



CARE Bangladesh-
Glaxo SmithKline
Community Health
Worker Initiative
Newsletter

SUNAMGANJ'S JOURNEY TOWARDS UNIVERSAL HEALTH COVERAGE

A sustainable
solution for health
access through
public private
partnership





CARE BANGLADESH – GLAXOSMITHKLINE COMMUNITY HEALTH WORKER INITIATIVE: An Innovative Public Private Partnership

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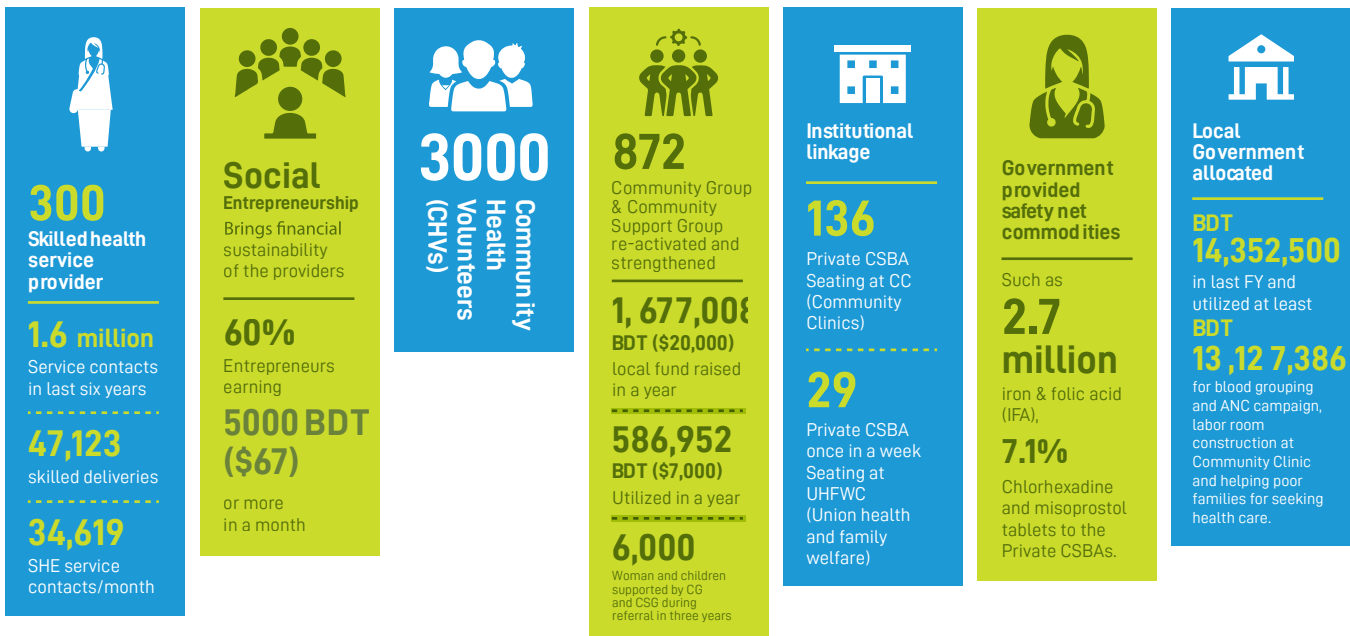
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Read
CARE-GSK CHW Initiative
NEWSLETTER – 1, 2, 3, 4, 5, 6, 7 and 8
At www.carebangladesh.org

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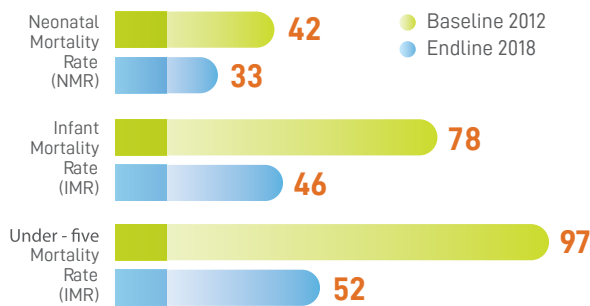
KEY ACHIEVEMENTS & RESULTS

