
2001 URBAN FAMILY HEALTH PARTNERSHIP EVALUATION SURVEY

FACILITY SURVEY REPORT

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1. Background

The 2001 Urban Family Health Partnership (UFHP) Evaluation Survey was designed to evaluate the performance of the UFHP program in delivering an Essential Service Package (ESP) of primary health care interventions through a network of static clinics and satellite clinics to under-served urban populations of Bangladesh. The survey collected information from 7,194 women 5,414 in urban areas which the program described as its catchment area and 1,780 women in urban non-catchment comparison areas. Women reported information on fertility and birth histories, awareness and use of family planning and reproductive health services, and use of basic child health services. Data were also collected from community and village leaders on the presence of different types of health providers, including government hospitals and clinics, UFHP facilities, nongovernmental and private clinics, pharmacies, and private and traditional doctors, that serve their communities. From these community surveys, facilities were identified for more complete interviews, in which data were collected on staffing, service availability, age, equipment availability and stockouts, and supervision.

The facility survey had two principal objectives:

- To define the service supply environment for populations in the 2001 UFHP Evaluation Survey in order to examine the choices that women make in deciding whether or not to use health services.
- To permit comparisons in quality, size, and efficiency among the different types of health facilities that are available to the study population.

2. Methodology

A detailed protocol was employed for collecting the community, facility and satellite clinic information. During household listing visits to communities, listing teams identified 3 to 6 community respondents who could be interviewed in a group for the village/mohalla questionnaire. It was intended that the community respondents include at least one educator, at least one female community leader and several local government officials.

During the village/mohalla interview, respondents identified the different sources of health services known to be available in the area and obtained approximate distances from the communities to the health service sources. After the village/mohalla questionnaire was completed, a list of facilities form was completed for the cluster. The facility survey teams in the cluster then visited the UFHP static clinic in the cluster and asked the facility manager to review the map of the thana depicting the location of the static clinic and the catchment area. In general, this map also showed other health facilities in the thana. The survey team compared the list of facilities identified by the community respondents to the facilities presented in the thana map to identify facilities that were not mentioned by the community respondents but that were located in the thana. This additional information was used to complete the list of facilities. A list of facilities was prepared for every cluster.

The procedure to identify the relevant facilities and the selection for the facility survey varied according to the type of facility:

For *Hospitals*, the closest was identified. If it was within 30 kilometers, it was visited.

Each *Thana Health Complex* in a thana was visited regardless of distance. If there was a closer Thana Health Complex located in a different thana, it was also visited, if mentioned in the Village/Mohalla questionnaire.

For *Maternal and Child Health Centers (MCWCs)*, and *Family Welfare Centers (FWCs)*, the closest of each type was identified. If the closest facility was located in a different mohalla than the cluster, then the facility in the cluster's mohalla was also identified. A maximum of two facilities for each type could be identified and selected for the facility survey visit. For FWCs, the closest one regardless of the distance to the cluster was visited. For MCWC, the closest one was visited if distance was less than 10 km.

One *UFHP static clinic* was identified per cluster (in intervention areas) and visited regardless of distance.

For *Private clinics*, *Other NGO clinics*, and *GOB Community Clinics*, all those known to be available to the people in the cluster (up to a maximum of four for each type) were obtained, including names and approximate distances. The nearest three of each type were visited, unless they were beyond 10 kilometers.

For *Satellite Clinics* (UFHP, other NGO or government), all satellite clinics known to be available or that provide services in the cluster were identified with their names and approximate distances. All satellite clinics located within 1 mile from the cluster were selected as those to be visited by facility survey teams. If none were located within 1 mile, the closest of each type (NIPHP, other NGO or Government) was visited regardless of distance.

For *Pharmacies, private allopathic doctors, homeopathic doctors and traditional doctors/village practitioners/ayurvedic/unani doctors*, there was a set of questions in the village/mohalla questionnaire to identify their presence and number in the surrounding area. The distance to the closest one of each type was recorded. However, these were not selected for the facility survey visit.

For *FWAs*, there was a set of questions to identify their presence in the cluster, and the nearest to the cluster was visited.

Table 2.1 provides a summary of the selection strategy.

Satellite Clinics: Because the satellite clinic sessions occurred only once per week or once per month, it was unlikely that the timing of the visit by survey teams corresponded to the day that a particular satellite clinic was operating. However, facility survey teams went to the satellite clinic locations and collected information on the physical appearance of the satellite clinic and took GPS coordinates. In most cases, the remainder of the satellite clinic questionnaire was completed elsewhere with the actual satellite clinic worker, either at the static clinic with which the worker is affiliated or the worker's home.

Health Workers: Health workers were selected for interview at FWCs, MCWCs, NGO clinics, private clinics, UFHP static clinics, community clinics and rural dispensaries. Only those workers involved in providing ESP services were interviewed. In facilities with fewer than 5 ESP workers, all ESP workers were identified and given the Health Worker Questionnaire. For facilities with 5 or more ESP workers, one of each staff type was identified and given the Health Worker Questionnaire. The lowest level of health worker to be interviewed was the Health Assistant. Clinic Aides were not interviewed.

Table 2.1 Selection of Facilities for Interview

Criteria for selection of health facility types to be interviewed, survey instrument used, and selection of health staff for interview							
	Sources	Frequency	Identified in Community Questionnaire	Number Selected for Interview	Questionnaire	Staff for WORKER Questionnaire	
						Number In post	Number selected for Interview
01	Hospitals	1/district	1-2	closest 1-2, within 30 km	HOSPITAL		0
02	Thana Health Complexes	1/thana	1-2	1-2, at least 1	FACILITY		0
03	FWCs	1/union	1-2	1-2, at least 1	FACILITY	1-2	All
04	MCWCs	1-2/district	1-2	1-2, at least 1	FACILITY	2-3	All
05	NIPHP Static Clinics	1/thana	1-2	1-2, at least 1	FACILITY	4-5	*
06	Private Clinics	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	4-5	*
07	Other NGO Clinics	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	4-5	*
08	Community Clinics	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	1-2	All
09	Rural Dispensaries	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	1-2	
10	Satellite Clinics	several	All	All if < 1 mile, at least 1 per type	SATELLITE	1-2	All
11	Depotholders	1/village	All	All if < 1 mile, at least 1	DEPOT-HOLDER	1	1 per village
12	FWV/FWA	several	Special Question	Closest, at least 1 per cluster	WORKER	1	1
	Pharmacies	several	Special Question	No			
	Doctors' Offices (allopathic MBBS)	several	Special Question	No			
	Village Practitioners (homeopathic & ayurvedic/unani)	several	Special Question	No			

* If number of ESP staff > 5, selected sample of one per type; if number of ESP staff <= 4, all interviewed.

3. Facility Questionnaire

A detailed protocol was employed for collecting the community, facility and satellite clinic information, based on reports by community leaders on the availability of services in the Community Survey. This protocol is summarized in greater detail in Appendix A.

Overall, 886 facility interviews were conducted. Of these, 725 were in UFHP areas and 161 were in non-UFHP areas. The largest number of facilities were surveyed in district municipalities (388), followed by city corporations (229) and thana municipalities (108). Private clinics were the most commonly surveyed facilities (242) in UFHP areas, followed by other NGO clinics (165) and UFHP Static Clinics (91). While the selection algorithm called for at least one UFHP static clinic to be surveyed for each cluster, the proximity of many of the clusters meant that many UFHP static clinics served multiple clusters and therefore fewer interviews were required than the number of clusters.

