Annual Health Check Up for The Members of BRAC'S Village Organisation: An Observation

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ব্র্যাকের গ্রাম সংগঠনের সদস্যদের বাৎসরিক স্বাস্থ্য পরীক্ষা: একটি পর্যবেক্ষণ

শাহাদুজ্জামান

ব্র্যাকের গ্রাম সংগঠনের সদস্যদের বাৎসরিক স্বাস্থ্য পরীক্ষা কার্যক্রমটি শুরু হয় ১৯৯৭ সালে। এর উদ্দেশ্য ছিলো ভি.ও. সদস্যদের প্রধান স্বাস্থ্য সমস্যাগুলো চিহ্নিত করা, তাদের প্রাথমিক স্বাস্থ্যকেন্দ্রে প্রেরণ করা এবং সাধারণভাবে অচিহ্নিত স্বাস্থ্য সমস্যাগুলোর ব্যবস্থা গ্রহণ এবং প্রসার রোধ করা।

সদস্যদের বাৎসরিক স্বাস্থ্য পরীক্ষা কার্যক্রমটির বর্তমান অবস্থা যাচাইয়ের জন্য বর্তমান গবেষণাটি পরিচালিত হয়। পাঁচটি স্বাস্থ্য পরীক্ষা কেন্দ্র পর্যবেক্ষণ করা হয়। বিশজন উপস্থিত ভি.ও সদস্যদের সাক্ষাৎকার গ্রহণ করা হয়। এছাড়া সংশ্লিষ্ট কেন্দ্রের প্যারামেডিক, নার্স এবং মেডিকেল অফিসারদের সাক্ষাৎকারও গ্রহণ করা হয়। সেই সঙ্গে এ সংক্রান্ত বিভিন্ন রেকর্ডও পরীক্ষা করা হয়।

এই গবেষণার মাধ্যমে ভি.ও. সদস্যদের বাৎসরিক স্বাস্থ্য পরীক্ষার কিছু ভালো দিক এবং কিছু দুর্বলতা চিহ্নিত করা হয়। দেখা গেছে অধিকাংশ সদস্যদের এই স্বাস্থ্য পরীক্ষা বিষয়ে ইতিবাচক মনোভাব রয়েছে। এই স্বাস্থ্য পরীক্ষা সদস্যদের স্বাস্থ্য সচেতনতা বৃদ্ধি করেছে এবং এই কার্যক্রমকে তারা ব্র্যাক থেকে ঋণ নেয়ার একটা বাড়তি সুবিধা হিসেবে বিবেচনা করছেন। এসবই এই কার্যক্রমের ভালো দিক।

তবে সেসন ব্যবস্থাপনায় বিশৃংখলা, প্যারামেডিক এবং নার্সদের কারিগরী দক্ষতার অভাব এবং স্বাস্থ্য কেন্দ্রে প্রেরণকৃত রোগীদের দুর্বল ফলোআপ, এই কার্যক্রমের দুর্বল দিক। এই দুর্বলতাগুলো কাটিয়ে এই কার্যক্রমটিকে আরো সফল করবার জন্য কিছু সুনির্দিষ্ট প্রস্তাব রাখা হয়েছে।

Abstract

Annual health check up for the members of BRAC' s village organization (VO) was initiated in 1997. The objective was to identify major health problems among the VO members, to arrange for referral to basic health care clinics and to diagnose commonly unrecognized health problems and provide management and prevent further severe complications. An explorative observation was done to assess the present situation of annual health check up of VO members. Five VO check up sessions were observed, exit point interviews were conducted with twenty VO members, interviews were also conducted with paramedics, nurses and medical officers of the respective check up centers, and records regarding VO members health check up were consulted. The study was conducted during November 1999. Strengths and weakness of these VO check up were identified. In general, a positive attitude towards the health check up was observed among the VO members. This check up increases the health awareness among the members. They consider it as an additional benefit of taking BRAC loan. However, problems of session management, technical incompetence of the paramedics/nurse and poor follow up of the referred patients were also observed. Recommendations are given to improve the weaknesses of the annual health check for the VO members up.

Introduction

The enhancement of health of the people is accepted universally as a major objective of the process of development. "Healthy and educated people are in better position than others to take control of their lives, plan their future, and contribute to economic growth and development. Good health is therefore a goal and means of facilitating development. Investing in health is one way to both furthering economic and human development and improving the populations health status" (Reynolds B. 1998). Noble laurate Amartya Sen (1999) said, "Among the most important freedom that we can have is the freedom from avoidable ill health and from escapable mortality. It is important to understand the qualified and contingent nature of the relationship between economic prosperity and good health."

