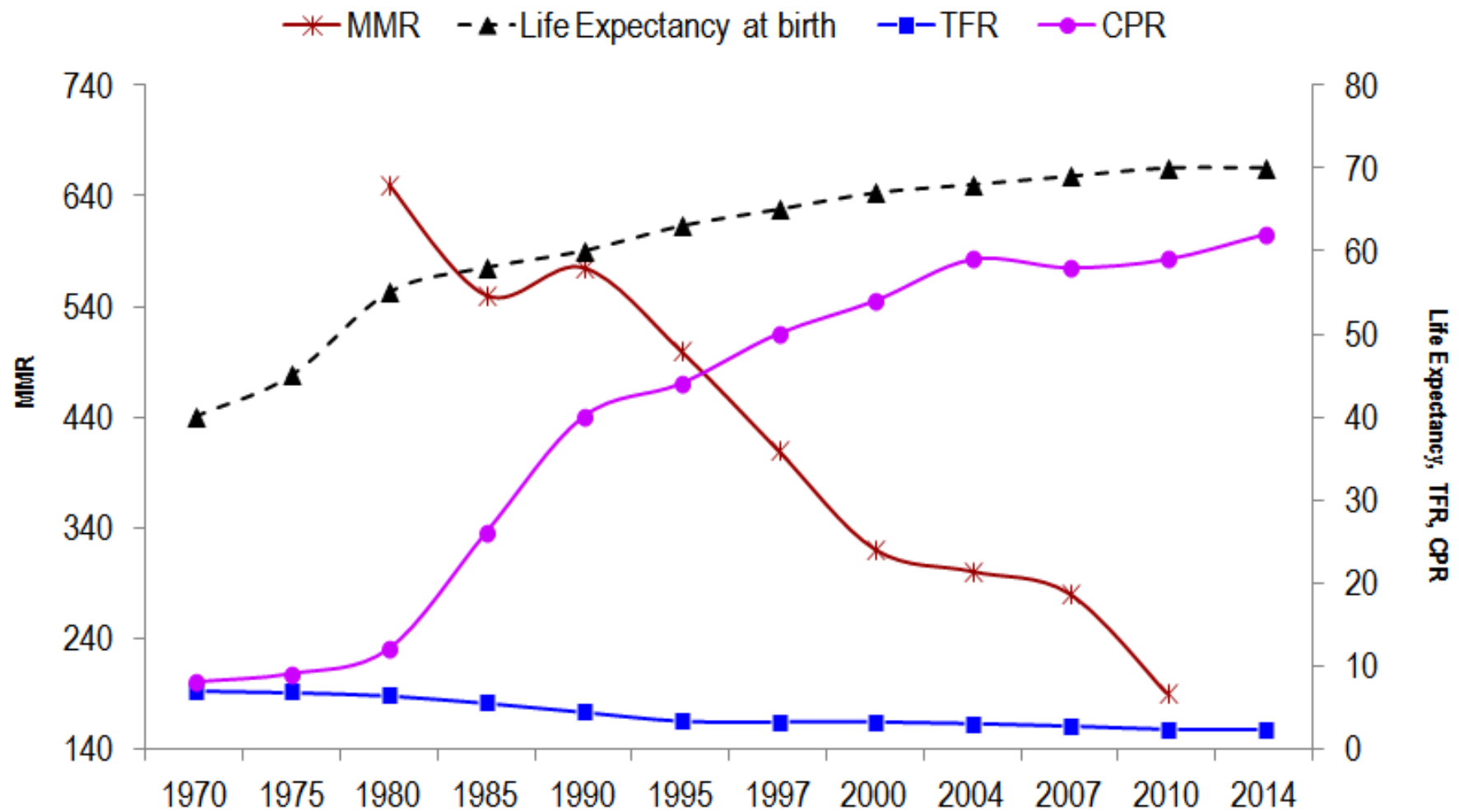


Partnership That Gives Dividends



HEALTH IN BANGLADESH



Why is this positive deviance?

- ▶ Effect of Liberation War
- ▶ Increase in national commitments
- ▶ Increase in food production
- ▶ Affirmative actions
- ▶ Flourishing of private sector
- ▶ Women's empowerment
- ▶ Partnership

Salient features of BRAC Health, Nutrition and Population Programme

- Initiated in 1972
- Addresses 'Health' as an integral development priority
- Prioritises health components in accordance to community needs and demand
- Addresses national and international priorities
- Provision of low cost basic promotive, preventive and curative services
- Utilises culturally acceptable channels
- Task shifting to involve/capacitate community resource and improve HRH
- Scale: Operating in all 64 districts of Bangladesh covering 125 million population.

