



Impact, Influence, and Innovation:
Reflecting on 10 Years of the CARE-GSK
Frontline Health Worker Initiative



Meet Joysna

Joysna is a Community Health Worker (CHW) in Bangladesh. She was trained through and works with CARE's Skilled Health Entrepreneur model. For more on who Joysna is, what a day in her life as a CHW entails, and how she affects change, see below.



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Profile of Community Health/ Front Line Health Workers



Typically women between 18 and 50yrs



Trained in primary care delivery skills which may include triage, COVID-19 testing, disease prevention and education etc.



Learned about entrepreneurship skills to facilitate delivery of goods and health commodities (conditional on programmes)



Certified in formal healthcare delivery practices such as skilled birth attendance.

What Community Health/ Front Line Health Workers do for individuals



Deliver primary health care



Educate on disease prevention



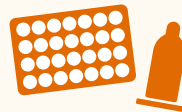
Distribute sanitary/ safety supplies



Distribute basic health commodities



Connect people with health facilities and personnel



Distribute contraceptives



Assist with births



Encourage antenatal and postnatal care uptake

What Community Health/ Front Line Health Workers do for their communities



Build trust



Assess community health needs



Advocate for marginalised groups

How Health Workers Create Systemic Change



Bridge gaps in healthcare science provisions in hard-to-reach areas by providing basic health information and (often) care



Contribute towards country-wide activities addressing The Sustainable Development Goals by expanding the reach of country health systems



Provide last-mile health services and increase self sufficiency of remote communities



EXECUTIVE HIGHLIGHTS

In recognition of their critical role in health linkages and systems strengthening, CARE and GSK established a decade-long strategic investment in frontline health workers (FHW) and community health workers (CHW) in 2011 called the Frontline Health Worker Initiative. Following 10 years of partnership and programming, this report explores the resulting impacts, influence, and innovation. It synthesizes reach and impact data from 13 programmes across the 9 countries included in the Frontline Health Worker Initiative between 2011 and 2021. The countries included in this initiative are Afghanistan, Bangladesh, Cambodia, Cameroon, Chad, Laos, Myanmar, Nepal, and Togo.

The data presented here is specific to the communities in which CARE delivered sexual and reproductive health, maternal and child health, nutrition, and sanitation programming with GSK's support. The analysis is designed to identify the changes in overall health outcomes that occurred at a population level. While these findings do not necessarily imply causation, CARE's efforts have likely reasonably contributed towards these changes within the specific communities.

The Frontline Health Worker initiative has achieved these results across multiple development and humanitarian contexts – including slow-onset and sudden shocks, conflict, and most recently the COVID-19 pandemic. Many of these results were only made possible through the long-term investment from GSK and scalable actions that were implemented across all nine countries. Critically, the Frontline Health Worker Initiative established platforms, networks and health service capacity-building that served as a catalyst for CARE to pivot towards the response to the COVID-19 pandemic quickly in the communities where these projects exist.

Learnings from this programme will serve to strengthen CARE's private sector partnership models for future programmes to build resilience and achieve health impact in communities.

Some overall achievements across the portfolio of CARE-GSK supported communities include:

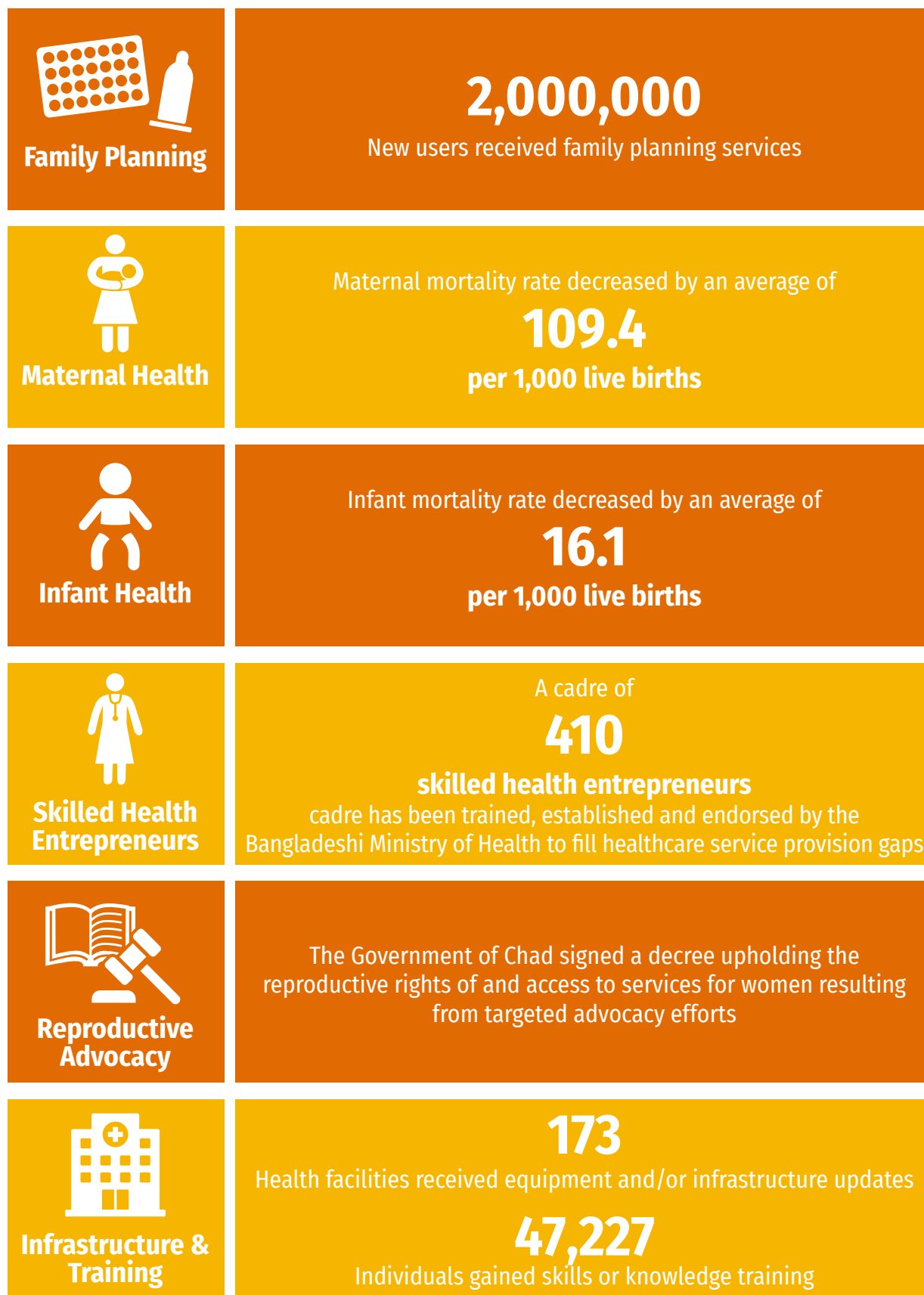




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IMPACT SUMMARY

Total beneficiaries reached: Of which, women and girls made up:

5,624,042 **4,220,613** (75%)

Sexual and Reproductive Health Impacts

Below is a summary of the cumulative individual-level uptake of sexual and reproductive health practices by programme participants across the nine CARE-GSK countries between 2010 and 2021.



