



CARE Bangladesh-GlaxoSmithKline Community Health Worker Initiative **NEWSLETTER 5**

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Increased uptake of skilled healthcare services



One-third of the P-CSBAs are earning over \$40



Community leaders find P-CSBA effective for them



Community actively engaged in mobilizing resources



Improving health governance of public health system

Increased Uptake of Skilled Healthcare Services in Sunamganj

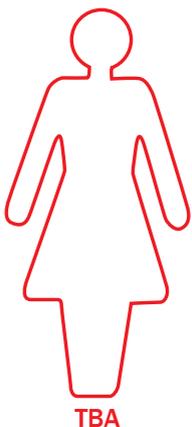
Performance data shows that CARE-GSK Community Health Worker (CHW) Initiative has significantly contributed to improving access to maternal and child health services through its 168 private community-based skilled birth attendants (P-CSBA) and with support of 2,112 community health workers in 50 unions of Sunamganj. It is evident from the Ministry of Health & Family Welfare (MOHFW)

management information system and project monitoring data that births attended by skilled health staff has increase from **11%** (project baseline, 2013) to **48%** in December 2014, of which **32%** is due to the P-CSBAs from this initiative. Equity in health service delivery has also increased, more than 68% of service recipients from P-CSBAs were either poor or extreme poor.

About one-third traditional birthing practices are replaced by skilled attendance by P-CSBA

Declined from **89% to 52%** in 13 months

Increased from **0% to 32%** in 13 months

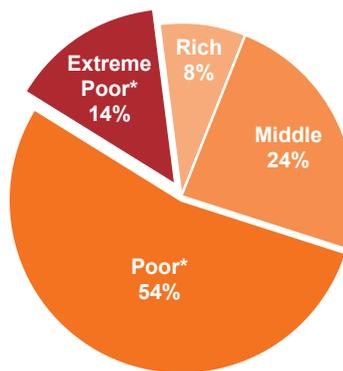


TBA



P-CSBA

Socio-economic outreach of skilled health services



*Household ranking was conducted based on predefined criteria

In December 2014, 68% of service recipient households were either poor or extreme poor

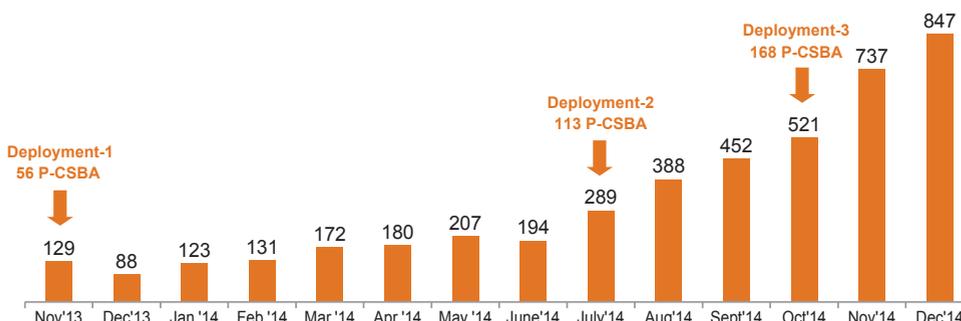
Trend of Delivery Services by P-CSBAs: 2013-14

As of December 2014, P-CSBAs are conducting on average **5.2** deliveries per month. In total **4,452** skilled deliveries and **991** referrals were ensured by 168 P-CSBAs since the beginning of this initiative.

The first 56 P-CSBAs are conducting **5.6** deliveries per month on an average

covering **36%** deliveries in their catchment area.

The enabling environment created through the integrated efforts of the CHW initiative, MOHFW, local government, community support groups and community has helped newly developed P-CSBAs quickly adapt and improve their performance.



5.2 deliveries on average per month per P-CSBA in December 2014

83,782 ANC and 30,620 PNC services were ensured at union level in 2014 by P-CSBAs and government skilled healthcare providers

33% P-CSBAs are earning \$40 (BDT 3,000) a month and 15% are earning \$67 (BDT 5,000)

Skilled Antenatal and Postnatal Care Access in 2014

Project performance monitoring data shows that P-CSBAs have significantly contributed to increasing antenatal care (ANC) and postnatal care (PNC) service utilization. More than half of the ANC and PNC services (respectively 42,913 and

18,169) were provided by 168 P-CSBAs in 2014 in 50 remote unions of Sunamganj. 112,592 service contacts were made by the P-CSBAs during this period.

