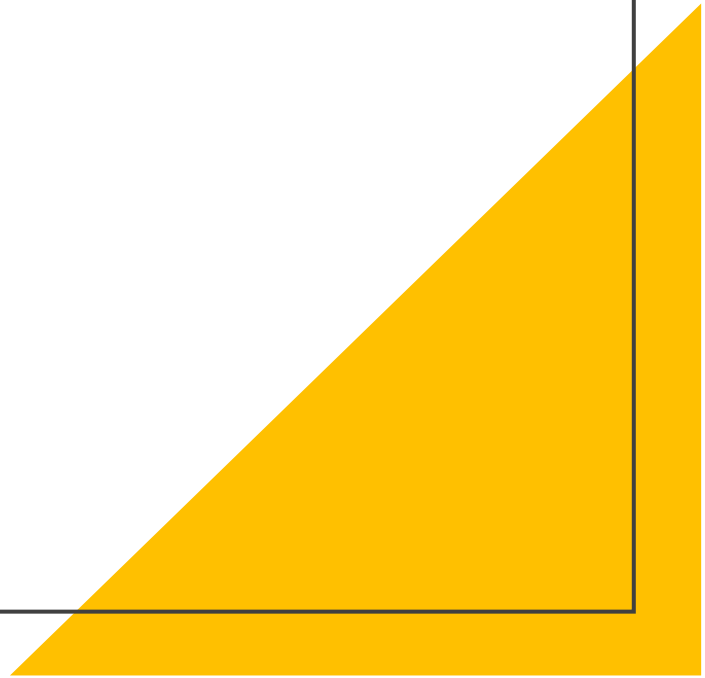


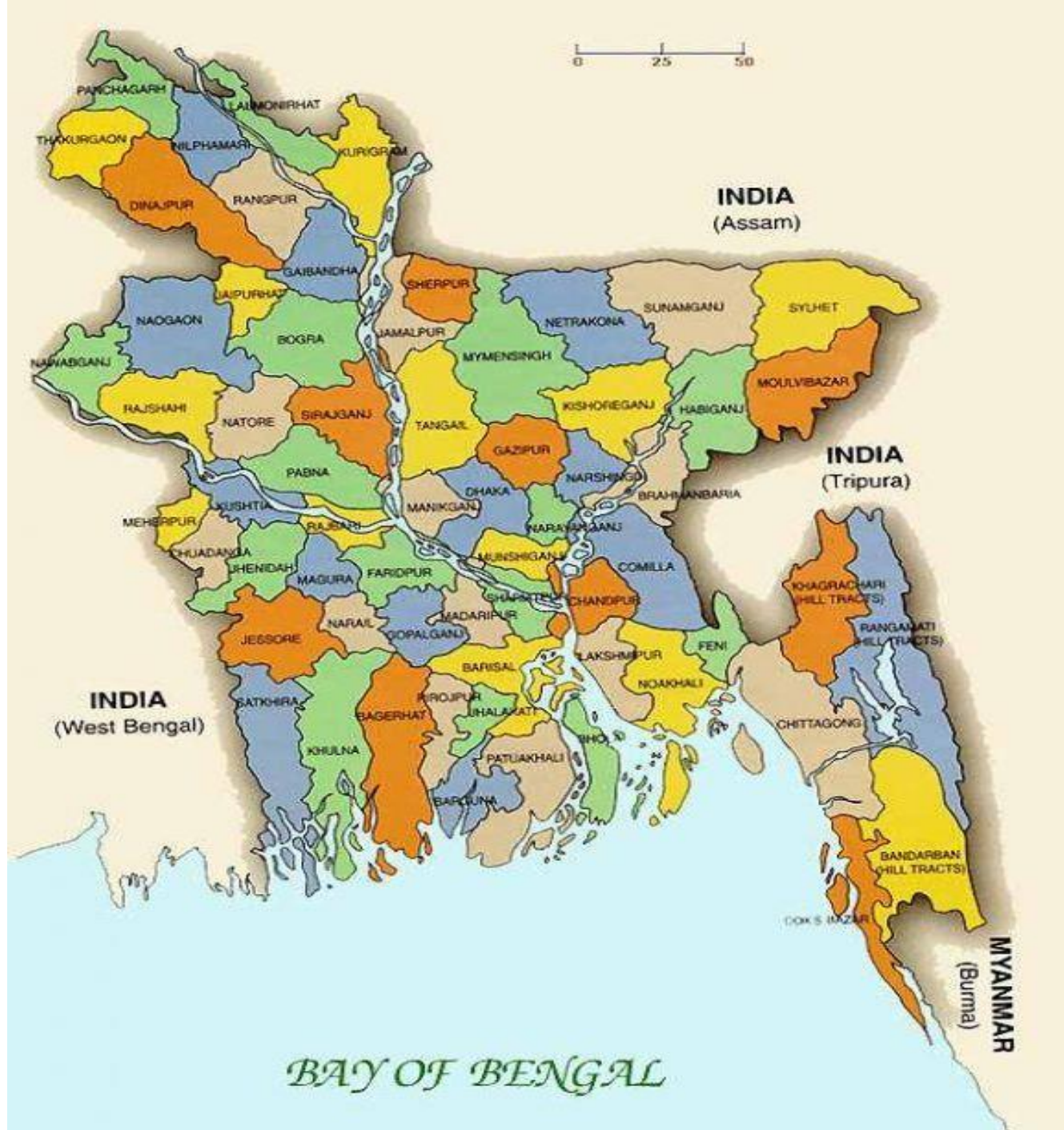
**Key findings on
Rapid needs assessment on healthcare service in Sunamganj
& Netrokona**

