

Community Clinics in south west Bangladesh

Social Accountability to Improve Health Service Delivery

Introduction

Community Clinics (CCs) have the potential to play a central role to achieve Sustainable Development¹ Goals 2 and 3. Community Clinics provide a range of integrated health, nutrition, and family planning services. The effectiveness of these clinics depends upon properly functioning local government institutions. World Vision's experience shows that services at Community Clinics are inconsistent. Since 2015, USAID's Nobo Jatra project, implemented by World Vision Bangladesh 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.

As a result of advocacy efforts with the Community Based Health Care (CBHC) of the Government of Bangladesh, 600 Multi Purpose Volunteers are recruited across the 4 sub districts covered by Nobo Jatra. Volunteers will provide primary health care services at community level; and they will also be paid a salary by CBHC under DGHS of MoHFW— which further incentivises the volunteers.



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."

Since their revival in 2009, “Community Clinics” have served as a hallmark policy of the Government of Bangladesh. As of now around 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. Around 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 national parliament to further underscore the Government’s commitment to Community Clinics and ensure improvement and sustainability of the community clinic program.

Key Recommendations

- An increase in budget is needed for installation and maintenance of safe drinking water systems and sanitation in the Community Clinics. Tube well are not feasible in the coastal belt due to salinity, thus, alternatives such as rain water harvesting system or piped water or other innovative solutions are required. Union Parishad’s could play a key role in this regard.
- Efficacy of clinics heavily rely on active participation of Community Groups as suggested by community reflection and field experience. More initiatives by Government to capacitate Community Groups/Community Support Groups could enhance quality of services in Community Clinics.
- Increased human resources are required to meet the need of patients at the community level.
- Safe drinking water, sanitation and functionality of medical equipment could be included as indicators in the Government’s monitoring checklist for the Community Clinics. Digital monitoring could be maintained on the state of Community Clinics.
- Infrastructures of Community Clinics are vulnerable due to salinity in the coastal districts. Actions are needed for repair and constructions where necessary.
- Medical equipment is critical if Community Clinics are to equitably serve vulnerable communities. There is a need for rethinking the purchasing and channeling of medical equipment to the Community Clinics within the shortest possible time. Though the mandated 27 medicines are available in the clinics, there is still difficulty to continuously provide medicines to treatment-seekers at a stretch for two months.
- Community Clinics should strengthen outreach activity through community facilitation in the areas of Growth Monitoring Promotion and counseling services to ensure better health and nutrition of mothers and children.

Citizen Voice and Action process

In 2017 and 2019, 22 monitoring indicators were used in 119 Community Clinics in Khulna and Satkhira districts. Group exercises encompassing service providers and community group members were facilitated in 22 Community Clinics in Dacope, 24 in Koyra, 41 in Shyamnagar and 32 in Kaliganj. This policy brief presents a synthesis of findings on the CVA process and how services have improved in the clinics during this time. In addition to the monitoring standard sessions, score card exercises were facilitated with each community clinic. An interface meeting was organized for each

“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.”

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

“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

community clinic in 2018 to share findings from the monitoring standard and score card sessions to improve the quality of services in the Community Clinics.²

Key Findings

- Analysis of citizen led monitoring data has shown that a band of indicators have met the required minimum standards, which shows a trend towards more accountable Community Clinics providing improved services. Data indicates that clinics having their own buildings have citizen charters in place.
- Community Groups (CGs) are playing proactive roles, attending meetings and following up action plans. Remarkable changes are already visible in clinics; 100% of clinics have active community groups and community support groups (in comparison to 92% in 2017) and 100% of clinics also have action plans (in comparison to 79% in 2017).
- The majority of clinics are raising funds from existing sources such as the Union Parishad and also through community contribution. 100% of clinics have bank accounts, which is an indication of strengthened governance of public health systems.
- There is an increasing trend where Community Clinics are hanging name plates and service delivery schedules.
- Registers are maintained to record day-to-day operations, clinics are open as per Government mandate and Community Health Care Providers (CHCPs) are using aprons. According to score card result, community people appeared relatively happy that these clinics are open between 9am to 3pm from Saturday to Thursday.

Challenges

- More than fifty percent clinics have acquired laptops, furniture, and supportive staff and service providers. A further analysis of data shows that greater attention is required to fill the gaps in

² This Policy Brief is based on a paper reflecting 2019 data drawn from World Vision's database on Citizen Voice and Action and an updated version of that paper first presented in May 2019 - "Community Clinics in south west Bangladesh: Challenges and Opportunities".

those clinics that do not meet the set standards. As such, those clinics that are weaker require increased budget and development of action plans to ensure that they function at full capacity and effectively serve the primary health needs of vulnerable communities.

- A deeper analysis of monitoring data found that safe sanitation and drinking water continues to be a challenge for Community Clinics. Members of Community Groups, Village Development Committees, and service providers have raised the issue of lack of water and sanitation as a major challenge in Community Clinics.
- It is also apparent from score card exercise that electricity supply is uneven and citizen charters are not displayed in many cases.

