

**3 GOOD HEALTH
AND WELL-BEING**



Report on **MATI Primary Health Care Centre (MPHCC)**

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Health Situation in Bangladesh

In the world, at least 400 million people have no basic healthcare, and 40 per cent lack social protection. A WHO and World Bank Group report said that 400 million people do not have access to essential health services and 6% of people in low- and middle-income countries are tipped into or pushed further into extreme poverty because of health spending. The world's most disadvantaged people are missing out on even the most basic services. Most of these people are from the rural area of the developing countries. Bangladesh is a developing country with very poor health status almost 1 in 4 Bangladeshis (24.3 percent of the population) live in poverty, and 12.9 percent of the population live in extreme poverty¹.

Bangladesh has still to go a long way to achieve the SDG-3: Good Health & wellbeing. The present status of the under-five mortality rate is 32 per 1,000 people², neonatal mortality rate is 25.8 deaths per 1000 live births, maternal mortality rate and death rate 173 deaths per 100,000 live births and death rate is 5.5 per 1,000 people against the SDG targets of 25, 12, 70 and 1.2 respectively to be achieved by 2030.

Health is one of the basic human rights of the people which is essential for improving the quality of life. National economic and social development depends on the status of a country's health facilities. In Bangladesh, the majority of the country's population lives in rural areas, while the majority of health professionals work in urban centers. A large number of people in Bangladesh, particularly in rural areas, remain with no or little access to health care facilities.

On the other hand, due to government policy of privatization the private sector health services have been booming in the country which are too expensive to afford by the poor people. Poor people also don't have even excess to the public sector health services due to many reasons. One of the most vital reasons is the services are not sufficient at all compared to the demands.

The challenges faced by the health system are multifarious and varied. Bangladesh has a severe shortage of physicians, nurses, midwives, and health technicians of various kinds. The deficit will keep on rising as the population increases. An inadequate number of appropriately trained human resources for health in Bangladesh is a strong limiting factor for public health.

It is therefore, very much important for both government and non-government organizations of the country to take innovative programs that will ensure the access of poor people to essential health services in order to achieve the sustainable development goal for health sector i.e. Good health and wellbeing.

¹ <https://www.adb.org/countries/bangladesh/poverty>

² <https://knoema.com/atlas/Bangladesh/Death-rate>

Health Situation in MATI's working area

Since inception in 1997, MATI has been working for sustainable development of both rural and urban poor people. The urban poor people are living in the slums of Mymensingh town while the rural poor people are living in the remote Charland area of Brahmaputra river basin in the district of Sherpur and Jamalpur which is one of the major geographical pockets of poverty in the country.

Although the urban poor people living in the slums of Mymensingh town are surrounded by many public and private hospitals, clinics, diagnostic centers etc. including one of the largest Medical College Hospital of the country, still they have limited access to the health services because of many reasons. Huge crowd in the public hospitals coupled with poor & scarcity of services, corruptions, very poor management, and lack of education and awareness of the people to understand their health rights etc. are the major reasons for their limited access. In general, mainly the lower middle class to middle class people have better access to the government health services while the poor people often lag behind. Although they get the health consultation services from the public health centers with very small amount of service charge, but the high cost of the testing & medicines, which they have to purchase from the private sector in most of the cases, can't afford at all.

On the other hand, apart from the sufferings like the urban poor people the rural poor people are living in the areas which are very remote, structurally underdeveloped and overpopulated. Many villages are accessible only via muddy road or only by boat during monsoon. But, the public health service centers are situated in the remote upazila and district town. Therefore, it often becomes very difficult for the poor rural people to reach the centers to get essential health services. It is also matter of long time and cost that the poor working people can rarely afford.

The Story of Inception of MATI Primary Health Care Centre (MPHCC):

Since inception MATI's programs are focused much on self-determined sustainable development of the poor people. The aim of MATI is to support the poor people living in the structurally underdeveloped region of the country in the areas of poverty alleviation, food security, health & wellbeing, quality education, water & sanitation, gender equality, environment protection & climate action etc.

