BASELINE SURVEY
OF
ESSENTIAL SERVICES PACKAGE SUPPORT PROGRAM (ESP-SP) OF CONCERN BANGLADESH

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EXECUTIVE SUMMARY

Essential Services Package Support Project

The **Essential Services Package Support Project** (ESP-SP) of **Concern Bangladesh** is a new initiative primarily aiming at strengthening the government's capacity to address the ESP component of the Health and Population Sector Program. CONCERN has selected Keraniganj upazilla as its program area for the implementation of ESP-SP.

Under the ESP-SP, Concern Bangladesh aims at developing the technical and managerial competence of the upazilla health and family planning staff in respect to ESP by working on partnership basis and to gain the confidence of the clients for attaining services those are available for them and of good quality and can be sustained to them within their existing resources.

The service providers are expected to be equipped with technical and management skill for rendering the minimum acceptable quality of care and services. Within the ESP-SP, it is expected that both the 'system outcomes at service provider level' and the 'coverage outcomes at community level' will be generated. It is hypothesized that the latter outcomes will be generated if the former outcomes are ensured.

Objective of the Baseline Survey

The general objective of the baseline survey was to obtain baseline information pertinent to the expected system and coverage related outcomes of ESP-SP at service provider and community levels. The specific objectives were concentrated on all the Objectively Verifiable Indicators set in the Logical Framework of the ESP-SP devised by CB. Especial emphasis was given to the following:

⇒ Ascertaining present status in terms of the following indicators:

- Technical and managerial knowledge, skill and capacity of the service providers
- Knowledge, attitude and perception of service recipients on ESP and the availability of services
- Use of proper sanitation
- Quality of care
- Client's satisfaction

⇒ Identifying the hindrances/obstacles for the community for receiving quality and affordable ESP services

⇒ Determining the key areas of intervention for appropriate ESP service provision

Methodology

The present baseline survey was designed to provide all relevant system and coverage-related outcome information in line with the variables and indicators pertaining to the ESP-SP intervention.

The most commonly used multistage sampling was performed in drawing 800 MWRA samples with 400 for experimental (Keraniganj) and 400 for the control (Singair) Upazilas for this

baseline survey. Service providers were also included in a separate sample. In addition, community people were interviewed.

The baseline survey was implemented by Human Development Research Centre (HDRC) in close collaboration with the government's Health and Family Planning Officials of Keraniganj (experimental area) and Singair (control area), and the relevant staff members of Concern Bangladesh.

A total of 29 field staff was deployed for the data collection with 12 from CB and 17 from HDRC. Among these 29 field staff, 17 were females and 12 were males. The fieldwork was completed in March 2001.

Major Findings

The key findings of the baseline survey having crucial implications for designing the ESP-SP are presented below:

Reproductive Health Care

Knowledge on ANC services

About 42 percent experimental respondents (MWRAs) and 37 percent control could spontaneously recall ANC as one of the service components of safe motherhood.

About 17 percent and 36 percent MWRAs respectively of the same areas reported that they did not know when a pregnant woman should go for visit to a health professional.

Knowledge on TT immunization

Around 16-19 percent of the respondents in experimental and control areas could not mention any reason for receiving TT during pregnancy. In both the experimental and control areas around 90 percent of the MWRAs were unable to tell the correct number of doses required for the whole life.

Effective TT Coverage

Just over two-fifths of the MWRAs in both the experimental and control areas received 2 doses TT during last pregnancy i.e. effective TT coverage has been ensured for the last pregnancy for those MWRAs, but lifetime TT coverage is still very low (around 4%) among the MWRAs.

Utilization of ANC services

In the experimental area 67 percent MWRAs visited any health site or health professional during the last pregnancy. It was 59 percent in the control area.

Delivery Care and Place of Delivery

Respondents of both the experimental (62%) and control areas (45%) informed that untrained TBAs (UTBAs) were the prime service providers for normal delivery. Around 88 percent in both the areas mentioned 'home' as the place for last delivery.

Maternal Nutrition

With regard to knowledge of iron/Folic acid/Vitamin-A, virtually around 50 per cent of MWRAs of both the areas have never heard of it.

Knowledge on EOC services, Danger Signs, Complicated Delivery and Decision Maker

In the experimental area, Mitford hospital and other district level hospitals (75%) were mentioned as the main SDP. Respondents of control area identified UHC (61%) as the prime SDP for EOC.

