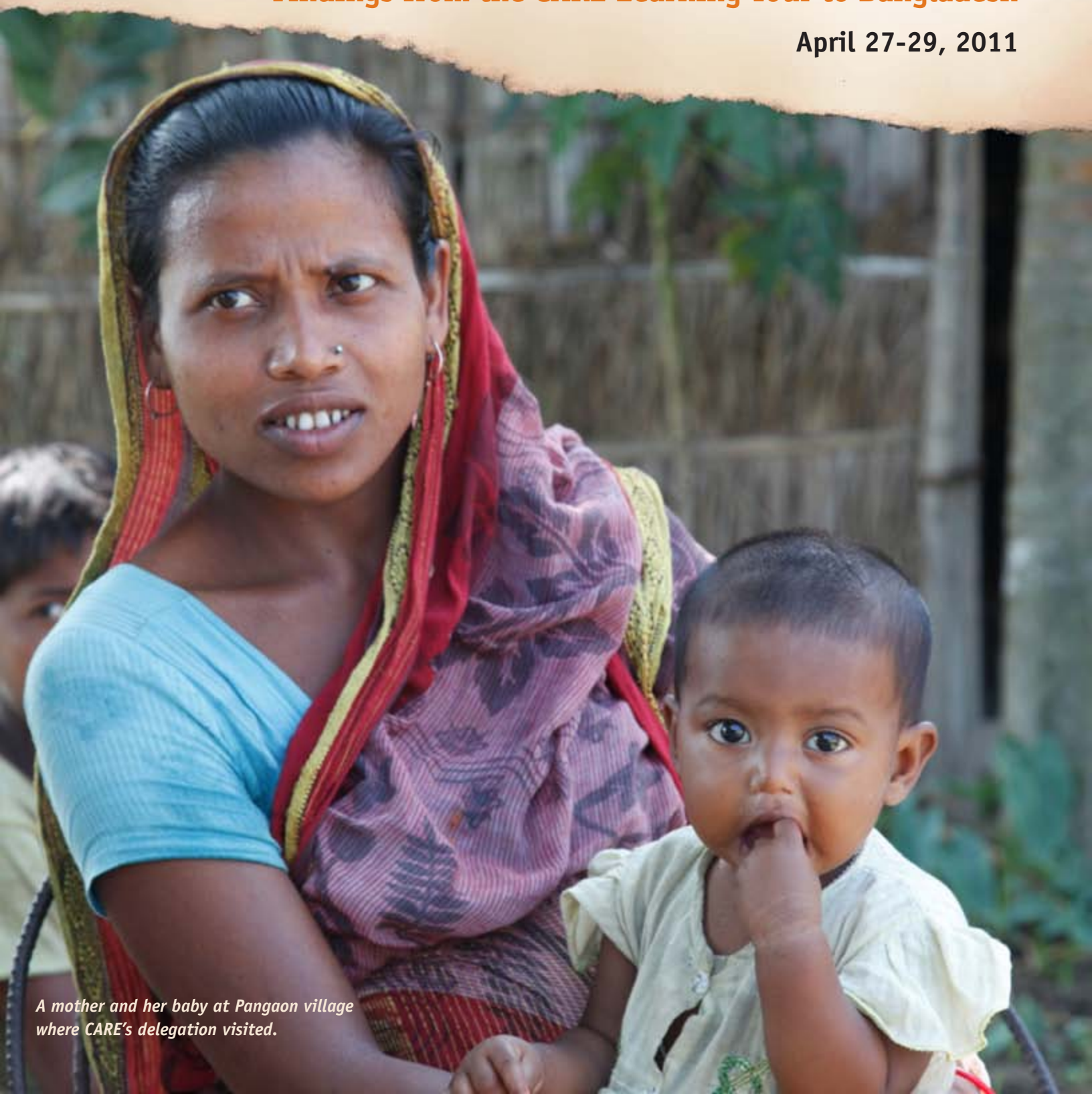
Maternal Health: The Power of Partnership

Findings from the CARE Learning Tour to Bangladesh

April 27-29, 2011



A mother and her baby at Pangaon village where CARE's delegation visited.

Introduction

CARE has worked in Bangladesh for over sixty years and knows the improvements people have made in their communities to lift themselves out of poverty. On this trip, CARE engaged key leaders from the public and private sectors to examine maternal, newborn, and child health issues (MNCH) and overall foreign assistance programs in Bangladesh. The Learning Tour showcased the strong partner Bangladesh has in the United States to achieve this country's commitment to reaching Millennium Development Goal (MDG) 5: reducing maternal deaths by three-quarters and providing universal access to reproductive health by 2015. Major U.S. development initiatives – Feed the Future and the Global Health Initiative – are also being implemented in Bangladesh. The timing of this trip was opportune: as the U.S. government debated reductions in foreign assistance programs, delegates on the trip visited innovative, life-saving programs for mothers and their families which were made possible, in part, through foreign assistance support.

