



OBAT-ASSISTED HEALTH SERVICE PROJECT FOR THE PEOPLE LIVING IN TWENTY CAMPS OF SAIDPUR MUNICIPALITY

AN ANALYSIS ON PERFORMANCE OF THE PROJECT
MANJUR-UL ALAM



ISDCM

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ACKNOWLEDGEMENT

This is a study on performance of health Project under implementation by ISDCM.

The study was undertaken with the objective to see the overall performance of the project as to how for the objectives as envisaged in the project proposal have been achieved. Since the project has already passed three years of its implementation it has been felt necessary by ISDCM to make an assessment which could contribute towards determining the future direction of the project.

Our field colleagues Ms. Kamrun Nahar, Area Project Coordinator; Mr. Hafizur Rahman, AMO and Ms. Zeba Sultana, Project Assistant have extended valuable cooperation and assistance in collecting information, interviewing the selected beneficiaries. Mr. Manujendra Khan Sarker, Administrative Officer, ISDCM HQ has taken lot of troubles in composing, processing and bringing the report in its present shape. He deserves thanks and appreciation.

Any comment on the report by any quarter will help improve the quality in future.

Manjur-ul Alam

ACRONYMS

ISDCM	-	Integrated Service for Development of Children and Mothers
MO	-	Medical Officer
AMO	-	Assistant Medical Officer
CDP	-	Community Development Officer
PA	-	Project Assistant
MDG	-	Millennium Development Goals
APC	-	Area Project Coordinator
GOB	-	Government of Bangladesh
UP	-	Union Parishad
UZP	-	Upazila Parishad
NGO	-	Non-Government Organization
WATSAN	-	Water and Sanitation

OBAT-assisted Health Service Project for the
people living in twenty camps of Saidpur
Municipality

An Analysis on performance of the Project

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1. Background and Objectives of the Project

There are 20 camps in Saidpur Town where poor non-Bangali people have been living for last 42 years. There are about 3,000 families with more than 15,000 populations living in these camps. People in these camps have been passing through miserable socio-economic and living conditions characterized by high level of illiteracy, un-employment, poor health, mal-nutrition, poor sanitation and lack of safe water supply situation. Among all the problems, lack of adequate health service, is accurate. Because of extreme poverty and unemployment, they can hardly afford to pay the fees and other expenses for their medical treatment in case of necessity ⁽¹⁾.

In the backdrop of the above situation, a health service project for the camp people was initiated by ISDCM in 2011 with the financial assistance of OBAT Helpers Inc., USA. The Project was started with the following objectives:

- To provide medical treatment for minor ailments like fever dysentery, diarrhea, malnutrition, hookworm, scabies, Asthma, pneumonia, bronchitis, worm infestation, eye-infection, service to pregnant mothers etc.;
- To provide regular health education, creation of awareness on health nutrition, water and sanitation and caring pregnant mothers and children; and
- Provide referral service to the patients who cannot be given appropriate treatment under the present system of the project.

The project was initially for two years but on assessment of its results and in response to the demand of the beneficiaries the duration of the project was extended up to 2015. Out of total five years the project has completed three years in 2013. It was felt necessary to study the performance of the project during these three years. The present study is the outcome of that effort. It is thought that such a study may help determine future direction of the project.

⁽¹⁾Project proposal (Health Service Project) ISDCM 2010

1.2 Objective of the study

The following objectives were set for the study:

- To find out whether the target people were given the medical treatment for the minor ailments as envisaged in the project proposal;
- To make an assessment as to how the medical treatment was provided;
- To find out the disease pattern of the target groups;
- To examine how the health education was imparted to create awareness on different health issues;
- How the referral services were given;
- How the project is being developed over the years; and
- What the beneficiaries think about the importance and impact of the project.

1.3 Methodology

Different types of methodologies were used for the study which includes: collection of data from records and registers, use of structured questionnaire for interview of project field Manager and staff. Focus group discussions and opinion survey of 5% beneficiaries selected on random sampling were also conducted. Field observations of the Researcher(s) and investigators were recorded for analysis in this report.

1.4 Limitations

This study is limited within the analysis of data and information collected using the methodologies stated above.

