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Operationalizing a Cost-effective Tiered System for Delivering the Essential Services Package

A Needs Assessment Study for the Sher-e-Bangla Nagar Government Outdoor Dispensary in Urban Dhaka

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Acronyms

ADB	Asian Development Bank
AHI	Assistant Health Inspector
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Tract Infection
BCG	Bacille Calmette Guerain
BP	Blood Pressure
BCC	Behaviour Change Communication
CDD	Control of Diarrhoeal Diseases
CS	Civil Surgeon
CT	Copper T
DCC	Dhaka City Corporation
DGHS	Directorate General of Health Services
D&C	Dilatation and Curettage
DPT	Diphtheria, Pertussis, Tetanus
EDD	Expected Date of Delivery
ELCO	Eligible Couple
ENT	Ear, Nose, Throat
EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ESP	Essential Services Package
ESR	Erythrocyte Sedimentation Rate
FP	Family Planning
FWV	Family Welfare Visitor
FWVTI	Family Welfare Visitor Training Institute
GoB	Government of Bangladesh
GOD	Government Outdoor Dispensary
HA	Health Assistant
HI	Health Inspector
H&FP	Health and Family Planning
Hb	Haemoglobin
HIV	Human Immuno-deficiency Virus
HPSS	Health and Population Sector Strategy
HPSP	Health and Population Sector Programme

HQ	Headquarters
HSC	Higher Secondary School Certificate
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IEC	Information, Education and Communication
IPGMR	Institute of Post Graduate Medicine and Research
IUD	Intra-uterine Device
LGD	Local Government Department
LHV	Lady Health Visitor
LMP	Last Menstrual Period
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCH-FP	Maternal-Child Health and Family Planning
MCHTI	Maternal-Child Health Training Institute
MIS	Management Information System
MLSS	Member of Lower Service Section
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
NGO	Non-government Organization
NID	National Immunization Day
NIPHP	National Integrated Population and Health Programme
ORP	Operations Research Project
ORS	Oral Rehydration Solution
PHC	Primary Healthcare
PNC	Postnatal Care
PUO	Pyrexia of Unknown Origin
RIHD	Rehabilitation Institute Hospital for the Disabled
RTI	Reproductive Tract Infection
SSC	Secondary School Certificate
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
UPHC	Urban Primary Healthcare
USAID	United States Agency for International Development
WHO	World Health Organization

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Executive Summary

The Operations Research Project (ORP) of the ICDDR,B: Centre for Health and Population Research conducted a needs assessment study at the Sher-e-Bangla Nagar Government Outdoor Dispensary from January to April 1998. The study was conducted as part of the preparatory activities for an intervention to establish a model ESP Clinic at this urban facility operated by the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

All service providers were observed at work, and were also interviewed individually by a research team during the first quarter of 1998. Health facility inventory and maps depicting the distribution of health facilities available in the intervention area were developed. Records and performance reports on essential services included in the national Essential Services Package (ESP) were also analyzed. Clinic supply inventories were reviewed and analyzed.

At the time of the study, the dispensary was as well used as a service-delivery outlet for the staff of the Directorate of Family Planning (DFP) and the Health Department of the Dhaka City Corporation (DCC). The service providers employed by the Directorate General of Health Services (DGHS) included three female physicians and one female paramedic; the Directorate of Family Planning had allocated a trained paramedic; and the Health Department of the DCC had placed two vaccinators in the dispensary.

Most contacts with clients took place at the dispensary between 10:00 a.m. and 12:30 p.m., but all services, except immunizations, were observed to be available on all five working days from 9:00 a.m. to 5 p.m. Although females were the main users of the dispensary, 20 percent seeking health services were males, 20 percent were adolescents aged 9-19 years, and 48 percent were children aged less than 5 years. There were no posters or signs with information in Bangla about the services available from the dispensary. Clients were not routinely given information on what services were available either, but they were told to go to other clinics offering primary healthcare services in the dispensary's "catchment area" when necessary.

Only one provider had specific training on selected ESP services in the previous two years. Observations of interactions between the clients and the service providers revealed that most services were not delivered according to the established nationally accepted guidelines. Clients' histories were not taken according to the standardized management guidelines, and relevant information on the illnesses were not solicited proactively. By and large, the providers were poor counsellors. Clients were not given complete information on the diagnosis, treatment, doses of drugs, and follow-up visits, and were not encouraged to ask questions as well.

The median duration of interaction between a client and a provider ranged from 1 minute to 10 minutes, depending on the type of service provided. The providers usually did not perform required physical examinations. The supply of antibiotics was inadequate and does not suit paediatric patients. The use of antibiotics and other commodities, such as iron and multivitamin supplements, was often inappropriate. Essential instruments and laboratory tests for the quality services were not either available or, if available, were little used.

There was no single manager in-charge of all services, and there were no explicit agreements about coordination among the individual service providers within the dispensary. The various providers work in small compact areas, and in conditions that did not ensure privacy for counselling and physical examinations. The examination areas had poor artificial light, and the sanitation facilities were out of order. There was no uniform procedure for waste disposal. A steady supply of running water was also not available at the clinic.

Drug supplies for services included in the national guidelines were inadequate. Record-keeping services were cumbersome, and were neither useful in monitoring the quality of care nor encouraging a client-centred approach. Data from the records were not used by the providers at the clinic or by their supervisors to monitor the progress of the programme and improve the delivery of services.

The needs assessment study concerning the MCH-FP services in Zone 3 of Dhaka city was conducted in 1994 by the then Urban MCH-FP Initiative project. There were striking similarity of findings of the study with our study. Most facilities at the primary healthcare level in Dhaka City provide a limited array of services. Quality of service was inadequate; reflecting inadequate training, lack of service-delivery protocol, and the logistics and supervision.

Based on the findings of the present needs assessment study conducted at the Sher-e-Bangla Nagar Government Outdoor Dispensary, several short- and long-term recommendations have been suggested to improve the quality of available ESP services. The short-term recommendations include: (a) improving the organization of the clinic space and activities; (b) addressing the counselling needs; (c) appointing suitable service providers; (d) improving the quality of care through training on ESP components for the clinic staff; (e) improving supply of drugs and equipment; (f) clarifying individual responsibilities; and (g) upgrading the water and sanitation facilities.

The long-term recommendations address the need to develop appropriate strategies to inform the community people about the available services at the clinic; improve other quality and management support systems; foster coordination among the providers; and establish formal referral linkages with the surrounding healthcare facilities.

Summary of Findings

The comprehensive assessment of the urban public sector clinic constitute a baseline for measuring the existing situation of the physical facility and quality of care. The findings from the assessment are enumerated below:

A. Assessment of Service Inputs

Reception/waiting area

- Benches in the waiting area are not sufficient for attending clients.
- There is no specific waiting area for clients seeking EPI services.
- The entry ticket system is valid only for clients seeking health services.

Client consultation area

- One consultation room remains unused, because both the medical providers attend clients in the same room. As a result, privacy (especially auditory) cannot be maintained during conversation with clients, and there is no exclusive counselling area in the dispensary. Space is not enough to accommodate two providers, i.e. Family Welfare Visitor (FWV) and Lady Health Visitor (LHV), in one room with individual consultation and examination area.

Examination area

- Client examination areas for the FWV and the LHV are quite congested. None of the examination tables in the dispensary contain bed sheets, but have matresses. Light is not sufficient in the examination areas (artificial and natural).

Staffing

- At any point, two of the three medical officers (MO) are available for delivering services.
- All but one (pharmacist) of the providers is female.
- Male clients are attended by the female provider, particularly in the health department.
- Both LHV and FWV have overlapping functions, especially in delivering antenatal care (ANC) and postnatal care (PNC) services.
- Physical capacity of one of the vaccinators is limited to discharge expected duties, while the other vaccinator cannot read or write, so she is unable to perform the record-keeping activity.

Service-delivery

- Although the service-providing hours are from 9:00 a.m. to 5:00 p.m., all the providers, except the vaccinators, remain available up to 5:00 p.m.
- Various maternal and child health services are dispensed from the clinic, but the services provided do not conform with the standard guidelines (e.g. control of diarrhoeal diseases (CDD), acute respiratory illness (ARI), sexually transmitted diseases (STDs), expanded programme on immunization (EPI), ANC, etc.).

- There are no user-friendly standard management guidelines for ESP services for the service providers to follow.
- The majority of the health clients are adults (male, female) present with non-specific complaints, such as vitamin deficiency disorder, gastroenteritis, worm infestations, and various types of fever.
- The majority of the clients attend the clinic between 10:00 a.m. and 12:30 p.m., but the attendance decreases in the afternoon hours.
- Family planning clients are mostly female with occasional male clients attending the clinic for condoms.
- Some of the routine laboratory tests that are to be performed by the FWV are being performed by the laboratory technician (haemoglobin, urine for sugar, and albumin).
- The only means to address other health complaints of family planning clients by the FWV is health education.

Drugs

- Appropriate drugs (cotrimoxaxole, amoxycillin, ampicillin, nalidixic acid) in appropriate formulation suitable for child diseases, such as ARI, CDD, are not available in the health department store.
- Some drugs suitable for RTI/STDs (tetracycline/metronidazole) are available in the health and the family planning departments, but the use of these drugs is limited to gastroenteritis and post-IUD complications respectively.
- Drugs (ciprofloxacin, doxicap, inj benjathin penicillin) are not available for treating RTIs/STDs.
- Drugs required for ANC services and general health are not available to the FP provider (e.g. iron folic acid, paracetamol and antibiotics).
- Broad spectrum antibiotics, such as cotrimoxazole, and eye ointment are used for systemic infection and eye infection respectively.

Instruments

- Some important instruments (e.g. vaginal speculum, thermometer, gloves, disinfection solution and sterilizer) to facilitate physical examination of clients are not available in the health department.
- Available instruments (e.g. speculum, gloves, uristrix, uterine sound, etc.) are not used regularly by the FP provider.

Sterilization of instruments

- Boiling is the principal method of sterilization for all the instruments, except EPI. Chemical decontamination solutions, such as savlon, chlorine, and autoclave sterilization methods, are not available.

Clinic information system

- Series of registers ranging from 3 to 11 are used by different providers in different departments of the clinic.

- Diagnosis of CDD, ARI, and RTIs/STDs in the registers are not syndromic diagnosis. The providers use various abbreviation to denote diagnosis.
- Health department registers are hand-formatted, and do not document clients' addresses, specific diagnosis, and details of treatment.
- Data documented at the clinic are not used by the providers for programme planning and rectification.
- The FP provider uses some recorded information for follow-up patients.

Supervision and monitoring

- The providers are seldom visited by their supervisors.
- Supervisory visits do not look at the service-delivery aspects, but primarily look at the administrative and management aspects. Such visits are often short in duration.

Training

- One of the three physicians received training on first-aid EOC, basic EOC, ARI and CDD within the last two years from the government institutions;
- None of the other providers have had any job-related training within the last two years.

Referral and coordination

- There is no specific mechanism to foster coordination among the providers in the clinic (e.g. inter-provider meeting).
- The MO in-charge has, in fact, no control over the providers of other departments.
- Occasional cases of cross-referral among the providers exist for certain services (e.g. ANC and immunization).
- Referral to the surrounding facilities occurs without any specific referral slip, and compliance and follow-up of those patients cannot, therefore, be ensured.

Information education and counselling (IEC)

- Few health and family planning posters were on display, but there is no comprehensive ESP signboard.
- There is no IEC programme or strategy to inform the community people about the services available from the clinic.

Storage/logistic

- Storage facilities (e.g. store room) for the health department are adequate.
- Storage facilities (e.g. room/space, *almirah*) for family planning are inadequate.
- Storage facilities (room/space, *almirah*) for the immunization services are also inadequate.

Clinic sanitation

- Both the toilets of the facility are poorly functioning.
- There is no central waste-disposal system for the clinic.

- Besides the health department providers, the family planning and immunization providers submit their used disposable syringes and empty vials to their local HQs.
- Running water in the basins is often not available.

Facility use patterns

- Significant proportion of clients attend the clinic with complaints of general health.
- Twenty percent of those attending the health clinic are adult males.
- The majority of the children aged less than 5 years have complaints of general health (e.g. fever, worm infestations, skin infections, eye, ear and dental infections).
- Very few children aged less than 5 years report with cases of ARI and diarrhoea.
- RTI/STDs-related symptoms are recorded as "others".
- Among the family planning services injectables, pills, and condoms are the three most widely used methods.
- Use of IUD service (copper-T) is very poor.
- The number of measles contacts is low compared to that of BCG contacts.

B. Assessment of Service Processes

Provider-client interactions

Greeting - The providers, in general, do not make proactive gestures to welcome clients.

Waiting time - The waiting time, on an average, ranges from 3 minutes to 20 minutes for different types of services.

Service interaction time - The interaction time varied with the type of provider and the type of services offered. The average time ranged from 1 minute to 10 minutes. However, the bulk of the interaction time was consumed by documentation needs rather than actual counselling, examination, and treatment (especially for family planning, followed by the immunization services).

Technical competence - The providers follow technically incorrect management regimes. In almost all the observed interactions, the health providers relied on history to reach diagnosis. They do not follow approved categorization of childhood illnesses (e.g. wide spread use of anti-histamine and antidiarrhoeal agents, inadequate classification of diarrhoea, ARI by the health providers). Their skills in examining clients could not be observed as the providers do not examine their clients physically. The immunization provider does follow the approved cold chain and injection procedure. The family planning provider does not follow the appropriate screening procedure for FP method users (e.g. inadequate screening procedures followed for pill and injectable users).

History - None of the histories taken were complete and consistent with regard to the standardized management guidelines of WHO. Relevant information on the illnesses are not solicited from clients proactively by the provider.

Physical examination - The providers do not perform required examination of clients that could assist in proper diagnosis and management (e.g. respiratory count, dehydration assessment, signs of severe pneumonia, breast examination, abdominal examination, external genitalia or perineal area assessment, etc.).

Laboratory test - Available laboratory tests are not performed by the respective providers (e.g. urine for sugar, albumin, haemoglobin estimation).

Counselling - By and large, the providers are the poor counsellors. It seems that counselling is a neglected issue. Information given to the clients is incomplete. Clients were not encouraged to ask any questions. None of the mothers were reassured in cases of diarrhoea and/or ARI-affected children. The provider also does not counsel on all the range of contraceptive methods at her disposal. In most cases, the FP provider neither discusses about the full range of family planning methods to a new client, nor she uses IEC material (e.g. little or no information is given on the rules of home management of diarrhoea, and ARI-affected children or side-effects of contraceptives, immunization, emphasis on drug compliance, etc.).

Missed opportunity - The providers were seldom found to assess and address the total health needs of clients. As a result, clients were not given relevant information about other services available at the clinic or referred to an appropriate provider at the time of visit (e.g. the health provider neither assesses the need of FP for attending mothers nor asks about the immunization status of accompanying children. Three of the ten observed antenatal clients were referred or told to go for TT immunization at the same clinic).

Referral - There is no formal mechanism for referral to the surrounding facilities.

Coordination - Coordination among the providers was poor. The MO in-charge of the facility had no linkage/control over the activities of the providers belonging to other departments (e.g. the immunization provider leaves the clinic by 1:00 p.m, although the clinic remains open up to 5 p.m.).

Constellation services

The health department of the clinic provides predominantly child and adult health services 5 days a week from 9 a.m. to 5 p.m. In addition, there is a provision for first-aid and limited laboratory services. The family planning provider offers maternal health services (ANC/PNC, FP) five days a week from 9 a.m. to 5 p.m. Child and maternal immunization services are available at the EPI centre of the clinic, but for 4 days a week and from 9 a.m. to 1 p.m. only.

Continuity of care - In total, 73 observations were made for different types of ESP services. The FP provider was found to inform clients to pay follow-up visits in 17 pill client encounters observed. Three of the antenatal clients were the follow-up clients. The health providers, on the other, in their 26 observed encounters informed none (CDD, ARI) to pay follow-up visits. However, clients receiving medicines from the pharmacy were told to return for medicines. Need of drugs could be a pulling factor. Similarly, clients receiving immunizations were not told of the return dates of follow-up injections. Three of the 10 ANC clients observed were told to get the TT shots.

Safety - In the study clinic, the vaccinators were found to spot-sterilize instruments before immunization. The injection techniques of the FP provider and the vaccinators were aseptic. However, there are inadequacies in cold chain and clinic waste management. Aseptic measure of the health provider could not be observed, since no physical examination was done. The clinic waste disposal of each department of the clinic is independent of one another. Clinic wastes (syringe, needle, ampules, vials, CT cover) from the family planning department are collected in a box and submitted to the thana headquarters (HQ). Clinic wastes from the health department are usually disposed of in a nearby public dustbin after being collected in a smaller bin. At the end of the vaccination session, the vaccinators each day carry the empty and half empty vials to the zonal office. There is no basket for cotton disposal for the immunization providers.

C. Inventory of GoB/NGO/Private Health and Family Planning (H&FP) Facilities

- There has been a substantial increase in the absolute number of GoB/NGO/private H&FP facilities since the last inventory of the surrounding wards in 1997.
- Several service locations around the outdoor dispensary offer primary healthcare (PHC) services (FP, ANC, RTI/STD, scabies, deworming).
- Adjacent slums have several NGO healthcare clinics offering PHC services.
- There are several tertiary facilities with outdoor facilities within the catchment area.

Recommendations

The findings of the needs assessment study have unveiled various strengths and weaknesses of the total operation of Sher-e-Bangla Nagar Government Outdoor Dispensary. The following recommendations have been put forward to address the weaknesses as well to capitalize on the strengths. On the basis of priority actions, they have been classified as the short-term and long-term recommendations.

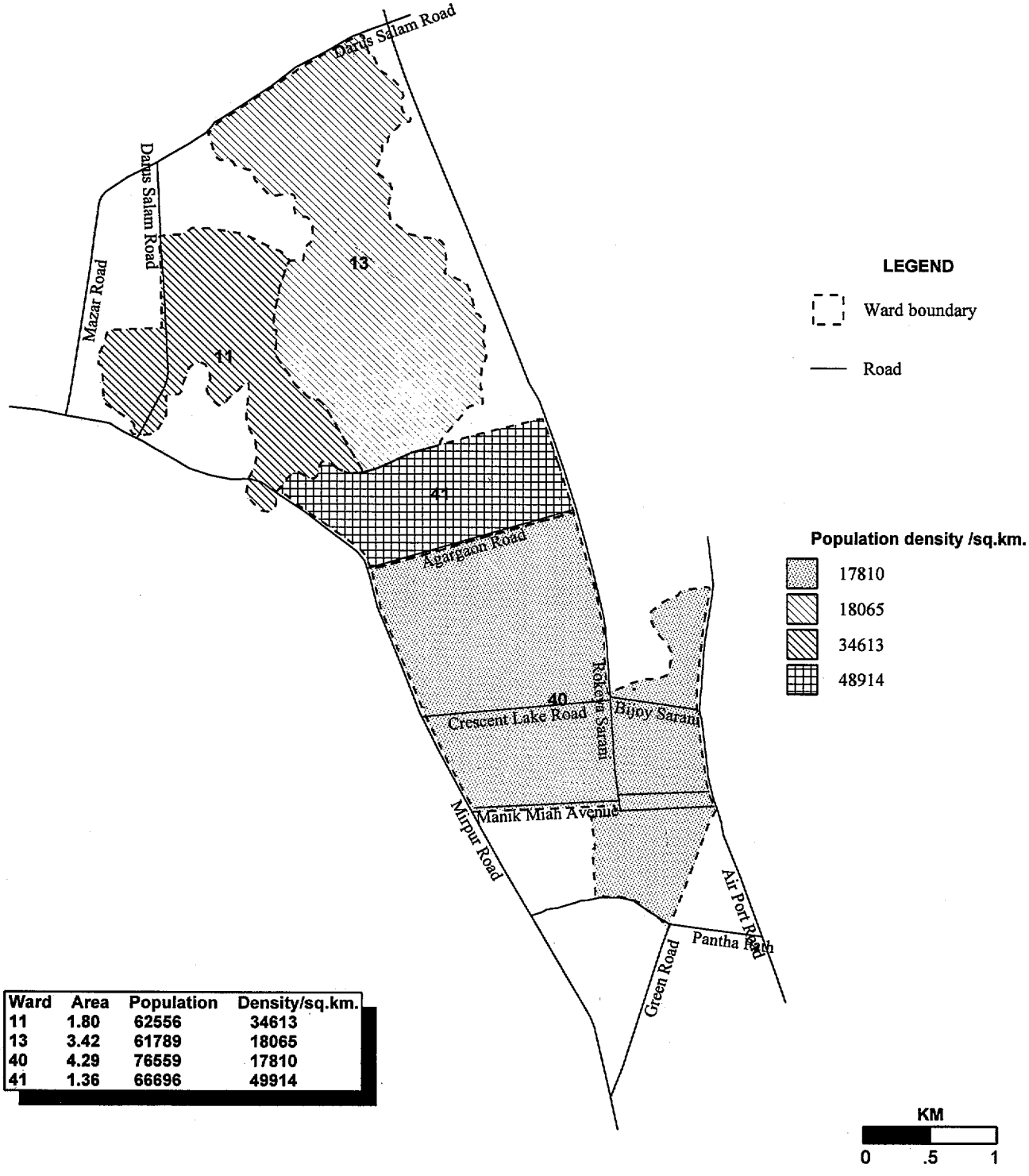
Short-term

1. There should be sufficient chairs and stools for waiting clients.
2. The unused client consultation room in the health department should also be used for consultation.
3. Efforts need to be made to identify a separate counselling area in the dispensary. The lady health visitor (LHV) may be assigned and trained as a counsellor for the model clinic.
4. Introduction of a counselling process in the clinic requires appropriate space and strategy.
5. At least one of the two vaccinators needs to be replaced by a younger and more educated staff.
6. Adequate artificial light and bed sheets need to be ensured for the examination areas.
7. Appropriate antibiotics in appropriate formulation should be made available for the treatment of childhood illnesses (CDD, ARI) and reproductive tract infections (RTIs/STDs).
8. Appropriate instrument supplies, such as vaginal speculum, gloves, bleaching powder, spirit, finger prick needle, etc., should be made available to the providers, and efforts should also be made to ensure the use of available tools.
9. The providers need to be trained on ESP service-delivery according to the standardized management protocols to ensure offering of quality services and expand the range of services.
10. Supportive supervision and monitoring along with training need to be instituted.
11. Precise responsibilities of each provider in the delivery of ESP services need to be determined for the clinic.
12. Toilets need repair work to be functional; running water needed for hand-washing and clients' use, especially for FP and ANC, requires to be ensured.
13. Clients, irrespective of services, should be given entry tickets to link the services.

Long-term

1. Efforts need to be made to ensure the increased use of the underused services, such as RTI/STDs, PNC, IUD, ARI, and CDD through behaviour change communication (BCC) activities in the community.
2. Provision of a male provider in the health department may be considered especially to attend RTI/STD-related symptoms.
3. Chemical sterilization of instruments should be introduced to achieve high-level disinfection.
4. A clinic information system of the health department should be revised to meet the ESP needs.
5. There is a need to develop a review mechanism at the clinic level to foster coordination among the providers.
6. Cross-referral among the providers needs to be formalized.
7. More formal linkages with the surrounding tertiary hospitals, NGOs clinics, and the private clinics will be required.
8. A clinic waste-disposal system for the health department should be improved and made comprehensive.
9. A provider may be earmarked and trained to develop his/her counselling skills and address the clients' information needs.
10. IEC posters, covering the range of ESP services, should be included as part of the clinics IEC efforts.

Fig. 1. Map of the intervention area showing the relative population density



Ward	Area	Population	Density/sq.km.
11	1.80	62556	34613
13	3.42	61789	18065
40	4.29	76559	17810
41	1.36	66696	49914

Introduction

The Government of Bangladesh (GoB) seeks to address the key health issues of the population through a customer-centred approach as stated in its Health and Population Sector Strategy (HPSS) [1]. In accordance with the HPSS, the Health and Population Sector Programme (HPSP) was formulated to provide quality services, to promote financial sustainability, and to develop adequate capacity for an Essential Services Package (ESP) [2]. Operationally, this means that a package of essential services based on the health and demographic needs, feasibility of interventions, and the availability of resources have been identified by the GoB [3] (Annexure A).

Over the past 15 years, the Operations Research Project (ORP) and the former Rural and Urban MCH-FP Extension Projects of the ICDDR,B: Centre for Health and Population Research have established successful partnerships with the GoB, NGOs, and donors involved in the provision of essential services for reproductive health and child survival. This collaboration includes applied research, dissemination of research results, and technical assistance in areas, such as:

- Expanding the availability of clinical contraceptives;
- Increasing the effectiveness of the field workers;
- Strengthening the Management Information System (MIS);
- Improving local-level planning and coordination of health and family planning (FP) services;
- Developing alternative service-delivery strategies, such as joint Satellite Clinic with Expanded Programme on Immunization (EPI), cluster visitation approach, and provision of the ESP, and promoting GoB and NGO collaboration [4];
- Exploring ways of strengthening the infrastructure for emergency obstetric care (EmOC) and improving the management, organization and quality of reproductive health clinics;
- Addressing the financial sustainability issues.

The ORP is part of the newly created joint initiative between the USAID and the GoB, a project called the National Integrated Population Health Programme (NIPHP) [5]. This programme is designed primarily to enhance the quality of life of the poor and under-privileged members of the society–to be achieved principally by helping reduce fertility and improve family health--to be achieved principally by supporting the national population and health programmes in delivering the ESP. The NIPHP is a partnership of the GoB and the USAID, with seven cooperating agencies, which include: ORP, Rural Service Delivery Partnership (RSDP), Urban Family Health Partnership (UFHP), Social Marketing Company (SMC), Child Survival and Urban Immunization, Logistics Management and Quality Improvement.

The challenge of implementing the ESP opens up a new set of opportunities for the ORP to continue collaboration in the joint development of innovative and cost-effective approaches.

This document describes the findings of the needs assessment study conducted at the Sher-e-Bangla Nagar Government Outdoor Dispensary. The document discusses at length the set-up of the individual departments and their inter-relationships, service-use patterns, and the availability of GoB/NGO health and family planning facilities in the surrounding area. It also gives an account of the practices of the providers in delivering selected components of the ESP. Finally, some recommendations have been put forward based on the findings of the present study.