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&
Associates**

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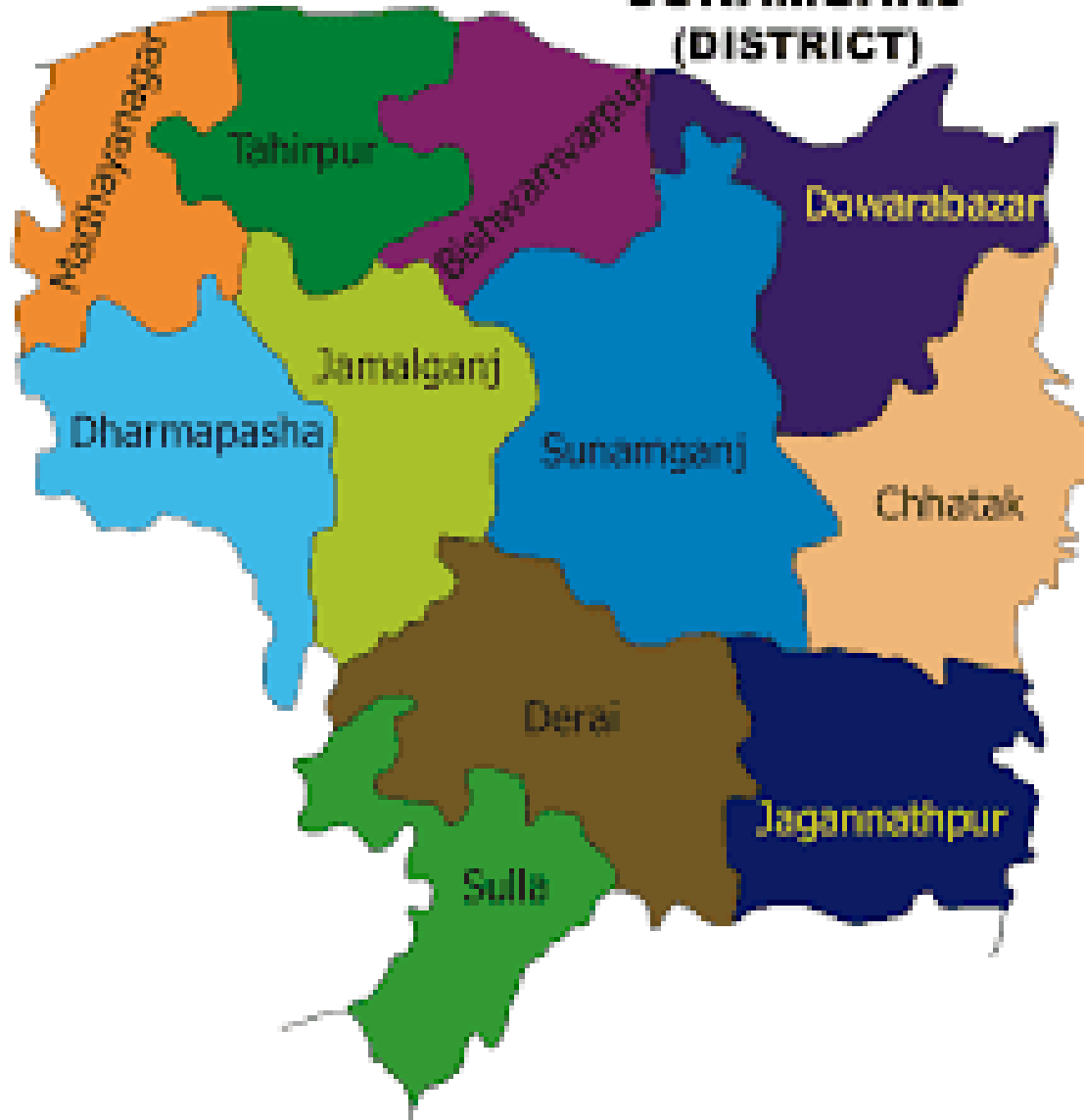