Major Features of HNPP-BRAC



**Leadership in
public health**



**Use culturally
sensitive
technology**



**Utilise community
health workers**



**Community
involvement**



**Focus on
maternal & child**



**Partnership for
community care**

Existing BRAC community-based healthcare model



**Shasthya
Shebika**



**Shasthya
Kormi**

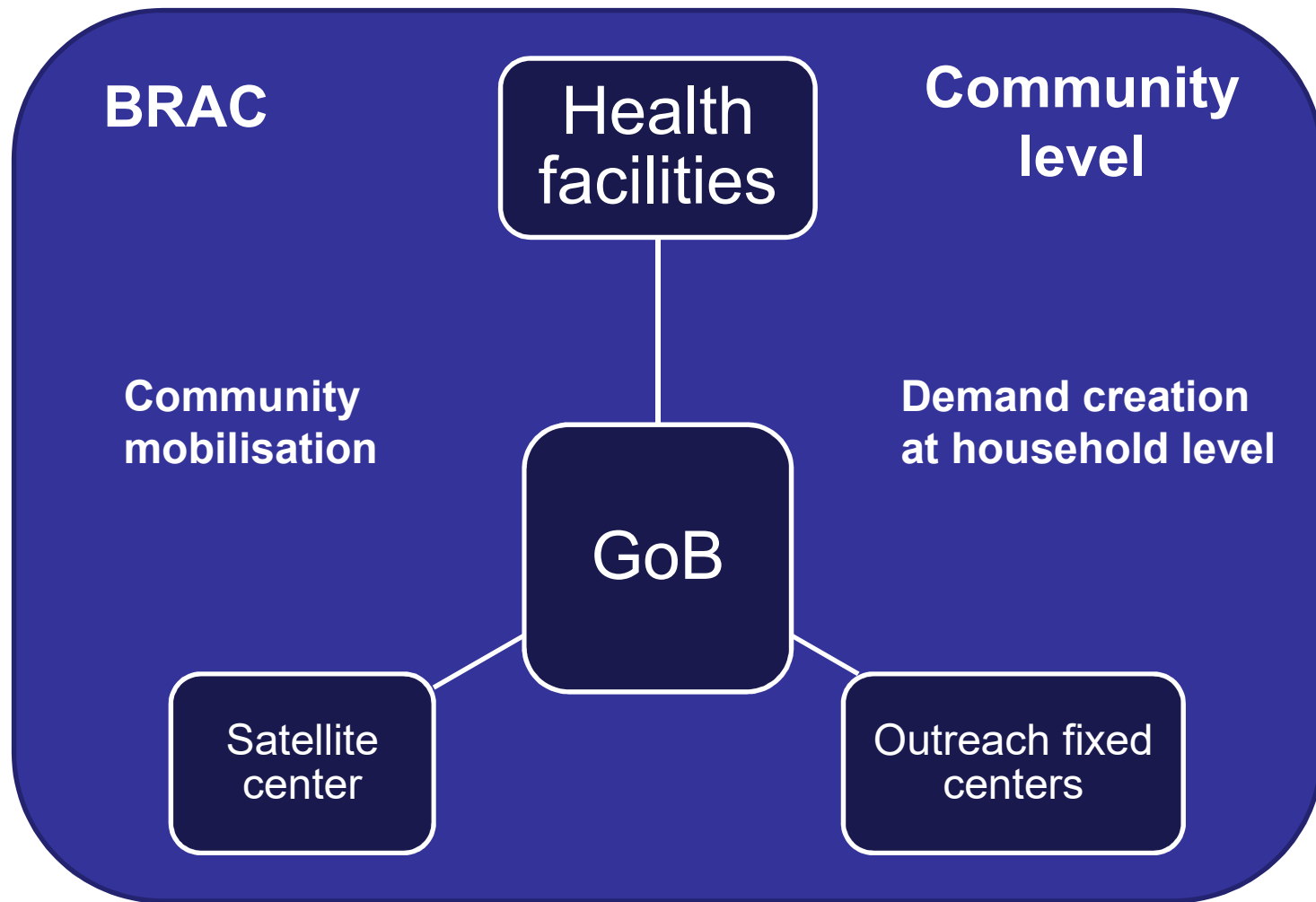


**Programme
Organiser**

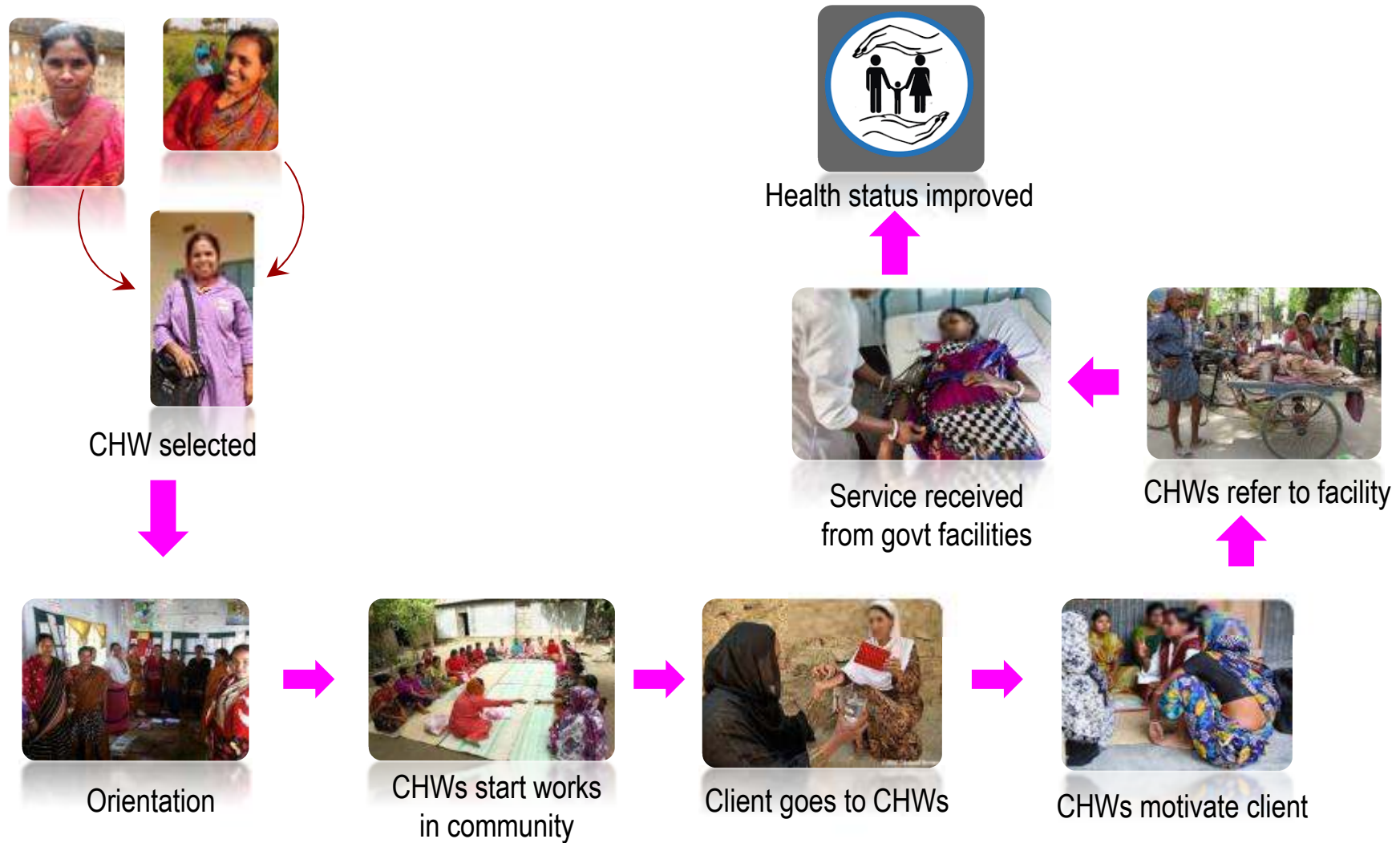
Key features

- Reach at household level
- Large coverage
- Low cost management
- Linkage with formal health system
- Institutional back-up
- Supportive supervision
- Continuous skill development

