EVALUATION OF BRAC'S PROGRAMME
ON
HEALTH CARE IN SULLA

RESEARCH & EVALUATION DIVISION
BANGLADESH RURAL ADVANCEMENT COMMITTEE
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I N D E X

INTRODUCTION

The Bangladesh Rural Advancement Committee (BRAC) is a Bangladeshi Voluntary Organisation engaged in community development activities in selected rural areas of Bangladesh. The Sulla Project is the original and the largest involvement of BRAC, functioning since February, 1972.

In Sulla, programme on Health Care is one of the important sectoral activities, designed and begun during Phase - II (November,'72 - December,'75) providing curative service and preventive health education to the people. Besides, integration of the family planning programme with basic health infra-structure was endeavoured to provide follow-up service to the acceptors of contraceptives. To assess the effectiveness of the programme, BRAC's Research and Evaluation Division undertook a survey in July, 1978 with the following objectives:-

a) To estimate the impact of Health Education.

b) To estimate the extent of follow-up service to family planning clients who suffer from physical complications.

The report also contains an appendix which briefly covers following aspects of health care programme in Sulla.

1) An estimate of the success of T.B. control programme.

2) Estimates on some aspects of the Health Insurence Scheme for 1977-78.

   i) Number of consultation by an insured.

   ii) Patient - paramedic ratio.

   iii) Cost of medicine per prescription.

   iv) Pattern of disease.

These estimates are based solely on our own service statistics and other official records.

HIGHLIGHTS

During the period April-June, 1978, fever corresponded to the highest frequency among all diseases prevailing at that time (31.34% of total patients) followed by diarrhoea (19.40%) as revealed in a sample survey covering 119 households in three villages. However, pattern of diseases throughout the year (july, '77 to June,'78) for the whole project is highly tilted in favour of b. dysentery (14.48%), skin infection (11.82%) and diarrhoea (10.58%).

Insured patients seek medical treatment more often than other people who are sick.

Allopathic type of treatment is mostly prefered by patients.

There is considerable impact of health education on nutrition, sanitation and hygiene.

II

Dropout from pill is higher than dropout from injection.

Few acceptors were checked up prior to the use of contraceptive.

75.5% of total dropped out clients dropped out due to various physical complications.

Only a few were checked up by paramedic while suffering from physical complication.

There is much discrepancy in reporting regarding time and reasons of dropout.

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III

Among all T.B. patients enrolled, 46.46% dropped out, 37.80% were controlled and 9.45% are still undergoing treatment.

IV

Average number of consultation by an insured in 1977-78 is 1.67.

Average number of consultation per working day in the village clinic by a paramedic in 1977-78 is 6.38.

Cost of medicine alone per prescription is Tk. 6.15 and per patient is Tk. 12.12 in 1977-78.

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CHAPTER ONE

IMPACT OF HEALTH EDUCATION

Health Education is the main thrust of BRAC's preventive health programme in Sulla. Sporadic discussions on the prevention of diseases are held when a paramedic attends a patient. Besides, formal sessions on health education are being carried out through the following forums:-

a) Women's club,
b) Village discussion meeting,
c) Group discussion meeting,
d) Educational institution (particularly,primary schools),

Paramedics impart the basic health education to participants in the above mentioned forums. Discussion usually centres around personal hygiene, nutrition,sanitation monther and child care, immunization, etc. A set of pictorial charts are also demonstrated in those sessions. This programme has already undergone several years of experience. To assess the effectiveness of the programme in perspective, BRAC's Research and Evaluation Division undertook a survey in July, 1978.

Assuming the economic status and the behavioural pattern of the population in different parts of the Sulla Project area homogeneous and the staff (BRAC) efficiency same, the following samples were covered in the survey.

i) 33 households of two adjacent villages who belong to target groups sponsored by BRAC.
ii) 29 households having cross of socio-economic status of the same villages outside target groups.
iii) 57 households from a village outside the project area having cross of socio-economic status.

Henceforth, categories i, ii and iii will be treated as group A, B and C respectively. In group A, health education meetings are organised regularly along with other intensive programmes, sponsored by BRAC. Intensive programmes in target groups with more or less homogeneity of economic status, attitude and interest, started afresh in November, 1977. Prior to that, BRAC had been working with thetotal population of the project area and health education meetings were being organised for heterogeneous audience. Since November, health education was postponed among them, now comprising group B. In group C, no programme and hence, no health education meeting is sponsored by BRAC. The rationale behined the choice of such groups for the survey is to have a comparative analysis among these groups on health care.

A structured questionnaire was used to obtain required information.

II

ECONOMIC STATUS (Table 1.1 & 1.2)

The principal occupation of heads of households is agriculture. In group A, B and C, the number of households is 33, 29 and 57 respectively of which 18 heads of households are engaged in agriculture in group A, 20 in group B and 39 in group C. Other significant occupations are agricultural labour, business and fishing.

In group A, 36.36% of heads of households are landless, 54.54% have lands upto 2 acres and 9.09% have land above 2 acres. The percentage in group B is 20.69, 62.07 and 17.24 respectively and in group C, the percentage is 24.56, 45.61 and 29.82 respectively. According to Baseline Survey of Sulla, 1975, the percentage of landless households is 34.01. Here, land stands for arable land only.