1,663,342
Family planning
counseling participants



1,242,394
New contraceptive
users



1,026,385
Individuals attended
≥4 antenatal care visits

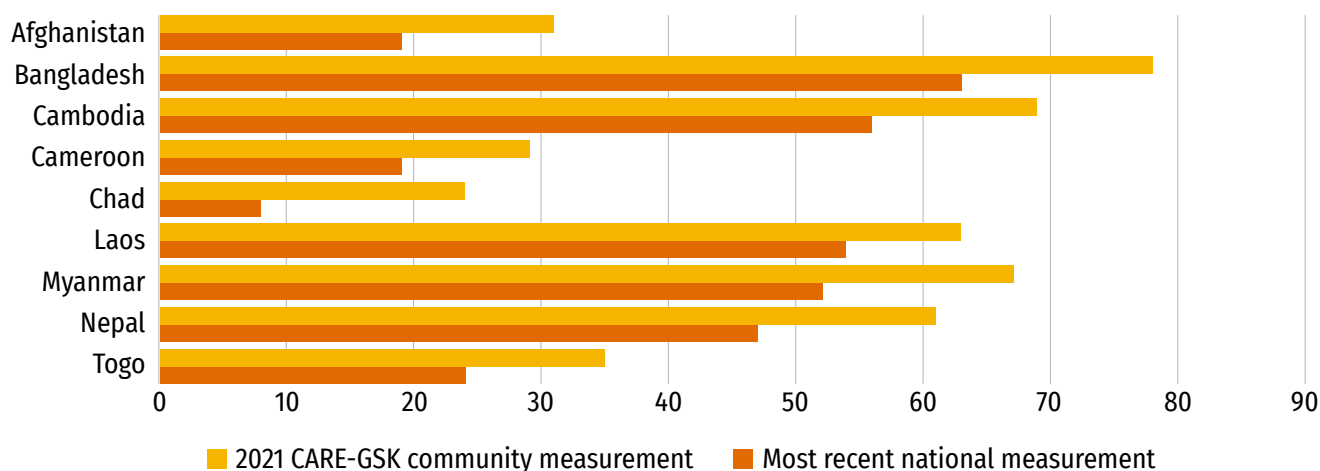


381,089
Individuals attended
≥1 postnatal care visit

Nearly every CARE programme supported through this partnership sought to increase sexual and reproductive health knowledge, with service awareness and access for marginalised and vulnerable populations. These efforts contributed to an increase in contraceptive prevalence (i.e. the percentage of women between the ages of 15 and 49 years using at least one method of contraception regardless of method, across all programmes). As depicted in the graph below, the contraceptive prevalence for any contraceptive method in CARE-GSK communities was greater than the national contraceptive prevalence rates for their respective countries. On average, contraceptive prevalence in a CARE-GSK supported community was 12.8% higher at the end of CARE and GSK's partnership in 2021 than the most recent national contraceptive prevalence rate measurement¹.

¹ <https://data.worldbank.org/indicator/SP.DYN.CONU.ZS>

A comparison of national contraceptive prevalence (% of women ages 15-49 years using at least one method of contraception) with CARE-GSK supported communities



Maternal and Child Health Impacts

Below is a summary of the cumulative individual-level uptake of maternal and child health practices by programme participants across the nine CARE-GSK countries between 2010 and 2021.

Of the beneficiaries involved in relevant programming:



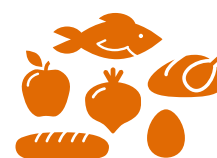
84%

Of mothers adopted exclusive breastfeeding



61%

Of children between birth and 5 years immunised



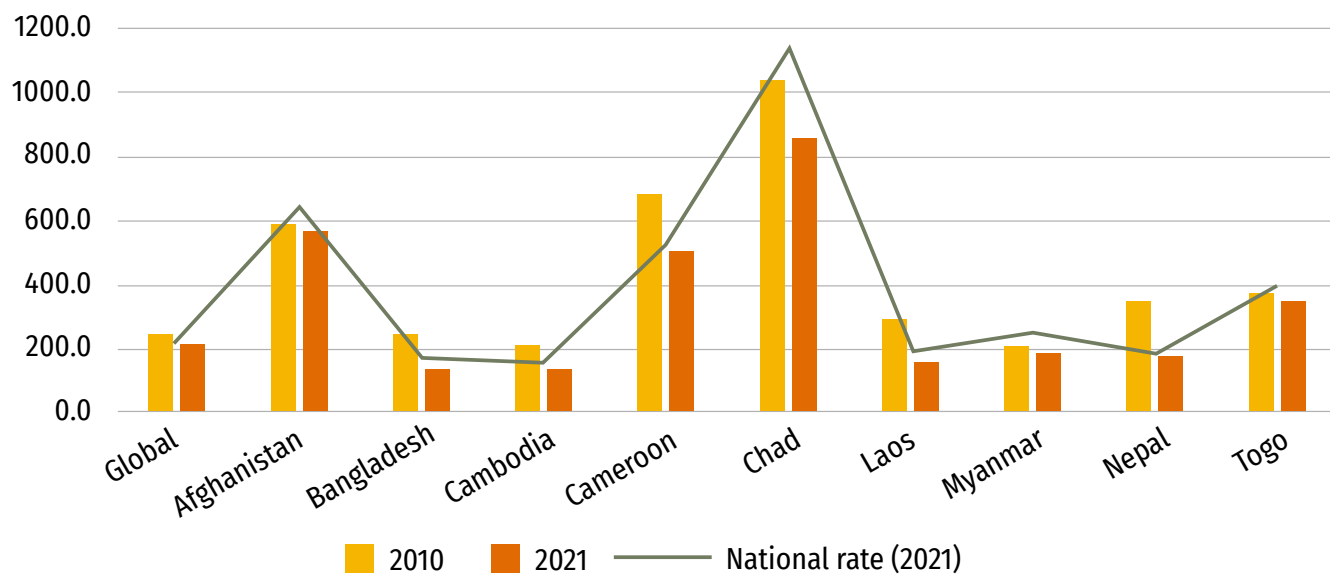
76%

Met minimum diet diversification standards

Through concerted efforts towards antenatal care provision, adequate nutrition and diet diversity pre- and post-pregnancy, institutional deliveries and general healthcare services, CARE-GSK programmes sought to reduce high rates of maternal and infant mortality in affected communities.