Setting

The Sher-e-Bangla Nagar Government Outdoor dispensary[1] of Agargaon pucca market is located in Ward 40 of Zone 6 of the Dhaka City Corporation (DCC). Due to its location, its catchment area includes adjacent wards of Zone 7 of the DCC (Fig. 1, page 11). This particular infrastructure belongs to the Directorate General of Health Services. The Public Works Department is responsible for maintaining the facility. Three different types of services are provided by the providers from this facility. These providers come from three different government organizations (i.e. Directorate General of Health Services, Directorate of Family Planning, and Dhaka City Corporation). Broadly, the services can be categorized into the following three areas: (i) Health services provided by Directorate General of Health Services, (ii) Family planning services provided by Directorate of Family Planning, and (iii) Immunization services provided by Dhaka City Corporation respectively. This dispensary is located close to a large slum[2] settlement. Table 1 shows the population profile[3] for the selected wards around the location of the clinic with

Table 1. Population profile of selected wards of the ESP intervention area

Zone	Ward	Total population (1991)[a]	No. of estimated population (1998)[b]	No. of slum population (1997)[c]	No. of infants (3%)	No. of children (<5 years) (17%)	No. of EICOS (18%)	No. of pregnancies (4%)
7	11	45,968	62,556	5,343	1,877	10,635	11,260	2,502
	13	45,405	61,789	27,774	1,854	10,504	11,122	2,472
	41	49,010	66,696	38,975	2,001	11,338	12,005	2,668
6	40	56,258	76,559	18,737	2,297	13,015	13,781	3,062
Area Total		1,96,641	2,67,600	90,829	8,029	45,492	48,168	10,704

Source: [a]Bangladesh Bureau of Statistics. Census data, 1991 [6].

[b] Estimated from 1991 population data and annual growth rate of 4.5 percent.

[c] ADB report 1997 on UPHC project of Dhaka City Corporation [7].

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[1] For the purpose of our discussion, "Outdoor dispensary", "Clinic", and "PHCC" will refer to the intervention clinic at the Sher-e-Bangla Nagar Government Outdoor Dispensary.

[2] A slum is defined as a group of households made of flimsy material, occupied by three or more adults per room and located in an area with poor sewerage and drainage, inadequate water supply, irregular or no collection of garbage, few or no paved streets, insufficient or absence of street lighting, and no access to gas supply [8,9].

[3] For detailed demographic profile of selected Zones, see Annexure B.

geographical continuity. However, this continuity does not necessarily imply the client flow toward the intervention clinic. To better understand the clients' origin and spatial delimitation for the intervention clinic catchment area, an in-depth study will be conducted in the future. The estimated population of the wards ranges from 61,000 to 76,000. Ward 41 and 13 are predominantly slum. The expected number of infants, children aged less than five years, eligible couples (ELCOS) aged 15-49 years, and pregnancies in the population was estimated for each ward.

The Model ESP Clinic Intervention

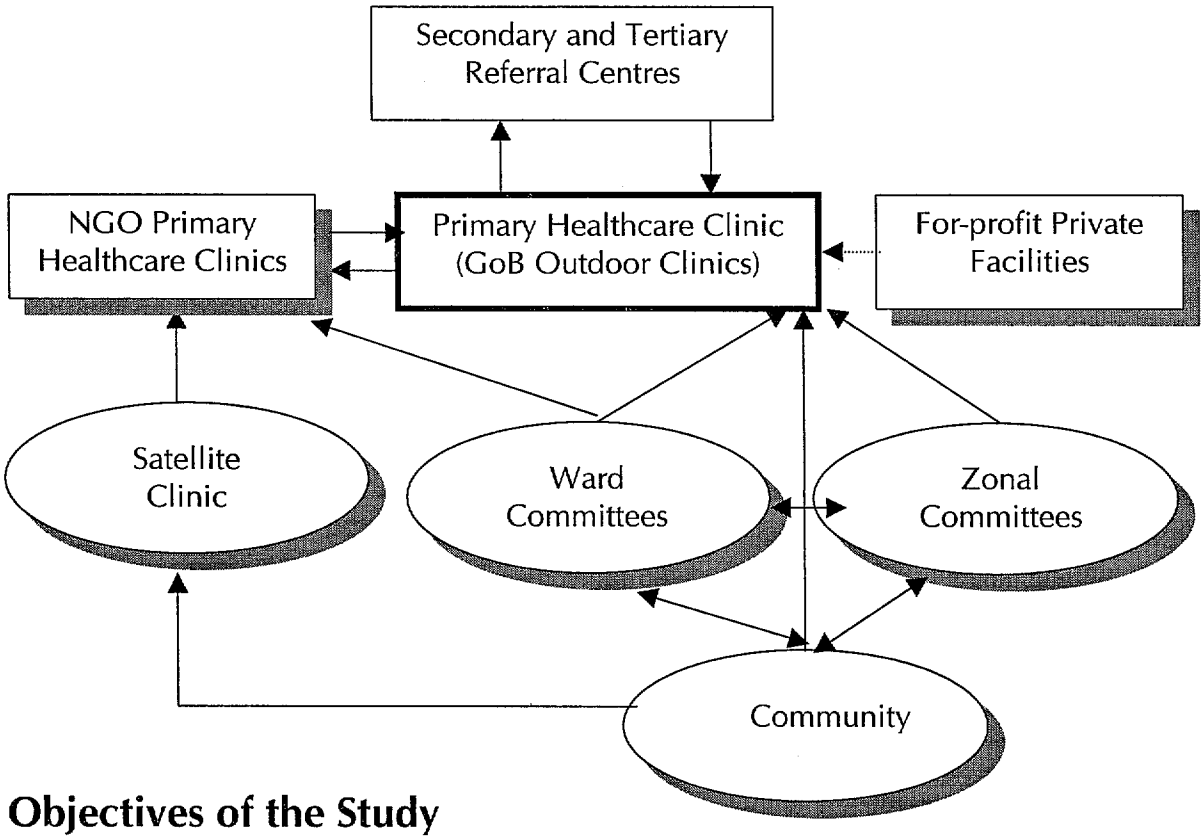
The Model ESP Clinic Intervention of ORP was framed to make essential reproductive and child health services available from the government outdoor dispensary. At the dispensary, the multiple providers deliver specialized services from a single location. The ORP planed to test the intervention at the two GoB facilities to transform them into Model ESP clinics. The first phase of the intervention was marked by a formal inauguration by the high-ranking GoB policy-makers and the programme managers of one of the clinics at Sher-e-Bangla Nagar Government Outdoor Dispensary on 23 December 1997 as a Model ESP Clinic.

ESP delivery by the public sector providers in the urban areas is currently piloted at the Sher-e-Bangla Nagar Outdoor Dispensary in Dhaka city, with technical assistance from the ORP. The provision of essential health services for this population will help improve the coverage of health and family planning services of the urban slum population. Contraceptive use, immunization coverage, and the use of antenatal care are generally low in these urban slum population. On the other hand, contraceptive discontinuation and infant mortality and morbidity are comparatively high in this population [10]. The Sher-e-Bangla Nagar Dispensary provides a setting where the multiple GoB providers currently deliver their specialized services from a single location, which is conducive toward piloting reorganization measures.

Until recently, the lowest level of service-delivery in the urban areas was door-step delivery provided by the GoB and NGOs. Currently the door-step services have been withdrawn by NIPHP NGOs and shifted toward the static service-delivery sites. The fixed site at the lowest level is the satellite clinics organized by NGOs and are staffed by paramedics. The next tier of service-delivery is clinics/dispensary managed by NGOs and the GoB respectively. Most of them are staffed by paramedics and/or qualified physicians (Fig. 2).

Intervention activities include strengthening management and prevention of reproductive tract infection/sexually transmitted diseases (RTIs/STDs), broadening diagnosis and treatment capabilities for childhood illnesses, such as acute respiratory illness (ARI) and control of diarrhoeal diseases (CDD), step-up vitamin A distribution, and the improvement of quality of care and referral activities both vertically and horizontally. Operations research on how clinic services can be promoted in the community and to develop outreach strategies that bring services closer to the slum communities will be furthered explored.

Fig. 2: Urban service-delivery and GoB Outdoor Clinics



Objectives of the Study

This needs assessment study was carried out:

1. To assess the current infrastructure, available services, selected support systems, and clinic organization extensively;
2. To assess the technical quality of selected essential services offered and the quality of care delivered at the outdoor dispensary;
3. To identify the facilities providing health and FP services in the zone.

Conceptual Framework

Two paradigm of quality assurance of health and FP services in developing countries have been considered and adapted for our analysis, namely the Bruce protocol with six dimensions and Quality assurance project with eight dimensions for child survival services [11,12]. Hence, this particular study looks principally at two areas of quality assessment:

- Assessment of service inputs
- Assessment of service processes

We have here analyzed all the dimensions of quality as shown in Table 2. However, an assessment of the effectivity and coverage of services was beyond the scope of the study.

Table 2. Framework of assessment for the study

Assessment of service inputs	Assessment of service processes
Physical facilities*	Constellation of services**
Equipment, supplies, and medicines	Technical quality of services
Information, supervision, monitoring, and reporting	Counselling quality
Training and experience of providers	Missed opportunities
Amenities	Quality of inter-personal relations
	Safety
	Referral and linkage/continuity of care

* In case of health facility inventory, data were limited to absolute numbers, service type, service hours, cost recovery, and detailed address.

** This information was not confined to the study facility, but included in the health FP facility inventory.

For the sake of clarity and continuity, we have chosen to present the findings by the type of parameter assessed (input and process).

Methodology

The needs assessment study was conducted in several phases. In the first phase, service providers at the Sher-e-Bangla Nagar Outdoor Dispensary (near pucca market), employed by the Directorate General of Health Services, Directorate of Family Planning, and the Dhaka City Corporation, were interviewed separately using structured questionnaires with relevant close-ended and open-ended questions (Annexure C). The structured interview process also included review and preparation of inventories of drug, supplies, and IEC material. Unit cost and yearly consumption were noted for future use to study in detail the cost of service provision and cost-effectiveness in the public sector [13]. Some of the findings were confirmed through direct observation and physical verification. Experienced researchers updated the existing inventory using a pre-formatted questionnaire (Annexure D). Each of the GoB/NGO/private facilities in the area was visited, and a detailed map was made showing the location of each health facility and road network of the selected wards (Fig.19). This phase was conducted during February-March 1998.

In the second phase, the experienced researchers analyzed the existing ESP service-delivery practices by observing client-provider interactions. The observers used specific checklists to document the practices of the providers in delivering the specific ESP service component (Annexure E). The daily client flow patterns and individual responsibilities in delivering the selected ESP components were also analyzed for each department as well as for the clinic as a whole. This exercise includes time analysis of client-provider interaction by department as well as by services (Annexure F). Observations were planned and executed before the providers were trained on ESP components. The observations began in February and were completed in April 1998. The observers were trained on the observation and data collection instruments before each phase of assessment.

Service statistics from the various existing record-keeping instruments and registers for 1996 and 1997 were reviewed (Annexure G). To obtain information on seasonal fluctuations of the client flow over the months, data from three selected months, i.e. April, August, and December, were used in the analysis. Service statistics were analyzed by type of services, age, gender distribution, and departments. A number of exit interviews (25) were conducted to identify RTI/STD-related service needs of clients attending the family planning department of the clinic.

Methodological Limitations

There are several limitations of the present study as well as studies of similar nature [14,15]. Since the quality assessment in question is limited only to one clinic of the GoB, we cannot, therefore, be confident that these findings are representative of outdoor services provided in the urban areas or whole Bangladesh.

Secondly, in total, 73 observations were carried out. Perhaps, a larger number would have made the findings more robust and representative.

Thirdly, the presence of a researcher may have made the provider alert than usual, but it seems reasonable to assume that the performance would not have been as good. The findings represent the upper limit in actual day-to-day routine.

Findings

A. Assessment of Service Inputs

Physical Description of the Facility

The following descriptions follow the connotations outlined in Fig.3.

Reception area: Clients attending the facility for health services have to stand in a queue to collect a ticket from a lower member staff (LMS). Clients seeking family planning and immunization services also gather along with clients for health services. Clients are not required to collect tickets for FP and immunization services. However, tickets are free of charge. There is a bench in the reception area which can accommodate only 4-5 clients.

Waiting area: There is a waiting area outside the Medical Officers' (MOs) consultation room for clients seeking health services. There is a bench in this area which can accommodate up to 6 clients at a time. As a result, clients have to be in the queue in front of the room of MOs. There is a bench inside the family planning provider's room beside her consultation table. Mothers with or without infants attending the facility to obtain immunization/tetanus immunization (TT) must also wait on a bench kept inside the provider's room.

Consultation area: Although there are two rooms for client consultation with the MOs, both available MOs attend clients in the same room simultaneously. Privacy is difficult to maintain during conversations with clients. The Family Welfare Visitor (FWV) and the Lady Health Visitor (LHV) share a room and they interact with clients simultaneously sitting face to face. For the immunization services, there is an enclosed space with a wooden frame to provide EPI services, as well as for distributing tickets by the LMS.

Examination area: Three such areas exist in the clinic. One is used by the MOs, one by the LHV, and the third one by the FWV. One of the three examination areas is located in the MO in-charge's room, and the other two in the room occupied by the LHV and the FWV. The examination areas of the MOs and the LHV have screens and beds, but without any bed sheets, and light is insufficient. The examination areas have no auditory privacy. The examination area meant for the FWV also does not have any bed sheet, auditory privacy, and light.

Counselling area: No exclusive area has been allocated for counselling in any consultation room of the clinic.

Sanitation: There are two toilets–one in the room of MO in-charge which has been functioning, while the other one has no water supply, its flush does not work, its door does not close properly, and is located in the room shared by both LHV and FWV. Most of the time water is collected from the mosque water tank situated close to the dispensary. Clinic wastes from the family planning department (syringe, needle, ampules, vials, CT cover) are collected in a box and submitted to the thana headquarters (HQ), where clinic wastes from the health department are usually disposed of in a nearby public dustbin after being collected in a smaller bin. At the end of the vaccination session, the vaccinators each day carry the empty and half empty vaccine vials to the zonal office. There is no basket for disposal of used cotton.

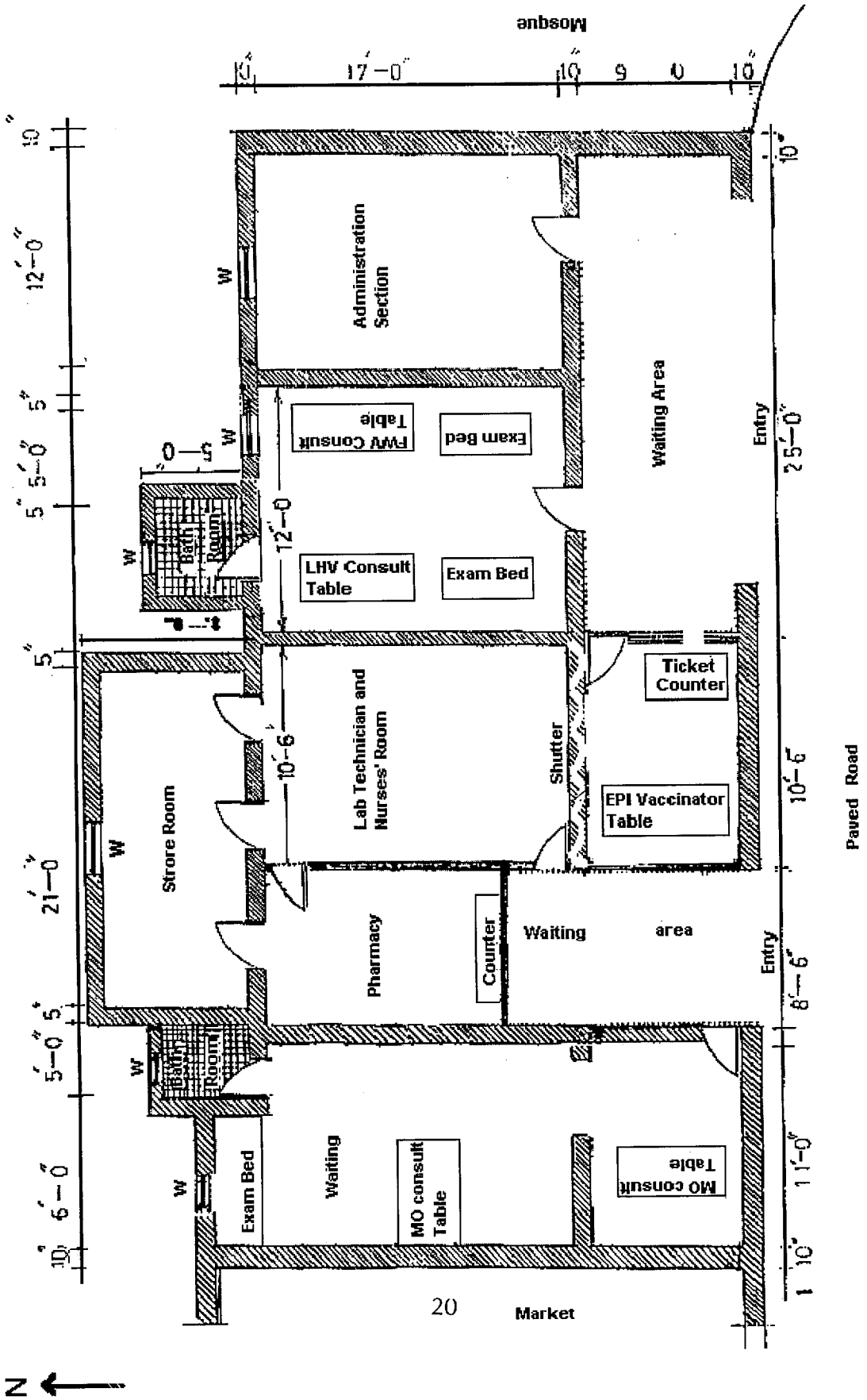
Furniture: A number of chairs, tables, and benches are available, which are enough for the present set-up of the health department. But the sitting arrangement for clients in the waiting area is inadequate. In the room of the LHV, the screen stand and consultation chairs were found to be broken. The weighing machine is old and rusted, but still functional.

Storage: There is a separate room for storage which is rectangular in shape and is well organized. There is a window at one end of the room. There are two steel *almirahs*–one is used for storing gauze, bandage, cotton, ointment, spirit, savlon, leukoplast, stock ledger and paper, and the other one is for medicines, such as capsules, tablets, and syrups. The register books are kept in a steel cabinet and in a small *almirah*. There is a small area covered by a screen where containers of phenyl are kept. The instruments are kept in an open tray. Some of the instruments are moist and dusty. However, the floor of the room is clean.

The family planning commodities are stored in a steel *almirah*, but space is inadequate. When the FWV cannot accommodate all the required commodities in her *almirah*, stores them at home. The provider maintains a separate stock register for IUDs, pills, injectables, and condoms.

There is no separate store for immunization services provided by the DCC. The vaccinators keep their sterilizer in one corner of the FWV's room, and also keep other logistics (bowl, bag, card, register book) in the same place.

Fig. 3: Layout diagram of Sher-e-Bangla Nagar Outdoor Dispensary



Staffing of the Facility

The Sher-e-Bangla Nagar Outdoor Dispensary is staffed with various providers with varied qualifications and training backgrounds. Each individual staff member is said to be responsible for delivering a specific ESP service (Fig. 4). As has been indicated in the figure 4, the LHV, Laboratory Technician, Attending Nurse, UD Clerk positions are unique, and are only available in three selected outdoor dispensaries in Dhaka city. The following tables enumerate the staffing structure of the clinic along with pertinent information on the responsibilities and training by each department.

Table 3. Staffing patterns of Sher-e-Bangla Nagar Government Outdoor Dispensary by department

Health Department

Sl no.	Job title	No. avl[a]	No. filled	Sex and no.	Responsibilities	Basic qualification	Additional training received within last 2 years
1.	Clinic Incharge	01	01	Female	The major responsibility is to attend clients and prescribe medicines. In addition, the MO in-charge has some administrative responsibilities to manage the day-to-day operation of the facilities and supervise technical and non-technical staff members of the health department of the facility	MBBS without any specialization	One of the 3 medical officers received training on first-aid and basic EmOC, ARI and diarrhoea
2.	Medical Officer	02	2	Female (2)	The major responsibility is to attend clients and prescribe medicines	MBBS without any specialization	
3.	Lady Health Visitor (LHV)	01	01	Female	The LHV attends ANC clients and prescribe medicine(s) in consultation with the MOs of the clinic	The LHV passed SSC. She attended a training course on midwifery for 27 months from the Maternal and Child Health Institute (MCHTI), Azimpur, Dhaka	None

[a] Available staff position

Sl no.	Job title	No. avl	No. filled	Sex and no.	Responsibilities	Basic qualification	Additional training received within last 2 years
4.	Attending Nurse	02	02	F[b] (2)	Involved in dressing minor cuts and wounds	Three-year nurses training course following S.S.C.	None
5.	Pharmacist	02	02	M[c] (1) F (1)	The female pharmacist distributes medicine, based on the amount written on the client-held ticket as well as on the chit. The male pharmacist keeps track of the store, maintains the stock register, processes orders for logistics, supplies, and procures orders	The female pharmacist of the facility attained 3-year diploma on health technology, while the male pharmacist completed a 2-year compoundership training from the government institute in Sylhet	The male underwent a one-year training in the health technology institute at Mohakhali, Dhaka
6.	Lab Technician	01	01	F	Responsible for performing few lab tests, such as urine and stool routine examination, haemoglobin estimation	Attained a diploma in medical technology from the government institute in Dhaka after passing H.S.C	None
7.	MLSS	02	02	M (2)	Distribution of tickets	Less than 10 years of schooling	None
8.	UD Clerk	02	02	M (2)	Maintenance of official documents	More than 10 years of schooling	None
9.	Sweeper	01	01	M (1)	Cleaning and dusting activity	None	None

[b]F = Female; [c]M = Male

The duration of service of the three MOs in this clinic ranges from one year to three years. In addition, there are two attending nurses, one Laboratory Technician, two Pharmacists, and an LHV. As reported, the positions of LHV and Lab Technician were found in only three dispensaries of Dhaka city. The position of LHV is expected to be phased out within an year or two. Most providers under the health department are aged between their mid-thirties and mid-forties.

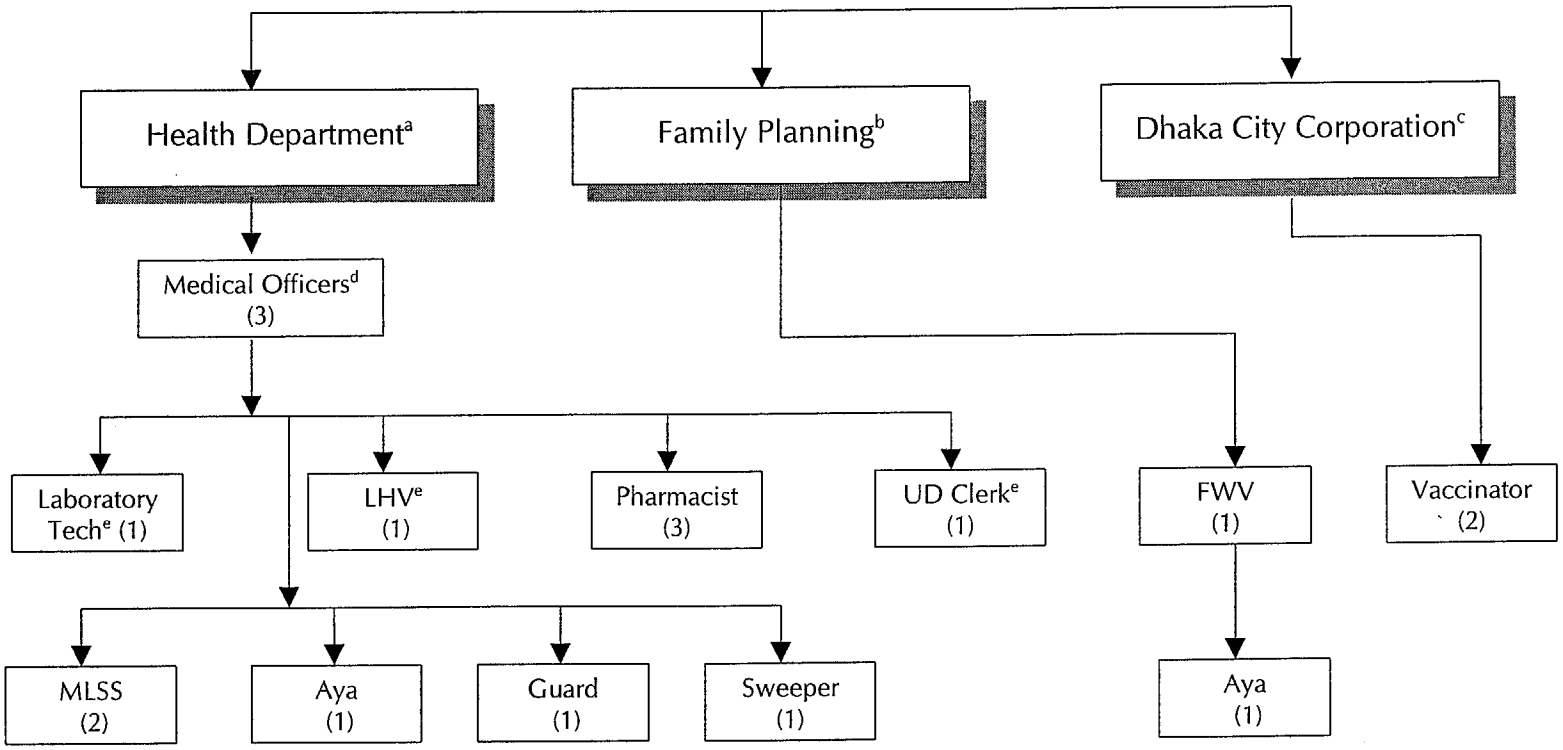
Family Planning Department

Sl no.	Job title	No. avl	No. filled	Sex and no.	Responsibilities	Basic qualification	Additional training received within last 2 years
1	Family Welfare Visitor (FWV)	01	01	F	The provider is essentially engaged in providing of clinical (IUD, injectable) and non-clinical (pill and condom) family planning methods	The FWV, after completion of HSC, underwent a 18-month basic nursing training course from Tangail FWVTI in 1981	Received menstrual regulation (MR) training from the Mymensingh model clinic in 1985. She got a seven-day IUD insertion training from Tangail BWHC Clinic in 1989. In 1990, she got a refresher training on basic subjects for one month. Then she got TBA training from Dhamrai Thana Health Complex (THC) for one month in 1991. Last refresher training was for 15 days in 1994
2	MLSS (Ayah)	01	1	F	The *Ayah* cleans the room and furniture, and carries messages as required. She also assists the FWV during IUD insertion.	None	None

Dhaka City Corporation (Immunization Service)

1	Vaccinator	02	02	F (2)	Their responsibilities are to give immunization and vitamin A to children aged less than one year, and TT immunization to women aged 15-49 years. They also perform related record-keeping and reporting activities	One of them studied up to class IV, and the other one cannot read or write	The vaccinators got a training on how to inject vaccine from their departmental office in 1983. And again on 1995, they received a refresher training on EPI at the EPI-HQs, Dhaka. They did not receive any training within the last two years
Clinic Total:		**18**	**18**	**F (12) M (6)**			

Fig. 4. Organogram of Sher-e-Bangla Nagar Outdoor Dispensary



[a] Employed by Directorate General of Health Services
[b] Employed by Directorate of Family Planning
[c] Employed by Health Department of DCC
[d] One of them is known as MO in-charge
[e] These positions are not available in other outdoor dispensaries in general

Status of Services Provided by the Directorate General of Health Services

The dispensary should officially provide services from 9:00 a.m. to 5:00 p.m. It was observed on the days of visits that there were 50 clients per day, mostly females and children. The clients tend to attend between 10:30 a.m. and 12:30 p.m. The MOs attended all the clients by 12:30 p.m. The client flow pattern to the clinic by department and the overall status are shown in Fig. 5. The physicians spent, on an average, one minute to attend each client. None were physically examined, and were not even asked to sit or come closer to the provider during the quick history-taking. The MOs wrote the treatment on the entry ticket and the name(s) of drug(s) on a small chit and referred to the pharmacist. The full course of the drugs was not given.

