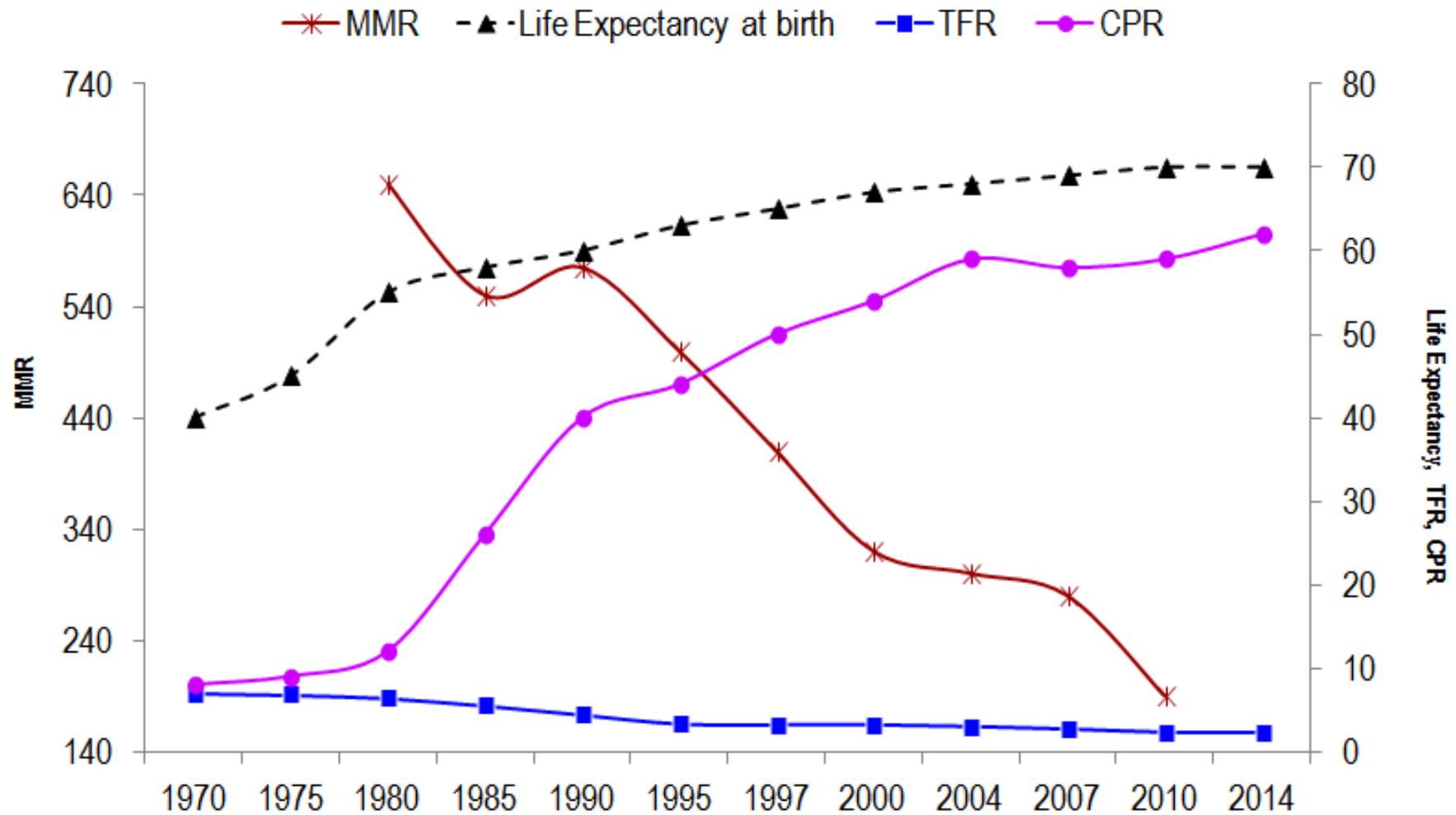


Partnership That Gives Dividends



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**

