



Government of Bangladesh



Chars Livelihoods Programme

Health Facilities Survey 2010:

Mapping of health facilities and services in the *char* Unions of Lalmonirhat, Nilphamari and Rangpur

IML and Human Development Unit

August 2010



**MAXWELL
STAMP | PLC**

Table of contents

Abbreviations.....	3
Executive summary.....	4
1. Introduction.....	5
2. Methodology.....	5
3. Results.....	6
3.1. Availability and coverage of health facilities	6
3.2. Provision of services by health facilities	7
3.3. Availability and degree of subsidisation of health commodities	9
3.4. Type of service delivery and designated referral centres.....	9
3.5. Health facility staff: qualifications, remuneration and responsibilities	10
Annex I: Health Maps.....	11
Annex I: Health Maps.....	11
Annex II: Questionnaires	22

Abbreviations

BCC	Behaviour Change Communication
CLP	Chars Livelihoods Programme
ESD	Essential Service Delivery
GO	Governmental Organisation
GPS	Global Positioning System
MCWC	Maternal and Child Welfare Centre
NGO	Non-governmental Organisation
PHC	Primary Health Care
PHC-FP	Primary Health Care - Family Planning
UH&FWC	Union Health and Family Welfare Centre
USK	<i>Union Shasthya Kendra</i>

Executive summary

In July 2007, CLP-1 initiated the Primary Health Care – Family Planning (PHC-FP) project. The project will also be implemented (in a slightly revised form) in the new working areas of CLP-2, namely the island char villages in Rangpur, Nilphamari, Lalmonirhat, and later in Pabna and Tangail.

The purpose of this survey was to provide insight into the availability of government and NGO health services to island char villagers, which can be used as a basis to decide whether to scale up/down CLP-2's PHC-FP project and to assess the possibility of other organisations providing health services on the chars. The survey was conducted in forty-one char Unions of ten riverine Upazilas in the districts of Rangpur, Nilphamari and Lalmonirhat.

The key findings are as follows:

- excluding Upazila Health Complexes, there are 130 health facilities in the surveyed area (25% of which are NGO facilities);
- 61.5% of these facilities are classified as not fully functional (73% of government facilities and 8% of NGO facilities are classed as not fully functional). For the purpose of this study, 'not fully functional has been defined as xyz';
- according to health facility employees, functional NGO facilities reach 59% of char households and 94% of char villages, Community Clinics reach 15% of char households and 20% of char villages;
- all functional Community Clinics, Union Health and Family Welfare Centres and NGO health facilities provide both preventative and curative health care. Whereas they cover most primary health care services relatively well, coverage of family planning and especially specialised health services is less extensive.

1. Introduction

During its first phase, the Chars Livelihoods Programme (CLP) recognised both the lack of adequate government and non government health services available on the *chars* and the often devastating effects of health shocks on *char* households. The Programme therefore initiated the Primary Health Care - Family Planning (PHC-FP) pilot project in July 2007.

The PHC-FP project will also be implemented in the new working areas of CLP-2, namely the island char villages in Rangpur, Nilphamari, and Lalmonirhat and later in Pabna and Tangail. The project will continue in Gaibandha, Kurigram, Bogra, Sirajgonj and Jamalpur but will gradually phase out with the last support being provided in December 2010. Compared to CLP-1 however, greater emphasis will be placed on preventive health care, reproductive health care and nutrition, as opposed to curative health care, and helping the *char* population access health care services provided by the government and other NGOs.

The purpose of this survey was to provide a clearer understanding of what government and NGO services are available to island *char* villagers. This information could then be used as a source of information to help decide whether to scale up/down the CLP-2's PHC-FP project and to assess the possibility of other organisations providing health services on the chars. Information about government and NGO health facilities in the *char* unions of Nilphamari, Lalmonirhat and Rangpur were collected i.e. location, type of services offered etc.

Section two of the report outlines the methodology of the survey. Section three presents the main results whilst the annexes contain the questionnaires and the maps illustrating the existing health facilities and services in the char unions of the three Districts. Based on the lessons learnt the same survey will be conducted in Gaibandha and Kurigram and in Pabna and Tangail at a later date.

2. Methodology

This survey of government and NGO health facilities was conducted in forty-one *char* Unions of ten riverine *upazilas*¹ of Lalmonirhat, Nilphamari and Rangpur districts.

Government facilities that were surveyed included the *Upazila* Health Complex (UHC), the Union Health and Family Welfare Centre (UH&FWC), the Community Clinic (CC) and the Maternal and Child Welfare Centre (MCWC). The NGOs that are providing health services in the three Districts were BRAC, ASOD, TMSS, UPGMS, RDRS, ESDO, UDP and the Smiling Sun Clinic. Attempts were also made to visit health facilities of these organisations.

¹ Aditmari, Kaligonj, Lalmonirhat Sadar, Hatibandha and Patgram in the district of Lalmonirhat; Dimla and Jaldhaka in the district of Nilphamari; and Gangachara, Kaunia and Pirgachha in the district of Rangpur. Together these 10 Upazilas comprise 41 Union Parishads.

Data were collected by six Data Entry and Monitoring Officers (DEMOs) during May 2010. The survey comprised the following steps:

- firstly, the Upazila Health Complexes were visited by the DEMOs to gain an understanding of which government and NGO health facilities were allegedly operating, what services they were offering and their location.
- the DEMOs then visited all health facilities identified in the first step, took a GPS coordinates of the facility and collected information on the following (if the facility was open):
 - name of contact person;
 - funding sources for health projects;
 - organogram;
 - what services were provided;
 - *char* households, villages and unions covered;
 - staffing levels, qualifications and remuneration;
 - designated referral centres; and
 - whether satellite clinics were provided.

3. Results

3.1. Availability and coverage of health facilities

Excluding UHCs, the survey shows there are 130 health facilities within the forty-one *char* Unions of Nilphamari, Lalmonirhat and Rangpur (Table 1) a quarter of which are NGO facilities. Map 1 (Annex 1) shows the location and distribution of these facilities. 61.5% of these facilities are classed as not fully functional because:

- when visited by the DEMOs these facilities were all closed but should actually have been open;
- further investigations were made on a sample of these ‘not fully functional’ facilities and it was found that they opened at very ad hoc intervals;

73% of government facilities and 8% of NGO facilities have been defined as not fully functional respectively.

Table 1: Degree to which identified health facilities are functional ²

Type of health facility	Functional		Not fully functional		Total number
	No.	%	No.	%	
Community Clinic	16	23.9	51	76.1	67
UH&FWC	11	29.7	26	70.3	37
Haragas MCWC	0	0	1	100	1
Haragas 31 Bedded Hospital	1	100	0	0	1
NGO	22	91.7	2	8.3	24
Total	50	38.5	80	61.5	130

Table 2 gives an overview of the total number of *char* households and villages covered by health facilities that were visited and open (hereafter referred to as

² The Haragas MCWC and the Haragas 31-Bedded Hospital are both government-owned health facilities.

‘functional’ facilities). It should be emphasised that this information on outreach is according to health facility staff.

IML has recently collected data on the number of *char* villages and *char* population living in the Districts of Rangpur, Nilphamari and Lalmonirhat³. Table 2 shows that the ‘functional’ NGO facilities are reaching 59% of *char* households and 94% of *char* villages (according to their staff). Community Clinics are reaching 15% of *char* households and 20% of *char* villages (according to their staff).

Table 2: Total number of *char* households and villages covered by functional⁴ Community Clinics, UH&FWCs and NGO health facilities

Type of health facility	No. of <i>char</i> households covered according to staff	As a % of all potential <i>char</i> households ⁵	No. of <i>char</i> villages covered	As a % of all potential <i>char</i> villages
Community Clinic	9,929	15.7	29	20
UH&FWC	10,850	17.1	31	21.6
NGO ⁶	37,754	59.8	134	94.5

3.2. Provision of services by health facilities

All functional Community Clinics, UH&FWCs and NGO health facilities provide both preventative and curative health care.

Figures 1, 2 and 3 provide overviews of the percentage of functional health facilities (including UH&FWCs, and CCs, but excluding UHCs, MCWC and a 31 bed hospital) offering primary health care, family planning and specialised services respectively. Whereas functional health facilities cover most primary health care services relatively well, coverage of family planning and specialised health services is less extensive, especially the latter.