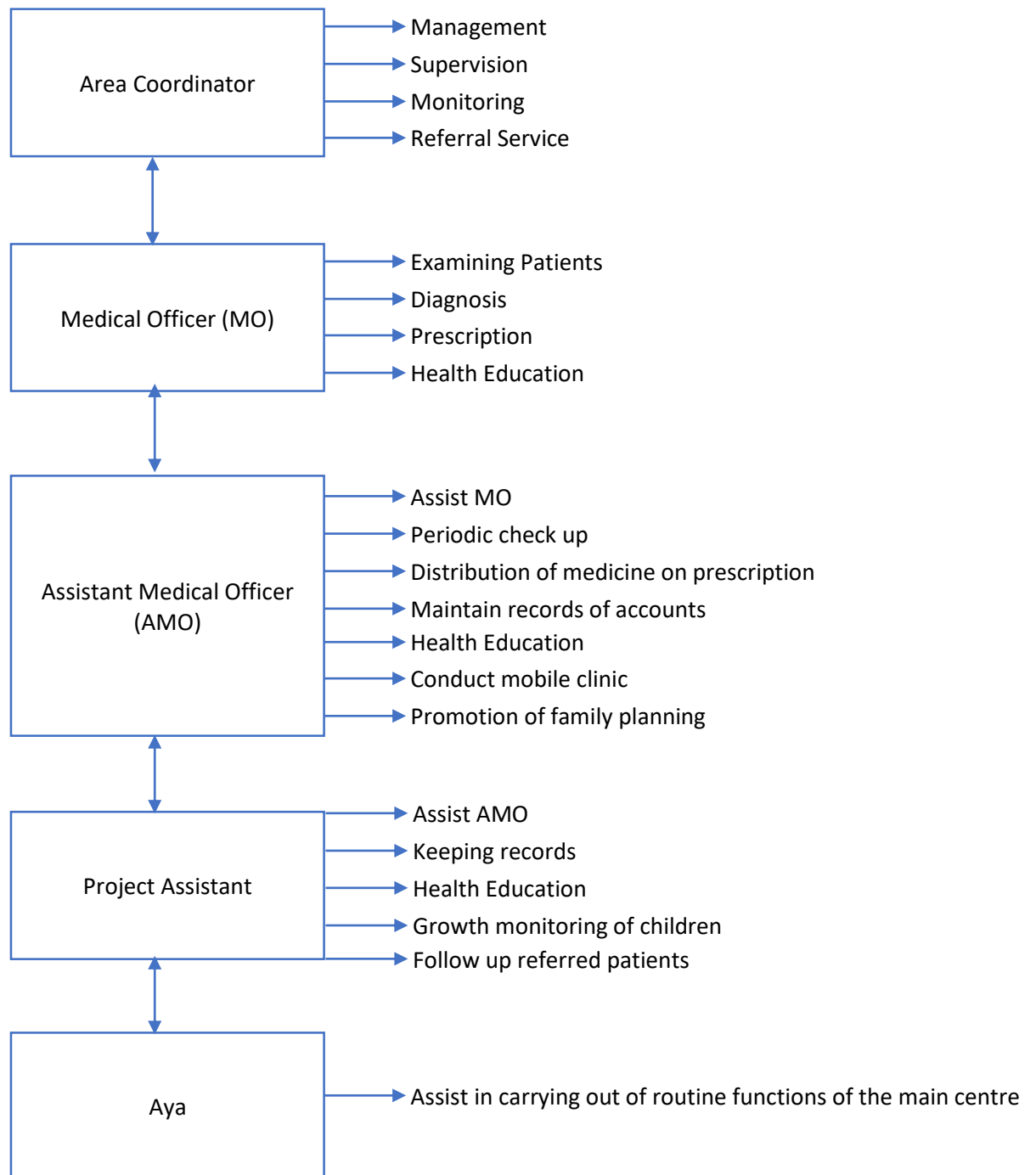
2. Findings of the Study

After processing the data and information an analysis was made on different aspects of the project. The findings are presented in subsequent sections of this report.

2.1 Provision of Medical treatment to the target groups

Family health card system has been introduced for medical service. Each health card covers all the members of the families.

Medical treatment to the patients provided through main service centre and two satellite mobile clinics. This arrangement appears to be appropriate for better service to the project beneficiaries. Such mobile clinic is conducted once in a week in each satellite and medical service is provided in 4 days a week at the main centre. The Health Service project is being implemented by following field staffing structure:





Upazila Parishad Chairman, Saidpur delivering his speech on the occasion of inaugural ceremony of Health Service Project, ISDCM Saidpur. Health and Family Planning Officer among others was present



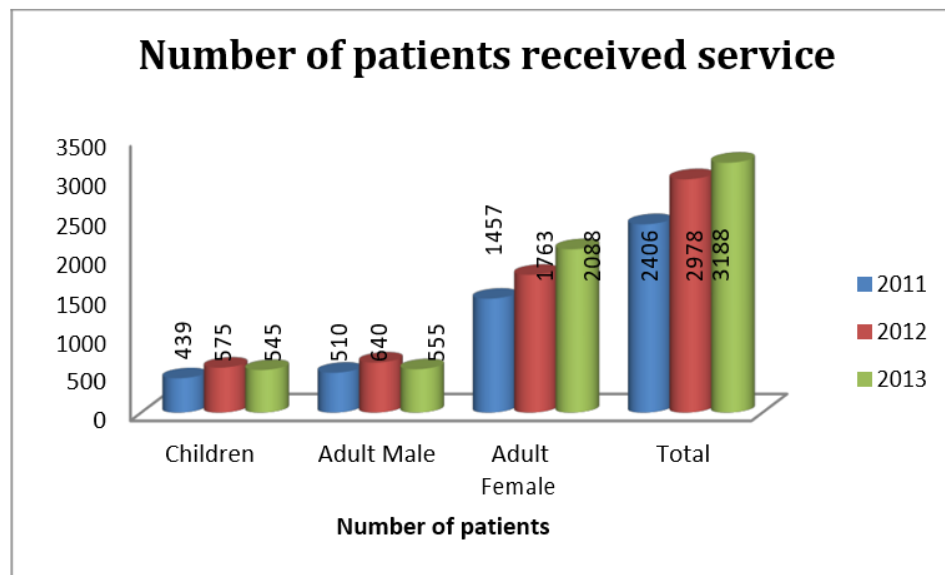
Dr. / Medical Officer is speaking at the health education session

