

A Tale of Two Upazilas

Exploring Spatial Differences in MDG Outcomes

Zulfiqar Ali

Taifur Rahman



Outline of the Presentation

- Introduction
- Objectives
- Study Area
- Data and Methodology
- Highlights of Findings
- Summary Points
- Policy Implications



Introduction

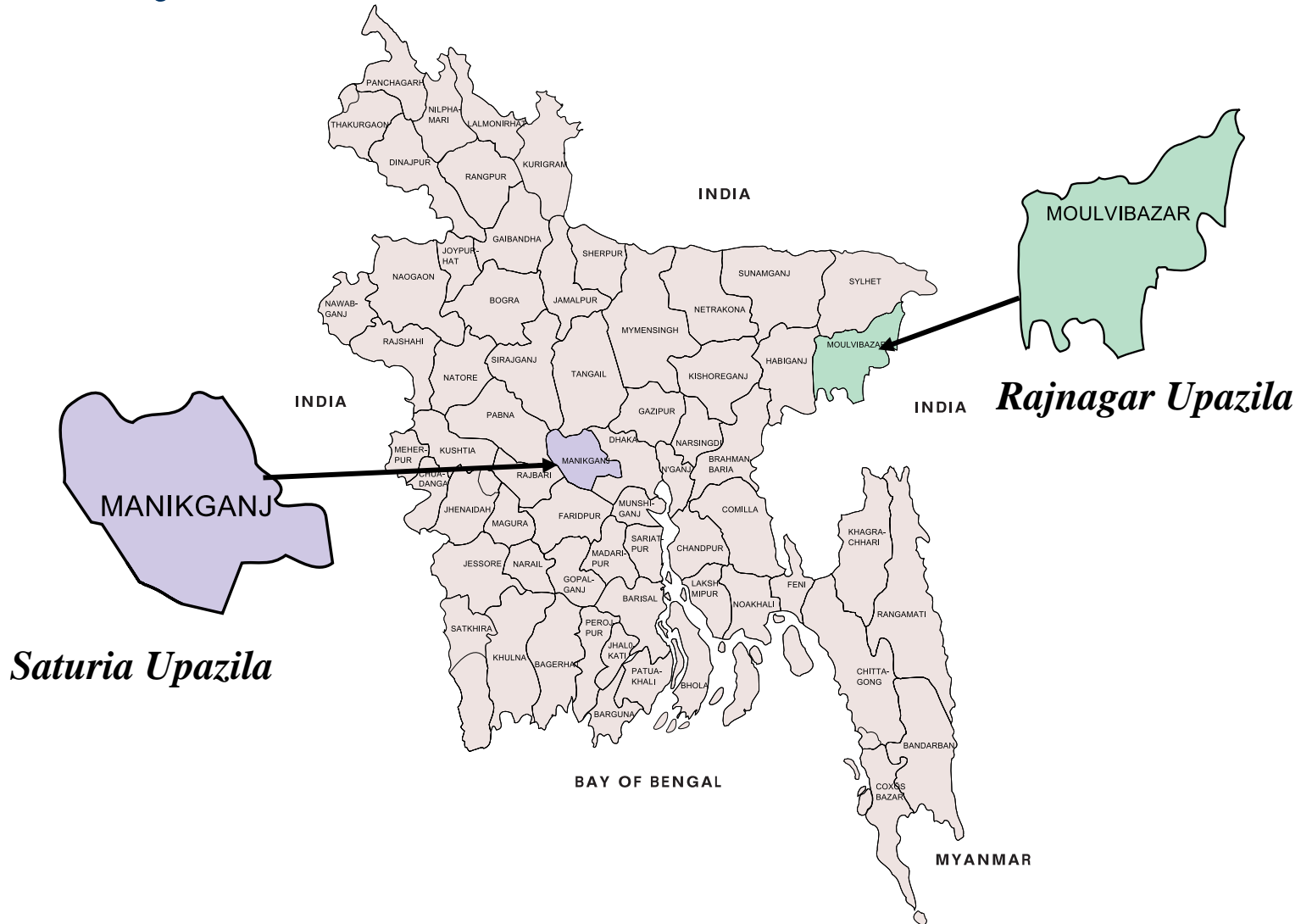
- Achieving MDGs: challenge for Bangladesh.
- Good progress in some social MDGs.
- Far from target for some other however.
- Poor performance in some of the maternal and child health indicators:
 - *Child malnutrition.*
 - *Under 5 mortality.*
 - *Delivery assisted by medically trained persons.*
 - *Maternal mortality.*
- Spatial differences:
 - *‘Overachievers’ vs ‘underachievers’.*