With the own capacity MATI first started its health services for the urban poor people in 2005. Next to the Mati's office, there is a Scheduled Caste Hindu minority community (Dalit) with one hundred and fifty people of thirty families who are extreme poor people and excluded from the mainstream community. Targeting the extreme poor people of this community and some people who are living surrounding the Mati's head office MATI first started it's awareness activities on health and hygiene so that they can remain in good health along with some treatment and medicines free of cost. MATI employed a paramedic staff for the purpose.

In order to extend the services among more urban & rural poor communities, in 2009, a Mati Health Care Center (HCC) was started in the compound of the Mati's head office. Since

inception the HCC has been providing free primary health care services and medicines for the local extremely poor people.

On the other hand, as stated above the rural poor people living in the working area of MATI have very limited access to health services resulting in their impoverishment. Then step by step MATI extended the health services to the rural communities by organizing regular awareness meeting on health & hygiene, organizing general health camp, eye camp, and dental camp where free treatment, medicines, spectacles etc. are provided.

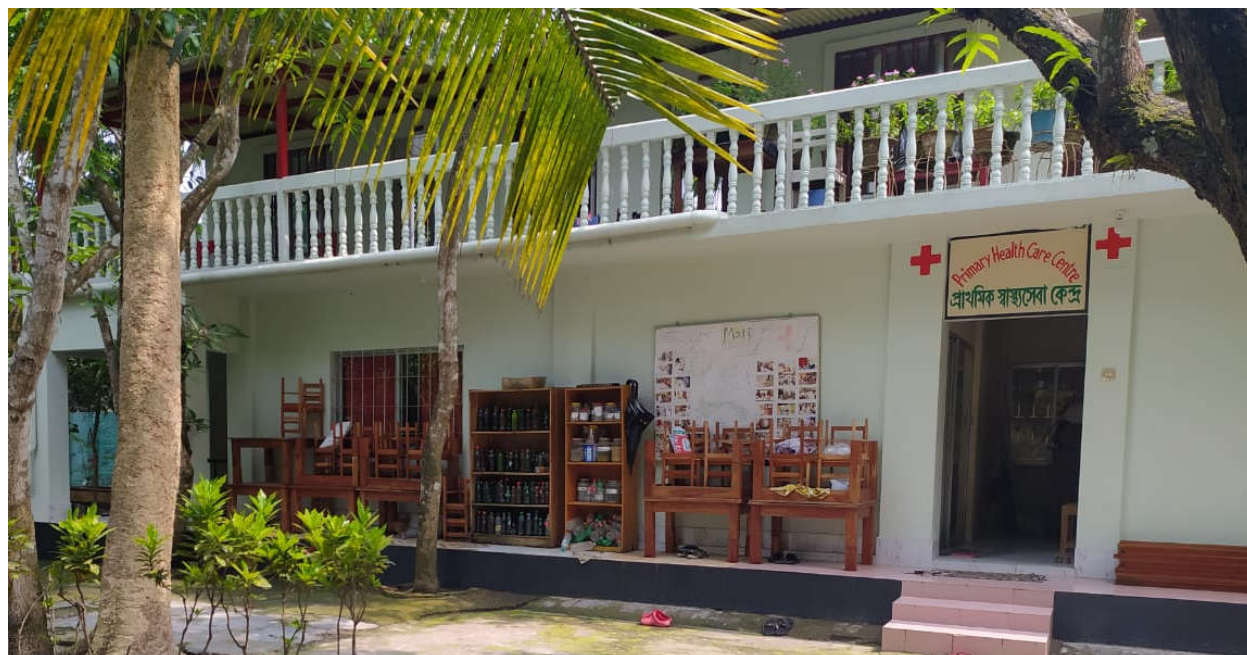


Figure 1: MATI Primary Health Care Centre (MPHCC) located at MATI Head office Premise.

Goal: Contribute to ensure good health & wellbeing of the urban and rural poor people of Sherpur & Mymensingh district of Bangladesh.