Table 3.1 Number of Facilities Surveyed by Facility Type, and UFHP/Non-UFHP Domain

Facility Type	UFHP Areas				Non-UFHP Areas
	City Corp	District Municip.	Thana Municip	Total	
Hospital	15	43	8	66	14
Thana Health Center	4	20	16	40	4
Family Welfare Center	7	13	20	40	5
Maternal and Child We	9	36	4	49	5
UFHP Static Clinics	26	45	20	91	19
Private Clinic	80	141	21	242	54
Other NGO Clinic	73	77	15	165	48
Community Clinic	15	13	3	31	11
Rural Dispensary	0	0	1	1	1
Total	229	388	108	725	161

General Information

Table 3.2 describes general characteristics such as mean years of operation, hours of operation, available services, infrastructure and amenities of the facilities surveyed. Almost all the facilities surveyed operate on average between 5 to 6 days a week. Over 90% of surveyed hospitals and private clinics have 24-hour service. Less than 50% of the THCs have 24-hour service. Availability of 24 hours services is least for UFHP run clinic (less than 5%).

Over 90% of the hospitals, MWCW and private clinics, and around 45% of THCs provide inpatient care, whereas only 6% of UFHP clinics provide such care. Around 20% of NGO-run clinics have inpatient care services. Hospitals (77.5%) and MCWCs (90%) report the highest percentage of facilities with emergency transport, whereas around 30% of THCs and private clinics have emergency transport. Less than 5% of UFHP clinics

have any kind of emergency transport, whereas 20% of NGOs reported having such service.

More than 85% of hospitals, THCs, MCWCs, and private clinics have telephone services, but only around 50% of UFHP and NGO clinics have such services. Almost all the facilities (more than 98%) surveyed have electricity with the exception of FWCs of which only 77% have electricity. Radio and televisions are more commonly found in the UFHP clinics (74.6% and 93.4%, respectively) compared to other facilities. Though 86% of the MCWCs have a TV in the waiting room, less than 50% of the other facilities have TVs and the percentage is lowest among the surveyed THCs (2.3%). More than 90% of all facilities have a storage room that is protected against rain and sun.

Table 3.2 Means and percentages of facilities with specified characteristics

Characteristic	Hosp	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	NGO Clinic	Comm. Clinic
Age (mean years)	33	22	22	30	4	7	10	20
Open 24 Hrs	90.0	43.2	0.0	88.9	4.6	94.6	17.9	4.8
Days Open (outpatient)	5.8	4.84	5.9	6.0	6.1	6.4	5.6	5.3
Inpatient Care	97.5	43.2	0.0	94.4	5.5	96.0	20.7	2.4
Emergency Transport	77.5	36.7	2.2	90.7	4.6	31.8	21.1	4.8
Telephone	97.5	86.4	4.4	90.7	52.7	92.6	54.5	21.4
Radio	16.3	6.8	4.4	11.1	74.6	12.5	17.0	2.4
Electricity	N/A	100.0	73.3	100.0	99.1	100.0	98.6	97.6
TV in Waiting Room	N/A	2.3	0.0	85.2	93.6	53.4	46.7	9.7
St. Room protected								
...rain	N/A	95.5	91.1	100.0	100.0	94.9	94.9	92.9
...sun	N/A	95.5	95.6	100.0	100.0	94.9	94.8	92.9
Has shelves	N/A	93.2	80.0	98.2	98.2	93.9	90.6	71.4
N	80	44	45	54	110	296	213	42

Water source and processing as well as sterilization procedures were assessed and are presented in table 3.3 below. All facilities surveyed report the majority of sites have a water source within the clinic. In contrast, FWCs report a majority of sites with the water source outside the grounds of the facility. Only UFHP static clinics reported the majority of sites with filtered water, 84.7%, while less than 40% of the other facilities reported the same. All sites except for UFHP, private, and NGO clinics reported the majority of sites with untreated water in use. Virtually none of the facilities surveyed reported the use of chlorinated water.

All facilities report the existence of a toilet at the site. There are multiple responses for each site; therefore, the totals add up to more than 100%. The data provide evidence that hospitals are most likely to have separate men's and women's bathrooms 87.5% have a male bathroom and 89% have a female one. In addition, nearly 55% of hospitals surveyed reported having a unisex bathroom. Both THCs and UFHP clinics report over 70% of surveyed sites with single-sex toilets.

The majority of hospitals (58.8%), MCWCs (92.6%), UFHP clinics (89.1%), and private clinics (75.3%) sterilize equipment with an autoclave, while more than 50% of FWCs sterilize equipment with a kerosene stove. Less than 25% of surveyed sites reported the use of steam. The next most commonly used form of sterilization is the electric sterilizer. Nearly 5% of community clinics reported no sterilization at all.

Table 3.3 General Facility Characteristics-Water and Sterilization

Characteristic	Hosp.	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	NGO Clinic	Comm. Clinic
Water Source								
In Clinic	85.0	52.3	18.2	70.4	70.0	75.3	67.0	50.0
On Grounds	13.7	36.4	29.6	25.9	22.7	19.9	18.4	50.0
Outside	1.3	11.4	50.0	3.7	7.3	4.1	14.6	0.0
Other	0.0	0.0	2.3	0.0	0.0	0.7	0.0	0.0
Total	100	100	100	100	100	100	100	100
Type of Water								
Filtered	13.7	18.2	4.5	14.8	84.6	37.8	34.4	9.5
Chlorinated	1.3	2.3	0.0	0.0	0.0	2.4	1.9	2.4
Non-treated	82.5	79.6	90.9	79.7	8.2	46.3	47.2	76.2
Other	2.5	0.0	2.3	3.7	7.2	11.5	15.1	11.9
Don't Know	0.0	0.0	2.3	1.8	0.0	0.0	1.4	0.0
Total	100	100	100	100	100	100	100	100
Toilet								
Male	87.5	47.7	24.4	35.2	38.2	79.4	47.0	19.1
Female	89.0	50.0	24.4	72.2	39.1	82.4	56.8	19.1
Unisex	53.8	70.5	64.4	55.6	74.6	48.7	50.7	71.4
Sterilization								
Electric	33.8	20.5	8.9	3.7	1.8	17.5	14.5	21.5
Autoclave	58.7	43.2	8.9	92.5	89.1	75.3	40.9	0.0
Steam	5.0	22.7	8.9	1.9	8.2	5.1	16.0	9.5
Kerosene stove	0.0	6.8	55.6	0.0	0.0	0.7	8.0	19.1
Other	2.5	4.8	15.6	1.9	0.9	1.4	19.7	38.1
None	0.0	0.0	2.2	0.0	0.0	0.0	0.9	4.8
N	80	44	45	54	110	296	213	42

In total the highest mean number of patients are reported by hospitals, followed by private clinics and UFHP clinics as shown in table 3.4. After stratifying by services, the majority of patients seen by hospitals are outpatient (7741), followed by general health (6020). In addition, outpatient services constitute the majority (5549) of the total number of patients seen at THCs. Within FWCs and MCWCs, most of the patients are seen in general health services, 3039 and 2278, respectively, whereas private clinics see most of their patients for family planning. At UFHP static clinics, the majority of patients on average are outpatients (4633).

