This study looks at whether an improved service delivery model for rural community clinics 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 (RCHCIB) - Community Clinic Project’ aimed at providing an essential service package for women, children and the poor. However, most community clinics (CCs) are yet to become fully functional due to irrational use of drugs, lack of trained providers, weak referral mechanisms and unfavourable opening hours.

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
- RCHCIB (Community Clinic Project)

Researchers:

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

Project setting

- Gazipur, Comilla

Research themes addressed:

- Community interventions
- Primary Care
- Accessible and user-friendly services
- Quality of care
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.

We will also identify whether any improvements in the quality and availability of services at CCs has led to an increase in demand for services.

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.

Potential scaling up of research findings

If the service delivery model proves effective in rural CCs, we will work with the MOHFW to scale up the project and incorporate the model into healthcare policy.

For more information about this project, email Salma Akter at salmaakter@gmail.com

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**About COMDIS-HSD**

COMDIS-HSD is a Research Programme Consortium funded until 2016 by UKaid.

Working with partner NGOs in 7 countries, we provide evidence to policy makers in low-middle income countries to help them improve their health service delivery processes.

We aim to improve demand for, access to, and quality of prevention and care for common diseases, especially in underserved populations.

By sharing our evidence-based research findings, we ensure changes to health service delivery policy and practice in low-middle income countries and beyond.

Find out more about our work by visiting our [website](#), [YouTube channel](#) and [Flickr site](#).

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