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Revitalization of Community Health Care Initiatives in
Bangladesh (**RCHCIB**)

MoHFW



Public Private Joint Entrepreneurship

Activities	Implementation			
Land for CC construction	Community			
Construction	GOB			
Medicine & other inputs	GOB			
Service Providers	GOB			
Management	GOB + Community Group			
Community Group is the key player				

Background and History

- The present Government during its previous tenure in 1998 planned to construct 13,500 Community Clinics to extend PHC at the door step of rural people to promote accessibility, availability and community participation.
- Community people donated land and Govt. constructed 10,723
 Community Clinics and 8,000 started functioning till 2001
- Due to change of govt. in 2001 Community Clinic activity was stopped and remained as such till 2008
- Present Govt. has taken revitalization of Community Clinic as priority program & is being implemented through Revitalization of Community Health Care initiatives in Bangladesh (RCHCIB) under MoHFW

Major activities

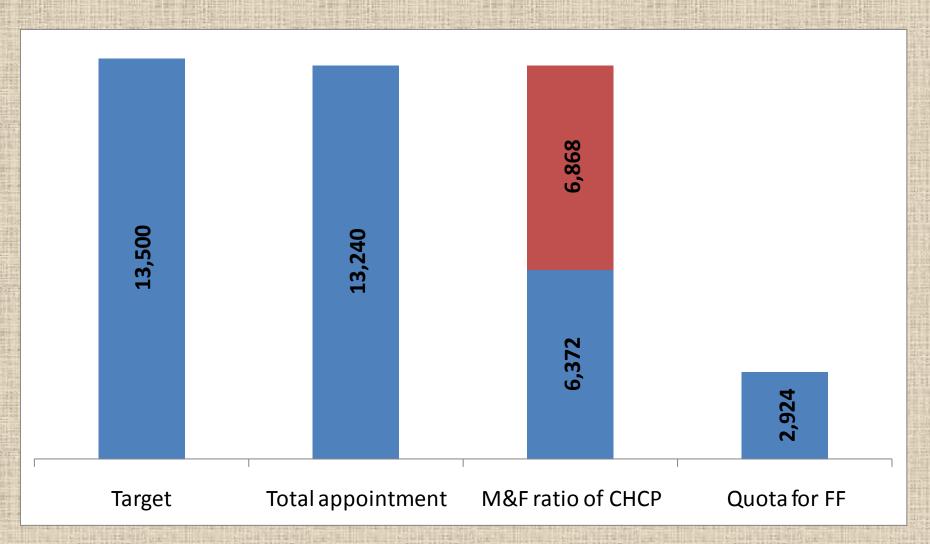
- To functionalize 10,624 Community Clinic (CC) built during 1998-2001
- To construct 2,876 new CC (Target 13,500- existing 10,624)
- To establish CC unit at 4,500 Upazila & Union health facilities
- To recruit 13,500 Community Health Care Provider (CHCP)
- Community Mobilization through Community Group, Community Support Group and Local Government Representatives

Status of new CC Construction as of December, 12

Construc tion Target	Under Construct ion- Process	Constructi on completed	Handed over	Under constru ction	Proposed for constructio n under Turkey support	Proposal for land received	Searchi ng for land
2,876	1,959	1,441	1,308	518	10	314	593

^{*} No. of functional Community Clinic at present: 12,217 (90.49%)

Status of CHCP Recruitment



Medicine supplied to CC

	Financial Year	Number of items	Amount in Taka in Million	Sent up to	Per CC/yr (Taka)	Remarks
	2009- 2010	25	580	District	72,000	Supplied
	2010- 2011	28	910	Upazila	85,000	Supplied
HE STOR WHO SHE	2011- 2012	30	1,280	Upazila	1,11,000	Supplied
AND DESCRIPTIONS OF THE PERSONS ASSESSMENT ASSESSMENT OF THE PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF THE PERSONS A	2012- 2013	30	1300	Upazila	106409	Ongoing 8

Community Group (CG)

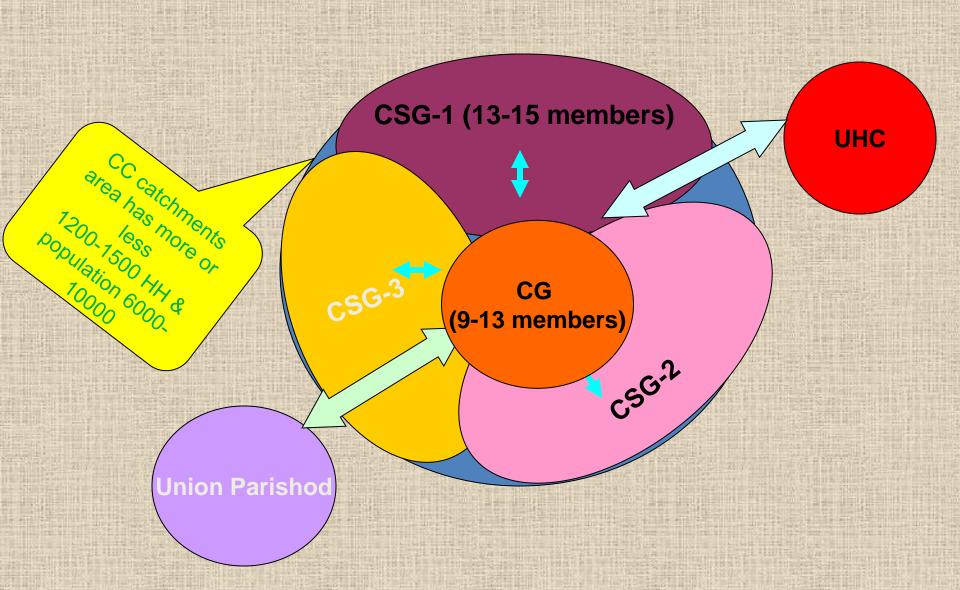
Composition of CG: Members 09 to 13 (at least 04 will be female)

- President (01): Elected UP member
- Vice President (02): One is Land donor or his/her representative and one is selected/elected by community people
- Among President and Vice-president one must be female
- Other members are from different sectors of people i.e. poor, landless,FF, social workers, religious leaders, adolescents, retired Govt. officials & others
- Member Secretary (01): CHCP is the member secretary (Without voting right)
- *Concerned UP Chairman is the chief patron of all CCs.

