

Impact Study
on
Health Programme

Study Conducted and Report Prepared By

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.Preface

According to the CODEC empirical findings, the health situation of coastal disadvantaged communities is severely deplorable mainly due to four reasons; *firstly*, prevailing of poverty along with lacking of nutrition escalates the health hazards and vulnerability. Mother and children mortality rate is high in this outreach coastal zone due to low access in health information, knowledge and services. *Secondly*, environmental catastrophe such as existing and prevailing of arsenic with tube-well water, pollution, unhygienic sanitation, changes of climate, increasing water salinity etc. are the main causes to accelerate the water borne diseases and other health hazards. *Thirdly*, the health services, processes and medicines/materials (family planning) support are not available, favourable and easy accessible especially for the women and children. *Fourthly*, health awareness level regarding preventive diseases as well as imminent diseases of HIV/AIDS is still very low in the communities.

CODEC experiences revealed that health, like education, is among the basic necessities that give value to human life. Better health translates into greater and more equitably distributed wealth by building human and social capital and increasing productivity. However, the cost of healthcare and non-accessibility in health services itself can be a cause of poverty in low-income coastal communities through loss of income, astronomical health expenditures, and potentially irreversible crisis coping mechanisms that involve asset and savings depletion. Disadvantaged households of the coastal communities are facing health risks probably pose the greatest threat to their lives and livelihoods. Mother and children mortality is higher in these communities than in neighbouring main land communities. These are the causes of dysfunctional flow of health services and frequently ineffective in reaching the outreach coastal communities.

CODEC initiated this Impact Study for identifying the periodic changes of health behaviour as well as access in health information, knowledge and services occurred at the coastal communities of CODEC working areas since implementation of the CODEC Five year plan 2007-2012. This is a second Impact Study after first Impact Study conducted in 2009. As per recommendations of Mid Term Review of the 5th Phase of Community development Centre (CODEC), this Impact Study measure the long short and long term impact of the various programmes, those have the possibility to become very relevant as a tool of future action for the CODEC.

The CODEC Management must appreciate to Ms. Archana Paul, Assistant Director, Socio-Cultural Development Programme and her Study Team to accomplish this Impact Study with their painstaking efforts.

Khursid Alam Ph.D.
Executive Director
CODEC, Chittagong

Acknowledgement

I wish to express my profound gratitude and honor to Dr. Khursid Alam, Executive Director, Community Development Center [CODEC] to assign me for conducting this impact study and for his continuous encouragement, high valued opinion and information into this study.

I must register my gratitude and esteem regard to the men and women of *coastal* community members of Chittagong, Laxmipur, Noakhali, Patuakhali and Barguna districts for their bountiful and diligent opinions and sharing their pain and pleasure in regard of prolong development intervention of CODEC at their wards and unions. Indeed, it helped this impact study to heighten the efforts to embrace the whole boundary of CODEC health programme and activities.

This impact study would not have been possible without the cordial assistance of CODEC Socio-Cultural Development Programme Team (Chittagong, Laxmipur, Noakhali, Patuakhali and Barguna District and Upazilla) for providing me with the time, facilitation of ward based FGD, data collection, interview with Union and Upazilla health center doctors, identify and recording of facts and figure and other necessary support duly in the period of my field study. Special thanks and gratitude to five Districts Coordinators of Chittagong, Laxmipur, Noakhali, Patuakhali and Barguna and their Upazilla Team members for their cooperation and accomplishment of this study.

I cherish the efforts of Tasadduk Hossian Dulu, Senior Manager Education to assist me for geographical map setting and designing, Mamunur Rashid, Programme Manager-Advocacy to assist me with preparing graphical and bar chart with data compilation

Map

Bangladesh



GLOSSARY

<i>BRAC</i>	Bangladesh Rural Advancement Committee
<i>CC</i>	Coordination Committee
<i>CODEC</i>	Community Development Center
<i>FGD</i>	Focus group discussion
<i>FWV</i>	Family Welfare Visitor
<i>GoB</i>	Government of Bangladesh
<i>NGO</i>	Non Government Organization
<i>SACMO</i>	Sub Assistant Community Medical Officer
<i>TT</i>	Tetanus

A. Executive Summary

Since its inception, CODEC has been facilitating these target communities to have access in health and sanitation services. Government and NGO services (health, drinking water, sanitation services) are available to some extent in the five districts, but the marginalized communities targeted by the programme often do not benefit from them. The health situation of coastal communities is severely deplorable.

The main objective of CODEC 'Access to Health Service' programme is to aware 2,520,000 members of 600,000 households to increase accessibility in services of local health centre and different health service provider organizations.

Methodology:

- a. The study conducted through Focus Group Discussion (FGD) with the primary segment mainly women, community health workers and health centre.
- b. Interview conducted with Union and Upazilla Health Complex and Department.
- c. Conducted case study interview with the health service recipients and non-recipients.
- d. Review the different secondary data i.e. Programme Plan, Reports and Studies;
- e. Review the Findings and Recommendations of Mid Term Review Mission Report (October 2009) regarding *Health program*.

Objectives of Study:gv

1. Compare child and mother mortality rates with the baseline CODEC working areas and develop a trend chart;
2. Assess the qualitative improvement of health services delivery to the women and children in CODEC working areas;

Study Findings & Changes:

Child Mortality:

In the five districts, child vaccination coverage improved significantly which is crucial for reducing infant and child mortality. Children under one year of age should receive immunization for six vaccine-preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles). Recently Hepatitis B vaccine is also included as immunization.

