

# **A Tale of Partnership: BRAC's Experience in Maternal, Neonatal and Child Health**

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# Background

- ❑ Despite progress achieved in child mortality and fertility, maternal mortality is very high in Bangladesh
- ❑ To accelerate progress in MDGs 4 & 5, the role of partnership is crucial
- ❑ BRAC's partnering roles and acts have immense contribution in maternal, neonatal and child health (MNCH) in Bangladesh

**“Women have long delivered for society, and, slowly, society is at last delivering for women” *Lancet, 2010***



# About BRAC

Born in Bangladesh in 1972 started with 120,000 populations to reach services to the poor and disadvantaged

Alleviates poverty and empowers people, especially women

Scaling up to offer services to over 110 million populations in Bangladesh and also moving beyond the country



# What Partnership Means to BRAC

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**BRAC partners with  
partners**

**Synergistic efforts and initiatives by sharing and incorporating experience, expertise and resources for improving service quality, enhancing efficiency, increasing complementarities, minimizing duplication and achieving better health**

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# BRAC's Partnership at different scale for MNCH

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- ❑ Public-private partnership
- ❑ Private-private partnership
- ❑ Community partnership





# Public-Private Partnership

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- 1. Government Hospitals and Health Facilities**
    - Accessing quality services for mothers, neonates and children
    - Developing good referral linkage
  - 2. Government Academic and Training Institute and hospitals**
    - Training of doctors, midwives, field staff and community health workers to develop their skills
  - 3. Government Field-level Workers**
    - Accessing family planning methods, antenatal care immunization and Vitamin A
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# Private-Private Partnership

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1. Private hospitals/clinics for accessing quality services for women and children
  2. Training Institute and Academic Institute for skill development of health workers
  3. Pharmaceutical company for procuring medicine
  4. Diagnostic laboratory
  5. Medical and Surgical company
  6. Advertisement firm
  7. Media
  8. Information, Communication and Technology and e health
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# Community partnership



## 1. Community health workers

- Skilled mix community health human resources
- Task shifting to offer services

## 2. Community support network

- Encourage community participation and engagement
- Facilitate referral of complications and provide financial, physical and motivational support
- Educate and motivate women and family members to use MNCH services
- Participate in health system accountability



# Historical Context: Partnership for Maternal and Child Health

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- ☐ Oral Rehydration Therapy Extension Programme
- ☐ Child Survival
- ☐ Family Planning
- ☐ Women's Health and Development
- ☐ National Nutrition Programme
- ☐ Essential Health Care (Immunization, Vitamin A and Family Planning)



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# Examples from BRAC's Current Maternal, Neonatal and Child Health Initiatives



# Improving Maternal, Neonatal and Child Survival is a five year project in rural areas funded by Government of UK, the Netherlands and Australia and BRAC

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Interventions	Implementing Agencies	Partners
Demand creation, improving service quality in public Hospitals and developing good referral linkage	Ministry of Health & Family Welfare, BRAC and UNICEF	Government and NGO Hospitals, Training Institute (GK, Lamb, Kumudini and Addin Hospitals) BRAC RED and University of Aberdeen, Private ambulance, Drug company, Social Marketing Company, Diagnostics, Media, Advertisement firm

**Impact :** In one district where the project is being implemented for over three years, the MMR declined from **257 per 100,000 LBs In 2007 to 162 in 2009**

# Manoshi is a five year project in urban slums funded by Bill & Melinda Gates Foundation

Interventions	Implementing Agencies	Partners
Train community health workers to Offer services, Demand creation, timely and appropriate referrals to hospital and develop community support network	BRAC	NGOs, Government and NGO Hospitals, Training Institute (ICMH, Radda Barnen, GK, Lamb, ICMH, Azimpur Maternity Hospital) BRAC RED and ICDDR,B, Addin and private ambulance, Drug company, SMC, Diagnostics, media, Ad firm and Clickdiagnostics

**Impact :** In Dhaka city corporations, the **MMR declined from 297 per 100,000 LBs in 2008 to 157 in 2009** and **Neonatal Mortality from 16 per 1000 LBs in 2008 to 14 in 2009**

# How We have Benefitted from this Partnership

- ☐ Wider and higher coverage and service utilization within shorter period and better health outcome
- ☐ Enhanced image and value of the project
- ☐ Using strengths and skills of each partner enhanced efficiency
- ☐ Discuss problems and weakness of the partners for rectification and improvement
- ☐ Immediate transfer of knowledge and skills for better quality of care
- ☐ Increased ownership and trust
- ☐ Quick sharing and dissemination of findings
- ☐ Less chance of duplication
- ☐ Better scope and opportunities for sustainability and replicability



# What Challenges We Faced

- ❑ Involvement of multi-partners delayed decision-making, planning and implementation of interventions
- ❑ Roles and responsibilities if unclear may cause mistrust, inefficient system and less involvement
- ❑ Choosing right partners is important
- ❑ Creating demand and improving supply sectors should be a simultaneous process
- ❑ Transparency and accountability of the health system
- ❑ Continual flow of clear communications

**“Two decades of concerted campaigning by those dedicated to maternal health is working.” *Lancet*, 2010**



# Epilogue



- ❑ Public-private partnership should be a major strategy for health and development
- ❑ Lessons of BRAC in faster progress towards MDGs 4 & 5 are a great example in an partnership endeavor
- ❑ 2015 is knocking at the door, by touching and holding hands and shoulders, achieving MDGs will not be a far cry

**“This is a moment to celebrate-and accelerate.” *Lancet, 2010***



**Thank you.**  
**ধন্যবাদ**