Table 3.4 Mean Number of Patients Seen for Particular Services

Service	Hosp	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic
Fam Planning	4971	716	194	426	526	4532	1015	117
Maternal Health	3551	608	92	607	1497	3172	705	260
Child Health	3738	1680	184	689	706	3296	262	453
General Health	6020	1418	3039	569	622	3439	1961	146
Total Outpatient	7741	5549	917	2278	4633	3058	2045	1056
Inpatients	1669	300	1110	88	2064	1908	2121	0
Total	27690	10271	5536	4657	10048	19405	8109	2032

Mean staffing levels per facility are presented below in table 3.5. The number of both doctors and nurses on staff is highest in hospitals, 23 doctors on average and 46.5 nurses. FWCs, and community clinics have less than one doctor per clinic on average, while UFHP clinics have approximately 1 doctor on average.

In general hospitals have the highest levels of staffing of all facilities surveyed, as would be expected, followed by private clinics, MCWCs, and THCs. The mean total number of staff at UFHP static clinics is 7.6.

Table 3.5 Means of Levels of Staffing (Numbers of Staff)

Characteristic	Hosp	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic
Doctors/M.O.s	23.2	4.2	0.3	5.4	1.3	5.0	1.5	0.8
SACMO/MA	3.7	0.9	0.8	0.0	0.1	0.5	0.4	0.0
Medical Aides	13.1	1.13	0.5	1.8	0.9	4.4	1.2	0.4
Nurses	46.5	4.3	0.0	4.0	0.1	7.2	1.6	0.0
Trnd Midwives	0.3	0.4	0.5	0.6	0.3	0.2	1.2	0.0
FWVs/Paramd	0.9	1.8	1.5	0.4	3.7	0.2	1.2	0.5
Clinic Aides	3.8	0.3	0.0	0.4	0.6	0.2	0.6	0.1
Couns/Promoter	0.2	0.0	0.0	0.2	0.4	0.2	0.8	0.0
Pharm/Cmp	3.2	0.8	0.3	0.8	0.0	0.8	0.2	0.3
Other	3.2	0.9	0.1	0.3	0.2	1.4	0.4	0.0
Total Staff	98.1	14.73	4	13.9	7.6	20.1	9.1	2.1
N	80	44	45	54	110	296	213	42

Services Available and Service Statistics

Of the facilities that reported basic laboratory services, the survey assessed the presence of several key diagnostic tests which are presented in table 3.6.

Pregnancy tests are available in more than 90% of UFHP, private clinics and other NGO clinics. Less than 20% of THC, FWCs and MWCWs reported having this service. Routine examination of blood, urine and stool is found to be highest in community clinics (100%), private clinics (95%) and THCs (60%). However, less than 50% of other types of facilities have such services. UFHP clinics report more laboratory tests related to

pregnancy (hemoglobin test, sugar test, test for syphilis) as compared to other routine laboratory tests.

Table 3.6 Basic Laboratory Tests Provided by Type of Facility (Pct. of Facilities)

Tests	Hosp	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic
Pregnancy test	N/A	20.7	20.0	14.7	94.0	94.7	92.2	0.0
Blood	N/A	72.4	20.0	14.7	33.6	94.7	58.6	100.0
Urine	N/A	69.0	40.0	32.4	41.4	94.7	57.8	100.0
Stool	N/A	62.0	20.0	17.7	24.0	93.6	41.4	100.0
Hemoglobin	N/A	69.0	40.0	97	82.7	94.0	75.0	100.0
Sugar test	N/A	51.7	40.0	85.3	86.5	95.2	76.0	100.0
X- Ray	N/A	34.5	0.0	8.8	0.0	76.6	13.0	0.0
Cough	N/A							
Malaria	N/A	72.4	20.0	11.7	6.7	82.5	24.2	0.0
Syphilis	N/A	13.8	0.0	14.7	23.0	72.8	30.2	0.0
Hepatitis B test	N/A	13.8	0.0	8.8	18.3	81.4	32.8	0.0
HIV test	N/A	0.0	0.0	5.9	1.0	28.8	8.6	0.0
Others	N/A	51.7	20	26.5	29.81	29.8	24.1	0.0
N	80	44	45	54	110	296	213	42

General services offered at the different facilities are summarized in table 3.7 below. UFHP clinics reported the highest percentages (over 90%) of facilities offering most of the general services, except for normal delivery which only 11% of surveyed facilities offer. A high percentage of hospitals, MCWCs and private clinics also offer these general services. However, availability of oral rehydration therapy (ORT) and postpartum care is low at MCWCs, with only 38.9% and 8.9% of surveyed facilities providing these services, respectively.

One hundred percent of UFHP clinics reported providing the major child immunizations. Of the government facilities, 77% of hospitals and THC offer immunization services followed by FWCs at 60% and community clinics at 50%. Only 12% of the surveyed private clinics reported immunization services.

Table 3.7 Availability of General Services (Percentage of facilities)

Services	Hosp	THC	FWC	MCWC	UFHP		Other	
					Static Clinic	Private Clinic	NGO Clinic	Comm. Clinic
Tetanus Injection	85.0	75.0	57.1	80.3	100.0	75.0	69.0	47.5
OR Packets	82.5	50.0	40.0	38.9	99.1	34.1	79.8	50.0
Vitamin A Capsule	76.3	59.1	40.0	61.1	100.0	18.2	10.1	8.9
Antenatal Care	86.3	50.0	95.5	100.0	99.1	87.8	86.8	62.0
Normal Delivery	86.0	43.2	24.4	96.3	11.8	94.0	25.4	4.7
Postpartum Care	89.0	50.0	93.3	6.5	100.0	92.6	84.5	57.1
Care at ORT Corner	77.5	45.4	8.9	6.4	85.5	22.3	17.8	9.5
Adult Curative Care	90.0	50.0	95.5	89.0	98.2	86.5	74.6	57.1
Child Curative Care	94.0	54.5	100.0	94.4	100.0	87.5	84.9	69.1
RTI/STD Treatment	89.0	47.7	82.2	90.7	100.0	63.8	71.4	47.6
Health Education	82.5	70.5	97.1	96.3	98.2	71.5	94.0	85.7
Child Immunizations								
Polio	77.5	77.3	62.2	76.0	100.0	12.2	67.1	50.0
DPT	77.5	77.3	60.0	76.0	100.0	12.2	64.3	50.0
Measles	77.5	77.3	60.0	76.0	100.0	12.2	63.9	50.0
BCG	77.5	77.3	60.0	76.0	100.0	11.8	64.3	50.0
N	80	44	45	54	110	296	213	42

The days per week that each service is offered varies within and across facilities and are summarized in table 3.8. In general, facilities offer the majority of services from 4 to 6 days per week, with some exceptions. Both child immunization series and TTD injections are offered less frequently than other services, with hospitals and private clinics offering immunizations most frequently, nearly 5 days per week on average. The majority of facilities offer immunizations 3 or fewer days per week on average. UFHP static clinics offer most services 6 days per week on average, but childhood immunizations only 3.2 days per week.