In the data shows increasing trend of childhood vaccination coverage in the 22 Unions of five districts from 2007 to 2010. if we compare with 2007 to 2008 increased 29,558 children vaccine recipient, 2008 to 2009 increased 45,598 children vaccine recipient, and 2009 to 2010 increased 60,961 children vaccine recipient. 96% of children were fully immunized during these period and most of them received by 12 months to 5 years. Children also received special vaccination in the Government. Vaccination day. There has been impressive decline in child mortality, which continues to decrease in Coastal communities. The infant mortality rate trend for 2007-2010 is significantly lower. Before CODEC development intervention it was high. This might be due to poor access to health services. If we see the data, it is found that in the 2007 it was 32, in the 2008 it was 26, in the 2009 it was 10 and in the 2010 it is only five infant die. Now a day's community people are more aware. They are going to health complex instead of superstition. Health complex doctors and FWV are playing supportive role.

Maternal Mortality:

Before CODEC intervention, mothers always gave attention family and children. Often, they do not give priority to their health and the health issues of women are frequently overlooked. But improving mothers' health, preventing unnecessary maternal deaths would ultimately help for mothers. Earlier 95% of coastal expectant mother were having their deliveries at home; often they wanted to go to a health centre but did not get support from the family level. They did not want to go unless there is a complication; again they

did not know where to get the delivery facility. Women are getting more aware than before and are willing to take health facilities if they are provided. Women are attending the Ward Committee meeting with Health Workers, mother and child health related video show, attend the pregnant women sharing meeting, receiving TT and check-up, prevention and regular visit of pregnant mother to the qualified doctors and health centers. Some are going to Upazilla and district health complex if feel any complexity. Health complex also behave well. Mortality rate of mothers have been reduced remarkably. Child delivery at health center or deliveries are having by trained midwife/FWV or qualified doctor. In the table shows the trend.

Findings from FGD: Vaccination to children of 07 diseases - Children receive all vaccination. Vaccination center is very closer. Community members are aware about effectivity of vaccine and know the name of vaccine. CC and Staffs of vaccination centre publicize the time and date of vaccination before one day. **Pregnant women receiving TT and go to health centre for check-up** - Members mentioned that pregnant women receive TT and check-up. If they feel complexity than go to Upazilla health complex for better treatment. Their husband also supports them for better treatment. Some times they go to the private hospital. Previously people do not go to the hospital. Now a day, communication infrastructure is good and can easily go to the hospital. **Mentality of sending pregnant women to hospital during complexity in birth delivery created** – Generally Pregnant women having delivery at home by the midwife. Most of the midwife is not trained. Where FWV available or living nearby the community they are having delivery by the FWV. Family members are playing supportive role. In case of emergency, having delivery at the hospital. **Child and maternal mortality rate reduced.** Child and maternal mortality rate reduced in the working area. Total three pregnant women and four infant died during having delivery in last five years. Because they did not follow doctors advice. **Doctors are more caring to the patients.** Doctors of Union and Upazilla health centres behave politely with the patients. Patients get limited quantity of medicine from local health complex and receive free health consultation. **Doctors of health centre care the pregnant women and children with importance.** Doctors of Upazilla health centres take care and giving importance of the pregnant women and children and supportive role. **Having delivery by the midwife.** Most of the cases midwives are not trained. In the target area CODEC provided training to key midwife and also provided orientation. Where trained midwife is available having delivery by them. No baby or mother died under the midwifery delivery and supervision. **Dependency of pregnant women to health centre increased.** All members Ward mentioned that now they go to health centre for check-up. Though the staffs of BRAC visit in house to check-up the pregnant women but they also go to health centre. **Relationship has been established between health centre and community member.** Good relationship has been established between doctors of health centre and members of Ward and CC due to arranging sharing meeting on health issue. They are getting services without fee. Other members are also receiving services with the reference of CODEC.

Findings from Union Health Complex: Limited medicine supply in the Union health center- Government does not supply sufficient medicine (quantity and item) for Union health center and does not consider population and need. SACMO/doctors are always in pressure. Sometimes patients create chaos if they do not get medicine. One FWV is responsible for two health centers. For that reason she is not available full time and ultimately patients are suffering. FWV says, pregnant women are coming more in the health center for check-up than before. In the case of delivery, if they feel any complexity than and their come to health center for having delivery. Sometimes FWV go to the home for delivery purpose. Now a day, women are aware. Gopalpur health center FWV is more cooperative and she is awarded. If any complicated patient come than refer to district hospital. One medicine list hangs on the outside. According to list medicine supply is insufficient. MBBS doctor is posted in the health center. But no sitting arrangement is there for them.

Findings from Upazilla Health Complex: In the Upazilla hospital, medicine supply is not sufficient and important item of medicine do not provided which is necessary for emergency patient. Sometimes

pregnant women came to hospital at the eleventh hour which is risky for pregnant women and infant. Doctor always tries to save both of them. Now they are coming to the hospital for having delivery. Pregnant women come to hospital for check-up and these numbers are increasing. But in case of delivery, they feel shy. They think that male doctor will do the delivery. Increased child vaccination and pregnant women TT recipient rate. In the hospital important instrument for operation is not enough. Doctor crisis is common. Authority has given hope. But did not get result.

The specific recommendations have been entreated in the FGDs and Interview discussion:

a) Advocacy Program with GoB on sufficient medicine supply with taking consideration of population and importance. b) Advocacy for increasing the numbers doctors, FWV operational instrument for Union and Upazilla health center. C) Arrange regional and national sharing meeting for increasing budget allocation. d) Continue to develop linkage with the CC and service provider organization for getting effective services. e) Implementing Health campaign program for the coastal community; f) The capacity of the respective Coordination Committees should be strengthen in terms of organizational management, community mobilization and linkage development with the local government and service provider organizations.

Future Action:

The recommendations of this study will be stirred with a future strategic action, which will be implemented by the leadership of Coordination Committee. Major Activities of Future Strategic Action: Output 1. Sharing and dialogue meeting with health service provider organizations will be implemented by the Coordination Committee and established good relation both of them. Communities are getting more services from health centers. Output 2. Community people are aware about health services, disease, health information and going to health centers for treatment and reduced child and pregnant mother mortality rate. Output 3. Government provided sufficient medicine (quantity and item) for union and upazilla health centers, provided surgical instrument and recruited doctors.

