



**COMMUNITY CASE  
MANAGEMENT  
DURING FLOODING  
EMERGENCIES IN  
SOUTHERN  
BANGLADESH: A  
CASE STUDY**

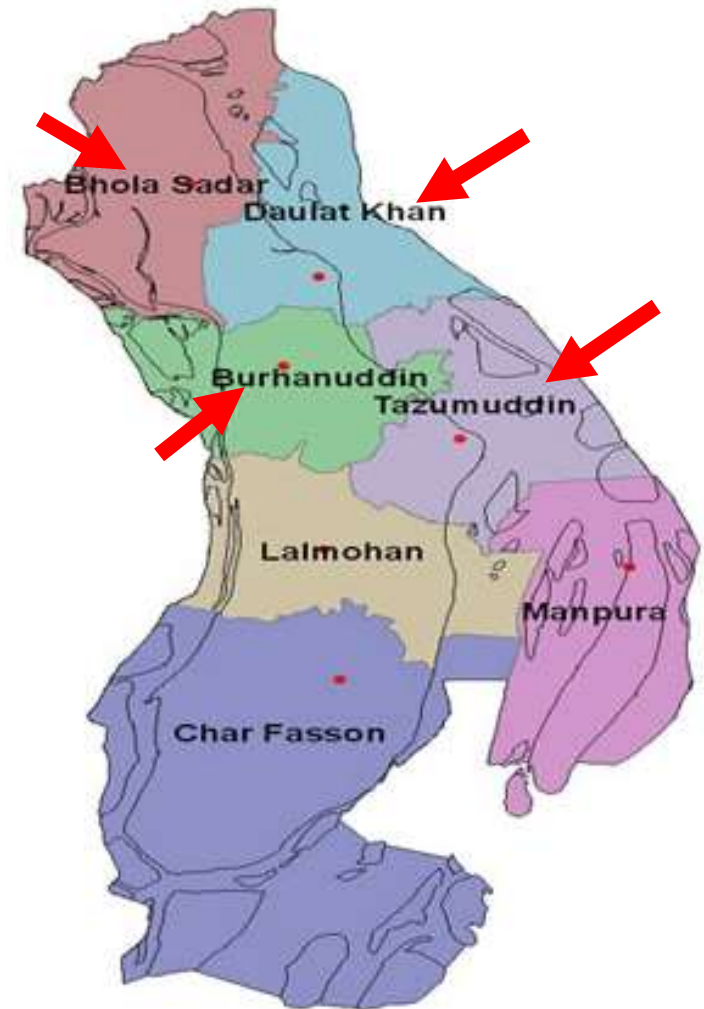
**Rashed Shah,  
Save the Children**

# Study objectives

- **Assessing the effect of flooding on iCCM program delivery and referral services;**
- **Documenting the extent to which iCCM programs were able to continue providing services during flooding period; and**
- **Identifying promising approaches for addressing bottlenecks in iCCM programs during flood emergency.**

# Study Methods

- The study used a mixed methods approach
- A combination quantitative and qualitative study
- Geographic locations: 4 selected sub-districts (upazila) in Barisal those were affected by flood (July-Aug '15)
- Participants in qualitative study were selected using purposive, non-probability sampling



## Quantitative data were collected

- from DHIS data
- for pre-, and post-, and during disaster periods

- **Children <5 received treatment from CHCPs and/or VDs**
- **Children <5 were referred by CHCPs and/or VDs**
- **CHCPs and/or VDs received supportive supervision from supervisors**

# Data Collection

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## Qualitative data were collected

- 28 In-depth Interviews
- 13 Focus Group Discussions

**All IDIs and FGDs were audio recorded and transcribed verbatim**

# Key Results

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- **Reduced access to services**
- **CHCPs and VDs continued providing services**
  - Some decrease in caseload
- **CHCPs traveled to reach households and set up temporary clinics**
- **Supervisors and community communicated CHCPs and VDs by phone**
- **Village doctors bought extra drug stocks, identified safe storage**