NOVEMBER 2013 – OCTOBER 2019

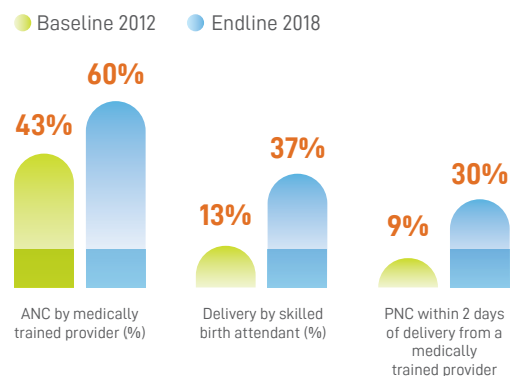


Impact of SHE More than 3600 women were interviewed from 50 project unions by ICDDR,B in 2018

Combined effort by GOB. and Development partners result in reduction of early Childhood Mortality

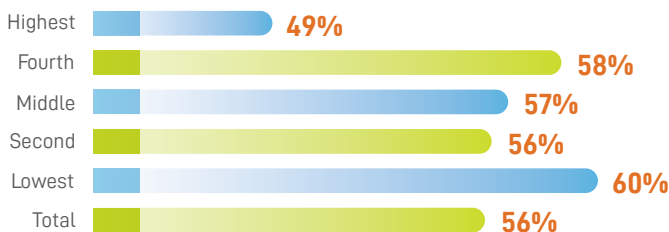


Increased uptake of skilled MNCH (Maternal Newborn and Child Health) services



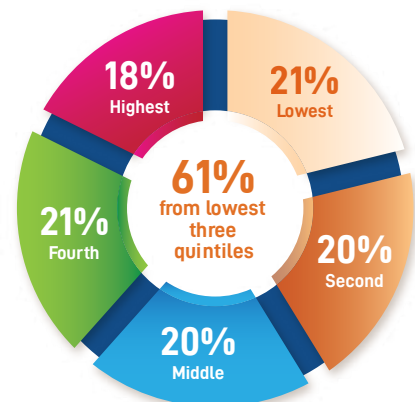
The Entrepreneurs Served more Mothers from Poor and Extreme Poor Families

Coverage of Any services by the Private CSBA by Wealth Quintile



Saved 60% House hold lowest Wealth Quintile

Distribution of clients of private CSBA by wealth Quintile



CARE-GSK COMMUNITY HEALTH WORKER INITIATIVE: DEVELOPING WOMEN HEALTH ENTREPRENEURS FOR ESSENTIAL SKILLED HEALTHCARE SERVICES.

CARE Bangladesh, together with GlaxoSmithKline (GSK) and other key stakeholders, has been implementing a Community Health Worker (CHW) Initiative since December 2012, which aims to improve health and nutrition status of women and children of remote underserved areas through developing 300 sustainable and resilient community skilled healthcare service providers in all 11 sub districts of Sunamganj with funding from 20% reinvestment initiative of GlaxoSmithKline.

These private providers are supported by their communities, public health system and local government bodies, and are accredited by Bangladesh Nursing Council after receiving 6 months long community skilled birth attendant training. Each of these providers has a market size of about 7500 population and is supported by 10 community health volunteers (CHV) Health and Family Planning department provides monthly refresher training and supplies different safety-net commodities including iron folic acid and misoprostol tablets. They also collect monthly performance report, integrate them in government MIS and monitor service quality through field visits. A technical advisory group (TAG) with participation from Government, UN, development partners, NGO and private sector representative monitors progress and guides the initiative at the national level. The community support system (SmSS) and local government determines their service prices, support them in market development and referral to health facilities, and mobilize local resources to facilitate skilled health services to the poor.

