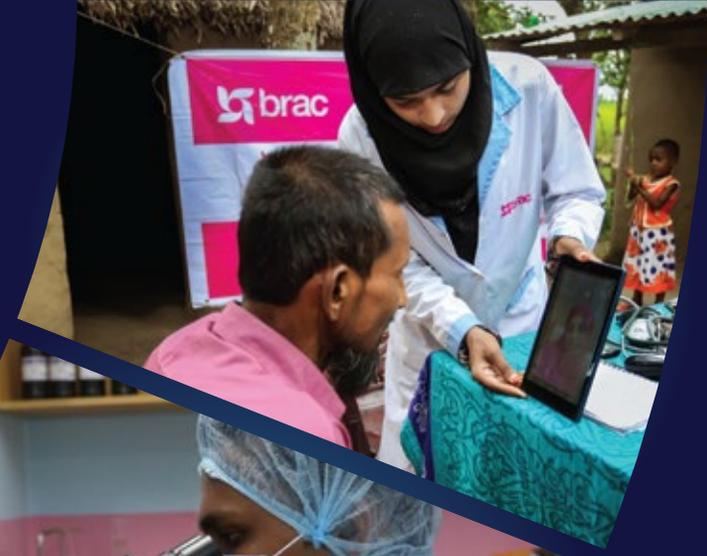




Accessible
and affordable
primary health
care for all



Annual Report

Progress of Social Enterprises
April 2018 – April 2019

BRAC Health Nutrition and Population Programme



SDG 3: Good Health and Wellbeing

Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development. In the current scope of operations, BRAC HNPP is targeting to serve women, adolescents and children with health services. Access to quality medicines and tests is also a constraint that HNPP targets to solve through its operations. Additionally there is focus on addressing the emerging issue of non-communicable diseases, hence preventive care is a major priority for HNPP for the upcoming years.

Accessible and affordable primary health care for all

Primary healthcare is a basic necessity and the target of HNPP is to always work with complimenting the mission of the Government of Bangladesh, in making healthcare accessible for all. During the past one year, we have focused on a very careful, transformation that caters to changing requirements in the health sector and leveraging our strengths from community mobilization and Programme implementation.

Our philosophy in health care service delivery focuses on the “3 Rs”– Relevance, Reliability and Re-imagination. These 3 attributes, have been and will continue to be the pillars for BRAC HNPP’s Social Enterprise unit, going forward.

The key attributes of these changes are listed below:

Relevance of Primary Healthcare

Throughout the year, we have invested in developing capacity of our health workers to make them more relevant to the communities that they serve. Emphasis was provided on educating them on new emerging health issues, basic book keeping and communication. Along with this we equipped them with basic screening devices, medicines, health commodities and enabled them to refer patients to our centre. The experience till date has been a positive one, as these CHWs continued to serve communities and also operate sustainably.

Reliable healthcare services

There is a dearth of skilled healthcare professionals in rural communities, carving the path for unskilled health providers such as homeopaths, village doctors and pharmacy salesmen to provide treatment to patients. BRAC has setup up “BRAC Health Centres” in rural areas, with the intention to “positively disrupt” the rural health market, by intercepting patients, providing them with quality, digitally enabled consultations, diagnostic tests and safe to consume medicines. Currently we are also engaging with the informal healthcare providers to ensure that they refer patients to us instead of providing treatment by themselves.

Re-inventing our approach in Primary healthcare

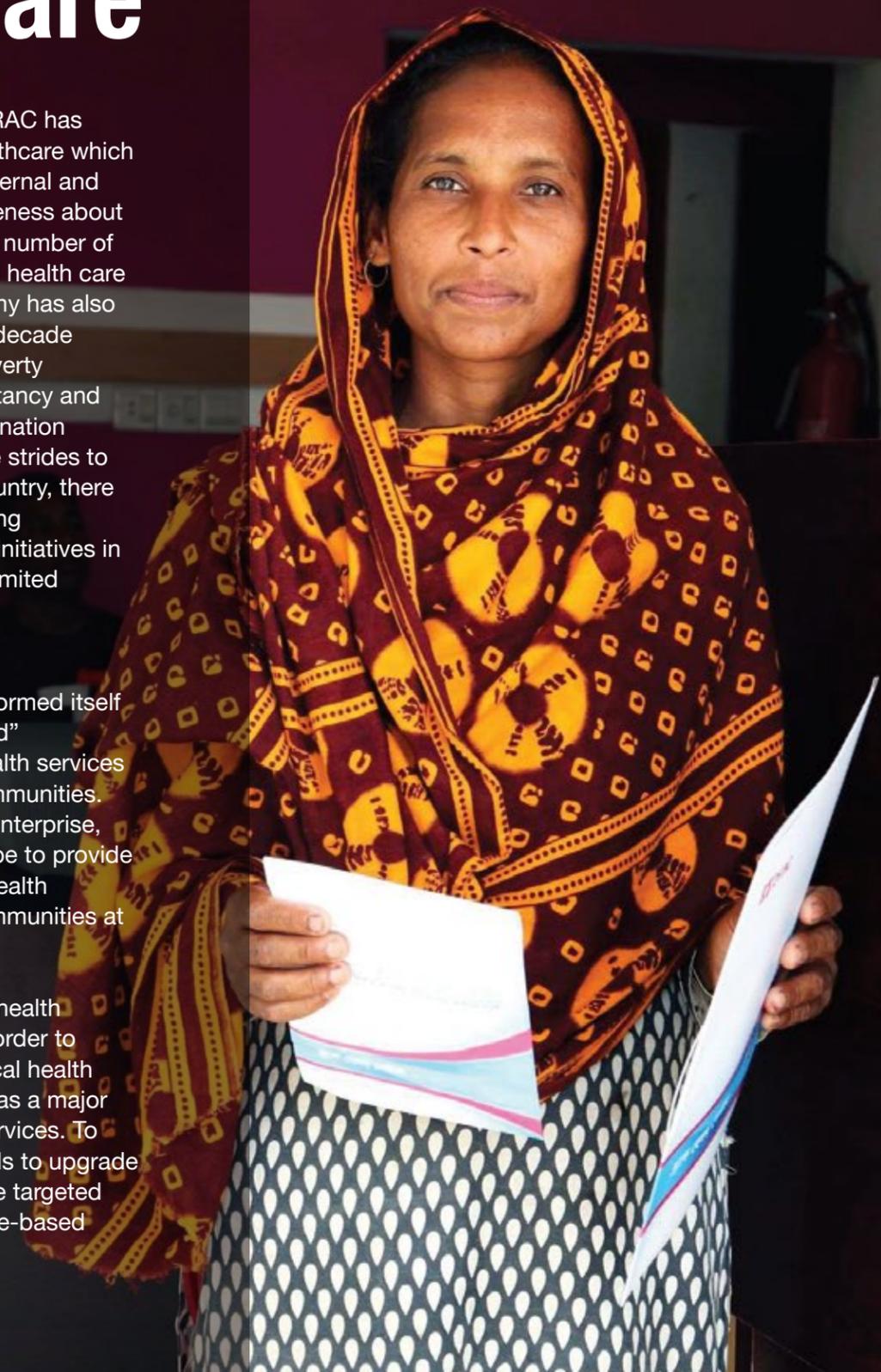
Towards the end of 2018, we started to envisage on a new healthcare platform for providing targeted health services at affordable costs, while maximizing the clinical experience of patients. The result of this were “Urban Health Centres” operating in City corporations, to provide quality consultation, pathology and delivery care to the community. While Urban Health Centres have been launched, there will be focus to continuously improve and upgrade the range of services provided at these centres.

Social Enterprise approach for Healthcare

Since the inception in 1972, BRAC has made enormous strides in healthcare which has resulted in a decline in maternal and child mortality, increased awareness about nutrition and an increase in the number of people seeking out institutional health care services. Bangladesh's economy has also grown significantly in the past decade during this time resulting in poverty reduction, increased life expectancy and improved literacy rates. As the nation continues to prosper and make strides to becoming a middle-income country, there has been a decline in the funding envelope/aid for Development initiatives in Bangladesh. This decline has limited BRAC's capacity to support its development programme.

Hence BRAC has slowly transformed itself from a "for free" to a "fee based" organization by introducing health services and packages for marginal communities. From 2018 onwards in Social Enterprise, the healthcare strategy would be to provide quality, accessible & relevant health services to urban and rural communities at affordable price.

BRAC intends to make quality health services available to clients in order to ensure timely detection of critical health issues while removing funding as a major barrier from accessing such services. To ensure this BRAC HNPP intends to upgrade its CHW platform and introduce targeted health services through a centre-based approach.



Market Assessment and findings

The current market suffers from lack of access to skilled healthcare providers. As seen below, there is more penetration of unskilled practitioners relative to institutional providers, leading to maltreatment, health issues and excessive treatment costs.



Local clinics are run down, understaffed and unsuitable for service delivery.