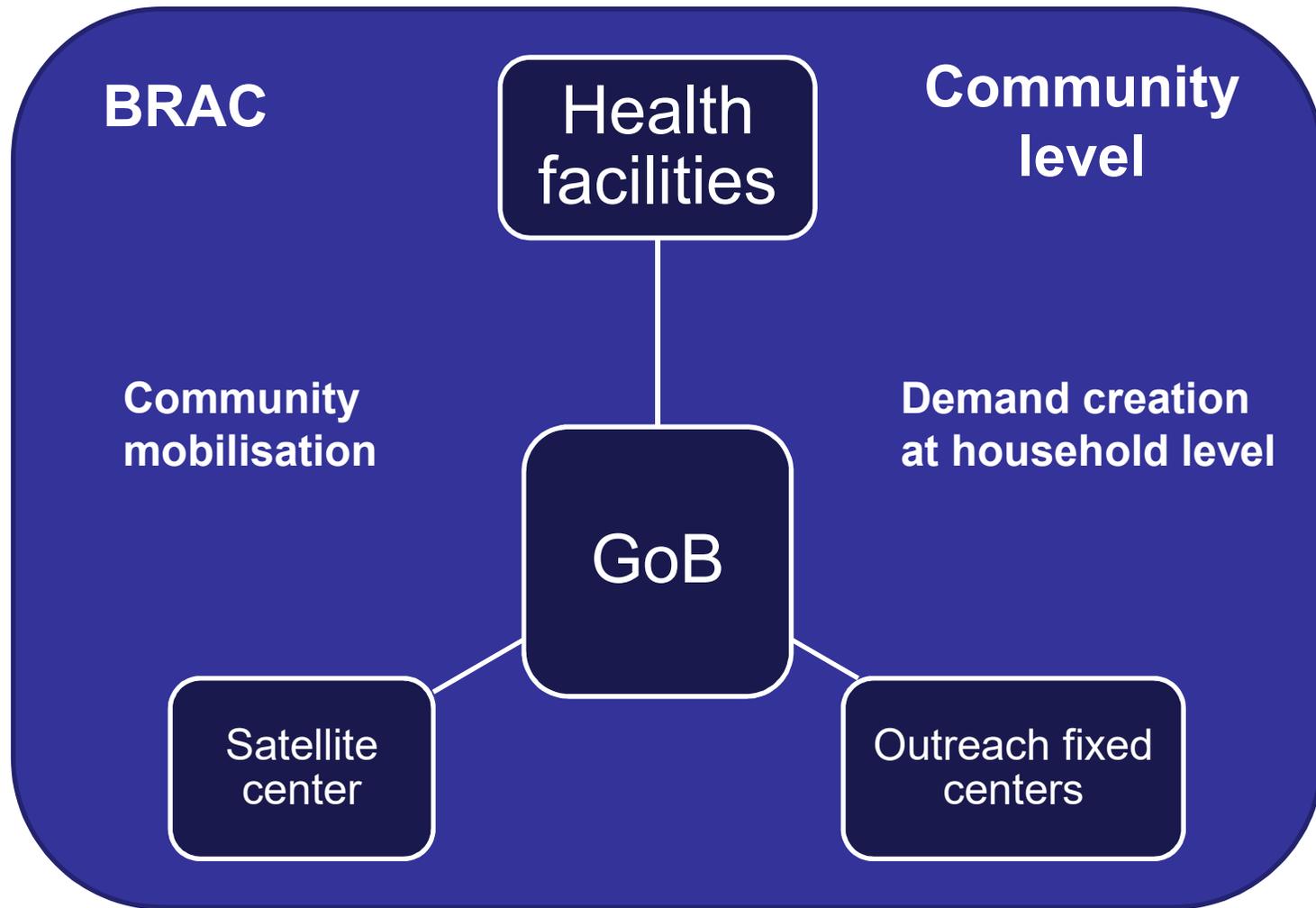


**Programme
Organiser**

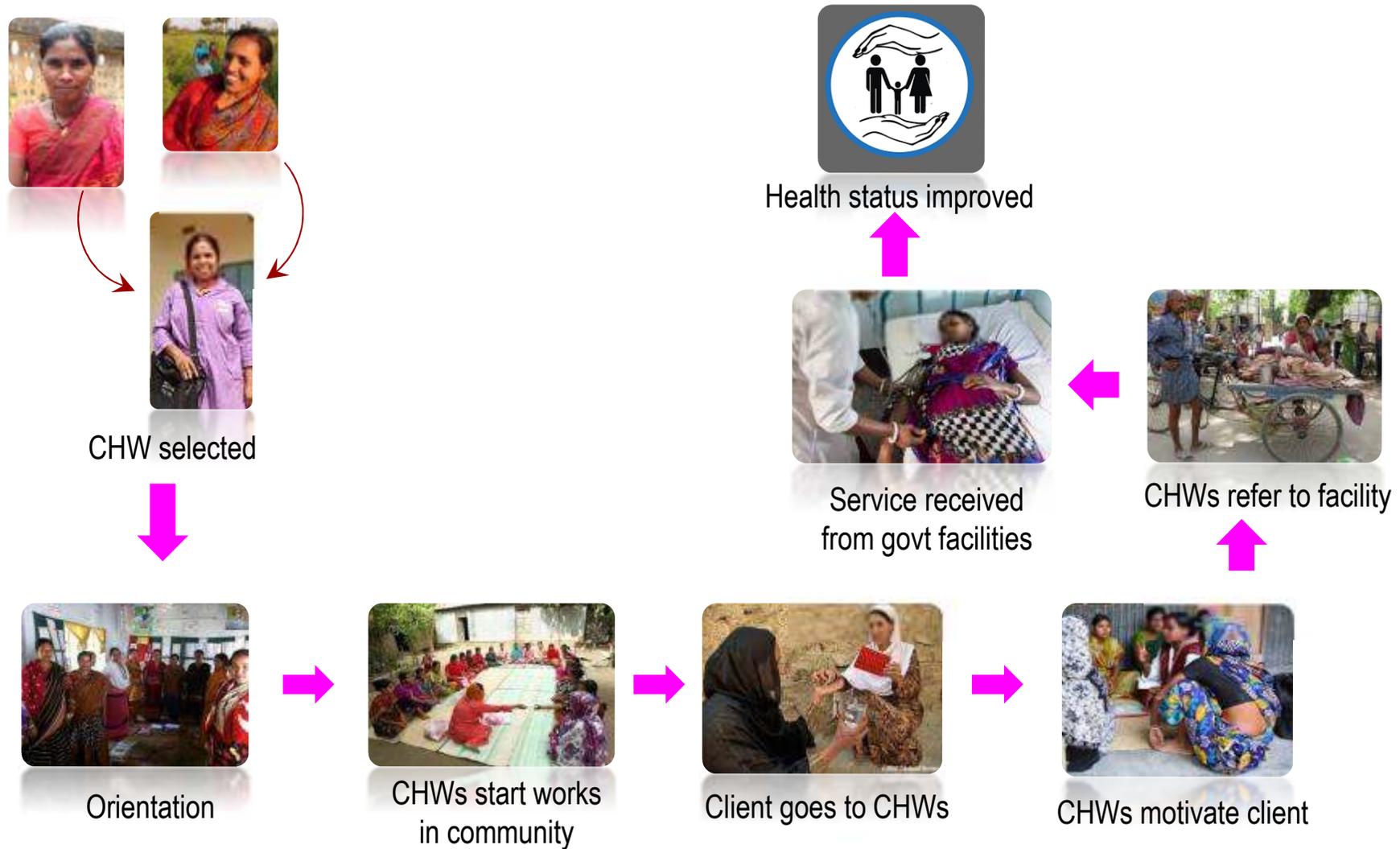
Key features

