

**SUCCESS STORIES IN BANGLADESH
&
FUTURE DIRECTIONS
FOR THE COUNTRY PROGRAMME**

Submitted to the UNFPA, Dhaka

**Prepared by Nancy J. Piet-Pelon, Consultant
Dr. Sharif Md. Ismail Hossain, Program Officer
Population Council, Dhaka**

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EXECUTIVE SUMMARY

The MCWC program supported by UNFPA has been in progress since 1993. In a phased manner 64 MCWCs have been upgraded. Forty-nine provide comprehensive EOC services and 15 basic EOC. All facilities also provide outdoor reproductive health services included: ANC, PNC, RTI/STI screening and treatment, family planning (including all methods in the national program) and care for other reproductive health needs. In addition, the MCWCs provide general health care for women and children, including immunizations for six childhood diseases.

The purpose of this consultancy undertaken by the Population Council for the UNFPA was many faceted. A major objective was to focus on the MCWCs and gather case information that would determine factors influencing the quality of services. Additionally, the consultants were to compare the experiences of the recently upgraded MCWCs with those that had been functioning since Phase I. With this goal in mind, the Population Council team along with colleagues from the Directorate of Family Planning and UNFPA, visited Syhlet and Rajshahi Divisions. Rajshahi MCWCs were from Phase I of the project. Seven MCWCs were visited. The other purpose of the consultancy was to visit both BGMEA and RHI programs in Dhaka, Syhlet and Rajshahi Divisions.

The MCWC program is a successful one. This is evident from both the client load and the satisfaction they expressed at the services they received. Many clients attend the MCWC based on the recommendation of a neighbor or family member who is a satisfied client. Women also come for a second delivery after an initial good experience. Many ANC clients are so eager for service that they come to the MCWC three or four hours before starting time to get their number. Waiting time is long but they are not impatient. Consequently, the MCWCs are reaching a large number of women for selected services. For example, the ANC visits for the entire network of MCWCs for the past year (July 2000 – April 2001) are more than 167,000. This is more than three times the number who were attending for ANC in 1996-1997. Total deliveries (includes normal and Cesarean section) have also increased from 7197 (1996-97) to 20,447 (2000-01). One of the queries of the team was why there was

such a difference in the number of ANC visits and the actual deliveries. Syhlet staff informed that women still prefer to deliver at home. Even when motivated by the staff to attend the MCWC for delivery their response is: “Pray for me to be able to deliver at home and not have a problem that will bring me here.” It is interesting to note that many clients come for ANC and then for PNC but have their delivery at home. In the Rajshahi Division the situation is similar though there is greater success in having women deliver in the MCWC. No doubt the Rajshahi Division MCWCs benefits in this comparison because they have been operating since Phase I of the MCWC program.

The general impression of the MCWCs is that these are busy places with dedicated staff. Those from Rajshahi Division are quite successful in having carry over between the ANC services and indoor delivery. It is hoped that those MCWCs from Syhlet will be able to improve this also in the coming years. The Habigong MCWC performance is better than the other two visited in Syhlet Division.

The main problem of the MCWC concerns staffing. All the MCWCs visited are quite loaded with clients – some are close to an overload. In order to manage all the cases, there is a need for additional staff – particularly MO (junior) trained in CEOC but also supporting staff. In two of the MCWCs the MO (MCH-FP) has gone. This effectively eliminates the ability to perform Cesarean section and these MCWCs can only refer clients to other centers. This needs immediate attention. Relations with District hospitals varies by MCWC. Some have very close and cooperative relations, others are less cooperative. Attention must be given from the Directorates of Health and Family Planning to how these relationships can be improved. Where Unicef is developing CEOC in District Hospitals, a cooperation can be developed with the MCWC in order to share the workload.

The success of the MCWCs is attributable to:

- Technical, logistic and financial assistance from the UNFPA – this has been consistent and the MCWC staff know they can depend on UNFPA supportive assistance to solve problems.

- Staff sincerity, devotion and commitment – the staff in place, even though they are doing a very hard job, are dedicated to their task. This dedication can be attributed to the training they received with its focus on serving the client.
- Regular supportive supervision and monitoring – the NPPP is well known to all clinic staff because of her frequent visits. The ADCC is also present in the MCWCs lending support and guidance. These are very helpful relationships and the visits, with the advice and support embodied in those, are highly valued by MCWC staff.
- Team spirit – the MCWC teams work together effectively. This started with the team training of the initial team and has been carried over to the balance of the MCWC team.
- Awareness building activities – these are particularly successful in Bogra where the majority of ANC clients were referred by FWAs.

The RHI project is developing services in cities. The BGMEA has established four health clinics in Dhaka and surroundings and one in Chittagong that receive assistance from the UNFPA. UNFPA supports the development of health volunteers from the factories who are responsible for providing health education to the workers. These services are accessed by large numbers of factory workers.

The following conclusions and recommendations are based on the team’s observations, interviews and field visits.

FUTURE DIRECTIONS:

The UNFPA 5th Country Programme Mid-term Review (28 May 2001) recommends that UNFPA “...move towards a more focused approach based on its strengths. Areas where UNFPA should prioritize its focus would include policy development, **safe motherhood**, BCC, family planning, HIV/AIDS, ARH and gender.” This is certainly the conclusion of this team, as well. The safe motherhood programs implemented in the MCWCs, as well as those implemented through the RHI, must continue and be strengthened. This is the team’s principle recommendation. At the same time it should be recognized that UNFPA is managing its safe motherhood/EOC programmes in an increasingly competitive environment.

Others are also supporting the development of safe motherhood/EOC programmes. The MTR recommends, and this team supports, that "...UNFPA should reassess its priorities and develop initiatives that will complement the UNICEF programme as well as the WHO initiatives on safe motherhood..." (Mid-Term Review Part II, p. 2). This is the team's second recommendation.

UNFPA has supported the upgrading of 64 MCWCs. Fifteen of these do not provide CEOC. Those 15 provide basic EOC service as the anesthesia machines are not installed. On an individual MCWC basis, performance is increasing and many clients are being served – particularly for ANC and child health. However, on a national statistical basis the impact of the MCWC program (or any of the other CEOC programs) is not yet noticeable. Only eight percent of all institutional deliveries and four percent of all EOC have been at MCWCs (Mid-Term Review Part II, p. 11).

The various MCWCs are operating with quite different results – there is no single uniform picture. This is partly because some have been established longer (since 1993) and have maintained a continuity of staff. They have built a client flow. During MCWC visits in Rajshahi the team met some ANC clients who were attending for their second delivery at the MCWC. Other MCWCs have started more recently and have not yet established a regular flow of clients. It is recommended that UNFPA and its government counterparts devote the first half of 2002 to studying several aspects of the MCWC program. The purpose is to gather information that will feed in to the next country program. Aspects of study include:

- Research/in-depth discussions with current ANC clients who state they will have home delivery. It is critical to understand their birth plan – who will care for them and also to learn what they will do in case of emergency. At present very few clients who attend for ANC also attend the MCWC for delivery. When asked most say it is not their decision but will be made by important family members – mother-in-law and husband. The client appears to have a passive attitude regarding her care.
- Research/in-depth discussions with clients who attend for delivery. In the team's brief discussions with clients in the ward, we were informed that the majority came on an

emergency basis. That is, they had begun to deliver at home and had some difficulties. They were then rushed to the MCWC. However, another cohort of clients plan their delivery in the MCWC and begin the journey to the MCWC when their labor begins. In both cases, it is critical to learn about motivations, who is responsible for the decision, and who is needed to help execute the decision regarding delivery location. Note that the majority of planned MCWC deliveries are from the Phase I facilities.

The scope of work included six elements. The balance of this team's recommendations are based on those elements:

1. Conduct case studies to determine the factors influencing the quality of services at MCWCs.

Throughout the report are examples of cases, gathered through client interviews. The majority of ANC clients fall in to one of two categories for the Phase I facilities in Rajshahi Division. About half of Rajshahi women who attend the MCWC for ANC also attend for delivery. Few attend only on emergency basis, i.e. after labor pain has begun and difficulties encountered. In Syhlet, the majority of deliveries are still women who have not attended for ANC, are trying delivery at home, and then have a problem and are brought to the MCWC. This may be simply a difference of the Phase I services being more established than Phase II. But, it is something that should be studied in depth to determine reasons both that women come for delivery and why they do not. It could be that ANC clients heard the MO or FWV say they were "fine" and did not feel they had to return for delivery. Based on that information obtained from this research, BCC can be developed to encourage women to attend for delivery at the MCWC.

