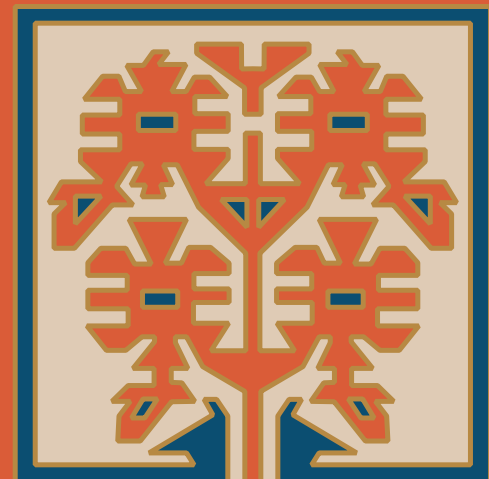
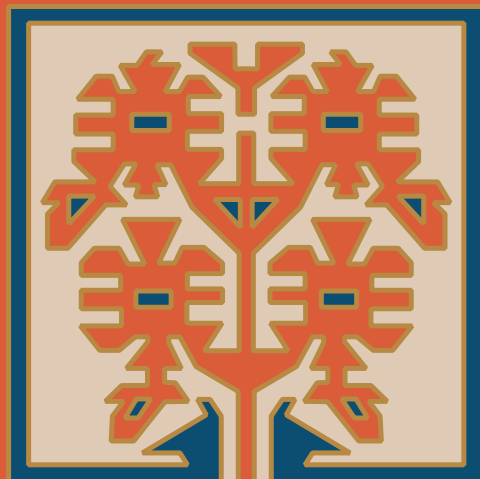
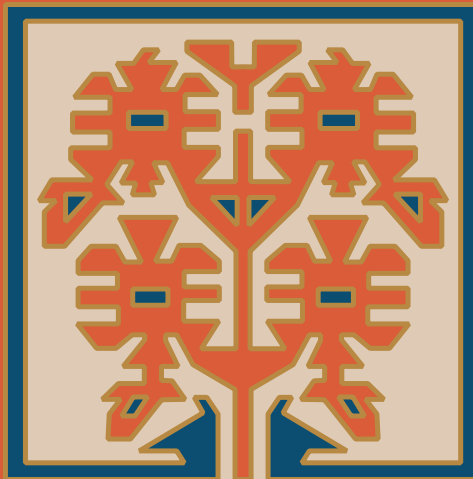


Bangladesh



**Service Provision Assessment
Survey 1999-2000**

Bangladesh

1999-2000 Service Provision Assessment Survey

Bangladesh Service Provision Assessment Survey 1999-2000

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and Training (NIPORT)
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**MEASURE *DHS*+
ORC Macro
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**U.S. Agency for International
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The 1999-2000 Bangladesh Service Provision Assessment (BSPA) survey was implemented as a part of the 1999-2000 Bangladesh Demographic and Health Survey (BDHS). Financial assistance was provided by the U.S. Agency for International Development (USAID)/Bangladesh. Additional information about the BSPA and BDHS may be obtained from:

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**Director General
National Institute of Population
Research and Training (NIPORT)**

PREFACE

The 1999-2000 Bangladesh Service Provision Assessment (BSPA) survey is the first of its kind. This survey collected information on the provision of reproductive and child health services in Bangladesh in conjunction with the 1999-2000 Bangladesh Demographic and Health Survey (BDHS). The survey used standard questionnaires and field procedures to facilitate linkage with the BDHS data.

The 1999-2000 BSPA survey provides information on many facets of the strengths and weaknesses of the provision of reproductive and child health services including family planning and contraceptive options. This survey presents information on indicators of the availability and quality of reproductive and child health services at government and non-government health facilities and other service providers.

The 1999-2000 BSPA survey is the outcome of the collaborative efforts of NIPORT, ORC Macro and Mitra Associates. It is my pleasure to congratulate the research organizations that participated in this survey program and completed the assigned tasks successfully. The U. S. Agency for International Development (USAID) provided funding through ORC Macro, USA. USAID's contribution to the survey is sincerely appreciated.

We are happy to present the 1999-2000 BSPA survey report. It is anticipated that the report will enhance the understanding of important issues related to service provision in Bangladesh. We hope, the information will be helpful and valuable for policy formulation and program planning of the Health and Population Sector Program (HPSP).

(Ahmed Al-Sabir, PhD)
Director General (In-charge)

EXECUTIVE SUMMARY

The 1999-2000 Bangladesh Service Provision Assessment (BSPA) Survey collected information on the provision of reproductive and child health services in Bangladesh. The BSPA was carried out in conjunction with the 1999-2000 Bangladesh Demographic and Health Survey (BDHS), covering 341 clusters. The BSPA covered all Upazila health complexes (UHCs) in the Upazila, union health and family welfare centers (UHFWCs), rural dispensaries (RDs), and nongovernmental organization (NGO) health facilities in the union where the BDHS clusters are located. The BSPA used interviews with family welfare visitors (FWVs), subassistant community medical officers (SACMOs), and NGO health personnel from the facilities, as well as government and NGO fieldworkers from the community. The main objective of the BSPA was to assess the strengths and weaknesses of reproductive and child health service provision including 1) family planning and contraceptive options, 2) maternity and delivery care, and 3) treatment of childhood disease.

Main Findings

This report presents data on various indicators of the availability and quality of reproductive and child health services in 1999-2000 from 550 government and 262 nongovernment health facilities in Bangladesh. In addition, data are presented on findings from interviews with 656 government providers (FWVs and SACMOs) and 253 NGO health personnel, as well as 566 government and 103 NGO fieldworkers.

Facility Characteristics

Through the facility questionnaires, the BSPA collected information on a number of general indicators of the capacity of surveyed facilities to serve clients seeking reproductive and child health services. The main findings include the following:

- ❖ More than three-quarters of the BSPA facilities provided a full range of reproductive and child health services. However, child health services were the most uniformly offered in all types of facilities.
- ❖ Eighty-five percent of the facilities reported having outreach services in which facility staff visit villages on a regular basis and organize satellite clinics to deliver services.
- ❖ Government facilities such as Upazila health complexes, union health and family welfare centers, and rural dispensaries provided services to a larger number of outpatients than nongovernment health facilities. The average UHC served more than 3,000 outpatients in the month before the survey. This was about four times the caseload of UHFWCs and seven times the caseload of NGO health facilities.
- ❖ More than 80 percent of UHCs offered inpatient care, and they had the most beds (an average of 32 beds).
- ❖ The majority of UHCs and NGO health facilities had electric power at the time of the BSPA interview. More than 90 percent of facilities had a water supply. Most UHCs (90 percent) and NGO facilities (74 percent) had arrangements for laboratory testing.

- ❖ The BSPA facility inventory included a checklist of seven pieces of equipment (blood pressure machine, adult scale, baby scale, disposable needles, stethoscope, autoclave, and cold chain) considered useful in more than one service. Overall, about a third of the facilities had all of the general-purpose equipment items. Eighty percent of UHCs and one-quarter of NGO health facilities had all of the equipment.
- ❖ Almost all UHCs and 80 percent of NGO health facilities had at least one doctor providing reproductive and child health services. Bangladeshi health facilities had a median of three medical staffers providing maternal and child health services.

Provider and Fieldworker Characteristics

To provide high-quality health care services, facilities need trained and competent providers. The BSPA interviewed some professional staff such as FWVs, SACMOs from the UHFWCs and NGO personnel from NGO facilities, as well as government fieldworkers, family welfare assistants (FWAs), health assistants (HAs), and NGO fieldworkers. The main findings from the interviews include the following:

- ❖ About 80 percent of providers (FWVs, SACMOs, and NGO health personnel) and more than 90 percent of fieldworkers (FWAs, HAs, and NGO fieldworkers) provided child health services. Family planning services were offered by 80 percent of providers and 55 percent of fieldworkers. All family welfare assistants and two-thirds of NGO fieldworkers delivered family planning services in the community.
- ❖ About 90 percent of the providers and two-thirds of the fieldworkers reported that they had basic training. In-service training in at least one of the basic services was fairly common. More than 60 percent of providers and fieldworkers had attended an in-service training course in 1998 or later.
- ❖ Regular supervisory visits from higher-level authorities promote high-quality service. Supervision was universal, with almost all providers and fieldworkers reporting being regularly supervised on the job. When asked about problems hindering their job performance, about half of the providers and less than one-quarter of the fieldworkers reported lack of supplies was a major problem.

Family Planning Services

The BSPA collected information related to the capacity of facilities, providers, and fieldworkers to provide high-quality family planning services. For the delivery of family planning services, the results of the facility inventory and provider and fieldworker interviews show the following:

- ❖ Nearly 90 percent of the surveyed facilities offered family planning, and most of the facilities had a range of methods available. About 90 percent of the UHCs were providing sterilization and IUDs.
- ❖ One in ten facilities offering injectables had been unable to deliver them because of a stock-out. About 20 percent of facilities in Sylhet Division and 14 percent of facilities in Barisal Division had experienced a stock-out problem that prevented them from providing injectables in the six-months preceding the BSPA.
- ❖ Eighty-seven percent of the fieldworkers had attended training on distribution of family planning methods. More than 80 percent of the providers had training in IUD insertion and removal.

Maternal and Child Health Services

The BSPA collected information on the capacity of health facilities to provide maternal health services through pregnancy, at delivery, and during the postpartum period. In addition, information on the delivery of child health services, including immunizations and management of childhood diseases, was also collected. The data obtained in the facility inventory and provider and fieldworker interviews show the following:

- ❖ Practically all UHFWCs and 85 percent of the UHCs and NGO facilities provided antenatal care. More than 80 percent of UHCs and half of the UHFWCs provided maternity and delivery care. The distribution of postpartum care was similar to that of delivery care. A little more than one-third of the health facilities were providing all maternal health services (antenatal care, tetanus injection, delivery care, and postpartum care).
- ❖ Many facilities lack supplies and medicine to handle obstetric complications. Among the facilities offering delivery care, 15 percent of UHCs and 5 percent of NGO health facilities had all the elements (24-hour service and medicine) to be considered fully ready to deal with hemorrhage. Although the majority of UHCs were able to provide care for eclampsia, more than half of them were not fully prepared (24-hour service and medicine) to treat the condition.
- ❖ Well-child services (immunization and growth monitoring) were provided in more than 60 percent of the facilities. Seventy percent of the facilities provided ORS packets, and 55 percent provided vitamin A capsules. However, only a little more than one-third of health facilities provided all the components of child health services.
- ❖ Eighty-five of the facilities offering child health services had an outreach program.
- ❖ More than one-fifth of facilities offering child health services had all the essential drugs needed to treat childhood diseases.
- ❖ About three-fourths of the providers offering maternal and child health services had in-service training in maternal and child health.

The 1999-2000 Bangladesh Service Provision Assessment (BSPA) Survey gathered information on the provision of reproductive and child health services in Bangladesh. The aim of the BSPA was to assess the strengths and weaknesses of reproductive and child health service provision, including 1) family planning and contraceptive options, 2) maternity and delivery care, and 3) treatment of childhood disease.

1.1 Data Collection Instruments

The survey instruments used both standard and uniquely designed questions for data collection. The Service Provision Assessment (SPA) model instruments from the MEASURE DHS+ program were initially modified to fit the Bangladesh situation. Some components from the model instruments, such as the client exit interview and the observation of client consultation, were not included. The questionnaires were further revised after a pretest. Copies of the survey instruments are included in Appendix D.

Community Questionnaire: Collects information from a group of key informants on the physical situation of the community¹ (i.e., infrastructure and utilities), socioeconomic activities, and availability and accessibility of health and family planning services. Facility and fieldworker lists provided by these informants were verified in order to develop comprehensive listings.

Facility Interview Questionnaire: Records the staffing and operational characteristics for all Upazila health complexes (UHCs), union health and family welfare centers (UHFWCs), rural dispensaries (RDs), and nongovernmental organization (NGO) health facilities in the sample. Services covered include family planning, maternal and child health, and general health, with questions on supervision and record-keeping practices as well.

Facility Inventory Questionnaire: Concentrates on the physical features and working equipment at each facility, with additional attention to stocks of medicines and other supplies.

Service Provider Questionnaire: Covers services, training, and practices of family welfare visitors (FWVs), subassistant community medical officers (SACMOs) from the union health and family welfare center (UHFWC), and health providers from the NGO clinics and health centers.

Health and Family Planning Fieldworker Questionnaire: This questionnaire is similar to the *service provider questionnaire* designed for health and family planning fieldworkers working in the community. Information on their experience and training in maternal and child health (MCH) and family planning services and on knowledge and supervision, as well as basic demographic information, was collected.

1.2 Sampling Plan

The BSPA was conducted in conjunction with the 1999-2000 Bangladesh Demographic and Health Survey (BDHS). The primary objective of the BSPA sampling plan was to obtain a representative sample of health and family planning facilities and providers offering reproductive and child health

¹ The BSPA was administered in each of the 341 BDHS sample clusters (242 rural and 92 urban clusters). The cluster is equivalent to the administrative area known as *mouza* or village in rural areas and *mahalla* in urban areas. In the BSPA, “community” was defined as a village or *mahalla* with clear administrative boundaries. A map showing the location of the 341 BDHS sample clusters is included in Appendix A (Figure A1).

services to the population included in the BDHS household survey that would provide reliable information on the manner in which these services are being delivered to the Bangladeshi population. A secondary objective was to design the sample in such a way that the BSPA data could be linked to data from the 1999-2000 BDHS. As noted earlier, the BSPA covered all 341 clusters of the BDHS. There is strong justification for carrying out a health service provision assessment survey and population survey in the same geographical areas that goes beyond the statistical issue of linking the two data sets for analysis (Turner et al., 2001). On one hand, conducting the two surveys in tandem resulted in large cost savings. On the other hand, linking provides a description of the health services supply environment relevant for a representative sample of the country.

The health and family planning system in Bangladesh is hierarchical. Generally, hospitals are located in the district headquarters. At the Upazila level, Upazila health complexes, mother and child welfare centers (MCWCs), and NGO health facilities are working to provide health and family planning services. Union health and family welfare centers and rural dispensaries are located at the union level. Villages are covered by satellite clinics² and fieldworkers. Nongovernmental organizations are playing a greater role in delivering health and family planning services in Bangladesh.

The BSPA sampling plan captures a nationally representative sample of facilities, providers, and fieldworkers in the health and family planning service environment. As noted earlier, the primary sampling unit (PSU) or index cluster is equivalent to a village in rural areas and a *mahalla* block in urban areas. The cluster or village may not contain any facility. Although the household and individual instruments were applied only in the index clusters (*mouzas*), facility instruments were applied to health facilities found in the index cluster and adjacent clusters/villages that form an administrative unit such as a union or Upazila. A map showing the location of the Upazilas surveyed is included in Appendix A (Figure A2).

In the BSPA, all the Upazila health complexes located in the Upazila headquarters of the index cluster were selected for facility interviews. Similarly all the UHFWCs and RDs from the union of the index cluster were selected for interview. All the NGO health facilities from the union where the index cluster was located were selected.

To select the providers and fieldworkers, a different strategy was applied. Family welfare visitors assigned generally to the UHFWC in the union—some FWVs also work in Upazila health complexes³—were selected for the interview, and subassistant community medical officers who provided services in UHFWCs and RDs were also selected for interview. In addition, NGO health personnel working in the NGO health facilities were selected. Government fieldworkers, such as family welfare assistants (FWAs) and health assistants (HAs), are supposed to make home visits for maternal and child health and family planning services. All the government fieldworkers, as well as all NGO fieldworkers, who were assigned to work in the village were selected for the interview. Figure 1.1 depicts the sampling plan for the facilities, providers, and fieldworkers of the BSPA. A map showing the location of all facilities is included in Appendix A (Figure A3).

Geographic positioning systems (GPS) were used in the BSPA to facilitate the linkage of the BDHS clusters and the location of facilities.

² Satellite clinics are organized regularly by UHFWCs and NGO health centers as their outreach programs.

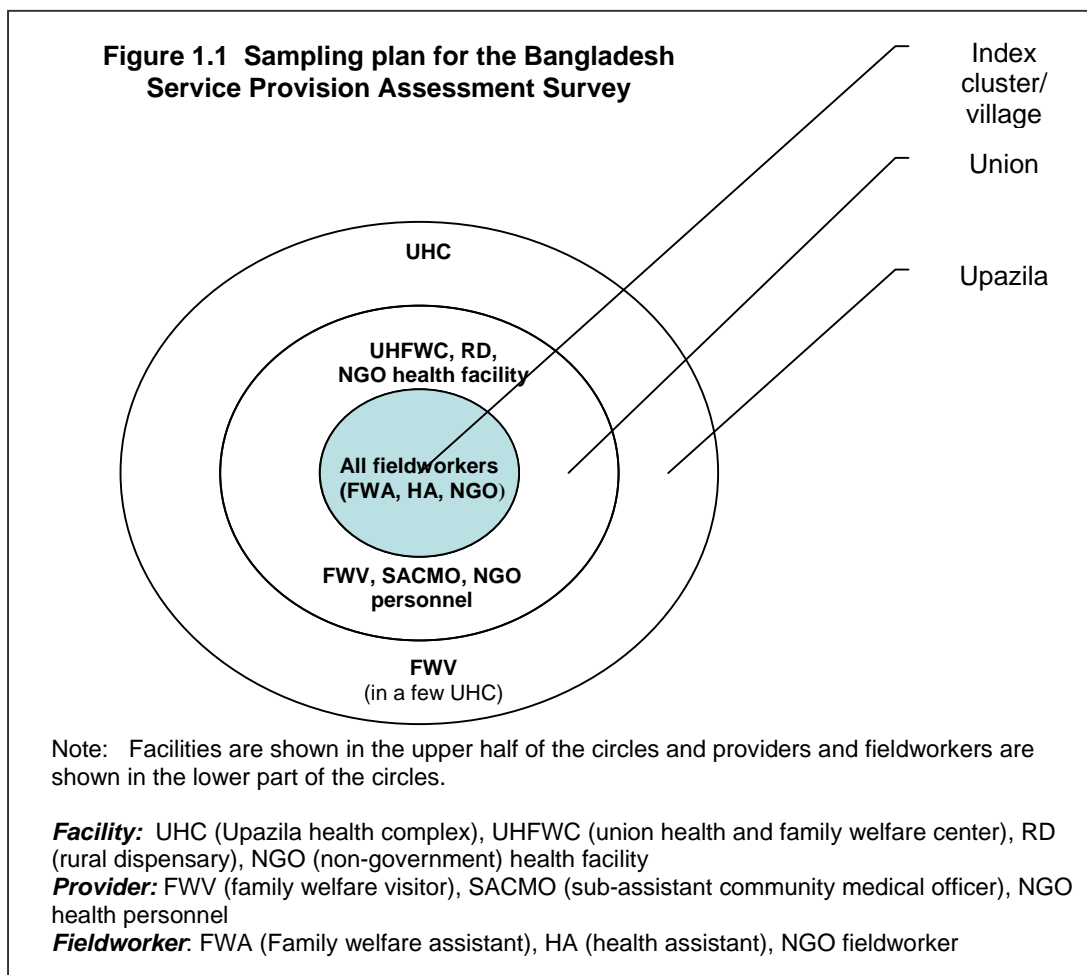
³ A total of 22 FWVs were found to be interviewed in UHCs.

1.3 Implementation

Mitra and Associates implemented the fieldwork for the Bangladesh Service Provision Assessment Survey. The BSPA questionnaires were pretested at two sites in August 1999 after a two-day training. A total of eight field personnel were utilized for the pretest work.

The training for the field personnel for the main survey was conducted for ten days in September 1999, including one day of field practice. A total of 36 field personnel—divided into 12 teams—were deployed to conduct the BSPA. Each team was composed of two interviewers and a supervisor. In addition, three quality control officers were used to check on the work of the teams. Fieldwork commenced on September 20 and was completed on December 24, 1999. The GPS readings from the BSPA were verified in the field in July 2000.

The data processing operation consisted of office editing, coding of open-ended questions, data entry, and editing of the inconsistencies found by the computer program. One registration assistant, four office editors, and eight data entry operators were employed for data processing. Data processing commenced on the first week of April 2000 and was completed by the end of June 2000.



1.4 Results of the Fieldwork

The following summarizes the results of the various types of interviews conducted at the facility and field level during the BSPA. Except for the verification of the availability of equipment and medicines, the answers given by the respondents at the facility and providers and fieldworkers were not verified.

1.4.1 Facilities interviewed

Table 1.1 shows the unweighted and weighted number of facilities surveyed during the BSPA according to the type of facility and the division in which the facility was located. Facilities were selected from the Upazila or union of the index cluster. Since these facilities are not all equal in size, weighting was necessary to adjust the cluster weight by the population size. Thus, the weighting for UHCs was adjusted for the Upazila population, and the weighting for UHFWCs, RDs, and NGO facilities was adjusted for the union population. The urban-rural distribution of the interviewed facilities is shown in Appendix B (Table B1).

Background characteristics	Number of facilities identified (unweighted)	Number of facilities interviewed ¹		Response rate
		Unweighted	Weighted ²	
Type of facility				
Upazila health complex (UHC)	258	254	254	98.4
Union health and family welfare center (UHFWC)/rural dispensary (RD)	311	296	296	95.2
NGO facility	286	262	262	91.6
Division				
Barisal	74	71	49	95.9
Chittagong	164	158	167	96.3
Dhaka	233	219	216	94.0
Khulna	110	105	82	95.5
Rajshahi	199	187	250	94.0
Sylhet	75	72	47	96.0
Total	855	812	812	95.0
¹ The urban-rural distribution of the interviewed facilities is shown in Appendix B (Table B1).				
² Each type of facility has a different set of weights and has been normalized within each set. Thus, weighted and unweighted numbers are the same for each type of facility due to the use of weighting at the facility level.				

As discussed earlier, the BSPA facilities were not actually selected from all health facilities offering maternal and child health services but from a somewhat more restricted frame in which specific facilities such as Upazila health complexes were selected from the Upazila where the cluster was located and UHFWCs, RDs, and NGO health centers were selected from the union where the cluster was located. This ensured a representative sample of types of facilities serving the BDHS clusters areas. It may introduce a presumably small but unknown bias in the extent to which the BSPA facilities represent the facilities in Bangladesh providing maternal and child health services.

