Assessment of Health Services Delivery in Climate Vulnerable Areas of Bangladesh

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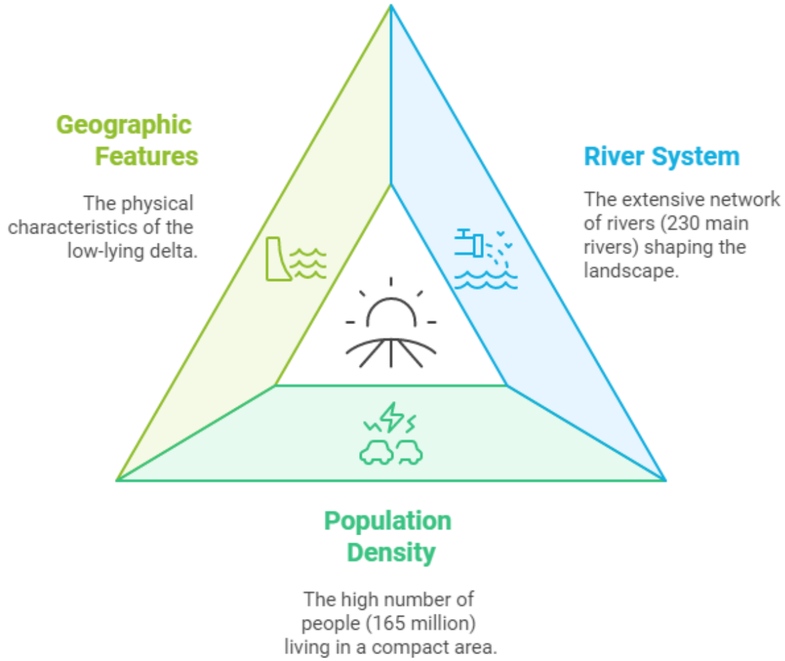
How many times must this health center be rebuilt before we address the realities of healthcare in Bangladesh's climate-vulnerable regions?

" The rich always receive priority when the poor and rich compete for health care services. Nobody hears the poor."
IDI, Assasuni, Satkhira

Introduction

Inadequate healthcare access for the poor in urban and rural areas, including climate-vulnerable and hard-to-reach regions, escalates disease burden, healthcare expenses, and places a heavier load on the MoHFW and government.