Skilled Health Entrepreneur - SHE model

UNION
30,000
POPULATION



3 SHE in a union



Local Government

Supports in selection, promotion, setting service price and making them accountable



Ministry of Health & Family Welfare (MOHFW)

Recognize SHE with training, logistics, supply, monitoring, reporting and overall coordination



Community group and Community Support group

Creates an enabling environment, demand for quality services of SHE along with financial and non-financial support to the poor and extreme poor in accessing MNCH services



Community Health Volunteer

Supports SHE with pregnancy identification and conducting birth planning sessions



Social Entrepreneurship

Includes social business training, market linkage and business plan

CONTRIBUTING IN FACILITY DELIVERY BY PRIVATE COMMUNITY SKILLED HEALTHCARE PROVIDER AT GOVERNMENT UNION HEALTH AND FAMILY WELFARE CENTER (UH&FWC) AND COMMUNITY CLINICS (CCS): A LOCAL INITIATIVE TO ADDRESS HUMAN RESOURCE GAP

Retention of health service provider and absenteeism compromises the health service delivery in most areas of Sunamganj. Even when the family is convinced to go to a nearby health facility for delivery, round the clock availability of skilled healthcare provider is a challenge.

CARE took an initiative to strengthen 11 UH&FWC one in each Sub-districts to develop a mechanism for 24/7 reliable safe delivery and referral services. Also Private providers are conducting delivery at 136 community clinics out of 232 CCs. So that Private skilled health care provider can bring women for deliveries especially when condition at home is difficult and family agree to go to the nearby UHF&WCs and CCs for delivery. As a result, SHEs of those unions started working in the UH&FWCs and CCs. Consequently, the number of deliveries in these health facilities increased considerably. During the last one year Private CSBAs have conducted 334 deliveries in CCs and 235 deliveries in UH&FWCs.



In last six-month June28-Nov18 Private Skilled Provider Taslima conducted 65 deliveries at Pandergoan UH&FWC which has been highest ever in the history. This is to mention that Taslima is residing in that facility residence for 24/7 services.

PRIVATE COMMUNITY SKILLED HEALTH CARE PROVIDER:

Reshaping family planning in the remote areas of Sunamganj with the greatest focus on unmet needs of family planning services

Take a trip to any remote area of Bangladesh, particularly in haor areas and you will see a large number of families being affected by family planning issues- unintended, closely spaced pregnancies, to name a few. This is where the private skilled health care providers play their most vital role. They provide assistance in postpartum family planning (PPFP) in the first 12 months following childbirth in a family. There are numerous lifesaving interventions for mothers and children, with additional focus on the greatest unmet needs of family planning. Furthermore, front line family welfare assistants and private skilled health care provider are providing orientation sessions to newly married couples along with referral services to carry out family planning procedures. In the last family planning service week, private skilled health care provider referred 18% of the clients for permanent and long-term methods at upazilla level. They are working closely with the family welfare assistants (frontline workers of FP) and mothers during postpartum period receiving family planning services, due to the fact that they have formally been trained on it by the direct engagement of family planning department of Sunamganj. For example, in last year 2018 Private skilled health care provider Nasima Begum got reward on world population day for conducting highest number of deliveries at polash UHF&WC staying at there for 24 hours delivery and providing FP services among women after delivery. The figure from project MIS shows that referral for FB methods are being on increased as they already referred 5436 women and men for this service and they have conducted post-partum family planning counselling of 19914 in the year 2018 as of September.

BROADENING THE HEALTH HORIZON

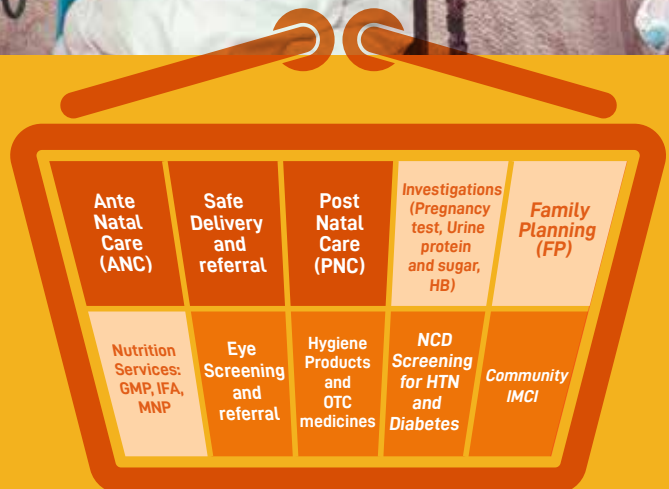
Transformation from a Maternal New Born Child (MNCH) provided to a multipurpose skilled health care provider