Objectives

- i) Socio-economic correlates and proximate causes of MDG outcomes (child and maternal mortality in this case);
- ii) Issues related to service delivery including access, quality, governance and institutional performance;
- iii) Role of community and local government; and
- iv) Similarities and differences of 'inputs' in an effort to explain the differences in MDG 'outcomes'.

Study Areas





Methods Used

- Combination of quantitative and qualitative methods.
- Two *upazilas* selected purposively:
 - *Saturia (of Manikganj district) representing the ‘over-achievers’.*
 - *Rajnagar (of Moulvibazar district) representing the ‘under-achievers’.*
- Two different questionnaires for two surveys:
 - *Patients survey.*
 - *Household survey.*
- Checklists for FGDs, interviews and observations.



About the Data

- 2 *upazila* health complexes (UHC)
- 2 union health and family welfare centers (UHFWC)
- 2 satellite clinics
- 362 patients (in- and out-patients) from 6 institutions
- 6 observations on the service delivery institutions
- 13 in-depth interviews from 6 institutions
- 8 villages (2 connected and 2 remote in each *upazila*)
- 400 households from 8 villages (50 from each)
- 16 FGDs (8 male and 8 female) in 8 villages
- 8 interviews of GO officials, NGO workers, local government representatives and local elites

Findings: Characteristics of Households

	Saturia	Rajnagar
Household size	5.1	6.2
Average landholding (decimal)	137	182
Average monthly income (Tk.)	5,831	7,081
Average monthly expenditure (Tk.)	4,558	4,998
Literacy rate (%)	58	64



Findings: Characteristics of Households

- Higher illness prevalence in Rajnagar.
 - *Saturia 25.0%; Rajnagar 35.9%.*
- Poorer access to sanitary toilets in Rajnagar.
 - *Saturia: 90%; Rajnagar: 69.5%.*
- Higher inequality in Rajnagar manifested in
 - *Poverty status.*
 - *Extreme poor: Saturia 5.5%; Rajnagar 15.4%.*
 - *Rich: Saturia: 8.5%; Rajnagar 10.4%.*
 - *Type of dwelling.*
 - *Kutchha (mud, bamboo etc): Saturia 3.3%; Rajnagar 10.1%.*
 - *Brick-built: Saturia: 6.0%; Rajnagar 23.5%.*



Findings: Maternal Health

- Less antenatal care received by pregnant mothers in Rajnagar compared to Saturia.
 - *Saturia 91%; Rajnagar 73%.*
- Fewer women in Rajnagar receive antenatal care for **check-up** and more only when they **have problems**.
 - *Had a problem: Saturia 9.4%; Rajnagar: 27.3%.*
- Fewer mothers in Rajnagar informed about the signs of pregnancy complications and where to go for those.
 - *Told about signs: Saturia 83.3%; Rajnagar 63.0%.*
 - *Told where to go: Saturia 86.6%; Rajnagar 72.7%.*



