

# Rising to the Challenge: Improving Maternal Health in South Asia



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# Presentation Outline



- South Asia Maternal Health Consultation Working Group reflections and recommendations
- Innovative public private partnership model in Bangladesh

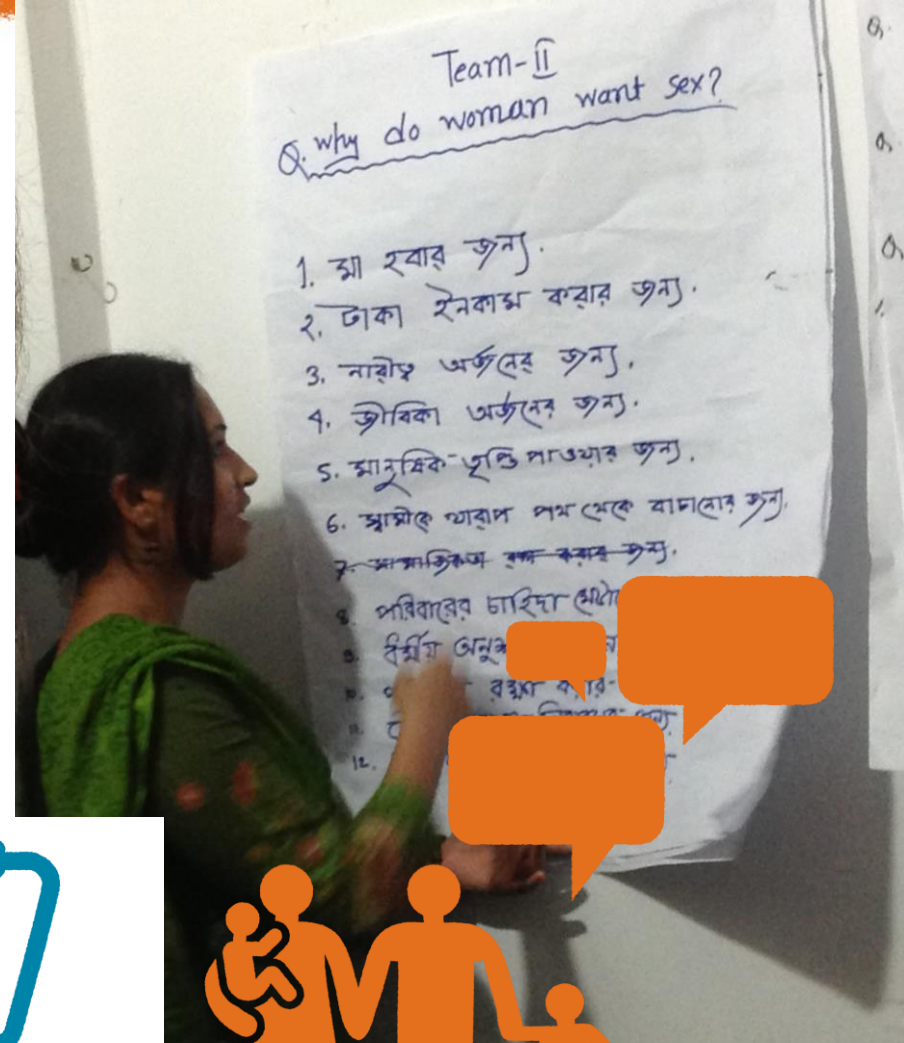
# **South Asia Maternal Health Consultation Working Groups**

# Human Resources WG Recommendations





# Maternal Morbidity WG Recommendations



Team-II  
Q. why do woman want sex?

1. স্বা স্বর জন্ম.
2. টাকা ইনকাম করার জন্য.
3. নারোজ অর্জনের জন্য.
4. জীবিকা অর্জনের জন্য.
5. সামুহিক-ভূমি পাওয়ার জন্য.
6. স্বাস্থ্যে খারাপ পথ থেকে বাচানোর জন্য.
7. সামাজিকায় বঙ্গ-করার জন্য.
8. পরিবারের চাহিদা মেটাতে.
9. বিয়ে অনুষ্ঠান.
10. বয়স বৃদ্ধি করার.
11. ...
12. ...