Since 2013, CARE-GSK CHWI had been developing Private Community based Skilled Birth Attendants (private CSBAs). After their 6 months residential SBA training, they received training on community integrated management of childhood illness (IMCI), primary health care (PHC). In addition, they received hands on training on reporting and documentation, and business skill. So, their service package included Maternal Newborn and Child Health (MNCH) services. But, based on community demand, challenges and learnings, other skills were added during the last two to three years. They received training on Nutrition, NCD prevention and screening,



THE BASKET of Skilled Health Entrepreneur

basic eye problems and reproductive health including family planning and adolescent health. They were also trained on basic life skills through an interactive training. As a result, their service package has been expanded beyond MNCH services. The entrepreneurs are now offering screening for hypertension and diabetes (Blood sugar testing using Glucometer) and referral, screening for eye problems and referral, nutrition services, basic investigations such as hemoglobin and urine testing etc. in addition to MNCH services. They have been multipurpose health service provider for their community offering some basic health service for the whole family. This has opened additional earning options for these providers and is contributing to their financial sustainability. For their remote community, this has increased access to NCD and other services with someone they can reach anytime for advice and screening.



HEALTH EQUITY NO LONGER JUST A DREAM

END LINE EVALUATION IN 2018 SHOWS THAT 61% SERVICE RECIPIENTS BY PRIVATE SKILLED HEALTH CARE PROVIDERS ARE FROM LOWER THREE QUINTILES. AS LOCAL GOVERNMENT PROVIDING MEDICINES AND HEALTH COMMODITIES FROM THEIR ALLOCATED BUDGET ALONG WITH HEALTH AND FAMILY PLANNING DEPARTMENT. IN LAST TWO YEARS PRIVATE HEALTH CARE PROVIDERS RECEIVED SUPPLY OF 0.7 MILLION IFA, 7.1% CHX, MISOPROTAL, ETC.

Before receiving the Private Community Skilled Health Care Provider training, each Private provider committed to charge payment of their services for their livelihood during MOU signing with local government but there is a clause that they will be flexible in receiving service prices from the poor and extreme poor. Health and healthcare shouldn't be pertinent to only those who are fortunate enough to access and afford them, it should be for everyone. This is exactly what health equity is all about. But when it moves to the remote areas where the residents are not only living in poverty but also far from the network, they were contently on the wrong side of the health umbrella. To address this inequity, the Union Parishads (lowest local government units) of the Sunamganj district stepped forward. Private Community Skilled Health Care Provider shared the number of poor and extreme poor service recipients in the coordination meeting and get reimbursed from the union parishad from the allocated budget. They started distributing medicines and hygiene commodities among the poor through the private skilled health care provider from their allocated budget also. This expenditure included a myriad of vital items such as essential drugs, plastic banks, Iron and folic acid, 7.1% choloro hexadine (CHX), medical equipemnts like BP machine, weight machine, and much more. The local government also ensure that the Private Community Skilled Health Care Provider are provided social security through orientation to the village police in order to create linkage. In last two years Private healthcare providers received 0.7 million IFA, 7.1% CHX, misoprotal, etc. from the health and family planning department.



Sub district level health and family planning officials distributing IFA and other supply through Private providers

LOCAL GOVERNMENT MAKING A BIG DIFFERENCE: ENGAGEMENT FOR SUPPORT, LOCAL RESOURCE MOBILIZATION, AND MARKET DEVELOPMENT

DHARMAPASHA UPAZILLA (SUB DISTRICT) PARISHAD SETTING AN EXAMPLE OF MARKET DEVELOPMENT FOR PRIVATE COMMUNITY SKILLED HEALTH CARE PROVIDER

