BRAC’s Health, Nutrition and Population Programme (HNPP) promotes a broad concept of health among disadvantaged communities through a combination of preventive, promotive, curative and rehabilitative health services. Healthcare interventions have been an integral aspect of BRAC’s holistic approach to development.

**The aims:**
- Improve reproductive, maternal, neonatal, child health and nutrition
- Reduce vulnerability to communicable diseases and common ailments
- Combat non-communicable diseases
- Enhance quality of life

Its unique approach through frontline community health workers, namely, shasthya shebika and shasthya kormi, brings health, family planning and nutrition services closer to doorsteps, promotes health, creates demand and links the community to government and private health sectors.

**Essential healthcare**
Evolved as BRAC’s core health intervention, the essential health care (EHC) offers basic, low-cost essential health services through community health workers since 1991. Special healthcare is given to ultra poor families using EHC infrastructure.

**Maternal, neonatal and child health programme**
Started in 2005 as a pilot initiative in the Nilphamari district, BRAC’s MNCH services have been expanded across 14 rural districts and 11 city corporations, providing access to quality MNCH services to rural and urban slum population. Over the years Manoshi has contributed significantly in the reduction of maternal and neonatal mortality.

**Tuberculosis control programme**
As the principal recipient of the Global Fund to Fight AIDS, TB, and Malaria, BRAC has been working alongside the government to provide services for TB control. In addition to providing 35 partner NGOs with technical support and supervision, BRAC directly implements TB related activities in 297 sub-districts.

**Malaria control programme**
The National Malaria Control Programme works with 20 NGOs led by BRAC to implement activities in affected areas. As a principle recipient, BRAC provides support to other NGO partners and directly implements the programme in the high endemic Chittagong Hill Tract districts and in Moulvibazar.

**Nutrition programme**
The Infant and Young Child Feeding (IYCF) practices are being promoted using the Alive & Thrive model to address under nutrition for children under two in all 61 districts, but, more comprehensively, in 233 sub-districts. Education on dietary diversity in maternal and adolescent nutrition has been implemented, but a more comprehensive approach is being piloted in 10 sub-districts. Micronutrient powders are also being promoted to address anaemia.

**Eye care interventions**
**Vision Bangladesh**
The aim is to eliminate the backlog of cataract blindness with a target of 250,000 under the umbrella of Vision Bangladesh

**Vision Spring**
The aim is to combat presbyopia which results in difficulty in near vision and reduces productivity of adults over the age of 35.
Facility-based services
BRAC facility-based initiatives offer good quality curative and rehabilitative services through BLBBC and BRAC Clinics at affordable costs to the general population.

m-health (mobile health) intervention
mHealth was initiated in urban slums of Dhaka to address quality maternal, neonatal and child health services through a mobile phone-based technological platform. It aims to improve data efficiency, patient care, emergency management support and ensure quality monitoring and evidence-based decision making.

BRAC health security programme (bHSP)
This community-based pre-payment health security scheme aims to help jump-start the journey to universal health coverage in Bangladesh by providing healthcare to low and middle income groups, with equitable access to comprehensive and affordable care. Through a risk pooling mechanism, it contributes in reducing the out-of-pocket and catastrophic healthcare expenditure in the community.

Sustainable clubfoot care in Bangladesh (SCCB)
SCCB is a public-private partnership project of BRAC, through which the capacity to treating clubfoot is being built-up among all government orthopaedic surgeons, post graduation orthopaedic students (MS/ D-ortho) and medical students. The project is also significantly contributing to reducing the disability of clubfoot affected children in the community, through screening and linking them to public facilities through BRAC’s shasthya shevikas across the country.

At a glance
As of December, 2014

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