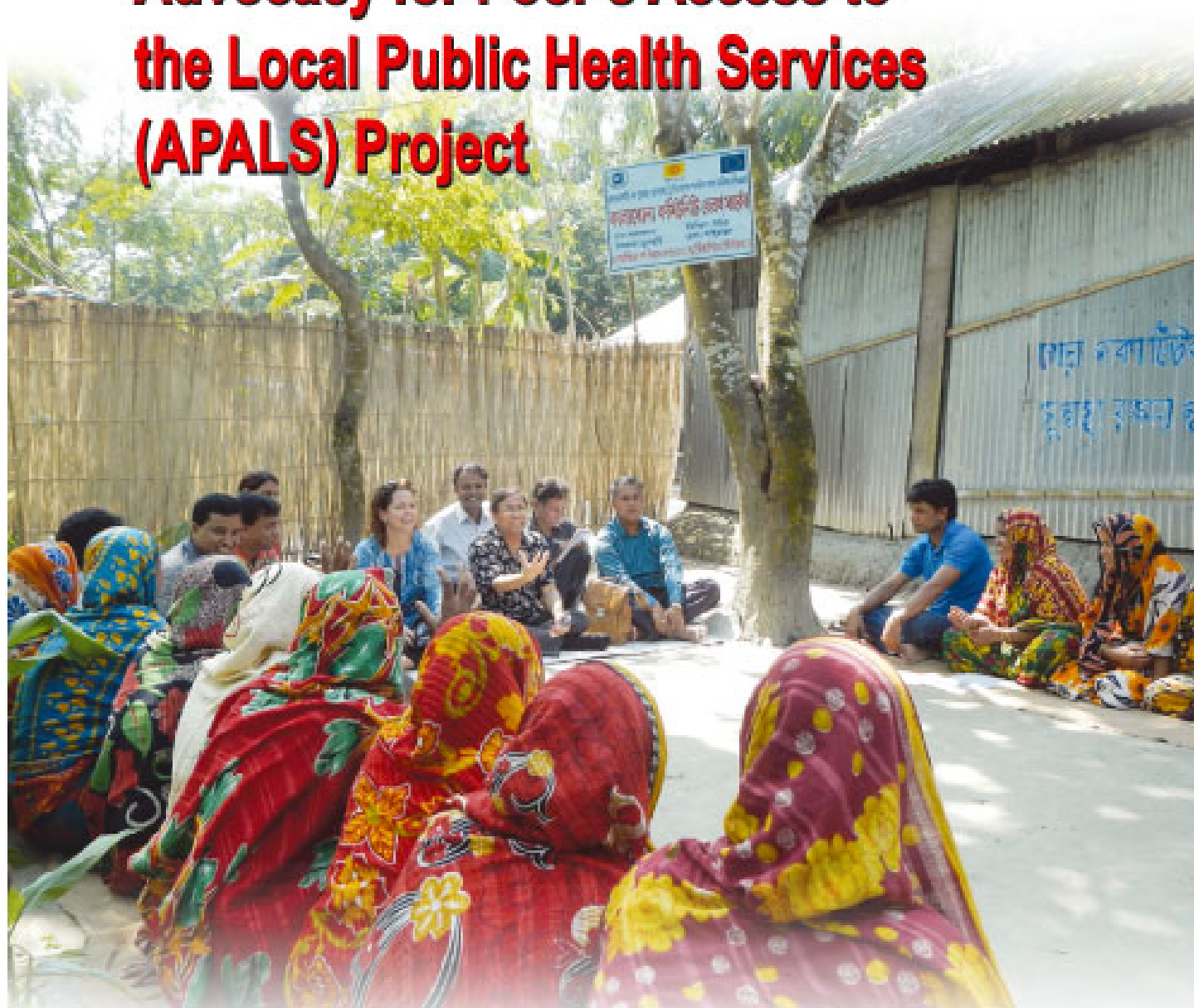


Advocacy for Poor's Access to the Local Public Health Services (APALS) Project



Supported by



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PRIP TRUST

Implemented by



Gana Unnayan Kendra (GUK)

Together Partnership with



Udayan Shabolombes Sangstha (USS)



Women Development Program (WDP)



Gana Chetona (GC)

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Content

Forward	02
Backdrop, Snapshot	03
Consistencies	04
Partnership and Networking	05
Cooperation and Cohesion	05
Implementing Organization	05
Partner Organizations	06
Overall Objective, Specific Objectives	07
Expected Results & Accomplishments	07
Working Location	11
Beneficiaries	11
Duration of the project	12
Methodology and Approach	13
Comments of Civil Surgeon	15
Upazila Health and Family Planning Officer	16
UP Representatives	18
Visibility	22
Project Analysis	23
Haripur Union Health and Family Welfare Centre	24
Mamudpur, a Unique Community Based	
Organization (CBO)	25
Majh Bari Community Clinic	26
Jadurtair Community Clinic	27
Conclusion	28
Way Forward	28



Forward

Gana Unnayan Kendra (GUK) has been implementing series of development programmes very professionally since its establishment during 1985 and gained substantial experience along with good reputation within the working areas respectively. It always tries to work with vulnerable people, particularly poor and extremely poor women, so that they can build a better life and livelihoods for themselves. 'Advocacy for Poor's Access to the Local Public Health Services' Project has been carried out in 4 Upazilas of Gaibandha district to create an enabling environment to increase the access of vulnerable and marginalized community people to community based quality public health services by strengthening community capacity and rural health service providers. The objective of this lesson learning document is based on the project with lesson learning, best practices, examples and good practice to be disseminated among all stakeholders of the project. GUK implemented the project together with 3 local partners, targeted disadvantaged communities, Union Parishad, Civil Society, Public Health Service providers and Local Administration coherently to address good governance in the health sector that caused the poor and vulnerable members of the society suffer the most both in terms of costs and deficient service delivery. In this respect, GUK together with its partners undertook the project to promote democratic culture in all spheres.

The project utilized sufficient space for dissemination and replication of best practices across the country pertaining with number of advocacy initiatives for mainstreaming of good practices. Accordingly the marginalized and disadvantaged communities include distressed women with deprivation and inequalities, persons with disabilities, extreme poor, victims of disaster and religious minority groups participated actively in the action with positive attitude and action qualities and involved in CHC, CBO, UHF and UHWC as members or leaders by practicing a democratic process. The project has been derived from learning of the Small Initiatives by Small Innovative NGOs (SMILING) supported by European Union (EU) implemented by PRIIP Trust. Their involvement in the project comparably ensured accessibility to the community level public services. The project implemented through close collaboration and cooperation with Union Parishad (UP), Local Medical Practitioners, Civil Society Organizations (CSOs) including likeminded NGOs; Media; Trade unions; Professional bodies; Sports and cultural bodies etc, Public Health Service Providers at Community, Union, Upazila and District level aim at making synergies to bring optimum consequences of this project.