The MOs reported that they provided child health services, such as treatment for acute respiratory infection (ARI), childhood diarrhoeal diseases (CDD), and referred complicated ARI (e.g. need oxygen inhalation) and diarrhoea cases (e.g. need intravenous medication). The nearest referral centre (five minutes' walk) is Shishu Hospital, which is a specialized children's hospital.

With respect to reproductive health services, the providers mentioned about providing ANC, postnatal care (PNC), and treatment for reproductive tract infections/sexually transmitted diseases (RTIs/STDs). They, however, could not give any clear idea regarding the content of the services. It was informed that ANC was primarily given by the LHV who provides ANC card only to those who have reached four months of pregnancy. She prescribes medicines, such as iron, and vitamin in consultation with the MOs. It was reported that the emergency cases relating to pregnancy and labour have been referred either to the Maternal and Child Helath Institute (MCHTI), Azimpur, or to the Dhaka Medical College Hospital. They receive few STD/RTI cases (could not provide specific information regarding the treatment and management of those cases). Usually, they refer the STD cases to the Skin Outpatient Department of the Dhaka Medical College Hospital.

The MOs treated patients with wide range of general health complaints which are categorized in accordance to the predefined list of 33 disease categories by age given by the GoB. The list is popularly known as the Disease Profile. The providers refer tuberculosis cases to the nearby Tuberculosis (TB) Clinic belonging to DGHS.

Emergencies and first-aid care, such as small cut wound repair, dressing and stitching, are taken care of by the two attending nurses who, however, do not provide services in case of complicated wound (deep cut wound), fracture, and dislocation. These cases are usually referred to the Rehabilitation Institute Hospital for the Disabled (RIHD).

Laboratory services: The laboratory technician has a microscope and necessary reagents for routine tests of blood, urine and stool. She could not show any prepared slide, although she had enough supply of glass slides, cover slips, and reagents. There is a basin in the laboratory, but without any water supply. There is no toilet attached to the room. Clients are forced to use the toilet attached to the room of the LHV and the FWV.

Pharmacy: It was observed that the clients were referred by the MOs to the pharmacist with a chit denoting the name and amount of drug to be dispensed. The pharmacist maintains a list of drugs dispensed by date in a stock register available in the pharmacy.

Store: The staff member in-charge of store is the male pharmacist who uses a specified format to keep track of drugs being dispensed every day as well as medicines arriving to the store from the Civil Surgeon's (CS) office. Indent for logistics (medicines and supplies) is prepared on a blank paper by the pharmacist and then sent to the CS's office with a forwarding letter signed by the MO in-charge. The indenting system is based on the stock position, but not on the analysis of the use of drugs by medical condition and the projection of need. The pharmacist procures the supplies from the CS's office. For medicines they submit indent to CS office 3-4 times a year. They usually place an order for stationaries once a year. It was reported that there is usually no delay in the supply and procurement (Annexure C).

Equipment/supplies

The clinic had no inventory of logistics (equipment, medicine, and furniture). The providers do not have necessary instruments (vaginal speculum, gloves) to perform vaginal examination. The logistics situation is described below:

Medical: Some important medical tools were found to be missing. For example, there was only one torch light which is used by the night guard. There was no measuring tape, vaginal speculum, rubber gloves, spot light, thermometer, antiseptic cream or solution, and disposable syringe in the supply.

Laboratory: In the laboratory, there were no gloves, stove, or spirit lamp. The erythrocyte sedimentation rate (ESR) stand was found to be broken, and the ESR tubes are old. Supply of spirit was not sufficient. There was no refrigerator. Reagents and equipment are stored in a steel *almirah* along with equipment for first-aid.

Medicines

Most medicines are supplied in loose form. No injectable form of drug was available. Drug categories are as follows:

Child health: Only syrup paracetamol was available for child health, but according to the store in-charge the drug was not available in sufficient quantity.

Reproductive health: Available drugs suitable for reproductive health include tetracycline, metronidazole, multivitamins, and iron supplements. Of these, iron and vitamins are consumed in a large quantity followed by metronidazole which has been used for gastroenteritis.

General and systemic infections: Ampicillin, penicillin, cotrimoxazole, and eye ointment were available for treating general and systemic infections. However, supply of eye ointment was not enough compared to demand.

Anti-helminthic: No medicines were available under this category.

Anti-fungal: Witfield unguantum ointment was the only medicine which was found to be available for fungal infections.

Anti-diarrhoeal: ORS is available in sufficient quantity.

Symptomatic: To treat general and specific complaints, antacid, hysomide, vitamins, and sulbutamol were available and used frequently.

Clinic Information System

The performance report, submitted to the Civil Surgeon every month, is prepared on the basis of 33 disease categories. The basis for record-keeping, reporting, and use of information are described below:

Record-keeping: Services rendered are primarily documented by the MOs in separate categories of registers, viz. male, female, child. These record-keeping instruments are manually formatted. Information included in the registers are: name and age of clients, diagnosis, and drugs prescribed. Review of the registers revealed that diagnoses were non-specific, and some were abbreviated, while doses of drug given were not documented (Table 4). Treatment given was noted in the client-held ticket. For dispensing drugs, small chits are used, and clients are referred to the pharmacist. Service records for ANC clients are maintained by the LHV in a pre-formatted form. There is a hand-formatted stock register which is used by one of the pharmacists. Another pre-formatted printed drug register is used by the store-in-charge to keep track of incoming and outgoing medicines from the store (Annexure G).

Table 4. Acronyms used by Medical Officers in the record-keeping registers

Acronym	Clinical conditions referred
A/D	Acute diarrhoea
ARI	Acute respiratory infection
Ac. Tonsilitis	Acute tonsilitis
Ab. Pain	Abdominal pain
ASOM	Acute supportive otitis media
B. dys	Blood dysentery
C/Cold	Common cold
D/D	Diarrhoeal diseases
D.U	Duodenal ulcer
F. Infection	Fungula infection
Gon	Gonorrhoea
G/wk	General weakness
Hel	Helminthiasis
Inf. scabies/ISD/IS	Infected scabies
PUO	Pyrexia of unknown origin
PU	Peptic ulcer
RTA	Road traffic accident
RTI	Respiratory tract infection
UTI	Urinary tract infection
V. Fever	Viral fever
W/D	Watery Diarrhoea

Source: Service-delivery registers

Reporting: There were no specific reporting forms to prepare the monthly report. The MOs prepare and compile information for reporting on profiles of 33 diseases by age groups under the supervision of the MO in-charge.

Use of information: It was reported that none of the information collected was used at the facility by the providers, except for the medicine consumption report prepared by the pharmacist. This report is used for calculating drugs and supplies needed. There was no display of service statistics in the clinic. However, in the room of the MO in-charge, information in English on the services available at the dispensary is displayed.

Supervision and monitoring: The providers reported that their supervisors seldom visited them. The Supervisors' visits were mostly limited to administrative and management issues rather than service-delivery issues. Moreover, visits were short.

IEC: Besides a common signboard for the model ESP clinic provided during the inauguration, none of the individual departments in the facility have any signboards. Various IEC materials, such as posters on diarrhoea, breast-feeding, and HIV/AIDS, are displayed on the wall of the waiting area and in the MO's room (Annexure B).

Referral, coordination, and linkage: There is no formal cross-referral system within and outside the facilities. According to the providers, if a client seeks a specific service available at the facility, he/she is referred to by the ticket distributor accordingly. During the first ANC visit, clients are referred to the LHV. In the following visits, if there is any complication, they are referred to the MO. The LHV always refers clients for family planning services to the FWV. These referrals are done verbally. If needed, clients are referred by a note in the treatment slip to other facilities.

There is no system of coordination among the providers in the facility. The providers of the Health Department do not know the detailed responsibilities of others in the clinic. The MO-in-charge has no control over the providers of other departments. It was also reported that there was no coordination among the GO/NGO health facilities surrounding the dispensary.

Status of Services Provided by the Directorate of Family Planning

The FWV is essentially engaged in providing clinical (IUD, injectable) and non-clinical (pill and condom) family planning methods. However, injectable and pill were two predominant methods. The provider reported that they have service-specific targets, set by the supervisor. Rationale behind the targets was not known to the provider. The provider was found to be available throughout the service period from 9:00 a.m. to 5:00 p.m. Graphical presentation of the client flow pattern to the clinic by department and the overall status are shown in Fig. 5. She reported that, for other clinical methods, clients are referred either to Mirpur Thana HQ Clinic or to the IPGMR model FP clinics. She tries to manage side-effects, such as spotting, abdominal pain, etc.; if she fails, she then refers the case(s) to the MOs for further action. Clients were mostly female. Very few male clients were seen in the clinic to collect condoms. The reasons for not getting IUD clients as reported by the provider are: lack of the field worker's support, unavailability of MR services, and the presence of FP model clinics in the surrounding tertiary facilities.

In reproductive health, the family planning provider reported that she usually does not attend ANC clients and seldom encounters PNC clients. ANC clients are attended by the LHV. Moreover, the FWV has no logistic (drug) supply for these services. Clients who come directly to her for these services are only given health education and FP

information. PNC clients are referred to the MOs. But the service statistic revealed that the FWV attended a considerable number of PNC clients. The provider reported that she received few clients with leukorrhoea, an infection following the insertion of IUD, who are treated primarily with metronidazole. The potential of these clients being related to RTIs/STDs remains obscure.

The FWV also attends general complaints of mothers and their accompanying children with health education only as she has no drug supply and then refers them to the MOs as needed. Usually, the FWV diagnoses these clients' complaints as anaemia, gastric ulcer, loose motion, weakness, etc. These clients are recorded in the child health and general health registers. Due to lack of adequate privacy, MR services are not offered in this clinic. Sterilization of IUD instruments is done by boiling. The provider reported that she does not have decontamination solution.

Laboratory services: Although the FWV has supply of requisite instruments (talquest) for blood haemoglobin (Hb) estimation, she cannot use them due to lack of spirit and needle supply. For other laboratory tests (e.g. urine albumin and sugar), the FWV refers clients to the MOs. If the MO thinks it is necessary, clients are then advised for these tests to be performed by the lab technician. Although the provider has the required strips to perform urine albumin and sugar test, she was not found to perform any of these tests, even for screening purposes.

Logistics: The family planning department has pre-formatted reporting forms which include a section for indenting necessary supplies. The FWV uses this section to request for supplies by the tenth of every month (Annexure C).

Equipment/supplies

Family planning: The FP provider has all the instruments to perform IUD, MR services, and other instruments, such as stethoscope, BP, thermometer, and torch.

Laboratory: The provider has supply of tallquest for Hb estimation. In addition, she has supply of uristrix strips to test urine for albumin and sugar, but she does not perform these tests. She does not have supply of spirit and needle needed to perform Hb test.

Medicine

It was reported and observed that besides contraceptives, other medicines are supplied in loose form (not packet) and as part of the Satellite Clinic kit. Drug categories used are as follows:

a. Paracetamol is available in syrup form (the provider reported that the supply was too small).

b. Ampicillin/tetracycline/doxycycline, folfetab, and metronidazole are available, but not in sufficient quantity, and are used for treating leukorrhoea and IUD infection depending on the availability of drug.

Clinic Information System

Record-keeping: There are a series of record-keeping registers which include stock registers and service registers used by the family planning provider to document different types of services rendered (Annexure G). It was observed that the provider uses an innovative approach to follow-up pill dispensing. This is done by noting the name and age of the clients, date of delivery, and date of replenishment over the pill packet. The following are the registers and service cards used by the FWV:

a. One stock register for pill, condom, and injectable
b. One stock register for IUD
c. One injectable forward register (daily)
d. One contraceptive injection register (follow-up)
e. One oral pill and condom register
f. One IUD client payment register
g. One IUD follow-up, complication, rejection register
h. One IUD certificate book
i. One general health and child health register book
j. One ANC and PNC register book
k. IUD, injectable and ANC cards for clients.

The FWV uses each of these record-keeping tools. There are numerous duplication of information in these registers. The provider spends a considerable time to fill-up these registers during service-delivery.

Reporting: The FWV uses information from the above registers for preparing the monthly performance report. In addition, she fills up a disposable syringe destroy form and uses the stock position registers to request for logistics and supplies. The provider submits these reports to the Mirpur FP thana office on the first day of every month (Annexure G).

Use of information: None of the information collected are used at the facility by the providers. It was observed that there was a chart with statistics on the monthly maternal, child health, and family planning services. The provider did not update it in the last three months.

Supervision and monitoring: The provider reported that the immediate supervisor (the Senior FWV) comes to the clinic at least once a month. During the visit, the supervisor checks the stock position and the number of patients seen, but does not assess the quality of services delivered. The supervisor does not visit or meet the providers of other departments serving in the dispensary.

IEC: Besides a comprehensive ESP signboard for the whole facility provided during the inauguration, none of the individual departments have signboard. Of various IEC materials for display, only posters on family planning, maternal care during pregnancy, prevention of child health, breast-feeding, and HIV/AIDS have been displayed on the walls of the provider's room.

***Referral, coordination and linkage*:** Similar to the health department, the FWV was observed to attend clients referred to by the LHV. It was observed that the FWV refers clients to the MOs for medical problems or seeks opinion on injectable clients in case of history of jaundice. However, the FWV reported that, for clinical method, clients are usually referred either to the Mirpur thana HQ clinic or to the IPGMR. Note on a slip is used as a referral slip.

Status of Services Provided by the Dhaka City Corporation

According to the interviewees (i.e. vaccinators), the service-providing period is from 9:00 a.m to 5:00 p.m. There are two vaccinators in the centre who come to the clinic after collecting vaccines from their central office. After arrival, they were observed to perform sterilization of syringe and needless with an electric heater used by all the providers. The official rule of the DCC for the vaccinator is that they will stay in the centre up to 2:00 p.m, after which they will report back to the zonal office for submitting the daily tally sheet, used and unused vaccine vials, and the vaccine carrier. But the vaccinators usually leave the centre at 1:00 p.m. However, a few clients were seen in the centre for immunization after 1:00 p.m. It was observed that the peak flow of clients was between 9:00 a.m. and 1:00 p.m. Graphical presentation of the client flow pattern to the clinic by department and the overall status are shown in Fig. 5.

Logistics: The vaccinators collect all supplies, such as needles, syringe, cotton, and EPI cards, once a month, and submit requests for logistics to the EPI supervisor verbally and receive supplies accordingly. They collect vaccines from the zonal office every morning in a vaccine carrier (Annexure C).

Equipment

Immunization: The vaccinators each possess one EPI bag containing cotton, scissors, immunization cards, vitamin A capsule container, and a plastic bowl. In addition to these, one sterilizer loaded with syringe and needles is used.

Vaccines: Necessary vaccines for mother and child immunization are stored at the zonal office. Vitamin A capsule containers are also collected from the zonal office.

Clinic Information System

Record-keeping: The vaccinators maintain three types of registers: a child register, a women register, and a daily immunization report form (tally book). They provide immunization cards to clients (Annexure G).

In the child register, they record information on every child immunized which includes the name of the child, date of birth, father's name and address, and the date of vaccination(s), but they do not document the corresponding vitamin A dose administered. On the other hand, the women register is used for documenting TT vaccination given to pregnant and non-pregnant women aged 15-49 years. The information documented in the women register includes the name and age of the client, husband's name, father's name and address, and the date of vaccination.

In the daily report form (tally book), the vaccinators keep a record of immunization dose through tally mark. Vitamin A doses are not recorded in the tally sheet despite specification in the record-keeping instrument. After immunization of mothers and children, vaccination cards containing information, such as name, date of birth, address, type of vaccination, name of the dose are given to them.

Only the literate vaccinator is capable of documenting required information in these registers and cards. It was observed that addresses of clients are not complete. It was also observed that there were several cases of overwriting, specially in completing the immunization cards.

Reporting: At the end of each day, the vaccinators submit their daily work report to their supervisor at the zonal office. They meet their supervisor once a month for compiling of the monthly report. The supervisor prepares and compiles information for reporting, because the vaccinators are unable to prepare reports.

Use of information: The use of information is limited. The completed tally sheets are used for preparing reports and the information on the cards is used for determining the type and dose of vaccination. No EPI service-related information is displayed either inside or outside the clinic. Even the EPI logoed Moni flag was absent.

IEC: Only one poster featuring the importance of vitamin A and nothing else about EPI was found inside the room of the vaccinator.

Supervision and monitoring: The DCC providers reported that their supervisors have never visited them, at least not during their routine programme. However, they could recall a visit of the supervisors on the National Immunization Day (NID).

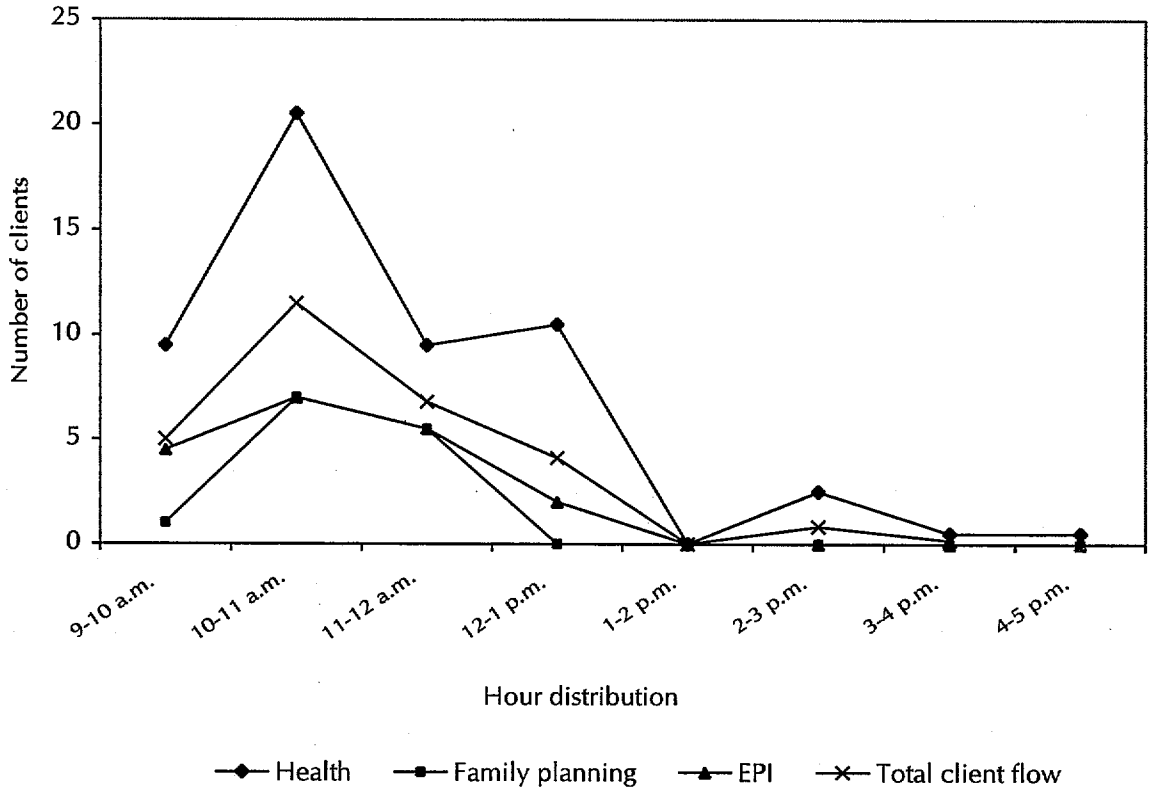
Referral, coordination and linkages: The providers reported that a formal coordination mechanism does not exist within the facility. It was, however, observed that they referred one infant suffering from severe cough and cold to the MOs for their opinion on eligibility of that infant for vaccination. The providers also reported that they were not aware of any coordination committee either at the zonal or at the ward level.

Client Flow Analysis and Service-delivery Set-up

The following diagram graphically represents the comparative client flow to the departments and to the clinic as a whole for a day from 9:00 a.m. to 5:00 p.m.

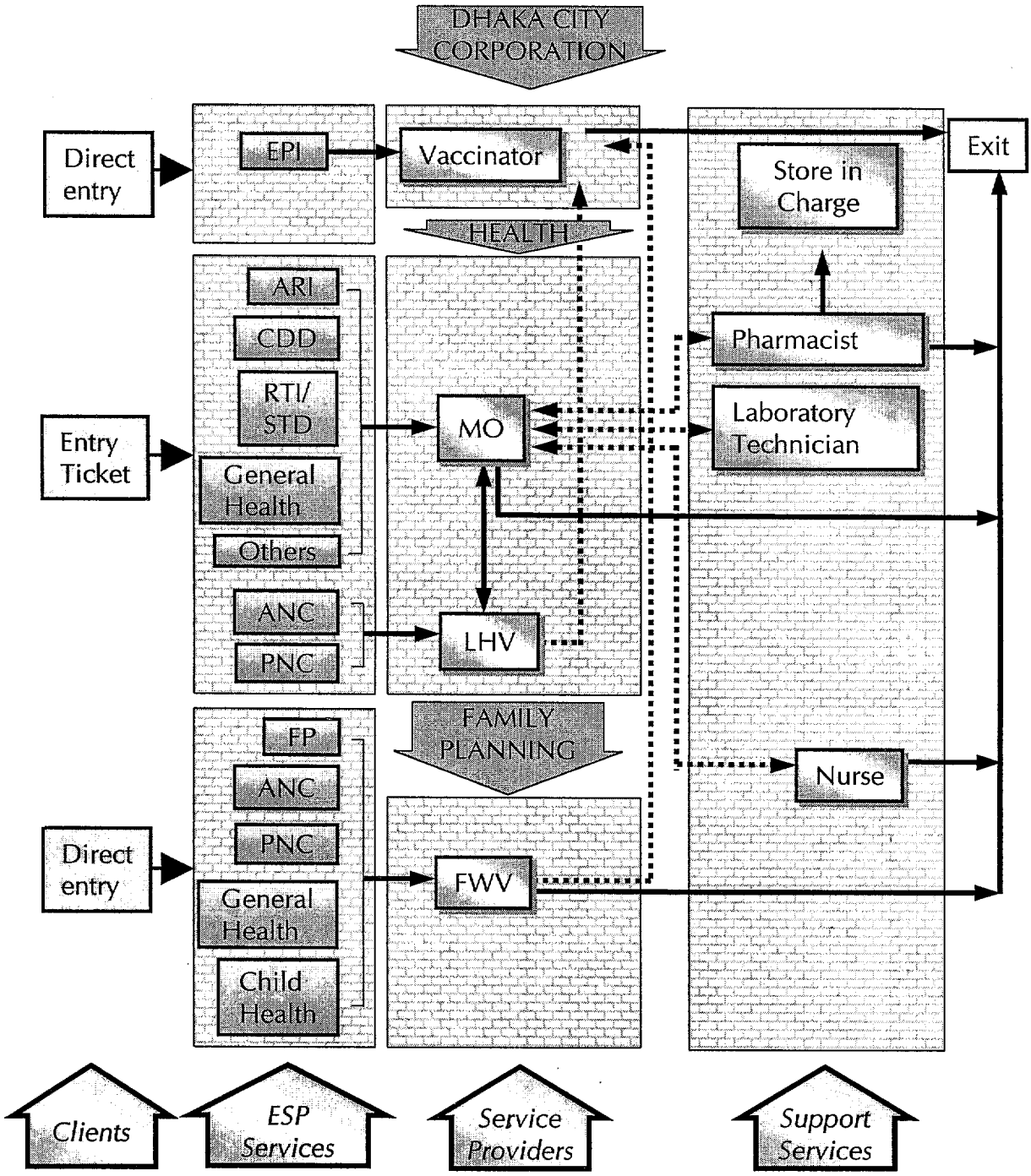
Data on the clients attending the intervention clinic for several days of a week were collected and compiled. The data were analyzed to determine the departmental client flow and to establish a temporal relationship, and were aggregated to generate the overall clinic client flow. The figure 5 represents the above issues through a line graph. The chart reveals that the peak flow of clients was between 10:30 a.m. and 12:30 p.m., with relative deficiency of clients in the afternoon. Client flow is more pronounced for immunization and family planning services.

