Integrating Poverty Reduction with Access to FP/RH:

Experience of BRAC

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Presentation Outline

- Overview of BRAC
- RH Situation in Bangladesh
- Challenges faced by the poor in accessing the RH services
- BRAC's approaches in addressing FP/RH to poverty stricken people
- Lessons Learned

Bangladesh At A Glance

- Area (Sq. km) : 147,570
- Population : 150 million
- GNP per capita : 599 USD
- Life expectancy : 63.3 Years
- Population living

  below $1 per day: 36 %
- Gender equality in enrollment at primary and secondary schools

Source: UNDP Human Development Report 2006, BDHS 2007

BANGLADESH

BRAC At A Glance

- Activities started (since) in 1972. With twin objectives: alleviation of poverty and empowerment of the poor especially women.
- Reaching beyond Bangladesh in Afghanistan, Srilanka, Pakistan and Africa Region.
- Annual expenditure in Bangladesh USD 585 million, 80% self generated (2008).
- Reaching 110 million people in all 64 district in Bangladesh.
- More than 120,000 staff and teachers

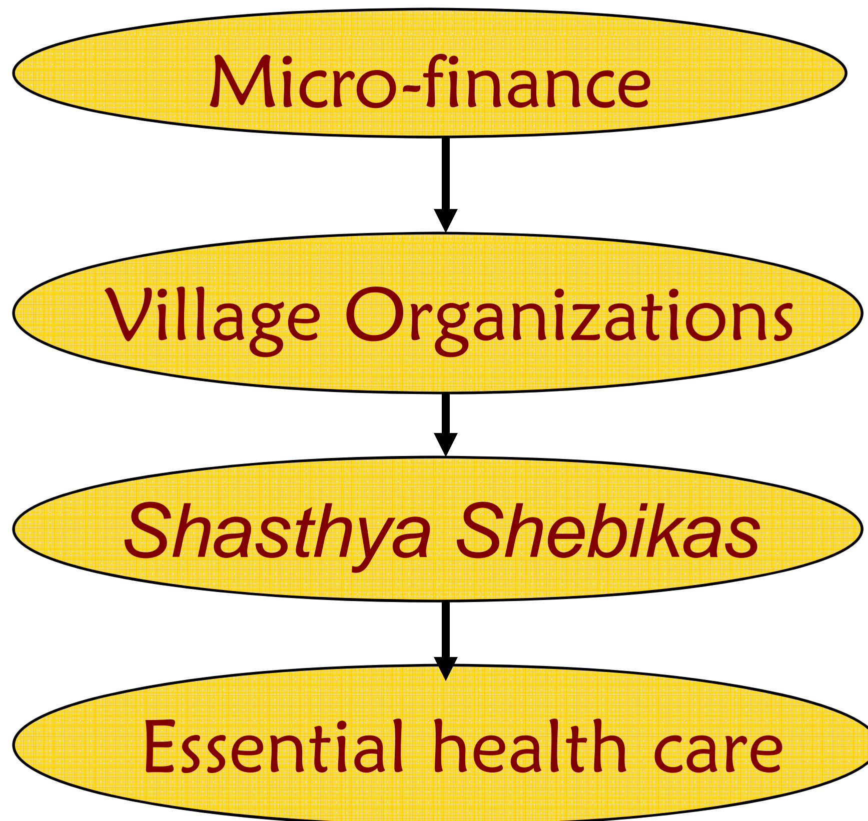
Core Programs

- Economic Development (Program)
- Health (Program)
- Education (Program)
- Social Development (Program)
- Human Rights and Legal Services

BRAC Health Program

- Social Mobilization, Health Awareness and Basic Health Care to wider community through Essential Health Care (EHC)
- Components of EHC:
  - Health and Nutrition Education
  - Water & Sanitation
  - Immunization
  - Pregnancy Related Care
  - Family Planning
  - Basic Curative Treatment
  - Tuberculosis
- Other project also running like MNCH, Tuberculosis, Malaria, A&T, MHI, HIV/AIDs etc.

