Scaling-up Innovations

Community Clinic in Bangladesh

Dr. Makhduma Nargis
Additional Secretary & Project Director
Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB), MoHFW
## Concept of Community Clinic (CC)
Public-Private partnership

<table>
<thead>
<tr>
<th>Activities</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land for CC construction</td>
<td>Community</td>
</tr>
<tr>
<td>Construction</td>
<td>GOB</td>
</tr>
<tr>
<td>Medicine &amp; other inputs</td>
<td>GOB</td>
</tr>
<tr>
<td>Service Providers</td>
<td>GOB</td>
</tr>
<tr>
<td>Management</td>
<td>Community Group +GOB</td>
</tr>
</tbody>
</table>

*Community Group (CG) and Community Support Group (CSG) are the key player*
Community support groups (CSG)

CC catchments area has appr. 1200-1500 HH & pop. 6000-10000

CSG
Promote the use of CC services and educate community people on health

Local Govt. (Union Parishod)

SubDist. Health Complex (UHC)

CSG-1 (13-17 members)
CSG-2 (15-17 members)
CSG-3 (13-17 members)
CG (13-17 members)

CG
Responsible in daily operation of CC, monitoring of CC function, fund raising for CC improvement

CSG was introduced based on the successful community mobilization model named “Narsingdi Model” developed by JICA.
Background and History

- The present Government during its previous tenure in 1998 planned to establish 13,500 Community Clinics.

- During 1998-2001 period 10,723 Community Clinics were constructed and 8,000 started functioning.

- Due to change of govt. in 2001 Community Clinics were closed and remained as such till 2008.

- Govt. in 2009 has taken initiative for revitalization of Community Clinic as priority program & is being implemented through RCHCIB under MoHFW
Services of CC

Service Level: Primary Level  (Service time: 9 AM-3 PM)

Service Providers:
- Community Health Care Provider (CHCP);
- Health Assistant;
- Family Welfare Assistant;

Available services:
- Maternal & neonatal health care services (ANC/PNC);
- Integrated Management of Childhood Illness (IMCI);
- Reproductive Health and FP services;
- EPI;
- Nutritional education and micro-nutrient supplements;
- Health education & counseling;
- Screening of Chronic Non Communicable Diseases
- Treatment of minor ailments, common diseases & first aid
- Establishing referral linkage with higher facilities
Coverage and Functionality of CC

- 90.3% achieved

Service seekers attended CC

- 28% up!
- 48% up!
- 48%

Target - Functional
JICA provided technical ("Narsingdi Model") & financial (Yen Loan) support to the entire process of nurturing community engagement.
Roles of the government: leading scaling-up

- Designing and guiding partnership;
  - To optimize available resources for CC revitalization
- Recruitment and training of health service providers and relevant parties;
  - To ensure the quality of service delivery
- Mobilize community engagement;
  - To make people’s representatives directly involved with CC
- Monitoring achievement:
  - To make all efforts are accountable
Key for scale up: Partnership

Development Partner:
- **JICA**: technical and financial support to develop and conduct CHCP/CG/CSG/ Local govt. bodies training, and monitoring of CC/CG/CSG
- **WHO**: CHCP Training development and ToT conduction, and monitoring of CC
- **GAVI HSS**: construction of delivery rooms at 105 CCs, and monitoring of CC

NGO & Local Government:
- **14 Partner NGOs** (MoU with RCHCIB ) works for capacity development of CG & CSG and submit quarterly reports.
- Quarterly NGO coordination meeting is held to monitor and update the NGO activities
- Local govt. bodies use annual budget for improvement of CC
Among 64 districts 40 districts (about 70%) already supported by partners.
Lesson Learnt: Delivery Intervention

- CC functioning well where CG and CSG are proactive.
- Effective participation of UP facilitates CG and CSG function properly.
- Capacitated CHCP, CG and CSG act enthusiastically and ensure QoC.
- Involvement of external facilitation ensure regular supervision and monitoring.
- Community engagement makes CC service providers more accountable.
Lesson Learnt: Scaling-up

- Strong and continuous political will to revitalize CC made CC services stable and reliable.
- Ensuring service delivery and creating a mechanism of community engagement resulted in community ownership of CC.
- Partnership with multiple stakeholders is critical for the success of CC.
- CC is not merely a one-stop health center but can be a center for sustainable development.
Future Plan

- To intensify community engagement & Local Govt.
- To make CG financially solvent through local fund generation
- To train all the female CHCPs as C-SBA
- To establish E Health provision
- To establish an effective referral system
- To strengthen Supervision & Monitoring System with Quality of care
H.E. Honorable Secretary General of UNO Mr. Ban Ki-moon talking with adolescent girls at the premises of Mobarakpur Community Clinic under Kulaura Upazila of Moulvibazar District on 16/11/2011.
Thank you so much