Above all, we are expressing our heartfelt gratitude and thanks to the European Union for their cordial funding supports and special thanks to PRIIP Trust for their excellent technical support to implement the project smoothly which is really unforgettable to us. We think this types of support needs to be reflected into our other projects especially to enhance organizational capacities as well as to assimilate rights and governance issues. We would also like to appreciate all concerned stakeholders, partners for their tremendous cooperation and also thanks to those who are relentlessly worked and exerted their active efforts for successful implementation of the project.

We would like to get your comments and opinion regarding further development of the publication, please let us mail at documentation.guk@gmail.com.



Backdrop

Gaibandha is one of the most backward places as well as disaster prone district in the country. About 30% area of this district is the islands of the rivers Teesta, Brahmaputra and Jamuna, including these islands, about 50% area flooded in almost every year. Consequently, people of the area have to lead their life by struggling against flood and river bank erosion along with drought and sever cold wave frequently make their life more miserable.

With the aim to provide health services, Bangladesh government has established number of departments which are delivering their services through field level offices. The Directorate of Health and Family Welfare (DHFV) is one of the major service providing departments engaged to provide health services to the citizen of the country, in particular to the marginalized groups as per constitutional provision. But due to numerous limitations, this directorate is unable to play its institutional role, though it has personnel and infrastructures at the grassroots level. As a result, the rural poor are frequently deprived of accessing to public services. On the other hand, private health services are very costly and prevail in the urban area which is inaccessible to poor of rural area especially in remote, islands and char areas.

Snapshot

Health is recognized as one of the five basic needs of the inhabitants of Bangladesh. According to the Poverty Reduction Strategy Paper (PRSP)-Bangladesh and Millennium Development Goals (MDGs), health is universally regarded as an important index of human development. From a lot of analyses, it was proved that ill health is both the cause and effect of poverty, illiteracy and ignorance. The human development policies not only raise the income of the people but also improve other components of their standard of living, such as life expectancy, health, literacy, knowledge. Health and development converge and contribute to each other.

Factors affecting health, particularly of the poor, are malnutrition, poor production and non availability of grains, poor level of nutrition knowledge, illiteracy and ignorance, inadequate consumption patterns, distribution of income and food, lack of employment, unsafe drinking water and poor sanitation facilities, unavailability of health services, environmental pollution and degradation, and lack of sufficient access to an efficient public health care delivery system.

Consistencies

Gaibandha is one of the district where a large number of extremely poverty stricken people, most of whom are victims of floods, river erosion, and regular denial of public and private services. The action is covering 12 unions of 4 out of 7 Upazilas of the district, which are geographically backward, vulnerable to natural disaster like flood with severe damages and river bank erosion, unstable settlement pattern, loss of agricultural lands, deposition of land, poor communication and poor access to health care service. In the selected 12 unions, altogether 274,765 people live with poor access to the public services; almost 50% of them are female.

Frustrating access of the disadvantaged groups, particularly the women and children of extreme poor families to the health services make the situation more agonizing and sends these disadvantaged communities to the severe poverty. In the selected areas, union health and family planning centers and numbers of community clinics exist with very poor capacities and crisis of regular, skilled and committed human resource. These health centers and community clinics are not furnished with the necessary equipments and facilities are not activated due to shortage and irregular presence of health workers at the community level, irregular supply of medicine and other lifesaving drugs and lack of emergency ambulance services. In the project area health workers and family planning workers are deployed by the government that is very poor in number according to the need of total population. Doctors and health workers are not regularly available in the hospitals/clinics. Due to the remoteness, cost and time consuming transportation, people are unable to enjoy the existing GoB health services. These are causing low life expectancy, high rate of infant and under-five mortality, high rate of maternal mortality, high birth rate, and high rate of morbidity and frequent outbreaks of communicable diseases. Communities are incapable to make their access to the public services. So, as a whole, the scenario of public health care services in the area is very exasperating.



To address the situation, the initiative has been undertaken to establish governance in health sector as well as to ensure poor people's access to local public health services making health professionals more accountable and transparent to the public and government. This initiative also addressed to the people involved with service provisions for making them more responsive towards their role and duties to provide better health services.

Partnership and Networking

Gaibandha Unnayan Network (GUN) is a networking platform of Gaibandha where a total 12 local level development organizations working together to bring collective change in the development field incorporating integrated efforts and movement. In implementing the project 'Advocacy for Poor's Access to the Local Public Health Services' GUK as a lead organization made a consortium with 3 member organizations of GUN for effective implementation of the project. In this regard, Project Management Steering Committee (PMSC) consisting of all organizational heads to execute the project in accordance with donor's compliance as well as with the demand of working areas. Brief portrayals of each organization are described below:

Cooperation and Cohesion

Under the leadership of Lead Organisation (LO) Gana Unnayan Kendra (GUK) a number of planning meetings organized where each of the partner organizations contributed accordingly for adequate planning and measurement. Apart from that, the LO undertook need assessment in several geographical areas like country side area and river island char area of Gaibandha district. After open discussion the responsibilities of programme implementation were assigned to different partner organizations according to their respective strength and experience. Respective team developed comprising of experts and professionals both from LO and partner organizations to contribute in all steps of the project in a participatory way. All partners responsibly carried out their respective role and responsibilities including identification of disadvantaged group, formation of CHC, CBO, UHF and UHWC, capacity building of the target groups through training, workshops, meetings, consultation and advocacy meetings, community health service needs and resource mapping, preparation of CAP, preparation of collaboration mechanism, organizing health camps and participating in process of documentation, review, lesson sharing and impact assessment in their selected unions of Sader, Fulchari, Palashbari and Saghata Upazilas of Gaibandha district.

As per requirement of the EU and Project Steering Committee (PSC) of this project, all partners provided their supports and submitted their reports in time for the successful management and achievement of the project.

Implementing Organization

Lead Organization : Gana Unnayan Kendra (GUK)

Gana Unnayan Kendra (GUK) is a non-government development organization established in 1985 and started its development adventures through organizing disadvantaged poor women and men of the remote village of Radhakrishnapur of Boali Union of Sader Upazila in Gaibandha District. It has been working for livelihood development, health and sanitation, mainstreaming of small indigenous, disabled and extreme poor people, combat with the effects of climate change, environment development, sustainable and disaster friendly agriculture, life skill education, education, gender equality, women empowerment, proper utilization of information and technology, human rights, governance and democratic environment. It has gained plenty of experience and has earned a good reputation for its social works with vulnerable people, particularly poor and extremely poor women, so that they can build a better life for themselves. Considering the demand of people, GUK expanded its working area in 2007 includes 4 neighboring districts, Rangpur, Kurigram, Nilphamari and Lalmonirhat by the side of Gaibandha district. Presently it has working with near about 140,000 families covering 102 unions of 28 Upazilas of those districts. Under the strategic objectives of the organization 'Strengthen health services for the poor and good governance and democratic environment in line with Millennium Development Goal (MDG), it undertook the project '**Advocacy for Poor's Access to the Local Public Health Services (APALS) Project**' by the financed by European Union as well as technical supports of PRIP Trust.