In less than a decade, low cost, effective interventions led to improved overall maternal health outcomes enabling Bangladesh to reach MDG 5 with a 40 percent reduction in maternal mortality. The World Health Organization (WHO) estimates that population growth rate has declined, life expectancy at birth has increased, infant and under-five mortality rates have decreased, and a demographic transition is beginning to emerge.

Delegates traveled over three days from the urban slums of Bangladesh's capital city, Dhaka, one of the most densely populated cities in the world, to rural villages in the northeast province of Sunamganj, an agricultural community near the border of India. By meeting with local women, public and private sector partners and government officials, delegates examined Bangladesh's multi-faceted approach to maternal health care. The delegation learned about the social, political, economic, and systematic challenges that mothers encounter when they need access to emergency services or basic health care from health facilities often located far outside their communities.

Participants

Representative Jim Matheson
U.S. Congress (D-UT-2)

Dr. Amy Herbener
Infectious Disease Pediatrician, University of Utah

Jeannine Shao Collins
Chief Innovation Officer, Meredith, Inc.

Lauren Harper
Senior Marketing Manager, Dove/Unilever

Lynn Freedman
Professor of Clinical Population and Family Health, Columbia University

Cindy Hall
President & CEO, Women's Policy Inc.

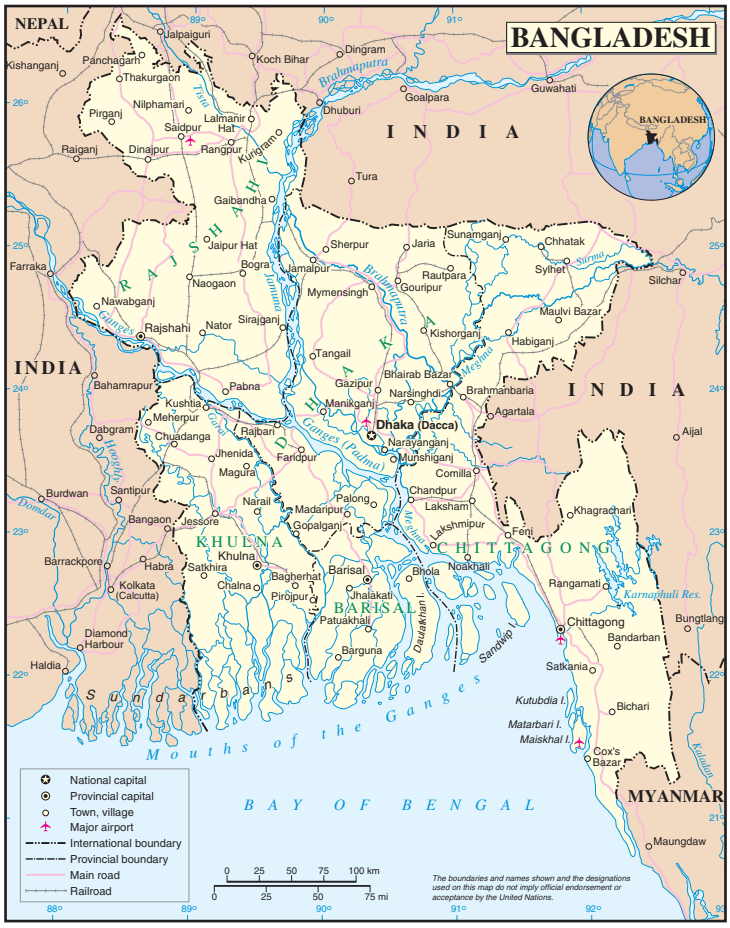
Dina Hossein
Producer, ABC News

JoDee Winterhof
Vice President of Policy and Advocacy, CARE

The delegation with the U.S. Ambassador to Bangladesh, from left to right: JoDee Winterhof, Cindy Hall, Lynn Freedman, U.S. Ambassador James Moriarty, U.S. Congressman Jim Matheson, Amy Herbener, Jeannie Shao Collins, Lauren Harper and Dina Hossain.

Bangladesh Overview

A low-lying country on the Bay of Bengal, Bangladesh is a place of transformation, challenge and opportunity. Since independence from Pakistan in 1971, Bangladesh has developed a distinct culture and is experiencing rapid change, particularly in the context of urbanization, economic growth, technology, and advancements in health and education. While Bangladesh is comparable in size to the U.S. state of Iowa, it is home to 160 million people – approximately half the population of the United States.



Political will and a commitment to long term development elevated the country to the forefront of innovative global poverty solutions. **A World Bank study recently projects that Bangladesh may qualify for "middle income" status in 10 years if current rates of growth are sustained.** Reports also show sharp drops in poverty (from 70 percent in 1971 to 40 percent in 2005) as well as significant increases in secondary school enrollment, childhood immunization, and food security.

