

Municipality led digital Health Voucher increasing health access for the urban extreme poor in Bangladesh

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Bangladesh: Urban context

- By 2050, more than half of Bangladesh's population is projected to be urban
- A large proportion of poor migrants often settle in slums and squatter settlements of major cities and municipalities.
- MOH&FW is responsible to deliver PHC in rural areas while in urban the responsibility lies with the local governments (MOLGRD&C)
- The local governments facing lack of human resources and technical expertise, weak municipal finances
- This fragmented PHC delivery system in municipalities is a critical constraint to improving health outcomes among the urban poor



Baseline scenario: Chandpur and Feni

642
HHS
12
HFA
18
KII
8
FGD

47%

Seeking services from an accredited health facility

24%

Mothers of children 0-23 months received 4 ANC visits

67%

Mothers delivery assisted by SBA during their last delivery

43%

Mothers received a PNC visit within two days

All

Participants reported the high cost of services as a barrier

17%

Staff of targeted PHC facilities trained to integrate services

58%

PHC facilities using quality checklist

0

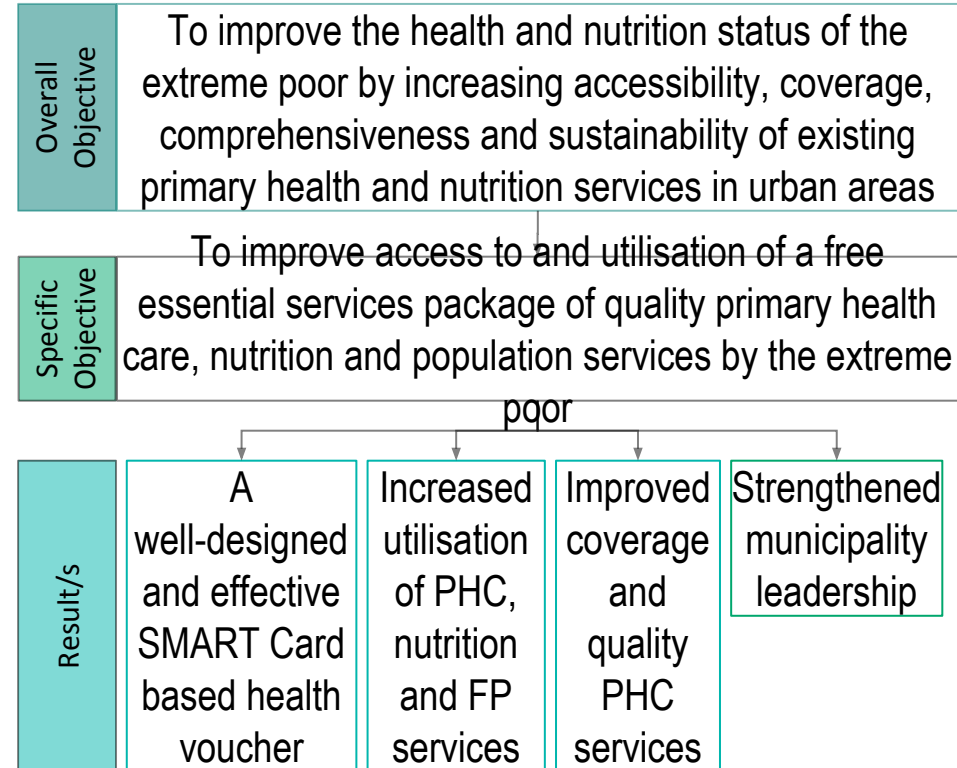
Municipality had a scheme for the health of the poorest

