Citizen Voice and Action (CVA): Improving primary health systems as a game changer to achieve greater self-reliance
Using Citizen Voice and Action (CVA) in south west Bangladesh to raise civic demand for better health services in community clinics

“Since CVA, there have been many changes in our Community Clinic. Now, on average I see 50 patients a day – most are pregnant or lactating women and children. We (community health staff) provide nutrition counselling and give out iron folate tablets and vitamin A supplements. We are seeing service improvements because local communities are giving us feedback – and this is making us more responsive and accountable.”

Prodipto Sarker, Community Health Care Provider, Khona Khatail Community Clinic, south west Bangladesh

Jomuna Mondol, a young mother visits Khona Khatail Community Clinic regularly with Mugdho, her 1 year old son. For the last six months, Jomuna has attended Growth Monitoring and Promotion sessions each month to track Mugdho’s growth and receive counselling on nutrition and general health care. The Community Clinic has also been Jomuna’s one stop shop for all of Mugdho’s vaccinations. But this has not always been a reality for Khona Khatail Community Clinic – which was an empty dilapidated structure till the recent past.

Recognizing that strengthening primary health care systems is a game-changer for local communities, USAID’s Nobo Jatra project, implemented by World Vision Bangladesh, has sought to enhance the performance of Community Clinics, such as the Khona Khatail clinic, in four sub districts in Khulna and Satkhira. Community Clinics are the front line in Bangladesh’s race to achieve Sustainable Development Goals 2 and 3. The ambition of these clinics is remarkable - 14,000 Community Clinics now operate across Bangladesh, and are designed to provide a range of critical, basic health and family planning services to citizens within a distance equivalent to a half hour walk. Often, community clinics are the only health outpost in rural areas with poor infra-structure and communication outreach.

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“Clinic staff are helpful and approachable. This makes it easier for us to talk about health issues and seek the right kind of advice. The Khona Khatail Clinic now has a tippy tap – this is a simple hand washing station that has been adopted by so many of us now in our homes.”

Hoaneara Begum, a young mother visiting Khona Khatail Community Clinic.

Prodipto recounts the remarkable changes he has seen during his tenure at the clinic.

‘Even I wasn’t aware of all the service standards that Community Clinics have to maintain. Now, we health staff know, and more importantly, local communities know and they demand the services from us. The chairs in the waiting room are constantly full these days – mothers come to vaccinate their children, have regular check-ups and weigh their children. When I first joined this clinic, it was a shell. Through CVA, the community have come forward to construct a new building – and we will start using it soon.’

The role of local politicians in the CVA approach is yet another critical catalyst to success. Dialogues with Union level Government representatives across all four sub districts have shown that having their support in issues raised by communities become more credible.

“Health is the root of all happiness. Through our community monitoring, we have to ensure the quality of services in our Clinics. Citizens have to be aware and they have to know their rights. Action Plans develop through the CVA process helps us to collectively follow up and resolve outstanding issues.”

Binoy Krisno Roy, Union Chairman, Dacope sub-district, south west Bangladesh

uneven, stock outs are common, and clinic man-

agement can sometimes fail to serve the needs of the sick. The monitoring by local communities, supported by World Vision in 115 clinics of Khulna and Satkhira districts, revealed that only 22% had safe drinking water and only 13% had a latrine.

In response to this reality, Nobo Jatra has sought to improve access to, quality and accountability of health services in Community Clinics through dialogue and monitoring of Government service provision standards. Through applying the Citizen Voice and Action (CVA) approach, encouraging changes are already visible. Action Plans developed collaboratively by local community members and Government officials have resulted in improved WASH facilities in clinics through installation of tube wells, water tanks and filters and latrines, availability of basic equipment such as stethoscopes, scales and pregnancy and diabetes test strips. Remarkably, communities have come forward to donate over $12,000 towards renova-

As a major outcome, CVA has also enhanced relationships between healthcare staff and patients, leading to increased health-seeking behavior, higher outpatient numbers, and more pregnant and lactating women using antenatal and post natal services.

“This success story will be developed into a longitudinal case study to track the progress and outcomes of Citizen Voice and Action with Community Clinics - with the objective to demonstrate how strengthening primary health care systems leads to better quality of services and improves nutrition and health outcomes in the long term.
About ‘Nobo Jatra-new beginning’

‘Nobo Jatra-New Beginning’ is a five year USAID Food for Peace Title II Development Food Security Activity that seeks to improve gender equitable food security, nutrition and resilience in southwest Bangladesh. World Vision Bangladesh, together with the World Food Programme and Winrock International and 3 local partner NGOs, implement the project, integrating interventions in Maternal Child Health and Nutrition, Water Sanitation and Hygiene, agriculture and alternative livelihoods, Disaster Risk Reduction, good governance and social accountability and gender to achieve its objectives. Nobo Jatra is implemented in partnership with the Ministry of Disaster Management and Relief (MoDMR) of the Government of Bangladesh in four upazilas under two districts – Dacope and Koyra upazilas in Khulna and Shyamnagar and Kaliganj upazilas in Satkhira – and it aims to reach 856,116 direct beneficiaries.