Partner Organizations

Udayan Swabolombee Sangstha (USS)

Udayan Swabolombee Sangstha (USS) is a local based non-government development organization established in 1979 at Saghata Upazila of Gaibandha district and has elongated experiences in implementing good governance and human rights related projects alongside livelihood development programmes to ensure accessibility of the poor and marginalised to the government services and resources. It has already attained ample experiences and expertise to ensure accessibility of the poor and marginalised towards the government services and resources through effective partnerships and collective advocacy. It has also attained enough learning and knowledge by implementing the project 'Advocacy for Poor's Access to the Local Public Health Services' Organization also realized that effective partnership among the likeminded organization brings a pool of new experiences resolving cavities and weakness of each partners along with getting the opportunity to develop by exercise and reflection. Finally, his type of partnership certainly brings the optimal results of intervention through right based and participatory management approach.

Women Development Programme (WDP)

Women Development Programme (WDP) is a local non-government voluntary development organization established in 1987 at Saghata Upazila of Gaibandha district working for the development of women especially who are living in different remote areas within the working areas. WDP emphasizes women's participation as an indispensable part in all spheres of development process. Besides the organization has long experience in implementing various kinds of development programmes including good governance, women and human rights, livelihoods development, gender and development. It has attained sufficient experience and expertise to ensure accessibility of the poor and marginalized towards the government services and resources through effective partnerships and collective advocacy. It has also attained a significant level of learning and knowledge by implementing the project 'Advocacy for Poor's Access to the Local Public Health Services' and it observed that fruitful partnership among the concurring organization brings plenty of new experiences resolving gaps and weakness of each partners along with getting the opportunity to develop by practice and replication. Above all, through these types of partnership the quality of the intervention enhanced by participatory management and distinction.

Gana Chetona (GC)

Gana Chetona (GC) is a local level humanitarian organisation established in 1976 at Palashbari Upazila of Gaibandha district delivering socio-economic development interventions for the betterment of the poor and disadvantaged communities. Alongside the other development programmes, GC has long experiences in implementing good governance and human rights related projects to enhance convenience of the poor and marginalized to government services and resources. It has also gained ample learning and knowledge by implementing the project 'Advocacy for Poor's Access to the Local Public Health Services' and organization perceived that collective efforts through effective partnership among the companionable organization carry the opportunity of new experiences determining findings and gaps of each partner that obviously strengthen the partnership collaboration in programme implementation.

Overall Objective

To create an enabling environment to increase the access of the vulnerable and marginalized groups, in particular, women and children to the community based quality public health services by strengthening community capacity and rural health service providers.

Specific Objectives

- 1) To build community capacity for participation and mobilizing to claim quality health services;
- 2) To increase skills of rural health service providers enabling them to provide door-step support on basic health care services to community;
- 3) To strengthen community based health care support system by developing a community level watch mechanism.

Expected Results

1. A community level system to identify, raise, record and promote the rights and entitlement of vulnerable and marginalized groups to quality public health services established.
2. Community capacity to claim entitlement and access to quality health & nutrition services for the disadvantaged groups in particular children and women in the proposed area strengthened.
3. Community health resource center and facilities are functional, health service providers proactively activated and participation of community in health service system management ensured.
4. Good lessons and best practices those are explored from this action documented and broadcasted for replication.

Accomplishments

1: Identification of disadvantaged people and their groups.

- 144 community groups successfully formed;
- 14,400 disadvantaged target women in 144 community groups become aware of the project to be implemented.

2: Conducting baseline survey on availability & quality health services in targeted area.

- An opportunity created to set benchmark for measuring changes in future;
- A comprehensive database is developed;
- A report is prepared highlighting the situation of pre-project intervention.

3: Formation of Community Health Circle (CHC) with participation of disadvantaged people

- 144 Community Health Circles (CHC) are successfully formed in each of 36 wards of 12 Union;
- A platform of the disadvantaged people is developed to oversee the health situation at the grass root levels.

4: Formation of Community based Organization (CBO)

36 Community Based Organizations successfully formed in each of 36 wards of 12 Union;

A platform of the community people is developed standing on which they have found opportunity to have access to public health services.

5: Formation of Union Health Forum (UHF)

- 12 Union Health Forums (UHF) are successfully formed in 12 Unions;
- A platform of the community people developed standing on which they found opportunity to have access to public health services.



6: Establishing Community Watch Center at the union level under the management of UHF.

- 12 Community Watch Centers (CWC) are successfully established in each of 12 Unions;
- A linkage established between the community people and the public health service providers.

7: Ensuring legal registration of UHF.

- Legal registration of UHF is under the process.

8: Development of union cultural team and stage folk-song and theatre at community level.

- 04 Cultural Teams formed to stage cultural events at the community level;
- 360 Cultural Shows arranged among the community people to raise awareness about the impact of various diseases;
- The community people become aware of their due rights to the public health services.



9: Publishing advocacy and campaign materials.

- 9,000 copies of posters, 1,000 copies of briefing papers, 6,000 copies of brochure, and 5,000 folders developed, printed, distributed among the people and displayed during last three years;
- The mass people become aware of the rights and entitlement to the public health service.

10: Monthly meeting of CHC to build the capacity of disadvantaged communities.

- 4176 Monthly meetings held among 17280 participants;
- The participants become aware of their rights and entitlement to the public health services;
- The participants attending the monthly meeting have shared the acquired knowledge with their family members and neighbors as well.



11: Providing training to the leaders of CHCs, CBOs and UHFs.

- The community leaders become aware of their roles and responsibilities set under this project;
- Management and leadership skills developed among the 432 CHCs leaders, 324 CBOs leaders and 132 UHFs leaders.



12: Activating health service related UP Standing Committees.

- 12 UP health standing committees become responsive to implement their role and responsibilities; Marginalized people are getting access to local public health services.



13: Organizing advocacy meetings with district and Upazila level officials of health departments and local administration.

- 03 Advocacy meetings at the District level and 12 advocacy meetings at 4 Upazila levels held during last three years;
- The concerned actors involved in the process of public service delivery have been sensitized in the process of delivering the public health services to the disadvantaged community people.



14: Holding monthly meetings of UHWC and Public Health Service Providers at union level.

- 216 Monthly meetings of union health watch committees held during the last two years;
- Through proper implementation of meeting's decisions created positive attitude among the health department officials and reduced governance related weakness in this sector.

15: Conducting Community-led Health Service Needs and Resource (CHSNR) Mapping

- Opportunity created to prepare and implement community action plan;
- 12 separate reports are prepared highlighting the situations of public health and resources available to ensure proper utilization;
- A linkage established between the community people and the public health service providers.

16: Preparation of a Community Action Plan (CAP)

- Situation created to help and capacitate the CHCs, CBOs, and UHFs to deliver their services and play their roles thus benefiting the community people.
- 12 separate Community Action Plans are successfully developed in each of 12 Unions.
- Increased collaboration with government health service providers, local government, civil societies, media as well as leaders of CHCs, CBOs and UHFs to address disadvantages people's health right issues.

