

LETTER TO THE EDITOR

Status and prospect of Community Clinic in rural areas of Bangladesh: An overview of health workers

Over the last two decades, the health and family planning programme of Bangladesh has achieved considerable progress in reducing infant mortality, under-five mortality, maternal mortality and morbidity. To extend the reach the health care facilities from door to the doorstep and to improve overall health situation of the country through ensuring comprehensive primary health care service to the people of rural area of Bangladesh, Prime Minister Sheikh Hasina decided to establish one Community Clinic (CC) for every 6000 population at rural level. It was planned to supply about 28 essential drugs in each clinic to treat common illnesses such as fever, abdominal pain, diarrhoea, cold and cough for both children and adults along with family planning. Community clinics deliver primary health care and family planning services in rural areas¹. Community clinics also create awareness among village people about health care, immunization, family planning as the lack of these are believed to be the cause of many diseases. It is thought that CC may reduce the risk of many diseases like HIV/AIDS, malaria, dengue fever, tuberculosis, leprosy by educating people through community clinic initiative². Community clinics will also provide various services like maternal and neonatal health care service, treatment of childhood illnesses, reproductive health, EPI and other health care services³. Pregnant women are attending the community clinic for their regular follow up⁴. Primary health care facilities are not sufficient in Bangladesh and it is a major problem in many developing countries. Community Clinic can play an important role to solve these problems. Community clinic project is a flagship project of the government and initially around 10000 clinics are operating throughout the country. It is important and necessary to explore the present status of the clinics, the problems of the clinic for delivering better treatment to health care seekers and possible steps for the betterment of this initiative. The present survey was undertaken to assess the status of functioning of the community clinic as well as to identify the problems and possible steps for the enhancement of the effective and efficient activities of community clinic.

This cross-sectional study was conducted in Sirajgong Sadar and Kamarkhondo upazila of

Sirajgong district. Purposively 113 health workers were selected during the period of June 2011. Data were collected by a structured and open ended questionnaire with informed consent. The questionnaires were fill up by Health Assistant who are working in Community Clinics. Collected data were compiled, edited and analyzed.

In the study, among 113 Health workers all were aware about the activities of Community Clinics and 95.6% were aware about the types of medicines available in community clinics. Majority of them (74.3%) knew that for every 6000 people there is a community clinic. All community clinics are in running condition; this statement was agreed to by 92.9% of health workers. Only 5.4% of workers had received sufficient training whereas 94.7% did not have sufficient training. Most of the workers were not able to operate MS office program on computer, only 5.4% were able to operate this (Table-I). Out of 113 respondents 70.3% stated that the supply of medicine in community clinic is adequate. Sixty four percent respondents agreed that the methods of temporary family planning are available in community clinics. Most of the health workers (93.6%) were able to identify seriously ill patients and took necessary steps for further care of such patients. Based on the needs of patients 98.2% health workers referred the patients to secondary or tertiary level hospitals. Expanded Program on Immunization (EPI) activities were functioning regularly in the community clinics, 99.1% agreed with this statement (Table-II). Community group (a group of 9-13 members representing at least four female members, elected local ward member, freedom fighter, teacher, two members from poor or low income group and the donor of the land) played a vital role in operating community clinics. Among the health workers 72.5% stated that community groups looks after the community clinics. The findings show that 99.1% of health workers discuss with local people about health care. 95.5% respondents discuss regularly with local people about the reasons of maternal and infant mortality. 88.3% worker got help from Community group about health care (Table-III). Community Clinic provides service to all types of patients. Female patients are the most prominent group of health care seekers in community clinics. According to the information provided by the health workers, 60% respondents stated that female and children patients are the main health care seekers, 35% stated that only females are the main health care seekers from community clinics in Bangladesh. Health workers face some problems in the community clinics. Most health workers felt that the number of community clinics was not sufficient for the needs of the population and the

lack of sufficient training of health workers were two important problems. 94.7% mentioned that the numbers of community clinic are less in comparison to need, 87.6% reported that their training is insufficient, 69% stated that there is a scarcity of skilled manpower in the community clinics. 54.9% mentioned unavailability of medicine and 26.5% reported lack of awareness of healthcare. Communication problem is also important and 71.7% health worker identified it as a problem of the community clinics. As a problem, load shedding was identified by 23% health workers, 28.3% stated that the number of health workers is insufficient. According to the opinion of the Health workers, community clinics should concentrate most in proper training of health workers and recruitment of skilled manpower for delivering proper health care. 82.3% gave suggestion for the recruitment of manpower and 80.5% gave suggestion for proper training of health workers. 57.5% suggested for increasing the facilities of health workers, 22.1% showed their interest for opening the community clinics for 24 hours. 14.2% health workers are in favor of increasing awareness. 29.2% gave suggestion for the improvement of communication system. 23.9 % showed their interest for the establishment of emergency and safe delivery service. 12.4% suggested making availability of more quantity of medicine. 54% health worker suggested for the supply of electricity to all community clinics.

Table I: Knowledge of Health worker

Category of Knowledge	Percentage (%)	
	Yes	No
Aware of the community clinic activities	100	0
Knowledge regarding the community clinic for every 6000 people	74.3	25.7
No. of running community clinic	92.9	7.1
Know the What type of medicine is available in community clinic	95.6	4.4
Know the operating system of MS Office	5.3	94.7
Get sufficient training on health care	5.4	94.6

Table II: Facilities of Community Clinic

Category of Knowledge	Percentage (%)	
	Yes	No
Supply of medicine in Community Clinic adequate	70.3	29.7
Temporary methods of family planning are available	63.6	36.4
Identify the critical patient and take necessary steps who get service from Health and Family Planning	93.6	6.4
Refer the patients' according to needs	98.2	1.8
EPI activity functioning regularly	99.1	0.9

Table III: Role of Community group

Category of Knowledge	Percentage (%)	
	Yes	No
Community Group looks after the Community Clinic	72.5	27.5
Discuss with local people about health care	99.1	0.9
Discuss regularly with local people about the reasons of maternal and infant mortality	95.5	4.5
Get help from Community group about health care	88.3	11.7

The study revealed that health workers were fully aware about the activities of community clinics, the numbers of community clinic are less, health workers' training is insufficient, there is scarcity of manpower, unavailability of electricity and medicine, communication problem, inadequate facilities for health workers. It was suggested by the health workers that proper training of health workers, recruitment of more manpower, increasing the facilities of health workers may facilitate the enhancement of the effective and efficient activities of community clinic.

Millat MH, Jahan MU, Hasan M, Alam K, Hossain MM, Miah MS

Bangladesh Medical Research Council, BMRC Bhaban, Mohakhali, Dhaka.

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4. Daily Ittefaq, 25 June, 2011.