Future Action:

The recommendations of this study will be stirred with a future strategic action, which will be implemented by the leadership of Coordination Committee. Major Activities of Future Strategic Action: 1. Coordination Committee will organize sharing and dialogue meeting with health service provider organizations. 2. Health campaign program will implement. 3. National level advocacy program need to be initiated. Output 1. Sharing and dialogue meeting with health service provider organizations will be implemented by the Coordination Committee and established good relation both of them. Communities are getting more services from health centers. Output 2. Community people are aware about health services, disease, health information and going to health centers for treatment and reduced child and pregnant mother mortality rate. Output 3. Government provided sufficient medicine (quantity and item) for union and upazilla health centers, provided surgical instrument and recruited doctors.

Conclusion:

Though limited members participated in discussion but it proved that awareness on health issue has been created among the members. Health issue sensitizes every level. Community people realized their rights and access to health services, especially who participated in sharing meeting on health issue. Union and Upazilla health complex are playing supportive role. CODEC also appreciated by health center for Child vaccination program. Good relationship has been established between CODEC and Upazilla health centre. Doctors discussed about their limitations, constraints and problems in Union and Upazilla level sharing meeting. They also confessed the administrative complexities in health sector and requested to raise this problem in national level meeting. The infrastructure conditions of those Union health centres are not good they obtained approval to reconstruction through presenting this problem in Upazilla level sharing meeting. That increased goodwill of CODEC.

Part I

Introduction: Impact Study on *HealthProgramme*

CHAPTER 1: INTRODUCTION AND BACKGROUND OF STUDY

1.1. Background of the Study

The working areas of CODEC are Chittagong, Laxmipur, Noakhali, Patuakhali and Barguna. Maternal mortality rate is 5.46 in Chittagong district. Imbalanced distribution of foods, risky birth delivery, lack of modern health facilities, and lack of doctor, clinic and hospital are influencing the maternal mortality. Birth delivery of 93% women is happened in house. This rate is less than average rate of Bangladesh. 22% and 11% women receive services from the trained-up midwife and doctors respectively during birth delivery. But 67% women receive services from the neighbours and relatives. **[Family Planning Management Information System (FPMIS) - 1999, of Chittagong]**

Maternal mortality rate is 3 out of 1,000 in Laxmipur district which is influenced by several factors. 32% female aged from 13-49 are receiving modern family planning method and this rate is 41% in whole coastal areas. (Niport, 2003). Malnutrition, insufficient infrastructural facilities and service system affected the women health of this district. Birth delivery of 98% women is happened in house due to lack of reproductive services. 93% women receive services from the neighbours and relatives during birth delivery. Only 1% women receive services from the trained-up midwife. 5.3% women receive services from the doctors. **(BBS-UNICEF, 2001). [Family Planning Management Information System (FPMIS) - 2000]**

Maternal mortality rate is 6.12 in Noakhali district. Birth delivery of 98% women is happened in house due to lack of health services. This rate is more than average rate of Bangladesh. 9% and 4% women receive services from the trained-up midwife and doctors respectively during birth delivery. 87% women receive services from the neighbours and relatives during birth delivery. Child mortality rate is 51 out of 1,000 in this district which is less than national rate. **[Family Planning Management Information System (FPMIS) - 1999]**

In Barguna, birth delivery of 98% women is happened in house due to lack of health services. 81% women receive services from the neighbours and relatives during birth delivery. 15% women receive services from the trained-up midwife. 4% women receive services from the doctors. **(BBS-UNICEF, 2001).**

In Patuakhali, women health conditions are poor due to malnutrition, insufficient infrastructural facilities and service system. Birth delivery of 98% women is happened in house due to lack of health services. 81% women receive services from the neighbours and relatives during birth delivery. Only 24% women receive services from the trained-up midwife. Only 2% women receive services from the doctors. **(BBS-UNICEF, 2001).**

Since its inception, CODEC has been facilitating the target communities to have access in health and sanitation services. Government and NGO services (health, drinking water, sanitation services) are available to some extent in the five districts, but the marginalized communities targeted by the programme often do not benefit from them. The health situation of coastal communities is severely deplorable mainly due to four reasons; *firstly*, prevailing of poverty along with lacking of nutrition escalates the health hazards and vulnerability. *Secondly*, environmental catastrophe such as existing and prevailing of arsenic with tube-well water, pollution, unhygienic sanitation, changes of climate, increasing water salinity etc. are the main causes to accelerate the water borne diseases and other health hazards. *Thirdly*, the health services, processes and medicines/ materials (family planning) support are not available, favourable and easy accessible especially for the women and children. *Fourthly*, health awareness level regarding preventive diseases as well as imminent diseases of HIV/AIDS is still very low in the communities. The coastal disadvantaged communities have slim access to Government and NGOs Health Services. Due to this cause, mother and child death rates are high in this area.

CODEC and community organizations (Ward Committees and Coordination Committees) jointly arrange sharing meeting on health services with Local Government Institutions and Union Health Centres. Representatives of different health service provider organizations also presented in the meeting. A good relationship is established with them.

The main objective of CODEC 'Access to Health Service' programme is to aware 2,520,000 members of 600,000 households to increase accessibility in services of local health centre and different health service provider organizations.