The team's time in each MCWC was limited so we were able only to have initial interviews with clients. It is recommended that in-depth case studies could be very useful for a greater understanding of the client motivations and constraints. Many of the clients interviewed during ANC, for example, were interested and willing to attend the MCWC for delivery. But, they said they were not empowered to take the decision. It would be

made by their guardians, particularly their mother-in-law. This response was more common in Syhlet where the facilities have been operating for a shorter time. In Rajshahi many clients were attending the MCWC with the blessing and encouragement of their family. In order to ensure that all women are like this latter group, much more motivational work must be done by the field workers of the health and family planning program who are based in communities. In all facilities except Bogra during our interviews only one woman mentioned she had been encouraged to come to the MCWC through an FWA. All the others who attended came through the motivation of family members or neighbors who had previously attended the MCWC.

Much more motivational work also must be done by the MCWC staff. Most FWVs, during client interaction the team observed did not encourage the client to attend the clinic for delivery. Most FWVs, in fact, did not discuss the birth plan at all with the client especially at the busy centres. This is a critical missed opportunity.

2. Compare the experiences of most recently upgraded MCWCs to the first group to document how the problems encountered have been over-come and identify what problems still exist and based on evaluation reports identify improvements to be made on major programmatic issues.

The team saw two groups of MCWCs – from the first phase and from the second. Those that have recently been upgraded were not visited. What is certainly true is that the second phase facilities in Syhlet are experiencing many of the same problems that had been met and overcome by the first phase MCWCs earlier in this program (1995 evaluation). This indicates that certain problems – like recruiting and maintaining staff – are endemic in the system and will be issues that needs constant attention. It is recommended that the Directorates of Health and Family Planning should work together on these. The solutions must go beyond the letter of cooperation that is in the field. There must be encouragement of working together in the care of clients. This is

particularly important in the District Hospitals that have been upgraded with Unicef/Gates funding.

There has been insufficient cross-learning between the MCWCs. The team's recommendation is that MCWC staff be brought together to learn from each other. Perhaps there could be a partnership arrangement where the Phase I MCWCs would partner MCWCs that have started more recently. They would partner to share information and problem solving. Partnership arrangements are also recommended between the successful MCWCs and the EOC service points started through the RHI program. These latter facilities could greatly benefit from the experience and problem solving done by the experienced MCWCs.

The MCWC is usually in a competitive environment where many private facilities and/or government facilities that provide the same services are established. Since the MCWC program started, other CEOC programs have also been developed (i.e. Unicef/Gates funded). It is imperative at this juncture that UNFPA, other CEOC donors and the Ministry/Directorates conduct a **facility mapping** exercise to ensure there is no overlap and that all district towns have sufficient CEOC services from government facilities. This mapping exercise was also recommended during the MTR. The results of the mapping will show under served areas and also areas of overlap. Where overlap occurs, decisions need to be made about future investments – it may be necessary to work with the MCWC and District Hospital to determine methods of cooperation and collaboration.

There is no uniformity in cooperation between District (Sadar) hospitals and MCWCs. In some the cooperation is excellent and clients are referred without a problem. In others, however, there remain problems and clients from the MCWC are not properly attended.

In one MCWC on the same campus as the District Hospital, the hospital will not receive any client from the MCWC who is referred outside of normal government working hours, i.e. after 2:30 p.m. This means the MCWC (which happens to be one without Cesarean capabilities because there is no MO/MCH-FP) has to refer all clients to private facilities

or to the nearest medical college which is two hours distant. This lack of true cooperation is a detriment to the program and presents a serious risk for the client in need of rapid response services.

There is an underutilized capacity for delivery, particularly in the MCWCs in Syhlet. Focused attention needs to be given to encourage women who come for ANC to use the MCWC for delivery as well. In client interviews with FWVs, the team found that most FWVs did not ask the client about a birth plan nor encourage her to use the MCWC for delivery.

3. Document the success of the component projects being implemented for the female garment workers and Youth Clubs. (See # 5 below which has the same focus in the terms of reference for more information.)

The team had the opportunity to visit only in Dhaka, one BGMEA clinic and one garment factory where health education session was on-going. The clinic was busy, with 100 clients per day for PHC and RH. This appears to be a good cooperation with BGMEA, the factories, and the UNFPA. It is recommended that this program can continue with more emphasis on health education in the factories.

4. Undertake field visits to MCWCs of different categories (high performing/low performing, etc.) for human interest cases.

The team visited seven MCWCs, three in Syhlet and four in Rajshahi Divisions. Details of each visit are in the main report. However, none were especially low performing. Even the MCWCs in Syhlet which have been poorly attended have begun to have a more regular caseload – particularly for out patients. The main difference between Syhlet and Rajshahi is in client continuity. In Rajshahi clients who attend for ANC are more likely to attend for delivery – even though there are still gaps. In Syhlet the majority of clients who attend for ANC will not attend for delivery. They are very keen to have home deliveries. For them the purpose of attending ANC is to be assured that all is well and to receive the TT.

Human interest cases are given throughout the report. In general, clients fall into one of two categories. The first group are young and having their first child. In Rajshahi they tend to come for at least three visits and some come for more than that. In Rajshahi, the majority interviewed said they would come to the MCWC for delivery. In Syhlet the majority said either it was not their decision or they would be staying at home. They would only attend the MCWC if there was a problem.

The second group of women were gravida two or more. Though the team met few clients who were more than gravida three. These women could also be divided into two groups – those who had poor obstetric history. They were coming to the MCWC to ensure a more positive outcome this time. The second group were those who had normal obstetric history and were attending the MCWC for check ups and TT. In Rajshahi the majority of both of these groups intended to deliver at the MCWC. In Syhlet, as with the gravida one clients, the majority intend to deliver at home.

What is clear from the clients interviewed is their appreciation of the MCWC service. There were no negative statements about the MCWC. All felt they received good service and were ready to tell their family and friends/neighbors about that service. This was true of the clients for ANC and also those who were in the wards.

5. Visit Health Care Centres funded by BGMEA and UNFPA and some garment factories.

The health care centre funded by BGMEA and UNFPA in Dhaka city is effectively running with more than 100 clients each day. Clients come for a variety of services including all aspects of RH and PHC. The factory motivation is developed by the use of volunteers who are factory employees and a team of supervisors who link with the factories. This innovative program, particularly for reproductive health concerns, is well-received by the factory workers. Consideration should be given to extending this program.

6. Study UNFPA's existing Country Programme and Mid-Term Review Documents and other documents and suggest programme interventions for the next UNFPA country programme scheduled from January 2003.

UNFPA, with the Ministry and Directorates, and the other EOC donors, have to develop a partnership in order to work more effectively together and to make the most effective use of available resources. In the time prior to the next country programme UNFPA can embark on several important activities which are mentioned at the beginning of this section.

- Map the existing EOC/CEOC facilities supported by all donors and government. The purpose is to determine both overlap and also under served areas. Work with the other organizations to determine which facilities will remain active and which will be closed. Move the resources to areas that are under served.
- Have research conducted in the MCWCs with delivery and ANC clients. The purpose of the research is to determine the reasons delivery clients attend the MCWC. Based on this information, BCC can be developed to motivate other potential delivery clients. With ANC clients, who can be contacted in exit interviews, the purpose is also to determine why they have come and whether they will deliver in the MCWC. For those clients who have not decided or who have opted for home delivery, a detailed interview should follow to determine the reasons they will not attend for delivery. Again, the information gathered can be developed into BCC to encourage facility delivery.
- The ACPR study (2000) concludes that there is a shortage of skilled personnel at all levels of facilities. Delivering service from two or more closely situated SDPs in the same area often cause tendency to avoid responsibility as well as inadequacy of manpower at each SDP eg. District Hospital and MCWC. The report suggests, and this team concurs, that skilled persons could be brought together under a single roof. It is recommended that MCWCs in the same location as District Hospitals supported under the Unicef project, be studied together to determine ways these two entities can pool resources and work together.

Other recommendations for the MCWCS are:

- Staffing augmentation is required. The present staff is insufficient for the caseload that most facilities have. Several suggestions have been made for added staff. The team recommends that an additional MO (junior) be recruited. A staff nurse is also required. Training and retraining must be continued to make a “buffer stock” of staff. These staff should guarantee to commit three years to the MCWC before they are trained.
- Training in hysterectomy, especially subtotal, is also recommended for all MO (Clinic) in the MCWC network.
- Medical officers should be encouraged to have higher education (Diploma) to increase their ability to work with all clients and to improve the relationships with ob/gyn consultants at the District hospitals.
- Medicines (DDS kits and EOC stock) should be available without interruption. The team found the EOC supplies from UNFPA have been available without a problem. However the DDS kits have not been regularly supplied. This greatly disrupts services.
- The health education sessions are an excellent effort for educating all clients. These should be continued on a regular basis. The addition of a counselor to the staff of the MCWC to manage these sessions would be very useful. If the addition of a counselor is not possible, an FWV should be given counselor training and assigned the health education task.
- The field staff of health and family planning, as well as medical staff in Thana and below, need to have more information about the services of the MCWC and to be assured that the MO can perform all emergency procedures. This may encourage them to refer clients. It would be useful to provide referral slips for that purpose.