# Addressing Human Resources for Maternal Health in Remote Areas: An example from CARE Bangladesh

**GSK-CARE Community Health Worker Initiative:  
An innovative public private partnership**



do more  
feel better  
live longer



# Project overview



- Poorest MNCH indicators
- Flood prone
- Shortage of trained providers

Sunamganj

- Unskilled providers and traditional birth attendants fill gap
- Out of pocket costs 67%



# Purpose



## Purpose:

To ensure **consistent, high quality & sustainable** maternal, new born & child health care to **1.4 million** people

## Coverage:

✓ 10 sub-districts & 50 remote unions

## Goals:

- ✓ Develop 168 skilled community-based private providers
- ✓ Each to serve 7,500 population

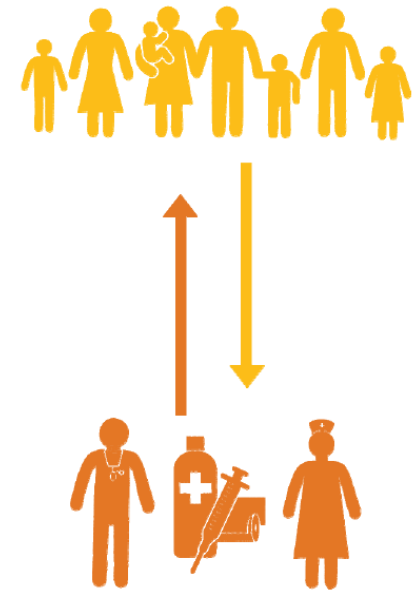


## Skilled community-based private MNCH providers

- Selected with community input
- 6 month accredited training
- 3 months on the job training
- Quality assurance visits, refresher training & performance review
- Entrepreneurship training
- Linked with commodity suppliers