2.2 Progress in medical treatment

On review of progress it appears that in aggregate the number of patients in last three years has considerably increased which indicates that patients are being benefited from the health service. It further indicates that adult female patients are much more than adult male patients.

Table-1: Number of patients received service in last three years

Year	Children	Adult Male	Adult Female	Total
2011	439	510	1457	2406
2012	575	640	1763	2978
2013	545	555	2088	3188
Total	1559	1705	5308	8572



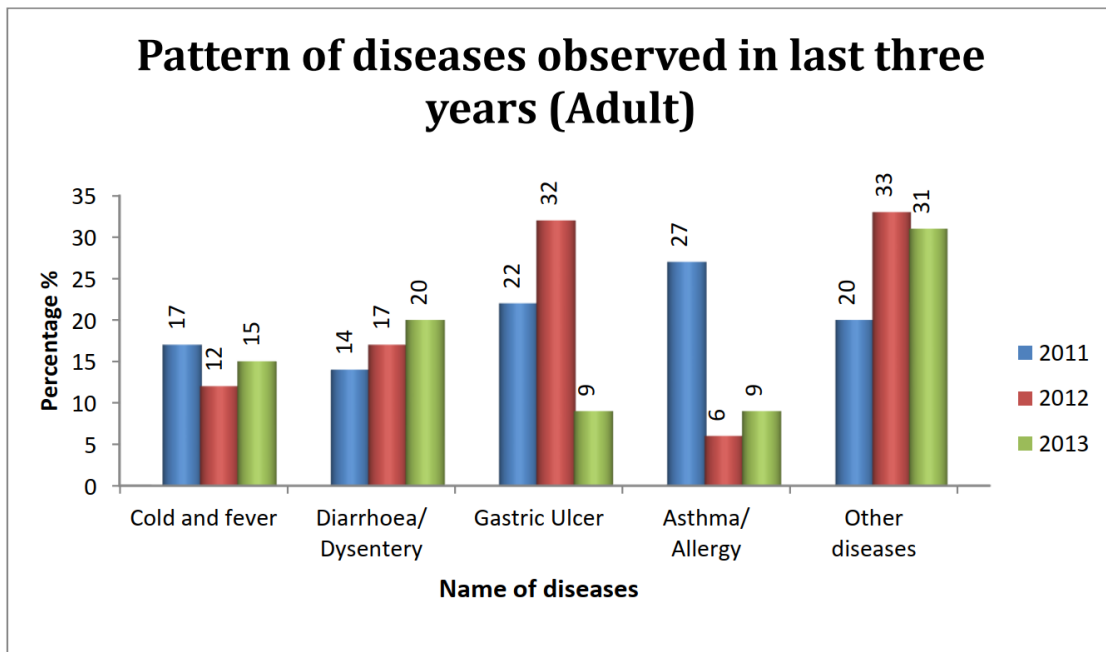
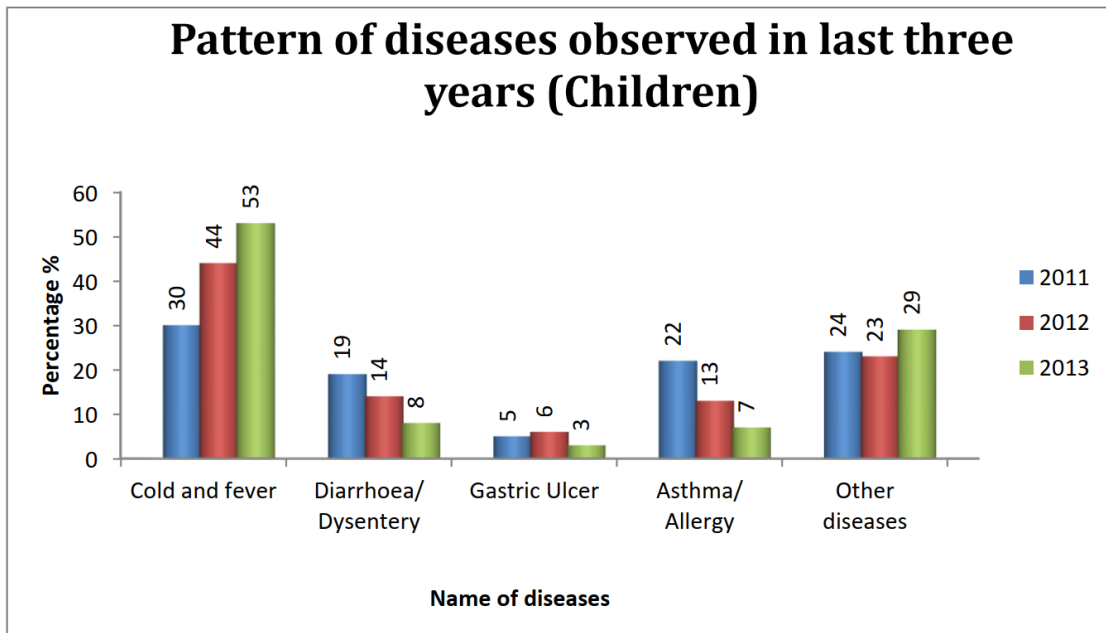
The people of the camps suffered from various diseases during the last three years. Types of diseases observed in the camps are analyzed in the following table:

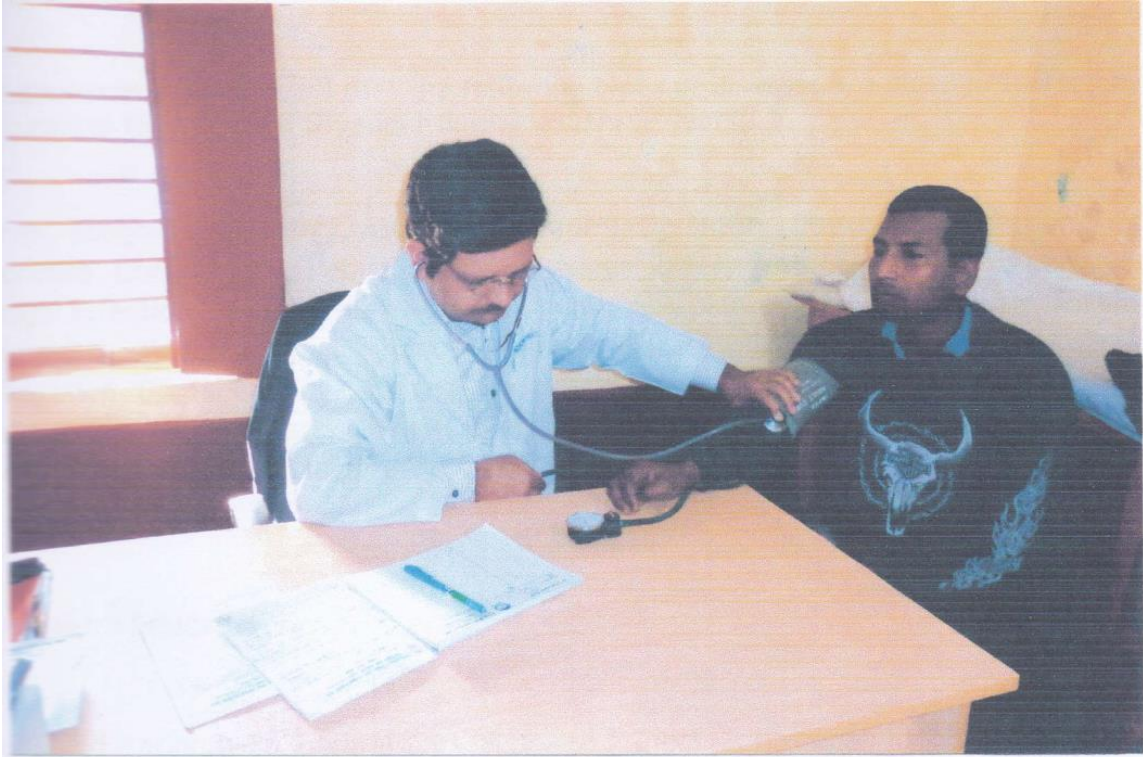
Tale-2: Pattern of diseases observed in last three years

Year	Category of patients	Name of diseases in (%)					Total
		Cold & fever	Diarrhea/ Dysentery	Gastec/ Ulcer	Asthma/ Allergy	Other diseases	
2011	Children	30	19	05	22	24	100
	Adult	17	14	22	27	20	100
2012	Children	44	14	06	13	23	100
	Adult	12	17	32	06	33	100
2013	Children	53	08	03	07	29	100
	Adult	15	20	09	09	31	100

On analysis it appears that during the last three years, children of the camps mostly suffered from cold and fever, diarrhea / dysentery followed by asthma and other minor diseases like worm infestation, scabies and anemia etc. Most of the adult suffered from asthma / allergy, gastric ulcer and cold and fever followed by other diseases like chest pain, scabies etc.

