP-HA-FWA in the Bade Barenga Community Clinic to register and update the number of pregnant mother and child in their respective catchment area
Photo- Nayeem Al Mifthah, HMIS Consultant, MIS-DGHS

Question: How do you feel after receiving the training?

Abdullah Al Mamun: The intensive training on Health Management Information System (HMIS) to preserve individual records of Maternal Neonatal & Child Health (MNCH) data in an online software has immensely changed the way of my work for a Community Health Care Provider (CHCP). Before the training, we (all CHCPs) were struggling to report our activities using the laptop and internet modem supplied by MIS-DGHS. Now, we the CHCPs of Purbadhala have achieved 100 per cent online reporting proficiency in the month of September.

Question: How this HMIS Data Management is helping you to manage the routine work?

Abdullah Al Mamun: The maternal and under-five child health records are being registered in the DHIS2 (District Health Information Software, version 2) routinely basis. I use the instrument to examine the patients and record their details in the register book. During the bi-weekly meeting with the local Health Assistant (HA), Family Welfare Assistant (FWA), and myself update the list of pregnant mother and under-five children. It takes about 40-50 minutes every day to collect and record the day-to-day patient service data. By doing so, we preserve the MNCH data, and as a result, the registers are always kept updated.

Question: Do you face any challenge now?

Abdullah Al Mamun: Yes. There are still numerous challenges in continuing our work. Often electricity in our community clinics and internet connection are frequently disrupted and low bandwidth in the village are major problem. In order to keep the online database updated, it requires bringing the patient registers every day to my house and enter the data on the DHIS2.

Question: How the HMIS is contributing to improved health service delivery in the community?

Abdullah Al Mamun: It allows us to trace the patient service data in DHIS2. Now, any CHCP can trace back the previous service data of a particular patient, e.g. ANC check-up details of a pregnant mother, immunizations status of a child, previous health records of the child (pneumonia and diarrhea etc.). As a result, the HMIS is allowing every CHCP-HA-FWA trio to update our regularly the health status of the people in our catchment areas and prepare our next plan of action at the field level. At the end of the day, we have history of all our patients.

Bright future awaits local health service delivery

Netrokona HMIS Review Workshop

By Md. Rezwan Akhter

Implementation of a newly designed community Health Management Information System (HMIS) has started in 10 upazilas (sub-districts) of Netrokona district. The goal of new system is to collect routine MNCH data from the community. This will ensure improved measurement and standardization of the health services through evidence-based quality data.

As a result, it will enable better decisions support for the local level managers and ensure better health outcomes for the grassroots population. The initiative was reviewed in a workshop of health and family planning managers and staff organized by the Civil Surgeon's Office of Netrokona at the EPI Auditorium of the District Hospital on 14August, 2014.

Dr. Shahid Uddin Ahmed, Civil Surgeon of Netrokona, says community HMIS initiative has been implemented over the last six months in all upazilas of Netrokona and it is necessary to disseminate and update the activities with the relevant stakeholders.

"The workshop provided a platform for the local Health and Family Planning Managers to share their findings and local innovations regarding the MNCH service data collection using the District Health Information Software- version 2(DHIS2) software and how it is impacting the community health care services in Netrokona," he adds.

"Netrokona is listed as a low-performing district, despite the hard work of everyone in the health and family planning department," admits Dr. Shahid Uddin Ahmed. He urges everyone to store all the required information in the HMIS and regularly monitor the progress to ensure continuous improvement.

Golam Md. Azam, Deputy Director Family Planning (DDFP), Netrokona, Dr. Bijon Kanti Sarkar, Deputy Civil Surgeon, Netrokona, Dr. Altaf Hossain, Programme Manager, IMCI-DGHS, Dr. Md. Yunus, DPM, Training and Child Injury Prevention, IMCI-DGHS, all Upazila Health & Family Planning Officer (UH&FPO), Upazila Family Planning Officer (UFPO), all district and upazila statisticians, two selected Community Health Care Providers (CHCP), Omar Farooq, Dr. Margub Aref Jahangir and Dr. Alamgir Hossain of UNICEF, Nayeem Al Mifthah and Rezwan Akhter, HMIS Consultants; Dr. Kazi Md. Habibur Rahman, District Maternal, Child Health & Immunization Officer (DMCH&IO) of GAVI along with the representatives of Center for Injury Prevention & Research Bangladesh (CIPRB) and Partners in Health Development (PHD) participated in the workshop.

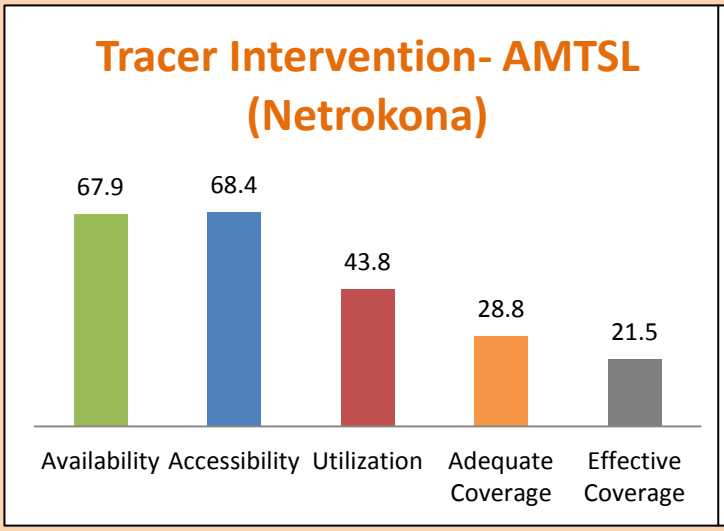
Before the HMIS intervention, there was no commendable databank available from the community level of Netrokona. With this community HMIS intervention, MIS-DGHS started to collect individual MNCH data.