Objectives:

1. To increase availability of primary healthcare services at the doorsteps and reduce the medical costs for the rural and urban poor people priority to women, girls, children, PWD, dalits, poor farmers and other disadvantaged people living in the MATI's working area.
2. To facilitate the process of increasing access of poor people to the available health services provided by the public sectors and the charitable health service providers of the area.
3. Increase health & nutrition awareness and improve health & sanitation practices of the poor people which are essential for maintaining their good health.

The Services provided from MPHCC:

- Maternal and Neonatal Healthcare (MNH) services.
- Integrated Management of Childhood Illness (IMCI).
- Reproductive health and family planning services (RH/FP).
- Expanded Program on Immunization
- Nutrition education and micronutrient supplementation.
- Distribution of family planning commodities.
- Health education and counseling
- Identification of severe illnesses, like tuberculosis, malaria, pneumonia, emergency obstetric care, life-threatening influenza, anthrax, etc.
- Treatment for minor ailments and first-aid.
- Referral to union-level health facilities (health and family welfare center, union sub-center, rural health center, etc.), Upazila health complexes (UHCS), and district hospitals.
- Physiotherapy for Disabled people's and Children's.
- Providing and assisting in the treatment of eye diseases.

Area coverage:

The working area includes urban slums of Mymensingh district and the villages of Mymensingh, Sherpur and Jamalpur districts. The details of the target people are given below.

Name of the District	No. of Upazilla	No. of Unions	No. of villages /ward	Target People						
				Man	Women	Boy	Girl	Child	PWD	Total
Mymensingh	2	4	21 village	24	2134	55	180	315	176	2884
Mymensingh (Urban Slums)	1	-	6 wards	-	232	-	-	-	8	240
Sherpur	2	4	21 villages	60	1308	75	149	30	152	1774
Jamalpur	1	1	14 villages	-	1010	-	-	-	49	1059
Total	6	9	56 village 6 wards	84	4684	130	329	345	385	5957

It is to mention here that only a small portion of the target area could be covered by the existing capacity of the MPHCC though MATI cover most of the area by Eye Camp and Dental Camp held twice in a year.

Activities & Achievements:

During the reporting period a good number of poor people both from urban and rural area especially the women, girls, PWD, dalits and elderly people got health services from the MPHCC. The details of the achievements are presented below.

- 1. Health Awareness Meeting and Training:** Generally, the level of awareness of the target people on health, nutrition and hygienic issues are very poor which is one of the main reasons of their poor health status. That's why MPHCC has been working to raise people's awareness and improve their practices on the health related issues.