1.2. Methodology:

- d. The study conducted through Focus Group Discussion (FGD) with the primary segment mainly women, community health workers and health centre.
- e. Interview conducted with Union and Upazilla Health Complex and Department.
- f. Conducted case study interview with the health service recipients and non-recipients.
- d. Review the different secondary data i.e. Programme Plan, Reports and Studies;
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1.3. Objectives of Study:

1. Compare child and mother mortality rates with the baseline CODEC working areas and develop a trend chart;
2. Assess the qualitative improvement of health services delivery to the women and children in CODEC working areas;

1.4. Study Team:

The study has been conducted by Archana Paul, Assistant Director – Programme. She was vigorously assisted by five District Coordinators, Upazilla Coordinators and her team members of Socio-Cultural Programme, CODEC Chittagong, Laxmipur, Noakhali, Patuakhali and Barguna.

1.5. Limitations of the Study

The study schedule was hampered sometimes due to *Hartal* called by opposition political party and other programme intervention. Union and Upazilla health complex doctors were not available in the study time.

Part II
CODEC Intervention

CHAPTER 2: Health Programme Intervention Indicators

2.1 Health Programme Intervention Indicators

CODEC has gradually engaged in mobilisation work on social and Cultural rights and access to services. Enhanced socio-Cultural development of the coastal and riverine communities: facilitated to access in government health services and NGO services and access of health conditions of women and children will be improved. A set of indicators has been developed from objective to output level to monitor the Programme. Some selected indicators are -

Indicators

- Child mortality reduced in 412,000 households.
- Maternal mortality rate reduced in 315,200 Households.
- Vaccination support to 2.4 million children facilitated.
- Support to 135,000 expecting mothers with vaccination and medical check up facilitated.

2.2. CODEC Health Programme Initiatives

CODEC is implementing this program through Social services and linkage building. The objective of this program is to ensure social services through linkage development with local government, Upazilla administration and other service provider organization. CODEC facilitated health motivational program to reduce Child and Maternal mortality rate and increased coverage of child vaccination. Local and community level leaders, physicians, are involved to break the silence, challenge the stigma. CODEC is facilitating the health programme in the 100 Unions of 18 Upazillas under 5 Districts.

- Initiated union level sharing meeting with the participation of Union Health doctors, FWV, Chairmen, service provider organizations and Community.
- Initiated Upazilla level sharing meeting with the participation of Upazilla Health complex, service provider organizations, civil society and Community.
- Organized union level mass gathering and dialogue program on pregnant mothers TT and check-up. Doctors, FWV, SACMO, pregnant women, mother in law, male members represented in the meeting to ensure TT and check-up.
- A supportive linkage has developed with the CC and service providers. Some of the community members are receiving free health services from Union health complex.
- People has increased communicating with union health clinic and started getting cooperation from health clinic and service provider organizations.
- To sensitize the community arranged health related video show program. Community members' response to the issues showed after watching video show. Mother in law expressed her quick reaction and said, "Daughter in law is carrying our generation. So we should take care of them". They are Installing latrines by own initiatives.
- To encouraged the parents for Immunization CC organized campaign program on National Immunization day through Maiking. 4/5 cultural squad members perform campaign song by the riding Van. Govt. also appreciated CC to organized Immunization campaign program.

- CC distributed leaflet on health and social issue. Each CC distributed 1000 leaflet. Door to door campaign by the Leaflet circulation sensitizes the community.
- CODEC health worker received training. Moreover, arranging midwife training by FWV and books & flipcharts were provided to discuss about health issues in monthly Ward meeting.
- Health workers visited 900 ward sova and 560 parents meetings on each and every month. When they go to meeting, all members attend in the meeting. The environment of the meeting is cordial. Members seek health related advises, information and services. The respective health workers disseminate them with necessary health tips and caution especially for pregnant mother such as TT injection, iron and nutritious food ingredients and anemia. They assist the pregnant women to visit health centers and also encouraged the future mother on immunization.

