The Prospect of Skilled Community Paramedics in the Healthcare Sector

A roundtable discussion on ‘The prospect of skilled community paramedics in the health sector’ was organised by Daily Prothom Alo on 24 January 2018. This supplement presents a summary of the discussion.

Recommendations made through the discussion:

- Creating employment opportunities for community paramedics at community clinics as ‘Community Healthcare Providers (CHCPs)’
- Bringing changes to the recruitment policies of CHCPs so that community paramedics can be recruited for the posts
- Ensuring credibility of the community paramedics among the doctors so that the referrals made by the community paramedics are recognised
- Supporting community paramedics to be healthcare practitioners by their own initiatives; government as well as private sector should come forward to support the community paramedics
- Approval for the reformation of the community paramedic course curriculum is currently at the final stage

Participants:

- **Zahid Maleque**: Member of Parliament, State Minister, Ministry of Health and Family Welfare
- **Mustafa Jalal Mohiuddin**: President, Bangladesh Medical Association
- **Mohammad Sharif**: Director, MCHS and LD-MCRAH, Directorate General of Family Planning
Anirban Bhowmik: Country Director, Swisscontact, South Asia Regional Office
Abul Fazal Md Ehsanul Huq: ASTHA project, Swisscontact
Jafar Ahmad Hakim: Senior Advisor, ASTHA project, Swisscontact
Suraiya Begum: Registrar, Bangladesh Nursing and Midwifery Council (BNMC)
Syed Abu Zafar Mohammad Musa: Expert Advisor, UNFPA
Md Khairul Islam: Country Director, Water Aid Bangladesh
Md Zahidur Rahman: Secretary, State Medical Faculty of Bangladesh
SM Mohiuddin Kamal: Principal, RADDA Paramedic Institute
Mir Rabiul Karim: Convenor, CPTI Association
Mashreka Parveen: Community Paramedic, RADDA MCPH Centre, Mirpur 10
Abdul Qayyum: Associate Editor, Prothom Alo

Discussion:

Abdul Qayyum: Much progress has been made in our health sector. We have successfully achieved the Millennium Development Goals (MDGs) for mother and child health and are advancing towards fulfilling the Sustainable Development Goals (SDGs). Today we will discuss how we can use the community paramedics to deliver quality healthcare to the doorsteps of the common people, in keeping with the Sustainable Development Goals.

Abul Fazal Md Ehsanul Huq: Bangladesh has seen significant success in the health sector over the past decade. There have been big achievements in the country, including an increase in average life expectancy, a decrease in maternal mortality and infant mortality. However, despite these successes, Bangladesh lags in certain areas. About two per cent of all the maternal deaths in the world take place in Bangladesh. And about 50 percent of all infants born in Bangladesh are delivered by unskilled personnel.

The main reason behind this is that there is an acute shortage of skilled healthcare service providers in the rural areas of Bangladesh. The Bangladesh government has adopted quite a few significant measures to ensure healthcare for the people in the rural areas. The community paramedic policy is prominent among these.

This policy states that after passing the Secondary School Certificate (SSC) exam, students will be able to undergo a two-year community paramedic course and after completing this full-time two year-course, they will be able to provide primary health care.

The Bangladesh Nursing and Midwifery Council is in charge of the overall supervision of this course. Under its supervision, 23 institutes around the country have been running this course since 2011. We have been working with these community paramedics since 2015 through the ASTHA project, with financial assistance from Switzerland’s Novartis and Swisscontact. We are working with this project in three districts of Bangladesh – Nilphamari, Patuakhali and Sunamganj.

After this two-year course, the community paramedics can effectively provide basic primary healthcare, treatment for minor ailments, family planning, maternal and child health including care for newborn infants.
Most importantly, after observing the condition of the patient, these community paramedics can timely refer the patients to appropriate facilities.

**Shuriya Begum**: As the final exam of the community paramedic course is held under the Bangladesh Nursing and Midwifery Council, I had the opportunity to review the exam papers of these students. While evaluating their scripts, we note that some of the students write brilliantly. I feel it is because these institutions teach so well that they can write so brilliantly.

If they can enter our healthcare sector after completing the two-year full-time course, then our people will be able to benefit from their skills. Therefore, I feel that the government should create scope so that the community paramedics can enter the healthcare sector.

The community paramedics will be able to work very effectively, particularly in the community clinics located in all the upazilas. Since they have undergone a two-year medical course, they will not have to be given any further training after being appointed at the community clinics.

The Family Planning Directorate, in the meantime, has taken initiative to appoint these community paramedics. I commend this initiative.

With due assistance from the government, these community paramedics will be able to play an effective role in the development of the country’s health services.

**S M Mohiuddin Kamal**: The curriculum of the community paramedics has been initially modelled on that of the family welfare visitors by NIPORT.

The community paramedics face uncertainty about what to do upon completing the course. In order to dispel this uncertainty, they need to be given work in relevant areas of health sector according to their qualifications.

Though the existing curriculum of the community paramedics is of a good standard, it is necessary to update it through necessary changes and expansion. It is also important to include more computer and technology studies in the curriculum.