# CHCP Stories

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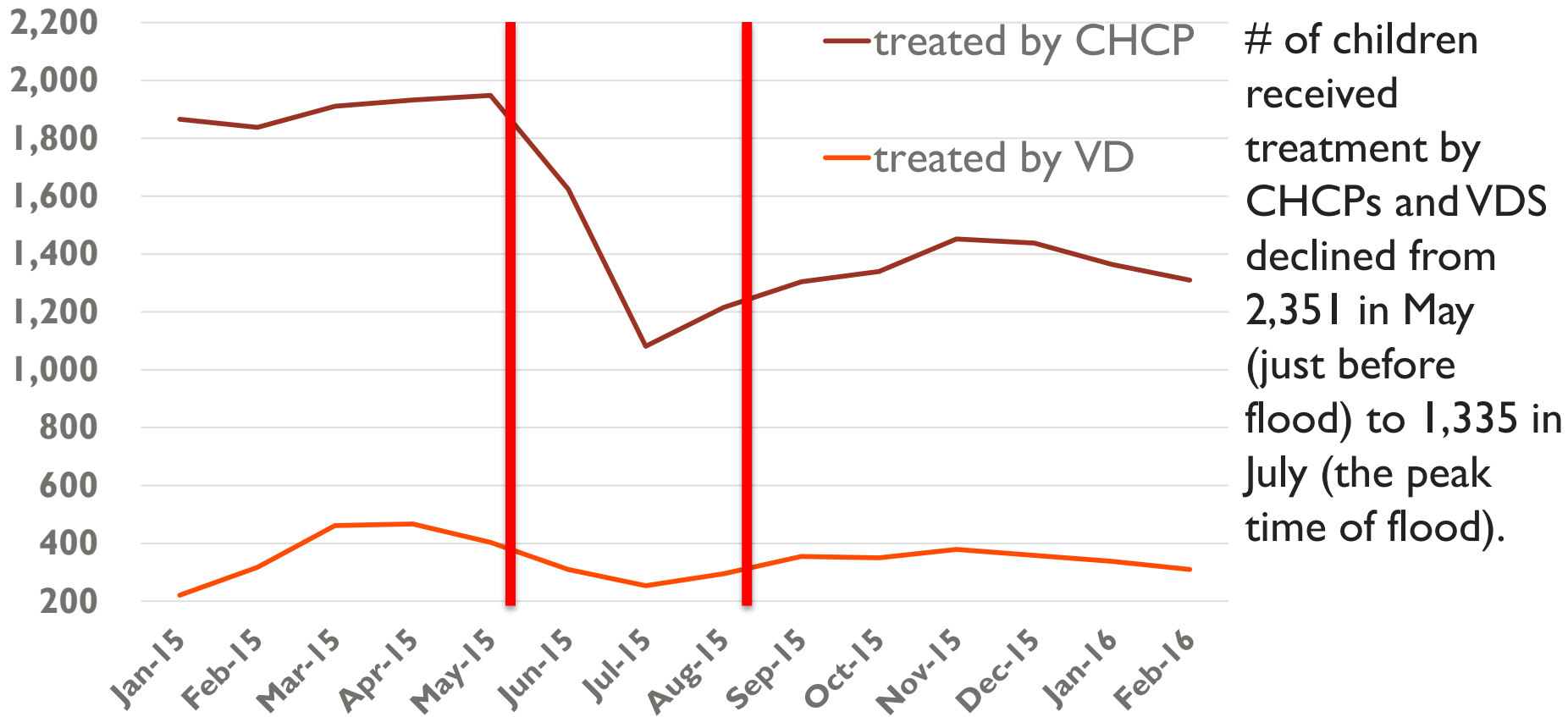
**“I could not provide treatment from the community clinic because people and families could not come here. I communicated with the community groups and discussed with them about this. I took the permission to sit on a nearby specific house and informed the community through the speaker system...[They] arranged a small boat for me so that I could move or go to the place where there was an immediate need.”**

## **– CHCP**

- Four out of five village doctors reported that they had to close down their dispensary/workplace due to the flooding.**

