Consumers' Satisfaction Regarding Community Clinic in Rural Puthia, Rajshahi

Md. Asif Azizi[a], Md. Anayet Ullah[b],
Md. Minarul Islam[c], Md. Raihan Monzoor[d]

[a]Lecturer, Department of Community Medicine, Barind Medical College, Rajshahi, Bangladesh.

[b]Professor, Department of Community Medicine, Barind Medical College, Rajshahi, Bangladesh.

[c]Lecturer, Department of Community Medicine, Barind Medical College, Rajshahi, Bangladesh.

[d]Assistant Professor, Department of Community Medicine, Barind Medical College, Rajshahi, Bangladesh.

Correspondence to :M A Ullah
md.anayet_u@yahoo.com

Cite this as: BMCJ 2022; 8(2): Page 10-15

Received: 19 March 2022
Accepted: 20 April 2022

Abstract

Background: The Community Clinics are the public health care delivery centers at the grass root level to deliver the initial services of essential service package (ESP). **Objectives:** To measure the client satisfaction status regarding community clinic in Bangladesh. **Methods:** This was a cross-sectional descriptive study conducted among the adult patients attending at different Community Clinics (CC) in Puthia Upazila, Rajshahi, Bangladesh. Total 280 respondents were selected purposively as the sample. Data were collected by face to face interview with help of a semi-structured questionnaire. Chi square test was applied to find the association between patients' satisfaction and their sex and age. **Results:** A total of 280 respondents, 237 (84.,6%) were satisfied with the CCs and the rest 43 (15.4%) of the respondents were dissatisfied. Top of the reasons of patients' dissatisfaction was insufficient supply of medicine (69.8%). Gender and age of the respondents were not associated with their status of their satisfaction. **Conclusion:** The high satisfaction level of the CC consumers leads to develop high expectation about the services facilitated by CC. Bangladesh Government should making health services effectively available at the door step of rural people, Govt. should focus on the reasons of consumers' dissatisfaction. Appoint at least one MBBS physician for each Community Clinic, service providers of CC's have to be more trained, one full time HA and FWV need to provide in every CC.

Key words: community Clinic, satisfaction, Bangladesh

Introduction

Bangladesh is one of the most densely populated and low- income country in South Asia has the highest percentage of people living in rural area. To improve the health care service of rural people, Bangladesh Govt. initiated some projects. Community Clinic (CC) Program is one of them. The Community Clinics are the public health care delivery centers at the grass root level to deliver the initial services of essential service package (ESP).[1]

Majority of the people being particularly in rural areas remained with insufficient access to health care facilities and dependent on government health structures for remedies from illness.[2] With this requirement Community

Health Care Initiatives in Bangladesh (RCHCIB) was initiated in 2009. Bangladesh Government has introduced the Community Clinic (CC) Program to expand Primary Health Care at the door step of the villagers all over the country under RCHCIB program which is operational today.[3]

Among the service seekers of Community Clinics about 80% are women and children. On average 9.5-10 million visits are in Community Clinics per month and 38 visits per day per Clinics. For primary level, service time is 9am-3pm. It is a one stop service outlet for Health, Family Planning and Nutrition.[4]

However, care quality in CC is now a very important and growing aspect which is very essential to enhance its health care services. For evaluating the effectiveness of health care and health outcomes, patient satisfaction has long been regarded as a crucial factor. This article focuses on client satisfaction regarding community clinic in Bangladesh.

Background

History of Community Clinic: Ups & Down

The CCs were established with a view to bringing health services at the doorstep to the rural peoplein Bangladesh, It is a healthcare center providing primary healthcare services to the people in a specific area. In the later part of 1998, the Bangladesh government took the decision of establishing Community Clinics (CCs) with the support of WHO with a view to making health services easier to the rural people. One clinic aimed at providing services for the rural population of about 6,000. In this context the government planned to establish 18000 CCs and decision were taken to construct 13500 CCs. A total of 10723 CCs were constructed during 1998-2001 of which 8000 started functioning.

