Community clinics in south west Bangladesh

Challenges and Opportunities

Background

Community clinics have the potential to play a central role to achieve Sustainable Development Goals[1] 2 and 3. Community clinics provide a range of integrated health, nutrition, and family planning services. Effectiveness of these clinics depends upon a properly functioning local government institutions. World Vision's recent experience shows that services at Community Clinics are inconsistent. Recent monitoring by local communities, supported by World Vision in 119 clinics of Khulna and Satkhira districts in south west Bangladesh, revealed that only 22% had safe drinking water and only 13% had a latrine. Since 2015, World Vision's Nobo Jatra project has sought to enhance local government capacity and accountability of community clinics in Khulna and Satkhira through a series of interventions targeted at the services most critical to health and nutrition of mothers and children. Remarkably, 25% of community clinics in Nobo Jatra working areas have improved infra-structure including sanitation and drinking water.

WORLD VISION'S "CITIZEN VOICE AND ACTION" APPROACH

The recommendations in this brief are drawn largely from the opinions and data gathered by communities themselves in Khulna and Satkhira districts. World Vision equips communities to monitor the provision of basic services using its "Citizen Voice and Action" social accountability approach.

A lack of functionality due to inadequate budgeting, and poor management leading to disrupted service delivery are the impediments to strong and efficient local structures such as community clinics. Nobo Jatra projects combines several elements of social accountability such as civic education, a community monitoring score card of local services, a social audit, monitoring of government standards and interface meetings which brings together all stakeholders, and finally, community-driven evidence based advocacy.

Community clinics in rural Bangladesh

Since their revival in 2009, "Community Clinics" have served as a hallmark policy of the Government of Bangladesh. As of now 13,743 Community Clinics operate across Bangladesh and are designed to provide a range of critical, basic health and family planning services within a distance equivalent to a half hour walk. 14,000 trained Community Health Care Providers (CHCPs) are delivering critical primary health services. More recently, the Community Clinic Support Trust Act. 2018 was passed in the national parliament to further underscore the Government's commitment to community clinics and ensure improvement and sustainability of community clinic program.[2]

Community Clinics have not yet fulfilled their ambitious goal of bringing health care to the "doorstep" of the poorest. Community monitoring in over 100 clinics illustrates that service delivery quality is uneven, stock outs are common, and clinic management can sometimes fail to serve the needs of the sick. Community members cited the lack of water and sanitation as the biggest shortcoming of the clinics. Many of these clinics are equipped with tube wells that simply do not work or are contaminated. More efficient supply systems must also be in place if communities are to rely upon community clinics. Despite the clinics' mandate to provide nutrition education and promotion, important equipment is largely unavailable. Even if medicines and services are available, clinics will be useless if qualified staff are not present to attend to the sick. Crucial service gaps can undermine confidence in Community Clinics, discourage utilization and delay treatment in ways that seriously threatens the health of the sick.

[1] Goal 2 is to "End hunger, ". Nutrition and promote sustainable agriculture". Goal 3 is to "Ensure healthy lives and promote well-being for all at all ages."

[2] Community clinic initiatives in Bangladesh, DGHS, Health Service Division, MOH&FW, 11 March, 2019.

Findings with respect to monitoring indicators

Synopsis of findings

Analysis of citizen led monitoring data has shown that that a band of indicators have met the required minimum standards, which seemingly shows a trend towards more accountable community clinics providing improved services. Data indicates that clinics are housed in buildings having citizen charters in place. Community Groups (CGs)[3] are playing proactive roles, attending meetings and following up action plans. Majority clinics are raising fund from sources such as union parishad and community contribution. Around 90% clinics have bank accounts, which is an indication of strengthened governance of public health systems. It is a sign of growing professionalism that CHCPs use aprons. Registers are maintained for keeping record of day-to-day operations. Nowadays clinics are open from Saturday to Thursday. While SDGs are advocating that 'no one should be left behind', community clinics need to overcome three to thirty percent gap that still exists with regard to these indicators.