There is a demand for primary healthcare in our country. There is a demand for skilled primary healthcare providers in the community clinics which are a significant initiative of the government. As far as I know, there is no government programme to create a workforce specifically for the community clinics. The community paramedics can meet this demand effectively.

**Mashreka Parveen**: In the community paramedic course we study primary healthcare and reproductive healthcare according to the government curriculum. We can effectively apply what we have learnt in the curriculum.

We can measure expectant mothers’ blood pressure and run tests to check the hemoglobin count in their blood. We are able provide advice on nutrition for expectant mothers, hygiene and child care. We are also able to provide reproductive healthcare including family planning and other related services.
The curriculum of our two-year course equips us with skills to provide all sorts of healthcare at the community clinics. We can contribute towards reducing maternal mortality and infant mortality rates by providing assorted services and advice during and after pregnancy.

Those of us who take this course can provide service in our own communities where many of the other health service providers are often unwilling to go. During the course, we undergo training in safe delivery. If this training is strengthened, we can conduct safe deliveries in the rural community clinics.

**Md Khairul Islam:** There are three registered institutions to oversee healthcare sector professionals in Bangladesh. These are the Bangladesh Medical and Dental Council, the State Medical Faculty of Bangladesh, and the Bangladesh Nursing and Midwifery Council. These three authorities monitor and control the activities of the professionals working in the respective fields.

However, it has not been clearly defined under which authority the health providers at the community clinics, who have only three months’ training, are working. So, there is no scope to monitor their work and performance.

If the quality of health services at the community clinics is to be ensured, then these community paramedics with minimum two years’ training must be appointed there.

Upon completion of the two-year course, if the community paramedics can set up their own small healthcare institutions, then more students will be attracted to the course. Rather than just relying on government jobs to popularise this course, attention can be paid to setting up institutions at their own initiative to create employment opportunities.

**Syed Abu Zafar Mohammad Musa:** I feel there is a problem in the definition of a community paramedic. In the World Health Organisation’s definition, two types of workers have been defined: one is the health worker and the other is the paramedic. They do not have any definition for community paramedics. Since the government has recognised these paramedics, it is necessary to determine their work, skills and responsibilities by means of appropriate definition.

It is necessary that those who pass out from these institutions gain efficiency through practice. There also needs to be specific guidelines as to how many days this practice should be.

A specific authority is required to supervise the institutions which are conducting this course. This authority will assess the quality of the education and other programmes of these institutes and provide them with recognition accordingly.

Attention must be paid so that the community paramedics emerge from this course with a skilled-based education. After all, healthcare is a skills-based task. Healthcare cannot be provided with theoretical knowledge only.

I think the initiative to create community paramedics through a two-year course is a good initiative. Any weaknesses in the initiative can be resolved through discussions and the paramedics can be then used to serve the common people.
Anirban Bhowmik: Alongside addressing healthcare problems, the community paramedic project also creates employment opportunities for a large number of youths. The community paramedic programme is extremely beneficial in creating skills-based employment for the large number of youths who drop out after studying up till SSC.

An INGO like Swisscontact has started this project, but we will not be able to take this up on a larger scale. To do this, it is imperative that the government and the private sector come forward. In order that these paramedics, alongside working in the community clinics can also set up and run their own healthcare establishments, ‘health initiative’ was included as a subject in the curriculum since 2017. Now these healthcare workers need government policy backing and private sector support.

Just as Bangladesh needs quality healthcare services for a large population, it also requires employment for a burgeoning number of youth. The community paramedic programme can serve as a link between these two demands.

Md. Zahidur Rahman: An opportunity has been brought about through the community paramedic training institutes to create international standard paramedics in keeping with our needs. With appropriate policies and proper management, these institutions will be able to produce skilled and trained paramedics.

And if we can maintain international standards in the quality of education and training, then there can be employment opportunities for the paramedics both at home and abroad. I feel, therefore, that this programme has opened a door to huge opportunities. We must use these opportunities accordingly.

Policies must be put in place to set certain criteria to be followed by these institutions in order to maintain a proper standard, and regular monitoring must be carried out to ensure that these criteria are maintained.

These community paramedics take part in the course and return to their own respective areas. Hence, there is ample opportunity to create area-based skilled health workers.

Scope must be created for the community paramedics who pass out from these institutions, to provide primary healthcare services in their respective areas through the government or on their own initiative.

Mir Rabiul Karim: To ensure the efficiency of those who complete this course, during the last four months of the two-year course they are given training in government hospitals. There they are trained in all aspects of healthcare. From our institute we carefully monitor this training to ensure that it is done properly.

Those who teach at our institutes are full-time teachers. We do not run our course with any part-time teachers. And all our teachers receive training through Swisscontact. We make no compromises in the quality of teaching.
When we first begun this course, our concern was where they would work after passing out. But after the first two batches passed out, we observed that they could provide primary healthcare in their respective areas most effectively and efficiently.

Our community paramedics are efficiently carrying out the work otherwise done by unskilled quacks and untrained midwives in rural areas, and the common people are relying upon the skills of the community paramedics.