# Children treated by CHCPs and VDs

January 2015 - February 2016





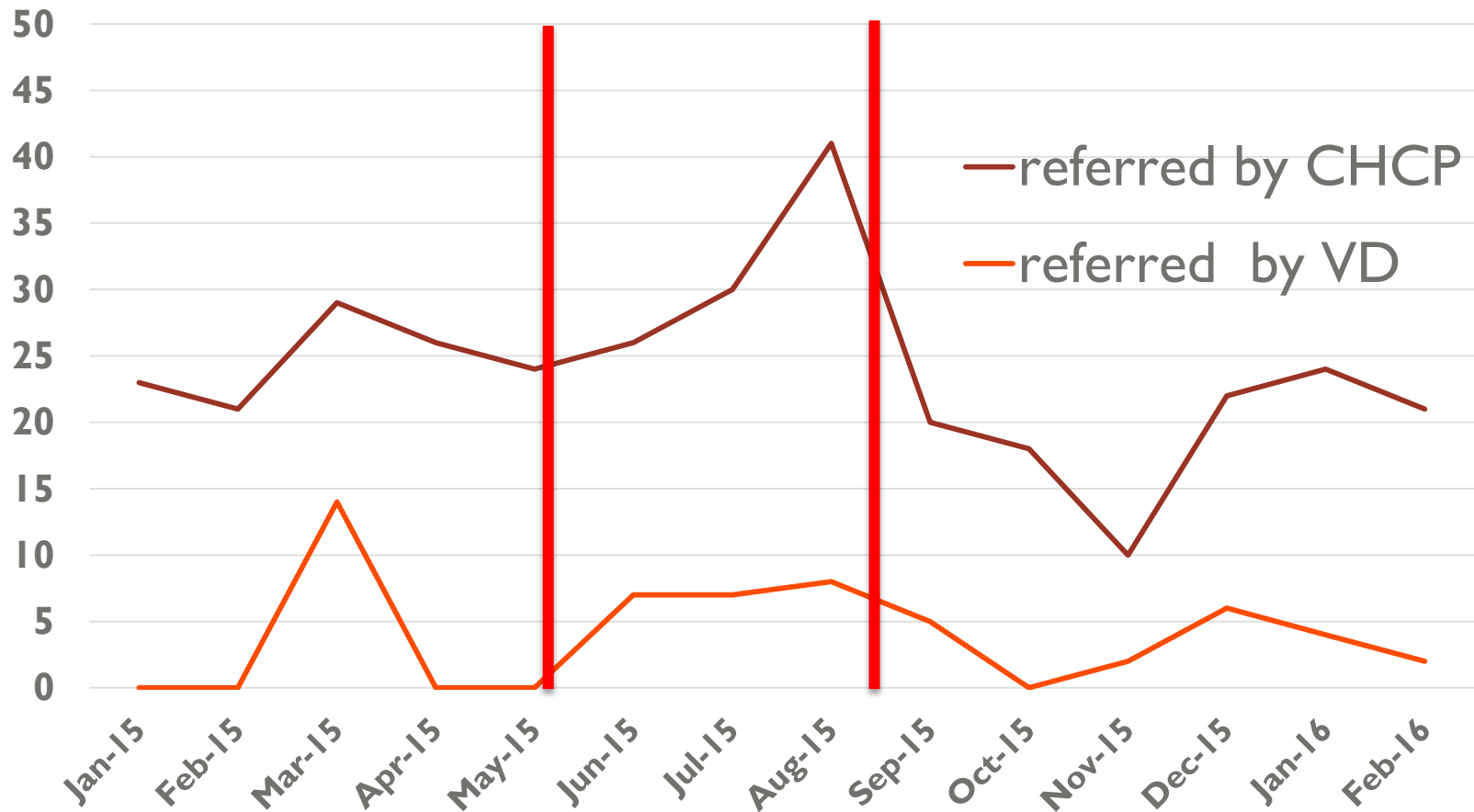
**Difficulties in vehicle transport resulted in challenges for medicine supply as well as keeping them (medicine) safe during the flood:**

***“Our problem was in carrying medicine from upazila hospital.... As the roads were underwater, we could not use vehicles for transporting them. We had to carry medicine up to Parishad (union council) building and keep it on a raised place so that it remains out of the reach of water.”***