# Community Support System



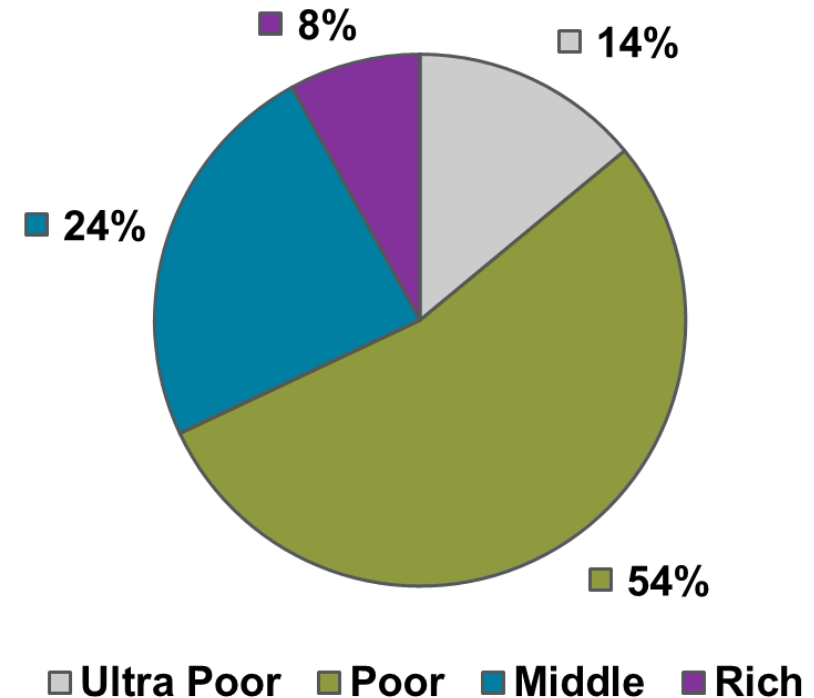
# Results



- Almost all pregnancies identified
- 99% received at least one ANC