BRAC as a major development organization in Bangladesh recognizes this relationship between health and development. Therefore along with its income generation and education programme BRAC always had preventive, promotive and curative health components in its development programmes. However, annual health check up for the members of village organization is a relatively new health component of BRAC. BRAC has so far about 3 million VO members under its Rural Development Programme (RDP). Over the years BRAC learned that the income generating activities and loan repayment performances of the VO members were hampered by their various health related problems. There was also a felt need among the VO members regarding some health programme that specifically addresses their health problems. It was therefore decided by the policy makers to conduct an annual health check up for all the VO members of RDP.

This programme started in 1997. The objective of the annual health check up are as follows:

1. To identify major health problems, their symptoms and risks among the members of BRAC's village organizations;

2. To arrange for referral to basic health care clinic for timely management of health problems; and

3. To assess and diagnose commonly unrecognized health problems, provide management and prevent further serious complications.

For this health check up, a card was developed (Annex-1). Following examinations are done and recorded in the card once in a year for each VO member :

Height, weight, pulse, temperature, blood pressure, anemia, edema, jaundice, clubbing, lymph node, oral cavity , breast, lung, heart, abdomen, reproductive tract, eye, ear, urine sugar

The examinations are conducted by diploma nurses or paramedics. These staff are either from Health, Nutrition and Population Programme(HNPP) or the Essential Health Care (EHC) programme of BRAC. The examination is done in RDP area offices, where there is a separate room for this purpose. Before getting a loan the VO members has to go through this health check up. A VO member has to pay TK 15 for each check up. This money is given to him or her by the RDP. If any morbidity is found among the VO members, he or she is referred to nearby BRAC health center or any other health center. The nurse or paramedic responsible for the check up is supposed to give the name and

address of the identified morbidity cases to the corresponding RDP staff for follow them up. HNPP field staff are responsible for followup of these cases. The medical officer of the corresponding BRAC health center supervises the VO check up sessions at a regular interval. There were 300 VO check up centers in operation in BRAC working areas through out the country. This study was done to explore the present situation of the annual health check up for the VO members.

Methods

This was a quick explorative study. Following qualitative methods were used to collect the information during November 1999:

1. Observation of health check up session in five centers,
2. Exit point interview with 20 VO members,
3. Interview with paramedic, nurse, mdical officer of the respective centers and
4. Review of the records regarding VO check up.

Results

Based on the observation of selected VO check up sessions, interview with the providers and the clients and consultation of the records, few strengths and some weakness of the program have been identified.

The strengths

* Positive attitude of the VO members:

It was observed that most of the VO members attending the health check up session had a positive attitude towards this programme. They took it as a very useful programme for them. As one of the VO member said:

This is very good for us. This is a good chance for us to know our hidden health problems. I became aware about my health. They checked my whole body, no doctor would do this so cheaply.

Some considered this health check up as an additional benefit of taking BRAC loan as no other NGO offers this facility. One VO member said:

BRAC is giving us an honour by checking our health. There are other NGOs in our area but they do not offer this service. This is an extra facility that we get by taking BRAC loan.

However, the staff of BRAC involved in this program said that the situation was not so favourable in the beginning. The VO members had a negative notions during its initial phase. Most of them thought that, if any health problem is found through this check up then they will not be allowed to take loan. As a result they were very reluctant to attend this health check up sessions. So, the RDP staff had to work among the VO members to clarify this wrong idea. When they saw that members are given loan even if they were identified with a health problem then they were convinced. Gradually they developed a positive attitude towards the health check up.

*** Good physical facilities and supplies:**

Good physical facility and supply is a prerequisite to conduct such a regular health check up service. The facilities and supplies of the observed centers were found satisfactory. In every center there was a separate room for the health check up. The room was clean, there was enough light and cross ventilation. The privacy was maintained quite well. For female VO members some of the examinations were done behind the curtain. The supplies were also good. Most of the centers were equipped with the necessary instruments. Except in one center the torch light and ear speculum was missing.

So, it was found that the clients were ready for the programme, the supporting services for the programme was also ready but unfortunately the actual programme, the health check up itself was found to have number of weaknesses.

Weaknesses

Following are the areas where the weaknesses of the annual VO health check up was observed-

***Session management:**

The management of the VO health check up session was found chaotic. It was observed that the nurse or paramedic responsible for the check up usually comes to the center around 9 in the morning but she usually sits idle about two/three hours because usually VO members do not come before 12 o clock. It was observed that around 12 o clock suddenly a number of VO members come to the center together. On an average about 20 VO members have their health checked every day. The responsible nurse/paramedic finds it quite difficult to manage the session. As mentioned before there is about 20 general and

physical examinations that the nurse/paramedic has to perform for each VO member. It takes minimum 15 to 20 minutes to finish the examinations for each member. As a result the waiting time for the VO members becomes lengthy. Some member have to wait even up to two hours or more. The nurse/paramedic usually allows two VO members at a time in the check up room. But after certain time the members become impatient and try to get into the room all at a time. Everyone wants to have his/her turn first. They start complaining about the delay. Some start to mention various excuses and ask to finish their checking earlier. For example they say, "I have left my small children at home please check me first" or "My husband is ill, I have to go back home earlier, please allow me to enter before others." Others also become impatient because unless the formality of health check up is finished they can not take the loan.

