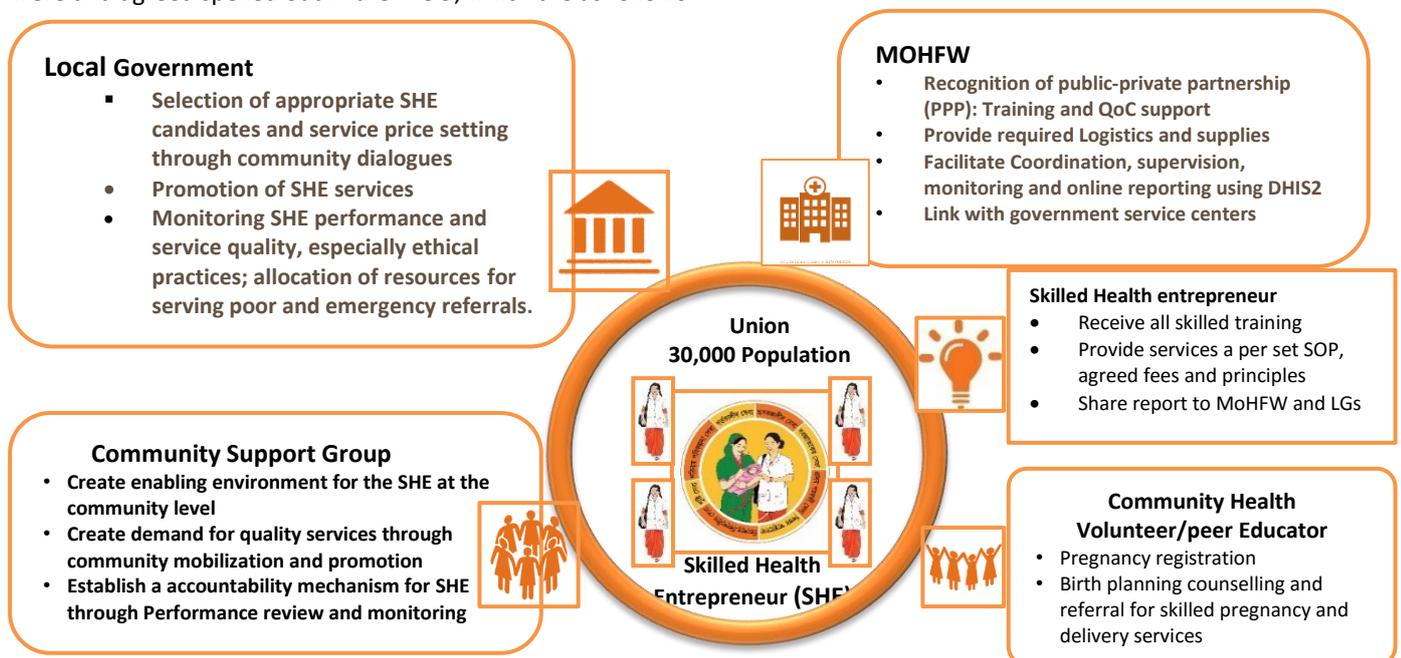


Establishment of Skilled Healthcare Entrepreneurs (SHE): Promising sustainable solution for ensuring availability of quality services in hard to reach districts of Bangladesh

Background: In Bangladesh, one of the greatest challenge achieving SDGs and advancing universal health coverage is the vast shortage of skilled and qualified health providers in remote and rural areas. Maternal and newborn death is double in haor region, with poor retention and high absenteeism of skilled providers. Only 11% deliveries were attended by a medically trained provider as found in project baseline in 2012. Additionally, there are huge wealth disparities in accessing health services.

To address the skilled health workforce issues in the remote areas, a participatory scoping exercise was carried out to understand the underlying causes and factors of health access barriers and challenges. Informed by the scoping findings, innovative and sustainable solution for developing skilled providers through a public private partnership (PPP) has been agreed by Ministry of Health and family Welfare (MoHFW). In October 2012, a memorandum of understanding (MOU) of the collaborative Public-Private Partnership (PPP) initiatives was signed between MoHFW and CARE Bangladesh. Total 300 Skilled Health Entrepreneurs (SHE) have been established from local community of Sunamganj district in collaboration with MoHFW, Local Government and Community. The roles of different GoB and private entities were and agreed spelled out in the MOU, which are as follows:



Skilled Health Entrepreneur (SHE) Model:

Coverage and Reach: We covered **entire Sunamganj district- which include all 87 Unions of 11 Sub-districts with 2.8 million population** through developing 300 Skilled Health Entrepreneur (SHE)

Duration: December 2012- December 2018

Key program interventions:

Skill development training: Six months Community Skilled Birth Attendant (CSBA) training followed by 3 months on the job training in the field, One week Primary Health Care (PHC) training, Five days' Community IMCI training, Two days' on MIS and reporting training; Additional training: Family Planning, Nutrition, NCD screening, basic investigations, and referrals. All these training conducted in collaboration with MoHFW.

Quality Improvement: Participate periodic refresher training at skill lab based in Upazilla Health Complex and regular QoC visit by Health and FP mangers/supervisor; and community feedback.