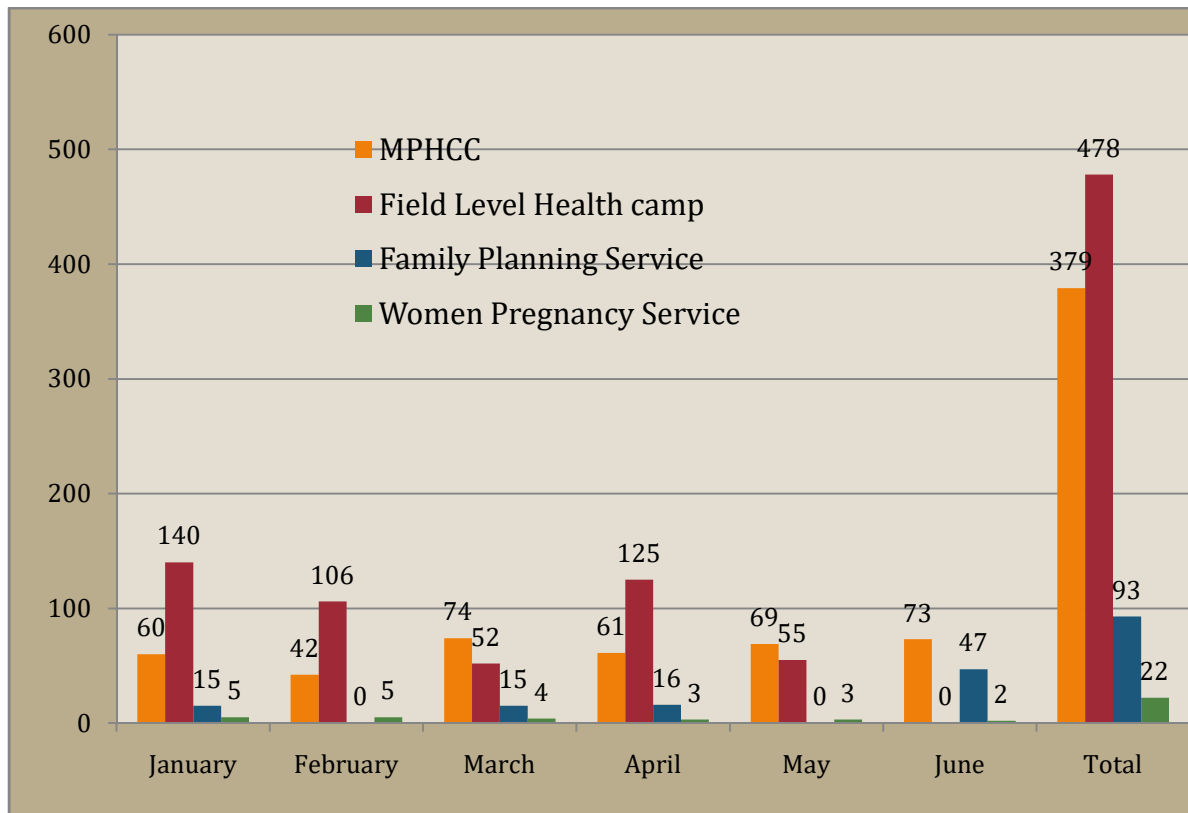
Total 45 Health awareness meetings and trainings were held during the reporting period with participation of approximately 1000 women. The issues viz. causes of different diseases, hygiene, water & sanitation, nutrition education, maternal and child health care, postpartum health care etc. were discussed in the meetings. It is to mention that due to lack of field health worker no meetings could be arranged within first 3 months of the reporting period.



Figure 2: Health Awareness Meeting

2. Health Related Support & Services :

Four types of services are provided by MPHCC such as a. Free treatment and medicine, b. Family Planning Service, c. Women Pregnancy Services and d. Physiotherapy service, are provided both from the MPHCC and in the health camps organized in the rural area on regular basis.



a. Free treatment & medicine service

i. At MPHCC:

The MPHCC remains open during 10am to 4pm from Saturday to Thursday every week. The urban poor people surrounding the Mati head office directly comes to the MPHCC for taking free treatment and medicine services.

Total 379 patients specially the women, girls, PWD and dalit people received free treatment and medicines for their various kinds of diseases from the MPHCC during the reporting period. In case of serious diseases the patients were referred specially to the Mymensingh Medical College Hospital (MMCH) and other relevant government and charity based health service centers in Mymensingh.

ii. At Field Level Health Camp:

At field level health camps are arranged generally twice in a month where free treatment and medicine services are provided. During the reporting period total 478 women received free treatment & medicine services from the health camps.



Figure 3: Field Level Health Camp

b. Family Planning Service:

Health worker specialized on family planning issues provide family planning services to the women of Mati's working area. The services include awareness on taking family planning measures, advice for taking appropriate service and linking them with the family planning services provided by the government & non-government agencies.

During the reporting period 93 women got family planning services from the MPHCC.

