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REACHING THE LAST MILE WITH  
ESSENTIAL SKILLED HEALTH SERVICES  
SUNAMGANJ, BANGLADESH

300 WOMEN SOCIALLY TRANSFORMED  
AND ECONOMICALLY EMPOWERED AS  
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# Introduction

## Introduction

CARE is one of the world's largest international humanitarian organizations committed to helping families in poor communities improve their lives and alleviate poverty. Founded in 1945, CARE is working across 93 countries to fight global poverty and marginalization. CARE has been active in Bangladesh since 1949. Globally, CARE's work puts women and girls at the center.

## CARE Bangladesh Approach to Women Empowerment

We recognize that women and girls are disproportionately affected by poverty, discrimination and violence. Therefore, we focus on empowering socially, economically and politically marginalized women and girls everywhere. Through our work we harness women's power to create and lead change, empower communities to transform social norms, engage men and boys, mainstream gender equality and generate evidence to advocate for justice for women through innovative research.

## CARE-GSK CHW Initiative and Women Health Entrepreneurs:

### General overview of the initiative:

CARE-GSK CHW Initiative is an innovative public private partnership (PPP) to address the human resources and health service gap for 2.8 million people in all 11 sub districts of Sunamganj. Since December 2012, the initiative is working to improve the health and nutritional outcomes through developing 300 sustainable private community skilled health service providers

as entrepreneurs with special attention on maternal and child health with funding from 20% reinvestment initiative of GlaxoSmithKline. These private providers are supported by communities, public health system and local government bodies.

### Introduction about Women Health Entrepreneur:

The private service providers are selected from the local married women with at least 10th grade of education. They signed an agreement with their local government bodies before going for the six months residential training of community skilled birth attendants (CSBA) accredited by Bangladesh Nursing Council. Initially, community based integrated management of childhood illness (C-IMCI), and entrepreneurship training were added to their training package. But, based on community demand, challenges and learnings, other skills were added during the last three years. They received training on family planning (FP), nutrition, non-communicable disease, basic eye problems screening & referral and reproductive health including adolescent health. They were also trained on basic life skills through an interactive training curriculum.

As a result, their service package has been expanded beyond maternal, newborn and child health services. The entrepreneurs are now offering screening for hypertension and blood sugar testing using glucometer and referral. They are also screening for eye problems and referral, conducting basic investigations such as hemoglobin and urine testing etc. They are now turned to multipurpose essential skilled service providers for their community offering some basic services for the whole family from Private community skilled birth attendant (CSBA). This has opened additional earning options for these providers contributing to their financial sustainability. Developing a financially viable business without compromising social commitment to the poor families, and maintaining service quality is key to their sustainability.

# Background

## Stories of women health entrepreneurs

There are some moments in every story where the character overcomes unwillingness to change, leaves the ordinary world, and crosses the threshold into an adventure in a special world. In the special world, the hero gains skills and insights – and then brings them back to the ordinary world as the story resolves.

In fact in the stories of women health entrepreneurs, we have tried to capture those special moments in which those marginalized women from Sunamganj took the venture of becoming something special for addressing the health service gap! Some struggled with her small kids, some with family support, some with patriarchal attitude and social security, etc. these human interest stories are the evidence of experience and insights of health entrepreneurs selecting 20 women from different angles.

Over the last couple of years, we have closely observed and followed the life of the 300 women health entrepreneurs. We have seen these women slowly being empowered with enhanced self-esteem, becoming financially capable, gaining control over resources, earning social capital. They are now contributing in decision making process at the household level.

We tried to understand the underlying factors that lead to these changes and document them. We thought of publishing a story books with these real life stories. While each of these change makers have their unique stories to tell.

We expect that these stories will help different actors to understand their challenges as a women to become a health entrepreneurs and think about the broader socio-cultural context. These stories might also help development practitioners to design innovative service delivery model that empowers local community in remote areas and reach the most disadvantaged group with much needed health services.

As you read, you will find that these are not always success stories. Rather, along the journey many of these women failed, struggled, fought and evolved based of their own capacity, strength, interest and socio economic context towards sustainability.

As reader, please do not expect to understand the initiative as a whole by reading these stories.

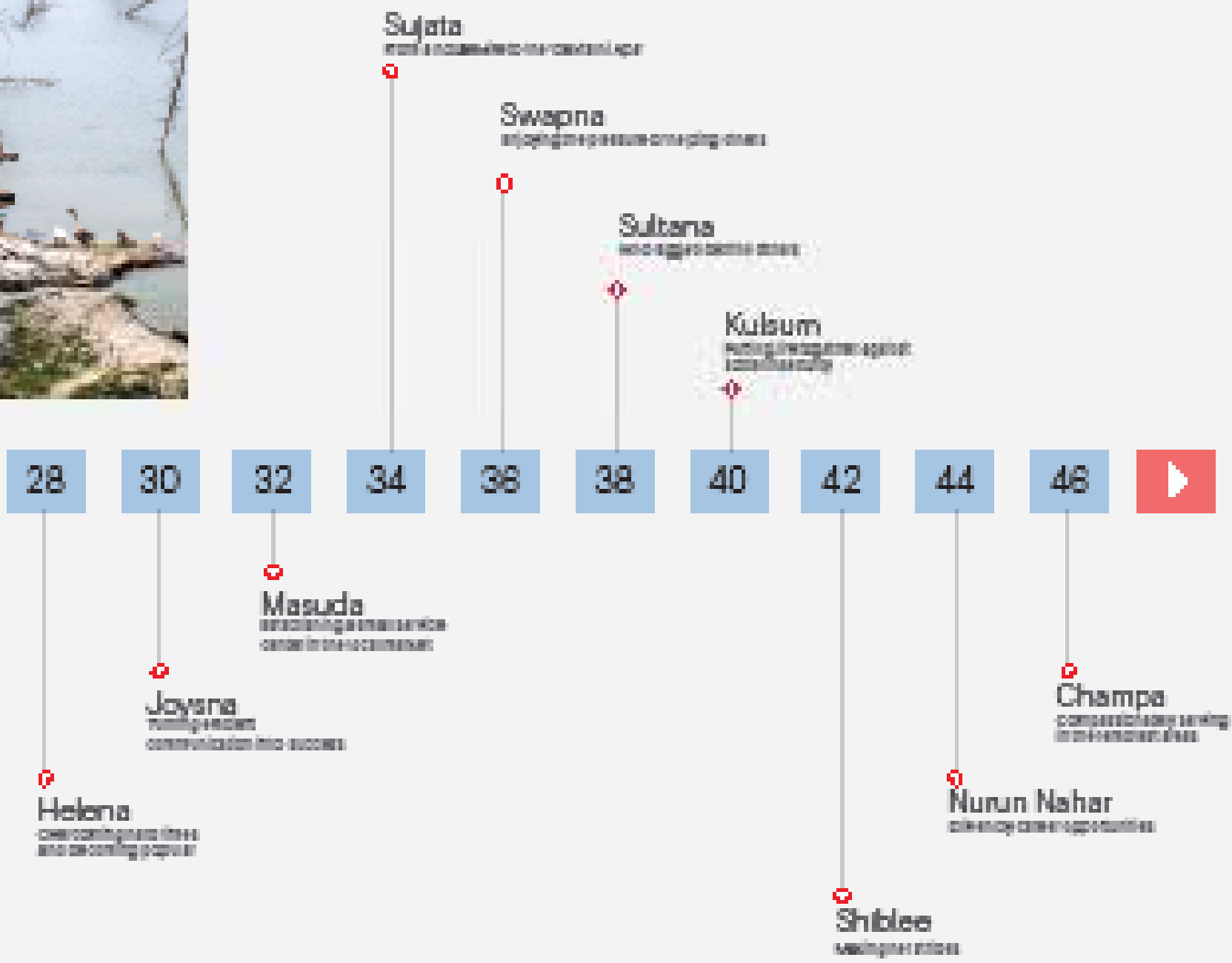
**To conclude, these 300 women health entrepreneurs are reaching 50% population of Sunamganj district in Bangladesh with essential skilled health services and the model can reach another 10 million underserved population of the country in 10 hard to reach district as you wish to come forward to extend the cooperation.**

# Content

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# Shilpi

## Chasing the six month long residential training

Her child could hardly recognize her. She became very upset and thought about quitting the training.

