



GlaxoSmithKline-CARE Bangladesh Community Health Worker Initiative **NEWSLETTER 2**

Half Yearly Newsletter published by CARE Bangladesh funded by GlaxoSmithKline, 2nd Issue, July 2013



GSK-CARE CHW INITIATIVE NEWSLETTER

GlaxoSmithKline-CARE Bangladesh Community Health Worker Initiative

GSK-CARE Community Health Worker Initiative will ensure consistent, high quality and sustainable maternal, newborn & child health (MNCH) services to a population of 1.4 million people in a very remote area, through a public-private partnership by mobilizing 2,000 community health volunteers, 700 local government members, 470 public & private health providers and development of 150 private community skilled birth attendants.

Private Community Skilled Birth Attendants (P-CSBA) will provide maternal, newborn & child health (MNCH) services to the community and also will identify and refer complicated cases of pregnant mothers & children to higher level facilities. Community mobilization is one of the key factor to create enabling environment for the P-CSBAs.



In the Harvard speech in Feb 2009, **Sir Andrew Witty**, CEO, GlaxoSmithKline plc announced GSK's commitment to becoming a partner in finding solutions to healthcare delivery. As an outcome of that commitment GSK pledged to reinvest back 20% of profits made in the Least Developed Countries (LDC) into the local healthcare infrastructure.

This commitment led GSK to expand its' role from a supplier of medicine and healthcare to a bigger responsibility of addressing the challenges of improving global public health in the targeted LDCs. The activities are targeted primarily on improving maternal, newborn and child health (MNCH) as these are the high priorities for the governments of

the LDCs where GSK is committed to reinvest. And improvements in these areas are essential for achieving the Millennium Development Goals (MDG), specifically MDG 4 (reduce child mortality) and MDG 5 (improve maternal health).

Following the local priorities, GlaxoSmithKline-CARE Bangladesh Community Health Worker Initiative was designed with 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, this combines the development of skilled health providers supported by communities, public health system & local government.

Our working modality for 20% Reinvestment Initiative: GSK-CARE CHW Initiative

CARE Bangladesh has three basic learning:

Firstly, community based health workers are effective if we can ensure & enhance their capacity;

Secondly, financial sustainability is essential for this cadre for long term impact for the community; and

Thirdly, functional linkage with government health service centre, local government bodies and community, is essential to contribute in the increased coverage of essential Maternal, Neonatal and Child Health (MNCH) services.

Such learning enabled an innovative design CARE has used in its' leverage and existing efforts **to improve health outcomes of women and children in remote /underserved and poor communities in Bangladesh.**

Where Specific objectives of this initiative are to:

- 1. Enhance community efforts to create local solutions that improve MNCH outcomes;**
- 2. Create sustainable health providers that can offer affordable and high quality MNCH;**
- 3. Enhance effectiveness of community-led accountability mechanisms; and**
- 4. Leverage learning to improve MNCH health outcomes for remote communities in Bangladesh.**

Why we are working in Sunamganj?



Bangladesh is voyaging towards a tremendous success to fight poverty and improve maternal, newborn & child health situation over the last decade. But as a *haor* region (wide margin, the shape of the basin wetlands) as well as a hard-to-reach area, Sunamganj is still far behind than the national average. CARE Bangladesh has conducted a **Baseline Study** with the technical support from **icddr**,^b to assess Maternal, Neonatal and Child Health status of Sunamganj. This study has evidenced multiple MNCH service gaps in Sunamganj. For example in Sunamganj,

99.9% women don't know all 5 danger signs during Pregnancy!!

ALARMINGLY 87.6% deliveries are conducted by Traditional Birth Attendants (TBAs) and relatives against National average of 67.4%.*

97 children in every 1,000 live birth die before reaching age 5 in Sunamganj.

Estimation of child mortality*		
	National	Sunamganj
Under 5	53	97
Infant	43	78
Neonatal	32	42

85.4% women & their in-laws prefer home as place of delivery

33.6% children die due to pneumonia

Worst child mortality scenario of Bangladesh

Contextual Acuity of People

Baseline study answer, why people prefer delivery at home?