Part III
Facts and Findings of Programme Impact

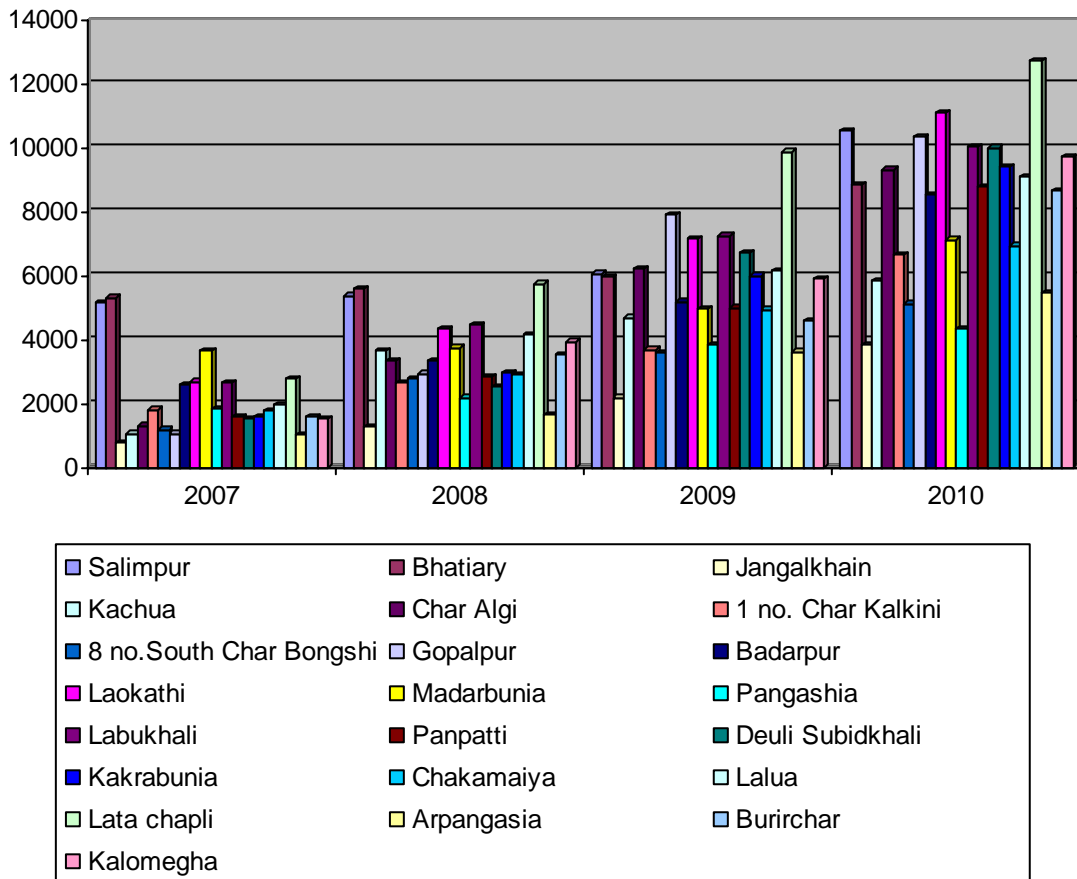
CHAPTER 3: CHANGING TRENDS

3.1. At a Glance: Periodic Changes

Child Mortality:

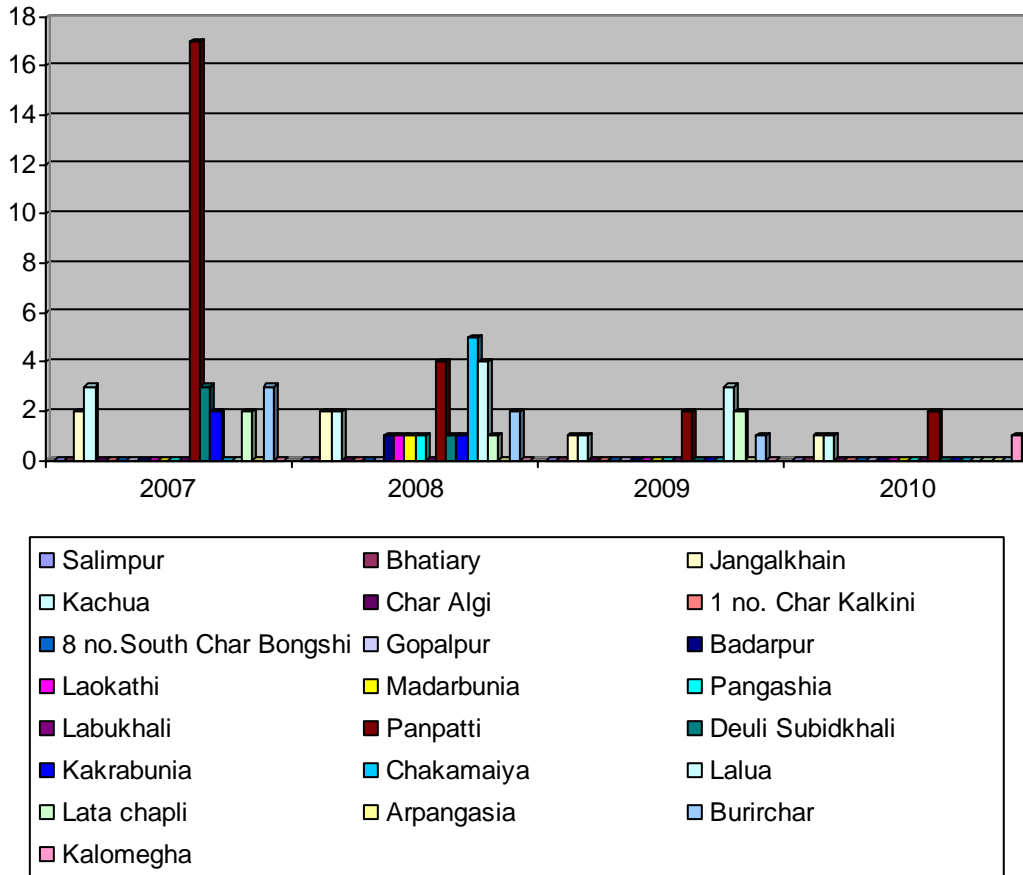
In the five districts, child vaccination coverage improved significantly which is crucial for reducing infant and child mortality. Children under one year of age should receive immunization for six vaccine-preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles). Recently Hepatitis B vaccine is also included as immunization.