The interview completion rate for all facilities was 95 percent, highest for UHCs (98 percent) and lowest for NGO facilities (92 percent). The distribution of persons interviewed with the facilities questionnaire, by position, is shown in Appendix B (Table B2).

1.4.2 Providers interviewed

Family welfare visitors were interviewed in the Upazila health complexes, union health and family welfare centers, and rural dispensaries; subassistant community medical officers were interviewed in the union health and family welfare centers, and rural dispensaries; and health and family planning personnel were interviewed in NGO health centers and clinics. The weighted distribution of providers' affiliated facilities is shown in Appendix B (Table B3). Table 1.2 shows the unweighted and weighted distribution of providers interviewed in the BSPA. The weight was calculated in a similar way as for UHFWCs and NGO health centers. Ninety percent of the providers were successfully interviewed. Almost all identified NGO health personnel were interviewed.

Background characteristics	Number of providers identified (unweighted)	Number of providers interviewed		Response rate
		Unweighted	Weighted ¹	
Type of provider				
Family welfare visitor (FWV)	515	478	478	92.8
Subassistant community medical officer (SACMO)	200	178	178	89.0
NGO health personnel	256	253	253	98.8
Division				
Barisal	102	96	67	94.1
Chittagong	182	171	167	94.0
Dhaka	272	256	268	94.1
Khulna	141	130	130	92.2
Rajshahi	194	186	259	95.9
Sylhet	80	70	46	87.5
Total	971	909	909	93.6
¹ Each type of facility has a different set of weights and has been normalized within each set. Thus, weighted and unweighted numbers are the same for each type of facility due to the use of weighting at the facility level.				

1.4.3 Fieldworkers interviewed

Fieldworkers play a big role in providing health and family planning services to communities. The BSPA interviewed all health and family planning workers including family welfare assistants and health assistants in the government sector, as well as fieldworkers from the NGO health facilities, who were assigned to provide services in the villages where the BDHS clusters were located. Table 1.3 shows the unweighted and weighted distribution of fieldworkers interviewed in the BSPA according to the fieldworker type and the division. The overall completion rate for fieldworkers' interviews is 90 percent.

Background characteristics	Number of fieldworkers identified (unweighted)	Number of fieldworkers interviewed		Response rate
		Unweighted	Weighted ¹	
Type of fieldworker				
Family welfare assistant (FWA)	306	283	283	92.5
Health assistant (HA)	321	283	283	88.2
NGO fieldworker	117	103	103	88.0
Division				
Barisal	91	80	34	87.9
Chittagong	149	135	131	90.6
Dhaka	160	150	171	93.8
Khulna	131	119	105	90.8
Rajshahi	149	138	168	92.6
Sylhet	64	47	60	73.4
Total	744	669	669	89.9
¹ Each type of facility has a different set of weights and has been normalized within each set. Thus, weighted and unweighted numbers are the same for each type of facility due to the use of weighting at the facility level.				

1.5 Organization of the Report

Subsequent chapters present the details of the BSPA survey results. Chapter 2 focuses on facility characteristics. Service providers' and fieldworkers' characteristics are described in Chapter 3. Chapter 4 explores the facility data from a family planning perspective, while results related to maternal and child health services are presented in Chapter 5.

CHAPTER 2

FACILITY CHARACTERISTICS

This chapter provides information on the basic characteristics of health and family planning facilities in Bangladesh. The physical features of service delivery points, patient flows, staffing information, and reproductive and child health services provided are discussed.

2.1 Infrastructure

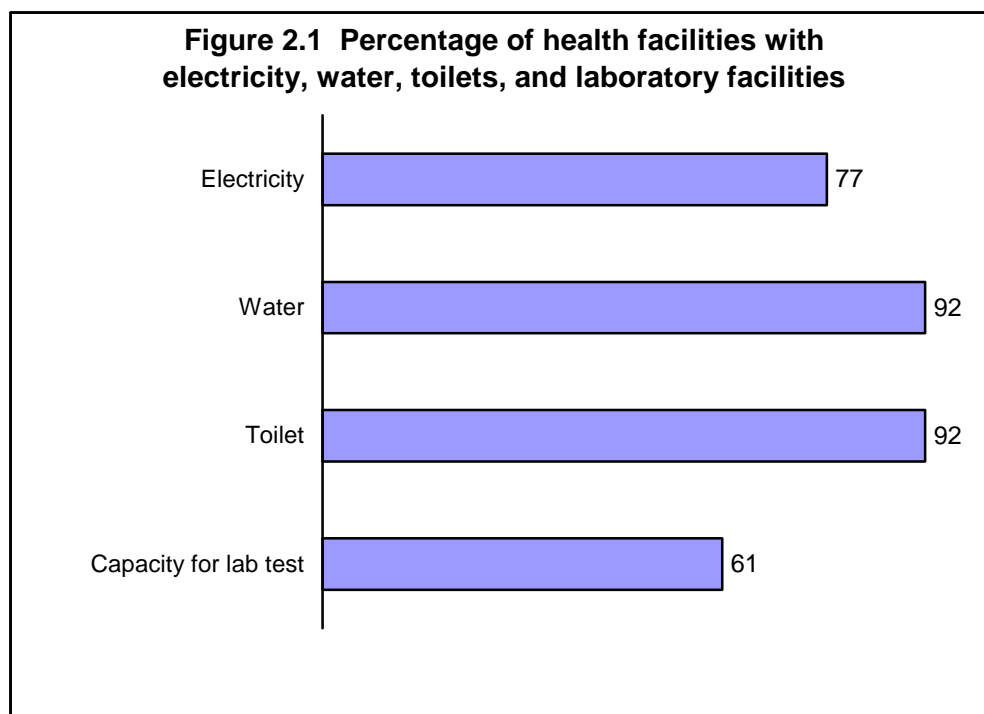
The basic infrastructure of a health facility is an important determinant of the quality of the services that the facility can provide. The BSPA obtained information on key elements of a facility's infrastructure, including its age; the availability of electricity, water, and toilet facilities; and arrangements for laboratory tests. Table 2.1 and Figure 2.1 show that, on average, the Upazila health complexes have been providing services for much longer than union health and family welfare centers and NGO facilities. The median year of establishment of facilities is lowest in Rajshahi and highest in Barisal.

The majority of UHCs and NGO health facilities reported having electric power available. However, more than half of the UHFWCs and RDs do not have electricity. More than 90 percent of all BSPA facilities have water supplies from a tube well or tap. Almost all NGO facilities and UHCs have a water supply. More than 90 percent of all facilities have toilet facilities (either male or female pit toilets).

The ability to perform laboratory testing is a fundamental element of high-quality health care. Sixty percent of all facilities reported offering laboratory testing. The majority of UHCs (92 percent) and NGO facilities (74 percent) have arrangements for laboratory testing.

Table 2.1 Facility infrastructure, by background characteristics, Bangladesh Service Provision Assessment Survey 1999-2000

Background characteristics	Median years of operating	Percentage of facilities with				Number of facilities
		Electricity available	Water supplies available	Toilet available	Capacity for lab test	
Type of facility						
Upazila health complex (UHC)	21.5	97.8	97.6	96.9	91.9	254
Union health and family welfare center (UHFWC)/rural dispensary (RD)	15.4	45.3	81.4	80.9	23.5	296
NGO health facility	3.0	93.7	99.0	98.5	73.7	262
Division						
Barisal	16.7	73.8	89.6	87.9	59.4	49
Chittagong	15.3	77.6	91.5	91.8	63.4	167
Dhaka	15.5	70.2	92.1	92.0	54.0	216
Khulna	15.6	74.1	92.2	94.4	65.8	82
Rajshahi	10.4	86.5	93.9	92.5	64.7	250
Sylhet	15.9	69.3	90.5	83.1	59.8	47
All facilities	14.8	77.3	92.1	91.6	61.1	812



2.2 Facility Size

Two measures were collected in the BSPA to represent facility size. These were the number of outpatients seen during the preceding month and, for facilities providing inpatient care, the number of inpatient beds.

The volume of patients passing through facilities on a routine basis provides some indication of the population that is actively relying on facility service. The BSPA survey checked facility records of visits and revisits of outpatients, generally for treatment and followup purposes. Government facilities such as Upazila health complexes, union health and family welfare centers, and rural dispensaries provide services to a larger number of outpatients than NGO health centers. For instance, government UHFWCs and RDs saw about twice as many outpatients as NGO health centers in 1999-2000 (Table 2.2).

Outpatient volume during the month before the survey also varied across the divisions, from less than 800 at facilities in Dhaka to about 1,500 in Sylhet.

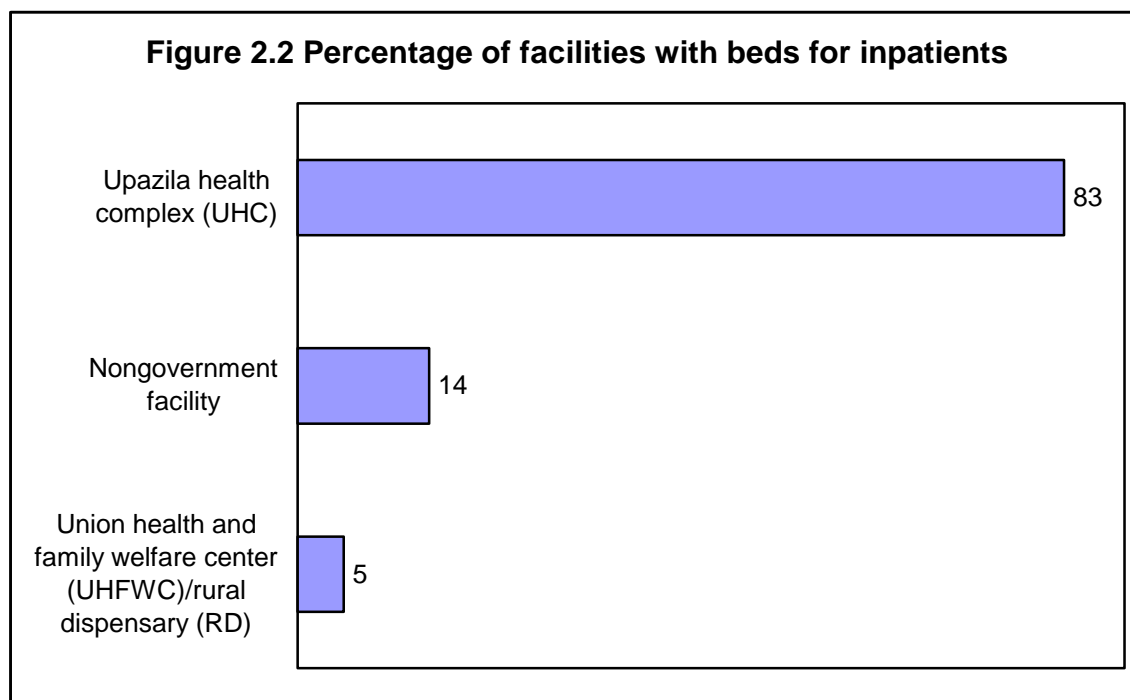
The capacity to serve inpatients also varied widely. Table 2.2 and Figure 2.2 show that more than 80 percent of the UHCs offered inpatient care. In contrast, 14 percent of NGO health centers and only 5 percent of UHFWCs/RDs were prepared to handle inpatient care. The number of beds is one aspect of the ability to provide inpatient and maternity care in a facility. Beds may be used for admission for overnight stays and for outpatient or temporary bed rest as needed. Upazila health centers, which are the largest facilities in the Upazila and which typically handle the most serious illness in the Upazila, have the most beds (median is 32 beds), but UHFWCs and NGO health centers often have at least a few beds for their clients (median is 3-4 beds).

Table 2.2 Volume of outpatient and inpatient services at facilities, by background characteristics, Bangladesh Service Provision Assessment Survey 1999-2000

Background characteristics	Median number of outpatients served during prior month	Percentage able to observe patients overnight	Number of facilities	Median number of inpatient beds	Number of facilities offering inpatient care
Type of facility					
Upazila health complex (UHC)	3,222	83.4	254	32	212
Union health and family welfare center (UHFWC)/rural dispensary (RD) ¹	874	5.0	296	3	15
NGO health facility	455	14.3	262	4	37
Division					
Barisal	1,007	50.3	49	32	25
Chittagong	883	38.0	167	31	63
Dhaka	767	31.3	216	31	68
Khulna	1,177	34.7	82	32	28
Rajshahi	919	24.2	250	32	61
Sylhet	1,488	41.0	47	32	19
All facilities	897	32.5	812	31	264

¹ Of 15 UHFWCs/RDs, three facilities had no beds.

Figure 2.2 Percentage of facilities with beds for inpatients



2.3 Equipment and Supplies

Beyond clean water and electricity, some basic pieces of equipment are required to enable facilities to provide appropriate services for their clients. The BSPA inventory collected a broad range of information on the types of equipment and supplies that were available at the visited facilities.

The following pieces of equipment are considered of use in more than one service: blood pressure machine, adult and baby scales, stethoscope, cold chain equipment, autoclaves, and disposable needles. Table 2.3 shows the percentage of facilities that had at least one piece of each of these items in working condition at the time of the BSPA, according to facility type.

Blood pressure measuring devices and stethoscopes were present in most facilities including UHFWCs and NGO health centers. More than eight in ten facilities had an operational adult weighing scale, while 68 percent had a baby scale. All types of facilities should have disposable needles. Thus, it is not surprising that the majority of facilities had supplies of disposable needles available at the time of the BSPA survey. However, less than half of the facilities had cold chain equipment available. The BSPA also collected information on the availability of equipment for sterilizing instruments and other equipment. With regard to such equipment, autoclaves should be present in all UHCs. The results shown in Table 2.3 indicate that while nine in ten UHCs did have an autoclave, only six in ten UHFWCs/RDs had this piece of equipment.

Table 2.3 also shows the proportion of facilities that had all of the general-purpose equipment items. Overall, about a third of the facilities had all of the equipment. By facility type, the proportion with all the general-purpose equipment ranged from 5 percent for UHFWCs/RDs to 80 percent for UHCs. About one-quarter of NGO facilities had all of the equipment. Facilities in Dhaka Division were the least likely to have all of the equipment, while facilities in Khulna Division were the most likely to have the equipment. Nevertheless, even in Khulna, about 60 percent of the facilities did not have all the general-purpose equipment.

Background characteristics	Percentage of facilities having working equipment							Percentage of facilities with			Number of facilities	
	Blood pressure machine	Adult scale	Baby scale	Disposable needles	Stethoscope	Autoclaves	Cold chain	All equipment	Safe delivery kit	MCH kit		Sterilization (FP) kit
Type of facility												
Upazila health complex (UHC)	97.1	91.9	82.9	93.7	96.9	93.0	95.8	79.5	69.1	62.7	66.0	254
Union health and family welfare center (UHFWC)/rural dispensary (RD)	87.0	70.5	67.6	86.3	93.1	63.2	10.5	4.7	39.3	37.5	10.2	296
NGO health facility	97.1	89.6	55.0	84.9	97.3	75.7	34.5	26.2	27.7	27.0	15.8	262
Division												
Barisal	89.3	86.7	76.4	88.5	95.0	76.0	45.7	39.1	49.7	49.0	34.1	49
Chittagong	96.9	86.7	72.9	89.4	98.5	78.5	47.0	36.5	48.4	39.1	23.9	167
Dhaka	91.6	80.3	66.2	90.1	93.9	76.2	37.7	31.4	40.7	39.9	26.9	216
Khulna	96.0	95.1	79.9	93.4	97.6	84.5	46.8	43.5	57.2	61.1	33.4	82
Rajshahi	93.3	79.9	62.6	82.1	94.7	73.4	49.0	33.7	41.9	38.0	32.1	250
Sylhet	90.1	79.8	63.9	97.1	95.8	74.9	44.7	34.6	41.2	43.1	35.2	47
All facilities	93.4	83.4	68.3	88.1	95.6	76.6	44.9	35.0	44.9	42.0	29.5	812

It is possible to define a number of kits with equipment and materials needed to provide specific maternal and child health services. Table 2.3 examines three of these kits: safe delivery, MCH, and family planning sterilization. Roughly four in ten facilities had safe delivery and MCH kits, while less than one-third had kits for performing family planning sterilizations. As expected, at least six in ten UHCs had all three of these kits available at the time of the BSPA interview.

2.4 Staffing

Questions were included in the BSPA on the staffing pattern at the surveyed facilities. The questions focused on staff working in the area of maternal and child health. Thus, the results provide information on the numbers and type of staff providing these services, but they are not necessarily representative of the entire staffing pattern at the facility.

Table 2.4 provides the information on the availability of medical personnel providing MCH service at BSPA facilities. As expected, almost all (97 percent) UHCs had at least one doctor and about eight in ten NGO health centers had a doctor providing MCH services. About half of the facilities had a medical assistant and nurse. The UHCs were more likely to have a medical assistant and nurse than were UHFWCs and NGO health centers. Nurses/paramedics were available at more NGO facilities than were medical assistants. Overall, only one-third of the facilities had a pharmacist on duty. However, more than seven in ten UHCs had a pharmacist on duty.

Finally, the number of personnel providing MCH services serves both as an indicator of the size of the facility and of its ability to handle a large client load. According to the results in Table 2.4, Bangladeshi facilities have a median of three medical staffers providing MCH services. As expected, UHCs had six times as many medical personnel providing MCH services as the typical BSPA facility.

Background characteristics	Percentage of facilities with at least one				Median number of medical staff	Number of facilities
	Doctor	Medical assistant	Nurse/FWV/paramedic	Pharmacist		
Type of facility						
Upazila health complex (UHC)	97.0	76.6	84.9	73.1	18	254
Union health and family welfare center (UHFWC)/rural dispensary (RD)	20.9	68.5	82.0	28.7	2	296
NGO health facility	77.9	12.2	81.6	3.1	3	262
Division						
Barisal	56.0	63.2	83.4	45.2	3	49
Chittagong	63.7	55.5	81.0	36.0	3	167
Dhaka	55.1	56.7	87.9	36.3	3	216
Khulna	55.4	60.6	93.3	38.0	3	82
Rajshahi	75.2	42.6	76.6	27.0	4	250
Sylhet	54.0	56.6	91.7	41.0	4	47
All facilities	63.1	52.9	83.5	34.3	3	812

2.5 Availability of Maternal and Child Health Services

The BSPA survey was designed to assess the delivery of maternal health, child health, general health and family planning services at Bangladesh health facilities. Access to these services is enhanced if facilities are able to offer the full complement of these services and if they have outreach efforts that bring the services into the community.

Table 2.5 shows the range of services that BSPA facilities are providing and the availability of outreach services.⁴ More than three-quarters of the BSPA facilities provided a range of reproductive and child health services. With respect to specific services, more than 90 percent of the facilities offered some component of maternal health, child health, and general health services.⁵ Family planning services were the least available. More than eight in ten health facilities had outreach activities that provide some type of reproductive and/or child health services to the community.

Nongovernmental health centers were somewhat more likely to provide a full range of maternal and child health services than UHFWCs (Figure 2.3). However, all UHCs had outreach activities.

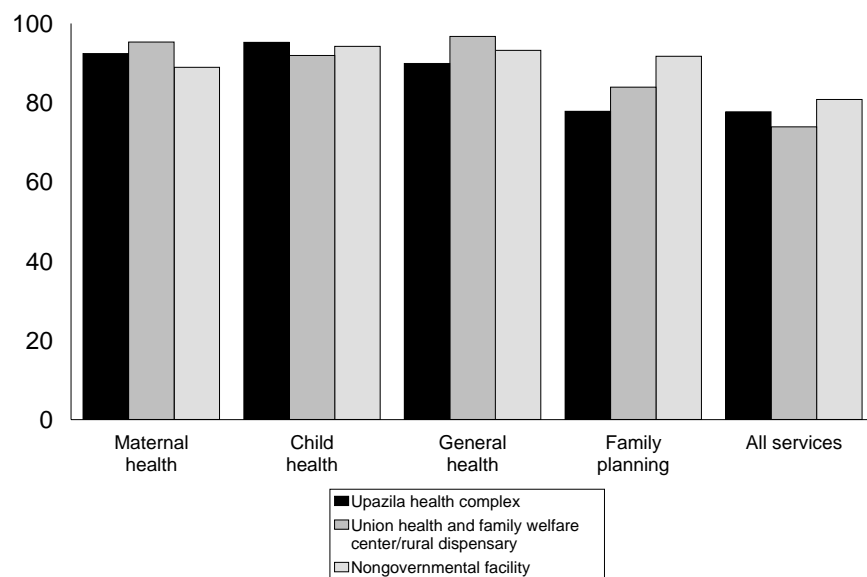
There is some variation in the availability of reproductive and child health services by division, with between 70 and 88 percent of division facilities offering a full range of services.

Background characteristics	Percentage of facilities offering reproductive and child health services				All services offered	Percentage of facilities offering outreach services ¹	Number of facilities
	Maternal health	Child health	General health	Family planning			
Type of facility							
Upazila health complex (UHC)	92.4	95.2	89.9	77.8	77.7	99.6	254
Union health and family welfare center (UHFWC)/rural dispensary (RD)	95.3	91.9	96.7	83.9	73.9	80.7	296
NGO health facility	88.9	94.2	93.2	91.7	80.8	76.8	262
Division							
Barisal	93.8	95.9	91.5	91.3	82.4	88.2	49
Chittagong	96.8	95.4	94.2	78.8	75.8	88.6	167
Dhaka	94.1	92.8	96.2	86.2	79.7	85.5	216
Khulna	97.6	93.3	97.6	95.9	88.0	90.9	82
Rajshahi	84.9	93.2	89.0	79.8	70.0	78.3	250
Sylhet	97.2	92.9	96.1	95.6	86.3	98.2	47
All facilities	92.3	93.7	93.4	84.5	77.3	85.3	812
Note: A facility is considered to have the service if it provides any component of that service							
¹ For the distribution of outreach activities reported by facilities, see Appendix B (Table B4).							

⁴ Includes the Expanded Program in Immunization (EPI), organizing satellite clinics, National Immunization Day (NID), and Vitamin A Week.