Shilpi Rani Talukdar lives in Badaghat union of Tahirpur upazila (sub-district). Her husband worked as a part-time worker at a shop in Badaghat bazar. Previously, she worked with a local NGO as a nutrition worker and earned BDT 1,400 (\$16) per month. Such meager income barely met her family's expenses. In 2016, she learnt about the six month long Private Community Skilled Birth Attendant (Private CSBA) training, away from home under the CARE GSK Community Health Workers Initiative. She was very much interested yet worried about participating in the training; as she would have to leave her one year son at home to do that.

Wavering in confusion, Shilpi finally decided to participate for the training keeping her economical instability in mind. She took the child with her to enroll in the training at Netrokona. Later on,

she realized that it would be difficult to look after the child and participate in the training simultaneously. Against her own will, she sent her baby home. After some time, when she went home on a 3-day vacation, her child could hardly recognize her. She became very upset and thought about quitting the training. However, three days later, having encouragement from the family members - she went back with a heavy heart and strong determination than before. After all, she was a mother, who wanted to make things better for her child and family.

After finishing her training, it seemed she would not be able to do such work in her locality, but within a week her first delivery call came and it changed everything. One mid-night, she was called over by phone to attend a delivery. She set out for the village Kamraband with her husband, mother-in-law, and a CHV (Community Health Volunteer). She successfully managed to deliver the baby at 3am in the morning. She returned home happily at dawn with BDT 1,500 (\$ 17) as reward for her services.

The following day, she was again called at 10pm for another delivery at Nonaigram, which she performed wearing gloves. She also applied medicine on the baby's umbilical cord and attached a clip to it. She carefully provided all the essential new born care and gave the baby to the mother for breastfeeding as soon as she could. The family of the newborn baby was very pleased with her doctor-like activities; they realized the difference between a traditional birth attendant and a Private CSBA. Shilpi then made a marketing team comprising 5-6 NGO based nutrition workers to promote her services widely in the locality. Day or night, whenever required, Shilpi Rani presented herself at the service-seeker's doorstep. Community Health Volunteers (CHVs) regularly



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sent her messages, for which she gave them a share of her income, based on the delivery fees. Her husband accompanied her through the night time delivery calls. During her third delivery call, Rima Khatun from Jambak was very satisfied with Shilpi's work and paid her BDT 2,000 (\$22). Shilpi happily states, "Many did not want to pay the delivery fees in the beginning. But after a few days, I did not have to ask for it at all; they all gladly paid for my services." She adds further, "Once a woman

named Jhuma had severe delivery complications. So, I took her to Sunamganj Sadar Hospital. After two days, her family expressed their gratitude having the mother and newborn in good health. Local people and Badaghat Bazar Committee praised me a lot for delivering a disable woman and advertised my services, with a promise to help me in all possible ways in future."

The front-line staffs from the Health and Family Planning Department, also helps out Shilpi to communicate regularly with the pregnant women in her area. They are working as a team in the village now. Shilpi delivers 10-15 babies per month at present and offers other healthcare services in her area.

Now she knows her decision to go back to training center was absolutely right. Sometimes she recollects the memories of the six month long training and gets mixed feelings. Steadily, the number of her service recipients has increased as her services extended. Through contributing substantially to her family expanses, she has become self-confident and responsible towards her personal duties. From a guilt-ridden mother, now she has turned herself into a flourishing health entrepreneur in her area. Her children are proud of her and her family appreciates what she does for the local people. The more she moves forward; she sees opportunities and possibilities of improving the maternal and new born healthcare – providing safety to both mother and child.

**Now she knows her decision to go back to training center was absolutely right.**



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# Shima

## Making a real difference between fixed income and entrepreneurship

However, Shima's story of becoming a health entrepreneur was neither rapid nor easy.

Kamalabaj is a very remote village located under Jamalganj upazila (sub-district), where Shima Chanda lives. Here in every rainy season, the village goes under water and the only modes of communication to move from one place to another are boats. Previously, when it became dark, people would confine themselves within their houses. During those times, it was impossible to find a doctor or a certified health professional to treat any pregnant women with care in terms of emergency. As a result, the maternal and newborn death rates were alarmingly high in the locality.

Things, however, started to change, after CARE Bangladesh with funding support from GlaxoSmithKline (GSK) and in collaboration with Government, begun a Community Health Workers Initiative,

to develop the local women into trained skilled birth attendants. The main goal of the initiative was to significantly contribute in reducing the rates of maternal and newborn deaths, while also supporting the women to have a career on their own.

Shima Chanda is one of the aspiring Private Community Skilled Birth Attendants (popularly known as Private CSBA), who made a real difference after completing the training in her area. She started to work as a Private CSBA in the year of 2014. And since then, she has reached out to all the pregnant women in the locality; providing maternal and antenatal care when needed, even in the dead of night, appearing at the patient's doorstep.

However, the story of Shima's becoming a health entrepreneur was neither rapid nor easy. She was aware that the work would involve public welfare but she was not sure if it would benefit her economically. Moreover, it was unsafe and dangerous for a woman to step out of the house at night in the haor region. For her, it was like embarking on a journey to an unknown land.

Shima's husband worked as a tailor at a shop in the Union bazar, while she worked for a local NGO. She used to earn only BDT 4,000 (\$47) as a field worker in a micro-credit project. When the project discontinued, she faced severe financial hardship and was desperately looking for other options. It was then she came to know about the CARE GSK initiative and participated in it without making any delay. She started visiting the pregnant women in her area, by traveling on boats; but their responses were quite underwhelming. She broke down mentally, thinking a regular job with a fixed income was



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far better than such uncertainty. Around this time, her honorarium stopped too, as per the project rules. She even considered about withdrawing from her services as a Private CSBA.

At this time, she received a 3 days training on social entrepreneurship, which enhanced her confidence and uplifted her spirits. She figured out that her services are

needed to be advertized. From her previous experience with the micro-credit project, she knew there were nearly 19 associations in her work area. She included those in her marketing network. The Union Parishad (local government) made signboards and festoons using their own budget for her, as they considered her work valuable. Gradually, she also has developed a good relation with the Upazila (sub-district) Health Complex and Family Planning Department officials. When required, she receives logistics support and supply of medicines like IFA (iron & folic acid), Misoprostol, 7.1% CHX (Chlorohexidine) from them. Now she conducts deliveries of 7-8 babies per month and offers other health services as well, earning BDT 10,000 - 15,000 (\$179) a month.

Besides being a social welfare worker, she has become an earning member in her family. Speaking of her work and role in the family, Shima says, “My husband and other family members help me in many ways nowadays, such as cooking, buying medicines from the bazar, and looking after our children’s education. My husband also accompanies me at night, during the delivery calls. Not only my capability of decision making has increased in family matters, the training has rewarded me with social recognition from my community members. Today, people know me for my skills and services, which is far better than any official position with a fixed income. Now I find peace in helping people, who once were deprived of proper medical care and treatments.”

**Today, people know me for my skills and services, which is far better than any official position with a fixed income.**



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# Khodeja

## Dreams coming true

The stethoscope hanging from a doctor's neck instilled a dream in her mind; she also wanted to become a doctor.

It was a common phenomenon in many remote areas of Sunamganj that people often died without any proper medical treatment. Khodeja Akter comes from one such area; she grew up seeing village doctors going to different areas and treating people. The stethoscope hanging from a doctor's neck instilled a dream in her mind; she also wanted to become a doctor. It was quite impossible that someone from such a background could make it to a medical college or university. Hence, she got married and lived with her husband and children in Bangshikunda union under Dharmapasha upazila (sub-district).

Sadly true that she could not become a doctor but she did become a Private Community Skilled Birth Attendant (Private CSBA). Just like any other doctor, she too carries a stethoscope around her neck and attends to pregnant women and infants in her community.

Born in a poor family, Khodeja got married when she was in the eighth grade. Her husband was also a poor man. Before she could adjust to her in-laws, she was burdened with the new pressure to look after them. She was so desperate to find some earning opportunities that she thought about joining a garment factory in Dhaka.

After weighing all the pros and cons, she decided to sit for the secondary school certificate exams. It was almost outrageous for an adolescent married girl, that too, from a very poor family, to even perceive like that. But Khodeja sat down with her mother-in-law and husband, and convinced them. With her hard work and dedication, she passed the examinations with commendable grades.

Soon after she finished her secondary school, she was advised by a distant kin to apply for the training on CARE GSK Community Health Workers Initiative. She attended the training in 2014 and went back to her village in Shreepur under Dharmapasha upazila (sub-district); and started working as a Private CSBA. People in her locality were deprived of essential healthcare services for years. Which is why she did not have to wait long to get house calls.