With the change of the government, CCs were closed in 2001 causing a narrow game of politics. CCs were closed and remained as such till 2009. The Awami league government in 2009, then planned to revitalize CCs through a project Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB) as priority as it was in their election manifesto. It was a project of 5 years duration from 2009 to 2014.[3]

The Community Clinic (CC) initiative in Bangladesh is a groundbreaking effort to provide essential healthcare services in rural communities. These primary-level health facilities are established by the government in collaboration with local communities.[5]

Rationale for Establishing CC

In addition to the success of pilot project, government had the following vision for establishing CCs:

- The public sector health services were unsuccessful in providing health and family planning care according to expectation of people. It was expected that where community is involved, the program would be succeed.[6]
- The CCs would provide 'one stop' community-level ESP services and thus a much more comprehensive range of services could be provided.[7]
- CCs would replace labour intensive and costly health services with cost-effective extensive health and family planning services at one clinic.[6]
- The studies on consumers' preferences and the experiences of combined EPI outreach and Satellite Clinics had shown that the rural people of Bangladesh prefer one-stop

provision of a package of Essential Services to address their basic health needs (Hasan et al, 1997).[8]

Procedure of Community Clinic's establishment

CC turns the concept of PPP into reality as all CCs are constructed on lands donated by community people; costs relating to construction, medicines, and all necessary logistics, salaries of service providers are met from the government revenues and development funds but the management is done by the community people, unlike the next two tiers of primary healthcare facilities: union sub-centers (USCs) and upazila health complexes (UHCs) that are fully run by the Government.

Each CC is headed by a community healthcare provider (CHCP) who works 6 days a week; a health assistant (HA) and a family welfare assistant (FWA) work alternatively 3 days a week. Community Group (CG) is pivotal in the management of CC. Each Community Group (CG) consists of 13–17 members, headed by the elected Union Parishad (UP) Member. In the catchment area of each CC, there are three Community Support Groups (CSGs) each comprising of 13–17 members (Figure I).[5,9-11]

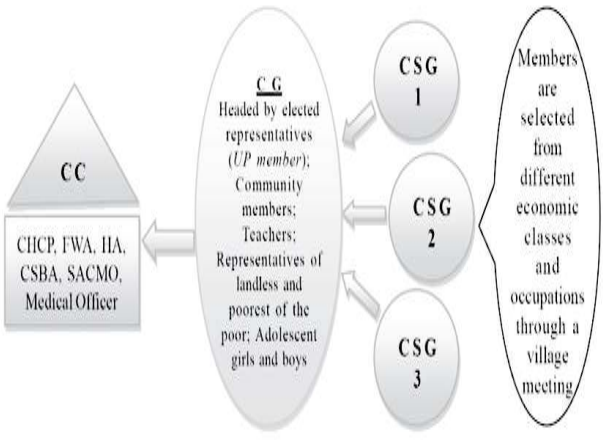

Figure I. Flow chart on establishing a Community clinic.

Services provided from CC

Health services are providing to the rural people by the CCs for (i) reproductive and FP services; (ii) integrated management of childhood illness (IMCI); (iii) maternal and neonatal healthcare; (iv) EPI and ARI; (v) nutrition education and micronutrient supplements; (vi) health and family planning education and counseling; (vii) communicable disease control (viii) identification of emergency and complicated cases with referral to higher facilities for better management; (ix) screening for non-communicable diseases, like-hypertension, diabetes, arsenicosis, cancer, heart diseases, and autism; (x) conduction of normal delivery; (xi) treatment for minor ailments and first-aid for simple injuries and handling of emergency cases, like poisoning, snakebite, burn, etc.; (xii) establishing effective referral linkage with higher facilities (xiii) establishing effective MIS and database of the community; and (xiv) other services under the Essential Service Package of the Government of Bangladesh.[5]