'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.

Further analysis of data shows that some community clinics moderately meet the set standard but still attention is required to fill the gaps in other clinics. There is an increasing trend where community clinics are hanging name plates and service delivery schedule. More than fifty percent clinics have acquired laptops, furniture, and supportive staff and service providers. More attention, budget and action plan is required for improving remaining community clinics that are underperforming. Forty to fifty percent clinics in Dacope need to increase their standard with regard to these indicators; similarly twenty to forty percent clinics in Koyra need to improve.

"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

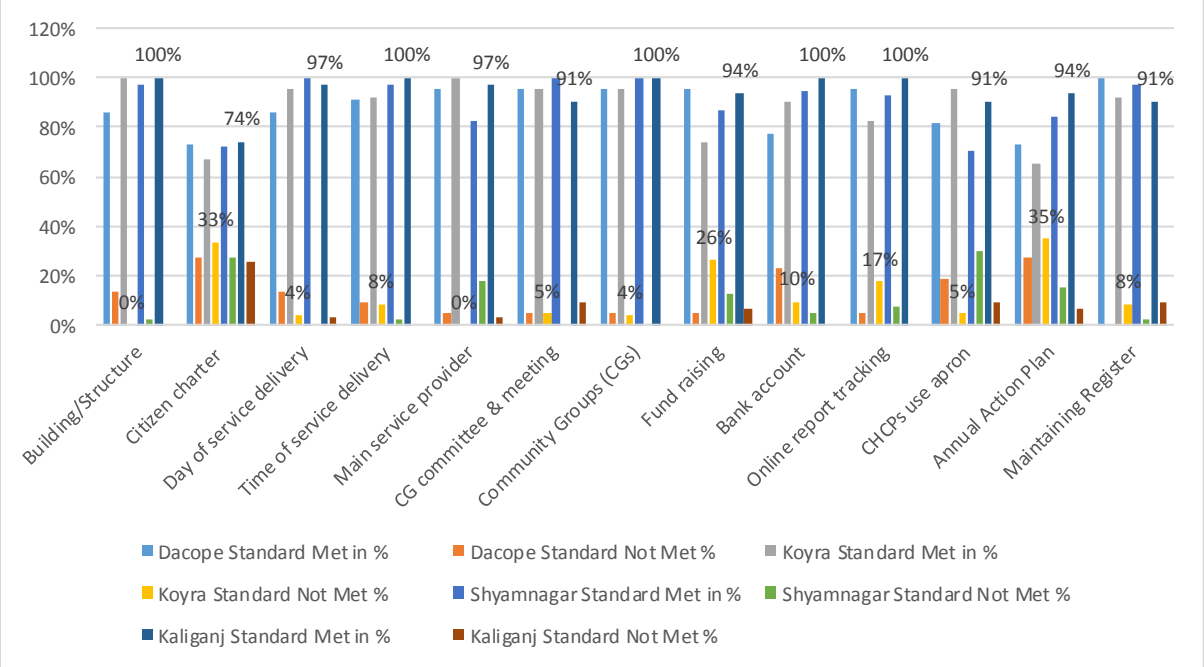
A deeper analysis of monitoring data found that there is an alarming lack of safe sanitation, drinking water, and medical equipment in the community clinics. A key objective of Nobo Jatra project is to ensure access to potable water and sanitation facilities in these four sub districts. The project works to continuously strengthen and empower local government institutions for this purpose. Members of community groups and village development committees have raised the issue of lack of water and sanitation as foremost hindrance of community clinics in a range of meetings as well as dialogues at local level. Orchestrated effort is urgently needed among government and nongovernment actors as well as community members to overcome such grave limitations. It is also disappointing that availability of medicine is not yet 100% in all clinics, particularly 59% clinics in Dacope do not have listed medicines.