Despite this progress, 63 million people still live below the poverty line, 41 percent of the population lives under U.S. $1 a day and 45 percent are estimated to be undernourished. A recent U.S. Agency for International Development (USAID) study shows that Bangladesh is also one of the most vulnerable countries to climate change and natural disasters. In addition, the World Bank, shows that 60 percent of the worldwide deaths caused by cyclones in the last 20 years were in Bangladesh. The capital city, Dhaka, is growing rapidly with 15 million inhabitants and a high demand for low skilled labor to supply the increasing garment factories across the city.

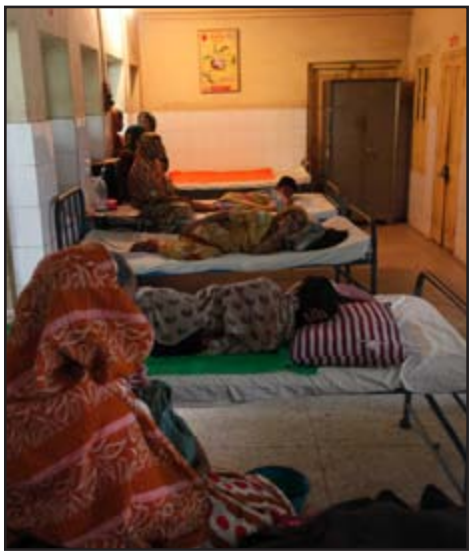
Bangladesh is responding to development challenges in a myriad of ways. The Government of Bangladesh, foreign donors, national and international nongovernmental organizations (NGOs) and private and public sector partners are focused on developing innovative and integrated programs which address food security, climate change, maternal and child health, land rights, education and gender equity.

Health

In 1971, the Government of Bangladesh established health care as a basic right for all citizens. Initially, services were provided at the sub-district (upazila) level, and the quality and accessibility of care varied widely. While a more advanced level of care was available at District Hospitals and Medical College Hospitals, these were often overcrowded and difficult to access from rural areas.

Presently, the Bangladeshi health care system is comprised of both private and public options. Upazila hospitals still serve as the health care hub for many communities and provide comprehensive emergency obstetric care services, including availability of cesarean sections and blood transfusions. In addition, large NGOs such as BRAC (formally known as the Bangladesh Rural Advancement Committee) and the Grameen Bank also developed health and education programs that reach a significant percentage of the population. Within the private sector, traditional healers, homeopathic practitioners, village doctors, community health workers, community clinics, and retail drugstores all play a role in providing medical services and supplies to local communities.

Delivering maternal and child health services has improved over the last decade. The Government of Bangladesh adopted a national strategy focused on improving maternal health with an emphasis on improving Emergency Obstetric Care (EmOC) services in order to reduce maternal mortality. The government enhanced referral systems for pregnancy complications and improved overall quality of care – with a special initiative on retraining existing government community health workers to become "community skilled birth attendants." **A combination of evidenced-based technical and social interventions led to improved maternal and child health outcomes enabling Bangladesh to reach MDG 5 with a 40 percent reduction in the maternal mortality rate in less than a decade – translating to the risk of maternal death being 1 in 500, classifying it as a "rare event."** Bangladesh has made such progress that in 2010, President Sheikh Hasina won a MDG 4 award for improving children's health.



Patients at the Roipura Upazila Hospital.

Bangladesh has one of the highest rates of adolescent motherhood in the world – with 28 percent of adolescents bearing at least one child.

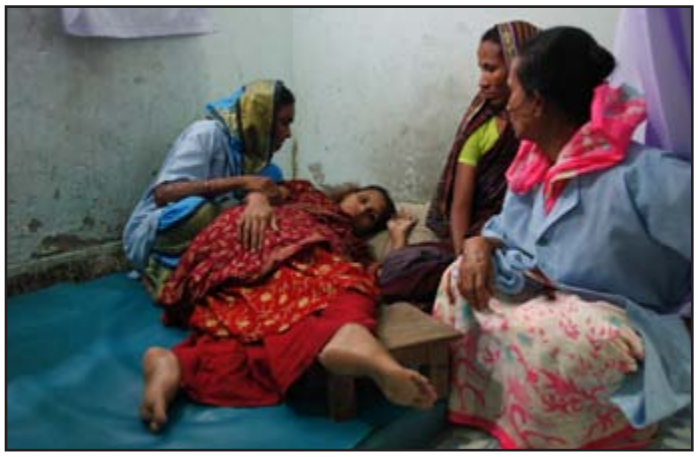
However, challenges remain in the overall health care governance system in terms of quality of care and equity, especially for pregnant women and adolescents in poor communities. Bangladesh has one of the highest rates of adolescent motherhood in the world – with 28 percent of adolescents bearing at least one child. Nearly 85 percent of births take place in the home – outside a healthcare facility or with the aid of trained healthcare professional such as a doctor, midwife, or skilled birth attendant – making access to emergency care difficult, if not impossible, and life threatening to both mother and child.

