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HEALTH

BRAC Research Report

June 2013

BRAC Health Centres (CLINIC): Current Scenario and Future Prospects

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ACKNOWLEDGEMENTS

The authors are grateful to the respondents of the study areas for their time and sharing of information and experience. The study was funded by the Essential Health Care (EHC) Programme and conducted by the Research and Evaluation Division of BRAC. The authors are grateful to Dr. Kaosar Afsana, Director, Health, Nutrition and Population Programme (HNPP) and Taposh Roy, Programme Head, MANOSHI, Facility Based services and Disability Care. Special thanks to Sufi Ahammad Hassan, Senior Programme Manager of Facility Based Services for his valuable insights on programme and assistance. The authors gratefully acknowledge the valuable supervision, review and fruitful advice of Dr. Syed Masud Ahmed, former Programme Head of Health Research, Research and Evaluation Division (RED). The authors are very pleased and grateful to the field Research Assistants who collected the qualitative data for the study in various difficult circumstances. Sincere thanks to Mr. Iftekhar A. Chaudhury, Coordinator, Editing and Publication, Research and Evaluation Division, BRAC for editing the manuscript. Thanks are also due to Altamas Pasha and Akram Hossain of the Knowledge Management Unit for copy editing and formatting.

RED is supported by BRAC's core fund and funds from donor agencies, organizations and governments worldwide. Current donors of BRAC and RED include Aga Khan Foundation Canada, AIDA-Spain, Asian Disaster Preparedness Center, AusAid, Australian High Commission, AVRDC (The World Vegetable Centre), Bencom S.r.L, BRAC-UK, BRAC-USA, British Council, Campaign for Popular Education, Canadian International Development Agency, CARE-Bangladesh, Center for Development Research, Commonwealth Foundation, Department For International Development (DFID), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), EACI-Qatar, Embassy of the Kingdom of the Netherlands, Euro consult Mott Mac Donald, European Commission, Family Health International, FHI Solutions, LLC, Foundation Open Society Institute, The Global Alliance for Improved Nutrition, Global Development Network, The Global Fund, Govt. of Bangladesh (GoB), The Hospital for Sick Children, Canada, ICDDR,B, International Food Policy Research Institute, International Labour Organization, International Potato centre, International Rice Research Institute, International Union for Conservation of Nature and Natural Resources, Liverpool School of Tropical Medicine, Manusher Jonno Foundation, Oxfam Novib (NOVIB), Oxford University, Rockefeller Foundation, Safer World, Sight Saver-UK, Social Marketing Company, UN Women, UNICEF, Unilever-UK, United Nations Development Program, University of Bonn, University of Leeds, University Research Company LLC, Vision Spring, Women WIN, World Bank, World Fish and World Food Program.

RED received wide support and cooperation from all divisions of BRAC, particularly from the field staff and the people of Bangladesh without whose sincere support and patronage no field research could be conducted smoothly. RED also received useful comments, suggestions, and guidance from researchers, reviewers, and editors from within and outside the country, which helped improve the quality of research and research outputs. RED is indebted to BRAC management for its continued support.

ABSTRACT

OBJECTIVE

This study was conducted to understand the current state of affairs in the upgraded BRAC Health Centres (now BRAC clinics) with in terms of infrastructure, operation, access, utilization of services and client satisfaction.

METHODS

A qualitative research was carried out in four BRAC clinics that have been selected out of the thirteen clinics that are currently in operation. Inventory, observation, exit-interviews, IDIs (In-depth Interview), FGDs (Focus group Discussion) and informal discussions were used for collecting relevant information.

FINDINGS

All clinics were established in rented, multi-storied buildings that have been built for residential purposes. Therefore, they posed a problem in delivering health services. BRAC clinics provided maternal, neonatal and child healthcare that included services for common illnesses like fever, diarrhoea, TB and malaria, at a comparatively lower cost. Interestingly, the clinics were not oriented towards providing emergency care services (e.g. for road traffic accidents, for drowning, poisoning, first aid etc.) Routine diagnostic tests were available in the clinics. Prescribed medicine was mostly available in the clinic pharmacy at a nominal mark-up price. Waiting time for patients was also within reasonable limits. The doctors and staff were found to be modest and professional. BRAC HNPP's community health workers were found to play an important role in referring patients from the community to the clinics. Shortage of health professionals was a problem in all the clinics.

Most of the patients were satisfied with the services. However, the common perception of the community was that the clinics were only for poor, pregnant women; that the clinic was mainly a maternal and child healthcare centre. Most of the community members did not know about the range of services provided at the clinics. The community members related the goodwill of BRAC to the BRAC clinics and hence perceived its services to be of good quality.

CONCLUSION

The study indicates that BRAC clinics are working in the community to meet the health challenges of community members. However, several barriers do exit. These include lack of community awareness regarding the activities and the range of services provided, shortage of skilled health professionals for the delivery of such services and poor infrastructure. However, clients were satisfied with the services and BRAC's goodwill has played a determinate role in shaping the clinics' image in the community.