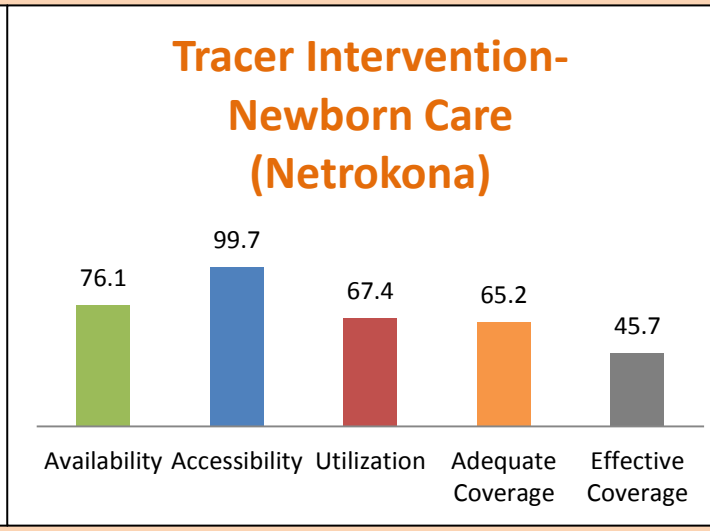
Dr. Altaf Hossain, Program Manager of IMCI-DGHS, sharing his findings in the "HMIS Review Workshop of Netrokona"
Photo- Md. Rezwan Akhter, HMIS Consultant, Netrokona

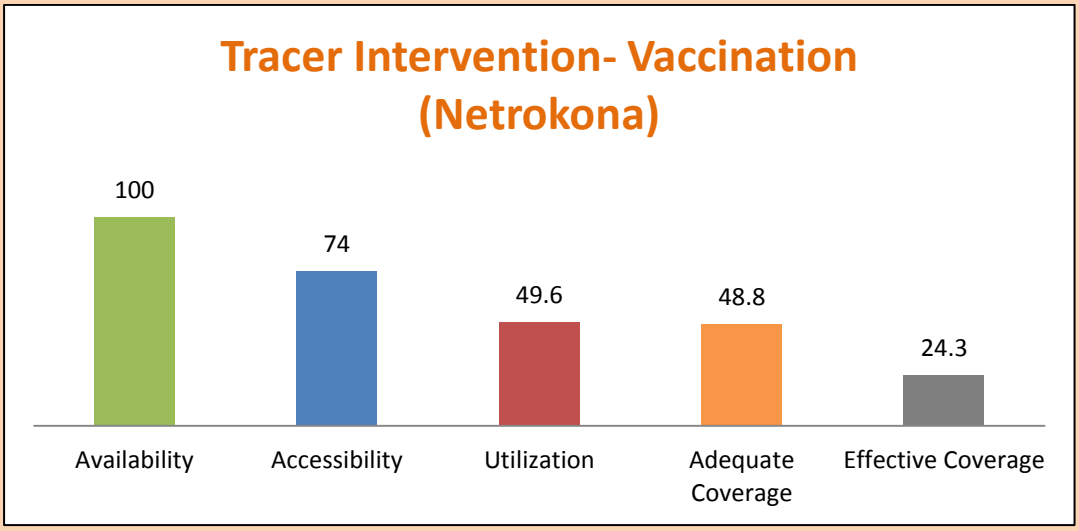
In the presentation titled, "Netrokona Community HMIS Activities", Rezwan Akhter, HMIS Consultant, briefed the participants on the progress of the initiative. Nayeem Al Mifthah, HMIS Consultant, made another presentation on Defaulter Tracking mechanism of the DHIS2. With the help of this tool, the community staff (Community Health Care Provider (CHCP), Health Assistant (HA), Family Welfare Assistant (FWA)) can track the service left out pregnant mothers and under-five children in their community.

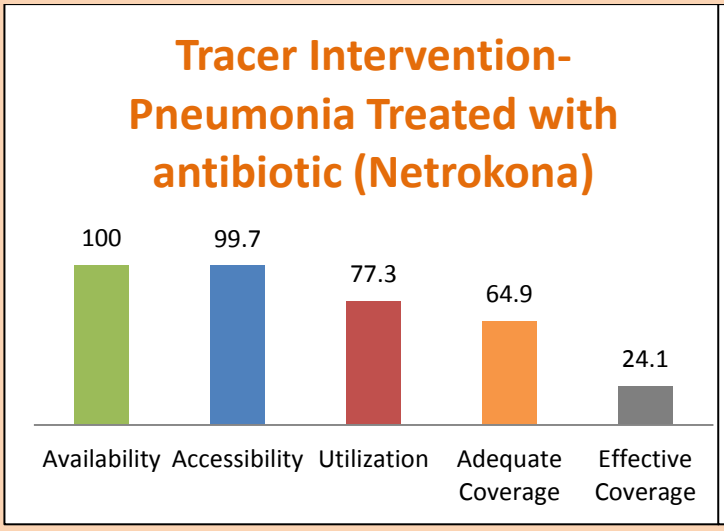
"Community HMIS is a good initiative to generate a concrete denominator for the different health and family planning indicators. The coordination between the CHCP-HA-FWA in the field is a key to achieve this," Golam Md. Azam, Deputy Director Family Planning (DDFP), Netrokona explains.