112,592 service contacts were made by 168 P-CSBAs in 2014

51.2% skilled ANC services in Sunamganj were provided by P-CSBAs in 2014

59.3% skilled PNC services in Sunamganj were provided by P-CSBAs in 2014

One-third of the P-CSBAs are Earning a Minimum of \$40 per Month

Extensive community mobilization and community agreed service pricing by the local government in presence of existing government service providers facilitated uptake of paid services. This increase uptake of services by the community helped raising income of the P-CSBAs.

The average monthly income of the P-CSBAs is around \$25.4 (BDT 1,905). 33% of the P-CSBAs earned more than

\$40 (BDT 3,000) and 15% earned \$67 (BDT 5,000) or more enabling them to financial sustainability benchmark.

Rapid achievement of the P-CSBAs was due to their own personal abilities, including friendly attitude towards clients; good collaboration with community groups, local government, CHWs; and support from their family.

A Model of a Dignified and Well Accepted P-CSBA with Social Entrepreneurship

Champa Rani Sarker lives with her husband and two children in Atagaon union, Sulla upazilla, locally known as 'Godforsaken land' due to its remoteness.

Champa was a housewife with a secondary school certificate. One morning, her husband brought her an application form for training to become a P-CSBA. She applied and was successfully selected.

During her 6 months of training, a community support group was established and 12 community health workers/ CHWs were trained and linked with the local government in her catchment area. Through a consultative meeting, the local government, the community support group and the community fixed price or rates of Champa's skilled services. Furthermore, the CHWs supported her by promoting her services to the community.

Champa came up an idea of working with the CHWs. The 12 CHWs kept her

regularly informed and referred new pregnant women, sick mothers or children in her area. In exchange, Champa shared a small percentage of her income with these CHWs. This simple business tactics dramatically increased the number of service calls she received.

By December 2014, within two months of her deployment, she had conducted 22 deliveries, 130 ANC, 38 PNC. She had earned \$379 (BDT 19,400), out of which she shared \$122 (BDT 9,150) with the CHWs.

Champa concluded, "Each day more people are seeking my services. My work as P-CSBA has also ensured my social acceptance by the community. Now I am happy and proud that my services are actually benefiting the pregnant women of my community. They know that I am working for their well-being, so they come to me for health services and follow the advices I give them."



Chompa Rani Sarker became a popular P-CSBA in her community within only two months

Chairman of the Local Government and Member of CmSS Find P-CSBA Effective for the Hard-to-Reach Communities

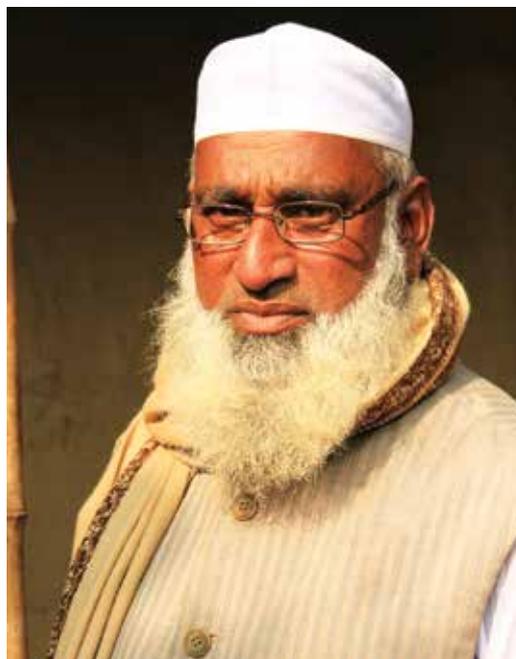


*"I am **Golapi Begum**, a member of the community support group/CmSS and I love working with the P-CSBAs. I have seen how the P-CSBAs and the community support group have contributed to improving the health status of mothers and children. Almost a year ago, Majeda Begum (28 years old) gave birth to a stillborn baby after a prolong labour lasting more than 2 days. The birth was assisted by a traditional birth attendant (TBA) and resulted in severe permanent disability (fistula) for Majeda. She went to the Osmani Medical College but they were unable to cure her. Last month, when a woman of our community-Zahirun's delivery pains started, we call our P-CSBA Rehena. Zahirun gave birth to a healthy baby boy.*

"The P-CSBA has connections with health facilities: if needed she can refer the pregnant mothers there and we help them during this referral."

"While the whole world is moving very fast due to technology, electricity is yet to reach our community because of its remoteness. The community clinic is the only medical facility that we have. Unfortunately, they are not providing skilled services to the pregnant mother. We have been involved in this partnership initiative since its beginning. We selected 4 participants from our union and sent them outside of Sunamganj for 6 months to receive government training. We have fixed the service price for them, provided them with ID cards, ensured toll free ferry crossing and allocated BDT 220,000 (\$2,940) to buy solar panel for the community clinic. We also pay the P-CSBA for their services to ultra-poor families who are unable to pay them.