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Moreover, she started selling different healthcare products to adolescent girls and birth control pills to married women, along with checking their blood sugar and blood pressure level when required.

Numbers of her service-seekers has increased over the years. She is now known as the 'Shasthya Apa' (Health

Sister) by the local residents. She has brought all the pregnant women (100%) out of 8,000 people under the government registration process. She alone has delivered 60% of them, which is the highest success rate for deliveries among the Private CSBAs. She now earns BDT 10,000 – 15,000 (\$175) per month. The hardship that made her family suffer, is now gone. Content with the progress in her life, she says, "Earlier my family was dependent only on my husband's income. Now I can contribute to my family. I can also make decisions for my children, which I could not do before."

Recognizing her hard work, service and success, the Local Government and Woman and Child Affairs Department has awarded her the 'Joyita' (Winner) award, describing her as the "most successful woman" in the union.

Reflecting on her struggle, Khodeja also mentions, "I am indebted to everyone at CARE GSK Community Health Worker Initiative, community group, Health and Family Planning Department and the local government. They have contributed immensely to my ongoing success and helped me become who I am today. I have not only achieved improved healthcare and entrepreneur skills but also my work has earned me great deal of self-respect. Now, I know dreams do come true and I would also like other girls and women to believe in their dreams too."

**She has brought all the pregnant women (100%) out of 8,000 people under the government registration process.**



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# Arpana

## Paying a high price to become a health entrepreneur

In October 2017, her husband died during a storm while returning from a hired trip on his boat.

The story of Arpana's struggle is quite different from others. Her husband—with whom she returned to her village and participated with a new hope in the Private Community Skilled Birth Attendant (Private CSBA) training — died suddenly in an accident. She was in great pain but she became more devastated seeing her children become fatherless in such early age. After mourning for several days, she decided to return to her work to ensure well-being of her children. It was a mother's sacrifice in order to help other mothers in the locality.

To start from the beginning, Arpana returned to her village after participating in the six month long training under the CARE GSK

Community Health Workers Initiative; which was certified by Bangladesh Nursing Council. She lived with her husband and two children in the remote Radhanagar village under Fenarbak union of Jamalganj upazila (sub-district).

For her, the primary concern regarding the locality was communication. The entire area remains submerged for half the year during monsoon. It is very risky to provide healthcare services in such a waterlogged area. People went from place to place on hired boats, which was not always easy and often costly. Every month there were 9-10 deliveries in Arpana's work area but due to the poor communication system, the deliveries were mostly performed by traditional birth attendants.

To address such issue, her husband bought a boat in consultation with the CARE GSK Community Health Workers team. They spent their small savings and took a loan from a local NGO to buy the boat. During any emergency house call, her husband would give her a ride on the boat to the house of her service-seeker. In spare times, he worked as a boatman and used the boat to carry people to places. So, the boat provided him an opportunity to earn some extra money as well. When she just started doing quite well as a Private CSBA with such unique cooperation from her husband, a disaster took her husband's life. In October 2017, her husband died during a storm while returning from a hired trip on his boat. Though his dead body was found the following day, the boat was lost forever.





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Arpana lost all her confidence; she broke down completely. But all the government and non-government officials working in her area from the union and upazila level institutions came forward to help her. So did all the other Private CSBAs. Looking at her children and their loss, she realized that the skill she has developed is

actually her means of survival. Eventually, thinking about the future of her children, she pulled herself together and resumed her work.

Since then, she has never looked back. In addition to treating pregnant women and young mothers, she also treats communicable and non-communicable diseases and sells many health-related items. She has not only managed to become a popular Private Skilled Healthcare Provider in her locality, but she has proven herself to be an active health entrepreneur in her community. Her earnings currently stand at BDT 7,000 (\$83) per month. She is a great example of someone, who did not stop at losing, but accepted her sufferings and dealt with it more courageously than ever.

Now her only dream is to educate her children properly and see them established in life. Arpana says, “Our local people have taught me to live. When I see that they depend on me and advise me from their heart, I feel complete satisfaction in what I do. My life could have stopped to the point where I lost my husband. But thanks to my healthcare skills and people who stood by me, that I have made myself, my work matter.”

**When I see that they depend on me and advise me from their heart, I feel complete satisfaction in what I do.**



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# Nasima

## Utilizing the local opportunities

She bought some admissible medicines and other healthcare products from the local bazar to sell among women and adolescent girls.

Nasima and her husband worked as garment workers in Dhaka. Their suffering persisted even after doing back-breaking work day in day out. Their children were growing up and they could not afford to send them to schools in Dhaka. Despite the uncertainties, they decided to move back to their village home. It was in 2009, that they left Dhaka for their village in Halabadi under Dhanpur union in Bishwambharpur upazila (sub-district).

Nasima's husband began to work as a village vet but it did not pay much. He opened up a pharmacy in Masimpur bazar to increase his

income while Nasima began to teach at a local school. Thus, they passed six long years with such limited income.

In 2014, Nasima found an opportunity to receive training of Private Community Skilled Birth Attendant (Private CSBA) under the CARE GSK Community Health Workers Initiative. As soon as she finished her training, she began to work as a Private CSBA. Initially she completed the registration of all women of reproductive age (WRA) and updated all the regular pregnant women (PW) with the help of community health workers. When she conducted her first delivery, she was highly recognized by the community people. Then she started providing antenatal care (ANC), delivery service, essential newborn care (ENC), postnatal care (PNC) etc. At this stage, her income was not as sufficient as she had expected because of providing some free services.

To supplement her income, she tried exploring other prospects within her working area and beyond. She bought some admissible medicines and other healthcare products from the local bazar to sell among women and adolescent girls. It earned her an extra BDT 3,000 - 4,000 (\$47) every month.

Soon, she found a new project called 'Natun Din' run by a local NGO 'Shimantik' with the assistance of Social Marketing Company (SMC), providing training for community sales agent on health, hygiene and family planning methods. Nasima participated in the training and started working as a community sales agent for the SMC, and sold many of its health, nutrition



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and sanitary items in her area. Local women found it much easier to collect these medicines and services from a Private CSBA, who visited them on regular basis. To enhance her skills, she took an opportunity to receive an 18 days training on maternal and child health from BRAC in 2015. Through this training, she widened her network in the area with other health workers and service-providers.

Nasima earns BDT 7,000 - 8,000 (\$95) per month now. She is the provider of an emergency service to 2-3 other villages beyond her working area. Pregnant mothers are often in need of ANC, Iron Folic Acid and other tests. She gets help from Union Parishad and Community Support Groups to address the issues like referral, medicines for the poor and extreme poor. She is also selling health, hygiene products in two to three high schools to the adolescent girls.

She has already established a delivery room at her house, with a small pharmacy with necessary medicines and tools. At least 10 volunteers campaign for her in the area, helping her to provide services to 80-90 mothers and children per month on an average.

Reflecting on her experiences, she says, "The decision to leave Dhaka was a move in the right direction for us. With my skills and knowledge, I have become a well-known Private Skilled Healthcare Provider and health entrepreneur in my community. I have enrolled my son in a polytechnic institute in Sylhet and my 11 years old daughter reads in a local secondary school. Now, my family along with me has access to social status in the community, education, earnings through health entrepreneurship. The entire journey has so far empowered me not only as a woman but as a human. It has changed our life and pulled us out of all uncertainties."

**It has changed  
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uncertainties.**



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# Zannat

## Fighting the odds of child marriage

But she became pregnant before she was 18, and could not attend the higher secondary certificate exams.

Zannat from Badaghat Union became a victim of child marriage in her adolescence. As a child, her dream was to study and make something out of her life. Be someone, do for others. Unfortunately, her father married her off as soon as she passed the secondary school certificate exams. As she was the eldest of three daughters, her poor father thought marrying her early would be better for her future.

She was married to a day laborer; her husband would bring grocery and other necessary items, if he found some work, otherwise the family had to starve. Desperate times call for desperate measures. So she decided to resume her education, ignoring all the criticisms

from her neighbors and others in the locality. For her, it was the only way to earn and support the family side by side with her husband. She also found a teaching job at a local school, hoping to earn some extra money. But she became pregnant before she was 18, and could not attend the higher secondary certificate exams.

In few days, she noticed a circular about the Private Community Skilled Birth Attendant (Private CSBA) training run by the CARE and GSK Community Health Workers initiative. She decided to try her luck with the training after her baby was born, but then she had a newborn baby. She was determined not to miss it for the third time, however this time her husband objected to the idea.