⁵ Maternal health services include antenatal care, delivery care, tetanus injections, and postnatal care. The child health services include immunizations, distribution of oral rehydration salts (ORS) and vitamin A, and growth monitoring. Family planning services include provision of the pill, condoms, IUDs, injectables, implants, and male and female sterilization. General health services include curative health care service.

Figure 2.3 Percentage of facilities offering reproductive and child health services



CHAPTER 3

SERVICE PROVIDER

To complement the facility infrastructure and logistics and provide high-quality reproductive and child health care, facilities need trained and competent providers and fieldworkers. The BSPA interviewed FWVs and SACMOs in the UHFWCs and NGO health personnel from NGO health facilities.⁶ Both government and nongovernment fieldworkers working in the community were also interviewed. This section explores the BSPA results related to provider and fieldworker training, supervision, and job satisfaction.

3.1 Type of Services

Tables 3.1 and 3.2 present information on the types of services provided by the interviewed providers at the facilities and fieldworkers in the community. The results indicate that more providers, especially family welfare visitors, provided antenatal and postnatal care than SACMOs and NGO health personnel. Eighty percent of providers provided child health services. A little more than 50 percent of the providers provided delivery care.

Background characteristics	Percentage of facility-based providers providing services					Number of providers ¹
	Child health	Antenatal/postnatal care	Delivery care	Health education	Family planning	
Type of provider						
Family welfare visitor (FWV)	68.1	96.0	73.0	59.9	92.2	478
Subassistant community medical officer (SACMO)	95.7	86.8	41.9	92.6	38.2	178
NGO health personnel	90.4	86.7	27.6	82.2	86.6	253
Type of facility						
Upazila health complex (UHC)	60.3	89.0	84.0	53.9	89.0	25
Union health and family welfare center (UHFWC)/rural dispensary (RD)	74.6	93.0	62.8	69.3	76.5	627
NGO health facility	91.3	88.0	27.8	83.0	87.6	247
Division						
Barisal	81.3	85.9	74.0	75.1	78.0	67
Chittagong	75.5	94.2	38.2	65.0	84.6	167
Dhaka	79.0	92.0	61.2	73.8	80.0	268
Khulna	82.2	95.4	68.6	76.5	85.3	103
Rajshahi	82.5	89.2	46.0	74.1	74.7	259
Sylhet	76.0	93.5	58.4	71.0	85.8	46
All providers	79.7	91.6	54.3	72.5	80.1	909

¹ Facility affiliation for ten providers was not known or was missing.

⁶ Twenty-two FWVs were interviewed from UHCs.

In the government sector, FWAs generally provide family planning services and HAs provide health services in the community. This has been reflected in Table 3.2. About two-thirds of the NGO fieldworkers provided family planning and health education, and eight in ten NGO fieldworkers provided child health services in the community.

Background characteristics	Percentage of fieldworkers providing services			Number of fieldworkers
	Child health	Health education	Family planning	
Type of fieldworker				
Family welfare assistant (FWA)	90.7	65.2	99.9	283
Health assistant (HA)	100.0	90.2	6.7	283
NGO fieldworker	78.0	65.1	67.0	103
Division				
Barisal	93.1	69.5	67.6	34
Chittagong	92.8	76.9	56.9	131
Dhaka	95.2	75.8	50.9	171
Khulna	94.7	86.8	56.4	105
Rajshahi	88.9	70.6	54.2	168
Sylhet	92.2	72.1	59.2	60
All fieldworkers	92.7	75.8	55.4	669

3.2 Training

A key objective of the Bangladesh national training strategy was to improve access to reproductive and child health services by increasing the number of facilities with trained providers and the number of communities with trained fieldworkers. The BSPA collected data on two types of training—basic training and in-service training. The following discussion of staff training provides an overview of the extent to which providers and fieldworkers had received basic or in-service training on the delivery of reproductive or child health services.

About 90 percent of the facility-based providers (Table 3.3) and two-thirds of fieldworkers (Table 3.4) reported that they had basic training. In-service training was fairly common for providers and fieldworkers. Moreover, most of the providers and fieldworkers had recent training. More than 60 percent of providers and fieldworkers had attended an in-service training course in the two years preceding the survey. About two-thirds of FWVs and NGO health providers had had recent in-service training, compared with half of the SACMOs. Fieldworkers in nongovernment sectors were somewhat more likely to have had recent in-service training than government fieldworkers (FWAs and HAs).

Table 3.3 Basic and in-service training for facility-based providers, by background characteristics, Bangladesh Service Provision Assessment Survey 1999-2000

Background characteristics	Percentage of facility-based providers who had					Number of facility-based providers
	Basic training	In-service training received			Any in-service training	
		0-1 year ago	2-3 years ago	4 or more years ago		
Type of provider						
Family welfare visitor (FWV)	96.1	62.3	33.4	4.3	100.0	478
Subassistant community medical officer (SACMO)	65.2	49.9	37.3	7.0	94.2	178
NGO health personnel	86.5	71.2	8.1	9.9	89.2	253
Type of facility¹						
Upazila health complex (UHC)	90.8	64.5	34.9	0.6	100.0	25
Union health and family welfare center (UHFWC)/ rural dispensary (RD)	87.4	58.8	34.4	5.1	98.3	627
NGO health facility	86.7	70.7	8.2	10.1	88.9	247
Division						
Barisal	84.4	67.4	25.9	2.1	95.4	67
Chittagong	80.6	62.2	26.8	4.1	93.0	167
Dhaka	88.2	60.4	29.0	5.2	94.6	268
Khulna	86.0	66.5	25.4	4.5	96.4	103
Rajshahi	92.5	61.4	26.9	11.4	99.6	259
Sylhet	85.8	63.3	24.6	4.1	92.0	46
All providers	87.4	62.4	27.1	6.4	95.9	909

¹ Facility affiliation for ten providers was not known or was missing.

Table 3.4 Basic and in-service training for fieldworkers, by background characteristics, Bangladesh Service Provision Assessment Survey 1999-2000

Background characteristics	Percentage of fieldworkers who had					Number of fieldworkers
	Basic training	In-service training received			Any in-service training	
		0-1 year ago	2-3 years ago	4 or more years ago		
Type of fieldworker						
Family welfare assistant (FWA)	78.6	65.3	31.0	3.5	100.0	283
Health assistant (HA)	58.9	69.0	23.4	5.2	97.9	283
NGO fieldworker	62.9	80.3	4.7	5.8	90.8	103
Division						
Barisal	73.2	68.6	26.1	3.5	98.2	34
Chittagong	62.0	78.4	18.5	1.7	98.6	131
Dhaka	74.5	71.6	20.8	6.0	98.3	171
Khulna	82.8	74.1	17.4	3.6	95.8	105
Rajshahi	66.5	59.1	30.5	7.4	97.1	168
Sylhet	36.0	62.3	34.6	1.7	98.5	60
All fieldworkers	67.8	69.2	23.7	4.6	97.7	669

3.3 Supervision

Supervision is one of the main elements of health facility management. Regular contact with a supervisor is beneficial in any health service system. The supervisor has not only the role of ensuring that high-quality medical standards are known and implemented but also has the responsibility of reviewing the problems in providing high-quality services and of resolving those problems to the extent possible.

The BSPA asked providers and fieldworkers about whether they had regular supervision. Regular supervision was universal. Almost all providers (Table 3.5) and fieldworkers (Table 3.6) reported being regularly supervised on the job, and this did not vary substantially according to their position or division where they provided services.

Among the providers who received regular supervisory visits, less than one-fifth had been given a schedule for such visits (Table 3.5). About one-third of the fieldworkers were given a schedule of supervisory visits (Table 3.6). Both providers and fieldworkers reported that the most recent supervisory visit was beneficial.

Background characteristics	Percentage of providers who report being regularly supervised	Number of providers	Among providers who reported being supervised regularly, the percentage who		Number of providers who were regularly supervised
			Were given a schedule for supervisory visits	Thought most recent visit was beneficial	
Type of provider					
Family welfare visitor (FWV)	99.1	478	19.7	96.8	474
Subassistant community medical officer (SACMO)	95.4	178	7.0	96.5	170
NGO health personnel	98.6	253	27.3	99.5	250
Type of facility¹					
Upazila health complex (UHC)	100.0	25	10.8	99.4	25
Union health and family welfare center (UHFWC)/ rural dispensary (RD)	98.0	627	16.3	96.6	614
NGO health facility	98.7	247	27.9	99.4	244
Division					
Barisal	98.7	67	43.7	98.1	66
Chittagong	97.0	167	12.4	97.9	162
Dhaka	96.9	268	8.9	97.6	260
Khulna	99.8	103	39.2	99.3	102
Rajshahi	99.9	259	20.4	96.0	259
Sylhet	97.2	46	18.7	98.9	44
All providers	98.3	909	19.4	97.5	893

¹Facility affiliation for ten providers was not known or was missing

The proportion of providers who were given a schedule for supervisory visits ranged from 9 percent of the providers in Dhaka to more than 40 percent of the providers in Barisal. The proportion of fieldworkers who received a schedule of supervisory visits was highest in Barisal and lowest in Chittagong Division.

Table 3.6 Supervision of fieldworkers, by background characteristics, Bangladesh Service Provision Assessment Survey 1999-2000

Background characteristics	Percentage of fieldworkers who report being regularly supervised	Number of fieldworkers	Among fieldworkers who reported being supervised regularly, the percentage who		Number of fieldworkers who were regularly supervised
			Were given a schedule for supervisory visits	Thought most recent visit was beneficial	
Type of fieldworker					
Family welfare assistant (FWA)	99.9	283	37.0	99.6	283
Health assistant (HA)	99.9	283	29.4	98.8	283
NGO fieldworker	97.8	103	28.1	100.0	101
Division					
Barisal	100.0	34	50.1	100.0	34
Chittagong	99.5	131	15.6	100.0	131
Dhaka	100.0	171	32.5	99.3	171
Khulna	97.9	105	43.6	98.4	103
Rajshahi	100.0	168	32.0	99.0	168
Sylhet	100.0	60	41.0	100.0	60
All fieldworkers	99.6	669	32.4	99.3	666

3.4 Obstacles to Job Performance

The providers and fieldworkers interviewed in the BSPA were asked to identify the most difficult problem they faced in performing their jobs. They were prompted by the interviewers to report more than one response, and their spontaneous responses have been grouped into two tables. Tables 3.7 and 3.8 focus on the problems related to the facility/organization, and Tables 3.9 and 3.10 focus on staff-related problems.

About half of the providers (Table 3.7) and less than one-quarter of the fieldworkers (Table 3.8) interviewed in the BSPA reported that lack of supplies was a key factor for difficulty in their jobs. Among the providers, SACMOs were the most likely to cite this as a problem, followed by FWVs and NGO health personnel. Among the fieldworkers, HAs were more likely to cite this as a problem than FWAs and NGO fieldworkers.

Fifteen percent of facility-based providers felt that inadequacies in the facilities where they worked hampered their ability to deliver their services (Table 3.7). About 10 percent of the providers and fieldworkers cited the poor working environment as a major problem in performing their jobs. Transport problems are not common among either group.

Table 3.7 Facility-related problems cited by facility-based providers, Bangladesh Service Provision Assessment Survey 1999-2000

Background characteristics	Percentage of facility-based providers citing problem				Number of facility-based providers
	Lack of supplies/stock	Inadequate facilities	Poor working environment	Inadequate transport	
Type of provider					
Family welfare visitor (FWV)	47.8	23.4	14.3	3.0	478
Subassistant community medical officer (SACMO)	80.5	12.8	21.7	4.5	178
NGO health personnel	20.7	2.0	4.5	2.1	253
Type of facility¹					
Upazila health complex (UHC)	46.6	29.3	23.4	6.6	25
Union health and family welfare center (UHFWC)/rural dispensary (RD)	57.3	19.7	16.0	3.3	627
NGO health facility	20.3	2.0	4.6	2.1	247
Division					
Barisal	43.9	19.9	20.2	9.8	67
Chittagong	42.5	12.8	9.9	0.9	167
Dhaka	54.0	18.4	11.6	1.5	268
Khulna	39.1	18.9	13.6	6.3	103
Rajshahi	46.0	12.4	13.2	2.9	259
Sylhet	43.2	9.3	19.9	3.2	46
All providers	46.6	15.3	13.0	3.0	909

¹ Facility affiliation for ten providers was not known or was missing.

Table 3.8 Organization-related problems cited by fieldworkers, by background characteristics, Bangladesh Service Provision Assessment Survey 1999-2000

Background characteristics	Percentage of fieldworkers citing problem			Number of fieldworkers
	Lack of supplies/stock	Poor working environment	Inadequate transport	
Type of fieldworker				
Family welfare assistant (FWA)	15.5	11.3	3.5	283
Health assistant (HA)	33.1	10.0	4.7	283
NGO fieldworker	16.1	5.2	0.9	103
Division				
Barisal	25.1	7.7	4.8	34
Chittagong	28.9	10.5	0.2	131
Dhaka	25.2	12.6	2.8	171
Khulna	17.4	10.0	1.5	105
Rajshahi	25.0	5.7	9.0	168
Sylhet	7.1	12.8	1.1	60
All fieldworkers	23.0	9.8	3.6	669

Tables 3.9 and 3.10 highlight staff-related problems that providers and fieldworkers mentioned as obstacles in performing their jobs. Among the providers, shortage of personnel, and among the fieldworkers, lack of training was the main staffing issue. Training was an issue for about one-fifth of the providers (Table 3.9) and fieldworkers (Table 3.10).

Considering the divisional differences, fieldworkers from Chittagong Division mentioned lack of supervision more often than fieldworkers from Sylhet Division (Table 3.10).

Background characteristics	Percentage of facility-based providers citing problem					Number of facility-based providers
	Staff shortage	Lack of training	Lack of supervision/ coordination	Staff underpaid	Uncertainty of job	
Type of provider						
Family welfare visitor (FWV)	28.4	13.6	5.7	4.9	4.1	478
Subassistant community medical officer (SACMO)	45.9	23.7	12.6	6.3	4.9	178
NGO health personnel	21.9	22.0	4.7	20.2	31.8	253
Type of facility¹						
Upazila health complex (UHC)	38.1	20.0	2.2	0.0	0.0	25
Union health and family welfare center (UHFWC)/rural dispensary (RD)	32.8	16.3	7.9	5.5	4.3	627
NGO health facility	21.1	22.5	4.7	20.7	32.5	247
Division						
Barisal	36.3	18.8	9.3	10.2	11.7	67
Chittagong	29.0	17.2	5.5	7.3	10.2	167
Dhaka	26.9	16.8	4.3	2.0	2.5	268
Khulna	31.1	12.7	1.7	12.5	9.2	103
Rajshahi	33.6	21.9	12.0	17.6	25.4	259
Sylhet	19.9	14.9	5.2	6.1	4.4	46
All providers	30.0	17.9	6.8	9.4	12.0	909

¹ Facility affiliation for ten providers was not known or was missing.

Background characteristics	Percentage of fieldworkers citing problem					Number of fieldworkers
	Staff shortage	Lack of training	Lack of supervision/ coordination	Staff underpaid	Uncertainty of job	
Type of fieldworker						
Family welfare assistant (FWA)	11.0	17.4	8.0	7.6	12.3	283
Health assistant (HA)	17.5	21.0	3.5	6.2	0.1	283
NGO fieldworker	5.7	33.8	0.9	35.3	21.8	103
Division						
Barisal	18.1	21.7	7.5	8.6	8.0	34
Chittagong	11.5	20.8	14.9	3.6	11.1	131
Dhaka	11.9	29.4	0.3	7.8	3.8	171
Khulna	18.7	18.8	4.0	12.8	19.8	105
Rajshahi	12.3	20.5	2.9	23.9	7.9	168
Sylhet	7.8	6.9	2.7	1.7	0.0	60
All fieldworkers	12.9	21.4	5.0	11.3	8.6	669

CHAPTER 4

FAMILY PLANNING SERVICES

Family planning concerns remain high on the agenda of the Bangladesh government. The Health and Population Sector Program (HPSP) in Bangladesh was formulated in light of the experience gained during the implementation of the Fourth Population and Health Project (FPHP) from 1990-1991 through 1994-1995. The major issues raised by the 1995 mid-term review of the FPHP are the overall poor utilization of government services and related questions of cost-effectiveness, sustainability, and quality of services.

The BSPA collected a broad range of information on the delivery of family planning in Bangladesh health and family planning facilities.

4.1 Availability of Family Planning Services

Ensuring that family planning services are widely available is a basic prerequisite to increasing contraceptive use. The BSPA results indicate that nearly 90 percent of the surveyed facilities offered family planning services (Table 4.1). Rajshahi and Chittagong divisions had the lowest proportion of BSPA facilities providing family planning but even in those divisions, family planning services were available at four out of five facilities.

Table 4.1 Availability of family planning services, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Percentage of facilities offering FP services	Number of facilities	Among facilities offering family planning (FP) services, percentage with method available										Number of facilities offering FP services	
			Pill		Condom		IUD		Injectables		Male sterilization	Female sterilization		Menstrual regulation
			Offering	Stock-out in last 6 months	Offering	Stock-out in last 6 months	Offering	Stock-out in last 6 months	Offering	Stock-out in last 6 months				
Type of facility														
Upazila health complex (UHC)	77.8	254	96.5	8.5	96.5	0.3	97.5	5.6	97.5	9.8	89.2	88.2	91.7	202
UHFWC/RD	83.9	296	94.3	6.9	93.9	2.8	95.9	7.0	96.8	14.0	12.1	10.5	61.4	255
NGO health facility	91.7	262	93.8	2.3	96.5	2.1	69.5	0.9	73.6	4.8	15.5	22.4	25.0	244
Division														
Barisal	91.3	49	96.9	3.9	98.4	3.0	84.8	7.8	89.4	13.1	41.2	42.8	68.6	45
Chittagong	78.8	167	96.0	2.0	95.1	0.7	85.2	3.9	89.1	9.3	33.1	32.1	59.8	136
Dhaka	86.2	216	94.4	5.9	93.5	1.3	84.1	6.7	88.0	8.4	31.6	31.3	55.1	194
Khulna	95.9	82	97.1	7.7	97.8	2.8	90.5	5.9	94.2	9.0	34.1	36.9	58.2	79
Rajshahi	79.8	250	91.9	8.4	95.7	2.9	88.6	2.8	85.5	9.9	39.0	43.8	56.4	202
Sylhet	95.6	47	98.8	3.7	99.2	0.0	96.3	4.3	97.9	17.7	40.1	40.1	52.8	46
All facilities	84.5	812	94.7	5.8	95.6	1.8	87.2	4.9	88.9	10.0	35.5	37.0	57.4	701

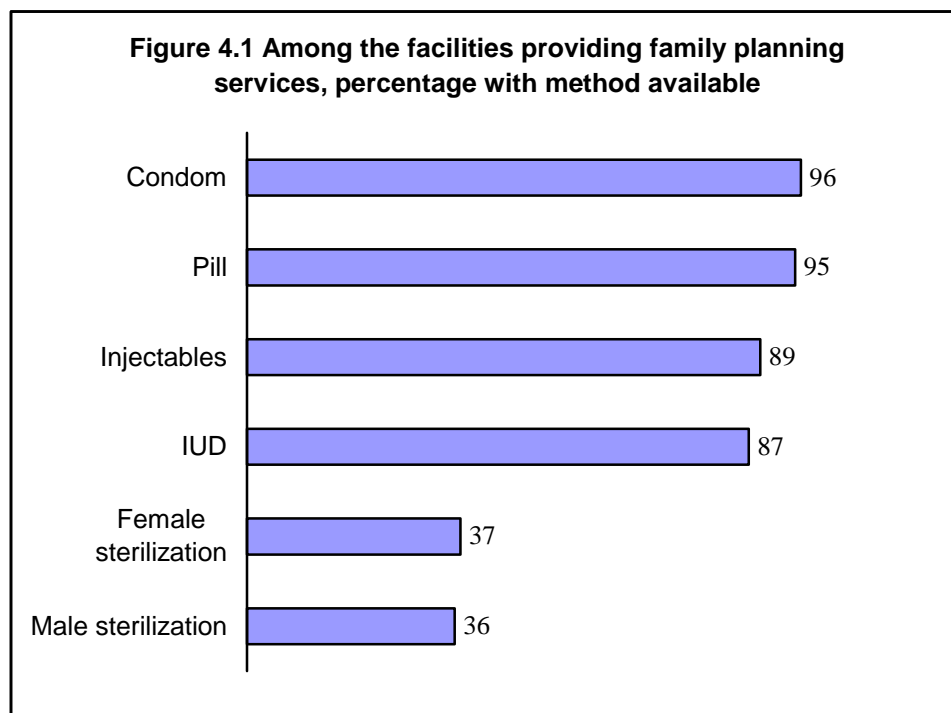
The policy of the Bangladesh family planning program is to deliver all methods in a cafeteria approach. Having a range of contraceptive methods available is important because clients seeking family planning have different concerns, health needs, and reproductive choices. Over the past few years, Bangladeshi couples of reproductive age have been increasingly relying on short-term methods, such as pills and injectables, with decreasing preference for long-acting methods, such as the IUD and sterilization. The current policy of the national family planning program is to increase and sustain the demand for longer-term methods.

Most of the Bangladeshi health and family planning facilities had a range of methods available. Condoms and pills were the most widely available methods. Except for the IUD, clinical methods such as sterilization were not as readily available as condoms, pills, and injections. The IUD was the most widely available clinical method. Nearly 90 percent of all facilities that offer family planning offer the IUD to clients. More than one-third of the facilities were providing female sterilization (Table 4.1 and Figure 4.1).

With regard to the type of facility, about 90 percent of UHCs provided sterilization and IUDs. This is expected because these larger facilities are more likely to have staff with the special skills or training necessary to provide these methods. Union health and family welfare centers typically offer long-term, reversible clinical methods such as IUDs and injectables, but not other clinical methods.

The proportion of facilities offering clinical methods was varied by division. Dhaka Division had the lowest proportion of facilities offering sterilization.

The BSPA not only looked at whether facilities provided family planning methods but also at whether facilities had any stock-out in the six months preceding the survey. A few BSPA facilities reported that they had experienced a shortage of methods they offered. One in ten facilities offering injectables had been unable to deliver injectables because of a stock-out during the six-month period prior to the BSPA survey (Table 4.1). Five to six percent of facilities had experienced a stock-out of pills and IUD kits. About one in five facilities in Sylhet and 13 percent of facilities in Barisal Division had experienced a stock-out problem that kept them from delivering injections in the six-month period preceding the BSPA.