TYPE OF TREATMENT (Table 1.3)

Among different types of treatment against disease, allopathy is mostly prefered by heads of households. The survey data reveals that 88% of total households use to consult the allopath and 9% consult both allopath and homeopath in group A. In groups B, 35% of households use to consult the allopath, 17% consult the homeopath and 28% go for both allopathy and homeopathy. Besides, 3% use to follow both allopathy and indigeneous type of treatment. The percentage of households who use to follow allopathy, homeopathy and allopathy plus homeopathy in group C is77, 7 and 14 respectively. The number of households which do not usually take any measure in case of disease is insignificant in group A and C. The percentage of such cases is 3, 17 and 2 in group A, B and C respectively. The table shows that there is no significant variation in type of treatment against disease among different strata of households with respect to acreage of holding.

DISEASE AND TREATMENT DURING LAST THREE MONTHS (Table 1.4&1.5)

Survey was undertaken to detect the pattern of disease and type of treatment during last three months (April-June,1978). The survey data showed that disease prevailed in 51.5% of households in group A. In group B and C, the figure was 48.3% and 31.6% respectively. Prevalence of disease was relatively higher in group A.

In group A, patients who suffered from diarrhoea corresponded to the highest frequency (7) followed by common cold (4) and scabis (3). In group C, 10 suffered from fever followed by diarrhoea (4). Taking three groups together, fever corresponded to the highest frequency (31.34%) followed by diarrhoea (19.40%) and pain in stomach (7.46%).

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Most of the patients followed allopathic treatment in group A and C (92.6% and 41% respectively). In group B, homeopathic treatment corresponded to 33% followed by allopathy (28%). Relative dominance of allopathic treatment in group A seems to be the consequence of BRAC's health insurence programme. Percentage of patients who did not undergo any treatment is 3.7, 33 and 32 in group A, B and C respectively. It is evident from data that patients of group A are very prone to curative measures possibly due to cheap and readily available curative health care facilities through BRAC's Health Insurence Scheme.

SANITATION (Table 1.6, 1.7 & 1.8)

The villages where the interviewees dwell have tube-wells within their reach. The percentage of households which do not use tube-well water for drinking is 6 and 14 in group A and B respectively. In group C, all take drinking water from tube-well. The impact of health education on the practice of drinking water seems to be insignificant; rather availability of tube-well within reach is the necessary condition for it.

(ii)

In group A, 3% of households have katcha (made of bamboo, etc.) latrine with cavity and 55% have them without cavity. There is no katcha latrine with cavity in group B and C where 31% and 53% of households respectively have katcha latrine without cavity. There is no pucca (concrete) latrine in any of the groups. The percentage of households having no latrine is very high which is 42, 69 and 47 in group A, B and C respectively. Health education seems to be ineffective in this regard, since condition of homesteads is such that many households can hardly spare a suitable space for latrine permanently. During the monsoon, people generally make latrine

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temporarily on water at a corner of the house and hence, no cavity is required. During the winter, the latrine is shifted to the field adjacent to the homestead.

(iii)

The degree of cleanliness may be treated as an indicator of awareness regarding health and hygiene and it is assumed that health education ought to be followed by cleanliness in homestead and environment. Here, the degree of cleanliness is categorised as 'good', 'average' and 'bad'. In group A, 24% of households are good, whereas the percentage is 38 in group B and 5 in group C which is relatively very low. Regarding average cleanliness, all groups are more or less in the same position, 48%, 45% and 44% in group A, B and C respectively. Whereas, the position is 'bad' for 18%, 17% and 51% of households in group A, B and C respectively. Taking 'good' and 'average' conditions together into consideration, the situation is far better in group A and B than group C.

NUTRITION (Table 1.9 & 1.10)

Nutrition largely depends on specific food intake. In this survey, information was collected regarding vegetable gardening and poultry raising only. The survey data reveals that 88%, 89.5% and 72% of households use to grow vegetables in and around the homestead in different reasons in group A, B and C respectively. The situation is relatively better in group A and B.

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(ii)

Poultry, in this survey, corresponds to fowls and ducks only. Group-wise percentage of households which raise poultry is 52, 48 and 16 in group A, B and C respectively, which shows a positive correlation with health education.

INNOCULATION (Table 1.11 & 1.12)

Here, innoculation implies vaccination of T.T., B.C.G. and T.BC. The survey data regarding the innoculation of T.BC corresponds to the information of the previous year only. Regarding any sort of vaccine, 73% of households were innoculated in group A. The percentage in group B and C is 34 and 4 respectively. In group A and B, BR.C has been carrying out large-scale innoculation programme, specially, T.T. and B.C.G. for some years, and 73% coverage of households in group A is no less a significent performance.

FAMILY PLANNING (Table 1.13)

According to survey data, 65% of fertile couples in group A are presently practising family planning through different preventive measures. The percentage is only 13 and 2 in group B and C respectively. Extent of the acceptance of family planning may be treated as an indicator of increasing health awareness.

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Table 1.1: Occupational Distribution of Heads of Households.

Occupation	Group (Number of households)		
	A	B	C
Agriculture	18	20	39
Agr. labourer	4	4	7
Business	9	4	2
Fishing	2	1	2
Service	-	-	1
Day labourer	-	-	2
Housewife	-	-	1
Total	33	29	57

Table 1.2: Distribution of Heads of Households by Arable Land-Holding.

