CARE Bangladesh-GlaxoSmithKline
Community Health Worker Initiative
NEWSLETTER 6

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In this issue

Project Overview

The CARE GSK CHW Initiative is an innovative **Public-Private Partnership (PPP)** to address the human resource and health services gap in a remote underserved district. It is funded by the reinvestment of 20% profits by GlaxoSmithKline in Bangladesh.

The program reaches **1.4 million people in 10 under-served sub-districts** of the remote Sunamganj district with 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 Parishads) to support the P-CSBAs, and facilitating service access to poor women and children. The program is showing impressive results in terms of increasing access to skilled healthcare delivery and services.

A Private Community-based Skilled Health Care Provider:

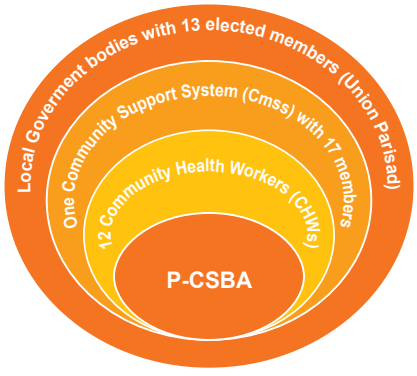
From the community,
By the community
and
For the community

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 Systems (CmSS) developed.

1,050 government health and family planning staff capacitated from 10 project sub districts.

700 Local Government elected members trained and engaged in 50 Unions.

The Support Mechanism for individual Private Community Skilled Birth Attendant (P-CSBA)

Results*

171,869 skilled health services provided over 20 months by the skilled health care providers who were developed by the initiative.

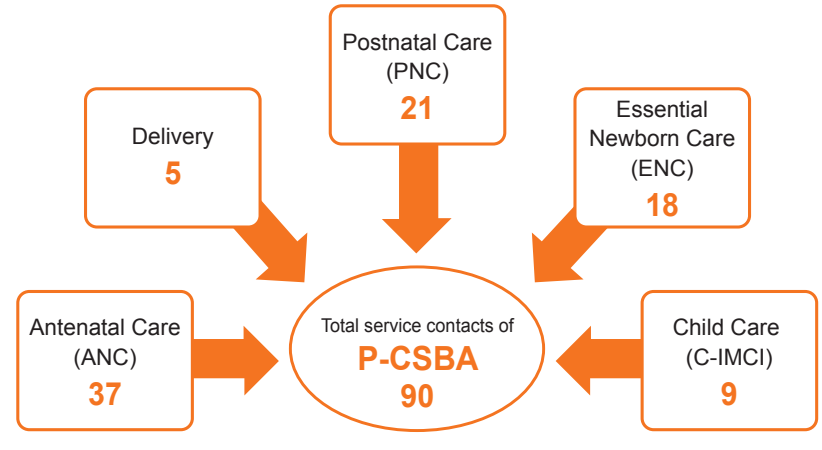
*Until June 2015**

8,918 births attended

79,552 Antenatal Care (ANC) and 38,785 Postnatal (PNC) provided

32,923 Essential Newborn Care (ENC) and 11,691 Child Care (C-IMCI) services provided

Average Monthly Service Contacts by each P-CSBA**



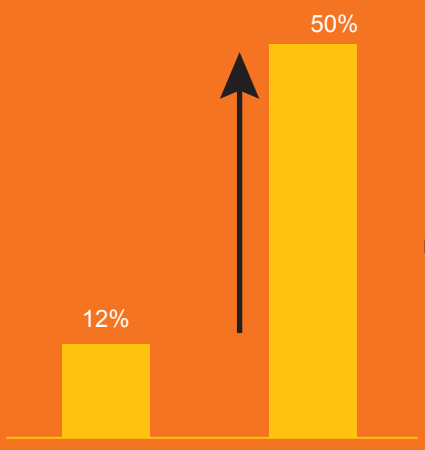
** January-June, 2015*

Skilled Service Coverage*

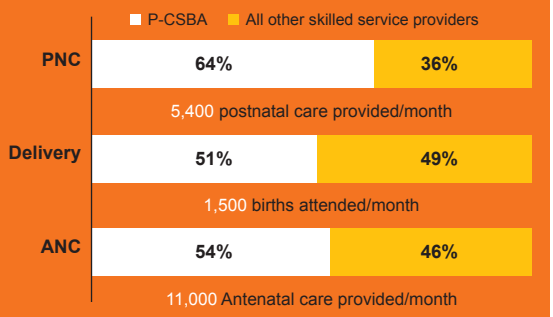
From January to June 2015, More than **50% of all expected births** in the project area were attended by a skilled provider and at least **50%** of those were by **P-CSBA**.*

* Calculated from the project and Government Monitoring Information System (MIS).