He adds, "Family planning department of Netrokona is continuously providing their support and will always be ready to extend their cooperation to build a solid community HMIS."









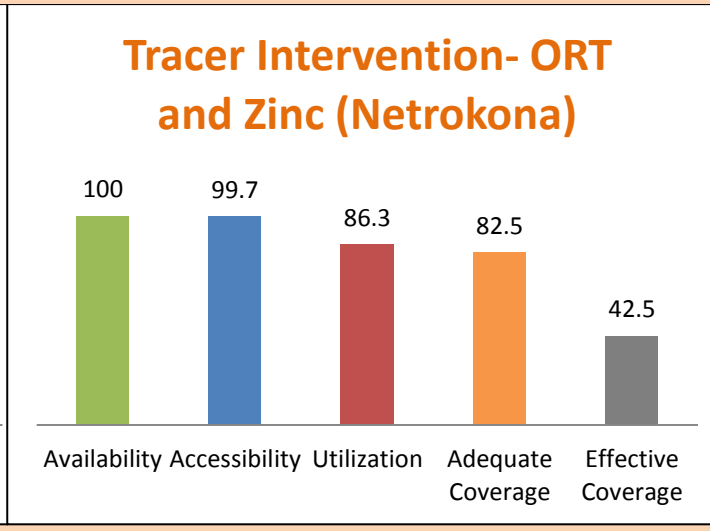


Figure 5- Tracer charts on Active Management of Third Stage of Labor (AMTSL), Newborn Care, Vaccination, Pneumonia and Oral Rehydration Therapy (ORT) in Netrokona

Following the Tanahashi model, tracer charts are being generated in DHIS2 with the community service data entered in the Community HMIS by the Netrokona CHCP. These interactive charts enabled the participants to discuss on the quality of services being provided in the field. The Availability and Accessibility data for all the Tracer indicators are being collected through the field survey, whereas Utilization, Adequate Coverage and Effective Coverage are generated from the routine data in Community HMIS. Participants discussed on the availability of service that is less than the other indicators for Newborn Care. This means the respective service providers capacity building is required to improve this indicator. Services are more accessible in Netrokona due to the raised public awareness for Newborn care and they tend to travel to the distant places for better health services.

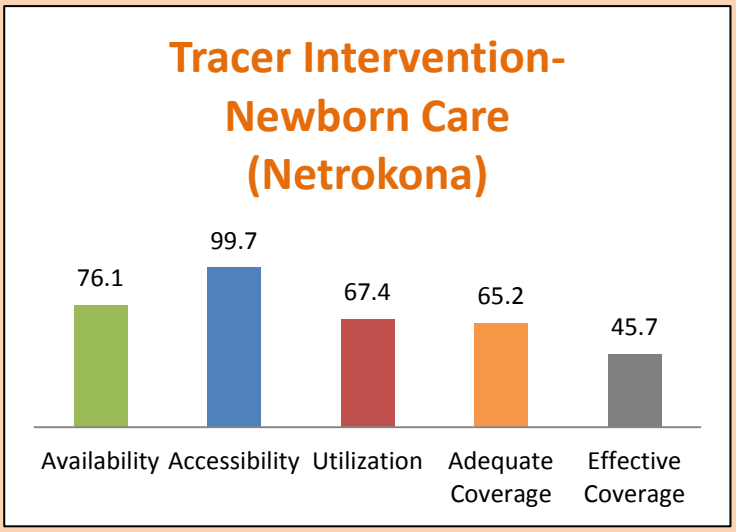


Figure 6- Low Availability of Skilled Service Provider

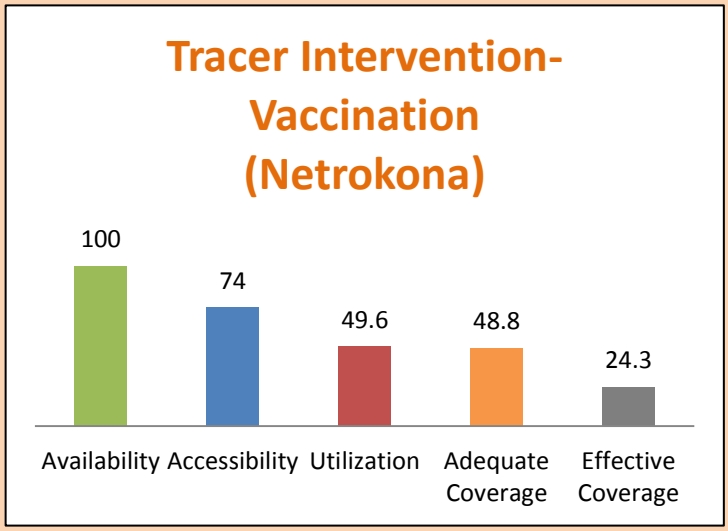


Figure 7- Low utilization and coverage data for Vaccination

Another important issue emerged in regards to the Vaccination indicator. In many cases the vaccination details of a particular child could not be collected from an authentic reference, thus participants agreed to inform the mothers to bring the EPI card of their children while visiting the service points. The Health Assistants do also require cooperating with the CHCP to enter their field activity regarding the child vaccination.

Dr. Altaf Hossain, Programme Manager, IMCI-DGHS, expressed his gratitude to everyone who have put their effort in implementing Community HMIS in Netrokona.