PROSHOMON

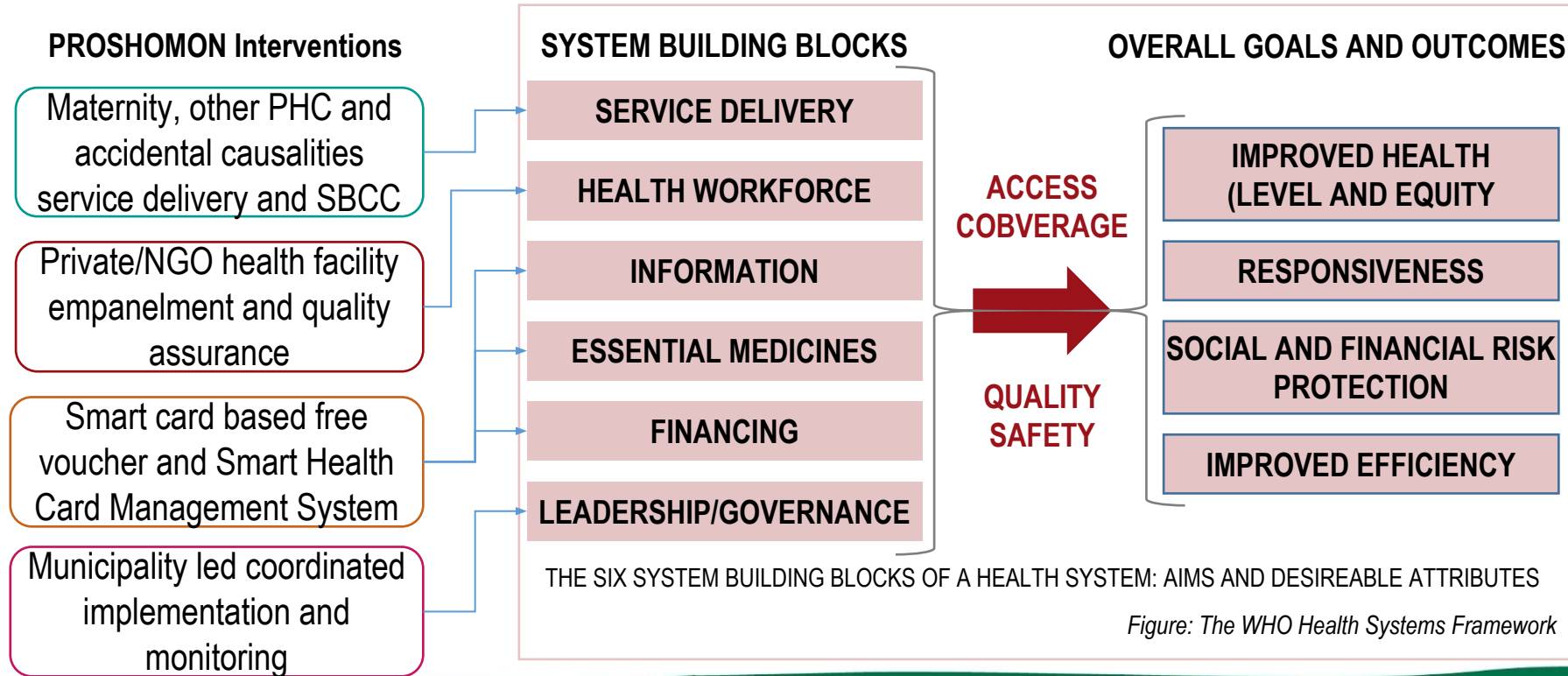
In brief

- A smart card based health voucher scheme
- Covering 15,000 HH of Chandpur and Feni Municipality
- Funded by the European Union
- Concern Worldwide and SAJIDA Foundation implementing in coordination with MOLGRD&C
- Feb 2018 - Jan 2021

Result framework



Interventions following WHO health systems framework to achieve UHC and SDG 3



Smart card based health voucher scheme



Smart card based health voucher

- A branded RFID card/beneficiary
- Managed through an online 'Smart Health Card Management System (SHCMS)' using by the empaneled health facilities
- Paper and cashless service delivery
- More transparent
- Real time reporting and health records
- Saving operational cost and time

The scenario

- Operated by 05 empaneled private health facilities
- Around **4,000** HHs received services within first two months

Beneficiary and stakeholder's engagement

Beneficiaries-

- Orientation on Voucher scheme and health benefits (15000 HH)
- Orientation on Improve health seeking behaviour (5000 HH)
- Community mobilization

Service providers-

- Training of health facilities' staff on quality of care
- Activating GoB district Quality Improvement Committee (QIC)
- Exploring 5S model
- Quarterly quality assurance visit
- Quarterly progress review



Municipality-

- Finalizing the voucher design
- Project launching
- Beneficiary selection and facility empanelment
- Training on role and responsibility
- Allocating BDT **5.5 million** to cover **additional 1,500 poor HHs** in **Chandpur** municipality budget (2019-20)
- Health service monitoring
- Customizing SHCMS for the Municipality

Key issues of successful governance/coordination of PROSHOMON in Bangladesh

- Engage the Municipality with a real valued partnership at every stages of implementation
- Ownership of Municipalities and steering structure at Ministry level
- Trusted coordination among local health, family planning and private health service providing organizations
- System strengthening components accompanied by digital products (smart card, software etc.)
- Buy in of political leaders (social safety net engage MPs through APPG)
- In touch with beneficiaries by front line workforce
- Strong advocacy at all tiers
- Research of different options/model to ensure sustainability (products)
- Engaging community participation in health in all targeted locations



“PROSHOMON is a quiet new initiative. We are fortunate for having this project in Chandpur Municipality. We are doing our best to continue the project but we need a reasonable time technical and financial support. We may contribute a little to make the project success and scalable”



-Nasir Uddin Ahmed, Mayor, Chandpur Municipality, Smart Health Card Distribution Ceremony, Roshuighor Restaurant, Chandpur, 16 May, 2019

Thank you