Average	Group (Number of households)		
	A	B	C
0	12 (36.36)	6 (20.69)	14 (24.56)
0.01 - 2	18 (54.54)	18 (62.07)	26 (45.61)
Above 2	3 (9.09)	5 (17.24)	17 (29.82)
Total	33 (100.00)	29 (100.00)	57 (100.00)

Figures within parentheses indicate percentages.

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Table 1.3: Type of Treatment against Disease.

Group	Number of household	Type of treatment					No treatment
		Allopathy	Homeopathy	Allopathy + Homeopathy	Allopathy + indigenous	Total	
A	33 (100)	29 (88)	-	3 (9)	-	32 (97)	1 (3)
B	29 (100)	10 (35)	5 (17)	8 (28)	1 (3)	24 (83)	5 (17)
C	57 (100)	44 (77)	4 (7)	8 (14)	-	56 (98)	1 (2)

Figures within parenthesis indicate percentages.

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Table 1.4: Occurance of Disease in Households during Last Three Months.

Holding (acreage)	Group A			Group B			Group C		
	Household number	Attacked with disease	No disease	Household number	Attacked with disease	No disease	Household number	Attacked with disease	No d -ease
0	12	6	6	6	3	3	14	3	11
0.01-2	18	10	8	18	9	9	26	11	15
Above 2	3	11	2	5	2	3	17	4	13
Total	33 (100.0)	17 (51.5)	16 (48.5)	29 (100.0)	14 (48.3)	15 (51.7)	57 (100.0)	18 (31.5)	39 (68.4

Figures within parentheses indicate percentages.

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Table 1.5: Pattern of Disease and Type of Treatment during Last Three Months.

Name of disease	Group A			Group B				Group C			Total
	Allo-pathy	Homeo-pathy	No measure	Allo-pathy	Homeo-pathy	Indi-genous	No measure	Allo-pathy	Homeo-pathy	No measure	
Diarrhoea	6	-	1	-	2	-	-	2	1	1	13(19.40)
Dysentery	2	-	-	-	-	-	-	2	-	-	4 (5.97)
Cough	2	-	-	-	-	-	-	-	-	-	2 (2.99)
Common cold	4	-	-	-	-	-	-	-	-	-	4 (5.97)
Fever	-	-	-	2	2	1	6	2	3	5	21 (31.34)
Hooping cough	-	-	-	-	1	-	-	1	-	-	2 (2.99)
Scabis	3	-	-	1	-	-	-	-	-	-	4 (5.97)
Rheumatism	-	-	-	-	-	-	-	-	1	1	2 (2.99)
Pain in back	1	-	-	-	-	-	-	-	-	-	1 (1.49)
Pain in stomach	2	-	-	1	1	-	-	-	1	-	5 (7.46)
Pain in chest	1	-	-	-	-	-	-	-	-	-	1 (1.49)
Pain in throat	1	-	-	-	-	-	-	-	-	-	1 (1.49)
Headache	-	-	-	1	-	-	-	1	-	-	2 (2.99)
Amenoria	1	-	-	-	-	-	-	-	-	-	1 (1.49)
Eye trouble	1	-	-	-	-	-	-	-	-	-	1 (1.49)
Worm	1	-	-	-	-	-	-	-	-	-	1 (1.49)
Vomiting	-	1	-	-	-	-	-	-	-	-	1 (1.49)
Constipation	-	-	-	-	-	-	-	1	-	-	1 (1.49)
Total	25 (92.6)	1 (3.7)	1 (3.7)	5 (28)	6 (33)	1 (6)	6 (33)	9 (41)	6 (27)	7 (32)	67 (100.00)
	(100.00)			(100.00)				(100.00)			

Figures within parentheses indicate percentages.

Table 1.6: Type of Drinking Water Used by Households.

Average of Holding	Gourp A			Group B			Group C		
	Tube-well	Other sources	No. of households	Tube-well	Other sources	No. of households	Tube-well	Other sources	No. of households
0	10	2	12	2	4	6	14	-	14
0.01-2	18	-	18	18	-	18	26	-	26
Above 2	3	-	3	5	-	5	17	-	17
Total	31 (94)	2 (6)	33 (100)	25 (86)	4 (14)	29 (100)	57 (100)	0	57 (100)

Figures within parentheses indicate percentages.

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Table 1.7: Type of Latrine Used by Households.

Average of holding	Group A				Group B				Group C			
	No.of house-holds	Kancha with cavity	Kancha without cavity	No latrine	No.of house-holds	Kancha with cavity	Kancha without cavity	No latrine	No.of house-holds	Kancha with cavity	Kancha without cavity	No latrine
0	12 (100)	-	7 (58)	5 (22)	6 (100)	-	-	6 (100)	14 (100)	-	5 (36)	9 (64)
0.01-2	18 (100)	1 (6)	11 (61)	6 (33)	18 (100)	-	7 (39)	11 (61)	26 (100)	-	11 (42)	15 (58)
Above 2	3 (100)	-	-	3 (100)	5 (100)	-	2 (40)	3 (60)	17 (100)	-	14 (82)	3 (18)
Total	33 (100)	1 (3)	18 (55)	14 (42)	29 (100)	-	9 (31)	20 (69)	57 (100)	-	30 (53)	27 (47)

Figures within parentheses indicate percentages.

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Table 1.8: Distribution of Homesteads According to the Degree of Cleanliness.