EXECUTIVE SUMMARY

INTRODUCTION

A qualitative study on BRAC clinics has been conducted to have a first-hand sense of current status of the facilities and thus find out the future course of actions for improved quality services of BRAC clinic.

In order to know the current activities, services, processes and infrastructure of clinics information has been collected from previous patients, community members and service providers. Understanding the perception of service providers and beneficiaries regarding activities of the clinics is a point of vital focus. The specific objectives of the study are-

- To document the current state of infrastructure, facilities, range of services and the process of service provision
- To explore the access to and utilization of services by the community
- To explore community members' perception about the clinics (their usefulness, effectiveness, quality, service cost, responsiveness etc.)
- To explore the perception of service providers and front line BRAC health workers [Doctors, Family Welfare Officer (FWOs), Shasthya Kormi (SKs), Shasthya Shebika (SSs)] about the clinics (problems and prospects as well as recommendations for improvement).

METHODS

Four upgraded BRAC clinics located in four different regions have been conveniently chosen from the thirteen clinics. The selected clinics are Nilphamari, Habiganj, Gazipur and Rayerbazar clinics. Inventory, observation, exit-interviews, IDIs, FGDs and informal discussions were used as primary research tools for achieving the objectives of the study.

KEY FINDINGS

All clinics were established in the rented buildings that had been built for residential purposes. There are some infrastructural obstacles in the clinics since they have not been built as per the requirements of a health clinic. Every clinic is mostly known to community members as *Sushasthyas* or BRAC clinics. The community people were also not aware about all the activities of the clinics and about the range of services being provided. The common idea of the community members is that the clinics were working for poor, pregnant women only and that it was a maternal healthcare centre. Most of the community people did not know about the availabilities of general treatment at the clinics. BRAC clinics provide healthcare to the community at a very low cost. It is also notable that the clinics have played an active role in changing the maternal healthcare seeking behaviour of underprivileged women and their families. Many limitations still do exist at present. These include the image of the clinics and their representation, service availability and capacity as well as capability of work.

RECOMMENDATIONS ON THE BASIS OF KEY FINDINGS

Increasing the quality of the clinics is very important at this moment. It is also important for general healthcare services to be provided to all the people (in order for clinics to be inclusive). Besides, the image of the clinic at the community level also needs to be reconsidered, given the current image of the clinic as a maternal healthcare centre.

INTRODUCTION

The BRAC Health Centres emerged in 1995 in an attempt to reinforce community based healthcare intervention and to provide better services in the poor areas of Bangladesh, so that the availability and accessibility of facility based services can be ensured. Over time, some of the centres were upgraded to include additional components (e.g., CS for complicated pregnancy) to save costs, to generate more revenue for self-sustenance and to be more comprehensive.

Currently, 31 static centres are operating countrywide and they provide quality health services through well-trained health professionals at an affordable cost at the client's home. Thirteen of these centres, mostly located at district headquarters, have upgraded facilities that offer comprehensive all-day emergency, obstetric and newborn care , all types of general surgery and advanced diagnostic services(e.g. ECG and ultrasound). The remaining 18 basic healthcare centres are providing patient consultation and outdoor services (including basic emergency obstetric, newborn care and essential laboratory investigation). These centres also offer quick diagnostic and referral services in case of any medical emergencies. Additionally, essential life saving materials and quality medicine are also available at reasonable prices in all the centres. (http://www.brac.net/content/bangladesh-health-facility-based-services)

Recently, BRAC's health, nutrition and population programme (BHNPP) has decided to strengthen the clinics' capability and capacity in providing low cost, quality health services to people of both rural and urban areas of Bangladesh. Before initiating a new strategy, it is vital to understand the current activities, services, process and infrastructure of the clinics. Understanding the perception of service providers and beneficiaries regarding activities of the clinics is also vital for mapping out a future course of action. For this, a qualitative, exploratory study on the clinics has been conducted to have a better idea of the current scenario.

OBJECTIVES

The main objective of the study is to explore the current state of affairs of the clinics regarding infrastructure, facilities, service provision and perception of the providers as well as the customers.

The specific objectives are-

- To document the current state of infrastructure, facilities, range of services provided and the process of service provision;
- To explore access to and utilization of services by the community;
- To explore community members' perceptions regarding the clinics (their usefulness, effectiveness, quality, service cost, responsiveness etc.);
- To explore the perception of service providers and front line BRAC health Workers (doctors, FWOs, SKs, SSs) about the clinics (problems, prospects as well as recommendations for improvement);

METHODOLOGY

FIELD SELECTION

This is a qualitative exploratory study on the BRAC clinics. Four clinics (3 from rural districts and 1 from urban areas) out of 13 upgraded clinics have been conveniently selected to reflect regional variations. The chosen clinics were Nilphamari, Habiganj, Gazipur and Rayerbazar clinics. The Rayerbazar clinic is located in an urban area and the remaining four are situated in rural district areas.