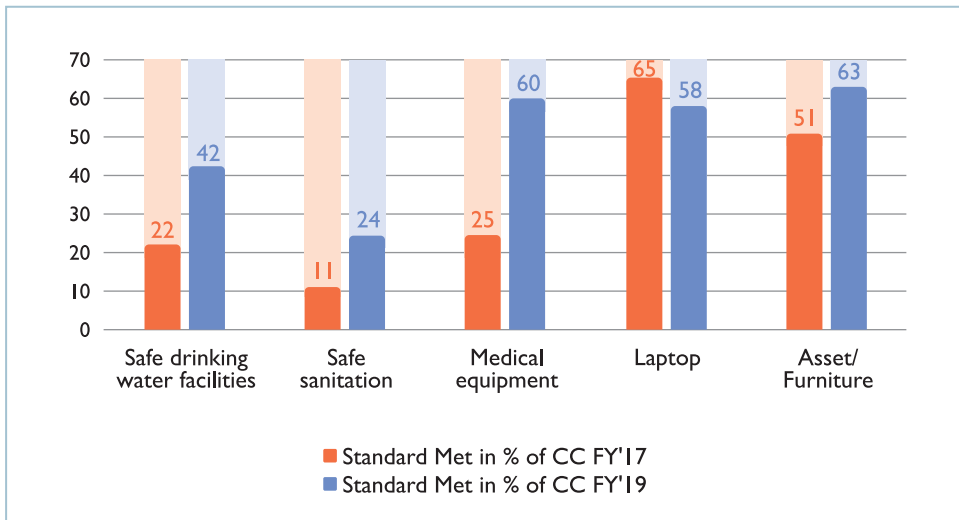
Monitoring standards of Community Clinics shows a pattern of improvement

Of a total of 22 indicators - 8 indicators have met 100% monitoring standards; and 16 indicators have met the monitoring standard quite well in the year 2019 (more than 90%). Comparison of data from 2019 with that of 2017 shows there is significant improvement in displaying citizen charters. Now 97% clinics have citizen charters whereas 71% clinics in 2017 have had this. Similarly, name plates of service providers have increased from 71% to 92%. 94% of clinics now hang service delivery schedules whereas it was 69% in 2017. Availability of medicines has remarkably increased from 69% to 100%. Almost all the clinics have now fund raising initiatives and in all clinics Community Health Care Providers use apron. Availability of services and improvement of community clinics is one of the enabling factors in improving health and nutrition for mothers and children.



Areas of further improvement

Improvements are tangible in a number of critical areas. Comparison of monitoring data from 2019 with that of 2017 shows that sanitation facilities have improved from 11% to 24%, safe drinking water facilities have increased from 22% to 42%, and availability of medical equipment has increased from 25% to 60%. Assets/ furniture in clinics has improved from 51% to 63%. As there is a lack of running water supply, the sustainability of latrines remains a challenge. Most of the clinics have tables, chairs, storage cupboards, but there is scope to increase delivery beds in clinics. Water tanks are provided in some clinics by Union and Upazila Parishad. However, there is scope for rain water harvesting, piped water or other locally feasible options for supplying safe drinking water to clinics – this is an area that needs to be explored and initiated.



Review and reflection with Community Groups

Nobo Jatra's work over the last four years has shown a direct correlation between active, engaged Community Groups, Community Support Groups (CSGs) and functional Community Clinics. 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 CGs is essential to claim services from local government institutions and to enhance quality of services provided by the clinics. 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 an analysis of 119 clinics.



“We are actively working, so that, community clinic functions well; and we are voluntarily contributing for the clinic. We are confident to run this clinic with efficacy even after the project phase-out”

- Chandrika, Co-chairperson, Debipur Community Clinic, Shyamnagar, Satkhira

“We invited Chairman and local civil society representatives in the interface meeting of the community clinic. Problems were identified, ranked and action points were taken in the meeting. Lots of improvement happened since then. And you are most welcome to visit us and see the good things happening”

- Aniruddha Shampad, CHCP, Debipur Community Clinic, Shyamnagar, Satkhira

Findings from the review and reflection sessions of selected CGs in four sub-districts suggest that stronger CGs played significant roles in making local government institutions accountable. On the other hand, clinics that are under performing were usually found to have CGs 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.

Concluding remarks

WorldVision Bangladesh is closely working with Community Based Health Care (CBHC) of the Government of Bangladesh to meet and agree on the way forward to address the major gaps in community clinics in south west Bangladesh. The door is now open through continuous advocacy to leverage and absorb frontline Nutrition and Health Volunteers trained by Nobo Jatra. These volunteers are educated and valuable local resources - who can play the role of multi-purpose volunteers and ensure that essential health services sustain via Government outreach efforts. CBHC has been piloting multipurpose volunteers and they will bridge clinics with the community through outreach activities such as household visit, maternal and child health program. And CBHC has a plan

to engage multipurpose volunteers till June 2022. CBHC has also developed a guideline for referral linkages and training will be conducted on this.

The scope of citizen engagement to strengthen community clinics is immense. We must combine and align efforts with the Government of Bangladesh to ensure quality services are delivered through community clinics. Improving the quality of services is the most important factor and must be the focus of all our efforts.

This policy brief has been developed based on the data resulting from monitoring standards and community's participation organized by USAID's Nobo Jatra Project. Research by- **Rubayat Ahsan** and **Nirmal Sarker**, Research assistants - **Mandira Guha Neogi** & **Faima Rahman**, Information collection at field level- **Amos Murmu** and **Stephen Hembrom**, Idea and Editing- **Mohammed Norul Alam Raju** and **Saeqah Kabir**

This policy brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of WorldVision, Inc. and do not necessarily reflect the views of USAID or the United States Government.

For Further Communication- **Rakesh Katal**, Chief of Party, Nobo Jatra Project, WorldVision Bangladesh, Abedin Tower (2nd Floor), 35 Kemal Ataturk Avenue, Banani, Dhaka-1213