³ Kenward, S & Islam, R; June 2010, CLP-2 Districts: An Assessment of the Number of Core Participant Households and Island *Char* Villages

⁴ Health facilities that were visited and open

⁵ According to a recent survey conducted by IML the total number of *char* villages in the 41 Unions is 142. The total number of households is 63,081.

⁶ The percentage of *char* villages covered by NGO health facilities is significantly higher than the percentage of *char* households, which can primarily be explained by the fact that not all households in the villages covered by NGO health facilities are either eligible or access the services provided by them.

Figure 1: Percentage of functional health facilities providing PRIMARY HEALTH CARE SERVICES

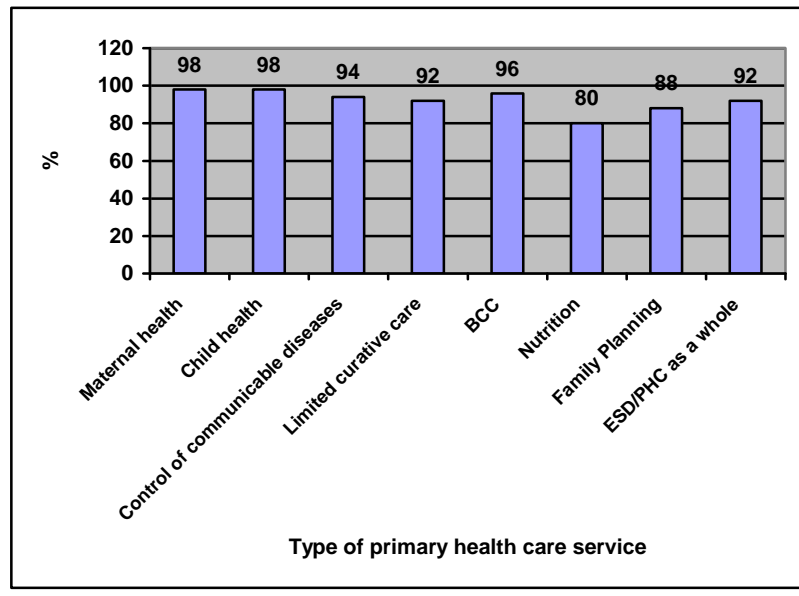


Figure 2: Percentage of functional health facilities providing FAMILY PLANNING SERVICES

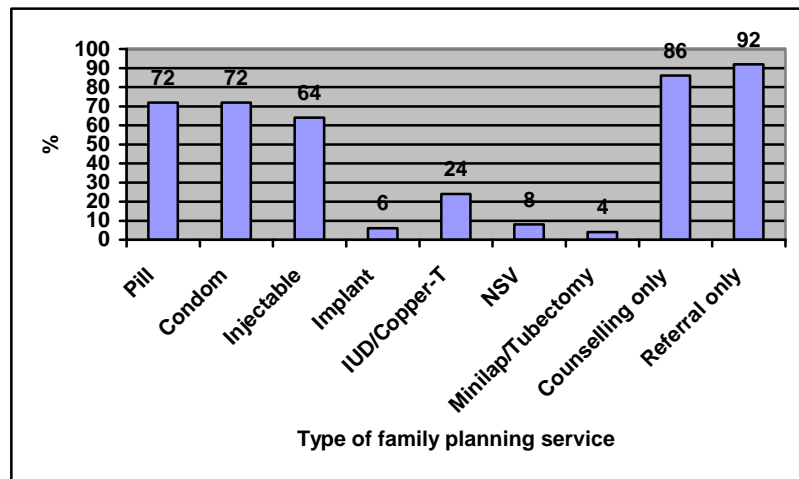
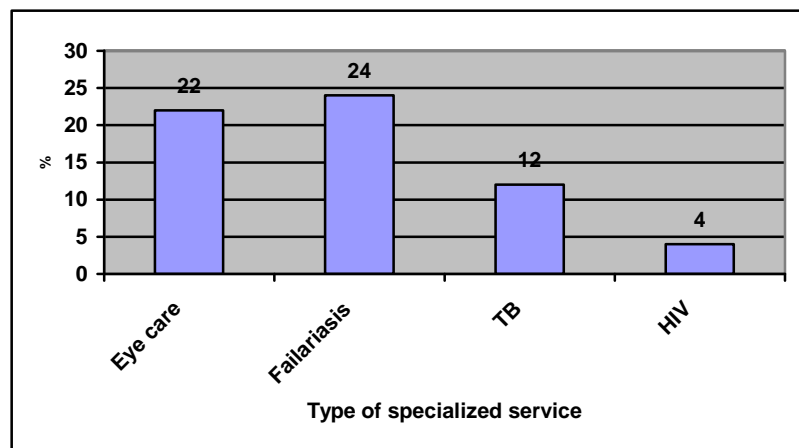


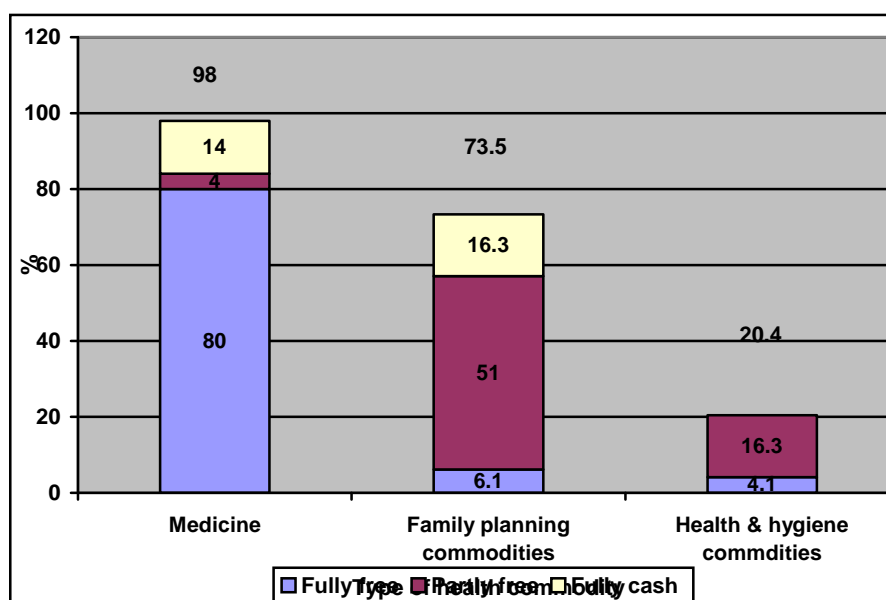
Figure 3: Percentage of functional health facilities providing SPECIALISED HEALTH SERVICES



3.3. Availability and degree of subsidisation of health commodities

Figure 4 shows the extent to which various health commodities were available in functional health facilities (government and NGO). It also shows the extent to which these commodities are subsidised. Medicines were available in 98% of the facilities, family planning commodities in 73.5%, and health and hygiene commodities (such as soap and sanitary napkins) in 20.4% of the facilities. The degree of subsidisation varies significantly: 84% of health facilities that provide medicines provide them completely or partially free of cost, compared to 78% for family planning commodities and 100% for health & hygiene commodities. Only 4% of the functional health facilities charge consultation fees, all of which were NGO facilities, with the average consultation fee being 40 Taka.

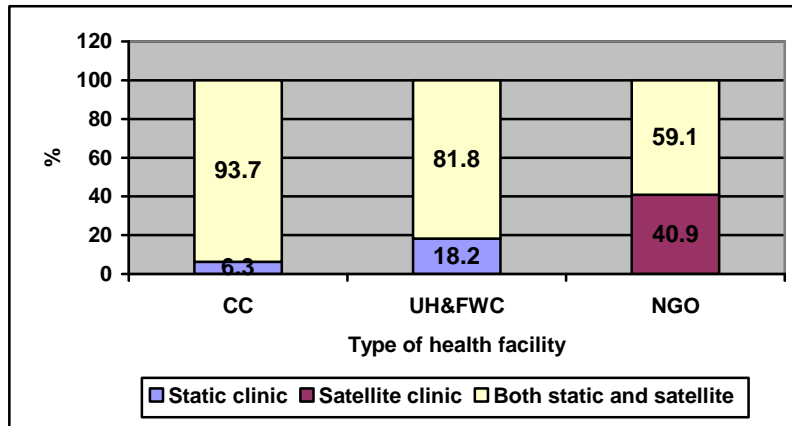
Figure 4: Availability and degree of subsidisation for various health commodities from functional health facilities



3.4. Type of service delivery and designated referral centres

Community Clinics, UH&FWC and NGO health services can either be provided through static clinics, satellite clinics or both. Figure 5 provides insight into the type of service delivery by type of functional health facility. The majority of satellite clinic teams (64%) work on a daily basis, covering large areas and numbers of *char* households.