Table 3.8 Days per week available (Mean)

Services	Hosp	THC	FWC	MCWC	UFHP		Other	
					Static Clinic	Private Clinic	NGO Clinic	Comm. Clinic
Tetanus Injection	5.4	4.3	2.3	3.2	4.4	6.7	4.4	3.7
OR Packets	6.3	6.0	6.0	6.1	6.1	6.8	5.7	5.5
Vitamin A Capsule	5.3	4.6	2.6	3.3	5.4	6.2	4.3	4.4
Antenatal Care	6.2	5.9	5.3	5.3	6.0	6.8	5.6	5.5
Normal Delivery	6.8	6.8	5.3	6.8	6.3	6.9	6.5	6.0
Postpartum Care	6.5	6.4	5.5	6.5	6.0	6.9	5.8	5.4
Care at ORT Corner	6.4	6.2	4.3	6.4	6.0	6.9	5.8	6.0
Adult Curative Care	6.3	6.1	5.9	5.7	6.0	6.8	5.7	5.5
Child Curative Care	6.4	6.2	5.9	5.8	6.0	6.9	5.6	5.5
RTI/STD Treatment	6.3	6.2	5.9	6.0	6.0	6.8	5.6	5.6
Health Education	5.6	5.3	4.9	5.2	5.6	6.7	5.5	5.3
Child Immunizations								
Polio	4.8	3.5	1.6	2.6	3.2	5.2	2.7	3.6
DPT	4.7	3.5	1.6	2.6	3.2	5.1	2.7	3.6
Measles	5.0	4.1	2.0	2.5	3.2	5.1	2.7	3.6
BCG	4.7	3.5	1.6	2.6	3.2	4.9	2.6	3.6
N	80	44	45	54	110	296	213	42

Information on stockouts and the length of stockouts was collected and is summarized in Tables 3.9a and 3.9b. Stockouts vary considerably within and across facility types. However, it is possible to see some general patterns. Most notably, community clinics experienced almost no stockouts in the 6 months prior to the survey, with the exception of OR packets.

The highest rates of child immunization stockouts occur at MCWCs with at least 7% experiencing stockouts of three of the four vaccines. All facilities surveyed experience stockouts of the major child immunizations to differing degrees. Ten percent of UFHP static clinics reported having stockouts of DPT vaccines.

In general, the longest stockouts are experienced for vitamin A capsules and OR packets. Hospitals, FWCs, UFHPs, and private, NGO and community clinics experience stockouts of OR packets ranging from 6 to 40 days long and stockouts of vitamin A capsules from 6 to 39 days on average.

No data were available on length of stockout for child immunizations.

Table 3.9a Percentage of Facilities Experiencing Stockouts by Service and Facility Type

Services	Hosp	THC	FWC	MCWC	UFHP		Other	
					Static Clinic	Private Clinic	NGO Clinic	Comm. Clinic
Tetanus Injection	3.0	0.0	7.7	4.6	6.4	2.7	.04	0.0
OR Packets	0.0	0.0	16.7	9.5	10.1	2.9	8.8	19.1
Vitamin A Capsule	4.9	0.0	0.0	6.1	8.2	3.7	4.1	0.0
Child Immunizations								
Polio	4.8	5.9	3.6	4.9	2.7	2.8	4.9	0.0
DPT	6.5	8.8	3.7	7.3	10.0	5.6	4.4	0.0
Measles	4.8	2.9	3.7	7.3	3.6	2.8	5.2	0.0
BCG	8.1	2.9	3.7	7.3	4.6	2.9	5.8	0.0
N	80	44	45	54	110	296	213	42

Table 3.9b Length of Stockout by Service and Facility Type (Days)

Services	Hosp.	THC	FWC	MCWC	UFHP		Other	
					Static Clinic	Private Clinic	NGO Clinic	Comm. Clinic
Tetanus Injection	26.0	N/A	2.0	4.5	8.0	7.2	5.8	N/A
OR Packets	N/A	N/A	40.0	16.0	30.5	6.0	19.7	30.3
Vitamin A Capsule	39.0	N/A	N/A	6.0	21.1	7.0	14.8	N/A
N	80	44	45	54	110	296	213	42

Table 3.10 demonstrates that prices for similar services vary widely across the facilities surveyed. Private clinics reported the highest mean price for all services, especially child immunizations (884.36 Taka) and maternal and delivery related care (150.00 to 1,427.00 Taka). UFHP clinics have higher prices for all the services compared to government facilities; however, they are comparable to other NGO clinics.

Table 3.10 Price of Service by facility Type (Taka)

Services	Hosp.	THC	FWC	MCWC	UFHP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic
Tetanus Injection	2.10	0.00	0.20	1.20	6.50	2.00	5.50	0.70
OR Packets	0.90	0.00	1.40	0.30	2.30	2.90	1.30	0.10
Vitamin A Capsule	0.60	0.00	0.70	0.20	0.70	1.80	0.20	0.20
Antenatal Care	4.30	0.00	0.30	4.50	20.80	156.00	22.70	2.00
Normal Delivery	62.00	0.30	0.20	28.60	289.00	1427.0	331.00	0.00
Postpartum Care	5.00	0.00	0.40	2.30	19.80	150.00	16.00	1.60
Care at ORT Corner	3.30	0.00	3.30	1.00	14.60	194.00	12.30	3.30
Adult Curative Care	4.10	0.10	1.20	1.60	22.00	151.00	17.00	2.00
Child Curative Care	3.40	0.10	1.10	1.60	21.70	118.70	14.40	3.00
RTI/STD Treatment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Health Education	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Child Immunizations	288.4	316.7	398.3	258.7	24.10	884.40	394.70	497.90
N	80	44	45	54	110	296	213	42

Table 3.11 summarizes information collected regarding family planning services offered by the surveyed facilities. Over 90% of FWCs, MCWCs, and UFHP clinics provide most of the family planning services except for Norplant which only 83.3% of MCWCs and 55.4% of UFHP clinics provide. Vasectomy and tubectomy services, although offered by nearly all facilities, are offered by more THCs and MCWCs relative to the other facilities surveyed.

Table 3.11 Percent of Facilities Offering Family Planning Services by Facility Type

Services	Hosp.	THC	FWC	MCWC	UFHP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic
Pill	41.3	50.0	93.3	94.0	100.0	7.0	64.0	42.0
Condom	38.8	52.3	91.1	94.4	100.0	5.7	66.2	42.8
IUD	38.7	50.0	90	94.4	98.2	9.12	30.0	38.0
Injectables	38.7	50.0	93.3	94.4	98.2	13.2	56.8	42.8
Norplant	11.3	31.8	0.0	83.3	55.4	.7	16.9	50.0
Vasectomy	15.0	34.1	2.2	70.4	30.0	8.5	14.6	0.0
Tubectomy	21.3	36.7	2.2	89.0	21.0	27.7	14.5	2.4
N	80	44	45	54	110	296	213	42

Family planning services are offered in general 5 to 6 days per week by the majority of facilities surveyed, as displayed in table 3.12. However, among THCs, FWCs, and MCWCs, vasectomy and tubectomy are only offered from 1 to 3.5 days on average. The majority of family planning services are offered 6 days per week on average at UFHP static clinics.