Bangladesh's Geographic and Demographic Landscape

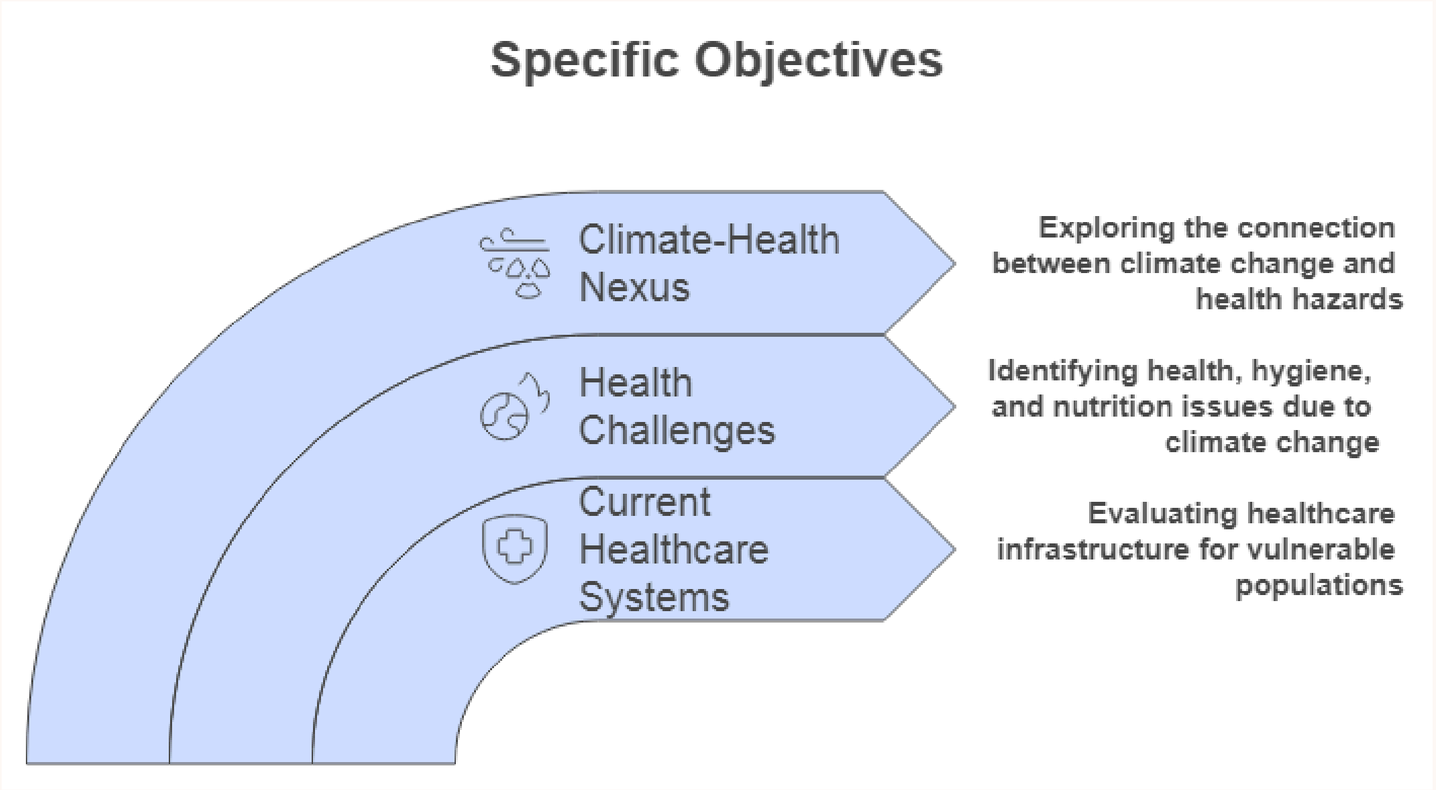


Bangladesh's Health, Population, and Nutrition Sector Programme (HPNSP) is a comprehensive initiative aimed at enhancing the country's health and nutrition. However, the lack of focus on climate change and urban health within the program poses significant risks to public health and well-being, given the increasing challenges in these areas.

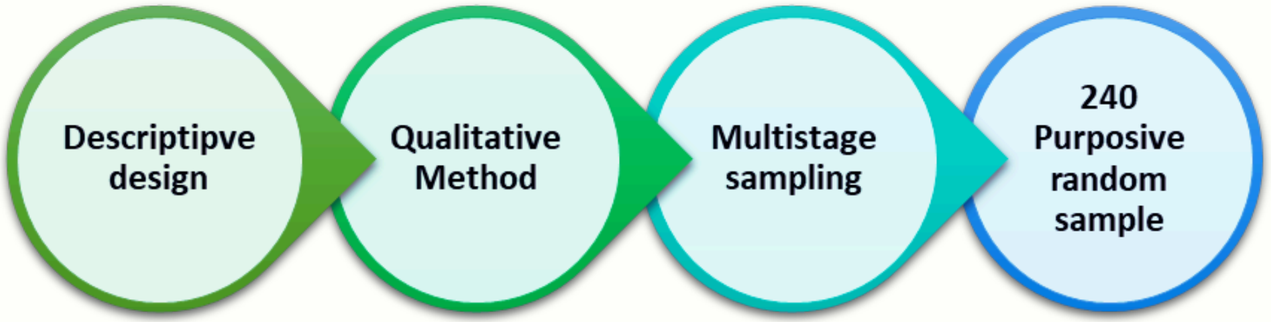
Assignment Objectives

General objective

To capture the voices of all major stakeholders in governing, delivering, accessing and using health services in eight districts, of which seven are climatically vulnerable and have high prevalence of poverty.



Methodology



- Data was collected using FGD, KII, IDI, Case Study, and Video Statements.
- Document review was done to gather relevant information
- Data were collected from different vulnerable areas of the country which included all divisions' rural areas of Bangladesh.

Methodology Continuing...