Average of holding	Degree of cleanliness											
	Group A				Group B				Group C			
	No. of households	Good	Average	Bad	No.of households	Good	Average	Bad	No.of households	Good	Average	Bad
0	12 (100)	1 (8)	11 (92)	-	6 (100)	1 (17)	4 (66)	1 (17)	14 (100)	-	6 (43)	8 (57)
0.01-2	18 (100)	6 (33)	6 (33)	6 (33)	18 (100)	8 (45)	6 (33)	4 (22)	26 (100)	-	10 (38	16 (62)
Above 2	3 (100)	1 (33)	2 ((67)	-	5 (100)	2 (40)	3 (60)	-	17 (100)	3 (18)	9 (53)	5 (29)
Total	33 (100)	8 (24)	19 (58)	6 (18)	29 (100)	11 (30)	13 (45)	5 (17)	57 (100)	3 (5)	25 (44)	29 (51)

Figures within parentheses indicate percentages.

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Table 1.9: Vegetable Gardening by Households.

Average of holding	Group A			Group B			Group C		
	No. of households	Yes	No.	No. of households	Yes	No	No. of households	Yes	No
0	12	10	2	6	4	2	14	6	8
0.01-2	18	17	1	18	17	1	26	22	4
Above 2	3	2	1	5	5	-	17	13	4
Total	33 (100)	29 (88)	4 (12)	29 (100)	26 (89.5)	3 (10.5)	57 (100)	41 (72)	16 (28)

Figures within parentheses indicate percentages.

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Table 1.10: Poultry Raising by Households.

Average of holding	Group A			Group B			Group C		
	No. of households	Yes	No	No. of households	Yes	No	No. of households	Yes	No
0	12 (100)	7 (58.3)	5 (41.7)	6 (100)	3 (50)	3 (50)	14 (100)	3 (21.4)	11 (78.6)
0.01-2	18 (100)	9 (50)	9 (50)	18 (100)	8 (44.4)	10 (55.6)	26 (100)	4 (15.4)	22 (84.6)
Above 2	3 (100)	1 (33.3)	2 (66.7)	5 (100)	3 (60)	2 (40)	17 (100)	2 (11.8)	15 (88.2)
Total	33 (100)	17 (52)	16 (48)	29 (100)	14 (48)	15 (52)	57 (100)	9 (16)	48 (84)

Figures within parentheses indicate percentages.

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Table 1.11: Extent of Inoculation among Households

Average of holding	Group A			Group B			Grou C		
	No. of households	Yes	No	No. of households	Yes	No	No. of households	Yes	No
0	12	9	3	6	3	3	14	-	14
0.01-2	18	13	5	18	4	14	26	2	24
above 2	3	2	1	5	3	2	17	-	17
Total	33 (100)	24 (73)	9 (27)	29 (100)	10 (34)	19 (66)	57 (100)	2 (4)	55 (96)

Figures within parentheses indicate percentages.

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Table 1.12: Extent of Inoculation among Household Population.

Age group	Group A				Group B				Group C			
	Popula-tion of ino-culated households	Number inoculated			Popula-tion of ino-culated households	Number inoculated			Popula-tion of ino-culated households	Number inoculated		
		T.T.	B.C.G.	T.BC		T.T.	B.C.G.	T.BC		T.T.	B.C.G.	T.BC
0 - 4	28	20	21	-	24	-	6	8	2	-	-	2
5 - 59	101	21	26	3	49	2	17	4	8	-	-	1
60 & above	2	-	-	-	-1	-	-	-	-	-	-	-
Total	131	41	47	3	74	2	23	12	10	-	-	3

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Table 1.13: Extent of the Acceptance of Family Planning Methods.

Acreage of holding	Group A			Group B			Group C		
	No. of fertile couple	No. of acceptors	% of acceptance	No. of fertile couple	No. of acceptors	% of acceptance	No. of fertile couple	No. of acceptors	% of acceptance.
0	10	5	50	6	-	-	12	-	-
0.01-2	18	13	72	13	2	15	22	-	-
Above 2	3	2	67	4	1	25	16	1	6
Total	31	20	65	23	3	13	50	1	2

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CHAPTER TWO
FAMILY PLANNING FOLLOW-UP SERVICE

The Sulla experience in family planning programme shows a high rate of dropouts which is a major reason for a continued non-increase in the rate of acceptance (which is roughly 20% of eligible couples). The Sulla Pill Follow-up Survey as well as service statistics reveal that menstrual and other symptomatic complications are the principal reasons of dropout.

The integration of the family planning programme with basic health infra-structure was designed to provide follow-up service to the clients (acceptators of contraceptives). Hypothetically, there should not be any dropout due to the lack of basic medical attention. Thus it has become necessary to look at this aspect and accordingly BRAC's Research and Evaluation Division undertook a survey on droppedout clients in July, 1978 with the following objectives.

1) To estimate the actual extent of physical complication as the reason of dropout.

2) To estimate the proportion of dropouts due to such complications where proper follow-up service was not extended.

3) To estimate the extent of reporting error in service statistics with respect to the assigned reason of dropout, in particular.

The survey was carried out through a structured questionnaire. It was proposed to interview all clients of one camp who dropped out during the first 6 cycles (January-June) of 1978. According to service statistics,

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the number of such clients was 71 out of which 54 were interviewed. Others were not available for interview during the period when the survey was conducted.

