

URBAN PRIMARY HEALTH CARE PROJECT

Something for DCC to cheer about

RAIHAN SABUKTAGIN

While Dhaka City Corporation (DCC) is failing on most counts, it can retrieve some comfort from the successful implementation of the multi-million dollar Urban Primary Health Care Project (UPCHP), a maiden initiative of the Local Government, Rural Development and Cooperatives ministry.

In the first quarter of the year, it has already provided about 1 million medical services at minimum cost to city dwellers, especially to the hardcore poor.

According to the project register, on an average, about 40 lakh people in Dhaka are annually getting comprehensive medical care from the 63 Primary Health Centres and 10 Comprehensive Reproductive Health Care Centres under the UPCHP.

The first phase of the project started in 1998 and ended in June 2006. The second phase, which is now in progress, will continue till December 2011.

"During the first phase, the project provided 2,03,55,953

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quality clinical services to people at minimum cost," said Jamal A Naser Chowdhury, project director of the 2nd UPCHP.

The first phase of the project was completed at a cost of US\$ 60 million while the second phase is worth US\$ 90 million, he said. In the course of time, the project has extended its coverage throughout the country.

Under the project, people get services through two ways: health centre-oriented service and satellite session outreach. The latter was launched in

2000. Various colour cards were enacted for charging the patients. Red card with one-year validity is for people who earn below Tk 2000 per month, and they are provided with health services free of cost.

People whose income is between Tk 3000 and Tk 4000 get green cards with one year validity, with which they can receive every kind of health services at only 30% commission at the centres.

"Besides Dhaka, we are operating in other divisional cities and 5 municipalities across the country. There are

10 partnership zones in Dhaka. Each zone consists of 5 to 7 Primary Health Centres, one pharmacy and one Comprehensive Reproductive Health Care Centre," said Chowdhury.

The services available at the centres are counselling on reproductive health, antenatal care, both normal and caesarean delivery, post-natal care, immunisation for children and women, child care, clinical and non clinical family planning methods, treatments of different communicable diseases, general health care, clinical and non-clinical family planning and pathological lab.

The project director claimed that consistent monitoring of the project implementation kept things running smoothly. He added that the money collected from the patients would be used for the sustainability of the services after the end of the second phase of the project at 2011.

"I am pregnant, so I come here twice a month for checking. I am very satisfied with the cleanliness, low cost and qual-

ity services of this centre," said Achhiya Khatun, who arrived in the evening session at a Primary Health Centre in Arambagh Residential Area under section 7, Mirpur.

The centre was charging her much less than any other medical or diagnostic centre in the area, she said. "A general MBBS doctor demands at least Tk 60 as fee for a single consultation, while I am paying only Tk 20 here. Most of the treatments are free here and they even provide free medicines on some Fridays," she added.

She said for her delivery, she would definitely come to the centre because of its low cost, and her confidence on its services.

"For normal delivery cases, the health centres charge Tk 600, including the cost of medicines, whereas other clinics charge a minimum of Tk 2000 without medicine for such service," said Dr. Kazi Nurun Nabi, project manager of Pragati Samaj Kallayan Protisthan, a partner of the project implementing authority.

For caesarean delivery



Marie Stopes Clinic near Gausia is one of the centres providing urban primary health care.

cases the health centres charge only Tk 6,000 including price of medicine compared to charges of Tk 15,000 and Tk 20,000 at other clinics, he informed.

"We try our very best not to

turn away any patient without treatment and we always try to give them the best service, around the clock," he said.

At least 200 patients come to each health centre daily, he estimated and said, "Keeping

the centre clean and behaving cordially with patients is our key object. As a result, the patients who visit our clinic once don't go to other hospitals or clinics for health services," he added.

Lights of education

FROM PAGE 21 he said, "I miss my parents who are in the village, but I am happy because I can come to school, which I could not back home."

Seema Akhter, a student of class 2, enjoys school so much that she commutes everyday from Shukrabad, where she is a kitchen assistant in a house. "My employers are very kind, they give me bus fare and time-off to come to school and do my studies," said the smiling youngster, whose favourite subject is Bangla.

The school has designed its method to match its student body. There are three sessions a day, each lasting 2-3 hours. The tiffin break is kept to a minimum so that children can finish classes in a short time and return to their work, although they have the option of remaining behind to take art and music classes. Classes, which number from playgroup to class eight, are

taught according to the National Curriculum and Textbook Board (NCTB) standards.

According to the Bangladesh Primary Education Act, which was passed in 1990 and came into effect in 1993, schooling is compulsory for all children between the ages of 6 to 10. Yet, thousands of children continue to slip through the cracks in the system, and are deprived of primary education.

Syeda Banu started Surovi with the dream of reaching out to all those neglected children. "What the school has achieved in terms of educating poor children is like a drop of water in the ocean. Everyday on the streets and in people's houses I see so many little boys and girls who cannot go to school, and my hope is that all of them will find a place in some school someday," she said.

Priyanka

FROM PAGE 21 external injury. So the case is contradicting," said an investigating officer of Rab-3.

"We are suspecting that as she was abducted there can be a social pressure on her from her teachers and classmates, that may lead to suicide. The whole thing is very mysterious," he added.

"We knew about the abduction case but we never treated her differently," said a teacher of Viqarunnissa School, seeking anonymity.

According to the family members she had friends just like any other girl of her age. "She was very quiet and pious. She used to say prayers five times a day and recited Holy Quran," said one of her classmates.

"After she was abducted we all her friends gave her lots of support in facing the social pressure. Some people made indecent comments after she came back to school, but no one said anything in front of her," she said.

Priyanka died on July 18. Her father filed a case with Ramna Police Station on July 20.



Workers of Dhaka City Corporation are digging up a portion of the footpath on Kazi Nazrul Islam Avenue to set up a foot-bridge sending pedestrians to the street. The picture was taken yesterday.

health,busservices,airlines&traintiming

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Leaves Dhaka at 12:45 pm
Leaves Dhaka at 9:45 am
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