22 monitoring indicators have been used in 119 community clinics in Khulna and Satkhira districts - which have been monitored with regard to 22 indicators. For monitoring purposes, 22 community

[3] A community group has 17 members; ward commissioner is the chairperson of this group and women member of UP plays the role of Vice chairperson. CHCP is the member secretary of CGs. The "Community Group" supervises the managerial and some financial aspects of the clinic. In addition, three "Community Support Groups" (each having 17 members) provide outreach for broader health promotion on key themes. Ultimately, these four community groups and three staff in the clinic provide a key set of services upon which the lives of Bangladeshi children depend.

clinics in Dacope, 24 in Koyra, 40 in Shyamnagar and 32 in Kaliganj have been evaluated using scorecards.

Indicators meeting monitoring standards quite well



More than 90% of the community clinics in four sub districts have buildings. Only 14% community clinics in Dacope do not have adequate building. Citizen charter enables people to claim health related services and medicines from clinics. Government of Bangladesh has made it mandatory for all service providing institutions to hang well-articulated 'citizen charter', thus, service-receivers could know every detail about their entitlements. Data suggests that around and above 70% clinics have citizen charters; despite the positive findings, more than one-fourth of the community clinics in four sub districts could not prepare and hang citizen charter.

More than eighty to ninety percent community clinics have dedicated days for the service delivery. In fact, community clinics have made remarkable progress with regard to this indicator, which means clinics are open from Saturday to Thursday. Only 14% community clinics in Dacope, 4% in Koyra and 3% in Kaliganj were not open on regular basis. Alongside dedicated days of service delivery, time is an important indicator too and quality of services could be ascertained based on this. The monitoring data shows that more than 90% of the community clinics are open between 9am to 3pm, which is positive sign towards timeliness.

With regard to the indicator 'main service provider', more than 95% community clinics have met the standard. Only 18% clinics in Shyamnagar could not meet the standard for not having Community Health Care Providers. There is healthy picture about 'Community Group (CG) committee and meeting' because more than ninety percent of the community clinics in four sub districts have met standard. Participation of members of CGs is essential to make clinics accountable for community people. The data (95% and above) indicate that there is a strong existence of community groups in the service delivery process of the clinics.

Fund raising capacity of the community clinics is vital for smooth operation and maintenance, data indicates positive aspect because majority clinics (around 90%) have met the standard. 26% clinics in

Koyra could not meet standard. A pertinent question is how they manage funds/finances that is being raised from different sources. The clinics needed to have bank accounts to ensure smooth management of funds. The monitoring data suggests that more than ninety percent community clinics in Koyra, Shyamnagar and Kaliganj sub districts have met the standard. Only 23% community clinics in Dacope upazila have not yet opened bank accounts.

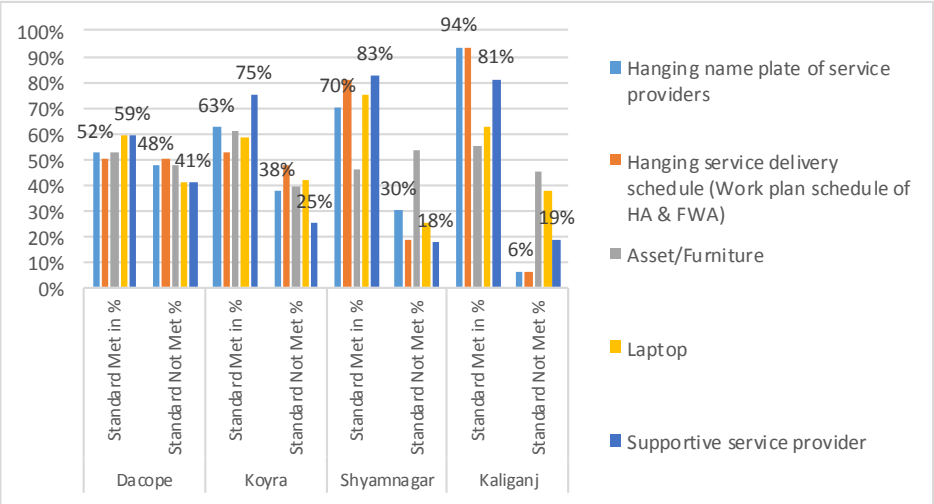
A relevant question is whether these clinics could track online report in such digital age. The monitoring data provides encouraging finding that more than 90% clinics in two sub districts and 100% clinics in Kaliganj have online report tracking mechanism; only 17% clinics in Koyra do not have such mechanism.