Meanwhile, representatives of the CARE GSK initiative were looking for married, secondary school passed women. When they found Zannat, they wanted to her to join the training. After a lot of discussion and consideration, she succeeded in persuading her husband with the help of the Union Parishad members. It was decided that during her six month long training, her husband and mother-in-law would take care of the child.

Once she finished her training and started providing her services, she did not have to wait long to get house calls. Besides delivery, she provided other healthcare services to people living in the remote area of Tahirpur. She managed to get admissible medicines and health hygiene products from the pharmacy of a local market adjacent to their union. She opened a mini store



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at her house to store the medicines. She stays well-aware about the quality drugs and therefore she collects medicines of good quality pharmaceutical companies. Her husband helps her getting the medicines from the market. Most of the time, he helps Zannat to manage her stock register and goes to market with the list of requirements. Through her laborious tasks and devotion in marketing

herself as a good Private Skilled Healthcare Provider, she has established her name familiar in her working area. Now her earnings have increased to BDT 10,000 - 15,000 (\$178) per month. With her earnings, she bought two cows and a boat last year.

Her mother-in-law also supports her in household chores and takes care of her child. Her husband does not object to her work anymore. Rather he is the one, who takes her to the patients' houses by boat. In spare times, he uses the boat for hired trips and this further supplements their joint income. She has also renovated their 'falling to pieces' house, replacing the thatched roof with corrugated tin sheets. When she is out on duty, her husband even cooks and looks after the child. From buying medicines to taking her out on night time delivery calls, she now receives all kinds of support from her husband.

Zannat says, "Now I have a social status, women from my working area shares their problems and looks for advices. It gives me immense pleasure. I feel proud when I see mothers and children in such disadvantaged locality are getting quality skilled health services, which was previously non-existent in this hard to reach areas."

**Her mother-in-law also supports her in household chores and takes care of her child. Her husband does not object to her work anymore.**



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# Sangkori

## Achieving an extra edge through renewed confidence and attitude

Sangkori was young and unmarried. Local people did not take it well that a young, unmarried woman would take up such kind of job.

Sangkori – a Private Community Skilled Birth Attendant (Private CSBA) had to struggle completely differently than other Private CSBAs. Though her fellow health workers at the training program were married, Sangkori was young and unmarried. Local people did not take it well that a young, unmarried woman would take up such kind of job. It was difficult and risky for her to make delivery calls at night. To her dismay, even pregnant women did not want to enlist to her services.

Her siblings started their own families after marriage and got busy with their own lives. So, it was devolved on the youngest daughter Sangkori to look after her aged parents, bearing lot of

responsibilities. Therefore, ignoring all risks and uncertainties, she completed her Private CSBA training under the CARE GSK Community Health Workers initiative in 2013, and started to work in her locality.

The communication system was too poor and traveling to places by boats was expensive. Her travel expenses turned out to be higher than what she received as remuneration. So, she was seriously considering about switching her profession.

But the CARE GSK CHWI team just did not wrap up their responsibilities after the training ended. They monitored the progress of all Private CSBAs and established contact with frustrated participants like Sangkori. Soon they organized Clinical Attachment training along with trainings on life skills, entrepreneurship skills for Private CSBAs to help them expand their services.

After participating in a 10 days clinical attachment training at the District Hospital, she got a lot of opportunities to conduct normal deliveries with the assistance of doctors and senior staff nurses to revive her skills. Sangkori resumed her profession with a renewed spirit. Assisted by the CARE staff, she organized group discussions with pregnant women and their families. She discussed her delivery plans and maintained regular communication with the pregnant women. She initiated a close communication with the community groups, health and family planning front line staffs and local government representatives. Gradually, pregnant women of her locality understood the



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benefit of skilled health services when few examples were set, to save lives of complicated mothers by her timely skilled steps. Whereas, she delivered a single baby in 2016, on the contrary she delivered at least 8 babies every month from July 2017 and onwards.

Speaking about her struggle, Sangkori says, “The same people who ignored me earlier, now calls me to take my

service and advice. They respect me too, even though I am not married yet. I think it is important for every woman to have a career of her own. Now I have got my own identity and I can take care of my aged parents without seeking help from my siblings. At the end of the day, it is not marriage which secured my life, but my hard-work and skills”.

Sangkori has become a successful social organizer too. To inspire others, she declared many awards for community volunteers. She even bought a mobile phone for a volunteer, which set an example among Private CSBAs. Besides all these, adventurous Sangkori came out of the box to overcome the challenges of transportation through breaking the social norms. She has bought a motorcycle to respond to emergency calls during winter season, spending BDT 40,000 (\$470) from her earnings and borrowing BDT 8,000 (\$94) from a fund created for the benefit of that upazila’s (sub-district) Private CSBAs. Now she can quickly visit any of her service-seekers, without any delay and help from others.

Receiving CARE GSK’s additional supports like Private CSBA’s Clinical Attachment in the government facilities and other trainings related to enhancing entrepreneurship and life skills, Sangkori has become a symbol of self-confidence and a role model to people in her community.

## She has bought a motorcycle to respond to emergency calls during winter season



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# Rokshana

## Marking her journey on a diary

### Rokshana kept a diary, where she wrote about how the patriarchy humiliated and harassed her at every step

Like many other poor women in Bangladesh, Rokshana also was a victim of domestic violence. She was married in 2009. When she gave birth to her first child, both verbal and physical abuses increased from her husband. She was pressed hard by her husband to pay a dowry and when she failed, he left her and married another woman in Comilla. Rokshana along with her child came back to her father's house. When she demanded justice and remedy, she was slandered with insult and humiliation.

Rokshana kept a diary, where she wrote about how the patriarchy humiliated and harassed her at every step and how she was treated unfairly by the village arbitration committee. Rokshana

went through a mental breakdown but she did regain her determination to establish herself, because she wanted to raise her child on her own. She did not want to be a burden to her parents either.

She found work with two NGOs as a volunteer. Reflecting on the turning point in her career, Rokshana says, "I have done a lot of jobs, but those were never permanent. However after becoming a Private Community Skilled Birth Attendant (Private CSBA), my life has changed remarkably. As a health entrepreneur, I am now a self-reliant person, capable of raising my own child with my own money."

Rokshana completed her training as a Private CSBA in January 2016. Communication system aggravated further in her area after a flood in the haor region in 2017. Sufferings of pregnant women knew no bounds then. Rokshana did her best, sometimes going out of her way, to provide pregnant women with her services. Such dedication to work did not go unnoticed and that is how she got her first break as a Private CSBA.

Later, she utilized her old connections with former NGO colleagues, who created a marketing base for her services. Talking about Rokshana, a local woman from Gourarong union who bought healthcare products from her, says, "Nobody has come to us with these products before Rokshana. She delivers these while visiting our houses. She comes whenever we need her."





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Though, she did not get justice as far as her husband was concerned but she was helped by many. The local Union *Parishad* (local government) made her visiting cards when she became a Private CSBA. Her brother now campaigns for her from his mobile repair shop. Her younger sister helps her to buy medicines for her pharmacy. A lot of hard-

working volunteers assist her on regular basis. Rokshana at present conducts the deliveries of 5-7 babies per month. She can also run tests for hemoglobin, urine and diabetes besides selling medicines. On an average, she earns around BDT 10,000 (\$119) per month.

She has leased a piece of land with her own money. Earlier people frowned upon her profession but now that she is self-reliant and contributing directly to improving the healthcare scene, they recognize her work and respect her. She also provides free services to poor people.

“People who cannot pay for my services, show me even greater respect—it is more important to me than money”, she says. She wants to work for the rest of her life, to get people’s love and respect. She is no more a weak, humiliated, divorced woman who was denied justice. Rather, she is the new self-dependent, confident and well-admired Private Skilled Healthcare Provider for her skills and determination.

“People who cannot pay for my services, show me even greater respect—it is more important to me than money,”



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# Marzia

## Maximizing her services and income

It was at such crucial stage of her life, she realized that only a viable career would increase her capability and acceptability in her family and society.

Child marriage acts as major obstacle to any girl's mental and social development in poor and uneducated communities. Due to its prevalence, many girls and women fail to contribute to society despite of their knowledge and skills. Many lose their dreams and aspirations for rest of their lives. On the contrary, for some like Marzia, the effects are far more disastrous.