Day 1: Setting the Stage – Maternal Health

On the first morning of the Learning Tour, the delegation received a briefing on the state of maternal and child health programs in Bangladesh from Nick Southern, CARE Country Director, and several in-country technical experts including Dr. Monira Praveen (UNICEF) and Dr. Shams Al-Arifeen (ICDDR,B), Dr. Farhana Dewan (Obstetrical and Gynecological Society), and Dr. Kaosar Afsana (BRAC). Each presenter highlighted the importance of political will, quality and availability of healthcare services, international donor commitment and partnership, and inclusion of non-medical interventions. These interventions included female education, accessible and inexpensive technology (particularly mobile phones), purchasing capacity, and access to family planning as key contributors to Bangladesh's success in reducing maternal mortality over the last decade.

A robust discussion, moderated by delegate Lynn Freedman, followed with participants asking exploratory questions that delved deeper into the underlying causes behind a woman and her family's decision to deliver at home versus a facility, where emergency obstetric services are generally available. The conversation focused on social factors and sensitive cultural mores such as women and young girls' ability to travel outside the home to access life-saving care.

As the conversation continued, a story of one nation's success, challenge, and desire to lift itself from abject poverty, despite natural disasters and regional political tensions became more clear. Bangladesh experienced economic opportunities, technological advancements, higher female education, and international recognition, while working to reverse one of the country's most persistent health obstacles – saving the lives of pregnant women in childbirth. The challenge remains for Bangladesh to maintain, replicate and scale-up this successful model across the country – particularly in the cyclone affected areas of the northeast and for vulnerable populations including the urban poor and rural women.



Midwives attend to an expectant mother at BRAC's Manoshi birthing center.

This briefing set the stage for the delegation's first program visit to ***BRAC's Manoshi Project*** – focused on community-based interventions for reducing maternal, newborn and child mortality rates in Dhaka's urban slum areas, where women and children continue to receive inadequate health care. In a city of 15 million people – with ever increasing numbers of migrant workers — land rights is a contentious topic.

Manoshi trains health workers and birth attendants using mobile technology to track pregnant women, provides clean and safe delivery services at birthing centers or "huts" established in the urban slums, educates women about nutrition, sanitation, family

planning services, and prevention of mother-to-child transmission of HIV/AIDS, and coordinates with hospitals and clinics to ensure timely referrals of pregnant mothers in need of transport to an emergency obstetric facility. Each of BRAC's birthing centers serves nearly 2,000 households (or 47,000 people) in these urban slums.

The delegation visited a group of pregnant women, many of whom were first-time mothers. With the aid of education materials such as a doll, pregnancy workbook and a piggy bank, health workers teach young women about the danger signs of unexpected complications, proper care for themselves and their babies, and the importance of saving money in case of an obstetric emergency. Medical cards with each woman's vital statistics are assigned including previous pregnancies, blood pressure over the course of her pregnancy and her expected due date.

When asked to compare her pregnancy with her mother's, one young woman said, *"It was much harder for our mothers. They didn't have BRAC and had to give birth at home. It's clean here, and at home everyone is busy, there is no one there to take care of us during delivery."* The mothers told us they want between one and three children, a drastic drop from the average family size of seven to eight just a generation ago.

A BRAC health worker uses M-technology to record an expectant mother's progress.

The delegation followed Rokeya into the home of Rashida Begum, a young mother with a six-week-old named Monir. She proudly showed her health card, as the community health worker explained how she entered Rashida's vital statistics into her mobile phone for monitoring. The young mother was proud of her new son and was equally happy to tell us that she was breast feeding because she knew it was healthy for the baby.

Upon returning from the Manoshi Project, the delegation had a private lunch briefing from the U.S. Mission to Bangladesh. Several representatives from USAID Bangladesh, including Dennis Sharma and Tara Simpson, described long standing health and nutrition programs supported by the U.S. Government as an important partner of Bangladesh.

In the evening the delegation visited a joint CARE-Wal-Mart after-work program known as ***Women's Health & Education through Effective Learning (WHEEL)*** designed to educate and train female garment workers in basic life skills building including literacy, numeracy and basic health and sanitation promotion. The WHEEL program also includes education on family planning education and services. Through the development of Learning Centers or "hubs" established in urban slums where factory workers live, the program promotes peer-to-peer teaching techniques, group solidarity sessions, and music lessons as a way to address important issues such as gender based violence and discrimination while also building self-esteem and confidence.

The demand for low skilled laborers in Dhaka's garment factories attract a large and growing number of very young men and women from rural villages. A majority of these garment workers are adolescent girls, working in tight quarters for at least eight hours a day. Young women represent a highly vulnerable population - isolated from their families, susceptible to exploitation, and fearful of dismissal. Delegates were invited to tour a factory floor site and visit the on-site health facility and daycare center established for garment factory workers.