**– CHCP**

# Children referred by CHCPs and VDs

January 2015 – February 2016



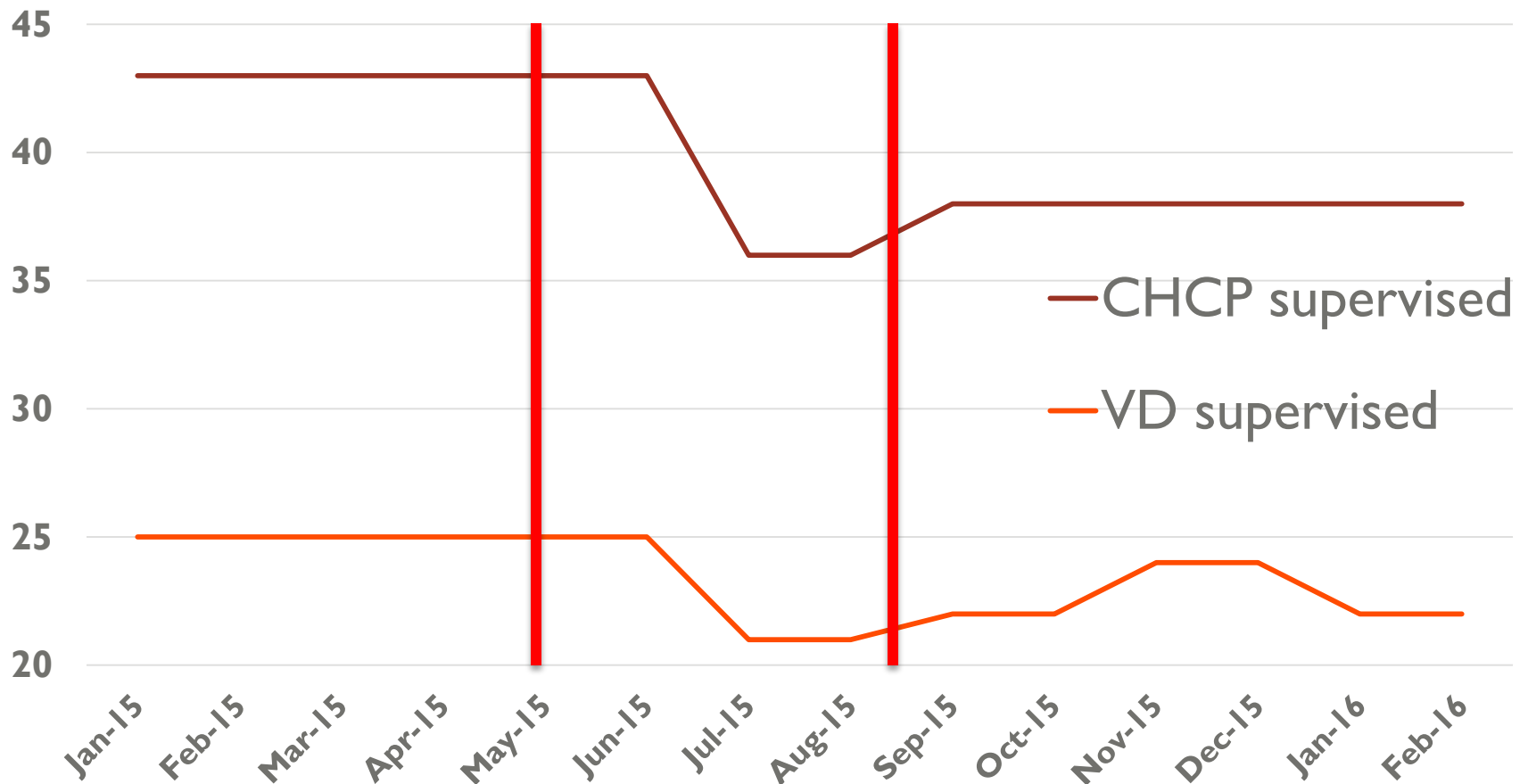
**Supervisors also reported the difficulties they suffered for supervisory visit due to the non-functioning transportation system during the flood.**

***“Due to flood water, our technical officer, field officer and supervisors were unable to go to many areas for supervision.”***

**– Health Inspector**

# Supportive supervision received by CHCPs and VDs

## January 2015 – February 2016



# Recommendations

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**Study participants recommended the following approaches :**

- 1) Pre-identification of risk-prone areas**
- 2) Training for health care providers**
  - on early warning and response network systems
  - disaster risk reduction
  - alternate service delivery approaches;
- 3) Ensuring adequate essential medicine supply**
- 4) Improved integration between health and disaster management sectors**

**THANK YOU**



**Save the Children**