4.2 Quality of Family Planning Services

The need to ensure that family planning clients have access to high-quality services has been an area of increasing concern for family planning programmers. This report evaluates the technical competence, one aspect of quality of services, by looking at whether the facility had required equipment and supplies for providing the particular family planning method. For example, oral contraceptive pill users may need to be clinically examined before they are given the pill. To examine pill users, a blood pressure machine and stethoscope should be present at the facility. Using disposable needles is a prerequisite to offering injectables. Equipment such as an autoclave (and water) is needed to sterilize the medical kit to provide IUDs and sterilization.

Results presented in Figure 4.2 and Table 4.2 show that although most of the Bangladeshi health and family planning facilities offered a wide range of methods, many facilities did not have supplies and equipment to offer high-quality services. Nearly 90 percent of the facilities offered IUDs to their clients, but only half of these facilities had an autoclave and running water. About one-third of the facilities that were offering sterilization to their clients did not have an autoclave and water at the facility. Nongovernment health facilities were providing better-quality family planning services than government facilities.

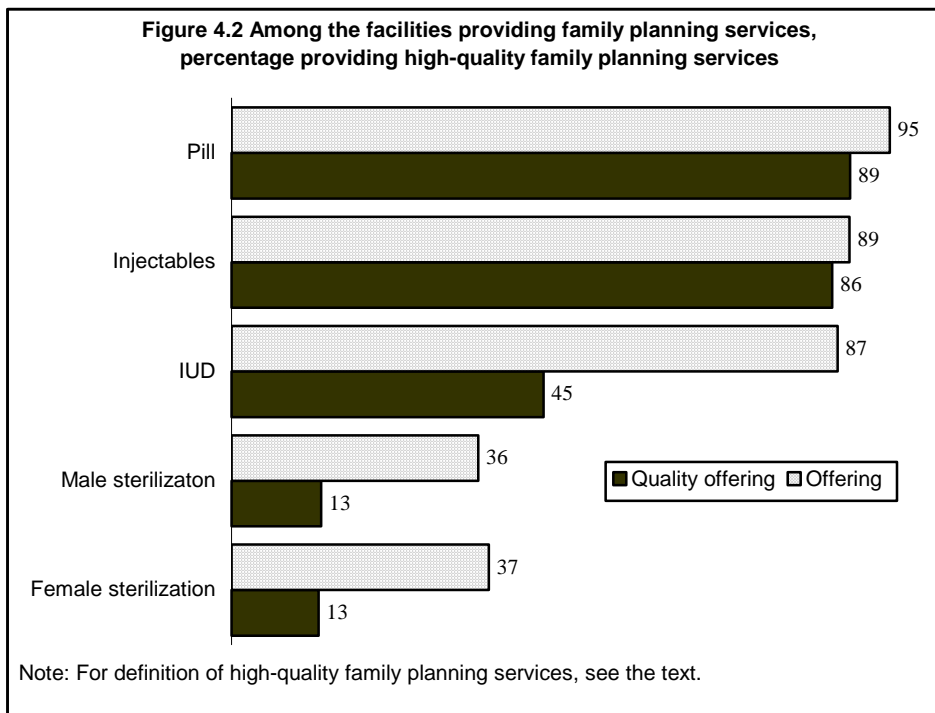


Table 4.2 Quality of family planning services, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Among facilities providing family planning (FP) services, percentage that offer high-quality services (HQS)										
	Pill		IUD		Injectables		Male sterilization		Female sterilization		Number of facilities providing FP services
	Offering	Offering ¹ HQS	Offering	Offering ² HQS	Offering	Offering ³ HQS	Offering	Offering ² HQS	Offering	Offering ² HQS	
Type of facility											
Upazila health complex (UHC)	96.5	96.5	97.5	15.3	97.5	97.5	89.2	12.4	88.2	12.5	202
UHFWC/RD	94.3	81.7	95.9	51.5	96.8	93.6	12.1	7.9	10.5	7.2	255
NGO health facility	93.8	90.8	69.5	62.5	73.6	72.6	15.5	15.5	22.4	22.4	244
Division											
Barisal	96.9	85.9	84.8	34.8	89.4	96.9	41.2	11.5	42.8	13.5	45
Chittagong	96.0	93.8	85.2	38.9	89.1	38.4	33.1	5.4	32.1	5.7	136
Dhaka	94.4	87.7	84.1	41.8	88.0	92.1	31.6	10.0	31.3	9.5	194
Khulna	97.1	93.3	90.5	51.0	94.2	95.7	34.1	12.6	36.9	12.7	79
Rajshahi	91.9	86.2	88.6	51.5	85.5	87.6	39.0	20.1	43.8	19.8	202
Sylhet	98.8	87.8	96.3	45.8	97.9	98.8	40.1	11.8	40.1	11.8	46
All facilities	94.7	89.0	87.2	44.9	88.9	86.4	35.5	12.9	37.0	12.5	701

¹ Percentage of facilities offering the pill where blood pressure equipment and a stethoscope were available.
² Percentage of facilities offering IUDs or sterilization where water and an autoclave were available.
³ Percentage of facilities offering injectables where disposable needles were available.

4.3 Staff Experience

Another aspect of the capacity to serve clients is the experience and training of the service providers and fieldworkers who are delivering reproductive health services. As mentioned earlier, interviews were conducted with providers at the facilities and fieldworkers in the communities included in the BSPA. The provider and fieldworker questionnaire obtained similar types of information that can be used to assess the experience of providers/fieldworkers involved in the provision of reproductive health services at health facilities and in the community.

As noted earlier, a total of 909 providers and 669 fieldworkers were interviewed in the BSPA. Eighty percent of providers and 55 percent of fieldworkers reported that they personally served family planning clients (Tables 3.1 and 3.2). Tables 4.3 and 4.4 and Figure 4.3 summarize the training in family planning service provision that the providers and fieldworkers delivering family planning services in BSPA facilities and communities had received. More than 80 percent of providers reported that they received in-service training on low-dose oral pills and IUD insertion (Table 4.3). But only 30 percent of providers reported that the Essential Service Package (ESP) was a part of their in-service family planning training. About 90 percent of fieldworkers had attended training on low-dose pills (Table 4.4).

Table 4.3 In-service training in family planning for facility-based providers, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Among facility-based providers delivering family planning services, percentage who have had any in-service training in:					Number of facility-based providers
	Low-dose oral pill	IUD insertion and removal	ESP	Satellite clinic management	RTI/STI	
Type of provider						
Family welfare visitor (FWV)	94.1	94.9	23.3	58.3	18.8	441
Subassistant community medical officer (SACMO)	68.5	30.8	20.3	13.2	15.5	68
NGO health personnel	69.3	71.1	47.7	54.0	46.4	219
Type of facility¹						
Upazila health complex (UHC)	99.3	100.0	19.0	75.8	3.4	22
Union health and family welfare center (UHFWC/ rural dispensary (RD))	90.4	85.5	22.9	50.9	19.7	479
NGO health facility	69.9	70.8	47.6	54.0	46.0	217
Division						
Barisal	91.0	81.1	34.8	55.1	18.3	52
Chittagong	81.9	82.8	26.8	39.4	21.2	141
Dhaka	82.2	79.9	19.2	51.8	18.5	214
Khulna	89.4	82.5	29.5	62.6	27.3	87
Rajshahi	85.3	83.4	45.1	57.9	43.3	194
Sylhet	77.4	78.2	28.7	56.9	23.3	39
All providers	84.2	81.7	30.4	52.8	26.9	728

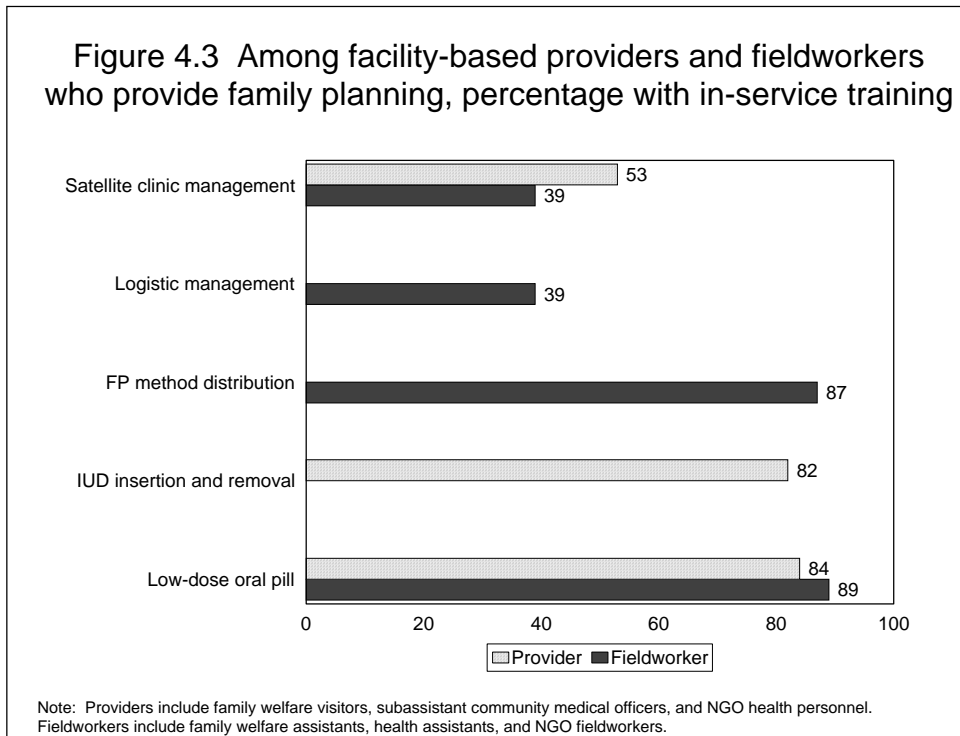
¹ Facility affiliation for ten providers were not known or were missing.
ESP = Essential service packages in child health and reproductive health, RTI = reproductive track infection, STI = sexually transmitted infection.

Table 4.4 In-service training in family planning for fieldworkers, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristic	Among fieldworkers delivering family planning services, percentage who have had any in-service training in:				Number of fieldworkers
	Low-dose oral pill	FP method distribution	Logistic management	Satellite clinic management	
Type of fieldworker					
Family welfare assistant (FWA)	94.1	91.6	36.7	39.2	283
Health assistant (HA)	29.5	28.4	27.4	25.7	19
NGO fieldworker	86.6	81.8	51.4	44.0	69
Division					
Barisal	88.0	87.1	46.2	43.9	23
Chittagong	87.9	81.1	13.0	25.9	75
Dhaka	91.6	90.3	39.6	31.5	87
Khulna	85.3	83.6	59.4	57.8	59
Rajshahi	89.2	85.9	51.2	57.5	91
Sylhet	95.3	95.0	22.4	7.4	35
All fieldworkers	89.4	86.5	39.0	39.4	370

Management of family planning service delivery is an important component of the quality of service delivery. About 90 percent of fieldworkers had attended training in the distribution of family planning methods; however, fewer fieldworkers (39 percent) reported that logistic management had been covered in the training. A little more than half of the providers and 39 percent of the fieldworkers who were providing family planning services at the time of the survey had attended satellite clinic management training. Twenty-seven percent of providers reported that their in-service training had covered reproductive tract infections (RTIs) and sexually transmitted infections (RTIs).

The likelihood that staff would have had in-service training varied according to their position and the facility/community where they worked. Variation according to the division where the facilities were located and communities where fieldworkers worked was also noteworthy.



CHAPTER 5 MATERNAL AND CHILD HEALTH SERVICES

For maternal health services to be effective, women need to be provided with a continuum of care throughout the pregnancy, delivery, and postnatal period. These services should include antenatal care, delivery care, care for obstetric complications, and postnatal care.

Antenatal care should include services that monitor the progress of the pregnancy to assess fetal and maternal health, provide preventive treatment such as immunization against tetanus or iron for anemia, and advise women on a range of important health issues such as recognition of warning signs in pregnancy and when and where to seek care.

Delivery care should involve delivery with a skilled attendant, a person who can provide normal delivery care and recognize and manage pregnancy complications when they occur. Emergency care should include services to provide for the most common obstetric emergencies such as sepsis, hemorrhage, eclampsia, and retained placenta, as well as neonatal care and surgery.

Postpartum care should include services that assess the physical, nutritional, and emotional well-being of mothers and newborns and provide information on infant care.

Child health care encompasses basic preventive and curative care for infants and children. The government of Bangladesh has implemented control programs for acute respiratory infection (ARI), diarrheal diseases, vaccine-preventable diseases, and prevention of vitamin A deficiency. Although there have been declines in child mortality from all causes in Bangladesh, many children still do not have access to preventive and curative services delivered by trained health workers.

5.1 Availability of Maternal Health Services

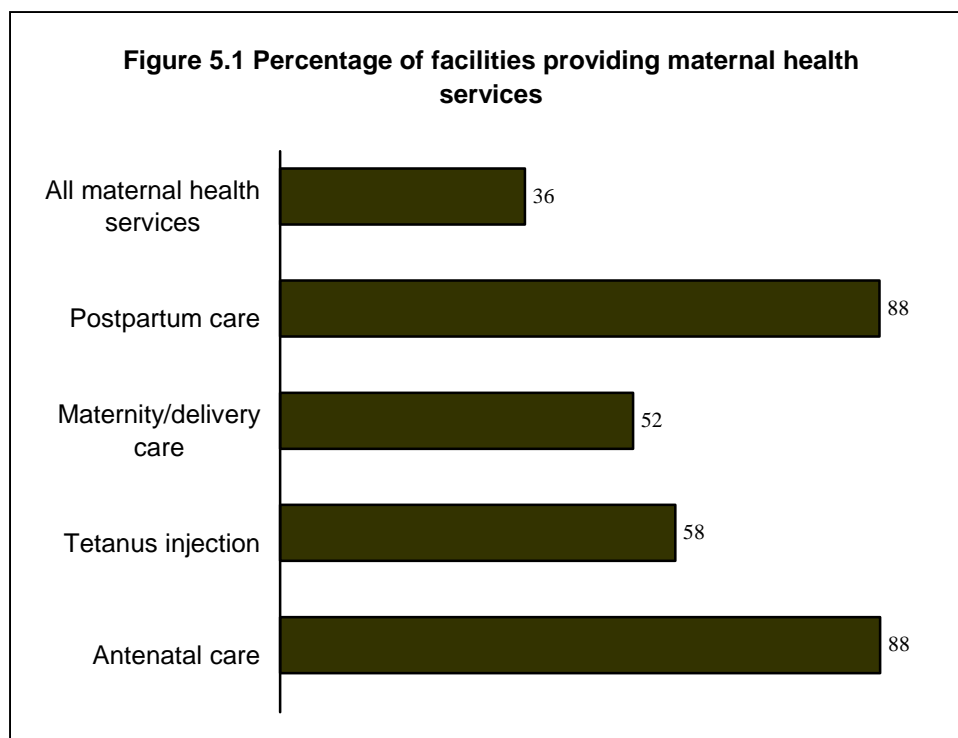
Antenatal care was provided by 88 percent of facilities surveyed in the BSPA (Table 5.1 and Figure 5.1). Practically all UHFWCs/RDs and 85 percent of UHCs and NGO health facilities provided antenatal care. Although about 90 percent of facilities provided antenatal care, tetanus injections, which are an integral part of antenatal service, were available in only 58 percent of facilities. Nine out of ten UHCs surveyed provided tetanus injections in comparison with only 31 percent of UHFWCs. Delivery care was provided in only half of all facilities. More than 80 percent of the UHCs provided delivery care. Considering the nature of services UHCs provide, this figure seemed quite high. Less than one-quarter of NGO health facilities were providing delivery care.

The distribution of postpartum care services was similar to that of antenatal care services. About 90 percent of health facilities provided postpartum care to mothers. Ninety-four percent of UHFWCs and 85 percent UHCs and NGO health centers provided postpartum care.

A lesser proportion of facilities in Rajshahi Division provided antenatal care and delivery care than facilities in other divisions. A little more than one-third of the health facilities were providing all the components of maternal health services (antenatal care, tetanus injection, delivery care, and postpartum care).

Table 5.1 Availability of maternal health service, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Percentage of facilities that provide					Number of facilities
	Antenatal care	Tetanus injection	Delivery care	Postpartum care	All maternal health services	
Type of facility						
Upazila health complex (UHC)	84.4	90.1	82.9	84.7	81.1	254
Union health and family welfare center (UHFWC)/rural dispensary (RD)	93.9	30.5	50.5	93.6	16.7	296
NGO health facility	85.4	58.1	23.5	85.4	14.1	262
Division						
Barisal	92.6	61.7	77.2	87.9	54.3	49
Chittagong	91.3	55.7	46.4	91.5	36.6	167
Dhaka	93.2	50.6	58.0	93.6	36.9	216
Khulna	95.7	59.4	70.4	94.9	44.0	82
Rajshahi	77.6	63.8	36.7	77.5	26.7	250
Sylhet	93.3	63.9	66.9	96.2	46.7	47
All facilities	88.2	58.1	51.9	88.1	36.0	812



The distribution of postpartum care services was similar to that of antenatal care services. About 90 percent of health facilities provided postpartum care to mothers. Ninety-four percent of UHFWCs and 85 percent UHCs and NGO health centers provided postpartum care.

A lesser proportion of facilities in Rajshahi Division provided antenatal care and delivery care than facilities in other divisions. A little more than one-third of the health facilities were providing all the components of maternal health services (antenatal care, tetanus injection, delivery care, and postpartum care).

5.2 Staff Providing Maternal and Health Services

Interviews with health facility providers and community fieldworkers provide information on the training and knowledge regarding maternal and child health services. About 92 percent of 909 providers interviewed during the BSPA were providing maternal health services (antenatal and postpartum care) at the time they were interviewed (Table 3.1).

Maternal health care providers need a very broad range of skills in order to provide the services. Basic (preservice) and in-service training are crucial to developing and maintaining provider skills.

Among the facility-based providers who were providing maternal and child health services, about three-fourths had in-service training in maternal and child health. FWVs were more likely than SACMO and NGO personnel to have received in-service training in maternal and child health.

Seventy-three percent of 909 providers and 77 percent of 669 fieldworkers interviewed were providing ARI and diarrheal disease treatment to children (Tables 5.2 and 5.3). With regard to specific training in child health, only 70 percent of providers and 63 percent of fieldworkers providing these services had in-service training that covered ARI and diarrheal disease treatment. Health assistants working in the community were twice as likely as FWAs and NGO fieldworkers to have received in-service training in ARI (Table 5.3). Among the providers (29 percent of 909 providers) and fieldworkers (76 percent of 669 fieldworkers) who were providing childhood immunization services, more than 90 percent had in-service training that covered EPI.

Background characteristics	Among providers providing specific maternal and child health services						Number of facility-based providers
	MCH		ARI/diarrheal disease		Immunization		
	Percentage trained in MCH	Number of MCH providers	Percentage trained in ARI	Number of ARI providers	Percentage trained in EPI	Number of immunization providers	
Type of provider							
Family welfare visitor (FWV)	84.3	459	73.9	286	96.1	91	478
Subassistant community medical officer (SACMO)	50.3	155	64.8	165	92.2	34	178
NGO health personnel	67.7	220	68.0	208	86.5	134	253
Type of facility¹							
Upazila health complex (UHC)	93.2	22	93.3	13	100.0	3	25
Union health and family welfare center (UHFWC)/ rural dispensary (RD)	74.5	584	69.3	435	94.4	115	627
NGO health facility	68.1	218	68.4	205	86.6	133	247
Division							
Barisal	69.0	57	59.8	50	87.7	18	67
Chittagong	72.7	157	66.0	108	92.0	39	167
Dhaka	68.5	247	70.0	198	79.8	53	268
Khulna	73.8	98	78.1	79	91.3	37	103
Rajshahi	79.9	231	73.1	192	98.5	100	259
Sylhet	78.6	43	56.6	33	72.5	14	46
All providers	73.6	834	69.8	660	90.6	261	909

¹ Facility affiliation for ten providers was not known or was missing.

MCH = maternal and child health, ARI = acute respiratory infections, EPI = expanded program for immunization.

Table 5.3 In-service training in maternal and child health services for fieldworkers, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Fieldworker characteristics	Among fieldworkers providing specific maternal and child health services				
	ARI/diarrheal disease		Immunization		Number of fieldworkers
	Percent of fieldworkers trained in ARI/diarrheal disease	Number of fieldworkers providing ARI/diarrheal disease services	Percentage of fieldworkers trained in EPI	Number of fieldworkers providing immunization	
Type of fieldworker					
Family welfare assistant (FWA)	40.1	185	97.5	196	283
Health assistant (HA)	83.8	255	94.3	280	283
NGO fieldworker	43.7	67	76.2	30	103
Division					
Barisal	59.8	24	94.3	26	34
Chittagong	49.0	101	96.8	105	131
Dhaka	65.0	129	90.8	125	171
Khulna	61.5	91	92.7	82	105
Rajshahi	73.6	119	96.4	130	168
Sylhet	60.9	43	97.7	37	60
All fieldworkers	62.6	507	94.5	506	669

5.3 Knowledge of Obstetric Warning Signs Among Maternal Health Service Providers and Fieldworkers

As part of their interviews, all facility-based providers and fieldworkers were asked what symptoms and warning signs during pregnancy, delivery, and after delivery would prompt them to admit a woman or refer her to another level for care. Their spontaneous responses provide a measure of providers' knowledge about obstetric complications. Responses corresponding to any of ten different symptoms or problem categories shown at the bottom of Table 5.4 were recorded. Since most maternal deaths occur around the time of delivery, providers and fieldworkers must know what action to take for these problems.

Almost 70 percent of facility-based providers and 46 percent of fieldworkers named symptoms from more than five of the warning sign categories, and 28 percent of providers and 48 percent of fieldworkers named three or four (Tables 5.4 and 5.5). Surprisingly, FWVs and NGO personnel appear to be as knowledgeable as SACMOs, despite the fact that the latter have medical training. More than 95 percent of providers from all divisions except Sylhet named three or more warning sign categories.