The CARE delegation interacts with peer facilitators at the WHEEL project.

WHEEL's Learning Centers offer a safe, supportive space for young women to share their stories, learn from one another, and discuss the importance of education and healthcare in a city that is far from their communities. The delegation followed CARE staff to the Madarsa Camp, while maneuvering muddy pathways and an open stream of sewage to reach a Learning Center.

The joint WHEEL program between civil society and the corporate sector is a unique collaborative effort in which each partner recognizes the critical importance of fostering a productive and protected work force.

Day 2: Understanding Community Health Systems

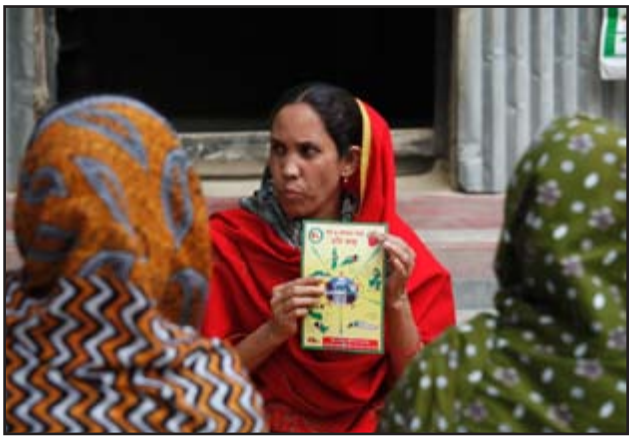
On the second day, the delegation learned how health services are delivered to rural communities in Bangladesh. The delegation traveled three hours northeast of Dhaka to visit a village health program, a semi-private clinic, and a sub-district or Upazila hospital run by the Government of Bangladesh.

The delegation visits the Safe Motherhood Promotion Project in the Narshingdhi district.

The delegation arrived at the ***Safe Motherhood Promotion Project (SMPP)*** in rural Narsingdhi district – a joint Ministry of Health & Family Welfare, Japanese Agency for International Development (JICA), and CARE initiative. A unique feature of SMPP is the *Community Support System* (CmSS) which trains community health volunteers to educate women about the danger signs in pregnancy and encourages them to seek prenatal, delivery and post-partum care. CmSS also helps organize the community to create a social fund to pay emergency transport costs for women in need of emergency obstetric care.

The delegation observed a birth planning session led by a community health worker, Rehana Begum, as she discussed the danger signs of complications during pregnancy and childbirth to a young woman named Nasrin and her family.

Like most women in Narshingdhi, Nasrin wanted to give birth at home with the help of her family and a skilled birth attendant. However, with the risk of sudden complications always present, the CARE-trained community health worker taught Nasrin the importance of understanding warning signs of complications and developing a birth action plan.



Community Health Worker, Rehana Begum, conducts a birth planning session with Nasrin and her extended family.

"When I was newly married, I lost a baby, and I never forgot the heartache. I want better for Nasrin."

—ROFIYA BEGUM

When the delegation asked Nasrin's family how they felt about her taking part in the birth-planning meeting, her mother-in-law, Rofiya Begum, became overwhelmed: "When I was newly married, I lost a baby, and I never forgot the heartache. I want better for Nasrin."

CARE's evaluation of the SMPP project shows increased antenatal access among the poorest women in Narsingdhi district from 30 percent to 71 percent in four years. This is an indicator that social norms are changing. Mothers-in-law, who previously kept to tradition like Rofiya Begum, are now role models for other women in the community. The community-led nature of the program is a key reason for its strength and success. Community members worked together to support mothers and newborns, and brought about important, life-saving changes in their community. The SMPP project is important in Bangladesh, particularly given the challenge of providing care for poor women in rural areas. There are significant discrepancies across the country between rich and poor in utilizing maternal health services, which is 52 percent compared to 17 percent respectively.

The Village Health Committee shows their innovative mapping system used to track expectant mothers in the community.

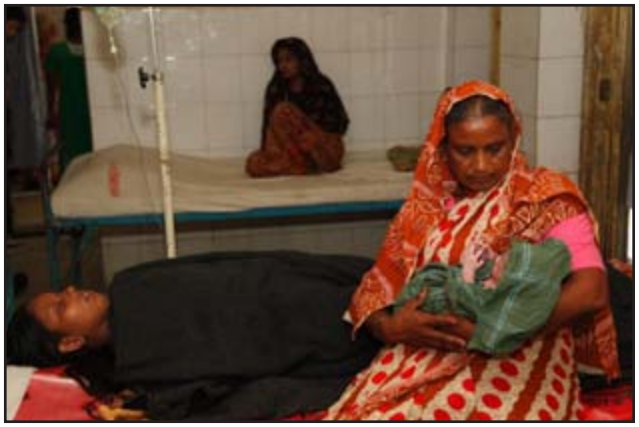
The delegation then joined a Village Health Committee (VDC) group meeting – a volunteer group organized by CARE and members of the community including community elders, religious leaders, midwives, pregnant women and their families – which convenes on a regular basis with the goal of improving maternal health. This group is committed to ensuring no woman dies due to pregnancy-related causes in their village. The VDC shared a unique community mapping tool that tracks all of the pregnant women in the village, and how community health workers follow up with each woman to monitor her health and develop a birth plan.