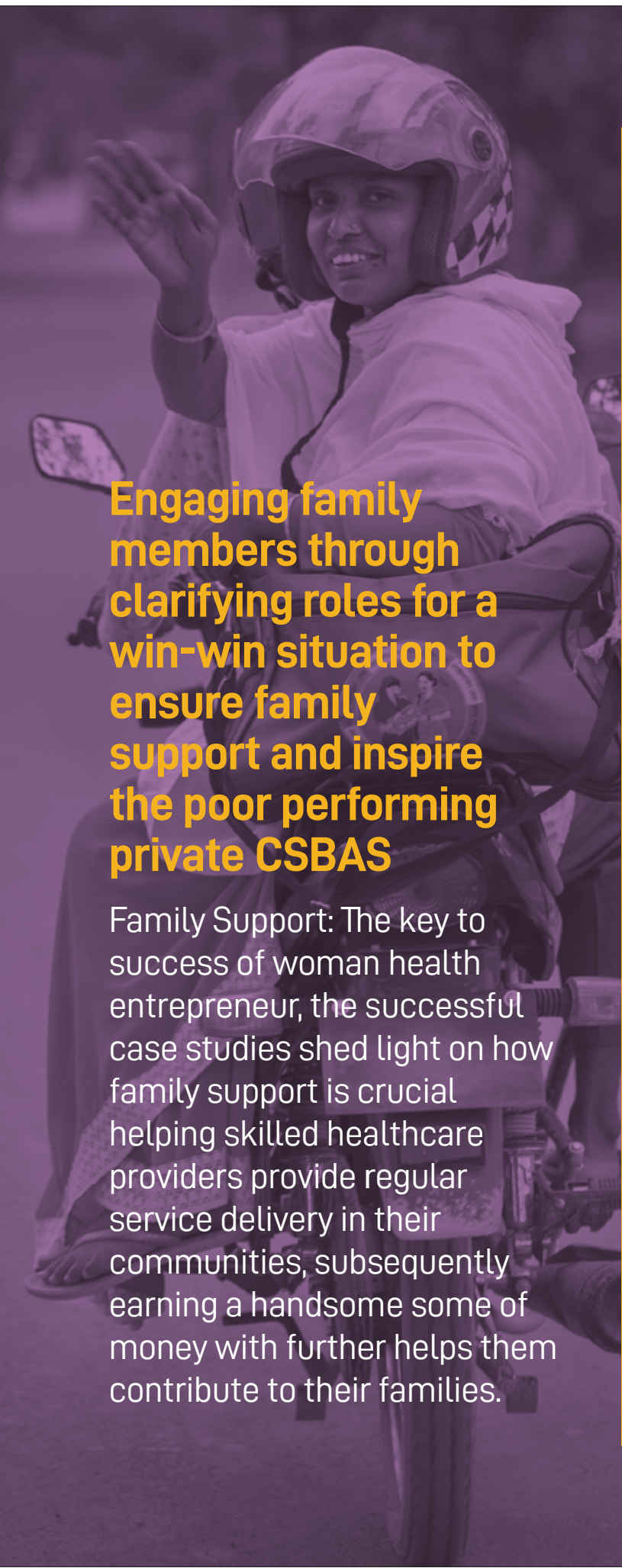
Since the operations of the private skilled health care provider in the Sunamganj area was a relatively new concept, promotional activities for the program became essential. With 32 private skilled health care providers working in the Dharmapasha subdistrict, a budget was allocated for maternal and child health development. In the last year 2017, a total budget of 200,000 BDT (\$2,383) was raised from the women's development forums with the help of the Upazila Woman Vice Chairman. This was the fund that was used for the market development activities of the Private Community Skilled Health Care Provider. 10,000 leaflets, 5 billboards, 50 branded umbrellas, 8000 visiting cards, 25 PVC festoons and 200 stickers were provided. Three of the best performing Private Community Skilled Health Care Provider were given awards for encouragement to uphold their brilliant work in the future. The chairman of the upazila said, "Through their market development works we promote their sustainability as well, if they sustain, our disadvantaged women and children will no longer be deprived from the services". This becomes an exemplification for others sub district level mobilizing resources for Private Skilled providers market development.

TRAVELLING COST NOT AN ISSUE: SULLA UNION (LOCAL GOVERNMENT) CREATED AN ILLUSTRATION AS IN EVERY MONTH THEY PROVIDE 1000 BDT (\$12) FOR EACH PRIVATE SKILLED HEALTH CARE PROVIDERS OF THE UP FROM THE LGSP (LOCAL GOVERNMENT STRATEGIC PLANNING) BUDGET.