Skilled Attendance at births in Project areas

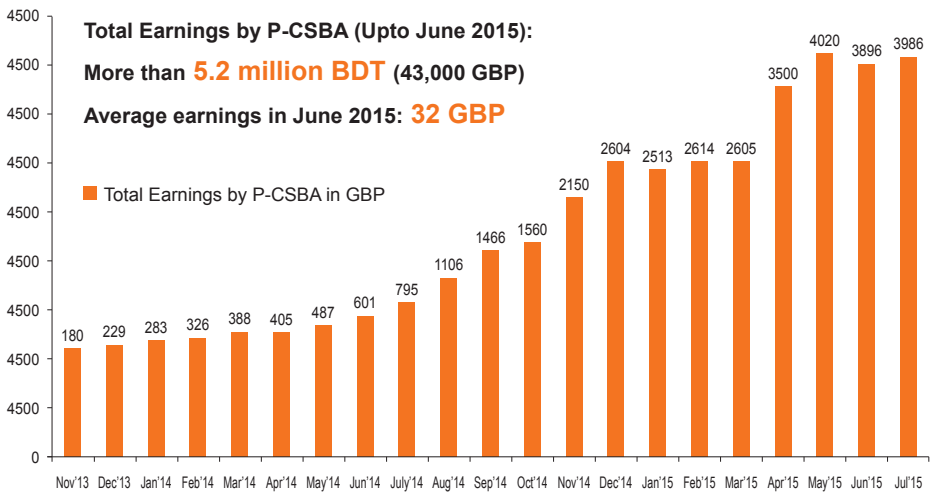


Together Public and Private Health Service Providers ensured a shift towards skilled care in 50 project unions.

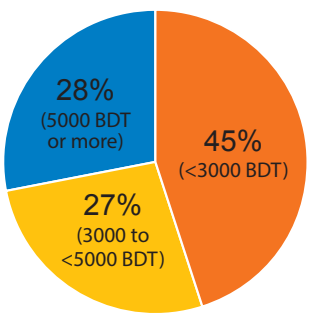


** January-June, 2015*

Trends in P-CSBA Earnings:



P-CSBA Earnings in BDT June, 2015



55% earned **≥3000** BDT and
28 % earned **≥5000** BDT

Community Engagement: The Community Support System

Community Support System (CmSS) is a community-led and managed mechanism to promote P-CSBA services in the community, identify pregnant women and refer to P-CSBAs, create conducive environment for P-CSBAs by ensuring social security and mobilize local resources to support poor families for referral. It also links the P-CSBAs with referral facilities.

During the first six months of 2015, CmSS raised 405,348 BDT and utilized 188,660 BDT.

CmSS members accompanied the P-CSBAs to attend 951 deliveries at night and referred 877 women and children to health facilities with financial assistance.

877 women and children referred to secondary and tertiary health facilities with financial assistance.

Community Support System Meeting

Joining Hands: Public-Private Partnership

Logistical support from Ministry of Health and Family Welfare (MoHFW):

Provided 2.5 million iron and folic acid (IFA) and Misoprostol tablets.

Kits to help newborns with birth asphyxia: MoHFW supported the project by ensuring the supply of HBB (Helping Babies Breath) kits for all P-CSBAs. With this additional support P-CSBAs are now equipped to provide critical care to asphyxiated newborns and reduce early neonatal death.

Local public service providers and managers provided continuous Monitoring and Supervision through field visits, monthly reviews and sharing meetings at the union health facilities.

Deputy Director-Family Planning observes visits by a P-CSBA in the field.

Government health staffs provide need based technical training to retain and develop the knowledge and skills of the P-CSBAs in the 'Skill Lab' established at the sub-district hospitals. The lab is equipped with mannequins, dolls and instruments required for the trainings and is continuously updated as new skills are added.

Upazila Health and Family Planning officer distributing logistics to a P-CSBA.

The relationship and trust build during these trainings facilitates telephone consultations and early referral when any problem arises. The Medical Officers already noticed a reduction in the number of malhandled delivery cases in the community after the P-CSBAs started working.