- Not all equipment given by the project is used. For example, the incubator is not used in any facility. Either a staff person (like the FWV) should be trained to use it or these should be given to another facility like the District Hospital.
- There are many missed opportunities throughout the MCWC system to provide more effective care. At the community level the health and family planning field workers are inactive in referring clients to the MCWC. At the MCWC during ANC, FWVs are not actively motivating clients to deliver at the facility. The number of clients who attend for PNC is also much less than those who attend for delivery or ANC.

It is critical to work on achieving a **balance** in services – that women who attend for ANC, also deliver and then return for PNC. This balanced service will ensure that women receive the best possible care during their pregnancy, delivery and post partum period.

OBSERVATIONS FROM THE MCWC VISITS

Syhlet Division

The team visited three MCWCs in Syhlet Division, 5-6 September 2001.

Syhlet MCWC

Current situation and performance: This MCWC is in a rented house in a busy part of Syhlet town. The staff do not have a quarter at the facility. The clinical staff includes:

1 MO (Clinic)

1 MO MCH-FP (anesthesiologist)

4 FWVs

1 FMA

2 nursing attendants

The MCWC began CEOC April 2001 and performed their first Cesarean section in August 2001. They have done five Cesarean sections thus far. There is a vast difference between the numbers of ANC visits and deliveries. The MCWC is monthly providing services to 75-80 ANC clients but receiving 10 clients or less for delivery monthly. PNC is also low – about 15-20 women come for PNC. There is significant underutilized capacity at this facility.

Reasons for low performance: There are compelling reasons the staff mentioned for low delivery numbers. The principle reason given is that women are conservative and prefer to deliver in their home environment. In many cases women are not the primary decision-maker. Even though they may like to come to the MCWC, the family (usually the mother-in-law) does not agree. These home based factors limit women's options.

Another factor is that Sylhet is rich in facilities for delivery. There are two other hospitals – the Sylhet Medical College Hospital and the District Hospital. Each provides delivery care. There are also 25 private hospitals that offer delivery care. Thus, the delivery environment where the MCWC is located is very competitive.

Even in this difficult environment, the number of deliveries are slowly increasing: April – 2; July – 4; and August – 10. Among the ten deliveries, five were Cesarean sections.

To increase the knowledge of the community about the MCWC services, the MCWC has done miking throughout Syhlet. It has also had meetings with the FWAs to show them the facility and encourage their referral of clients. The miking did produce results with many women coming immediately after hearing the advertisement. The meeting with FWAs did not produce results. No clients have come on FWA referral. Leaflets advertising the MCWC services were also distributed.

Future requirements: It would be beneficial if the MCWC had its own building and could also provide on campus quarters for the Medical Officers and FWV. The current rented building is adequate but their location keeps changing. The MCWC has been housed in this building for only two years. The MCWC is in a very competitive environment. Decisions need to be made on whether to continue providing CEOC in this location where many other facilities exist. Or simply to provide EOC and refer for all other clients. Other requirements are: to encourage clients for institutional delivery – this is the responsibility of all the staff but especially those who conduct ANC check ups. It is also critical that this MCWC improve its linkages with the District Hospital for effective referrals and also client follow up.

Ward Cases

Case A was reported by the MO (Clinic). The client was 20 years old with bad obstetric history. Her first child, a son, died after 48 hours. She came for ANC at the MCWC with her second pregnancy. The staff encouraged her to come for delivery seven days before her due date. But she did not. Instead, she came after 12 hours of unproductive labor. She was nearly full dilated so the MO (Clinic) tried for a normal delivery. However, it was not possible because the labor became obstructed. A forceps delivery was successfully completed. Both client and baby are healthy.

Case B was waiting in the MCWC when the team was visiting. She was about 20 years old and had a bad obstetric history, losing her first two pregnancies at term. Her present pregnancy was at term with a breech presentation. The staff were waiting to meet her husband to request his permission for a Cesarean section. The team left before the problem was solved but learned later the outcome. The husband agreed to the operation. However, he had no funds for the medications that were recommended. The MCWC staff assisted with this and the operation occurred. Both mother and baby are fine and recovering well at the MCWC.

Ante-Natal Clients (ANC)

ANC 1

Ms. Y is 22 years old, she is nine months pregnant with her first child. She came from five kilometers away. She usually attends the MCWC with her sister-in-law, arriving by rickshaw. She heard about the center from a woman who had come over here for her delivery. That woman suggested her to come over here for "checkup and delivery". Ms. Y comes here every month for her pregnancy checkup. Her husband works in Kuwait. She said that she wants to get delivery here. Asked whether she would recommend the MCWC to others she mentioned that she would suggest other women to get delivery from here. Why she will suggest other women to come over here she said, "They (meaning clinic staff) are giving good medicine, providing immunization and better treatment". She also mentioned that "behavior" of the staff is very good. She likes everything here. However, she wants to deliver at home unless there is any problem.

ANC 2

Ms. X is 22 years old, one and half months pregnant with her first child. She lives two kilometers away from the clinic. She came here with her mother-in-law. Her husband is a sailor. She heard about the clinic from her neighbors. Her neighbors came here for taking ANC services. They suggested her to take "check up" from the clinic. Moreover this her first visit to the clinic also. She said that everything is "fine" here, especially the behavior of the service providers. Ms. X wants to have only two children. She said that she would tell her friends and neighbors to come to the center to take health care services. She wants to deliver her child at the clinic.

Moulvibazar MCWC

Current situation/performance: Moulvibazar is a unique area in Bangladesh because of the historic out-migration. It is estimated that one member of every family is located in Britain or other countries abroad. The results are higher income in many families but also difficult decision making. In many cases the husband of the pregnant woman is working outside the country and not available for decision making regarding the wife's pregnancy. This leaves decisions fully in the hands of in-laws who usually take a traditional approach, i.e. delivery at home.

The performance of the MCWC in Moulvibazar reflects the social condition. The CEOC first began in November 1998. However in 1999 there was a maternal (anesthesia related) death. The services were suspended until a new MO/MCH could be trained. The CEOC began again in August 2000. Since that time, the MCWC has performed 125 deliveries, including 47 Cesarean sections. There have been 1477 ANC clients and 298 PNC.

Reasons for low performance: As in Syhlet town, the number of women who attend for delivery is considerably less than those who come for ANC. The reasons given by the staff are fear by the client of hospital delivery. The women state a fear that they will "be cut" – i.e. have an episiotomy or Cesarean section. Thus they prefer home delivery. The second reason is that it is a family decision not the woman's decision. Most families, because of their conservative nature, prefer a home delivery. Compounding these factors is that most of the clients attending the MCWC for ANC are uneducated women. They have little or no power or decision making responsibilities in the family or even for their own health care.

Future requirements: To improve services at the MCWC the staff recommended an augmentation of the present staff. An additional junior medical officer or staff nurse to perform night duty and a staff nurse to follow the medical officer orders for clients. These two staff additions would ensure more effective care of clients (particularly in patients) and also allow the present staff to have some breaks. The current situation of the present staff on call constantly is not maximally effective.

Ward Cases

When the team arrived the MCWC had just admitted a client who needed a Cesarean section. The client presented with very high blood pressure and the baby was in a breech position. The MO Clinic had medicated her to reduce the blood pressure and was waiting for it to go down so she could perform the operation. There was some fetal distress indicated. The client was a young woman, about 20, and this was her first pregnancy. She was accompanied by her husband and his parents, as well as other family members. The family agreed to the operation. As the father-in-law said, "The doctor said it was needed so what would we say differently?"

At the time the team left, the operation was waiting a reduction in the blood pressure to a safe level. The team returned via the MCWC in the late afternoon. The baby girl was safely born and the mother resting comfortably.

