

**PROGRAM INDICATORS FROM THE 1994 SITUATION
ANALYSIS OF REPRODUCTIVE HEALTH RESOURCES**

BAHIA, BRAZIL

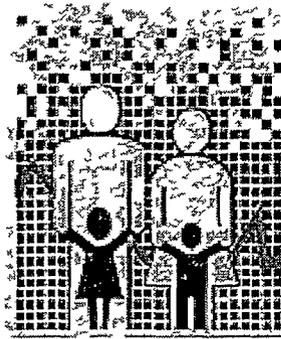
TECHNICAL ASSISTANCE/Brazil

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FINAL REPORT

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A Project of Technical Assistance to USAID/Brazil

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In 1994, a Situation Analysis of Reproductive Health Resources was carried out in the state of Bahia in Northeastern Brazil. 277 service delivery points (SDPs) were surveyed from the same municipalities that had been randomly selected for the 1991-92 Demographic and Health Survey *Pesquisa Sobre Saude Familiar no Nordeste do Brasil*. All public sector facilities offering women's health services, as well as non-profit or subsidized SDPs in the private sector, were included in the sample.

Less than half of the SDPs surveyed in 1994 were offering family planning services. The following table displays the distribution of SDPs by level of attention and provision of family planning.

Table 1
Distribution of Sample by Level of SDP and Provision of Family Planning

Level of SDP	% of SDPs Offering FP	% of SDPs Not Offering FP	Total Number of SDPs
Hospital	40	60	82
Health Center / Clinic	52	48	137
Health Post	21	79	58
All Levels	42	58	277

Two global indicators of family planning service availability have been constructed that summarize the ability of SDPs to provide contraceptive services in the state of Bahia in 1994. One is the percentage of SDPs with all appropriate methods¹ in stock at the time of the survey. The other is the percentage of SDPs prepared to deliver all appropriate methods, taking personnel, equipment, and consumable supply requirements into consideration. The following table displays the items considered essential for the safe delivery of each contraceptive method.

¹ According to unofficial norms, hospitals and health centers may be expected to provide all reversible forms of contraception, while health posts are expected to provide all such methods with the exception of the IUD. Female sterilization is not officially recognized as a method of family planning and was thus excluded from analysis.

Table 2
Human and Materials Resources Required for Providing Contraceptives

Method	Condom / Spermicide	Pill	Diaphragm	IUD
Personnel	MD or nurse	MD or nurse	obstetrician or gynecologist	obstetrician or gynecologist
Equipment		blood pressure gauge, stethoscope, adult scale	gyn exam table, speculum, sterilization equipment	gyn exam table, speculum, forceps, scissors, sterilization equipment
Consumable Supplies	condom / spermicide	Pills	diaphragm, gloves	IUD, gloves

With regard to the first indicator, only 18% of SDPs had all methods in stock at the time of the survey, ranging from a low of 7% among health posts to a high of 26% among health centers² As seen in table 3, a lack of contraceptive stocks was an important factor limiting the ability of SDPs of all levels to deliver family planning services at the time of the survey

Table 3
Percentage of Facilities with Contraceptive Stocks at Time of Survey

Level of SDP	Condom	Spermicide	Pill	Diaphragm	IUD	All Methods
Hospital	20	22	22	20	23	13
Health Center / Clinic	42	35	43	31	41	26
Health Post	12	9	12	7	—	7
All Levels (N=277)	29	26	30	23	34	18

When considering overall preparation to deliver family planning services, only a single health post in Bahia was judged prepared to deliver all appropriate methods³ SDPs of all levels were best prepared to deliver simple, barrier methods (condoms and

² When the diaphragm is excluded the figure for all SDPs rises to 21 percent

³ When the diaphragm is excluded the percentage of SDPs prepared to deliver all appropriate methods rises from 0 to 2 percent

spermicides), while less than 10% were prepared to deliver the pill, diaphragm, or IUD. The distribution of SDPs prepared to deliver all appropriate methods is displayed in the following table.

Table 4
Percentage of SDPs with Elements Required for Safe Delivery of Contraceptives

Level of SDP	Condom	Spermicide	Pill	Diaphragm	IUD	All Methods
Hospital	20	22	4	5	4	0
Health Center / Clinic	42	35	7	8	10	0
Health Post	12	9	2	2	—	2
All Levels (N=277)	29	26	5	6	7	0

Additional Quality of Care Considerations

In addition to the minimum items required for the safe delivery of contraceptive methods, three other areas were evaluated due to their impact (or potential impact) on service quality, which were IEC activities, supervision of SDPs by appropriate authorities, and adequacy of SDPs physical infrastructure.

IEC Materials and Activities

Only one-fifth of all SDPs had IEC materials (contraceptive pamphlets and/or flip charts) available at the time of the survey. A similar proportion (18%) reported holding on-site educational sessions among waiting patients. When these two elements are combined as an indicator of overall IEC activity, SDPs of all levels score poorly.

Table 5
 Percentage of SDPs with IEC Materials in Stock & Conducting Educational Sessions

Level of SDP	Pamphlets/ Flip Charts in Stock	Educational Sessions Held On-Site	Pamphlets/Flip Charts in Stock & Info Sessions Held
Hospital	27	20	16
Health Center /Clinic	22	18	6
Health Post	7	14	2
Total (N=277)	20	18	8

Supervisory Visits

Only a minority (16%) of SDPs in Bahia reported receiving regular supervisory visits dealing with reproductive health services

Table 6
 Percentage Distribution of SDPs by Frequency of Supervisory Visits

Level of SDP	Never Receive Supervisory Visits	Receive Sporadic Supervisory Visits	Receive Regular Supervisory Visits
Hospital	30	49	22
Health Center /Clinic	46	40	14
Health Post	25	60	15
Total (N=266)	37	47	16

The quality, and thus utility, of these supervisory visits was deemed sufficient if the supervisor completed at least three of the following activities: observation of service delivery, review of SDP record-keeping, questions asked about current problems, helpful suggestions provided, and positive feedback given for work well done. Among those SDPs reporting regular supervisory visits, only 23% reported that the visits consisted of at least three of these activities, ranging from a low of 13% among health posts to a high of 32% among health centers.

Physical Infrastructure

SDPs were also evaluated on the quality of their physical infrastructure, which was judged to be adequate if all of the following elements were present: private, clean exam rooms with running water, waiting area protected against sun and rain and with a sufficient number of chairs, and a restroom available for clients. Only 26% of all SDPs in Bahia met these requirements, ranging from a low of 14% among health posts to a high of 33% among hospitals.

Conclusion

In sum, SDPs in the state of Bahia were poorly prepared to provide family planning services in 1994. SDPs also scored poorly when evaluated in terms of IEC materials and activities, clinic supervision, and physical infrastructure. Since 1994, numerous interventions have been carried out to increase the availability and quality of contraceptive services. The cumulative impact of USAID-sponsored interventions will be measured in a second round of Situation Analysis tentatively scheduled for late 1997.