

## **Urban primary healthcare clinics (Aalo Clinics) and its domiciliary services bridging the gap in urban healthcare access in Bangladesh-**

Bangladesh is one of the countries in the world with the most rapid urbanization and fastest growth of slum areas. As of 2023, around 40.51 percent of Bangladeshis live in urban areas.

Urban primary health care services are fragmented. Urban Local Bodies (ULBs), by law, are responsible for providing primary health care (PHC) services to their constituents. However, ULBs (City Corporations and Municipalities) lack the basic infrastructure and human resources (both clinical and support staff) needed to provide these services. On the other hand, the Ministry of Health and Family Welfare (MoH&FW) has a limited provision of primary health care in urban areas only through Government Outdoor Dispensary (GOD) and OPD services in public hospitals.

The unplanned urbanization of the ever-expanding urban population has already overwhelmed primary healthcare facilities and services. As a result, urban residents seek primary health care from formal and informal sectors.

The UNICEF Country Programme (2022-2026) is a product of an extensive consultative process. UNICEF and Government partners highlighted gaps in the well-being of children, identified UNICEF's comparative advantage and took note of lessons learned from previous years while developing the programme. In June 2020, the country programme document – endorsed by the Government – was submitted for the approval of the UNICEF Executive Board during the second regular session. After reviewing the country programme, the Executive Board approved the programme and related budget. The country programme is fully aligned with and contributes to the goals of the 8FYP and the United Nations Sustainable Development Cooperation Framework and is aimed at supporting Bangladesh to take maximum advantage of the remaining period of its demographic window of opportunity by prioritising investments in children for the realisation of child rights and sustainable development in Bangladesh.

### **A unique solution- Aalo Clinic Model:**

To improve the situation and overcome these challenges, with support from the Embassy of Sweden, UNICEF developed the 'Aalo Clinic' model. Aalo Clinic is one of the most prominent viable examples of comprehensive Urban Primary Health Care (PHC) Service Delivery. A total of 6 Aalo Clinics in 4 City Corporations, started their services on 15 December 2021, which has created hype among the health professionals/managers equally in the Government and Non-government arena of Bangladesh. These fully digitalized model clinics are for the urban population free of cost, however, particularly target low-income communities and vulnerable and socially segregated people. These clinics provide PHC as per the Essential Services Package (ESP) and refer complicated cases to the nearby tertiary hospital. Six urban primary health care clinics (Aalo Clinics) are established in the following areas:



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<sup>1</sup> World Urbanization Prospects: The 2018 Revision, Population projection 2023.

1. Korail, Dhaka North City Corporation (DNCC) (Ward # 19, DNCC)
2. Mirpur, Dhaka North City Corporation (DNCC) (Ward # 06, DNCC)
3. Shyampur, Dhaka South City Corporation (DSCC) (Ward # 58 DSCC)
4. Dhalpur, Dhaka South City Corporation (DSCC) (Ward # 49, DSCC)
5. Gazipur, Gazipur City Corporation (near Tongi) (Ward # 49, Ershad Nagar, GCC)
6. Narayanganj, Narayanganj City Corporation, (Ward # 15, NCC)

#### **Daily service output of Aalo Clinic:**

- 52 Registration/clinic/day
- 17 Registration/outreach/day
- 168 Consultation/clinic/day (84/shift, 42/GP/day)
- 470 POCD services/clinic/day
- 85 POCD services/outreach/day
- 73 lab test clinic/day (two shifts)
- 12-13 ANC visit/clinic/day
- 45-48 EPI /clinic/day (3/6 days a week)
- 24 GMP/clinic + outreach/day
- 23 MUAC/clinic + outreach/day
- 21 USG/clinic/day
- 10 ECG/day

In addition, UNICEF established three Midwifery-led 24/7 Aalo Normal Vaginal Delivery (NVD) centers at Aalo PHC clinics in Dhalpur, Shyampur, and Ersh In adnagar. This initiative aims to improve maternal and newborn care for vulnerable urban communities by providing accessible and safe delivery options, reducing maternal deaths and childbirth complications, and decreasing the financial burden on low-income families. The centers offer comprehensive antenatal, intrapartum, and postnatal services, and have a well-coordinated referral system for high-risk pregnancies. Operations included expanding infrastructure, procuring medical equipment, and setting up centers with standard procedures. Each center is staffed with a Midwife Supervisor, four Midwives, four Cleaning Staff, and two Security Guards. The first NVD center at Dhalpur Aalo Clinic was inaugurated on November 28, 2024, and midwives conducted 11 successful deliveries from November to December 2024.



Aalo Clinics have been initially designed using an input-based model and currently transitioning to output-based funding (Strategic Purchasing) along with domiciliary services.

This Open SRP-based Aalo Domiciliary Services aim to enhance community preventive and promotive health approaches in Aalo catchment areas, focusing on NCD, maternal, and child health care to reduce morbidity and mortality. Objectives include providing comprehensive health and nutrition services at doorsteps, reducing case burden on Aalo Clinic Facilities,



tracking pregnancies and children for necessary health interventions, screening adults for hypertension and diabetes, and engaging the community in disease prevention and lifestyle modification. Operations involve crowd mapping, hiring additional CHNWs, covering 20 households daily, and using TAB-based data recording and summary diaries for monitoring.

The model has been appreciated by the Government of Bangladesh (GoB) and MoHFW is keen to replicate it throughout the urban areas of the country, which comprises about 40 per cent of the population of the country. The Hon'ble Advisor, Ministry of Health and Family Welfare (MOHFW) of the Interim Government of Bangladesh, visited one of the Aalo Clinics and expressed their interest to take the initiative to establish more than 100 GP clinics in the capital. Very recently Government (MoH&FW) has asked UNICEF to prepare a concept note on GP Model for the Ministry.