As depicted in the graph below, the maternal mortality ratio i.e. the number of maternal deaths per 100,000 live births, decreased across all programmes, with significant enough improvements in all communities to surpass their respective national rates. Between 2010 and 2021, there was an average decrease of 109.4 deaths or a 24.9% decline in the maternal mortality ratio in CARE-GSK supported communities. Comparatively, the global maternal mortality ratio declined by 14.9% during this period. The most significant decrease in maternal mortality was observed in southern Chad. These efforts move the needle closer to reaching the rates of reduction of maternal mortality needed to achieve Sustainable Development Goal 3 of ensuring healthy lives at all ages.

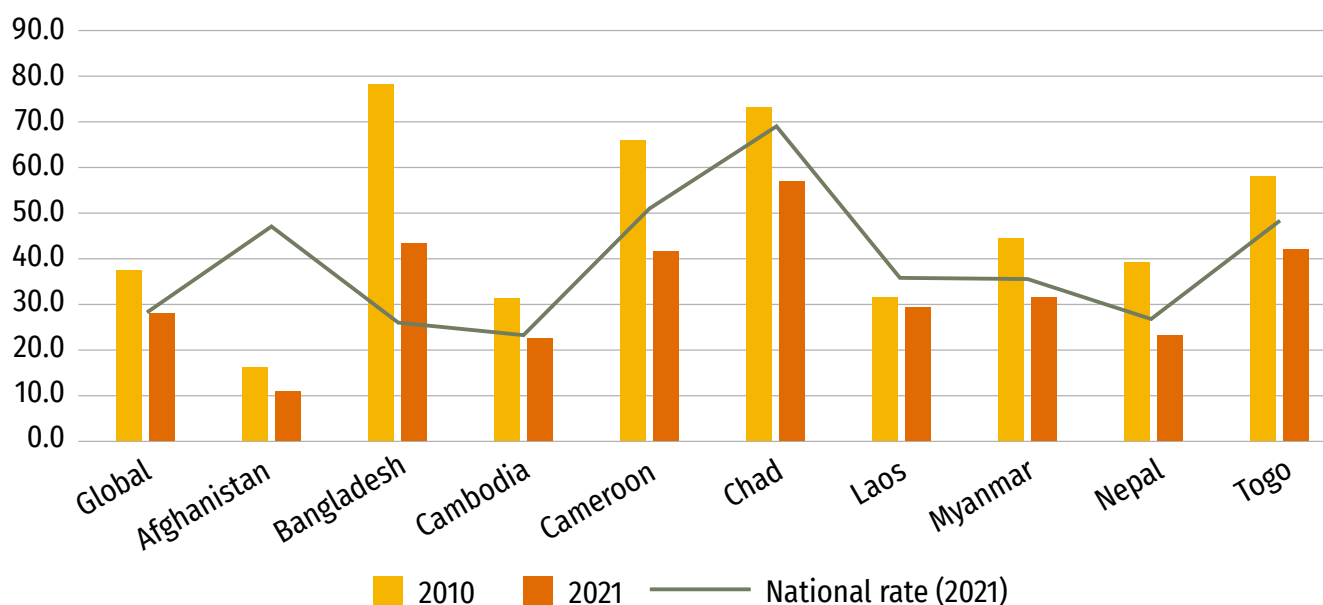
Ratio in CARE-GSK supported communities between 2010 and 2021, relative to the 2021 national rate in each country



The social determinants affecting maternal mortality are often similarly influential towards infant mortality. As depicted in the graph below, the infant mortality rate i.e. the number of deaths per

1,000 live births of children under one year of age decreased across all programmes, with significant enough improvements in some communities to surpass their respective national rates. Between 2010 and 2021, there was an average decrease of 16.1 in the infant mortality rate in CARE-GSK supported communities, which is almost twice the global decrease of 8.8 during this same period.

Ratio in CARE-GSK supported communities between 2010 and 2021, relative to the 2021 national rate in each country



Health Systems Strengthening Impacts

Below is a summary of the cumulative community-level health infrastructure and resources strengthened across the nine CARE-GSK countries between 2010 and 2021.



173

Health facilities received equipment and/or infrastructure updates



47,227

Individuals gained skills or knowledge training



12,102

Community health workers trained for last-mile health service delivery



Country Highlights

Afghanistan



Initiative: Frontline Health Worker Programme

Setting: Districts 2, 16 and 17 in urban Kabul

Years: 2018-2021

Beneficiaries: Women and girls, men and boys, community health workers, health providers

Reach: 14,988

Outcomes:

- 31% increase in institutional deliveries
- 51% increase in antenatal care service utilisation
- 51% increase in child immunisation

Initiative: 20% Reinvestment Initiative

Setting: Districts 1 and 2 in urban Kabul

Years: 2012-2018

Beneficiaries: Women and girls, men and boys, community health workers, health providers

Reach: 19,937

Outcomes:

- 60% increase in exclusive breastfeeding
- Implemented community surveillance system
- 4-point decrease in fetal, perinatal, neonatal, and infant mortality rate

Bangladesh



Initiative: Refugee Response

Setting: Camp 16 in Cox's Bazar

Years: 2017-2021

Beneficiaries: Adolescents, women, men, health providers

Reach: 49,253

Outcomes:

- 6% increase in girls' knowledge of sexual and reproductive healthcare
- 3% increase in girls' reproductive autonomy
- Developed and integrated referral system for gender-based violence prevention

Initiative: Community Health Worker Initiative

Setting: Sunamganj and Netrokona districts

Years: 2012-2021

Beneficiaries: Women and girls, men and boys, community health workers, health providers

Reach: 1,126,146

Outcomes:

- 35-point decrease in infant mortality rate
- 11-point decrease in neonatal mortality rate
- 74% increase in at least one antenatal care visit

Initiative: HALOW+

Setting: Gazipur, Savar and Valuka urban districts

Years: 2017-2020

Beneficiaries: Women and girls, men and boys, health providers

Reach: 92,738

Outcomes:

- 25% increase in contraceptive use by males
- 144 female representatives appointed to leadership committee across 17 factories

Aleya's story

"I was anxious in the early stages of my pregnancy – life felt uncertain, and my husband was quarreling with some people. Seeing this, the CARE staff gave me some general counseling during my second antenatal care check-up. It was helpful and felt like I could access them right at my doorstep. I eventually gave birth at home with a trained birth attendant, and then went back to the CARE clinic for weeks after that just to make sure everything was okay. They made me feel safe and reassured."