Findings: Maternal Health

- Lower prevalence of receiving TT injection and iron tablet/syrup during pregnancy in Rajnagar.
 - *TT Injection: Sauria 93.4%; Rajnagar 78.9%.*
 - *Iron tablet/syrup: Sauria 68.0%; Rajnagar 58.8%.*
- Higher prevalence of health problems in Rajnagar around the time of delivery.
 - *Long labour: Sauria 13.1%; Rajnagar 18.4%.*
 - *Excessive bleeding: Sauria 3.5; Rajnagar 5.6%.*
 - *High fever: Sauria 0.5%; Rajnagar 8.3%.*
 - *Convulsion: Sauria 0.5; Rajnagar 3.1%.*

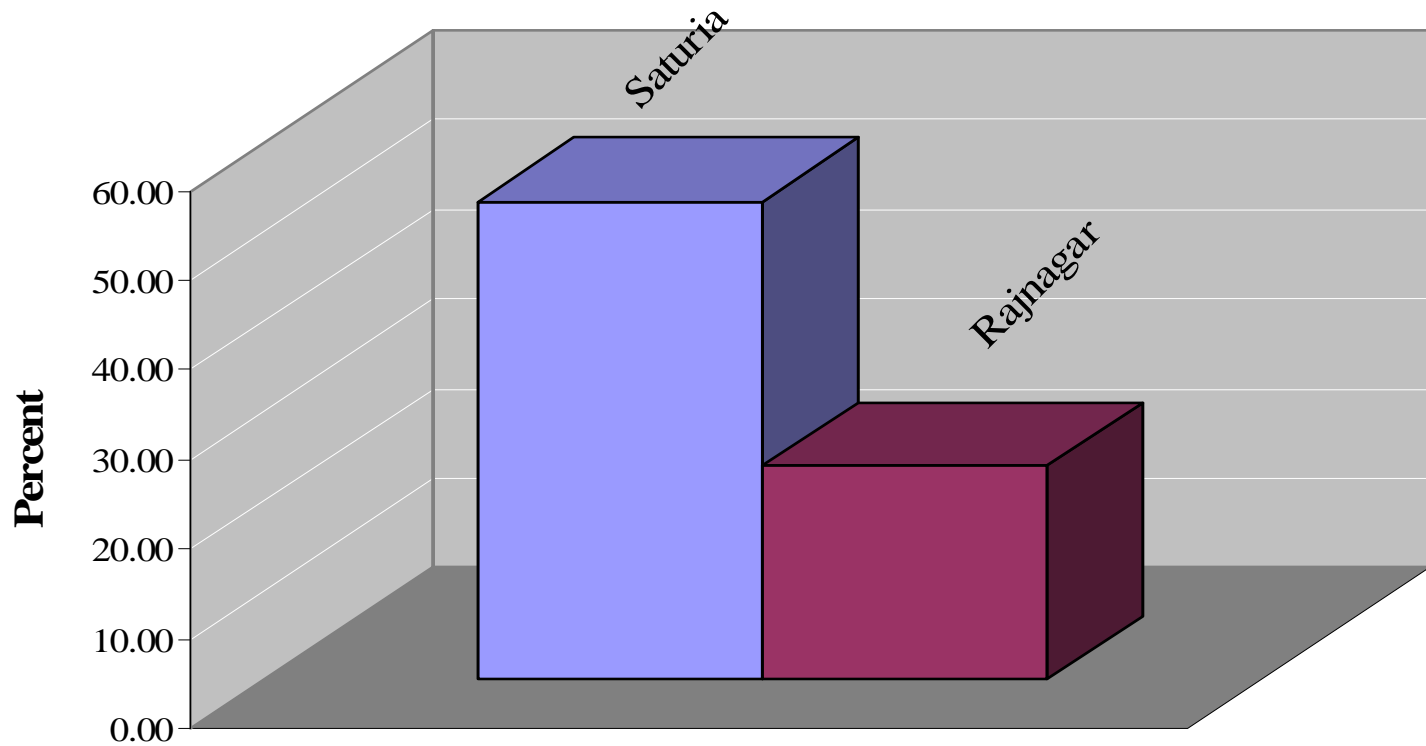


Findings: Maternal Health

- Much lower prevalence of post-delivery check-up in Rajnagar.
 - *Saturia 91%; Rajnagar 73.1%.*
- More time taken after delivery for having post-delivery check-up in Rajnagar.
 - *Saturia 7 days; Rajnagar 13 days.*

