Dokhaiya Para, a ward (smallest local government administrative unit) in Bangladesh’s Rangamati district in the Chittagong Hill Tracts (CHT), is a picturesque place surrounded by hills and a lake. But Munni Chakma and Lima Sree Chakma, who commute every day by boat from the Rangamati town, have little time to enjoy the scenic beauty. The boat journey takes more than an hour. It is not comfortable. The work they do, however, is quietly revolutionizing the health scenario across Bangladesh – from inaccessible, hilly terrain to storm and tidal bore-prone areas.

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STORY HIGHLIGHTS

- In Bangladesh, since 2009, establishment of 14,000 community clinics (CCs) for every 6,000 population across the country brings health care to the community doorstep. Now people can avail of health, family planning and nutrition services under one roof and within half-an-hour walking distance from their homes, even in remote areas.

- CCs have contributed significantly to the improvement of the overall antenatal and postnatal care in Bangladesh. The clinics provide counseling on reproductive health and consequences of early marriage, and also supply contraceptives as well as care for pregnant women. Treatment is also provided for diarrhoea, pneumonia and other childhood infections.

- People’s participation is an important element of CCs. Local community members actively participate in their management.
Both individuals work as community health care providers at the Dokhaiya Para Community Clinic. As soon as they arrive, there is a stream of patients that need immediate care. This community clinic is the only place for miles that offers basic health services and can also deal with a medical emergency.

Sumitra Chakma, an ethnic Pahari woman in her late 30s, is at the clinic to take her contraceptive injection; Jyoti Chakma is there with her sick three-year-old son. The clinic caters to pregnant women and sensitizes adolescent boys and girls about reproductive health. It also acts as the community’s hub for distributing vitamin and zinc tablets for malnourished children, and iron folic acid for pregnant and anemic women. The clinic has two family welfare assistants who make regular visits to 37 villages braving the tough hilly terrain, crossing raging creeks and defying hostile weather.

Rangamati is one of three districts in the CHT region, located in south-east Bangladesh, near the Myanmar and Indian borders. Home to at least 11 different indigenous ethnic groups, this is a unique part of the country, both in terms of landscape and people. However, due to years of civil unrest in the CHT districts, health care facilities were not adequate or easily accessible to people in the region.

In recent years, there have been promising signs of change.

In the late 1990s, the Government of Bangladesh, with support from the World Health Organization (WHO), decided to establish one community clinic for every 6000 population, within half-an-hour walking distance, to bring health care to the doorsteps of the community. These clinics were intended as one-stop service centres to meet community health needs.

However, in 2001, the project suffered a setback due to logistical reasons. Community clinics, including the one in Dokhaiya Para, were shut down.
In 2009, the Bangladesh Government revived the CC programme by establishing the Revitalization of Family Health Care Initiatives in Bangladesh (RCHCIB). The new programme envisaged establishment and strengthening of 18 000 community clinics throughout Bangladesh. Of these, nearly 14 000 such clinics are operational today.

WHO has helped roll out the new programme in many ways. Training manuals have been developed; and training of master trainers and refresher training have been carried out. There has been new advocacy material produced, including documentary films. E-learning material for self-learning on effective service delivery has also been developed. Fourteen community clinics have been piloted with the help of WHO.

“Community clinics have positively contributed to improvement of the health status of Bangladeshis. This is a great innovation in the Bangladesh health sector as most health indicators are now showing positive trends, especially those addressed by the Safe Motherhood Programme. This can be attributed to these clinics,” says Dr. N. Paranietharan, the WHO Country Representative in Bangladesh. “WHO has been providing financial and technical support since the Revitalization Project started,” he adds.

“Since the beginning of the revitalization project in 2009, we have registered 383 million visits in a total of 12 901 CCs in Bangladesh,” says Dr Makhduma Nargis, RCHCIB Project Director.

“Community clinics are not only providing health, family and nutrition services to the rural people but are also becoming centres for health information and consultation. On average, each clinic receives 40 patients every day,” she adds.

Peoples’ participation is the basic concept underlying community clinics. Each community clinic has one managing body titled community group (CG) with active participation of local community members, elected local government representatives including women, teachers, representatives of landless and poorest of the poor, and adolescent girls and boys. The land, upon which most CCs are built, is donated by the local community, making it a great example of a public-private partnership. Before the opening of a clinic, CGs are given training by local health authorities on how to manage the clinics – on security, cleanliness and day-to-day maintenance. A community health care provider appointed by the government acts as the member secretary of the CG, manages the clinic and mobilizes people to avail of the health services.

“Twenty years ago, we couldn’t dream of having a fully-furnished medical centre literally in the courtyard of our community. For a far-flung community like ours, it was beyond anybody’s imagination. But the fact is that there is a community clinic here and everyone benefits from it,” says Biswajit Chakma, a member of the local union parishad and copresident of the community group managing the Dokhaiya Para Clinic.

WHO has not only played a pivotal role in the establishment of CCs, it also continues to provide technical support to the RCHCIB.

“CCs have positively contributed to the improvement of the health status of Bangladeshis, especially to the rural population,” says Dr N. Paranietharan, WHO Country Representative to Bangladesh. “We have been providing financial and technical support since the revitalization project started,” he further adds.
Bangladesh’s maternal mortality ratio has declined by an impressive 40% between 2000 and 2010. From 322 deaths per 100,000 live births in 2001, it fell to 194 deaths per 100,000 live births according to Bangladesh Maternal Mortality and Health Care Surveys. Effective services delivered by community clinics have been key to the decline in maternal deaths in the country.

An evaluation report by the Implementation Monitoring and Evaluation Division (IMED) of the Bangladesh Planning Ministry has noted that the number of people visiting the community clinics is increasingly due to the proximity of the clinics to their homes and the provision of free medicines for common ailments.

A 2014 report in Prothom Alo, a major Bangladeshi newspaper, points out that two other studies of the government also show 80% to 98% satisfaction among people who have used community clinic services. According to the IMED evaluation report, challenges remain, including repair and maintenance of the building infrastructure and tube wells in some of the community clinics.

But as Makhduma Nargis, RCHCIIB Project Director, told Prothom Alo, “Despite shortcomings, it has been a great achievement that people across Bangladesh can now avail of health, family planning and nutrition services under one roof.”