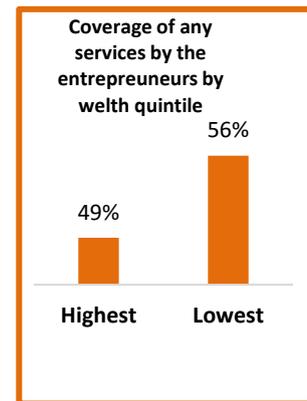
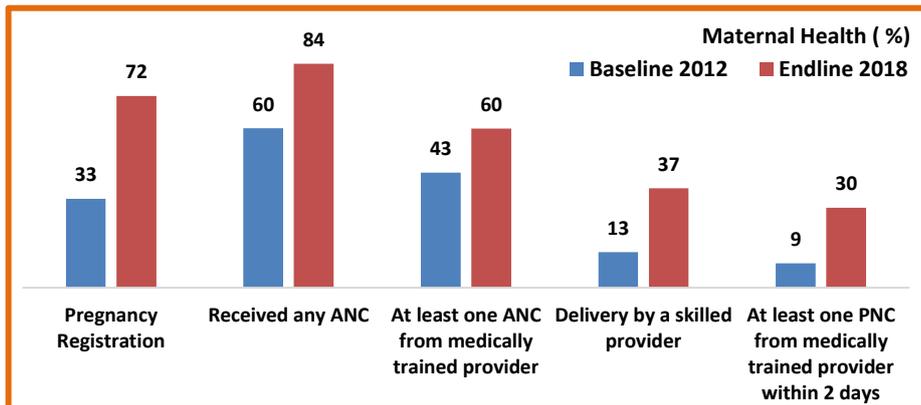
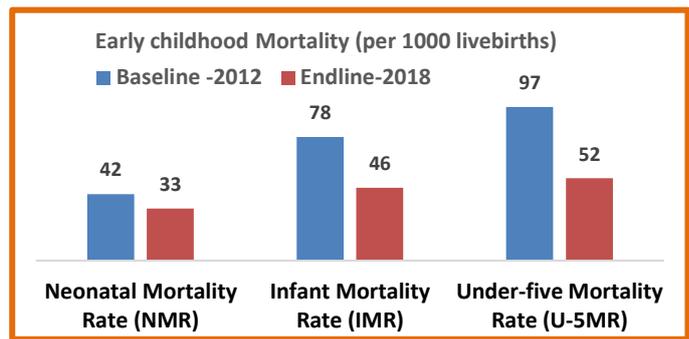
Market development and community engagement: Local Government in collaboration and support from community support group (CSG) facilitates the selection process of SHE, determines service prices through community consultation, market development, facilitates referral to health facilities, and mobilizes local resources to create fund to support poor, ultra-poor women to access to the services.

Report to Health and FP department of MoHFW through regular sharing the performance data and online reporting, receive and distribution of health and FP commodities/supplies, and referrals.

Key Achievements & Results: Baseline survey¹ was conducted between October to December 2012 and end line² conducted between August to November, 2018. Women who had delivery outcome in last two years prior to data collection were interviewed by **icddr,b**. The entrepreneurs (SHE) were also interviewed periodically to assess their economic and social empowerment. Some key findings are given below-

Maternal Child Health

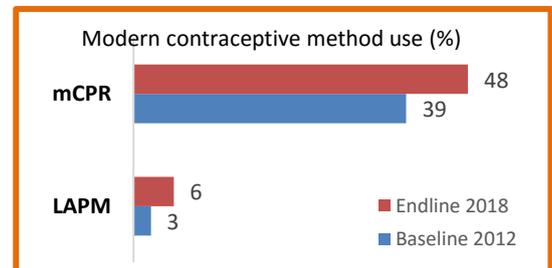
- **Reduction of early childhood mortality. Neonatal Mortality Rate dropped significantly.**
- Reduction in complications during pregnancy, childbirth and postnatal period.



Skilled maternal health service utilizations increased significantly ($p=0.000$). **The entrepreneurs served more household from the lowest quintile than highest quintile (56% vs 49%).** Due to the increase in skilled delivery coverage, **more than 13000 additional skilled birth attendance only in 2018.**

Family Planning method use

- **Modern contraceptive prevalence rate (mCPR) increased 10 percent point**
- Long acting permanent method use doubled.
- We can infer, more than **60000 additional women are using modern contraceptive method in Sunamganj**



Local Government (LG) Contribution: Local government

allocated BDT 4,635,000 (\$55277) in last fiscal year and utilized at least BDT 2314700 (\$27605) for blood grouping, ANC campaign, and labor room construction in UHFWC, CC, and helping poor families for seeking healthcare.

Sustainability and empowerment of the Skilled Entrepreneurs: Sixty (60%) of the entrepreneurs reported to earning more than 5,000 BDT (GBP 50) per months. More than 80% of the entrepreneurs have control over their own earnings and their participation in household financial and other decision making increased considerably.

Conclusion: It is evident that developing Private Women Skilled Health Entrepreneur (SHE) in remote hard to reach rural communities, where public health system is not adequately functioning, and peoples are rely on poor quality private services, is one of the promising solutions for ensuring sustainable provision of skilled health services, especially for disadvantaged and disables.

¹ Baseline Survey done by ICDDR, 2012

² Endline Survey done by ICDDR, 2018