Fig. 5. Sher-e-Bangla Nagar ESP Model Clinic daily client flow pattern



The figure 6 describes schematically the existing inter-relationship of services, providers and support services in the delivery of selected component of the ESP in the dispensary. It also describes the clients flow into the existing system. It is evident from the diagram that many clients passing through the health department are registered. There is an internal non-formal referral system that exists among the health department staff (e.g. refers to a pharmacist for drug dispensing, first-aid to cuts and wound, laboratory investigations, etc.). However, there exists referral for the immunization service. There is a potential within the existing system to introduce a registration of all clients, initial client screening and counselling and to strengthen the linkages among the service providers to address missed opportunities.

Fig. 6. Service- delivery flow for selected ESP services in Sher-e-Bangla Nagar Government Outdoor Dispensary



Primary flow

Secondary flow of patients who are referred for immunization, laboratory service, wound repair and dressing

Facility Use Status

General Review

As discussed earlier, the clinic dispenses child and adult healthcare, including family planning and immunization services. The analysis of service use data, however, primarily centred around the provision of services endorsed by the ESP.

Figure 7 and 8 give a general impression that, at the aggregate level, the ESP services form the bulk of the services (82-84%) offered from the clinic. A further analysis of the components of ESP services reveals that maternal and child immunizations together form the major chunk followed by family planning services (FP, ANC, PNC). The existence of RTI/STD services is barely perceptible (Fig. 9 and 10).

Fig.7. Relative distribution of ESP and non-ESP services at Sher-e-Bangla Nagar Outdoor Dispensary, 1997

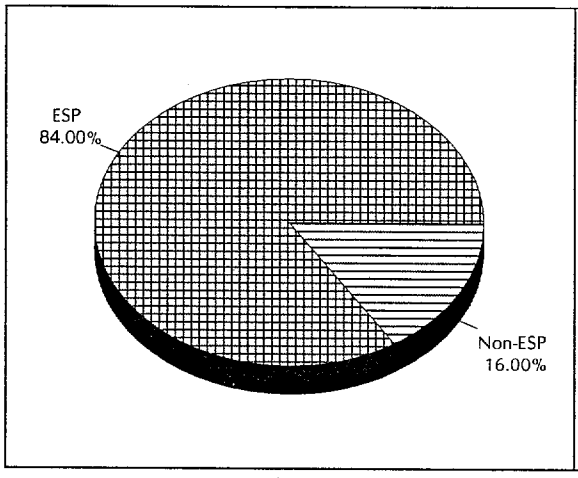


Fig.8. Relative distribution of ESP and non-ESP services at Sher-e-Bangla Nagar Outdoor Dispensary, 1996

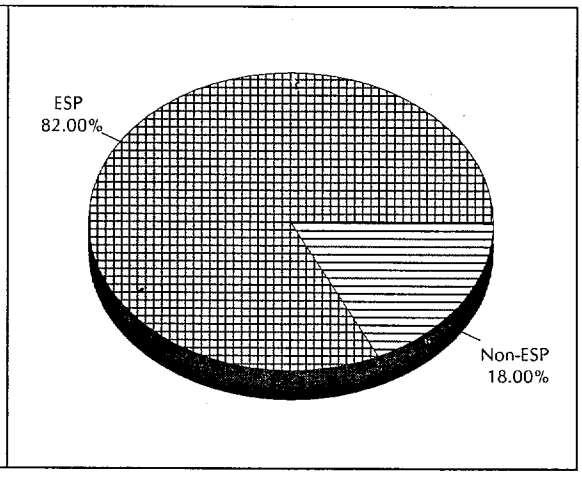


Fig.9. Relative distribution of ESP services by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1997

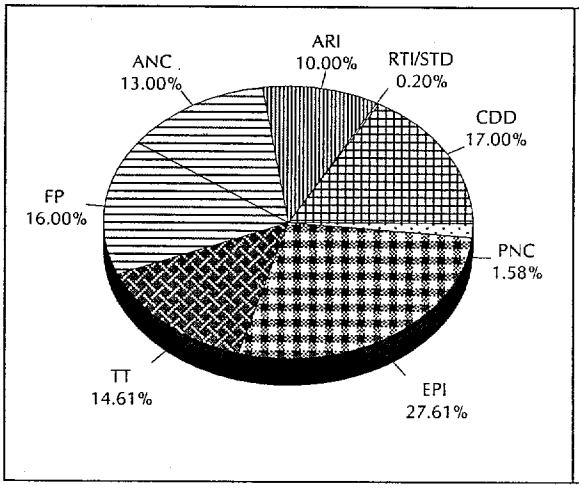
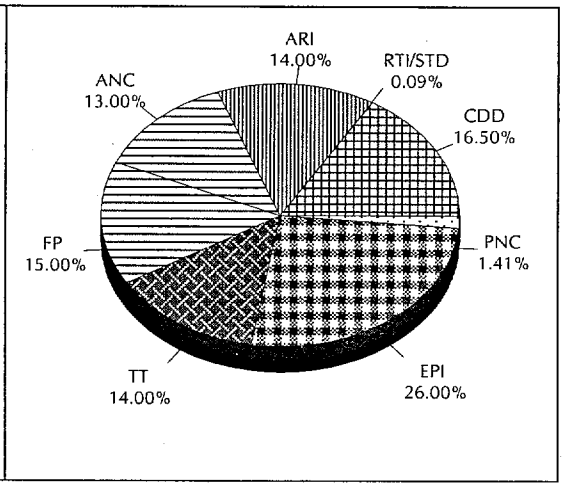


Fig.10. Relative distribution of ESP services by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1996



Department Specific Review

Health Services

The figure 11 shows that the majority of the clients attended the out-door for various specific and non-specific complaints, irrespective of age, categorized as "general" and "others". The figure 12 demonstrates the use of two key ESP services (CDD and ARI) by age category. The use of these services by children aged less than five years is low compared to the children aged over 9 years. As a result, there is a relative dominance of adult clients in ARI and CDD category (Table 5.1). Gender analysis, on the other, shows (Table 5.2 and Fig.13) that 20-25 percent of the clients are male, and 39-42 percent female, while children of either sex aged less than five years are 36-38%. The majority of these children reported with general health complaints followed by CDD and ARI. It was revealed from the review that many related and non-related medical conditions are clumped together under general health category (Table 5.1). Although there is a general impression that ESP services predominate in the clinic as a whole, but at the department level, "general" and "others" categories predominate with almost 80% of the service of the health department (Fig. 14a and 14b). The figures discussed above also indicate that the absolute number of contacts by services differed by year with decrease in 1997 in most instances.

Family Planning Services

The family planning provider mostly attends family planning clients, and injectable and pills users in particular (Table 5.3). The figure15 not only graphically represents the prominence of the use of pills and injectables, but also indicates a rise in the use contrary to the use of other departmental services. Review of the general health and child health registers showed that only health education was offered to the clients grouped under child health and general health (Table 5.3). The use of IUD services was consistently found to be low. ANC services rendered by the LHV and ANC service data of the FWV and the LHV were put together for analysis. The ANC client load went down in 1997 (Fig.16a and 16b).

Immunization Services

The use of the facility as a source of immunization services is quite high (Table 5.4), but the number of clients returning for the measles vaccination was relatively low. The figure 17, 18a and 18b clearly indicate that there were persistent low turn out of measles clients as well as drop in contacts for all antigens in 1997. Review of the register revealed that the majority of TT clients were pregnant mothers with a very few non-pregnant contacts. This indicates that the 5-dose TT schedule has not been promoted at the clinic. The distribution of vitamin A under the urban immunization programme, supported by the DCC, was virtually non-existent in 1996. As a special arrangement, vitamin A has been administered to the children aged less than one year along with vaccination since the beginning of 1997.

Table 5.1. Number of clients served by health department in the Sher-e-Bangla Nagar ESP Model Clinic per month by age and type of services

Ward 40 **Zone 6**

Month	Health services by age																			
	CDD					RTIs/STDs		ARI					General health[1]					Others[2]	ANC[3]	Total
	<5	>5-8	9-19	>19	Total	M	F	<5	>5-8	9-19	>19	Total	<5	>5-8	9-19	>19	Total			
Apr 1997	55	23	28	73	179	0	0	27	5	17	46	95	138	101	139	403	781	127	87	1269
Aug 1997	47	14	26	38	125	0	0	15	10	13	15	53	140	90	187	498	915	99	109	1301
Dec 1997	68	15	20	31	134	0	6	32	11	19	41	109	117	69	160	359	705	79	78	1111
Total	170	52	74	142	438	0	6	74	26	49	102	257	395	260	486	1260	2401	303	274	3681
Average	57	17	25	47	146	0	2	25	9	16	34	86	132	87	162	420	800	101	91	1227
Apr 1996	74	31	31	95	231	0	1	52	8	42	72	174	183	92	171	461	907	173	111	1596
Aug 1996	78	19	21	59	177	0	0	107	7	34	51	199	282	125	198	587	1192	78	150	1796
Dec 1996	46	12	14	55	127	0	3	24	2	15	46	87	118	63	103	420	704	57	81	1056
Total	198	62	66	209	535	0	4	183	17	91	169	460	583	280	472	1468	2803	308	342	4448
Average	66	21	22	70	179	0	1	61	6	30	56	153	194	93	157	489	934	103	114	1482

[1]General health: worm infestation, peptic ulcer, skin infection, night blindness, vitamin deficiency, iron deficiency , anaemia, asthma, (eye, ear, dental) infection, hypertension, minor injuries, pyrexia of unknown origin (PUO)

[2]Other services for all ages: viral fever, fever, arthritis, general weakness, general advice

[3]ANC: This is being provided by the LHV of the health department

Sources of information: (1) Patient register for males; (2) Patient register for females; and (3) Patient register for children.

Table 5.2. Average number of clients served by health department in Sher-e-Bangla Nagar ESP Model Clinic per month, by age and sex

Ward 40 **Zone 6**

Sex and age (in years)	April 1997	August 1997	December 1997	Total	Average (per month)
Male 5+	300	243	189	732	244 (20%)
Female 5+	482	595	431	1508	503 (42%)
Children <5	487	463	481	1431	477 (38%)
Total	1269	1301	1101	3671	1224 (100%)
Sex and age (in years)	**April 1996**	**August 1996**	**December 1996**	**Total**	**Average (per month)**
Male 5+	440	368	298	1106	369 (25%)
Female 5+	599	679	454	1732	577 (39%)
Children <5	557	749	304	1610	537 (36%)
Total	1596	1796	1056	4448	1483 (100%)

Sources of information : 1. Patient register for males; 2. Patient register for females; and 3. Patient register for children

Table 5.3. Number of family planning and MCH services provided by family planning department in Sher-e-Bangla Nagar ESP Model Clinic per month, by type of services

Ward 40 **Zone 6**

Month	Family planning and MCH services													
	ANC[1]	PNC[1]	Pill	Condom	Injectable	IUD	Side-effect	CDD[4]	ARI[5]	RTIs/STDs[6]		Child health[2]	General health[3]	Total
									<5	M	F			
April 1997	25	16	65	20	59	2	1		-	-	-	76	15	203
August 1997	20	12	47	53	70	3	1		-	-	-	46	14	220
December 1997	7	12	79	25	51	3	5		-	-	-	42	4	186
Total	52	40	191	98	180	8	7		-	-	-	160	33	609
Average	17	13	64	33	60	3	2		-	-	-	53	11	203
April 1996	36	18	41	17	60	3	2		-	-	-	87	39	303
August 1996	30	14	60	26	61	1	7		-	-	-	103	17	319
December 1996	27	13	38	10	22	4	2		-	-	-	101	41	258
Total	93	45	139	53	143	8	11		-	-	-	291	97	880
Average	31	15	46	18	48	3	4		-	-	-	97	32	294

[1]The provider offers health education only

[2] Child health: loose motion, worm, scabies, fever, etc.–health education only

[3] General health: weakness, gastric ulcer, scabies, fever, loose motion, pain, white discharge, etc.–health education only

[4,5,6] Such services are not offered by the family planning provider

Sources of information:

1. Pill, condom distribution register; 2. Injection distribution register; 3. IUD insertion register; 4. IUD follow-up register; 5. ANC PNC register; and 6. Child health register

Table 5.4. Number of EPI clients served by Dhaka City Corporation in Sher-e-Bangla Nagar Model ESP clinic per month, by type of vaccine

Ward 40 **Zone 6**

Month	Immunization service				
	DPT	Measles	TT (Pregnant + General)	Vitamin A	Total
	(1,2,3)		(1-5)		
April 1997	195	46	134	163	375
August 1997	169	49	145	94	363
December 1997	201	38	99	170	338
Total	565	133	378	427	1076
Average	188	44	126	142	359
April 1996	217	52	118	Vitamin A not available from this centre	387
August 1996	228	68	162		458
December 1996	207	67	174		448
Total	652	187	454		1293
Average	217	62	151		430

Sources of information: 1. EPI register for new born and children; 2. EPI tally sheet (daily); and 3. EPI registration for women

Fig. 11. Mean monthly number of clients attended at the Dispensary by providers of Directorate General of Health Services, 1996 and 1997

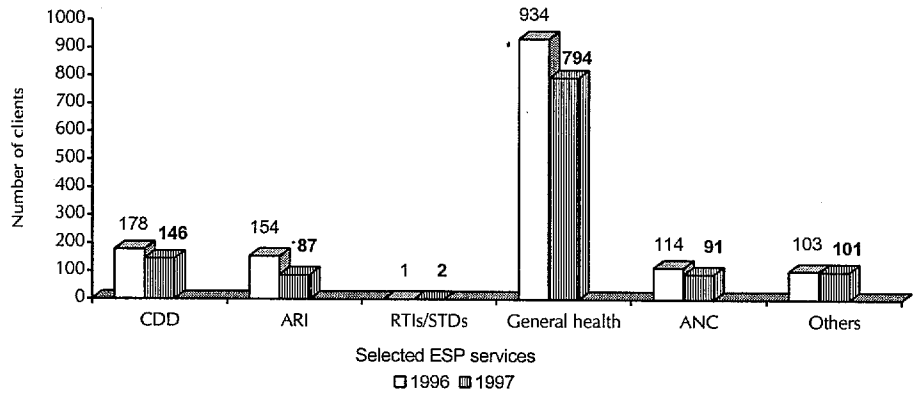


Fig 12. Mean monthly number of clients by age group attended by providers of Directorate General of Health Services, 1996 and 1997

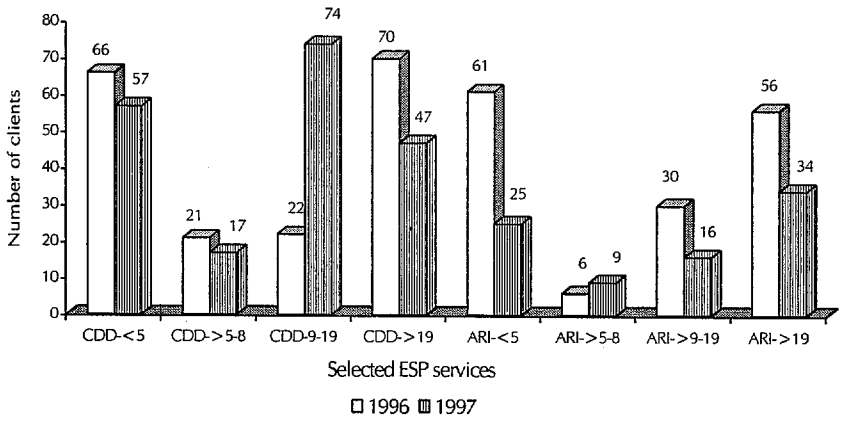


Fig. 13. Mean monthly number of clients attended by providers of Directorate General of Health Services by age and sex, 1996 and 1997

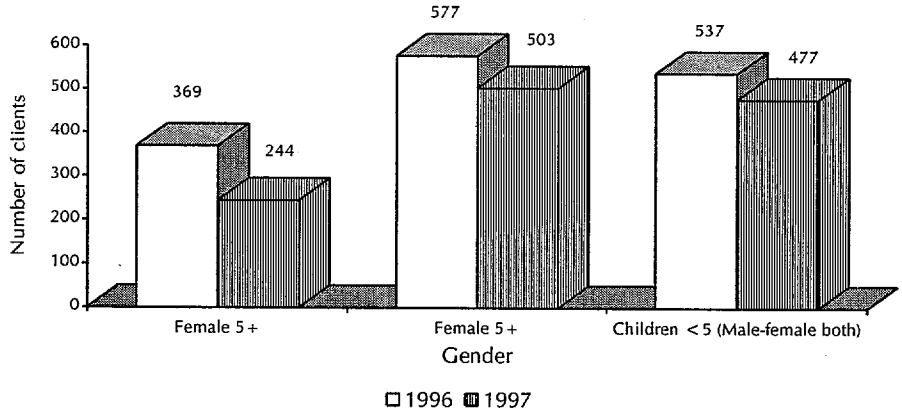


Fig. 14a. Relative distribution of health service components by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1997

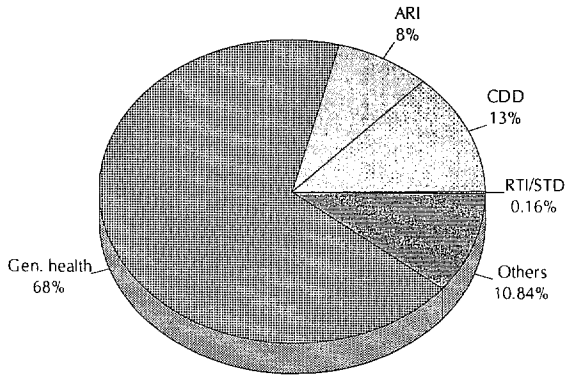


Fig. 14b. Relative distribution of health service components by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1996

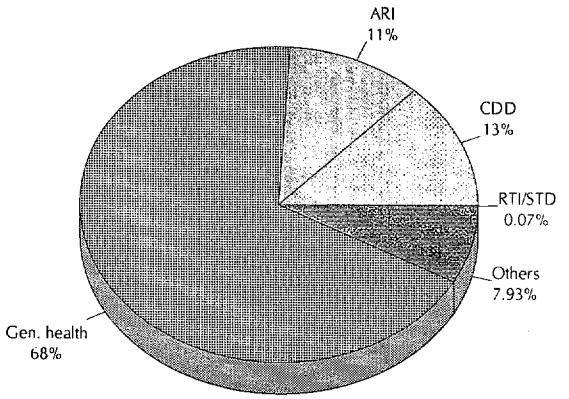


Fig 15. Mean monthly number of MCH-FP clients attended at the dispensary by providers of Directorate of Family Planning, 1996 and 1997

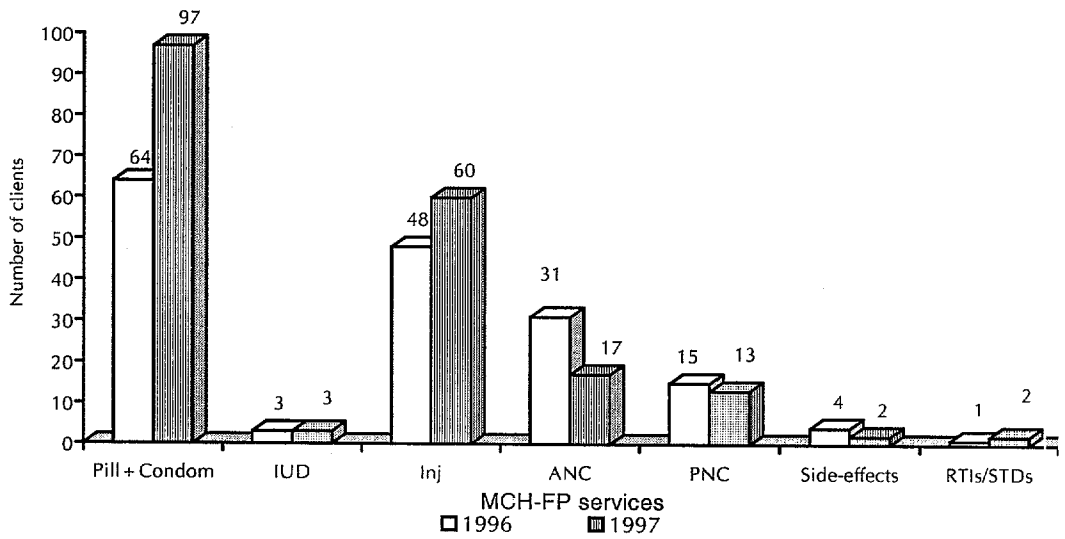


Fig. 16a. Relative distribution of family planning service components by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1997

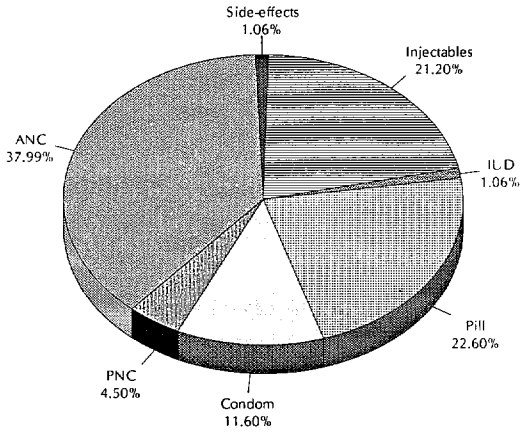


Fig. 16b. Relative distribution of family planning service components by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1996

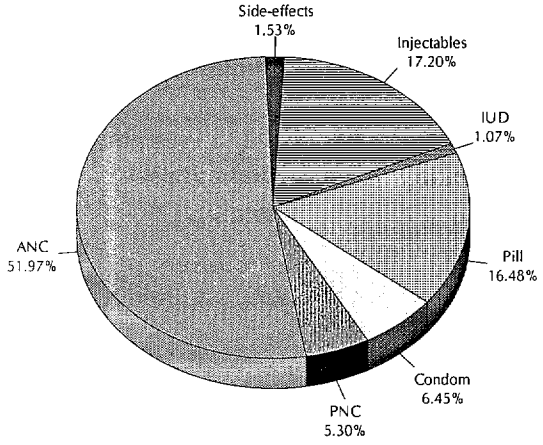


Fig 17. Mean monthly number of immunization contacts made by vaccinator of Dhaka City Corporation at the Dispensary, 1996 and 1997

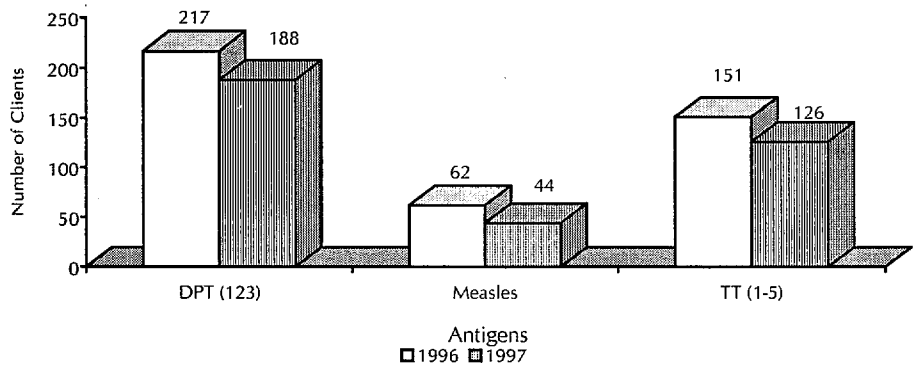


Fig. 18a. Relative distribution of immunization service components by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1997

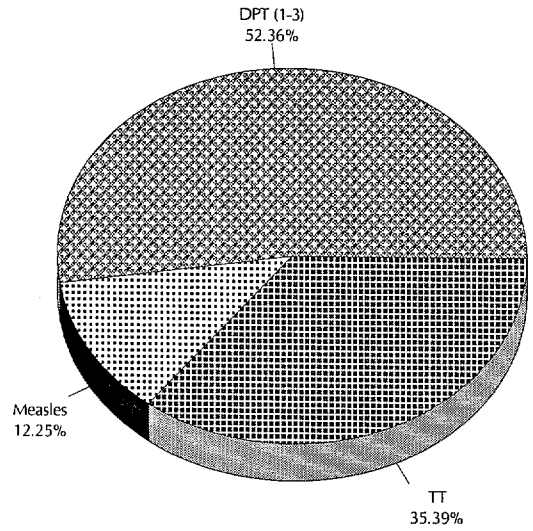
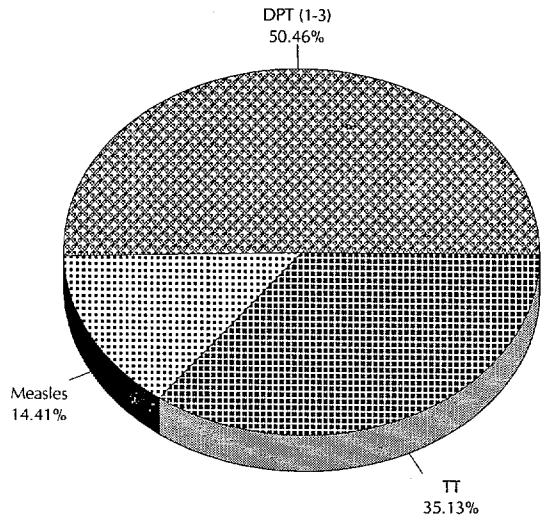


Fig. 18b. Relative distribution of immunization service components by type at Sher-e-Bangla Nagar Outdoor Dispensary, 1996



B. Assessment of Service Process

Provider-client Interactions

Introduction: The observers used a detailed check-list to document each and every aspect pertinent to the services observed. They were trained on the methodology of observation and the use of the instrument to document the findings before the actual observation of services at the clinic.

General Observations

Greetings: According to the observers, the providers do not welcome clients even by looking at them. They often do not even smile at the clients. They sometime were found to be cordial. Reason for such fluctuation in behaviour could not be ascertained by the observers. In 90 percent of cases of observed interactions, the researcher considered that the providers did not give clients any "respectful and/or friendly greetings."

Waiting time: The time clients spend in a facility before being attended by a provider is the price that must be paid by the users of health services. The waiting time (the time spent by a client from arrival time to the time she is being attended by the provider) ranged from three minutes to 20 minutes. Waiting is more pronounced in the family planning department. Major reasons attributed are: (i) patient queue, (ii) ignorant clients not knowing where to procure a ticket and where to submit it, and (iii) clients attending the clinic during lunch and break period from 1:00 to 2:00 p.m.