This was also observed that the RDP staff sometimes create pressure on the nurse/paramedic as well. As they can't start the loan disbursement before the health check up is finished they ask the nurse/paramedic to do the examinations quickly. In one session a RDP staff was saying to the attending paramedic, "Hurry up please. What is the use of doing all these examinations, just measure the blood pressure, write that everything is OK and let them go." The RDP manager also came time to time and said to the paramedic, "Sister, do it quick". The pressure from the VO members and as well as from the RDP staff to complete the session quickly make the attending nurse/ paramedic puzzled. One nurse admitted that because of the time constrain and the pressure from both the sides sometime she skips some of the examinations. The following incidence explains the situation of the attending staff. In one session two VO members entered in the check up room as usual. They were given two pots to bring their urine from the toilet outside. When

they returned from the toilet there was a number of VO members inside the room surrounding the nurse and struggling to have her check up done first. The previous two VO members kept their urine pot on the table. But because of the crowd the nurse could not follow which urine is whose. This resulted a lot of problem and the VO members had to bring their urine again, which was a great botheration for them.

When asked about this chaos in the session management, the HPD staff said that, as the VO members came from the same village they preferred to come together, if they could come in a batch then this chaos could be avoided. They said as the RDP staff send the VO members to the center they can organize this and ask the members to come in a group in different time instead of coming together. HPD staff members complained that the RDP staff do not take that initiative. Moreover, as RDP pays for the health check up of the VO members, they have a feeling of authority on the session, as a result sometime they dictate the nurse/ paramedic in the session to do things as they want.

However, negligence regarding the VO check up also found among the HNPP staff as well. It was found that there was no fixed staff assigned for VO check up. It was done in an ad hoc basis, who ever was available was sent to conduct the session. Least priority is given to VO health check up All these resulted a chaotic management of the VO health check up. This chaos definitely also have a negative impact on the quality of the health check up.

*The technical competence:

The technical competence of the nurse/paramedic to perform the health check up was found lacking. The incompetence was particularly evident among the paramedics. They do not find it difficult to perform the general examinations like height, weight, anaemia,

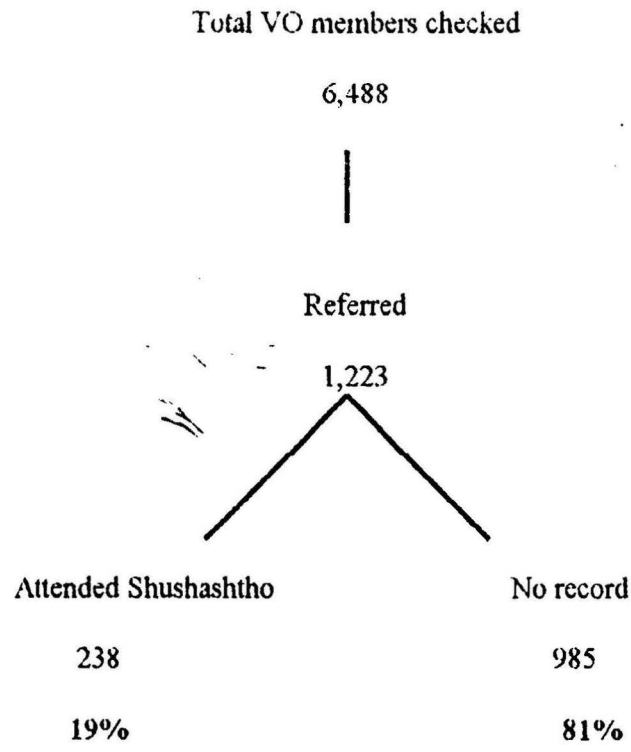
oedema etc. They were also found to be competent in measuring the blood pressure. But it was observed that some systemic examination and some of the general examinations were not done correctly and the staff was also not aware of the rational of these examinations. For example most of them do not know what is the use of examining the lymph nodes and where exactly to examine it. They were also found confused about the examination of heart and lung. It was observed that they only count the heart rate and respiration rate after putting stethoscope on the heart and lung. They could not mention about wheeze or ronki, also could not say anything about the heart sounds. The eye, ear, oral cavity or jaundice examination was also done in a very hurried way. This technical incompetence and hurried examinations resulted in incorrect referral. A monitoring report (1999) by the quality assurance team reported that in the month of December in 29% of the referral cases, the causes were not justified. However, staff members including the medical officer think that the health check up of VO members is too comprehensive. The paramedic thinks their training was not sufficient to equip them to conduct such a comprehensive health check up. The medical officers particularly said that through the experience of last couple of years now the morbidity pattern of the VO members are known to them, so they suggested that it would be practical to minimize the number of health check up examinations and revise it according to the morbidity pattern. By consulting the morbidity records following were found to be the top ten most frequently occurring morbidities in the observed centers:

Vaginal discharge, general weakness, peptic ulcer, pelvic inflammatory disease, urinary tract infection, helmenthiasis, fungal infection, anaemia, dysentery, difficulty in vision.