Linkage with government system



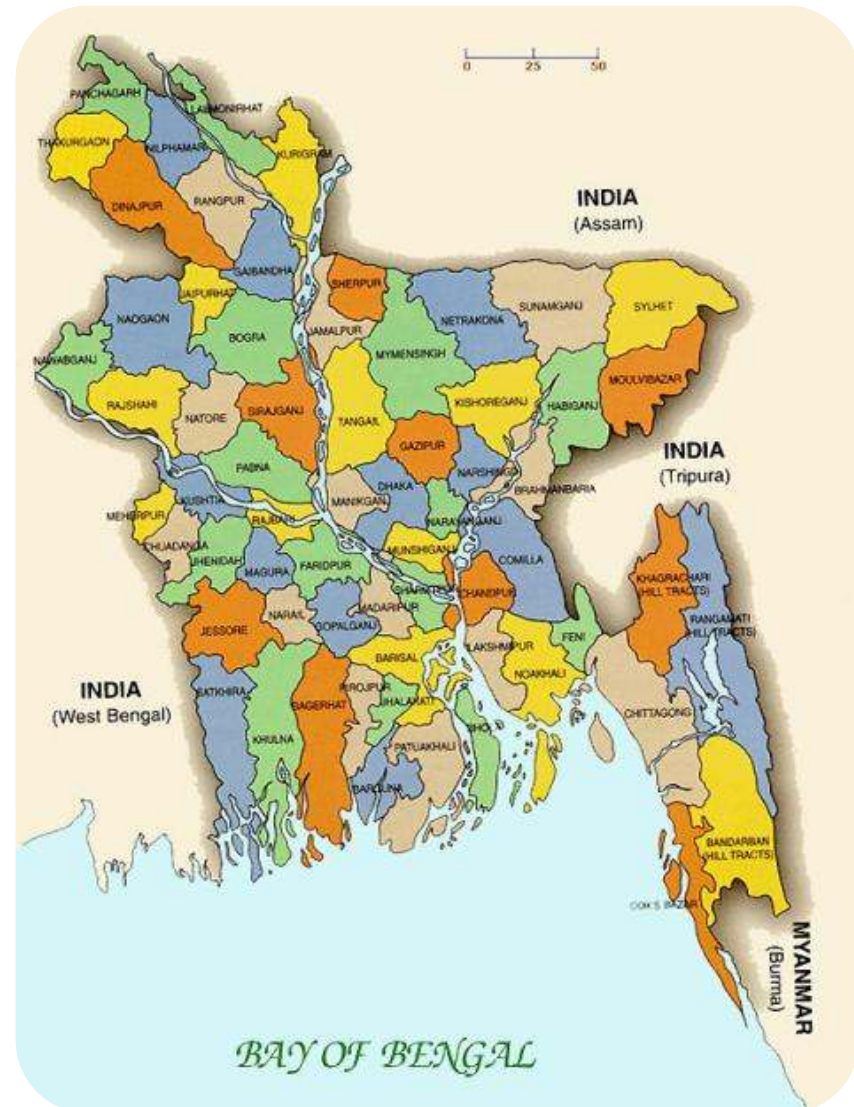
Community care system in BRAC



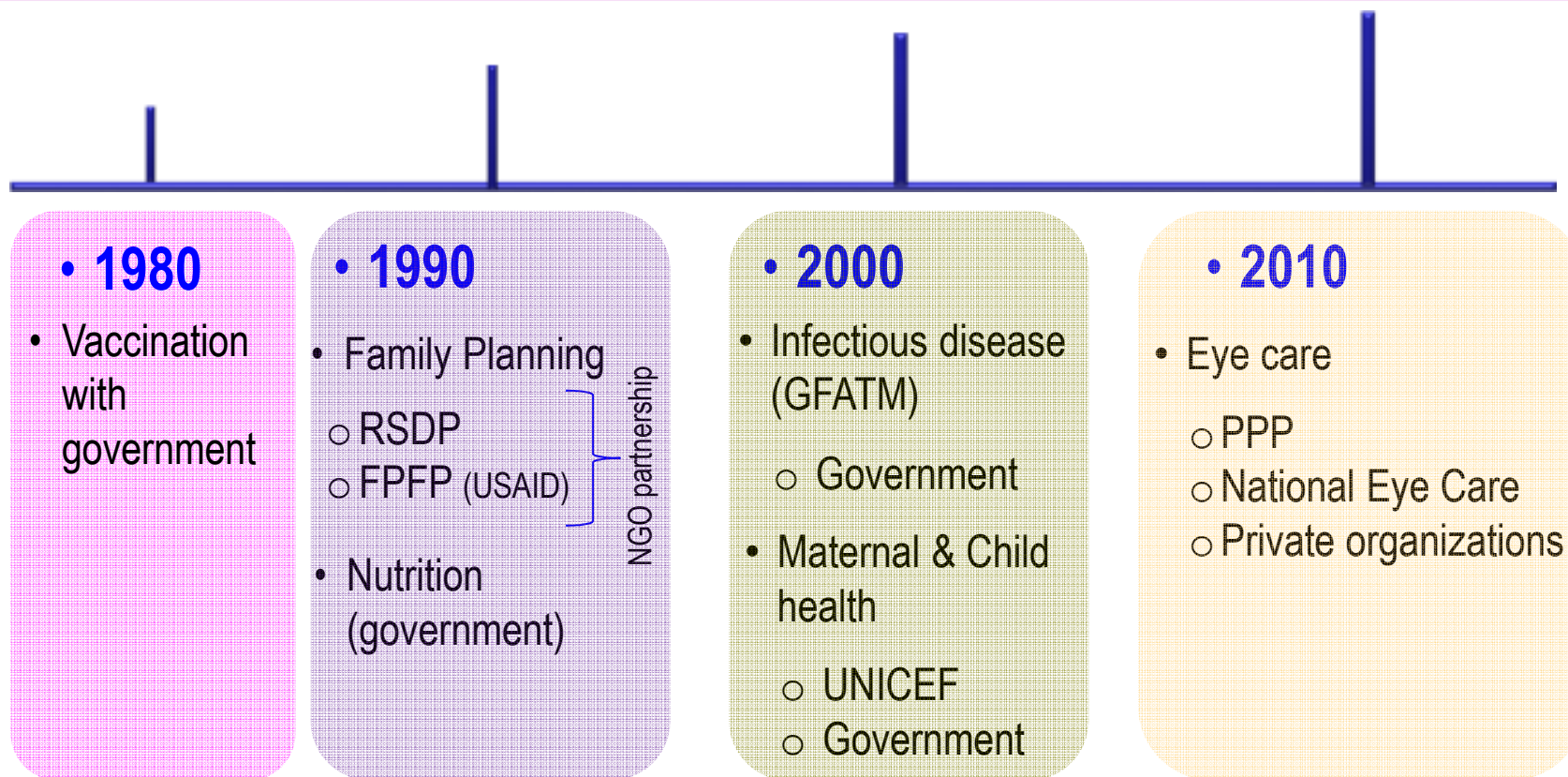
Coverage of HNPP

- **Coverage:**

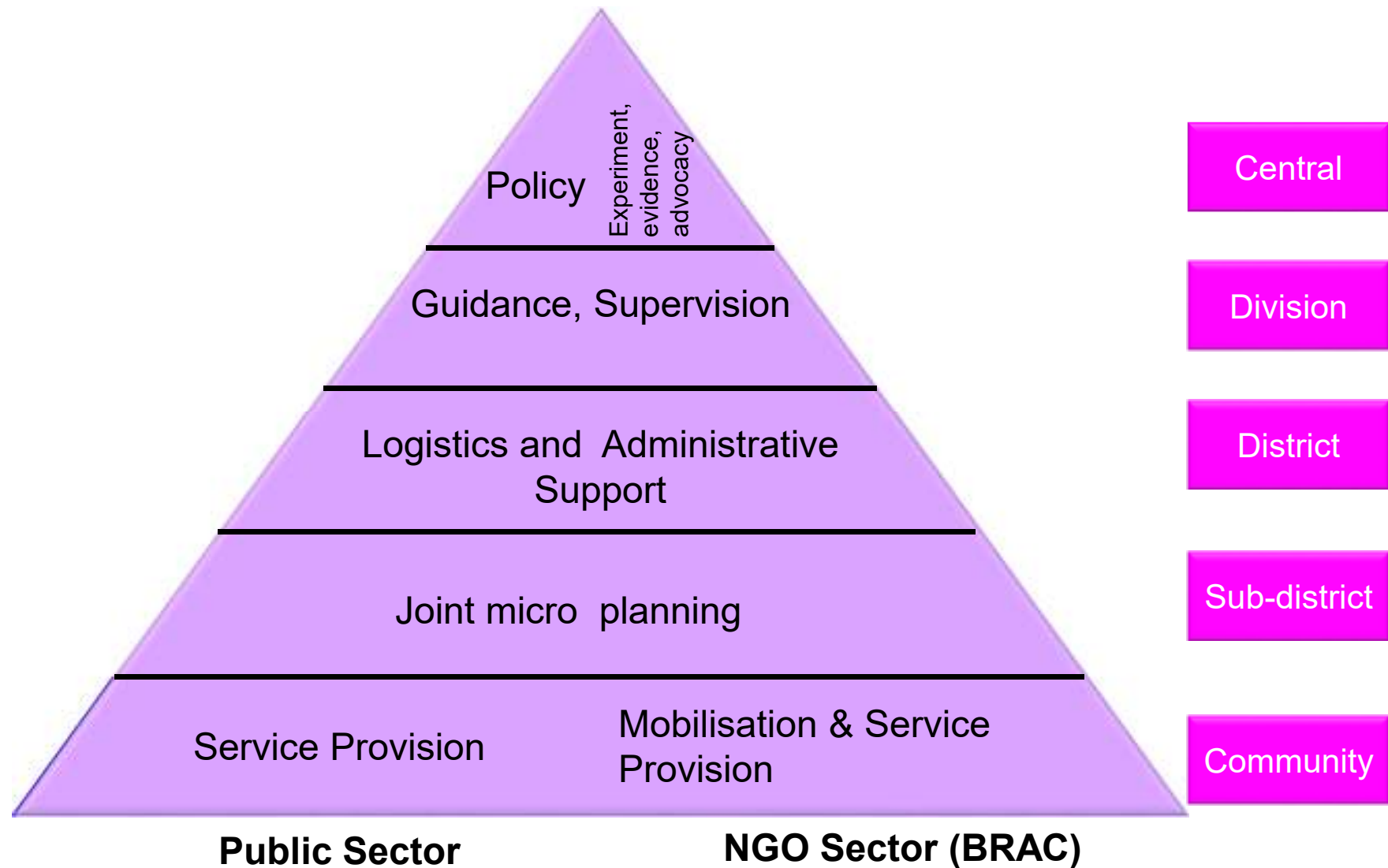
- 64 districts
- 493 sub-districts
- 125 million









Evolution of BRAC's partnership with government and private sector



Partnership approach with government



Impact of partnership

| | | |
|---------------------------|---|---|
| EPI |  | Coverage increased from 2% (1980) to 80% (1985) |
| FP |  | Increased CPR from <20% (1990) to 50% (2000) in BRAC's area |