The delegation is briefed by Dr. Abdul Motin at the Smiling Sun Clinic.

Recognizing that emergency transport was a challenge, the VDC set out to address the delays in sending pregnant women to a medical facility in an emergency. By pooling resources and matching local government funds, the village purchased an emergency rickshaw – a bicycle attached to a flatbed trolley, with a straw mat for added comfort. If a woman needed medical attention beyond what the skilled birth attendant could provide in her home, the attendant would call upon the emergency rickshaw, and the woman would be taken to the Upazila General Hospital thirty minutes away.

The delegation moved on to visit a ***Smiling Sun Clinic*** in the same district. Smiling Sun clinics are USAID-funded, semi-private clinics that provide health services, including reproductive, maternal and child health services, and in some clinics emergency obstetric care in all 64 districts of Bangladesh. Dr. Abdul Motin, Smiling Sun Clinic Manager, gave the delegation an overview of the clinical services that woman receive when they visit a clinic and their insistence on cleanliness and sanitation at the clinics. Since the clinic operates on a fee for service model, prices are fixed and displayed at the clinic, which range between 20-200 Dhaka (about 30 cents to $3.00), in order to promote transparency. The clinic also provides neonatal care and delivery services, but it does not perform Cesarean sections – emergency cases are transferred by ambulance to the Upazila hospital.

After visiting Smiling Sun, the delegation traveled to the ***Upazila General Hospital,*** a government-run sub-district hospital that provides comprehensive emergency obstetric care in Narsingdhi. The Upazila hospital stood in sharp contrast to the gleaming Smiling Sun clinic and livestock roamed the hospital grounds. The delegation toured the facility including the overcrowded women's ward. Trained doctors and nurses are limited in Upazila Hospitals in rural Bangladesh, and rates of absenteeism are high, especially as more private clinics attract skilled healthcare professionals. Human resources constraints, lack of or limited medical equipment, and overall quality of care barriers are a serious obstacles to delivering adequate maternal and child health services.



Patients at the Upazila Hospital in the Narshingdhi district.

Representative Jim Matheson talks with the delegation at dinner on the second evening of the trip.

The delegation was able to visit with a young mother who had just delivered her baby via caesarean section after complications arose six hours earlier.

Although the hospital was very different from Western standards, the facility provided the emergency obstetric services that would otherwise be unavailable to the women of Narshingdhi.

That evening, during dinner, the delegation reflected upon the first two days of the Learning Tour. CARE Vice President of Policy and Advocacy, JoDee Winterhof, facilitated a discussion around the progress of maternal and child health programs, the critical role of the U.S. Government in foreign assistance, and how civil society groups such as CARE and its partners engage and keep the dialogue focused on alleviating poverty for the world's most marginalized populations. Most importantly, the delegates shared and reinforced each other's learning of these issues and commitment to taking action back home in the U.S. For example, Congressman Jim Matheson was eager to share his experience on the trip with other policymakers in Washington – encouraging his colleagues to travel on a Learning Tour – and champion the efficacy of foreign assistance programs that are cost-effective and high impact, while being respectful to the cultural, political, and social contexts in communities.

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Corporate sector partners Jeannine Shao Collins of Meredith Inc., and Lauren Harper, Dove/Unilever Inc., spoke about the leadership potential of the private sector in advancing global maternal health initiatives, especially multinational corporations' responsibility for supporting the communities they operate in – and how their respective organizations and professional networks can work closer with CARE and our partners to raise awareness of these issues. Cindy Hall of Women's Policy Inc., Lynn Freedman, and Dr. Amy Herbener of the University of Utah also presented ideas on how to influence policymakers – especially women members of Congress – and how to incorporate maternal and child health lessons from Bangladesh's unique context into the teachings at universities. As the media representative on the delegation, Dina Hossain of ABC News, shared her commitment to working closely with CARE and our partners to capture and highlight women's pregnancy stories across Bangladesh.

Day 3: Integrated Programs and Solutions

On the third and final day, the delegation traveled to the rural Pangaon village, a few miles from the border of India in northeast Bangladesh, to visit CARE's ***Strengthening Household Ability to Respond to Development Opportunities (SHOHARDO)*** program. This project is the largest USAID non-emergency integrated program in the world addressing chronic food insecurities for 400,000 vulnerable households in 18 districts of Bangladesh, as well as health, education, gender equity and promotion of sustainable livelihoods activities. The project works closely with pregnant mothers and newborns, ensuring that they get adequate rest and nutrition.