17: Organizing Review Workshop to finalize the CAP.

- 4 review workshops at 4 Upazila levels and 12 review workshop at union level held during this action;
- The concerned actors involved in the process of public service delivery have been sensitized in the process of delivering the public health services.

18: Formation of Union Health Watch Committee (UHC).

- 12 Union Health Watch Committees are successfully formed in each of 12 Unions;
- A platform of the community people developed standing on which they will find opportunity to assist the community level public health service providers to minimize their problems in delivering their services.

19: Developing a collaboration mechanism between Public Health Service Providers and community & community level Medical Practitioners.

- Opportunity created to access of community people to quality public health services easier;
- 12 collaboration mechanisms committees are successfully developed in each of 12 Unions;
- Local medical practitioners become responsive to implement their role and responsibilities.



20: Organizing union and Upazila level Consultation Workshops to finalize the collaboration mechanism.

- 4 consultation workshops at 4 Upazila levels and 12 consultation workshop at union level are held during this action;
- The concerned actors involved in the process of public service delivery have been sensitized in the process of delivering the public health services;
- Local medical practitioners become responsive to refer severe patients to government hospital and avoid wrong treatment & low quality medicine.

21: Organizing Health Camp at Community level.

- Opportunity created for both public health service providers and recipients to know each other;



- Positive attitude also created among the officials of the health department that will maximize their efforts to deliver quality health services for the remote community.

22: Conducting Process Documentation.

- A questionnaire developed for documentation.
- A report prepared highlighting the situation of project during last two years.

23: Conducting Annual Review.

- A scope created to review and redesign the action as per needs of the project beneficiaries;
- A report prepared highlighting the situation of project intervention.

24: Preparing Annual Lesson Book.

- Altogether 45 copies of annual lesson book have been prepared and published;
- A scope created for the project personnel to replicate the best practices and perform in a better way for the days ahead.

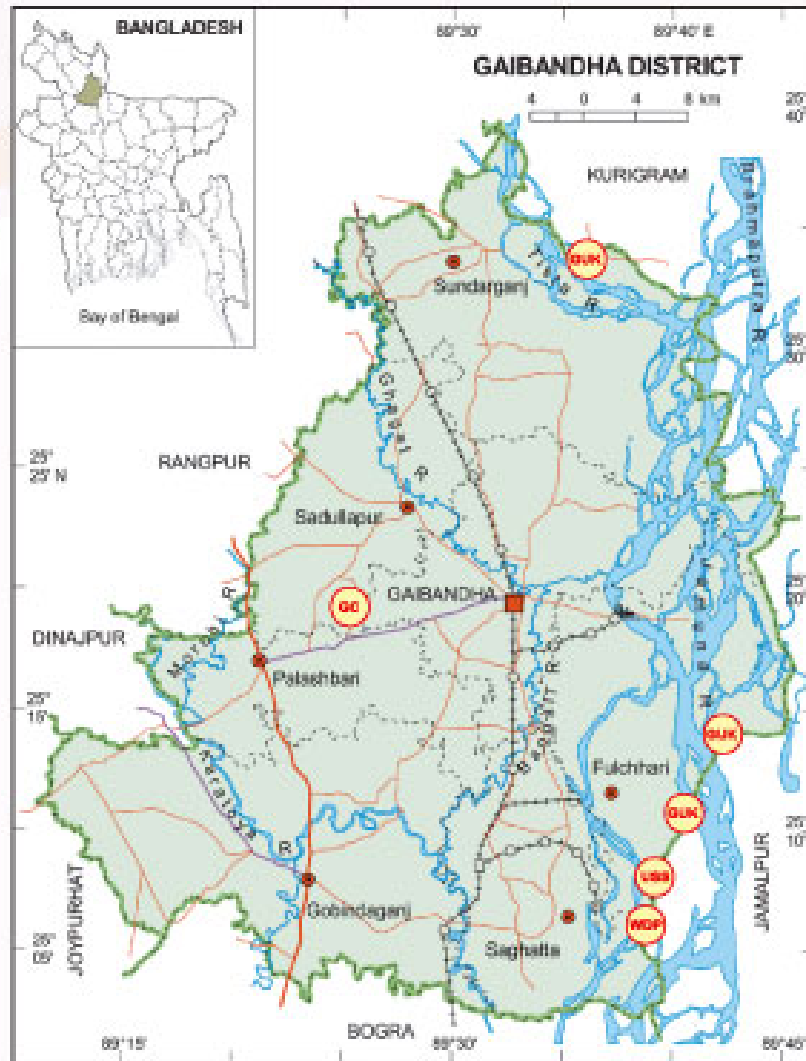
25: Organizing Annual Lesson Sharing Workshops.



- 2 annual lesson sharing workshop held during this action;
- The concerned actors involved in the annual lesson sharing workshop to sensitize in the process of documentation;
- An action plan prepared for the rest of the time of the action;
- The action authority prepared an action plan for the rest of the time of the action.

Working Location

The project covered 12 union Parishad under 4 Upazilas in Gaibandha district in Bangladesh. Upazila wise numbers of unions are mentioned in the following table:



GUK
Saghata
Ghuridaho

Sundarganj
Tarapur, Haripur
Kanchibari, Sripur

Fulchhari
Uria, Udakhali

USS
Saghata
Saghata, Muktinagar
Bharatkhal

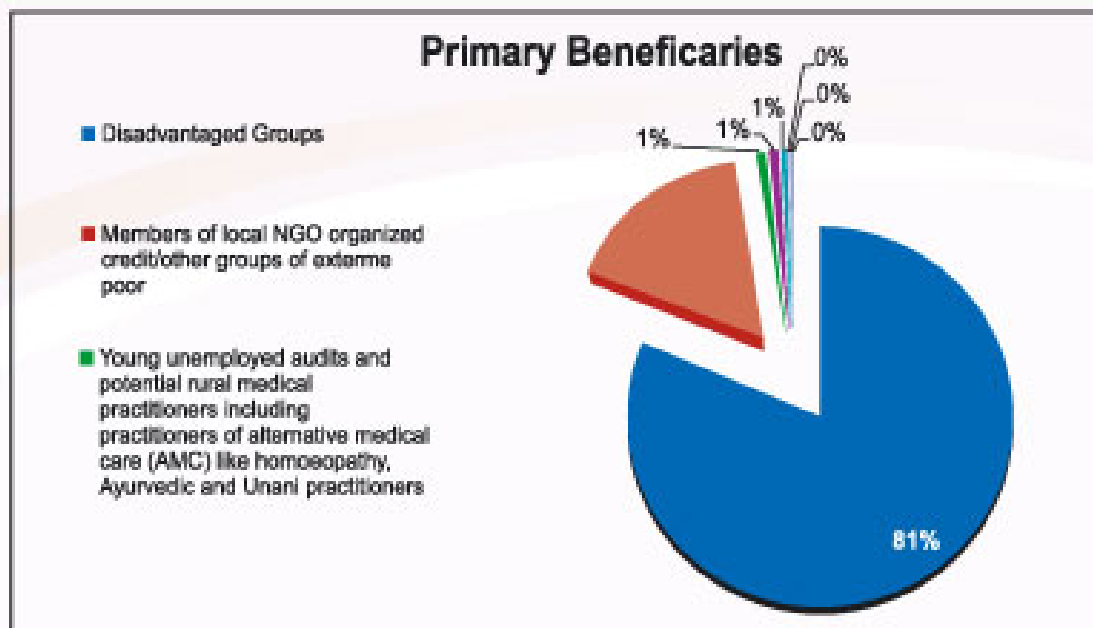
WDP
Saghata
Jumarbari

Gano Chetona
Palashbari
Mohodipur

Beneficiaries

Beneficiaries of the project include disadvantaged groups, particularly the marginalized women and children and local NGOs, other groups of extreme poor as primary target groups. Besides, young unemployed adults and potential rural medical practitioners including homoeopathy, Ayurvedic and Unani practitioner, representatives of civil society and their organizations, union Parishad, the local level officials of department of health and family planning (including union, Upazila and district level officials) and local private health service providers and district and Upazila administration are also the target groups of the project. The final beneficiaries are the ministers, advisers, secretaries, director general (DG) and line directors and community people.

Beneficiaries Involvement



Duration of the project

36 Months (December 2010 to November 2013)



Methodology and Approach

During implementing the project a set of unique methodologies and approaches incorporated for best results on behalf of the poor and extreme poor beneficiaries of the project.

Community-led Implementation Approach

Community played key and proactive role in implementing most of the activities of the project at the community level following an extensive community mobilization process. The project staff facilitated increased community involvement process and build community capacity to gradually taken over the CWCs. This methodology and approach in every steps of the project followed for successful implementation.

Participation of Disadvantaged Groups

In every events of the project, participation of disadvantaged and vulnerable groups ensured to empower disadvantaged and vulnerable groups in the societal level and ensured their proactive role in programme planning process. In all stages of the project, required numbers of Community Watch Center (CWC), Community Health Circle (CHC), Community-based Organization (CBO) and Union Health Forum (UHF) formed and activated and involved for Community Health Service Needs and Resource (CHSNR) Mapping, preparation of Community Action plan, Resource Mobilization, Supervision and Monitoring of the project.

Mode of Operation

A flexible mode of operation incorporated into the project covering poverty stricken; flood affected and geographically isolated areas having wide variability in social and economic contexts. This mode ensured through need based programme development, flexible time, participation of the target people living in isolated locations, events of the action to be organized based on the community needs and use of local resources. This flexible mode of operation covered a wide range of people having diversified characteristics in terms of social, economic, religious and gender diversity in a particular community.

Gender & Equity as Cross-cutting Issue

Gender and equity as cross-cutting issue has been institutionalized at all level of the project. The project successfully created opportunities for the vulnerable community of especially for women and the disabled to participate in the various stages of the project. At the community level as part of the work process, women have participated in different committees like CHC, CBO, UHF and UHWC. Through their practice of participation in those platforms as well as project events the women have broken the tradition and proved that they can effectively participate in the development process at village, society or even higher level.

Cooperation between Private and Public Health Service Providers

Attempt to ensure quality public health service delivery system, collaboration between private and public sector players successfully involved and promoted in the project in providing community health services. This process have been done smoothly through organizing a range of programmes i.e capacity building of rural medical practitioners including AMC practitioners, establishing joint watch system, sharing of available health related resources and logistics, sharing experiences among the staffs of both systems, sharing meeting etc. Under this collaborative programme, special programmes for disadvantaged organized to reinforce current levels of interventions towards quality improvement and offering quality public health services to the people of a disadvantaged community.

Learning Sharing among varied Stakeholders

The project incorporated regular sharing of learning and experience with different stakeholders like local partners, target groups and final beneficiaries through different programmes. The project organized successfully annual learning sharing workshops with the participation of the local partners, target groups, project staff and final beneficiaries that have created opportunity to share their learning. The process documentation event has the space to transfer the best practices of the project. All the gained experiences and expertise's brought out as much pertinent and useful for successful completion of this project. The valuable experiences of the partners have been transferred into the project resulting in excellence of programme implementation and enrichment of the partners in management of large scale disaster management programme through shared responsibilities from programme designing to operation.

Replication of the Best Practices

A number of advocacy initiatives successfully organized under this project for mainstreaming of good practices and consequently best practices of the project have been disseminated and replicated across the country. Besides, different publications, reports and lesson documents and seminars for dissemination at district level with the participation of central level policy makers are also aimed at replicating the best practices. The mainstreamed good practices contributed to quality improvement of community level public health services. In addition, this document have been planned to document the lessons and good practices will be documented for broader dissemination among the stakeholders.

Promoting Democratic Culture

The project tried to deploy the provision to promote democratic culture, which is seldom seen in Bangladesh. In all the selection process especially of CHC, CBO, UHF and UHWC, democratic election systems have been followed to create the opportunity for the disadvantaged groups, particularly for the women, to practice democracy at their community.





Comment of
Civil Surgeon
Gaibandha

The unique project "Advocacy for Poor's Access to the Local Public Health Services" is a timely action especially for the poor and extreme poor people living in the remote areas of Gaibandha district. The project is being implemented in 12 unions of Palashbari, Fulchari, Sundargonj and Shaghata of Gaibandha district. GUK worked here as lead organization where USS, WDP and GC worked as partners NGOs to implement the project. At present the unprivileged people of the community level become aware as well as their access to health services enhanced.

At the same time they have been able to contribute their efforts for government programmes too. I like to extend my thanks and wish for the wellbeing of all the concerned organizations including European Union (EU) and PRIP TRUST.

A handwritten signature in black ink, appearing to read 'Ahad Ali'.

Dr. Md. Ahad Ali
Civil Surgeon
Gaibandha



Upazila Health and Family Planning Officer

Heartfelt thanks to Gana Unnayan Kendra (GUK) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented at Uria and Udakhali unions under Fulchari Upazila of Gaibandha District. I am so grateful to European Union (EU) and PRIP TRUST for extending this type of project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the poor.

I wish better accomplishment of the project and the organization.

Amol Chandra Shaha
Dr. Amol Chandra Shaha
 Upazila Health and Family Planning Officer
 Fulchari, Gaibandha.



Upazila Health and Family Planning Officer

I like to express thanks to Gana Chetona (GC) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project performed in Mahadipur union under Palashbari Upazila of Gaibandha District. I am also grateful to European Union (EU) and PRIP TRUST for extending this type of project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. Besides, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are performing actively that ensure the access of health services for all.

I am aspiring continuous success of the project and the organization.

Md. Shahajahan Sarker
Md. Shahajahan Sarker
 Upazila Health and Family Planning Officer
 Palashbari, Gaibandha.