Inconsistency in filling up of the health card was also observed. Different languages were used to fill up the card. For example, if sugar in the urine was not found, following terms were used to fill the card; 'absent', 'No', 'Normal' Not found', '—' etc. In the other side of the card the treatment record was supposed to be written, but we found four VO members who were referred and got treatment in the BRAC health center, but nothing was written on the other side of the card. For this inconsistency in language and incomplete recording of the cards, these cards could not be used further for any scientific research.

Follow up:

Followup of the referred cases was found to be very poor. It was observed that the staff members were confused about the responsibility of the follow up. The HNPP staff said that it was the responsibility of the RDP staff, while the RDP staff said that followup was the responsibility of the HPD staff. The nurse/paramedic responsible for the health check up is supposed to give a list of the referred cases to the RDP office. But unfortunately we didn't find any such list in the office. They were also confused about how frequently they were supposed to give this list. Some said every day, some said once in a week, some even said once in a month. As a result the follow up of the referred patient was not ensured. The followup record of last six months (March - September'1999) was consulted and the following result was found:



The above graph shows that during Match - September '1999, 6,488 VO members were checked. Of them 238 (19%) attended Shushastho and the rest 985(81%) did not have any record of the consequence of the morbidity. This situation is definitely alarming. It shows the negligence regarding followup of the referred patients. The staff members said that the VO members were reluctant to come to the BRAC health center. Various reasons were mentioned for this. Some mentioned about the distance of the center, some said the villagers prefered to have treatment from the village doctors rather then the MBBS doctors of the BRAC health center, some also mentioned that as vaginal discharge was the most commonly referred disease, women did not want to go to BHC because it mostly have male doctors. However, a medical officer pointed out a different management issue. He said that for BHC referred patients there was a special followup form, but for VO health

check up centers such form was not available, as a result it was difficult to monitor the follow up of the referred patients. However, if a morbidity is identified and the followup is not ensured then the whole screening process becomes useless.

Discussion

This was an explorative study to have a quick observation of the annual health check up for VO members. Qualitative methods were used to collect the information. It was observed that there were some strenghts and weaknesses in the annual VO members health check up programme. The VO members were found to have a positive attitude towards this programme. They thought that it helped to raise their awareness regarding health. They also considered it as an extra benefit to take BRAC loan. The supplies to conduct such a programme was also found satisfactory. The necessary instruments and infrastructure were available.

However, some weaknesses were also identified which could be a major obstacle to the success of this programme. The management of the health check up session was found chaotic. The nurse/paramedic responsible for conducting the session spends half of the working time idle, because the VO members come all together in the middle of the day. The nurse/paramedic therefore have to do a long list of examinations in a very short time. Because of the time constraints both the VO members and the RDP staff becomes impatient. As a result the whole session is managed in a very chaotic way. It was also found that there was lack of technical competency among the staff members who were conducting the session. They lack skill and understanding of the rationale behind the examinations. As a result it was found that a significant number of cases that was referred

is not justified. The recording of the health check up in the card was also found inconsistent and incomplete. The followup of the referred patients were found very poor. More than 80% of the referred cases do not have any followup record. There is also confusion between HNPP and RDP regarding the responsibility of follow up.

The objectives of the annual health check up of VO members are to identify major morbidity, diagnose commonly unrecognized health problems, and to arrange referral to health centers. The finding show that though the VO members were positive about the programme and the infrastructure and supplies were sufficient, only because of management and technical incompetence of the staff members the objectives are not yet achieved.

Recommendations

Based on the findings of the study following recommendations are made:

1. The field level HNPP and RDP staff members should coordinate with each other to organize the VO members flow in the health check up session, so that the VO members do not come to the center all at a time but in a group at different times.

2. The number of the examinations should be reduced and the health card should be revised according to the morbidity pattern of the VO members.

3. Refresher training for the staff members should be organized to increase their technical competency.

4. Health card should be recorded properly.

5. Special emphasis should be given for the follow up of the referred ceases. For that again the coordination between HNPP and RDP is required. A followup card for the referred cases could be developed.

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