An adolescent girl from Raniganj union under Jagannathpur upazila (sub-district), Marzia was married off in 2005. Her husband died after two years, leaving behind their two-year-old son with her. She was not allowed to live with her in-laws and no one wanted to take their responsibility. Besieged with such crisis,

she returned to her father's house. It was quite a dilemma for her, on one hand becoming a widow in such early age and on the other hand to take care of her young child. It was at such crucial stage of her life, she realized that only a viable career would increase her capability and acceptability in her family and society.

She decided to turn around by resuming her study. In 2013, she successfully passed the higher secondary certificate exams. While studying, she was told that CARE Bangladesh, GSK and the Bangladesh Government were about to jointly initiate a Private Community Skilled Birth Attendant (Private CSBA) training in her area, which was approved by Bangladesh Nursing Council. The news gave her hope and she enrolled herself in the training, without wasting in time. She wanted to help herself, through helping others.

From the very beginning, Marzia was sincere and good at her work. But her earnings did not reflect her expectation. Back then, most pregnant women would go to the Union Health and Family Planning Center in Nabiganj upazila (sub-district) for deliveries or other birth-related complications. They were yet to trust Marzia's services. So she was not able to deliver more than one or two babies a month. She began to look for alternative ways of increasing her income.

CARE Bangladesh staffs continued to provide its support to Private CSBAs, so they could improve their skill and make a steady income. They requested her



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to participate in another training focused on the products of the Social Marketing Company (SMC). There she learned how to become a community-based sales representative. A new horizon opened before her. Spending BDT 20,000 (\$238), which she saved from her earnings, she bought many healthcare products from SMC and began to sell those in her work area. She made a good profit in the very

first month. From then on, she prioritized selling such products besides offering her services.

Marzia also developed a good working relation with field workers from Health and Family Planning Department of the government. She did not have to wait a long time to get recognized for her social work. An official representative from the Upazila Health Complex in Jagannathpur presented her an award in recognition of her sincerity, hard-work, and substantial progress.

She says, “I have always maintained a good relation with my patients and other people. I think my communication skills have earned me this award.” Marzia now also works as a birth attendant at Bagmoyna and Megharkandi Community Clinic, which are located in nearby villages. She also provides antenatal care (ANC) service once in a week to the pregnant women. Community group members extended a great support to motivate the service recipients in paying the service prices to Marzia, as much as they can.

As an independent woman, Marzia now covers most of the expenses in her father’s family. She also bears her son’s educational expenses. Nowadays, her only dream is to educate her son properly so that he can become a better human and have a better future.

**As an independent woman, Marzia now covers most of the expenses in her father’s family.**



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# Selina

## Saving lives through providing instrumental services

Such devotion to work earned her a unique identity in the locality.

In August 2017, 22 years old housewife Habiba was suffering from delivery complications. She was lucky to have Selina by her side, who being a trained birth attendant—checked her partograph and reported that she would not have a normal delivery. Selina soon took Habiba to the Sunamganj General Hospital, and her delivery was successfully done at 3am. Recalling that night, Habiba's husband says, "If Selina Apa hadn't taken her to the hospital at the right time, my wife and baby would have died."

Lovely from Fatehpur village was equally grateful to her. When Selina took Lovely to the Maternal and Child Welfare Center

(MCWC) at the district town, it was already 4am. She had to undergo a cesarean delivery due to complications. Such devotion to work earned her a unique identity in the locality. With her willpower and hard-work, she has secured a respectable place in society.

Selina was married to a sales representative in 2009, and they faced a lot of financial hardship as she gave birth to two children. Her husband's income source was not a permanent one. She realized that she would have to earn besides her husband to make the family a well-running one. But nothing attracted her attention like the Private Community Skilled Birth Attendant (Private CSBA) program, conducted by CARE GSK Community Health Workers Initiative. The goal of this project was to reduce death rates of pregnant women and newborn babies in the remotest locations, while also encouraging women to be self-sufficient by being a sustainable health entrepreneur.

Selina started her training quite late in 2016. As she began providing maternal and child health services as a Private CSBA, she turned out to be a problem for the local traditional birth attendants. They did not want her to work in their area fearing that, in the presence of a skilled birth attendant, their acceptability and income would be reduced. Many clients thought of her as a government birth attendant, so they refused to pay. She was worried, whether she will be able to continue her work in such situation.



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Soon she chalked out a new plan and stayed with patients for the whole night and accompanied the complicated cases up to higher facilities at district level as part of referral, a strategy that no government health worker would follow. By then she was on good terms with Sunamganj Sadar Hospital staffs and health volunteers as

she referred patients regularly to this hospital. Her efforts changed perceptions about her services in the locality. The service recipients started showing gratefulness for her dedication as a skilled health service provider. Besides she has established a good linkage with the community health system, therefore she is conducting deliveries at community clinics and family welfare centers at union level.

Now she works as an adviser to local people on pregnancy-related issues. She is also a community sales agent of SMC's (Social Marketing Company) healthcare products at a competitive price. Of all the people who helped her on this journey, she is most grateful to her husband. Her husband advertises her services out of his marketing experiences, takes care of the children when she is at work, buys medicines for her business from a local bazaar and at night he accompanies her to her client's house. Happy with her husband's cooperation, Selina has bought him a mobile phone. Their married life had never been more functional with mutual respect, now suffusing their home.

**Their married life had never been more functional with mutual respect, now suffusing their home.**



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# Helena

## Overcoming hard times and becoming popular

She lost the job following allegations of some anomalies in fund management.

Helena, a talented student originally from Dharmashala upazila (sub-district), was married to Abul Qayyum from Kartikpur area soon after she had passed the higher secondary certificate exams. Her husband's scanty income was not enough for maintaining the family. To help and support the family, she found a job in a micro-credit program under BRAC at Maheshkhola Bazar and worked there for two years. At first, she'd thought she was lucky to have found a job so early in life but later it turned out to be somewhat disastrous — she lost the job following allegations of some anomalies in fund management. In the meantime, Helena became pregnant; and after the birth of their first child, the family expenses soared further.

One day, somewhat suddenly she heard about the CARE GSK Community Health Workers Initiative and she knew instantly that it was her only chance to turn a corner. Having finished her training in 2013, she started working as a Private Community Skilled Birth Attendant (Private CSBA). She was not particularly optimistic about this job. Perhaps it was her highly amicable nature, which made her popular among the village people in no time. Wearing an apron, she toured through her working with - counseling pregnant women about the risks involving childbirth.

She lacked in confidence during the first few deliveries. But slowly she gained confidence and her skills improved considerably. Presenting herself with a wide smile painted over her face, she has become in time - a reliable name among pregnant women.

After witnessing her diligence and keenness to protect a patient from imminent danger, the Union Parishad decided that either its members or village police officers will provide her security if it was a night call to some distant place. Currently, she earns BDT 20,000 (\$238) per month. She has so far spent BDT 200,000 (\$2380) to fight the case filed against her on allegations of anomalies in fund management from her own earnings.

In spite of being deprived of higher education, she nonetheless became a successful healthcare entrepreneur out of her hard work and a motivation to be a good Private Skilled Healthcare Provider. She did this through using her



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knowledge and skills receiving out of the training. For instance, she is providing other healthcare services very successfully.

According to a survey conducted by icddr, b, Helena provided healthcare services to women and infants in whole working area of her union, which has a population

of 9,000; she has so far overseen deliveries of at least 50% pregnant women in the area.

She was awarded the 'Joyita' (Winner) award for her achievements and being a successful woman recognized by the local government, community and government officials; especially the Ministry of Child and Women Affairs. Helena successfully reported back of her services to the upazila (sub-district) level health system, which accounted a good coverage of skilled birth attendants in her working area. Health system recognized her contribution and nominated her as one of the successful Private CSBAs from Sunamganj district. She was awarded by the Directorate General of Health for her success as a Private CSBA as well. She says, "This award is the recognition of my hard work and the secret is dedication and continuous effort to improve my service quality towards gaining reliability of the service recipients. I wish to continue providing my services and keep the local women and newborn as healthy I can. The more I work, the more my skills develop. It's a new me, which I could never discover without the trainings and support from Care GSK initiative."

**Helena provided healthcare services to women and infants in whole working area of her union, which has a population of 9,000**



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# Joysna

## Turning efficient communication into success

Despite uncertainty after her father's death, she sat for the secondary school certificate exams and passed successfully.

Joysna Begum is from Khurma Union under Chhatak upazila (sub-district). She learnt to fight against all odds quite early in her life.