Upazila Health and Family Planning Officer

I like to give my earnest thanks to Gana Unnayan Kendra (GUK) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented in Tarapur, Horipur, Shreepur and Kanchibari unions under Sundargonj Upazila of Gaibandha District. And also I like to convey my gratefulness to European Union (EU) and PRIP TRUST for their cordial support to the project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. The accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the disadvantaged communities.

I am wishing every success of the project and the organization.

Md. Akhtar Alam

Upazila Health and Family Planning Officer
Sundargonj, Gaibandha.



Upazila Health and Family Planning Officer

I am so grateful to Gana Unnayan Kendra (GUK) for the project of Advocacy for Poor Access to the Local Public Health Services (APALS) completed in Bharatkhali, Muktinagar, Shaghata, Ghuridaha and Jummarbari unions under Saghata Upazila of Gaibandha District. I am also grateful to European Union (EU) and PRIP TRUST for extending this type of supports. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. Besides, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the poor.

Md. Sultan Ahamed

Upazila Health and Family Planning Officer
Saghata, Gaibandha.

UP Representatives



Undoubtedly boundless thanks to Gana Unnayan Kendra (GUK) for this project of Advocacy for Poor Access to the Local Public Health Services (APALS) implemented in Kanchibari union under Sundargonj Upazila of Gaibandha District. I also like to convey my gratefulness to European Union (EU) and PRIP TRUST for extending supports for this type of project. All the activities of the Project have been implemented effectively. Presently, the services of the local health complex and the responsiveness of the service providers have been comparatively improved. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the poorest people. I desire gradual betterment of the project and the implementing organization.


Aha. Kha. Mha Hafizar Rahman
 Chairman, Kanchibari Union Parishad
 Sundargonj, Gaibandha



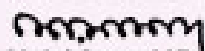
I am so indebted to Gana Unnayan Kendra (GUK) for the project of Advocacy for Poor Access to the Local Public Health Services (APALS) implemented in Udakhali union under Fulchari Upazila of Gaibandha District. I am also grateful to European Union (EU) and PRIP TRUST for extending this type unique supports of project. All the activities of the Project have been implemented properly together in cooperation with us. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably improved. Besides, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for all. I wish success in every step of the project and the organization.


Abdul Baki Sarker
 Chairman, Udakhali Union Parishad
 Fulchari, Gaibandha



I like to give my thanks to Gana Unnayan Kendra (GUK) for the project of Advocacy for Poor Access to the Local Public Health Services (APALS) implemented in Tarapur union under Sundargonj Upazila of Gaibandha District. And I am also grateful to European Union (EU) and PRIP TRUST for providing cordial supports to this project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enriched. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for all.

I wish better future of the implementing organization.


Md. Abdul Samad Khoka
 Chairman, Tarapur Union Parishad
 Sundargonj, Gaibandha

UP Representatives



Unquestionably, Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented in Horipur union under Sundargonj Upazila of Gaibandha District is a tremendous initiative of Gana Unnayan Kendra (GUK) for which I like to express my heartiest appreciation. I like to give my heartfelt thanks to European Union (EU) and PRIP TRUST for extending their cordial supports for the project. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably improved. Similarly, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the poor people. I am looking forward to see success in every step of the organization.

Md. Mojaharul Islam
Chairman, Horipur Union Parishad
Sundargonj, Gaibandha



I like to convey our thanks to Gana Unnayan Kendra (GUK) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented in Shreepur union under Sundargonj Upazila of Gaibandha District. We are also grateful to European Union (EU) for extending this type of project. All the activities of the Project have been implemented effectively. Consequently, the services of the local health complex and the responsiveness of the service providers have been comparably developed. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for all.

I wish success of the project and the organization.

Md. Najrul Islam Raja
Chairman, Shreepur Union Parishad
Sundargonj, Gaibandha



I am so grateful to Women Development Programme (WDP) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented in Zumarbari union under Saghata Upazila of Gaibandha District. I am also grateful to European Union (EU), PRIP TRUST and Gana Unnayan Kendra (GUK) for extending this type of project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the extreme poor. I am wishing success of the project and the organization.

Md. Mahafuzar Rahman
Chairman, Zumarbari Union Parishad
Saghata, Gaibandha

UP Representatives



I am so obliged to Udayan Sabolambi Sangsta (USS) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented in Bharatkhal Union under Saghata Upazila of Gaibandha District. I am also grateful to European Union (EU), PRIP TRUST and Gana Unnayan Kendra (GUK) for extending this type of project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the extreme poor. I am wishing continuous success of the project and organization.

Md. Samsul Azad Shitol
Chairman, Varatkhal Union Parishad
Saghata, Gaibandha



I am so indebted to Udayan Sabolambi Sangsta (USS) for this project of Advocacy for Poor Access to the Local Public Health Services (APALS) implemented in Bharatkhal Union under Saghata Upazila of Gaibandha District. And I am also thanking to European Union (EU), PRIP TRUST and Gana Unnayan Kendra (GUK) for extending this type of project. All the activities of the Project have been implemented effectively. The services of the local health complex and the responsiveness of the service providers have been comparably enhanced. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for all. I like to wish enlightened success of the project and organization.

Md. Moin Prodhan Labu
Chairman, Muktinagar Union Parishad
Saghata, Gaibandha



I like to give my deepest thanks to Udayan Sabolambi Sangsta (USS) for the project of Advocacy for Poor Access to the Local Public Health Services (APALS) implemented in Shaghata Union under Saghata Upazila of Gaibandha District. I am also grateful to European Union (EU), PRIP TRUST and Gana Unnayan Kendra (GUK) for their tremendous supports to the project. All the activities of the project have been implemented effectively. Hence, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. By the way, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the people who are poor and extreme poor. I am wishing future advancement to the concerned organizations.

Md. Mosharaf Hossain Sult
Chairman, Sghata Union Parishad
Saghata, Gaibandha

Representatives



I am so grateful to Udayan Sabolambi Sangsta (USS) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented in Varatkhal Union under Saghata Upazila of Gaibandha District. I am also grateful to European Union (EU), PRIP TRUST and Gana Unnayan Kendra (GUK) for extending this type of project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for all. I wish better attainment of the project and the organization.

Md. Ataur Rahman Sarker
Chairman, Ghuridana Union Parishad
Saghata, Gaibandha



Unquestionably, Advocacy for Poor Access to the Local Public Health Services (APALS) Project is a timely initiative undertaken by Gana Unnayan Kendra (GUK) implemented in Uria Union under Fulchari Upazila of Gaibandha District for which I am so grateful to European Union (EU) and PRIP TRUST for extending their cordial supports to the project. All the activities of the Project have been implemented effectively. Consequently the services of the local health complex and the responsiveness of the service providers have been comparably enhanced. By the way, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for the poor. I am wishing bright future of the initiative and the organization.