c. Women Pregnancy Services

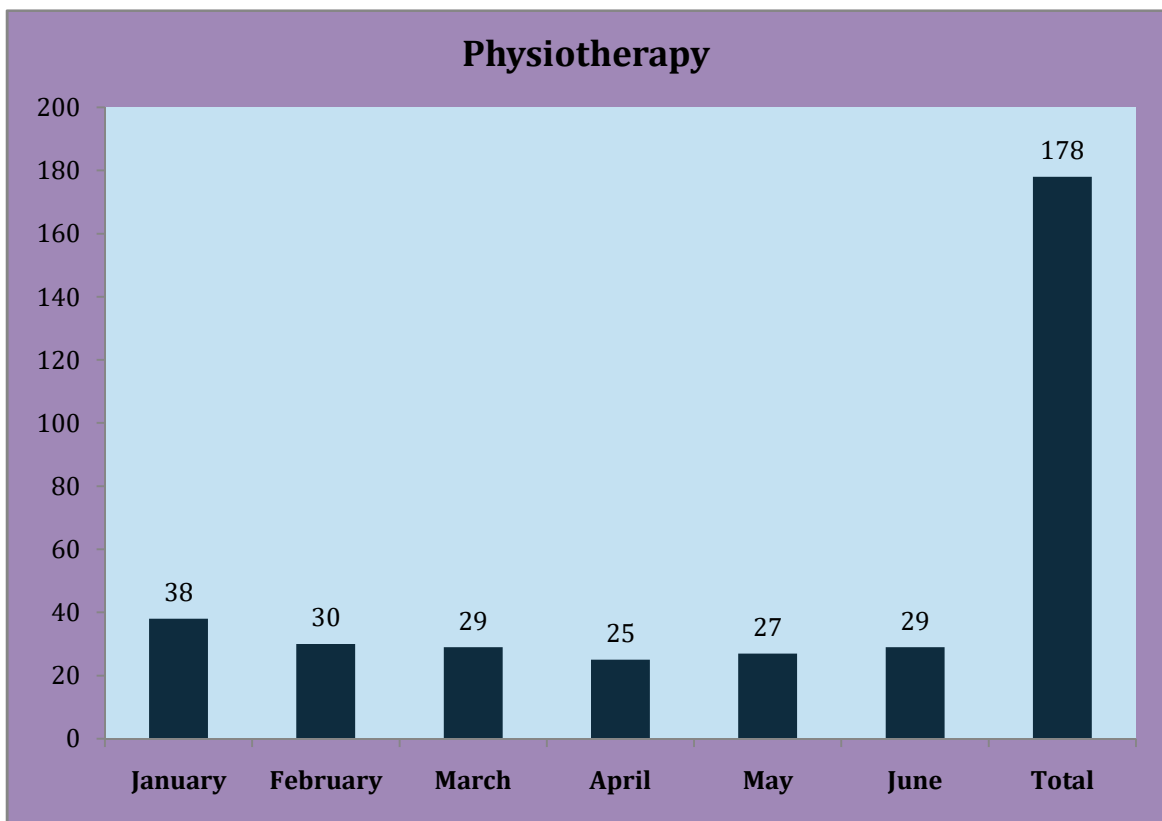
Women need special cares during pregnancy period. But, very unfortunately, the poor women rarely get any of the services. Therefore, Mati provides special services to the pregnant women that include counseling, coaching, demonstration, referral service for delivery, nutritional feed & medicines supports for mother and child, nutrition education etc.

During the reporting period 22 such women received services from the MPHCC.

d. Physiotherapy Service:

Considering the necessity especially of the Person with Disability (PWD), MPHCC has been arranging physiotherapy services on regular basis. Since 2019, four volunteer physiotherapists from Germany namely Linda Seyffart, Charlotte Rullich, Pia wilke and Stephane use to come to Mati’s working area on regular basis to provide physiotherapy services especially to the PWDs and the patients with paralysis, accident cases etc.

During the reporting period 178 such patients of the target area specially the 15 disabled children of Mati’s disability school received regular physiotherapy services from the volunteers.



3. Children Milk Support:

Poverty doesn’t allow the poor people to feed their children with nutritious food resulting in poor health status of the poor people since childhood. Considering this MPHCC started the piloting project of providing children milk support.