Figure 5: Type of service delivery by functional health facility



All functional health facilities have designated referral centres. 90% of the facilities refer their patients to government owned health facilities and 10% refer to NGO health facilities.

3.5. Health facility staff: qualifications, remuneration and responsibilities

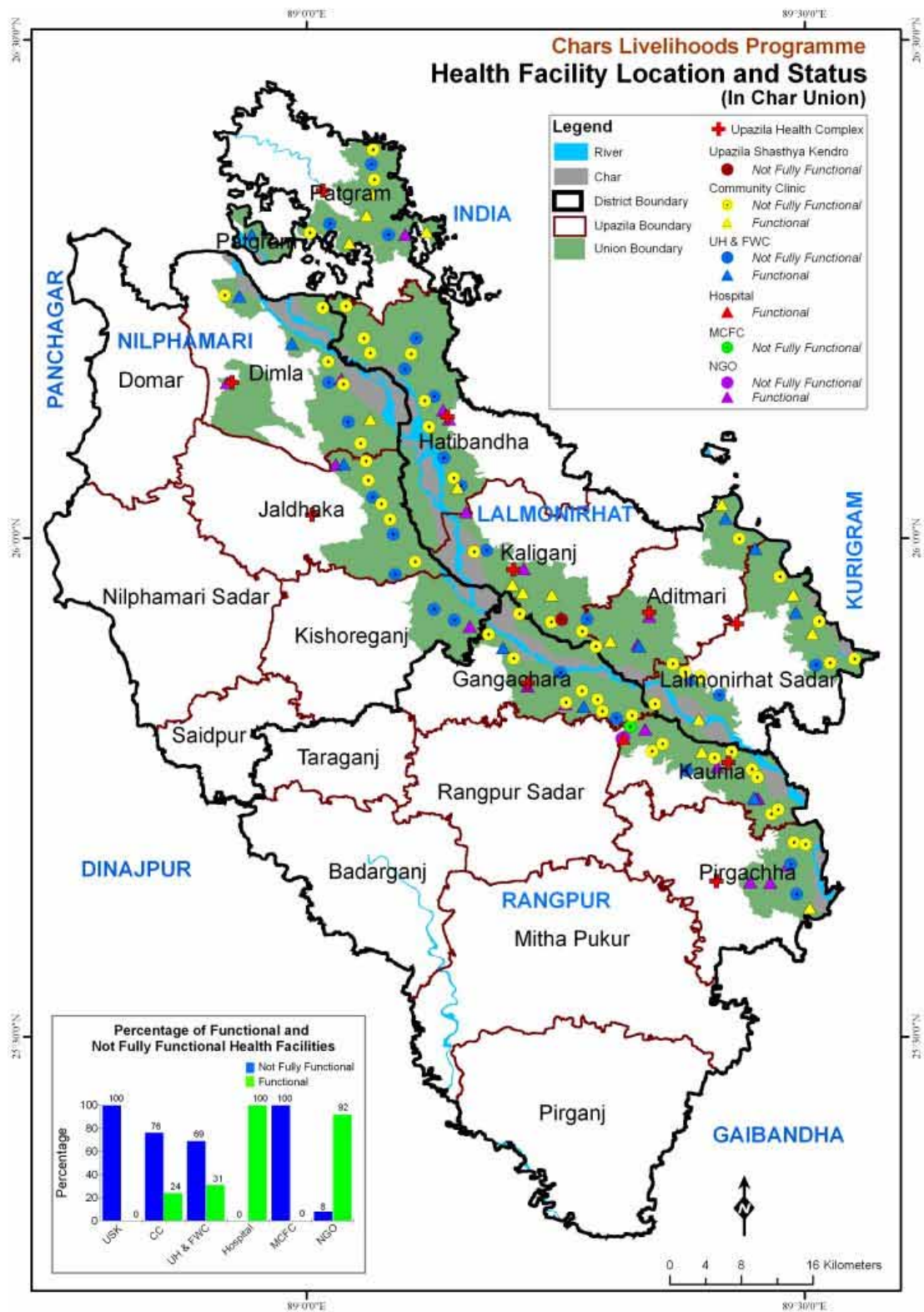
59.1% of the functional NGO health facilities have MBBS doctors (Bachelor of Medicine and Surgery) available. Government CCs do not have a provision for MBBS doctors. Government UH&FWCs do have a provision but in reality they are not found in the facilities. None of the government health facilities had paramedics. 16% of NGO facilities do employ paramedics.

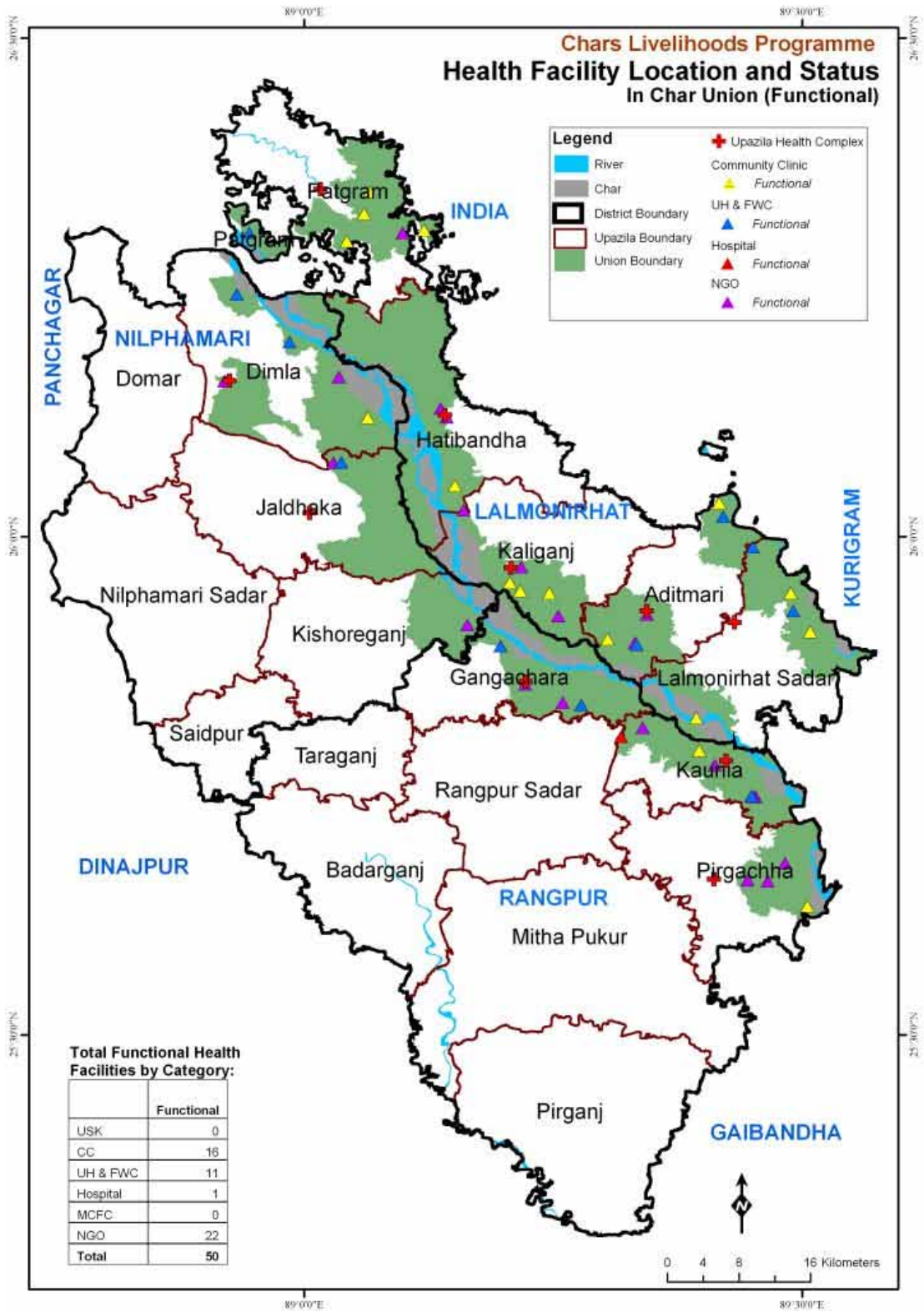
45.5% of the functional NGO health facilities have volunteers similar to the CLP's Char Health Workers. These are full time and receive remuneration. 11.1% of government health facilities have volunteers but these are not full time and are recruited for special, ad hoc activities such as national immunisation day.