Child Vaccination Trend



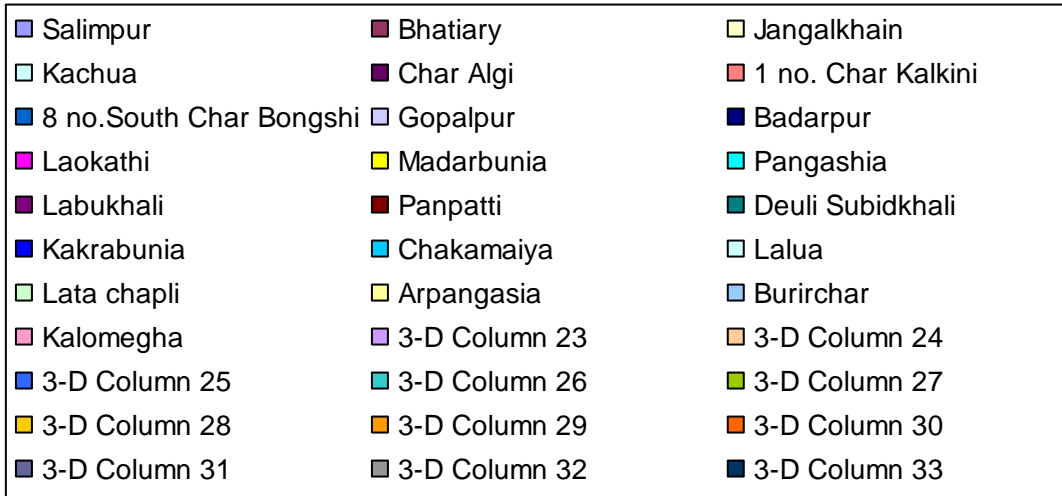
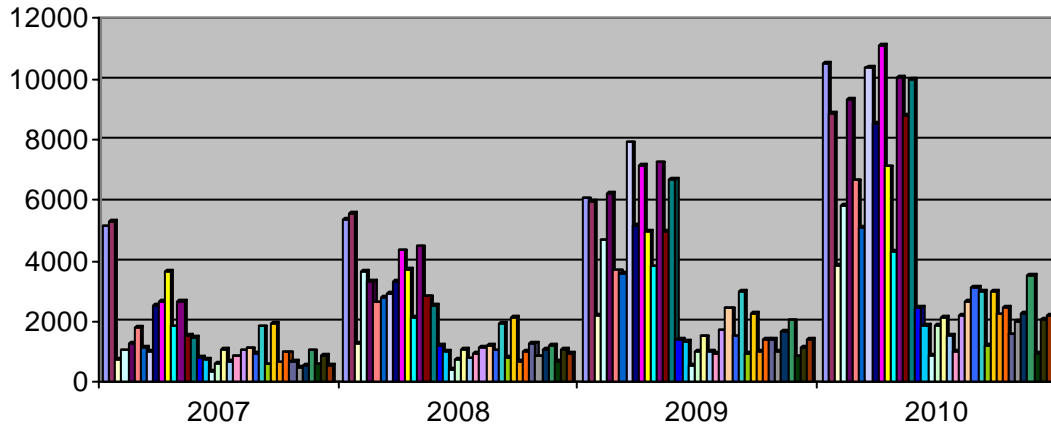
In the data shows increasing trend of childhood vaccination coverage in the 22 Unions of five districts from 2007 to 2010. If we compare with 2007 to 2008 increased 29,558 children vaccine recipient, 2008 to 2009 increased 45,598 children vaccine recipient, and 2009 to 2010 increased 60,961 children vaccine recipient. 96% of children were fully immunized during these period and most of them received by 12 months to 5 years. Children also received special vaccination in the Government vaccination day.

Infant death Trend

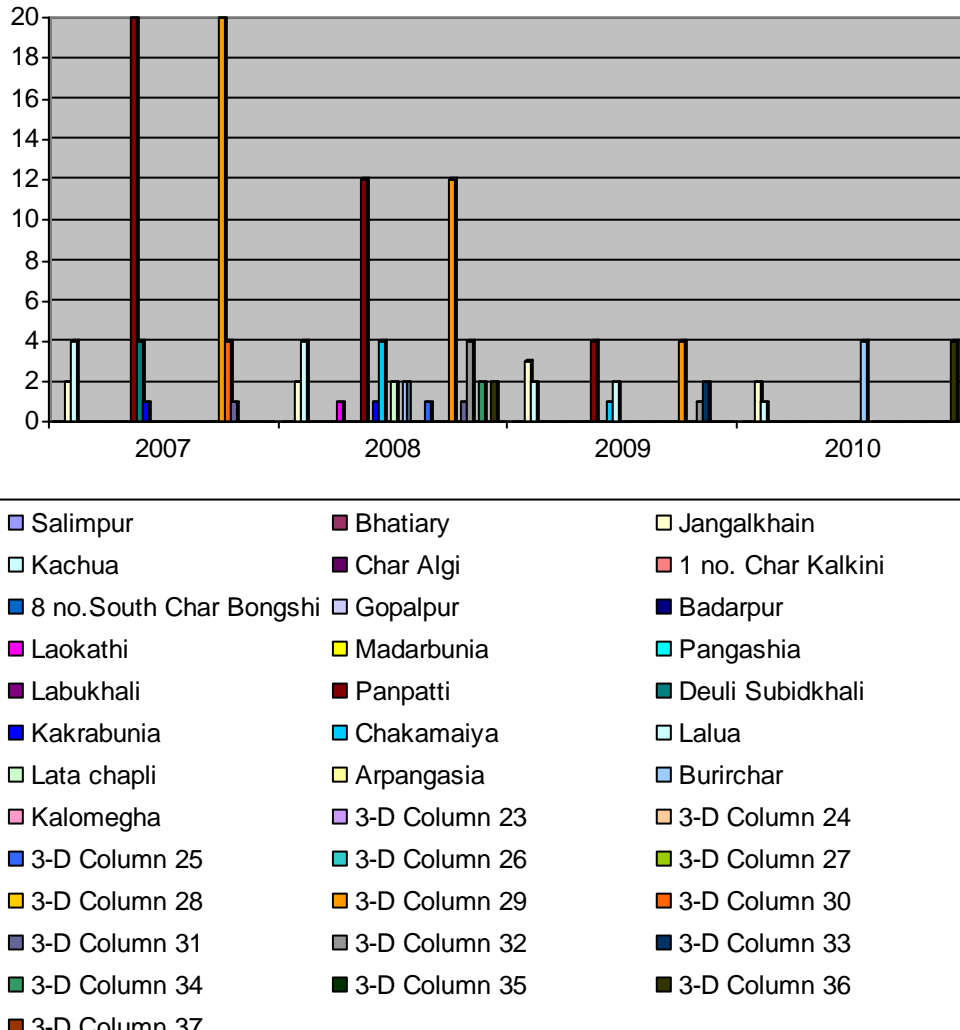


There has been impressive decline in child mortality, which continues to decrease in Coastal communities. The infant mortality rate trend for 2007-2010 is significantly lower. Before CODEC development intervention it was high. This might be due to poor access to health services. If we see the data, it is found that in the 2007 it was 32, in the 2008 it was 26, in the 2009 it was 10 and in the 2010 it is only five infant die. Now a day's community people are more aware. They are going to health complex instead of superstition. Health complex doctors and FWV are playing supportive role.