Aleya, age 22, Patient, Bangladesh

Cambodia



Initiative: Remote Health Service Delivery

Setting: Sre Ambel rural district

Years: 2012-2016

Beneficiaries: Women and girls, men and boys, community health workers, health providers

Reach: 39,506

Outcomes:

- 35% increase in postnatal care utilisation
- 529 midwives trained and supported through midwifery coordination alliance teams

Initiative: Healthy Women, Healthy Workplace

Setting: 35 garment factories in Phnom Penh

Years: 2016-2021

Beneficiaries: Adolescents, women, men, disabled people, health providers, factory leads

Reach: 39,506

Outcomes:

- 14% increase in contraceptive demand met
- 85% increase in utilisation of health literacy materials at factory infirmaries
- Developed game-based mobile application

Ang Kim Ma's story

"I had my second child at home and thought it would be fine since I'd already done it before. But it was a nightmare for me and my family. I lost consciousness a few times during labour; we all were scared. Thanks to the health staff, I could go to the hospital for my third child. I felt safer and it's better for my baby. Now I tell everyone to deliver at the hospital and keep up with visits before and after the birth too."

Ang Kim Ma, age 27, Patient, Cambodia

Cameroon



Initiative: Reproductive Maternal Health Access

Setting: 9 health facilities in Garoua district

Years: 2017-2020

Beneficiaries: Women and girls, health providers

Reach: 32,535

Outcomes:

- 42% increase in patient uptake of modern contraceptive methods
- 100% of child patients vaccinated
- Significant improvements/additions to facility equipment and infrastructure

Chad



Initiative: Improving Maternal Adolescent Health

Setting: Health facilities across southern Chad

Years: 2015-2021

Beneficiaries: Adolescents, women, men, community health workers, health providers

Reach: 211,842

Outcomes:

- 25% increase in adolescent contraceptive users across facilities
- 30% increase in institutional deliveries
- 100% of health facilities staffed with at least two fully trained maternal health providers

Dorcas' story

"When I was 14, I became pregnant, and my parents kicked me out of their house. I dropped out of school and went to live with my boyfriend. After my child was born, I resumed classes. I want to go to university to study law. I was afraid that another unplanned pregnancy would stop me from doing that, but the health centre nurse told me about contraceptive options and gave me family planning counseling. So I chose to get an IUD. I feel free now to be able to control my life and finish school."

Dorcas, age 19, Patient, Chad

Laos



Initiative: Strengthening FLHW Capacity

Setting: Garment factories in urban Vientiane

Years: 2016-2021

Beneficiaries: Women and girls, men and boys, health providers

Reach: 54,485

Outcomes:

- 70% increase in knowledge and practice of youth-friendly reproductive health strategies
- Sustainability advocacy for institutionalisation of youth-focused care with Ministry of Health

Myanmar



Initiative: Expanding RCMH

Setting: Rural district of Lashio

Years: 2015-2020

Beneficiaries: Adolescents, women, men, community health workers, health providers

Reach: 23,783

Outcomes:

- 80% coverage for immunisation against polio
- 30% increase in knowledge of HIV prevention
- 602 individuals completed midwifery training

Nepal



Initiative: SAMMAN

Setting: Seven rural districts across Nepal

Years: 2011-2021

Beneficiaries: Women and girls, men and boys, community health workers, health providers

Reach: 3,764,284

Outcomes:

- 210 health facilities upgraded to delivery units
- 226 birthing centres equipped and staffed with essential materials and personnel
- 9-point decrease in neonatal mortality rate

Togo



Initiative: Health Promotion for Mothers/Infants

Setting: 10 health facilities across Binah district

Years: 2019-2020

Beneficiaries: Women and girls, community health workers, health providers

Reach: 80,067

Outcomes:

- 10% increase in immunisation against measles
- 30% increase in new family planning users
- Train-the-trainer health coaching and supervision system implemented



Effia's story

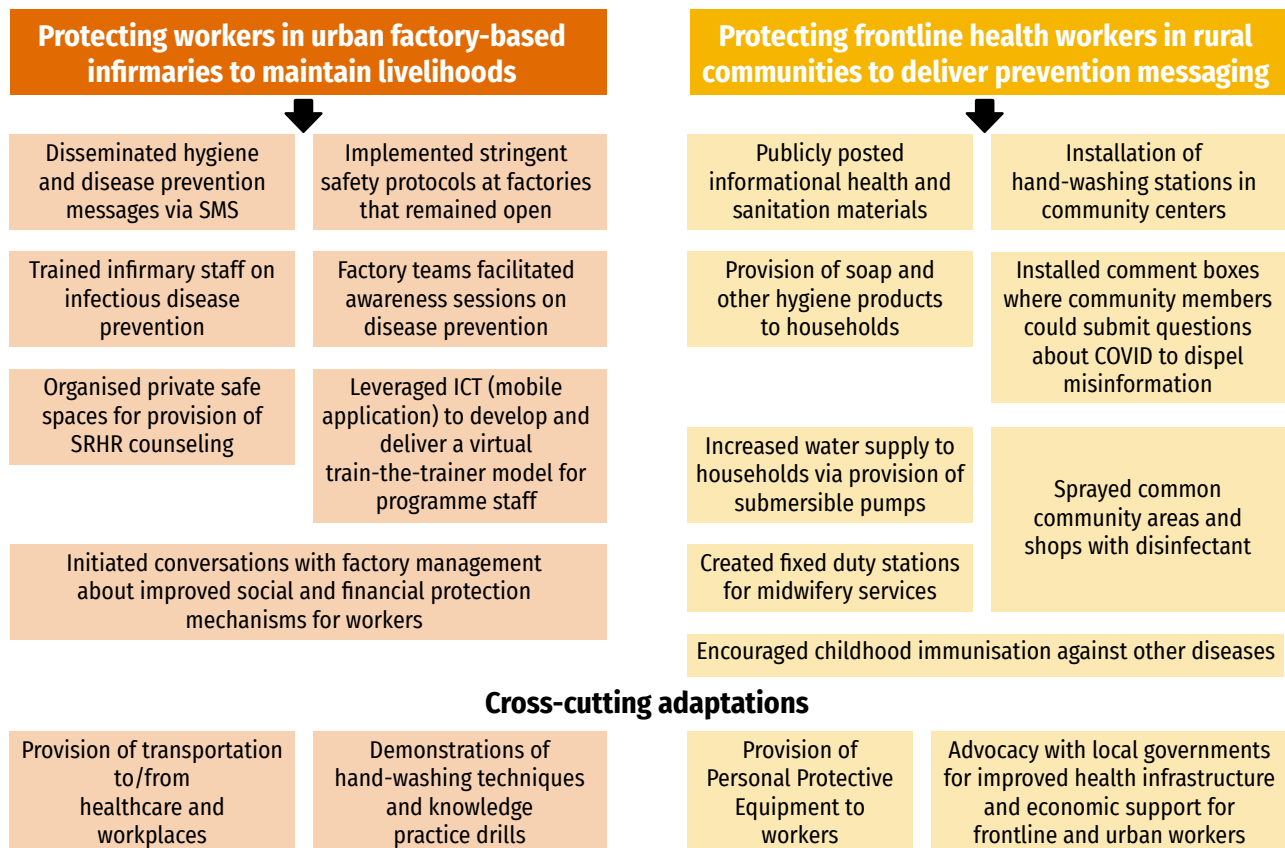
"When I look back on what this project has given me and allowed me to do, I am so thankful. I lacked so many things in my ability to provide reproductive health. I didn't know about long-term contraceptive methods, couldn't insert IUDs or implants, and believed things about sexual health that were wrong. When women came to me, I didn't even tell them about most of the family planning methods. I've benefited so much from CARE's training – now I know about the different options that women can have, and I can correct insert and remove implants. The Baby Care training has also helped me offer quality postnatal and neonatal care to my patients. I know others feel this way too. The project ending is making us sick! I am just very proud of this project and plead for continuity."