Strengthened Linkages with Health Facilities for Referral

Referral linkage workshop at the district level

Referral linkage workshops were conducted to identify the challenges to improve referral system in the project area. Main objectives were to:

- Clarify the roles and responsibilities of all parties involved;
- Improve responsiveness (quality and timeliness) of the referral facilities for referred women and children;
- Facilitate commitment to improve availability, quality and coverage of critical care services at public health facilities.

Participatory workshops were organized at all 10 project sub-districts. The Health and Family Planning Managers and service providers at the union and sub district level participated in the workshops with representatives from local government and CmSS, along with the P-CSBAs.

At the district level the District Commissioner, Civil Surgeon and the Deputy Director–Family Planning actively facilitated the discussion based on the challenges, and developed recommendations at the sub district level.

Union Parishad: The Local Guardian

Union Parishad is the lowest level local government body, comprised of thirteen elected members from the community.

The Union Parishads negotiated and determined service prices of the P-CSBAs and allocate funds for serving the poor as well as referrals. They are local advocates for the P-CSBAs and serve as local guardians. They also make P-CSBAs accountable to uphold their social commitment to the poor and marginalized women. Additionally, they share concerns and raise the voices of the community regarding service quality issues in coordination meetings at the sub-district and district level, facilitating health system responsiveness.

Union Parishad members also played a crucial role in P-CSBA retention. They negotiated with the P-CSBA's family members, motivated them emphasizing the importance of the life saving job they do work in their community, and assured them of social security. These initiatives encouraged the P-CSBAs to continue serving.

Signboards and posters for the P-CSBAs developed by Union Parishad

P-CSBA Promotion: Musical Drama

Extensive community mobilization was conducted in the project areas through a musical drama to promote P-CSBA services with service prices endorsed by the local governments. These performances raised awareness of the importance of skilled maternal and child health care. Local folk tunes were used to deliver messages.

A total of 165 musical drama sessions were conducted in the 50 project unions, covering almost all P-CSBA working areas. More than 70,000 people attended with 52% male participation. This was crucial as men are the key decision- makers for healthcare seeking within the household, especially during emergencies. Local government members and the local health staffs also participated in these events, promoting the P-CSBAs in the community. The P-CSBAs wore branded uniforms and other promotional materials, with consistent use of colors and logos.

In addition to mass promotion of P-CSBA services and the creation of a positive environment for being paid for the provided services, the musical drama has increased the use of mobile phones in seeking advice from the P-CSBAs. It also created extensive awareness within the project area on health and nutrition issues.

Musical Drama in the community

Creating Transport Options: Health Boat

Health Boat inagruated

Local government, Community Support Systems and local boat owners joined hands to develop 'health boats' to support pregnant women and children in seeking care and referral.

The boats were also painted with health and promotional messages and project logos.

A new role for a Traditional Birth Attendant: Patnering with a P-CSBA

Komola dai is a popular name in Mathurkandi in Biswamberpur. She has conducted deliveries for 30 years now and earns her living from this. The nearest health facility is 14km away. Going to the health facility for childbirth, travelling more than 3 hours on a motorcycle or boat is not even an option. The community traditionally trust Komola for the job and consider any fatalities of the mother or the newborn to be fate.

Jaba Rani returned to her village as a P-CSBA after completing her training. She started identifying pregnant women and providing antenatal checkups. But, when she asked who they want to conduct their delivery the answer was Komola dai. Jaba Rani started conducting birth planning sessions with their families to make them understand the importance of skilled delivery. With the help of CmSS members and support from the Union Parishad she convinced a few families to trust her for childbirth.

As Jaba Rani's skills and competence spread, Komola started to loose her clients as well as income. She started spreading rumors against Jaba Rani, confusing pregnant women, and challenging Jaba Rani. Jaba Rani quickly identified the reason and invited Komola to be with her in a delivery.

Observing Jaba Rani's work, her instruments and skills, as well as her welcoming attitude, Komola was surprised. They slowly became comfortable working together; Komola informing Jaba Rani if she get a birth call and letting her conduct the delivery as she comforts the women. Jaba Rani also shared a portion of the money given by the families with Komola.

Together they are changing the birthing practice in the area, contributing to the reduction of maternal and child deaths.