The fact that it was so difficult to reach the remotest parts of the country, where people are deprived of health services for ages, came to the notice of the Bahara Union Parishad Chairman Bidhan Chowdhury. He felt that this issue could be resolved if the private CSBAs had better access and affordability in these areas, which would substantially help the mothers and children who were left out. After communicating with these private skilled health care provider, two major challenges came to light- a. Travel Expense b. The lack of awareness among the people about skilled health services as well as what should be charged for the aforesaid services. With these fundamental ideas, a feasibility survey was conducted by the Bahara Union Parishad towards the end of December 2017. Once the practicality of the project was understood, they prepared a proposal from the LGSP (Local Government Strategic Planning) budget. Since then, the Parishad has increased the travel honorarium from 500 BDT to 1000 BDT. The chairman says this helps keep the service providers. Motivated. "This not only empowers the private skilled health care provider and improves performance, but also ensures accountability since the private skilled health care provider are attached closely with the local government". This has been replicated in other Five unions of other sub districts.

KOLKOLI UNION PARISHAD UNDER JAGANNATHPUR SUB DISTRICT BROUGHT A MOTOR BIKE FOR THE PRIVATE COMMUNITY SKILLED HEALTH CARE PROVIDERS OF THAT UNION FOR QUICK RESPONDING TO THE DELIVERY/EMERGENCY CALLS





Engaging family members through clarifying roles for a win-win situation to ensure family support and inspire the poor performing private CSBAS

Family Support: The key to success of woman health entrepreneur, the successful case studies shed light on how family support is crucial helping skilled healthcare providers provide regular service delivery in their communities, subsequently earning a handsome some of money with further helps them contribute to their families.

SELF-GOVERNING STRUCTURE: INSTITUTIONAL SUSTAINABILITY FOR SKILLED HEALTH CARE PROVIDES

What if CARE dose not continue with the support activities after one year then how private health care providers continue their works, so private community skilled health care provider wants to make a group or platform which will be able to exercise all of the necessary functions of power without intervention from any authority?

Analyzing the sustainability perspectives, it is found that Private health care providers are in a position of programmatic and financial sustainability but it lacks institutional sustainability shown with three pillars below. For last few years CARE-GSK CHW Initiative focused on programmatic sustainability and financial sustainability but now if focuses on institutional sustainability to install private skilled health care provides own self-governing network to continue their knowledge and skill development, supply accountability issues.



MARKET LINKAGE AND SUPPLY

WITH QUALITY PHARMACEUTICALS OUTLETS AND COMPANY, USING EXISTING PLATFORMS FOR MARKET DEVELOPMENT OF PRIVATE COMMUNITY SKILLED HEALTH CARE PROVIDERS

MARKET LINKAGE FOR A STEADY SUPPLY CHAIN OF THE HEALTH, HYGIENE AND FAMILY PLANNING PRODUCTS FOR ADDING VALUE TO HEALTH ENTREPRENEUR'S INCOME

As part of linkage with market for the consistent supply of the essential health hygiene products, 17/1 Private Community Skilled Health Care Provider from seven sub districts attended the orientation on health and hygiene products of SMC (Social Marketing Company) facilitated by CARE-GSK CHW Initiative and SMC together with an objective to establish a steady supply chain of the products. Now the Private SCBAs provide commodity request to SMC for getting the products as per their needs that add value to their income.

TAHIRPUR SUB DISTRICT: TALES OF A DIFFERENT MARKET PROMOTIONS AND COMMUNITY MOBILIZATION APPROACH BY CREATING A COORDINATED EFFORT OF THE NGO PLATFORMS

Market development and demand creations are daunting tasks, particularly when it requires community gathering and household visits. It takes a lot of time, resources and effort to get them implemented using the conventional methods. To alleviate this, the Tahirpur upazila team ensures that all the working NGOs are gathered in a coordinated forum with the assistance of the upazila nirbahi officer (Sub district level executive). The coordination is to leverage the resources for the same impact population. CARE-GSK CHW initiative is using the platform for promotional activity for the demand creations and health seeking behaviors around skilled health service for maternal and child health. To ensure coordination and reduce this scattered manner of work, the NGOs signed a memorandum where they came to a consensus to do the work in a uniform and harmonized way. Since the signing, the NGOs have developed a policy to work closely together to reach the impact population as well as to effectively use their budgets. This has created a trust among the target group and they are now more willing to give time, resulting in less need for the project staffs to spend time and money for the community mobilization activities. This has ensured in Private Community Skilled Health Care Provider covering more ground with their services as well as a more structured service price system. A total of 50 staff from the NGOs are now oriented in the entrepreneurship perspectives of private community skilled healthcare providers. This is with the aim in mind that when they mobilize the community, the CARE staff can easily get access to their forums for facilitating and giving information.