Effia, age 31, Community Health Worker, Togo



MOBILISATION FOR PANDEMIC RESPONSE

The onset of the COVID-19 pandemic in 2020 introduced novel conditions for programmes to operate within and challenges for implementers and providers to adapt to. Years of health systems strengthening and community engagement work enabled CARE-GSK programmes to leverage their existing long-standing networks and infrastructure to pivot and adapt their interventions to meet the unique demands of this humanitarian emergency. Programmes' efforts to respond the COVID-19 pandemic can be categorised into two strategies, depicted below with the corresponding programme adaptations that CARE staff adopted.



Pandemic Response Spotlight: Myanmar

Since January 2020, Myanmar has faced intersecting challenges to its social and cultural environment: First, the COVID-19 pandemic placed additional strain on an already fragile health system, by challenging service providers and health programme implementers to ensure continued delivery of reproductive health services while simultaneously addressing immediate care needs. At the same time, millions of people risked exposure to COVID-19 to participate in Myanmar's national election in November 2020. Despite clear results favoring a civilian government, the military carried out a coup d'état. The subsequent state of emergency resulted in increased restrictions - including a mobility curfew, limiting NGOs to strictly emergency humanitarian activities and contingencies on external donor funds - which thwarted an effective pandemic response.

Despite these challenges, in the Lashio district, CARE Myanmar mounted a COVID-19 response that emphasised its unique position in and relationship with the community. Members of CARE's Village Savings and Loans Associations (VSLAs), originally designed and formed to facilitate savings practices within the community and provide a platform of community-led resilience to sudden shocks, redirected some of their funds to undergo training on first aid and immunisation provision. VSLA members then supplemented the COVID-19 prevention efforts of community health workers and government staff by serving as an additional workforce for health messaging, first aid and immunisation provision within their communities.

To ensure continued access to reproductive healthcare, a subset of VSLA members and CARE-GSK community health workers completed a separate midwifery training and served as auxiliary midwives (AMWs). They received an auxiliary midwife kit to support their ability to provide essential maternal and child health services including antenatal care, delivery, and postnatal care. AMWs additionally supported COVID-19 response efforts by reducing unnecessary burden on health facilities by identifying and referring only high-risk pregnancies for case management.

While the health support services were initially funded by VSLA funds, communities in the Lashio district mobilised to create a Village Emergency Response fund (VERS) to support these efforts over the long-term. Modeled off VSLA, the VERS fund was a pooled investment from all the members of the community towards social ventures such as infrastructure improvements, supply acquisition, and individual healthcare needs. **Such innovative community-driven approaches were only possible because of CARE Myanmar's trusted presence within Lashio, GSK's flexibility and willingness to reallocate programme funding, and existing VSLA and training infrastructure.** While other NGOs were constrained, CARE Myanmar was able to adapt quickly and effectively to provide healthcare within the confines of the military's restrictions thanks to the long-standing, well-established support of GSK.



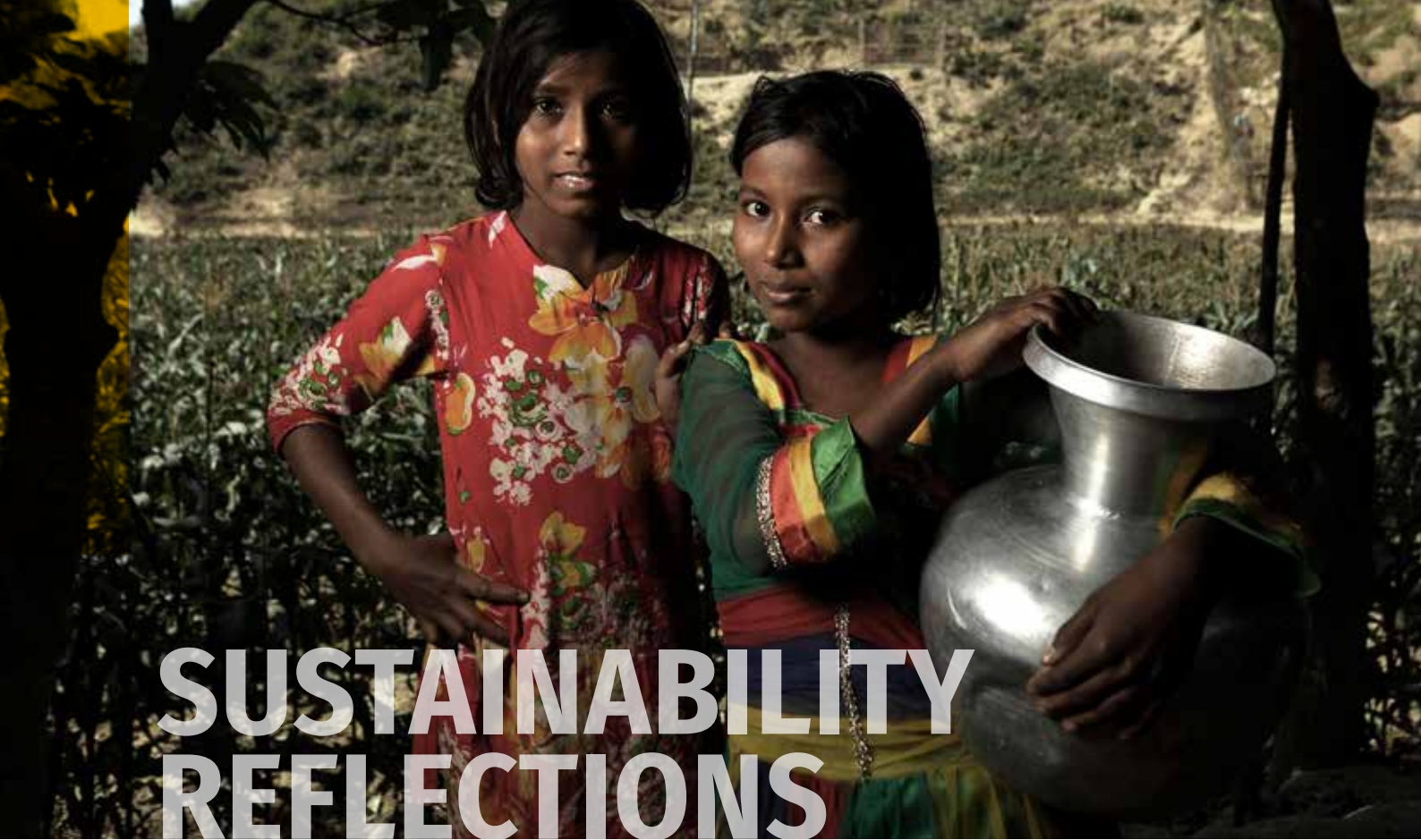
Pandemic Response Spotlight: Bangladesh

For five years before the COVID-19 pandemic, CARE Bangladesh's HALOW and HALOW+ programmes delivered programming that affected the lives of more than 90,000 garment workers and amassed valuable urban health expertise in meeting the needs of an otherwise underserved population. When the pandemic hit, this experience proved invaluable in effectively pivoting into emergency response efforts.