Around 50 per cent MWRAs of both the areas could not mention any danger signs of pregnancy.

Respondents of the experimental area mentioned that people utilize services for complicated delivery from the Mitford hospital and other district level hospitals (73%) as well as from private clinic (11%), and almost all the respondents (82%) of the experimental area consider that services for complicated delivery should be received from the MBBS doctors. In 60 per cent cases only husband take the decision regarding time and SDP to go for assistance if wife has a complication in pregnancy.

Postnatal Care

Among the service components of safe motherhood, PNC was the least mentioned issue. Only11 percent of the respondents of both the experimental and control mentioned PNC.

Neonatal care

Although 85 percent and 70 percent respondents in experimental and control recognized that mothers health education on cleanliness was an important issue of neonatal health care but 78 percent and 71 percent of the respondents respectively of the same areas could not name any SDP for this services.

Knowledge and Use of Family Planning

Although knowledge on any contraceptive method is universal but knowledge on side-effect management is poor among the MWRAs.

Overall, 52 percent and 59 percent of the MWRAs respectively of experimental and control areas are using any contraception and pill claimed the highest prevalence rate, followed by Injectables, tubal ligation, condom and natural method.

Knowledge on Prevention and Control of RTI/STD/AIDS

Though 61 percent and 51 percent of the MWRAs respectively of experimental and control areas could recognize RTI/STD/AIDS as a health problem but only 12 percent and 4 percent respectively of the same areas were able to mention any SDPs for this kind of health problem.

MR and unsafe abortion

Around 64 percent and 35 percent respondents respectively of the experimental and control areas reported to have knowledge on unsafe abortion.

Adolescent care

A negligible portion of the MWRAs (less than 4%) of both the experimental and control areas could spontaneously mention adolescent care issues as an important part of reproductive health care.

Infertility

A considerable proportion of the MWRA - 61 percent and 73 percent of the respondents respectively of the experimental and control areas don't know any SDP where someone may have services for infertility. It is interesting to note that 44 percent and 73 percent of the MWRAs respectively of the experimental and control areas consider the traditional healers as SP for infertility care.

Child Health Care

Acute Respiratory Infections (ARI)

Relatively more respondents in experimental area have knowledge on ARI than women in control area (65% versus 9%).

Women in the control area considered UHC as the main service delivery point whereas women in experimental area treated pharmacy and grocery shop as the same. Nearly forty percent respondents in experimental area mentioned MBBS doctor as the service provider of ARI. More than forty five percent women in control area mentioned village doctor for ARI treatment.

Diarrheal Diseases

Almost all respondents both in experimental and control areas know about Diarrhea but only 12 percent respondents in control area could mention it without probing.

Regarding ORT and ORS preparation, experimental group seems to be more knowledgeable than the control group if we consider their knowledge without being prompted.

Mass media (radio, TV, posters, leaflets, billboard etc.) played a vital role in gathering knowledge on child health care in terms of CDD.

EPI

About service delivery points experimental group has knowledge that vaccination is done mainly in satellite clinic but control group mentioned UHFWC and UHC, other than satellite clinic.

Almost 90 percent of the children (aging 12 to 23 months) from both experimental and control groups have been vaccinated (at least one vaccine). Drop out rate is high in both the areas. Effective coverage is 33 percent in experimental area and 40 percent in control area.

Vitamin A Deficiency and Night Blindness

More women in experimental area compared to control area know about vitamin A deficiency (21% vs. 8%) while we consider unprompted responses.

Most of the women under both experimental (73%) and control (68%) groups do not know about service delivery points in case of vitamin A deficiency.

Respondents reported lack of vitamins in general and lack of food containing vitamin A as causes behind child night blindness. Besides, very few stated bad air and cleanliness.

More than 40 percent respondents in both groups do not know how to prevent night blindness.

Child Malnutrition

Around 45 percent sample women both in experimental and control areas know about child malnutrition. But in case of unprompted responses experimental group was found more knowledgeable (13% vs. 3%).

More than 50 percent women both in experimental and control groups do not have idea about malnutrition.

School Health Services

Regarding the knowledge about school health program the situation is disquieting with only 1 percent women in control group and 4% in experimental group ever heard of school health program.Mass media played an important role in both experimental and control groups as a source of knowledge on vitamin A deficiency and child malnutrition.