Table 3.12 Mean Days per Week of Family Planning Service by Facility Type

Services	Hosp.	THC	FWC	MCWC	UFHP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic
Pill	6.0	5.9	5.3	6.0	6.0	6.9	5.8	5.5
Condom	6.0	5.8	5.3	6.0	6.0	6.0	5.8	5.5
IUD	6.0	5.9	5.2	6.0	6.0	6.3	5.7	5.5
Injectables	6.0	5.9	5.2	5.8	6.0	6.3	5.8	5.2
Norplant	5.3	2.9	N/A	4.0	5.7	7.0	5.8	6.0
Vasectomy	5.1	3.6	1.0	3.5	5.0	6.6	5.9	N/A
Tubectomy	5.4	3.4	1.0	3.5	4.6	6.6	6.0	6.0
N	80	44	45	54	110	296	213	42

Tables 3.13a and 3.13b summarize the stockout experiences of all facilities surveyed. In general, injectables are the most commonly out-of-stock items at the facilities surveyed, with from 5% to 35% of all facilities having experienced a stockout in the last 6 months. The mean length of stockout for injectables ranges from 5 to 45 days. The IUD and Norplant are the only other contraceptives that have had longer periods of stockouts of 68.3 days (UFHP) and 90 days (MCWCs), respectively.

Table 3.13a Percent of Facilities Experiencing Stockouts by Family Planning Service

Services	Hosp.	THC	FWC	MCWC	UFHP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic
Pill	6.0	0.0	2.4	0.0	0.9	0.0	2.9	5.6
Condom	6.5	0.0	0.0	9.8	4.6	5.9	2.8	0.0
IUD	0.0	0.0	2.5	0.0	2.8	0.0	4.7	0.0
Injectables	9.7	4.6	16.7	11.8	35.2	5.1	13.2	11.1
Norplant	0.0	0.0	N/A	2.2	1.6	0.0	2.8	0.0
N	80	44	45	54	110	296	213	42

Table 3.13b Length of Family Planning Supplies Stockouts by Facility Type (Days)

Services	Hosp.	THC	FWC	MCWC	UFHP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic
Pill	6.0	N/A	30.0	N/A	15.0	N/A	31.8	5.0
Condom	17.5	N/A	N/A	28.4	13.4	2.0	34.0	N/A
IUD	N/A	N/A	15.0	N/A	68.3	N/A	18.7	N/A
Injectables	5.0	45.0	8.5	14.5	20.6	8.5	15.6	15.5
Norplant	N/A	N/A	N/A	90.0	30.0	30.0	N/A	N/A
N	80	44	45	54	110	296	213	42

The prices of family planning services vary widely across facilities as shown in table 3.14. Prices are higher at private clinics than at other facilities, reaching over 500.00 Taka for surgical procedures. Prices at UFHP clinics are comparable with those of other NGO clinics, both of which are higher than government-sponsored facilities.

Table 3.14 Price of Family Planning Services by Facility Type (Taka)

Services	Hosp.	THC	FWC	MCWC	UFHP		Other	
					Static Clinic	Private Clinic	NGO Clinic	Comm. Clinic
Pill	0.30	0.00	0.00	0.00	2.10	7.30	2.10	0.00
Condom	5.16	6.30	1.10	4.05	2.61	4.50	3.93	14.00
IUD	3.20	0.00	0.38	0.00	7.10	91.00	6.65	0.00
Injectables	0.32	0.00	0.00	0.00	10.00	16.92	6.68	0.00
Norplant	5.55	0.00	0.00	4.54	15.00	0.61	0.00	0.00
Vasectomy	42.91	0.00	0.00	0.00	1.96	592.00	0.33	N/A
Tubectomy	294.00	0.00	0.00	0.13	2.60	607.00	167.00	0.00
N	80	44	45	54	110	296	213	42

Table 3.15 provides a description of the availability of emergency obstetric services. The majority of hospitals, MWCWs and private clinics surveyed provide most of the assessed emergency services. However, availability of services varies both within and across facility type. Though most services are available in more than 80% of hospitals, MWCWs, and private clinics, provision for vacuum delivery is quite limited. Only around 40% to 50% of THCs provide treatment for hemorrhage, hypertension, eclampsia, puerperal sepsis, removal of placenta and resuscitation of the newborn. Only 25% reported the provision of blood transfusion and less than 15% provide caesarian section and/or vacuum delivery. Most of these services are not available in the FWCs except for treatment for hypertension (53%), eclampsia (29%), and sepsis (33%). More than 90% of UFHP clinics offer treatment for hypertension. However, much lower percentages of UFHP clinics offer other services. Around 40% to 60% of the surveyed UFHP clinics provide treatment for hemorrhage, eclampsia and sepsis. Less than 10% have other services available and none provide caesarian section. Of the NGO clinics surveyed, treatment for hypertension is most common (68%) and around 10% provide caesarian section.

Table 3.15 Emergency Maternal/Delivery Services Provided by Facility Type (Pct. of Facilities)

Services	Hosp.	THC	FWC	MCWC	UFHP		Other	
					Static Clinic	Private Clinic	NGO Clinic	Comm. Clinic
Tx PP Hemorrhage	86.3	40.9	28.9	96.3	41.8	92.6	38.5	16.7
Tx Hypertension	92.5	50.0	53.3	87.0	93.6	87.8	67.6	40.5
Tx Pre-eclm/eclmp	85.0	45.5	28.9	92.6	50.9	76.0	39.0	9.5
Ts Puerperal Sepsis	87.5	45.5	33.3	92.6	59.1	70.4	37.6	16.7
Removal Placenta	85.0	38.6	2.2	88.9	4.6	85.8	16.0	0.0
Vacuum Delivery	58.8	11.4	0.0	72.2	1.0	38.3	6.1	0.0
Asst Vag Delivery	85.0	38.6	0.0	92.6	4.6	80.7	15.8	0.0
Resusc Newborn	81.3	40.9	4.4	92.6	7.3	82.8	18.3	0.0
Caesarian Section	81.3	13.6	0.0	81.8	0.0	87.8	10.3	0.0
Blood Transfusion	86.3	25.0	0.0	72.2	3.6	79.1	17.8	0.0
N	80	44	45	54	110	296	213	42

Availability of Supplies and Equipment

The survey has several indicators on quality and availability of basic equipment that are summarized in table 3.16 below. It was found that a high percentage of the facilities surveyed have blood pressure equipment, stethoscope and thermometer. Broken blood pressure instruments are reported more frequently among THC's and FWC's, 11% and 17.5%, respectively. More than 90% of MCWC's, UFHP static clinics and private clinics reported having height/weight machines available on the day of the survey. Around 50% of community clinics have this equipment with almost 10% reporting broken instruments. Baby- and child-weighing machines are maintained by at least 50% of all facilities, except for community clinics (less than 15%). Complete safe delivery kits are present in over 90% of all facilities, except FWC's (80%) and community clinics (0%). Notably, complete IUD kits are present at over 90% of all facilities surveyed, while complete ORS equipment is much more variable among the facilities. Over 70% all of facilities for which there are data report complete vasectomy kits, with a full 100% of THC's and FWC's reporting so. Disposable needles and syringes are available at over 70% of all facilities, except for community clinics, while disposable gloves are reported at over 80% of all clinics. Sterilizers and/or autoclaves were reported at over 80% of all facilities and are reported broken by less than 10% of all facilities during the last 6 months. A complete cold chain is reported at the majority of facilities, except for FWC's (25%).

