

PROJECT BRIEF

This study looks at whether an improved service delivery model for rural community clinics (CC) leads to better use of the clinic health care facilities by women, children and the poor.

Background

Although Bangladesh has achieved remarkable successes in improving the health of the population, some health indicators remain poor. One factor contributing to this situation is low use of primary and community health services.

Reasons for not using community health services include cultural and social belief systems, discrimination against the poor, distance of the facility from home, lack of information on sources of care, lack of awareness on the value of services, perceived poor quality of care, and high access costs.

To improve this situation, especially access, use and equity, the Ministry of Health and Family Welfare (MOHFW) has built nearly 14,000 community clinics through the 'Revitalisation of Community Health Care Initiative in Bangladesh (RHCIB) - Community Clinic Project' aimed at providing an essential service package for women, children and the poor. However, it is important to ensure that the newly recruited Community Health Care Providers (CHCP) use the drugs rationally, specially the antibiotics, and refer patients to Upazila Health Complex appropriately.

Study aims

- Develop an effective service delivery model for CCs in selected rural areas of Bangladesh.
- Improve health outcomes by improving the use of CCs by women, children and the poor.

In-country partners

- Directorate General of Health Services, MOHFW
- RHCIB (Community Clinic Project)



Researchers:

- Dr Rumana Huque and Dr Shammi Nasreen, ARK Foundation;
- Dr Makhduma Nargis, Additional Secretary & Project Director RHCIB, MOH&FW; and
- Dr Barendra Nath Mandal, Additional Project Director (Planning, Research & Training) RHCIB, Bangladesh.

Project setting:

Gazipur, Comilla

A session with government staff on using the Integrated Management of Childhood Illness guide



Objectives

1. Assess the pre-intervention health situation.
2. Develop and pilot a package of health services for CCs.
3. Evaluate the effectiveness of this health service delivery model.
4. Make recommendations on the use of the health service delivery model based on evidence.

The study

This study has 4 phases:

Phase 1: Pre-intervention activities include a context review, mapping and assessment of CCs, organising a technical working group committee and developing the package, tools and model.

Phase 2: Piloting/field testing the package, tools and associated material, followed by implementation in 20 randomly selected CCs.

Phase 3: Assessing the impact of the intervention, including the quality of identifying and diagnosing signs and symptoms by community health workers.

Phase 4: Influencing policy change by sharing research findings through policy discussions and workshops.

Project duration: January 2014 to September 2016

Potential scaling up of research findings

As we are closely working with CC project as a NGO partner and our service delivery model is embedded within the project, it will be scaled up nationwide, and we will work with the MOHFW to incorporate the model into healthcare policy.

For more information about this project, email Rumana Huque at rumanah14@yahoo.com

Visit us at: www.arkfoundationbd.org

Supported by



About ARK Foundation

[ARK Foundation](#) is a non-government, non-political and not-for-profit organisation. It is registered with the Registrar of Joint Stock Company of Bangladesh as a society and also with the NGO Affairs Bureau of Bangladesh.

ARK Foundation works closely with government organisations, national and international NGOs, development partners and universities to achieve its vision and mission.

ARK Foundation aims to accelerate the process of socio-economic development of Bangladesh through research, new knowledge and evidence-based solutions to create a positive impact on human life, especially for women, children and underprivileged groups.

We specialise in 4 areas:

1. Research and Development (R&D)
2. Capacity Building, Education and Training (CBET)
3. Monitoring and Evaluation (M&E)
4. Behaviour Change Communication and Advocacy (BCCA)