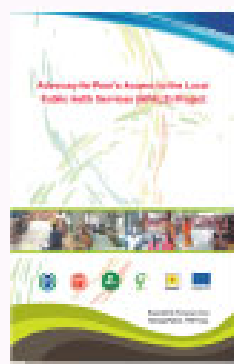
Md. Abdul Hamid Sarker
Chairman, Uria Union Parishad
Fulchari, Gaibandha



I am so grateful to Gana Chetona (GC) for this initiative of Advocacy for Poor Access to the Local Public Health Services (APALS) Project implemented in Mahadipur Union under Palashbari Upazila of Gaibandha District. And I am also grateful to European Union (EU), PRIP TRUST and Gana Unnayan Kendra (GUK) for extending this type of project. All the activities of the Project have been implemented effectively. As a result, the services of the local health complex and the responsiveness of the service providers have been comparably improved. On the other hand, the accessibility of poor, extreme poor and disadvantaged people including women, men and children increased at the same time. Now the health service centers and service providers are functioning actively that ensure the access of health services for all. I wish happy future of the concerned organization.

Md. Nurul Amin Sarker Suja
Chairman, Mahadipur Union Parishad
Palashbari, Gaibandha

Visibility



Since the very beginning of the project required initiatives were taken to disseminate messages among the mass people within the working areas with the financial assistance of European Union. These were done in line with the prescribed EU guidelines for the visibility initiative. Under the Visibility, the following materials were developed for effective implementation of the project.

Signboard: A total of 52 signboards includes 36 for Community Based Organizations (CBOs) and 12 for Union Health Forum (UHF), 4 for Offices where official Logo of European Union & PRIP Trust placed to make the mass people aware about the project.

In addition, 9 thousands posters on advocacy campaigns, 1 thousand briefing papers, 6 thousand copies of brochures, 2 thousands stickers and 5 thousand folders developed and disseminated among the mass people to increase awareness on rights and entitlement in relation to public health services.

Project Analysis

Strengths

- Good reputation, long-term experience and people's trusteeship of GUK
- Reflective relationship with the grassroots level people especially who are poor and extreme poor
- Skilled management and relevant staff resources including advocacy related professionals along with availability of necessary tools and instruments
- Profound relationship with LGIs, civil society, CBOs and others relevant stakeholders
- Strong cultural teams with issue based presentation for wide range of awareness creation
- Strong relationship with learning attitude through partnership and networking

Opportunities

- Increase the area coverage based on People's demand
- Create Upazila based Health Service Committee to follow up Union level activities
- Provide more trainings to different committee members and others stakeholders
- Organize more health camps and distribute medicines
- Better coordination with family planning and health department for better services
- Utilize UP's budget for development of health service through relevant Standing Committees

Weakness

- Insufficient project staff workers and comparably less budget as per programme nature
- Insufficient trainings for workers and beneficiaries
- Comparably inadequate monitoring and supervision systems
- Health camps were there but no distribution of medicines
- Traditional mindset up especially to make different committees strong
- There were no financial assistances for the beneficiaries as well as no budgetary allocation for committees and platforms

Threat

- Members displaced due to river erosion, poverty and flood
- Attendance in the meeting thin for no entertainment and involvement with other programmes
- Workers dropped out for inadequate salary
- It was difficult to remove superstition in the area
- Recurrent Hartal (strike) problem for field movement
- Sufferings of health service receivers for remaining health service providing centers far and transport problem
- Recurrent revising log frame of project and delay for the approval of European Union

Learning

- Work of project accomplished properly if PIP prepared.
- Ability of understanding subject matter of trainings for trainees on account of module developed by project workers.
- Spontaneous participation in the meeting of members without budget.
- Good governance developed through interconnection of Union health standing committee, watch committee and UHF.
- The project accepted as positive by people

Haripur Union Health and Family Welfare Centre

Haripur is a union of Sundargonj Upazail of Gaibandha District where a large number of extremely poverty stricken people are living. In this union, most of the poor people live with poor access to the public health services; almost 50% of them are female.

Due to the remoteness, costly and time consuming transportation, the people are fully unable to get the existing government health services. On the other hand, the communities were incapable to make their access to the public health services.



Haripur Union Health & Family Welfare Centre was suffering much due to insincere and irregular staffs. As a result patients of this union were compelled to seek treatment from outside. Sub Assistance Community Medical Officer (SACMO) and other personnel of this UH&FWC often criticized for neglecting their duties through abstention and private practice during office hours. There were no positive actions seen to resolve this problem. Mismanagements were prevailing in the management of drug and equipment in this center. A huge quantity of supplied medicines and equipment are left unutilized and unconsumed due to this mismanagement. Very often, it is alleged that doctors encourage the patients to purchase medicine from outside because of unawareness of the medical officer about availability and quantum of medicine stock in the store. Lack of transparency in management created the scope for the fourth class employee of the clinic to sell drugs of clinic's stores to outside pharmacies. So, as a whole, the scenario of public health care services in the union was very exasperating.

From December 2010 Gana Unnayan Kendra (GUK) has been implementing the project 'Advocacy for Poor's Access to the Local Public Health Services' with the financial supports by European Union and technical supports of PRIP TRUST to build community capacity for participating and mobilizing to claim health services as well as to increase skills of rural level health service providers to provide door-step supports on basic health care services to community and to strengthen community based health care support system by developing a community level watch mechanism. For the above purpose for having access of the disadvantaged community people to the quality health services, a platform of the community



people, Haripur Union Health Forum (UHF) have raised their voice and developed standing on which they have found opportunity to have access to public health services and established a linkage between the community people and the public health service providers; and UP Health Standing Committee (UHSC). Hence local public health service providers have become responsive to implement their role and responsibilities. Presently marginalized people are getting access to local public health services. Now Haripur Union Health and Family Welfare Centre remain open from 9:00 AM to 5:00 PM on regular basis which was absent previously. Members of Union Health Standing Committee are monitoring the supply of medicine and services offered by Union Health and Family Welfare Centre which was misplaced previously.

Mamudpur, a Unique Community Based Organization (CBO)

Since December, 2010 Women Development Programme (WDP) has been implementing "Advocacy for Poor's Access to the Local Public Health Services" project with the financial supported by European Union and technical supports by PRIP Trust at Jumarbari Union of Shaghata Upazilla under Gaibandha District as a partner organization of Gana Unnayan Kendra (GUK). Organization believes that if disadvantaged people cannot work due to poor health and nutrition, they never likely to see a significant change that is sustainable. The poor people of Mamudpur under Jumarbari union didn't have any



platform to raise their voices to avail public health services. In order to address the situation, Mamudpur Community Based Organization (CBO) has been formed by the representatives of Community Health Circle (CHC) as an active platform to advocate for basic health services. The members of the CBO received knowledge and insights from series of monthly meeting, training and close supervision by the project. As a result, they identified administrative mismanagement, deficiency of medicine and medical facilities at Union Health and Family Welfare Centre and Community Clinics for the majority of poor people of the rural areas. Malpractices of the staff were a major problem in the Union Health and Family Welfare Centre with high levels of abstention, informal user-charging, unwilling to move remote areas etc. Moreover, wrong treatment, negligence towards patients, non-attentiveness, irresponsibility, absence from duty, and unwillingness of doctors to stay at rural areas were also prevailing. The level of supervisory and monitoring role from upper level were very poor as well as the level of accountability in providing basic health services also poor. As a result, the whole system of getting health services was fully broken.