Village Organizations: Pathways to Provide Health services



Micro-finance

Backbone for VOs

VOs

Needed to support *Shasthya Shebikas*

Shasthya Shebikas

Provide essential health care

Characteristics of Program participants

Health services are being provided by BRAC to the following participants:

- Non-poor People.
- Poor People.
- Ultra Poor People.

Service Delivery Strategies

- **Poor (<50 decimal land+Sales manual labor for 100 days)**

  - Provision of outreach Health services

  - Community Health Volunteer and Health Worker provide doorstep services

  - Help in referral

- **Ultra-poor (< 10 decimal land, depends on female earning, no productive asset, school going children taking paid work, no male active member in the households)**

  - In addition to above health networks, special staff are assigned for intensive health care services

  - Subsidized health care

  - Building social capital

  -Public-private partnerships approach for service delivery

FP and RH situation of Bangladesh

1961: 50 million people, growth rate 2.26 percent.

2005: 140 million people, growth rate 1.42 percent.

Indicators	1994	1997	2000	2004	2007
Total fertility rate	3.4	3.3	3.3	3.0	2.7
Contraceptive Prevalence Rate (Modern method)	36.2	41.6	43.4	47.3	47.5
Percentage of pregnant women received ANC from trained provider	NA	29.0	33.3	48.7	51.7
Percentage of births attended by trained provider	9.5	8.0	12.1	13.4	17.8
Percentage of PNC done by trained provider	NA	NA	13.7	17.8	21.3
Source: Human Development Report 2005, BDHS 2004, 2007 and BBS 2000.					

Challenges faced by Poor and Ultra poor

- Lack of access to information
- Lack of access to Govt. health facilities
- Social/economic exclusion
- Inability to pay
- Living in hard to reach area
- Gender discrimination/inequity
- Lack of political-social-economic power
- Unequal distribution of resources

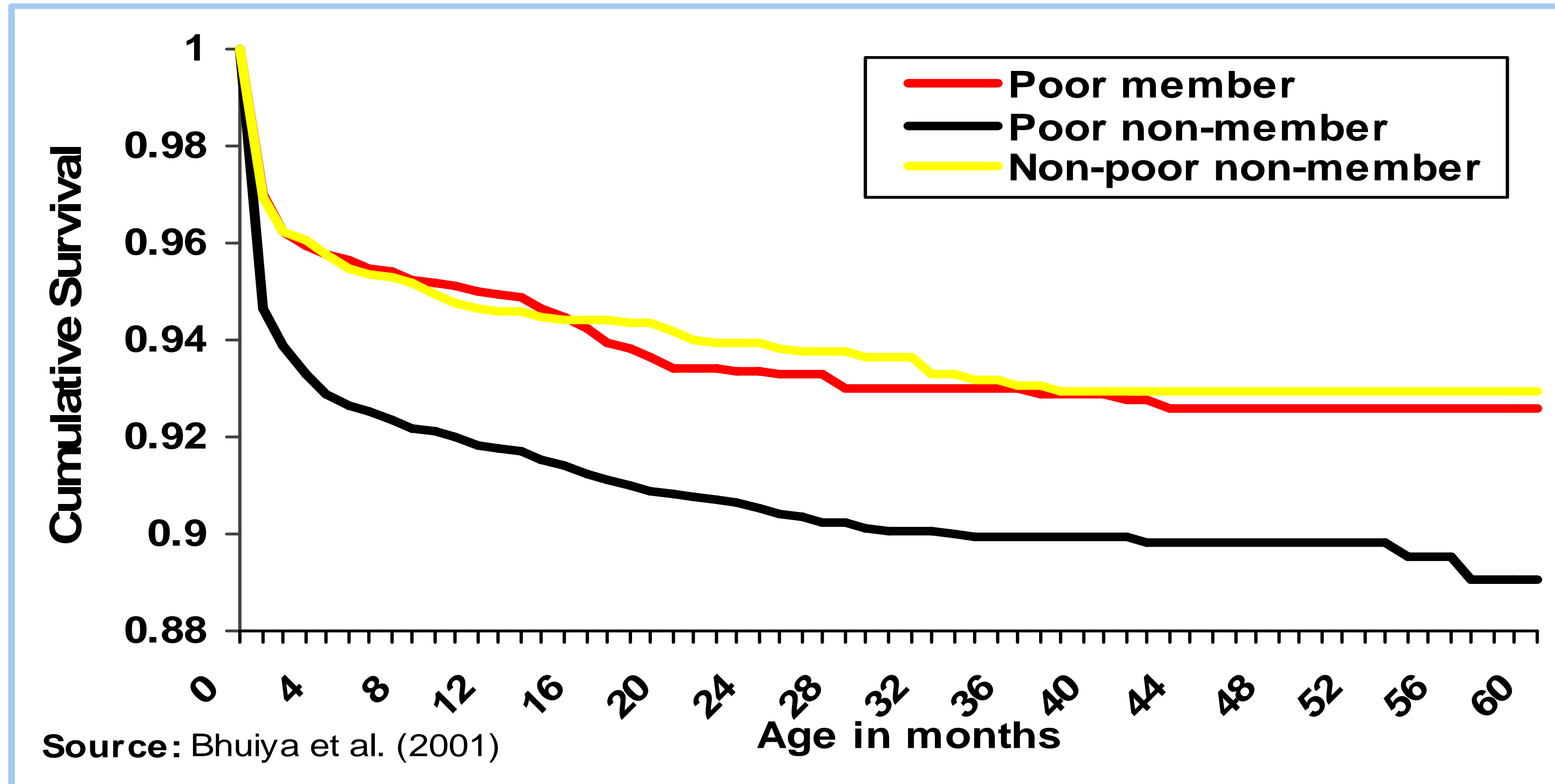
BRAC's approach to FP/ RH for the Poor and Ultra-poor