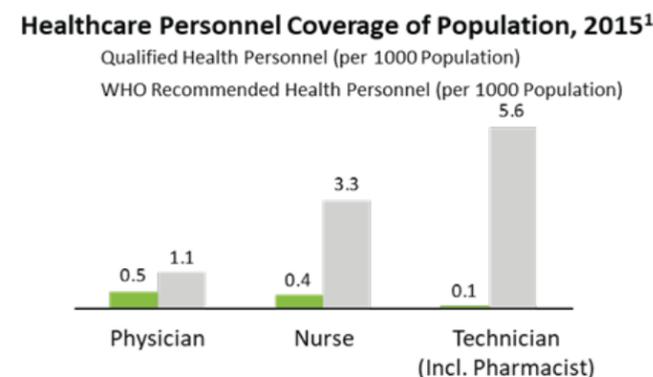
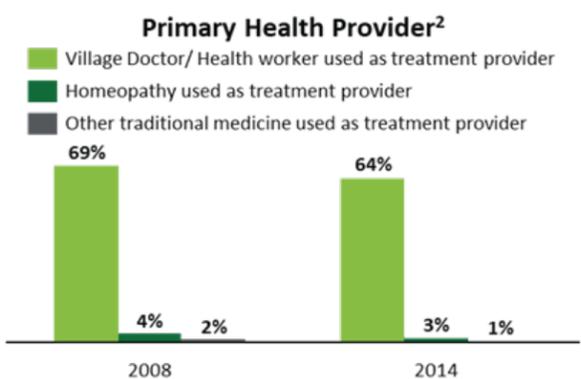
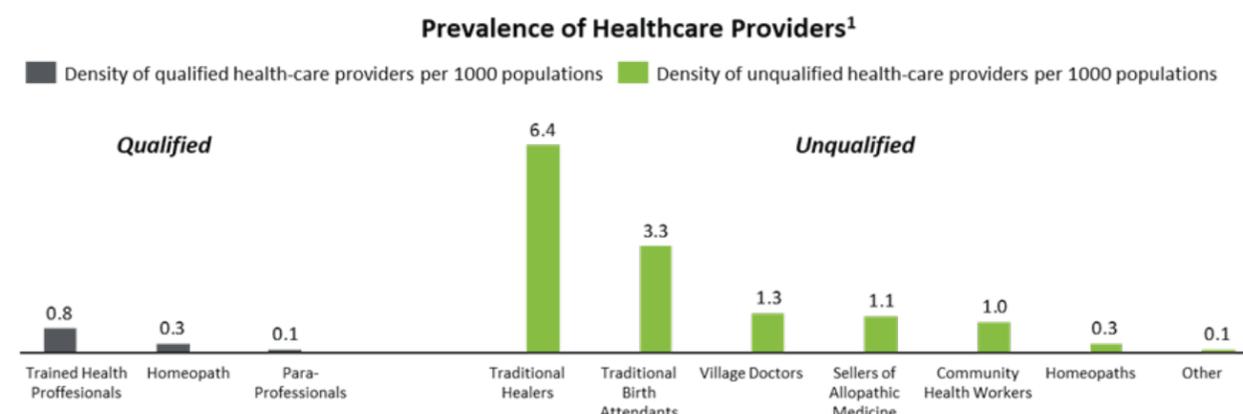
Patients rely on local untrained practitioners.



Over-usage & abuse of medicines.



Local laboratories compromise on quality of tests leading to misdiagnosis for diseases.



Source: 1.) WorldBank Data, World Development Indicators; 2.) Academic Paper "Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013"

Overview of Performance [2018–19]

HNPP Social Enterprise envisions to provide quality, affordable and market relevant health services for all members of the community.

As of April 2018, BRAC Health Nutrition and Population Programme (HNPP) has launched 2 Social Enterprises for ensuring primary healthcare services among rural and urban communities. These enterprises were developed based on months of planning and analysis conducted between BRAC HNPP's core programme implementation teams, multiple programmes and external consultant teams, before moving towards implementation.

Operational Achievements

Launching of operations:

HNPP has launched 12 Centres in rural and urban locations of Bangladesh. In addition to this, a total of 88 Community health workers (CHWs) have been trained and equipped to cater to emerging healthcare needs of the community. These CHWs are currently indicating sustainability with a vast majority of them, earning 4 times more than their previous revenue targets, while continuing to serve the community.

Technology integration:

A total of 3 out of 4 envisaged software platforms have been integrated into our operations. These technologies helped enhance

the quality, efficacy and accuracy of healthcare service delivery at last mile settings, while enabling us to ensure transparency in our operations. Services such as telemedicine have been rapidly adopted with 4,500 consultations taking place within the year in 6 districts of Bangladesh.

Regulatory compliance:

HNPP wanted to ensure that its operations, complied with all, possible regulatory requirements of the Government of Bangladesh. In line with this, measures have been taken to acquire all possible, trade, drug and diagnostic licenses to effectively operate within the healthcare code of conduct and standard operating practices within the Health sector of Bangladesh.

Maintaining Impact at the Community level

Ensure coverage of community:

While sustainability and social enterprises were a priority, HNPP tried to ensure that community level impact was never compromised. During the year, our CHWs continued to work closely with marginalized communities, conducting door to door visits and carrying on their mission to educating people on emerging health issues.

Serve RMNCAH requirements at community:

HNPP prioritized on continuing its work on in the Reproductive, maternal, child and adolescent healthcare space, by continuing to provide communities with access to maternal healthcare, family planning methods and linkage to care.

Screen community for NCDs:

Given the epidemiological shift in Bangladesh and the rise of Non Communicable diseases, HNPP introduced screening services through its front line CHW network. CHWs were equipped with knowledge tools and basic test devices, which contributed to near 30,000 screenings being conducted for diabetes and hypertension.

Financial Sustainability Target

Increasing services and revenue:

During the year, HNPP prioritized on increasing service delivery and eventually revenue through its operations. Throughout the year, our operations initially saw modest service uptake and revenue generation, which were rapidly increased through ensuring quality of services and in focused marketing efforts. At the end of April 2019, the services of our centres were being reviewed and further diversified to cater to changing market needs.

Ensure viability of individual Centres:

Rural operations, on average saw cost recovery of individual centres dwindle between 50-60%. This was commendable given that these centres have been developed recently and were still acclimatizing with the local healthcare market. On the other hand, Urban centres frequently achieved 80-90% cost recovery, building on the large scale demand and uptake of services. Profit and Loss analysis of these 12 centers, also revealed that 3-4 of these centres are already moving towards achieving operational break-even, milestone previously envisaged to be achieved after 18 months of operation.

Approach for 2019–20

HNPP has had significant learning on the health sector of Bangladesh and the emerging requirements of patients. In line with this, for 2019-20, HNPP will focus on the following areas to take its operations forward:

Removing funding as a barrier to healthcare:

In Bangladesh, out of pocket expenditure continues to be a major constraint in accessing healthcare services. While there is the absence of reliable healthcare insurance options hindering healthcare financing, HNPP seeks to provide healthcare services at affordable costs. Pathology tests at our centres are already priced 20-25% lower than the conventional diagnostic market and this will reduce challenges of clients with limited income to access health services.

Diversifying services:

In order to effectively serve the market, HNPP has started reviewing the scope for providing different, market demanded health services to patients. The goal for HNPP is to always continue to be relevant to the varying requirements of the healthcare sector of Bangladesh.

Establish brand identity in primary healthcare:

While there have been certain marketing efforts, to increase sales, HNPP seeks to target the next year, to establish itself as an emerging healthcare provider in the market, being recognized as the first point of care for clients seeking primary healthcare services.

Rural Operations



Telemedicine Consultations (OPD)

Telemedicine services connect patients to Doctors based in Dhaka. We have a pool of 8 Gynae, Cardiac and Pediatric doctors.

Urban Operations



Doctor Consultations (OPD)

A pool of 30+ Doctors, specializing in Gynecology, Pediatrics, Cardiac, Hearing and Diabetes serve our clients at our centres.



Community Health Workers

Conduct household visits and community level forums, educating people on emerging health issues and diseases. They also conduct rapid tests for pressure and glucose, provide intranatal checkups and refer patients to our centres.



Pathology and Screening Diagnostics

We are currently conducting 40+ pathology tests at 20% lower costs compared to the market, ensuring the necessary quality for tests.



Medicines and Health Commodities

We are selling quality, genuine medicines, purchased from 30+ quality and accredited Pharma companies countrywide.



Community Health Workers

Conduct household visits, educating urban communities on emerging health issues and diseases. They also conduct rapid tests for pressure and glucose, provide intranatal checkups and refer patients to our centres.



Ultrasonography, Pathology & Diagnostics

We are currently conducting 40+ pathology tests at 20% lower costs compared to the market, ensuring the necessary quality for tests.



