



Health Sector Strategy Paper

2016-2026

INTRODUCTION

This strategic document on health sector for next eleven year from 2016 to 2026 will be used for increasing access to health services. The main objective of the health strategy is to reduce health risk for improved quality of life and livelihood. During the preparation of the strategy paper the working team has considered the context of health in Bangladesh including MDGs and SDGs goals. In the health sector strategy paper development process, the government initiatives of Bangladesh, concern of DAM's founders regarding health and thoughts of DAM strategy plan (2015-2026) are also considered. On the other hand different aspects were also considered to develop the Paper which includes- excellence and track record of DAM in relation with health issues, DAM programmatic approach, target population etc. It also includes- program coordination among the inter division or inter sectoral program of DAM and monitoring mechanism.

Health Sector

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Bangladesh Context



Mother and Child Health

Bangladesh has made remarkable progress in recent decades to improve the health status of its people. The infant and under-five mortality rates and maternal mortality ratio have decreased, the population growth rate has declined, and life expectancy at birth has increased. The child mortality rate is now 34 (per 1000) and maternal mortality rate is 194 (per 100000). The immunization program has been recognized for its sustained high coverage; however, only 71% of infants are fully immunized.

Low birth-weight among Bangladeshi infants is among the highest in the world, ranging between 20 and 22 %. The nutritional status of women shows a better trend. The proportion of women with chronic energy deficiency has declined from 52 % in 1997 to 25 % in 2011. But the prevalence of obesity among women is also emerging as a public health issue. The hidden hunger, the insufficiency of vitamin A, iron and zinc in the diet that causes major diseases such as diarrhoea and anaemia and poor eyesight are still major health issues.

Communicable disease

Bangladesh is at risk of an HIV/AIDS epidemic. This is due to the high prevalence of the disease in neighboring countries and the limited access to counseling and testing services on account of social stigma. Malaria is endemic in the east and north-east parts of the country with nearly 11 million people at risk of the most dangerous type of infection. TB remains a major public health problem in Bangladesh. The country ranks fourth in the world for both prevalence of TB and TB mortalities. It is estimated that about 81,000 people died in 2014 due to TB. In 2014, WHO reported 196,797 TB cases were notified to the national registry, 187,005 of which were new cases. Case notification rate of all forms of TB is low at 53%. Although there is no estimate on the prevalence of childhood TB, it is believed that childhood TB is severely under-diagnosed. MDR TB is an emerging threat in Bangladesh. According to WHO estimates, MDR-TB rate among all newly diagnosed cases is estimated at 1.4%, and among previously treated cases at 22%.

Non Communicable Diseases

A recent study by Ministry of Health and Family Welfare Govt. of Bangladesh shows that the burden of NCDs now surpasses infectious diseases in the country and

now account for 61% of all adult deaths in Bangladesh. 2010 National NCD risk factor survey showed 99% of those surveyed had at least one NCD risk factor and 29% had more than 3 risk factors. 59% of total deaths caused for NCD. Tobacco in particular is a major risk factor, having caused 57000 deaths and 382000 disabilities in 2004 alone. Substances use is now prevalent everywhere in Bangladesh; in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. There is no comprehensive official statistics on the number of drug users in Bangladesh. Various sources indicate that the estimated number is in the region of 5 million and it is rapidly increasing. In Bangladesh about 80 percent of the drug dependents are adolescents and young men of 15 to 30 years of age. Drug treatment facilities are very limited in Bangladesh.

In Bangladesh, the mental health prevalence is 16.1%. The mental health services provided in Bangladesh are extremely inadequate for this number of mentally ill people with one physician per 4000 people in Bangladesh compared to 400 in America and 1 per 2500 in India. This is roughly 1 Psychiatrist per million in Bangladesh.

There has been an alarming rise in road accidents, significantly highway accidents, in Bangladesh over the past few years. According to a study conducted by the Accident Research Centre (ARC) of BUET, road accidents claim on average 12,000 lives annually and lead to about 35,000 injuries. According to World Bank statistics, annual fatality rate from road accidents is found to be 85.6 fatalities per 10,000 vehicles.