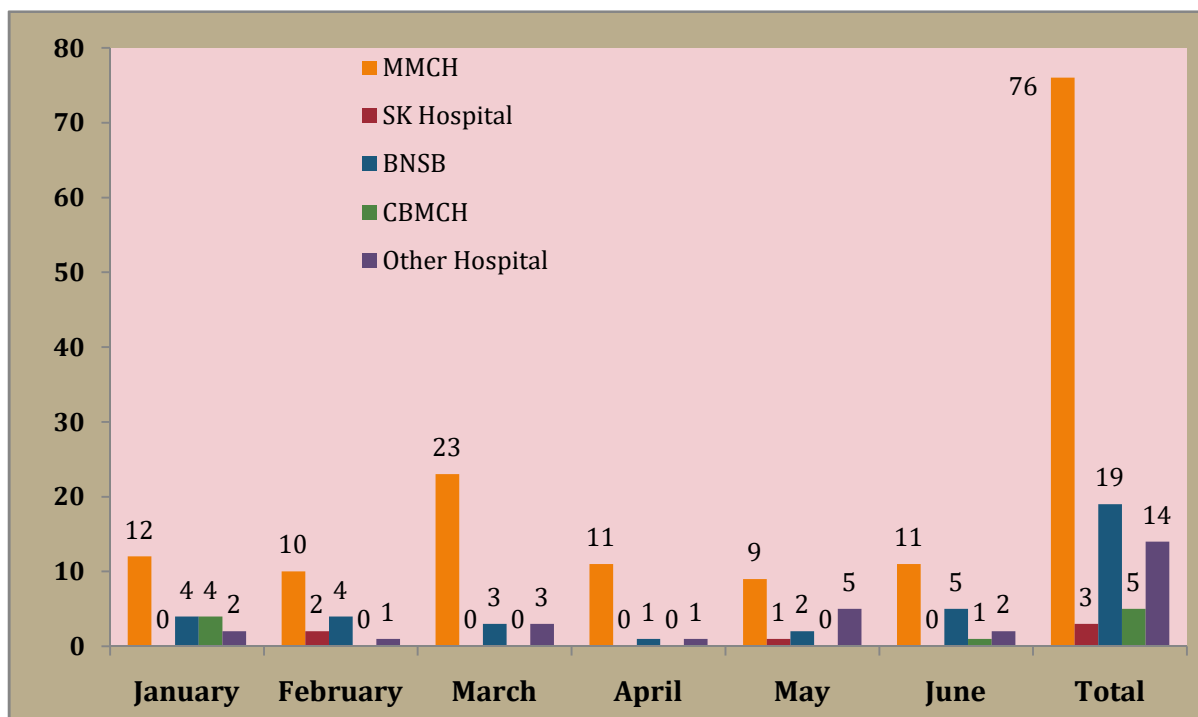
During the reporting period 44 children got BDT28,260 as milk support. But, the support is not enough. There are still many children whose mothers are suffering from malnutrition. They are not able to give enough breast milk to the babies.

Month	Children Milk Support	
	Children	Amount(Taka)
January	7	4550
February	7	4550
March	7	4550
April	7	4550
May	8	5030
June	8	5030
Total	44	28260

4. Referral Service:

It is usual that MPHCC has no enough capacity to provide all the necessary health care services especially for the serious cases. In such cases MPHCC refer the patients to the appropriate health service centers so that they get better treatment. MATI has also established collaborative relationship with such public sector hospitals viz. Mymensingh Medical College Hospital (MMCH) and SK Hospital as well as other charity based health care centers such as Community Based Medical College & Hospital (CBMCH) and Marie Stopes Clinic, BNSB Eye Hospital and other hospitals.

During the reporting period 117 patients got referral services from the MPHCC while the highest numbers 76 to the MMCH as well as 3, 19, 5 and 14 patients were referred to the SK Hospital, BNSB, CBMCH, and 14 to the other hospitals respectively.



5. Discount for Treatment:

Sometimes even the poor people have to go to the private hospitals & consultation centers especially for the diagnosis and the consultancy services because the good & specialized doctors are seldom available at the government hospitals. But, the poor people never afford expensive services from the private hospitals and clinics. Therefore, MPHCC always advocate in favour of the poor patients to get discount from the private clinics, hospitals & diagnostic centers.

During the reporting period 11 patients receive discount of BDT4135 from different health centers namely Swadesh Hospital, Delta Hospital, Nexus Hospital, Popular Diagnostic Centre (PDC) and Delta hospital etc.