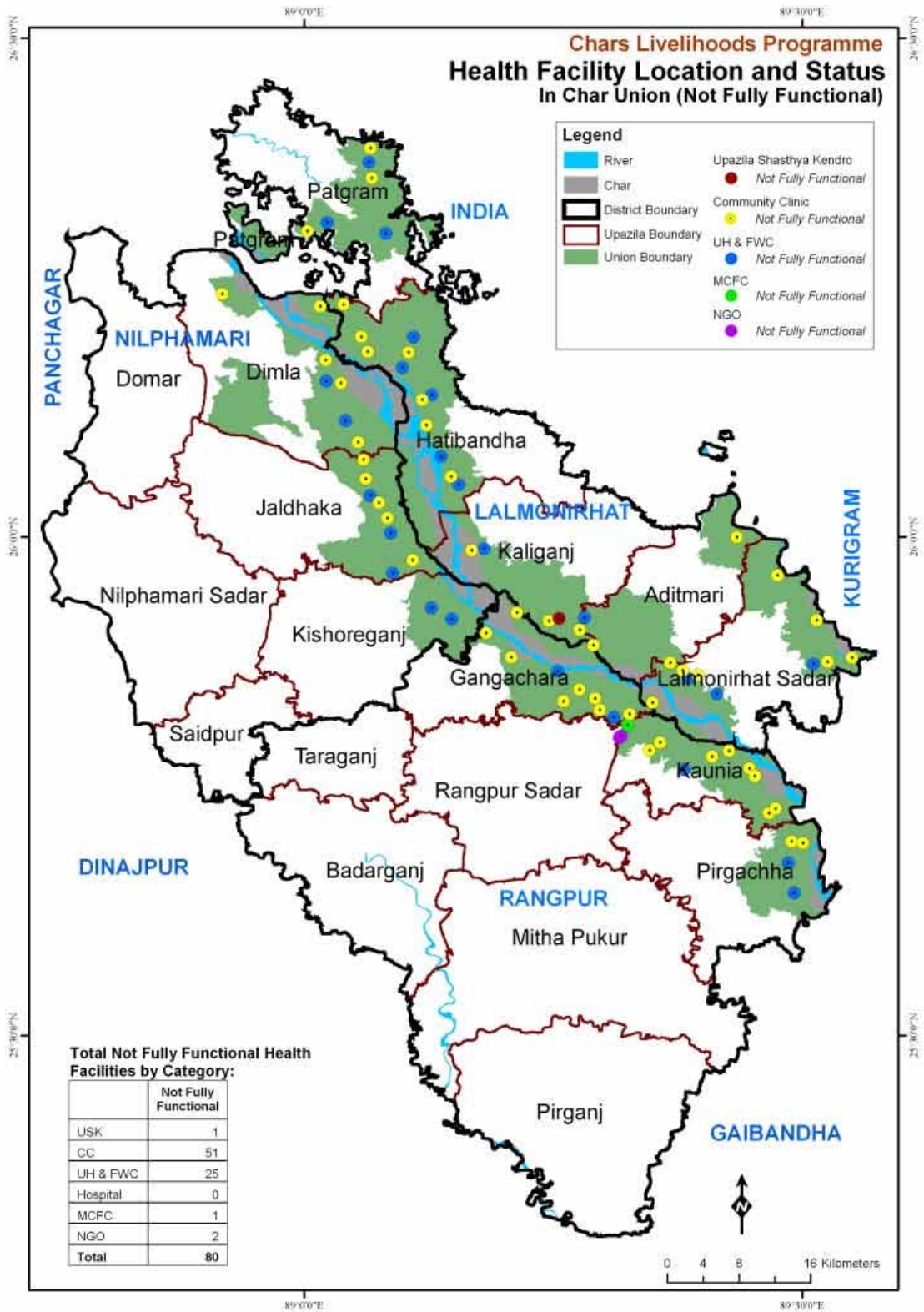
25% of the paramedics employed by functional NGO health facilities had completed a one year course, 50% had completed a three year course, and 25% had completed a four year course. The average salary of paramedics that have completed a one-year course is 8,250 TK. per month, compared to 9,382.50 TK. and 10,120 TK. for paramedics that have completed a three year and four year course respectively.

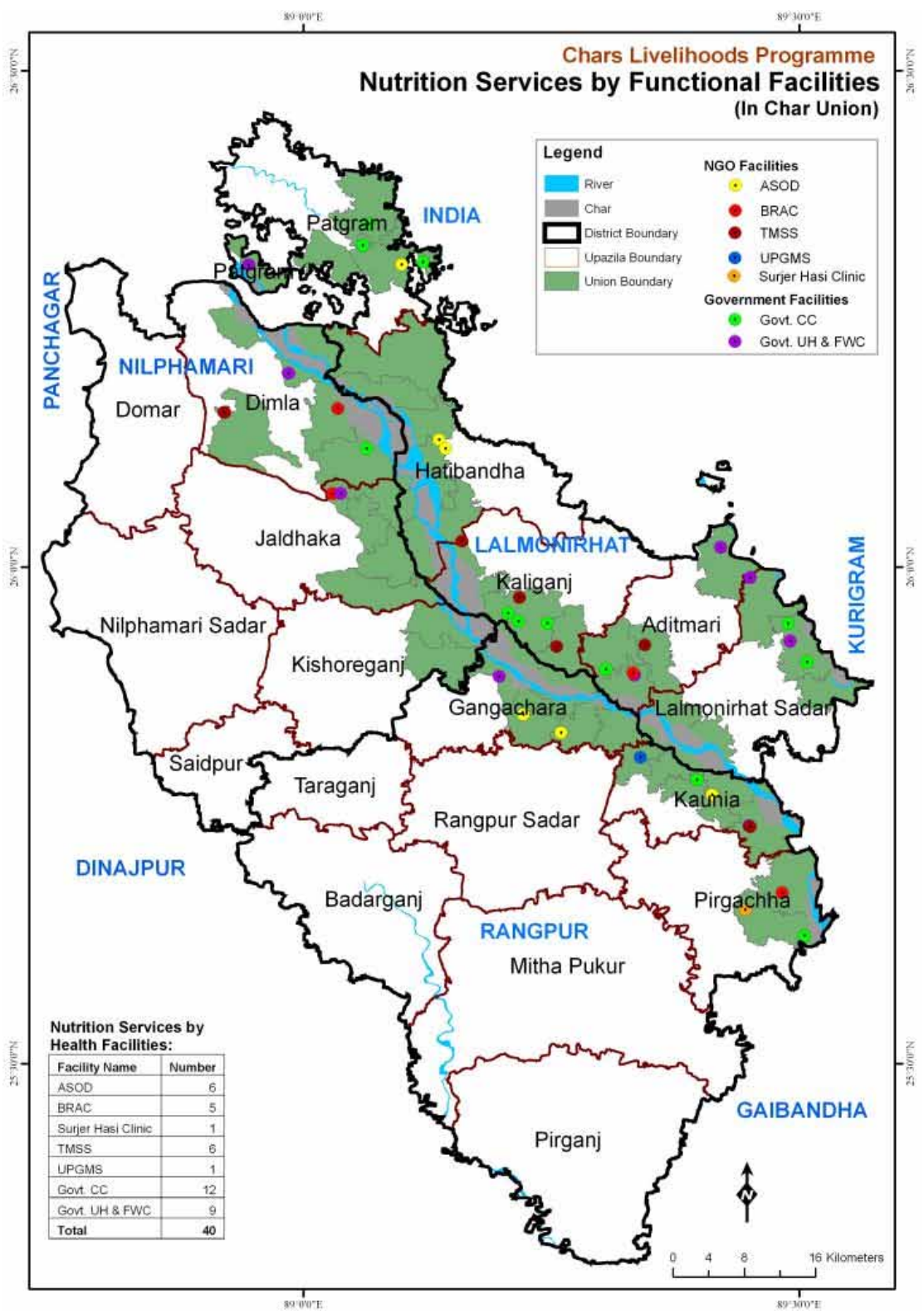
The average remuneration of NGO health volunteers is 962.5 TK. per month (ranging from 500 TK. to 1,400 TK.). 36.4% of the functional NGO health facilities have provisions for profit sharing. This implies that over one third of the health volunteers receive a proportion of the profit made, for example, on the sale of medicines. The responsibilities of health volunteers include the provision of primary treatment, medicines, maternal and child health care, family planning services and awareness building regarding different health topics.

