An Innovative Project Raises Health Standards in Bangladesh

Local governments and NGOs come together to fight maternal and child mortality in Bangladesh.

Dhaka, Bangladesh - Twenty nine-year-old Kamrunnahar Akter says the birth of her third child at a well equipped healthcare center was a stress-free experience compared to her two previous deliveries.

"I have had two children at home in deliveries that had a lot of anxieties and difficulties, but here I have had no worries," she said, resting, after giving birth to a healthy boy at the center run by Progoti Samaj Kallyan Protisthan (PSKP), a non-government organization (NGO) operating healthcare centers in Dhaka under the Second Urban Primary Health Care Project in partnership with the Government of Bangladesh.

Akter's experience is typical of women across the country who have benefited from an innovative tie-up between local governments and NGOs to deliver primary healthcare to poor urban communities.

Partnerships for Good Health

These public-private partnerships provide facilities and services to six city corporations and five municipalities across Bangladesh through the project financed mainly by the Asian Development Bank (ADB) and co-financed by the Department for International Development (DFID) of the United Kingdom, Swedish International Development Cooperation Agency (SIDA), and United Nations Population Fund (UNFPA). The initiative, which builds on an earlier ADB-funded project, aims to reach underserved communities and, in particular, to improve child and maternal health in areas where mortality rates remain high.

The government is responsible for planning and overseeing the program while the actual healthcare service delivery to the poor is provided by the NGOs under a partnership agreement between the two parties.

Bangladesh has high levels of child and maternal ill-health. Almost half of women and 78% of children aged 6 months to 11 months suffer from anemia, and 48% of children under five are underweight, with 13% severely so. Antenatal care is poor and just 6% of births take place in healthcare facilities.

The project is helping to change that. So far 116 primary healthcare centers and 9 comprehensive reproductive healthcare centers have been established. Another 64 healthcare facilities are to be built.

"The project is one of the largest public-private partnerships for delivering urban primary healthcare services in South Asia," said Jamal Mahmood, head of the social sector in Bangladesh for ADB. "With women and children making up more than 75% of the beneficiaries it is having a real impact on reducing child and maternal mortality rates and helping Bangladesh meet the Millennium Development Goals in those areas."

That sentiment is echoed by Dr. Kazi Nurun Nabi, project manager of PSKP who runs the Al-Haj Jahurul Islam Matri Sadan (Maternity Center) where Akter gave birth.

Lowering Maternal and Child Mortality

"We believe our health centers have contributed to a substantial reduction in maternal deaths in Bangladesh," said Dr. Nabi, who oversees an average of five deliveries per day at the facility. The center, with nine doctors and 25 nurses, also provides other medical treatment, vaccinations, and family planning and nutritional advice.

Typically in South Asia, primary healthcare is provided by national governments with meager resources, and is largely focused on rural areas. Under this project, 24 partner groups, including PSKP, have been contracted to provide care in urban areas covering 200,000 to 300,000 people each. Along with Dhaka, the other cities involved are Chittagong, Khulna, Rajshahi, Sylhet, Barisal, Bogra, Comilla, Madhabdi, Sirajganj, and Savar.

A key element of the project is the careful targeting of care at the most needy. At least 30% of services provided by health centers
reach the poor, and nutritional supplements are supplied to severely malnourished women and children.

The project also requires the partner NGOs to run satellite clinics in slum areas for those who cannot come to the main health centers. In the case of the Al-Haj Jahurul Islam Matri Sadan, Dr. Nabi sends paramedics, nurses and health workers to a total of 70 slum areas - three places each day - where they often provide services out of houses offered by residents as make-shift clinics.

These clinics provide a wide range of services, including nutritional and family planning advice and contraceptives. Facilities for treating tuberculosis sufferers have also been established.

To help offset service costs, user fees are charged for those who can afford them, and to prevent false claims, entitlement cards are given to the bona fide poor to enable them to access services for free.

The current second phase of the project, which began in 2005, will run through to the end of 2011.

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