A woman health entrepreneur doing her marketing at a community meeting

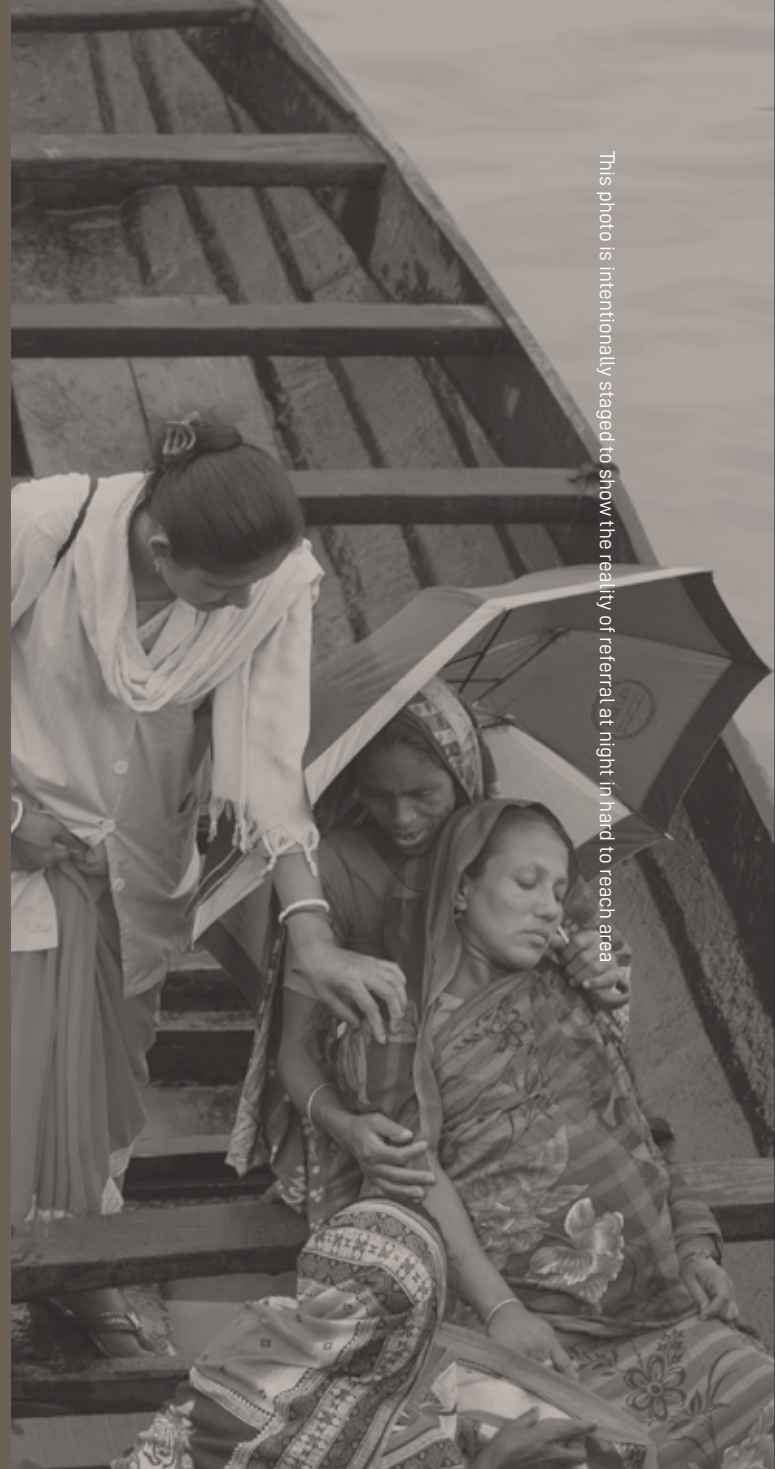


Flow diagram of creating common platform for leveraging resources within the existing NGOs