Pregnant Mother Vaccination Trend



Pregnant Mother Death Trend



Pregnant mother Mortality:

Before CODEC intervention, mothers always gave attention family and children. Often, they do not give priority to their health and the health issues of women are frequently overlooked. But improving mothers' health, preventing unnecessary maternal deaths would ultimately help for mothers. Earlier, 95% of coastal expectant mother were having their deliveries at home; often they wanted to go to a health centre but did not get support from the family level. They did not want to go unless there is a complication; again they did not know where to get the delivery facility. Women are getting more aware than before and are willing to take health facilities if they are provided. Women are attending the Ward Committee meeting with Health Workers, mother and child health related video show, attend the pregnant women sharing meeting, receiving TT and check-up, prevention and regular visit of pregnant mother to the qualified doctors and health centers. Some are going to Upazilla and district health complex if feel any complexity. Health complex also behave well. Mortality rate of mothers have been reduced remarkably. Child delivery at health center or deliveries are having by trained midwife/FWV or qualified doctor. The above table shows the trend.

3.2 Findings from FGD:

- **Vaccination to children of 07 diseases** - Children receive all vaccination. Vaccination center is very closer. Community members are aware about effectivity of vaccine and know the name of vaccine. CC and Staffs of vaccination centre publicize the time and date of vaccination before one day.
- **Pregnant women receiving TT and go to health centre for check-up** - Members mentioned that pregnant women receive TT and check-up. If they feel complexity than go to Upazilla health complex for better treatment. Their husband also supports them for better treatment. Some times they go to the private hospital. Previously people do not go to the hospital. Now a day, communication infrastructure is good and can easily go to the hospital.
- **Mentality of sending pregnant women to hospital during complexity in birth delivery created** – Generally Pregnant women having delivery at home by the midwife. Most of the midwife is not trained. Where FWV available or living nearby the community they are having delivery by the FWV. Family members are playing supportive role. In case of emergency, having delivery at the hospital.
- **Child and maternal mortality rate reduced.** Child and maternal mortality rate reduced in the working areas. Total three pregnant women and four infant died during having delivery in last five years. Because they did not follow doctors advice.
- **Doctors are more caring to the patients.** Doctors of Union and Upazilla health centres behave politely with the patients. Patients get limited quantity of medicine from local health complex and receive free health consultation.
- **Doctors of health centre care the pregnant women and children with importance.** Doctors of Upazilla health centres take care and giving importance of the pregnant women and children and supportive role.
- **Having delivery by the midwife.** Most of the cases midwives are not trained. In the target area CODEC provided training to key midwife and also provided orientation. Where trained midwife is available having delivery by them. No baby or mother died under the midwifery delivery and supervision.
- **Dependency of pregnant women to health centre increased.** All members Ward mentioned that now they go to health centre for check-up. Though the staffs of BRAC visit house to check-up the pregnant women but they also go to health centre.
- **Relationship has been established between health centre and community member.** Good relationship has been established between doctors of health centre and members of Ward and CC due to arranging sharing meeting on health issue. They are getting services without fee. Other members are also receiving services with the reference of CODEC.

3.3 Findings from Union Health Complex:

- Limited medicine supply in the Union health center- Government does not supply sufficient medicine (quantity and item) for Union health center and does not consider population and need. SACMO/doctors are always in pressure. Sometimes patients create chaos if they do not get medicine.

- One FWV is responsible for two health centers. For that reason she is not available full time and ultimately patients are suffering.
- FWV says, pregnant women are coming more in the health center for check-up than before. In the case of delivery, if they feel any complexity than and their come to health center for having delivery. Sometimes FWV go to the home for delivery purpose. Now a day, women are aware.
- Gopalpur health center FWV is more cooperative and she is awarded. If any complicated patient come than refer to district hospital.
- One medicine list hangs on the outside. According to list medicine supply is insufficient.
- MBBS doctor is posted in the health center. But no sitting arrangement in there for them.

3.4 Findings from Upazilla Health Complex:

- In the Upazilla hospital, medicine supply is not sufficient and important item of medicine do not provided which is necessary for emergency patient.
- Sometimes pregnant women came to hospital at the eleventh hour which is risky for pregnant women and infant. Doctor always tries to save both of them. Now they are coming to the hospital for having delivery.
- Pregnant women come to hospital for check-up and these numbers are increasing. But in case of delivery, they feel shy. They think that male doctor will do surgery in the delivery.
- Increased child vaccination and pregnant women TT recipient rate.
- In the hospital, important instrument for surgery is not enough. Doctor crisis is common. Authority has given hope. But still they did not get result.

Case Study – 01

Shamsun Nahar Begum (30) wife of Monir Khan is living at Chungapasha Rehabilitation village under Chakamoya Union. She has two boys and one girl. Last one is boy who is 11 months age. Generally she did irregular check-up. During last pregnancy she went to Kalapara Upazilla health complex for check-up and regularly. Before delivery last four days she feels severe delivery pain. At that time her husband was not at home. She did not share anything with her neighbor. When it is uncontrollable she goes to ward president Hamida Begum. Hamida saw that her condition is serious and propose to go to hospital. But she did not agree. She thought that doctor will do scissor and need more money. They phoned her husband for his consent. At the last moment, she agrees to go to the hospital. In the hospital, first time doctor was not giving importance. They said to doctor, when you came to our seminar said that you will provide service to us. But you are not doing. Than and there doctor said to the nurse for pausing saline. Nurse carries out the order and at 1.30 pm having delivery. Mother and child both are safe.