The survey covered 54 family planning clients of one camp who dropped out from respective methods (pill or injection) during the first 6 menstrual cycles (January-June, 1978) as recorded in service statistics. Here, dropout stands for dropout from specific method. However, a large number of clients have been practising brith control with the help of another method. Hence, drop out from a method should not be confused with drop out from the programme. In this report, cases of dropout from a specific method (though subsequently switched over to another method) are considered to have an idea about factors which lead a client to switch over from one method of birth control to another. A person, who changes the methodology of birth control, should not be considered as a dropout case in any way. Service statistics use to depict droput clients method-wise. Such clients were interviewed as samples and subsequently it was revealed that many of them have been practising family planning with the different methodology.

Investigation revealed that five women were recorded as clients in theservice statistics who never used any sort of contraceptive, and subsequently they were shown as dropout. For analytical convenience, these clients were treated separately in this report. All the tables, therefore, represent the information about 49 clients, excluding those five.

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ECONOMIC STATUS AND EDUCATION (Table 2.1, 2.2 and 2.3)

Occupational distribution of heads of households to which clients under investigation belong is highly skewed in favour of agriculture representing 85% of total heads of households. 8.2% are agricultural labourer. Other occupations are fishing (2%), business (2%) and service (2%). In Sulla, the respective percentage is 49.48, 20.12, 5.02, 7.52 and 2.75*.

53.1% households have holding upto 2 acres. 18.3% have more than 5 acres each in their possession. Here, holding stands for arable land only.

Among the clients, 71.4% have no schooling, 26.6% have schooling in different stages of primary level. Only 2% have schooling in secondary level. The respective level of schooling for their husbands is 40.8%, 53.1% and 6.1% respectively.

DESIRE FOR FURTHER CHILD (Table 2.4).

One of the immediate resons of dropout is desire for further child. Many of the clients have been practising birth control measures to prolong the gap between the birth of two children who desire further child in future. The survey data showed that 44.9% of total clients have been practising family planning for spacing birth and 53.1% of them have intention to have no more child in future. Only one client did not respond to the query.

THE SITUATION OF CLIENTS (Table 2.5, 2.6 & 2.7)

Out of 49 clients who dropped out, 48 dropped out from pill and one from injection. Among these clients only 9 were duly checked up by paramedic prior to the use of the method.

*Baseline survey of Sulla, 1975.

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Contraceptives were supplied to 40 clients (including one injection client) without prior medical check-up.

40 dropped out (pill) clients have taken injection representing 81.6% of total clients. The rest, 18.4%, are not presently practising any method of birth control. Among the clients, presently practising family planning, 15 have been practising for one cycle (menstrual), 20 for two cycles and 5 for three cycles.

REASONS OF DROPOUT (Table 2.3)

Most of the clients dropped out from the previous method due to different physical complications. Against the reason of dropout stated by respondent multiple answers were taken into account and thus the total frequency became higher. Among the reasons, dizziness is represented by the highest frequency (23), followed by menstrual complication (16) and weight loss/weakness (13). No. of clients who suffered from other complications are headache (7), vomiting (3), difficulty with breast feeding (1), pain in chest (1) and other physical complications (4). 7 dropouts corresponded to unwillingness/ forgetfulness and another 7 to the suggestion of paramedic. Four dropped out desiring further child and one dropped out due to lack of supply of contraceptive. One client did not respond.

Of all clients 37 (75.5%) suffered from various physical complications and only 12 (24.5%) dropped out due to other reasons other than physical complication.

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FOLLOW-UP SERVICE (Table 2.11, 2.12 & 2.13)

After dropout, paramedic himself met 30 clients and 14 clients met the paramedic. There were five cases where none met with each other. 34 pill clients were suggested to switch over to injection and one was urged to continue pill. 9 clients received nothing of the sort though they had meeting with paramedic. One client did not respond to the query.

Among the clients suffering from physical complications, only eight had undergone medical check-up by paramedic. Six of them were given medicine and two changed method. The rest (29) were not checked up though two of them received medicine.

DISCREPANCY IN REPORTING (Table 2.8 & 2.10)

In several cases, service statistics and version of respondent are highly contresting. The report on family planning programme (monthly statistics) did not mention the actual time of dropout in many cases. Misreporting happened with respect to 23 clients in this regard. Ten clients were reported as dropout in the third cycle, 1978, though only five of them dropped out in the said cycle. Others dropped out on different points in time, one in the second cycle, 1978, one in the second cycle, 1977, one in the third cycle, 1977 and two in the 6th cycle, 1977. Twenty four clients were reported as dropout in the fourth cycle, 1978, of which ten dropped out in the said cycle. Among others, three dropped out in the third cycle, 1978, two in the second cycle, 1978, one each in second, sixth, nineth and thirteenth cycle, 1977 and five in the first cycle, 1977. Nine clients were reported as dropout in the fifth cycle, 1978. Among them,

contd.....p/29.

only five dropped out in the said cycle. Among others one dropped out in the second cycle, 1978 and one each in first, seventh and thirteenth cycle, 1977.