LIFESAVING EFFORT AT THE REMOTEST LAST MILE BY PRIVATE COMMUNITY SKILLED HEALTH CARE PROVIDER

HOW REFERRAL SAVED THE LIFE OF A POOR MOTHER AT 3AM

Selina's husband is a day laborer, raises sand and stone in the river adjacent to the village where he lives. He was not at home when his wife's labor pain started at 12 o'clock at night. A few days earlier, Selina's family had reached out to the Private Community Skilled Health Care Provider Shima about delivery pain, which was later found to be false pain. This time, however, the pain wasn't false and the delivery was conducted by a local DIA (TBA). The delivery was successful but the placenta was retained since the delivery was not skillfully made. To make things much worse, the baby had no breath. Shima, the Private Community Skilled Health Care Provider, lived 3 kilometers away from Selina's house and rushed to the patient and resuscitated the newborn and wrapped the baby up in warm clothes. Incidentally, she noticed Selina was bleeding profusely. Alarmed, she instantly gave her patient a saline and four oxytocin injection and instructed the family members to prepare the boat for journey. By 4:40 AM, they were on their way. The Private Community Skilled Health Care Provider, along with Selina and her family took the boat during which time Selina was trembling with convulsion, ultimately losing consciousness. When they reached the upazila health complex, Shima found out that nobody was present at the emergency and instantly ensured that she managed help via phone.



This photo is intentionally staged to show the reality of referral at night in hard to reach area



RECOGNITION AND REWARDS

A significant number of private skilled health care providers received various awards for their outstanding services from MOHFW & Stakeholders

THERE HAS BEEN A SHIFT IN IMPROVING QUALITY OF CARE OF THE SKILLED HEALTH CARE PROVIDERS AS MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW) STAFF AT DISTRICT AND SUBDISTRICT LEVEL TAKING RESPONSIBILITIES OF QUALITY IMPROVEMENT THROUGH CLINICAL ATTACHMENT AND SKILL LAB CONDUCTION

When assessing the performance of the SHEs, it became apparent that not all the SHEs were performing equally, as it is normal in any scenario. The lower performing individuals were identified with lack of technical skills which was consequently hampering their confidence. To resolve this, these SHEs received affiliation with the district hospital for 10 days so that they could learn and build on their technical skills, ultimately improving their confidence. Total 65 SHEs have been attached so far for this and it gives an uptake of the services among these providers with confidence. Also health and family planning service providers are conducting monthly refreshers training at skill lab and supplies different safety net commodities including iron folic acid and misoprostol tablets.



LIFE SKILLS TRAINING FOR SKILLED HEALTHCARE PROVIDERS BRINGS IN NEW VALUE ADDING IN ENTREPRENEURSHIP: AN INSIGHT FOR MARKETING SKILLS DEVELOPMENT FOR THEIR FINANCIAL SUSTAINABILITY

SCHOOL HEATH PROGRAM BY PRIVATE COMMUNITY SKILLED HEALTH CARE PROVIDER

Take a second to imagine the psych of the school going adolescents of the remote areas of Bangladesh. At an age when they are riddled with the coming of age health issues, coupled with the stigma surrounding the essential female hygiene needs, these children were being left out of the umbrella of health issues. Conventionally, there was not a whole lot of focus on these school going adolescents and are generally not reached with SRH

and nutrition services or even basic commodities. To act on this potential issue, project staff arranged an initiative where they facilitated an association between the health service providers and these adolescents. The private providers and the school teachers came to a joint agreement of arranging health camps every month on a certain date within school campuses. At these camps, private CSBAs would provide information to the girls regarding sexual reproductive health like menstrual hygiene, offer them medicines and other commodities like Iron Folic Acid, Sanitary Napkins etc. In order to deal with the reluctance of the female students in buying such commodities, it was arranged that the school girls could, through their school teachers, preorder these products from the private skilled providers, who would but these products from different local dealers.

