Project Overview

CARE-GSK Community Health Worker Initiative is an innovative public private partnership (PPP) to address the human resource and health services gap for 1.4 million people in 50 unions of 10 underserved sub districts of remote Sunamganj district. This initiative has been implementing since December 2012 and funded by GlaxoSmithKline in Bangladesh as part of their 20% profit reinvestment program. The program will deliver consistent, high quality and sustainable maternal, newborn and child healthcare by developing Private Community Skilled Birth Attendants (P-CSBAs) and Community Health Workers (CHWs) and strengthening community health systems. The program also actively engages local governments (Union Parishad) to support the P-CSBAs, and facilitating service access to poor women and children. The initiative has demonstrated impressive results in last 3 years and as result MOHFW has decided to expand it’s reach to all 87 unions of 11 sub districts from December 2015.

Our Health Workers:

- 168 Private Community Skilled Birth Attendants (P-CSBAs)
- 2,112 Community Health Workers (CHWs)
- 3,100 Community Health Volunteers (CHVs)

Other Key Components:

- 185 Community Support System (CmSS) developed
- 1,115 government health and family planning staff capacitated from 10 sub district
- 700 local governments elected members trained and engaged in 50 unions

Results: Skilled service provided by P-CSBA, Nov13- Dec2015

- 1,23,561 Antenatal care (ANC) and 66,843 postnatal care provided
- 14,553 births attended by P-CSBA
- 5,909 pregnant women and new born were referred by P-CSBAs for accessing lifesaving services
- 54,299 Essential Newborn Care (ENC) and 29,090 child Care (C-IMCI) services provided

Skilled Service Coverage

- Skilled attendance at birth reached more than 50% in 2015 from 12% at baseline in 2013
CARE-GSK CHW Initiative Expanded its Reach and Renewed Commitment

Celebration and Launching Events

Government of Bangladesh (GoB), GlaxoSmithKline (GSK), CARE and Community representatives jointly celebrated the impressive success of the initiative in improving the uptake of maternal, newborn and child health services in geographically remote and underserved Sunamganj district. The success of this initiative resulted in further expansion and deepening throughout the district. In September 2015, different events were organized at Dhaka and Sunamganj.

At Dhaka, Secretary of Ministry of Health and Family welfare (MOHFW) Syed Monjurul Islam, Vice President of GSK Ramil Burden and CEO of CARE-UK Laurie Lee attended the event along with other senior government, GSK, CARE officials and a UKAID representative.

The formal launching event at Sunamganj was participated by Joint Secretary of HRM unit of MOHFW Dr. Md. Shajedul Hasan, Vice President of GSK Ramil Burden, CEO of CARE-UK Laurie Lee, Senior Assistant Chief-HRM unit, MOHFW Md. Mahfuzur Rahman, Deputy Secretary of HRM unit of MOHFW Jesmin Nahar, AD-DGFP Dr. Rezaul Karim, Global Community Partnerships Manager of GSK Daryl Burnaby with other government, CARE & GSK colleagues.

The event started with the a video documentary ‘a new hope in haor basin’, which screened the story of the initiative’s journey and was followed by ‘testimony of success’ shared by an UH-FPO, an UFPO, a local government representative (UP chairman) and a P-CSBA. The Civil Surgeon Dr. Abdul Hakim, Deputy Commissioner Sk. Rafiqul Islam, and Deputy Director - Family Planning Md. Mozammel Haque also shared their experiences and suggestions.

The delegates also observed some activities of the initiative in the field including service delivery of the P-CSBA with huge appreciation.

Few quotes from the ‘testimony of success’

Md. Abdul Mannan Talukdar, Chairman, Bhimkhali Union Parishad, Jamalganj said, ‘This is unique apart from what I traditionally do, now I can contribute in improving health services of my union. It makes me happy to see mother and children of my community getting access to essential health services which was beyond my imagination’.

Chompa Rani Sharker, a P-CSBA said ‘Being a P-CSBA gave me the opportunity to fulfill my long term dream to serve my own community and family. I am proud that I can now support my family expenses especially contributing to my children’s education and is valued’.

Syed Monjurul Islam, Honorable Secretary, Ministry of Health and Family Welfare said “The outcome of the initiative is quite noticeable. Now we need to capture all the learning and best practices of the initiative and scale up in similar type of remote and under-served districts to address the geographical and wealth disparity issues in health”.