- Abdul Mannan Talukder
Chairman of Vimkhali Union.



"We are happy that they are serving the community and report to the government health and family planning department as well as me"

Active Engagement of Community in Resource Mobilization for P-CSBAs

50 Local governments have allocated \$25,400 (BDT 1,905,000) in their annual budget for maternal, newborn and child health (MNCH) activities. \$5,874 (BDT 440,550) was used to subsidize P-CSBAs' services for the poor, to undertake TBA orientation to reduce harmful practices, blood grouping for health camps, referral and constructing labour room for P-CSBA, etc.

77% fully functional community groups (out of 183) have generated their own funds of \$6,750 (BDT 506,250) and used \$226 (BDT 16,950) for labor room construction, blood grouping, day observation (like safe motherhood day, breast feeding week etc) and referral support.



Joint performance review of public, private and other service providers at FWC and UHC and health information sharing has helped identify service gaps and develop actions to address these

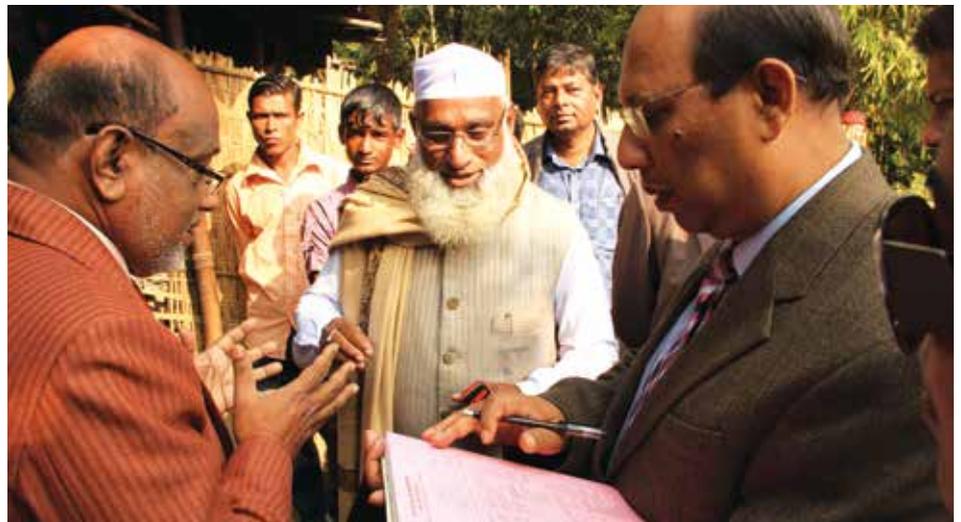
Improving Health Governance of Public Health System

Since the beginning of the project, joint performance review meetings have been organized at the union level Family Welfare Centers (FWC) to collect, compile and analysis data on the performance of all service providers of that union including government, NGOs and others. Since mid-2014 and led by the Civil Surgeon (CS) and Deputy Director-Family Planning of Sunamganj, all unions have been using a common reporting system. All the union are collecting, compiling and using the for decision-making and are sharing the performance data with sub-districts (Upazilla Health Complex/ UHC), districts and communities for feedback. The CS mentioned that gradually, the projected number of pregnancies in a catchment

area is getting closer to the number of reported pregnancies. Additionally, the use of services by skilled providers is improving significantly in the 50 unions where P-CSBAs are present.

Moreover, 183 community support groups are using the performance data of the P-CSBAs and other service providers for decision making. They use their community map, ensure pregnancy and delivery care through P-CSBA and CHW, and provide effective referral with monetary and transport support especially for the poor. If there are any problems raised that they cannot resolve, they bring the issue to the union parishad to mobilize further supports for P-CSBAs and the community.

Visit from Ministry of Health Personnel in Sunamganj



“The support to P-CSBAs by the community groups and the local government is excellent. It is indeed an excellent model that can be replicated in similar conditions”
- remarked Joint Secretary of Ministry of Health during a joint project monitoring visit in Sunamganj

Dr. Md. Shajedul Hasan (Joint Secretary, Human Resource Management Unit, MoHFW), Dr. Md. Alamgir Ahmed (Deputy Director, Primary Health Care and Programme Manager, Maternal Neonatal Child and Adolescent Health), DGHS; Mahfuzur Rahman (Sr. Assistant Chief, HRM unit, MOHFW) and Dr. Rezaul Karim (Assistant Secretary, MCH Services, DGFP) visited Jamalganj upazila of Sunamganj on January 3, 2015. The purpose of their visit was to supervise, monitor and evaluate the project's performance, as MOHFW is one of the major stakeholders of this partnership. The visitors recognized the remoteness of the areas and the gaps in MNCH services

in Sunamganj. They acknowledged and praised the private providers, local government and the community support groups for working together to help these remote communities, especially the poor households.