- Poverty & unaffordable cost of maternal, newborn & child health services in the facilities;
- Illiteracy, lack of maternal, newborn & child health knowledge & awareness;
- Traditional view and superstition;
- Lack of female doctors and adequate facilities in the government hospital; and
- Inconvenient communication and transportation system

"... first I (TBA) made the mother to sit on a Piri (seat) made of straw & cloth, asked other females to hold her (mother) tightly and then asked the mother to push. As she failed to create force, I put hair and finger into her mouth so that she vomits and thus creates pressure. Also I put the blood of cord on neonate's eyes and lips, so that the neonate will be shy and behave well with elders"

A TBA described as a baseline respondent, how she conducts a delivery!

".... I was annoyed all the time by a JIN (Supernatural Spirit) and after my child birth, that JIN incarnated in front of me and said, give me the child. As I refused to do so the JIN replied, well then, I won't take your child and disappeared. Few days later my newborn died"

Cause of newborn death described by a respondent (mother) during baseline.

In this situation, effortlessly available traditional birth attendants have become first alternative for the community.

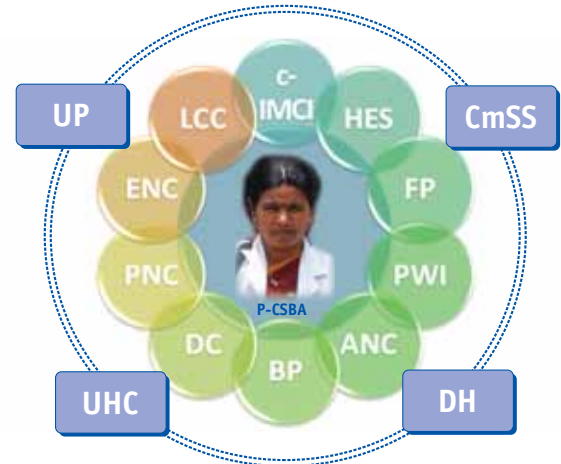
* Source: comparative analysis of Baseline finding with Bangladesh Demographic and Health Survey 2011

Transforming the Situation

We, GSK-CARE CHW Initiative, have started working to transform such traditional situation of Sunamganj, by developing a pool of qualified frontline health care provider at community level i.e. **150** private community based skilled birth attendants (**P-CSBA**) who will directly provide primary health care and delivery services for the hard to reach community.

They will act as a **vehicle for change** through ensuring consistent, high quality, sustainable & life saving MNCH services for the community.

These P-CSBAs will also identify and refer complicated cases of pregnant mother and children to higher health facilities at Upazilla and District level with the help of **2,000** members of **150** community support system (**CmSS**) and **700** members of local government.



Consistent, High Quality, Sustainable & Life Saving MNCH Services for the Community

HES = Health Education Session; FP = Family Planning; PWI = Pregnant Women Identification; ANC = Antenatal Care; BP = Birth Preparedness; DC = Delivery Care; PNC = Postnatal Care; ENC = Essential Newborn Care; LCC = Limited Curative Care; c-IMCI = Community Integrated Management of Childhood Illness; UHC = Upazilla Health Complex; DH = District Hospital; UP = Union Parishad; CmSS = Community Support System.

Project Startup and Accomplishments So Far

We have achieved a significant milestone on November 29, 2012 by signing the **Memorandum of Understanding (MOU)** between Ministry of Health & Family Welfare and CARE Bangladesh that actually set the foundation for intended sustainability of this initiative.

Getting Started



We have started our project through a **kickoff meeting** at CARE Bangladesh Headquarter to orient our newly recruited staff on the basic philosophy of GSK's 20% reinvestment for LDCs and the designed innovations of our initiative.

Also, we have ensured office set up at Sunamganj and importantly, GoB has provided space to set up our Upazilla level offices at Upazilla Health Complexes (UHC) that indicating output of **public private partnership**.

Community Entry



We have completed situation analysis and resource mapping of 50 Unions of Sunamganj through supportive collaboration of local government, health and family planning departments and administration.

Only **2.3% women** of our working area, having secondary school certification (SSC) which has led to a real hardship for selecting potential candidates as per GoB guideline to be a community skilled birth attendant.