P-CSBA with a Traditional Birth Attendant (TBA)

The Journey of a P-CSBA

Creating service delivery outlets

P-CSBA providing health services at a Satellite spot

A P-CSBA with a client in her chamber

A P-CSBA in front of her chamber

The P-CSBAs have faced huge challenges in covering their service area in a timely manner, due to remoteness and non-availability of transport and high transport costs. With support from the project they came up with innovative solutions to overcome this challenge.

They started identifying **service delivery spots** where they can schedule routine visits and serve all the pregnant women and children, minimizing the travel time from door to door. These satellite spots are situated in the houses of community people who willingly assigned a space in their house to be used for service provision by the P-CSBA. This was already identified as one of the best practices within the project with systematic replication in all project clusters.

In addition, P-CSBAs started setting up **chambers,** mostly in their houses but some in the nearby bazaar to serve those who come to them. They also stores and sells basic commodities and drugs that they are allowed to prescribe and dispense. This also created an additional income stream for them and their family.

Enhancing community linkages through CHW

Community Health Workers (CHWs) are self motivated community people, mostly women with five days' training from the project to identify pregnant women, conduct comprehensive birth planning with decision makers within the family, promote P-CSBA services and facilitate referral.

CHWs are getting recognition as an assistant to the P-CSBA.

In addition to the pregnancy identification, birth planning and P-CSBA service promotion they are assisting the P-CSBA in identifying and organizing satellite clinics, accompanying P-CSBAs during service delivery in remotest areas and at odd hours, and notifying P-CSBAs when a pregnant woman goes into labor, including delivery notification facilitating early postnatal care.

CHW conducting Birth Planning with family of pregnant woman

P-CSBA: Personal change

Masuda lives with her husband and three children in a remote village of Badhaghat union of Tahirpur sub district. It takes 2.5 hours to reach her area in boats or motor bikes, the only transport options. Her husband, a day laborer, struggled to earn enough to support her family and Masuda.

Being selected by her community, she received CSBA training for six months. During the last six months, she on an average provided more than 80 skilled services including conduction of nine deliveries in a month. She now earns 12,000 BDT per month. She and her husband now jointly bear the family expenses. Together they renovated their house.

Masuda says, "No one used to know me before. Now when I move around my village they call me dakter apa (doctor). They ask for my advice regarding their health problems, but, sometimes also for other family issues. They think as I have connections and exposure my suggestion counts. Now, my husband also asks for and values my opinion in family decisions".

Now she aspires to educate her daughter to be a true doctor (MBBS doctor).

Progress review by Technical Advisory Group (TAG)

A CARE-GSK CHW Initiative Technical Advisory Group (TAG) meeting was held on 19 May 2015 at CARE-Bangladesh headquarters in Dhaka. The meeting was convened and chaired by Dr. Md. Sajedul Hasan, Joint Secretary, Human Resource management (HRM) Unit, MoHFW.

The main objective of TAG is to jointly review project progress, share learnings and challenges and seek advice for further improvement. It also ensures alignment with national health policies and facilitates government commitment and support for the project activities as well as future scale up of the model by other stakeholders.

Technical Advisory Group(TAG) Meeting at Care Bangladesh Head Quarter

Sharing project success at different National and International Forums

Woodrow Wilson Center for International Scholars, DC, USA

Dr. Jahangir Hossain, Director-Health Program, CARE Bangladesh, shared the CARE-GSK Initiative at the Woodrow Wilson Center on 30 March 2015 as an innovation to address the human resource for health issues in remote underserved areas, as part of a follow up discussion of 'South Asia Consultation on Maternal Health: Regional Dialogue and Way Forward'.

At the Woodrow Wilson Center for International Scholars

Global Health and Innovation Conference (GHIC) at Yale University, USA

An Abstract on maternal health service delivery by the CHW initiative was presented at the GHIC in March 2015 . The presentation focused on how innovative public private partnership approach resulted in equitable maternal health service access in remote communities.

Recognitiion and Renewed Commitment

The CARE GSK CHW initiative was selected and featured as one of the best innovative practices in maternal and child health in Bangladesh by Johns Hopkins Bloomberg School of Public Health.

As a result of the project success, achievement and recognition, GlaxoSmithKline (GSK) expressed their interest and renewed their commitment to expand the initiative to the remaining 38 unions of the Sunamganj district, deepen the activities in the existing 50 unions, and extensively document and share the experience to influence policymakers and relevant stakeholders for future scale up in other remote and poor performing areas in Bangladesh.

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

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

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Read

GSK-CARE CHW Initiative
NEWSLETTER-1, 2, 3, 4 and 5 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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