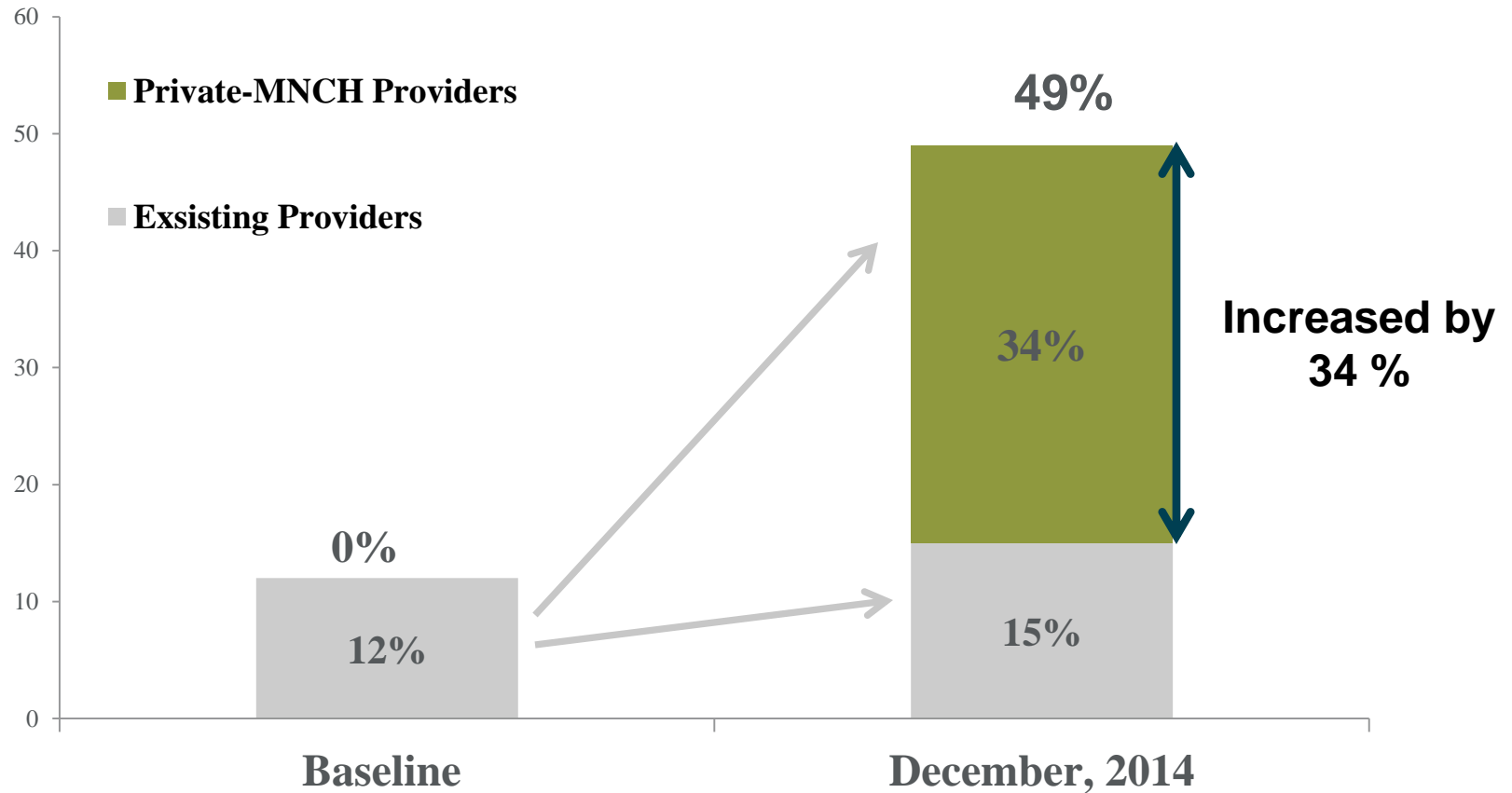


**68% service recipients  
were either poor or  
ultra-poor.**



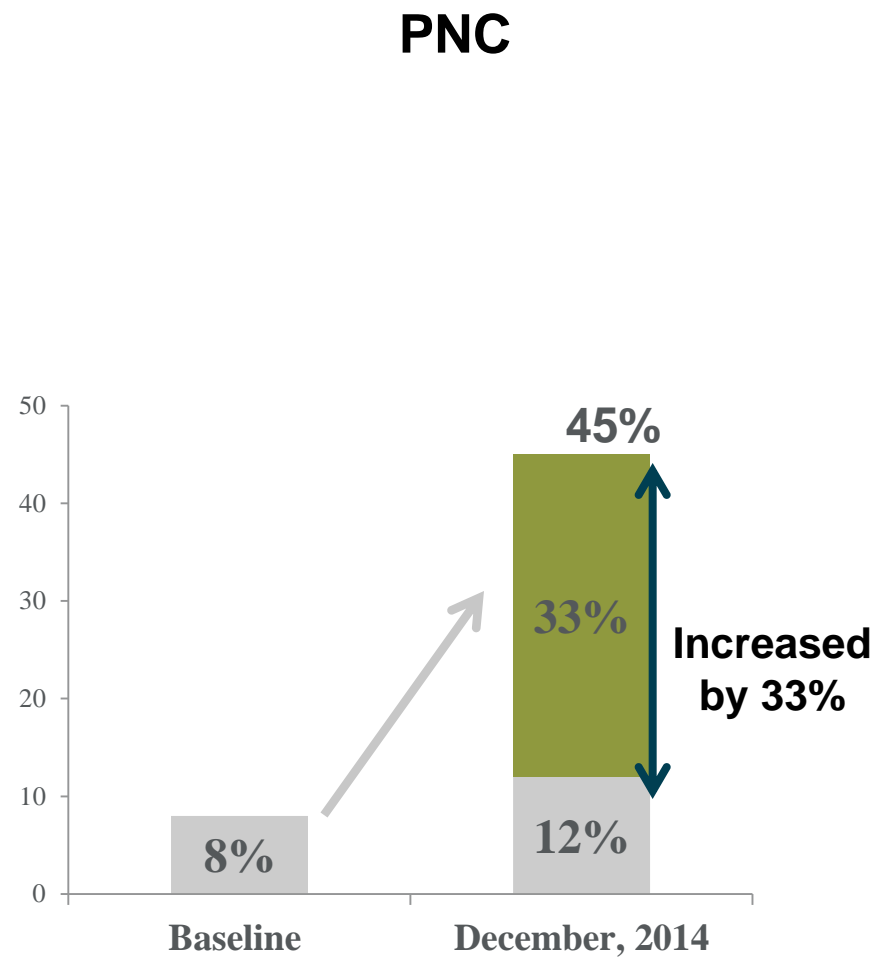
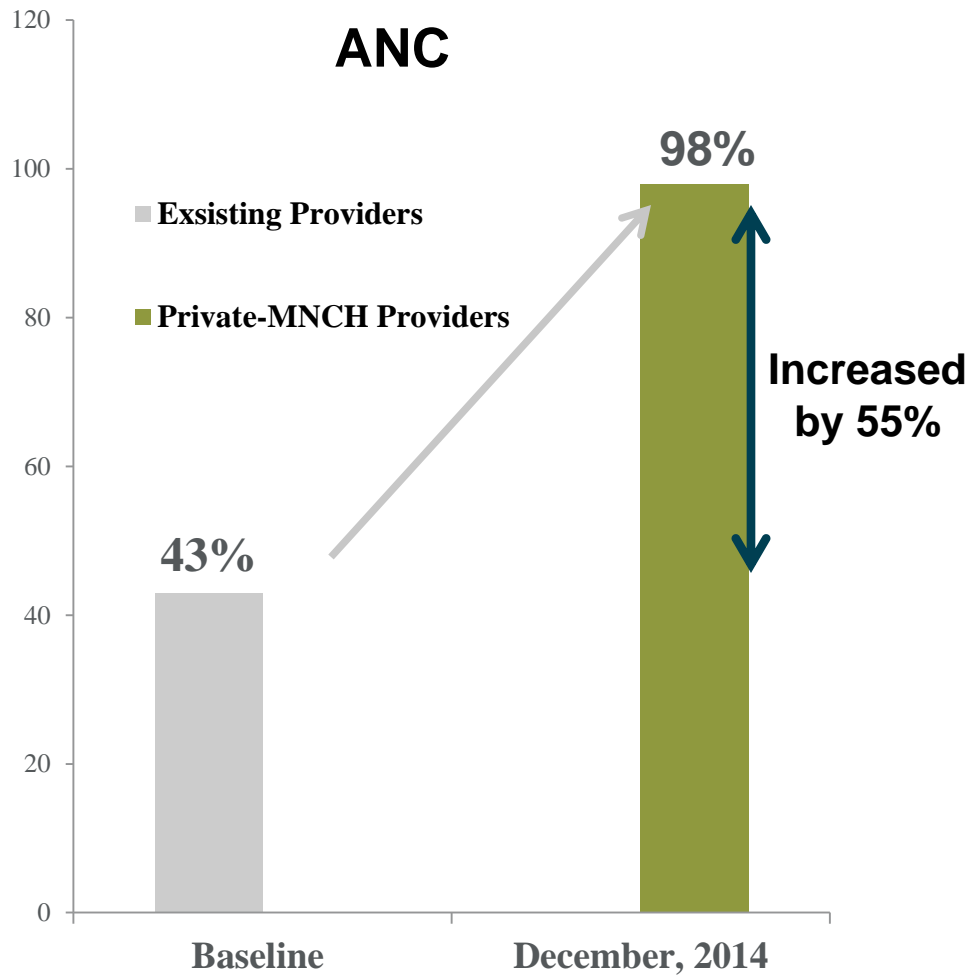


