

# RMNCAH Meeting

31<sup>st</sup> July 2019



# BRAC



- **Largest development organisation in the world reaching more than 140 million people worldwide**
- **Over 45 years track record of success dedicated to poverty alleviation, wellbeing and empowerment of the poor**
- **Pioneer in recognizing and tackling different realities of poverty from a multi-sectoral approach**

## Vision

**World free of exploitation and discrimination** where everyone has the opportunity to realize their potential

## Mission

To empower people and communities in situations of **poverty, illiteracy, disease and social injustice**

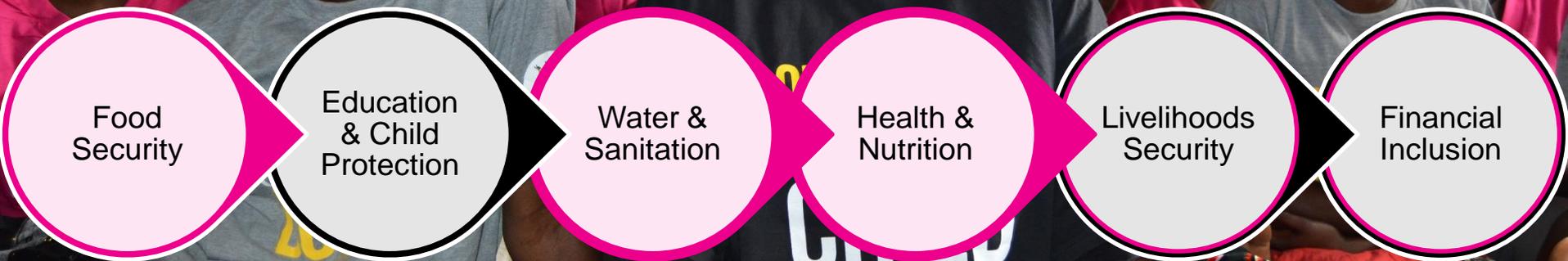


# Our Global Networks

- BRAC operates in 11 countries across Africa & Asia
  - Uganda, South Sudan, Tanzania, Liberia, Sierra Leone, Pakistan, Myanmar, Afghanistan, Philippines, Nepal, Bangladesh & Rwanda
- Program Support Offices
  - Kenya, UK, USA & Netherlands



# What do people in Uganda need most?



# Our Programs



- **Microfinance:** We provide loans with a combination of additional services such as livelihood and financial literacy training.
- Reach: 194, 616 clients

- **ELA:** Our model combines safe-spaces with innovative livelihood and skills training for adolescent girls.
- Reach: Operating 1,331 clubs with 55,127 members

# Our Programs



- **Education:** We give opportunities to 5000 academically talented but economically marginalized youths through facilitating their access to quality secondary education.

- **Emergency Response:** We currently pilot a model for developing local emergency preparedness and response capacities.

- **UPG:** We use an integrated approach consisting of asset transfers, technical skills training & personalized health care support to reach the ultra poor.

# BRAC's Comprehensive Approach to Poverty



# BRAC Uganda Health Program Objectives

## *Objective 1*

**Improve health of children under 5** through prevention and treatment of diseases (malaria, pneumonia and diarrhea) that can be prevented, and treated at a low cost at the village level by local CHPs – 20% U5 mortality reduction in program areas

## *Objective 2*

**Improve maternal health** through Pregnancy Related Care (ANC, PNC)

### ***Objective 3***

**Improve access** to a wide range of basic essential health care services and products in poor, rural areas – doorstep services for the community by the community health promoters

### ***Objective 4***

**Improve nutrition status** of children under five, adolescent girls and pregnant women (For JSDF - Project)

### ***Objective 5: Sustainability Objective***

Make CHPs economically viable, providing them a source of supplementary income

# BRAC Uganda Health Program

- **Inception:** 2008
- **Coverage:** 72 districts
- **Population:** 3.6 M populations
- **Number of CHWs:** 4082
- **Target population:**
  - **Women of childbearing age**
  - **Children under 5 years of age**

# Components of EHC Platform – CHP model

1. Full ICCM integration
2. PRC (Pregnancy Related Care)
3. Basic Curative Care
4. Family Planning
5. Health & nutrition education (safe water & sanitation - WASH, personal hygiene, nutrition, HIV/AIDs, TB and ARI)
6. Government & stakeholders partnership strengthening

# Activities of BRAC CHPs

- ***Household visits.***
- ***Community Health Forums*** at MF groups as well as other community meetings/gatherings
- ***Referrals*** of complicated/severe cases to government Health Centers and other private health facilities
- ***Community mobilization and referrals***

# Activities of BRAC CHPs

- **Pregnancy Registration:** in their respective catchments- and linkage to public health facilities for ANCs and safe deliveries.
- Provide basic on-time PNC to all new mothers (in the first 48 hours)
- **Providing access to affordable health related products** to the communities.



# Entrepreneurship brac

- **Note: CHPs income from their work is supplementary income.**
- **Health Related Product sales in a revolving fund system with 100% input cost recovery**
- **Income from other venture, with up to 54% getting MF loans for business**
- **Non-cash Product loans**

# **BRAC CHW Health Program is implemented in the context of Livelihoods and Poverty Alleviation**

# Key Tools

- **Mobile App:** All CHPs equipped with an android powered smart phones:
  - For reporting, supervision, and decision making
- All CHPs equipped with **CHP Kits**, equivalent to the VHT kits
- **Alternative distribution channel:** To the last mile
- **HMIS system:** For supervision, Logistics & Supply chain management, and reporting

# Key Lessons Learnt

- CHP Model works well within Ugandan context – **Health Impact achieved. Meaningful impact at scale and in a cost-effective manner** is possible.
- **MOH and government partnership and collaboration** is key to both success and sustainability of CHW model
- **Empowerment** – Woman is in the Central; however, need to engage men for deeper impact (male are lagging behind)
- **Community mobilizations** key to community development (BRAC as a catalyst and community does their own development)

# Key Lessons Learnt

- ***Scaling up and impact*** – balancing act with shifts in donors and government focuses
- **Continuous supportive supervision and performance monitoring, quality checks** needs to be in place for CHPs to be effective
- **Partnerships & Synergies internally (Other BRAC development programs) and externally (external partners) are critical** for program sustainability, effective implementation and impact
- **Sustainability** – depends on multiple factors and also stakeholder specific (CHPs' sustainability or programs), and strong synergies within BRAC

# BRAC CHP in Action



*CHP conducting a Health Forum at an MF group within her community*



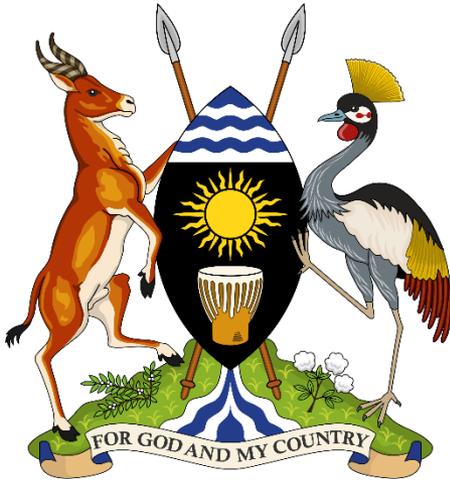




# BRAC's Vision



A world free from all forms of exploitation and discrimination where everyone has the opportunity to realise their potential



Thank you