Interaction time: In the study, the authors looked at the time given by each provider to attend each client in the clinic. The time spent includes history-taking, examination, counselling, treatment, and record-keeping activities. As discussed earlier, history-taking, examination and counselling are seldom performed by the providers, hence the bulk of the time is meant for record-keeping. This is more pronounced in case of the family planning department, followed by the immunization services. It is revealed from the data that the interaction time varied with type of provider as well as the type of services provided. Series of observations were made to record the client-provider interaction time at the clinic. Effort was made to include all the services offered from the clinic, particularly the ESP services. The data revealed that the median interaction time for the health services was one minute, whereas it was 10 minutes for family planning services and 6 minutes for immunization services. As discussed above, the actual service-provision time was about one-third of the time given in the Table 6.1 and 6.2.

Table 6.1. Client interaction time[1] analysis by department

Department	Mean*	Median*	Mode*
DCC	6.28	5.00	5.00
Family Planning	11.23	10.00	9.00
Health	3.33	1.00	1.00

Table 6.2. Client interaction time analysis by type of services

Type of services	Mean*	Median*	Mode*
ARI	0.929	1.00	1.00
CDD	0.818	1.00	1.00
General health	0.936	1.00	1.00
Others	1.00	1.00	1.00
Pill	9.75	9.00	9.00
Condom	7.5	7.5	6.00
Injectable	15.00	14.00	14.00
Immunization	6.2	5.00	5.00

*Measurement in minutes.

[1] A separate set of observations was planned to document the time spent by the providers of different departments of the clinic. Observations were made concurrently in the three departments of the clinic.

Service-specific Observations

Antenatal Care

In total, 11 clients who came for ANC services were observed. Of them, eight came for antenatal check-up for the first time, and the remaining three made the second visit. Service-delivery activities in each of these cases were critically observed. The findings of observations are described under the following broad headings with emphasis on the clinical and diagnostic activities:

History: None of the histories were complete and consistent. The following notable flaws were observed:

- The provider inquired about the LMP from all the clients who paid the 1st antenatal visit, but she calculated the expected date of delivery (EDD) of five clients only.
- Regarding assessment of obstetric risks of clients, the provider was found to assess the risk of only one case completely, while she assessed the risk of two cases partially.
- The provider did not make any attempt to know the history of past obstetric complications of her clients. In only one case, she inquired about only one (abortion/miscarriage) of the several possible complications.
- The provider was not found to probe for past pertinent medical and family history from any clients she attended.

Physical examination: The provider did not perform any physical examinations applicable for the first visit, i.e. height and breast examinations. Lack of a height-measuring instrument may have contributed to such a practice. In case of examinations relevant to all antenatal visits, the provider checked oedema in three cases, and anaemia and jaundice in one of the 11 cases. The provider was, however, found to measure BP, weight and fundal height in 10 of the 11 cases. She was also found to auscultate foetal heart sound in six of nine eligible (> 20 weeks) clients.

Laboratory test: The only laboratory test available to clients is Hb estimation. Sugar and albumin tests are not performed. Clients were asked to get the tests done from the private facilities.

Counselling/Referral

Pregnancy: The provider did neither inform the clients about the warning signs of pregnancy nor did she advise them what should be done in case of such compilations.

TT immunization: Three of the 10 eligible clients were advised by the provider to get immunization from the other provider within the facility. This verbal referral does not include information on benefit of such vaccination for mothers and children.

Safe delivery: The provider, however, seemed to address the safe-delivery issue with her clients. Six of the 11 clients were asked by the provider about the delivery plan, discussed about the danger of household delivery, and the benefit of institutional (hospital, maternity) delivery.

Feeding practices: The provider was found to advise six of the 11 clients about the types of food to be taken during pregnancy. However, such information did not include the necessity of additional food and the frequency of feeding during pregnancy.

Post-partum contraception: None of the clients received any advice from the provider regarding the need for post-partum contraception.

Postnatal care: None of the attending clients were asked to return for postnatal care. It seems that postnatal care is a neglected issue.

Missed opportunities: None of the clients were told about the vaccination of the newborns, the importance of colostrum feeding, vitamin A supplementation of infants and children or the range of services available at the clinic.

Postnatal Care

Only one PNC case was available for observation. One MO attended the patient. The observer, a physician, observed the interaction. Based on a single observation, it is difficult to infer that this is the usual practice of the provider concerned.

History: The attending provider did not take the complete history of the client. A complete history consists of five issues mentioned in the WHO guidelines. The provider solicited information on the three of the five issues mentioned in the ESP protocol which, however, did not include the type and place of the delivery.

Physical examination: The provider did not perform general or specific per vaginal examination. The client was not accompanied by her baby, since the newborn died after birth. Therefore, the physical check-up of the newborn was not applicable.

Counselling: Counselling information on child care was not applicable for the client since the baby had died after birth. However, discussion was not held on the cause of death. It was observed that the provider definitely advised the client on proper diet and asked her for a return visit.

Missed opportunities: The client was informed only about the suitable contraceptive methods and services available in that centre. Information on child immunization, breast-feeding, and vitamin A supplementation for the child was not applicable for the client.

Management of Diarrhoea

Seven instances of diarrhoea management by the providers were observed. Two MOs attended seven patients with the complaints of diarrhoea. A physician observed all the interactions.

History: History-taking from the clients were incomplete. A complete history consists of six issues mentioned in the WHO guidelines. Four of the seven cases were asked regarding the presence of blood in stool. Only two of them were asked whether they have fever or not, and none of the cases were inquired about convulsion and fever associated with cough. The providers reassured none of them.

Physical examination: None of the clients were examined to assess dehydration which includes observation of the appearance and pinching of skin. The providers also did not assess the nutritional status of the clients. None of the providers checked for the presence of associated cough and fever of the sick children.

Diagnosis: Five of the seven cases were diagnosed as having watery diarrhoea or simple diarrhoea without performing any physical examination.

Treatment: Oral rehydration solution (ORS) was prescribed and supplied to six cases. None of the cases were checked whether they knew how to prepare ORS, and none of them were explained the method of preparing ORS. Since the providers did not explain the method of preparing ORS to the clients, the observation relating to feedback from the client on correct explanation on ORS preparation could not be made. The providers prescribed antibiotic/antidiarrhoeal agents to three clients. Only one of them was explained how to use the prescribed antibiotic, and the explanation was correct. But the feedback from the client on the explanation was not observed. The chosen drug was metronidazole.

Counselling: The providers did not counsel any client about the causes and consequences of diarrhoea and steps of prevention. None of the clients were explained about the three rules of home management. Only one was advised to take more fluid than usual.

Missed opportunities: One of the cases was asked about immunization, breast-feeding and complementary feeding status of the sick child. The provider also did not inquire about FP status or advise the mothers about contraceptives or the services that are available in this facility.

Referral: None of the cases were referred. Since the provider did not examine any cases, it was not possible to understand whether any cases needed to be referred.

Management of ARI

There were 16 client-provider interactions observed by a physician from the ORP, ICDDR,B for two days (18 and 19 March 1998). All the cases were children aged between two months and five years. Two MOs attended these 16 patients with complaints of cough or cold.

History: The providers did not ask the clients about their age, in these cases the accompanying mothers. This may be due to the fact that the name and age of each client were written on his/her individual entry ticket by the ticket man. So, the observer could not notice whether the provider was giving emphasis to the age of the client to categorize him/her according to the age classification. During the observation period, no patient came whose age is less than two months.

The providers actually do not take any history. In almost all cases, the providers asked the clients why did they come, made diagnosis based on the verbatim, and gave treatment accordingly. Usually, the mothers reported complaints that their children have been suffering from cough or cold, associated with or without fever. Sometimes, they themselves mentioned about the duration of sickness. However, of the 16 cases, one of the attending mothers was asked about the duration of cough and another one about associated fever. None were asked about the feeding or drinking patterns and the presence of associated convulsion.

Examination: None of the clients were examined for respiratory rate, chest indrawing, stridor, wheeze, fever, malnutrition, etc. They did not even use the stethoscope (it is not, however, recommended by the ARI programme).

Diagnosis: All the clients were diagnosed as ARI cases, but they did not categorize the cases according to the WHO guidelines. One provider said that they could not categorize according to the WHO guidelines, because they have to follow the disease profile list given by the Directorate General of Health Service where respiratory illnesses are termed as ARI. It was observed that the providers took less than two minutes to diagnose a case.

Treatment: Paracetamol was prescribed for 14 of the 16 cases observed. Of them, 12 cases were also prescribed with antihistamine, and five cases with antibiotics, including the above drugs. Three of the five cases was given the antibiotics, such as tablet pen V, oracyn K (not recommended by ARI programme), while other two were given amoxicillin syrup (recommended). The doses of amoxicillin prescribed were not appropriate for the age of the clients. It was reported by the providers that appropriate antibiotic formulation for children was not available in the store. None of the cases were explained about antibiotic courses. In one case, the provider prescribed only antihistamine.

Of these 16 cases, none were advised on the elements of home care. However, one case was advised only on the use of safe remedy (warm water) to soothe the throat and relieve cough.

Counselling: None of the cases were reassured or counselled about when to come back.

Missed opportunities: None of the cases were asked about associated diarrhoea. None were advised on infant feeding, immunization, vitamin A supplements, or family planning.

Referral: None of the cases were referred to other facilities. Since the provider did not examine any cases, it was not possible to understand whether any cases needed to be referred to other facilities.

Immunization Services

Sixteen client-provider interactions were observed by two research officers from the ORP, ICDDR,B for three days. These interactions included five cases of TT immunization of the pregnant women, and eight cases of child immunization. Two vaccinators were observed during the assessment.

Technical Issues

Sterilization of instruments: The procedure of sterilization for syringe and needles was found to be consistent with the standard. Sterilization was done on the spot, i.e. at the centre.

Cold chain: The vaccine carrier contained frozen ice packs, but the ice melted before the vaccination session concluded. The carrier also contained a thermometer. However, the providers did not check the temperature.

Eligibility: The providers inquired about the age of the children and/or checked the immunization card for the due dates of immunization.

Injection technique: The providers were found to follow the appropriate injection techniques which include non-touch aseptic method. The providers also took precautionary measures to guard against introduction of air bubbles and puncture of blood vessel during injection.

Vitamin A distribution: The providers were found to follow the recent dose schedules of vitamin A. The small capsules of vitamin A were punctured using a sterile needle, hence an appropriate amount of vitamin A (one drop per infant) is dispensed from each capsule containing eight drops. This is the only clinic where vitamin A is being distributed in the routine programme through the DCC.

Documentation: One of the two vaccinator does all the documentation work. The provider was found to update both tally sheet and registration book for each client. However, she did not properly write the address of the clients.

Interpersonal Communication

The vaccinators usually does not inform the clients about the usual side-effects and their management, and does not emphasize the need for completing all doses. They do not reassure the clients and emphasize to preserve the immunization card. Generally, the interpersonal communication between clients and providers is very poor. Feedback is not sought from clients. Clients are not encouraged to ask questions. Lame polio case surveillance activity is virtually non-existent.

Organizational: The immunization table was found to be not very organized. There was no EPI Moni logo and table cloth, and water in the bowl was not clean. The sterilizer was not always covered with lid. The icepack on the table with vaccine was not properly placed. There is insufficient light in the room which makes the work of the providers who are very aged often difficult.

The vaccination session begins around 9.00 a.m. and concludes by 1.00 p.m. The peak client flow was found to be between 9.30 a.m. and 11.00 a.m. The providers do not stay beyond 1.00 p.m., and are not concerned about clients coming to centre after 1.00 p.m.

Missed opportunities: None of the clients were asked about breast-feeding/complementary feeding, or their reproductive goals. The provider advised none on the suitable contraceptive methods or their sources.

Referral: Infants suffering from fever, cough, and coryza were sometimes referred to the MOs for expert opinion to verify fitness for immunization.

Family Planning Services

There were 17 client-provider interactions observed by a physician from the ORP, ICDDR,B for five days. One FWV attended these 17 clients seeking family planning services. The clients are categorized into two groups: current users and non-users. During this observation period, none came for IUD insertion or follow-up.

History

Current user: There are cards for IUD and injectables, but no card for pills and condoms. The provider asked to see the client's family planning card in all cases. It was observed that the provider does not usually ask clients whether they face any problems with the current method. However, few clients mentioned their problems spontaneously. The provider usually tries to manage the problems expressed by clients by providing treatment, reassuring the clients, or by suggesting them to change the method.

The provider did not ask any clients about how they are using the given method. As a result, the question of informing clients about the proper use of the method, if it had been faulty, and taking feedback after informing them about the proper use, does not arise.

Non-users: In most cases, the provider does not discuss about the full range of family planning methods with a new client, neither does she use any IEC materials during the discussion.

As part of screening, the provider asked all the clients about their age, number of living children, age of the last child, and the date of LMP. It was observed that these inquiries were needed by the provider to meet the information requirement of the specific record-keeping register. She was found not to ask other relevant important issues for screening from the clients, such as their desire for (more) children, when they desire the next child. All the clients, except one, spontaneously mentioned their preference for specific family planning method.

In general, the provider did not make any attempt to explore important past medical history. She was found to ask few clients only about the history of severe headache and the presence of breast lump/cancer. Actually, the provider had to document these information mentioned above in the register book which may have inspired her to ask about these issues.

General examination (non-user): The provider measured only weight and blood pressure for the injectable clients but not for the pill clients. None of the clients (pill, injectable) were examined for jaundice, anaemia, and breast lump.

Pelvic examination (non-user): In general, the provider did not perform any pelvic examination. Since no pelvic examination was done by the provider, other observations relating to pelvic examination, such as washing hands before pelvic examination, changing gloves to perform the examination, using sterilized speculum or keeping used instruments in decontaminated solution, could not be carried out by the observer.

Laboratory investigation (non-user): The provider performed neither any laboratory investigation for any of her new clients nor she advised any clients for any laboratory investigation, although she had the required instruments for urine albumin and sugar tests.

Counselling: None of the clients were explained about how the method works. However, the provider explained about how to use the method to two new pill clients, and took feedback from one of them. But she was supposed to explain it to both new and old clients of pills and condoms. None of the clients were told about any side-effects and

danger signs to be watched pertinent to the method. But most cases were told to come for follow-up visits, and the provider also took feedback from the clients about the dates of their next visits.

Missed opportunities: None of the cases were advised on infant feeding, immunization, and vitamin A.

Referral: During the period of observation, one patient came for injectable with a recent history of jaundice. The provider referred the client to the MO for expert opinion to know whether the client is eligible for injectable or not. Other clients who visited the clinic for family planning services during the observation period did not require any referral.

Management of RTIs/STDs

The physician attempted to observe the clients with the complaints of RTIs/STDs. Four female and two male clients were observed during their management at the health department. No observation was possible at the family planning department. The registers were, therefore, reviewed to identify the clients who were treated for symptom related to RTIs/STDs. It was reported by the providers of both the departments that they seldom receive RTIs/STD clients. Due to poor availability of such clients, attempts were made to explore the clients' perception, history of episode (if any), and action(s) regarding RTI/STD-related illnesses through exit interview at the clinic.

Findings from the Observation at the Health Department

History

None of the histories were complete. The providers probed only on the symptom(s) the clients presented. The inquiries did not include the assessment of associated or coexistent symptoms (lower abdominal pain, inguinal swelling, scrotal swelling, genital ulcer) not reported by the male or female clients. Clients presenting with vaginal discharge were further asked about the type of discharge, but such probing was absent for the male clients reporting urethral discharge. On the other hand, the providers inquired about multiple partners in case of male clients only.

Examination: None of the client's genitalia and relevant location of the body were inspected or examined by the providers. Per vaginal examinations were not performed to validate types of vaginal or urethral discharge. It could have been due to non-availability of necessary instruments, such as speculum, with the health providers in particular.

Diagnosis: Since the clients were not examined, syndromic diagnosis was not possible. All the female clients were diagnosed for leukorrhoea, and gonorrhea in case of the male clients.

Treatment: The drug of choice for leukorrhoea cases was penicillin groups, such as amoycillin, while other two gonorrhea cases were given doxicap.

Counselling: The providers counselled the female clients that poor personal hygiene can lead to RTIs, while they were found to counsel the male clients on sexual contact and STIs, avoidance of sexual contact to prevent reinfection, and the use of condom if sexual contact cannot be discontinued. Many other important issues were not included as part of counselling. The providers maintained a judgmental attitude while dealing with the clients.

Partner Management

None of the male or female partners were informed about the partner management. It seems partner management is a neglected issue.

Missed opportunities: None of the cases were asked about the need of family planning, and none were advised on infant feeding and immunization.

Referral: None of the cases were referred. Since the providers did not examine any of the cases, it was not possible to understand whether any cases needed to be referred to any other facilities.

Findings from Family Planning Department

The providers reported that they do not get clients with specific RTI/STD complaints. Review of the IUD register revealed that the clients with leukorrhoea and infection following IUD insertion were treated primarily with metronidazole without considering their potential to be related to RTIs. So, the cases are not managed in the light of potential RTIs.

One field research officer from the ORP, ICDDR,B, visited the Sher-e-Bangla Nagar Government Outdoor Dispensary's Family Planning Department from 22 to 29 April 1998. She talked with approximately 25 clients attending the FP clinic for about RTI/STD-related symptoms. Of them, four clients admitted about their past or present history of RTI/STD-related problems. Only one male client was available for interview as males seldom visit the FP clinic.

The interviewer first asked the clients: what was the reason for visit to the clinic? Then the interviewer asked the clients' marital status, the number of children, and occupation of the spouse. The data collector enquired about whether the client had any vaginal discharge, itching in the vagina, lower abdominal pain and/or pain during coitus.

According to the interviewer, clients in general perceive these symptoms as natural phenomena, and they feel shy to mention or to discuss these problems with the provider in the presence of outsiders, or even with their husbands. They are not even aware of the treatments available for these problems.

One male client who was a condom user for two years was approached and interviewed. When he was asked why he is using condom, he narrated his part of the story: in our society, women are neglected. Women have to do everything. Men think that they are superior. Men show power over women. But I want to respect the women.

That's why I use condom. I have five children. I have been married for 17 years. My wife had taken pills and also tried injection for three months. But none of these methods suited her health, and she became ill. That's why she stopped using those and he started to use condoms. I am a religious person, and don't want that my wife will do ligation. That's why I use condoms. I am sexually very active; on the contrary, my wife has no interest in this. Moreover, those who mix with many women they should use condom. But I am not a person of that type. This is not applicable for me. Many women have disease in their private areas. Their husbands can use condoms. There are many bad women (commercial sex workers); many guys go to these women; if they use condoms that will be helpful. But madam, I am not that type. In my case, it is something else. My wife is weak, that's why I use condom.

The client prefers this facility as it has some advantages: he can get health services for their children and condom for himself at a time. He can also get other health services from this facility. Brief case histories of clients who reported RTI/STD-related symptoms during exit interview are summarized in Table 6.3.

Table 6.3. A brief description of case histories of exit interview clients

	Name: W Age: 20 years	Name: X Age: 27 years	Name: Y Age: 20 years	Name: Z Age: 26 years
RTI/STD-related problems of the interviewee (current)	Vaginal discharge and general weakness	Vaginal discharge and itching	Excessive vaginal discharge with itching. General weakness	Vaginal discharge with itching and pain at the left side of the lower abdomen mainly during intercourse and menstruation
Partner's symptoms	Itching at the tip of the penis after intercourse	Itching penis	Husband asymptomatic	She does not know whether her husband has any RTI/STD problems or not. But he has general weakness and does not feel strength at the lower part of his body
Husband's occupation	Rickshaw - puller	Mason helper	Rickshaw-puller	Rickshaw-puller
RTI/STD-related problems of the interviewee (past)	Vaginal discharge for the last three years	Husband had infection at the tip of his penis when she got married in 1988; after 5-6 months she developed itching in the vagina	No history of RTI/STD	Vaginal discharge for the last 12 years. Married for 10 years. Three years ago she inserted copper T, but due to high vaginal bleeding, she removed it
Treatment history	Never took any medicine	She used hot water mixed with salt and tablets according to the prescription of a female doctor of a pharmacy. Her husband also took tablet from a male doctor of Tikatuli pharmacy	Never took any medicine. She doesn't have any knowledge that there is any treatment for vaginal discharge	Two months before she took medicine from this facility. Doctor prescribed 3 tablets to be taken daily, but she could not mention for how many days tablets were given. Eight tablets were given at that time. She felt better after taking those tablets, that's why she did not come for taking medicine to complete the course

C. Inventory of GoB/NGO/Private Health and Family Planning Facilities

In 1997, a detailed inventory of GoB/NGO/Private H&FP facilities was conducted for all the zones of Dhaka city. However, the data represented the status in 1996. As part of the model ESP clinic intervention of the ORP, the inventory of selected wards (41,11,13), including ward 40 was updated, where the ORP ESP intervention model clinic is located. The selected wards are contiguous and span over the territory of adjacent zones (6,7) of

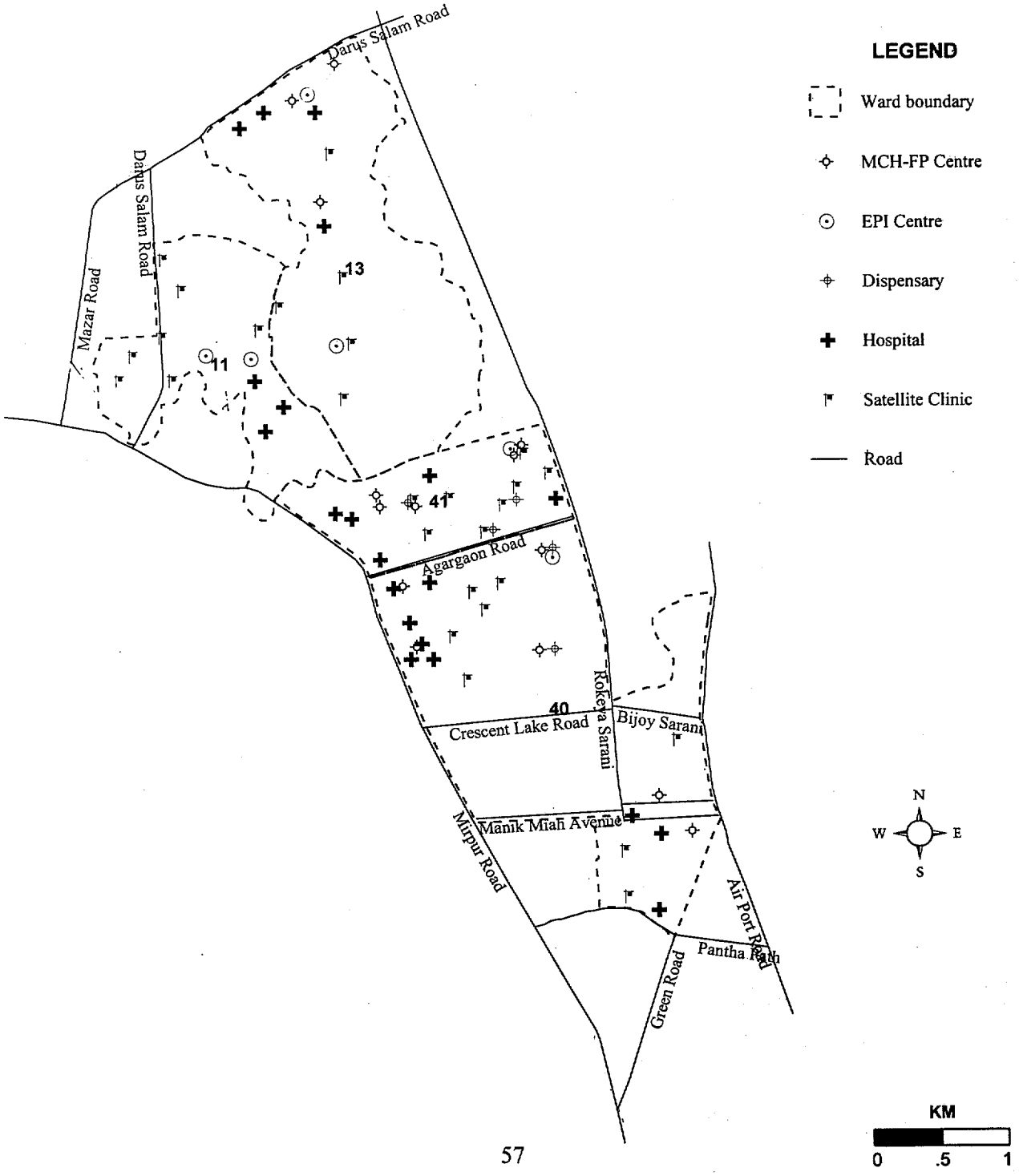
Dhaka city (Fig. 19). This inventory, however, did not include facilities, such as pharmacies, doctors' chambers, homeopathic clinics, and other traditional healthcare providers, and also did not collect information on the quality of services, except for types of provider rendering services. Information on the number of locations providing ESP services, type of service providers, and share of the subsidized sector would help in designing a networking and referral system for ESP services, as well as in taking decision on expansion of service range from the study facility.