Ante-Natal Clients (ANC)

ANC 1

MS A is 22 years old, eight months pregnant and visiting the MCWC for her third ANC. She came here from fourteen kilometers away. Today, she has pain. After getting pain she rushed here as during the ANC the doctor mentioned to come to the hospital quickly if there is any pain. Her husband is a businessman. Ms A has leg difficulties. This is her second pregnancy. Her first pregnancy ended in the death of the infant during delivery. She does not know why the child died. She wanted to come to the hospital but everybody said that as there is no problem she could have delivery at home. The elderly people at home said that "Why are you thinking? Home delivery is fine'. But it was not true for her. That's why she has come here from the first month of her pregnancy. Ms. A was brought here by a FWA/volunteer. She wants to have the delivery here. She feels that the services providing by the MCWC are great. She said, "Everything is fine here". Moreover she added that, " I find everything good after coming here". She said that she will tell to the other women to come to the MCWC because the staff take great care of clients.

Habiganj

Current situation and performance: The Habiganj MCWC is a busy facility. When the team arrived, the front area was crowded with rickshaws delivering clients – mainly for outpatient procedures. The building is an old one but it was clean and running efficiently. Like the other MCWCs visited in Syhlet Division, this one had the majority of clients for ANC (200-300 a month) and about 30 – 40 deliveries. The deliveries usually include five Cesarean sections and 10-12 episiotomy. The balance are normal.

Reasons for low performance: The main reason given for non-delivery was the conservative nature of the population. In Habiganj, unlike Syhlet town or Moulvibazar, the problem is not so much rival facilities but rather that families prefer to have home deliveries. There is a district hospital but not high quality private facilities. Clients also fear that they may have a Cesarean section or an episiotomy if they come to the MCWC. This they do not want and prefer to take their chances at home.

Future requirements: The staff felt that it would be very useful to have a counselor at the MCWC. Many clients come with RH issues and other problems and could benefit from dialogue with a counselor. The MO also felt that there was a staff shortage. It would be useful to add both another MO and also staff nurse to manage the post-delivery clients effectively.

Ward Cases

One client was waiting for a Cesarean section that was to be performed after the team left. She was a young woman – age about 20 with a bad obstetric history. The team was unable to interview her as the pre-operative stage had already begun.

Ante Natal Clients (ANC)

ANC 1

Ms K is 40 years old and this is her seventh pregnancy. She looks very anemic. Today, she comes here for tetanus toxoid injection. She came here with her mother. She has two male and four female children. All children are fine. Her husband is a day laborer. She came here from ten kilometer away. She heard about MCWC from a satisfied client who had her deliveries here. She heard that, 'MCWC is providing good services and good medicine.' Ms. K is having her ANC here and came twice. She said that she would visit MCWC for delivery if any problem arises. Otherwise she will have her delivery at home. She also said that will tell women to come here for the ANC services.

ANC 2

Ms Y is 20 years old and this is her third pregnancy. She came here with her sister. Initially, she heard about the facilities from a client who had taken the services from here. She came here from fifteen kilometer away. She has two female children and they are fine. Previously she came here for the ANC of her two children. Today, she came here for tetanus toxoid. The first two children were born at home but she had ANC from this center. For the present issue, she is also planning that if there is any problem she will come to the hospital for delivery. Otherwise she will try to deliver at home. Her husband's house is far away from the center. She has come to her father house and will stay here until her delivery is completed. This center is very close to her father house. Answering to a question she said that, "I came here because this is a good center." What is good? She answered that, "Everything is good here especially behavior of the doctor and their services." She said that she will mention to the other clients about the facilities for taking services. She also mentioned that now, people know about the facilities and they would come over here if there is any problem.

ANC 3

Ms F is 18 years old and seven months pregnant with her first pregnancy. This is her second ANC visit. She came at the MCWC with her sister. Ms F lives three kilometers away from the center. Her husband has no job. Ms. F heard about the center from her mother who comes here several times for general health services. She thinks that all the services provided by the center are fine and good. She mentioned that she will tell to others to come over here to take the services. She wants to have only two children. Answering to a question regarding place of delivery she mentioned that, "I don't know where I will have my delivery, my mother knows where it would be better. My mother also can handle it." She also said "Nobody here mentioned me where should I deliver my first child".

Rajshahi Division

The team visited four MCWCs in Rajshahi from 9 – 11 September.

Pabna MCWC

Current situation/performance: The MCWC in Pabna is one from the first phase of program development. It is a busy center with many clients both indoor and outdoor. The building is old but more spacious than some MCWCs.

The MO (Clinic) sees all complicated cases and performs Cesarean sections. On average these are 18-20 percent of all deliveries. The MCWC has very good relations with the District Hospital where there is an ob/gyn consultant and two medical officers.

To illustrate progress, the MO (Clinic) mentioned that in 1991 before the program started there were about 150 deliveries a year. Now there are almost that many in a month (usually 100 normal deliveries and 25-30 Cesarean sections). Approximately half of their ANC clients return for delivery.

Future performance: To perform more effectively, the staff suggested they need an additional MO. They also need additional space, particularly a ward extension. The day the team visited seven of the nine beds were filled with Cesarean section clients who stay, on average, for six or seven days. Because the beds were occupied, a client in labor was kept on the veranda on the floor until she was ready to deliver.

Ward Cases

The day we visited, there were three Cesarean sections completed and two normal deliveries.

There were four women in the ward who had Cesarean sections earlier in the week. An additional three women were in post operative situation following Cesarean sections that

morning. The first case was a 28 year old woman who had no ANC visits. The pregnancy was post mature. The client was at her mother's home where she went to a THC. There the doctor recommended she be moved to the MCWC, her husband agreed and they came the 70 kilometers from their home. She was safely delivered and the baby girl is also fine.

The second case was 22 and safely delivered a baby boy. She had come to the MCWC seven times for ANC, four times in the 9th month. She had an early ruptured membrane when she was visiting the MCWC for a check up. She was immediately admitted and given a Cesarean section. This woman was also asked about family planning. She said she would take a method based on her husband's and the doctor's choice. Her husband is a college lecturer. She clearly appreciated the service of the MCWC and was eager to tell others about it.

The third case also had her ANC at the MCWC (4 visits). She was 18 years old and this was the first pregnancy. She lives 10 kilometers from the MCWC and her husband brought her to the facility. She had heard about the MCWC from satisfied clients in her neighborhood and was eager to tell others about the facility.

The fourth case was her third child. She had had one child at home with a TBA in assistance and a second child in a private clinic. That delivery was a Cesarean section. She came to the MCWC on the advice of a relative for the delivery. She had no ANC. She also had a tubal ligation after delivery. She was ready to tell others about the MCWC. She felt it was nice and clean and the providers were helpful.

The three women who had Cesarean sections the morning we were there were:

Case one was 20 years old and had obstructed labor. This was her first pregnancy and she had no ANC. She came from an area 15 kilometers away. They had tried to deliver at home. We learned from her father they had the village doctor come with a drip and other medicines but it did not work. So, the parents and husband brought her to the MCWC where she safely delivered.

Case two was also 20 years old and a first pregnancy. She had no ANC. Her family tried to take her to a private clinic but that clinic turned them away because they did not have Taka 8000 for a Cesarean section. She had a ruptured membrane and an unfavorable cervix. She was safely delivered at the MCWC.

Case three the least was known about. She was 28 and this was her second delivery, the first at the MCWC. She did have ANC visits. She came from an area about 30 kilometers from the MCWC. She also had a safe delivery.

Ante Natal Clients (ANC)

The ANC visits are Sunday and Wednesday. As we were visiting on a Sunday we had a good opportunity to talk to many clients. There are between 70-100 ANC clients every day of ANC visits. In ANC there were two main types of cases, women for first deliveries and women who had bad obstetric history and were coming to improve their opportunity for a safe pregnancy and delivery.

The women who were in their first pregnancy were young – 16 years. They learned from the MCWC from neighbors who had used the facility. They came for check ups and to get TT. Most stated they would like to come for delivery but it was not their decision. They would have to depend on the decision of their husband and their mother-in-law. One of the 16 year olds had come with her mother, a BRAC worker. This mother was the main motivator to encourage her daughter to come to the MCWC. All of her own children were delivered at home but, as she stated, “That is not necessary any more. My daughter can come here.”

Very few women at the ANC had more than one or two pregnancies. However one informant was gravida four. She had one living child, one abortion and one child died in a car accident at age six. It was her first visit to the MCWC and she had come for check up and TT. She fully plans on a home delivery and will only come to the MCWC if there is a problem.

Most women come for not more than one or two ANC visits. However, one woman attending had come for six visits. This was her second pregnancy, the first pregnancy ended

in a still birth. The informant was extremely short and had been advised to deliver at the MCWC. Her husband, an employee of the District Commissioner's office agreed with a MCWC delivery. She had come for the check up with her mother.

Other cases follow.