The region depends heavily on agriculture, and the delegation arrived at peak harvest time as families worked to dry the rice before the monsoon rains started three weeks after our visit. The region is decidedly beautiful, and the delegation learned that the vast rice and eggplant fields will look like an ocean when the monsoons come, due mostly to the concave shape of its topography.

CARE staff arranged a meeting with the delegation and the Village Development Committee (VDC). This VDC identified and prioritized key issues facing their community, including food shortages, health challenges, and climate change response during the monsoon season, as well as the the actions and resources required to address these challenges over the short and long term.

With the support from the SHOHARDO project, the community developed an innovative, low-technology solution for addressing flooding problems in their village. By building mud mounds (six to seven feet in height), it elevates homes and protects the villagers and their crops from water damage. This simple intervention increased crop productivity and fostered sustainable livelihoods throughout the year – thereby allowing the community to focus on important cultural and social issues including maternal and child health, adolescent education and reproductive health, gender based violence and women's empowerment.

The delegation holds a discussion about maternal health and food security with the Village Development Committee.

The delegation observed a musical role-play between two young girls. Through music, the young girls described a tale of a husband's mistreatment of his wife and his public shaming before the village. While the message was important, perhaps more inspiring was the fact that these young girls, who would traditionally be confined to the household, were proudly performing in front of the entire village and our delegation.

The success of the SHOHARDO project is strongly linked to the early inclusion and ownership of the most important stakeholder: the community. CARE, USAID and local partners also recognize the value of integrating social elements such as gender equity and women's empowerment with technical components to scale up and replicate this successful model in other rural villages.

The delegation concluded the Learning Tour with a special reception at the home of U.S. Ambassador to Bangladesh John Moriarty. Delegates shared their learning experience with leaders and partners from USAID, Bangladesh media, politicians, private sector and technical health partners. Most notably, the delegates discussed how the maternal, newborn, and child health programs they visited were connected to a range of other development issues including education, agriculture and economic development.

Conclusions

"Bangladesh is perceived as a country that faces such economic challenges, but in fact the economy is growing…it has a long way to go, but it represents an interesting economic model for this part of the world, and its success creates success elsewhere… There's a lot we can learn from looking at what's going on in Bangladesh."

—Congressman Jim Matheson

Maternal and child health programs in Bangladesh are a model of how comprehensive, integrated programs can drastically reduce rates of maternal mortality and morbidity. Yet challenges remain. The majority of maternal deaths – which disproportionately impact the urban poor and rural communities – are easily preventable with access to adequate information, skilled birth attendants and emergency obstetric care.

This Learning Tour was unique in that it was the first trip to South Asia. It showcased Bangladesh's impressive strides towards achieving positive maternal and child health outcomes with a 40 percent reduction in overall maternal deaths in the last ten years. There is strong political will from the country's leadership to meet MDGs 4 and 5, in-country clinical expertise is high, and a wide network of operational NGOs are actively engaged in service delivery and political advocacy. Health systems and facilities are improving, and women are more empowered to take control of their health. However as urbanization increases, rural facilities will be challenged to sustain a sufficient level of skilled staff.

The delegation arrives at Pangaon village in the Sunamganj region.

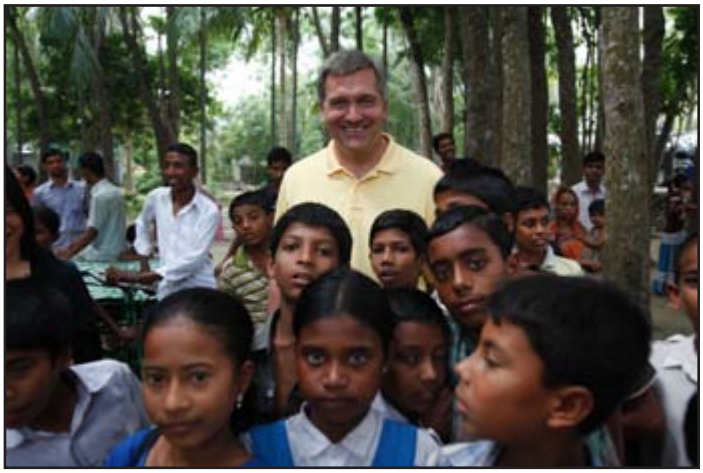
As more women and families migrate to major urban cities like Dhaka, overcrowding and a lack of adequate services for urban slum populations also poses challenges for a nation struggling to meet the demands of a growing citizenry while maintaining a high level of market competition in the garment manufacturing and mobile technology industries.