Having identified a need for increased access to health services in hard-to-reach areas, Community Support Groups established at the start of HALOW+, supported the launch and delivery of telemedicine in Mymensingh district. Patients were able to access service providers via virtual chats and receive diagnoses and prescriptions online. Seventeen HALOW+ factories participated annually in day-long events commemorating Global Handwashing Day by hosting staff education and discussion sessions. The 2019 celebration supported the institutionalisation of handwashing practices and brought together factory management, factory workers, HALOW+ staff, and Civil Surgeon office staff from Gazipur, Upazila and Savar districts. Levying its achievements in improving the trust and relationships between factory workers and management, the HALOW+ programme was focused on several efforts to improve social protections within factories. Through a partnership between two factories and a private insurance firm, a pilot group of factory workers had received health and life insurance services. HALOW+ had also established linkages with private and public providers to supply menstrual hygiene and other sanitation products, nutrition education, and eye exams at low or no cost to factory workers. Together, these activities contributed to an increased state of emergency response preparedness.

When the COVID-19 pandemic reached Bangladesh in March 2020, HALOW+ quickly mobilised its existing Community Support Groups into Coronavirus Awareness Committees to disseminate disease prevention messaging and personal protective equipment. Because of the success of their previous partnerships, the district-level Civil Surgeon Offices requested HALOW+ staff and committees' help in coordinating emergency response logistics and resource distribution. CARE Bangladesh also heavily facilitated the management of an emergency resource mobilisation coalition of NGOs and government agencies on behalf of the Gazipur City Corporation. When reflecting on the appointment of CARE and specifically HALOW+ staff for leadership and management of the pandemic response, factory and government stakeholders shared that HALOW+'s long-standing and multi-faceted presence in community, industry and government spaces granted them trustworthiness that other shorter social projects lacked, and expertise and effectiveness that was unique to CARE's approach. **Having this long-term GSK-supported platform, established partnerships, and buy-in from local businesses abled HALOW+ to pivot towards emergency response for the COVID-19 pandemic in the garment industry.** CARE was able to successfully attract Foreign, Commonwealth and Development Office funding to support 41 garment factories and their communities with protective measures, reaching more than 1.2 million people and providing a platform for vaccinations to be rolled out in 2021.





SUSTAINABILITY REFLECTIONS

Achieving long-term programme sustainability is rare and complex, often requiring significant, ongoing investments of human, financial, and organisational resources in a supportive environment. Shifting focus towards sustainability planning and implementation in the final year of the CARE-GSK partnership while adapting programming and redirecting funding to carry out an emergency humanitarian response proved challenging for programmes. Common programme sustainability and handover mechanisms like government structures or NGO partnerships were often already overburdened or no longer available. Faced with this new environment, CARE-GSK programmes organised their sustainability planning and efforts around four pathways:

Motivation	Activity Examples
<p>Motivation</p> <ul style="list-style-type: none"> ↳ Institutionalisation of health worker coaching, supervision, and support systems 	<p><i>CARE Afghanistan:</i> Conducted community health meetings with Shaura committees to establish peer-to-peer training mechanisms for women of reproductive age, and worked with religious leaders to create mass media campaigns to support community acceptance of male health promoters' presence and services</p>
<ul style="list-style-type: none"> ↳ Community mobilisation to promote and demand continued quality health services and facilities 	<p><i>CARE Nepal:</i> Created a behavioural mapping tool, led by female community health volunteers, called the Self Applied Technique for Quality Health, to promote health facility visits for women of reproductive age and improve the referral system</p>
<p>Capacity</p> <ul style="list-style-type: none"> ↳ Empowerment of CHWs at the individual, household, and community level ↳ Appointed and trained oversight committees 	<p><i>CARE Togo:</i> Integrated cadre of CARE-GSK community health workers into the Ministry of Maternal and Child Health Division's pool of regional trainers for family planning.</p> <p><i>CARE Chad:</i> Established government-supported chain of supervision of community health workers by district management team to be overseen by the Ministry of Health and UNFPA.</p>

Motivation	Activity Examples
<p>Resources</p> <ul style="list-style-type: none"> ↳ Instituted financing plan ↳ Ensured reliable and secure suppliers and supply chains 	<p><i>CARE Cameroon:</i> Allocated local funds issued from government social allowances and programme cost-recovery towards community handover.</p> <p><i>CARE Bangladesh:</i> Expanded revenue streams of Skilled Health Entrepreneurs through mini clinics at sub- and district levels.</p>
<p>Linkages</p> <ul style="list-style-type: none"> ↳ Created connections or networks with national health system actors, service providers, private companies, suppliers etc. as needed and appropriate 	<p><i>CARE Laos:</i> Secured continued sector-specific technical assistance via partnership with Vientiane Youth Centre of Development to support Ministry of Health's implementation of youth-friendly strategies.</p> <p><i>CARE Cambodia:</i> Advocated for inclusion of sexual and reproductive health services in minimum set of factory infirmary standards and connected the full health intervention package to the existing Occupational Safety and Health programme agenda.</p>

Sustainability Barriers and Enablers

Through reflective dialogues at sustainability workshops and learning exchanges, programme staff identified some core constraints and aids to their efforts towards ensuring sustainability.

Barriers	Enablers
<ul style="list-style-type: none"> • <i>Late adoption of sustainability intention:</i> Advanced planning around opportunities under each of the sustainability pathways rather than in the final year of partnership would likely have improved success rates. • <i>Resource competition:</i> Responding to the COVID-19 pandemic resulted in the reallocation of potential continuity funding and resources towards emergency efforts. • <i>Strain on health systems:</i> In addition to safely maintaining existing services, already constrained facilities and staff needed to develop new protocols and infrastructure to respond to the pandemic. 	<ul style="list-style-type: none"> • <i>Long-term investment:</i> CARE and GSK's long-standing partnership was greatly influential to programmes' ability to develop and leverage networks for sustainability and build local capacity in service provision to ensure continuity of quality healthcare. • <i>Donor flexibility:</i> Originally slated to close-out in 2020, the COVID-19 pandemic altered programme conditions and mandated a response from CARE teams. Nearly every programme requested and was granted a no-cost extension, allowing an additional year for resource procurement and handover.

