



# PROJECT SUMMARY



## CARE-GlaxoSmithKline Community Health Worker Initiative



### Background

Community health workers (CHWs) are deemed essential to serve as a link between the community and the formal health system. There is currently a critical shortage of health care workers globally. In rural areas of Bangladesh, primary health care (PHC) services are provided by various cadres, including a cadre of Community Based Skilled Birth Attendants (CSBAs). Nevertheless, there is both a shortage and maldistribution of qualified health workers and a surplus of untrained or informal providers.

A public-private partnership was established with GlaxoSmithKline (GSK), through their 20% Reinvestment Initiative, in order to address health workforce issues in remote, rural and unserved areas in Bangladesh. The CARE-GSK Community Health Worker (CHW) Initiative is working to improve access to quality and skilled maternal, newborn and child health (MNCH) services through the development of private, community based MNCH providers and through the enhancement of community mobilization approaches, involving local government and linking the private MNCH providers with the health system. The initiative's first phase (2011-2015) aims to strengthen community health systems in 50 remote unions of Sunamganj district.

### Project Purpose and Goals

The project is working to ensure consistent, high quality and sustainable maternal and child health services to a population of 1.4 million in the very remote area of Sunamganj. Project goals include:

- ⇒ Training 150 skilled, community based health workers
- ⇒ Building capacity of community groups and establishing community-led accountability mechanisms
- ⇒ Leveraging lessons learned to improve maternal, neonatal and child health outcomes in remote and underserved communities

### Objectives of skilled, private MNCH providers

- 1) Establish healthcare providers that can offer affordable and high quality maternal, newborn and child health (MNCH) services in the remote communities;
- 2) Improve effectiveness of referral linkages and community-led accountability mechanisms;
- 3) Generate learning from a Public-Private Partnership (PPP) model to address health workforce issues for remote communities in Bangladesh.

## Development of skilled, private MNCH providers

The private, MNCH providers are selected from the community using criteria jointly developed by the community, local government and Ministry of Health staff. The providers are local, married women. Once selected, the women undergo skilled development training, both in house and practicum. Training includes six months of WHO and MOH accredited Skilled Birth Attendant training, followed by three months of on-the-job training. The women are also trained in primary health care, integrated community case management of childhood illness, family planning and health management and information systems and reporting.

The providers also receive entrepreneurship training in order to ensure the financial sustainability of their work. They receive support to conduct market research to identify opportunities, demands and gaps for developing customized business plans and showcasing their services and products.

The MNCH providers also work closely with the government, though they are not government employees. The government supports the providers financially, by allocating money for MNCH activities as well as provides some commodities, such as iron folic acid and contraceptives. The government works with the providers to conduct joint performance reviews, improve coordination and ensure quality services.

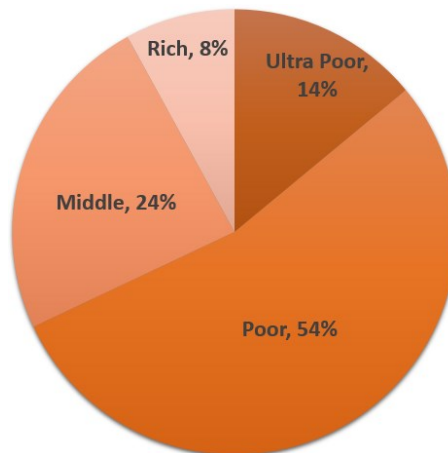


## Results: Performance of MNCH providers

The project is on track to achieve its results and milestones, as determined in the project design workshop. Overall project accomplishments include:

- ⇒ 168 trained private, community-based skilled birth attendants providing maternal and child health services to 150 remote wards of Sunamganj
- ⇒ 2,112 Community health volunteers trained on pregnancy registration, birth preparedness, family planning and other essential health promotion activities
- ⇒ Total monthly earnings per private MNCH provider was BDT 3,896 (approximately USD \$50).

**68% of service recipients were either poor or ultra poor**



The CHW Initiative in Bangladesh is working to develop a skilled cadre of private MNCH providers that can complement government services in remote areas where the public health system is not adequately functioning. This cadre is reducing a reliance on unskilled providers and, ultimately, reducing geographic and wealth inequities in access to critical healthcare services.

CARE BANGLADESH

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