During last three years, children and adults reportedly suffered from various minor diseases.





Dr./ Medical Officer is examining / checking a male patient



Dr./ Medical Officer is examining / checking a female patient

2.3 Type of diseases

On enumeration it appears that the following types of diseases are mostly reported by the patients in the camps of Sayedpur during last three years:

Fever, Cough, clod, Allergy, Asthma, Hookworm, Dysentery, Diarrhea, Indigestion, Gastec, Jaundice, Constipation, Peptic ulcer & duodenal ulcer, Scabies, Eczema, Ulcer, Allergy, Fungal infection, Anemia, Nutrition, Dizziness, back pain, Arthritis, Tonsillitis, Gunneries, bronchitis, Pneumonia, pregnancy, Female disease, Tumor, Blood pressure, Worm infestation, Dental Carriage, Itching, Rheumatic fever, Pulmonary, Hypertension, Helmin thiasis, Respiratory Tract infection, Cold, Asthma, Fungal infection, Eczema, Peptic ulcer & duodenal ulcer etc.

2.4 Health Education

Health education is an integral part of Health Project. It has been institutionalized in this project. MO, AMO, PA, CDO and others having experience and orientation in health education are supposed to conduct sessions on different health aspects and issues with the participation of patients and their aides / attendants. Such sessions start with minimum five patients / aides.

Number of health education sessions and participants during the last three years is presented in the following table:

Table-3: Health education session conducted in last three years with number of participants

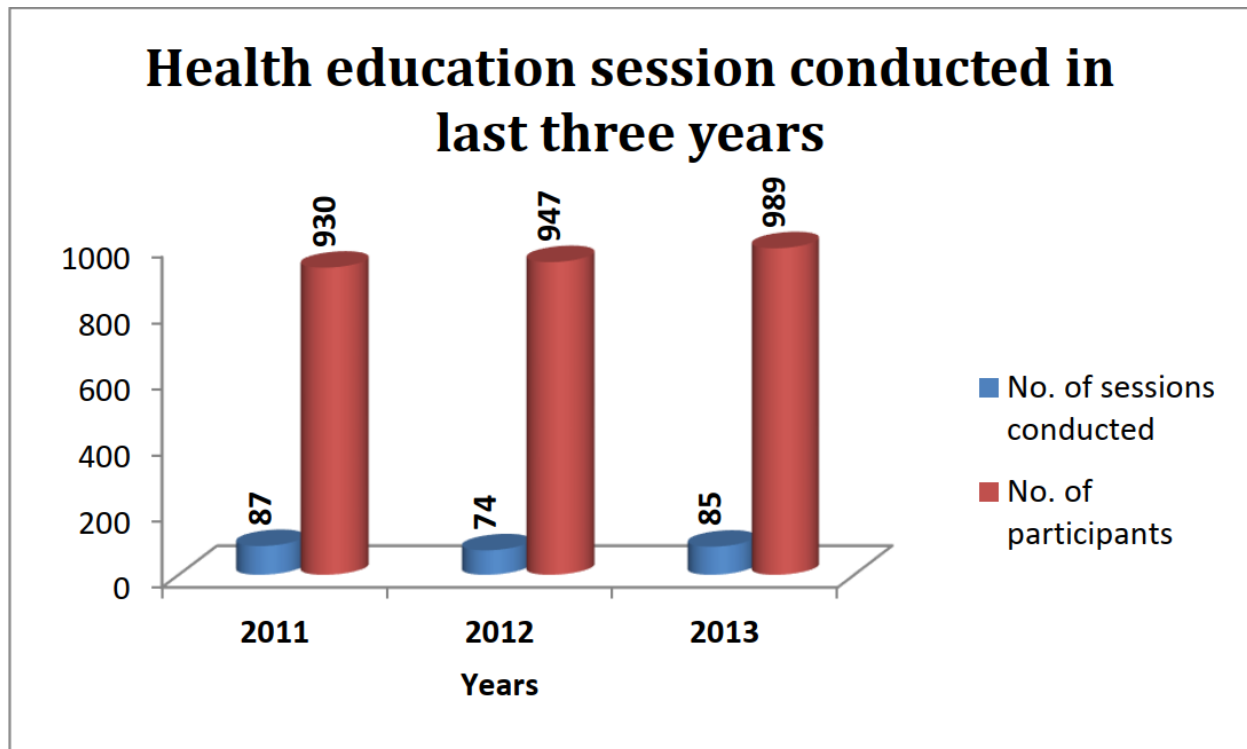
Year	No. of sessions conducted	No. of Participants
2011	87	930
2012	74	947
2013	85	989
Total	246	2866



Assistant Medical Officer is distributing medicine to the patients



Assistant Medical Officer examining / checking a female patient and Project Assistant is maintaining the register



It is found that on average 82 sessions were conducted per year on different health issues and number of participants was increasing. Health Education was appreciated by the participants in taking preventive measures for many diseases as felt by large number of patients and their relatives.

