Services Provided Through Community Clinic: Access and Utilization by Rural People

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Abstract

Background:
Community clinics (CC) have been restarted in 2009 by the government of Bangladesh through a project called "Revitalization of Community Health Care Initiatives in Bangladesh" (RCHCIB) to accomplish the ambitious project of establishing 18,000 community clinics. Since then 10,723 Community clinics have been established and they provide free health and family planning services to rural people (for every 6000 population one CC).

Objective:
The study aimed to assess the prevalence of access and utilization of services provided through community clinics by rural people.

Methods:
This cross-sectional descriptive study was conducted in Palashbari, Gaibandha district from 15th March 2019 to 20th April 2019. 568 respondents were selected conveniently from the catchment area of 6 community clinics (CCs). Data were collected by face-to-face interviews with a pretested structured questionnaire.

Results:
Among 568 respondents, majority ware in the age group of 31-50 years (45.4%),female (83%) and housewives (76.8%).93.5% of the respondents visited community clinics. And 85.6% were benefited from the community clinic service. Maternal and child health service utilization was poor (pregnancy registration 27.6%, ANC and PNC 45.2%, family planning services 49.3%) and there is no normal delivery service in the community clinic. 66.2% of the respondents availed EPI Services, 45.8% received Health Education, 65.3% received Vitamin-A Supplementation, 59.9% availed Child Care Services, 71.7% received Treatment of Minor Illness and Diseases, 17.4% availed Referral Services.

Conclusion:
The CCs are well located in terms of access. According to the Respondents' services provided by the community, the clinic was average. Maternal and child health services, pregnancy, and birth registration were below the mark. There is no normal delivery service and according to the respondent's opinion referral system was also poor.

Keywords: Community clinic, Access, Service utilization.

Introduction:

To facilitate the health of the rural population primary health care is a key to achieving their basic needs of them. Bangladesh has achieved this outcome partly because of impressive gains in access to, and high coverage of selected health interventions, particularly in rural regions.[1] Health service delivery at the primary level is provided through three tiers. Upazilla health complex situated at Upazila level, union sub-center at the union level, and community clinic at ward or village level for each 6,000 population. Community clinics were established to extend PHC at the grass root level. The government of Bangladesh planned

to establish 18,000 community clinics (CCs) over the 5 years period of 1996-2001. 10,723 CCs were constructed, out of which 8,000 began functioning in the three years spanning from 1998-2001. However, after a change in the cabinet of the government of Bangladesh in 2001, all of the CCs were gradually closed and remained nonfunctioning for the next 8 years. CCs started to function again in 2009 under the project entitled "Revitalization of community health care initiatives in Bangladesh" and have continued operating since then.[2] Each CC served about 6,000 people in its jurisdiction. All of the CCs were built up in a Public Private Partnership (PPP) style. To establish a CC in the locality, community members donate a piece of land on which the government built the office structure for the CC. Government provide human resources and medicine to start the CC and maintained this support after the start of the operation. The management body of a CC consisted of local community leaders as well as representatives from the government.[3] The CCs are staffed by community health care providers (CHCP) responsible for providing health education, health promotion, treatment for minor ailments, and identifying and referring severe cases to the hospital. The CHCPs provide health care in the CC for weekly 6 days from 9am to 3pm (Friday and holidays closed). The FWA and HA alternatively provide health care in the CC. The primary aim of the community clinic is to provide a package of health and family welfare services in a cost-effective way and in a manner easy to manage and convenient to the client. Service delivery from fixed facilities may lead to disadvantages like longer travel time, and limiting access or coverage, especially for the poor and women. To offset these potential disadvantages, strategies were undertaken to increase the scope and quality of services to encourage community participation in the health sector.[4] The proposed number of community clinics is 18,000 of which 14500 were constructed and the remaining 3,500 are to be established in time. The government has approved a five-year-long new project called "Revitalization of Community Health Care Initiatives in Bangladesh" to further develop the CCs and strengthen their operation. It is aimed that CCs will play the central role in delivering primary health care through effective community participation. A community group constituted of 9-11 members from local people has been given the responsibility to operate each CC. The government is providing staff and medicine. Over nine thousand community groups have been given orientation training. The government health service gives priority to the poor and marginal community as well as to the people living in hard-to-reach areas.[5] Many developing countries like India, China, and Malaysia, deliver their health services through community efforts but Bangladesh is unique in delivering primary health care by reaching health to the doorstep of people. So, access to this healthcare is very important, and determining people's utilization of services provided through community clinics is necessary for those who want to explore the health services provided by the government However, these CHCP are facing many problems in delivering their services, attributable to the different speeds of development among centers, lack of resources and imbalance in sizes of CHCP, so it is difficult for them to meet citizen needs.[6-8] Therefore, the purpose of this study was to assess the prevalence of access and to determine the factors that influence utilization of services provided through community clinics by rural people of the catchment area of six community clinics of Palasbari Upazila, Gaibandha District.