Findings: Maternal Health

Delivery Assisted by Trained Medical Personnel





Findings: Maternal Health

From FGDs and Interviews

- Higher prevalence of some more acute health problems of pregnant mothers reported in Rajnagar.
 - *Malaria, jaundice, malnutrition.*
 - *Convulsion, long labour, excessive bleeding, hands and legs of baby coming out first during delivery.*
- Lower level of satisfaction and more complaints about the quality of services in Rajnagar.
- Changes in health seeking behaviour in both *upazila* in recent past, ***but at a lower pace in Rajnagar.***
 - *Relatively poorer level of knowledge and awareness in Rajnagar.*



Findings: Maternal Health

From FGDs and Interviews

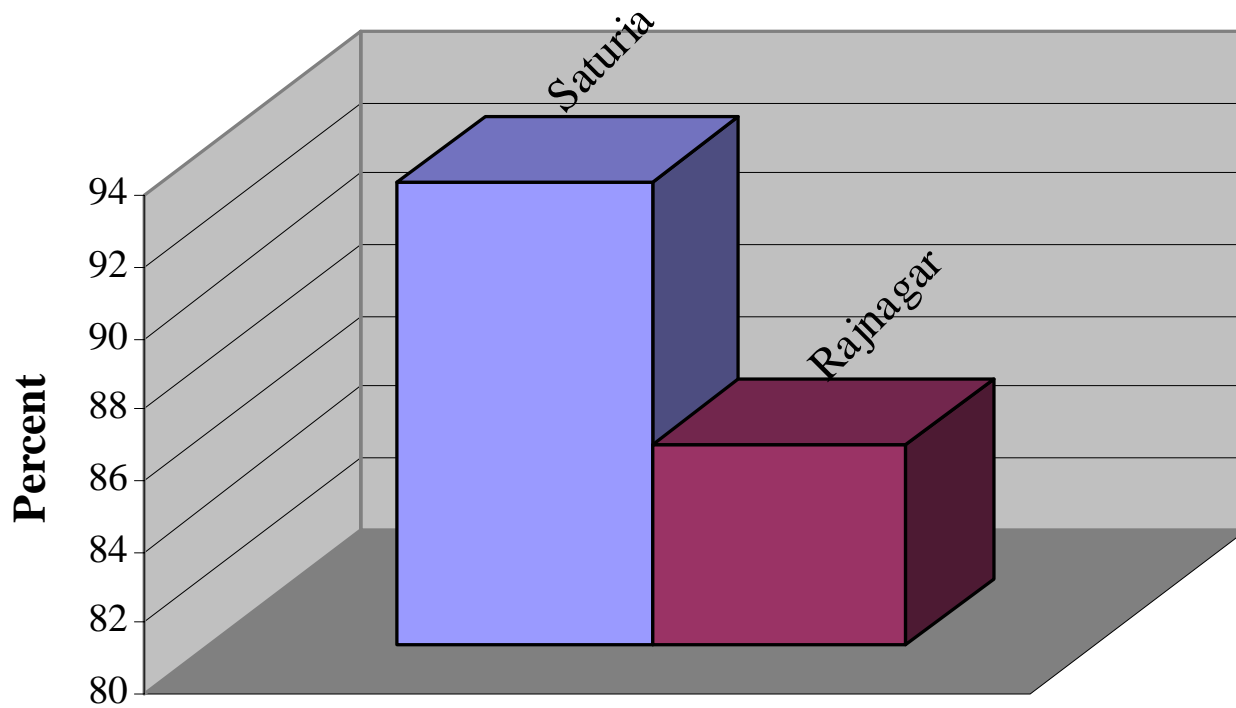
- Poorer maintenance of health facilities.