2.5 Subject and issues discussed in Health Education Session

During the last three years a wide variety of subjects and issues relating to health have been discussed in health education sessions which includes: cleanliness, Diarrhoea, Immunizations, water borne diseases, preparation of ORS, vitamin deficiency, scabies, Asthma, Nutritional blindness, dysentery, common cold, chest pain, hand wash, sanitation, safe drinking water, teeth infection, gastric ulcer, diabetic, allergy and worm infestation, ear, nose, face care, hygienic behavior and pneumonia etc.

2.6 Referral Service

The patients who cannot be treated either at main health centre or at satellites are normally referred to other appropriate health providers in government and private sectors as available after necessary treatment or tests. The number of patients referred to in last three years is shown in the following table:

Table—4: Number of patients referred to other health service providers in the last three years:

Year	Number of patients Referred to for various treatment	Number of patients referred to for pathology test	Total
2011	26	17	43
2012	41	27	68
2013	34	20	54
Total	101	64	165

It is found in the table that during the last three years in total 165 patients were referred to other health service providers but out of which 64 were referred for pathological tests and 101 patients were referred for treatment at other health service providers.

2.7 Types of diseases for which referred

It appears from the records of referral cases that the patients having following diseases were referred to other health service providers: Both eyes spots and red aminophenol, PG, Hypertension, piles, Asthma, Kidney, Appendicitis, Gastric ulcer, breast, BP HTN BP, Nephritis, Throat pain, Diabetes HBS, Urine /RE, Back pain, RBC, Dental Carriage, Eye ulcer, diarrhea, Leprosy, Chest pain, Chronic fever, Skin spot, Jaundice, Paralysis, Pregnancy, Respiratory problem, Heart burn, Major injury and Tumor etc.

2.8 Patients referred for pathological test

During last three years the patients were referred for following pathological tests: Urine culture, pregnancy test, ECG, USG, HBs, Stool test, Blood culture, bilirubin test, and Widal test etc.

3. Memorandum of understanding (MOU)

Under the health service project some memorandums of understanding have been signed with the government and private sector service providers. In this connection one MOU was signed with one Health clinic and one government hospital in Saidpur with the objective to have quality service with financial concession in the fees and charges for different types of medical tests and priority attention for treatment of the patients referred by OBAT / ISDCM health project. In future more such MOU will be signed for having such services. Some focus group discussions reveal that the group members are being benefitted from this arrangement.

4. Follow up

Follow up of referred patients to other health service providers was regularly carried out by project staff. This activity was at a later stage, included as one of the important aspects which is not normally done by any health project. In 2013 a total of 34 patients were referred to other health service providers for various tests of which all the 34 patients were followed up to check as to what was their latest position in respect of treatment. It was reported that 29 of them were fully recovered and five were on regular drugs and improving. It indicates a positive and useful contribution being made through this health service project and the beneficiaries of the project praised for follow up which was reportedly a unique service they have been receiving.

5. Nutrition and growth monitoring for under-5 children

Malnutrition is a complex problem and can manifest as under-nutrition, over-nutrition and micro-nutrient deficiency. Although fighting malnutrition is now a priority in many countries like Bangladesh. It has not yet got the attention it deserves.

A national workshop ⁽²⁾ on nutrition reveals that 15 million children under-5 in Bangladesh are suffering from malnutrition. It has stunted growth for gross malnutrition and 40% children under-5 were affected. Considering the importance of this problem the nutrition component was added in existing health service project. A quick survey was conducted to find out under-5 children of all the families living in twenty camps of Saidpur. As per this survey 885 under-5 children were identified in the camps ⁽³⁾. Initially growth monitoring was carried out on 101 under-5 children from November 2013. Out of 101 children 42 were found to have proper growth and majority i.e., 59 children were found to have been suffering from malnutrition.

It seems that average condition of under-5 children of Bangladesh is better than those living in the camps which means 40% in Bangladesh and 59% in the camps children under-5 are suffering from malnutrition. Our health Project staff have been monitoring the growth of children under-5 and counseling the parents of those children as how to improve the level of nutrition.

6. Family Planning

Increasing population in the camps is a problem. A good deal of awareness particularly among the women towards family planning has been created. Many of them demand supply of contraceptives. At the initial stage promotional activity is being carried out by the project staff. Necessary counseling is provided for adoption of different types of family planning methods. The project staff also facilitate to procure necessary contraceptives from the family planning department and other private agencies working especially on family planning.