Joysna's father died when she was a student of sixth grade. Despite uncertainty after her father's death, she sat for the secondary school certificate exams and passed successfully. Later on, as a higher secondary student at Govindaganj College, she worked part-time for a local NGO at a monthly salary of BDT 4,000 (\$47), which she spent to cover her educational expenses and also to help her mother run the family. But she got married soon after and became fully dependent on her husband. Hardship followed her into the husband's house as he, a day laborer, could not earn enough.

She gave birth to two children back to back. Then in one auspicious afternoon, upon learning about the CARE GSK Community Health Workers Initiative, she felt hopeful for the first time in many years. She particularly liked the main objective of the program—prosperity in career while also contributing in keeping maternal and newborn deaths in check.

23 years old Joysna took her Private Community Skilled Birth Attendant (Private CSBA) training in 2016. She finished her training successfully but fell pregnant again. At first, she felt depressed, but soon got over and came up with a marketing plan for her work during pregnancy. After giving birth to the third child, she started her practice as a Private CSBA.

Now in the entire Chhatak upazila (sub-district), she is the only Private CSBA who has brought the greatest number of pregnant women under the government registration process. Her marketing network, which includes her healthy working relationship with all the ten Community Health Volunteers (CHVs) in her area, is so wide that no village midwife would start their work until she arrives at the scene.

She is now a dedicated Private Skilled Healthcare Provider, who has made herself available at the doorstep of any woman facing complications during pregnancy. She even makes house calls on stormy or rainy nights. If it is too risky, she takes her husband or brother-in-law along but she makes sure that she is there during their times of need. In every month, Joysna makes a chart





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of the expected mothers and communicates with them over phone or paying doorstep visits.

Joysna is no more financially dependent on her husband and her capacity to influence family decisions has also enhanced. Her home, which once had no furniture at all,

now has quite a few articles. She bears all educational expenses for her daughters and she even has her own savings account. She is also contributing to the family expenses along with her husband's income. Her husband and in-laws has extended all their support to Joysna; especially to accompany her during night time delivery calls and getting medicines from the market.

Talking about Joysna, Sabina Akter from Monirgati village says, "Joysna Apa is a good person and very friendly. I can share any problem with her. Even after she safely delivered my baby, she visited me regularly to see if I was having any more complications. We are blessed with the skilled services that she provides us in these remote areas." For Joysna, becoming a Private CSBA is like getting a new life with a new personality. She both cries and laughs with her patients – as they all are central part of her work life. It is not only the financial uplifting but also the social recognition and admiration which makes her good at what she does – providing adequate healthcare and services to her community.

**Jyosna is no more financially dependent on her husband and her capacity to influence family decisions has also enhanced.**



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# Masuda

## Establishing a small service center in the local market

**She realized that he alone would not be able to maintain the family expenses.**

Uncertainty befell Masuda's poor family after her father's death. It was in 2004, her secondary school certificate exams were not over yet. Everything seemed beyond her control when she faced enormous hardship, something she never seen before. She was married even before her examination was over and she was sent out to live with her in-laws. Her husband's family was equally impoverished. She realized that he alone would not be able to maintain the family expenses.

So, Masuda started looking for earning opportunities and she found a teaching job at a children's school. She also overtook

various voluntary works with some local NGOs. But the money she received for her work was not even half as much as she had expected. She realized that without proper education, she would not be able to find a feasible livelihood. She took admission under the Open University and passed her secondary school certificate exams in 2012. She then enrolled for the higher secondary certificate program under Open University as well.

In 2014, she first learnt about the CARE GSK Community Health Workers Initiative. Little did she know that the Private Community Skilled Birth Attendant (Private CSBA) training under this initiative would change her life forever. She enrolled herself into it and finished successfully by end of 2014. In 2015, she started working as Private Skilled Healthcare Provider for her community.

Touring through her area, she provided healthcare services to pregnant women and postnatal mothers and infants in five remote villages in her union. Her working area covers a population of 8,000 people. She delivers at least 7-8 babies a month. Furthermore, she, too, has set up a medicine store in Mathurkandi Bazar. She sits at the store in the afternoons. She is one of the Private CSBAs, who came out of the box to sit in a local bazar. Her earnings now stand at BDT 10,000 to 15,000 (\$178) per month. Masuda took another opportunity to link and develop a good relationship with the village doctors



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there, for the pregnant women who visited them for services. Now women feel comfortable with Masuda to share their problems related with pregnancy.

Her start was not bumpy though, like most other Private CSBAs. People were actually not willing to pay for her

services, as they thought she worked for some charitable or government organization. It took them quite some time to realize that she was a Private healthcare Provider.

Then she became aware of the necessity of an effective marketing strategy and established a reliable working connection with Health and Family Planning officials; she became also familiar with doctors and nurses from Sunamganj Sadar Hospital. She even seeks their counseling on many healthcare issues. She stays in touch with all pregnant women in her area and sends those with complications to the Sadar Hospital for safe deliveries in the presence of trained health professionals.

Masuda reconstructed her house with tin shade using her own income. She is now the breadwinner in her family. Her husband helps her, when she needs to make house calls at night. Everyone in her in-laws' family, including her husband, now pays considerable heed to her decisions on family matters. She sends her children to school and bears all the expanses. Her acceptability and prestige has enhanced so much in her area that she is now a standing committee member at the Union *Parishad*. She not only provides healthcare services to her community, but also takes part in the community's over-all.

**She is one of the Private CSBAs, who came out of the box to sit in a local bazar.**



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# Sujata

## From a housewife to the 'Daktarni Apa'

The main obstacle came in the form of her husbands' conservative attitude about women going out of their houses.

Women who took training under the CARE-GSK Community Health Workers Initiative—their success stories surprisingly vary depending on their age, marital status, level of poverty, and social status. Some were overwhelmed with poverty, some abandoned by their husbands, while some others, having been subjected to child marriage, were widowed before their late 20s. For many, husbands played an important role in their journey of attaining self-reliance. For Sujata, however, the main obstacle came in the form of her husbands' conservative attitude about women going out of their houses, working side by side with men.

Sujata got married in 2008 when she was just a higher secondary school student. Taking care of the household chores became her main responsibility. Her husband did not have any fixed job so they had to keep their expenses very low. She was also dutiful to her parents-in-law. Thus, she came to be known as the meek and mild housewife to people in her husband's area at the expense of her dream for higher studies.

One day, she came to know about the CARE GSK Community Health Workers Initiative training. She reassured herself, thinking maybe this can be an opportunity for her to start something on her own, even though she was deprived of higher education. She applied for the training of Private Community Skilled Birth Attendant (Private CSBA) and was selected as a candidate in 2016. On the contrary her husband disapproved of the idea and stood in her way. She failed to persuade him. In the beginning, she gave up but in sometime soon, decided to enlist the help of well-wishers and friends. Eventually, the Union Parishad Chairman and her parents-in-law succeeded in persuading her husband.

The first few months as a Private CSBA were difficult as people did not want to seek her services. But gradually she was able to create a network of communications with pregnant women and mothers needing postnatal care. In regular group discussions and planning sessions on how to chalk out a plan



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for safe delivery and deal with related risks if and when those arises, she initiated a campaign among pregnant women and postnatal mothers. With the help from the Union Parishad Chairman, she put up few banners and posters advertising her services for safe delivery and

postnatal care. Though slowly, women in the area started asking for her services.

With perseverance and integrity, Sujata made her place among the local women. Now she routinely pays visits to different neighborhoods, and her earnings has increased. Now she earns BDT 10,000 – 12,000 (\$142) per month. She has repaid BDT 100,000 (\$1190) loan of her husband's family and saved them from an unbearable debt.

Sujata's husband does not look away glum-faced any more, when he sees her leaving the house for routine calls. Quite the opposite on night time delivery calls, he now comes along, taking her to the patient's house and back home. Her parents-in-laws' contributions are even greater. From encouraging her to persuading their son, they go all out to make sure she gets all the help she needs. They also look after her children, when she is out on house calls.

In her working area she is not just the most agreeable housewife now, she is also the 'Daktarni Apa', meaning the female doctor in Bengali. The doctor, who strives each day to keep others healthy and happy, being a popular Private Skilled Healthcare Provider.

**Her parents-in-laws' go all out to convince their son and make sure she gets all the help she needs.**



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# Swapna

## Enjoying the pleasure of helping others

When women in the area went into labor and started moaning in pain her mother-in-law would often say, There is no doctor here. People here are too helpless.