ANC 1

Ms S is 20 years old, she is seven months pregnant with her first child. Her husband is a service holder. She came to the MCWC from three kilometers away. Moreover, she came here for the first time for "checkup". She came over here with her mother. She mentioned that all her relatives come here to take the services. So she also comes over here. Answering to a question why she came to the MCWC she mentioned that, "They are providing good services and good medicine." She mentioned that she is seen by another doctor as well outside. Answering to the question regarding place of delivery she mentioned "I will try to have my delivery at home. If it happens there, that is fine. If they're any problem then I will come to the MCWC". She is happy for the services and mentioned that she will tell to the other to have their service from here. She did not use any contraceptive in her life but now she wants to adopt some contraceptive. Oral pill is her choice.

ANC 2

Ms G is 16 years old, nine months pregnant with her first child. She came here from two kilometers away. Her husband is trying to find a job. She came here with her mother. She heard about the center from many people around her. Today, she came here for "checkup". This is the first time she came here for checkup. She mentioned that, "I came here today to take the "date" meaning that date for delivery." She wants to deliver at the hospital as there is lot of problem at home. It is risky to have delivery at home. She said that her sister had her delivery at this MCWC and it went fine. As the service is good she said that, I would tell everybody to come over here for the services".

ANC 3

Ms. H is 25 years old, nine months pregnant with her second child. She came here from five kilometer away with her husband and child. Her child is about three years old. Her husband is a businessman. She used oral pills in between two pregnancies. The first child is male and was born at home by a "Dai". Today is her third visit at the MCWC. She has taken TT also. One of the village doctors referred her to this MCWC. Moreover, she also mentioned that all her family members come over here to take the services. She mentioned that hospital staffs also suggest her to come at the MCWC for the services. The service of the center is good. She said "The service of the doctor is good. Their behavior is fine and they check me very carefully." Today she comes here to confirm her date of delivery. Answering to a question regarding place of delivery she mentioned that, "Service provider told her to come to the clinic immediately when there is a labor pain." She thought, "It is better to have delivery at home." Replying a question whether service provider has mentioned that it is better to have delivery at hospital, she said "no". She said she will tell to others about the clinic to take services.

ANC 4

Ms. Y is 15 years old, eight months pregnant with her first child. This is her first visit for ANC. She came from one kilometer away with her sister-in-law. She heard about the MCWC from a field worker. Field worker told her to take "checkup" from the MCWC. Ms. Y also heard about the center from some other clients. Her husband is a service holder. She did not visit any doctor before she came here. She said that she herself decided to have delivery at the hospital. She also mentioned that she will tell to others to come to the MCWC for services as she is very happy with the services provided to her especially service provider behavior. She said "They checked me up very well, ask everything step by step and asked me to come over here if any problem arises."

ANC 5

Ms. J is 30 years old, her second pregnancy and her second ANC visit. She came here with her neighbor. Moreover many people said her to come here for the services. She came here

from eight kilometers away. The first one is a female child and she is three years old. The first child had home delivery and had some problem during delivery. She had prolonged labor and perineal tears. So this time she decided to have the delivery at the MCWC. The service provider tells her to come over the clinic when there is labor pain. She is satisfied with the services provided to her especially the behavior and cleanliness of the hospital. Answering a question about referring others she said that she would refer other clients to come over here to take the services.

CHAPAINABABGANJ MCWC

Current situation/performance: This MCWC is located in a border area nearly two hours by road from Rajshahi. It is a simple facility located directly behind the District Hospital. There has been a frequent change of MO (Clinic) -- there were five MO (Clinic) in 2000 alone. The current MO (Clinic) is a male doctor who has served for one year. There are two MO (MCH/FP) assigned to the MCWC but both are on leave. One is study leave and the other maternity leave. The latter is not trained to provide anesthesia. With no MO (MCH/FP) there can be no operations at the MCWC. As it is located on the same campus as the District Hospital, Cesarean section and other complicated cases can be referred there. However, it was reported that the ob/gyn consultant at the District Hospital does not like to receive emergency cases after office hours (2:30), so the MCWC has to refer clients to the private facilities (10 private facilities in town) or to the Rajshahi Medical College (about one hour away by car). Private facilities charge Taka 3000 – 7000 for a Cesarean section.

The MCWC has 5 FWVs, 4 trained in EOC. It also has the full compliment of auxiliary staff: pharmacist, female medical attendant, driver, sweeper and night guard.

Reasons for effective performance: The MCWC does approximately 50 normal deliveries a month. Prior to the MO (MCH/FP) leaving, they did 2-3 Cesarean sections a month. They have 400-500 ANC clients and 80 PNC every month. On an ANC service day there are 40-60 clients (two days a week). As an example, August 2001 for ANC there were: 246 first visits; 102 second visits; 55 third visits. In high risk there were 16 first visits; 19 second visits; and five third visits. Twenty to thirty percent of ANC clients come for delivery.

Future requirements: To do their work more effectively the MO (Clinic) and the ADCC¹ who joined the meeting suggested there was need for the post of MO (MCH/FP) to be filled immediately and also an additional medical officer trained in EOC for night duties. Paramedics (FWVs) trained in EOC were also needed. They felt the MCWC could continue

to function without UNFPA support if the government would take all responsibility and all manpower were trained. They suggested that they could charge the clients and the MCWC could survive on its own earnings.

Ward cases

There were two women in the ward who had both delivered normally.

The first case, an 18 year old woman, came regularly for ANC and the workers asked her to come for delivery. She lives 2 –3 kilometers from the MCWC. The baby boy is her first. She had a normal delivery and would be going home in the afternoon. She was eager to tell her friends about the good service she received from the MCWC.

The second case was a woman having her second child. The first was four years old and also born in the MCWC. She had been told about the MCWC by neighbors and an FWA. She had a very positive experience and would be sharing the information about the MCWC with her family and friends.

Ante Natal Clients (ANC)

ANC 1

Ms. T age is 23 years old, seven months pregnant with her second child. She came to the MCWC with her husband. Her husband is a day laborer. She came from ten kilometers away. She already got TT. She heard about the MCWC from a village doctor who referred her here. She also had "checkup" from here for her first child. She had edema in the leg during her first pregnancy. Her first child died due to drowning. Her husband and mother-in-law also told her for "checkup" from here. This is her first visit for this issue. She wants to have delivery here at her mother's house. She is satisfied with the services provided to her. She also mentioned that she would suggest others to come over here for taking services.

¹ The ADCC comes to the MCWC almost everyday at 11:30 to assist the staff and discuss cases with them.

ANC 2

Ms. U is 20 years old, eight months pregnant and having her fourth ANC visit. She came here from half a kilometer away. She is eight months pregnant. She came here with her mother-in-law. Mother-in-law dropped her here and left. Now, she is accompanied by her sister-in-law who also came for services. She heard about the center from neighbors. Her neighbors suggest her to have "checkup" from here. While she was talking with her family members they also agreed with her idea. She wants to have delivery here as she is satisfied with their services. Specifically she mentioned, " this hospital is very clean and their behavior is very fine. I like this." Answering a question she mentioned that she would suggest other clients to come over here to have their "checkup".

ANC 3

Ms. Y is 30 years, seven months pregnant and this is her first ANC visit. She came from five kilometers away. She came here with her sister-in-law. She heard about the clinic from her sister-in-law. Her sister-in-law came over her for her pregnancy checkup. This is her fourth gravida. She had one male and two female children. All her deliveries were at home with the help of a "dai" and some elder members of the house. She wants to have home delivery again. She said that if any problem arises she will come over the clinic for delivery. She is satisfied with services she has been provided. She said, "I like the services". Answering to the question whether she will suggest to other to come here for services, she said "yes".

Rajshahi MCWC

Current situation/performance: The Rajshahi MCWC is a very old maternity home located in a busy section of the town. The MCWC performs about 100 ANC check ups on each of the two days a week it provides this service. It provides about 60-70 PNC a month; 60 normal deliveries; and five Cesarean sections on average.

The full compliment of staff is 14: 1 MO (Clinic), 1 MO (MCH/FP), 3 FWVs, 2 nursing attendants, 1 pharmacist, 2 dai nurses, 1 female medical attendant, 1 driver, 1 peon/chowkidar, 1 sweeper.

Future requirements: The staff is not sufficient for the work load. The MO would like to have two more medical officers, an FWV trained in EOC, and additional supporting staff – sweeper, ayah and MLSS (peon). They would also like to have an extension on their ward as it is always full. They suggested they could build another floor on their building for the ward extension.

Ward Cases

There were seven cases in the ward. Five had normal deliveries, one was pregnant with high fever and admitted for that reason, and one was waiting for a Cesarean section to be performed in the afternoon.