Districts Map
of
Bangladesh





SUNAMGANJ (DISTRICT)



Sunamganj

Contents

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Background

- SAJIDA Foundation, through its Malaria Elimination Program, has been implementing NGOs implementing the Bangladesh Malaria Elimination Program (NMEP) in remote three sub-districts of Sunamgonj and Netrokona since 2008
- The goal is to ensure that Bangladesh is on track to eliminate malaria by 2030 to contribute towards country development and the Sustainable Development Goals.
- Positive cases have been reduced from 340 to only 5 in 2020 in those areas with almost zero death rate
- As the malaria elimination project is coming to an end, the Foundation is keen to understand the overall healthcare service infrastructure, health problems, healthcare needs and health behaviour in the region

Objectives of the study

- **The overall objective of the study is to**
 - ✓ identify the needs and gaps of the existing health care system and
 - ✓ design program that can address some of the gaps.

- **Specific objectives include exploring the**
 - ✓ existing health care service structure and its functionality
 - ✓ existing health behavior, related belief system and practices prevalent in the community
 - ✓ various kinds of health-related services provided by the NGO's, Govt and Private health care
 - ✓ kind of health problems dominant in the region. And what people do?
 - ✓ health service requirements based on age, gender and socioeconomic status of households
 - ✓ community perception of SAJIDA Foundation's as a health care service provider

Methodology

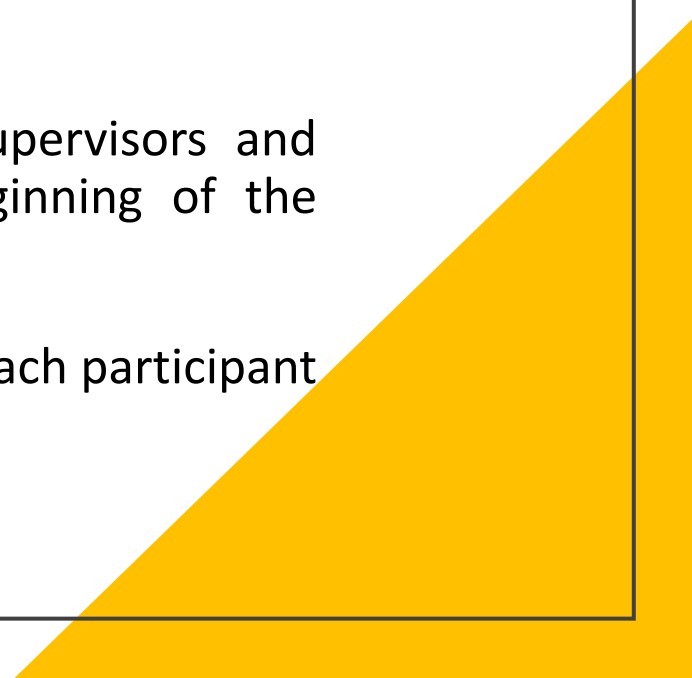
- To address the objectives, we use mixed method
- We collect **qualitative data** through
 - ✓ **In-Depth Interviews** (IDIs) with CS, UHFPO, UFPO, Hospital managers of different Private and NGO hospitals and other relevant stakeholders, and
 - ✓ **Key-Informant Interview** (KIIs) with Public Representatives, school teacher and Community Leaders.
- We collect **quantitative data** through
 - ✓ a **community survey** using a semi-structured questionnaire to identify the need of healthcare based on age, gender and socioeconomic status of households and gaps of existing health care systems