National Policies and Plan

The National Health Policy of 2011, approved in 2012, has identified some challenges of which very weak management and sub-standard quality of health services top the list. Some emerging and re-emerging NCD and communicable diseases like malaria, dengue hemorrhage fever, water borne infection and vector borne diseases etc. and acute malnutrition, climatic changes and environmental problems are identified as positive threats to public health and impeding challenges. To overcome the challenges Bangladesh needs to strengthen health related activities through public – private partnership and government initiatives. In addition substance disorder treatment law and rules need to be reviewed according to client's needs and socio economic context of the country. Six National Five year Plan (2010-2015) emphasized on strengthening health education and communications, tobacco & alcohol abuse control, strengthening management of non communicable diseases (cardiovascular, diabetics, cancers and hypertension), strengthening school health activities, maternal and child health care for elderly and rehabilitation etc. Background paper on Health Strategy for preparation of 7th Five year plan stressed to reduce neonatal mortality and emphasized on newborn care, strengthening institutional capacity for mainstreaming nutrition, ensuring safe motherhood and strengthening existing family planning programme. It has also emphasized on HIV/ AIDS treatment and counseling, TB, malaria and increased efforts on prevention of NCDs and ensured a well regulated service delivery system. Background paper also stressed for increasing efforts on accident prevention and provides comprehensive mental health services.

Sustainable Development Goals (SDG) sets some targets under its Ensure Healthy Lives and Promote Well-being for All at All ages goal (Goal no-03). These targets are;

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- Support the research and development of vaccines and medicines for the communicable and non communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States.
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Health Sector's Milestones for 2015 to 2026

1. Expand primary health care services through establishing the Mayer Hashi Clinic. It will be a chain clinic managed by DAM-Health Sector.
2. Establish Mental Health Care Center and branding as "Monojatna Kendro".
3. Starts Ahsania Health & Hygiene as a Company for income generation and diversity of the initiatives. It will ensure the Diagnostics and Pharmacy services & Logistics Value Chain.
4. Establish and strengthen the Research Department of Health Sector which will contribute Bangladesh government by providing facts and figures about health and services.
5. Introduce and incorporate systemic changes in the health sector (Automation in management & services-e-health, tele-medicine).

identifying and referring to the specialized hospitals and Ahsania Mission Cancer & General Hospital (AMCGH) for definite diagnosis and treatment.

Non-Communicable Diseases Control

Diabetes and cardio-vascular diseases are very common non-communicable diseases which also need to diagnosis, treat and refer in time. Service promoters are educating on ensuring early referral of both communicable and non-communicable diseases.

Drug prevention, detoxification, treatment and rehabilitation are one of the remarkable programs of DAM health sector run by AMIC. AMIC has established 3 drug treatment and rehabilitation centers in Gazipur, Dhaka and Jashore. AMIC follows the evidence-based medical detoxification to safely manage the acute physical symptoms of withdrawal. Treatment is addressing the individual's substance use and any associated medical, psychological, social, vocational, and legal problems. In addition to counseling or psychotherapy, clients are getting required medication, other medical services, family therapy, parenting advice, vocational rehabilitation, and social and legal services. Life skills training provide during treatment and rehabilitation period this would include communication skills, personal skills, coping skills, stress management and enhance self esteem, decision-making skills and anger management. Trained counselors and staffs conduct different sessions on cognitive changes including new cognition, negative emotions, cope with anxiety and fears and enjoy a drug free life. Treatment programs is also providing assessment for HIV/AIDS, hepatitis B & C, tuberculosis, and other infectious diseases, as well as counseling to help clients modify or change behaviors that place themselves or others at risk of infection. AMIC is following treatment approach as appropriate to the individual's age, sex, ethnicity and culture.

Tobacco control program is another remarkable program of DAM health sector. "Teacher will give two lessons on injurious effects of smoking in every class" said the founder of Dhaka Ahsania Mission, Khan Bahadur Ahsanulla in 1915 in a teacher's manual. Based on the philosophy and idea DAM has been advocating the same till today. In the decade of 90's DAM's tobacco control program launched with more organized and constructive way emphasizing on awareness, sensitization and policy advocacy for reducing direct and indirect smoking and tobacco use. Health Sector is implementing various awareness & sensitization activities, networking, initiatives for capacity building and smoke-free environment through making public place 100% smoke-free. DAM has developed and distributed numerous IEC/ BCC and other materials related on tobacco control. From the beginning DAM has been playing very significant role in policy advocacy & lobbying for tobacco control Law and its amendment in national and international level.

E-Health Services

Electronic health (e-health or eHealth) is often defined as healthcare practices Information and Communications Technologies (ICT) supported by electronic processes and communication, and includes E-Health, which is turn, is often defined as the practice of medicine and public health supported by mobile devices. Over the previous decade, the rapid development in Information and Communication Technology (ICT) has experienced tremendous revolution in health sector in many countries. Recent evidence recommends that e-Health is the blessing of ICT and is undoubtedly the most noticeable service that has a clear effect on the expansion of healthcare sector in developing countries. DAM Health

Sector already provided limited e-health services. DAM will continue this service widely through various health services programs.