Sample Size

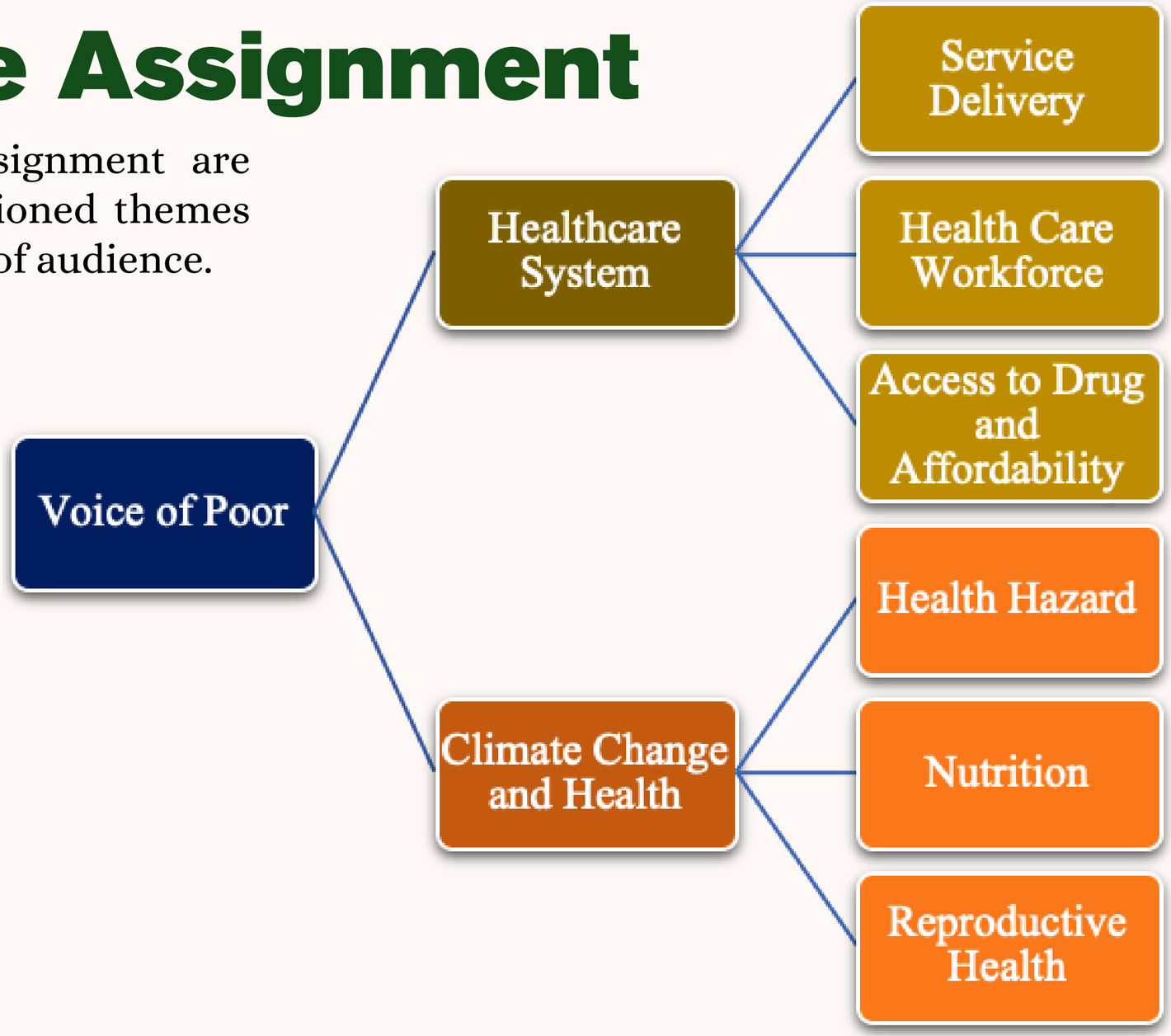
Stakeholders	Total	
	In a Division	All Divisions
Beneficiary-FGD	2	16
Beneficiary-IDI	2	16
Beneficiary-Case Study	2	16
Service Providers and Leader-KII	3	24
Video Statement	3	24

Data Collection Schedule

Sl	Division	District	Data Collection Date
1	Mymensingh	Netrokona	03-05 January 2023
2	Dhaka	Dhaka	07-08 January 2023
3	Chattogram	Chattogram	13-15 January 2023
4	Sylhet	Sunamganj	16-18 January 2023
5	Rajshahi	Sirajganj	27-29 January 2023
6	Rangpur	Kurigram	30-31 January 2023
7	Barisal	Barguna	02-04 February2023
8	Khulna	Satkhira	05-07 February 2023

Findings of the Assignment

The qualitative findings of the assignment are presented in the shade of the mentioned themes and sub-themes for the convenience of audience.



Healthcare System

Service Delivery

- For the poor in urban areas, availability, gender, expense, illness severity, and age are among the significant factors of service selection.
- People in the lower income groups typically prefer using public facilities although very minimal portion of services they get available.
- The lack of quality public healthcare services in urban areas for serious illnesses like cancer, kidney disease, heart complications, and brain disease forces people to pay for their own medical care at private or foreign facilities.

- Private healthcare costs have skyrocketed as a result of a lack of government oversight of the private health care institutions

Healthcare System

Service Delivery

- The majority of people struggle to pay for quality healthcare.
- Getting an appointment and waiting in ERs (emergency rooms) and practitioners are common delays connected with seeking and receiving healthcare.

> “On that day, I became seriously ill, felt like something stuck into my windpipe. My family and friends took me to a private hospital. But if they had taken me to the public hospital, I would have died in the long line of waiting queue.” (FGD, Chattogram)

Health Care Workforce

- In the absence of adequate public health services, **unlicensed drug stores act as basic healthcare providers, offering over-the-counter medications and advice for minor illnesses**.

- **Technically qualified doctors are biased toward better urban** locations in Chattagram and Dhaka.