Policy Recommendations

The global maternal health community, including NGOs, international financial institutions and United Nation's agencies, know which medical interventions work for saving the lives of women and children – technological advancements and medical supplies exist. There is broad consensus among global maternal health experts that the following technical interventions are critical to reducing maternal mortality in developing countries:

- Comprehensive reproductive health care, especially family planning services;
- Skilled care (qualified midwife, nurse or doctor) during pregnancy, child birth and the postpartum period, and Basic and comprehensive emergency obstetric care.

The challenge is delivering proven life-saving techniques which are appropriate, available, accessible and of high quality. As showcased at the *Smiling Sun Clinic* and the *Upazila General Hospital*, healthcare facilities – private or public – must be equipped with the appropriate level of human resources and technical capacity to provide adequate healthcare with access to a skilled health professional and a reliable referral system in place for emergency obstetric care services in the event of a complication.



Congressman Matheson greets children in the Narshingdhi district.

The political, social and cultural barriers that prevent women and their families from utilizing these services must also be addressed. Raising awareness, promoting healthy behaviors, and creating a demand for adequate healthcare services should be inclusive of and respectful to the communities and their cultural contexts. For example, as demonstrated by the *Manoshi and SMPP* projects, technical interventions targeted to improve maternal health outcomes can be designed with social and cultural components. Initiatives to reduce maternal deaths must address the underlying causes, such as women's low status in society, lack of access to and control over household resources, limited educational opportunities, poor nutrition, and lack of decision-making power. Additionally, harmful traditional practices, such as early marriage and national laws and policies that may require a woman to first obtain permission from her husband or parents before seeking care, also should be examined.

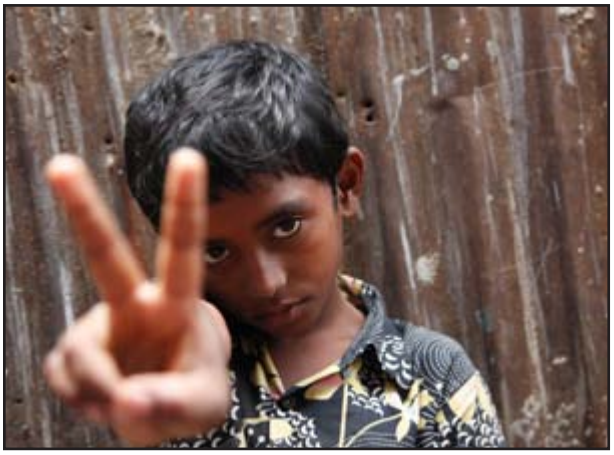
Additional policy recommendations include:

- **Invest in Training Community Skilled Birth Attendants and Healthcare Professionals**: While the Government of Bangladesh has increased efforts to train community skilled birth attendants and facility deliveries have increased, a large number of women in rural communities still prefer to deliver at home. Strengthening the capacity of community skilled birth attendants, nurses, doctors and midwives through proper training and incentives will equip them with the proper tools and dissuade absenteeism.

- **Address Infrastructure Barriers to Healthcare Services:** Develop and strengthen infrastructure, supplies chain management and accountability mechanisms including infrastructure passable roads, accessible and properly staffed health clinics and facilities, to address barriers to infrastructure.

- **Support local and national advocacy efforts**. Even when appropriate policies are adopted, ensuring that they reach the local level and lead to quality services is critical. In addition, meeting with elected representatives, sharing evidence and results over time and engaging influential leaders in the decision making process.

- **Support U.S. Policy:**
  - As part of a strong International Affairs Budget, U.S. investments in maternal and child health help fund programs that deliver life-saving services to mothers and children. That's why it is vital, even during trying financial times when difficult decisions must be made about allocation of funds, to support an International Affairs budget that is as robust as possible. Within the International Affairs Budget, specific support for the Maternal and Child Health (MCH) Account is critical. This account funds high-impact, low-cost interventions that directly impact the world's most vulnerable, and help to create healthier families and stronger communities.
  - Support comprehensive maternal and child health legislation.



A child from the urban slum in Dhaka.

As Bangladesh works towards achieving middle income status, current governance systems and infrastructure will also need to evolve. The availability of mobile technology, growth of garment factories, other industries and micro-savings and microcredit initiatives are innovative and successful. Prioritizing maternal and child health and education, as Bangladesh's Government has done, is impressive. Ensuring that its most vulnerable citizens are afforded the same access is critical, and as we observed on the Learning Tour intimately connected to the country's longterm progress.

The CARE Learning Tours program introduces policymakers and other influential individuals to maternal, newborn and child health issues in the developing world. The goal is to utilize these individuals in ongoing advocacy efforts and help inform recommendations for a long-term U.S. strategic approach towards these issues.

We are deeply grateful to the many individuals who generously gave of their time to make this visit to Bangladesh a success. CARE specifically thanks the Bill and Melinda Gates Foundation for its generous financial support to the Learning Tours.

If you are interested in CARE's Learning Tours program, please contact:

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