Emergency Health Services

DAM Health Sector has provided emergency health care services to the Rohingya refugee, people burnt by fire in the Mirpur slum. In our country, people are physically affected due to natural disaster and other diseases at different times. So, the health sector needs to become a formal component in emergency healthcare services, it will further expand the scope of healthcare.

Diagnostics, Pharmacy & Logistics Value Chain

To provide better Health services need to properly diagnose the patient. And scope of income-generating diagnostic centers and pharmacies are very effective activities/workplaces. This pandemic situation has realized that demand for different types of Personal Protection Equipment and other health-related accessories was high and that time people faced a problem of supply of the PPE. Considering this situation and ensuring health services equipment, DAM Health Sector can take initiative to develop a business focusing on health services-related products with financial values through **Ahsania Health & Hygiene**. Under this, the health sector will also run chain pharmacies and diagnostic labs nationwide. Also start to supply some products like- sanitary napkins, bandages etc. at a small scale which will expand gradually.

Prevention of Deaths and Injury from Road Accidents

Road Safety is now being considered as an important area of work. So, considering the present situation, DAM Health Sector would include Road Safety as a core program like Tobacco Control Program. DAM Health Sector will be implementing a project on Road Safety and can highlight the preventive activities to eliminate road accidents. The importance of this work will have an impact at the national level.

Behavior Change Communication

Health Sector considers behavior change communication as a cross-cutting issue. Health Sector of DAM is making efforts for behavior change of service providers, clients and community stakeholders. Service providers are providing services with sound knowledge and skills in a patient-friendly manner, patients will utilize their right to information, one-to-one and group advocacy will be conducted for.

National and International Level Advocacy

Health Sector has been playing a very significant role in result-based advocacy and lobbying with policy makers and influential stakeholders. Health Sector believes that a combined effort can bring about the desired result for tobacco, substance users and HIV programs in Bangladesh. Health Sector has been maintaining close liaison with relevant pressure groups such as policy makers, politicians, development organizations and institutions, to implement the activities for combating drug and tobacco use and protect public health.

DAM's innovation and excellence in the sector

DAM's Substance Use prevention, detoxification, treatment and rehabilitation have created an enormous excellence in the sector. Establishment of Female Drug Treatment and rehabilitation center has also received tremendous appreciations from different corners. Higher level advocacy on Tobacco Control and HIV/AIDS with different ministries has created good reputation among relevant stakeholders. Providing primary health care services (ESD+) to mother and child and cancer prevention and treatment have received appreciation from all corners. Involving youth leader, volunteers and parents in health related activities is also the innovation in this sector.

DAM's Sectoral Strategic Focus



Development goals

Development Goal: To create a peaceful society where social harmony will prevail and devastating health, tobacco, substance use and HIV related harms will not exist.

DAM Health Sector Flagship

Mother and Child health care services through ESD+ package, nutrition ,Substance use prevention, treatment and rehabilitation, cancer prevention and treatment, hyper tension, diabetics, tobacco use prevention, and mental health care services.

Sectoral priorities and service Package

| Service Package | Targets for 2020 |
|---|--|
| <p>1) Ensure essential service delivery (ESD+) package for women and children through field based programmes and institutional services (hospital. maternity centre's, satellite service, etc.)</p> <ul style="list-style-type: none">- Maternal Health care- Population and family planning services- Neonatal care'- Child health care- Immunization- Reproductive health care including STD & RTI- Nutrition- Health care financing | <p>Maternal Health Care: 36,500</p> <p>Population and Family Planning Services: 22,500</p> <p>Neonatal care : 10,000</p> <p>Child Health Care: 30,000</p> <p>Reproductive health care including STD & RTI: 10,000</p> <p>Micro nutrient packet distribute: 3600</p> <p>Awareness session on nutrition: 60 nos</p> |