They were impressed by the door-step services provided by the P-CSBA. They noted the effectiveness of these services and how they complement the government's efforts to improve health services access. They recommended scaling up the partnership initiative to cover all unions of Sunamganj as well as other similar districts.

More Flashbacks of 2014

Sharing Lessons with GSK



The Initiative arranges a sharing session with Claire Hitchcock, Director- Community Partnerships, GlaxoSmithKline UK; Daryl Burnaby, Community Partnerships Manager; Rachael Clay, Director, Ethicore; and Rumana Ahmed, Communication Manager, GSK Bangladesh on 30th September 2014. In this session, updates on the progress and experiences the CARE, GSK and MOHFW partnership as

well as future plans were shared amongst the stakeholders.

The partners were satisfied with this collaboration and its impact on improving the access to health services especially for the poor communities. They have also showed interest to continue the current project and expand it to more underserved communities.

Evidence and best practices from the CHW initiative shows the potential for replicating the model in other underserved rural and urban settings in Bangladesh.

Innovation around m-Health: Improving Pregnancy and Birth Registration

The baseline data from CHW Initiative area of Sunamganj district shows that only 30% pregnancy related information reaches to the service providers and about half of the pregnant women are left out from receiving any maternity services. The Initiative is implementing an innovative approach in 27 P-CSBA clusters to explore the opportunities to improve the

coverage and timeliness maternal and child health (MNCH) services, including pregnancy registration through use of mobile technology. icddr,b is also assisting CARE Bangladesh to document and evaluate the impact. The learning's generated this exploration will create opportunities to replicate it throughout the initiative areas.

Generating Knowledge to Facilitate P-CSBA and TBA Collaboration

A qualitative study was conducted in the initiative's area to develop feasible and specific recommendations to facilitate win-win collaboration between the P-CSBAs and TBAs.

The healthcare managers and providers, including the community leaders in the area, recognizes the skill, quality of care and contribution of the P-CSBAs. While the acceptability and unique place of TBAs in the community is also acknowledged, TBAs are no longer expected to conduct deliveries with the increased availability of skilled providers such as the P-CSBAs. There is a general consensus for restricting them from providing delivery services and encouraging them to take a new supporting role in

maternal and child healthcare, whilst working closely with the P-CSBAs.

Recommendations were made to engage them in pregnancy registration, birth planning with counseling, providing emotional support to women during child birth and post-partum period, supporting essential new born care, recognizing danger signs and seeking skilled support and referral. Recommendations were also made to involve TBAs in other targeted health programs such as immunization and nutrition counseling. Targeted training of the TBAs and establishing linkages with the facilities as well as with the P-CSBAs through NGOs will enable the TBAs to adopt these new responsibilities.

Enhancing Capacity and Confidence of P-CSBA through Practice at Skill Lab



A total of 10 Skill Labs have been established at 10 upazilas in Sunamganj, with an aim to enhance and maintain the knowledge and skills of P-CSBA, teach them new skills and improve their confidence to provide life saving health care services. Every month, the project and government technical staff supervise and monitor the P-CSBAs using a checklist. The staff facilitates the sessions and provides bimonthly hands-on

refresher trainings to the P-CSBAs. This is a continuous medical education with hands-on practice on dummies to enhance the capacity and confidence of the P-CSBAs. The project expects these Skill Labs will eventually be adopted by the district Health and Family Planning department to train other service providers as well as the government staff and taken up by district Health and Family Planning department.

"With the support of my husband and the help of the CARE-GSK CHW initiative, I became what I am today" remarked Safia Begum, a P-CSBA working at Joykolos Union, South Sunamganj

"In our male dominant society, it is really difficult for a woman to work outside home. But it becomes easier if a man gives her a helping hand. For my wife, I did just that" - Mohiuddin Mohim (45), a private service holder and husband of P-CSBA Safia.

Mohiuddin encouraged Safia to receive the 6 month residential CSBA training from the BrahmanBaria Nursing Institute. He even managed the household and the children during her absence. When Safia was registering the women of her catchment area and providing health services, he realized that it was very difficult for her to move from one house to another, especially at night. He decided to personally drop her off and pick her up from work on his motorcycle in order to help her.

"I noticed that Safia has to work from dawn to dusk. I realized that I could support her by picking her up and dropping her off. I think that this support can help her continue her work for the community"- said Mohiuddin.





CARE Bangladesh-GlaxoSmithKline Community Health Worker Initiative A Public Private Partnership

For more information on the
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Read

GSK-CARE CHW Initiative
NEWSLETTER-1, 2, 3 & 4 at www.carebangladesh.org

Watch

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

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