







In a continuous effort to reach the last mile in delivering essential ante and post-natal healthcare services to the ultra-poor population of northern Bangladesh, USAID's SHOUHARDO III implemented by CARE Bangladesh, teamed up with CARE-Glaxo SmithKline (GSK) initiative. The aim was to develop private community skilled health workers and entrepreneurs. These entrepreneurs are called 'Private Skills Birth Attendant' (P-CSBA). These service providers play a crucial role in child delivery and antenatal checkup, where they also earn additional income from providing other health and nutrition-related services.

Background

The P-CSBA model was a CARE-GSK Community Health Care (CHW) initiative funded by GSK. It had been implemented in three consecutive phases in II Upazilas of Sunamganj district during the period from December 2012 to March 2019. SHOUHARDO III coordinated with this project to initiate the P-CSBA pilot, which is one of the health and nutrition services focused pilots of SHOUHARDO III, implemented in Sunamganj.

Objective

The assessment's primarily aim was to assess the effectiveness of the P-CSBA pilot and identify specific areas of adjustments for scaling it in other program implementing areas. The specific objectives of the assessment are given below:

- To assess the P-CSBA pilot and its outputs as were designed initially
- To identify good practices and areas of improvement for this pilot
- To inform scale-up strategy by providing specific suggestions

Methodology

The assessment used a mixed approach but was primarily qualitative in nature. The study population included the P-CSBAs, pregnant women, and mothers of children under the age of five, who took services from the P-CSBAs and relevant stakeholders (from the government).





Findings

- Clients for skilled child delivery, family planning, antenatal and postnatal care increased after P-CBAs started providing growth monitoring and nutritional counseling services
- P-CSBAs reported having functional relationships with multiple health care service providers from their areas.
 - People are more aware of the Growth Monitoring & Promotion (GMP) and nutritional counseling services provided by the P-CSBAs in their areas

Motivation



Additional income they earn was their prime motivation to provide the GMP services



Increase of social dignity, respect, and reputation in the community also motivated the P-CSBAs. Some of them considered the services as social work

"Some of the P-CSBAs were addressed as "doctor apa" (sister) by the villagers which inspired them more to continue their service."

Challenges

- Reluctance to pay by the villagers for their GMP service
- Scarcity as well as unavailability of vehicles to transport
- Time constraints for providing GMP services
- Hostile attitudes from their village doctors
- Competition with other Growth Monitoring and Promotion (GMP) service providers from the government and other NGOs



Recommendations

T.

Exclude villages where similar services were available. This adversely impacted the P-CSBAs income due to the presence of similar service providers

2

Continue discussion to mobilize in favor of a fee-based service system. Some P-CSBAs recommended providing a monthly allowance to them to compensate for the failure of payment from clients.

3

Capacity building in marketing and sales to be provided by private sector actors/institutions.

I. CARE- Glaxo SmithKline (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.