Sustainability Spotlight: Chad



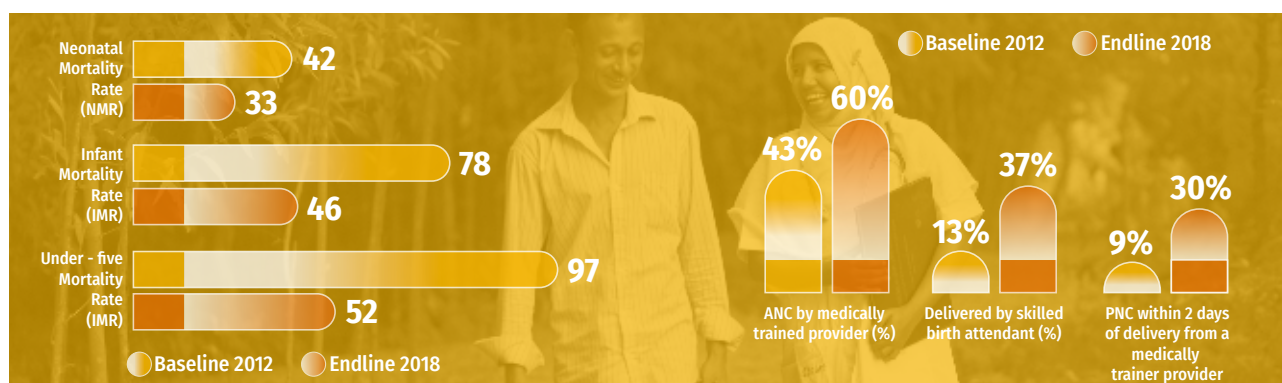
Although passed, a 2002 law upholding the right to reproductive health services was not being implemented in Chad due to frequent government personnel changes, widespread misinformation, and a lack of community awareness. In 2014, CARE Chad's GSK programme put sexual and reproductive health at the centre of its strategy bringing on two consultants to investigate the issues with adoption of the law. They joined a group of FP2020 focal points and stakeholders. Their report informed CARE's subsequent consistent advocacy of a decree detailing the application of the law. In 2018, following persistent advocacy by many groups including CARE, the Chadian Council of the Ministry approved the decree of application creating a legal framework and rendering effective Chad's reproductive health law.

Sustainability Spotlight: Afghanistan

The instability of the government health systems during the programme period lead CARE Afghanistan towards alternate community-based options in their exploration of potential linkages for sustainable programming. CARE Afghanistan dedicated its resources to developing a partnership with the Afghan Social Marketing Organisation to equip its large workforce of trained community health workers with the skills and supplies to disseminate health education and deliver a suite of family planning commodities to ensure last mile health coverage for less accessible areas.²

Sustainability Spotlight: Bangladesh

One of Bangladesh's greatest challenges to achieving the Sustainable Development Goals and advancing universal health coverage is the shortage of skilled providers in remote areas. To address health service gaps for the 2.8 million people in the 11 districts of Sunamganj, CARE Bangladesh leveraged GSK funding to sustainably train 410 Skilled Health Entrepreneurs (SHEs). Accredited by the Bangladesh Nursing Council, SHEs are trained in skilled birth attendance, integrated management of childhood illness, family planning, nutrition, and social entrepreneurship. They are supported by community networks, the health system, and the local government. Through their integration into networks and systems since their inception in 2013, CARE SHEs have reached almost a million patients. The SHEs impacts on the neonatal, infant, and under-five mortality rate, as well as antenatal care, birth attendance, and postnatal care uptake in Sunamganj are depicted below:



Not only does the SHE model effectively deliver needed services to remote populations across Sunamganj but it innovatively uses market-based approaches to remunerate its community health workers. The SHEs receive social entrepreneurship training and network support to build fee-for-service structures with their community clients, allowing them to earn income for their efforts.



"Many people did not want to pay in the beginning. But after some time, I did not have to ask for it at all; they all gladly paid for my services. People started to see the value in us. One time my client 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."

Shilpi, Skilled Health Entrepreneur



"Since receiving the training and starting working, I am no longer financially dependent on my husband. Earning an income has given me some freedom of my own. I am also now able to make decisions for my household, and it's improved the way my family sees me."

Jyosna, Skilled Health Entrepreneur

² As of October 2021, this remains valid following contextual changes resulting from the Taliban take-over in August 2021.



INNOVATIVE APPROACHES

Working in low-resource environments occasionally motivates original solutions to programming challenges. Highlighted below are two innovative approaches that arose through this partnership:

Innovation Spotlight: Cambodia and Laos

Upward trends in global urban migration revealed gaps in health programming uniquely designed for the needs of rural-to-urban populations in city centres. Seeking to bridge this gap for Cambodia’s garment factory workers, CARE Cambodia brought family planning programming into factories through a novel approach leveraging information technology and incentivising factory buy-in. Through video dramas and a mobile knowledge application that creatively gamified participation (pictured here to the right), factory workers increased their sexual and reproductive health awareness, use of services, and uptake of healthy practices. Seeing improvements in worker health, satisfaction, retention and relationships, factory owners supported the scale-up of the programme across 35 factories.



Learning from Cambodia’s successes, CARE Laos is now further expanding this innovative approach by adopting and adapting it for implementation in urban Vientiane. CARE Laos leveraged the impact evidence from Cambodia and their five years of existing programme infrastructure and relationships in urban spaces from their GSK-supported efforts to establish a new partnership with the Luxembourg Ministry of Foreign Affairs. Through this partnership, they are (1) extending the content of Cambodia’s *Chat!* app from only prenatal to pre- and postnatal healthcare information, and (2) scaling up their Healthy Mothers initiative across Laos.

Innovation Spotlight: Nepal

Seeking to actualise principles of participation and accountability to ensure effective and sustainable governance of health systems, CARE Nepal applied CARE’s flagship Community Score Card (CSC)³ to their quality assurance and

³ <https://www.care.org/our-work/health/strengthening-healthcare/community-score-card-csc/>

health systems strengthening efforts. Local leaders, service users, health providers, health facility operation and management committee members across 31 health facilities participated in 65 reviews of facility performance and action planning. To ensure consistency of reporting indicators and performance measures, CARE Nepal adapted the CSC to match the Government of Nepal's health protocols. This process integrated social accountability into everyday health provision and has contributed towards solidifying the continuum of care for populations in areas with limited health resources. In the Sindhuli and Kavre districts, CARE Nepal is also piloting the digitisation of the CSC platform to facilitate real-time data collection, monitoring and sharing, and allow for remote participation by especially hard-to-reach populations.