Swapna Aktar's story begins with an anecdote involving Sophiron, another woman having delivery complications. When Sophiron went into labor - her family immediately called in the traditional village birth attendants. Necessary medicines were administered but it appeared to be a case of 'labor stall'.

They without making any delay called Swapna, despite opposition from traditional village midwives. When things worsened, her husband himself set out on a boat and fetched her to oversee the delivery. Getting swiftly into action, Swapna checked through records of her earlier complications. After doing blood pressure

check-up and other necessary tests, she realized the baby's position inside the womb was not right. She soon got Sophiron to eat some food and then made her walk up and down the room. In about an hour, Sophiron safely delivered her child. Since then Sophiron calls Swapna her 'sister'. She says, "It was Swapna, who actually saved me and my child."

Swapna is a Private Community Skilled Birth Attendant (Private CSBA), who received training from the CARE GSK Community Health Workers Initiative in 2015.

In 2012, Swapna got married to Abul Kalam from Nagdipur village under Derai upazila (sub-district). He worked in a grocery store. When women in the area went into labor and started moaning in pain, her mother-in-law would often say, "There is no doctor here. People here are too helpless." This area is situated in the haor region, where during monsoon water would submerge the whole area and all land transport channels would be broken. If anyone fell sick during this time, she/he might have to die as bringing doctors on boats back and forth is too difficult and costly. She found herself pondering about the miserable state of basic health services in the area. She decided herself to address the situation in whatever way she could.

The news of the Private CSBA training program then came to Swapna as a breath of fresh air. Securing permission from everyone in the house, she took



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her six month long training successfully in 2015. At the beginning, she had to jump a few more hurdles than others; as she was unknown to most people in her in-laws' area. During the birth registrations, no one wanted to provide her with information. Her mother in-law came forward and took it upon herself to introduce Swapna to the neighbors and other relatives in the area.

One day she saved the wife of a union member through a timely referral in to the upazila (sub-district) level hospital, after which she became a known face to the Union Parishad Chairman. The entire community wholeheartedly started promoting her market and encouraging people to receive her services. On the other hand, she conducts 1-2 deliveries every month at nearest community clinic and the clinic pays her BDT 300 (\$4) for each case from their fund. In addition to providing health services to delivery patients and infants, she expanded her services and now also provides first aid treatment for many contagious and non-contagious diseases, and counseling to adolescent girls about anemia.

Thanks to the CARE GSK Private CSBA training, she now earns from BDT 5,000 – 7,000 (\$83) a month. She has mended her husband's house by her own income. She is very happy to contribute in the family income but her biggest profit, she says, comes in the form of pleasure that derives from being able to save women and children from helpless complications often leading to deaths.

**She says,  
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# Sultana

## Who lagged behind others

At a stage, she thought of participating in the local government election but failed to win.

35 years old Sultana did lag behind others as a Private CSBA. Her area indeed was one of the most water-submerged ones. Managing boats to go to places was extremely difficult, especially in the evening or the early hours. Even so, her story demonstrates that those with a creative bent of mind can always come up with something new and positive.

Most of the people living around in the area were poor. Hoping for a better future and career of her own, she participated in the CARE GSK Private Community Skilled Birth Attendant (Private CSBA) training program. She started her work as a Private CSBA in 2014

but was met with poor clients who were mostly unwilling to seek her services. She made house calls travelling on boats to distant places but the money she received was barely enough to cover her actual travel expenses. She lost her interest eventually and started looking for other career opportunities. At a stage, she thought of participating in the local government election but failed to win. Then she looked for a job in several NGOs, but could not avail herself.

Upon reflecting her clients' behavior, she one day realized that even though they were not paying her enough for conducting delivery services, they were paying her for medicines. There was indeed a big market for various OTC (over the counter) medicines for diseases like cold, cough, fever, Diarrhea, malnutrition etc. People in the extremely water-submerged areas were not able to collect those when necessary, due to difficulties of traveling on boats. She then spent her BDT 5,000 (\$60) savings to buy medicines and established a little medical store inside her house. She started selling the medicines by traveling on boats from house to house. Her sales increased and so did her supplies that she bought from the Union bazar and sometimes from the upazila (sub-district) level pharmaceutical companies.

Now her store has a reserve of medicines worth BDT 50,000 (\$598), made and sold by good quality pharmaceutical companies. Her husband has always inspired her to continue such work. In collaboration with SMC (Social Marketing Company), she now also sells its contraceptive pills - the demand





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for which is high in the locality. Currently, at least 70 to 80 women regularly buy contraceptive pills from her store. In addition to selling essential medicines, she also does diabetes and BP (blood pressure) check-ups along with providing other primary healthcare services. She has created her market herself, introducing her service

expansions and innovative service delivery process. Her earnings on an average are BDT 15,000 (\$179) per month. When she looks back to her journey, she can recollect how frustrated she was about the entrepreneurship. However, one click of analysis into the demand of community people has made her take a different dimension of marketing along with maternal health services. Her service coverage is increasing day by day in her working area, where people were deprived for a long time depending on the traditional birth attendants. Some of the service recipients, who cannot pay any cash as the service price -give gifts like clothes, groceries, etc. She says, "I keep these gifts as token of love and respect of people from the community." She has bought a gas stove for quick cooking and nice showcase at her home as well.

By applying her training skills from CARE GSK Community Health Workers Initiative, she has successfully carved out a path for herself, though not only as a Private Skilled Healthcare Provider, but as a thriving multi-purpose healthcare entrepreneur nonetheless.

**Some of the service recipients, who cannot pay the service price -give gifts like clothes, groceries, etc. She says, "I keep these gifts as token of love and respect."**



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# Kulsum

## Putting life together against social insecurity

As a single, working woman- she faced severe sexual harassment in forms of catcalls, illicit proposals etc.

Kulsum's father was an imam at a local mosque. It was next to impossible for any girl to realize her dreams of education and career in a family like hers, and that too, in such a remote village of Sunamganj's haor region. However, in Kulsum's case, the looming difficulties seemed insurmountable as her early marriage was filled with psychological trauma from her husband's abuses.

Even before she could enroll in an honors program, her father arranged her marriage right after she had appeared in her higher secondary school certificate exams. From the very first day of her marriage, her husband made it crystal clear that if her father

failed to provide more dowries – she will be kicked out of the house. True to his words, when their only son was just 3 years old, he drove her out of the house. Sad and depressed, she went back to her father's place.

She realized from her most unpleasant experiences that, she would not be treated so badly if she had a career and her own income base. When she was on the lookout for a job, she heard about the CARE GSK Private Community Skilled Birth Attendant (Private CSBA) program and enrolled in it. But obstacles followed her there too. As soon as she started her work as a Private CSBA, since she was abandoned by her husband and traveling alone, many men accosted her on the way. As a single, working woman - she faced severe sexual harassment in forms of catcalls, illicit proposals etc. Thus, social security became the biggest hurdle for Kulsum.

She even so saw some silver lining, when the Union Parishad members and field-level health workers stood boldly by her. The woman, who unrelentingly encouraged her to overcome all hurdles, was none other than her mother. Her mother did spell it out loud and clear, saying she should not give up like the rest of the women, and that she must move on. When the time came, her mother even went along with her to some patient's house to protect her from catcalls and other forms of harassment.



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Now she goes out to work alone in the mornings, while her mother looks after her son. She has built up a strong marketing network as she is on very good working terms with health volunteers, doctors, and front-line staffs from the Health and Family Planning Department. She routinely visits one or the other neighborhood and keeps herself abreast of the health conditions of women, infants,

children, and adolescent girls. She also helps facilitate registration of pregnant women under the Bangladesh Government's satellite and IPI centers.

After achieving her own identity, she has remarried. Her second husband does not like her staying out for so long, although he cannot really stop her since she is financially independent now. As an engaging healthcare entrepreneur, she currently earns BDT 10,000 – 15,000 (\$178) a month. Furthermore, she has bought a sizeable chunk of land with her own income and also has her own savings account. Reflecting on her past struggles, she says, "Now I am over those uncertainties that used to hang around us. I have stood on my own feet and living happily with my husband and child. I can concentrate more on my work to improve the quality of health services and reach as many as service recipients in my working area."

**After achieving her own identity, she has remarried. Though her second husband does not like her staying out but cannot stop her for financial.**



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# Shiblee

## Making her strides

Shiblee found it impossible to make both ends meet with her husband's meager earnings. She decided to find a job and contribute to the family.