During implementing the project together cooperation with local government and its Standing Committee, the scenario has gradually changed. Mamudpur Community Based Organization (CBO) then played vital



role as a local level pressure group intermingling with concerned health Standing Committee to address negligence of the doctors and the other service providers, inefficiency or wrong treatment causing health hazards and sufferings to the patients alongside organized different events to bring positive mind setup. Progressively, Mamudpur CBO has created opportunities for disadvantaged people and capacitated them to collectively face any mismanagement related to the delivery of public health services. The platform

now becomes the example in raising the voices on behalf of disadvantaged and marginalized groups and consequently they are presently getting better access to the public health services and resources.

Majh Bari Community Clinic

Udayan Swabolombee Shangstha (USS) has been implementing "Advocacy for Poor's Access to the Local Public Health Services" project at three union of Shaghata Upazilla under Gaibandha District Since December, 2010 as a partner organization Gana Unnayan Kendra (GUK) with the financial supported by European Union and technical supports from PRIP TRUST.

Muklinagar is a union amongst these three unions. In this union, most of the poor people live with low access to the public health services. Under this union Community Clinic located at the root level remains closed most of the time. The service providers often come at their willingness. As a result, people especially who are poor didn't get health services even in emergency period. As a part of project activities, Community Health Circles (CHCs) are successfully formed in this Union as a platform on behalf of disadvantaged and poor people. They become strengthened by giving capacity building measures to oversee the health situation at the grass root levels and to hold their regular meeting with health related issues. During the meetings of the CHC the rights and entitlements of disadvantaged people to public health services and preventive health care are discussed for helping to raise their awareness.

When the members of CHC came to know that people are being deprived from essential health services, they started to supervise the accessibilities and services of the local level public health centers including the Majhbari Community Clinic. The CHC maintained close collaboration and cooperation with local administration and civil society leaders to improve the health service delivery systems within the union. They tried to make the health service providers aware of their role and responsibilities. After a series of meetings, the Chairman of Muklinagar realized the importance of ensuring health rights as well as the role of the health service providers and UP health standing committee. He organized a meeting with services providers in the presence of the community people to increase their responsiveness in the health sector. When the local government and civil society started to play an active role to ensure health services to the people, the service providers also became sensitive towards their duties. At present, they attend Majh Bari Community Clinic regularly and gradually they become proactive to deliver their services. As a result, the people of Majh Bari Village under Muklinagar union are now getting better health services than earlier.



Jadurtair Community Clinic

Jadurtair, a village of Ghuridaha Union of Shaghata Upazila of Gaibandha District where the community people were suffering much for lack of getting health services. Most of the people of the area are land less and poor. As the Jamuna River is very close to the village, more or less they are affected by the flood of this river almost in every year. Poverty was regular phenomenon in their lives. They are habituated to face poverty but they become failed to fight with disease and illness. If anybody from poor community was caught with fatal disease they were incapable to go to doctor at Upazila Sadar due to cost and long distance.



At this time movement for aged people including male and female, ailing child especially pregnant women was very tough and difficult. At this stage, when their suffering reached at its extreme position, some generous local people founded a Community Clinic at Jadurtair village on 5 decimals lands of Taslim Uddin Chowdhury in 2001 by their own initiative with the aim of providing with health service to the helpless poor flood affected people of the area. As a result, people's sufferings lessened at considerable extent after its foundation for some periods. But it is a matter of misfortune that a local destitute man of that area namely Nurul Islam Ghutalu started living in one of the rooms illegitimately of the clinic denying other people's warning on account of stoppage health service activities during the time of previous government. Later, the activities of the community clinic started again during the tenure of present government. But unfortunately some internal problems and troubles appeared in conducting health service activities of the clinic due to the possession of the illegal occupier. Actually, the condition of the clinic was fully beyond use at that time. In such a situation, Shaghata Upazila Health Family Planning Officers, respective UP Chairman and village leaders collectively moved their best to resolve the problem but ultimately no fruitful result came to overcome.

At this stage, the advocacy and massive awareness related activities of Advocacy for Poor Access to the Local Public Health Service Project started at Ghuridaha Union in 2010 by GUK. Consequently, the level of health services from the Community Clinic and awareness of access to the health services to the unprivileged women and children of the area comparatively improved. The problem related subjects are discussed frequently for proactive solution among Community Health Circle (CHC), Community based Organizations (CBO), Union Health Forum (UHF) and Union Health Watch Committee (UHC). As a part of this project, numbers of advocacy meeting organized in a regular wise in this Upazila. In one meeting, there was a discussion emphasizing for effective functioning of service delivery provision within those Upazilas held in the presence of running MP of Fulchari and Shaghata Upazila advocate Fazle Rabbi Mia, Upazila Nirbahi Officers, Health and Family Planning Officers, UP Chairmen and other members of UP and different committees.

But next time the man again made room in the compound of the community clinic unlawfully and started living there with his wife. Then Upazila Nirbahi officer sent all necessary documents in relation to eviction of the community clinic to the Deputy Commissioner of Gaibandha District promptly. The Deputy Commissioner then employed an Executive Magistrate and assigned respective Upazila Health and Family Planning Officer through Civil Surgeon of Gaibandha district to extend cooperation to start the clinic smoothly. Then by their collective efforts together cooperation with local government and community leaders set out the clinic to deliver health services. The community people of Jadurtair village now become more aware of their own rights. In addition, numbers of trainings provided to the community people by the project that strengthened their spirit and enriched experiences and insights to face any problem bravely and raise their voices against such type of injustice. At present, people of Jadutair are getting basic services from the clinic and become strengthened and united that created spaces to protest any type of injustice and malpractices.

Conclusion

Gana Unnayan Kendra (GUK) is committed to ensure basic health services alongside raising voices of community poor and extreme poor people to get their health rights and services. During implementing the project, organization ensured community based action groups including Union Health Watch Committee (UHWC), Upazila Health Forum (UHF), Community Watch Committee (CWC), Community based Organization (CBO) and Community based Health Circle (CHC) for remaining active to advocate on behalf of the community poor people as well as to strengthen community level programmatic sustainability. Through this document, GUK likes to share the approach, results and significant achievements with all the development practitioners and representatives of health service providers, Union Parishad, Upazila and district administration, political leaders and other organizations for institutional reformation and replication. Organization believes that effective partnerships with likeminded organizations and effective collaboration with local level administration and community people certainly bring the immense dimension positively towards the poor and extreme poor people living in the remote areas of river island chars and river basin areas.

Way Forward

- According to the situation and people's demand, such a type of intervention needs to be undertaken for other areas.
- Cooperation and interactions would be enhanced especially from the government health sector along with utilizing their materials, equipment and human resources.
- More budget should be allocated for UP's Health Standing Committee for better health services.

