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CONFERENCE ABSTRACT

Community Clinic-Combining Care and Empowering Community: A Story to Share from Bangladesh

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Introduction: Community clinic (CC) an innovative platform for integrated care, is added to health system of Bangladesh. This is the first point of contact to deliver primary health care (PHC) for every 6000 population at their door step within half an hour walk. Though started in 1998, the initiative was closed in 2001 due to change of government. Since revitalized in 2009, there are 13136 CCs operational as of March 2016. Each CC is run by one Community Health Care Provider (CHCP) and 13822 CHCP (53% women and 47% men) has been recruited so far.

Practice Changed: In addition to providing integrated care, the CC is siting an example of engaging community which starts with donation of land by community to construct the facility. The community is forming community group (CG) for effective management of CC which is empowering them. The CG is comprised of 13 to 17 members at least one third of whom are female. The CG is taking care of the daily operation including monitoring and evaluation, ensuring security and cleanliness, encouraging community participation and local fund generation with its transparent use. The community participation is even more ensured with formation of three community support groups (CSG) which in addition to providing support to CG is creating awareness, helping community in getting services including referral, disseminating health, nutrition and family planning messages, helping in local fund raising.

Theory of Change: The aim of the project is not only to provide integrated care at the door steps of underprivileged and vulnerable but also encouraging the community to take responsibility of own health as well as managing the CC.

Highlights: The CHCPs are providing maternal and neonatal, reproductive and family planning services, doing integrated management of childhood illness, conducting Expanded Program of Immunization (EPI), education and counseling, establishing effective referral linkage with higher facilities and doing reporting using DHIS 2. In addition to that CHCPs are also conducting normal delivery in about 1000 CCs. The CHCPs are empowered with blood pressure instrument, glucometer, and list of 33 drugs to prescribe. They are authorized to generate and spend fund which gives them freedom to run the CC better and increase their self-esteem.

CHCPs are facing job insecurity and lack of carrier planning as they are recruited under project. Moreover CC is a political icon and may be deleted with change of political vision.

Sustainability: Donation of land by community, management by CG and supporting by CSGs ensures ownership of the CC by the community and ensures its sustainability. CC the first point of contact for comprehensive care is encouraging community to take responsibility of own health.

Conclusions: Emphasis has to be given to create awareness and demand for health especially among the vulnerable. Advocacy is required to engage community more in management of CC. Proper career planning and incorporating CHCP in mainstream is important to utilize their enthusiasm. Nationwide scale up of CC to cover every six thousand population to ensure integrated care is essential to attain SDGs.

Keywords: community clinic; community health care provider; community engagement; integrated care; sustainability