Sampling and sample size

- To calculate sample, we use the standard prevalence-based formula for a binomial proportion used in cross sectional surveys
- The required sample size was about 384.16 households.
- Then we consider the 1.8 design effect (i.e. $384 * 1.8 = 691$ households) and additional 5% non-response or recording error (i.e. $691 * 5\% = 35$ households). Total was about $691 + 35 = 726$ hhs.

<u>Name of upazila</u>	<u>Number of sample</u>
Dharmapasha	250
Durgapur	250
Kalmakanda	250
Total	750

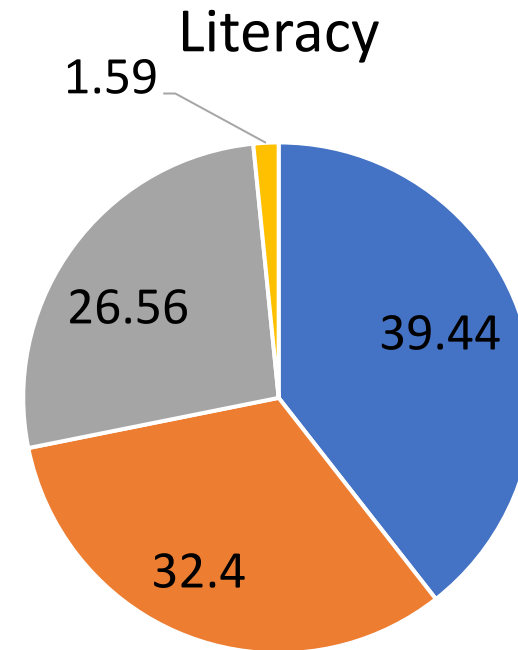
Quality control and ethical consideration

- We recruit experienced enumerators and Field Supervisors and provide rigorous training
 - Conduct pretesting on major DCIs
 - Field Supervisors work at close contact with each enumerator and address the queries immediately raised
 - The core research team maintains close contact with the supervisors and enumerators over phone and visits all the fields at the beginning of the fieldwork.
 - Before starting the interview, informed consent was taken from each participant prior to the interview.
- 
- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