Communicable Disease Control

Reported experience of having STD, is quite low, 8 percent experimental and 5 percent control. Occurrence of white discharge during urination is noticeable, 14 percent in experimental and 10 percent in control area. Communicable disease like TB, leprosy, malaria, kala-azar occurrences are prevalent. However, knowledge status about places and persons for treatment of communicable disease is very poor.

Limited Curative Care

Quite high proportion of MWRAs went to doctors/health centres for emergencies. It is 60 percent in experimental and 53 percent in control area. Most of such emergencies are first aid and medical emergencies.

Tubewell is the primary source of drinking water. This is also the principal source for cooking water.

Sanitary latrine is in more use in control area compared to experimental area – 7 percent experimental and 26 percent control.

Utilization of Essential Service Package

Lot more MWRAs in experimental area compared to control area visited SDPs like UHC, MCH, DH, UHFWC. Among reasons for non-visitation mostly cited ones are distance, cost, movement restriction, non-availability of medicines, and absence of community clinics.

Quality of Care

Respondents in exit interview mentioned following reasons for visiting the centre: conjunctivitis, Scabies/Eczema, fever/cough/cold and some illness of children (helminthiasis, worm or diarrhea). Besides, some women came to the centre for ANC check up, for MR/abortion, for pushing injections and due to weakness.

Two-fifths of the exit patients think services they received were not effective. Most of them are not satisfied, as they could not have medicine free of cost. Other reasons for dissatisfaction were doctor/provider was rarely available during working hours, doctor did not examine the patient as expected, and not giving medicine free of cost doctor suggested buying it from a shop.

Fifteen percent women had to wait more than half an hour to one hour. One in every ten women had to wait more than an hour to visit the provider. Two-fifths considered official hours not convenient for them. Three-fifths stated provider did not pay enough attention for general/routine check up. For one-fourth cases the provider did not examine at all. Nearly fifty percent patients are not informed about the follow up timing for further treatment. Two-third reported that they did not get the health professional when needed. Most of the respondents who did not get health professionals said they (provider) are not/never available during working hours.

Most of the respondents reported that behavior of the doctor/provider is moderately well. One in every ten patients complained saying they (provider) did not pay much attention. Other 8 percent women stated that they did not receive any treatment at all.

Two-fifths of the patients reported that service providers did not answer their queries satisfactorily. One in 10 respondents had to pay money for services. Amount they paid was taka 10 to 30. They had to pay money for price of medicine and pushing injections. One-third of the respondents who paid do not know the cause of paying money. More than one-third complained that privacy was not maintained at all.

Level of satisfaction of clients were assessed in terms of cleanliness, condition of waiting room, attentiveness of doctor, time given by doctor and behavior of the service providers. More than 1 in every 10 patients is not satisfied at all about cleanliness of the centre. More than fifty percent patients are not satisfied at all with the condition of the waiting room. Nearly 90 percent patients are not fully satisfied with doctor’s attentiveness. Two-fifths of the patients are not satisfied at all with doctor’s attentiveness. The same is true in case of time given by the doctor or providers. Only one-fifth of the women are satisfied with doctor’s behavior. Doctor did not suggest anything to more than 75 percent cases about follow up treatment.

Technical and Managerial Knowledge, Skill and Capacity of the Service Providers

Training and Human Resource

Service providers (SPs) received orientation/training on different topics - child health and nutrition (96%), basic health and family planning (42%), refreshers’ training on health and family planning (14%), logistics supply (14%), Menstrual Regulation (21%), TB, Leprosy and malaria (30%), mental health (5%) and interpersonal communication skills (11%). But SPs have not received any training or orientation on some of the important areas of ESP: safe motherhood,

prevention and control of RTI/STD/AIDS, MR and safe abortion, adolescent care, infertility and neonatal care, Vitamin A deficiency and Behavior Change Communication.

Service Providers' Knowledge on ESP

About two-third of the SPs who told that they know about ESP could not mention any of the components of ESP when they were asked to mention the specific areas of ESP.

A negligible proportion of the SPs (4%) received training or orientation on ESP. However, no one could mention the title, contents, name of training or orientation providers, identity of trainers etc.

Planning

Regarding planning procedure till December 1999, 48 percent of the respondents reported that plan was used to send from the higher authority i.e. a top-down approach was prevailing during the time. A considerable percentage of SPs told that they ownselves developed the work-plan, another 11 percent reported that work plan was prepared through participatory approach. SPs told that different sorts of people were involved in planning process - representatives from local administration, other government departments, health service providers, NGO representatives are included.