Regarding the reason of dropout, extent of discrepancy in reporting is also high. According to service statistics, one dropped out due to menstrual complication, two for refusal/unwillingness, seven desiring further child and the rest simply 'switched over' to another method implying only preference for the new method. Actual reason of dropout coincides with service statistics only in case of four clients, three desiring further child and one for menstrual complication. One client did not respond. Table 2.10 vividly shows the extent of discrepancy in reporting regarding reason of dropout.

BFWC's village-based family planning workers (L.F.P.O.) are 'immediate supervisors' of clients. Many of discrepancies arise due to the fact that they do not keep regular records of dropout cases and fail to report to paramedic in time.

Five respondents expressed that they never used pill though they were supplied with pill by L.F.P.O. However, they were recorded as clients for several cycles and subsequently shown as dropout. Even one of them, in the meantime, became pregnant and gave birth to a child. The following table depicts the situation.

Time of supply of pill	No. of clients	Time of dropout in service statistics
1977: Cycle 1	3	1978: Cycle 4
" 1	1	" 3
" 3	1	" 3
Total	5	

However, one of them has been practicing birth control through injection since cycle 5, 1978.

contd...p/30

Table 2.1: Occupational Distribution of Heads of Households.

Occupation	Number	%
Agriculture	42	85.8
Agr. labour	4	8.2
Fishing	1	2.0
Business	1	2.0
Service	1	2.0
Total	49	100.0

Table 2.2: Distribution of Households according to the size of Holding.

Acreage of holding	Number of households	% of households
0 - 2	26	53.1
2.01-5	14	28.6
5.01+	9	18.3
Total	49	100.0

Table 2.3: Distribution of Coients and Their Husbands According to Level of Education.

Level of Education	Clients		Husbands of clients	
	Number	%	Number	%
No schooling	35	71.4	20	40.8
Class I - V	13	26.6	26	53.1
Class VI - X	1	2.0	3	6.1
Total	49	100.0	49	100.0

contd....p/31.

Table 2.4: Estimate of clients Desiring Further Child.

Opinion	Number	%
Yes	22	44.9
No	26	53.1
No response	1	2.0
Total	49	100.0

Table 2.5: Distribution of Clients According to Methods of Contraceptive, Previous and Present.*

Methods	Dropout from method	Switch over to another method	Dropout from programme
Pill	48	40	8
Inj.	1	0	1
Total	49 (100)	40 (81.6)	9 (18.4)

* Figures within perentheses indicate percentages.

Source : Service statistics.

contd....p/32.

Table 2.6: Estimate of Clients Check-up by Paramedic Prior to the Use of Contraceptive.

Method	Checked by paramedic	Not checked	Total
Pill	9	39	48
Injection	0	1	1
Total	9	40	49

Table 2.7: Distribution of Present Clients According to Number of Cycles Used.

No. of cycles	No. of clients
1	15
2	20
3	5
Total	40

contd.....p/33.

Table 2.8: Distribution of Clients according to the Time of Dropout.

Time of dropout as stated by respondents.		Time of dropout according to service statistics (cycle).						Total
		1	2	3	4	5	6	
1978: Cycle	6	-	-	-	-	-	2	2
"	5	-	-	-	-	5	-	5
"	4	-	-	-	10	-	-	10
"	3	-	-	5	3	-	-	8
"	2	-	3	1	2	1	-	7
"	1	1	-	-	-	-	-	1
1977: "	13	-	-	-	1	1	-	2
"	12	-	-	-	-	-	-	-
"	11	-	-	-	-	-	-	-
"	10	-	-	-	-	-	-	-
"	9	-	-	-	1	-	-	1
"	8	-	-	-	-	-	-	-
"	7	-	-	-	-	1	-	1
"	6	-	-	2	1	-	-	3
"	5	-	-	-	-	-	-	-
"	4	-	-	-	-	-	-	-
"	3	-	-	1	-	-	-	1
"	2	-	-	1	1	-	-	2
"	1	-	-	-	5	1	-	6
Total		1	3	10	24	9	2	49

contd.....p/34.

Table 2.9: Distribution of Clients according to Reasons of Dropout as Stated by Respondent.*

Reasons of dropout	Number
Dizziness	23
Menstrual complication	16
Weight loss/weakness	13
Headache	7
Unwillingness/forgetfulness	7
Paramedic's suggestion	7
Desire for a child	4
Vomiting	3
Difficulty with breast feeding	1
Pain in chest	1
Other physical complication	4
Lack of supply	1
No response	1
Total	88

* Multiple answers are taken into account and thus the total frequency is higher.

Table 2.9-B: Extent of Physical Complications Among Clients.

Reason of dropout	No. of clients	%
Physical Complication	37	75.5
Other reasons	12	24.5
Total	49	100.0

contd....p/35.

Table 2.10: Distribution of Clients According to Reason of Dropout, Recorded and Actual.

Reason of dropout as stated by respondents.	Reasons as recorded in service statistic:				
	Desire for a child	Refusal/ unwillingness	Menstrual complication	Switch over to another method	Total
Dizziness	-	1	-	22	23
Menstrual complication	2	-	1	13	16
Weight loss/weakness	-	-	-	13	13
Headache	2	-	-	5	7
Unwillingness/ forgetfulness	-	-	-	7	7
Paramedics suggestion	-	-	-	7	7
Desire for a child	3	1	-	-	4
Vomiting	-	-	-	3	3
Difficulty with breast feeding	-	-	-	1	1
Pain in chest	-	-	-	1	1
Other physical complication	-	-	-	4	4
Lack of supply	-	-	-	1	1
No response	-	-	-	1	1
Total	7	2	1	78	88

contd...p/36.