Role of CC during COVID-19 pandemic

Community Clinics are playing an important role to address COVID 19 involving all its health facilities and supporting staffs along with all necessary logistics (PPE, equipment), organizing community awareness through health education. Its activities include continual vigilance, screening, notification, management, referral, community awareness, follow up, demonstration of social distance, proper hand wash, use of mask etc. These activities restored public confidence in accessing CC services and helped check the slide in service intake which took place since April 2020 and stabilized to pre-pandemic service level by July 2020.[12]

Methods

This was a cross-sectional descriptive study. It was conducted among the adult patients attending at different Community Clinics (CC) named Tara Pur, Senvag, Jiopara and Kandra Karbala with a view to find out the status of their satisfaction regarding the Community clinic services in Puthia Upazila, Rajshahi, Bangladesh. The adult patients (18 years or above) attending at the Community Clinic constituted the study population. Total 280 respondents were selected purposively as the sample units. Third year students of Barind Medical College, Rajshahi , Bangladesh, collected the data by face to face interview with help of a semi- structured questionnaire. The questionnaire was designed to record the Gender and age, and the respondents' satisfaction status about CC services. Data analysis involved simple descriptive as well as analytical techniques. Chi square test was applied to find the association between patients' satisfaction and their sex and age.

Results

A total of 280 respondents, 237 (84.,6%) were satisfied with the CCs and the rest 43 (15.4%) respondents were dissatisfied (Figure II). Top of the reasons of patients' dissatisfaction was insufficient supply of medicine (69.8%) and second highest reason of dissatisfaction was not well behaved by health care providers (Table III). Out of 280 respondents 185 (66.1%) were female, among them 157 (84.9%) were satisfied with the CC. Among the males, 80(84.2%) were satisfied with CC. The percentages of females and males satisfied with CC were very close, the difference of them was not statistically significant (Table I). More than 56% of the respondents were in the age group of 18 – 30 yrs, among them 87.9% were satisfied with CC. Respondents' satisfaction was gradually decreased with their age. But the association between age and satisfaction status was not statistically significant ($p<0.05$) (Table II).

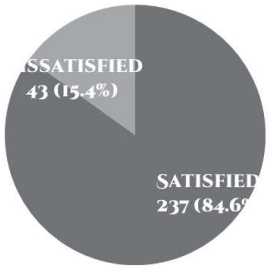

FIGURE II. CONSUMERS' SATISFACTION STATUS ABOUT COMMUNITY CLINIC

Table I. Consumers' satisfaction and their gender. n = 280

Gender	Satisfaction status		Total N (%)	P value
	Satisfied N (%)	Dissatisfied N (%)		
Male	80 (84.2)	15(15.8)	95(33.9)	0.885*
Female	157 (84.9)	28 (15.1)	185(66.1)	
Total N (%)	237 (84.6)	43 (15.4)	280 (100.0)	

*= Not significant

Table II. Consumers' satisfaction and their age. n = 280

Age (in years)	Satisfaction status		Total N (%)	P value
	Satisfied N (%)	Dissatisfied N (%)		
18 – 30	138 (87.9)	19 (12.1)	157(56.1)	0.227*
31- 50	64 (81.0)	15 (19.0)	79 (28.2)	
>50	35 (79.6)	9 (20.4)	44 (15.7)	
Total N (%)	237 (84.6)	43 (15.4)	280 (100.0)	

*= Not significant

Table III. Reasons of consumers dissatisfaction to Community Clinic

Reasons of dissatisfaction	Frequency (Percentage) N (%)
Supplied medicine is not sufficient	30(69.8)
Not well behaved by health care providers	8(18.6)
Not properly examine	4 (9.3)
Hurry during examination	1 (2.3)
Total	43 (100.0)

Discussion

According to Riaz *et al.* (2020)[5], overall, 83.0% of the patients were satisfied with the CC services and female users (83.8%) were found to be significantly more satisfied than males (81.2%). This present study findings were partially agreed with the findings of Riaz *et al.* (2020)[5] regarding the high level of consumers' satisfaction. The present study suggested that higher percentage of female patients were satisfied with the clinics' services than males but that was not statistically significant.