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

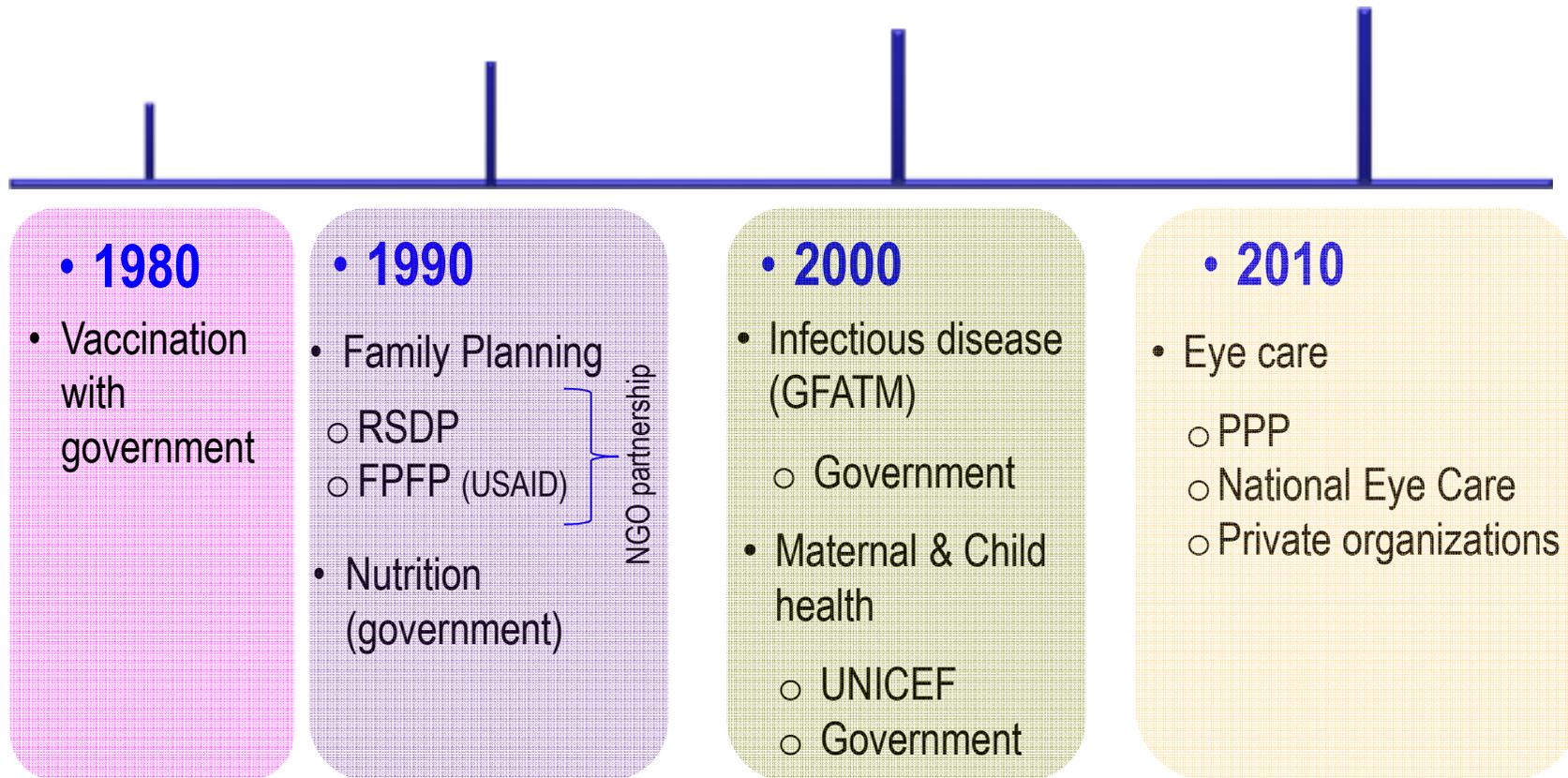
Linkage with government system



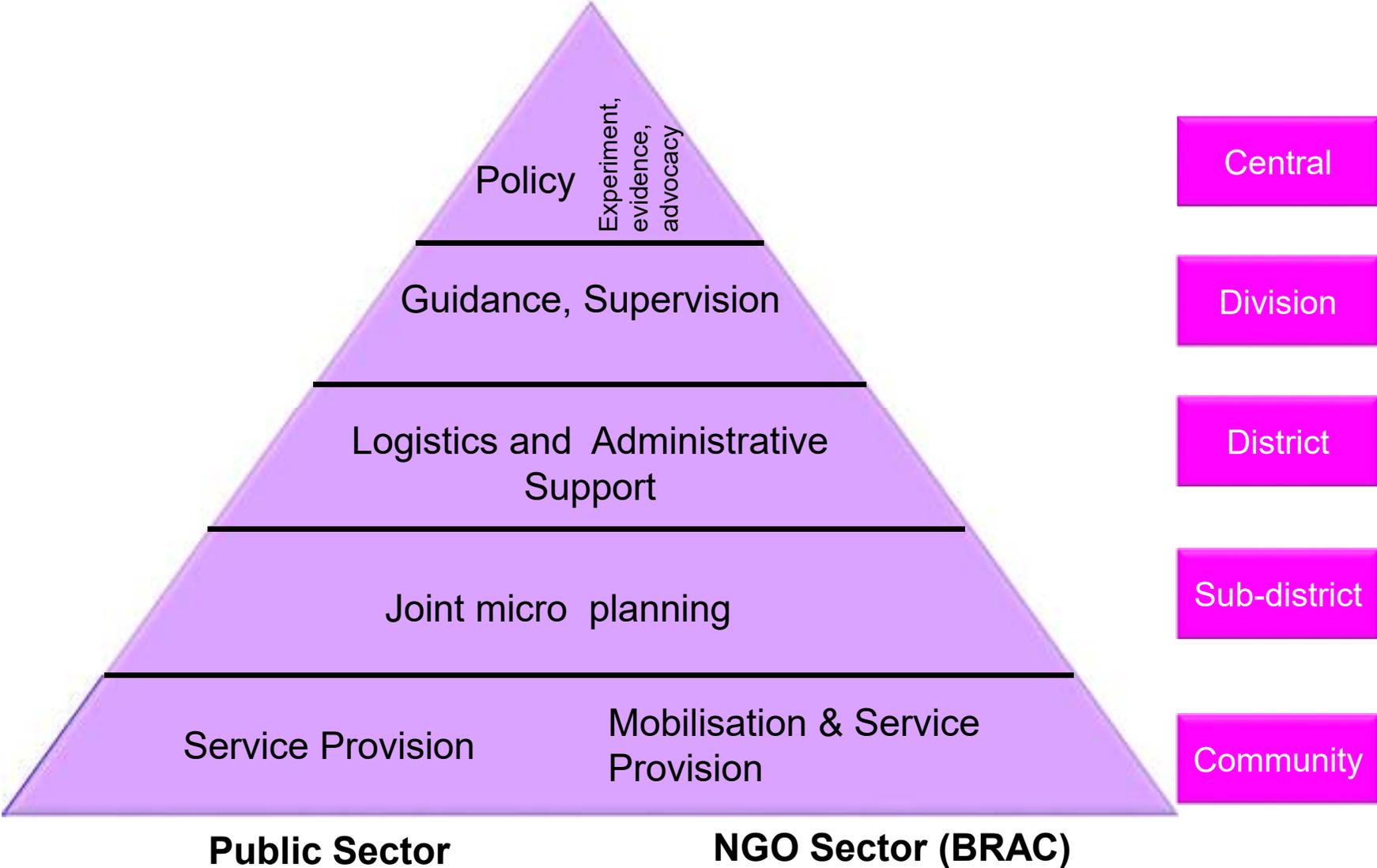
Community care system in BRAC



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**



- 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?



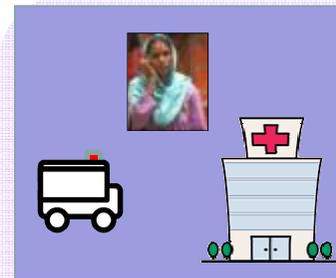
Tasks shifting

- 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