Table 2.11: Nature of Suggestion to Clients Rendered by Paramedic.

Type of communication	No. of clients	Nature of suggestion				
		To continue pill	To take injection	To stop	No suggestion	No response
Paramedic met clients	30	1	24	-	5	-
Clients met the paramedic	14	-	10	1	2	1
None met	5	-	-	-	5	-
Total	49	1	34	1	12	1

contd.... p/37.

Table 2.12: Extent of Follow-up Service to Clients in case of Physical Complication.

Follow-up	Treatment			Total
	Medicine received	No medicine	Method change	
Checked by Paramedic	6	-	2	8
No check-up	2	27	-	29
Total	8	27	2	37

Table 2.13: Reasons of Dropout by Clients who Received Medicine.

Reasons of dropout	No. of clients
Continued physical complication	3
Forgetfulness/unwillingness	2
Paramedic s suggestion	2
Total	8

cont' ....p/38.

APPENDIX-A

T.B. CONTROL PROGRAMME

Due to the high incidence of tuberculosis in the project area, a T.B. control programme was started in 1975. BRAC started curative service to T.B. patients free of cost from three field clinics based at three camps (Markuli, Anandapur and Derai). The programme, subsequently was followed by a high rate of dropout by patients and therefore, fresh enrollment to the service was stopped at the end of 1977.

The following table depicts the information from two clinics only (statistics from Derai clinic was not available).

Table 3.1: Situation of T.B. Patients Over the Period.

Clinic	Patients enrolled	Patients controlled	Patients expired	Transfered to other clinic	Treatment running	Dropout
Anandapur	61	26	6	2	5	22
Markuli	66	22	-	-	7	37
Total %	127 (100.00)	48 (37.80)	6 (4.72)	2 (1.57)	12 (9.45)	59 (46.46)

Source: Statistics from field clinics.

contd....p/39.

APPENDIX-B

HEALTH INSURANCE, 1977-78

The cornerstone of BRAC's health care programme in Sulla is the group Health Insurence Scheme started in 1975. The scheme provides curative health service for 12 common diseases to members of a family which pays an annual premium for the period, July to June. Previously, premium was fixed at the rate of 4 seers of paddy per head for the year. The annual premium was enhanced to 5 seers of paddy and a token consultation fee of Tk.0.50 was introduced in 1976. In 1977, the area was severly affected by flood which destroyed and damaged three fourths of the crop of Sulla area. As a result, the premium had to be reduced for the year 1977-78. After a survey of damages, villages were categorised into three groups and the rate of premium was fixed at rates ranging from Tk.5.00 to Tk.9.00 according to the severity of damage.

II

Average number of consultations by an insured for the year 1977-78 was estimated to be 1.67. The situation is represented in the following rable.

Table 4.1: Number of Consultations by an Insured.

Year	No. of insured	No. of consultations	Average no. of consultation by an insured.
1977-78*	7,022	11,743	1.67
1976-77**	14,293	28,998	2.03

Source: * Service statistics.
** Sulla Project, Annual Activity Report, 1977: P.5.

contd...p/40.

Insured patients were consulted in the village clinic as well as in the camp clinic. The distribution is shown in the following table.

Table 4.2: Clinic-wise Distribution of Consultations with insured.

Clinic	No. of consultation	% of consultation
Village	5,839	49.72
Camp	5,904	50.28
Total	11,743	100.00

Source: Service statistics.

III

Patient - Paramedic ratio was calculated taking the statistics from three camps. Necessary information was collected from Patients' Register kept by Paramedics. Non-availsbility of such registers in many camps led to the adoption of this sampling technique.

The following table reveals that the patient paramedic ratio for the year 1977-78 is 6.38 (only insured patients). The ratio is the highest in the month of August, 1977 and the lowest in March, 1978, being 15 and 3.92 respectively. The ratio corresponds to insured patients in the village clinic only.

contd....p/41.

Table 4.3: Patient Paramedic Ratio for 1977-78.

Month	Total no.of working days of all P.M.s. in the village clinic.	No. of patinents consulted in village.	Average no. of consultation per day by a paramedic.
1977:July	3	32	10.67
August	12	180	15.00
September	14	123	8.78
October	29	205	7.07
November	37	231	6.24
December	20	167	8.35
1978:January	21	127	6.05
February	24	131	5.46
March	25	98	3.92
April	23	118	5.13
May	24	117	4.87
June	24	104	4.33
Total	256	1633	6.38

Source: Patients' Register of Shashkai, Daudpur and Baushi Camp.

IV

Cost of medicine alone per prescription was calculated for insured patients consulted both in the camp clinic and in the village clinic. In calculating the cost either per-prescription or per patient, other costs, i.e., P.M. and M.O's salary, cost of medicine spoiled or expired, P.M.s. training costs and other overhead costs have not been included. Again, statistics was taken from those three camps for which the patient-Paramedic ratio was calculated.

contd....p/42.

Table 4.4: Cost of Medicine.*

Cost of medicine	1977-78**	1976-77***
Per prescription	Tk. 6.15	Tk. 3.85
Per patient	Tk. 12.12	Tk. 7.82

* Average number of consultation per patient in 1977-78 for those three camps is 1.97.

