

Abstract:

Chittagong Hill Tracts (CHT) is a region where most of the indigenous people of Bangladesh live with diverse culture and social environment. The health system of delivering primary health care (PHC) is not up to the standard to meet the health need of indigenous people. **Objective:** The objective of the study was to develop an alternative integrated community based model for the delivering of PHC services according to need and the priority of rural communities of the CHT. Specific objective of the study was to explore the health needs of local people and to identify the best practices of the existing community based health programmes in the CHT. The study has finally recommended an effective and integrated community based model by adapting the existing model. **Methods:** This was an observational study. 12 FGDs were conducted in remote villages. SWOT analysis of major health programme and government intervention was done through interviews with key personnel within the programme. Secondary data was collected from the government and the NGO offices for analysis. Interview with key personnel and the stakeholder's workshop was conducted to design the alternative integrated community based model. **Findings:** FGDs revealed 21 major health problems in the community and the existing government services only cover a small part of the problem. The community people have set their priorities for the health services required. They also mentioned different ideas for an effective referral system. SWOT analysis revealed that the community based approach is the best method to cover CHT with basic health services. But the existing community based model and the services delivered by the community health worker (CHW) is not sufficient. The CHW's services need to be revised to integrate more services. In the new integrated community based model, at village level two new posts were recommended along with a district based health team to support those groups. CHW will provide a comprehensive package of health service in the community which will include C-IMCI, pregnancy care, health education and dealing with village pharmacy. Community Skill Birth Attendants (CSBA) will conduct normal delivery in the field. There will be an additional technical support group at district level to provide support especially in the health management issues for CHW. The new model will cost 7% less than the existing model at upazila level. The role and place of posting of some government existing post has been modified. At district level, the hospital will be equipped with modern facilities and be upgraded from 100 beds to 300-500 beds. There will be some human resource sharing with staff at upazila level. During the stakeholder's workshop, the participants proposed different possibilities to sustain this new model. The key personnel interviews also suggested different ways to solve the health problem in the CHT. **Conclusion:** The unmet health need in CHT is growing larger day by day. Government should revisit the health needs of CHT during planning of national programme. This study has explored the real health needs and services required for the local people. This study also recommended an effective model to meet up the health need of CHT. The local government is already implementing a partial community based model. This can be aligned with the recommended community based model to make the existing services more effective with wide access to sustainable health services in CHT.