6. Staff Donation:

Very often there are some extreme poor patients need huge amounts of money for the treatment that can't be covered by MPHCC's support. In such cases some voluntary supports are provided by MATI's staff while the patients also raise money from people to people.

During the reporting period the staff of MATI contributed BDT1280 for the treatment of 2 such patients.

Outcomes:

The following outcomes are noticed by the staff and community people which are not stipulated to the reporting period.

- The target people especially the women, PWD, children and urban dalit people are more aware of the causes of diseases, superstitions, health & hygiene issues and nutrition, birth control and their health & hygiene related practices have also significantly been changed.
- Due to getting health services at their doorstep the people easily got relief of the common minor diseases without spending any money and time.
- The women got relief of the complications during pregnancy period and after delivery.
- The children got special support both nutritious feed & advices resulting in their better health.
- The people got better access to and better treatment & diagnosis services from the public and other charity based hospitals and service centers.
- The women of the rural areas have been more caring for their children since before.

Impacts:

No formal impact assessment was done. The following impacts are notices by the staff and community people which are not stipulated to the reporting period.

- The overall health status of both rural and urban poor people specially women, PWD, children and dalits living in the working area of MATI has been improved.
- The nutritional status of the aforesaid target people of MATI has been improved.
- The health expenditure of the target people has been decreased resulting in increased income and family wellbeing.
- The family income has also been improved because the people could save their times to take treatment from the distant service centers which allowed them to spend more time in income generating activities.
- The increased income of the target people that created opportunity to spend more in family well-being and child education.
- The women in the working area have better maternal health and more empowerment.

Difficulties/ Challenges:

The difficulties and challenges which are faced are mentioned below which are not stipulated to the reporting period.

- Still MATI has limited capacity to provide necessary health services to cover the whole working area of the organization.
- Very poor communication system in the project area often creates big obstacle for the health service staff to move to the village as per need of the people.
- During the rainy season, when the remote chaldans of Bhrahmaputra river basin become inundated including the roads it become very difficult for the health workers to reach to the villages. The situation becomes worse due to occurrence of flood which is a common disaster in the charland area.
- During the rainy season, the same problem has to face by the people as well to reach to the urban health centers in major health cases.
- Even in the dry season the serious patients especially the pregnant women face huge difficulties due to having no ambulance or other comfortable vehicle.
- There is no designated seating place for the health worker, making it difficult to provide services during the rainy season.

- Sometimes the women health workers have to face various problems such as eve teasing, social & cultural barriers etc.

Recommendations:

- The capacity of the MPHCC need to be increased to cover the all target area of MATI and for providing quality services as per need of the people.
- MATI need to establish a permanent health care center at least at Huzikanda office premise which need to be we-equipped with sufficient doctors, health assistant, nurses, birth attendant as well as ambulance facilities in order to provide quality services to the remote charland people of Brahmaputra basin.
- The existing MPHCC needs to improve the 'quality of nursing' to improve it's service. More doctors, nurses' health workers also need to be recruited.
- Arrange improved training for the paramedic physicians, medical assistants, nurses.
- It is essential to arrange water ambulance or at least engine boat to carry the serious patients and the health worker to the villages during the monsoon season and flood time.

Conclusion:

Bangladesh is still lagging far behind to ensure quality health services for her people. The people living below the poverty line and specially those people who are living in the most disadvantaged area need to be reached on priority basis. In order to achieve the sustainable development goal in time all the sectors including public, private and non-government need to work together.

That's why, MATI has been trying to reach the most disadvantaged people living in Mymensingh, Sherpur and Jamalpur district, which is one of the major geographical pocket of poverty in the country. The services provided by the MPHCC have got many positive outcomes and impacts for the targeted people.

But, due to lack of sufficient capacity MPHCC couldn't reach to all of it's targeted area yet let alone the expansion of the activities to cover more and more areas which are also need to cover. Moreover, due to lack of sufficient capacity the existing services haven't reach up to the mark yet. It is therefore, essential to increase the capacity of the MPHCC and MATI to provide quality services as per dream of MATI and need of the people.

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