| Service Package | Targets for 2020 |
|---|---|
| <p>2) Expanding prevention and curative services for communicable diseases</p> <ul style="list-style-type: none"> - Prevention of STI, HIV & AIDS - Prevention of water borne diseases - Prevention of Hepatitis and TB | <p>Awareness Sessions: 120 nos Treatment on water borne diseases: 7200 patients Diagnostic services on Hepatitis and TB : 5500 DOTS center services: 3100 nos IEC/ BCC materials distribution: 10,000</p> |
| <p>3) Scale up substance use prevention, treatment and rehabilitation and tobacco control program</p> <ul style="list-style-type: none"> - Prevention program of substance use - Treatment of substance use disorder - Tobacco control program | <p>Treatment on drug: 1500 Vocational training and rehabilitation: 1500 New drug treatment centers established: 03 Training center established: 01 Family Meeting: 120 nos IEC/BCC materials development and distributed: 5,000 nos Capacity building training for drug treatment and health professionals: 500 persons Enforcement hand book developed: 01 no No smoking signage and IEC material distribution: 10,000 nos Capacity building support to authorized officers and govt. officials: 1,000 persons Support to mobile court operation: 20 nos Create mass awareness on Tobacco use and tobacco control law: 50,000,000 persons</p> |
| <p>4) Strengthen non communicable diseases (NCD) care programmes Priorities:</p> <ul style="list-style-type: none"> - Prevention of cancer - Prevention of hypertension - Prevention of diabetics | <p>Treatment to cancer patient: 1,000 Treatment to hypertension patient: 1200 Treatment of diabetics patient: 5000 IEC/ BCC materials development and distribution: 5000 nos Awareness/campaign program: 20 nos</p> |
| <p>5) Strengthen the treatment and promote mental health</p> <ul style="list-style-type: none"> - Establish counseling center/ mental health institute - Policy advocacy - IEC materials Development | <p>Counseling centre established: 01 Awareness/ campaign program: 10 nos Seminar, Workshop: 10 nos One to one advocacy: 20 nos Capacity building workshop/ training: 40 persons IEC materials developed and distribution: 2,000 nos</p> |

Regional Diversities and Strategies



DAM implemented its activities in different geographical locations. There are 8 Divisions in Bangladesh. All 8 Divisions have their own realities and development needs in terms of location, socio-economic status, ethnicity etc. Currently, Health sector has its interventions in almost all divisions of the country and each region has its own strategy documents. These divisions have therefore been split up into regions according to geographical consideration- Southern coastal belt (Barisal, Patuakhali, Barguna, Khulna, Satkhira & Jashore), famine-prone Northern areas (Rangpur & adjacent locations), Rajshahi Char & haor areas (Mymensingh, Jamalpur and Sylhet), Hill areas (Chittagong & CHT) and Urban slum areas (Dhaka city). Health sector will undertake the interventions considering the gap area, regional needs and global opportunity. Tele medicine services will explore and provide. Use of modern technology in health services will be adapted as required.

Target population, geographical location and priority groups (Component-wise)

| Component | Geographical location (District) | Target group | |
|--|---|---|---|
| | | Primary Target group | Secondary Target group |
| Essential service delivery (ESD) package (Primary Health Care) for women and children through field based programmes and institutional services (hospital, maternity centre's, satellite services, etc.) | Dhaka, Munshiganj, Comilla, Sylhet, Moulvibazar, Rajshahi, Rangpur, Jessore and Satkhira. | Women, children, Adolescent Disadvantaged group (poor, PWIDs, senior citizen, etc) will get preference. | People of all age groups, professionals |
| Prevention and curative services for communicable diseases | Dhaka, Munshiganj, Jessore, Gazipur, Rangpur and Rajshahi | HIV positive, TB Patient, malaria patient Disadvantaged (poor, PWIDs, senior citizen, etc) group will get preference. | People of all age groups |
| Substance use disorder prevention and treatment programs and tobacco control | Dhaka, Munshiganj, Jessore, Gazipur, Rangpur and Rajshahi | Youth, Women and general population Disadvantaged group will get preference. | People of all age groups, professionals |
| Non communicable diseases (NCD) care programmes | Dhaka, Munshiganj | General population, Disadvantaged (poor, PWIDs, senior citizen, etc) people will get preference | People of all age groups, professionals |

| Component | Geographical location (District) | Target group | |
|--|--------------------------------------|--|--|
| | | Primary Target group | Secondary Target group |
| Prevention of death and injuries from road accidents | Countrywide | Mass people. Adult, persons with disability will get preference. | Policy Makers, Drivers, Transport owners |
| Stre Treatment and promote of mental health | Dhaka, Munshiganj, Jessore, Gazipur, | General population, Disadvantaged (traumatize) people will get preference | professionals |

Programme implementation strategy

DAM's ongoing four-stroke strategy of program implementation at the field level will be continued having Community capacity building, Institutional capacity building, Policy advocacy and Direct services as four distinct but complementing wings of the strategy. The inter-woven wings of the four stroke strategy will facilitate enhanced accountability and good governance ensuring quality services and access of the citizens to the public services for which they are entitled.

Considering the people's participation, DAM has been developed a general approach with four strategic choices for across the organization to implement all development program. Health program implementation will follow the four-stroke strategy, which includes Community Capacity Building, Institutional Capacity Building, Advocacy and Service Delivery.

