Watch Report

Report No. 2 Research and Evaluation Division, BRAC March 1994

Change in Health Status in RDP Area: Should Current PHC Program be Continued?

Introduction

The reduction of mortality and illness has long been cherished not only as a desirable social goal but also as an indicator of socioeconomic development. BRAC has quietly been trying to achieve that goal by implementing a series of health care programs supported by such development interventions as credit, income-generation activities, non-formal and functional education, etc. This report presents an overview of the changes in major health parameters since 1986 and raises the question of whether desirable changes can be achieved by existing level of program efforts.

Methodology

BRAC has been operating a development monitoring system, known as *Watch*, since 1986 in three rural unions in Manikganj district (central area) where it has intensive rural development program. The system was expanded in 1987 to three more rural unions in Joypurhat district (northern area) where only limited development intervention is underway. The *Watch* has been documenting demographic changes resulting from development interventions in the area. This study uses the vital information. collected once a month covering all population of the area.

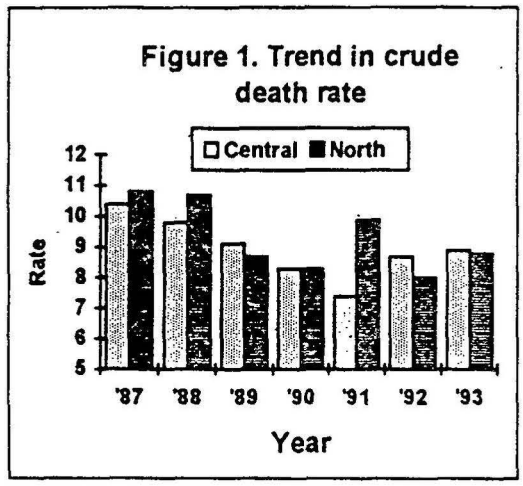
Change at a Glance

Despite a stubborn nature of the local economy, the characteristics of the study population have been changing. The literacy rate shows an improving trend. Although narrowing, the gender variation in literacy has remained very wide. The employment status in the study area shows a gloomy picture. Despite a sporadic development intervention in place, the process of landlessness and polarization of wealth has been continuing.

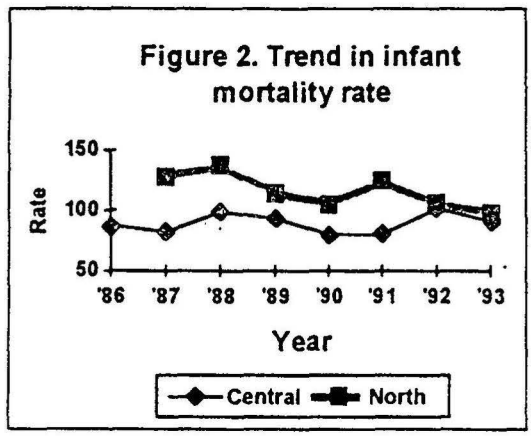
The population in the study area has been growing, although the rate of increase has been lower in the central than the other area. As a result of population increase and slow progress of development, employment opportunity in the study area has been quickly diminishing.

The primary health care components in the rural development program (RDP) include only limited issues on fertility regulation primarily through health education in group meetings and selling pill and condom to eligible clients. Even then the crude birth rate has gradually been declining in the study area. The

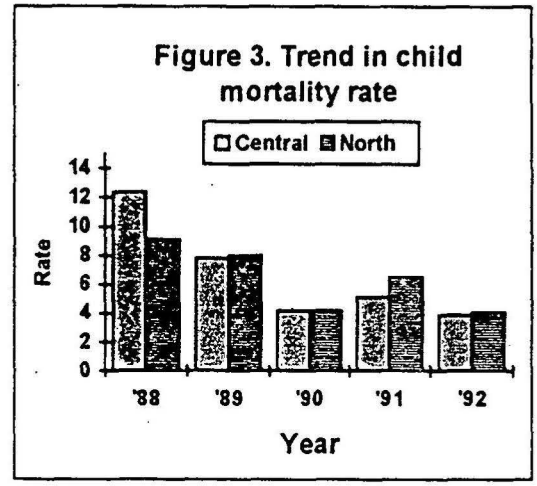
general fertility rate reduced from 167 to 126 in seven years in the central and from 134 to 124 in six years in the northern areas in 1993.