The use of aprons by the CHCPs is an important indicator for safer service delivery. Data indicate reasonably encouraging findings in this regard, 82% community clinics in Dacope upazila, 96% in Koyra, 70% in Shyamnagar and 100% in Kaliganj have met the standard in this regard. Only 30% community clinics in Shyamnagar and 18% in Dacope could not meet the standard. More than eighty percent of the clinics in Kaliganj and Shyamnagar have capacity to prepare annual action plan whereas 35% in Koyra and 27% Dacope do not have required capacity. More than 90% clinics maintain register in four sub districts.

Indicators moderately meeting standard but need further attention

The situation in Kaliganj is satisfactory compared to other three sub districts, as 93.75% of the clinics had had nameplates of the service providers. Similar to previous indicators, it is found from that community clinics in Kaliganj (93.75%) and Shyamnagar (81.08%) have been found excellent where service delivery schedules are available at community clinics. On the other hand, 50% and 47.62% of the community clinics in Dacope and Koyra respectively do not have that schedule. Hence, there is significant deficiency for ensuring accountability of the service delivery process.

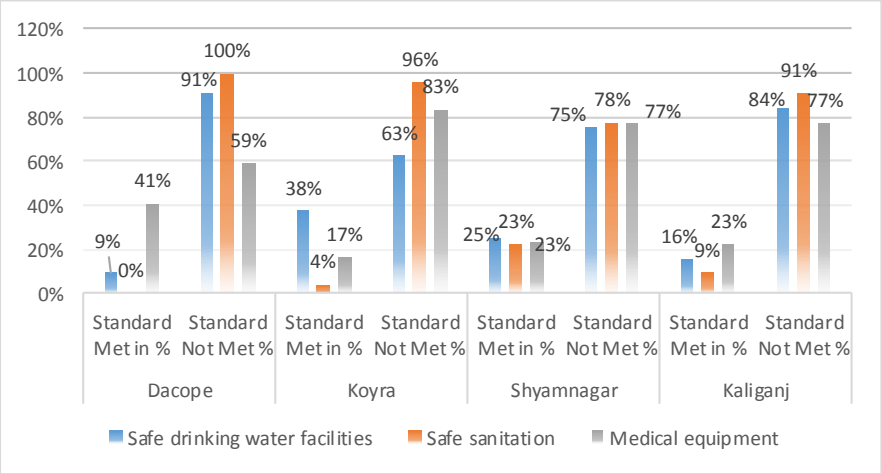
Around 50% to 60% of the community clinics in Dacope, Koyra and Kaliganj sub districts have asset/furniture, still almost half of the community clinics in four sub districts do not have asset/furniture of their own. Laptops are essential to keep records and documents related to services in the community clinics. Despite government's priority on Information and Communication Technology (ICT), significant number of community clinics in four sub districts do not have laptops. For instance, 40.91% community clinics in Dacope and 41.67% clinics in Koyra do not have laptops. Number of Health Assistants and Family Welfare Assistants are not adequate; and roster basis service delivery may not meet demands of treatment seekers, for example, 41% Supportive service providers could not meet the standard in Dacope.