“A strong community HMIS will allow us to collect the service data focusing on the reduction of maternal, neonatal and under-five mortality and morbidity,” Dr Altaf explains adding, “We can then improve child growth and development by increasing and sustaining vaccine coverage, introducing new vaccines and strengthening health system with increased availability and access to quality maternal, neonatal, child health and nutrition services.”

Although the most of the Community Clinics are not yet connected with electricity and internet bandwidth availability is always a challenge in the villages, still the performance of the CHCP of Netrokona is encouraging. Netrokona is listed as a Low Performing District, despite the hard work of everyone in the health & FP department. To overcome this and ensure a continuous improvement, the CS of Netrokona urged everyone to arrange all the required information in the HMIS and regularly monitor the progress.

Community HMIS is a Very Timely Decision

Cox's Bazar HMIS Review Workshop

By Usaimong Marma

Dr. Mukhlasur Rahman, Civil Surgeon of Cox's Bazar, sharing his ideas and views on the Community HMIS initiatives in the "HMIS Review Workshop of Cox's Bazar"
Photo- Usaimong Marma, HMIS Consultant, Cox's Bazar

Civil Surgeon (CS) of Cox's Bazar Dr. Mukhlasur Rahman Khan says availability of reliable data in the health information system to take informed decisions was a challenge before the community Health Management Information System (HMIS) intervention was in place in all the upazilas (sub-districts) of Cox's Bazar district.

"The biggest challenge for health system planning was that no reliable denominators were available at sub-district and district levels except for major indicators. The health system had to rely on frequent surveys which were not sustainable," he adds. Robust data collection, both at community and health facility levels, data recording and reporting, data analysis are at the core of Health System Strengthening, Dr. Khan explains.

Dr. Mukhlasur Rahman Khan was addressing the HMIS Review Workshop of Cox's Bazar. The district Civil Surgeon's Office organised the programme on 19 August at its Conference Room.
Dr. Dipak Talukdar, Deputy Director Family Planning (DDFP), Cox's Bazar, Ashraful Islam Babul, Deputy Chief of MIS-DGHS and Dr. Shah Ali Akbar Ashrafi, Deputy Program Manager-eHealth, MIS-DGHS attended the programme.

All the Upazila Health & Family Planning Officer (UH&FPO), Upazila Family Planning Officer (UFPO), district and upazila statisticians, two selected Community Health Care Providers (CHCPs), Nayeem Al Mifthah and Usaimong Marma, HMIS Consultants; Dr. Aungsaprue Chowdhury, District Maternal, Child Health &

Immunization Officer (DMCH&IO) of GAVI, representatives of Center for Injury Prevention & Research Bangladesh (CIPRB) and Partners in Health Development (PHD) were also present.

Cox's Bazar is among one of the most hard-to-reach districts selected by the UNDAF for its geographical location close to the Bay of Bengal. Dr. Mukhlasur Rahman Khan says UNICEF supported the government to develop a strong Community HMIS and this is a very timely decision for the district.

"Their technical support has been a real boost," acknowledges Dr. Mukhlasur Rahman Khan.
Dr. Dipak Talukdar, Deputy Director Family Planning (DDFP), Cox's Bazar, claims, "We were able to generate massive enthusiasm amongst the CHCPs after the CHCP training on MNCH Individual Record data collection in March-April, 2014."

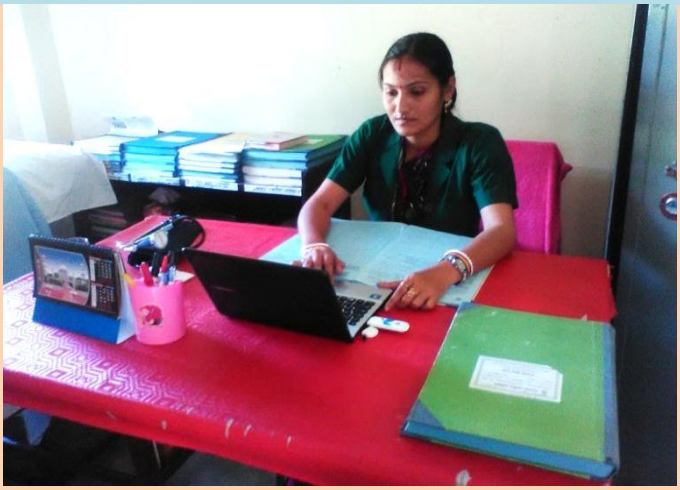
"The biggest challenge for health system planning was that no reliable denominators were available at sub-district and district levels except for major indicators. The health system had to rely on frequent surveys which were not sustainable. Robust data collection, both at community and health facility levels, data recording and reporting, data analysis are at the core of Health System Strengthening" -Dr. Mukhlasur Rahman Khan, Civil Surgeon, Cox's Bazar

"The progress was further strengthened after the training of the Upazila Health and Family Planning Managers on the use of data as a monitoring tool," he explains while co-chairing the workshop.
"The satisfactory progress of Community HMIS is encouraging for MIS-DGHS to scale up this initiative in every corner of the country," says Ashraful Islam Babul during his concluding remarks.
The coordination amongst the field workers of both health and family planning departments is a necessity for the continuous progress of the programme, he adds.