Table 3.16 Available Supplies and Equipment by Facility Type (Pct. of Facilities)

Equipment	Hosp	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic
Blood Pressure Instrument								
Av/Op Today	N/A	81.8	88.8	100.0	100.0	100.0	92.9	83.8
Broken last 6 Mos	N/A	11.1	17.5	3.7	3.6	1.0	2.0	2.8
Height-Weight Machine								
Av/Op Today	N/A	75.0	84.4	94.4	96.4	90.5	82.2	52.4
Broken last 6 Mos	N/A	3.1	2.6	3.9	.9	.7	1.7	9.09
Stethoscope								
Av/Op Today	N/A	81.8	93.3	100.0	100.0	100.0	92.5	85.7
Broken last 6 Mos	N/A	0.0	2.4	0.0	1.8	1.01	1.02	2.7
Thermometer								
Av/Op Today	N/A	81.8	80	98.2	99.1	100	92.5	71.4
Broken last 6Months	N/A	0.0	0.0	0.0	1.0	.3	1.5	3.3
Baby Weighing Scale								
Av/Op Today	N/A	52.3	51.1	98.2	75.4	81.1	62.4	14.3
Broken last 6 Mos.	N/A	4.4	13.0	1.8	2.4	.8	3.7	33.33
Child Weighing Scale								
Av/Op Today	N/A	43.2	42.2	87	66.4	70.6	60.6	11.9
Broken last 6 Mos	N/A	0.0	0.0	0.0	1.4	1.4	.7	20.0
Safe Delivery Kit Complete	N/A	93.8	80.0	98.0	100.0	99.6	98.4	0.0
IUD Kit Complete	N/A	100.0	92.5	98.1	99.1	92.6	93.9	93.8
ORS Equipment Complete	N/A	50.0	8.9	16.7	91.8	60.8	48.4	21.4
Vasectomy Kit Complete	N/A	100.0	100.0	92.9	76.9	81.7	79.1	N/A
Disposable Needles								
Av/Op Today	N/A	70.5	75.6	92.6	92.7	94.6	78.9	47.6
Disposable Syringes								
Av/Op Today	N/A	72.7	93.3	98.2	100.0	98.9	86.4	57.1
Disposable Gloves								
Av/Op Today	N/A	81.3	88.8	89.8	85.7	82.5	92.1	100
Steriliz/Autoclave								
Av/Op Today	N/A	84.6	94.7	92.4	95.4	84.6	89	89.5
Broken last 6 Mos	N/A	0.0	0.0	1.8	7.3	1.4	.6	0.0
Cold Chain Complete	N/A	80.5	25.0	70.0	60.0	53.4	53.3	52.6
N	80	44	45	54	110	296	213	42

AV/OP= Available/Operating

Supervision

Supervisory information was collected by type of supervisor, permanent location of supervisor, and mean number of visits. Information on the type of supervisor is summarized in table 3.17 below. Information on supervision was not collected for hospitals. In addition, some facilities may have multiple supervisors. The majority of UFHP static clinics are supervised by a project director. Nearly half are supervised by a district officer.

Table 3.17 Supervision by Type of Facility (Pct. of Facilities)

Supervisor	Hosp	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic
Medical Officer	N/A	9.1	26.7	7.4	3.6	7.4	4.7	16.7
Project Director	N/A	0.0	0.0	0.0	82.7	11.2	34.3	0.0
District Officer	N/A	31.8	4.4	5.6	46.3	4.4	0.0	0.0
Upazila Officer	N/A	13.6	37.8	46.3	0.0	0.0	0.0	7.1
SrFamily Welfare Of	N/A	0.0	4.4	0.0	0.0	0.0	0.0	0.0
Family Welfare Of	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FP Inspector	N/A	0.0	0.0	1.90	0.9	0.0	0.0	0.0
Superv in Building	N/A	27.3	13.3	20.4	28.2	87.5	39.4	33.3
Visit in last 2 Months	N/A	93.2	84.4	98.2	95.5	89.9	92.9	92.9
Mean Visits 6 Mos	N/A	10.0	5.7	11.3	10.1	22.7	12.2	8.7
N	80	44	45	54	110	296	213	42

Facility Appearance

Table 3.18 summarizes key indicators of facility appearance and IEC material display. Forty to fifty percent of MCWCs, UFHP static clinics, private clinics and NGO clinics are found to be in the mostly clean category, while over 50% of THCs and FWCs are reported as maintaining average cleanliness on the day of the survey. Over 50% of all facilities, except for FWCs have separate and private examination rooms, while around 35% of the UFHP and 38% of community clinics have examination rooms behind a curtain. Sheltered waiting rooms are available in over 75% of all facilities except for THCs (47.7%) and community clinics (50%).

A high percentage of UFHP, MCWCs, THCs, NGO and community clinics provide IEC materials for all services in the waiting room. Less than 50% of hospitals have IECs for antenatal care or danger signs in pregnancy, although materials on certain child health issues, such as immunization (72.5%) and treatment of diarrhea (72.3%), are quite high. Overall, UFHP clinics and MCWCs have the highest percentage of facilities displaying IEC materials on maternity care. Furthermore, HIV materials are displayed at over 50% of only three of the facility types: hospitals, THCs, and UFHP clinics.

Private clinics appear to have the fewest types of IEC materials available of all facilities surveyed.

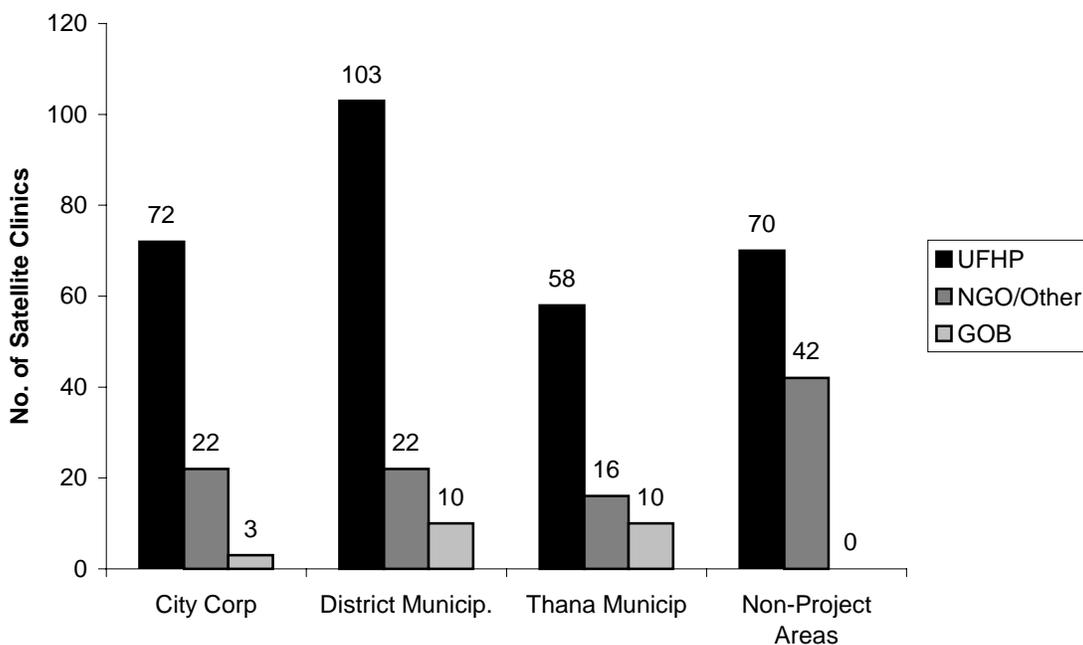
Table 3.18 Appearance by Type of Facility