**Jafar Ahmad Hakim**: This two-year community paramedic course for those passing the SSC exam is undoubtedly a good and noble initiative. As it creates wide scope for providing jobs, it can be effective in addressing the country’s unemployment problem.

In creating employment opportunities for these community paramedics based on their qualification and skills, the government can take measures so they can apply for the post of CHCP (community health care providers) at the community clinics. Similarly, they are also eligible for the post of FWV (family welfare visitors) under DGFP. In both the cases, the government need not to spend any cost for any further training and thus saving training cost.

After completing this two-year course, the community paramedics are already providing quality healthcare services at rural level. I strongly feel that their skills should be utilised at government level at the earliest.

In order to create employment opportunities at government level, certain changes need to be made in the policies regarding recruitment rule. The Ministry of health and family welfare can easily bring about these changes.

**Mohammad Sharif**: Our community clinics provide healthcare services on a massive scale in the rural areas. I visited a community clinic myself and saw, in course of a single day, 235 patients turned up there for treatment of various ailments. But the quality of service at these community clinics is questionable.

Those who provide health services at these community clinics at present, have undergone only three months of training. But the community paramedics, after undergoing a two-year course, can carry out these duties easily and efficiently. The quality of service at these community clinics will improve if they are appointed.

Certain training pertaining to nutrition and child marriage should be included in the curriculum for the community paramedics. After all, one of the main causes for maternal mortality in Bangladesh is girls becoming pregnant below 18 years of age. If child marriage can be prevented, maternal mortality will also decrease.

In the meantime, from the Family Planning Directorate we have given several recruitment notices so that these community paramedics who have undertaken the two-year course, can take part in certain appointment exams.

I feel they should be given opportunity in the appointment at the community clinics too.
Our country still does not have the capacity to provide healthcare through physicians below the upazila level at the unions and villages.

No physician will be willing to go to a union level to provide medical services there. So, in order to take quality healthcare to the union and village level, we must utilise the services of skilled paramedics.

**Mustafa Jalal Mohiuddin:** Under the strong leadership of honourable Prime Minister Sheikh Hasina, our healthcare system has reached a high standard. Community clinics have made the highest contribution towards this development of the health sector.

There are about 13 thousand community clinics and 4 thousand union health and family welfare centres in the country at present. It has been possible to provide advanced healthcare services to the doorsteps of the backward rural population through these community clinics and union health and family welfare centres.

If skilled paramedics can be taken to this backward population, the quality of healthcare will certainly improve. Also, in the case of complicated ailments, skilled paramedics can refer patients to appropriate doctors.

Since the community paramedics will provide area-wise services, the government will not have to appoint physicians to the union centres. These paramedics will provide primary healthcare at the community clinics and refer complicated cases to the upazila or district level physicians, thus effectively providing healthcare to the rural population.

It must also be ensured that the patients referred by the community paramedics are given proper treatment by physicians at the government and private hospitals. In our country the physicians still have not developed the appropriate mindset to tend to patients who come on reference. Efforts must be undertaken to create this mindset.

I feel that the Health Ministry and the Directorates need to discuss how these skilled community paramedics can be used to improve healthcare services and then measures can be taken accordingly.

**Zahid Maleque:** There has been significant improvement in Bangladesh’s health sector during the rule of the present government. And the epoch-making initiative of Prime Minister Sheikh Hasina in the form of the community clinics has played a pivotal role in the development of the health sector. This initiative has been lauded at home and abroad.

There are presently 13 thousand community clinics in the country and we plan for a total of 18 thousand. These community clinics contribute towards saving the lives of many mothers and children. These clinics provide 30 types of medicines free of cost and also provide various health related advice.

Out health sector has seen significant infrastructural development. We now need a skilled workforce. There is a crisis in human resources in every department of every health centre and every hospital. No matter how developed the infrastructure may be, without a skilled workforce, quality healthcare services cannot be provided.
In order to resolve this problem, we have taken initiative for the appointment of physicians, nurses, midwives and health workers. We hope it will be possible to resolve this crisis in human resources once all these appointments are made.

We still lag far behind in reducing infant mortality and maternal mortality rates. I feel that the cause of this is lack in skilled workforce. We have taken up many projects and programmes but cannot implement these effectively due to a lack of a skilled workforce.

In keeping with the Prime Minister’s directives, we have created posts for 3,000 midwives. So far 2,000 midwives have been given training. We will need 22 thousand midwives in order to provide services to all mothers during childbirth. However, we are still far behind.

I feel that community paramedics can play a role in this regard. After completing two years of training, they gain skills though practice in government hospitals.

I feel that these community paramedics will be able to provide better services than those who are now providing primary healthcare at the community clinics with three months’ training.

Certain policy changes must be made in order to appoint them at a government level. By bringing about these changes and assessing their skills, these paramedics can be appointed to the community clinics. We will consider this from the Health Ministry.

Abdul Qayyum: Due to the establishment of community clinics, the target to take health services to the doorsteps of the rural people has been achieved to a great extent.

There has been a consensus in the discussion that significant improvements can be made in healthcare services for the common people by including the community paramedics in the community clinic system. Daily Prothom Alo extends its sincere wishes and thanks to all.