“The condition of the hospital is worse than a cow-shed. I went there some days ago. I got bad smell in the hospital. Even a healthy man will get sick being affected by the worse environment of the hospital. The entire hospital is bad. Even the hanging latrines in the villages are better than the latrines of the hospital.”

(FGD participant in Rajnagar commenting on UHC)

Findings: Child Health

Rates of Measles Immunization



Findings: Child Health

	Saturia	Rajnagar
Baby given colostrums immediately after birth (%)	90.9	84.7
Vitamin A given to child (%)	82.9	72.7
Diarrhoea - last 2 weeks (%)	25.4	42.5
Chest problems - last 2 weeks(%)	12.9	24.2
Breathing difficulty - last 2 weeks (%)	18.2	28.4
Rapid breathing - last 2 weeks(%)	19.1	29.7
Cough - last 2 weeks (%)	35.1	59.3



Findings: Child Health

FGDs and Interviews

- A number of relatively more acute diseases of children reported in Rajnagar.
 - *Jaundice.*
 - *Typhoid.*
- Children's illness given utmost importance in Saturaia.
- Ignorance of patients seeking good treatment noticed in Rajnagar.
 - *More child deaths.*



Findings: Health Facilities

Upazila Health Complex (UHC)

- Similar physical attributes in the two districts, but the quality of the physical infrastructure in terms of cleanliness, utilities etc is considerably better in Saturia compared to Rajnagar.
- Absence of medical staff is higher in Rajnagar.
- Equipments, facilities and supplies are similar, but the maintenance and operation are better in Saturia.
- More patients treated in Rajnagar.



Findings: Health Facilities

Union Health and Family Welfare Center (UHFWC)

- Similar physical attributes, but more rooms in Saturia.
- More weekly working days in Saturia.
- Quality of buildings, hygiene condition and utilities are much better in Saturia.
- Less staff in Rajnagar. No MBBS doctor in Rajnagar, but one in Saturia.
- No medicine supplies come from health department to Rajnagar, but supplies from both health and FP departments come to Saturia.



Findings: Health Facilities

Union Health and Family Welfare Center (UHFWC)

- Much better operation facilities in Sauria in terms of equipments and space (two rooms in Sauria but one in Rajnagar which is not in use).
- More patients treated in Sauria. This is particularly important from the point of view that health facilities down at the local levels in Sauria are serving more patients compared to that of Rajnagar.
- People are happier about most aspects of the Center in Sauria (except supply of medicine).