Case one was the ill client, 20 years old. She came when 24 weeks pregnant with high fever that was diagnosed as typhoid. She was an ANC client with a poor obstetric history. Her first pregnancy was molar; the second was aborted spontaneously. This was her third pregnancy. She came from 20 kilometers away. She was much better the day of the team visit and the MO (Clinic) planned to release her from the MCWC. She intends to return to deliver her baby.

Case two began her labor pains while she was at the MCWC for ANC visit. In any case, this was a booked client. She was gravida three, her other children were ten years and four years.

The first was delivered at her mother's home, the second in the MCWC.

Both mother and baby were well and she was looking forward to going home that day.

Case three delivered the day before we were at the MCWC. She was an educated woman, Master's degree and was 27 year old. She delivered a male child, her first. She had come to the MCWC for ANC. She came from ten kilometers away. She plans to take a family planning method but will wait to decide with her husband. She also plans to tell others about the good service she received at the MCWC.

Case four had been at the MCWC for two days after delivering her first baby girl. She had a normal delivery but was suffering from lower abdominal pain so the MCWC staff kept her for observation. The client was 23 years old. She had her ANC at the MCWC and planned to deliver at the MCWC. She lives far from the MCWC (about five hours by bus). She took a bus as soon as her pains started and reached the MCWC in time to deliver.

Case five was 18 and having her first baby. She had come for ANC three time and fully intended to deliver at the MCWC. Her membrane ruptured at home and she came to the MCWC in the morning. Labor pains began that evening and the baby boy was born the next day. The client is very happy with her treatment at the MCWC and is eager to tell her friends about the experience. She plans to return to the MCWC for PNC and for family planning. She is adamant she does not want another baby for six years so will take a family planning method in consultation with her husband and the medical officer.

Case six delivered her baby the day before our visit. She arrived at the MCWC at 4:30 a.m. and delivered by 6:00 p.m. She had a ruptured membrane and then labor started after that. She is 20 years old and this is her first child. She had come for ANC two times. She plans to wait 4 –5 years before she gets pregnant again. She and her husband agree to use condoms. She plans to recommend the MCWC to family and friends.

Case seven was waiting to have a Cesarean section. She was eleven days post date. She was a 22 year old and this was her first child. Her husband had agreed to the operation.

Cesarean section history at Rajshahi – Case eight: While talking with the doctor she told me this history of a Cesarean section. Ms. O is 25 years old. She married for two years. She lives in a remote area 25 kilometers from the main town. Her husband is a farmer. She never had gone to any hospital for her sickness even for this pregnancy. She was pregnant for nine months. She did not have any ANC nor anybody came to her for telling about ANC. Her mother-in law and husband always say that it is better to have delivery at home as they are not use to go to any hospital. Her sister-in law also had safe delivery at home. This is her first pregnancy. She knew nothing about the pregnancy. So she obeys her seniors advice. She was quite sure that she is going to deliver at home.

Once she had lower abdominal pain in a day at noontime. She did not understand why she has pain. So she kept it secret for quite sometime. In the afternoon she had more pain that she could not tolerate. Then she tells her mother-in-law that she has some pain in her lower abdomen. Hearing from her, her mother-in law said "you have labor pain". In the meantime she has licking membrane. Her mother in-law who was also quite well known as a "Dai" understood that she is going deliver very soon. Her mother-in-law also asked another "dai" to help her. Evening goes, night comes, but there is no good news. Both the "Dai" failed to deliver her at the house. In the morning the patient's condition became worse and they decided to take her in a hospital. But, where to take? One woman who had her delivery from MCWC suggested them to take her at the MCWC. Then they brought her to the MCWC. The doctor examined the patient and decided to do LSCS immediately as she had obstructed labor and child was in distress. Doctor had no scope to do any other lab test. Moreover the patient had CPD. During Cesarean section the doctor brought out a female child first. Then she tried to bring out placenta but it was difficult at that time. She discovered another male child in the womb and then brought out him. One child was very sick and had distress and was sent to the medical college hospital for management, the other was fine. Mother was too exhausted and

demands blood. They transfused two units of blood to the patient. After seven days the mother with her two children goes to the home with absolute satisfaction.

Ante-Natal Client (ANC)

ANC 1

Ms. H is 30 years old and nine months pregnant with her first child. Her husband is a service holder. She is also doing a job. She came here with her sister-in-law. She resides about one kilometer from the center. She has heard about the MCWC from a client who has had her delivery in this center. Her elder relatives suggest her to come this center for care. They said, "This is a neat and clean hospital, so you can go there." She wants to have delivery here even if it is a normal delivery. She totally relies on the instruction of the MCWC's staff. She came here for three ANC visits. She is happy with services she had. She likes the center. Answering to the questions she said, "Everything is good here. Everything is neat and clean." Moreover she also said, "Other medical hospital is nasty. If anybody goes there she will be sick. This is better than the other hospital". She said she would tell to other women to have their delivery from this center.

ANC 2

Ms. T is 25 years old, in the ninth month of her second pregnancy. She came from 30 kilometers away. She heard about the center from her neighbors and from some other satisfied clients. Ms. T came here with her sister-in-law. All family members gave her permission to come over here. Her first issue was born by Cesarean section at this MCWC. She wants to have delivery here again. She mentioned that service providers also said her to have delivery here. She is happy with the services that provided to her. She said, "Their behavior is good and they explained everything finely to me." She mentioned that the service provider gave her medicine also. She said that she will suggest other clients to come over here for taking services.

ANC 3

Ms. R is 30 years old, nine months pregnant with her fourth child. She came alone in the hospital as her house is very nearer from the center. She came here three times including this visit. She heard about the hospital from others people. She said, "Everybody tells about this hospital that they provide good services". She had two female and one male child. She has born her all previous children at the MCWC. She also wants to have her fourth delivery at the MCWC. She said, "In the hospital (Medical College) there is male doctor. I do not like it." So she does not want to go there. She is happy with the services. She said, "Everything is good here. They examine everything step by step. Nothing is bad here'. Answering to a question she said that service provider did not mentioned to her about the post delivery contraception.

Bogra MCWC

Current situation/performance: The MO (Clinic) and ADCC were at the MCWC. The Director FP also came to join our meeting. The MO (MCH-FP) left in May for advanced studies and has not been replaced. There is a reluctance of another MO (MCH-FP) to transfer because the post is temporary. The loss of the MO (MCH-FP) means the Cesarean section service is suspended. All other services are continuing as before. The other staff are in place. There are: FWV – 4 (three are sanctioned posts and 1 is deputed); pharmacist (deputed); nursing assistants – 2; nursing attendant – 2; female medical attendant – 1; ayah – 2 (deputed); driver; peon; and sweeper.

There is a Medical College hospital where clients are referred who need Cesarean section or have other complications. Since the MO (MCH-FP) has left, five cases have been referred.

Normally the Bogra MCWC performs about 30 - 35 deliveries a month. They provide ANC three days a week and have about 50 clients per day. Only 70-80 clients come for PNC visits in a month. All normal cases are managed by the FWVs and they also manage the majority of the out patients. There are 500-600 child health clients every month. The MCWC in Bogra does have a reputation for being a “child service point”.

The total outpatient for August was 3038. There were 36 deliveries, 18 were normal and 18 required episiotomy. The result of these deliveries were 33 live births and three still births. Performance is remaining about the same even though the MO (MCH-FP) left. (January – August deliveries monthly were 23, 35, 35, 38, 31, 30, 30, 36).

In Bogra there are 19 private hospitals, including a large mission hospital. The Medical College hospital is combined with the District Hospital. So, there are many places where women can go for delivery if they choose. Yet, the majority stay home, even though they attend the MCWC for ANC.

This MCWC does use its computer for developing reports and maintaining their statistics. It is used by the female medical attendant who has been trained. The MO (Clinic) and one FWV have also been trained to use the computer.

Supplies and medications provided through UNFPA funds have come regularly without exception. The DDS kit, however, is a problem. It has not always been available. In this case, the clients are asked to buy the necessary medications².

The MO (Clinic) also works with three FWCs in the rural area. She has trained the FWVs to perform normal delivery and to recognize clients who need referral. This is a local initiative assisted by GTZ.

Future requirements: In order to improve their work, the MO (Clinic), supported by the ADCC, suggested they need the MO (MCH-FP) position filled immediately. In addition, they could benefit from a lab technician so they could conduct investigations. Training is needed for sub total hysterectomy. They felt that if the Government could provide the training and logistics required for the MCWC, they would not require the support of UNFPA. But, the government system is not developed for this and so support is required.