⁽²⁾ Daily Star, March 02, 2014 page 1 and 11 of col. 7

⁽³⁾ Household Survey conducted by ISDCM on under-5 children of all camps in Saidpur, October 2013

7. Achievements of Health Project in relation to Millennium Development Goals (MDGs)

While implementing health project it was kept in mind that achievements of such project should be complementary to the government commitment towards MDGs. Although it could not be evaluated on scientific methodology as to how far it contributed towards overall fulfillment of goals in relation to MDGs but it was general observation supported by focus group discussions that as a result of health project there has been marked improvement in reduction of infant mortality and maternal health. Further evaluation may bring out more quantitative and qualitative findings in this respect.

8. Networking with the government and other private agencies

In course of implementation of health project a solid networking with the concerned departments of the government and other health service providers has been established. The project has the clearance from the Ministry of Health in addition to the approval of the appropriate government authority. Regular reporting to District Civil Surgeon and Upazila Health and Family Planning Officer has been institutionalized. Field level project Managers attend regular review and coordination meeting organized by Upazila Nirbahi Officer. Coordination with other private agencies and NGOs concerned has been established. Experiences are shared with other agencies involved in same type of work to provide better services to the beneficiaries.

9. Collaboration with the government in observance of major Health Days and mobilization of beneficiaries to avail services

Through Health Service Project close cooperation was extended to the government Health Department in observance of Polio plus Day, distribution of Vitamin-A Capsules worm infestation, Breast feeding week, World Health Day, Sanitation week etc. Through these events the beneficiaries were mobilized to avail the benefits of the existing health and sanitation programmes of the government. These events also helped increasing the knowledge and awareness of the camp people on different health issues. This has added value to existing programmes.

10. Cost and benefit of Health Project

An attempt is being taken to make a simple analysis on the cost and benefit which may be seen in the following table:

Table-4: Cost and benefit of Health Project

Year	Total amount of budget (Tk.)	Expenditure for treatment per patient per year
2011	1,502,000	624*
2012	1,146,000	384
2013	1,666,000	523*
Total	4,314,000	1,531 (Average Tk. 510.33 per patient)

Note: In 2011 budget cost of medical equipments was included. In 2013 due to increase in cost of medicines per head expenditure has increased.

It is found on the table that per patient medical expenditure was on average Tk. 510.33 whereas in the national budget of Bangladesh medical expenditure was estimated to be \$25⁽⁴⁾ which is Tk. 1,950/- per patient per year. It indicates that with a very cheap rate of expenditure camp people of Saidpur have been getting better treatment for their ailments.

⁽⁴⁾ The budget per patient for Bangladesh people was stated by the Secretary of Health Ministry in a Talk Show Televised on the occasion of World Health Day in Channel I on 7th April 2014.

11. Chronological Development of Health Service Project

This is a small project which was started with some small activities and modest financial assistance from OBAT Helpers. It is chronologically developing as follows:

- ✚ In 2011 Started with provision of treatment for minor ailments, health education and referral services;
 - ✚ In 2012 Continued the above services and added Memorandum of Understanding (MOU) with other health service providers of the Private /Government Sectors to provide required laboratory / Pathological test etc. with financial concession and priority attention to the beneficiaries of the project for treatment. Follow up of the patients referred to different health service providers;
 - ✚ In 2013 Inclusion of nutrition and family planning: Survey of children 0-5 years in all the houses of the camps, monitoring of growth of 0-5 yrs. children and providing counseling for improvement of nutritional status, motivation of women for adopting appropriate family planning methods and facilitating procurement of contraceptives from Family Planning Department and other NGOs. Reporting to Government Health Department on regular basis and exchange of experience with other organization through coordination meeting. A good network with the government and other agencies concerned has been established;
 - ✚ In 2014 Review and study on the project for further development along with the strengthening of the activities already being implemented; and
- In 2015 Evaluation of the project and determining the future direction and develop a manual as to how the project should be further sustained and replicated elsewhere (if so necessary).

12. Opinion of the beneficiaries about the health services received

In total 200 i.e. (5%) of the beneficiaries were asked about the nature of services received by them from the health project. Ninety-one percent of the beneficiaries replied that they received services like prescription, medicines and health education and 4% replied that that they received prescriptions, medicines health education and referral service for different tests. These 4% respondents also replied saying that Health Project staff followed up the referral service and its results with the comments about their present health condition.

All the respondents suggested that the services being provided by the health project should continue for their benefit and they also spontaneously expressed their satisfactions on the health services. In the focus group discussions most of the respondents said that reduction of infant mortality rate, increasing safe delivery and improvement of maternal health were possible as a result of health project.

As for further improvement 62% of the respondents suggested that free medicine supply would be appreciated much and 09% suggested that supply of family planning contraceptives should be added in the project.