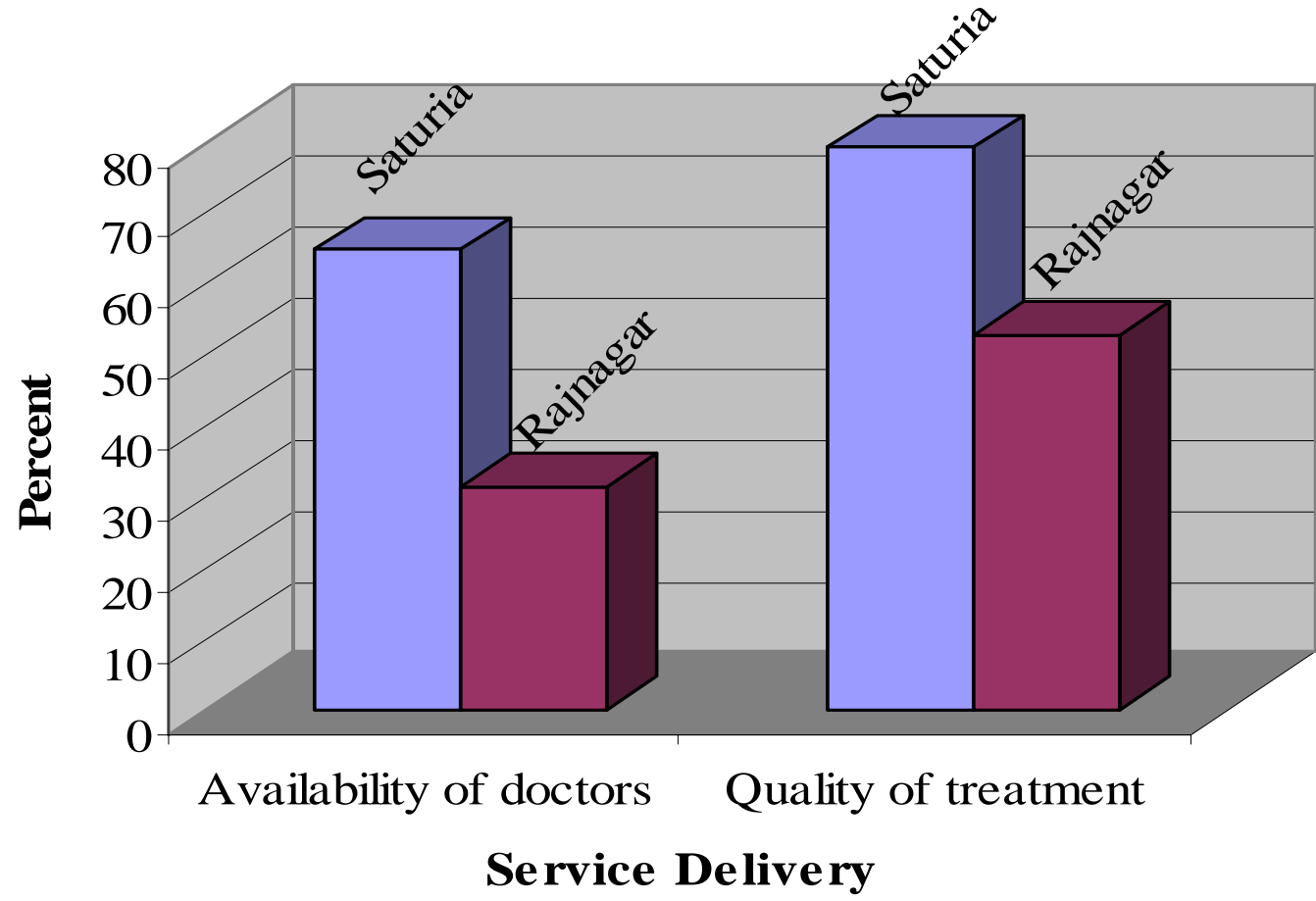
Findings: Health Facilities

Satellite Clinic

- Each satellite clinic is organized once a month at the residence of one of the elite villagers.
- Slightly better physical condition of the clinic in Saturaia in terms of quality of infrastructure, maintenance and cleanliness.
- Manpower and supply of equipments and medicine are more or less similar.
- The Saturaia one is more organized in terms of record keeping.