Responsibilities of CG

- Operation of CC
- Local level Plan & Establishment of Community Support Group (CSG)
- Fund generation, Use & Maintenance
- Monitoring & Evaluation of CC Performance
- Co-ordination with other providers & relevant stakeholders
- Monitoring & Evaluation of Community Participation

3 community support groups (CSG) in each CC catchments area for ensuring effective community participation



Responsibilities of CSG

- To aware the community in respect of services available at CC
- To help the poor,marginaiged & vulnerable group of people in getting services from CC
- To help the community to get emergency services
- To help the poor in referral
- To disseminate Health, Nutrition & FP messages in the community
- To help CG in local fund generation
- To keep close contact with CG

Training

Description	Training completed in 2011-2012 (# of participants)	Training to be completed in 2012-2013 (# of Participants)	Remarks
СНСР	8,848	4,652 (going on)	Training is of 12 weeks: (6 weeks Theoretical +6 weeks practical)
CG	37,323	1,35,850 (Will be Started soon)	Each CG comprises of 13 members &Training is of 2 days
CSG	92,115	5,15,385	Each CSG comprises of 15 members & Training for 1 day & is going on.
Local Govt. representative		58,500	Each UP comprises of 13 members

^{*} Besides these CHCPs have got short training on Nutrition & IT by NNS & MIS of DGHS respectively

Services of CC

Service Providers: CHCP, HA & FWA (Service period: 9 AM-3 PM)

- Maternal and neonatal health care services
- Integrated Management of Childhood illness (IMCI)
- Reproductive Health and FP services
- EPI
- Registration of newly married women, pregnant women, birth & death, preservation of EDD
- Nutritional education and micro-nutrient supplements
- Health, Nutrition and FP Education & counseling
- Identifications of emergency & complicated cases & refer to higher facilities
- Treatment of Common diseases & first aid
- Establishing referral linkage with higher facilities

Utilization of CC

Period	# of service seekers attended	# of Service Seekers referred	Average # of service seekers attended per CC/day
April' 09-Dec '09	1,46,27,416	2,22,905	12
Jan' 10-Dec' 10	2,36,91,306	4,40,352	19
Jan ' 11-Dec' 11	3,72,99,744	6,71,395	29
Jan'12- Nov'12	4,55,07,576	7,60,872	32
Total	12,11,26,042	20,95,524	

Normal Delivery conducted at CC

SI. No.	Division	# of District	# of Upazila	# of CC	# of Delivery 2011	# of Delivery up to Nov. 2012
1	Dhaka	5	9	26	289	354
2	Chittagong	3	5	9	0	16
3	Rajshahi	5	8	14	26	49
4	Khulna	5	11	26	40	84
5	Barisal	1	1	2	0	4
6	Sylhet	2	19	63	43	386
7	Rangpur	4	9	26	14	352
	Total:	18	49	166	412	1245

Community Engagement:

Elected/non elected representatives directly involved with CC

Description	# of group/ organization	# of persons in each group/Organization	Total # of persons involved with CC
Community Group	13,500	13+2	2,02,500
Community Support Group	40,500	15	6,07,500
Union Porisad	4,500	13	58,500
Upazila Porisad	480	3	1,440
Grand Total:			8,69,400

^{*}It is to be noted that for community engagement in some areas we have signed MOU with 12 NGOs & have been supporting in capacitating CG, CSG & Local Govt. representatives in the assigned area.

Monitoring is being done through:-

- Monthly report analysis
- Routine Community Clinic visit- by GO, NGOs & DPs of different tiers with specific checklist
- Mobile tracking of service providers from HQ
- Monthly meeting at division/district/upazila/union level taking CC issue as top-most prioritized agenda
- (Web based reporting system is being piloted in 6 CCs)

Key learning

- CC having proactive CG runs well
- Huge number of poor & underprivileged people are getting free services from CC
- Involvement of Local Govt. is important & helpful
- Capacity building & continuous follow up of CG & CSG is very essential
- Regular supervision & monitoring is of utmost importance

Challenges

SI. No	Issue	Key suggestion for solution
1	Land for CC construction	Involvement of DCs & LG
2	Huge staff turnover	Absorption of Project Staff in Revenue
3	Involvement of Local Govt. Representatives	Formal initiative from the policy level of LG
4	Routine Supervision & Monitoring of CCs	Involvement of all level supervisors into the process
5	Water ,Sanitation & Maintenance	CG needs to be involved in the process
6.	Poor condition of some CCs in spite of repair	Needs proper repair and maintenance involving local administration and CG
7.	Involvement of community for smooth & sustainable CC activities	Capacity of CG, CSG & local govt. representatives to be developed.



Community Group Training



Community Group monthly meeting at CC



H.E. Honorable Secretary General of UNO Mr. Ban Ki-moon talking with adolescent girls at the premises of Mobarokpur Community Clinic under Kulaura Upazila of Moulvibazar District on 16/11/2011.

Thank you so much