Expansion strategies

DAM Health Sector will expand the program considering the gap area and as per the demand of the target people. Before expand the program necessary survey/ need assessment will be undertaken. Need based consultation will also be conducted with all relevant stakeholders.

Integration with other sectors (field level programmes and institutions)

Division/ Institute

Health Sector will plan and implement the projects and institutional activities with the help of other Sector of Program Division (Education, Economic Development, TVET, WASH, Agriculture, Climate Change & DRR, Rights & Governanc, etc) and other Division/ Unit/Institutions of DAM. These Divisions/ Units/Institutions are Training and Material Development Division, Public Relation Division, Research, Resource Mobilization, MIS, Monitoring, Ahsania Mission E-solution, etc.

Partnership and collaboration (GO, NGO, Private sector)

DAM will facilitate to develop partnership among local government; government departments, local NGOs, INGOs, Development partners, civil society and private sector for reinforce the comprehensive intervention. Join hands of the concerned stakeholders would support respective intervention at the

community level and also at the national level. In case of large scale program implementation through partnership with local NGO, DAM will build capacity of the partner organization and provide necessary technical support to them.

As per government health strategy DAM will implement health education support to contribute in national health program jointly with Bureau of Health Education (BHE). In line with this DAM will provide school health education, hospital health education and service center based education through partnership arrangement with BHE, LGIs, local level health service providers

Documentation of experience and lessons

Health sector will deploy/ assign a person for documentation of experience and lessons of the sector. Besides project based person will also be identified/ appointed to do the same. Annual report and web based archive on health information will be developed. In addition to experiences and lessons health sector will also document the good practices, challenges and recommendation for overcome. It will be done successfully because of highlighting the achievements, policy advocacy, scale up of good practice, media coverage and showing the organizational capacity in this sector.

Research

Health Sector will undertake extensive research work on various health issues. Data will be collected and analyzed systematically and evidence based documents will be produced and shared widely. Necessary corrective measures will be undertaken based on the recommendations. DAM Health Sector will mainstream of its research capacity through developing a separate department. This department will contribute to governments by proving facts and figure need basis.

Visibility and Media communication

DAM Health Sector will use social media, website, print and electronic media and distribute existing IEC Materials (posters, stickers, leaflets, brochure, signage, etc) for highlighting visibility. DAM will also publish more IEC materials and distribute as part of visibility. Visibility will also be ensured through video documentary shows, press conference, etc. Media dissemination will also strengthen through publishing event news and feature writing. Annual report, health e-bulletin, AMIC Barta will be published regularly and event news will also be published through Mission Barta.

Financing and programme sustainability (including HRD and succession plan)

The main source of fund will come from internal resource. Currently 45% fund comes from internal resource. Gradually the source of internal income will be diversified and extended up to 100%. More hospital, clinics, drug treatment & rehabilitation centers will establish under this sector. Clients fees/ treatment cost will help in great extend to operate the day to day activities of the hospitals, clinics, drug treatment centers etc. Besides, a training center for drug treatment professionals and other health service professionals will be established and training will be provided with charge. Moreover, emphasis will be given on funding from national, international, government and the private corporate (CSR) sectors and social business.

Donor funded projects are designed and implemented with an important component of how to establish sustainability after completion of project grants.

Human Resource Development (HRD) is the framework for helping employees develop their personal and organizational skills, knowledge, and abilities. DAM Health Sector will also focus on its human resources as Health Sector will expand its programs and institutions gradually. DAM Health Sector already has HR section and will strengthen its capacity for developing and managing the human resources appropriately. Human resources including volunteer will be developed through providing orientation, training and update information. Experienced and skilled staff will take lead role in program expansion.

Automation: DAM Health Sector will introduce its automation system very soon.

Challenges anticipated and ways to overcome

Following are the present and future possible challenges for the sector

- Shrinking of foreign donor fund.
- Lack of skilled staff.
- Sporadic initiatives of partnership development with corporate sector for CSR.
- Inadequate Knowledge Management initiatives.

How to overcome

- Provide due importance on diversified resource mobilization and income through established more institution and social business.
- Undertake robust initiatives for staff capacity development, leadership and career path promotion.
- Disseminate the good practices widely at international area that attracts donor for funding.
- Develop partnership with corporate sector and govt. for funding

Conclusion

The health strategy paper will be used as a guide for development issues related with health program; simultaneously it will create scope of work jointly with institutional collaboration under DAM health sector. This strategic paper will be a living document and reviewed periodically. All new sector programs will be reviewed according to the new strategy.