Ramil Burden, Vice President of GSK said, “We reinforce GSK’s commitment to build healthcare infrastructure in Bangladesh and support building skilled health HR for the underserved community of the country. I appreciate MOHFW and CARE’s dedication to carry forward this human resource issues in hard to reach areas and GSK is proud to be a partner in this initiative”.

Laurie Lee CEO, CARE UK Said, “CARE-GSK Community Health Worker Initiative is a well-integrated initiative that engages community, government thus it shows a clear indication of sustainability”.

The purpose of next phase is to further strengthen and expand the existing PPP model of the CARE-GSK CHW Initiative to the 37 remaining unions of Sunamganj district through deepening institutionalization and building on the current evidences and learning to ensure its’ long term sustainability for consistent health service access.
Collaboration with Saving Newborn Lives and BBC Media Action for Capacity Building and Service Integration

Comprehensive Newborn Care Package: Enabling public providers and P-CSBA of Sunamganj district for providing Community Newborn Care

20 medical officers from the District Hospital (DH) and Upazila Health Complexes (UHC) of Sunamganj were provided training of trainers (TOT) to roll out the comprehensive newborn care package (CNCP) training in the district. This training was organized in collaboration with integrated management of childhood illness (IMCI) section of Director General of Health Services (DGHS) and Saving Newborn Lives (SNL) of Save the Children. These trainers are providing training to the union level providers of Sunamganj including P-CSBA. This training will improve the standard of newborn care throughout the district both at the facility and the community level. Due to conscious project facilitation, the training also has increased commitment of the service provider’s at the sub-district and district level referral facilities, and further enhanced their linkage with P-CSBAs and community, enabling them to respond with quality newborn services.

In addition, CARE-GSK CHW Initiative collaborated with the ministry of health and family welfare (MOHFW) to actively participate in the scale up of 7.1% Chlorhexidine use in Sunamganj to prevent umbilical cord infection of the newborns. Project physician has been selected and trained as an independent monitor to facilitate quality roll out. The P-CSBAs, although a private provider, will receive 7.1% Chlorhexidine solutions distributed from DGHS in the district through the government supply chain.

Collaboration with BBC Media Action: Innovation in behavioral change communication

The initiative has developed a collaborative relationship with BBC Media Action to further improve communication and counseling activities through use of the innovative behavior change communication (BCC) materials and Interpersonal Communication (IPC) modules developed by BBC Media Action around maternal and child health. 38 project staffs received Training of Trainers (TOT) from BBC Media Action on IPC to be placed as a trainer’s pool within the initiative in September 2015. A set of contextualized methods and materials were used in this facilitation process to capacitate the trainers.

Repositioning traditional birth attendants and village doctors as referral agents: To improve their understanding on maternal and new born health, develop relationship between P-CSBA, traditional healers and Village doctors, and positioning them as referral agent, the traditional birth attendants and village doctors were provided a training using the IPC tools.

As part of this relationship building, Country Director of BBC Media Action, Richard Lace visited CARE-GSK CHW Initiative activities in Sunamganj. He observed P-CSBA service delivery, birth preparedness session, interacted with Community Support System (CmSS) and Union Parishad Chairman. He has shown keen interest to strengthen the ongoing collaboration to bring better outcome for under privileged women and children in the area.

Participants are in a group discussion at IPC Training

Medical officers of Sunamganj receiving TOT on CNCP

Sub-district level providers training on 7.1% Chlorhexidine use

Country Director, BBC Media Action Observing P-CSBA activities:

P-CSBA is demonstrating her instruments in the training

Chlorhexidine use in Sunamganj to prevent umbilical cord infection of the newborns. Project physician has been selected and trained as an independent monitor to facilitate quality roll out. The P-CSBAs, although a private provider, will receive 7.1% Chlorhexidine solutions distributed from DGHS in the district through the government supply chain.

Total 725 TBAs and 315 VDs have been trained in 50 batches by the trained project facilitators. Considering the age and literacy status of the participants and to ensure active engagement, sessions were facilitated using different games, puzzles and storytelling methods. At the end of the session, they recognized the importance of working together with the P-CSBA and showed commitment to improve maternal and newborn health.
Strengthening Social entrepreneurship:

With technical support from JITA, CARE-GSK CHW Initiative focuses on following key areas i) setting service price by the local government and community, ii) training the P-CSBAs on the principles of social entrepreneurship, iii) understand P-CSBAs market, revenue stream and develop individual business plan, iv) develop support mechanism for each P-CSBA, v) strengthening supply chain and vi) service expansion. All these concerted efforts contributed to the following results:

47% P-CSAs are earning more than 5000 BDT per month

Average monthly income/P-CSBA

Reinforce supply chain through private sector linkage and expansion of market:

MOU with Pharmacy Owners: Supply side solution through linkage: To ensure consistent supply of quality medicine for the P-CSBAs, 30 well reputed pharmacies were identified who work as wholesalers or distributors in the area. These shops are located at different prominent market places either at the Upazila or the Union level and are distributed throughout the project sub-district. After initial exploration, an agreement was signed between the P-CSBAs and 30 pharmacy owners. As per agreement, P-CSBAs are able to procure quality medicines of selected top13 pharmaceutical companies in 10-15 percent reduced price through raising requisitions either in cash or credit. Some pharmacy holders are also delivering the supplies to the P-CSBAs through home services based on their requisitions. Some pharmacy holders are also giving representative samples to P-CSBAs for free supply to the poor and extreme poor patients. Currently, around 10-15% of their income is coming from selling the medicines and commodities in their communities.

Linkage with SMC, BRAC: marketing innovations for health

One of the key challenges for the women and adolescent girls of hard to reach geographic locations like Sunamganj is access to essential and good quality health, hygiene and nutritional products. Nasima, a P-CSBA from Dhonpur union of Biswambherpur Upazila has been selected as a community sells agents (CSA) by SMC. She has received training and is getting a regular supply of commodities such as Joya sanitary napkin, monimix, safe delivery kit, baby Zinc, contraceptive products from SMC. Her net profit from selling these commodities is 2000 to 3000 BDT per month, a considerable addition to her monthly income. She is selling these products during her home visit and from an outlet close to her residence. Inspired by her learnings other P-CSBAs also have started the same in their working area.

Retailing health, hygiene products to adolescents girls: service expansion

P-CSBA Marzia was approached by the female students of a local madrasa (a religious educational institution) during a casual interaction. They felt comfortable to communicate their sexual reproductive health issues with her as she is a female provider from the same community. She tried to address their queries and conducted sessions on the menstrual hygiene, nutrition for adolescent girls and other reproductive health issues. On the very first day, she received an order for more than 80 sanitary pads from the students which they cannot buy from the local shops run by male. As she has connectivity with BRAC, SMC and other local pharmaceuticals, she could sell these hygiene products. In addition she could also supply Iron folic acid tablets to these adolescent girls. Now she maintains this relationship and regularly supplies sanitary pads and nutrition products to the institution along with delivery of health hygiene messages. Other P-CSBAs have also established same connections in other sub-districts.
**Increased Local Government and Community Initiative**

**Fare discount arranged by Local Government:** Transport cost is an obstacle for the P-CSBA to reach remote households for providing health services. When a member of the CmSS raised this issue in the monthly coordination meeting of Rajanagar Union Parishad (Local Government body), they negotiated with the owner’s association of auto rickshaw/ CNG of Derai sub-district for a 50% concession on fare for the P-CSBAs working in the union. They decided to make an identity card for the P-CSBAs, so that they can avail the reduced fare.

This reduction in transport cost made the life easier for those P-CSBAs to move their working area and reaching additional women and children with quality services and supplies.

**Wall painting to promote P-CSBA:**

The community support system members of Sukhair Rajanpur Uttar union under Dharmapasha sub-district painted the walls of their union office and other market places with the information of P-CSBAs and their services working in their area for creating awareness on promoting P-CSBA services.

**CmSS helps P-CSBA Ruby in overcoming her challenges of referral**

P-CSBA Ruby Rani was facing huge challenge in referring complicated cases from her working area due to the poor transport options. People in this area rely on the local village doctors and traditional birth attendants and were reluctant to comply with referral.

The CmSS in the area where Ruby works conducted community and household level campaigns through consultation meetings engaging influential TBAs to overcome this challenge. They raise fund to support poor families with transport cost during referral and made arrangement with three boat owners to provide transport at reduced price. Ruby communicates with the CmSS members when she has any difficulty in convincing the families during referral. The concerned CmSS member immediately visits the household, negotiate with the family members to persuade them, arrange transport and accompany them during referral if needed.

As an example, recently Ruby identified a mother with obstructed labor while maintaining a partograph and referred immediately but the family member were reluctant to go, rather they were consulting a village doctor. She immediately communicated with the CmSS member Khorsesh Mia and was successful to take the mother in to district level facility.

During last few months she successfully referred more than six critical cases to referral facilities with transport and other support from the CmSS.