Preliminary Findings

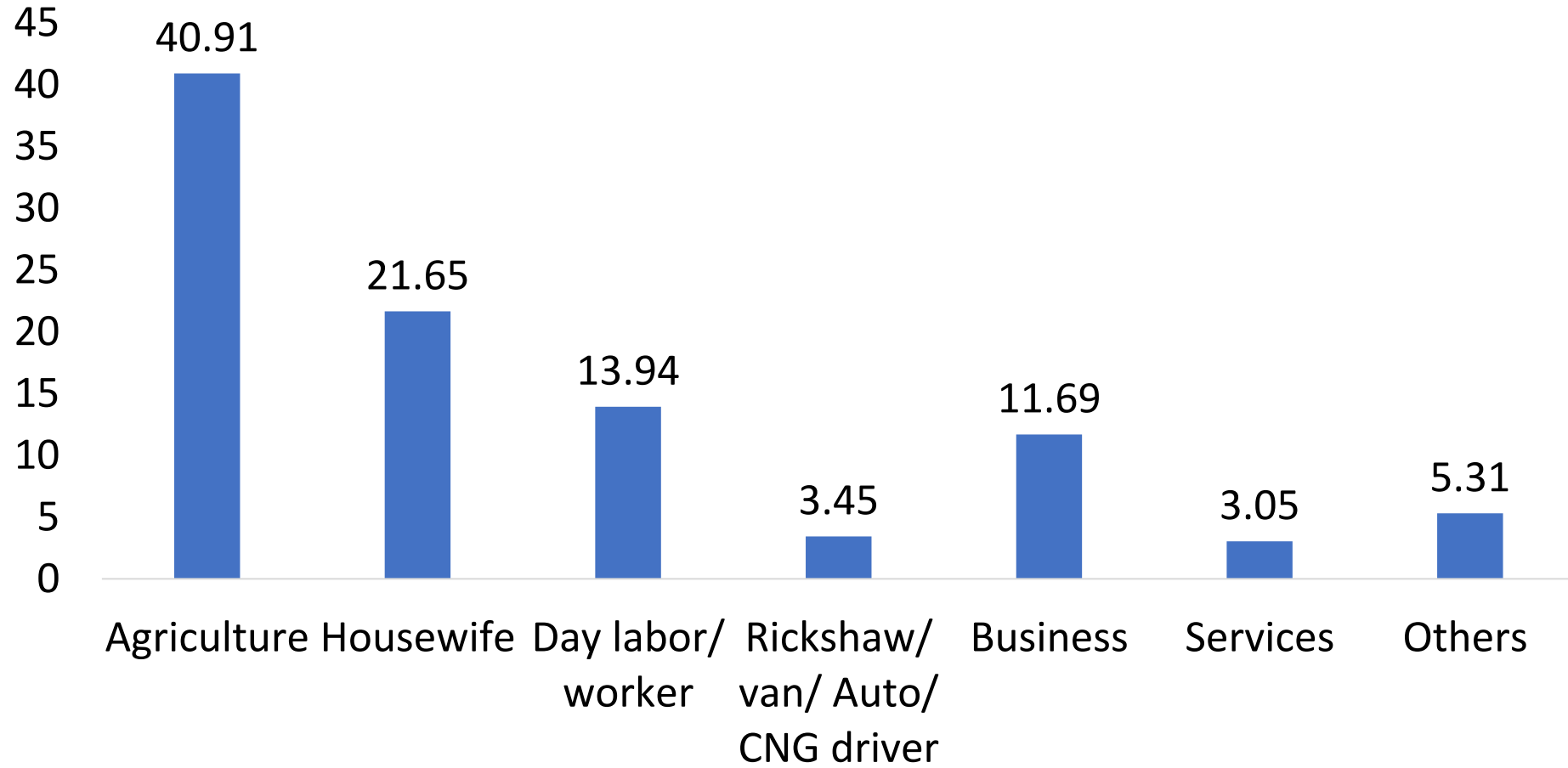
Socio-demographic characteristics of the Respondent