Normal Deliveries & Post Delivery Support

Our team of Doctors and midwives are ensuring that patients get the necessary comprehensive care during and after their delivery.



5 Districts covered within Bangladesh



12 Centres providing targeted primary care



2.1 Million people covered through our operations



Timeline

HNPP Social Enterprise started its journey in 2016, evolving through the learning gathered from the cost recovery programmes. The philosophy for HNPP SE, was to develop a sustainable health enterprise, building upon a unique programme design, to cater to emerging healthcare requirements of the country. From August 2016 to April 2019, HNPP SE has gone through a series of unique milestones that cover market analysis, launching, improvement and refurbishing of its operational model. Details of this entire journey is listed below:

Apr'17–Feb'18
Business modeling and market analysis



Mar'18
Initial launching of operations in 6 centres and 30 CHWs



Feb'18
Operational setup completed



Apr'18
Full fledged launching of operations in 6 centres



Mar'19
8 Health points initiated to work with Rural Medical Practitioners



Jun'18–Sep'18
Expansion into 6 more centres, 45 more CHWs, total 12 centres and 75 CHWs in operation



Our achievements

during the year April'18 - April'19

241,429

People Served



29,319

ANC & PNCs Conducted



26,565

Screening Conducted



38,451

Consultations Conducted



4,468

Telemedicines Conducted



**BDT
38,866,805**

Revenue Achieved



Transformation of Community Health Workers

During the past year, HNPP worked towards improving and upskilling its frontline Shasthya Kormis, revamping the current model and rebranding it as Community Health Associates (CHA).

Capacity Development of CHWs:

During the year, we have invested in developing the capacity of CHWs to enhance their knowledge on emerging health issues, community mobilization, sales approach and basic skills on book keeping.

In addition to conducting household visits, community level forums and ANC/PNC check ups among clients. In addition to these, the CHAs provide the following services:

Service Offering:

NCD Screening:

CHAs are conducting different forums and have educated communities on the emerging health issues such as non communicable diseases. These CHAs orient forum participants

on the challenges of lingering health conditions related to hypertension and diabetes. In addition to this, these CHAs then conduct screening tests and link clients with our health centres.

Medicines and Health Commodities:

CHAs are making essential over the counter medicines, health commodities and family planning items among last mile communities. These are useful for families that are unable to commute to markets to acquire these products.

Financial Viability:

During the year, we learned that CHAs can achieve well if they are taught along the way, instead of overburdening beyond their capacity. Slow, hands on, field based training sessions helped them achieve better outcomes. Originally as Shasthya Kormis, CHAs on average would generate a monthly revenue of BDT 4,000 /month, however this has increased over the last one year to BDT 16,000 /month on average across rural and urban operations.

221,760

Household visits conducted by CHAs

88

CHAs currently working

30

NCD screening by CHA /month on average

60

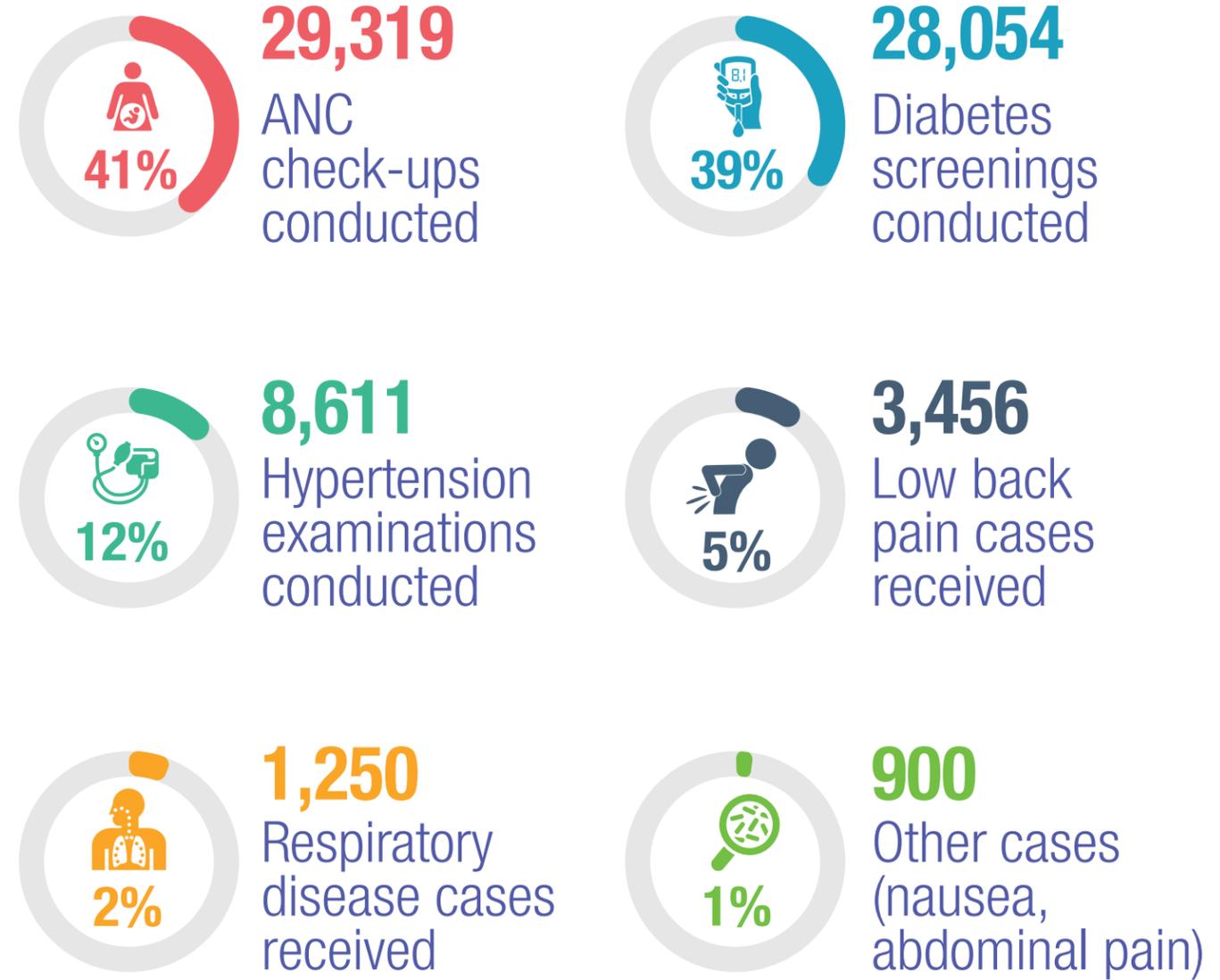
ANC checkups by CHA /month on average

BDT 16,000
earned on average per month (4 times more than previous income)

2.1 Million people covered

Health Screening Coverage

71,590 patients diagnosed at field and centre operations across 6 centres for the month of Apr'18-Apr'19.



The health sector has observed significant use of medicines leading to damaging effects for patients. We try to optimize medicine usage through our operations by prescribing medicines that are crucial and necessary for treatment.

Financial Performance (Rural)

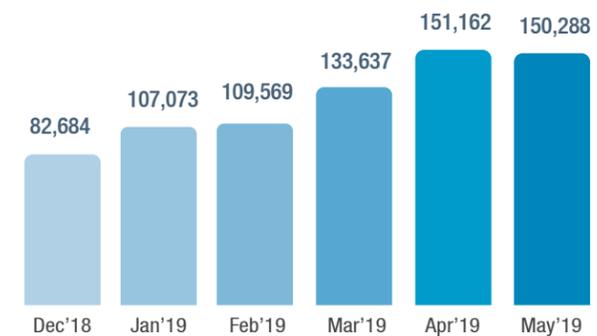
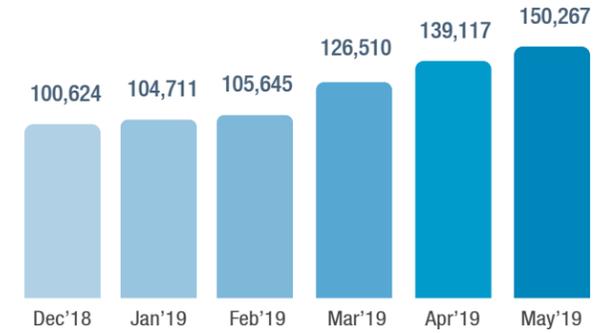
Revenue by month in BDT (Apr'18 – May'19)



Patients served by month (Apr'18 – May'19)



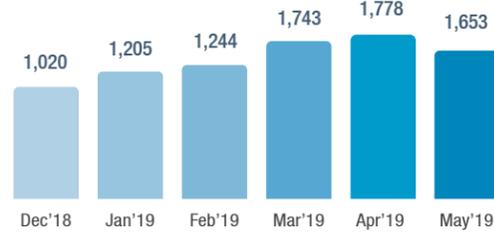
Centre wise revenue in BDT (Dec'18 – May'19)