# Results: Skilled Birth Attendance



**Average Delivery per month/per provider: 5.6**

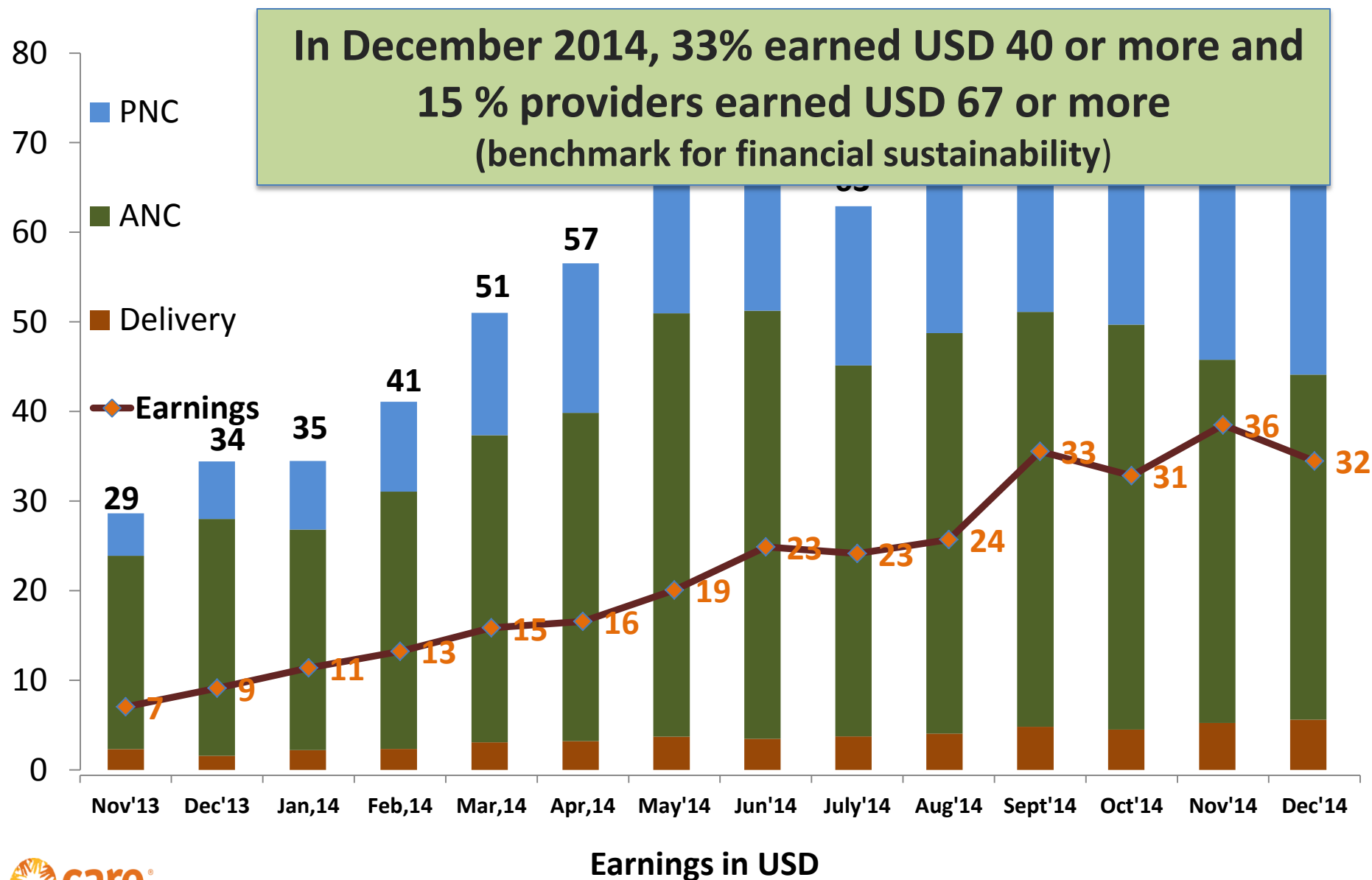
# Results: Skilled Antenatal & Postnatal Care



**Average ANC:**  
per month/per provider: 39

**Average PNC:**  
Per month/per provider: 23

# Results: Earnings and Maternal Service Contact





# Conclusion



- A skilled cadre of private MNCH providers can complement government services in remote areas where the public health system is not adequately functioning
- Reduces reliance on **unskilled providers**
- Potentially sustainable
- Reduces **geographic** and **wealth inequities**



# Thank You