Indicators	
Male (%)	75.03
Female (%)	24.97
Age (years)	44.50

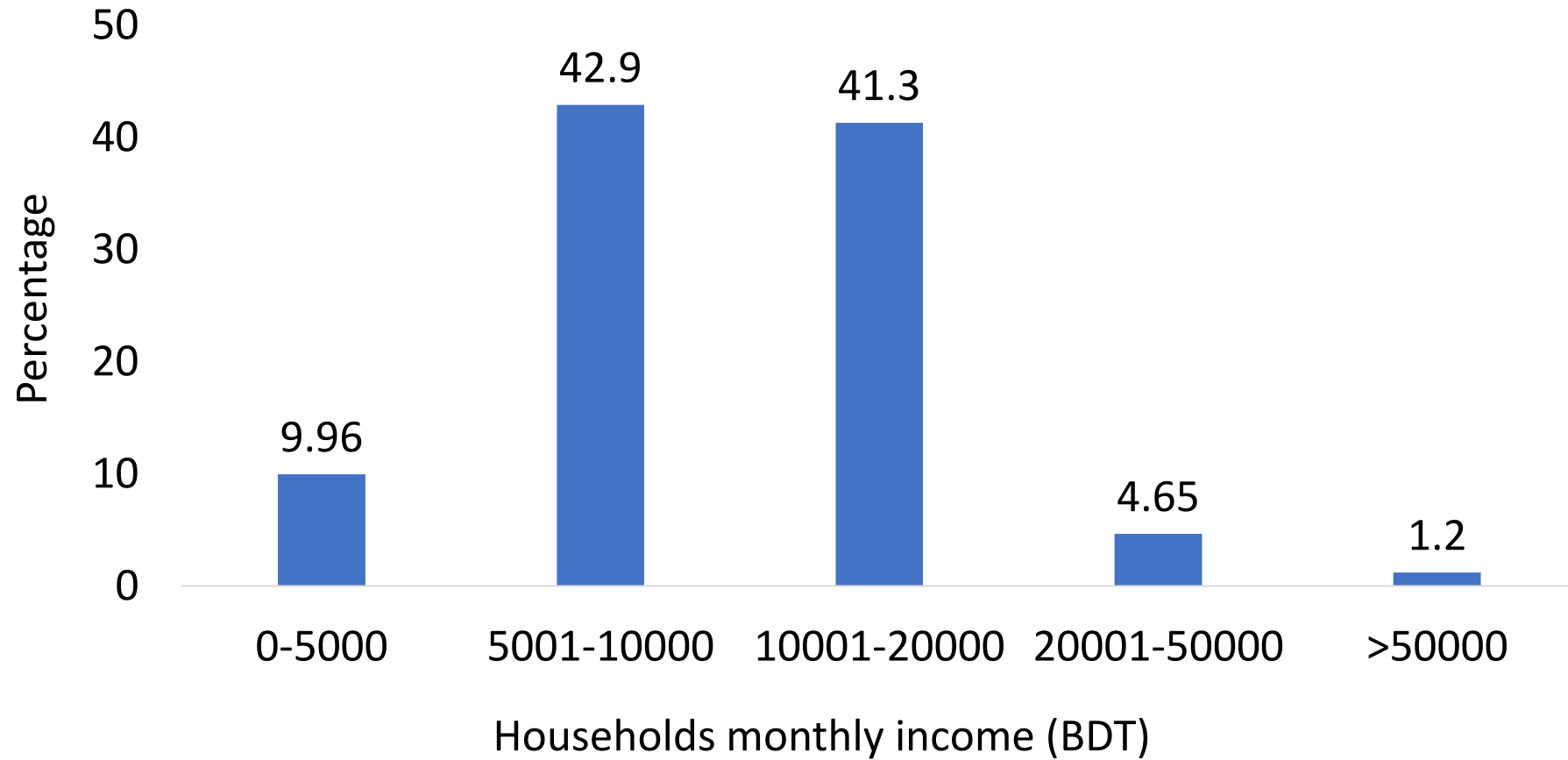


■ Illiterate ■ Primary level ■ Secondary level ■ Tertiary level

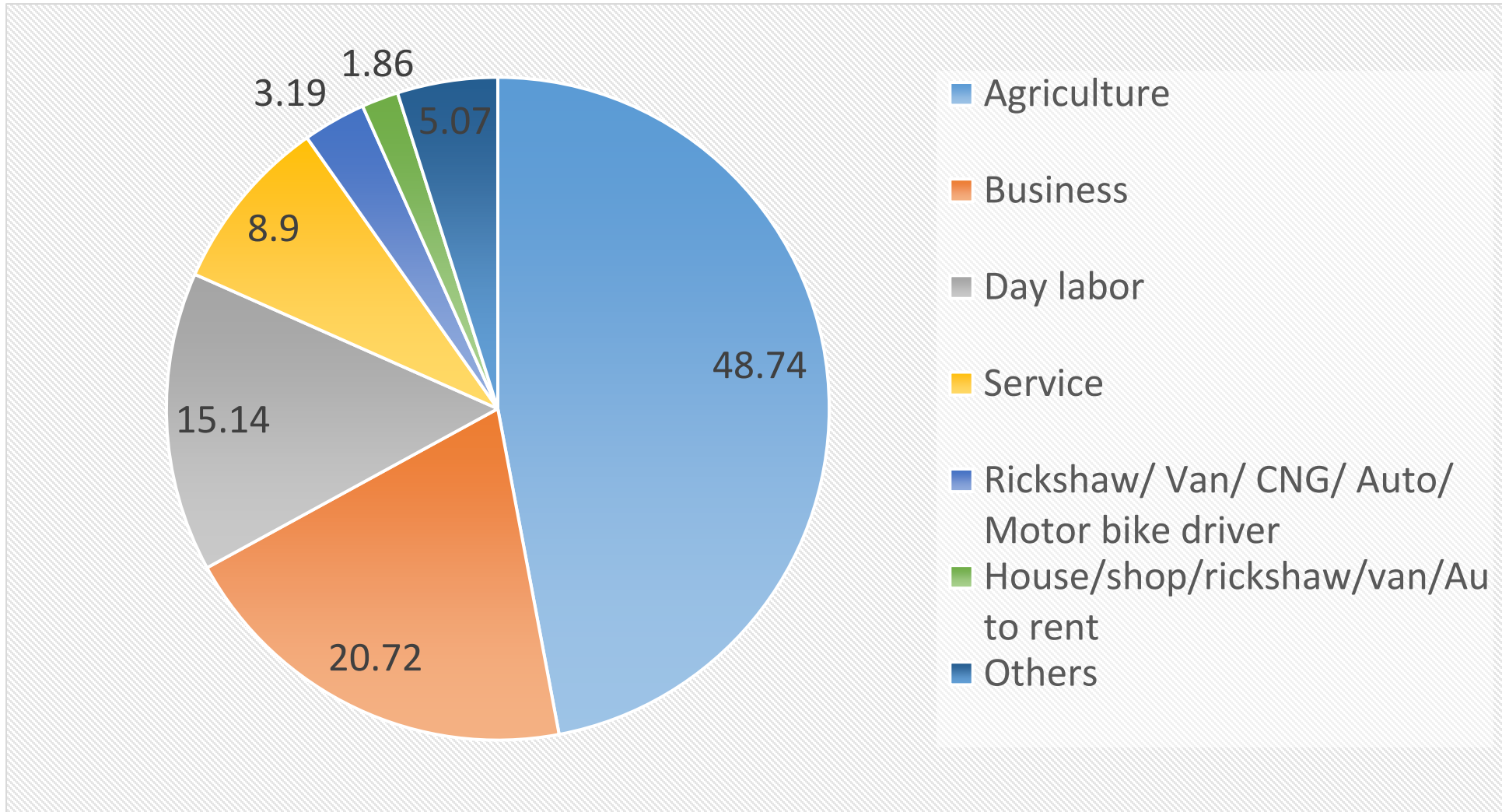
Primary occupation of the respondent



Income Status of the households



Sources of income (%)



Health and demographic status of the households

Indicator	% of household	% of sampled population
Under-5 children	35.72	9.03
Elderly people (>60 years)	28.95	7.00
Eligible couple	54.58	12.76
Pregnant mother	6.67	1.55
Lactating mother	23.11	5.25
Diabetics patients	8.10	1.89
Asthma patients	5.05	1.14
Hypertension	19.52	5.80
Malaria	0.13	0.03
Other NCDs (Cancer, Kidney, tuberculosis)	2.79	0.66

Knowledge about healthcare facilities

Healthcare facilities	% of respondents aware about the healthcare facilities	Mode of transportation			
		Walking	Auto/CNG/Mot or cycle/Bus	Van/ Rickshaw	Boat
Community Clinic	61.89	71.46	24.89	2.79	0.88
Upazila Health Complex	17.30	2.27	71.97	23.48	2.27
UH&FWC	8.37	82.54	14.29	3.17	0.00
Dispensary & quack	6.37	72.92	12.50	14.58	0.00
MCWC	4.12	70.97	29.03	0.00	0.00
Private Hospital/ Clinic	0.93	71.43	0.00	28.57	0.00