Methods:

It was a cross-sectional descriptive study carried out in the catchment area of 6 community clinics of Palasbari Upazilla, Gaibandha District. The community clinics were chosen purposively and participants 18 years and above willing to take part in the study were selected for interview. 568 respondents' interviews were taken by purposive sampling with a pretested structured questionnaire. The study was carried out from 15th March 2019 to 20th April 2019. Data were checked, verified, and edited. Data were analyzed and entered by SPSS.

Results:

Most of the respondents (amongst 568) were in the age group of 31-50 years (45.4%), averaging 37.98 ±13.75 years. The majority were female (83%) and housewives (76.8%). (Table-I)

Table-I: Socio-demographic Characteristics of the respondents (n= 568)

Socio-demographic Characteristics	Frequency	Percentage (%)
Sex		
Male	97	17
Female	471	83
Age (Years)		
15 to 30	227	40
31 to 50	258	45.4
51 to above	83	14.6
Mean Age	37.98 ±13.75	
Occupation		
House wife	436	76.8
Farmer	40	7.0
Day labourer	17	3.0
Others	75	13.2

93.5% of the respondents visited community clinics. Most of the respondents (85.6%) benefited from the community clinic service. (Table-II)

Table-II: Respondent's response and opinions about the services of the community clinic (n=568)

Respondent's response and opinions	Frequency	Percentage (%)
Respondent's response to community clinic		
Aware and access to a community clinic	531	93.5
Aware and not access to a community clinic	26	4.5
Not Aware of community clinic	11	2
Opinions about overall Services Benefit		
Benefited	486	85.6
Not benefited	53	9.3
Not applicable	29	5.1

Maternal and child health service utilization was poor (pregnancy registration 27.6%, ANC and PNC 45.2%, family planning services 49.3%) and there is no normal delivery service in the community clinic. 66.2% of the respondents availed EPI services, 45.8% received health education, 65.3% received Vitamin-A supplementation, 59.9% availed child care services, 71.7% received treatment of minor illness and diseases, 17.4% availed referral services. (Table-III)

Table-III: Different types of services received by the respondents

Services	Frequency	Percentage (%)
Pregnancy Registration		
No	381	67.1
Yes	157	27.6
Not applicable	30	5.3
Total	568	100
Family Planning Methods		
No	263	46.3
Yes	280	49.3
Not applicable	25	4.4
Total	568	100
Ante-natal & Post-natal care		
No	297	52.0
Yes	256	45.2
Not applicable	15	2.8
Total	568	100
No	168	29.6
Yes	376	66.2
Not applicable	24	4.2
Total	568	100
Health Education- Hygiene, Diet, Immunization, Reproductive Health		
No	284	50.0
Yes	260	45.8
Not applicable	24	4.2
Total	568	100
Vitamin-A Supplementation		
No	174	30.6
Yes	371	65.3
Not applicable	23	4.0
Total	568	100
Child Care		
No	203	35.7
Yes	340	59.9
Not applicable	25	4.4
Total	568	100
Treatment of Minor Diseases & Injuries		
No	136	23.9
Yes	407	71.7
Not applicable	25	4.4
Total	568	100
Referral		
No	444	78.2
Yes	99	17.4
Not applicable	25	4.4
Total	568	100