Table 5.4 Knowledge of obstetric warning signs among facility-based providers, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Distribution of facility-based providers by number of warning signs ¹ cited				Number of facility-based providers
	0-2	3-4	5 or more	Total	
Type of provider					
Family welfare visitor (FWV)	1.5	26.7	71.9	100.0	478
Subassistant community medical officer (SACMO)	4.9	36.4	58.8	100.0	178
NGO health personnel	3.1	26.0	70.9	100.0	253
Type of facility²					
Upazila health complex (UHC)	14.8	26.4	58.8	100.0	25
Union health and family welfare center (UHFWC)/ rural dispensary (RD)	2.3	29.5	68.3	100.0	627
NGO health facility	2.1	25.6	72.3	100.0	247
Division					
Barisal	3.7	25.5	70.8	100.0	67
Chittagong	4.3	31.3	64.4	100.0	167
Dhaka	2.0	39.2	58.7	100.0	268
Khulna	0.8	29.4	69.9	100.0	103
Rajshahi	1.2	14.5	84.3	100.0	259
Sylhet	10.0	34.8	55.2	100.0	46
All providers	2.6	28.4	69.0	100.0	909
¹ Warning signs are defined as follows: previous bad obstetric history/abdominal scars/previous stillbirth; hypertension/headache/swelling/fits; anemia/pallor/fatigue/shortness of breath; cessation of fetal movement/baby does not move; malpresentation/abnormal lie/position of fetus; sepsis/foul-smelling discharge/postpartum abdominal pain; light bleeding/spotting; hemorrhage/heavy bleeding; multiple pregnancy/large abdomen; obstructed/prolonged labor.					
² Facility affiliations for ten providers were not known or were missing.					

Table 5.5 Knowledge of obstetric warning signs among fieldworkers, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Distribution of fieldworkers by number of warning signs ¹ cited				Number of fieldworkers
	0-2	3-4	5 or more	Total	
Type of fieldworker					
Family welfare assistant (FWA)	1.2	45.7	53.1	100.0	283
Health assistant (HA)	11.4	49.3	39.3	100.0	283
NGO fieldworker	8.3	47.8	43.9	100.0	103
Division					
Barisal	12.8	55.5	31.7	100.0	34
Chittagong	5.8	47.5	46.7	100.0	131
Dhaka	6.1	55.6	38.3	100.0	171
Khulna	7.6	38.9	53.5	100.0	105
Rajshahi	4.7	36.0	59.3	100.0	168
Sylhet	9.8	67.7	22.4	100.0	60
All fieldworkers	6.6	47.5	45.9	100.0	669
¹ Warning signs are defined as follows: previous bad obstetric history/abdominal scars/previous stillbirth; hypertension/headache/swelling/fits; anemia/pallor/fatigue/shortness of breath; cessation of fetal movement/baby does not move; malpresentation/abnormal lie/position of fetus; sepsis/foul-smelling discharge/postpartum abdominal pain; light bleeding/spotting; hemorrhage/heavy bleeding; multiple pregnancy/large abdomen; obstructed/prolonged labor.					

5.4 Capacity to Treat Obstetric Complications

Since the majority of obstetric complications can neither be predicted nor prevented, all health facilities providing delivery care should be able to manage the most common obstetric complications. The overall capacity of Bangladesh facilities to respond to a range of obstetric complications can be summarized in terms of their ability to provide Basic Essential Obstetric Care (BEOC) as well as Comprehensive Essential Obstetric Care (CEOC). According to international standards, Basic Essential Obstetric Care involves care for the normal pregnancy as well as treatment of hemorrhage, eclampsia, sepsis, and retained placenta and provision of assisted vaginal delivery, postabortion care, and neonatal resuscitation (UNICEF 1999; WHO 1998). Comprehensive Essential Obstetric Care involves all of the elements of Basic Essential Obstetric Care as well as the provision for cesarean sections and blood transfusions.

The BSPA collected data on some elements of the BEOC as well as the CEOC. In considering a facility's capacity to provide each of the elements of BEOC and CEOC, three factors were considered: the facility had to provide the services, staff needed to be available 24 hours a day, and the necessary drugs and supplies had to be available.

5.4.1 Treatment of hemorrhage

Since hemorrhage is the principal cause of maternal death, it is essential that facilities are well equipped to deal with this maternal complication. Two-thirds of all facilities offering delivery care were providing treatment for hemorrhage. However, less than one-third of the facilities provided these services 24 hours a day.

A facility's capacity to treat hemorrhage was assessed by determining the availability of Ergometrin medicine and IV fluids. Among the facilities providing delivery and postpartum care, 85 percent of UHCs and half of NGO facilities had IV solution and only 18 percent of UHCs and one-quarter of NGO health facilities had Ergometrin in stock. More than 80 percent of UHCs and NGO facilities that provide delivery care lacked both the required medicines to treat hemorrhage (not shown).

Only 6 percent of all facilities offering delivery and postpartum care were able to provide basic first aid (24-hour services and medicines) for hemorrhage. Fifteen percent of UHCs and 5 percent of NGO health facilities had all of the elements to be considered fully ready to deal with hemorrhage. In general, most of the facilities lacked the required Ergometrin injection (Table 5.6).

Table 5.6 Capacity to treat hemorrhage, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Among facilities providing delivery and postpartum care, percentage with the capacity to treat hemorrhage				With all four (treatment, medicines, and staff available)	Number of facilities providing delivery and postpartum care
	Providing treatment for hemorrhage	Staff available 24 hours	Ergometrin injection	IV fluid		
Type of facility						
Upazila health complex (UHC)	95.9	85.8	18.0	85.0	15.0	215
Union health and family welfare center (UHFWC)/rural dispensary (RD)	50.4	5.8	4.3	5.7	0.0	279
NGO health facility	55.4	11.4	24.8	50.2	5.1	224
Division						
Barisal	69.9	53.5	10.2	40.3	3.1	43
Chittagong	58.6	29.9	8.4	50.2	2.4	153
Dhaka	62.1	28.9	9.0	32.7	4.9	202
Khulna	64.3	35.6	18.0	38.3	10.1	78
Rajshahi	74.8	27.8	25.4	51.8	9.7	196
Sylhet	62.9	36.7	14.9	41.9	3.9	46
All facilities	65.6	31.5	14.8	43.3	6.1	718

5.4.2 Treatment of eclampsia

As noted earlier, most UHFWCs and NGO health facilities were not open 24 hours a day. Most of the UHCs were providing service for eclampsia and were open to provide this service 24 hours a day. The availability of medicines to treat eclampsia was assessed by determining the availability of diazepam and magnesium sulphate. Among the facilities providing delivery and postpartum care, only about half of the UHCs and 43 percent of NGO health facilities had sufficient medicines to treat eclampsia (Table 5.7).

Table 5.7 Capacity to treat eclampsia, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Among facilities providing delivery care, percentage with capacity to treat eclampsia				Number of facilities providing delivery and postpartum care
	Providing treatment for eclampsia	Staff available 24 hours	Diazepam or magnesium sulphate available	Treatment, medicine, and staff available	
Type of facility					
Upazila health complex (UHC)	92.5	90.0	47.5	46.3	215
Union health and family welfare center(UHFWC)/rural dispensary (RD)	31.1	4.0	4.4	0.7	279
NGO health facility	56.5	13.2	42.7	7.7	224
Division					
Barisal	69.9	56.1	40.9	34.9	43
Chittagong	50.9	30.5	23.3	11.5	153
Dhaka	53.5	29.1	25.6	16.7	202
Khulna	50.1	33.4	25.1	16.9	78
Rajshahi	65.3	30.8	34.9	14.1	196
Sylhet	63.4	39.8	36.4	25.3	46
All facilities	57.4	32.6	29.2	16.5	718

Although the majority of UHCs that provide delivery and postpartum care were able to provide care for eclampsia, more than half of the UHCs were not prepared to treat eclampsia.

5.4.3 Treatment of sepsis

The capacity to treat sepsis was assessed by determining the availability of four drugs⁷: metronidazole, gentamycin, selexid, and ampicilin. Most of the UHCs and NGO health centers and 77 percent of the UHFWCs providing delivery and postpartum care had oral or injectable metronidazole in stock (Table 5.8).

Ampicilin and gentamycin should be available at hospitals, but not generally at lower level facilities. At the Upazila level, a little more than one-third of UHCs had ampicilin and gentamycin in stock. Only one in ten NGO health centers that provide delivery and postpartum care had a stock of these two medicines. Facilities were assessed as having an effective treatment for sepsis available if they had in stock either selexid or ampicilin and both metronidazole and gentamycin. Among facilities providing delivery and postpartum care, only 7 percent of NGO facilities had all the medicines in stock and 19 percent of UHCs had medicine available to treat puerperal sepsis. Thus, more than 80 percent of UHCs that provide delivery and postpartum care were not prepared to respond to sepsis because of a lack of medicines.

Background characteristics	Among facilities providing delivery care, percentage with capacity to treat sepsis								Number of facilities providing delivery and postpartum care
	Providing treatment for sepsis	Staff available 24 hours	Medicines available				Treatment, medicines ¹ and staff available		
			Metro-nidazole	Genta-mycin	Selexid	Ampicilin		Selexid or ampicilin and metronidazole, gentamycin	
Type of facility									
Upazila health complex (UHC)	94.8	91.6	99.0	35.0	1.6	35.1	18.9	17.8	215
Union health and family welfare center (UHFWC)/rural dispensary (RD)	28.4	3.2	76.5	0.7	0.7	1.5	0.7	0.2	279
NGO health facility	49.4	10.6	95.8	10.8	7.8	10.0	6.5	1.6	224
Division									
Barisal	64.9	52.6	95.5	30.8	0.0	43.7	29.2	24.9	43
Chittagong	56.3	35.6	93.8	3.9	3.6	15.7	2.0	1.3	153
Dhaka	52.1	28.5	84.6	18.2	4.2	12.0	9.1	6.7	202
Khulna	53.0	32.1	86.7	19.9	2.3	12.0	7.5	6.3	78
Rajshahi	53.7	26.6	89.2	12.3	2.8	10.0	6.8	3.8	196
Sylhet	60.1	38.7	93.7	12.9	3.1	13.2	8.0	8.0	46
All facilities	54.8	32.0	89.3	14.1	3.2	14.2	7.9	5.9	718

¹ Selexid or ampicillin and metronidazole, gentamycin

5.4.4 Other obstetric care

Most (86 percent) of the UHCs that provide delivery and postpartum care provided treatment of retained placenta, and more than two-thirds of UHCs also provided services to handle prolonged labor (Table 5.9). Comprehensive Essential Obstetric Care, which includes the capacity to perform cesarean section, was not common in the health facilities of Bangladesh. Only one in 20 UHCs were able to perform cesarean sections.

⁷ The BSPA assessed metronidazole (tablet or injection), gentamycin (injection), selexid (tablet), and ampicillin (injection).

Table 5.9 Availability of obstetric care services, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

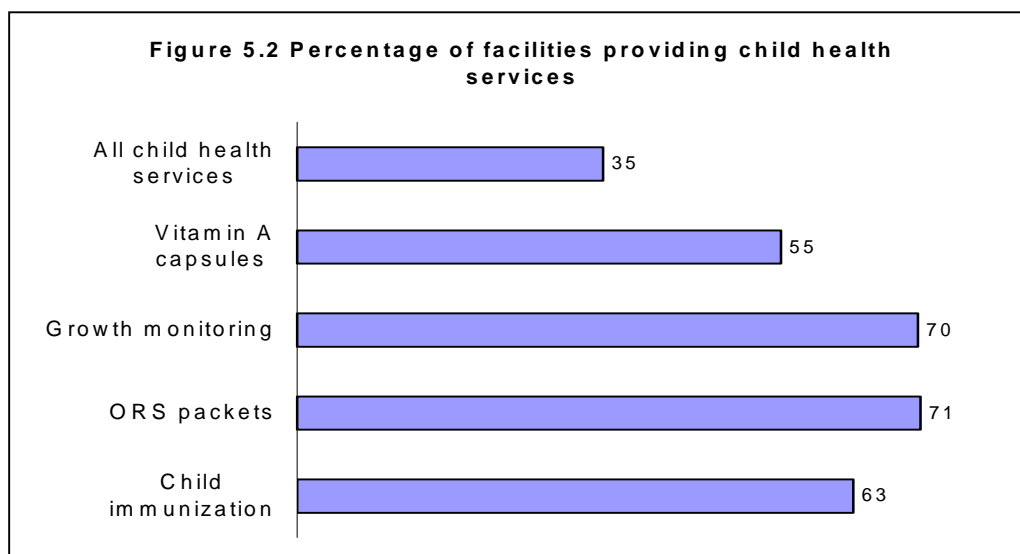
Background characteristic	Among facilities providing delivery and postpartum care, percentage with capacity to offer services for						Number of facilities providing delivery and postpartum care
	Placenta removal		Prolonged labor		Caesarean section		
	Service available	24 hours available	Service available	24 hours available	Service available	24 hours available	
Type of facility							
Upazila health complex (UHC)	85.7	79.8	68.8	65.5	5.2	4.9	215
Union health and family welfare center (UHFWC)/ rural dispensary (RD)	12.1	3.9	8.6	2.7	0.0	0.0	279
NGO health facility	11.5	3.7	7.3	1.8	5.2	5.1	224
Division							
Barisal	58.8	51.1	46.8	45.4	4.8	4.8	43
Chittagong	31.3	23.4	18.1	17.1	0.5	0.5	153
Dhaka	32.4	24.9	24.5	20.3	2.6	2.4	202
Khulna	35.7	32.4	32.5	23.0	7.0	7.0	78
Rajshahi	31.2	22.6	24.7	17.2	4.0	4.0	196
Sylhet	34.5	27.7	37.7	30.4	3.2	1.7	46
All facilities	33.9	26.6	26.2	21.2	3.2	3.0	718

5.5 Availability of Child Health Services

Table 5.10 describes the proportion of facilities that provide various types of child health services. About 90 percent of all the surveyed facilities provided at least some child health services with little difference between public and private sectors (Table 2.5). Well-child services (immunization and growth monitoring) are provided in more than six in ten facilities (Figure 5.2). Seventy percent of facilities provided ORS packets and 55 percent provided vitamin A capsules. However, only a little more than one-third of Bangladeshi facilities provided all components of child health services. In comparison to UHCs, child health services were less available in UHFWCs and RDs.

Table 5.10 Availability of child health services, by background characteristics, Bangladesh Service Provision Assessment Survey, 1990-2000

Background characteristics	Percentage of facilities offering					Number of facilities
	Child immunization	ORS packets	Growth monitoring	Vitamin A capsules	All child health services	
Type of facility						
Upazila health complex (UHC)	92.7	92.2	79.1	80.1	68.4	254
Union health and family welfare center (UHFWC)/ rural dispensary (RD)	44.9	35.7	69.8	24.4	7.3	296
NGO health facility	54.8	89.5	62.7	65.1	32.9	262
Division						
Barisal	67.1	71.2	79.2	61.2	46.0	49
Chittagong	65.2	72.4	72.5	59.0	39.8	167
Dhaka	55.1	66.3	66.4	44.7	25.0	216
Khulna	65.8	64.9	79.2	52.7	41.2	82
Rajshahi	64.9	76.2	67.5	60.0	35.2	250
Sylhet	73.2	66.0	72.3	57.9	35.0	47
All facilities	63.1	70.7	70.4	54.9	34.7	812



5.6 Child Health Outreach Services

As part of the health service delivery system in Bangladesh, health providers are expected to extend basic health services as close to the community as possible through outreach services. Eighty-five percent of facilities had some type of child health outreach program in the six months prior to the BSPA survey (Table 5.11). Among facilities that had outreach programs, organizing National Immunization Days (76 percent) was the most common outreach activity, followed by Vitamin A Week (64 percent). More than 40 percent of facilities offering outreach services organized EPI and ORS weeks for the outreach activity.

Table 5.11 Availability of outreach child health services, by background characteristics, Bangladesh Service Provision Assessment Survey, 1999-2000

Background characteristics	Percentage of facilities offering outreach program	Number of facilities	Among facilities offering outreach programs				Number facilities with outreach program	
			Median times per month offering program	Percentage that organized				
				EPI/satellite clinic	National Immunization Day	Vitamin A Week	ORS Campaign Week	
Type of facility								
Upazila health complex (UHC)	99.6	254	15.7	82.9	89.1	84.1	71.7	253
Union health and family welfare center (UHFWC)/rural dispensary (RD)	80.7	296	8.4	20.8	67.7	47.3	14.3	239
NGO health facility	76.8	262	18.6	36.0	67.8	57.3	34.1	201
Division								
Barisal	88.2	49	9.0	67.7	68.2	71.6	52.6	43
Chittagong	88.6	167	8.8	46.3	84.6	72.5	39.9	148
Dhaka	85.5	216	9.0	43.5	72.9	58.3	40.0	185
Khulna	90.9	82	9.2	47.3	76.8	65.3	49.0	75
Rajshahi	78.3	250	16.3	51.7	77.0	63.3	38.8	196
Sylhet	98.2	47	8.7	37.2	55.3	47.7	34.5	47
All facilities	85.3	812	9.0	47.9	75.5	63.6	41.0	693

5.7 Availability of Basic Child Health Medicines

Adequate and regular supply of basic medicines, equipment, and supplies are necessary for effective and efficient child health service delivery. According to WHO and UNICEF (2001), the essential drugs for the treatment of childhood diseases are the following: first-line drug for pneumonia (co-trimoxazole), drug for dysentery (nalidexic acid), oral rehydration salts (ORS), iron tablets (ferrous sulphate), antipyretic (paracetamol), and second line of antibiotic drug (amoxicillin and ampicilin).

Table 5.12 shows the percentage of facilities that had each drug available at the time of the BSPA interview and, among facilities that had the drug available at the time of interview, the percentage that had experienced a stock-out of the drug at some point during the six-month period before the interview. Except for drugs for dysentery and ORS, about 80 percent of facilities had all essential oral drugs available. About one-quarter of facilities experienced stock-outs of the first-line drug for pneumonia, antipyretic drugs, and the second-line antibiotic.

Table 5.13 looks at the extent to which the availability of the essential drugs varied according to facilities characteristics. There are large differences in the availability of essential drugs between government and nongovernment health centers. About 22 percent of UHCs had all the essential drugs available (the figure for UHFWCs is only 1 percent), compared with 45 percent of NGO health centers.

Drug	Among facilities providing child health services, percentage with drug available at the time of interview	Among facilities with drug available, percentage experiencing a stock-out during the six months before the interview
Co-trimoxazole	88.3	24.8
Nalidexic acid tablet	24.6	10.3
Oral rehydration salts	66.6	13.8
Iron (ferrous sulphate) tablet	84.6	6.6
Antipyretic drugs (paracetamol)	85.8	24.2
Amoxicillin capsule	76.9	28.1
Ampicilin	35.4	21.9

Background characteristics	Percentage with all essential drugs ¹ available	Number of facilities
Type of facility		
Upazila health complex (UHC)	21.5	254
Union health and family welfare center UHFWC)/ rural dispensary (RD)	1.3	296
NGO health facility	44.9	262
Division		
Barisal	8.7	49
Chittagong	18.8	167
Dhaka	25.1	216
Khulna	14.5	82
Rajshahi	24.9	250
Sylhet	24.6	47
All facilities	21.7	812

¹ Essential drugs include co-trimoxazole, nalidexic acid tablet, oral rehydration salts, iron (ferrous sulphate) tablet, antipyretic drugs (paracetamol), amoxicillin capsule, and ampicillin

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APPENDIX A BANGLADESH SAMPLING MAPS

Figure A1 Urban and rural sample clusters used for the 1999-2000 Bangladesh Demographic and Health Survey (BDHS) and the Bangladesh Service Provision Assessment Survey (BSPA)