**Reimbursement for serving the extreme Poor**

P-CSBA Salma provided four ANC to the wife of a physically challenged person from Hamagar village under Rajanagar Union of Derai Sub district. Although everything seemed fine that time, the P-CSBA was very worried as she was very short and her first child died immediately after a difficult labor and suggested the family to inform her whenever her delivery pain starts. They complied and the P-CSBA could successfully deliver a healthy baby. Her husband became very happy and offered her 200 taka though they were extremely poor. But, the overwhelmed P-CSBA refused to take the money and requested the husband to give nutritious food to the mother instead.

After knowing this, the CmSS reimbursed the service fee to the P-CSBA salma, encouraging her serving other poor women in the area. Similar things happened with Lombabak CmSS of Jamaganj sub district which paid service fee to P-CSBA Shima for offering service fee to a mother from an extreme poor family.
Khodeja, a P-CSBA started working at a Hajong community of Uttar Bongshikunda under Dharmapasha sub district of Sunamganj in 2013, which is very close to the Indian border. The community is geographically remote with a Community Clinic about five kilometers away, the community is isolated and the residents mostly depended on the traditional healers. To promote Khodeja in the area a CmSS was formed that included four members of the Hajong and Garo community with one female member of the Union Parishad.

The P-CSBA was assigned 684 households for providing maternal and child health services to this Hajong and Garo community and she started with registration of all the women of reproductive age, pregnant women and under five children in the area. Being from the nearby community, she could communicate in their language and work closely with the CmSS members. In addition, five women selected from the tribal community were trained as community health worker to support her. Her hard work and all these support contributed to her quick acceptability among the people and harvested a trusted relationship.

She has been providing skilled health services to all the identified pregnant women, distributing iron and folic acid (IFA) and misoprostol tablet, referring women to the health facilities, link them with CmSS for financial and transport support during referral and sometimes accompanies them to the facility. She also receives and distributes contraceptive among the women in the area. The local union parishad is supporting her in reaching that community.

Suchona Toju (25) a Hajong woman shares the emotional experiences of her birth, ‘during my first pregnancy I never sought any care and the delivery was conducted by a traditional birth attendant leaving me with a deep tear. However, this time Khodeja visited me four times, discussed with my family regarding my care and delivery plan, provided IFA, helped me during my child birth and visited afterwards to check me and my baby. I am happy with a healthy baby.’

P-CSBA Fulena Increases her Acceptance in the Community through Successful Cases of Delivery

‘My first grandson died soon after his birth’, said the mother in law of Sabekun. They called in a local TBA when Sabekun’s labor pain started and she delivered after more than 24 hrs waiting. The baby was having severe breathing problem and died within minutes. A year later, Sabekun became pregnant again. That time, they contacted a village doctor at the onset of labor. He gave five oxytocin injections and after invigorating pain for twelve hours she delivered a stillborn. With successive disappointments, Sabekun became depressed and lost her health.

But, during her third pregnancy they were approached by Fulena, a P-CSBA. She counseled her and her family members during the four antenatal care visits and ensured iron tablets, nutrition foods and rest during pregnancy. She requested the family to go to the health complex but the family was not convinced. This time she resuscitated the baby after birth using her HBB kit and both the mother and the baby was healthy. Suabekun’s mother-in-law remarked later, “If there were a skilled provider like Fulena earlier, Sabekun probably wouldn’t have to go through the disappointment of losing her baby twice in a row”.

The people in the village were very happy and came to appreciate the importance of skilled birth attendants during delivery. Fulena has been successful to develop a good relationship with community leaders, NGO workers and GOB officials, who are now warmer and more welcoming towards women working relentlessly for the community’s new mothers and babies.
CARE Bangladesh-GlaxoSmithKline Community Health Worker Initiative: A Public-Private Partnership

For more information on the CARE-GSK CHW Initiative, please

Contact

Dr. Md. Shajedul Hasan
Joint Secretary, HRM Unit, MOHFW
E-mail: Shanu465@yahoo.com

Dr. Jahangir Hossain
Program Director-Health, CARE Bangladesh
E-mail: Jahangir.Hossain@care.org

Rumana Ahmed
Head of Communications, GlaxoSmithKline Bangladesh
Email: rumana.r.ahmed@gsk.com

Read
GSK-CARE CHW Initiative
NEWSLETTER-1, 2, 3, 4, 5, 6 and 7 at www.carebangladesh.org

Watch
Two short videos of the project in Sunamganj at Youtube at
http://www.youtube.com/watch?v=Po4QLos4Z8w
http://carebangladesh.org/care_video.php

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