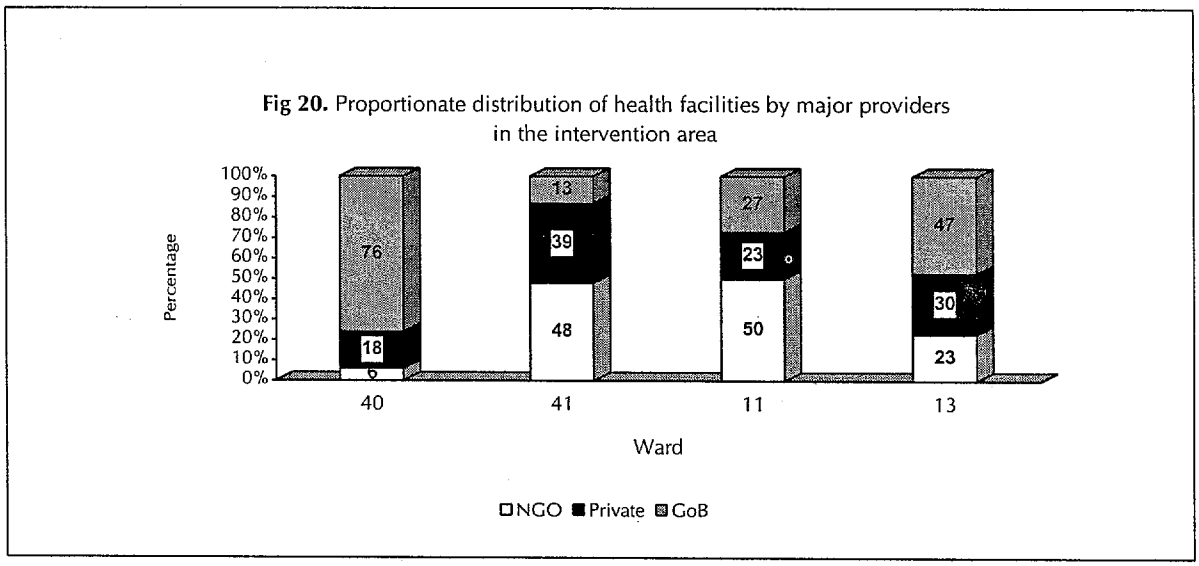
The findings of the current inventory revealed that there has been a substantial increase in the absolute number of facilities in different sectors. For example, according to the 1997 inventory [16], there were 11 GoB/NGO/private facilities in ward 40. The current inventory shows that there has been several fold increase in the number of facilities, particularly the government facilities. Such increase is also evident in other wards (Ward 13 and 41). The expansion of NGO sector is prominent (Table 7.1). The figure 20 shows the proportionate distribution of the facilities in the selected wards. The distribution reveals that the GoB is the predominant provider in Ward 40, while NGOs are the predominant providers in Ward 11, 13, and 41. The relative share of profit and non-profit, and other autonomous organizations ranges from 18 percent to 39 percent. The concept of "location" is used for describing a situation in which different facilities share the same premises. A "facility" is an individual entity administered by a specific provider. There are single purpose clinics offering specialized services, such as TB, leprosy, and infertility management.

Table 7.2 and 7.3 show the distribution of the satellite clinics, as well as the service range of the facilities by ward. The majority of the satellite clinics have been organized by NGOs. Outreach activities, such as satellite clinics, are not held in Ward 40, where the study facility is located. Charging in the form of user fee, consultation, drug, and accommodation is a common practice for both NGOs and private sector. Services in the study facility area, i.e. Ward 40, are predominantly subsidized through the government health facilities (Table 7.4).

Analysis of the infrastructure (Table 7.5), used by different service-providing organizations, shows that the majority of the providers rely on the allocated space (building or tinshed) in Ward 40 and 11. A significant number of organizations provide services from the rented space (building or tinshed). Most of the space owned for services belongs to the private sector, followed by the GoB. Annexure I provides the information gathered under "others" category included in the study instrument.

Figure 19. Map of the distribution of GO/NGO/private health and family planning facilities in the intervention area





The service range of all types of facilities was analyzed based on selected high-impact ESP services. Table 7.6 shows the distribution of locations offering such types of services. The predominant service includes pill, condom, injectable, immunization, and vitamin A.

Finally, Table 7.7 analyzes the service hours of operation which reveals that most organizations operate in the morning with very few instances of evening hours. So, ESP services are available predominantly in the morning. Such information is necessary to develop a referral system for ESP services.

Table 7.1. Distribution of health and family planning facilities by ward and managing organization comparison between the inventories

Ward	Facility managing by									Total 1998	Total 1996
	1	2	3	4	5	6	7	8	77		
11			7	3		3				13	4
13	1		7	2		2		1	2	15	3
40	9	5	1	2	1	2	1			21	11
41	1	1	11	1	5	2	1	1	1	23	8
Total	11	6	26	8	6	9	2	2	23	73	26

Note: 1 = Directorate General of Health Service (DGHS)
2 = Directorate of Family Planning (DFP)
3 = Non-government organization (NGO)
4 = Dhaka City Corporation (DCC)
5 = Non-profit private
6 = Profit private
7 = Autonomous
8 = Professional society/committee
77 = See Annexure I for classification

Table 7.2. Distribution of Satellite Clinics by organization

Ward	Facility managed by	Satellite Clinic (no.)
11	Non-governmental organization	6
13	Non-governmental organization	5
	Non-governmental organization	1
41	Non-profit private	3
Total		15

Table 7.3. Range of services offered from Satellite Clinic locations

Ward	Facility managed by	Pill	Condom	IUD	Inj	ANC	PNC	RTI/STD	EPI	Vit A	CDD	ARI
11	NGO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	NGO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
41	NGO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 7.4. Number of facilities charging for services by managing organization

Ward	Facility managed by	Charged from			No. of locations charging
		Indoor	Outdoor	Both	
11	NGO	-	✓	-	7
	Profit-private	-	✓	✓	3
13	DGHS	-	✓	-	1
	NGO	-	✓	-	6
	Profit private	-	-	✓	2
	Professional society/committee	-	-	✓	1
	Others	-	✓	✓	2
40	DGHS	-	✓	✓	5
	DFP	-	✓	✓	5
	NGO	-	✓	-	1
	Non-profit private	-	✓	✓	1
	Profit private	-	-	✓	2
	Autonomous	-	✓	-	1
41	NGO	-	✓	-	7
	Non-profit private	-	✓	✓	5
	Profit private	-	-	✓	2
	Autonomous	-	✓	-	1
	Professional society/committee	-	✓	-	1

Table 7.5. Type of infrastructure used by organizations for services

Ward	Facility managed by	Type of structure				
		Building owned	Rented building	Rented tinshed	Allocated building	Allocated tinshed
11	NGO	-	-	-	6	-
	DCC	-	-	-	-	3
	Profit-private	1	2	-	-	-
13	DGHS	-	-	-	1	-
	NGO	1	2	-	2	1
	DCC	-	-	1	1	-
	Profit-private	1	1	-	-	-
	Professional Society/ committee	1	-	-	-	-
	Others	2	-	-	-	-
40	DGHS	6	-	-		3
	DFP	-	-	-	-	5
	NGO	-	-	-	-	1
	DCC	-	-	-	-	2
	Non-profit private	1	-	-	-	-
	Profit private	1	-	-	-	1
	Autonomous	1	-	-	-	-
41	DGHS	1			1	
	DFP	-	-	-	1	-
	NGO	-	2	2	7	-
	DCC	-	-	-	1	-
	Non-profit private	1	1	3	-	-
	Profit-private	-	2	-	-	-
	Autonomous	1	-	-	-	-
	Professional society/ committee	-	-	-	1	-
Total		18	10	6	21	16

Table 7.6. Number and type of facilities offering high-impact ESP services

Ward	Managed by	Type of facility											No. of location(s) providing any of the following services									
													Pill	Con	IUD	Inj	ANC	PNC	RTI/STD	EPI	Vit A	CDD	ARI
		1	2	3	4	5	6	7	8	9	10	77											
11	NGO	✓			✓								7	7	0	7	7	7	0	6	6	6	6
	DCC		✓										0	0		0	0	0	0	3	3	0	0
	Profit-private						✓						0	0	0	0	0	0	0	0	0	2	2
	Sub-total												7		0	7	7	7	0	9	9	8	8
13	DGHS	✓											1	1	0	1	1	1	0	0	0	0	0
	NGO				✓				✓				4	4	1	4	3	3	0	3	3	3	3
	DCC		✓										0	0	0	0	0	0	0	2	2	0	0
	Profit-private												0	0	0	0	0	1	0	0	0	0	0
	Others												0	0	0	0	0	0	0	0	0	1	
	Sub-total												5	5	1	5	4	4	0	5	5	4	3
40	DFP	✓											5	5	5	5	3	1	0	0	0	0	0
	DGHS	✓											1	1	1	1	1	0	4	1	1	4	
	DCC		✓										0	0	0	0	0	0	0	2	2	0	0
	Profit-private				✓	✓							0	0	0	0	1	0	0	0	0	2	2
	NGO	✓											1	1	0	0	0	0	0	1	1	0	0
	Autonomous					✓								0	0	0	0	0	0	1	1	1	1
	Sub-total												7	7	6	6	5	1	4	5	5	7	8

Table 7.6 *(Contd.)*

Ward	Managed by	Type of facility											No. of location(s) providing any of the following services									
													Pill	Con	IUD	Inj	ANC	PNC	RTI/STD	EPI	Vit A	CDD	ARI
		1	2	3	4	5	6	7	8	9	10	77											
41	NGO	✓	✓		✓			✓	✓		✓	✓	7	7	1	3	6	5	3	6	5	5	3
	DFP	✓											1	1	1	1	1	0	0		0	0	0
	DCC		✓										0	0	0	0	0	0	0	1	1	0	0
	Non-profit private				✓	✓							3	3	0	3	4	4	1	5	5	5	4
	Autonomous					✓							0	0	0	0	0	0	0	0	0	0	1
	Profit-private					✓							1	1	1	1	0	0	1	1	1	2	1
	Professional society	✓											1	1	1	1	1	1	0	0	1	0	0
	Sub-total												13	13	4	9	12	10	5	13	13	12	9
	Grand total												32	32	11	27	28	22	9	32	32	1	28

Table 7.7. Distribution of service hours among various types of facilities by ward

Ward	Facility managed by	Type of facility											No. of locations by type of service hours					
													1	2	3	4	5	77
		1	2	3	4	5	6	7	8	9	10	77						
11	NGO	✓			✓								7					
	DCC		✓										3					
	Profit-private						✓						-	-	3			
13	DGHS	✓											1					
	NGO				✓				✓				6	-	1			
	DCC		✓										2					
	Profit-private						✓									2		
	Others					✓							1					
40	DFP	✓											2	-	3			
	DGHS	✓		✓	-	✓	✓							1	4	4		
	DCC		✓										2					
	Profit-private				✓	✓							-	-	-	1		
	NGO	✓													1			
	Autonomous					✓							1					
	Non-profit private											✓						
41	DGHS	✓				✓	✓							-	1			
	NGO	✓	✓		✓			✓	✓		✓	✓	6	1			2	-
	DFP	✓													1			
	DCC		✓										1					
	Non-profit private				✓	✓										1		
	Autonomous					✓											-	1
	Profit-private						✓									2		

1 = Morning hours 2 = Evening hours 3 = Morning and afternoon 4 = 24 hours
5 = Afternoon 77 = See Annexure I.

Conclusions

The ORP conducted the needs assessment study of the facility conditions and provider-client interactions on family planning, child health, and immunization activities that have led to further planning of the delivery of ESP components at the Sher-e-Bangla Nagar Government Outdoor Dispensary. The ORP has also developed standardized management guidelines and training modules for the providers on ESP services.

The findings of the needs assessment study of the Sher-e-Bangla Nagar Government Outdoor Dispensary suggest short- and long-term requirements to improve the availability of quality ESP services. The short-term recommendations concern ways to ensure improvement of the organizations' clinic space and activities; the appointment of suitable service providers; arrangement of the training on ESP components for the clinic staff; improvement of supply of drugs and equipment; clarification of individual responsibilities, and upgradation of the water and sanitation facilities.

Long-term recommendations address the need to develop appropriate strategies to inform the community people about the available services in the clinic; improve other quality and management support systems; foster coordination among the providers; and establish formal referral linkages with the surrounding healthcare facilities.

Subsequent activities concern the monitoring and evaluation of the quality and sustainability of ESP service-delivery in the public sector facilities. The next step is to conduct the following activities:

i to examine the service use patterns and provider preference for different ESP-related services among the population in the catchment areas and their opinions regarding the Sher-e-Bangla Nagar Government Outdoor Dispensary;

ii to evaluate the retention of, and the constraints against optimal application of training skills of the service providers;

iii to develop a mechanism for referrals in and around the intervention area;

iv to analyze the cost of service-delivery at the clinic; and

v to identify spatial delimitation of the catchment area of the study facility.

The ORP has also provided support toward the formation of a Model ESP Clinic committee that includes the Civil Surgeon (and Deputy Civil Surgeon), Deputy Director of Family Planning, and the Chief Health Officer of the DCC which oversees the provision of the ESP at the Sher-e-Bangla Nagar Model ESP clinic. The Committee will review and apply the lessons learned at the outdoor dispensary in the process of formulating urban health policy.

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Annexure A

The Essential Services Package (ESP)

Within the overall context of the Health and Population Sector Strategy, based on the interventions identified by the World Development Report 1993, the elements of the Essential Services Package (ESP) are summarized and grouped into the following five areas:

i. Reproductive Healthcare

- safe motherhood services (antenatal care, safe delivery and obstetric first-aid and referral services, postnatal care);
- family planning services to increase distribution of pills and condoms, emphasizing clinical contraception, with particular attention to low-performing areas and under-served groups;
- prevention and control of RTIs/STDs/AIDS, specially in behavioural change communication and condom promotion;
- maternal nutrition;
- adolescent care, emphasizing behavioural change messages on proper nutrition and hygienic practices, information regarding puberty, safer sexual behaviour, and avoidance of health risks, including STDs/HIV/AIDS;
- services that address problems of infertility, particularly if caused by RTIs and STDs, such as sexually transmitted chlamydia infection.

ii. Child Healthcare

- provision of basic preventive and curative care for infants and children for ARI, CDD, vaccine-preventable diseases, and vitamin A;
- Integrated Management of Childhood Illness (IMCI) as a child survival strategy directed at improved prevention and case management of measles, malaria, malnutrition, diarrhoea, and bacterial pneumonia;
- services to address malnutrition, especially chronic energy deficiency, protein-energy malnutrition, low birth weight, and micronutrient deficiency;
- school health services, such as first-aid care, and periodic health check-ups of school children.

iii. Communicable Disease Control

- services that prevent and manage infectious diseases that have severe health impact (TB, leprosy, malaria, *kala-azar*, and other emerging and re-emerging diseases).

iv. Limited Curative Care

- care of common illnesses and injuries (basic first-aid, treatment of medical emergencies, pain relief and advice, specially for those in poverty).

v. Behaviour Change Communication

- provision of information, education and communication (IEC) services to support access to and use of the ESP and to promote healthy behaviour change.

The elements of the ESP, both by GoB and NIPHP/USAID are originally taken from the World Development Report (WDR) 1993, and are therefore, mostly similar, except in grouping the interventions under different headings and in prioritizing the interventions for their implementation. Under the Health and Population Sector Programme (HPSP, 1998) of the GoB, the elements of the ESP are summarized under four main headings as it is in the WDR. However, in NIPHP, the ESP elements have been categorized under six headings and prioritized for NIPHP support. Ranking for NIPHP support was based on an assessment of six main factors: customer's perceived demand, public health need, probable impact, feasibility of USAID support, existence of other donors funding and the opportunity costs of investing in a specific service. For instance, safe delivery was ranked as a "low" priority for NIPHP, because it is believed that it would be difficult for NIPHP to address safe delivery in a major way as 95% of women deliver at home. Similarly, "tuberculosis" was ranked as a "very low" priority for NIPHP, but it was rated as high by the GoB. The elements of the ESP which were ranked as "high" for NIPHP are EPI, vitamin A, IMCI, clinical methods, non-clinical methods, RTIs/STDs, including HIV/AIDS, ANC, PNC, iron folic acid supplementation and TT immunization.

Annexure B

Demographic Profile of Selected Zones of Dhaka City Corporation

Zone	Ward	Population in 1991	Slum population in 1991	Estimated population in 1998	Under 1 year	Under 5 years	15-49 years	Pregnant population	Population to serve
6	39	53344	7701	72594	2178	12341	13067	2904	17467
	40	56258	7414	76559	2297	13015	13781	3062	16816
	42	48264	25300	65681	1970	11166	11823	2627	57383
	43	24529	5254	33381	1001	5675	6009	1335	11917
	44	43133	1507	58698	1761	9979	10566	2348	3418
	45	68479	44570	93190	2796	15842	16774	3728	101089
	46	48439	29735	65919	1978	11206	11865	2637	67442
	47	45201	14527	61512	1845	10457	11072	2460	32949
Min. pop		24529	1507	33381	1001	5675	6009	1335	3418
Max. pop		68479	44570	93190	2796	15842	16774	3728	101089
Std. devi		11711	13936	15937	478	2709	2868	638	31608
Avg. pop		48456	17001	65942	1978	11210	11870	2638	38560
Zone total		387647	136008	527534	15826	89681	94957	21101	308480
7	9	28171	892	38337	1150	6517	6901	1533	2023
	10	39958	4069	54377	1631	9244	9788	2175	9229
	11	45968	6493	62556	1877	10635	11260	2502	14727
	12	43507	10867	59207	1776	10065	10657	2368	24647
	13	45405	9184	61790	1854	10504	11122	2472	20830
	14	48980	5491	66655	2000	11331	11998	2666	12454
	16	51666	1495	70310	2109	11953	12656	2812	3391
	41	49010	40965	66696	2001	11338	12005	2668	92913
Min. pop		28171	892	38337	1150	6517	6901	1533	2023
Max. pop		51666	40965	70310	2109	11953	12656	2812	92913
Std. devi		6906	12162	9399	282	1598	1692	376	27585
Avg. pop		44083	9932	59991	1800	10198	10798	2400	22527
Zone total		352665	79456	479928	14398	81587	86387	19196	180215

Note: The number of population in 1998 was estimated from the census population in 1991. It has grown @ 4.5% compounded annually. The number of slum population in 1991 was quoted from the Centre for Urban Studies survey, 1991. Population to serve represents the poor population, derived from an assumption that, 30% of Dhaka City population reside in the slums and 50% of urban people are poor.

Annexure C

Assessment Instrument for Urban GoB Facilities for Health, Family Planning, and Immunization Services

The purpose of this instrument is to assess the current configuration of health and family planning services provided by the GoB and their functioning. The assessment includes physical infrastructure, family planning and health services, IEC, MIS and the current situation of providers in terms of staffing, training, service provision. The information generated from this assessment will be used for developing a comprehensive plan to transform the concerned government facilities into a model ESP centre.

This instrument has four modules: service-delivery module, facility assessment module, provider assessment module, and organization and management module. This instrument contains several pre-coded and open-ended questions to be asked to the concerned providers. In addition, part of the instrument is an inventory of the facilities which should be completed through observation of the equipment and facilities and through discussions with the persons in charge of the facility on the day of the visit. In all cases, the interviewer should verify that the items exist by actually observing them. If s/he is not able to observe them, recording should be done accordingly.

The principal respondents for this instrument will be either the in-charge, manager, or any senior health provider at the clinic. Information obtained from the interviewer's observations of the facilities will also be recorded. Other service providers at the clinic and other clinic staff may serve as secondary respondents to complement and complete any missing information not reported or unknown by the key informant(s). If complete information can not be gathered from one visit, several visits should be made to complete the assessment.

All respondents should be informed that the information will be kept strictly confidential.

Assessment Instrument for Health Services

Name of the facility:_____ |__|__|__|

Type of clinic: _____ |__|__|

Address: _____

Corporation/municipality _____ |__|__|
Ward _____ |__|__| Zone _____ |__|__|
Cluster _____ |__|__|
District _____ |__|__|

Date of interview : __/__/__ Name of the interviewer _____ |__|__|

Name and title of position of the respondents:

Name	Title of position
1. _____	_____
2. _____	_____
3. _____	_____

Health: Service-delivery Module

A. Service provided (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. What child health services do you provide and for how many days of the week, and if you refer, where? (Initially unprompted and then probing for others twice).

	Service	Days	Refer	Where
a. ARI treatment	____	____	____	_____
b. Diarrhoea management	____	____	____	_____
c. Breast-feeding counseling	____	____	____	_____
d. Others_____	____	____	____	_____

2. What other reproductive health services do you provide and for how many days of the week, and if you refer, where? (Initially unprompted and then probing for others twice).

	Service	Days	Refer	Where
a. Breast-feeding counselling	____	____	____	_____
b. First-aid EoC	____	____	____	_____
c. STD/RTI counselling	____	____	____	_____
d. STD/RTI management	____	____	____	_____
e. Others_____	____	____	____	_____

3. What general health services do you provide and for how many days of the week, and if you refer, where? (Initially unprompted and then probing for others twice).

	Service	Days	Refer	Where
a. Malaria	____	____	____	_____
b. Tuberculosis	____	____	____	_____
c. First-aid	____	____	____	_____
d. Other health services	____	____	____	_____

4. What laboratory services do you provide?
   - ☐ Urine albumin test
   - ☐ Urine sugar test
   - ☐ Blood Hb test
   - ☐ Others (specify)_____
   - ☐ None

5. How do you refer your clients to other facilities?

	Referral slip	Note	Telephone	Verbally
Health	_____	____	_____	_____

B. Logistic supply (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. From where do you obtain your supplies? (Multiple answers possible).

   □ Central medical store
   □ TEMO--DFP
   □ District warehouse
   □ Regional warehouse
   □ Civil Surgeon office
   □ Others (please specify)_____

2a. Is there any stock register kept by the provider for the inventory of commodities?
   ☐ Yes ☐ No (If no, skip to Q 3)

2b. When was it last updated? ___/___/____

3. Indicate the condition of storage of commodities (separate room, *almirah*, shelf, freeze, floor, open space, systematic, cleanliness and others, any storage problems).

_____
_____
_____
_____

4a. Do you have a system for ordering supplies? ☐ Yes ☐ No (If no, skip to section C)

4b. How do you order or procure your supplies? (Instrument, frequency, regularity, delays, collection).

_____
_____
_____
_____

C. Clinic information system (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. What are the register(s)/format(s) you use for recording? (Please list).

_____

_____

_____

_____

2. How do you use these registers?

_____

_____

_____

_____

3. What are the reports you prepare, and where do you send them and how frequently? (Collect copies of reporting forms).

_____

_____

_____

_____

4. Do you provide any card/format to your clients?
   - ☐ Intra uterine device (IUD)
   - ☐ Injection
   - ☐ Immunization
   - ☐ Growth monitoring
   - ☐ Antenatal care
   - ☐ Referral
   - ☐ Others

5. Who prepares and compiles information for reporting? (Position).

_____

Health: Facility Assessment Module

A. Assessment of physical conditions (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Who owns the facility?

_____

2. Describe the examination, counselling area, and reception area.

   a. Reception area (space, stool, adequate for client flow, any other problems).

_____

_____

_____

   b. Examination area (space [separate or combined], bed, cover, screen, light [natural/artificial], auditory privacy during conversation, visual privacy during examination, water for hand-washing, any other problems).

_____

_____

_____

   c. Counselling area (space, screen, auditory privacy during conversation, any other problems).

_____

_____

_____

B. Clinic sanitation issues (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. How are clinic wastes disposed of?

Needles	: _____
Syringes	: _____
Used cotton balls, bandages	: _____
Ampules, vials	: _____
Saline bags	: _____
Others (specify) _____	: _____

2. Is there a functioning toilet? (Check whether water-seal and flash are working properly).

☐ Yes ☐ No

C. Information, education, and communication (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Does the clinic have a signboard outside?

☐ Yes ☐ No (If no, skip to Q 2)

2. What information does the signboard outside the clinic have on it? (Observe and circle all that apply)

Information	Yes	No
Name of clinic	1	2
Services provided	1	2
Working hours	1	2
Others (specify: _____)	1	2

2. What types of materials are there if any (depending on topics or themes)? (Circle all that apply) [See codes for types of the IEC materials at the bottom of the page]

Topic	Displayed (Observe)	Types of material (See codes)	Stored
Family planning	_____	_____	_____
EPI	_____	_____	_____
ARI	_____	_____	_____
Diarrhoea	_____	_____	_____
Breast-feeding	_____	_____	_____
Child nutrition	_____	_____	_____
Vitamin A	_____	_____	_____
Maternal care	_____	_____	_____
HIV/AIDS	_____	_____	_____
Skin infections (Scabies, Ring worm)	_____	_____	_____
Others (specify)_____	_____	_____	_____

Code lists for types of IEC materials:

Poster = 1; Flip-chart = 2; Brochure = 3; Pamphlet = 4, Others (specify) _____ = 7, NA = 8.

Health: Provider Assessment Module

[Clinic manager should be the primary respondent for this module. Other service providers at the clinic and other clinic staff may serve as secondary respondents to complement and complete any missing information]

A. Staffing position (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Describe the staff position, responsibility, and training status of the providers?

(a) Position	(b) Approved Number	(c) Number Filled	(d) Major respnsibilities (Use codes given below)	(d) Training received (Use codes)
1. Clinic In-charge	|__|__|	|__|__|		
2. Medical Doctor	|__|__|	|__|__|		
3. Nurse/ FWV	|__|__|	|__|__|		
4. Paramedic (LHV)	|__|__|	|__|__|		
5. Lab technician	|__|__|	|__|__|		

(a) Position	(b) Approved Number	(c) Number Filled	(d) Major respnsibilities (Use codes given below)	(d) Training received (Use codes)
6. Pharmacist/Drugist	|__|__|	|__|__|		
7. Clerk/Store-keeper	|__|__|	|__|__|		
8. Cleaner/Sweeper	|__|__|	|__|__|		
9. Others (specify):_____)	|__|__|	|__|__|		

Codes for major responsibilities:

Giving FP injections = 1, Inserting IUD = 2, Inserting Norplant = 3, Performing vasectomy = 4, Performing tubectomy = 5, Contraceptive counselling = 6, Contraceptive screening = 7, Side-effects management = 8, First-aid EOC =9, Basic EOC = 10, Giving immunization = 11, Treating ARI = 12, Treating diarrhoea = 13, Treating RTIs/STDs = 14, Providing ANC = 15, Performing MR = 16, Treating Worms = 17, Treating malaria = 18, Treating TB= 19, Counselling = 20, Infection prevention (sterilization and disinfection) = 21.

Others (specify:_____).

Health: Organization and Management Module

A. Coordination (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Have you met among yourselves in last three months? (Issues discussed, follow up, frequency of meeting).

_____

_____

_____

2. Are there coordination committees that you attend? (Please document the name, frequency of meeting, coordination committees minutes related issues discussed).

_____

_____

_____

3. Who supervises each position?

Position	Who supervise
1. Clinic In-charge	_____
2. Medical Doctor	_____
3. Nurse/ FWV	_____
4. Paramedic	_____
5. Lab technician	_____
6 Pharmacist/Druggist	_____
7. Clerk/Store-Keeper	_____
8. Cleaner/Sweeper	_____
9. Others (specify:_____)	_____

Thank you. The interview is completed.