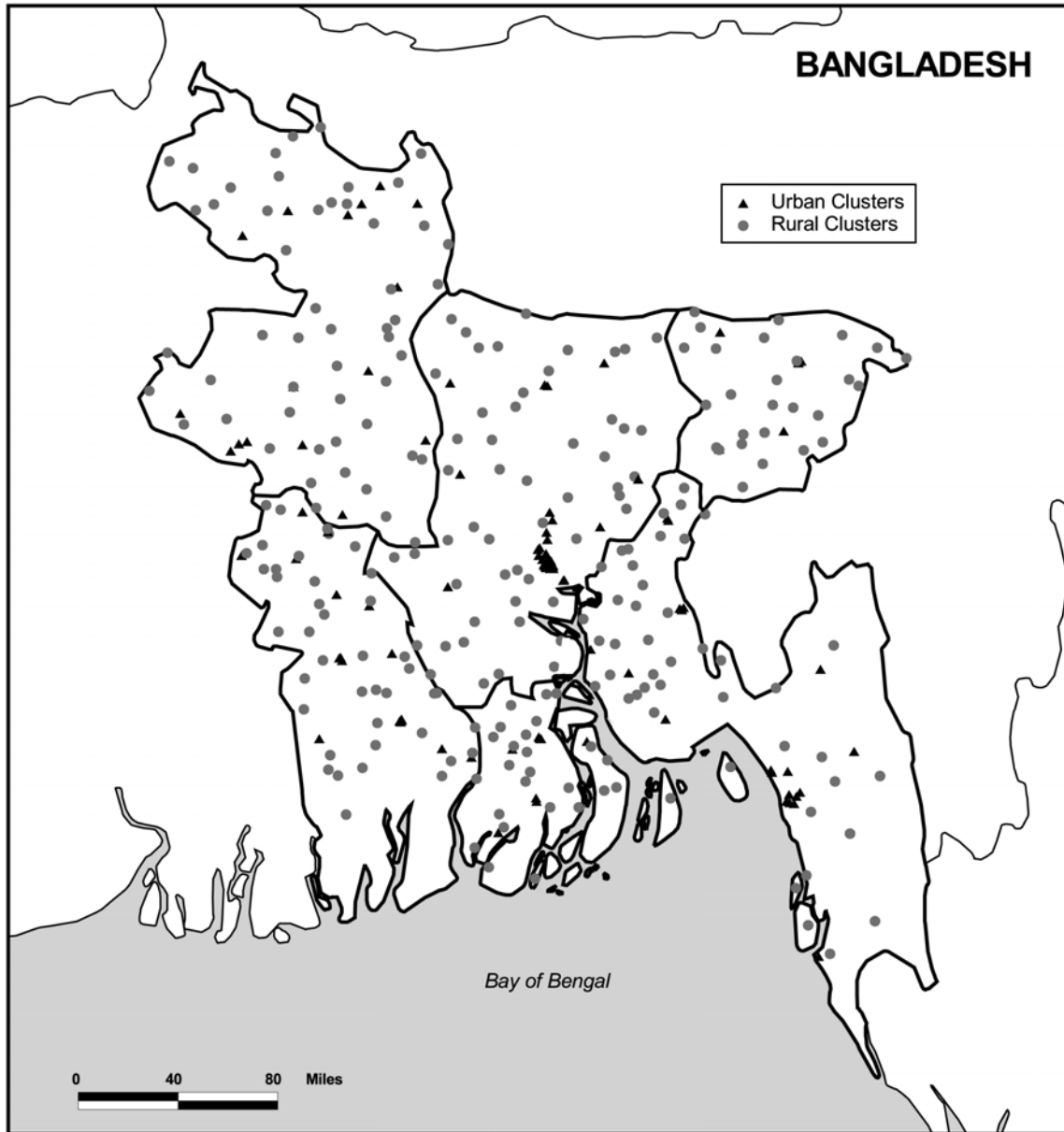


Figure A2 Upazilas surveyed in the BDHS and BSPA

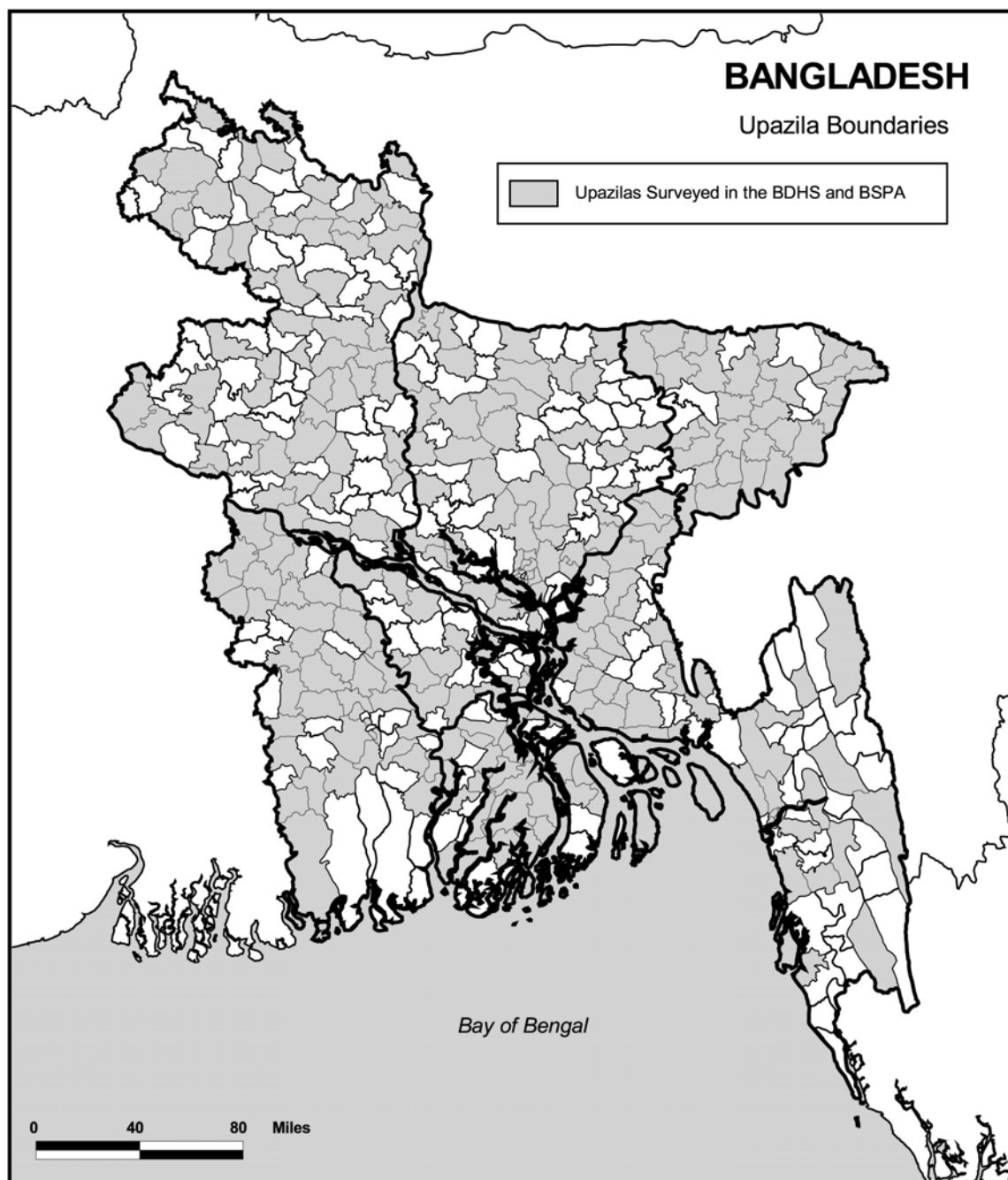
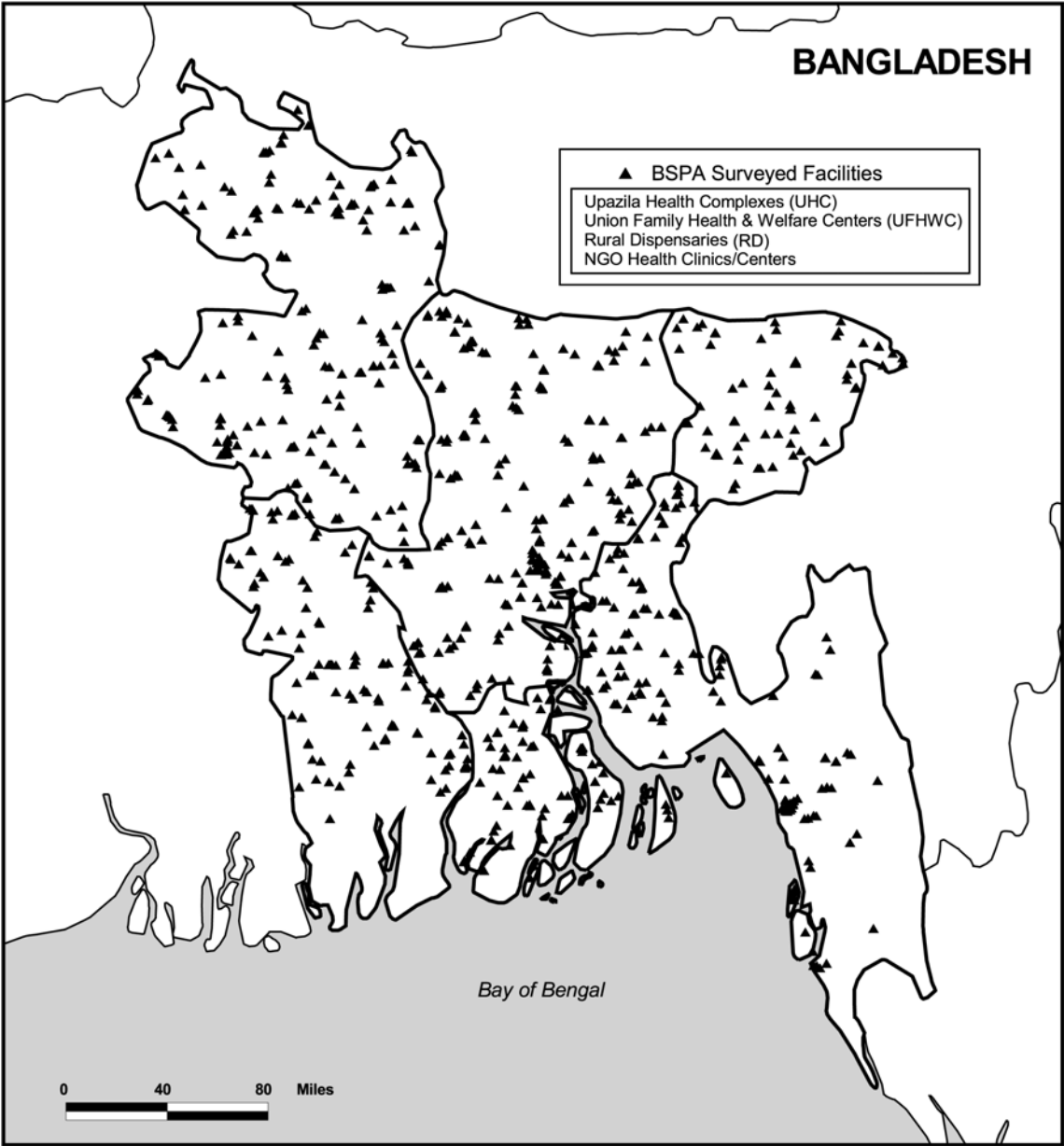


Figure A3 Facilities surveyed in the Bangladesh Service Provision Assessment Survey (BSPA)



APPENDIX B BACKGROUND TABLES

Type of facility	Urban	Rural	Total
Upazila health complex	40	214	254
UHFWC/RD	31	265	296
NGO health facility	120	142	262 ^a
All facilities	191	621	812

^a Of 262 NGO facilities, only one is a private facility. About 18 percent of NGO facilities are from the Bangladesh Rural Advancement Committee (BRAC) and the Urban Family Health Program (UFHP).

Type of facility	Position of person interviewed for the facility questionnaire					Total
	Manager/facility administrator	Doctor	Professional nurse/midwife	Auxiliary nurse	Other	
UHC	205	47	-	-	2	254
<i>Percentage</i>	<i>81</i>	<i>19</i>			<i>1</i>	<i>100</i>
UHFWC/RD	135	105	33	3	20	296
<i>Percentage</i>	<i>45</i>	<i>36</i>	<i>11</i>	<i>1</i>	<i>7</i>	<i>100</i>
NGO health facility	177	44	17	6	18	262
<i>Percentage</i>	<i>68</i>	<i>17</i>	<i>6</i>	<i>2</i>	<i>7</i>	<i>100</i>
Total	517	196	50	9	40	812
<i>Percentage</i>	<i>64</i>	<i>24</i>	<i>6</i>	<i>1</i>	<i>5</i>	<i>100</i>

Note: Figures in italics are percentages.

Type of facility	Providers			Total
	FWV	SACMO	NGO personnel	
UHC	22			22 ^a
UHFWC/RD	446	178		624
NGO health facility			247	247
Other facility or affiliation missing	10		6	16
Total	478	178	253	909

^a Since the survey only selected FWVs, SACMOs, and NGO personnel to be interviewed as providers, there were not many providers in UHCs.

Type of facility	Type of outreach activities			
	EPI	Satellite clinic	NID (National Immunization Day)	Vitamin A Week
UHC	83	59	86	80
UHFWC/RD	19	56	53	37
NGO health facility	25	55	56	48

APPENDIX C

PERSONS INVOLVED IN THE 1999-2000 BANGLADESH SERVICE PROVISION ASSESSMENT SURVEY

COUNTRY COORDINATOR

Dr. Ahmed Al-Sabir

ASSOCIATE COORDINATORS

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Ms. Shahin Sultana

PROJECT DIRECTOR

Mr. S.N. Mitra

DEPUTY PROJECT DIRECTORS

Mr. Shahidul Islam

ASSISTANT PROJECT DIRECTORS

Mr. A.B. Siddique Mozumder

Mr. Jahangir Hossain Sharif

PROJECT MANAGERS

Mr. N.C. Barman

Mr. Marful Alam

Ms. Sayera Banu

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Dr. Ann Way, Deputy Director

Ms. Anne Cross, Regional Coordinator

Dr. Alfredo Aliaga, Sr. Statistician

Mr. Keith Purvis, Data Processing Specialist

Livia Montana, GPS Specialist

Dr. Nancy Fronczak, SPA Specialist

Dr. Sidney Moore, Editor

Ms. Kaye Mitchell, Document Production Specialist

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Mr. Abdul Quiyume
Mr. Sanjoy Chandra Bhowmik

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Mr. Abdus Salam Mia
Mr. Manzur Rahman
Mr. Jahangir Foyes
Mr. Lutful Bari
Mr. Monirul Karim

Mr. Abdul Kadir Khan
Mr. Mohidul Islam
Mr. Ariful Hoque
Mr. Mostafa Hossain
Mr. Moksadul Hoque Khan
Mr. Aminul Hoque

INTERVIEWERS FOR THE SERVICE PROVISION ASSESSMENT SURVEY

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Mr. Abu Yusuf Mozumder
Mr. Abul Basar
Mr. Mahmuder Rahman Sarker
Mr. Golam Kabir
Mr. Ziaul Hoque
Mr. Iqbal Hossain
Mr. Nazmul Haque
Mr. Biplob Bandhu Roy
Mr. Hamidul Islam
Mr. Yeasir Arafat
Mr. Ayub
Mr. Zamil Ashraf

Mr. Rezaul Azad Bhuiyan
Mr. Ashfarul Islam Khan
Mr. H.M. Mahmudul Islam
Mr. S.K. Abdullah-Al-Mamun
Mr. Prodip Biswas
Mr. Aktaruzzaman Bhuiyan
Mr. Abdul Wahab Khan
Mr. Abdur Rahman
Mr. Shafiqul Islam Khan
Mr. Uzzal Kanti Dash
Mr. Saleh Md. Sharif
Mr. Chowdhury Abdur Rahman

COMPUTER PROGRAMMERS

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Mr. Haradhan Sen

DATA ENTRY OPERATORS

Mr. Suyeb Hossan
Mr. Eskandar Ali
Mr. Chandan Kumer Sen

Mr. Khyrul Islam Bhuiyan
Mr. Ovizit Kumer Roy
Mr. Syed Anwar Hossain

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Mr. Bimal Chandra Datta, Accounts Officer
Mr. Akram Hossain, Accounts Officer
Mr. Jaynal Abedin, Typist

Mr. Shah Alam, Typist
Mr. Chunnu Mia, Messenger
Mr. Jahangir Alam, Messenger
Mr. Nurun Nabbi, Driver

APPENDIX D
QUESTIONNAIRES

**Bangladesh Service Provision Assessment Survey 1999-2000
Health Facility Module**

Village/Mahalla Questionnaire																					
DIVISION _____ DISTRICT _____ THANA _____ UNION/WARD _____ VILLAGE/MAHALLA/BLOCK _____ CLUSTER NUMBER _____ DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
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1. Community Information

AFTER ASSEMBLING THE INFORMANTS, READ THE FOLLOWING GREETING:

Hello. We are carrying out a survey of health facilities and communities to get a picture of services available to the communities and to understand when and why people use health services. We would like to ask you some questions about your community and about sources of health care in it and around it as a way of better understanding how to serve the population. Please be assured that this discussion is strictly confidential and you may choose to stop the interview at any time. May I continue?

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
100	PERMISSION RECEIVED TO CONTINUE?	YES 1 NO 2	→Stop
101	How far is the Thana Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
102	Which is the most common type of transportation, i.e., that which most of the people use to go to the Thana Headquarters?	CAR/BUS/TEMPO 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH..... 07 RICKSHAW/RICKSHAW VAN 08 TRAIN 09 OTHER 96 (SPECIFY)	
103	How long does it take to go to the Thana Headquarters using the transportation (MENTIONED IN Q 102)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/>	
104	How far is the District Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
105	Which is the most common type of transportation, i.e., that which most of the people use to go to the District Headquarters?	CAR/BUS/TEMPO 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH..... 07 RICKSHAW/RICKSHAW VAN 08 TRAIN 09 OTHER 96 (SPECIFY)	
106	How long does it take to go to the District Headquarters using the transportation (MENTIONED IN Q 105)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
107	What is the main access route to this village?	ALL-WEATHER ROAD 1 SEASONAL ROAD 2 WATERWAY 3 PATH 4 OTHER 6 (SPECIFY)	
108	What are the main economic activities in this area/village? (CIRCLE ALL MENTIONED)	AGRICULTURE 01 LIVESTOCK 02 FISHING 03 COMMERCE 04 MANUFACTURING 05 LABOR 06 OTHER 96 (SPECIFY)	
109	How far is the nearest daily market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
110	How far is the nearest weekly market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
111a	Is there any telephone service in this area?	YES 1 NO 2	→ 112
111b	How far is the nearest telephone service (government or private) from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
112	Is electricity available here?	YES 1 NO 2	
113	What is the primary source of water for the majority of people in this village?	PIPED 01 PUBLIC TAP 02 WELL 03 TUBE WELL 04 RIVER/STREAM/LAKE 05 RAINWATER 06 OTHER 96	→116 →116 →116 →116 →116
114	As you may know, some parts of Bangladesh have a problem of arsenic in the water, which can cause serious health problems for residents who drink that water. The Ministry of Health has been testing some wells/tube wells to see whether they have safe water. Do you know whether the wells/tube wells in this village have been tested?	YES 1 NO 2	→116
115	Is there a red marker or a green marker on this well?	ALL RED MARK 1 ALL GREEN MARK 2 SOME RED AND SOME GREEN MARK 3 NO MARK 4	
116	In this village/mahalla, are there any mothers clubs or ladies associations?	YES 1 NO 2	
117	In this village/mahalla, is there a Grameen Bank member?	YES 1 NO 2	
118	In this village/mahalla, are there any cottage industries of BSIC?	YES 1	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
		NO 2	
119	In this village/mahalla, is there any cooperative society?	YES 1 NO 2	
120	In this village/mahalla, are there any NGOs with income-generating activities?	YES 1 NO 2	
121	In this village/mahalla, is there a television for the community?	YES 1 NO 2	
122	Please tell me whether the following things are in this village/mahalla. IF YES, WRITE "00." IF NO, ASK: How far is it? IF DO NOT KNOW, PUT "98."	<p style="text-align: center;">MILE KILOMETER</p> MADRASHA..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BOYS PRIMARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GIRLS PRIMARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PRIMARY (CED) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BOYS HIGH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GIRLS HIGH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HIGH (CO-ED) .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POST OFFICE .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CINEMA HALL .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
123	Is there anyone in the village/mahalla who sells family planning methods from his or her house?	YES 1 NO 2	
124	Is there any shop in this village/mahalla that sells family planning methods?	YES 1 NO 2	
125	In some places, there is a clinic that is set up temporarily in someone's house or at a school on certain days to provide health and family planning services to mothers and children. It is called a satellite clinic. Was there a clinic like this held in this village/mahalla in the last 6 months?	YES 1 NO 2 DOES NOT KNOW 8	→127
126	Was there a clinic like this held near this village/mahalla in the last 6 months? IF YES: How far away is the place where they had the clinic?	YES 1 NO 2 DOES NOT KNOW 8 MILES <input type="text"/> <input type="text"/> KM <input type="text"/> <input type="text"/>	→ 128

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																									
127	<p>Does this outreach program/satellite clinic provide:</p> <p>A. Family planning education/counseling?</p> <p>B. Family planning services? if YES—</p> <p>C. Pill?</p> <p>D. IUD insertion?</p> <p>E. Injections?</p> <p>F. Condoms?</p> <p>G. Menstrual regulation?</p> <p>H. Antenatal care?</p> <p>I. Delivery care?</p> <p>J. Postpartum care?</p> <p>K. Child immunization?</p> <p>L. Growth monitoring?</p> <p>M. Treatment of sick children?</p> <p>N. Oral rehydration therapy?</p> <p>O. Health education?</p> <p>P. Vitamin A?</p> <p>Q. National Immunization Day (NID)?</p> <p>R. Other _____ ? (Specify)</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>FP EDUCATION/COUNSELING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING SERVICES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PILL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IUD INSERTION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INJECTIONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MENSTRUAL REGULATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANTENATAL CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DELIVERY CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTPARTUM CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHILD IMMUNIZATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GROWTH MONITORING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TREATMENT OF SICK CHILD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ORAL REHYDRATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH EDUCATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VITAMIN A</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NID</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	FP EDUCATION/COUNSELING ...	1	2	FAMILY PLANNING SERVICES ...	1	2	PILL	1	2	IUD INSERTION	1	2	INJECTIONS	1	2	CONDOMS	1	2	MENSTRUAL REGULATION	1	2	ANTENATAL CARE	1	2	DELIVERY CARE	1	2	POSTPARTUM CARE	1	2	CHILD IMMUNIZATION	1	2	GROWTH MONITORING	1	2	TREATMENT OF SICK CHILD	1	2	ORAL REHYDRATION	1	2	HEALTH EDUCATION	1	2	VITAMIN A	1	2	NID	1	2	OTHER	1	2	<p>→ 127H</p>
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3. List of the Health and Family Planning Workers. Please provide us with the names of all fieldworkers working in this cluster/village.