13. Highlights

The findings of the study may be highlighted as follows:

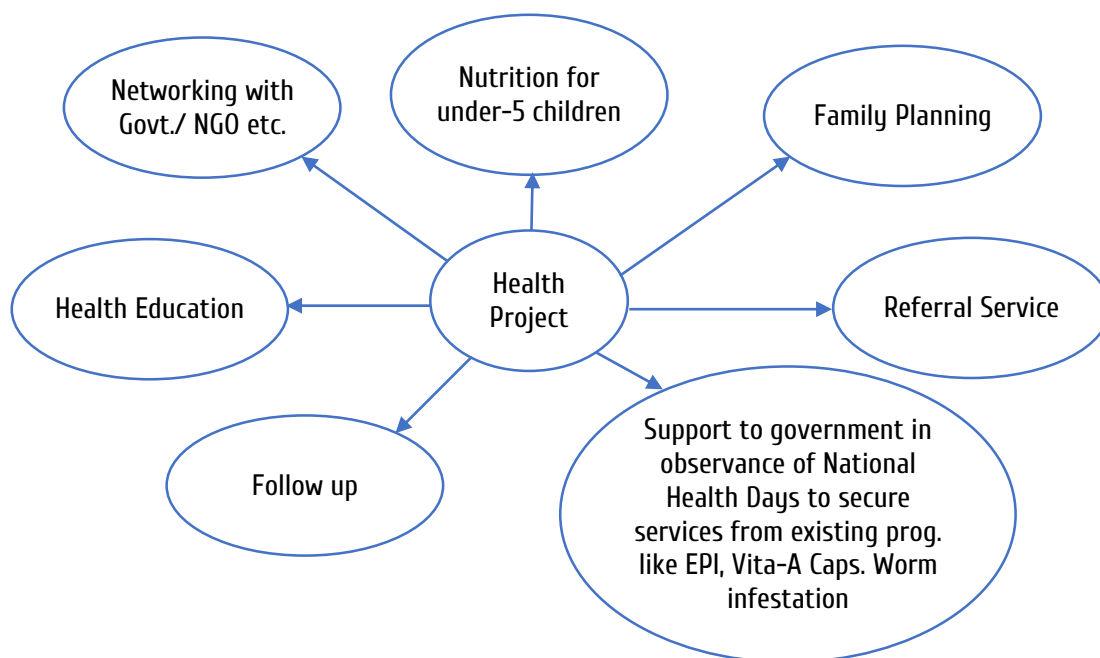
- ✚ There has been increasing trend of patients in the main health centre and two satellites which indicates that they are being benefited by the health services.
- ✚ Among the patients' females are much more higher in number.
- ✚ As disease pattern it is found that children mostly suffered from cold and fever, diarrhea /dysentery followed by Asthma and other minor ailments. Most of the adults suffered from Asthma / allergy, gastric ulcer and cold and fever followed by other diseases like chest pain, blood pressure and scabies etc.
- ✚ Health Education has been gaining momentum and number of participants is on increase.
- ✚ Various subjects have been discussed in health education sessions which were reportedly useful for the beneficiaries.
- ✚ The patients who could not be treated in health centre were appropriately referred to different health service providers for treatment and pathological tests.
- ✚ The most important and unique activity was follow up of referred patients. These patients expressed their high satisfaction for this service.
- ✚ Nutrition and growth monitoring of under-5 children has added a new dimension to the health project. It has produced positive initial impact.
- ✚ Family Planning is another recent addition to health project which may also produce positive results.
- ✚ It was observed that activities of health project have contributed towards, overall achievement of MDG in respect of reduction of infant mortality and improvement of maternal health.
- ✚ A good networking and collaboration has been established with the government and private agencies involved in implementation of health related projects / programmes.
- ✚ The cost of medical treatment per patient in this project is much less than the government estimated yearly budget per patient and per year for health in Bangladesh.

14. Some concluding observations

This is a small project and has been delivering some very important and useful services. The beneficiaries have been appreciating but asking for free medicine. There is a general tendency to have treatment at the household level which is extremely difficult to do with such small staffing structure and limited budgetary provision. It is generally observed that most of the health projects are implemented by big NGOs with bigger amount of budget and disjointed from the government health department / agencies. Although this project is small but well organized and better coordinated with established monitoring system. In future addition of some posts of Health Assistants some more satellites may be set up for service delivery in response to the demands of the beneficiaries. The main reason for such demand is increasing transport costs for internal movement within the Town. The camp people can hardly afford to pay the high cost of transport.

In this project an opportunity has been created to exchange experience with the government and private organization which can help future development of the project. On the other hand health is a risky issue and it is better to have a safety net for any health project. Such a project should not go disjointed. There should be integration of service like health, nutrition, family planning and awareness creation on health issues which is being taken care of in this project through gradual process.

The health service Project in reality stands as follows:





ISDCM



INTEGRATED SERVICE FOR DEVELOPMENT OF CHILDREN & MOTHERS (ISDCM)
HOUSE#27/3 2ND FLOOR (NARISHA BHABAN), WEST AGARGAON, SHER-E-BANGLA NAGAR, DHAKA-1207