Standards that tend to go unmet and need serious attention

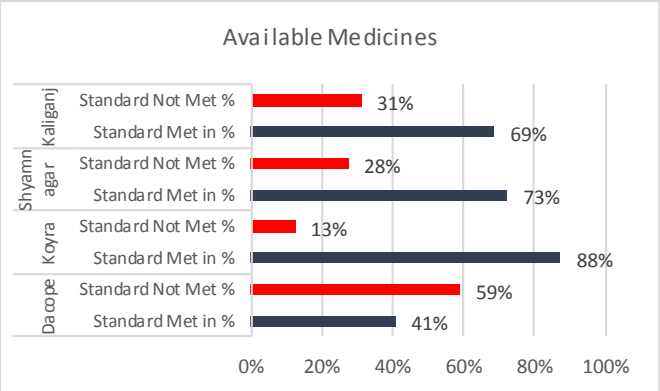
Findings show that, in most of the community clinics, standards tend to go unmet with respect to safe drinking water facility, safe sanitation and medical equipment. According to survey result, water and

sanitation facility is unacceptable in these clinics; an unhealthy situation prevails in the majority of the community clinics in four sub districts. 100% clinics in Dacope, 96% in Koyra, 78% in Shyamnagar, and 91% in Kaliganj could not meet the safe-sanitation standard. There is severe lacking about safe sanitation in the community clinics. Monitoring data also indicates lack of safe drinking water in the community clinics. Among the four sub districts, the situation is particularly dire in Dacope and in Kaliganj as 91% and 84% community clinics lack safe drinking water. Only 25% clinics in Shyamnagar and 38% in Koyra have safe drinking water facility. In the group discussions community members cited the lack of water and sanitation as the biggest shortcoming of the clinics. Serious attention is required to ensure pure drinking water and safe sanitation in these clinics, which are fundamental to achieve improved health and nutrition for the communities.



Along with the availability of medicines, the supply and availability of medical equipment is central for increasing the quality of service delivery by community clinics. Monitoring data shows negative picture as the overwhelming number of community clinics in four sub district could not meet the standard.

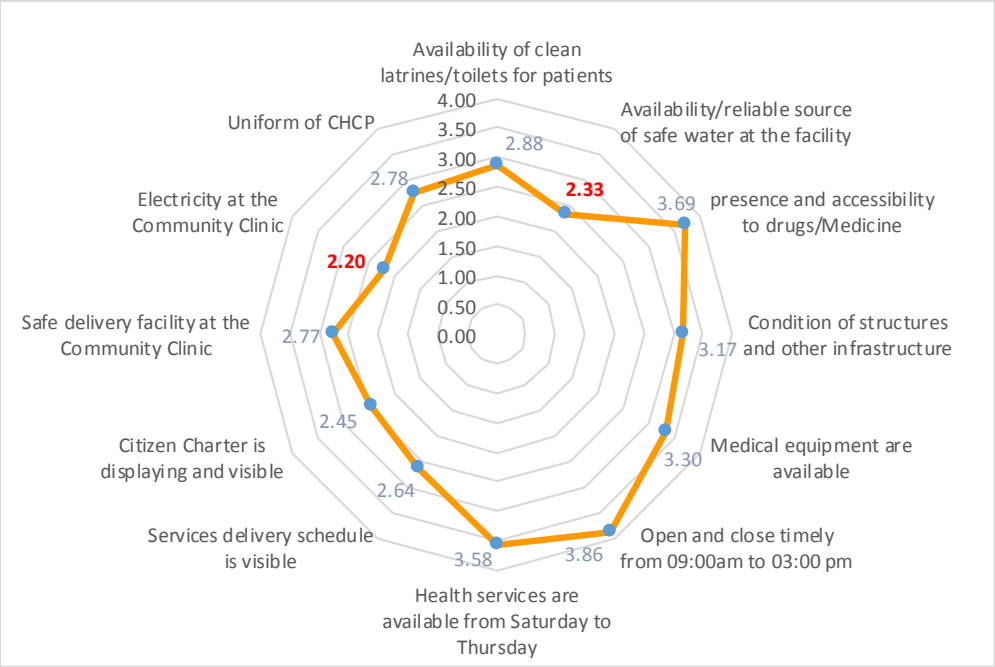
Unmet standards	Dacope	Koyra	Shyamnagar	Kaliganj
Safe drinking water	91%	63%	75%	84%
Safe sanitation	100%	96%	78%	91%
Medical equipment	59%	83%	77%	77%
Availability of medicine	59%	13%	28%	31%