	Hosp.	THC	FWC	MCWC	UFHP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic
Cleanliness								
Very Clean	11.3	2.3	2.2	20.4	30.0	29.4	24.4	2.4
Mostly Clean	30.0	27.3	17.78	48.2	52.7	43.9	43.7	23.8
Average	45.0	56.8	62.2	27.7	17.3	21.6	30.5	57.1
Somewhat Clean	12.5	13.6	17.8	1.8	0.0	4.4	0.9	16.7
Very Unclean	1.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Examination Room								
Separate	86.4	59.1	48.9	81.5	60.0	94.3	65.7	40.5
Behind Curtain	13.8	22.7	24.4	13.0	35.5	4.1	24.9	38.1
Other Area	0.0	4.6	8.9	3.7	3.6	1.0	5.2	4.8
No Privacy	0.0	11.4	17.8	0.0	0.0	0.0	3.3	14.3
Shelt. Wait Room	95.0	47.7	75.6	87.0	100.0	91.9	83.1	50.0
IEC								
Family Planning		9.1	2.2	1.9	100.0	0.3	6.1	4.7
Antenatal Care	48.8	70.5	80.0	85.2	98.2	10.8	65.3	19.1
Safe Delivery	52.5	50.0	44.4	64.8	86.4	14.9	54.5	4.7
Danger Signs Pregnancy	48.7	56.8	33.3	70.4	76.4	13.5	45.5	9.5
Child Immunization	72.5	86.4	71.1	72.2	98.2	16.9	79.3	69.1
Diarrhea Treatment	71.3	81.9	53.3	66.7	93.6	21.6	65.7	40.5
ARI treatment	52.5	54.5	20.0	31.5	76.4	7.8	33.8	16.7
HIV/AIDS	50.0	54.5	13.3	27.8	60.0	9.8	40.4	4.7
Nutrition	61.3	68.2	18.9	64.8	75.5	14.5	63.4	35.7
Other	21.3	47.7	24.4	20.4	28.2	7.1	31.5	28.6
N	80	44	45	54	110	296	213	42

4. Satellite Clinic Questionnaire

In addition, 428 interviews with satellite clinic workers were also conducted. Of these, 303 (71%) were UFHP satellite clinics, 23 (5%) were government-owned, and 102 were owned by another NGO or another type of organization. The greatest number of satellite clinics were located in district municipalities (135), followed by city corporations (97) and thana municipalities (84). Interviews were also conducted with 112 satellite clinics in non-UFHP areas. Indicative of the difficulty of delineating UFHP areas from non-UFHP areas, 70 (63 percent) of the satellite clinics in non-UFHP areas were actually UFHP clinics.

Figure 4.1 Distribution of Satellite Clinics by Division and UFHP/non-UFHP areas



General Characteristics

The physical characteristics of the satellite clinics are provided in the Table 4.1.

Of the 303 UFHP clinics, 8.6% were upgraded clinics. The majority of the UFHP satellite clinics, and more than 40% of the government clinics as well as NGO clinics, are private homes.

The majority of all three types of clinics use rudimentary or finished materials for the roof (93.4% of UFHP, 100% of government and 95.1% of NGO clinics). The majority of all three types of clinics use finished materials for the walls; 65.7%, 82.6% and 67.7% respectively. Materials of the floor are either natural or finished at almost all of the three types of clinics: 98.3%, 100% and 97.1% respectively.

With regard to the general cleanliness of the clinics, 87.2% of the UFHP clinics are rated as being average to very clean, 82.6% of the government clinics as average to mostly clean, and 84.4% of the NGO clinics as average to very clean.

Questions were asked regarding the types of rooms available at the clinics. Less than 40% of the UFHP satellite clinics, less than 45% of the government clinics and less than 30% of NGO clinics have a waiting room sheltered from sun and rain.

Regarding examination rooms, a little less than 30% of the UFHP clinics have a separate examination room. However, almost 60% have an examination room that ensures privacy (either behind a curtain or in some other area). In contrast, less than 20% of the government clinics have a separate examination room, and about 20% have an examination room that ensures privacy. As for NGO clinics, less than 20% have a separate examination room, and slightly higher than 30% of the clinics have an examination room that ensures privacy.

With regard to the IEC materials (e.g., posters and pamphlets) available at the clinic, almost 50% of the UFHP satellite clinics have materials on family planning and child immunization, but less than 40% have materials on safe motherhood (antenatal care and safe delivery), diarrhea treatment and ARI treatment. Less than 20% have materials on HIV/AIDS. Government clinics are equipped with fewer IEC materials than UFHP clinics. Less than 40% of the government clinics have materials on immunization and diarrhea treatment, less than 20% have materials on family planning; and less than 10% have materials on safe motherhood and ARI treatment. No government clinics have materials on HIV/AIDS. As for NGO clinics, more than 40% have materials on child immunization, but less than 20% have materials related to other subjects (except diarrhea treatment – 23.5%).

Table 4.1: Appearance and other Characteristics of Satellite Clinics

Type of assessment	UFHP	Govt	NGO
Physical characteristics			
Main Material of the Roof			
Natural	5.3	0.00	2.0
Rudimentary	62.7	65.2	58.8
Finished	30.7	34.8	36.3
Others	0.7	0.00	2.0
Missing	0.6	0.00	0.9
Total	100.0	100.0	100.0
Main Material of the Walls			
Natural	15.5	8.7	13.7
Rudimentary	3.3	0.0	2.0
Finished	65.7	82.6	67.7
Tin	14.2	4.4	14.7
Others	0.7	4.4	1.0
Missing	0.6	0.0	0.9
Total	100.0	100.0	100.0
Main Material of the Floor			
Natural	30.0	13.0	19.6
Rudimentary	0.7	0.0	2.0
Finished floor	68.3	87.0	77.5
Others	0.3	0.0	0.0
Missing	0.7	0.0	0.9
Total	100.0	100.0	100.0
General cleanliness			
Very clean	6.3	0.0	5.9
Mostly clean	34.0	30.4	27.5
Average	46.9	52.2	51.0
Somewhat unclean	11.2	17.4	13.7
Very unclean	1.0	0.0	1.0
Missing	0.6	0.0	0.9
Total	100.0	100.0	100.0
Updated satellite clinic	8.6	N/A	0.00
Ownership of the clinic			
Private home	70.6	43.4	42.2
Community center	0.3	8.7	9.8
School	3.3	4.4	7.8
Others	25.8	43.5	39.2
Missing	0.0	0.0	1.0
Total	100.0	100.0	100.0
Type of rooms			
Separate examination room	27.1	17.4	16.7
Examination room behind a curtain	43.2	8.7	15.7
Examination room in other area that ensures	15.2	13.0	16.7

Type of assessment	UFHP	Govt	NGO
privacy	8.9	43.5	41.2
No private examination room	5.6	17.4	9.8
Others	100.0	100.0	100.0
Total	38.6	43.5	26.5
Waiting room sheltered from sun and rain			
IEC materials available at the facility	49.8	17.4	19.6
Posters/pamphlets for family planning	33.7	8.7	17.7
Posters/pamphlets on antenatal care	25.7	8.7	12.8
Posters/pamphlets on safe delivery	51.2	34.8	46.1
Posters/pamphlets on child immunization	35.6	21.7	23.5
Posters/pamphlets on diarrhea treatment	27.1	4.3	11.8
Posters/pamphlets on ARI treatment	19.1	0.0	10.8
Posters/pamphlets on HIV/AIDS	9.9	0.0	6.9
Others			

Operations of Satellite Clinics

Table 4.2 provides information on the operations of the satellite clinics. On average, the UFHP satellite clinics surveyed have been in operation for more than 1.7 years, government clinics for more than 7.1 years and NGO clinics for more than 3.3 years. The average number of satellite clinic sessions held per month is highest at UFHP clinics (5.3 times) and lowest at government clinics (2.4 times). The mean number of clients seen per session at the satellite clinic was higher among UFHP clinics and government clinics than at NGO clinics. Furthermore, average hours of operation at all three types of clinics are 4 to 5 hours per session. Finally, there is very little difference in distance to the satellite clinic from the static clinics among the three types of clinics.