- Awareness raising on FP and birth spacing
- Provide temporary contraceptives method
- Awareness raising about the demerits of early marriage.
- Awareness about the age of 1st pregnancy.
- Identification of pregnant women.
- Provide antenatal care services on payment with special discount for the poor and free to Ultra-poor.
- Advise for normal and safe delivery at home and the complicated cases at hospitals. Cost incurred for deliveries are borne by program for the ultra poor.

BRAC's approach to FP/ RH for the Poor and Ultra-poor (Contd..)

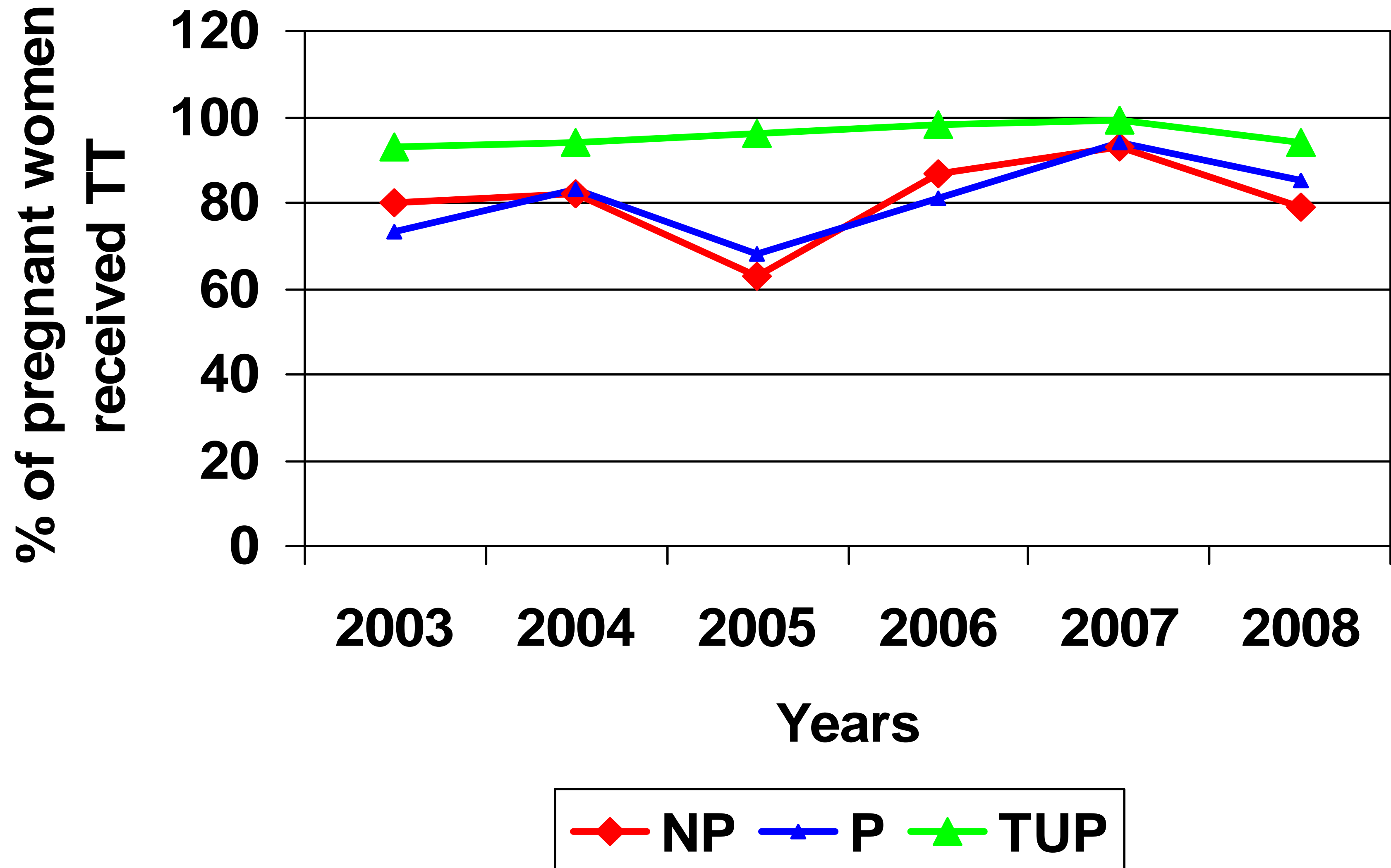
- Strengthen referral linkage with public-private health facilities.
- Provides essential care for newborn.
- Advise for contraception after postnatal period.
- Mobilise community resources in case of emergency
- Special health subsidy for ultra-poor