Centre wise monthly patient served numbers (Dec'18 – May'19)



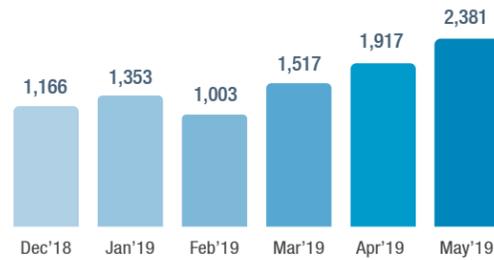
Fulbaria, Mymensingh



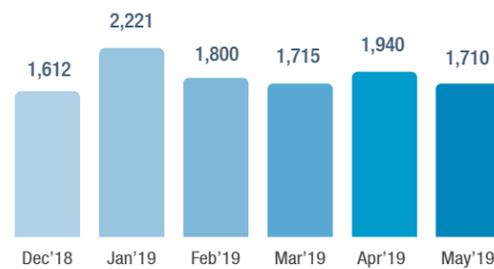
Dagonbhuiyan, Feni



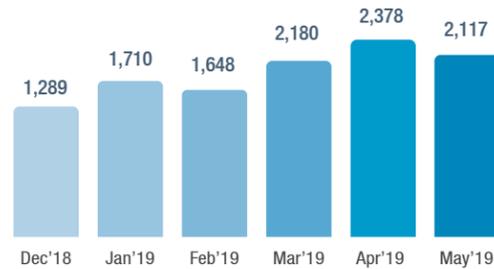
Birampur, Dinajpur



Baliakandi, Rajbari

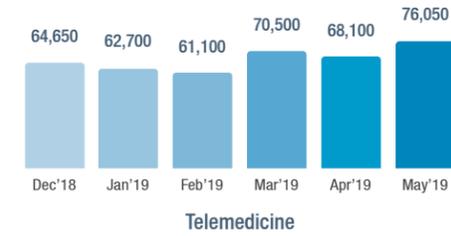


Kaharol, Dinajpur

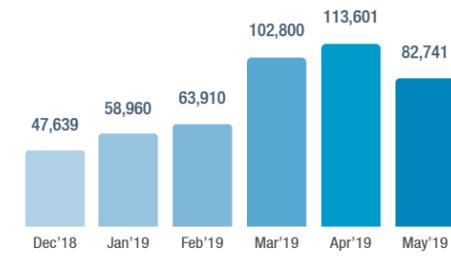


Nawabganj, Dinajpur

Service wise revenue in BDT (Dec'18 – May'19)



Telemedicine



Diagnostics

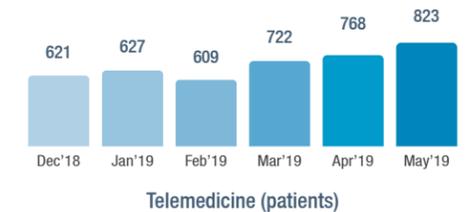


Maternal Care



Medicines and Health Commodities

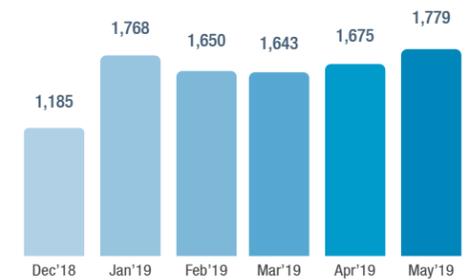
Service wise patient served (Dec'18 – May'19)



Telemedicine (patients)



Diagnostics (patients)

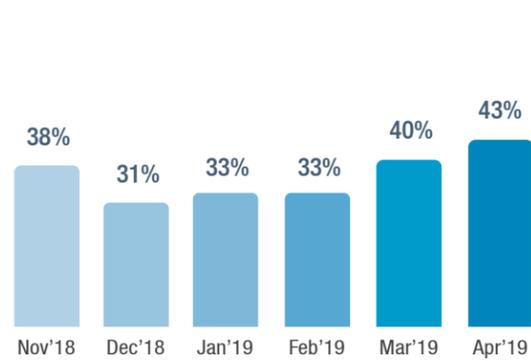


Maternal Care (patients)

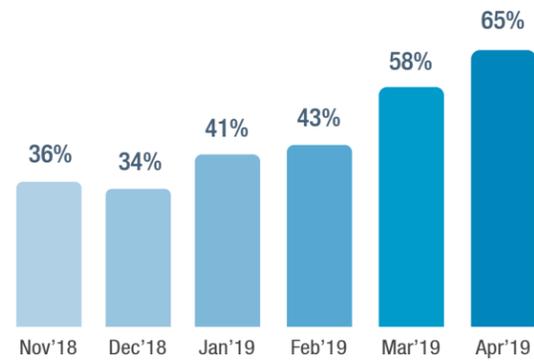


Medicines and Health Commodities (patients)

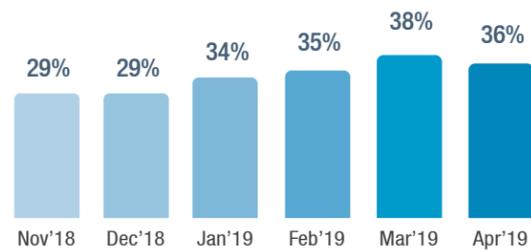
Cost recovery centre wise (Nov'18 – Apr'19)



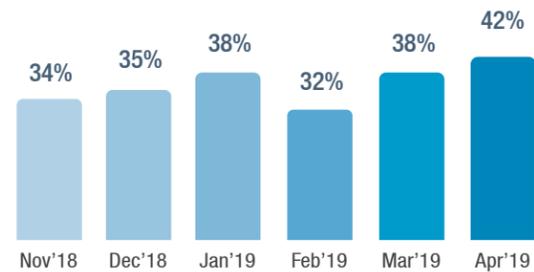
Fulbaria, Mymensingh



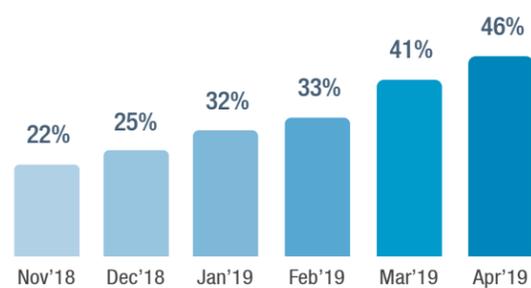
Birampur, Dinajpur



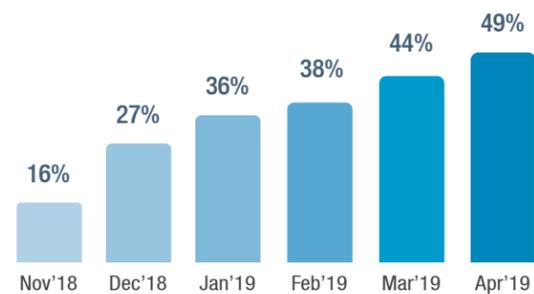
Dagonbhuiyan, Feni



Baliakandi, Rajbari



Kaharole, Dinajpur



Nawabganj, Dinajpur

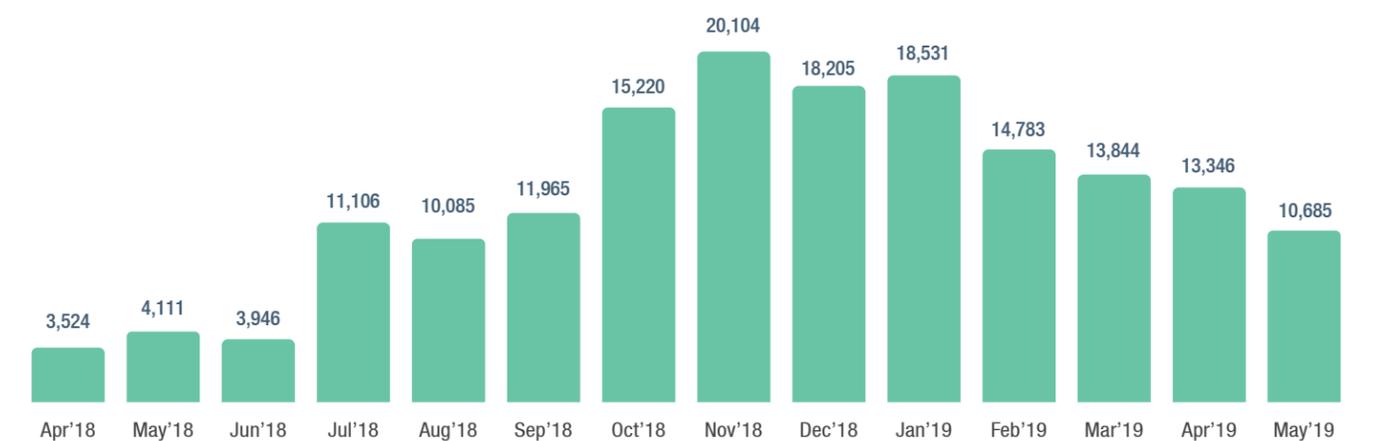
* As per latest accounts report, cost data available till April 2019