Assessment Instrument for Family Planning Services

Name of the facility:_____ |__|__|__|

Type of clinic: _____ |__|__|

Address: _____

Corporation/municipality _____ |__|__|
Ward _____ |__|__| Zone _____ |__|__|
Cluster _____ |__|__|
District _____ |__|__|

Date of interview : ___/___/___ Name of the interviewer _____ |__|__|

Name and title of position of the respondents:

Name	Title of position
1. _____	_____
2. _____	_____
3. _____	_____

Family Planning: Service-delivery Module

A. Service provided (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. What family planning services do you provide and for how many days of the week, and if you refer, where? (Initially unprompted and then probing for others twice).

	Service	Days	Refer	Where
a. Oral pills	____	____	____	_____
b. Condoms	____	____	____	_____
c. IUDs	____	____	____	_____
d. Injectables	____	____	____	_____
e. Norplant	____	____	____	_____
f. Tubectomy	____	____	____	_____
g. Vesectomy	____	____	____	_____
h. Postpartum counselling	____	____	____	_____
i. Side-effects management	____	____	____	_____

2. What other reproductive health services do you provide and for how many days of the week, and if you refer, where? (Initially unprompted and then probing for others twice).

	Service	Days	Refer	Where
a. Antenatal care (ANC)	____	____	____	_____
b. Postnatal care (PNC)	____	____	____	_____
c. Breast-feeding counselling	____	____	____	_____
d. TT immunization	____	____	____	_____
e. First-aid EOC	____	____	____	_____
f. STD/RTU counselling	____	____	____	_____
g. STD/RTI management	____	____	____	_____
h. Post-abortion counselling	____	____	____	_____
i. Others_____	____	____	____	_____

3. What child health services do you provide and for how many days of the week, and if you refer, where? (Initially unprompted and then probing for others twice).

	Service	Days	Refer	Where
a. ARI treatment	____	____	____	_____
b. Diarrhoea management	____	____	____	_____
c. Breast-feeding counselling	____	____	____	_____
d. Growth monitoring	____	____	____	_____
e. Others _____	____	____	____	_____

4. What laboratory services do you provide?
   - ☐ Urine albumin test
   - ☐ Urine sugar test
   - ☐ Blood Hb test
   - ☐ Others (specify)_____
   - ☐ None

5. How do you refer your clients to other facilities?

	Referral slip	Note	Telephone	Verbally
Health	_____	____	_____	_____

B. Logistic supply (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. From where do you obtain your supplies? (Multiple answers possible).

   - ☐ Central medical store
   - ☐ TEMO-DFP
   - ☐ District warehouse
   - ☐ Regional warehouse
   - ☐ Civil Surgeon office
   - ☐ Others (please specify)_____

2a. Is there any stock register kept by the provider for the inventory of commodities?
☐ Yes ☐ No (If no, skip to Q 3)

2b. When was it last updated? ___/___/___

3. Indicate the condition of storage of commodities (separate room, *almirah*, shelf, freeze, floor, open space, systematic, cleanliness and others, any storage problems).

_____
_____
_____
_____

4a. Do you have a system for ordering supplies? ☐ Yes ☐ No (If no, skip to section C).

4b. How do you order or procure your supplies? (Instrument, frequency, regularity, delays, collection).

_____
_____
_____
_____

C. Clinic information system (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. What are the register(s)/format(s) you use for recording? (Please list).

_____

_____

_____

_____

2. How do you use these registers?

_____

_____

_____

_____

3. What are the reports you prepare, and where do you send them and how frequently? (Collect copies of reporting forms).

_____

_____

_____

_____

4. Do you provide any card/format to your clients?
   - ☐ Intra uterine device (IUD)
   - ☐ Injection
   - ☐ Immunization
   - ☐ Growth monitoring
   - ☐ Antenatal care
   - ☐ Referral
   - ☐ Others

5. Who prepares and compiles information for reporting? (Position).

_____

Family Planning: Facility Assessment Module

A. Assessment of physical conditions (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Who owns the facility?

_____

2. Describe the examination, counselling area, and reception area.

   a. Reception area (space, stool, adequate for client flow, any other problems).

_____

_____

_____

   b. Examination area (space [separate or combined], bed, cover, screen, light [natural/artificial], auditory privacy during conversation, visual privacy during examination, water for hand-washing, any other problems).

_____

_____

_____

   c. Counselling area (space, screen, auditory privacy during conversation, any other problems).

_____

_____

_____

B. Clinic sanitation issues (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. How are clinic wastes disposed of?

Needles	: _____
Syringes	: _____
Used cotton balls, bandages	: _____
Ampules, vials	: _____
Saline bags	: _____
Others (specify) _____	: _____

2. Is there a functioning toilet? (Check whether water-seal and flash are working properly).

☐ Yes ☐ No

C. Information, education, and communication (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Does the clinic have a signboard outside?

   ☐ Yes ☐ No (If no, skip to Q 2)

2. What information does the signboard outside the clinic have on it? (Observe and circle all that apply)

Information	Yes	No
Name of clinic	1	2
Services provided	1	2
Working hours	1	2
Others (specify: _____)	1	2

3. What types of materials are there if any (depending on topics or themes)? (Circle all that apply) [See codes for types of the IEC materials at the bottom of the page]

Topic	Displayed (Observe)	Types of material (See codes)	Stored
Family planning	_____	_____	_____
EPI	_____	_____	_____
ARI	_____	_____	_____
Diarrhoea	_____	_____	_____
Breast-feeding	_____	_____	_____
Child nutrition	_____	_____	_____
Vitamin A	_____	_____	_____
Maternal care	_____	_____	_____
HIV/AIDS	_____	_____	_____
Skin infections (Scabies, Ring worm)	_____	_____	_____
Others (specify)_____	_____	_____	_____

Code lists for types of IEC materials:

Poster = 1; Flip-chart = 2; Brochure = 3; Pamphlet = 4, Others (specify) _____ = 7, NA = 8.

Family Planning: Provider Assessment Module

[Clinic manager should be the primary respondent for this module. Other service providers at the clinic and other clinic staff may serve as secondary respondents to complement and complete any missing information]

A. Staffing position (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Describe the staff position, responsibility, and training status of the providers?

(a) Position	(b) Approved Number	(c) Number Filled	(d) Major respnsibilities (Use codes given below)	(d) Training received (Use codes)
1. Nurse/FWV	|__|__|	|__|__|	_____	_____
			_____	_____
			_____	_____
2. Others (specify):_____)	|__|__|	|__|__|	_____	_____
			_____	_____
			_____	_____

Codes for major responsibilities:

Giving FP injections = 1, Inserting IUD = 2, Inserting Norplant = 3, Performing vasectomy = 4, Performing tubectomy = 5, Contraceptive counselling = 6, Contraceptive screening = 7, Side-effects management = 8, First-aid EOC =9, Basic EOC = 10, Giving immunization = 11, Treating ARI = 12, Treating diarrhoea = 13, Treating RTIs/STDs = 14, Providing ANC = 15, Performing MR = 16, Treating Worms = 17, Treating malaria = 18, Treating TB= 19, Counselling = 20, Infection prevention (sterilization and disinfection) = 21.

Others (specify:_____).

Family Planning: Organization and Management Module

C. Coordination (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Have you met among yourselves in last three months? (Issues discussed, follow up, frequency of meeting).

   _____

   _____

   _____

2. Are there coordination committees that you attend? (Please document the name, frequency, coordination committees minutes-related issues discussed).

   _____

   _____

   _____

3. Who supervises each position?

Position	Who supervise
1. Nurse/FWV	_____
2. Others (specify:_____)	_____

Thank you. The interview is completed.

Assessment Instrument for Immunization Services

Name of the facility:_____ |__|__|__|

Type of clinic: _____ |__|__|

Address: _____

Corporation/municipality _____ |__|__|
Ward _____ |__|__| Zone _____ |__|__|
Cluster _____ |__|__|
District _____ |__|__|

Date of interview : ___/___/___ Name of the interviewer _____ |__|__|

Name and title of position of the respondents:

Name	Title of position
1. _____	_____
2. _____	_____
3. _____	_____

Immunization: Service-delivery Module

A. Service provided (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. What child health services do you provide and for how many days of the week, and if you refer, where? (Initially unprompted and then probing for others twice).

	Service	Days	Refer	Where
a. Child immunization	____	____	____	_____
b. Vitamin A supplementation	____	____	____	_____
c. Others_____	____	____	____	_____

2. How do you refer your clients to other facilities?

	Referral slip	Note	Telephone	Verbally
Health	_____	____	_____	_____

B. Logistic supply (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. From where do you obtain your supplies? (Multiple answers possible).

□ Zonal office TEMO
□ Others (please specify)_____

2a. Is there any stock register kept by the provider for the inventory of commodities?
☐ Yes ☐ No (If no, skip to Q 3)

2b. When was it last updated? ___/___/___

3. Indicate the condition of storage of commodities (separate room, *almirah*, shelf, freeze, floor, open space, systematic, cleanliness and others, any storage problems).

_____
_____
_____
_____

4a. Do you have a system for ordering supplies? ☐ Yes ☐ No (If no, skip to section C).

4b. How do you order or procure your supplies? (Instrument, frequency, regularity, delays, collection).

_____
_____
_____
_____

C. Clinic information system (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. What are the register(s)/format(s) you use for recording? (Please list).

_____

_____

_____

_____

2. How do you use these registers?

_____

_____

_____

_____

4. What are the reports you prepare, and where do you send them and how frequently? (Collect copies of reporting forms).

_____

_____

_____

_____

4. Do you provide any card/format to your clients?
   - ☐ Intra uterine device (IUD)
   - ☐ Injection
   - ☐ Immunization
   - ☐ Growth monitoring
   - ☐ Antenatal care
   - ☐ Referral
   - ☐ Others

5. Who prepares and compiles information for reporting? (Position).

_____

Immunization: Facility Assessment Module

A. Assessment of physical conditions (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Who owns the facility?

_____

2. Describe the examination, counselling area, and reception area.

   a. Reception area (space, stool, adequate for client flow, any other problems).

_____

_____

_____

   b. Examination area (space [separate or combined], bed, cover, screen, light [natural/artificial], auditory privacy during conversation, visual privacy during examination, water for hand-washing, any other problems).

_____

_____

_____

B. Sanitation issues (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. How are clinic wastes disposed of?

Needles	: _____
Syringes	: _____
Used cotton balls, bandages	: _____
Ampules, vials	: _____
Saline bags	: _____
Others (specify) _____	: _____

C. Information, education, and communication (Mark ✓ for 'Yes' and X for 'No' and use code as applicable) [Only observe and document the following]

1. Does the clinic have a signboard outside?

   ☐ Yes ☐ No (If no, skip to Q 2)

2. What information does the signboard outside the clinic have on it? (Observe and circle all that apply)

Information	Yes	No
Name of clinic	1	2
Services provided	1	2
Working hours	1	2
Others (specify: _____)	1	2

3. What types of materials are there if any (depending on topics or themes)? (Circle all that apply) [See codes for types of the IEC materials at the bottom of the page].

Topic	Displayed (Observe)	Types of material (See codes)	Stored
Family planning	_____	_____	_____
EPI	_____	_____	_____
ARI	_____	_____	_____
Diarrhoea	_____	_____	_____
Breast-feeding	_____	_____	_____
Child nutrition	_____	_____	_____
Vitamin A	_____	_____	_____
Maternal care	_____	_____	_____
HIV/AIDS	_____	_____	_____
Skin infections (Scabies, Ring worm)	_____	_____	_____
Others (specify)_____	_____	_____	_____

Code lists for types of IEC materials:

Poster = 1; Flip-chart = 2; Brochure = 3; Pamphlet = 4, Others (specify) _____ = 7, NA = 8.

Immunization: Provider Assessment Module

[Clinic manager should be the primary respondent for this module. Other service providers at the clinic and other clinic staff may serve as secondary respondents to complement and complete any missing information]

A. Staffing position (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Describe the staff position, responsibility, and training status of the providers?

(a) Position	(b) Approved Number	(c) Number Filled	(d) Major respnsibilities (Use codes given below)	(d) Training received (Use codes)
1. Vaccinator	|__|__|	|__|__|	_____	_____
2. Others (specify):_____)	|__|__|	|__|__|	_____	_____

Codes for major responsibilities:

Giving FP injections = 1, Inserting IUD = 2, Inserting Norplant = 3, Performing vasectomy = 4, Performing tubectomy = 5, Contraceptive counselling = 6, Contraceptive screening = 7, Side-effects management = 8, First-aid EOC =9, Basic EOC = 10, Giving immunization = 11, Treating ARI = 12, Treating diarrhoea = 13, Treating RTIs/STDs = 14, Providing ANC = 15, Performing MR = 16, Treating Worms = 17, Treating malaria = 18, Treating TB= 19, Counselling = 20, Infection prevention (sterilization and disinfection) = 21.

Others (specify:_____).

Immunization: Organization and Management Module

A. Coordination (Mark ✓ for 'Yes' and X for 'No' and use code as applicable)

1. Have you met among yourselves in last three months? (Issues discussed, follow up, frequency of meeting).

_____

_____

_____

2. Are there coordination committees that you attend? (Please document the name, frequency, coordination committees minutes related issues discussed).

_____

_____

_____

3. Who supervises each position?

Position	Who supervise
1. Vaccinator	_____
2. Others (specify:_____)	_____

Thank you. The interview is completed.

Drug and Supply Inventory by Department

Drug type	Formulation	Consumed in 1997 (#/mL)	Dispensed pt/visit	Unit/Cost (Tk)
Health				
Analgesic	Tab Paracetamol	34000	6	.27
	Syp Paracetamol (mL)	3600	60	.11
Antispasmodic	Tab Hysomide	5000	10	1.33
	Tab Sulbutamol	1400	6	.10
Antibiotic	Tab Cotrimoxazole	7500	12	.93
	Cap Amipicilin	5500	10	2.00
	Tab Penicillin	9000	13	1.07
	Cap Tetracycline	8500	10	.77
	Eye ointment	30	1	14.00
Anti-acid	Tab Anatacid	17000	8	.26
Anti-amoebic	Tab Metronidazole	10000	14	.64
Anti-allergic	Tab Histacin	21000	8	.07
	Syp Histacin (mL)	3150	60	.08
Anti-helminth	Tab Livamisole	3000	3	.22
	Syp Livamisole (mL)	900	690	.10
Vitamin	Tab B1	3000	6	.40
	Tab B complex	13000	6	.12
Anti-scabies	Cream Whitfield (gm)	2 000	25 gm	.19
	Lotion Bezoyle benzole	1350	60	.10
MCH-FP				
Analgesic	Tab Paracetamol	180	6	.19
Anti–fungal	Tab Metronidazole	0	0	.43
Antibiotic	Cap Doxycycline	0	0	.64
Contraceptive	Shuki (cycle)	4000	3	7.30
	Depo (Vial)	800	1	28.93
	Condom (piece)	10000	12	1.30
	IUD	20	1	24.00
Dhaka City Corporation				
BCG	Ampule	300	0.05ml	3.68
DPT	Vial	600	.5ml	5.06
TT	Vial	250	.5ml	4.14
Measles	Vial	250	.5ml	7.82
OPV	Ampule	800	2 drop	4.60
Vitamin A (box)	Capsule	2000	1 drop	1.31

Line item	No. consumed in 1997	Cost/unit (Tk)
Dhaka City Corporation		
Syringe	400	
Needle	600	2.30
Sterilizer*(double rack)	1	3000
Stove	0	
Bag	2	150.00
Register (mother and child)	4	NA**
Cards (TT and child)	14000	2.00
FP-MCH		
Disposable syringe (5 cc and 10 cc)	900	2.37
Uristrix box	0	227.00
Telequest	1	74.00
Gloves	20	7.45
Sterilizer*	1	5500.00
Bathroom scale	0	NA
Stethoscope*	1	199.00
BP machine*	1	792.00
Others (stationaries, transport, etc.)		
Health		
Haemoglobinometer*	1	NA
ESR stand	1	130.00
ESR tube	3	17.00
Glass slide	4000	.50
Cover slip	2000	.50
Microscope*	1	NA
Disposable syringe	1000	3.00
Spirit (ml)	1000	70.00
Benedict solution (mL)	5000	NA
Metallic bucket*	1	
Tray with cover*	1	450.00
Kidney tray*	1	150.00
Artery forcep	2	60.00
Plain forcep	1	60.00
Scissors	2	60.00
Sterilizer*	1	5500
Leucoplast	0	70.00
Cotton (lb)	15	50.00
Stethoscope*	2	362.00
BP machine*	2	662.00

*These are durable items used beyond a year

**NA = Not available

Source: Stock in-charge and stock registers of Sher-e-Bangla Nagar Outdoor Dispensary and Civil Surgeon Office Dhaka.
Stock registers of family planning provider and Directorate of Family Planning, Azimpur, Dhaka Zonal Health Department, Dhaka City Corporation, and EPI HQs.

Inventory of Information Education, and Communication Materials in the Sher-e-Bangla Nagar ESP Model Clinic

Room/Space	Key Message	Type of Material (1)	Presentation form (2)	Current condition (3)	Recommendation

1. Poster, flip-chart, brochure, pamphlet, and others.
2. Framed, loose, and other.
3. Physical condition of the materials.

Summary of IEC Materials by ESP Services in the Sher-e-Bangla Nagar Model ESP Clinic

Topic	Type of material and number	Present condition
ARI	None	
CDD	Poster (9)	Of 9 posters, 1 is in 'not good', 7 are in 'good', and 1 is in 'very bad' condition
RTI/STD	Poster (1)	The only poster is in 'good' condition
Infant feeding	Poster (5)	Of 5 posters, 3 are in 'not good',1 is in 'good' and 1 is in 'very bad' condition
EPI/Vitamin A	Sticker (1) Poster (3)	The only sticker is in 'not good' condition. Of 4 posters, 1 poster is in 'not good', 1 is in 'good', and 2 are in 'very bad' condition
FP	Poster (5)	Of 5 posters, 1 is in 'not good',1 is in 'good' and 3 are in 'very bad' condition
ANC	None	
PNC	None	
TT	None	

Annexure D

List of GoB/NGO/Private and Family Planning Facilities

Name and full address of facilities: village/ thana/union/ward	Managed by	Type of facility*	Infra-structure*	Days of operation/ week*	Time of operation*	Departure*	Charge Yes/No	Provider type*	Service		Networking Yes/No**
									Clinic*	Outreach*	

* See code list

** If yes, take note on nature of partnership (referral, shared service, fund, etc.)

Observation Guide for Interaction between Clients and Service Providers at the Service-delivery Centre of Essential Services Package Intervention

Obtain the consent of both client and provider before proceeding to observe interactions between them. When observing be as discrete as possible and on no accounts become involved in the interaction process. Make sure that the provider knows that you are not there to evaluate her/him and that you are not an "expert" who can be consulted during the session. Try to sit behind the client but not directly in view of the provider. Make notes as quietly as possible.

Observer _____|__| Date of observation: ___/___/___
DD/ MM / YY

A. Name and ID of facility: _____|__|__|__|__|

B. Client's number: ..... |__|__|__|__|
Note: This same number should be written on the client interview form)

C. Designation, name and ID of staff member observed **(code ID only for observed provider):**

		Name	ID
a.	Doctor 1	_____	|__|__|__|
b.	Paramedic..... 2	_____	|__|__|__|
c.	Vaccinator 3	_____	|__|__|__|
d.	Assistant nurse 4	_____	|__|__|__|
e.	Pharmacist 5	_____	|__|__|__|
f.	Lab technician 6	_____	|__|__|__|
g.	Others..... 7	_____	|__|__|__|

D. Type of staff: Code |__|

a. Directorate General of Health Services..... 1
b. Directorate of Family Planning 2
c. Dhaka City Corporation..... 3

Instructions to observer: After coding question no. 03 please fill out the respective module to perform your observation of what happened during client-provider interaction. Use several modules if the client is given several services.

01. a. Arrival time |__|__|.|__|__| hours
    b Time seen |__|__|.|__|__| hours
    c. Time out |__|__|.|__|__| hours

02. Did the provider greet the client in a friendly manner?
    Yes 1
    No 2

03. What was the purpose of the visit? Code |__|__|

Module

A. Family Planning 01
   a. Current user:
      Re-supply 1
      Check-up 2
      Consult about problem/doubt with the current method...3
      Discontinue method 4
      Switch methods 5
      Others_____.....6

   b. Non-user:
      Obtain method for the first time (new).....7
      Obtain method (ever user).....8
      Others _____.....9

B. Antenatal Care/TT Immunization 02
C. Postnatal Care 03
D. Consultation/Treatment for STDs/RTIs 04
E. Child Immunization 05
F. Diarrhoea 06
G. Acute Respiratory Tract Infection 07
   Others_____.....77

Go to respective module

Module A: Family Planning

[Please check if the client is a current user, fill out **A(a),** otherwise go to **A(b)]**

A (a) If current user

01. What method was the woman currently using or adopted (before coming to the clinic)? (Ask if necessary)

Pill 1
Condom 2
Injectable 3
IUD 4
Female sterilization 5
Vasectomy 6
Traditional family planning 7
Norplant 8

Observe the following:

Did the provider	Yes	No	NA	Code
02. Ask to see the client's family planning card (Inj., IUD)				
03. Ask how is she using the method				
04. Whether the client's desired number of children changed				
05. (If yes) when the next child is desired				
06. Inform the proper use of the method, if it had been faulty				
07. Take feedback, after informing the client about the proper use				
08. Ask whether the client is facing any problem with the method				
09. Did the client spontaneously mention any problem with the current method? If no, skip to question no. 11				
10. Did the provider take any of the following actions?				
a. reassured the client (give other advices)				
b. counselled the client about side-effects				
c. gave medical treatment				
d. advised the client to change method				
e. gave important warning signs to watch for				
f. referred the client else where for treatment. If yes, why?_____				
g. no action				
h. others_____				
11. Was there discussion about the alternative method?				
12. Did the women decide to switch?				

NA = Not applicable

Check question 12 if answer is yes, continue with section A(b), otherwise skip to question 127

A(b) If non-user

	Yes		No	NA	Code
13. Whether the provider discussed about various family planning methods?					
14. Whether the IEC materials were used during discussion?					
15. Did the provider ask about or did the client spontaneously mention any of these subjects?	P	C			
a. client's age					
b. whether the client desired (more) children					
c. when she desired the next child					
d. about the no. of living children the client has					
e. about the age of the last child					
f. about breast-feeding (child age < 6 months)					
g. if the client has concerns about using any method					
h. about the preference for any contraceptive method					
16. Did the provider asked the client if she had discussed family planning with husband/partner					
17. Did the provider ask about the following medical history					
a. had jaundice in past one year					
b. had history of severe leg pain					
c. had history of chest pain/heart disease					
d. had swollen painful veins in legs					
e. had severe headache, blurred vision					
f. had any breast lump/cancer					
g. had high blood pressure					
h. was suffering from uncontrolled diabetes					
i. had unexplained vaginal bleeding					
j. had severe low abdominal pain/back pain					
k. had history of ectopic pregnancy					
l. had history of caesarean section					
m. date of LMP					
n. none of the above					
18. Did the provider check					
a. weight					
b. blood pressure					
c. breast (for any lump)					
d. eyes for pallor					
e. eyes for yellow colouration					

		Yes	No	NA	Code
19.	Did the provider conduct any pelvic examination? (If no, go to question no. 24)				
	a. size of the uterus (uterine sound)				
	b. discharge (speculum)				
	c. cervical motion tenderness				
20.	Did the provider wash hands before doing pelvic exam?				
21.	Did the provider change gloves to perform the exam?				
22.	Did the provider use a sterilized speculum?				
23.	Did the provider keep used instruments in decontaminated solution?				
24.	Did the provider done/advise any Laboratory Tests (blood for Hb, urine for albumin, sugar)?				

25. What was the outcome of the visit?

No method was accepted	01 (go to 33)
Pill accepted	02 (go to 27)
Condom accepted	03 "
Injection accepted	04 "
IUD accepted	05 "
Female sterilization/referral accepted	06 (go to 33)
Vasectomy/referral accepted	07 "
Norplant/referral accepted	08 "
Re-supplied	09 (go to 28)
Discontinued	10 (go to 33)
Client was rejected by the provider	13 (continue)
Others_____	77 (go to 33)

Did the provider explain		Yes	No	NA	Code
26.	Why she was rejected? Go to question no. 33				
27.	How the method works?				
28.	How to use the method?				
29.	About side-effects				
	a. all side-effects				
	b. at least three important side-effects				
	c. 1 or 2 important side-effects				
	d. none				
	e. side-effects incorrectly				

Did the provider explain	Yes	No	NA	Code
30. About warming signs				
a. all warning signs				
b. at least three important warning signs				
c. 1 or 2 important warning signs				
d. none				
e. warning signs incorrectly				
31. When to come for a follow-up visit?				
32. If the method desired was not available at the site, did the provider inform the client where to get it?				
33. Did the provider/inquirer ask whether the woman has a child aged 1 year? If the answer iss No or NA, 133 stop; otherwise continue with the observation				
34. Did the provider inquire about immunization of the child?				
35. If yes, was the immunized?				
36. Did the provider ask the woman to bring her child to this facility for immunization?				
37. Did the provider inquire about vitamin A supplementation of the child?				
38. Did the provider ask about breast-feeding/complementary feeding?				

In case of 29 and 30 code 1 = all, code 2 = (at least three), code 3 = (1 or 2 important), code 4 = none, code 5 = incorrect.

Module B: Antenal Care/TT Immunization

[In case of 1st visit, please **code 1 to question 101** then continue with next questions and observe up to question 105. In other cases, **code 2 to question 101** and skip to question 109].