The present study noted that insufficient medicine supply was top of the reasons of patients' dissatisfaction. It may be due to that Bangladesh government specified 23 drugs that should be available at CCs. In most cases most of these drugs had been available at the time of opening, but supplies were limited, and have been at best intermittent. The arrangements for supply of drugs to CCs have clearly failed to achieve even a reasonable level of availability.[6]

The high satisfaction level of the CC consumers suggests, this innovative program should be continued and strengthening day by day. The high satisfaction level of the CC consumers creates an opportunity to develop a trust on CC services which leads to develop high expectation about the service facilities by CC. So, this innovative program should be continued and strengthening day by day, like the Government of Bangladesh should making health services effectively available at the doorstep of rural people, Govt. should appoint at least one MBBS physician for each Community Clinic, service providers of CC's have to be more trained, medicine supply should be adequate, one full time HA and FWV need to provide in every CCs.

References

1. Pasha A K M M K. Community health clinic in Bangladesh: an assessment of the essential service package (ESP) delivery. NDC Journal, n.d.https://ndcjournal.ndc.gov.bd/ndcj/index.php/ndcj/article/view/105/94
2. Islam A, Biswas T. Health System in Bangladesh: Challenges and Opportunities. American Journal of Health Research 2014; 2(60):366-74. doi: 10.11648/j.ajhr.20140206.18. https://www.researchgate.net/publication/276105127_Health_System_in_Bangladesh_Challenges_and_Opportunities
3. DGHS. Community Based Health Care (CBHC). DGHS, Ministry of Health and Family Walfare. http://www.community-clinic.gov.bd/about-us.php
4. South-South GALAXY. Community Health Clinics in Bangladesh. United Nation, Office of South South Cooperation. https://my.southsouth-galaxy.org/en/solutions/detail/community-health-clinics-in-bangladesh-1
5. Riaz B K, Ali L, Ahmad SKA, Islam M Z, Ahmed K R, Hossain S. Community clinics in Bangladesh: A unique example of public-private partnership. Heliyon 2020;6(5). https://doi.org/10.1016/j.heliyon.2020.e03950
6. Normand C, Iftekar MH, Rahman SA. Assessment of the community clinics: effects on service delivery, quality and utilization of services. Health Systems Development Programme 2002.

https://assets.publishing.service.gov.uk/media/57a08c35ed915d3cfd001236/bang_comm_clinics_web_version.pdf.

7. MOHFW. Health and Population Sector Programme 1998-2003: Programme Implementation Plan (Part-I), Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, Directorate General of Health Services 1998, Mohakhali, Dhaka-1212.

8. Hasan Y, Barkat-e-Khuda, A Levin. Strengthening outreach sites through an approach combining satellite clinics with Extended Program on Immunization (EPI), ICDDR,B director's Report 1998. https://www.icddrb.org/dmdocuments/ar97.pdf

9. MOHFW. Revitalization of Community Health Care Initiatives in Bangladesh. Ministry of Health and Family Welfare, Government of Bangladesh, Dhaka, March 2015.

10. Millat M., Jahan M., Hasan M., Alam K., Hossain M & Miah M. Status and prospect of Community Clinic in rural areas of Bangladesh: An overview of healthworkers. Bangladesh Medical Research Council Bulletin 2011;37(2): 76-7.-Doi.org/10.3329/bmrcb.v37i2.8439

11. Sultana N and Tania F. Effectiveness of Community Clinic in Urban Area: A Cross Sectional Study. Malaysian J Medical Biological Res 2016; 2(1): 43-4.

12. United Nations. Community Clinic Based Primary Health Care Services: A Unique Participatory Approach to Universal Health Coverage (UHC) . Department of Economic and Social Affairs, Sustainable Development. https://sdgs.un.org/partnerships/community-clinic-based-primary-health-care-services-unique-participatory-approach.