Coverage of Services

It was found that 39 percent of the SPs used to register and update the list of new born, 34 percent were found to register and update the list of children under 5 regularly, 52 percent reported that they did the same job for pregnant women and 36 percent mentioned that they also used to do the same for the women of reproductive ages.

Management and Supervision

SPs were asked to know about the interpersonal relationships among them. About one-fifths reported that the relationship among them were very congenial, three-fifths reported it as congenial, and rest of the 4 per cent SPs thought interpersonal relationship among the staffs were not congenial. Reasons for thinking of non congenial interpersonal relationship were: ‘bad administrative system’, ‘low payment’, ‘conflict between technical and non-technical staff’, ‘irresponsibility of the staff’, ‘lack of workload sharing tendency among the staff’, ‘irregular attendance in the workplace‘.

SPs expect different types of support from the UHC for successful implementation of the ESP programme. SPs mentioned about the following issues for expediting ESP service delivery and ensuring quality of services for the community people:

- Ensure quality and extended services through improving medical equipment, surgical facilities, pathological facilities, indoor facilities, reducing workload, establishing community clinics (41%)
- Regular training and coordination meeting (23%),
- Ensure adequate and timely medicine supply (23%)
- Regular contact and supervision (18%)

- Ensure easy and quick management and administrative procedure e.g. regular logistics and financial support
- Quick and timely decision from the UHC for activity implementation, and
- Ensure full time doctor (5%).

Management Information System and Monitoring of the Activities

SPs were enquired whether they use all necessary register books and MIS formats as required for ESP. Only 11 percent of the SPs use register books and formats and majority of the SPs (61%) don't use at all the MIS formats. However, a vast majority of the SPs (89%) reported that they prepare monthly report by schedule time.

Only 14 percent of the SPs reported that they got training on surveillance and they did surveillance. The reported diseases, which were under surveillance were diarrhoea, malaria, TB and malnutrition.

Capacity Strengthening Needs

Based on the findings of the baseline survey and discussion with the service providers and various stakeholders, the following capacity strengthening needs at three levels – individual, community and institution – have been identified.

Individual level

- MWRAs' should be made aware on receiving TT
- The rate of institutional deliveries should be increased.
- MWRAs and the decision-makers for delivery need to know importance of trained TBAs
- MWRAs as well as the decision-makers regarding delivery should be made more knowledgeable on the danger signs
- MWRAs should know the reasons and place of treatment for infertility.
- For successful home based management of diarrhoea all the MWRAs should know the ORS preparation procedure
- People of the intervention area must know the service delivery points for vitamin A deficiency because more than 70 per cent of the MWRAs could not identify any SDP in this respect.
- MWRAs must be made aware about the SDPs for curative, preventive and counseling services regarding RTI/STD
- Males should be motivated using FP methods

Community level

- Through community meetings, seminars etc. males are to be made aware of ESP services as they are less conscious to visit health centers.
- Community people should be made aware of SDPs for communicable diseases especially Tuberculosis and Leprosy.
- The sense of community-managed health concept at grassroots level should be developed especially in case of emergencies.
- Community people should be conscious and considerate about adolescent health care
- The situation of malnutrition and night blindness may only improve when the people of that area will have adequate knowledge on the issue

- Community people should make aware on safe waste disposal, sanitation and safe water
- Community people need to be motivated so that they themselves purchase disposable syringe for immunizing their babies in order to reduce risk of getting infectious diseases.
- Community people should have the idea of required safe delivery pack to hold the newborn during delivery for minimizing risk.

Institutional level

- SPs are to be given training on ESP as they are lacking proper orientation on this very issue
- There is a latent demand for initiating a training program for the untrained TBAs because a large majority of the deliveries are assisted by the untrained TBAs
- SPs should be conscious and considerate about adolescent health care since the adolescent health issue is almost neglected by the SPs.
- To ensure program efficiency the information systems should be smooth and regular
- SPs should realize the importance of client-provider relationship and privacy of the patients. Without a congenial relationship between the client and provider, and ensured privacy of the patients there can never be a successful health program
- For FP not only the female but also males should be included by the Health Workers as their target group as if men should come forward as main actor in case of contraceptive use.
- TBAs should aware of the SDPs where services are available at a competitive and affordable cost so that they can disseminate the same information to the community people.