Table 4.2: Operations of Satellite Clinics

Characteristics (in Mean Values)	UFHP	Govt	NGO
Length of time in operation (years)	1.7	7.1	3.3
No.of satellite clinic sessions held per month at the satellite clinic	5.3	2.4	3.8
Hours of operation	5.8	5.4	4.7
Distance to the satellite clinic from the static clinic (km)	2.2	2.0	2.0
Number of clients seen per session at the satellite clinic	27.9	27.4	18.1

Services at Satellite Clinics

A wide range of family planning and child health services are offered at satellite clinics as shown in Table 4.3. Almost all UFHP clinics provide the listed services, except immunization (70.3%), tetanus toxoid (76.6%) and pregnancy care/ANC/PNC, which is particularly low (20.1%). The mean price of services ranges from 0.7 to 10.7 Taka, with lowest prices being for vitamin A and the highest being for health education.

All government clinics provide Vitamin A, and over 90% of all government clinics provide immunization, family planning counseling and tetanus toxoid. On the other hand, pregnancy care/ANC/PNC is provided at less than 15% of government clinics. The mean price of services ranges from 0 to 4.4 Taka.

Over 70% of NGO clinics provide immunization, Vitamin A, family planning counseling and tetanus toxoid. Less than 20% of NGO clinics provide pregnancy care/ANC/PNC. The mean price of service ranges from 0.2 to 8.0 Taka.

Table 4.3: Type of Services Provided at Satellite Clinics (Pct. of Facilities and Mean Price in Taka)

Type of Services	UFHP	UFHP Mean Price	Govt	Govt Mean Price	NGO	NGO Mean Price
Immunization	70.3	5.50	91.3	0.50	76.5	3.30
ARI/Diarrheal Treatment	95.1	9.10	60.9	1.40	63.7	5.30
Vitamin A	93.4	0.70	100.0	0.00	85.3	0.20
FP Counseling	99.3	0.90	91.3	0.30	80.4	0.50
Pills	99.7	2.20	39.1	0.30	46.1	2.60
Condoms	99.7	2.60	39.1	1.10	46.1	2.90
Injectable	99.7	9.20	39.1	1.10	40.2	8.30
Tetanus Toxoid	76.6	5.80	91.3	0.50	74.5	3.60
Preg. Care/ANC/PNC	20.1	7.30	13.0	0.0	15.7	2.90
Health Education	99.3	10.70	34.8	4.40	52.0	8.00

Stockouts at Satellite Clinics during the Last 6 Months

The survey revealed that over 30% of the UFHP clinics experienced a shortage of family planning supplies, and over 30% of government clinics experienced shortage of antibiotics and Vitamin A during the last 6 months. The shortage of supplies among NGO clinics remained low, with the highest being ORS at 13.7%.

Table 4.4: Shortage of Supplies at Satellite Clinics during the last 6 months (Pct. of satellite clinics)

Type of Supplies/Methods	UFHP	Govt.	NGO
Family Planning Method	32.3	8.7	8.8
Antibiotic	7.9	30.4	4.9
ORS	13.2	13.0	13.7
Immunization	6.3	26.1	7.8
Vitamin A	13.5	34.8	8.8
Others	6.6	8.7	2.9

Supervision

Both UFHP clinics and NGO clinics received an average of approximately 15 supervision visits/meeting from the supervisor during the last 6 months. In contrast, government clinics had an average of 8.4 visits, and NGO clinics had an average of 9.9 visits.

The majority of the UFHP clinics are supervised by a Clinic Manager (74.6%). The majority of government clinics (69.6%) are supervised by types of personnel that were not specifically listed. More than 40% of the NGO clinics are supervised by a Medical Officer/MCH or a Clinic Manager, and almost 50% by types not listed.

Almost all the clinics received supervision visits or meetings in the last 2 months.

Table 4.5: Mode of Supervision

Type of Supervision	UFHP	Govt	NGO
Number of supervision visit/meeting from the supervisor of the clinic during the last 6 months (Mean)	15.0	8.4	9.9
Supervisor			
Medical Officer/MCH	6.6	13.0	22.6
Project Director/Project Manager	0.6	0.0	6.9
Senior Family Welfare Visitor	0.3	0.0	0.0
Family Welfare Visitor	2.0	0.0	0.0
Family Planning Inspector	0.0	8.7	0.0
Clinic Manager	74.6	8.7	23.5
Thana Manager	0.7	0.0	0.0
Others	14.9	69.6	46.1
Missing	0.3	0.0	0.9
Total	100.0	100.0	100.0
Received supervision visit or meetings in the last 2 months	97.0	95.7	99.0

Characteristics of Satellite Clinic Workers

Table 4.6 illustrates the characteristics of satellite clinic workers. The mean age of the workers at UFHP satellite clinics is 26.2 years, at government clinics 36.1 years, and at NGO clinics 30.0 years. The three clinics are similar in terms of the workers' education levels with approximately 11 years of schooling completed. Almost 70% of UFHP clinic workers, over 50% of government clinic workers and over 70% of NGO clinic workers have attended college/university.

The majority of the clinic workers are married: 65% for UFHP clinics, 91.3% for government clinics and 83.3% for NGO clinics. The average number of children ranges from a low of 1.0 among UFHP clinic workers to a high of 2.2 among government clinic workers.

The majority of the workers are Muslim in all three types of clinics.

Levels of training are high among the UFHP clinics, with 88.8% of the workers having had basic/primary training, and 84.5% having had additional in-service training. While only half of the government clinic workers have had prior basic/primary training, almost all have had in-service training. As for NGO clinics, more than half of the workers have had prior basic/primary training, and over 80% have had additional in-service training.

Table 4.6: Percent of Satellite Clinics with Workers with the Following Characteristics

Characteristics	UFHP	Govt	NGO
Age (Mean)	26.2	36.1	30.0
Highest class completed (Mean)	11.7	11.3	11.9
Highest level of school attended			
Secondary	31.7	43.5	24.5
College/University	68.3	56.5	75.5
Total	100.0	100.0	100.0
Religion			
Muslim	70.6	82.6	72.6
Hindu	23.1	17.4	23.5
Buddhist	1.0	0.0	1.0
Christian	5.3	0.0	2.9
Total	100.0	100.0	100.0
Marital Status			
Married	65.0	91.2	83.3
Single/Ever married	34.3	4.4	15.7
Widowed	0.7	4.4	1.0
Total	100.0	100.0	100.0
Number of living children (Mean)	1.0	2.2	1.5
Qualification of the Clinic Worker			
Basic/Primary Training only	88.8	52.2	66.7
In-Service Training in addition to Basic Training	84.5	95.7	86.3