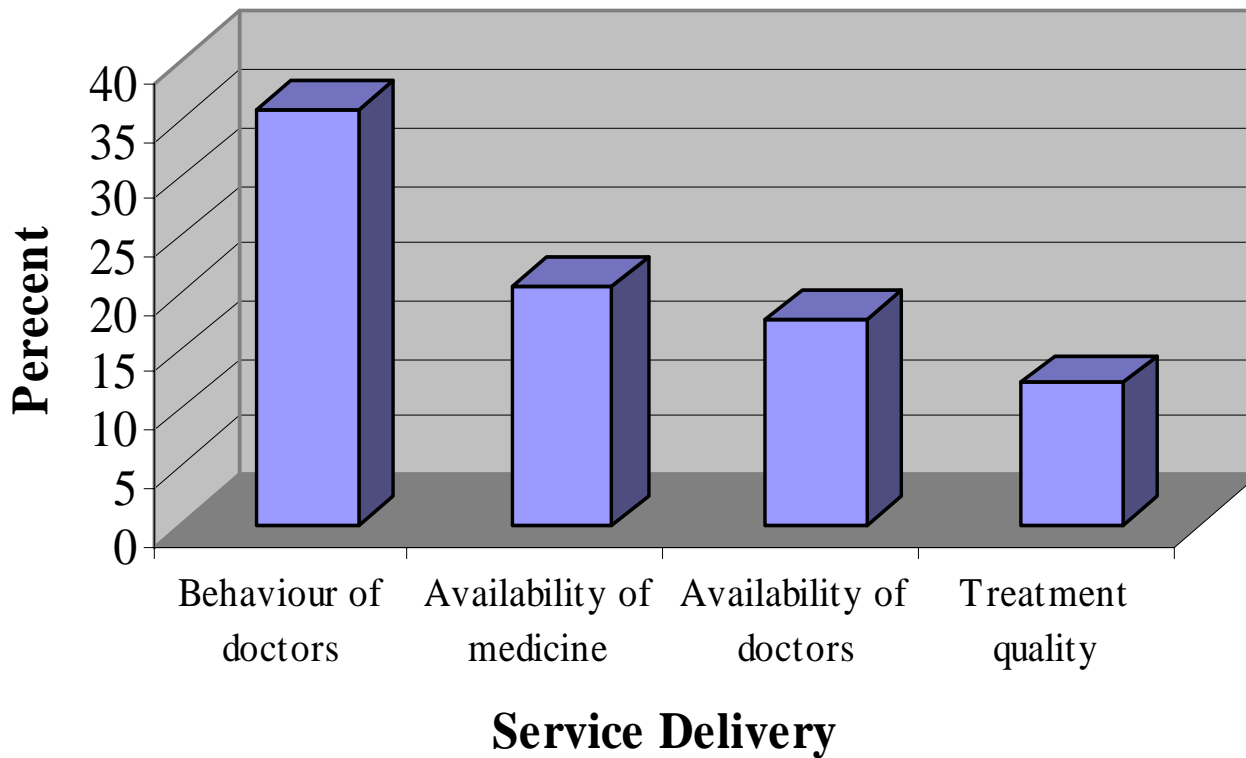
Findings: Patients Survey

Patients' Satisfaction



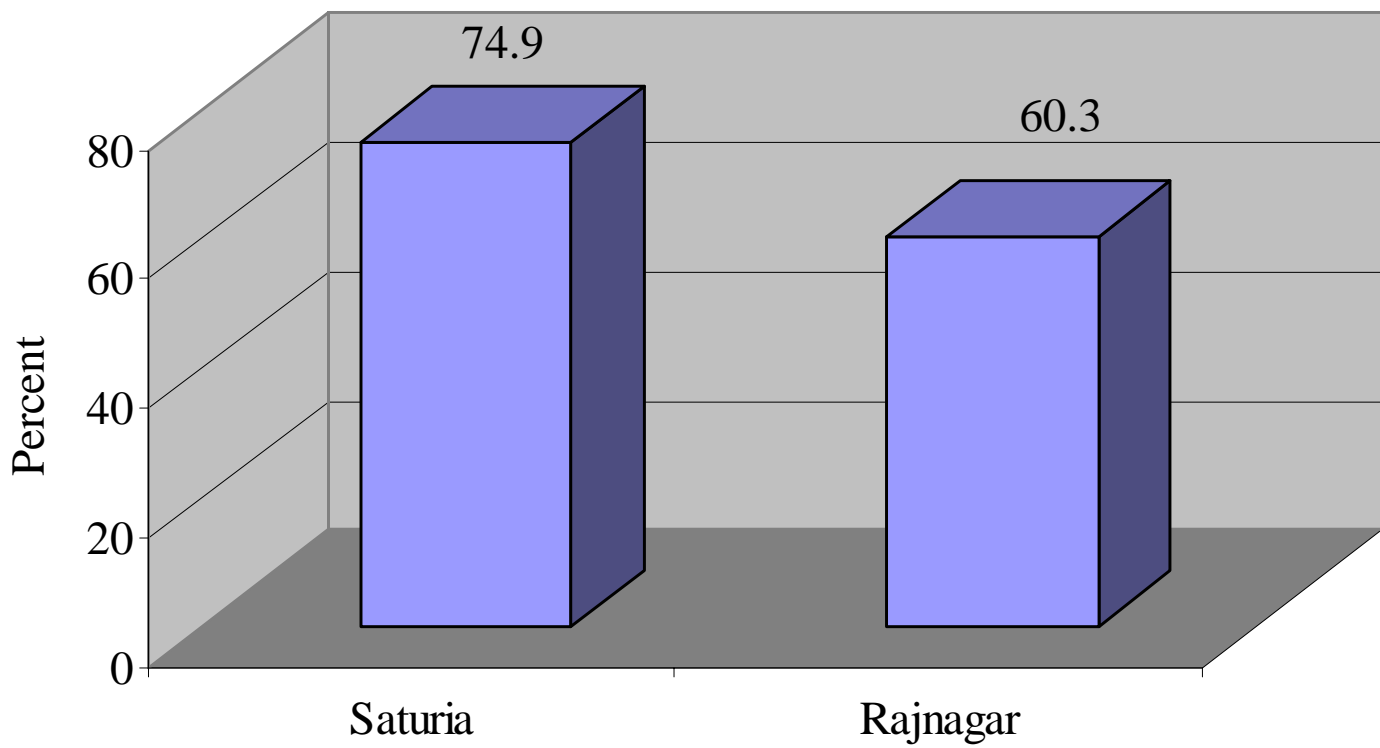
Findings: Patients Survey

Most Important Services: Patients' Perceptions



Findings: Patients Survey

Patients' Overall Satisfaction with health services





Summary Points

- Economic factors themselves do not contribute much in bringing better health outcome.
- Better health service delivery can produce much of it.
- Ensuring accountability and proper monitoring can contribute in better service delivery.
- Participation of local government can also contribute in better service delivery at the local level.
- Changes of knowledge and attitudes can generate demands for better service delivery.



Policy Implications

Demand Side Interventions

- Informing people about health problems.
- Motivation for greater use of modern treatment.
- Active involvements of the clients.