District HMIS Consultant Usaimong Marma made a presentation on the progress of the data collection from the field. The use of data and its effectiveness was observed by the participants as Nayeem Al Mifthah, HMIS Consultant made another presentation on Defaulter Tracking Mechanism of the DHIS2 (District Health Information System, version 2) to track the service left out/drop out pregnant mothers and under-5 children in the community.

During the workshop, CHCPs also shared their field experiences. They outlined lack of power supply and internet connectivity as major bottlenecks. One of them is Ms. Rajpati Dey, CHCP of Gazirdeil Community Clinic, Cox's Bazar Sadar. She expresses her daily activities in front of everyone-

"I am able to access the internet in my clinic but no electricity supply yet and my laptop battery gives backup for maximum 40 minutes. I prepare my daily patient register ahead of time and it allows me to update the DHIS2 individual records of within those 40 minutes. I have made my personal routine schedule HMIS activities and as a result have been able to register 532 individual records until 18th August 2014", said Ms Rajpati Rani Dey of Gazirdeil Community Clinic, Cox's Bazar Sadar while sharing her experiences regarding the Community HMIS activities.



Ms Rajpati Rani Dey, CHCP of Gazirdeil Community Clinic, Cox's Bazar Sadar is entering MNCH individual records sitting in her CC

Tracer charts based on Tanahashi model are being generated in DHIS2 with the community service data entered by the Cox's Bazar CHCP in the Community HMIS. Workshop participants discussed on the district performance based on these tracer charts. The Availability and Accessibility data for all the tracer indicators are being collected through the field survey, whereas Utilization, Adequate Coverage and Effective Coverage are generated from the routine data in Community HMIS.

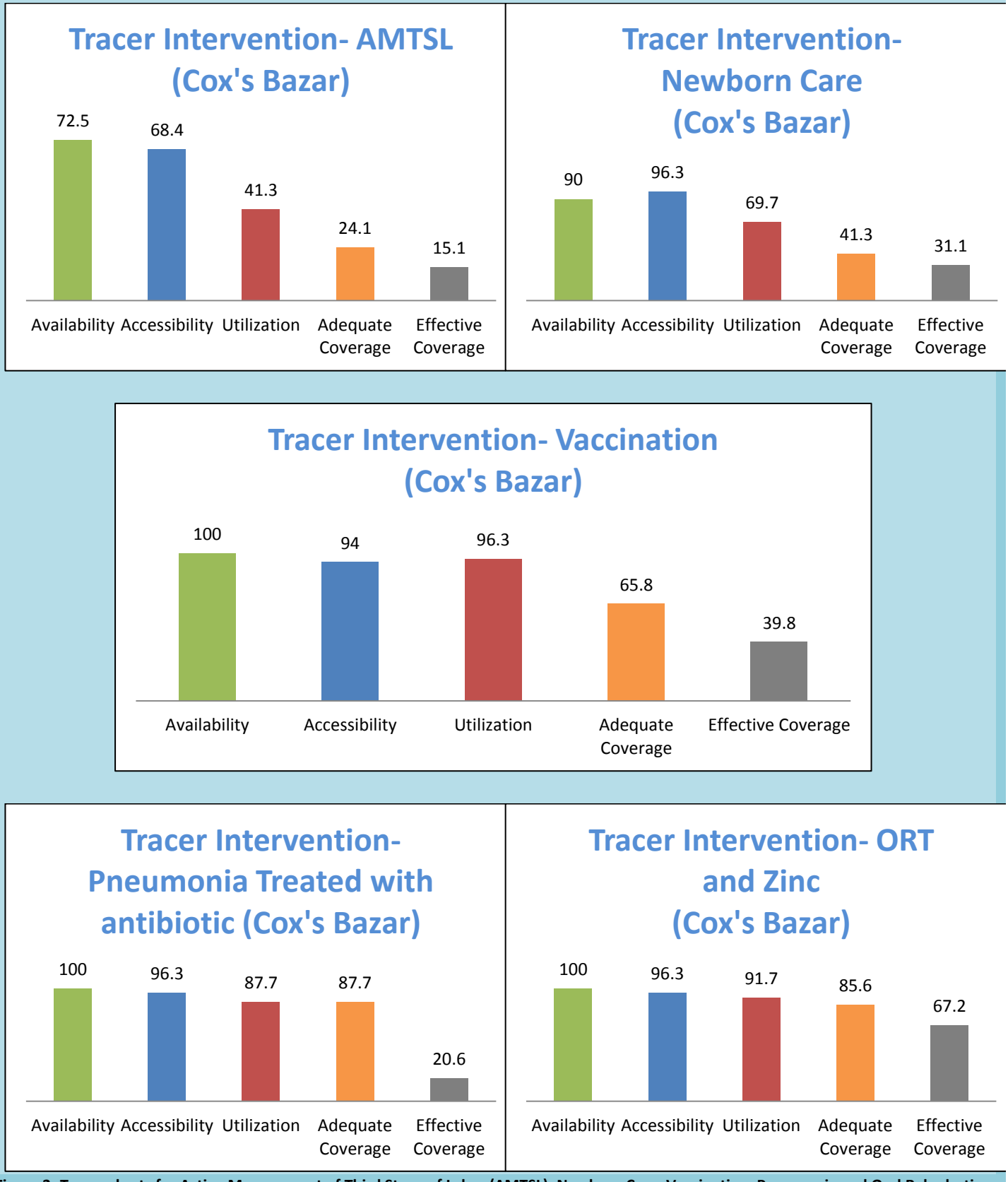


Figure 3- Tracer charts for Active Management of Third Stage of Labor (AMTSL), Newborn Care, Vaccination, Pneumonia and Oral Rehydration Therapy (ORT) in Cox's Bazar

Participants discussed on the accessibility of service that is less than the utilization for AMTSL, whereas the adequate coverage and effective coverage is very low, which is because of the definition of the Accessibility indicator. Accessibility means service accessibility for households who have access to medically trained provider within 2 hours of travel. Often the service receivers visit the distant service delivery points to receive services, and as a result service utilization goes up. On the other hand women as well as their attendant give wrong information on Oxytocin as they don't know the actual information. Sometime they mention another injection as Oxytocin. This is also creating wrong impression on data. Similarly, Full course of antibiotic consumption for the under 5 children with suspected cases of Pneumonia is also very low. Because in most cases people ar reluctant to complete the full course of medication.