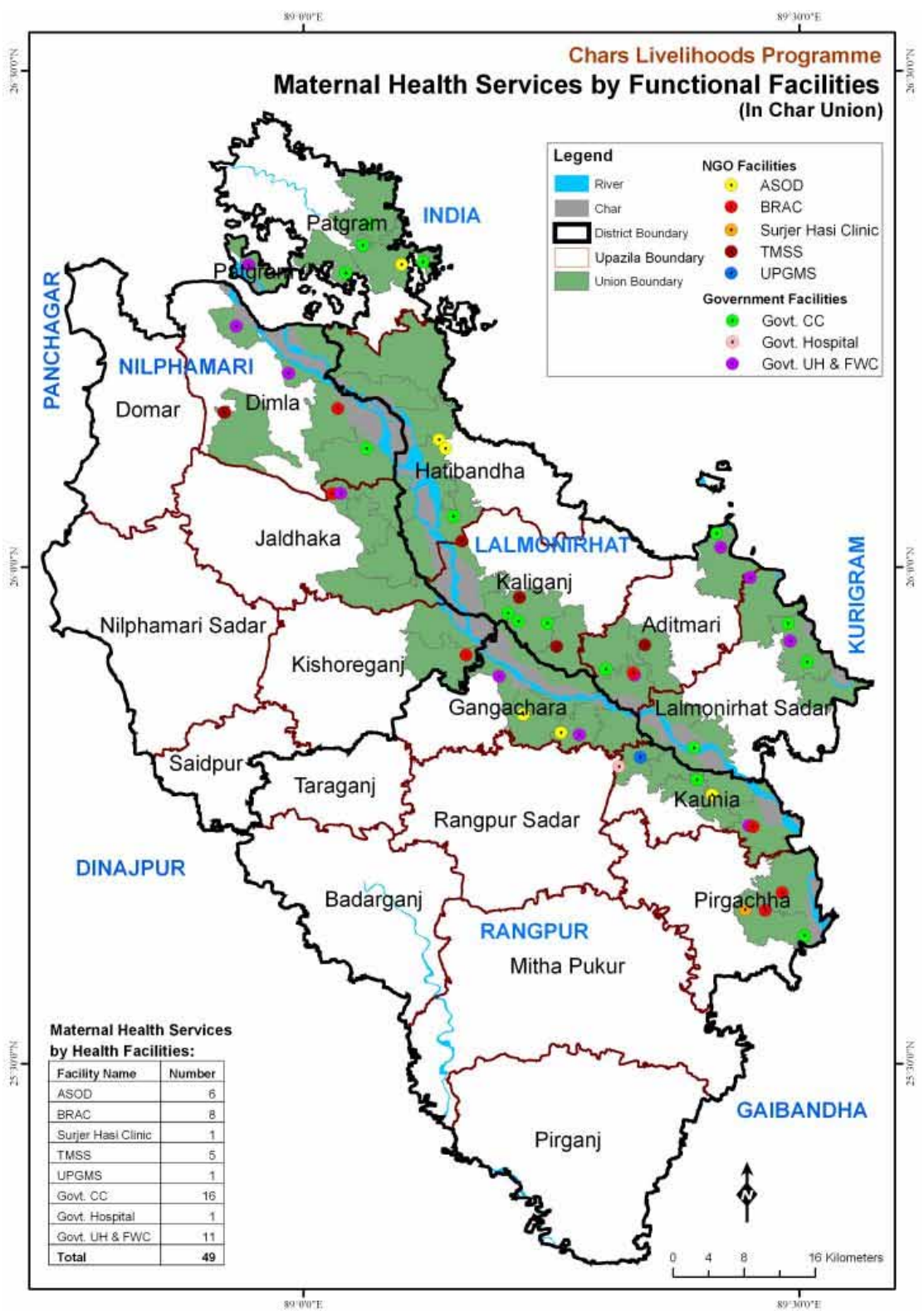
Annex I: Health Maps

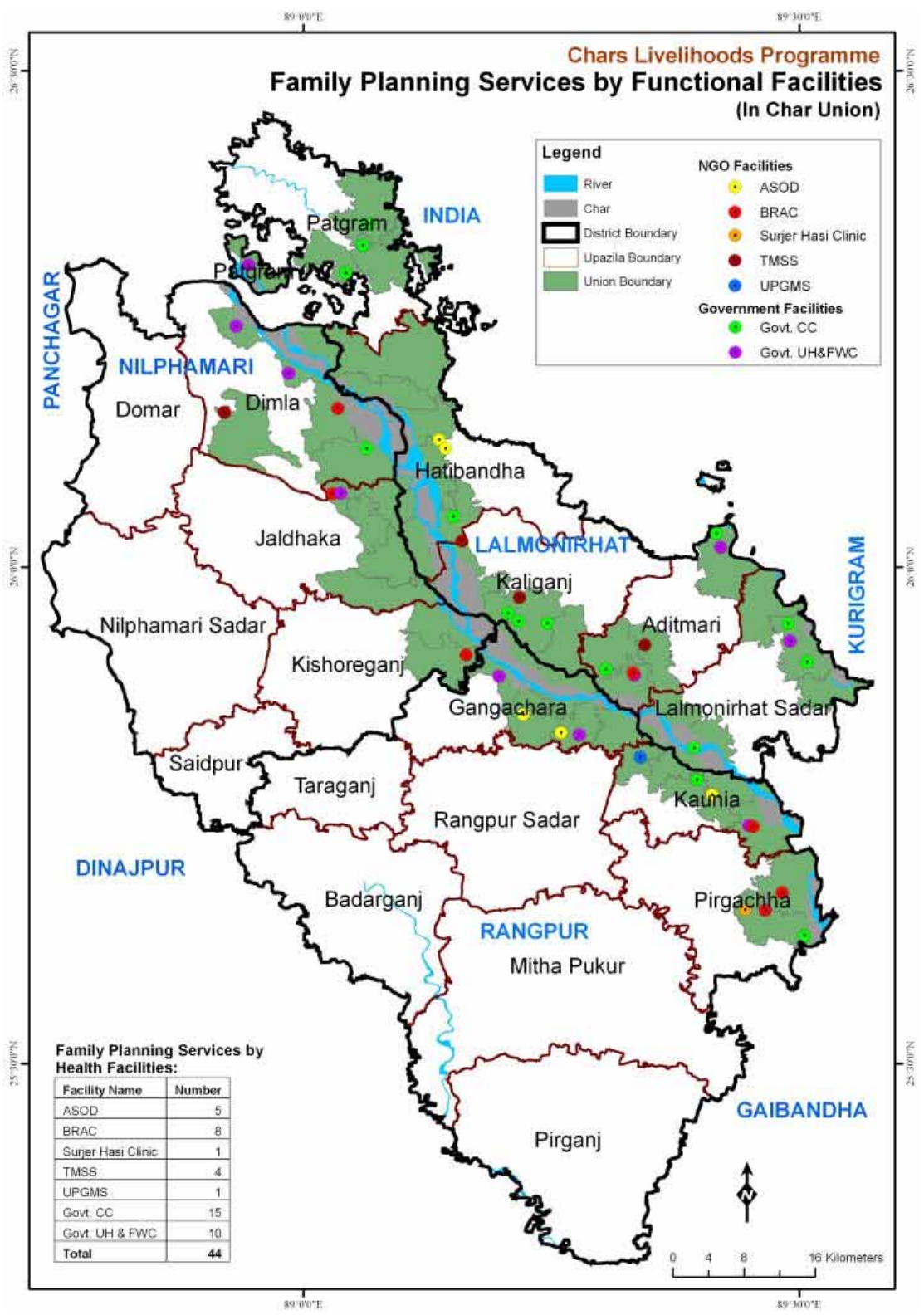


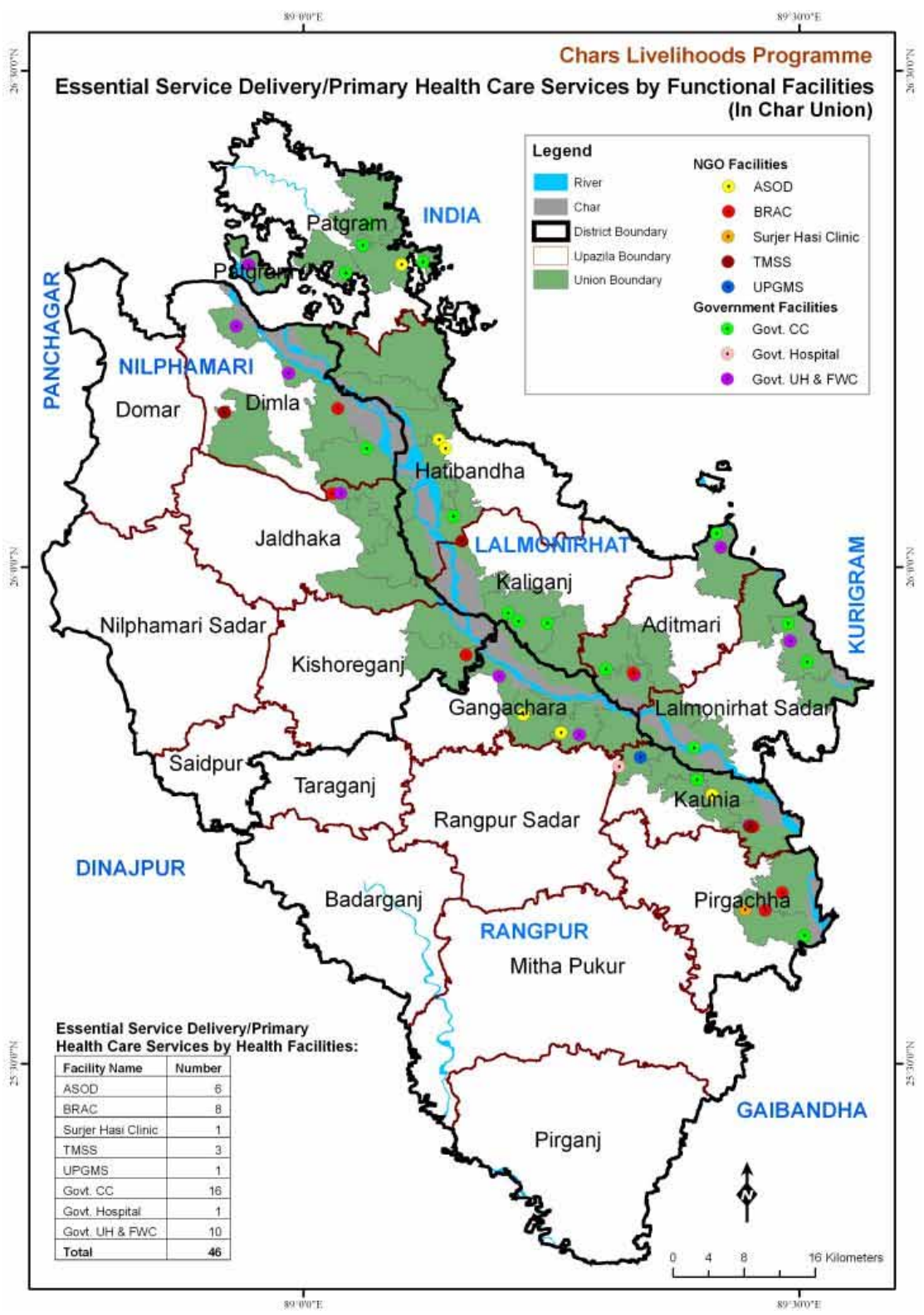


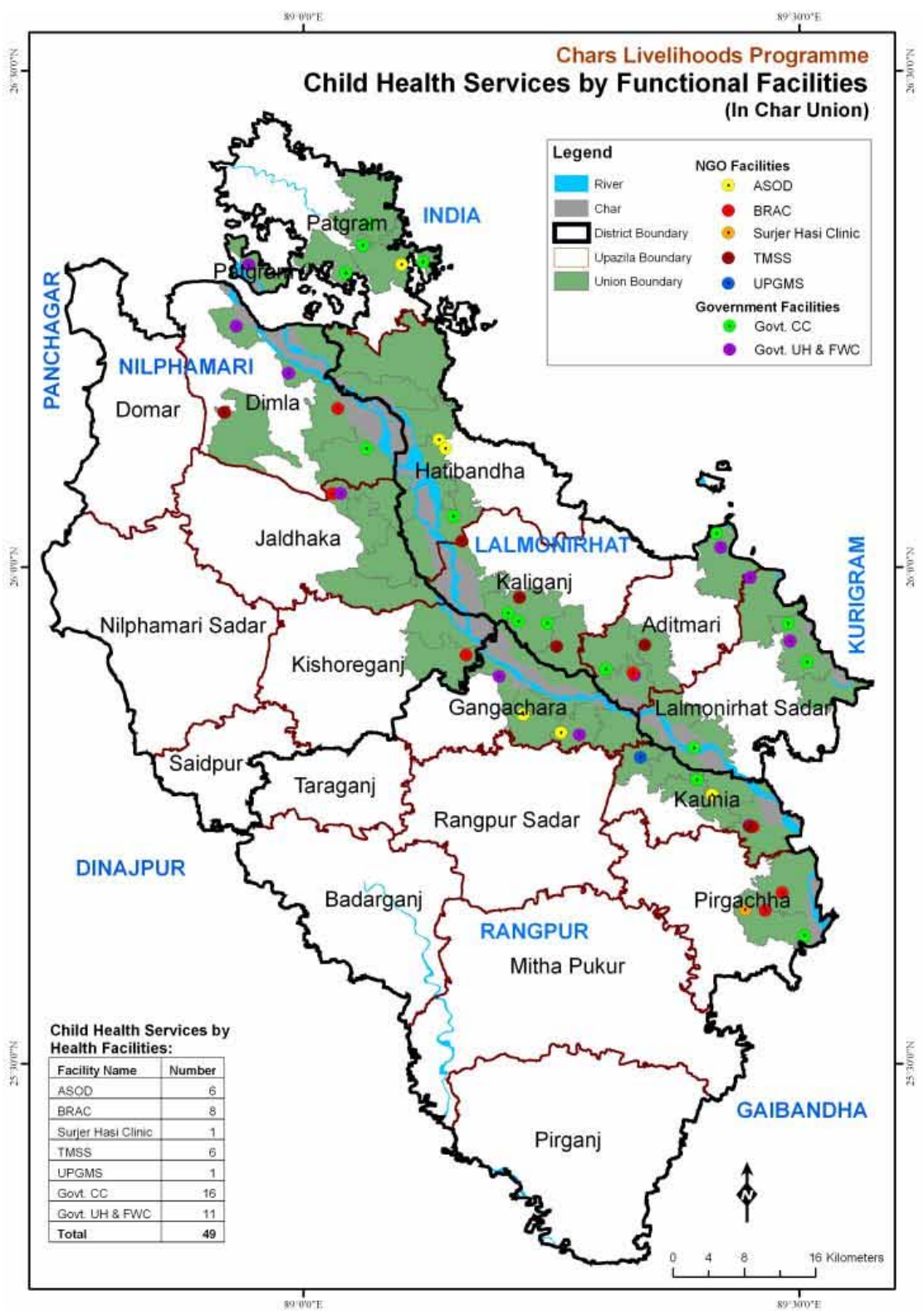


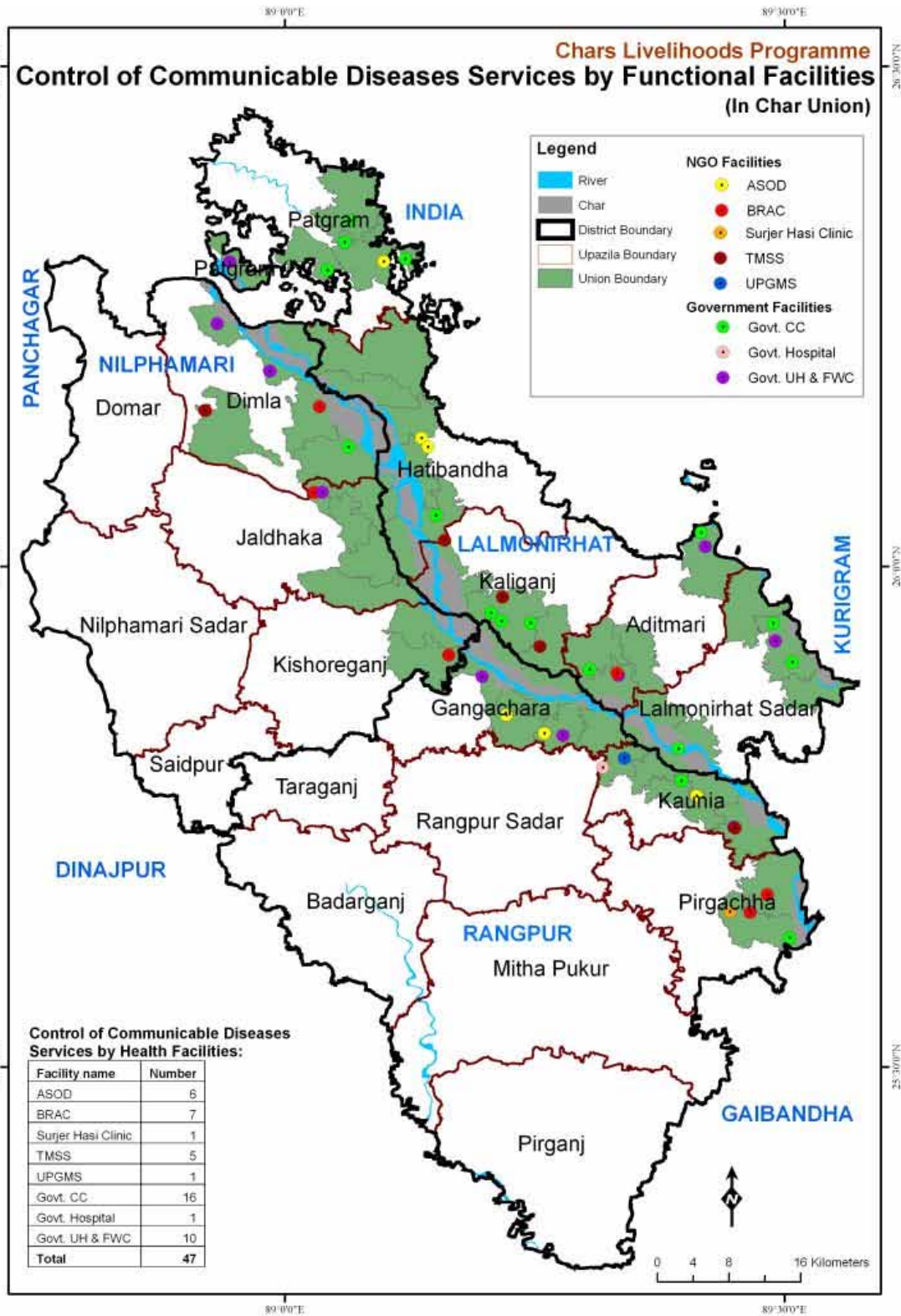


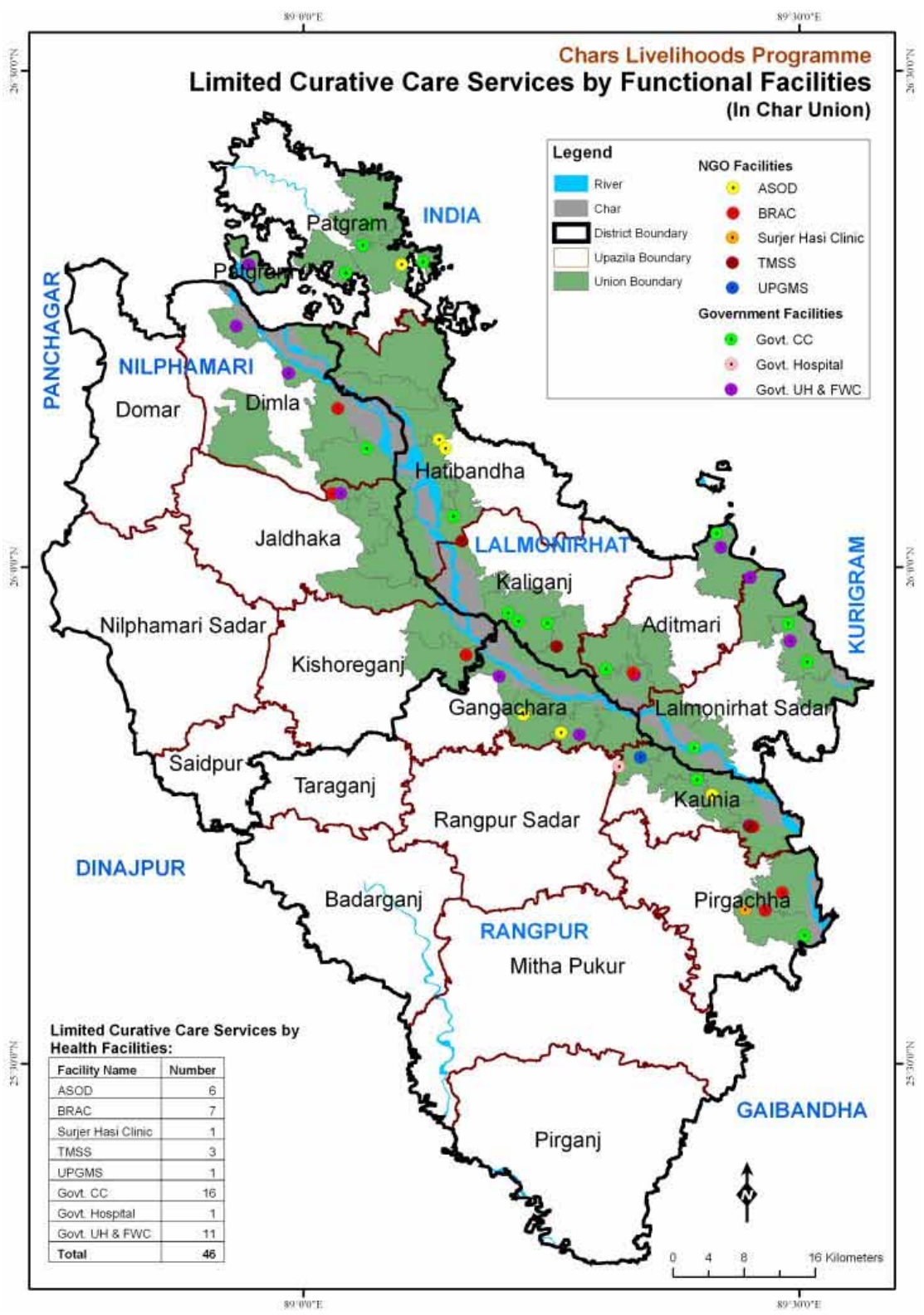


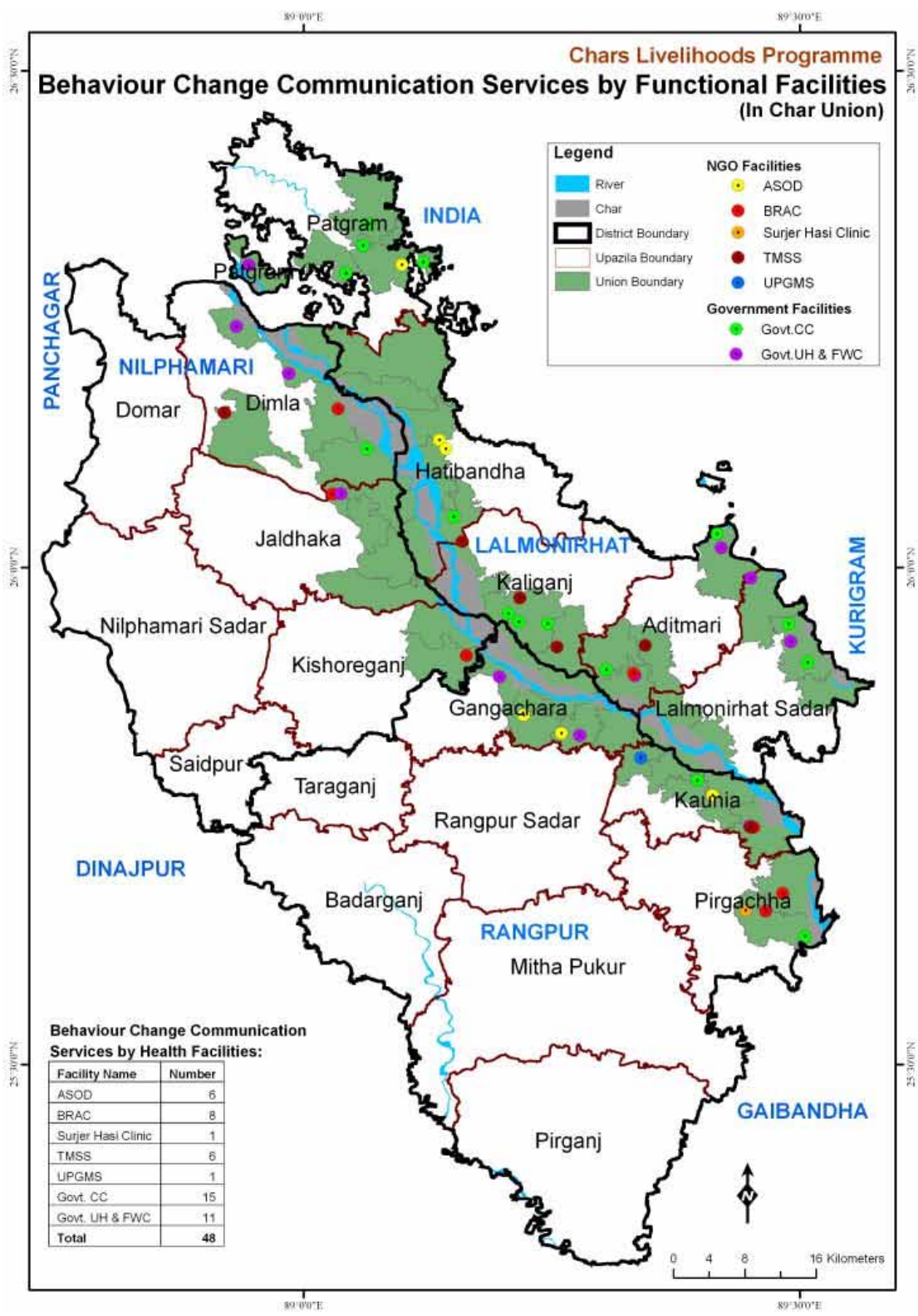












Annex II: Questionnaires

Questionnaire 1: Upazila Health Complex Survey

**Chars Livelihoods Programme 2
Innovation, Monitoring & Learning Division**

Health Facilities Survey-2010

Upazila Health Complex Survey

Date: ___/___/_____

GPS information:

N:		
E:		
GPS set number:		

Q1. Address of health facility:

A. Name of UH&FPO:	
B. Contact number:	
C. Email	
D. Fax:	
E. Post Office and code:	
F. Upazila:	
G. District:	

H. Number of Community clinics:	
I. Number of UH&FWCs:	
J. Number of NGO health facilities provided:	

H1. Functional:	
I1. Functional:	
J1. Functional:	

Name and signature of data collector

Questionnaire 2: Char Level Health Facilities Survey

**Chars Livelihoods Programme 2
Innovation, Monitoring & Learning Division**

