

# GlaxoSmithKline - CARE Bangladesh Community Health Worker Initiative **NEWSLETTER 1**

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## WHAT IS THIS GLAXOSMITHKLINE – CARE COMMUNITY HEALTH WORKER INITIATIVE?

GlaxoSmithKline – CARE Community Health Worker initiative is a holistic approach to create a sustainable micro health franchise model to reduce maternal and child mortality in the hard-to-reach areas through an innovative public private partnership, which combines the development of skilled health providers supported by communities, public health system and local government.

## WHY IS THIS INITIATIVE IMPORTANT FOR GLAXOSMITHKLINE & CARE?



**Interview of Azizul Haq ,  
Managing Director,  
GlaxoSmithKline (GSK),  
Bangladesh**

This initiative comes within the scope of the 20% GSK reinvestment strategy, which has been announced by Andrew Witty, our CEO in 2009. This strategy is a clear GSK commitment to reinvest 20% of profits made in Least Developed Countries back into healthcare infrastructure to strengthen the capacity and capability of community health workers in rural and marginalised communities.

This initiative in Bangladesh will indeed develop a sustainable solution in a very remote area where health services are not functional. What is very valuable here is that this project is aligned with government priorities and has been agreed by all stakeholders, including Government. It is therefore expected to come up with a tested, evaluated “do-it-yourself” kit for scale up. This is very important for GSK since it definitively illustrates one of our values, which is to be patient-focused: GSK will be a catalyst of change.

My dream would be that at the end, this initiative facilitates a unified vision of front line health workers and develops a consensus on how to train them, how to equip them, how to make them sustainable for the future development of healthcare system in Bangladesh.

And I really feel that by partnering with CARE, a recognized and very capable NGO, we will have the ability to make a difference.



**Interview of Dr. Jahangir  
Hossain, Programme  
Director-Health, CARE  
Bangladesh**

The GSK - CARE Community Health Worker initiative in Bangladesh aims at developing sustainable solutions for the people living in remote rural un/underserved areas to ensure quality basic health services. Through public private partnership, we intent to mobilize the community, build the capacity of community level health workers and link them with the health and local government system for technical supervision and performance monitoring. The ultimate purpose of this project will be to leverage government policy and practices for further scaling up.

This Community Health Worker (CHW) Initiative is innovative for 3 reasons:

- It is developed, supported and owned by the community through implementing proven community mobilization approaches, known as Community Support System (CmSS).

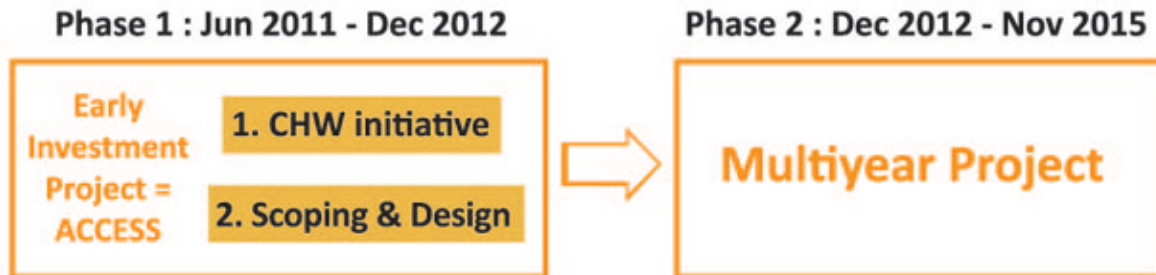
- This initiative is being implemented through a win-win collaboration with the Government, and already been acknowledged as public private partnership to address community level health workers' issues in hard-to-reach areas.

- It is guided by the social business concept: business skills will be added to the Health Workers to ensure long term financial sustainability.

CARE hugely values the partnership with GSK, as it allows us developing an innovative collaboration with the Government, private sector, professional bodies and communities. This initiative would also help us to continuously learn the new challenges of health service provisions in the hard-to-reach areas and to innovate and refine the strategies for ensuring universal access to health care in Bangladesh.