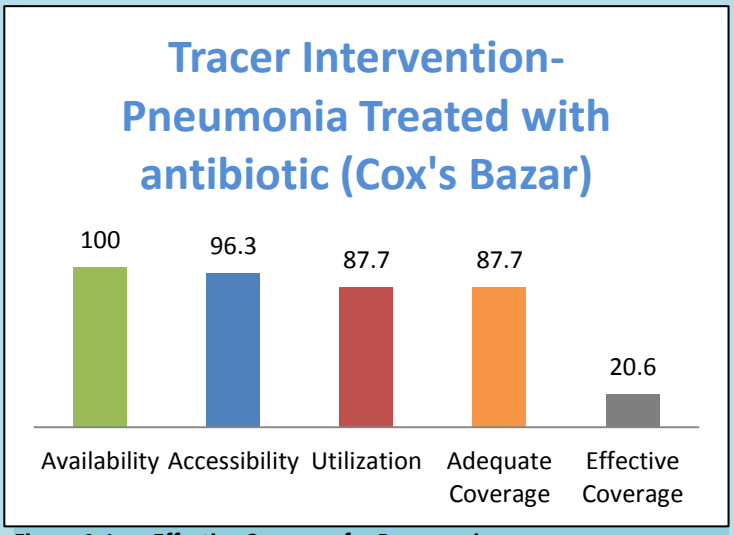


Figure 4- Low Effective Coverage for Pneumonia

"The satisfactory progress of Community HMIS is encouraging for MIS-DGHS to scale this initiative in every corner of the country"- says Mr. Ashraful Islam Babul during his concluding remarks. The coordination amongst the field workers of both health and family planning department is a necessity for the continuous progress of the program, he also adds for putting further emphasis by the local health & family planning managers.

Effective of Hardest to Reach HMIS to Strengthen MNCH

Bandarban HMIS Review Workshop

By Munim Rashid

Field-level health workers in the hill district of Bandarban have been working hard defying constraints posed by poor or no Internet connectivity as they are uploading data to a central network.

With UNICEF supported intensive training, 34 per cent of the CHCPs (Community Health Care Providers) of the district were successful in submitting their reports in DHIS2 (District Health Information Software, version 2) last month. The training also helped to boost the confidence level of health workers.

Strong community Health Management Information System (HMIS) will contribute to strengthening the planning and monitoring and evaluation of Maternal and Neonatal Child Health (MNCH) and EPI programme.

Dr. Maung Te Zaw, Civil Surgeon of Bandarban, sharing his ideas and views on the Community HMIS initiatives in the "HMIS Review Workshop of Bandarban"
Photo- Munim Rashid, HMIS Consultant, Bandarban

It may sound small but the progress has been appreciated by top health managers of the district.
In fact, the change is becoming visible day by day. A daylong District HMIS Review Workshop for Health and Family Planning Managers and staff at Bandarban on August 20, 2014 discussed the updates in this regard.

The objective of the workshop was to disseminate the HMIS related activities implemented in the district. In addition, the participants also discussed the challenges and identified ways for addressing those challenges and further improvement of the system.

Bandarban district is one of the most disadvantaged in terms of infrastructure and communications facilities amongst 20 United Nations Development Assistance Framework (UNDAF) districts.
"Internet connectivity is the major constraint in implementing DHIS2 based Health MIS at Bandarban hill district," says Dr. Maung Te Zaw, Civil Surgeon of Bandarban, adding, "Data entry is often disrupted in the middle of the work. So, it is really hard." MIS, DGHS (Director General of Health Services) procures Internet services from private mobile telephone operators and their service is far from being adequate.

Dr. U Khey Win, Deputy Director Family Planning (DDFP), Bandarban, Ashraful Islam Babul, Deputy Chief, MIS-DGHS, Dr. Shah Ali Akbar Ashrafi, Deputy Program Manager-eHealth, MIS-DGHS, all Upazila Health & Family Planning Officer (UH&FPO), Upazila Family Planning Officer (UFPO), all district and upazila (sub-district) statisticians, two selected Community Health Care Providers (CHCP), Nayeem Al Mifthah and Munim

Rashid, HMIS Consultants Dr. Aung Tha Loo, District Maternal, Child Health & Immunization Officer (DMCH&IO) of GAVI along with the representatives of CIPRB and PHD participated in the workshop.

Dr. Maung Te Zaw informs that UNICEF supported 3-day intensive training for the CHCP in March 2014 had impacted positively and resulted in progress. Community HMIS is a routine data and these need to be entered into the DHIS2 by the CHCP in the community. They were given a laptop and internet modem. However, some of these equipment are already out of order and some CHCP are yet to receive them.