Source: ** Patients Register of Shaskai, Daudpur and Baushi Camp and service statistics.

*** Bulls Project, Annual Activity Report, 1977:P.5.

However, it may be mentioned that cost of medicine per prescription varies from paramedic to paramedic. In this sample study, the highest average cost per prescription by a paramedic was Tk. 8.99 and the lowest was Tk.3.03 by another paramedic.

V

During the year 1977-78, 12,842 patients (consultation) were treated. Here, all patients, including non-insured, staff, etc. were taken into account. Service statistics revealed that patients suffering from b.dysentery corresponed to the highest frequency (14.48% of total patients) followed by skin infection (11.82%), a.dysentery (9.09%), diarrhoea (7.65%) and common cold (7.54%). Patients suffering from b. disentery, a.dysentery and diarrhoea together correspond to 31.22% of total consultations. Patients suffering from various other diseases not specified in the service statistics corresponded to 18.84% of total patients. During the previous year,

contd....p/43.

patients suffering from skin infection corresponded to the highest frequency (10.65%) followed by diarrhoea (10.58%), b. dysentery (9.95%), common cold (9.15%) and rheumatism (7.98%). The situation is depicted in the following tables.

contd....p/44.

4.5: Pattern of Disease in 1977-78.

	DISEASE													
	Diarr-hoea	B.Dysen-tery	A.Dysen-tery	Round worm	Thread worm	Common cold	Pneu-monia	Accute bronchitis	Hyper acidity	Rheu-matism	Ear/eye/throat	Skin in-fection	Others	Total
Jul.	58	84	72	80	27	81	14	37	24	48	44	87	165	821
%	7.06	10.23	8.77	9.74	3.29	9.87	1.70	4.51	2.92	5.85	5.36	10.60	20.10	100.00
Aug.	109	134	96	146	43	145	35	49	18	51	48	94	159	1127
%	9.67	11.89	8.52	12.95	3.82	12.87	3.10	4.35	1.60	4.52	4.26	8.34	14.11	100.00
Sept.	77	176	103	41	47	96	36	53	27	59	59	74	195	1043
%	7.38	16.87	9.88	3.93	4.51	9.20	3.45	5.08	2.59	5.66	5.66	7.09	18.70	100.00
Oct.	144	220	134	46	34	82	30	67	14	64	42	116	226	1219
%	9.59	18.51	11.27	3.87	2.86	6.90	2.52	5.63	1.17	5.38	3.53	9.76	19.02	100.00
Nov.	122	222	109	85	50	98	26	65	25	77	64	160	355	1458
%	8.36	15.22	7.47	5.82	3.42	6.72	1.78	4.45	1.71	5.28	4.38	10.97	24.34	100.00
Dec.	100	185	100	51	35	85	29	71	27	78	67	181	329	1338
%	7.47	13.82	7.47	3.81	2.61	6.35	2.16	5.30	2.01	5.82	5.00	13.52	24.58	100.00
Jan.	80	123	77	67	29	56	16	43	16	60	33	135	200	935
%	8.55	13.15	8.23	7.16	3.10	5.98	1.71	4.59	1.71	6.41	3.52	14.43	21.39	100.00
Feb.	73	112	87	161	38	58	16	50	17	64	63	118	146	1003
%	7.27	11.16	8.67	16.03	3.78	5.78	1.59	4.98	1.69	6.38	6.28	11.76	14.55	100.00
Mar.	79	124	122	78	54	52	18	56	19	75	51	208	159	1095
%	7.12	11.32	11.14	7.12	4.93	4.74	1.64	5.11	1.73	6.84	4.65	18.99	14.52	100.00
Apr.	56	166	82	58	31	76	13	52	10	70	34	143	188	979
%	5.72	16.95	8.37	5.92	3.16	7.76	1.32	5.31	1.02	7.15	3.47	14.60	19.20	100.00
May.	58	159	98	73	34	57	15	40	18	69	63	110	114	908
%	6.38	17.51	10.79	8.03	3.74	6.27	1.65	4.40	1.98	7.59	6.93	12.11	12.55	100.00
Jun.	27	155	88	69	40	82	13	46	19	57	45	92	183	916
%	2.95	16.93	9.61	7.53	4.37	8.95	1.42	5.02	2.07	6.22	4.91	10.04	19.98	100.00
1	983	1860	1168	955	462	968	261	629	234	772	613	1518	2419	12842
	7.65	14.48	9.09	7.47	3.60	7.54	2.03	4.90	1.82	6.01	4.77	11.82	18.84	100.00

(components may not add to total due to rounding)

Sources Service Statistics.

contd...p/45.

Table 4.6: Pattern of disease in 1977-78 and 76-77.

Name of disease	% of total patients treated	
	1977-78	1976-77
Diarrhoea	7.65	10.38
B. dysentery	14.48	9.95
A. dysentery	9.09	7.15
Round worm	7.47	4.14
Thread worm	3.60	4.61
Common cold	7.54	9.15
Pneumonia	2.03	2.52
Acute bronchitis	4.90	5.12
Hyper acidity	1.82	2.25
Rheumatis	6.01	7.98
Ear/eye/throat condition	4.77	5.87
Skin infection	11.82	10.65
Others	18.84	20.02
Total	100.00	100.00

(Components may not add to total due to rounding.)

Source: Service statistics.

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