They attribute their success to having all the necessary facilities and equipment to provide services and the trained personnel. They also credit the supervision they receive which is oriented toward problem solving. They feel that potential clients are aware of their services thanks to the motivational work of FWAs in the community.

Ward Cases

There were three clients in the ward. One had just delivered her first child. She was 20 years old and lived in the town very close to the MCWC. She came for ANC three times, escorted by her mother, and had planned to deliver her baby at the MCWC. She came when her pains started in the night and delivered her baby girl, with episiotomy, at 6:00 a.m. Her husband is

² The DDS kit was also identified as a problem in other MCWCs both in Syhlet and Rajshahi Divisions.

a computer engineer to whom she has been married for 2 ½ years. She plans to use family planning but would decide the method with her husband. Prior to this pregnancy, they had used condoms. She intends to space her next pregnancy five to six years. She is already planning to come for PNC. The staff advises the women to come seven days after delivery. She also will bring her baby for EPI to the MCWC.

The second client was not in labor. Her gestation was 34 weeks and she came because she had a burning sensation in her urine and lower abdominal pain. The MO (Clinic) diagnosed a UTI. This will be her first child, she had a previous pregnancy which was stopped with MR (one year ago). The client is 26 years old and had done her ANC at the MCWC.

The third client was in active labor. She had arrived at the MCWC in the morning at 7:00. She is a 20 year old and this was her first child. She had an MR previously. She had come to the MCWC for ANC three times and also planned to attend for PNC.

Ante-Natal Client (ANC)

ANC 1

Ms. R is 20 years old, eight months pregnant with her second child. She came here from one kilometer away. Her husband is a businessman. Her first child was born at the MCWC. Interestingly she was also born at the MCWC. Her brother's child also was born here. Everybody knows about the center. She likes everything here. She said, she is specially helped by the health education session from the center. From there she could know many things that are useful for her. Her first child was normal. She wants to deliver the present child here. Answering to a question she said that, she will suggest other to come over here for taking services although everybody knows about the center. She said, "Service provider behavior is very good. They do not take any money. Moreover the center is very clean."

ANC 2

Ms. K is 22 years old, eight months pregnant with her third child. She came from one and half kilometer away. Her husband is a businessman. She had two children, one male one female. She forgot to take her oral pills and got pregnant. She knew about the clinic from her childhood. She came here with her sister. Her sister gave delivery here. Her neighbor also comes here. She likes the center very much and wants to have her present delivery here. She said, "Everything is good here. Good treatment is provided here." Answering to a question she said, "what I will suggest, everybody knows about the center."

ANC 3

Ms. W is 21 years old, eight months pregnant with her first child. She came from one and half kilometers away. Her husband is a businessman. This is her first visit at the center. She heard about the center from her neighbors and a FWV. Her sister also came to the MCWC for services. She found everything good here especially the service provider behavior. She said she would suggest other women to come over here for the services. She wants to have her delivery here even if it is normal delivery.

REPRODUCTIVE HEALTH INITIATIVE PROGRAM

Red Crescent – Sylhet Maternity Hospital

The Red Crescent sponsored Sylhet Maternity Hospital is located in Sylhet town. It was established in 1936 during colonial times and has operated since that time. In November 1999 the hospital became part of the RHI program. RHI outreach centers have been established where primary health care and advice on reproductive health is given.

The clinical staff for the maternity hospital includes: 2 consultants; an anesthetist; and 4 medical officers.

Comprehensive EOC began in February 2000 and a total of 150 Cesarean sections have been performed. This is a private hospital so there are charges. A Cesarean section costs Taka 11,000; Taka 1100 for normal delivery. For those who come with an RHI card, the cost for normal delivery is Taka 200. There are rebates for those who cannot pay. Taka 500 can be provided directly by the project director for those in need. If more rebate is required, the hospital committee makes the decision.

The hospital is busy, with the ward full of clients. There is also ANC/PNC provided at the hospital, as well as family planning services.

Rajshahi City Corporation

This project is part of a joint project with ADB and is designed to developed comprehensive EOC services in various facilities in urban areas. The one the team visited is a City Corporation hospital where a comprehensive EOC facility has been set up. It is well-designed with OT suite, labor room and ward. There is sonography equipment, as well as all the necessary equipment for normal and Cesarean deliveries. Unfortunately, it is not used yet as there is no medical officer to manage the cases. UNFPA does support the FWV positions

and these are busy with outpatient. There are also outreach workers who are meeting women in their homes and encouraging them to come to the City Corporation.

ANC and PNC started from May 2001 and the women waiting for ANC all requested that the facility be made ready quickly so they could use it. PHC and EPI are also conducted now.

The manager hopes to sort out the manpower issue and begin by October 2001.

In addition to the City Corporation facility, similar facilities are being managed by an NGO - ASKS.

Anannay Shamas Kallyan Shangstha (ASKS)

ASKS is an NGO that has developed a maternity facility in Rajshahi which has been opened for one year. Maternity cases have been managed for two months only. There were five cases the first month – four normal delivery and one Cesarean section. Each day there are five new ANC cases and about five returning for an ANC follow up visit.

The facility also provides PHC and comprehensive RHC, as well as family planning. For all of these services 15 – 20 clients come each day. There are a total of 24 staff including five medical officers who manage these clients. In addition there are three satellite clinics where 40-50 clients are seen each day. These are staffed by an FWV or nurse, a service promoter and a community worker.

There is a service charge at the ASKS clinic. There is a Taka 5 service charge; Taka 100 for normal delivery; and Taka 1200 for Cesarean section.

UNFPA support provides all the facilities and equipment of this center. In addition, a new center is being built – to be completed by December 2001. This is a multistoried building in a busy section of the town. The cost for building is shared between UNFPA and ADB.

MYMENSINGH MARIE STOPES CLINIC and TONGI MARIE STOPES CLINIC

Mymensingh Mari Stops CLINIC

The Marie Stopes Clinics is of the RHI program. The clinic in Mymensingh opened in February 2000. It has an average of 70 clients a day, most of whom come from the city itself. The client mix is as follows:

Services	Number of Clients
ANC	12 – 15
PNC	5 – 6
FP	10-12
RTI/STD	3 – 4
Child health –	15
General health (women)	17

On a monthly basis they have six deliveries. In August they performed 160 NSV and have already performed 37 in September (through the 15th). They also do sterilization camps in cooperation with the government. In that program they performed 73 tubal ligations and five NSVs in August. Marie Stopes also does MR. In August 37 MRs ere performed.

The staff at the static clinic includes:

Clinic manager – 1

Medical officer – 2

Counselor (women's services) – 1

Counselor (male services) – 1

Paramedics (diploma nurses) – 2

Midwife – 1

Health educator -- 2

Driver – 1

Caretaker – 2

Cleaner (daily basis) – 2

Marie Stopes charges for all services. For example, they recommend three ANC visits. The first visit includes pathological testing and the fee is Taka 100. The two subsequent visits are Taka 30 each. Normal delivery charge is Taka 500. However, they also give the client: food during lying in, a radio, mosquito net for the infant, and medicines.

For Cesarean section or other complicated deliveries, Marie Stopes must refer. There are several places to choose from in Mymensingh. There are 75 private clinics and a Medical College. Marie Stopes has developed a cooperation with one private clinic which will perform the Cesarean section for their referred clients for Taka 6500. The normal cost for a Cesarean section in Mymensingh is Taka 10,000 – 15,000.

There are severe building constraints in the present location. The building is old and very damp. If services were to be expanded, it would probably require a different premises. In order to provide additional EOC services, like Cesarean section, training of the MO is required. However, the current clinic manager does not believe that additional staff would be required to perform Cesarean section and other emergency obstetric services – only the training.

In addition to the static clinic, the Marie Stopes manages a satellite clinic in collaboration with Nari Motri, an NGO. This clinic is in the brothel where there are 450 CSWs. There is one MO and a paramedic at that clinic to provide services.

A particular success of this clinic is the VSC program done in collaboration with government. The field staff of government (FWA) motivate the clients and then the Marie Stopes team comes to perform the operations. It is a real team work that has been effective.

The clinic manager suggests the need for continued support so they can expand their services to include Cesarean section. This will insure that they can serve all their clients adequately.

Ante Natal Client (ANC)

The first client was 25 years old and in her 8th month with gravida two. Her husband is a carpenter and she is a housewife. Five years before she had a home delivery for her first child, a girl. Her grandmother was the birth attendant. During this pregnancy she was motivated to come to the MCWC for ANC by a FWA. This was her third ANC visit. She feels the treatment is very good and she will tell others about it. But she intends to deliver this pregnancy at home as well. She will not come to the clinic. In the interval between the birth of her first child and this pregnancy, she used oral pills. She will take oral pills again after this birth. She does not want more children if the baby is healthy.