Despite of such hardship, we have successfully enrolled **56 potential candidates** for first phase through comprehensive community efforts.

Community Engagement

This initiative is developed, supported and owned by the community through implementing a proven community mobilization approach of CARE Bangladesh, known as **Community Support System (CmSS)**, which is one of our key innovations.

As part of it, we are mobilizing community and local government members. Also, we have developed operational plan for community engagement to work closely with community clinic based community groups and community support groups.



P-CSBA Selection Process



A GoB approved **recruitment committee** has managed the whole selection procedure of P-CSBA candidates as per prescribed selection criteria of Bangladesh Nursing Council (BNC).

This committee ensured the public announcement, distributed application form & collected the applications, verified the candidates and selected appropriate candidate for training through a competitive exam.



For initial phase **56 candidates** are selected from **22 Unions** i.e. very remote and hard-to-reach region of Sunamganj. Each candidate has signed a **MOU** with respective local government to ensure their commitment for MNCH services to the community.

Local government through community groups will create enabling environment for the P-CSBAs to be trained i.e. introducing them to community, service pricing for their financial sustainability, promote their services, support for referral etc.

Training Enrollment

Presently, these 56 candidates are enrolled for 06 month long competency based residential training in three different GoB accredited training institutes i.e. Norshindi, Kishoreganj and Brahmanbaria District.

90% of these enrolled candidates have come out from their neighbourhood for the first time!!



We are at present in the process to identifying 60 potential candidates from 25 remote and hard-to-reach Unions for second phase of training and mobilizing the local community to build up appropriate **community engagement** process and to establish **community-led accountability mechanism**.

Training Inauguration

We are ensuring our close collaboration with GoB and GSK on a regular basis.

Key GoB Stakeholders from the Ministry of Health and Family Welfare, Directorate General-Health Services, Directorate General-Family Planning, district health and family planning departments and especially, GSK were present in the inaugural session of the training for P-CSBAs.



Dr. Syed Abu Jafar Md. Musa, Director, Primary Health Care and Line Director MNC&AH of Directorate General of Health Services has inaugurated the training.



Rumana Ahmed, Communication Manager of GSK Bangladesh was also present in the ceremony.

P-CSBA Training

This training is implementing through a partnership with Obstetrical and Gynaecological Society of Bangladesh (OGSB) in GoB accredited training institutions.

We, **GoB**, **GSK**, **CARE** and **OGSB** ensure the quality of competency based training for the participants and developing their skill & confidence to serve health care services at community.



Transformation of these women is simply Amazing! We are recording those incredible **stories of change**.

GSK Senior Vice President's visit



GSK is the key associate of our **public private partnership**. At national level, we have first learnt to work with a new private partner, a pharmaceutical company, **GlaxoSmithKline**.

Our regular communication is igniting new ideas and creating space for thought sharing.

We have shared our progress and learning to Duncan Learmouth, Senior Vice President, Developing Countries & Market Access Operating Unit, UK during his visit to CARE Bangladesh on February 27, 2013.

GSK and CARE International 2013 Planning Workshop was held at Dhaka on 03-05 December 2012 with an objective of bringing together GSK and CARE regional and head office staff to discuss the 20% Reinvestment Initiative across the 6 countries (Afghanistan, Nepal, Bangladesh, Myanmar, Cambodia and Laos)



Also, we have shared our intervention modality to key management team of GSK's Chittagong factory.

Social Business Model

We are going to build capacity of P-CSBA on social business development to ensure their **financial sustainability** which is another innovation of this initiative in terms of sustainability. We have signed a MOU with **JITA- a CARE social business**, to establish **Social Business Model** at local level for the P-CSBAs.

JITA is now conducting market **assessment** to identify appropriate strategy for social business for our newly trained human resources, P-CSBAs.

MOU Signing between Jamie Terzi, Country Director of CARE Bangladesh and Saif Al Rashid, CEO of JITA.



Baseline study reveals, local poverty & unaffordable cost of MNCH services at the facilities are the key reasons to prefer home as delivery point for the community. The community at present are paying more than Tk.1,881 for normal deliveries at home by TBA. The assessment indicates that they are **willing to pay Tk.1,000** for normal delivery by quality health service provider which is an indicator of sustainable financial opportunity for the P-CSBAs.