Availability of medicine is the key indicator and delivery of services at community clinics heavily depends on it. Data shows that availability of medicine is relatively better in Koyra (88%) and Shyamnagar (73%) comparing with that of Kaliganj (69%). On the contrary, situation is alarming in Dacope because 59% clinics do not have medicines as required. Overwhelming challenge is, clinics cannot continuously provide medicines to treatment-seekers at a stretch for two months.

Scorecard result

Nobo Jatra program had facilitated score card exercise among groups of treatment-receivers from 119 community clinics in four sub districts. Treatment receivers were divided into 119 boys, 119 girls, 119 men and 119 women groups. This score card exercise reached 4789 (male-2404, female-2385) respondents. 476 group discussions required to accomplish these exercises.



Score is defined as, 0-1.49=Very Bad, 1.5-2.49=Bad, 2.5-3.49=Average, 3.5-4.49=Good, and 4.5 & higher=Very Good.

It is apparent from score card exercise that treatment receiver are not satisfied with the safe water facility and they scored this as bad (2.33). Similarly, it is also apparent that electricity supply is bad and citizen carter is not displayed in many cases. Community people appeared relatively happy that these clinics are open between 9am to 3pm from Saturday to Thursday.

Review and reflection with Community Groups

To ensure that community clinics perform at a higher capacity, strong governance is a critical catalyst. As a case in point, the active participation of Community Groups is essential to enhance quality of services provided by the clinics. CGs are a catalyst to ensure that clinics in the community function efficiently and in the long term. With regard to the strength of CGs, fully operational, active, knowledgeable and inclusive representation of members directly correlates to or is directly proportionate to functioning, efficient clinics – as shown by our analysis of 119 clinics.

Findings from the review and reflection sessions[4] of selected Community Groups in four sub-districts suggest that stronger Community Groups played significant roles in making local government institutions accountable. On the other hand, clinics that are under performing were usually found to have Community Groups that were not functioning as required to support clinics.

There are remarkable achievements in the community clinics and credit goes to members of CGs for their active and meaningful participation in improving services of these clinics including adolescents' health. Meeting regularly, finding gaps, taking actions by the members of CGs helped repairing tube well and building, improving safe drinking water, having Blood Pressure measuring machine, earth filling and gardening at clinic premise, arranging solar electricity and so on. Some community clinics are now fully

[4] Strong and weak community clinics were selected from four sub districts; members of CGs attended participatory discussion using matrix to find achievements, challenges and way forward for community clinic. Review and reflection sessions were arranged on May, 2019.

functional largely due to the efforts of CGs. Noteworthy achievement of CGs is that some clinics in the remotest corner of the country now have breastfeeding corner in the clinics.

It is apparent from the group discussion that weak presence of CGs leads to low performing community clinics. Some of the elements for low performance and pressing reasons for ineffective community clinics are shown below

- Low performing clinics lack drinking water, sanitation, electricity, needed furniture, equipment, medicine, assets, delivery and checkup facility, and infrastructure.
- Roads to clinics are inaccessible in rainy season due to mud
- Members of CGs do not attend meeting regularly
- Absence of CHCPs, Health Assistants, and Family Welfare Assistants
- CHCPs are not interested to arrange meeting regularly
- Irregular members of CGs are not replaced by new active members
- In some cases clinics are closed most of the time; so there is no scope even to monitor these clinics
- Members of CGs are not active, as a consequence clinics fail to raise fund.
- Clinics not having annual plan are relatively low performing
- Members of CGs do not have communication with unions