People living in the remote pockets of Sunamganj's haor region had long been deprived of healthcare services. Pregnant women, especially during deliveries, suffered indescribably as there was no skilled birth attendant or nurse in such areas. Birth-related deaths of women and children were almost ubiquitous. So was malnutrition.

With the clear aim of bringing about a change for the better, CARE in partnership with the Bangladesh Government initiated a Private Community Skilled Birth Attendant (Private CSBA) training program to create skilled birth attendants; who would also be

capable of providing primary medical aid to any patient. The ultimate goal was to help trainees realize the potential of private healthcare entrepreneurship, to make women financially independent on one hand and on the other, to significantly check rates of birth-related deaths of women and newborns.

Quite a large number of women indeed made a good career working as Private CSBAs after receiving training from the CARE GSK Community Health Workers initiative. Shiblee Begum is one such woman, who with diligence and hard work established herself as an aspiring Private CSBA.

Shiblee got married to Abdul Alim from Dargapasha Union in 2005. He was a postman by profession with a poor monthly salary. Shiblee found it impossible to make both ends meet with her husband's meager earnings. She decided to find a job and contribute to the family. One day she saw a notice put up on a board at the Union Parishad office, calling for applications to the first batch of the Private CSBA program. She found out that this was a six month long training, certified by Bangladesh Nursing Council. She applied and was selected by members of the Union Parishad and the Health and Family Planning Department. Then she received training as a skilled birth attendant and started her practice as a Private CSBA in the year 2013.

Naturally an easygoing person, Shiblee built up a healthy working relationship with all government and non-government officials and health professionals.



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She did not have to wait long for her success. Once she was familiar with the local people, house calls to deliver babies came pouring in. It did not take her long to graduate to at least 7-8 deliveries a month.

In the meantime, she took three day training. Organized jointly by CARE Bangladesh and Social Marketing Company

(SMC), the training focused on coordinated management of social business and broadened her entrepreneurial activities. She also has started selling medicines and healthcare products on the sidelines. With her own savings, she has already put up a medicine store in her house and her husband helps her out with the sales. Representatives from many pharmaceutical companies come all the way to her store to leave their samples. She also conducts deliveries of babies at the community clinic. She says, "It makes me feel happy when I go door to door for giving services to the disadvantaged mothers and children in this haor area. I am really grateful to my husband who helps me enthusiastically in every step, for receiving the assistance required for this type of work, especially looking after the children when I am away for my services in the community and accompanying me at night time, when I get house calls for deliveries. Now he respects me more and appreciates what I do for our family. Also the community people recognizes me great deal of admiration and depends on me". The Private CSBA program has enabled her road to success both in her personal and professional life and helped her become a successful Private Skilled Healthcare Provider.

**It makes me feel happy when I go door to door for giving services to the disadvantaged mothers and children in this haor area.**



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# Nurun Nahar

## Driven by career opportunities

It was one of those social stigmas where a wife, who would leave her husband was eyed with suspicion.

Poverty and early marriage dealt severe blows to Nurun Nahar's high spirits. She grew to be a beautiful young girl when she was thoroughly preparing herself for the secondary school certificate exams in 2010. A marriage proposal came for her, from a man with a job in the garments sector in Dhaka. There were eight members in the family living in the Balijuri Union of Sunamganj, and her poor father was stumbling to manage the expenses. So he agreed and arranged the marriage against Nurun Nahar's will. That, however, was just the beginning of her ordeals.

Within a year, she found out that her husband had another wife. Though she was pregnant, she came back to her father's house

to protect her self-esteem. When she was overwhelmed with uncertainty, she gave birth to a baby girl. Depressed to have become a burden to her father, she was desperately looking for some career opportunities.

She wasted no time and joined the Union Information Service Center. Soon she also became part of a volunteer team for a local NGO, where she worked in the area of nutrition of women and children. This work sowed the seeds of working in bigger capacities for women's prenatal and postnatal care in her. Her growing desire for contributing to women healthcare coincided with a CARE Bangladesh initiative, in collaboration with the Bangladesh Government, to create skilled birth attendants to contain high rates of maternal and newborn mortality.

Talking about the opportunities this initiative brought along, she says, "It was like my prayers were answered! I was desperately looking for a good healthcare training program and there it was. I am ever indebted to this program."

In 2016, Nurun Nahar was selected for the training and leaving her five years old daughter in her mother's care, she started her six month training as a Private Community Skilled Birth Attendant (Private CSBA) at the Nursing Institute of Jamalpur Sadar Hospital.



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Things, however, appeared to be more difficult than she had thought, after the training. It was one of those social stigmas where a wife, who would leave her husband because he had another secret marriage, was eyed with suspicion. So, most people refused to enlist her help. But Nurun Nahar was tenacious; she prepared a list of pregnant women needing healthcare and paid them free

visits to enquire after their conditions. Soon her need was felt and she started getting house calls. On top of providing safe delivery services, she also sells medicines and many other healthcare products to people. Her earnings now stand at BDT 8,000 (\$95) a month. She has expanded her area of services and achieved the rare feat of bringing all pregnant women in her area under the government's registration process.

She now helps her father with family expenses. A workaholic in the true sense of the word, she has even bought a sewing machine. In her spare times, she makes clothes, sewing her dreams onto their seams and borders. Her social status has naturally enhanced, needless to say, but most importantly her father's attitude towards her has remarkably changed. She is not seen as a burden any more. Rather, her decisions on any important matters are listened to with attention and care. She has become more like a son to her family, who earns her own bread and self-respect with pride.

**Her social status has naturally enhanced, needless to say, but most importantly her father's attitude towards her has remarkably changed.**



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# Champa

## Compassionately serving in the remotest areas

Champa Rani Sarker's story is no different except that she was married into a well-off family, yet she partially fulfilled her dream of becoming a doctor.

In the poverty-stricken, adverse environment of Sunamganj, early marriage comes almost inevitably in every girl's life. One would consider a girl lucky, if she has managed to finish her higher secondary school education before getting married. It is of no surprise, that concepts of self-reliance, financial independence were almost unheard-of phenomena in these areas. Champa Rani Sarker's story is no different except that she was married into a well-off family, yet she partially fulfilled her dream of becoming a doctor.

After an early marriage, she lived with her in-laws in the Mamudpur village under Aatgao union of Sula upazila (sub-

district). It is a remote area in the haor region. Her husband ran a medicine shop. She found a job at a school run by a local NGO. With this earning, she could hardly make a small contribution to the family. But she wanted to do more and achieve more. From a female Union Parishad member, she came to know about the CARE GSK Community Health Workers Initiative in 2013. But due to her second pregnancy, she could not finish her training until 2014.

Though things did not entirely change in her area as regards to birth-related healthcare, but it certainly became much better than before. During the monsoon, sometimes it was so difficult to reach a patient's house that many families resorted to the traditional village birth attendants finding no other way. It was impossible to provide all the service-seekers with necessary care in an area with such poor availability of land transport. Since then, Champa, though slowly, brought about a qualitative change single-handedly in her area. She maintains regular communications with the Community Health Volunteers (CHVs) and pays routine visits to her patients; sometimes she even provides first aid services.

She has developed a good relationship with the Health and Family Planning Department front line staffs, who notifies her on the information about the pregnant women in her working area. With her husband, she has established a pharmacy and community based service center adjacent to her house. This is to provide 24 hours services in that remotest place. She has a routine of going





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to the community for door to door services in the morning and sits at her service center in the afternoon. Her familiarity has increased to a great extent in her working area, through various promotional actions by the local government, Health and Family Planning front line staffs and community health volunteers.

Talking about her journey as a Private Community Skilled Birth Attendant (Private CSBA), she says, “The reason why this work attracted me so much is that I could actually help women to receive a safe delivery. Remuneration for my work is important but the pleasure I derive from helping others is equally important. It also has enhanced my social status. But the real challenge of working in this area is its communication system; because roads here remain submerged for more than half of the year. I continue to reach as many as service recipients I can. Sometimes they come with a boat or motorcycle to take me to their houses in case of service seeking.” She has also established a functional linkage with the skilled health service providers within her upazila (sub-district).

Regarding the impact of her work on her own family, she says, “I really enjoy the fact that now I can directly influence any decision about my family matters. My mobility in the community has increased and I now receive much recognition from different stakeholders. I wish to achieve further success both in healthcare services and health entrepreneurship.”

**But the real challenge of working in this area is its communication system; because roads here remain submerged for more than half of the year.**



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