"These challenges are more acute in remote Bandarban. I have to travel to the upazila to gain access to electricity and internet," explains Shwapna Rani Tanchangya, the CHCP of Rowangchari Upazila of the district. It is difficult to leave the community clinic and travel to the upazila for data entry, while it consumes the daylight time to travel to the upazila and comes back, she says adding, "The situation gets worst when electricity and internet trips at the upazila level also." Shwapna Rani Tanchangya is thankful to the MIS-DGHS of the government as it took the initiative to improve their skills. "We were very enthusiastic to receive the 3-day training on HMIS, supported by UNICEF. The training improved our skills a lot and we are more confident now in dealing with patient service records," Shwapna Rani Tanchangya adds.

Tanahashi charts are being generated in DHIS2 for Bandarban district with the community service data entered by the CHCP in the Community HMIS (Figure-2). The Availability and Accessibility data for all the Tracer indicators are being collected through the field survey, whereas Utilization, Adequate Coverage and Effective Coverage are generated from the routine data in Community HMIS. These charts were explained during the HMIS Review Workshop to ensure better use of the Community HMIS data. In every case, except ORT the accessibility of service is less than the utilization, which is because of the definition of the Accessibility indicator (Figure-1). Accessibility means service accessibility for households who have access to medically trained provider within 2 hours of travel. Often the service receivers visit the distant service delivery points to receive services, and as a result service utilization goes up.

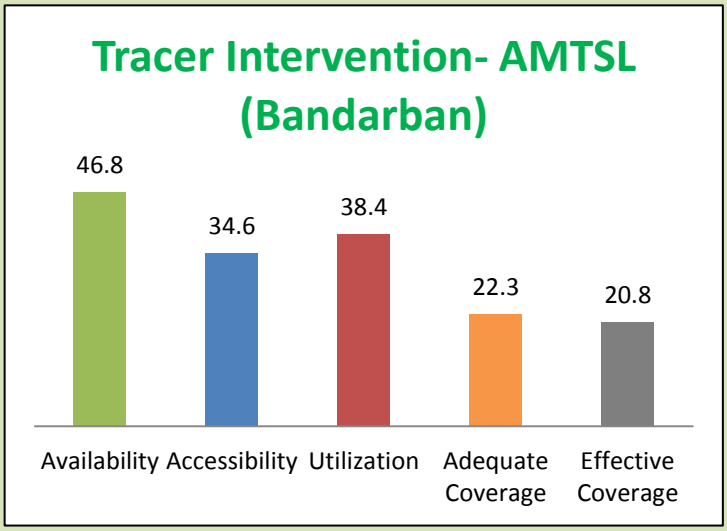


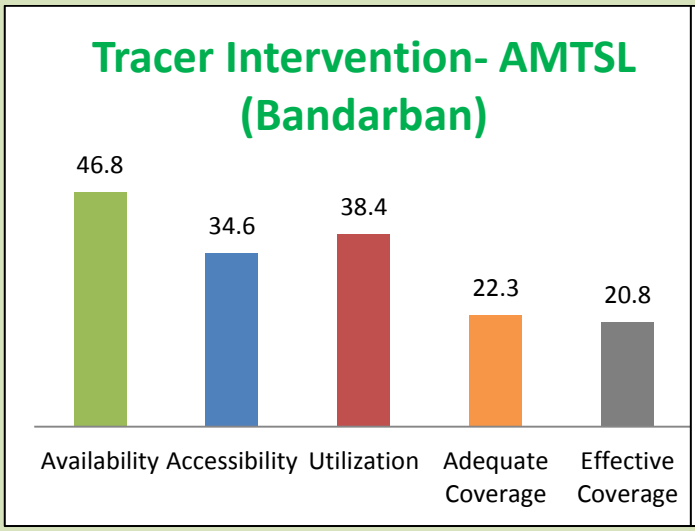
Figure 1- Low Accessibility of AMTSL in Bandarban

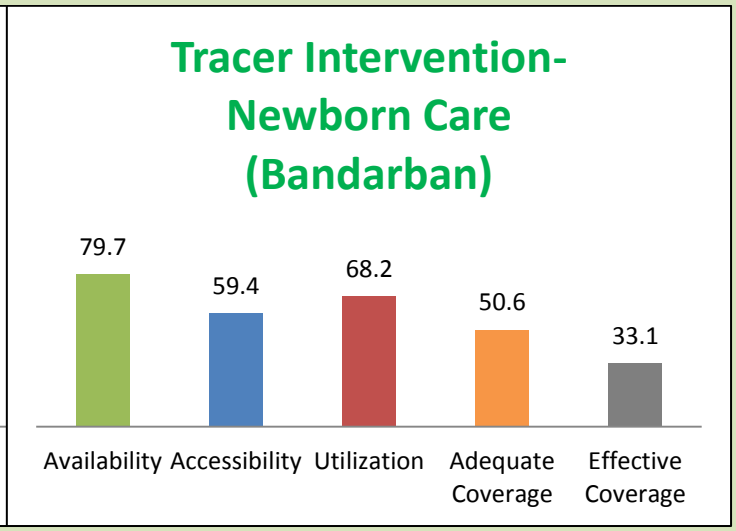
Strong Community HMIS will contribute to strengthen planning and M&E of MNCH and EPI programme. Due to the unavailability of the required supporting environment for data entry in the community, Bandarban district CHCP are facing challenge in using the HMIS in a routine basis. But the efforts put in establishing a Community HMIS in Bandarban is really commendable.