Financial Performance (Urban)

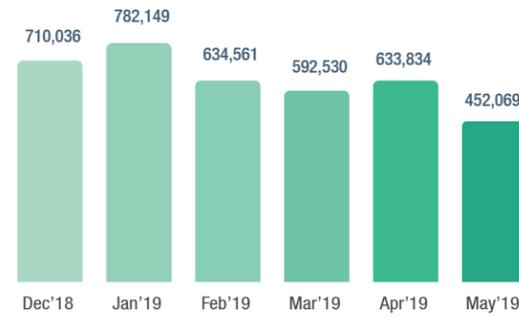
Revenue by month in BDT (Apr'18 – May'19)



Patients served by month (Apr'18 – May'19)



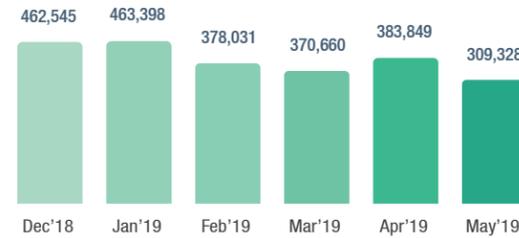
Centre wise revenue in BDT (Dec'18 – May'19)



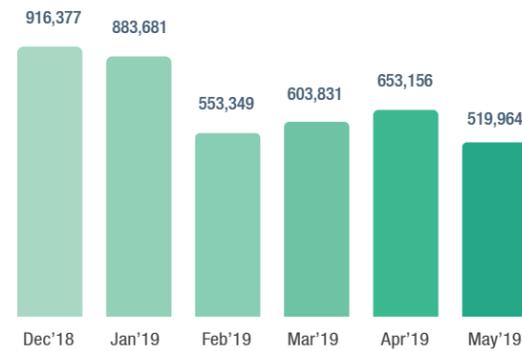
Mirpur



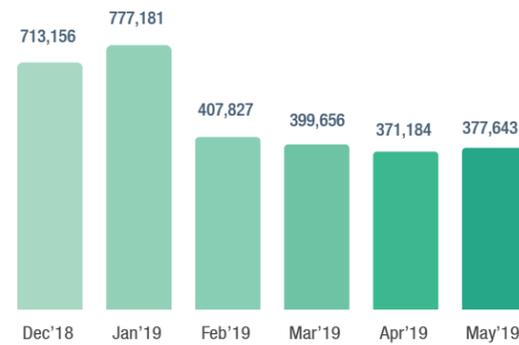
Mohammadpur



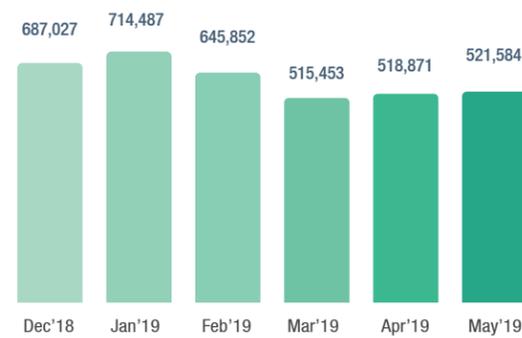
Kamrangirchar



Badda

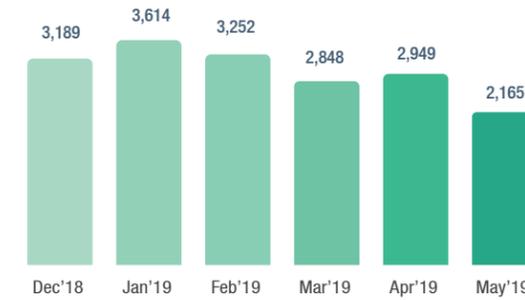


Jatrabari



Shampur

Centre wise monthly patient served numbers (Dec'18 – May'19)



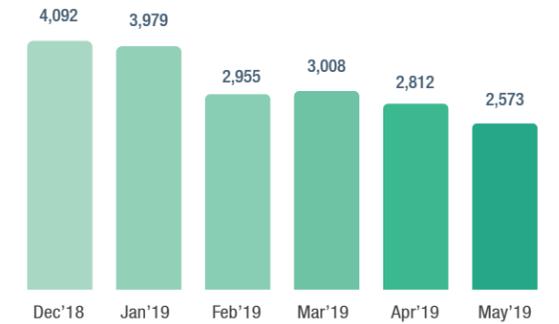
Mirpur



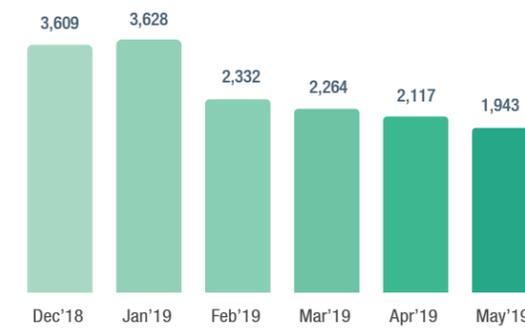
Mohammadpur



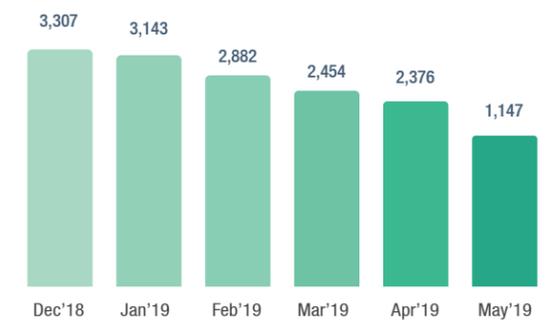
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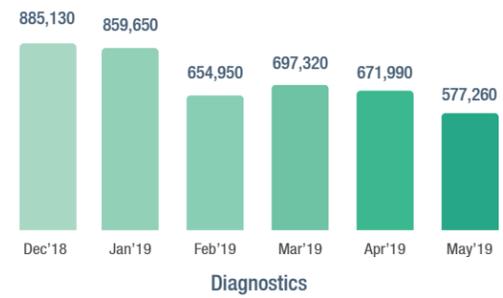
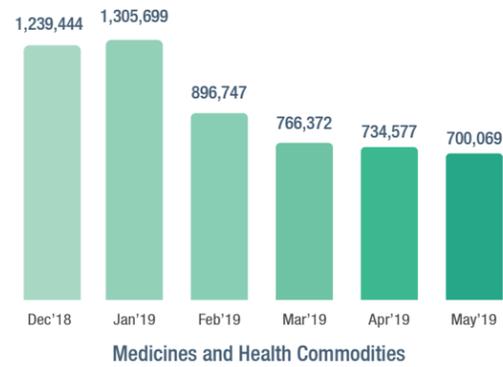


Jatrabari

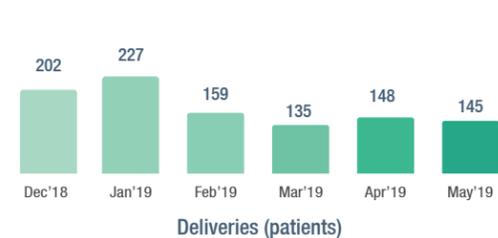
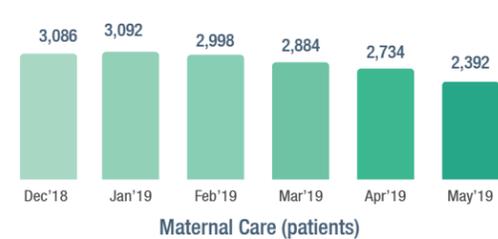
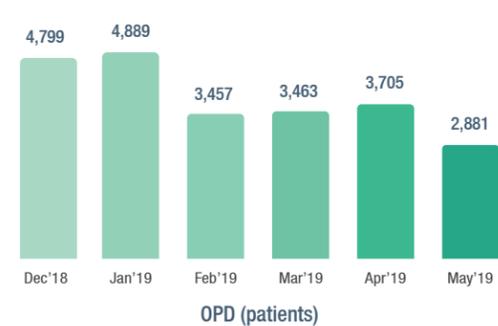
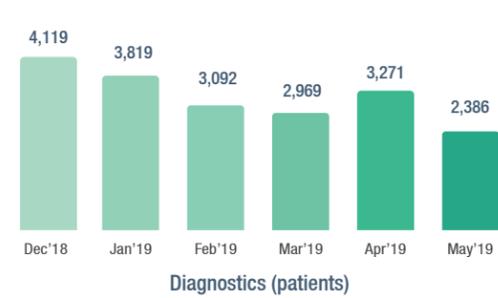
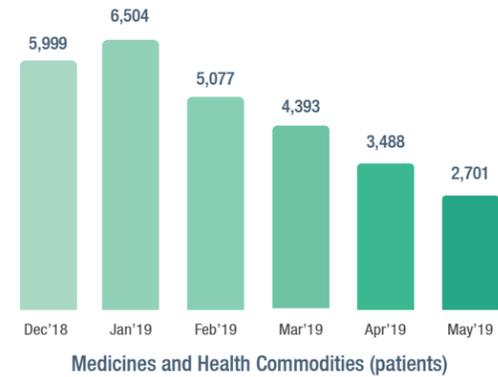