The crude death rate does not show a uniform trend although an overall decline is observed (Figure 1). When differentiated by gender, the probability of dying has been found lower for women than men and the likelihood of dying has been lower among women in the central area than comparable women in northern area.



The infant mortality rate (IMR) has also been declining although not sustained in the central area after 1990 (Figure 2). Thus the difference in IMR between the areas has diminished in 1992. Figure 3 shows that child mortality rate has also been declining till 1990. The reduction rate was higher in the central than comparable areas. The rate increased after 1990 in both areas.



The EPI coverage of the children in the study area is shown in Figure 4. The complete coverage in the central area rose gradually to its peak in 1991, sustained in 1992 with a tendency to decline in the following year. In the north, the improvement was much faster than the central area although declining after 1992.

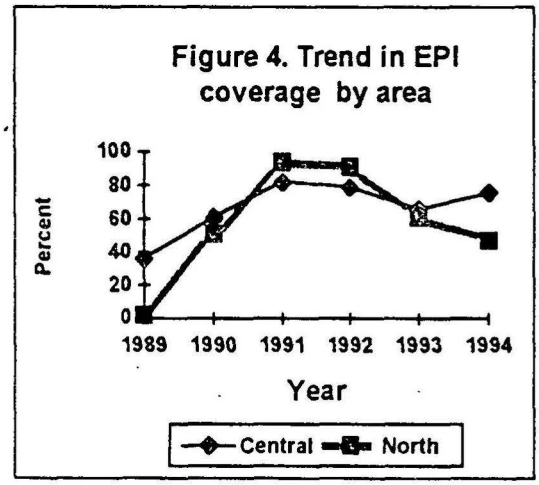
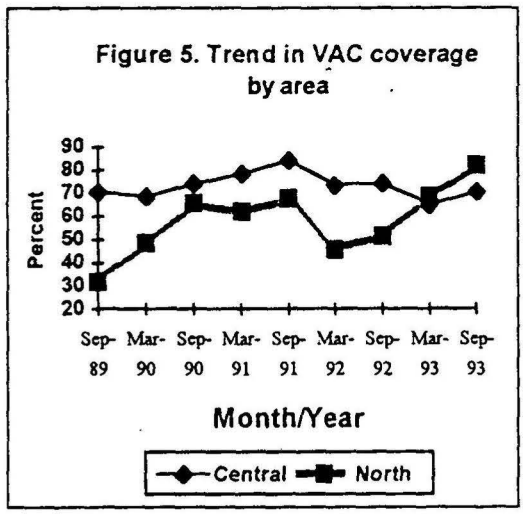


Figure 5 shows the trend in vitamin A capsule coverage since September 1989. In the central area, the coverage rose to its peak in September 1991, declined thereafter in March 1993 and tended to regain in the following cycle. Compared to the central, the coverage in northern

area was much more impressive, surpassing the central area in March 1993.

The overall quality of health has been improving in rural areas. The incidence of untreated death has slowly been declining. More than half of the deceased persons had access to visit a modern practitioner before their death in 1992. This indicates that modern health services have slowly been replacing traditional or supernatural healing, particularly in areas where NGOs have been working. The pattern of primary causes of death has not changed much except an impressive reduction of death from tetanus. Diarrhoeal diseases have remained the major killer followed by complications due to malnutrition although significant improvement has been achieved. However, the incidence of death due to pneumonia has increased in the last few years in the area.



Policy Implications

BRAC has enhanced awareness about the health needs and services through its efforts such as oral therapy extension program, child survival program, tuberculosis treatment program, etc. The experience gained through these programs has been incorporated in current primary health care (PHC) program of RDP. The findings show that the improvement achieved at the beginning of the study period has been slipping away. The reason of such change is probably due to the reduction of a number of PHC components from the program. The logical question is then whether the current health coverage and status in the RDP area could be sustained in coming years. Assuming that the PHC components are less likely to get importance compared to RDP's core activities such as credit, income generation, non-formal education, etc., the activities scheduled to carry out under current components of PHC should be re examined and possibly re-formulated. Management problems at the execution level which are reflected in the performance of health coverage and status should also be taken care of.

The next question is whether the current program can make a breakthrough in the health status of the community by the existing manpower and level of skills of PHC staff. The primary health care program of RDP is handled by policy makers at the central level, but has the priority needs, resource and personnel allocation were incorporated in policy execution in the field?

This report has been prepared by Abdullahel Hadi of the Research and Evaluation Division of BRAC.