Discussion:

The primary functions of the community clinics are delivering primary health care services to the grass root level of people. For each 6000 population, there is one community clinic. It provides services including birth and death registration, pregnancy registration, family planning methods, EPI, Vitamin-A supplementation, child care, treatment of minor illnesses and diseases, health education, health services, nutrition education, etc.[9] Community clinics also provide oral rehydration salt (ORS), anti-helminthic drugs, DOTS for TB, MDT for leprosy, anti-malarial drugs, etc. However, the report showed that community involvement in managing community clinics was inadequate.[10,11] The study by Mitra et al12 showed that despite an existing public health system network, Bangladesh's demographic and health survey found that along with public health services, people also received medical services from private doctors or clinics, unqualified practitioners, traditional healers, and pharmacies/shops.[12] But our study revealed that respondents of the catchment areas availed of the Essential Health Service Package (ESP) services provided by community clinics were satisfactory. 98% of people were aware of the community clinic and 93.5% visited there. Although they utilize all services provided by community clinics, mainly they use treatment of minor diseases and injuries (71.7%). EPI, Vitamin-A Supplementation, and Community Child Care services provided through community clinics are satisfactory. Health education services (45.8%) were poor below the mark and the referral service was poor.

One of the most important functions of the community clinic is to provide maternal and child health care. But the community clinic we visited did not provide normal delivery service and Maternal and child health care was not up to the mark (pregnancy registration 27.6%, ANC and PNC 45.2%, family planning services 49.3%). In 2002; a maternal health review found that people received government maternal health facilities in only 20% of cases.[13] A survey in Uganda shows that maternal and child health services in rural health centers were also poor there.[14] So, it should start normal delivery and maternal health campaign in rural areas immediately.The expanded program on immunization (EPI) has been a great achievement in the health system in Bangladesh. It ensures universal access to vaccination and has substantially improved the coverage of vaccines in children. For example, it has increased the percentage of BCG vaccines among children less than 1 year of age from 2% in 1985 to 99% in 2009.[15] Our study reflected almost a similar trend, as most of the respondents participated in the EPI vaccination program. EPI service (66.2%) is comparatively low as an outreach center commonly used for EPI service. The most recent BDHS (Bangladesh Demographic and Health Survey) states that 62% of currently married women aged 15-49 years (Reproductive age) in Bangladesh are using any contraceptive methods.[16] But our study revealed that 49.3% of respondents get family planning services whereas the Contraceptive Prevalence Rate (CRP) of Bangladesh is 62.4% (according to the World Bank Collection of Development Indicators) which was not up to the mark. Another study found widespread dissatisfaction among local people in regard to the overall performance of the community clinics. The government policy says that appropriate referrals should be made to nearby secondary or tertiary government hospitals if patients cannot be managed in the community clinic.[17] According to our survey the quality of medicine supplied by the community clinic was good. Only 17.4% of people had been referred for better treatment to secondary and tertiary level hospitals which was not sufficient.This survey revealed that 71.7% of respondents got treatment for minor illnesses and diseases from the community clinic. The survey showed that mainly middle-class (41.2%) and illiterate (32.7%) people got treatment there. This is dissimilar to the findings of studies on health care-seeking behaviors in other parts of the world such as the USA, Nepal, and Nigeria.[18-21]

Conclusion:

Few services provided through community clinics are satisfactory, but there are some lacking, such as the absence of facilities for normal delivery and maternal and child health care services, and referral services. To facilitate the health of the rural population, community clinics should start normal delivery immediately and strengthen their Maternal and child health care and referral service.

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