

Dastica Community clinic in a development path

Dastica community clinic started functioning in 2000 which is situated in the border line of Nungola and Nisindara union under Bogura Sadar Upazila. More than 4000 poor and extreme poor is leaving within the catchment area of the clinic. Earlier community peoples were unconscious about their primary health care services. Most of the community peoples were moved to the Upazila Health Center which generates extra load due to lack of doctors, beds, medicines and other instruments also. Besides, Community Clinic Management Committee (CCMC) member is not active properly. Moreover, they think that govt. will provide support in every stage to operate the community clinic. Most of the time the community clinic was found locked due to damaged infrastructure, insufficient medicine and irregular service delivery.



At first Govt. officials were taking into consideration that these accountability and transparency activities under this project demoralize the people and they were failed to do the community clinic related activities smoothly. Initially Govt. officials were not interested to give the approval to work with CCMC. They were not willing to come to any programme organized by Grameen Alo under Sensitizing the Pro-poor Service Promotion Securing Rights and Governance (SPSRG) project supported by NGO Forum for Public Health & Manusher Jonno Foundation (MJF) SPSRG Project. Local communities thought that the project would provide them financial support. CCMC members also thought that project would provide money for community clinic development purpose. Responsible person did not perform his duty properly. Inactiveness of CCMC member and negligence to perform their roles and responsibilities. Community people were not interested to go CC due to insufficient medicine.

For the betterment of Community clinic, messages were transferred through the courtyard session- tea stall meeting, orientation, training and consultation meeting with involvement of Union Citizen Forum (UCF) & Upazila CSO member. Side by side develop inter personal relationship between duty bearers, Community people and UP by some motivational activities and close communication with them add extra value to change this situation. As a result the members of the CCMC committee are willing to organize regular meeting and generate fund for providing health care facilities to the rural community. Slowly the practice has replicating within the project working area as a model. To increase the quality of health service union citizen forum and community clinic management committee support to develop a citizen charter and established a suggestion box. Apart from this CCMC prepare a work plan and implementation all activities based on work plan i.e Fund generate every client give 2 taka when she/he took service from the community clinic, tree plantation, repaired Tube-well and collect money in the harvesting seasons, collect money from the local elite person as a donation, CCMC and UCF jointly communicate with UP and collected some grants to repair the community clinic.



At present clinic open from 9am to 3pm regularly, community people received their service in a systematic process, CCMC attended their meeting regularly, strong inter personal relationship developed between duty bearers and service receiver. Citizen charter, suggestion box installation, regular community meeting and other activities initiatives by UCF/ CCMC leads to create extra attention in the community.

Now the community people voice is that, **“Why should we go another clinic whereas this community clinic here”**