101. First visit |__|

Observe whether the provider	Yes	No	NA	Code
102. Asked the last menstrual period (LMP)				
103. Calculate the expected date of delivery (EDD)				
104. Asked about the obstetric risk factors				
a. age <18 or >35 years				
b. 1st or 4+ pregnancy				
c. pregnancy interval <2 years				
d. height <145 cm / 58 inch				
e. Identified past obstetric complications				
f. pre-eclampsia /eclampsia				
g. abortion/miscarriages				
h. antepartum haemorrhage				
i. multiple pregnancy/twins				
j. prolonged/obstructed labour				
k. cesarean/instrumental delivery				
l. PPH/retained placenta				
m. intrauterine death/still-birth				
n. VVF/perineal tear				
o. neonatal death within 48 hours				
106. Identified past medical problems/family history				
a. hypertension				
b. heart disease				
c. diabetes				
d. bleeding disorder				
e. Jaundice				
107. Performed any physical examinations				
a. height				
b. breast examination				
108. Provide ANC card				
109. Asked about any or new complication				
110. Asked about foetal movement (after 16 weeks)				

Did the provider	Yes	No	NA	Code
111. Perform the following physical examinations (all visits)				
a. checked oedema				
b. checked anaemia				
c. checked jaundice				
d. measured blood pressure				
e. measured weight				
f. fundal height (after 12 weeks)				
g. listened to foetal heart sound (after 20 weeks)				
112. Do any lab test				
a. urine for sugar				
b. urine for albumin				
c. blood haemoglobin				
113. Inform the warning signs				
a. bleeding during pregnancy				
b. oedema/headache/blurring of vision				
c. fever for more than 3 days				
d. leaking membrane				
e. excessive bleeding during or after delivery				
f. prolonged /obstructed labour				
114. Inform what to do in case of complications				
115. Provide/advise TT immunization (note)				
116. Advise/prescribe iron folic acid (NA is 1st trimester)				
117. Advise on feeding practices for pregnancy				
118. Advise on return visit				
119. Advise on safe-delivery practices				
120. Advise to come for postnatal care				
121. Advise on giving colostrum to the newborn				
122. Advise on vaccination of the newborn				
123. Advise on contraception after delivery				
124. Refer the client				
125. What was the reason for referral?_____				
126. If the mother has children aged less than 5 years, has she been advised/provided to give the child vitamin A?				
127. If the mother has < 1-year child, has she been advised/provided immunization?				
128. Has the client been advised regarding the range of services available at the clinic?				

Annexure E

Module C: Postnatal Care

Whether the provider asked the mother about	Yes	No	NA	Code
201. Date of delivery ___/___/____				
202. Type of delivery				
203. Place of delivery				
204. Outcome of pregnancy				
205. Whether she had any fever				
206. Did the provider do any physical check-up?				
207. Did the provider do any per-vaginal check-up?				
208. Did the provider prescribe/advise iron folic acid/vitamin A?				
209. Did the provider do any physical check-up for the newborn? (note)_____				
210. Did the provider advise on care of umbilicus of the child?				
211. Did the provider advise on immunization/vitamin A of the child?				
212. Did the provider give any feeding advice for the mother?				
213. Did the provider advise on return visit?				

About breast-feeding/family planning/child immunization /vitamin A

Did the provider				
214. Ask about her plan of feeding the baby				
215. Ask about her occupation concerning stay outside home				
216. Address misconceptions and information gaps regarding breast-feeding				
217. Advise on colostrum to the newborn				
218. Advise on exclusive breast-feeding for 5 months				
219. Advise on technique of breast-feeding				
220. Inform on danger of bottle-feeding				
221. Advise on complementary feeding after 5 months				
222. Advise on a suitable contraceptive method				
223. Inform services/methods available here				
224. Inform that if the methods are not available here, where to go to get it				

Module D: Consultation/Treatment of STDs/RTIs (Female Client)

History-taking

Did the provider ask about	Yes	No	NA	Code
301. Occupation				
a. occupation of clients				
b. occupation of spouse				
302. Presenting complaints (vaginal discharge, lower abdominal pain, genital ulcer, inguinal swelling)				
303. Pregnancy history				
304. Current contraceptive use				
305. If vaginal discharge, nature of vaginal discharge				
306. If lower abdominal pain				
a. missed/ overdue period				
b. recent abortion/delivery				
c. vaginal bleeding				
307. If genital ulcer				
a. duration of ulcer				
b. nature of ulcer				
c. repeated infection				
308. If inguinal swelling				
a. history of groin pain				
b. recent genital ulceration				
c. recent or past swelling/ulceration anywhere in the body				
309. Partner's symptoms (urethral discharge, genital ulcer, inguinal swelling)				
310. Recent new partner				
311. Multiple partners				
312. Spouse at home after long stay away				

Examination

Did the provider do the followings	Yes	No	NA	Code
313. Abdominal examination				
314. Severe tenderness				
315. Abdominal mass				
316. Palpated inguinal lymph nodes				
a. lispected genitalia				
b. ulcer				
c. swelling				
d. discharge				

Did the provider do the followings	Yes	No	NA	Code
317. Per-vaginal examination				
a. washed hand before per-vaginal examination				
b. used fresh gloves for the examination				

Did the provider do the followings	Yes	No	NA	Code
318. Speculum examination				
If yes, A. Used sterilized speculum				
B. Observed				
a. profuse/offensive/frothy discharge _____ correct/incorrect				
b. yellow/purulent discharge _____ correct/incorrect				
c. white curd-like discharge _____ correct/incorrect				
d. mixed discharge _____ correct/incorrect				
e. no discharge _____ correct/incorrect				
C. Kept the speculum in decontaminated solution				

If question 318 is No, then code 2. If question 318A, 318B (a, b, c, d, e) is NA, then code 8. If question 318 and 318A is Yes, then code 1. If question 318B (a, b, c, d, e) is Yes correct, then code 1, for No code 2, and code 3 for Yes incorrect.

Diagnosis

319. Did the provider make syndromic diagnosis?	Yes	No	NA	Code
320. If yes, please specify the provider's diagnosis.				
a. cervicitis				
b. vaginitis				
c. candidiasis				
d. PID				
e. others				

Treatment

321. Did the provider prescribe medicines?				
322. Did the provider provide medicines?				

Information and counseling

Did the provider	Yes	No	NA	Code
323. Reassure the patient				
324. Explain the problem				
325. Explain the use of prescribed/provided drugs				
326. Take feedback on the use of drugs				
327. Emphasize completion of treatment, even after the disappearance of symptoms and signs				
328. Inform that s/he may get the infection through sexual contact				
329. Inform avoidance of sexual contact during the period of treatment of client and partner to prevent re-infection				
330. Emphasize on use of condom if sexual contact cannot be avoided				
331. Demonstrate the use of condom using model				
332. Provide condoms				
333. Inform that some RTIs are due to lack of personal hygiene				
334. Inform that HIV/AIDS is also sexually transmitted, and it has no curative treatment				
335. Encourage follow-up visit on the specified date				
336. Use flip-chart for the purpose of counselling				

Partner management

337. Help the patient to understand the importance of partner management even if the partner is asymptotic				
338. Discuss possible ways of partner management				

Missed opportunities

Did the provider	Yes	No	NA	Code
339. Discuss family planning (methods, sources)				
340. Encourage vaccination of the child (if child is aged less than 1 year)				
341. Discuss feeding the child aged less than 2 years (breastfeeding/complementary feeding)				
342. Discuss the availability of other health services				
343. Maintain a respectful and non-judgmental attitude toward the client				

344. If referred, why and where?

_____

_____

Comments of observer (if any)

_____

_____

Module D: Consultation/Treatment of STDs/RTIs (Male Client)

History-taking

Did the provider ask about	Yes	No	NA	Code
345. Occupation				
a. occupation of client				
b. occupation of spouse(s)				
346. Presenting symptoms (urethral discharge, genital ulcer, scrotal swelling, inguinal swelling)				
347. If urethral discharge				
a. nature of discharge				
b. pain during urination				
348. If inguinal swelling				
a. history of groin pain				
b. recent genital ulcer				
c. recent or past swelling anywhere in the body				
349. If scrotal swelling				
a. history and nature of swelling				
b. history of injury				
c. history of STIs in last six weeks				
d. history of any urethral discharge				
350. If genital ulcer				
a. duration of ulcer				
b. nature of ulcer				
c. repeated infection				
351. Partner's symptoms (vaginal discharge, lower abdominal pain, genital ulcer, inguinal swelling)				
352. Recent new partner				
353. Multiple partners				
354. At home after long stay away				

Examination

Did the provider	Yes	No	NA	Code
355. Palpate inguinal lymph nodes				
356. Examine genitalia				
a. inspection for ulcer				
b. urethral discharge (milk urethra)				

Did the provider	Yes	No	NA	Code
357. Examine scrotum				
a. inspection				
b. tenderness				
c. position				

Diagnosis

Did the provider do	Yes	No	NA	Code
358. Syndromic diagnosis				
359. If yes, please specify the provider's diagnosis				
a. urethral discharge				
b. genital ulcer				
c. scrotal swelling				
d. iguinal bubo				

Treatment

360. Did the provider prescribed medicines?				
361. Did the provider provide medicines?				

Information and counselling

Did the provider	Yes	No	NA	Code
362. Reassure the patient				
363. Explain the problem				
364. Explain the use of prescribed/provided drugs				
365. Take feedback on the use of drugs				
366. Emphasize completion of treatment, even after the disappearance of symptoms and signs				
367. Inform that s/he may get the infection through sexual contact				
368. Inform avoidance of sexual contact during the period of treatment of client and partner to prevent re-infection				
369. Emphasize on use of condom if sexual contact cannot be avoided				
370. Demonstrate the use of condom using model				
371. Provide condoms				
372. Inform that some RTIs are due to lack of personal hygiene				
373. Inform that HIV/AIDS is also sexually transmitted, and it has no curative treatment				
374. Encourage follow-up visit on the specified date				
375. Use flip- chart for the purpose of counselling				

Partner management

Did the provider	Yes	No	NA	Code
376. Help the patient to understand the importance of partner management even if the partner is asymptomatic				
377. Discuss possible ways of partner management				
378. Ask whether the partner is pregnant				
379. Provide/prescribe medicines				

Missed opportunities

Did the provider	Yes	No	NA	Code
380. Discuss family planning (methods, sources)				
381. Encourage vaccination of the child (if child is aged less than 1 year)				
382. Discuss feeding the child aged less than 2 years (breast-feeding/complementary feeding)				
383. Discuss availability of other health services				
384. Maintain a respectful and non-judgmental attitude toward the client				

385. If referred, why and where?

386. Comments of the observer (If any)

Module E: Child Immunization

Technical

Did the provider	Yes	No	NA	Code
401. Sterilize at the centre				
402. Sterilize properly (20 minutes)				
403. Check if the vaccine carrier has frozen icepack				
404. Check if the vaccine carrier has thermometer				
405. Keep heat-labile vaccines on the icepack				
406. Check/provide proper immunization card (_____months)				
407. Ask and determine the age of child				
408. Clean the site of injection				
409. Remove the bubbles from the syringe				
410. Hold the child in appropriate position				
411. Use the non-touch technique				
412. Use proper angle according to site				
413. Withdraw piston before injecting the vaccine				
414. Fill tally sheet and update the registration book				
415. Provide vitamin A in appropriate doses				
416. Refer the client to MO, if needed				

IPC

Did the provider inform the client about	Yes	No	NA	Code
417. Benefit of immunization				
418. Date of return for the next vaccine				
419. Reassure the client not to worry				
420. Usual side-effects (fever, pain, swelling, ulcer)				
421. How to manage in case of these side effect				
422. Emphasize the need for completing all doses				
423. Emphasize the need for preserving the card				
424. Inquire about lame cases in the neighborhood				
425. Take feedback from the client				

Organizational

Is the vaccinator table well organized?	Yes	No	NA	Code
426. Moni table cloth				
427. Sterilizer with cover lid				
428. Bowl with clean water				
429. Forcep properly placed				
430. Icepack with vaccine properly placed				
431. Have adequate card/vaccine/vitamin A for distribution				

Missed opportunities

Did the provider	Yes	No	NA	Code
432. Ask reproductive goals and plans of women				
433. Advise on a suitable contraceptive method				
434. Inform that methods are available here				
435. Inform that if the methods are not available here, where to go to get it				
436. Inform about the services available in the dispensary				
437. Ask about breast-feeding/complementary feeding				

Module F: Diarrhoea (< 5 years)

Did the provider ask about	Yes	No	NA	Code
501. Age of the child				
502. Duration of diarrhoea				
503. Frequency of stool				
504. Consistency of stool				
505. Blood in stool				
506. Any fever of the child				
507. Any convulsion of the child				
508. Did the provider **look for** dehydration which includes				
a. looking at eyes				
b. looking at mouth and tongue				
c. looking for thirst				
509. Did the provider pinch skin				
510. Did the provider categorize according to the WHO guidelines?				
511. If yes, which category Provider/observer)				
a. severe dehydration				P|___|
b. some dehydration				O|___|
c. no dehydration				

In 511, code 1 = severe dehydration, 2 = some dehydration, 3 = no dehydration.
In code column, **box P** is for coding provider and **box O** is for coding observer

Did the provider	Yes	No	NA	Code
512. Make a diagnosis				
513. Prescribe ORS				
514. Supply ORS				
515. Check whether the attendant knew how to prepare ORS				
516. Explain how to prepare ORS (Correct/incorrect)				
517. Take feedback from the client about preparing ORS				
518. Prescribe antibiotic				
519. Explain how to take antibiotic (Correct/incorrect)				
520. Prescribe anti diarrhoeal agents				
521. Talk about hygiene				
522. Advise to continue feeding				

In question 516 and 519 code 1 = yes correct, 2 = no and 3 = yes incorrect

Did the provider	Yes	No	NA	Code
523. Explain three rules for treating diarrhoea at home				
a. give the child more fluid then usual				
b. give plenty of food (frequent breast-feeding/feeding)				
c. advise to take the child to health facility if the patient did not improve in tow days or had any of the following:				
i. passing a large amount watery stool				
ii. repeated vomiting				
iii. marked thirst				
iv. eating or drinking poorly				
v. fever				
vi. blood in the stool				
524. Reassure the client				
525. Did the provider check whether the child has cough/fever?				
526. .If yes, did the provider count breathing?				
527. Refer the patient to hospital/clinic				

In no/some dehydration cases, observe the followings missed opportunities

528. If the child is aged less than one year, did the provider	Yes	No	NA	Code
a. ask immunization status of the child ?				
b. inform about immunization, if not immunized?				
c. ask about breast-feeding?				
d. ask about complementary feeding?				
e. ask about family planning status of the mother?				
f. advise/inform/refer for contraceptive methods/other services available?				

Module G: Acute Respiratory Tract Infection

Did the provider	Yes	No	NA	Code
601. Ask about the age of child	|__|__|__|			
602. Obtain the history of illness				
603. Assess cough/difficult breathing				
A. Ask about				
a. duration of cough				
b. whether the child is able to drink (2 months - 5 years)				
c. whether the young infant stopped feeding well (<2 months)				
d. fever				
e. convulsions				
B. Look at/listen to				
a. respiratory rate for one minute				
b. chest indrawing				
c. stridor				
d. wheezing				
e. is the child abnormally sleepy or difficult to awake?				
f. check fever or low body temperature				
g. check severe malnutrition				
604. Classify illnesses/made diagnosis				
605. If yes, which category? (Provider/observer)				P|__|
a. very severe disease				O|__|
b. severe pneumonia				
c. pneumonia				
d. no pneumonia				

In 605, code 1 = very severe disease, 2 = severe pneumonia, 3 = pneumonia, 4 = no pneumonia. In code column, **box P** is for provider and **box O** is for observer.

Did the provider	Yes	No	NA	Code
606. Supply/prescribe antibiotics				
607. Explain how to take antibiotics				
608. Supply/prescribe other drugs				
609. Advise the mother for home care				
a. breastfeed frequently/give frequent feeds during illness				
b. increase feeding after illness				
c. clear nose if blocked				
d. increase intake of home fluids				
e. soothe the throat and relieve cough with safe remedy				
f. keep the young infant warm				
610. Ask the mother to come back immediately if any of the following signs occur				
a. breathing becomes difficult				
b. breathing becomes fast				
c. the child is not able to drink				
d. stop feeding well				
e. the child becomes sicker				
611. Ask the mother to come back after two days for pneumonia cases				
612. Reassure the client				
613. Refer to hospital, why and where				
614. Checked whether the child is suffering from diarrhoea				

In case of no pneumonia, please observe missed opportunities

Did the provider	Yes	No	NA	Code
615. Ask about immunization status of the child				
616. Inform about immunization, if not immunized				
617. Ask/advise about breast-feeding				
618. Ask/advise about complementary feeding				
619. Ask about family planning status of the mother				
620. Advise/inform about contraceptive methods and where to go to get it				

Annexure F

Provider-client Interaction Analysis Tool for Health Services

Sl. No.	Time	ARI	CDD	RTI/STD	General health	ANC	PNC	Others
1.	Arrival time							
	Departure time							
2.	Arrival time							
	Departure time							
3.	Arrival time							
	Departure time							
4.	Arrival time							
	Departure time							
5.	Arrival time							
	Departure time							
6.	Arrival time							
	Departure time							
7.	Arrival time							
	Departure time							
8.	Arrival time							
	Departure time							
9.	Arrival time							
	Departure time							
10.	Arrival time							
	Departure time							
11.	Arrival time							
	Departure time							
12.	Arrival time							
	Departure time							
13.	Arrival time							
	Departure time							
14.	Arrival time							
	Departure time							
15.	Arrival time							
	Departure time							
16.	Arrival time							
	Departure time							
17.	Arrival time							
	Departure time							
18.	Arrival time							
	Departure time							
19.	Arrival time							
	Departure time							

Provider-client Interaction Analysis Tool for Family Planning Services

Sl. No.	Time	Pill	Condom	Injectables	IUD
1.	Arrival time				
	Departure time				
2.	Arrival time				
	Departure time				
3.	Arrival time				
	Departure time				
4.	Arrival time				
	Departure time				
5.	Arrival time				
	Departure time				
6.	Arrival time				
	Departure time				
7.	Arrival time				
	Departure time				
8.	Arrival time				
	Departure time				
9.	Arrival time				
	Departure time				
10.	Arrival time				
	Departure time				
11.	Arrival time				
	Departure time				
12.	Arrival time				
	Departure time				
13.	Arrival time				
	Departure time				
14.	Arrival time				
	Departure time				
15.	Arrival time				
	Departure time				
16.	Arrival time				
	Departure time				
17.	Arrival time				
	Departure time				
18.	Arrival time				
	Departure time				
19.	Arrival time				
	Departure time				
20.	Arrival time				
	Departure time				

Provider-client Interaction Analysis Tool for Immunization Services

Sl. No.	Time	Vaccination	Average time
1.	Arrival time		
	Departure time		
2.	Arrival time		
	Departure time		
3.	Arrival time		
	Departure time		
4.	Arrival time		
	Departure time		
5.	Arrival time		
	Departure time		
6.	Arrival time		
	Departure time		
7.	Arrival time		
	Departure time		
8.	Arrival time		
	Departure time		
9.	Arrival time		
	Departure time		
10.	Arrival time		
	Departure time		
11.	Arrival time		
	Departure time		
12.	Arrival time		
	Departure time		
13.	Arrival time		
	Departure time		
14.	Arrival time		
	Departure time		
15.	Arrival time		
	Departure time		
16.	Arrival time		
	Departure time		
17.	Arrival time		
	Departure time		
18.	Arrival time		
	Departure time		
19.	Arrival time		
	Departure time		

Annexure G

Use of Record-keeping Instrument by Department

Health	Family planning	Dhaka City Corporation
1. Outdoor patient's slip 2. Patient register: a. Male b. Female c. Child 3. Mini slip for medicine distribution 4. Dressing register 5. Blood examination register 6. Urine examination register 7. Stool examination register 8. Pathological report slip 9. Stock register 10. ANC register 11. ANC card	1. Condom and pill register 2. Cu-T register: a. Payment register b. Certificate book c. Follow-up register d. Cash register e. Stock register 3. Card and Cu-T form 4. Injectable register: a. Follow-up register b. Birth control injectable register 5. Injectable card 6. Patient register	1. EPI register a. Child b. Women and TT 2. EPI cards: a. Child b. TT 3. Tally sheet

List of Report by Departments

Health	Family planning	Dhaka City Corporation
1. Monthly performance report of out-door patient (self-formatted) 2. Disease profile report (self-formatted) 3. Monthly performance report of laboratory (self-formatted)	1. Monthly performance report of FP (MIS-Form 3, pre-formatted)	1. Daily performance report of EPI (pre-formatted)

Annexure H

Number of Clients Served by the Health Department in the Sher-e-Bangla Nagar ESP Model Clinic per Month

Ward No._____ **Zone No.**_____

Months	Health services																			
	CDD					RTI/STD		ARI					General health[1]					Others[2]	ANC[3]	Total
Month	<5	>5-8	9-19	>19	Total	M	F	<5	>5-8	9-19	>19	Total	<5	>5-8	9-19	>19	Total			
Total																				
Average																				
Month																				
Total																				
Average																				

[1]General health: warm infestation, peptic ulcer, skin infection, night blindness, vitamin deficiency, iron deficiency , anaemia, asthma, (eye, ear, dental infection) infection, hypertension, minor injuries, PUO.

[2]Other services for all ages: viral fever, fever, arthritis, general weakness, general advice.

[3]ANC: This is being provided by LHV of the health department of Dhaka City Corporation.

Sources: (1) Patient register (for males), (2) Patient register (for females), and (3) Patient register (for children)

Number of Family Planning and MCH Services Provided by the Family Planning Department in the Sher-e-Bangla Nagar ESP Model Clinic per Month, by Service Type

Ward No._____ **Zone No.**_____

Months	Family planning and MCH services													
	ANC[1]	PNC[1]	Pill	Condom	Inj.	IUD	Side-effects	CDD[4]	ARI[5] <5 yrs	RTIs/STIs[6]		Child health[2]	General health[3]	Total
										M	F			
Total														
Average														
Total														
Average														

[1]The provider only offers health education.

[2]Child health: loose motion, worm, scabies, fever, etc.–only health education.

[3]General health: weakness, gastric ulcer, scabies, fever, loose motion, pain, white discharge, etc.–only health education.

[4,5,6] Such service are not offered by the family planning provider.

Sources: (1) Pill, condom distribution register, (2) Injection distribution register, (3) IUD insertion register, (4) IUD follow-up register (5) ANC and PNC register, and (6) Child health register.

Number of EPI Clients Served by the Dhaka City Corporation in the Sher-e-Bangla Nagar Model ESP Clinic per Month, by Vaccine

Ward No._____ **Zone No.**_____

Month	Immunization service				
	DPT	Measles	TT (Pregnant + General)	Vitamin A	Total
Total					
Average					
Total					
Average					

Sources: (1) Child register (for new borns and children aged less than one year), (2) EPI tally sheet (daily), and (3) Maternal register (for women of 15-49 years of age).

Annexure I

Category of the "Others" in the Inventory (Tables 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7)

Managed by other organizations

GoB Shishu Shastha Fund
Government guided autonomous
ORT/trust
Government and private

Other type of facility

Adolescent health and education centre

Other serivces

Eye
ENT
Heart disease
Mental disease
Leprosy
General health
MR
D&C
Delivery
Rheumatic treatment
Post-polio treatment
Bone-related treatment and rehabilitation
Sore throat
Minor surgery
Paediatric-related
Tonsil
Anaemia
Malnutrition
UTI
Gastric
Night blindness
Asthma
Ear
High blood pressure
PUO
Teeth

MCH-FP Extension Work at the Centre

An important lesson learned from the Matlab MCH-FP project is that a high CPR is attainable in a poor socioeconomic setting. In 1982, the MCH-FP Extension Project (Rural) with funding from USAID began to examine in rural areas how elements of the Matlab programme could be transferred to Bangladesh□s national family planning programme. In its first year, the Extension Project set out to replicate workplans, and record-keeping and supervision systems, within the resource constraints of the government programme.

During 1986-89, the Centre helped the national programme to plan and implement recruitment and training, and ensure the integrity of the hiring process for an effective expansion of the work force of governmental Family Welfare Assistants. Other successful programme strategies scaled up or in the process of being scaled up to the national programme include doorstep delivery of injectable contraceptives, management action to improve quality of care, management information systems, and strategies to deal with problems encountered in collaborative work with local area family planning officials. In 1994, this project started family planning initiatives in Chittagong, the lowest performing division in the country.

The Centre and USAID, in consultation with the government through the Project's National Steering Committees, concluded an agreement for new rural and urban Extension Projects for the period 1993-97. Salient features include: improving management, quality of care and sustainability of the MCH-FP programmes, and providing technical assistance to GoB and NGO partners. In 1994, the Centre began an MCH-FP Extension Project (Urban) in Dhaka (based on its decade long experience in urban health) to provide a coordinated, cost-effective and replicable system of delivering MCH-FP services for Dhaka urban population. This important event marked an expansion of the Centre's capacity to test interventions in both urban and rural settings. The urban and rural extension projects have both generated a wealth of research data and published papers in international scientific journals.

In August 1997 the Centre established the Operations Research Project (ORP) by merging the two former MCH-FP Extension Projects. The ORP research agenda is focussed on increasing the availability and use of the high impact services included in the national Essential Services Package (ESP). In this context, ORP has begun to work with partners in government and NGOs on interventions seeking to increase coverage in low performing areas and among underserved groups, improve quality, strengthen support systems, enhance financial sustainability and involve the commercial sector.

established appropriate linkages with service delivery partners to ensure that research findings are promptly used to assist policy formulation and improve programme performance.

The Division

The Health and Population Extension Division (HPED) has the primary mandate to conduct operations research, to disseminate research findings to program managers and policy makers and to provide technical assistance to GoB and NGOs in the process of scaling-up research findings to strengthen the national health and family planning programmes.

The Division has a long history of solid accomplishments in applied research which focuses on the application of simple, effective; appropriate and accessible health and family planning technologies to improve the health and well-being of underserved and population-in-need. There are various projects in the Division which specialize in operations research in health, family planning, environmental health and epidemic control measures. These cut across several Divisions and disciplines in the Centre. The Operation Research Project (ORP) is the result of merging the former MCH-FP Extension Project (Rural) and MCH-FP Extension Project (Urban). These projects built up a considerable body of research and constituted the established operations research element for child and reproductive health in the Centre. Together with the Environmental Health and Epidemic Control Programmes, the ORP provides the Division with a strong group of diverse expertise and disciplines to significantly consolidate and expand its operations research activities. There are several distinctive characteristics of these endeavors in relation to health services and policy research. For one, the public health research activities of these Projects are focused on improving programme performance which has policy implications at the national level and lessons for the international audience also. Secondly, these Projects incorporate the full cycle of conducting applied programmatic and policy relevant research in actual GoB and NGO service delivery infrastructure, dissemination of research findings to the highest levels of policy makers as well as recipients of the services at the community level; application of research findings to improve program performance through systematic provision of technical assistance; and scaling-up of applicable findings from pilot phase to the national program at Thana, Ward, District and Zonal levels both in the urban and rural settings.

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