Title and Name of the fieldworker	301. By what name is he/she known?	302. Does he/she live in this locality?	303. Where does he/she live?	304. What service does he/she provide?	CODE FOR ELIGIBILITY FOR THE INTERVIEW. THE FIRST THREE BOXES ARE THE CLUSTER NUMBER. THE NEXT TWO BOXES ARE THE HEALTH WORKER CODE. THE NEXT BOX IS THE NUMBER OF THE WORKER OR "8" OR "9" FOR DON'T KNOW OR MISSING. "2" IN THE LAST BOX IS THE CODE FOR THE HEALTH WORKER.							
01. Is there a government FWV in this union? YES..... 1 NAME: _____ NO2 → NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING2 BOTH3 DON'T KNOW 8	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> </tr> </table>				0	1	1	2
			0	1	1	2						
02. Is there a government medical assistant (SACMO/MA) in this union? YES..... 1 NAME: _____ NO2 → NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING2 BOTH3 DON'T KNOW 8	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> </tr> </table>				0	2	1	2
			0	2	1	2						
03. Is there a government family planning worker in this village/mahalla? YES..... 1 NAME: _____ NO2 → NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING2 BOTH3 DON'T KNOW 8	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> </tr> </table>				0	3	1	2
			0	3	1	2						

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04. Is there a government health assistant in this village/mahalla? YES..... 1 NAME: _____ NO2 → NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH 1 FAMILY PLANNING 2 BOTH 3 DON'T KNOW 8	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> </tr> </table>				0	4	1	2
			0	4	1	2						
05. Is there a nongovernment health/family planning worker in this village/mahalla? YES..... 1 NAME: _____ NO2 → NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH 1 FAMILY PLANNING 2 BOTH 3 DON'T KNOW 8	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> </tr> </table>				0	5	1	2
			0	5	1	2						
05. Is there any other nongovernment health/family planning worker in this village/mahalla? YES..... 1 NAME: _____ NO2 → 401	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH 1 FAMILY PLANNING 2 BOTH 3 DON'T KNOW 8	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">2</td> </tr> </table>				0	5	2	2
			0	5	2	2						

CODE

*Bangladesh Service Provision Assessment Survey 1999-2000
Health Facility Module*

Facility Questionnaire

IDENTIFICATION

DIVISION _____	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																												
DISTRICT _____																													
THANA _____																													
UNION/WARD _____																													
VILLAGE/MOHALLA/BLOCK _____																													
CLUSTER NUMBER																													
DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4																													
TYPE OF FACILITY: (THC = 03, MCH [AT THC]/FWC = 04, RURAL DISPENSARY = 05, NGO HEALTH CENTER/CLINIC = 06).....	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																												

GPS READING:	Degrees	Minutes	Thousandths
	LATITUDE.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Degrees	Minutes	Thousandths
LONGITUDE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

WAYPOINT	<input type="text"/> <input type="text"/> <input type="text"/>
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DATE OF VISIT _____	DAY	<input type="text"/> <input type="text"/>
	MONTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	YEAR.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESULTS OF THE INTERVIEW: (COMPLETED = 1, INCOMPLETE = 2, OTHER [SPECIFY] = 6)	RESULT	<input type="text"/>
NAME OF INTERVIEWER _____	INTERVIEWER CODE	<input type="text"/> <input type="text"/>

POSITION OF PERSON INTERVIEWED: (1 = MANAGER/FACILITY ADMINISTRATOR, 2 = PHYSICIAN, 3 = PROFESSIONAL NURSE/MIDWIFE, 4 = AUXILIARY NURSE, 5 = OTHER)	INTERVIEWEE NAME _____ AND CODE	<input type="text"/>
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BEGINNING TIME	HOUR.....	<input type="text"/> <input type="text"/>
	MINUTES.....	<input type="text"/> <input type="text"/>

Section 1. General Information

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																
101	Under what authority does this facility operate?	GOVERNMENT 1 NGO 2 QUASI-GOVERNMENT 3 PRIVATE/COMPANY 4 RELIGIOUS 5 OTHER 6 (SPECIFY) DON'T KNOW 8																																																	
102	How long has this facility been functioning?	YEARS..... <input type="text"/> <input type="text"/>																																																	
103	How many days per week is this facility open for outpatients? (Outpatients are people seen for preventive care and sick people who go home the same day.)	DAYS..... <input type="text"/>																																																	
104	At what time does this facility normally open to see outpatients?	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																	
105	At what time does this facility normally stop seeing outpatients?	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																	
106	Does this facility offer family planning services?	YES 1 NO 2																																																	
107	How many regular staff of the following types does this facility have	<table border="1"> <thead> <tr> <th></th> <th>TOTAL</th> <th>HEALTH</th> <th>FP</th> </tr> </thead> <tbody> <tr><td>Doctor/medical officer</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>SACMO/medical assistant</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Medical aides</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Nurses</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Trained midwives</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Family welfare visitor (FWV)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Paramedics</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Counselor/service promoter</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Pharmacist/compounder</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Field worker</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other _____ (SPECIFY)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		TOTAL	HEALTH	FP	Doctor/medical officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	SACMO/medical assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical aides	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>	Trained midwives	<input type="text"/>	<input type="text"/>	<input type="text"/>	Family welfare visitor (FWV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Paramedics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Counselor/service promoter	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pharmacist/compounder	<input type="text"/>	<input type="text"/>	<input type="text"/>	Field worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other _____ (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Other _____ (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																
108	Does this facility have electricity?	YES 1 NO 2																																																	
109	What is the source of water for this facility?	TUBE WELL 1 TAP..... 2 NO 3																																																	
110	Is there a toilet in the compound/building that is being used?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>MALE TOILET 1</td><td></td><td>2</td></tr> <tr><td>FEMALE TOILET..... 1</td><td></td><td>2</td></tr> <tr><td>UNISEX TOILET..... 1</td><td></td><td>2</td></tr> </tbody> </table>		YES	NO	MALE TOILET 1		2	FEMALE TOILET..... 1		2	UNISEX TOILET..... 1		2																																					
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No.	QUESTIONS	CODING CLASSIFICATION	GO TO																								
111	Does this facility offer inpatient care or are patients ever observed overnight?	YES 1 NO 2	→113																								
112	How many total beds are available for inpatient care in this facility?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98																									
113	How many outpatients were seen at this facility last month? CHECK REGISTRAR AND WRITE THE NUMBER.	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																									
114	Does this facility provide basic laboratory testing?	YES 1 NO 2	⇒116																								
115	What types of tests are performed at this facility?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD (Routine test, TC/DC/ESR)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE (Routine test).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOOL (Routine test).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>X-RAY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COUGH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	BLOOD (Routine test, TC/DC/ESR)	1	2	URINE (Routine test).....	1	2	STOOL (Routine test).....	1	2	X-RAY.....	1	2	COUGH	1	2	OTHER	1	2	(SPECIFY)			
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OTHER	1	2																									
(SPECIFY)																											
116	In addition to services at the facility, does this facility have an outreach program in which facility staff visit villages on a regular basis to deliver services or organize satellite clinics?	YES 1 NO 2	⇒201																								
117	How often does this facility make outreach visits or implement satellite clinics?	NO. OF TIMES PER MONTH <input type="text"/> <input type="text"/> <input type="text"/>																									
118	What type of outreach program is it?	EPI..... A SATELLITE CLINIC..... B EPI AND SATELLITE CLINIC C NATIONAL IMMUNIZATION DAY (NID) ...D VITAMIN A WEEK E LEPROSY WEEK..... F ORS CAMPAIGN WEEK.....G																									
119	In the last six month, did you provide any outreach program/ satellite clinic in the VILLAGE? IF NOT: What is the name of the nearest village and distance from here?	THIS VILLAGE00 DISTANCE FROM THIS VILLAGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MILE KILOMETER																									

Section 2. Services Available and Service Statistics

Now I would like to ask you about services provided at this facility.

NOTE: 1A THROUGH 1H ARE NOT APPLICABLE FOR THANA HEALTH COMPLEX

SERVICES	201. Is this SERVICE available to clients at this facility?	202. How many days per week/month is it available?	203. Does this facility refer to other facilities for this SERVICE?
1. FAMILY PLANNING A. Pill	YES..... 1 NO 2⇒203A	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
B. Condom	YES..... 1 NO 2⇒203B	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
C. IUD	YES..... 1 NO 2⇒203C	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
D. Injectables	YES..... 1 NO 2⇒203D	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
E. Norplant	YES..... 1 NO 2⇒203E	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
F. Vasectomy	YES..... 1 NO 2⇒203F	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
G. Tubectomy	YES..... 1 NO 2⇒203G	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
H. Menstrual Regulation (MR)	YES..... 1 NO 2⇒203H	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
2. CHILD IMMUNIZATION	YES..... 1 NO 2⇒203(2)	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
3. ORAL REHYDRATION PACKETS	YES..... 1 NO 2⇒203(3)	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
4. VITAMIN A CAPSULE	YES..... 1 NO 2⇒203(4)	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
5. ANTENATAL CARE	YES..... 1 NO 2⇒203(5)	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
6. MATERNITY CARE/ DELIVERY SERVICE	YES..... 1 NO 2⇒203(6)	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2
7. POSTPARTUM CARE	YES..... 1 NO 2⇒203(7)	MO. <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> NEXT	YES.....1 NO.....2

SERVICES	201. Is this SERVICE available to clients at this facility?	202. How many days per week/month is it available?	203. Does this facility refer to other facilities for this SERVICE?
8. GROWTH MONITORING	YES 1 NO 2 → 203(8)	MO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEXT	YES 1 NO 2
9. TETANUS INJECTION	YES 1 NO 2 → 203(9)	MO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEXT	YES 1 NO 2
10. GENERAL HEALTH SERVICES	YES 1 NO 2 → 203(10)	MO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEXT	YES 1 NO 2
11. LEPROSY	YES 1 NO 2 → 203(11)	MO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEXT	YES 1 NO 2
12. TUBERCULOSIS	YES 1 NO 2 → 203(12)	MO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEXT	YES 1 NO 2
13. HEALTH EDUCATION	YES 1 NO 2 → NEXT	MO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEXT	
14. OTHER (SPECIFY)	YES 1 NO 2 → 204	MO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEXT	

MATERNAL SERVICES AVAILABLE IN THE FACILITY:

Now I would like to ask you about the services available in this facility. ASK Q 204 FOR EACH SERVICE AND IF IT IS AVAILABLE, ASK Q 205. IF UNAVAILABLE, ASK ABOUT THE NEXT SERVICE.

SERVICE	204. Does the facility provide this SERVICE?	205. Is this SERVICE available 24 hours per day?
a) Treatment of postpartum hemorrhage/excessive bleeding	YES 1 NO 2 → 204b	YES 1 NO 2
b) Treatment of hypertension	YES 1 NO 2 → 204c	YES 1 NO 2
c) Treatment of pre-eclampsia/eclampsia	YES 1 NO 2 → 204d	YES 1 NO 2
d) Treatment of puerperal sepsis	YES 1 NO 2 → 204e	YES 1 NO 2
e) Removal of retained placenta	YES 1 NO 2 → 204f	YES 1 NO 2
f) Vacuum delivery	YES 1 NO 2 → 204g	YES 1 NO 2
g) Assisted vaginal delivery for prolonged labor	YES 1 NO 2 → 204h	YES 1 NO 2
h) Resuscitation of a newborn	YES 1 NO 2 → 204i	YES 1 NO 2
i) Cesarean section	YES 1 NO 2 → 301	YES 1 NO 2

Section 3. Availability of Supplies and Equipment

A. MEDICATION AVAILABLE IN THE FACILITY: Now I would like to ask you about the medications available in this facility. When we are finished, I will need to see your stock of the medications that we discuss.				
ASK NO. 301 FOR EACH MEDICATION AND IF IT IS NOT AVAILABLE, SKIP TO THE NEXT MEDICATION.				
MEDICATION	301a. Do you provide this MEDICATION here?	301b. Do you have this MEDICATION now?	302. At any time in the last 6 months did this facility run out of this MEDICATION?	303. MEDICATION SEEN (WITH EXPIRATION DATE)/ NOT SEEN
1. Metronidazole tab.	YES 1 NO 2 → 2	YES 1 NO 2 → 2	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
2. Paracetamol tab.	YES 1 NO 2 → 3	YES 1 NO 2 → 3	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
3. Butapen tab.	YES 1 NO 2 → 4	YES 1 NO 2 → 4	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
4. Coitrimoxazole tab.	YES 1 NO 2 → 5	YES 1 NO 2 → 5	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
5. Nalidexic acid tab.	YES 1 NO 2 → 6	YES 1 NO 2 → 6	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
6. Selaxid tab.	YES 1 NO 2 → 7	YES 1 NO 2 → 7	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
7. Co-trimoxazole syrup	YES 1 NO 2 → 8	YES 1 NO 2 → 8	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
8. Histacin tab.	YES 1 NO 2 → 9	YES 1 NO 2 → 9	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
9. Antacid tab.	YES 1 NO 2 → 10	YES 1 NO 2 → 10	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
10. Ferrous sulphate tab.	YES 1 NO 2 → 11	YES 1 NO 2 → 11	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
11. Erythromycin tab	YES 1 NO 2 → 12	YES 1 NO 2 → 12	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
12. Isoniazid tab.	YES 1 NO 2 → 13	YES 1 NO 2 → 13	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
13. Thiocetazone tab.	YES 1 NO 2 → 14	YES 1 NO 2 → 14	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
14. Ethambutol tab.	YES 1 NO 2 → 15	YES 1 NO 2 → 15	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3

MEDICATION	301a. Do you provide this MEDICATION here?	301b. Do you have this MEDICATION now?	302. At any time in the last 6 months did this facility run out of this MEDICATION?	303. MEDICATION SEEN (WITH EXPIRATION DATE)/ NOT SEEN
15. Pyrazinamid tab.	YES 1 NO..... 2→16	YES 1 NO 2→16	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
16. Rifampicin tab.	YES 1 NO..... 2→17	YES 1 NO 2→17	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
17. Ampicillin capsule	YES 1 NO..... 2→18	YES 1 NO 2→18	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
18. Cloxacillin cap.	YES 1 NO..... 2→19	YES 1 NO 2→19	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
19. Tetracycline cap.	YES 1 NO..... 2→20	YES 1 NO 2→20	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
20. Amoxycillin cap.	YES 1 NO..... 2→21	YES 1 NO 2→21	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
21. Ciprofloxacin cap.	YES 1 NO..... 2→22	YES 1 NO 2→22	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
22. Doxycycline cap.	YES 1 NO..... 2→23	YES 1 NO 2→23	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
23. Diazepam inj.	YES 1 NO..... 2→24	YES 1 NO 2→24	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
24. Pathedin inj.	YES 1 NO..... 2→25	YES 1 NO 2→25	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
25. Largactil inj.	YES 1 NO..... 2→26	YES 1 NO 2→26	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
26. Phenergan inj.	YES 1 NO..... 2→27	YES 1 NO 2→27	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
27. Syntocenon inj.	YES 1 NO..... 2→28	YES 1 NO 2→28	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
28. Ergometrin inj.	YES 1 NO..... 2→29	YES 1 NO 2→29	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
29. Cloxacillin inj.	YES 1 NO..... 2→30	YES 1 NO 2→30	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
30. Ampicillin inj.	YES 1 NO..... 2→31	YES 1 NO 2→31	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3

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31. Gentamycin inj.	YES 1 NO..... 2→32	YES 1 NO 2→32	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
32. Atropin inj.	YES 1 NO..... 2→33	YES 1 NO 2→33	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
33. Dexamethason inj.	YES 1 NO..... 2→34	YES 1 NO 2→34	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
34. Amoxycillin inj.	YES 1 NO..... 2→35	YES 1 NO 2→35	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
35. Metronidazole inj.	YES 1 NO..... 2→36	YES 1 NO 2→36	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
36. 25% glucose ampule inj.	YES 1 NO..... 2→37	YES 1 NO 2→37	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
37. Salbutamol syp.	YES 1 NO..... 2→38	YES 1 NO 2→38	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
38. Ampicillin syp.	YES 1 NO..... 2→39	YES 1 NO 2→39	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
39. Paracetamol syp.	YES 1 NO..... 2→40	YES 1 NO 2→40	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
40. Amoxycillin syp.	YES 1 NO..... 2→41	YES 1 NO 2→41	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
41. ORS	YES 1 NO..... 2→42	YES 1 NO 2→42	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
42. Whitefeild ointment	YES 1 NO..... 2→43	YES 1 NO 2→43	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
43. SS magsulph	YES 1 NO..... 2→44	YES 1 NO 2→44	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
44. IV fluid	YES 1 NO..... 2→45	YES 1 NO 2→45	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
45. Benzyl benzoate lotion	YES 1 NO..... 2→46	YES 1 NO 2→46	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3

MEDICATION	301a. Do you provide this MEDICATION here?	301b. Do you have this MEDICATION now?	302. At any time in the last 6 months did this facility run out of this MEDICATION?	303. MEDICATION SEEN (WITH EXPIRATION DATE)/ NOT SEEN
46. 1% gentian violet	YES 1 NO..... 2→47	YES 1 NO 2→47	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
47. Savlon	YES 1 NO..... 2→48	YES 1 NO 2→48	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
48. Cloramphenicol eye/ear drop	YES 1 NO..... 2→49	YES 1 NO 2→49	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3
49. Sulbutamol inhaler	YES 1 NO..... 2→Q304	YES 1 NO 2→Q304	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN..... 3

B. FAMILY PLANNING METHODS AVAILABLE IN THE FACILITY:

Now I would like to ask you about the family planning methods available in this facility. When we are finished, I will need to see your stock of the methods that we discuss.

METHOD	304. Does this facility have this METHOD now? CHECK Q 201. IF NOT CIRCLED FOR YES, THEN CIRCLE "7."	305. Have you had a stock-out of this METHOD or been unable to provide this METHOD in the past 6 months?	306. How many days in the last 6 months have you been out of this METHOD or unable to provide this METHOD?	307. METHOD SEEN/NOT SEEN	308. Do you refer clients for this METHOD?
a) Pill	YES 1 NO... 2→308a NA....7→308a	YES.....1 NO 2→307a	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN..... 1 NOT SEEN 2 304b ←	YES.....1 NO.....2
b) Condoms	YES 1 NO... 2→308b NA....7→308b	YES.....1 NO 2→307b	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN..... 1 NOT SEEN 2 304c ←	YES.....1 NO.....2
c) IUD	YES 1 NO... 2→308c NA....7→308c	YES.....1 NO 2→307c	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN..... 1 NOT SEEN 2 304d ←	YES.....1 NO.....2
d) Injectables	YES 1 NO... 2→308d NA....7→308d	YES.....1 NO 2→307d	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN..... 1 NOT SEEN 2 304e ←	YES.....1 NO.....2
e) NORPLANT	YES 1 NO... 2→308e NA....7→308e	YES.....1 NO 2→307e	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN..... 1 NOT SEEN 2 304f ←	YES.....1 NO.....2
f) Tubectomy	YES 1 NO... 2→308f NA....7→308f	YES.....1 NO 2→304g	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		YES.....1 NO.....2
g) Vasectomy	YES 1 NO... 2→308g NA....7→308g	YES.....1 NO 2→304h	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		YES.....1 NO.....2
h) Safe Delivery	YES 1 NO... 2→308h NA....7→308h	YES.....1 NO 2→310	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		YES.....1 NO.....2

C. AVAILABILITY OF EQUIPMENT IN THE FACILITY:
 Now I would like to ask you about the equipment available in this facility.

EQUIPMENT	310. Is this EQUIPMENT available and operational?	311. Has the EQUIPMENT been broken at any time in the last 6 months?	312. May I see the EQUIPMENT?
1. Blood pressure instrument	YES1 NO 2 →2	YES1 NO2	SEEN1 NOT SEEN2
2. Height-weight machine	YES1 NO 2 →3	YES1 NO2	SEEN1 NOT SEEN2
3. Stethoscope	YES1 NO 2 →4	YES1 NO2	SEEN1 NOT SEEN2
4. Baby weighing scale	YES1 NO 2 →5	YES1 NO2	SEEN1 NOT SEEN2
5. Disposable needles	YES1 NO 2 →6	YES1 NO2	SEEN1 NOT SEEN2
6. Sterilizer/autoclave	YES1 NO 2 →7	YES1 NO2	SEEN1 NOT SEEN2
7. Vaccine carrier/cold chain	YES1 NO 2 →8	YES1 NO2	SEEN1 NOT SEEN2
8. Safe delivery kit	YES1 NO 2 →9	YES1 NO2	SEEN1 NOT SEEN2
9. MCH kit	YES1 NO 2 →10	YES1 NO2	SEEN1 NOT SEEN2
10. Tubectomy kit	YES1 NO 2 →11	YES1 NO2	SEEN1 NOT SEEN2
11. Vasectomy kit	YES1 NO 2 →END	YES1 NO2	SEEN1 NOT SEEN2

COMMENT:

END OF INTERVIEW TIME

HOUR.....

--	--

MINUTE.....

--	--

CODE

Bangladesh Service Provision Assessment Survey 1999-2000 Health Facility Module

FWV/SACMO/NGO Health Personnel Questionnaire

IDENTIFICATION

DIVISION _____ DISTRICT _____ THANA _____ UNION/WARD _____ VILLAGE/MOHALLA/BLOCK _____ CLUSTER NUMBER DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4 TYPE OF FACILITY: (THC = 03, MCH [AT THC]/FWC = 04, RURAL DISPENSARY = 05, NGO HEALTH CENTRE/CLINIC = 06)	
DATE OF VISIT _____	DAY MONTH YEAR
NAME OF HEALTH PERSONNEL _____ POSITION OF HEALTH PERSONNEL INTERVIEWED: (FWV = 01, SACMO = 02, FPO = 93, NGO MEDICAL PERSONNEL = 96) SEX OF HEALTH PERSONNEL (1 = FEMALE, 2 = MALE) RESULT OF THE INTERVIEW: (COMPLETED = 1; POSTPONED = 2, REFUSED = 3, NOT AVAILABLE = 4) NAME OF INTERVIEWER _____ INTERVIEWER CODE	
BEGINNING TIME	HOUR..... MINUTES

INTRODUCTION

We are carrying out a survey on maternal and child health services with the objective of supporting national efforts to improve these services. We are interested in knowing about your experiences in providing health services. We would like to ask you some questions about this subject. Please be assured that the information will be confidential and will never be linked back to you.