Health Facilities Survey-2010

Health Facilities Survey

Date: ___/___/_____

Time: ___:___

GPS information:

N:		
E:		
GPS set number:		

Q1. Address of health facility:

A. Name of facility:	
B. Organisation name:	
C. Name of respondent:	
D. Designation of respondent:	
E. Telephone number:	
F. Fax number:	
G. Mobile number:	
H. Email:	
I. Village:	
J. Char:	
K. Mainland:	
L. Post Office and code:	
M. Union:	
N. <i>Upazila</i> :	
O. District:	

Q2. Contact Person (Only for NGO):

A. Name of Director/ED:	
B. Contact Number:	

Q3. Health Programme (Only for NGO):

A. Name of respondent:	
B. Designation:	

C. Name of Health programme head:	
D. Contact Number:	

Q4. Donor / Funding source of health project(s)

Name of Project(s)	Name of Donor/ Funding Source
A.	
B.	
C.	

Q5. Organogram of the health project (top to bottom)

(Example: Project Manager⇒Medical officer⇒Paramedic⇒CHW⇒... etc)

Q6. Nature of work	
Q7. Components of primary health care covered by them (Please tick)	
A. Maternal health	
B. Child health	
C. Control of communicable diseases	
D. Limited curative care	
E. Behaviour Change Communication	