Doctor's Camber	0.80	66.66	16.67	16.67	0.00

Place of seeking health care in general

Place of seeking care	Magnitude (%)	Reasons for seeking health care			
		Lower distance	Known provider	Free medicine	Treatment quality
Upazila and below level govt. healthcare facilities	55.1	74.5	8.92	11.6	5.06
District & above level govt. healthcare facilities	2.58	52.9	17.7	11.8	17.7
Private including NGO hospital and Doctor's chamber	10.9	51.2	12.2	3.69	32.9
Informal provider (Quack & dispensary)	31.7	66.5	21.8	4.6	7.11

Healthcare facilities to be chosen for seeking care if needed

Name of diseases	Upazila & below level govt. healthcare facilities	District and above level govt. health care facilities	Private/ NGO hospital or clinic	Informal provider	Don't know
General problem	39.3	0.8	11.2	48.7	0
Diabetics	55.6	1.06	15	21.4	6.91
Hypertension	46.5	4.12	10.8	30.7	7.97
Asthma	58.3	753	9.16	17.3	6.91
Kidney problem	38.1	41.3	5.31	4.78	10.5
Chest Disease	37.1	40.9	7.17	3.45	11.8
Cancer	31.6	49.5	5.18	3.19	10.5
Tuberculosis	70.8	14.3	7.97	1.86	5.05
COVID-19	52.9	29.5	3.19	1.73	12.8
Ante-natal care	74.9	7.44	9.83	2.92	4.91
Delivery care	63.6	8.37	14.2	3.59	10.2
Under-5 child care	49.3	7.44	15.3	20.2	7.84