| Infectious disease |  | <ul style="list-style-type: none">• Increased identification of TB cases from 30% (2002) to 70% (2010)• Completed treatment: 95% |
| Maternal health |  | Reduced maternal mortality from 320 to 150 per 100,000 live births (where national status is 194) |
| IYCF |  | Exclusive breast feeding: 80% (where national status is 55%) |
| Eye Care |  | Increased CSR* from 950 (2008) to 3,050 (2011) in the intervention area |

** CSR-Cataract Surgery Rate; number of cataract surgery performed per million population per year*

How were these impacts achieved?



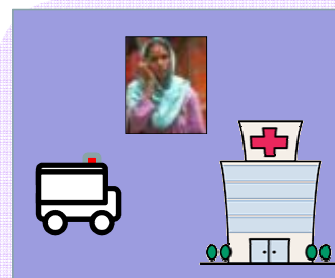
Tasks shifting

- Coverage
- Less costly
- Professional dilemma in staying remote area
- Social empowerment of CHWs



Transformation

- DOTs
- Immunization
- Malaria-RDT
- Eye camps at community level



Referral

- CHWs gate keeping at community
- Referral transport system
- Use of mobile phone
- Navigator at facilities
- Rapport with public sector



Innovation

- Use mobile technology for system and evidence generation
- Performance based incentives
- Health entrepreneurship
- Delivery centre

Challenges

- **Tensions for privatization**
- **Dilemma of contribution and attribution**
- **Supply chain management**
- **Limited management capacity**
- **Delays in PHC-system improvement to support referral linkages from households**



Thank You