F. Nutrition	
G. Family Planning	
H. Essential Service Delivery/Primary Health Care as a whole	
Q8. Components covered in Family Planning (Please tick)	
A. Pill	
B. Condom	
C. Injectable	
D. Implant	
E. IUD/Copper-T	
F. NSV	
G. Minilap/Tubectomy	
H. Counseling only	
I. Referral only	
Q9. Any specialised component(s) (Please tick)	
A. Eye care	
B. Filariasis	

1= Preventive, 2=Curative, 3=Mixture of preventive and curative

C. TB		
D. HIV		
E. Others (Please specify)		
Q10. Do they have an MBBS doctor at any level?		1=Yes, 2=No (In case of NGO)
Q11. Any designated referral centre?		1=Yes, 2=No
If yes, who?		1=GoB, 2=NGO facility, 3=Trust/Charity

Q12. Working areas in the <i>chars</i> - probe for details of coverage		
A. Number of household covered:		
B. Number of village covered:		
C. Number of union covered:		
Q13. Type of service delivery		1=Static clinic, 2=Satellite clinic, 3=Both
Q14. If Q13=2 or 3, Frequency of holding satellite clinic		1=Weekly, 2=Fortnightly, 3=Monthly, 4=NA, 5=Others
Q15. Designation of service provider(s) in static clinic		