It is imperative that members of CGs should have active as well as stronger leadership role for the planning, monitoring and implementation of action points, which contribute improving services in the community clinics and meeting government's set standards. For stronger leadership role of CGs, it is essential to replace irregular members with members that are active, engaged and fully understand the mandate of the clinics and local community needs. In addition, need further work in some areas to develop positive attitude among CHCPs, so that, they include community members in the planning and monitoring process. Referral mechanism has to be there in the community clinics, thus, patients could be transferred to hospitals for better treatment.

Outcome level achievements in the Nobo Jatra program

Nobo Jatra-New Beginning' - a five year USAID Food for Peace Title II Development Food Security Activity - seeks to improve gender equitable food security, nutrition and resilience in southwest Bangladesh. The program particularly emphasized improving essential hygiene practices, strengthening utilization of improved water schemes, and improving utilization of sanitation facilities, a number of critical activities were accomplished throughout. Some noteworthy achievements related to community clinics are,

Community clinic in Kaliganj before and after community intervention

- Performance of all 119 Community Clinics is enhanced in the four sub districts covered by the project. In using CVA, local citizens (service users) have been sensitized on Government service standards for Community Clinics (opening hours, availability of basic medicines and equipment, basic WASH facilities, staffing etc.).

- 25% of community clinics in Nobo Jatra Program's area have improved infra-structure of the clinics including sanitation, drinking water and approaching roads as a result of citizen voice and action.
- Communities have come forward to donate over $12,000 towards renovations and over $5,000 worth of land for construction of Community Clinics. 22% of the action points have been achieved through community contribution and through local government institutions; 18% of completed action points are related to improved water facilities in community clinics, 16% are related to ensuring necessary medical equipment, 4% are regarding displaying citizen charters at community clinics, 3% are related to timing of community clinics and 8% related to improving the safe sanitation facilities in the community clinics.
- 30% Union Parishads also kept budget to improve the infrastructure of community clinics – also a tremendous ancillary and synergistic benefit emanating from the CVA process with WatSan Committees and Community Clinics.

Recommendations

Based on the monitoring data and community assessment, greater attention of the concerned authorities is required in the following areas,

- As lack of water and sanitation is the biggest shortcoming of the clinics, adequate budget has to be allocated for installation and maintenance of safe drinking water supply and sanitation. Union Parishad Act. 2009 has clearly mentioned to allocate significant budget for community clinics. Serious attention is required by government to comply with the monitoring standard in this regard. Government's monitoring checklist for the community clinics should include the indicator of safe drinking water and sanitation.
- Availability of the listed medicines and all required medical equipment is the primer to serve vulnerable communities through community clinics in the south west of Bangladesh. CGs/CSGs should provide communities' need for medicines to CHCPs and then the supply has to be ensured in timely manner. Logistics and supply chain has to be in place to make sure availability.
- Community clinics should be led by people in the communities. Efficacy of clinics heavily rely on active participation of community groups; because the monitoring data and scorecard results suggest clinics that met most of the 'monitoring standards' are led by CGs.
- Greater Collaboration between the Directorate General of Family Planning and the Directorate General of Health Services is encouraged. Community Clinics ambitiously provide a range of integrated health, nutrition, and family planning services. This ambition should be matched by actions that ensure that the corresponding bureaucratic structures support integrated service delivery. Coordinated budgeting, work-planning and supervision will help local staff deliver for the communities they seek to serve.
- Evidence suggests that roster basis service of CHCPs, HAs and FWAs cannot meet the monitoring standard. Hence, human resources are required to meet the increasing demand of treatment seekers in the community clinics.

For citation and references.

Ahsan, R & Kabir, S 2019, *Community clinics in south west Bangladesh: Challenges and Opportunities*, Nobo Jatra Program. Available from: https://www.wvb-nobojatra.org/