- Close communication and good relationship between health workers and people.
 - ***Poor and disadvantaged in particular.***



Policy Implications

Supply Side Interventions

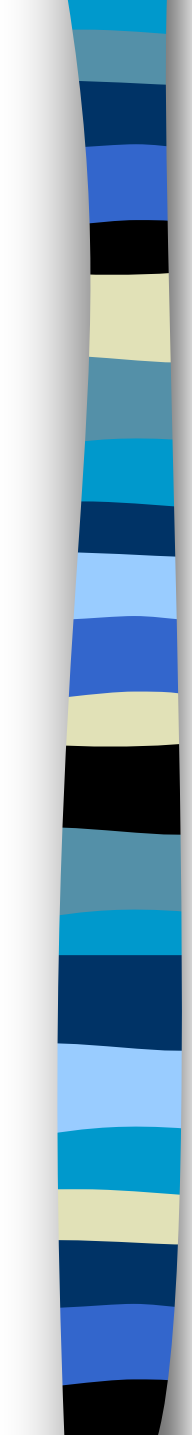
- Availability and presence of required doctors and medical staff in the health facilities.
- Ensuring medical staff spending time with patients
- Timely and adequate supply of medicine and other equipments.
- Proper maintenance of health facilities.
- Maintaining order in the health facilities.
 - ***User friendly health facilities.***



Policy Implications

Monitoring and Accountability

- Departmental monitoring (e.g. sudden visits).
- Periodic assessment by the patients and clients.
- Involvement of local government.
- ***Health Watch*** by the civil society organisations at local level.
- Holding the providers accountable to both the higher authority as well as to the people.
 - ***Reward and punishment.***



Thank You All