Case Study – 02

Rubi Akter wife of Md. Reaz Mia when she was 16 years old her mother arrange marriage for her. They are living at 3 no. ward under Char Duani Union. Husband Reaz Mia is a daily labour Rubi Akter studied up to class eight. She regularly attends in the Ward meeting and aware about health care during and after pregnancy and child care. After two years of her marriage, she is pregnant. From the primary stage of her pregnancy, she received advice from health center, received TT and went to health clinic for check-up. Mother in law of Rubi is very responsible, aware and taking care. When Rubi was childhood, she saw that some pregnant women surrounding of her village died during having delivery and some infant also died due to lack of proper health care. Her delivery occurs by the trained midwife in the home. Now her son's age is one year and eight months and received all vaccination.

Part IV
Recommendations and Future Action

CHAPTER 4: RECOMMENDATIONS AND FUTURE ACTION

4.1 The specific recommendations have been entreated in the FGDs and Interview discussion:

- Advocacy Program with GoB on sufficient medicine supply with taking consideration of population and importance.
- Advocacy for increasing the numbers of doctors, FWV and operational instrument for Union and Upazilla health center.
- Arrange regional and national sharing meeting for increasing budget allocation.
- Continue to develop linkage with the CC and service provider organization for getting effective services.
- Implementing Health campaign program for the coastal community;
- The capacity of the respective Coordination Committees should be strengthen in terms of organizational management, community mobilization and linkage development with the local government and service provider organizations.

4.2 Future Action:

The recommendations of this study will be stirred with a future strategic action, which will be implemented by the leadership of Coordination Committee.

Major Activities of Future Strategic Action:

1. Coordination Committee will organize sharing and dialogue meeting with health service provider organizations.
2. Health campaign program will implement
3. National level advocacy program need to be initiated

Output:

Output 1. Sharing and dialogue meeting with health service provider organizations will be implemented by the Coordination Committee and established good relation both of them. Communities are getting more services from health centers.

Output 2. Community people are aware about health services, disease, health information and going to health centers for treatment and reduced child and pregnant mother mortality rate.

Output 3. Government provided sufficient medicine (quantity and item) for union and upazilla health centers, provided surgical instrument and recruited doctors.

Conclusion:

Though limited members participated in discussion but it proved that awareness on health issue has been created among the members. Health issue sensitizes every level. Community people realized their rights and access to health services, especially who participated in sharing meeting on health issue. Union and Upazilla health complex are playing supportive role. CODEC also appreciated by health center for Child vaccination program. Good relationship has been established between CODEC and Upazilla health centre. Doctors discussed about their limitations, constraints and problems in Union and Upazilla level sharing meeting. They also confessed the administrative complexities in health sector and requested to raise this problem in national level meeting. The infrastructure conditions of those Union health centres are not good they obtained approval to reconstruction through presenting this problem in Upazilla level sharing meeting. That increased goodwill of CODEC.

**TOR for
Impact study on “Access to Health Services” Programme**

A. Background

The health situation of coastal communities is severely deplorable mainly due to four reasons; *firstly*, prevailing of poverty along with lacking of nutrition escalates the health hazards and vulnerability. *Secondly*, environmental catastrophe such as existing and prevailing of arsenic with tube-well water, pollution, unhygienic sanitation, changes of climate, increasing water salinity etc. are the main causes to accelerate the water borne diseases and other health hazards. *Thirdly*, the health services, processes and medicines/ materials (family planning) support are not available, favourable and easy accessible especially for the women and children. *Fourthly*, health awareness level regarding preventive diseases as well as imminent diseases of HIV/AIDS is still very low in the communities. The coastal disadvantaged communities have slim access to Government and NGOs Health Services. Due to this cause, mother and child death rates are high in this area. Since its inception, CODEC has been facilitating these target communities to have access in health and sanitation services.

CODEC and community organizations (Ward Committees and Coordination Committees) jointly arrange sharing meeting on health services with Local Government Institutions and Union Health Centres. Representatives of different health service provider organizations also presented in the meeting. A good relationship is established with them.

The main objective of CODEC ‘Access to Health Service’ programme is to aware 2,520,000 members of 600,000 households to increase accessibility in services of local health centre and different health service organizations.

B. Objectives of Study:

- i. Compare child and mother mortality rates with the baseline CODEC working areas and develop a trend chart;
- ii. Assess the qualitative improvement of health services delivery to the women and children in CODEC working areas;

B.1. Research Design /Proposal

The researcher must develop a research design/proposal before to start the study. The study cannot be started before the approval of the research design/proposal.

Research objectives	Information to collect related to each objective	Respondents	method of Data Collection	When & Where	Who will collect data
1. Assess child and mother mortality rates with the baseline CODEC working areas and	Child Vaccination information Mother Vaccination information	Community, Union and Upazilla health complex	<ul style="list-style-type: none"> • Focus Group Discussion (FGD) • Interview • Case study 	May-June/11 Chittagong, Laxmipur,	Archana Paul Assisted for data collection- Upazilla

develop a trend chart; 2. Assess the qualitative improvement of health services delivery to the women and children in CODEC working areas;	Child and Mother mortality rate information		interview	Noakhali, Patuakhali and Barguna districts	Coordinator and Health Worker
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C. Methodology:

The study will be conducted through Focus Group Discussion (FGD) with the primary segment mainly women, community health workers and health centre. Interview will be conducted with Union and Upazilla Health Complex and Department. Case study interview will be conducted with the health service recipients and non-recipients.

D. Study Outputs:

- i. A findings report comprising identified qualitative changes in health service delivery and access of disadvantaged women and children to the health services;
- ii. The major achievement and deviations in respect of CODEC Five year plan regarding reduction of mother and child death rates;
- iii. Recommendations of precise strategies for improving access to the qualitative health service delivery to the mother and children of coastal areas;

E. Location:

The study will cover the CODEC working areas under Chittagong, Laxmipur, Noakhali, Patuakhali and Barguna Districts in Bangladesh.

F. Reporting:

The draft report will be accomplished within 30 June 2011 and final report will be accomplished and submitted with 31 July 2011.

Archana Paul
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Approval
Khursid Alam *Ph.D*
Executive Director