Shampur

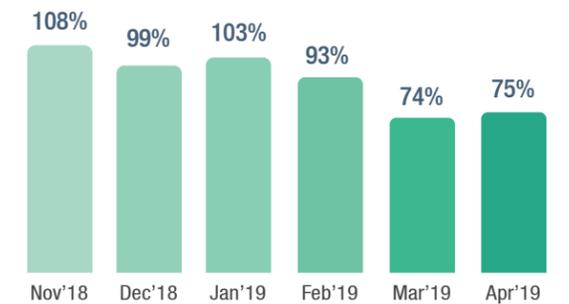
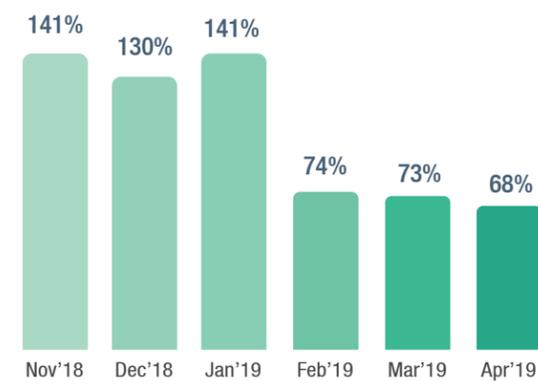
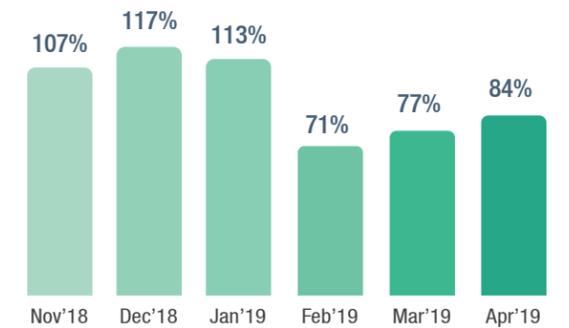
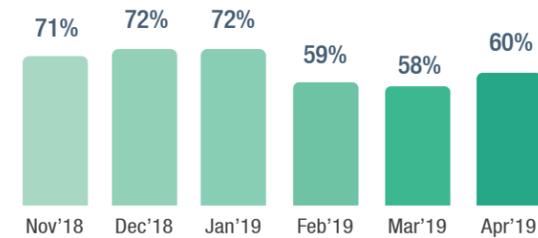
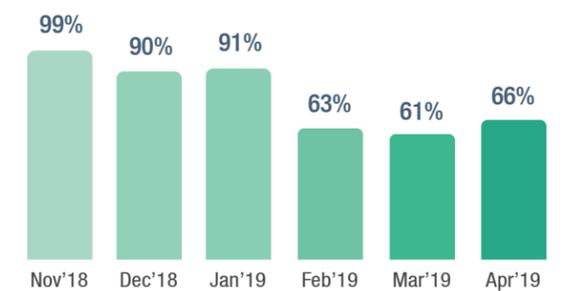
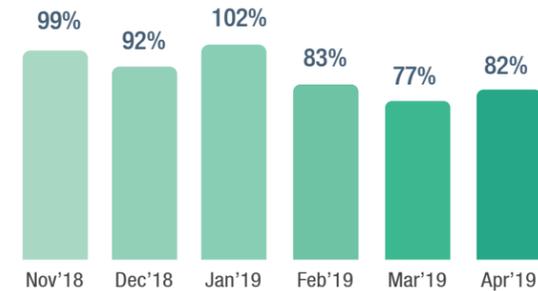
Service wise revenue in BDT (Dec'18 – May'19)



Service wise patient served (Dec'18 – May'19)



Cost recovery centre wise (Nov'18 – Apr'19)



* As per latest accounts report, cost data available till April 2019



We conduct quality tests at affordable costs in our centres, our lab technicians follow all the necessary practices for conducting tests.



Sales of medicines being conducted at our Urban Health Centre, medicines from 30+ Pharmaceuticals companies are available at our centres.

Technology Integration in our Operations

In line with BRAC's values of introducing innovation within its operations, HNPP has taken different measures to incorporate different technology platforms within its Social Enterprise operations. These solutions enabled HNPP to prioritize on providing technology enabled healthcare services, improve its operations management and ensure day to day tracking of performance.

During the year, HNPP were able to implement 3 out of its 4 envisaged technology platforms at the community level. The following are some of the different technology platforms developed and implemented.

Centre Management Software:

The centre management software was developed in the early part of 2018. This was used for tracking and listing all inventory receipts and stock outs in our operations. In addition to this, day to day sales activities at our centres were being tracked using this solution.

The Centre management software comes with a



dashboard that enables us to get a snapshot of centre performance.

Along with this the sales counter service, enables Centre Managers to review sales requirements and easily log in patient details with minimal efforts. The Centre Management software also tracks inventory that are stored in the centre. This ensures transparency of storage of inventory. There are efforts to digitize this further by developing a requisition system that links to the central requisition system.

Pathology Laboratory Management Software:

During the start of 2019, BRAC HNPP initiated its laboratory operations. While starting this, BRAC wanted to meet the standards for generating quality and error free reports. Hence HNPP worked with a local software firm to develop a pathology laboratory reporting system, that reduced manual inputs of lab technologists and ensured error free test reporting.

Stock Report by Product 01-Feb-2019 to 30-May-2019

#	Name	Opening Balance			Inwards			Outwards			Closing Balance		
		Quantity	Rate	Value	Quantity	Rate	Value	Quantity	Rate	Value	Quantity	Rate	Value
1	Nutrum GOLD Tablet	1110	4.87	5,405.70	3000	4.87	14,610.00	5880	6.04	35,515.20	-1770	4.87	-8,615.90
2	Kanitid 150 Tablet	-1688	2.02	-2,965.36	0	0.00	0.00	0	0.00	0.00	-1688	2.02	-2,965.36
3	Cesin 250 Tablet	170	1.53	260.10	200	1.53	306.00	1380	1.90	2,622.00	-1010	1.53	-1,545.30
4	Fast Tablet	-1000	0.65	-650.00	1000	0.65	650.00	884	0.80	707.20	-884	0.65	-574.60
5	Don A 18 Tablet	-394	1.62	-638.28	1000	1.62	1,620.00	1306	2.81	2,625.06	-700	1.62	-1,134.00
6	PPS 20 Capsule	84	4.03	338.52	10500	4.03	42,315.00	11250	5.01	56,362.50	-666	4.03	-2,683.98
7	Moxilin 500 Capsule	-261	5.44	-1,419.84	500	5.44	2,720.00	862	6.77	5,835.74	-623	5.44	-3,385.12
8	A-Cal 500 Tablet	3825	2.83	10,824.75	5000	2.83	14,150.00	9380	5.00	46,900.00	-555	2.83	-1,570.65
9	Algin 50 Tablet	-413	4.61	-1,903.10	2000	4.61	9,220.00	1977	7.00	13,839.00	-390	4.61	-1,791.90
10	Monas 10 Tablet	56	12.11	678.16	600	12.11	7,266.00	829	15.05	12,476.45	-173	12.11	-2,095.03
11	Dirisyf 400 Tablet	120	1.03	123.60	0	0.00	0.00	266	1.27	337.82	-146	1.03	-150.38
12	Maxima 20 Tablet	-144	4.03	-580.32	0	0.00	0.00	0	0.00	0.00	-144	4.03	-580.32
13	Moxacil 500 Capsule	-54	5.82	-314.28	0	0.00	0.00	-45	6.79	-305.55	-99	5.82	-576.18

Inventory management system

brac | Fulbaria BRAC Administration Transactions Reports Requisitions Sales Cash A/C MS. MONSUR HAKI

Sales

Customer: Product Type: Product: Qty: Unit Price:

SL	Product	Qty	Price	Net	Item Total	Item Net	Total	Opt
2	Supermom Baby Diaper Diaper	2	115.00	0.00	230.00	0.00	230.00	
1	Ace Tablet	15	0.80	0.00	12.00	0.00	12.00	
		Total			242.00	0.00	242.00	

Total Price: 242.00 Discount: 0.00 Cash: 242.00 Dues: 0

Sales Date: mm/dd/yyyy

Remarks:

Submit Add

Sales counter service

Telemedicine Software:

After reviewing several telemedicine solution providers, we decided to work with Dhaka University Bio medical unit. The telemedicine solution is robust and simple to operate and is used effortlessly by our paramedics to connect rural patients to a pool of Doctors based in Dhaka. Over the last one year, we have served 4,000+ patients with telemedicine services.

brac | Health Centre... Administration Reports Requisitions Cash A/C Falbal Khan

REVENUE ACHIEVEMENT National 11/15/2018 11/01/2018 GO TODAY EXPORT AS XLS

CATEGORY	BUDGET ITEM	TARGET	ACHIEVEMENT	ACHIEVEMENT (%)	LAST MONTH	LAST MONTH GROWTH	LAST YEAR	LAST YEAR GROWTH
Total		291,000	82,726	28	63,671	30%	0	--
OPD	Telemedicine	90,000	26,100	29	23,925	9%	0	--
	CMA	5,000	850	17	150	467%	0	--
Diagnostic Tests	Doctor (Part time)	1,000	350	35	100	250%	0	--
	Prescription	66,000	43,427	66	35,594	22%	0	--
Medicine	OTC	84,000	0	0	0	--	0	--
	Surgical Item	6,000	3,220	54	0	--	0	--
Health Commodities	Personal care	4,800	530	11	457	16%	0	--
	Hygiene	7,200	2,518	35	1,115	126%	0	--
	Baby care	7,400	947	13	122	677%	0	--
Checkup/package	Family Planning	0	793	0	538	47%	0	--
	ANC by CMA	3,000	0	0	0	--	0	--
	PNC by CMA	1,400	0	0	0	--	0	--

Daily performance dashboard

Partnerships and Collaborations

Telenor Health

BRAC HNPP and Telenor Health, have been working on piloting Telenor Healthcare insurance packages in 6 Urban Health Centres. These healthcare insurance packages provide hospitalization cash backs, discounts on diagnostic test and medicines. Initially there was limited uptake of this service, however this increased drastically in the last 4 months, due to carefully promoting the services among the community.



Maya Apa

BRAC HNPP and Maya Apa are working to extend Maya Apa's psycho-social services in urban communities. A pilot project is currently being planned in selected Urban Health Centres, where BRAC CHWs will promote the service during their day to day visits to different households. In addition to this, clients will be able to access advisory support services through kiosks built in our Urban Health Centres.



Dhaka University Telemedicine Programme

Dhaka University Telemedicine (DUTP) programme is working with BRAC HNPP. DUTP which largely comprises of faculty members from the Biomedical Unit of Dhaka University, has supported in the development of a telemedicine platform that has been introduced in our rural operations. Over the past one year, a total of 4,500+ consultations have been conducted through the developed telemedicine platform.



Hearing Care Center

During the year, BRAC HNPP had partnered with Hearing Center to provide hearing consultations and diagnostics for hearing issues. Under this collaboration a series of hearing camps were conducted in our Urban Health Centres throughout the year. These camps focused on providing marginalized communities within the locality with low cost hearing consultancy services. Patients were also able to access specialized diagnostic services on the spot, thereby identifying hearing issues and requirements to improve their condition.



Regulatory Compliance for Operations

A major priority in our operations is to comply with all Health sector regulatory practices as stated by the Health Ministry of the Government of Bangladesh. In accordance with this, during the year, we have worked towards availing the following licenses for our operation:

Trade License:

This is required for conducting sales transactions and for receiving any form of cash at our centres. All 12 of our centres have trade licenses and are complying with this requirement.

Drug License:

As per the Directorate General of Drug Administration (DGDA), all Pharmacies must either be registered as a Model Pharmacy or Model Medicine Shop, which follows different global best practices for drug dispensing, storage and relevant standards. DGDA guidelines also dictate that any operations be carried out under the presence of a trained pharmacist. In accordance with this requirement we have taken measures to have our centres comply with this requirement, appointing relevant A & B grade pharmacists (graduate and diploma educated respectively).

Diagnostic License:

Given that 8 of our 12 centres have quality lab services made available to clients, we are currently in progress of applying for diagnostic licenses with the Directorate General of Health Services (DGHS). This is a long-winded process that is already underway, where applicants need to acquire Fire and Environment licenses from the respective departments and then apply for a diagnostic licenses.

In addition to acquiring different operational licenses, HNPP is interested to initiate dialogues with different stakeholders in operation such as DGHS, DGDA and also the City corporation. For 2019-20, HNPP intends to have some level of engagement and collaboration with these stakeholders to move towards the overall goal to work in health system strengthening.



11
Trade licenses acquired

06
Drug licenses acquired

08
Diagnostic licenses to be availed in 2019 (Q3)

Health Campaigns

24

Health camps conducted

05

Community outreach programmes conducted among local health practitioners

15

Rural medical practitioner led camps targeting male patients at the community

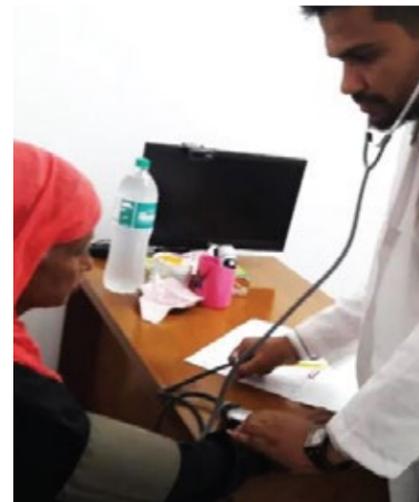
World Hepatitis Day

To raise awareness on hepatitis and health centre operations, Brac organized a seminar in Birampur college on World Hepatitis Day. The session was attended by students and accompanied by their parents. The main attraction of the event consisted of local doctors promoting the significance of hepatitis and measures to receiving care.



World Diabetes Day

World Diabetes Day has been conducted on the 14th of November, 2018 in our rural operations in our Brac Health Centres as part of raising awareness on diabetes and relevant health and wellbeing services. Specialized doctor camps have been arranged in the centres to deliver cost effective quality services to the people at risk of diabetes.



World Heart Day

Targeted towards raising awareness of Heart disease and operations of BRAC Health Centre among a select group of parents and their children. The session was moderated by the local doctor from the Upazila Health Complex. A total of 250 people attended the session.



Hearing Camp Conducted at Urban Health Centre

A Hearing camp was conducted in our Urban operations at Mohammadpur, Dhaka. The session focused on providing marginalized communities within the locality with low cost hearing consultancy services. Patients were also able to access specialized diagnostic services on the spot, thereby identifying hearing issues and requirements to improve their condition.



Telemedicine Camps Conducted at Rural Health Centres

Telemedicine camps have been conducted at the doorstep of the rural community with support and facilitation of rural doctors to make people aware of diabetes, disease management and services available at Brac Health Centre.



Media Coverage





Challenges

Challenges with ongoing market practices

In the market currently, there are numerous market actors who are providing different healthcare services. The following are some challenges that are exposing patients to different health issues:

Medicines:

The market is currently flooded with fake medicines, sourced at low prices from local wholesale markets. The retailers are hence able to provide these at low discounts to clients.

Diagnostic tests:

There are numerous diagnostic providers that are providing tests at compromised quality. In order to maximize the margin, many of these providers are not conducting tests but are instead writing “normal test” ranges causing clients to be exposed to severe health issues.

Getting right skill sets

Time and again the dearth of onboarding skilled health professionals for service delivery, emerged as a major challenge in operations. In many cases we would get quality resources, however there would be problems in having them work in last mile settings.

Regulatory requirements in the market

Strict regulations often make it difficult and a time bound process to acquire licenses. HNPP has coped with high regulatory requirements, acquiring all necessary licenses in due time.

Finding the right people for health service delivery

The supply of qualified and skilled health professionals is limited and many are more interested in urban centric

employment. HNPP reviewed multiple sources and pools for recruiting quality health professional. Focused learning on job also helped staff perform overtime.

Supply chain challenges at last mile communities

This is limited and at times volume dependent. A handful of local companies are able to deliver to Upazila or Union level. HNPP identifies this to be a serious issue, delegating small medicine purchases. Additionally, the supplier list has been extended from 16 to 30 companies to ensure consistent supply.

Community perception regarding Telemedicine services

Community had significant resistance to telemedicine claiming the “lack of touch” as an inferior attribute for the service. Perception regarding telemedicine has been effectively improved with 4000+ telemedicine consultations happening till date.



Learnings

Offering market relevant services

A major learning for HNPP was that services need to be relevant to communities. HNPP initially introduced portable diagnostic screening tests. However these were not popular and were at times redundant for clients using these services. Doctors also focused more on providing confirmatory diagnostics to patients. Hence pathology services replaced these screening devices within 6 months of operations as this was a more community demanded and market relevant service in the health sector.