100	May I continue?	YES 1 NO 2 →STOP
-----	-----------------	---------------------------------

Section 1. Experience and Training in MCH/FP Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO																												
101	Which organization do you work for?	BANGLADESH GOVT./MOHFP..... 1 NONGOVT. AGENCY _____ 2 (NAME OF NGO)																													
102	How many years have you been working in this organization?	YEARS <input type="text"/> <input type="text"/> LESS THAN ONE YEAR 00 DON'T KNOW 98																													
106	Do you have any problems with shortage of methods or medicines you distribute? Such as: Family Planning Antibiotic ORS Immunization Vitamin A Other	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>FP METHOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ANTIBIOTIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ORS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMMUNIZATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VITAMIN A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> (SPECIFY)		YES	NO	NA	FP METHOD	1	2	8	ANTIBIOTIC	1	2	8	ORS	1	2	8	IMMUNIZATION	1	2	8	VITAMIN A	1	2	8	OTHER _____	1	2	8	
	YES	NO	NA																												
FP METHOD	1	2	8																												
ANTIBIOTIC	1	2	8																												
ORS	1	2	8																												
IMMUNIZATION	1	2	8																												
VITAMIN A	1	2	8																												
OTHER _____	1	2	8																												
107a	Did you receive any basic/primary training before you started working as a family planning/health worker?	YES..... 1 NO 2 DON'T KNOW..... 8																													
107b	(In addition to basic training), did you receive any other training, such as in-service training?	YES..... 1 NO 2	→110																												

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF YEAR IS LESS THAN A YEAR CODE "00"; DK = "98")
a. MR	YES..... 1 NO 2 →108b	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. EPI	YES..... 1 NO 2 →108c	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. ARI	YES..... 1 NO 2 →108d	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Diarrhea	YES..... 1 NO 2 →108e	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Logistic management training	YES..... 1 NO 2 →108f	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. HEALTH/FP MIS	YES..... 1 NO 2 →108g	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Low-dose oral pill	YES..... 1 NO 2 →108h	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. IUD insertion and FP injectable	YES..... 1 NO 2 →108i	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. MCH care	YES..... 1 NO 2 →108j	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF YEAR IS LESS THAN A YEAR CODE "00"; DK = "98")
j. Satellite clinic management	YES..... 1 NO 2 →108k	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. Nutrition and growth monitoring	YES..... 1 NO 2 →108l	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l. FP method distribution	YES..... 1 NO 2 →108m	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m. Essential Services Package (ESP)	YES..... 1 NO 2 →110	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SERVICES	110. Do you personally provide (SERVICE) to clients at this health center?
a. Antenatal care	YES.....1 NO.....2
b. Postnatal care	YES.....1 NO.....2
c. Care during delivery	YES.....1 NO.....2
d. Immunization	YES.....1 NO.....2
e. ARI management, diarrheal treatment	YES.....1 NO.....2
f. Vitamin A	YES.....1 NO.....2
g. Family planning counseling	YES.....1 NO.....2
h. Family planning services	YES.....1 NO.....2
i. Health education	YES.....1 NO.....2
j. Other _____ (PLEASE SPECIFY)	YES.....1 NO.....2

111. Do you know any pregnancy complications that need medical attention?	
CIRCLE CODE "1" FOR EACH COMPLICATION MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN AND READ THE DESCRIPTION OF EACH COMPLICATION NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE "2" IF THE COMPLICATION IS RECOGNIZED AND CODE "3" IF NOT RECOGNIZED.	
A. Anemia	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
B. Severe headache/blurry vision	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
C. Swollen arms and legs	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
D. Abdominal pain	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
E. Vaginal bleeding	YES (SPONTANEOUS)1 YES (PROBED)2 NO3

No.	QUESTIONS AND FILTERS	CODING CLASSIFICATION	GO TO
112	<p>What symptoms and warning signs during pregnancy, delivery, and after delivery would prompt you to refer a woman to a treatment facility?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>PREVIOUS BAD OBSTETRIC HISTORY/ ABDOMINAL SCARS/PREVIOUS STILLBIRTHA HYPERTENSION/HEADACHE/ SWELLING/FITSB ANEMIA/PALLOR/FATIGUE/ BREATHLESSNESSC CESSATION OF FETAL MOVEMENT/ BABYDOES NOT MOVED ABNORMAL LIE/POSITION OF FETUS SEPSIS/FOUL-SMELLING DISCHARGE/ POSTPARTUM BDOMINAL PAINF LIGHT BLEEDING/SPOTTINGG HEMORRHAGE/HEAVY BLEEDINGH MULTIPLE PREGNANCY/LARGE ABDOMENI OBSTRUCTED/PROLONGED LABORJ NOTHINGY DON'T KNOWZ OTHER _____ X</p> <p>(SPECIFY)</p>	

Section 2. Family Planning

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	CHECK 110g/110h. IF "YES", CIRCLE "1", OTHERWISE, CIRCLE "2".	YES 1 NO 2	→301
202	During the last three months, have you offered clients any family planning method? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J OTHER X (SPECIFY) NONE Y	
203	What methods would you recommend for women who want to delay or space births? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J OTHER X (SPECIFY) NONE Y	
204	What methods would you recommend for women who do not want any more children? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J OTHER X (SPECIFY) NONE Y	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	<p>When someone tells you he/she is interested in using family planning, what questions would you ask her to determine which method would be appropriate?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>WHETHER HE/SHE IS NEWLY MARRIED A</p> <p>NO. OF CHILDREN HE/SHE HASB</p> <p>WHETHER HE/SHE WANTS MORE CHILDREN.....C</p> <p>METHOD HE/SHE PREFERS D</p> <p>WHETHER SHE IS BREASTFEEDING .E</p> <p>WHETHER SHE HAS IRREGULAR MENSTRUATION..... F</p> <p>WHETHER SHE HAS SEVERE HEADACHE..... G</p> <p>WHETHER SHE HAS DIFFICULTY BREATHING..... H</p> <p>OTHER_____ X</p> <p>(SPECIFY)</p>	
206	<p>When a new family planning client comes for a method, what information do you give her?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>DISCUSS ADVANTAGES..... A</p> <p>DISCUSS DISADVANTAGESB</p> <p>DISCUSS SIDE EFFECTSC</p> <p>DISCUSS MULTIPLE METHODS D</p> <p>DISCUSS HOW TO USEE</p> <p>SOURCE OF GETTING METHOD E</p> <p>OTHER_____ X</p> <p>(SPECIFY)</p>	
207A	<p>Is there a medical condition for which you should not recommend the pill?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE)..... A</p> <p>EPILEPSYB</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIAC</p> <p>BREAST LUMPS/CANCER D</p> <p>PIDE</p> <p>TUBERCULOSISF</p> <p>OTHER_____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	
207B	<p>Is there a medical condition for which you should not recommend IUD?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE)..... A</p> <p>EPILEPSYB</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIAC</p> <p>BREAST LUMPS/CANCER D</p> <p>PIDE</p> <p>TUBERCULOSISF</p> <p>ULCER IN UTERUS G</p> <p>IRREGULAR MENSTRUATION H</p> <p>ABDOMINAL PAINI</p> <p>OTHER_____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
207C	<p>Is there a medical condition for which you should not recommend injectables?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE)..... A</p> <p>EPILEPSYB</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, ANEMIA.....C</p> <p>BREAST LUMPS/CANCER D</p> <p>PIDE</p> <p>TUBERCULOSISF</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	

Section 3. RTI/STI Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	<p>In a woman, what signs and symptoms would lead you to think that she may have a sexually transmitted infection?</p> <p>PROBE: Any others?</p> <p>(RECORD ALL MENTIONED)</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL-SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREAF</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>INABILITY TO GIVE BIRTH K</p> <p>NO SYMPTOMS.....L</p> <p>OTHER..... W</p> <p>(SPECIFY)</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
302	<p>Have you had training in reproductive tract infections (RTIs)/sexually transmitted infections (STIs)?</p>	<p>YES1</p> <p>NO2</p>	

Section 4. Supervision and Demographics

To finish, I would like to ask you some questions about yourself.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
401	Do you have regular supervision of your job performance?	YES..... 1 NO..... 2	→406
402	Do you have a schedule for supervisory visits?	YES..... 1 NO..... 2	
403	How many times in the last 6 months have you had a visit from your supervisor?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
404	What did your supervisor do the last time he/she supervised you? PROBE: Anything else? (CIRCLE ALL MENTIONED)	DELIVERED SUPPLIES (FUEL, MEDICINE)..... A OBSERVED IMMUNIZATIONS B OBSERVED SICK CHILD MANAGEMENT..... C OBSERVED ANTENATAL CARE..... D OBSERVED FAMILY PLANNING..... E REVIEWED REPORTS F UPDATED HEALTH WORKER PROGRAM..... G DISCUSSED PROBLEMS H CHECKED REGISTER..... I SAW ACHIEVEMENT AND TARGET...J OTHER:..... X (SPECIFY) NO VISIT Y	→406
405	Do you think that supervisory visits are useful?	FULLY USEFUL..... 1 PARTIALLY USEFUL 2 NOT USEFUL 3	
406	How old were you on your last birthday?	AGE IN YEARS..... <input type="text"/> <input type="text"/>	
407	What is your religion?	MUSLIM 1 HINDU..... 2 BUDDHIST 3 CHRISTIAN 4 OTHER 6	
408	Are you currently married?	MARRIED 1 SINGLE/NEVER MARRIED..... 2 DIVORCED/SEPARATED 3 WIDOW/ER..... 4	→410
409	How many living children do you have? IF THERE ARE NO LIVING CHILDREN, RECORD "00."	LIVING SONS <input type="text"/> <input type="text"/> LIVING DAUGHTERS <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
410	CHECK Q 408: CURRENTLY MARRIED <input type="checkbox"/>	CURRENTLY NOT MARRIED <input type="checkbox"/>	413
411	Are you currently using a family planning method?	YES 1 NO 2	→413
412	Which method are you using?	FEMALE STERILIZATION01 MALE STERILIZATION02 PILL03 IUD04 INJECTION05 NORPLANT06 CONDOM07 MENSTRUAL REGULATION08 LAM09 NATURAL FAMILY PLANNING10 OTHER96 (SPECIFY)	
413	What are the most difficult problems that you face in doing your job? (CIRCLE ALL MENTIONED) PROBE: Anything else?	STAFF SHORTAGES A LACK OF SUPPLIES/ STOCK B LACK OF TRAINING FOR SELF C LACK OF SUPERVISION D LACK OF TIME TO DO WORK E PEOPLE DON'T USE FACILITY F LACK OF FEEDBACK ON PERFORMANCE G INADEQUATE TRANSPORT FOR PATIENTS H LACK OF MOTIVATION FOR STAFF ... I LACK OF MOTIVATION FOR PATIENTS J LACK OF COORDINATION K POOR WORKING ENVIRONMENT L NO TRAVELING ALLOWANCE M NO JOB SECURITY N STAFF UNDERPAID O INSUFFICIENT OFFICE SPACE P OTHER X (SPECIFY) NO PROBLEM Y	
COMMENTS:			
ENDING TIME		HOUR.....	<input type="text"/>
		MINUTES	<input type="text"/>

CODE

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Bangladesh Service Provision Assessment Survey 1999-2000 Health Facility Module

Fieldworker Interview Questionnaire

IDENTIFICATION

DIVISION _____ DISTRICT _____ THANA _____ UNION/WARD _____ VILLAGE/MAHALLA/BLOCK _____ CLUSTER NUMBER _____ DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4 _____	<table style="margin: auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
DATE OF VISIT _____	DAY <table style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTH <table style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>																																
NAME OF FIELDWORKER: _____ POSITION OF FIELDWORKER INTERVIEWED: GOVT. FP FIELDWORKER (FWA) = 03, HEALTH ASSISTANT (HA) = 04, NONGOV. FIELDWORKER = 05 SEX OF FIELDWORKER (1 = FEMALE, 2 = MALE) _____ RESULT OF THE INTERVIEW: (COMPLETED = 1, POSTPONED = 2, REFUSED = 3, NO WORKER AVAILABLE WITH THIS NAME = 4, NOT AT HOME = 5) NAME OF INTERVIEWER _____ INTERVIEWER CODE _____	<table style="margin: auto;"> <tr><td></td><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td><td></td></tr> </table>																																
BEGINNING TIME	HOUR <table style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MINUTES <table style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																

INTRODUCTION

We are carrying out a survey on maternal and child health services with the objective of supporting national efforts to improve these services. We are interested in knowing about your experiences in providing health services. I would like to ask you some questions about this subject. Please be assured that the information will be confidential and will never be linked back to you.

100	May I continue?	YES 1 NO 2	STOP
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Section 1. Experience and Training in MCH/FP Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO																												
101	Which organization do you work for?	BANGLADESH GOVT./MOHFP 1 NONGOVT. AGENCY _____ 2 (NAME OF NGO)																													
102	How many years have you been working as a fieldworker in this organization?	YEARS <input type="text"/> <input type="text"/> LESS THAN ONE YEAR 00 DON'T KNOW 98																													
103	Do you work full time or part time?	FULL TIME 1 PART TIME 2	106																												
104	How many hours per week do you normally work?	HOURS..... <input type="text"/> <input type="text"/> DON'T KNOW 98																													
106	Do you have any problems with shortage of methods or medicines you distribute? Such as: Family planning methods Antibiotic ORS Immunization Vitamin A Other	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>FP METHOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ANTIBIOTIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ORS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMMUNIZATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VITAMIN A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER_____1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table> (SPECIFY)		YES	NO	NA	FP METHOD	1	2	8	ANTIBIOTIC	1	2	8	ORS	1	2	8	IMMUNIZATION	1	2	8	VITAMIN A	1	2	8	OTHER_____1	2	8		
	YES	NO	NA																												
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ORS	1	2	8																												
IMMUNIZATION	1	2	8																												
VITAMIN A	1	2	8																												
OTHER_____1	2	8																													
107a	Did you receive any basic/primary training before you started working as a family planning/health worker?	YES 1 NO 2 DON'T KNOW 8																													
107b	(In addition to basic training), did you receive any other training such as in-service training?	YES..... 1 NO 2	→110																												

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF LESS THAN A YEAR CODE "00"; DK = "98")
a. EPI	YES..... 1 NO 2 →108b	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. ARI	YES..... 1 NO 2 →108c	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Diarrhea	YES..... 1 NO 2 →108d	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Logistic management training	YES..... 1 NO 2 →108e	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Health/FP MIS	YES..... 1 NO 2 →108f	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Low-dose oral pill	YES..... 1 NO 2 →108g	YEARSAGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF LESS THAN A YEAR CODE "00"; DK = "98")
g. IUD insertion and FP injectable	YES..... 1 NO 2 →108h	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. MCH care	YES..... 1 NO 2 →108i	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Satellite clinic management	YES..... 1 NO 2 →108j	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j. Nutrition and growth monitoring	YES..... 1 NO 2 →108k	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. FP method distribution	YES..... 1 NO 2 →108l	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l. Family planning counseling	YES..... 1 NO 2 →110	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SERVICES	110. Do you personally provide (SERVICE) to clients?
a. Immunization	YES.....1 NO.....2
b. ARI management, diarrheal treatment	YES.....1 NO.....2
c. Vitamin A	YES.....1 NO.....2
d. Family planning counseling	YES.....1 NO.....2
e. Family planning services	YES.....1 NO.....2
f. Health education	YES.....1 NO.....2
g. Other _____ (PLEASE SPECIFY)	YES.....1 NO.....2

111. Do you know any pregnancy complications that need medical attention?	
CIRCLE CODE "1" FOR EACH COMPLICATION MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN AND READ THE DESCRIPTION OF EACH COMPLICATION NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE "2" IF THE COMPLICATION IS RECOGNIZED AND CODE "3" IF NOT RECOGNIZED.	
A. Anemia	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
B. Severe headache/blurry vision	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
C. Swollen arms and legs	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
D. Abdominal pain	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
E. Vaginal bleeding	YES (SPONTANEOUS)1 YES (PROBED)2 NO3

No.	QUESTIONS AND FILTERS	CODING CLASSIFICATION	GO TO
112	<p>What symptoms and warning signs during pregnancy, delivery, and after delivery would prompt you to refer a woman to a treatment facility?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>PREVIOUS BAD OBSTETRIC HISTORY/ ABDOMINAL SCARS/PREVIOUS STILLBIRTH A HYPERTENSION/HEADACHE/ SWELLING/FITS B ANEMIA/PALLOR/FATIGUE/ BREATHLESSNESS C CESSATION OF FETAL MOVEMENT/ BABY DOES NOT MOVE D ABNORMAL LIE/POSITION OF FETUS/ SEPSIS/FOUL-SMELLING DISCHARGE/ POSTPARTUM ABDOMINAL PAIN F LIGHT BLEEDING/SPOTTING G HEMORRHAGE/HEAVY BLEEDING.... H MULTIPLE PREGNANCY/LARGE ABDOMEN I OBSTRUCTED/PROLONGED LABOR . J NOTHING..... Y DON'T KNOW Z OTHER _____ X</p> <p>(SPECIFY)</p>	

Section 2. Family Planning

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	CHECK 110d/110e. IF "YES," CIRCLE "1," OTHERWISE, CIRCLE "2."	YES..... 1 NO..... 2	301
202	During the last three months, have you offered clients any family planning method? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION..... B PILL..... C IUD D INJECTION E NORPLANT..... F CONDOM..... G MENSTRUAL REGULATION..... H LAM..... I NATURAL FAMILY PLANNING J OTHER _____ _____ X (SPECIFY) NONE..... Y	
203	What methods would you recommend for delaying or spacing births? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION..... B PILL..... C IUD D INJECTION E NORPLANT..... F CONDOM..... G MENSTRUAL REGULATION..... H LAM..... I NATURAL FAMILY PLANNING J OTHER _____ X (SPECIFY) NONE..... Y	
204	What methods would you recommend for women who do not want any more children? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION..... B PILL..... C IUD D INJECTION E NORPLANT..... F CONDOM..... G MENSTRUAL REGULATION..... H LAM..... I NATURAL FAMILY PLANNING J OTHER _____ X (SPECIFY) NONE..... Y	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	<p>When someone tells you he/she is interested in using family planning, what questions would you ask to determine which method would be appropriate?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>WHETHER HE/SHE IS NEWLY MARRIED A</p> <p>NO. OF CHILDREN HE/SHE HAS B</p> <p>WHETHER HE/SHE WANTS MORE CHILDREN C</p> <p>METHOD HE/SHE PREFERS D</p> <p>WHETHER SHE IS BREASTFEEDING E</p> <p>WHETHER SHE HAS IRREGULAR MENSTRUATION F</p> <p>WHETHER SHE HAS SEVERE HEADACHE G</p> <p>WHETHER SHE HAS DIFFICULTY BREATHING H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
206	<p>When a new family planning client comes for a method, what information do you give her?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>DISCUSS ADVANTAGES A</p> <p>DISCUSS DISADVANTAGES B</p> <p>DISCUSS SIDE EFFECTS C</p> <p>DISCUSS MULTIPLE METHODS D</p> <p>DISCUSS HOW TO USE E</p> <p>SOURCE OF GETTING METHOD F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
207A	<p>Is there a medical condition for which you should not recommend the pill?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A</p> <p>EPILEPSY B</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIA C</p> <p>BREAST LUMPS/CANCER D</p> <p>PID E</p> <p>TUBERCULOSIS F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
207B	<p>Is there a medical condition for which you should not recommend IUD?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A</p> <p>EPILEPSY B</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIA C</p> <p>BREAST LUMPS/CANCER D</p> <p>PID E</p> <p>TUBERCULOSIS F</p> <p>ULCER IN UTERUS G</p> <p>IRREGULAR MENSTRUATION H</p> <p>ABDOMINAL PAIN I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
207C	<p>Is there a medical condition for which you should not recommend injectables?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A</p> <p>EPILEPSY B</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, ANEMIA C</p> <p>BREAST LUMPS/CANCER D</p> <p>PID E</p> <p>TUBERCULOSIS F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

Section 3. RTI/STI Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	<p>In a woman, what signs and symptoms would lead you to think that she may have a sexually transmitted infection?</p> <p>PROBE: Any others?</p> <p>(RECORD ALL MENTIONED)</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL-SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>INABILITY TO GIVE BIRTH K</p> <p>NO SYMPTOMS L</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
302	<p>Have you had training in reproductive tract infections (RTIs)/sexually transmitted infections (STIs)?</p>	<p>YES 1</p> <p>NO 2</p>	

Section 4. Supervision and Demographics

Now, I would like to ask you some questions about yourself.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
401	Do you have regular supervision of your job performance?	YES 1 NO 2	406
402	Do you have a schedule for supervisory visits?	YES 1 NO 2	
403	How many times in the last 6 months have you had a visit from your supervisor?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
404	What did your supervisor do the last time he/she supervised you? (CIRCLE ALL MENTIONED) PROBE: Anything else?	DELIVERED SUPPLIES (FUEL, MEDICINE) A OBSERVED IMMUNIZATIONS B OBSERVED SICK CHILD MANAGEMENT C OBSERVED ANTENATAL CARE D OBSERVED FAMILY PLANNING E REVIEWED REPORTS F UPDATED HEALTH WORKER PROGRAM G DISCUSSED PROBLEMS H CHECKED REGISTER I SAW ACHIEVEMENT AND TARGET J OTHER: X (SPECIFY) NO VISIT Y	406
405	Do you think that supervisory visits are useful?	FULLY USEFUL 1 PARTIALLY USEFUL 2 NOT USEFUL 3	
406	How old were you on your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/>	
407	What is your religion?	MUSLIM 1 HINDU 2 BUDDHIST 3 CHRISTIAN 4 OTHER 6	
408	Are you currently married?	MARRIED 1 SINGLE/NEVER MARRIED 2 DIVORCED/SEPARATED 3 WIDOWER 4	1
409	How many living children do you have? IF THERE ARE NO LIVING CHILDREN, RECORD "00."	LIVING SON <input type="text"/> <input type="text"/> LIVING DAUGHTER <input type="text"/> <input type="text"/>	
410	CHECK Q 408: CURRENTLY MARRIED <input type="checkbox"/>	CURRENTLY NOT MARRIED <input type="checkbox"/>	413

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
411	Are you currently using a family planning method?	YES 1 NO 2	13
412	Which method are you using?	FEMALE STERILIZATION.....01 MALE STERILIZATION02 PILL03 IUD04 INJECTION.....05 NORPLANT06 CONDOM07 MENSTRUAL REGULATION08 LAM09 NATURAL FAMILY PLANNING.....10 OTHER.....96 (SPECIFY)	
413	What are the most difficult problems that you face in doing your job? (CIRCLE ALL MENTIONED) PROBE: Anything else?	STAFF SHORTAGES.....A LACK OF SUPPLIES/STOCKB LACK OF TRAINING FOR SELF.....C LACK OF SUPERVISION.....D LACK OF TIME TO DO WORKE PEOPLE DON'T USE FACILITYF LACK OF FEEDBACK ON PERFORMANCE.....G INADEQUATE TRANSPORT FOR PATIENTSH LACK OF MOTIVATION FOR STAFF . I LACK OF MOTIVATION FOR PATIENTSJ LACK OF COORDINATIONK POOR WORKING ENVIRONMENT ... L NO TRAVELING ALLOWANCEM NO JOB SECURITYN STAFF UNDERPAIDO INSUFFICIENT OFFICE SPACE.....P OTHER.....X (SPECIFY) NO PROBLEM.....Y	

COMMENTS:

ENDING TIME	HOUR	<input type="text"/>	<input type="text"/>
	MINUTES	<input type="text"/>	<input type="text"/>