Client two came to the MCWC from three hours away (about 100 kilometers). She stays with a relative in the town for a few days a month so she can visit the clinic for her check up. She has already had eight visits, starting in her 4th month of pregnancy. She is pregnant with her first child and is 20 years old. Her husband is a business man. They have been married for three years. Prior to this pregnancy, she used the oral pill. This was on the advice of her mother-in-law. She wants to use a family planning method again after the birth but again will rely on the advice of her mother-in-law. She wants to deliver in the Marie Stopes clinic but it is not her decision. Again it will be her mother-in-law who decides. Her due date is in two weeks. She feels she has had good service at the clinic and will encourage others to come.

Male clinic clients, field volunteer, health educator

The Marie Stopes clinic also performs NSV. They have volunteers who motivate clients for this procedure. The day we visited, one man was waiting for NSV.

The client was 43 years old and the father of five daughters and one son. Neither he nor his wife had ever used a family planning method. He was convinced to have NSV because his income could not tolerate the cost of more children.

The field volunteer had been working for Marie Stopes for five months. Prior to that he worked for FPAB in the same capacity. He has had NSV himself, ten years previously. He successfully motivates about ten clients a month for NSV. He thinks this is a good job which he plans to continue.

Marie Stopes has two health educators, one male and one female. They also spend most of their time in the field giving health promotion. The woman health educator goes door-to-door sharing RH messages and encouraging women to come to the clinic for check up. The male health educator goes to pharmacies and physicians, as well as traditional health workers, promoting the Marie Stopes clinic.

Other work in the field includes contact with the traditional healers (quacks) to encourage them to send clients to the clinic. TBAs are also contacted to use the clinic.

The cooperation with TBAs is a unique one. They encourage the TBAs to use the clinic for their clients and provide a Taka 500 counseling fee if clients do come. From this effort, a few clients have been attending the clinic. In addition there has been a training for non formal medical practitioners. This is a three day RH training to share information on diagnosis, treatment and referral. Twenty-one non formal medical practitioners have been trained.

Future requirements: To be more successful the health educators suggest that they need additional on the job training, particularly on counseling. The male health educator also suggests that he needs training on marketing as he is visiting commercial establishments. Both have recently joined Marie Stopes – two weeks previously – so are still learning their jobs.

Tongi Mari Stopes Clinic

The Marie Stopes Clinic in Tongi is on the main road of this busy trucking center just a few kilometers outside of Dhaka. The clinic started December 2000 and has UNFPA support for three years. There is both a male and female clinic. The male clinic was the team's principle

interest. It is open everyday from 2:30 – 8:30 p.m. and the service provider is a male MO. For the male clinic there are 15-20 clients daily. Half of the clients come with sexual health issues. The balance have general health concerns. There are 3 – 4 NSVs daily. For the STD clients, there is a cooperation between the male and female clinic (that is, women diagnosed with STDs receive a prescription for their partner to attend the clinic) and there is partner tracing. To support their sexual health program, they also have a clinical psychologist who attends the male clinic once a week. However, he cannot see more than 3 – 4 clients in that time. Thus the MO has the majority of the responsibility for counseling and treating all clients himself.

The entire clinic has the following performance:

Services	Number of Clients
Total clients daily	70
ANC	9–10
PNC	2-3 (a week only)
MR	40 (a month)
Others	rest

They also provide general health care and child health. There are no deliveries in the Marie Stopes clinic. They refer clients who need clinical care to private facilities in Tongi or to Dhaka.

Future requirements: The staff would like to expand to provide delivery services. This would require a new location as all their space is currently occupied with their present work load.

The clinic manager believes their main success is simply in drawing clients for services. When they started they had no clients, now they have 50 – 60 a day. A second success is related to NSV. Previously men refused because they feared they could become weak. This belief has been overcome and the NSV program is quite successful. The third success is in sexual counseling. Many were skeptical that it could be done – especially without medicine. But, the clinic staff are proving that it can be done and there is understanding and acceptance of sexual counseling.

There is also failure and that is that the client demand for delivery services cannot be met. After encouraging women through their pregnancy with ANC visits the fact that they are unable to assist with delivery is a constraint to their success.

BGMEA PROGRAM – DHAKA

The team visited one BGMEA clinic and one factory in Dhaka. The purpose of these clinics is to provide PHC and RH care to factory employees. UNFPA is involved with provisions for the clinic and also supports the education of health workers who are factory employees. These health workers educate fellow factory workers regarding PHC and RH. They also assist in planning meetings that are conducted by project staff. The clinic is continually training more health volunteers – 30 will begin training tomorrow, for example and train for ten days. The volunteers are contacted at the factory – if they need help with their work they can also attend the clinic.

The clinic is a busy place, with about 100 clients per day. The majority of clients come for general health care though there are some RTI and family planning clients, as well as ANC. The clinic provides oral pills and condoms. For all other family planning services they refer the potential clients to Azimpur Maternity. All services of the clinic are free.

Thirty percent of the clients are married women. ANC is provided to about ten clients a month. The majority do a home delivery, even though the clinic staff recommends Azimpur.

The clinic is open 9 – 5. Their target group is 100,000 factory workers who are from the surrounding 175 factories.

UNFPA has been involved with the clinic since 1998. But the clinic has been open with BGMEA support for seven years.

The staff includes: 2 MO, 2 nurses, 1 pharmacist, 5 field staff – 2 project officers and 3 supervisors who visit the factories. Their monthly performance for August included: 109 daily clients; 1293 returning clients; and 1326 new clients.

The medical staff feel they are accomplishing “60 percent” of what they expect or hope to accomplish. To accomplish more they need better referral networks from the factories. Currently the health volunteers are selected by factory management. Some are inactive but the clinic does not have any scope to replace them.

The team also visited a garment factory across the street from the clinic. An education meeting for about 30-40 garment workers was going on. The field staff, project officer, was discussing and educating on all elements of PHC and RH with the factory workers – a mixed gender group. The project officer comes to the factory once a month and talks to different groups of workers. The meeting was organized by the health volunteer.

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APPENDIX A – SCOPE OF WORK

TERMS OF REFERENCE FOR POPULATION COUNCIL

1. Conduct case studies to determine factors influencing the quality of services at MCWCs.
2. Compare the experiences of most recently upgraded MCWCs to the first group to document how the problems encountered have been over-come and identify what problems still exist and based on evaluation reports identify improvements to be made on major programmatic issues.
3. Document the success of the component projects being implemented for the female Garment workers and Youth Clubs.
4. Undertake field visits to MCWCs of different categories (high performing/low performing, etc.) for human interest cases.
5. Visit Health Care Centres funded by BGMEA and UNFPA and some garment factories.
6. Study UNFPA's existing Country Programme and Mid-Term Review Documents and other documents and suggest programme interventions for the next UNFPA country programme scheduled from January 2003.

APPENDIX B – VISIT SCHEDULE

Two main field trips were undertaken to visit selected MCWCs from Phase I and Phase II development.

Phase II from Syhlet Division:

Syhlet MCWC

Moulvibazar MCWC

Habiganj MCWC

Phase I from Rajshahi Division:

Pabna MCWC

Chapainawabganj MCWC

Rajshahi MCWC

Bogra MCWC

Other visits were:

In Syhlet:

Red Crescent Maternity Hospital

Divisional Director for Family Planning

In Rajshahi:

City Corporation

ASKS – NGO managing out patient services and EOC

In Mymensingh and Tongi – Marie Stopes Clinic Society facilities

APPENDIX C – CONTACT LIST

UNFPA

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Project staff:

Dr. Arkanul Islam, RHI Umbrella Project

Dr. Rafiqus Sultan, Reproductive Health in Metropolitan Cities, Urban Primary Health Care Project

Unicef:

Dr. Yasmin Ali Haque

Marie Stopes Clinic Society

Dr. Yasmin H. Ahmed, Country Director

Engender Health

Dr. Jahiruddin Ahmed

SYHLET DIVISION

MCWC staff and facilities visited in: Syhlet; Moulvi Bazar, and Hobiganj

Syhlet Maternity Hospital – Red Crescent

District Family Planning Office

RAJSHAHI DIVISION

MCWC staff and facilities visited in: Pabna, Chapainawabganj, Rajshahi, and Bogra
Rajshahi City Corporation – RHI project

ASKS – NGO managing women’s services including maternity care – RHI project

MYMENSINGH and TONGI

Marie Stopes facilities visited where RHI project is operating.