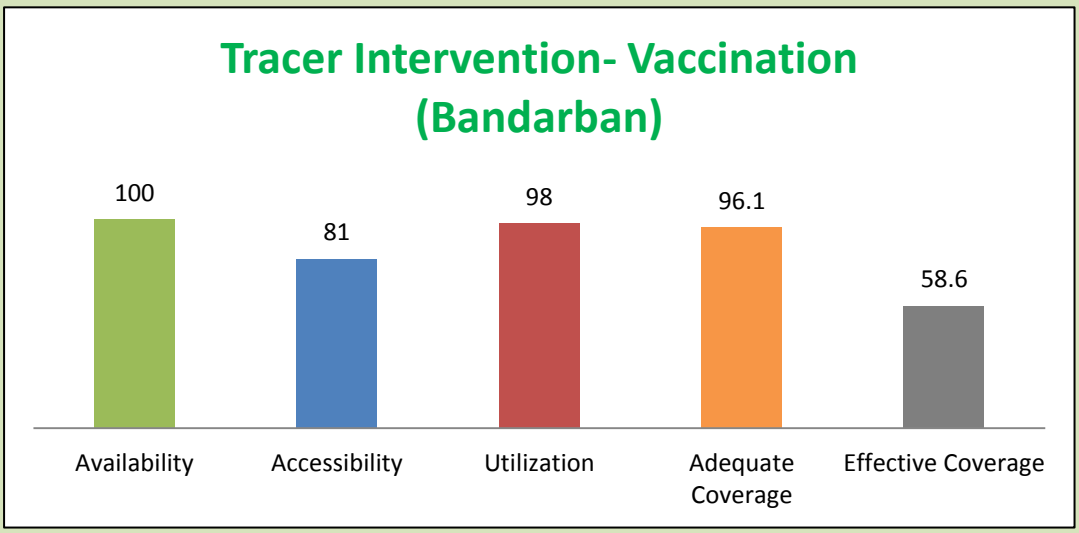
"All the efforts in establishing a Community HMIS in Bandarban is really commendable," according to Dr. Shah Ali Akbar Ashrafi. He thanked everyone related to the whole programme for their efforts.

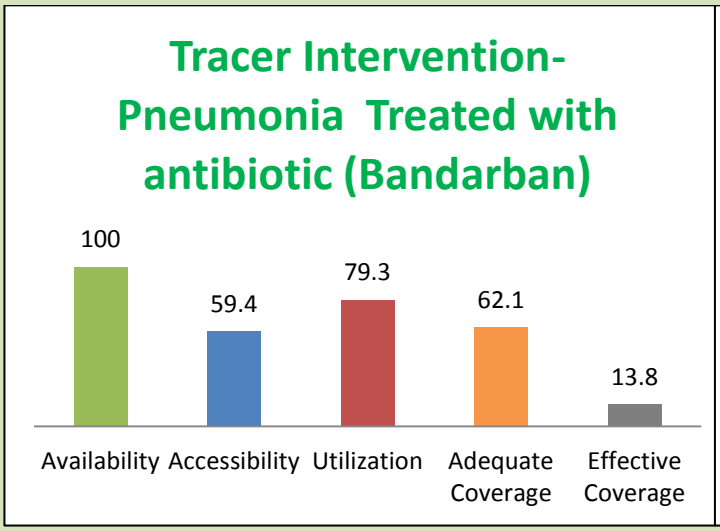
Ashraful Islam Babul, Deputy Chief, MIS-DGHS, further inform that the government is working hard to reach the unreachable to achieve the Digital Bangladesh target by the year 2020. "But it would not take that long. MIS-DGHS has been pushing the internet service providers to improve their service quality in the hard-to-reach areas of the country," he claims.

Below graphs for MNCH have been discussed among health managers of each upazila health complexes and other participants.









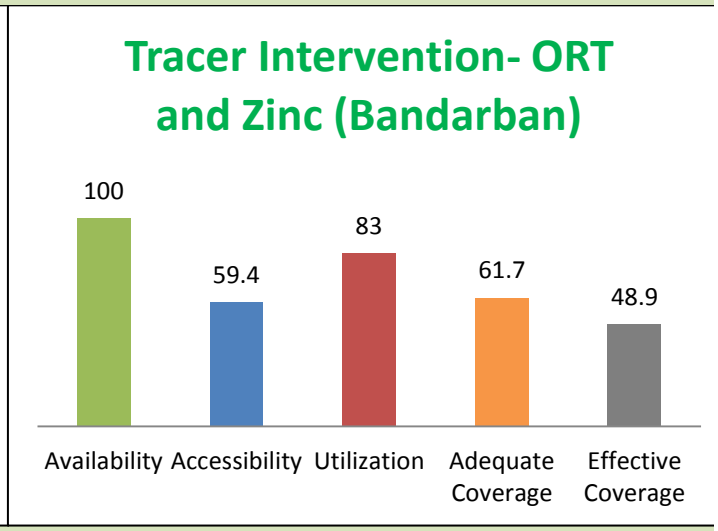


Figure 2- Tracer charts for Active Management of Third Stage of Labor (AMTSL), Newborn Care, Vaccination, Pneumonia and Oral Rehydration Therapy (ORT) in Bandarban

In his concluding remarks the DDFP of Bandarban Dr. U Khey Win emphasized on increased coordination among the field staff of Health and Family Planning departments for better management and service delivery to the hard-to-reach mothers and children of Bandarban.

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