Poverty Alleviation Impacts Child Survival



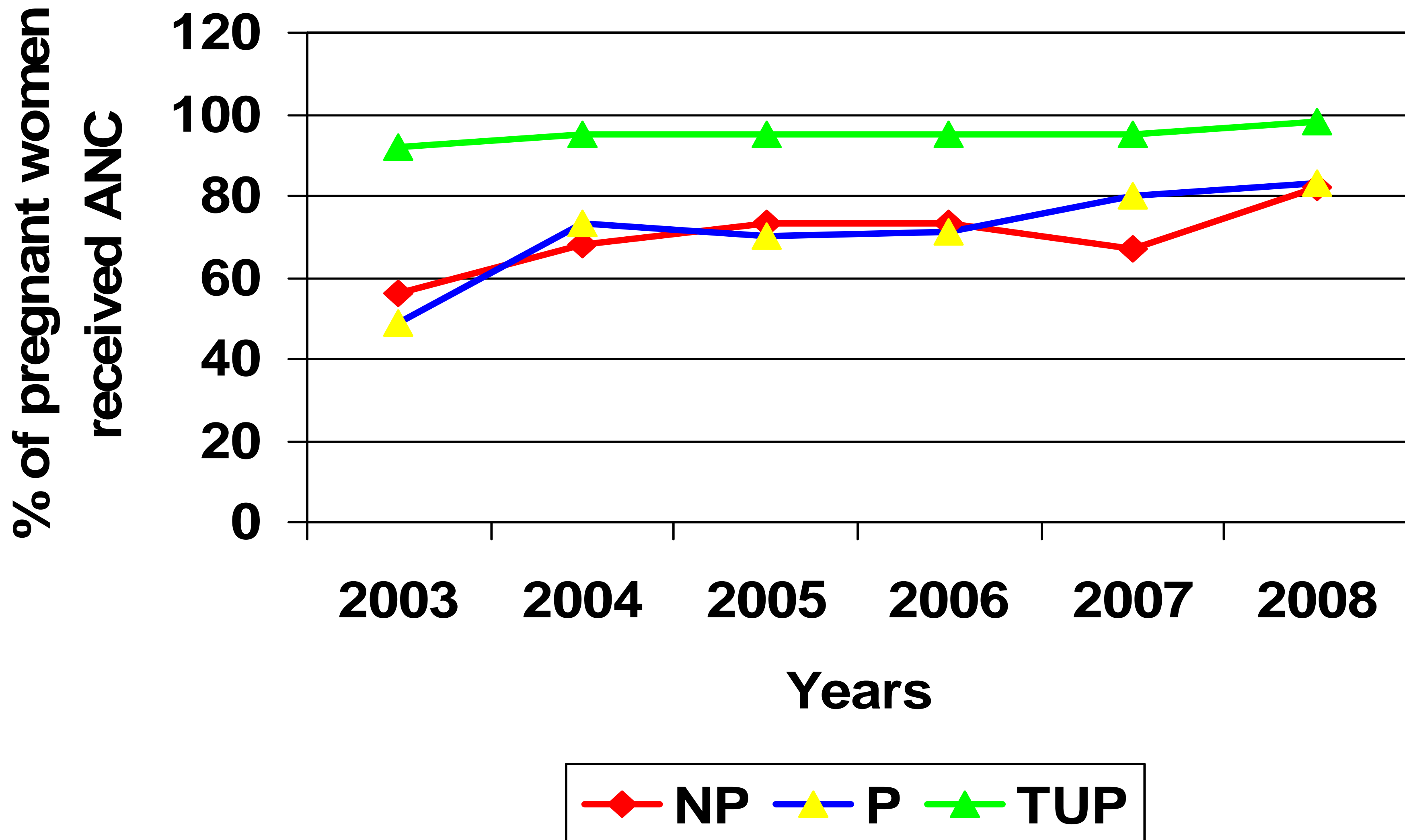
TT for Pregnant Women

(Source: BRAC Health Program report)



Antenatal care Coverage

(Source: BRAC Health Program report)



Challenges

- Unregulated private health care system.
- Migration of service recipients
- Establishing linkage between service providers and clients
- Ensuring supply of logistics as demanded by community
- Existing social stigma and taboos
- Adherence to traditional health seeking behavior among the poor
- Services delivery to hard-to-reach areas
- Post- calamities health care

Lessons Learned

- Doorsteps/outreach services make utilization better.
- Linkage with other stakeholders produce good results.
- Good referral system reduce delay to reach in appropriate medical care.
- If people could raise their health rights the providers would ready to provide services.
- Communications with government, private sector and other NGOs lead better implementation.
- Linking with central, mid-level and grass-root level government officials make program effective.

Lessons Learned (contd…)

- Effective partnership enhances performance and capacity for rational use of resources.
- Community health worker networks make positive impacts on health.
- Integration of health and education with microfinance have shown synergistic affect on program.
- Community participation is key to empowering people
- Approach to public-private-community partnership is required to reach the unreached
- Improvements in behaviours and practices help to maintain a sustained rise in service utlisation

"Going to Scale"

Lessons translated to other countries

- Proven Experience from Bangladesh and Adopted/ Modified in the context of respective countries and implemented quickly.
- Establishing community networks to mobilize health actions
- Women's participation in program
- Introducing sustainable female community volunteers at grassroots level
- Partnership and collaboration with national and international stakeholders.

"Going to Scale"

Lessons translated to other countries (Contd.)

- Continuous capacity development initiatives for all level staff in various scope and setting
- Bridging health with other development interventions
- Appropriate tools and techniques of supervision and monitoring
- Emergency preparedness and quick response
- Outreach health service delivery approach (Mobile clinics, outreach EPI centers,
- Pro-poor strategy

THANK YOU