- In response to the question on changes in diseases pattern in Sirajganj, Sunamganj, Satkhira, and Chattogram, the medical officer pointed fingers at their backbreaking scenario of overburdened health facilities

"A medical officer has to see and diagnose more than 100 to 200 of patients at the outdoor on a daily basis. How are they supposed to get case history from the patient! How will they track the pattern change in diseases?"

Availability and Affordability of Drug

- **Accessibility to medicine was found to be more important**
- Due to poor services in public health facilities, poor people often prefer to visit NGOs or private clinics or GPs in the community, increasing their out-of-pocket costs.
- Public hospitals don’t provide adequate medicines in proportion to the people they provide services. The **consumer market for NCD medications is expanding** in urban areas.
- Price of medicines is high.

Climate Change and Health

Climate Change and Health Effect

> Young children, women, and the elderly are most affected by these skin diseases.

- Skin diseases such as **itching, pustules, skin crack, dermatitis, etc. were prevalent in both northern and the southern part** of the country.
- People have reported fatigue, eyesight problems, skin burns, and body pain due to the effects of temperature.
- Water scarcity has led to **high salinity, iron concentrations, and other issues in the south and southwestern regions**: that resulted in reproductive health problems, diabetes, hypertension, etc among the affected population.
- **High-salinity water increases preeclampsia risk in pregnant women**
- During and post-flood period, health issues such as cholera, respiratory infections, watery diarrhea, skin problems are temperature extremes, vector-borne diseases such as malaria creates extra burden in health services
- Natural disaster, especially floods make pregnant mothers and their children more vulnerable, affecting their housing, communication, food, and medical treatment.

Nutrition

- Cyclones and floods affect food security: processing, distribution, procurement, formulation, and consumption.

- Extreme weather conditions have a detrimental effect on crop production. Moreover, natural disasters cause the destruction of crops, fish hatcheries, etc., which depletes people's food sources.

- Natural disaster hikes the price forced to compromise nutrition.

Reproductive Health and Hygiene

- **Emergency shelters in disaster-prone areas lack birthing facilities, delivery kits, and sanitary napkins.**
- In congested emergency shelters, **women manage menstruation using clothes or rags without having access to segregated toilets**.

- An **alarming number of women, including minors, found to use contraceptive pills as a strategy to stop menstruation**, without being aware of the long-term consequences on their reproductive health.

- Financial crisis forces parents to hasten the marriage of their daughters. Early marriage promotes gender-based violence and increase maternal mortality.

Case Study:

Fighting for Health in the Floodplains

Name: Mukta Debnath
Age: 17 years
Occupation: Student
Assignment Area: Netrokona, Mymensingh

I am Mukta Debnath and I am 17 years old. I'll get into college soon. My area, Netrokona, has river erosion. Natural disasters have forced people to move, usually they migrate to other cities.

Last year during the monsoon, my younger brother fell seriously ill after drinking contaminated water. We had no safe drinking water or sanitation facilities because of the floods. The local government hospital was completely inaccessible—it was surrounded by water, was crowded with others like us—desperate families with no other options. We had no choice but to wait for hours on a small boat. Though we eventually found help, the ordeal left a lasting mark on me.

I see people in my community struggle every year, losing homes, and sometimes their loved ones. Many children here drop out of school because their families are displaced. Yet, access to healthcare remains one of our biggest challenges.

"My story is not unique, but it highlights the urgent need for climate-resilient health services and better disaster preparedness. People here deserve a future where health is not an afterthought but a priority, no matter how challenging the circumstances."

Study Limitation

- Qualitative study with limited sample size limits generalizability
- Study regions may limit national applicability
- High healthcare provider absenteeism affected the inclusion of their perspectives in key informant interviews
- Knowledge gap about climate and health among the sample population may have influenced the findings
- Potential recall bias due to reliance on participants' previous experiences and subjective judgments
- Lack of interviews with tribal communities prevents comparisons between different ethnic groups' experiences

Conclusion

Overall, the health system and urban health in Bangladesh is at a crossing point, and investments in healthcare would help to improve population health and fulfill the government's mission to attain universal health coverage in the near future.

Recommendations for Edging Forward

Climate Effect on Health

01 Improve diagnosis and treatment for skin diseases, diarrhea, typhoid, and illnesses related to excessive salinity. Reduce poor healthcare out-of-pocket costs using social quintile-based subsidies, health benefit cards, and health insurance.

02 Implement advocacy programs to increase knowledge on diseases, reproductive health, and hygiene in relation to climate effects.

03 Cyclone shelters should provide SRHR protection and essential medical supplies. Integrate climate change into development agendas and horizontal programs.

04 Foster collaboration between government, private, and NGO healthcare professionals. Utilize media to raise awareness and promote fair access to healthcare. Enhance skills and training of medical professionals in disaster-prone areas and educate government officials on climate change.

THANK YOU