Rural marketing for healthcare

While we focused on “positively disrupting” the healthcare market, we understood that informal healthcare stakeholders were important in influencing community perception regarding healthcare. Hence, within 9 months of operation we focused on working with these rural medical practitioners, educating them on good health practices and changing their intent to refer patients to us, instead of providing treatment by themselves.

Community perception about health and wellbeing

During the year, we tried to educate communities on improving their health and wellbeing. However, this has been a steady and difficult journey, as people are more cost conscious and focus less about quality of products. Through repeated education and orientation, we are slowly creating an awareness at the market regarding the dangers of using fake and low quality medicines.

Promoting preventive care

Preventive care stems on the principle of awareness and a routine culture of checkups and testing to ensure that a person can identify any health related issues at an earlier stage. We observed community to be negligent of diseases and checkups, often waiting for health issues to be aggravated before accessing healthcare services. However, it has been observed that there is general interest among community regarding different health issues and they often tend to opt for receiving health services if motivated in the right way.

Revamping CHW tier

Under a social enterprise approach, there is the target to make the Community Health Worker tier more relevant and profitable. Initially the CHWs struggled with higher coverage and revenue targets. However, it was observed that with careful target setting, monitoring and hands on training, CHWs can become a profitable tier for BRAC. This has been thoroughly demonstrated after the sales targets of CHWs were revised and gradually increased. In addition to this, the project team, focused on hands on training, which included on the job demonstrations, instead of conventional class room training sessions. The experience till date, has been a positive one, as CHWs have regularly achieved 3-4 times more revenue while effectively serving the community.

Way forward for HNPP Social Enterprise

The first year of the journey for Social Enterprise focused on designing a market relevant, pro-poor and sustainable model for serving all members of the community. The intent from the start has been to acknowledge the magnitude of emerging health issues, dearth of skilled doctors and pain points in the health system exposing patients to different challenges.

Through the year, we have hence targeted to work on making quality healthcare affordable, by re-imagining the extent to which services can be improved for last mile communities. There were also certain concepts such as “remote doctor consultations” and promotion of safe medicines, that we promoted carefully with patients. As the next operating year progresses, there has been greater acceptance and uptake of our services, indicating the potential of the healthcare market to value health services, if provided with the right combination of quality, dignity and affordability.

The healthcare sector in Bangladesh is massively underserved and has strong potential for different services to address the market gap. In line with this requirement, for 2019-20, HNPP envisages to focus on the following areas:

Improve coverage across the country

As the current operations is in a pilot scale, it has touched 5 districts, covering a section of a particular geographical location. However, for the upcoming year, HNPP will work towards expanding this into other locations, to increase its reach among more patients in need of quality primary healthcare services.

Ensuring continuous follow ups

A major portion of serving patients, also pertains to ensuring that patients are coming for follow up visits. In the next year, we intend to increase patient follow ups to our centres, by implementing relevant monitoring and tracking systems.

Referral linkage

For 2018-19, the priority was to initiate a community accepted and viable model of operations. However, for 2019-20, we will emphasize on mapping out market actors in the locality of our operations, to identify relevant providers for accessing secondary and tertiary care.

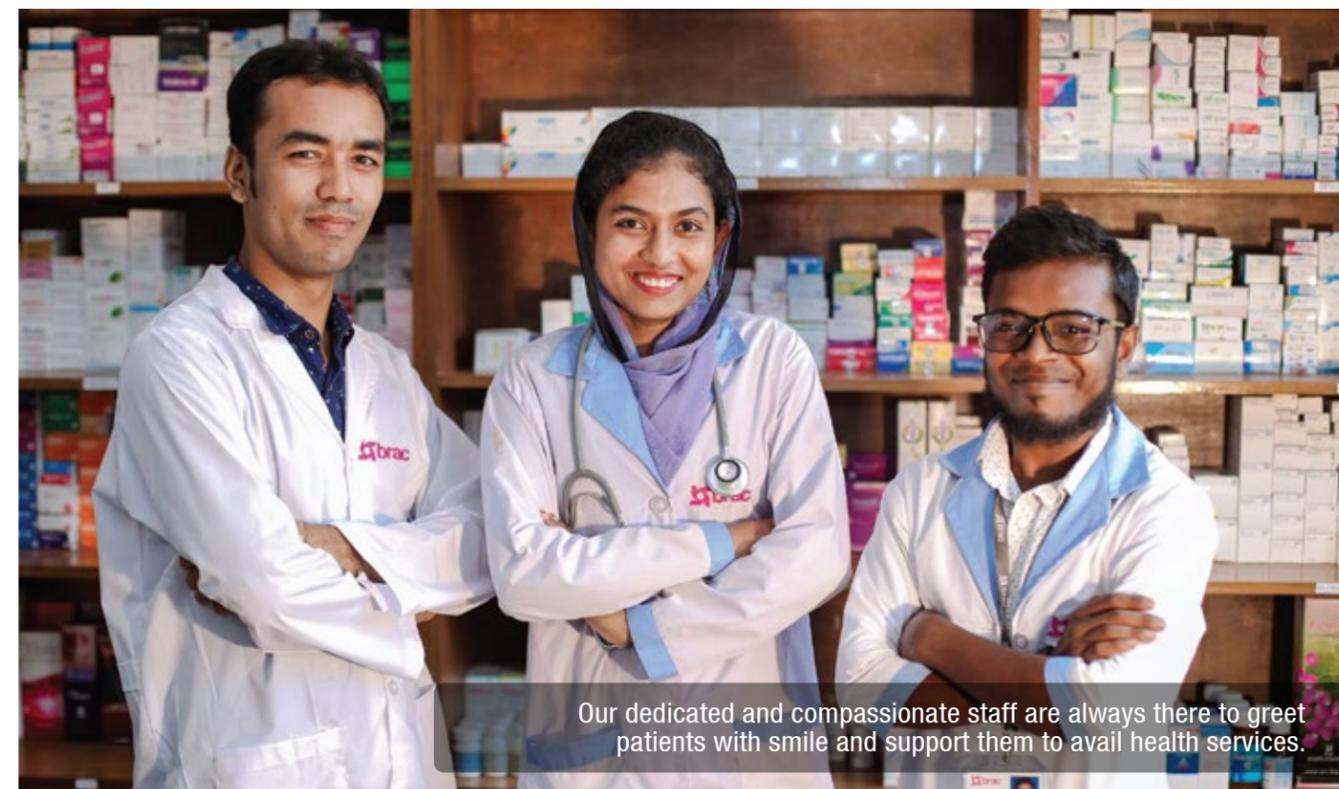
Health system strengthening

During the past year, we have come across several instances of resource constraints in Government hospitals that are working towards ensuring access to healthcare services at affordable costs. In most cases this is either a shortage of relevant healthcare resources or equipment. For the current year, we intend to work with different government level healthcare

stakeholders such as DGHS and DGDA to work in healthcare system strengthening.

Digital health services

The next step towards improving access to healthcare services is through Digital health services. The market currently has different stakeholders such as Doctorola (Doctor appointments), Telenor Health (Digital Health), Olwell (Doctor visits to households) and several start up organizations promoting medicine deliveries through “mobile app” based orders. There is an intent to provide this type of service under a comprehensive package.



Our dedicated and compassionate staff are always there to greet patients with smile and support them to avail health services.

Client feedback on our services



“ I visited the practitioner based in my locality for over the last one year, but saw no improvement in my health. Dr. Rakib at the BRAC Health Centre saw me and prescribed me some medicines. I am much better now. ”

Momotaz Begum
Age: 33 years
Feni, Dagonbhuiyan



“ I used to go all the way to town to see the Doctor who would prescribe a lot of medicines which never would work. The Doctor at the Health Centre prescribed less and behaved very nicely with me when I shared my issues. ”

Mukul Islam
Age: 62 years
Fulbaria, Mymensingh



“ Our Village is getting more and more educated, we just don't go to village doctors anymore. We will take 2 hours to visit your centres to an actual doctor, paying 250 taka is no issue at all. ”

Mossammat Monowara Khatun
Age: 40 Years
Fulbaria, Mymensingh



“ “My ideal health set-up will include diagnostic & clinical facilities with a clean environment. The ideal provider will spend time to understand my health concerns, will converse in a respectful manner, will not dismiss me as a poor person. I think BRAC is going towards this approach” ”

Abdul Baten
Age: 29
Kaharol, Dinajpur



“ “When I was diagnosed with diabetes I was afraid as I thought could only afford some medication and treatment. Doctors of BRAC Urban health centre have assured me that diabetes is more about health living practices and less about expensive medicines. I now regularly visit them and am doing well.” ”

Razia Sultana
Age: 48
Kamrangirchar, Dhaka



“ “My wife has been unwell for over two years and we can't find the right provider. I have eye and dental problems and have not consulted with a provider. While we like coming to BRAC Health Centre for general consultations, I would like for them to expand to eye care, dental and other relevant services. ”

Bipul Shaha
Age: 32
Nawabganj, Dinajpur

Health Enterprise Team



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