## GLAXOSMITHKLINE - CARE COMMUNITY HEALTH WORKER INITIATIVE: 2 PHASES



### • Phase 1: Early Investment Project = ACCESS

#### ■ 3 objectives

Increase & enhance capacity of 120 Community Health Workers (CHW) to engage in Maternal Neonatal & Child Health (MNCH) services by adding new skills, competencies and supplies as well as close supervision and monitoring

Identify the policy and practice gaps/needs for promoting CHW for enabling increased coverage of MNCH services in Bangladesh

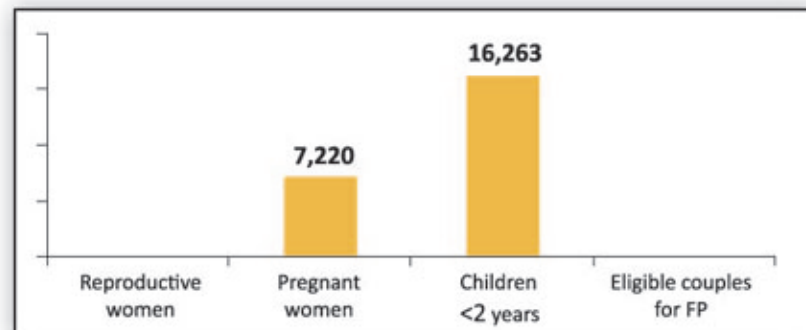
Develop a long term CHW programme in line with the health systems development plans of the Government of Bangladesh , complementing formal service provision to enable increased coverage of essential MNCH services in Bangladesh

### ◆ CHW Initiative

#### ■ Where ?



#### ■ What is the targeted population or beneficiaries?



The objective of this CHW initiative is to increase and enhance MNCH capacities of **120 CHW** within CARE's existing programmes in 2 areas. One in **Dowarabazar** upazila of **Sunamgonj** district, a very remote rural area and another in some selective slums in **Mirpur** area of **Dhaka** city from **June 2011 to December 2012**.

## ■ Achievements as of November 2012 (1)



(1) Actual numbers at mid November - assumed for the last 2 weeks of November

(2) C-IMCI = Community Integrated Management of Childhood Illness



## Sonia with Community Health Worker

Mitu Apa – Mirpur, Dhaka



*"If Community Health Worker Mitu Apa didn't provide me pregnancy care and convince my husband for Institutional delivery in right time, me and my child could have face huge problem, maybe we could have died. Thanks to Mitu Apa, I became mother safely at Hospital."*

### ◆ Scoping and design of the multiyear programme

The purpose of this scoping and design phase was to develop a long term CHW programme in line with the health systems of the Government of Bangladesh (GoB), complementing formal service provision to enable increased coverage of essential Maternal, Neonatal and Child Health (MNCH) services in Bangladesh.

This scoping phase took place between **June and December 2011** with two resource persons who reviewed literature, program /evaluation reports and policy documents and organised workshops with key stakeholders.

Findings, recommendations and proposed CHW model were finalized through a workshop held on 8 December 2011, where Ministry of Health, United Nations, International NGOs, GlaxoSmithKline, professional bodies and other relevant stakeholders attended.



At a nutshell, the programme is designed in a way that ensures community ownership, adequate linkages with existing health services, quality basic training and regular refresher training, strong supervision and appropriate incentive mechanisms to be successful.