Peoples' belief about underlying factors for falling illness

Underlying factors	General illness	Dengue	Malaria	Tuberculosis	COVID-19	Mental illness
Mosquito bites	13.55	80.88	83.93	0.53	-	-
Living in dirty and damp environment	65.21	10.09	11.55	0.54	1.99	-
Malnutrition	4.92	0.53	-	0.27	1.06	0.93
Unhealthy practice	0.67	-	1.73	78.22	1.73	9.96
Unhygienic behavior	2.66	1.07	0.93	0.8	7.18	0.66
Not wearing mask & maintaining social distance	-	-	-	0.8	58.57	1.06
Anxiety & family unrest	0.27	0.13	-	0.13	1.99	67.59
Others	12.74	7.31	1.86	18.72	27.49	19.79

Disease Pattern

Indicators	IPD	OPD	Delivery care
Incidence happened (% of HHs)	12.2	9.83	34.26
Male (%)	43.8	38.04	-
Female (%)	56.2	61.96	100
Type of diseases			
Diarrhea	12.4	3.26	
Acute fever	11.4	18.48	
Stroke	6.67	-	
Anemia	5.71	5.43	
Asthma	6.67	5.43	
Ulcers	5.71	3.26	
Accidental injuries	4.76	-	
Diabetics	4.76	6.52	
Kidney diseases	4.76	-	
Pain in different limbs	11.4	25	
Typhoid	3.81	5.43	
Mental disease		4.35	
Others	21.19	22.83	

Place of treatment

Place	IPD	OPD	Delivery care
Upazila & below level govt. healthcare facilities	57.1	24	4.44
District and above level govt. health healthcare facilities	26.7	4.35	6.48
Non-govt. Hospital/ Clinic	16.2	50	13.99
Informal provider	-	21.7	-
Delivery at home	-	-	75.09

Reasons to go to private facilities

Major factors	IPD	OPD
Lower distance	24	28
Better quality of care in private hospitals/ clinics	41	30
Lower quality of care in govt. hospital	35	28
Lack of proper test facilities in govt. hospitals	-	6.5
Don't know	-	6.5

Cost of treatment

Different healthcare facilities	IPD	OPD
Private	59547	8201
Govt. facility	13781	8315
Informal provider	-	1593

Perception about Sajida Foundation

- Familiar with Sajida Foundation: 85.52%
- Received services from Sajida Foundation: 88.82%

People's knowledge about the services of SF

SF provides	%
free blood test/ malaria test	33.54
free malaria treatment	34.47
free medicine & treatment for other diseases	6.83
pesticide mosquito nets	21.58
advice	1.24
loan	0.16
Don't know	2.17

Perception about the quality of services provided by SF

Perception	%
Very good	56.5
Good	41.6
Moderate	1.4
Bad	0.17
Don't know	0.35

Findings from the qualitative study

Common factor	Specific factors		
	Kolmakanda	Durgapur	Dharmapasha
<ul style="list-style-type: none"> • No surgery facilities in UHC. • Acute shortage of HR in UHC & USC/ UHFWC • Lack of functional diagnostic facilities • Functional community clinic • Patients are mainly dependents on the govt. and private hospitals of Netrokona and Mymensingh • Lower institutional deliver rate compare to national average 	<ul style="list-style-type: none"> • No private hospital/clinic except some diagnostic centers • Some NGOs works for health and nutrition 	<ul style="list-style-type: none"> • Some private hospital/clinics are available and mainly provide caesarian delivery care • NGO works for health and nutrition including maternal care 	<ul style="list-style-type: none"> • No private hospital/clinic except some diagnostic centers • Some NGOs works for health and nutrition • Renting house in Netrokona or Mymensingh Town before one or half month of their delivery

Scope of work

Thanks