Q16. Designation of service provider(s) in satellite clinic		
Q17A. Do they give medicine?		1=Yes, 2=No
Q17B. if yes, fully free/partly free		1=Fully free, 2=Partly free, 3=Fully Cash, 4=NA
Q18A. Do they give family planning commodities?		1=Yes, 2=No
Q18B. if yes, fully free/partly free		1=Fully free, 2=Partly free, 3=Fully Cash, 4=NA
Q19A. Do they give health commodities?		1=Yes, 2=No
Q19B. if yes, fully free/partly free		1=Fully free, 2=Partly free, 3=Fully Cash, 4=NA
Q20A. Do they take consultation fee?		1=Yes, 2=No
Q20B. if yes, how much		TK. per consultation
Q21A. Is there any volunteer like CHV/CHW?		1=Yes, 2=No
Q21B. If yes responsibilities/duties (in brief with bullet point)		

Q21C. Amount of remuneration/ honorarium per month of CHV/CHW?		TK.
Q21D. Is there any provision of profit sharing?		1=Yes, 2=No
Q22A. Qualification of paramedics?		
1=One year course, 2= Eighteen month course, 3=Three years diploma, 4=Four years diploma, 5=Others		
Q22B. Salary of paramedics?		
A. For one year course		
B. Eighteen month course		
C. Three years diploma		TK. per month
D. Four years diploma		
E. Others		