## • Phase 2: Multi Year Programme

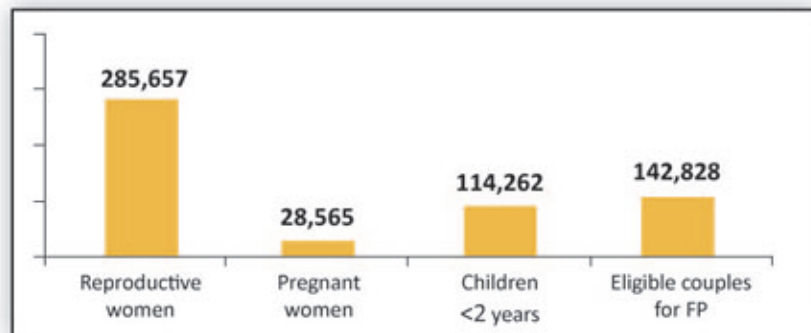
### ■ 4 objectives

Enhance community efforts to create local solutions that improve MNCH outcomes
Create sustainable health workers that can offer affordable and high quality MNCH services in the remote communities
Enhance effectiveness of community-led MNCH accountability mechanisms
Leverage learning to improve MNCH outcomes for remote communities in Bangladesh

### ■ Where ?



### ■ What is the targeted population or beneficiaries?



The Multi year project will begin in **December 2012** until **November 2015** in the very remote place of **Sunamgonj** district, in 10 upazillas, 50 unions

## • How will the Community Health Workers model look like?

A sustainable solution in a remote area where health services are not functional



150 CHW selected from the communities will be operating as private midwives after a comprehensive technical and business training of almost 7 months. They will offer antenatal care, delivery care and postnatal care services to pregnant women, family planning to women of reproductive age and eligible couples.



They will also provide integrated management of childhood illnesses to children <2 years which will enable them to create their own health franchise and generate sustainable earnings. Community groups of 10 to 15 members will be established to support and promote the trained and skilled CHW, and raise funds to support poor to have access to basic healthcare.

They will develop referral linkages with existing health facilities system to ensure adequate management of complications and supervision of the CHW. Community groups will coordinate with local government and public health systems to make sure that quality services are delivered to beneficiaries and monitored.

## WHERE ARE WE NOW?

- Sharing meetings at Director General Health and Family Planning office at national and district level have provided very good feedbacks and useful suggestions on the programme.
- Adequate mitigation plans have been developed to overcome identified challenges.
- Baseline study will determine the gaps of service providers at facility and community level, family planning, nutritional and health status in children and mothers, and evaluate relevant indicators including health practices, empowerment, social and economic factors of the targeted population, is currently on going with ICDDR,B and results are expected in December 2012.
- MOU (Memorandum of Understanding) with Ministry of Health & Family Welfare (MoHFW) will be signed soon.
- Trainings slots are booked with Obstetric and Gynaecological Society of Bangladesh (OGSB)/Bangladesh Nursing Council (BNC) for the CHW training to begin in March 2013.

## 2013 MILESTONES

- March: Start of 1st batch training
- June: Start of 2nd batch training
- September: 1st batch accredited and start offering services
- October: Start of 3rd batch training
- November: 2nd batch accredited and start offering services
- Q4: JITA Business plan training



## THE TEAM

Programme Director - Health	:	Dr. Jahangir Hossain
Communication Coordinator	:	Isabelle Adeline
Team Leader	:	Dr. Rahat Ara Nur
Development Officer	:	Narayan Chandra Sarkar
Project Officers	:	Baharul Alam, Chandra Sekhar Das, Hasina Samazder, Md. Shahab Uddin
Technical Officer - Midwifery	:	Mala Maria Toscano
Field Trainers	:	Kishor Mishra, Anonto Kumar Pal, Protima Rani, Md. Mahbubur Rahman, Suronjit Deb Chowdhury, Nazmunnahar Moni

### For any query on this initiative :

Please contact Dr. Jahangir Hossain – CARE Bangladesh at [jahangir@bd.care.org](mailto:jahangir@bd.care.org)

### To see a short video of the project in Sunamgonj, you tube channel

<http://www.youtube.com/watch?v=Po4QLos4Z8w>



**Photos :** Rahat Ara Nur/ CARE , Baharul Alam/ CARE and Isabelle Adeline/GSK

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**CARE Bangladesh**  
Pragati Insurance Building  
20-21 Kawran Bazar, Level 10  
Dhaka - 1215, Bangladesh



GlaxoSmithKline

**GlaxoSmithKline**  
House 2A, Road 138, Gulshan 1  
Dhaka 1212  
Bangladesh