When the COVID-19 pandemic reached Nepal, opportunities to facilitate community participation and voice became more limited. CARE Nepal's work on digitizing the CSC provided a unique platform for community members, health workers, and government officials to continue to interface and communicate safely.





FINAL STATEMENT

Over the course of the last 10 years, GSK has supported CARE's frontline healthcare programmes reaching more than **5.45 million** people with aid, trainings, medical and sexual reproduction assistance, and disease protection across 13 programmes in nine countries. More than four million of those reached were women, many of whom were facing complex and intersecting vulnerabilities impacted by conflict, food insecurity, climate impact and poverty.

Created many years before the COVID-19 pandemic, the CARE and GSK partnership was well-established when this once-a-century global crisis hit, allowing communities to leverage already existing systems of protection and resilience to survive these additional and unprecedented shocks.

By achieving significant gains in women's and children's health and contributing to the overall strengthening of health services across the nine countries, the CARE and GSK partnership clearly addressed Sustainable Development Goal 3: **"Ensure healthy lives and promote well-being for all at all ages."** Even in the most challenging contexts, such as Afghanistan, CARE reported that more than 90% of pregnant women were able to receive antenatal support, an increase of 51% over the 10 years. And in Cameroon, 94% of births across the programme were within medical facilities, supported by trained staff – an increase of nearly 35% over the programme's lifetime. Frontline health workers play a crucial role in health systems strengthening and last mile healthcare provision. CARE and GSK's long-term investment in community-based frontline workforces for healthcare has not only resulted in infrastructure and care delivery enhancements across the supported countries, but also provided a foundation for future frontline health worker programming and innovation. CARE is now applying the lessons learned through this partnership towards ensuring culturally relevant, effective, and empowering programme design and implementation for frontline health workers and vulnerable populations around the world.

These outcomes represent the long-term support of GSK, the commitment of CARE staff, and the trust and partnership of the communities and service providers who participated in these programmes over the years. Placing women and children's well-being at the centre of this investment has provided a lasting legacy for maternal and child health.



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Photos:

Cover (clockwise from top left):

Nang Kam Phone, 24 years, Auxiliary Midwife and Nang Shwe Chaw, 26 years, community member who is mother of a 2 months old baby at Nam Htan Ma village. Photo © Cesar Lopez Balan/CARE.

Rahama, Refugee girl at CARE managed Potibonia camp-16. Photo © Nusrat Daud Pritha/ CARE Bangladesh.

“My name is Amina. I lived with my family on an island on the lake, until the insurgents came one night and attacked our village. They burned our home to the ground. I swept up my children and together we ran.” Chad. Photo © Maxime Michel/CARE.

CARE has almost 20 years of experience working with the garment industry in Cambodia. Photo © Josh Estey/CARE.

Women are participating in Hygiene promotion session on hand washing in patabari village of Haldiapalong at Ukhiya Upazila in Cox’s Bazar. Photo © Asafuzzaman Captain/CARE.

Alice Ghan housing project. Afghanistan. Photo © Jenny Matthews/CARE.

Jeanne Sekongo from Ivory Coast meeting with the leaders of her farming union “UCOVISA: Grande Productrice de Mais”, roughly translated as ‘great female producers of corn’. Immediately I see her why this woman has become the President of a farming union with 18,000 members. Cameroon. Photo © Tim Mwaura /CARE Nederland.

CARE teams provided workshops on malnutrition and healthy food, income generating activities (livestock, coffee) for the poor and trainings to strengthen the technical skills and capacities of the villagers. Women were empowered in particular. Laos. Photo © CARE.

p3. Nang Kam Taung, 22 years, Auxiliary Midwife and babies who were delivered by her at Nam Htan Ma village, Lashio, Myanmar. Myanmar. Photo © César López Balan/CARE.

p5. A girl in CARE classroom in Afghanistan. Photo © Jennifer Rowell/CARE.

p6. VSLA programme participants, Ba Da Na Village, Buthidaung District, Northern Rakhine State, Myanmar. Photo © Katie Robinson/CARE.

p9 (left). Roida, 10-years-old, with food package. Photo © Kathleen Prior/CARE.

p9 (right). Chat Chhay is a Health Support Group volunteer. She is 50 years and lives in Tany Village, in Sre Ambel district, Cambodia. Cambodia. Photo © Cesar Lopez Balan/CARE.

p13. To spread and accelerate government’s effort to provide COVID-19 vaccine, VSCF project provided training to 72 government vaccinators and 100 volunteers who are currently rendering service to vaccination booths. Photo © Asafuzzaman Captain/CARE.

p14. (left). Kyan Loar, 34 years old, and her two children outside her house in Pyein Khan village, Lashio, Myanmar. Photo © César López Balan/CARE.

p14 (right). Nang Kam Phone, 24 years, Auxiliary Midwife and babies who were delivered by her at Nam Htan Ma village, Lashio, Myanmar. Photo © César López Balan/CARE.

p15 (left). CARE Bangladesh is implementing COVID-19 vaccine initiative project in selected ward of Dhaka south, Gazipur and Narayangonj City corporation and all nine upazila under Khulna district. Photo © Asafuzzaman Captain/CARE.

p15 (right). Jolly (24) is a Quality Controller at Silken Sewing Ltd, a ready-made garment factory in Gazipur, Bangladesh. Jolly has been married to her 27-year-old husband (Jahirul Islam) for two years. Photo © Jorja Currington/CARE.

p16. Nang Kam Phone, 24 years, Auxiliary Midwife and babies who were delivered by her at Nam Htan Ma village, Lashio, Myanmar. Photo © César López Balan/CARE.

p17. CARE Staff during a cash distribution in Dossoye refugee camp in Southern Chad. CARE Canada has been providing cash assistance to vulnerable people in Chad impacted by the crisis in the Central African Republic, including refugees, returnees and host villages. Chad. Photo © Maxime Michel/CARE.

p19. Sreymom is a community health volunteer who shares information in her very remote village in Cambodia. Many of her neighbours have had many children close together, so she talk about contraception to give them the knowledge and understanding delay pregnancy if they choose. Cambodia. Photo © Vichheka Sok/Care.

p20 (top). Midwife Arti Sah does a post-natal check on Sabita and her new born baby above the village of Ambote, Nepal. Arti Sah helped deliver the baby when she got in trouble whilst in labour at home. Photo © Toby Madden/CARE.

p20. Mst. Samsuara (red headscarf), Mohona Akter (yellow dress), Surma (green dress), Mim Ara (pink headscarf) and China Akter (dark blue dress), from The Empowering Women Workers in Bangladesh training. Photo © Jorja Currington/CARE.

p21. A girl writing on a chalk board. Cambodia. Photo © CARE/Laura Hill.