Stories of Change

Voyage of Asma Begum towards her DREAM!



"..... it was surely not an easy journey for me to be here in this training (Nursing institute). I am from a traditional community where women are not permitted to work outside of home. I have tried to fight against religious, cultural and social barriers to join here with an inspiration to serve the mothers and their children of my community....."

Asma (33), Trainee P-CSBA

We have learned.....

Individual and family level discussion on importance and benefits of P-CSBA training increase interest of potential candidates to receive CSBA training.....

Families faced any MNCH incidents are more enthusiastic to be a P-CSBA.....

Determination of Kobita Dash!

".....still I cry when I remember my first newborn's death during delivery. It all happened due to inefficiency and incapacity of TBA to measure the situation (prolonged labor) and delayed decision to refer me to a hospital. Now, I wish to be a P-CSBA to prevent such incident to other women of my neighborhood....."

Kobita (32), Trainee P-CSBA



Struggling coerce of Marzia Begum!



"..... I thought it was going to be a capacity building training of TBA. But I was wrong. I am surprised to see the height of the training, training rooms, class lectures and demonstrations. Previously, as a Health Volunteer, I was only able to inform the pregnant women, what they should do during their pregnancy. But now I am confident, after the training, I will be able to ensure those supports, directly....."

Marzia (27), Trainee P-CSBA

Sharing of goal, objectives and importance of P-CSBA initiative including roles and responsibilities of P-CSBA and stakeholders through MOU signing is effective to mobilize stakeholders' support for smooth facilitation of the process.....



GSK-CARE CHW INITIATIVE TEAM

Program Director-Health	: Dr. Md. Jahangir Hossain
Team Leader	: Dr. Rahat Ara Nur
Technical Coordinators	: Kajal Ahmed Leon, Knowledge Management Dr. Jahirul Alam Azad, Training & Operation
Project Manager	: Shongku Raz Mozumder
M&E Manager	: Shahidullah Ahmed
Development Officer	: Narayan Chandra Sarkar
Finance & Admin Officer	: Mofiz Uddin
Project Officers	: Nasima Khan; Hasina Samazder; Tulshi Rani Bhowmik; Laila Begum; Joshim Uddin; Sangita Baydha; Shahab Uddin; Baharul Alam; Chandra Sekhar Das; Mukul Chandra Das
Field Facilitators	: Aeysha Siddika; Bilkis Begum; Suranjit Deb Chowdhury; Protima Rani; Jharana Khatun; Sabina Yeasmin; Anonto Kumar Pal; Nazmunnaahar Moni; Kishor Mishra; Mahmudul Hasan
Field Trainers	: Mahamuda Khatun; Nargis Khatun; Sheuli Akther; Hasneara Khatun; Bobita Biswas; Misneara Khatun; Rahima Khatun; Prapthi Mankhin

For more information, please

Contact

Farzana Mamtaz, Deputy Chief (Deputy Secretary), HRM Unit
Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh at fmamtaz15@gmail.com
Rumana Ahmed, Communication Manager, GlaxoSmithKline Bangladesh at rumana.r.ahmed@gsk.com
Dr. Md. Jahangir Hossain, Program Director-Health, CARE Bangladesh at jahangir@bd.care.org

Read

GSK-CARE CHW Initiative, NEWSLETTER-1 at www.carebangladesh.org

Watch

A short video of the project in Sunamganj at you tube at <http://www.youtube.com/watch?v=Po4QLos4Z8w>

Photographs taken by : Rahat Ara Nur, Isabelle Adeline, Jahirul Alam Azad, Shahidullah Ahmed and Nargis Khatun
Design by : Kajal Ahmed Leon

This publication has been produced with the assistance of GlaxoSmithKline Bangladesh. The contents of this publication are the sole responsibility of CARE Bangladesh and can in no way be taken to reflect the view of GlaxoSmithKline & Government of Bangladesh



CARE Bangladesh
Pragati Insurance Bhabhan
20-21 Kawran Bazar, Level 9-13
Dhaka-1215, Bangladesh



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