Community Engagement Practice in Bangladesh

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Health system

- Shortage of everything
- Rural urban disparity in distribution
Why community engagement is needed?

Value for Primary Health:

- **Establish networks, relationships and processes** in the local community
- **Community contributions mobilized**
- **Increased credibility and accountability** for primary health
- **Improve democratic outcomes** including equity or fairness of a policy or project
- **Developed a deeper understanding** around issues through public information sharing, discussion and deliberation.
- **Better decisions** that incorporate the communities’ aspirations, have less duplication, and are sustainable.

(NSW, 2003)
Community engagement in health: Lessons from a long term project in rural Bangladesh

CCHP, 1994

Community-based model of healthcare provision

Strengthening primary care programs

Addressing inequity

Self-Help Organizations
Public health physicians
Village doctors
Midwives
Paramedics
Model of Community based healthcare provision intervention:

- Building relationship with community
- Identification of SHOs and bringing health in their agenda
- Creating volunteers
- Village health posts (funded and managed by the community)

- About 8% of the poorest families attended the VHP
- From 1998-2000, the number of patients attending the VHPs steadily increased
- ANC, PNC and safe delivery services utilization increased
Community engagement for immunization

- Child immunization in the intervention areas increased (52%), significant compared to the comparison areas (15%)
Addressing in inequity in service provision – performance based payment

Fig. 1: Proportion (%) of women from lowest two asset quintiles using safe delivery services before and after the introduction of vouchers
Strengthening the health systems – Community score cards

Implementing Community Score Card to engage existing community support groups to enhance accountability of primary health care provision

- Transparency
- Resource mobilization
- Quality of service
Lessons learned

• Takes time to engage and bring health in their agenda
• Flexibility to address needs
• Important to engage already existing groups
• Engagement has to be respectful and designed with ability in mind
• Understand the embeddedness of inequity in the fabric of the community
• Importance of thinking through financial sustainability
• Need is not enough- There has to be an Environment for Action