RESEARCH PERIOD

Field work, data compilation and analysis of this study were done from March to June 2013.

RESEARCH METHODS

Inventory, observation, exit-interviews, IDIs, FGDs and informal discussions were used as the research tools (Table 1).

Table 1. Tools and respondents

Research tools	Nilphamari	Habiganj	Gazipur	Rayerbazar	Total	Total respondent
Inventory	01	01	01	01	04	-
Exit-interview	08	11	31	20	70	70
IDI	02	03	01	01	07	07
FGD with com. People	04	03	04	03	14	94
FGD with SS	01	01	01	01	04	35
FGD with SK	01	01	01	01	04	26
Informal discussion with doctors	00*	04	05	07	16	16
Informal discussion with FWOs	05	06	05	06	22	22

* There was no doctor at Nilphamari during the study period.

DATA ANALYSIS

A manual content analysis has been done with identification of codes for particular themes/subthemes. Triangulation of information has also been done, whenever feasible.

INVENTORY

A verification of the available inventory has been done to understand the entire environment, service providing capacity and infrastructure of the clinics.

OBSERVATIONS

A weeklong observation was also held in each clinic. Each observation was divided into three slots (morning, evening and night). The duration of each slot was 4 hours. Thus, information on 21 slots of observation (In total 84 hours of observation) has been collected.

EXIT INTERVIEW AND IDIS

Exit-interviews were conducted with patients coming for treatment at clinics during observation time. Seventy patients and their caregivers were interviewed in this procedure in four locations. There were 11,08,31 and 20 respondents in Habiganj, Nilphamary, Gazipur and Rayerbazar respectively. Besides, in-depth interview of 7 highly satisfied patients have been conducted in four locations. The number of respondents depended on their availability.

FGDs WITH COMMUNITY MEMBERS (PREVIOUS PATIENTS, TEACHERS, IMAMS AND ADOLESCENTS)

Fourteen FGDs were conducted with the community people (including previous patients) in four locations to understand the perception of community members about the clinics. Out of a total of 94 FGD participants, 30 were male and 64 were female participants.

FGDs WITH SKs (*SHASTHYA KORMIS*) AND SSS (*SHASTHYA SHEBIKAS*)

A total of eight FGDs were conducted in the four locations with SSs and SKs. Four FGDs were conducted with SSs and the other four FGDs were conducted with SKs. 35 SSs and 26 SKs participated in those FGDs. The same agenda was discussed with the two groups through the 8 FGDs at four of the selected areas.

INFORMAL DISCUSSIONS WITH DOCTORS AND FWOs

"Informal discussions" were used as a research tool in this study to collect information about the clinic and to understand the perception of service providers (Doctors and FWOs). There were 16 doctors and 22 FWOs in the four selected clinics. There was no doctor at Nilphamari during the study period. Actually 16 doctors from three clinics and 22 FWOs from four clinics were interviewed. Researchers tried to understand the perception of the doctors and FWOs about clinics as well as their individual issues regarding their jobs at BRAC clinics. The process of providing healthcare, the availability of patients, common diseases, the security system and job obstacles were also taken into consideration during such discussion.

RESULTS

1. CURRENT STATE OF INFRASTRUCTURE, FACILITIES, SERVICES AND THE PROCESS OF SERVICE PROVISION

1.1 Location, surroundings and infrastructure

Location

Gazipur and Rayerbazar clinics are under their respective city corporations. The Habiganj clinic is under the Habiganj municipality and the Nilphamari clinic is situated out of the municipality area.

Surroundings

Nilphamari and Rayerbazar clinics are located in residential areas; there are some grocery shops, tea stalls, vegetable and stationary shops around both the clinics. The ground floor of Rayerbazar clinic is being used for commercial purposes. Gazipur clinic on the other hand is located in a semi-industrial area. There are some residential buildings and industrial buildings around the Gazipur clinic. There is a tobacco storeroom of a tobacco company beside the clinic too. Habiganj clinic is situated in a commercial area. Big gift shops, clothing stores and garment whole seller shops have occupied the ground floor. There are hardware shops and shopping malls around the clinic.

Road infrastructure

Despite the fact that transportation infrastructure varies from *upazila* to *upazila* in the study area, overall transportation infrastructure is good within the *upazilas*. There is an abundance of different kinds of vehicles that enable people to come to clinics. In every place, the common vehicle are CNGs, rickshaws, tom-toms (rechargeable auto rickshaws), lagunas (human haulers) etc.

Infrastructure

Gazipur and Nilphamari clinics are both situated in four-storied buildings. Each floor of Gazipur clinic is divided into two units. The third floor of the Nilphamari clinic building is under construction. The Rayerbazar clinic is situated in a six-storied building and Habiganj clinic is situated in a three-storied building. It is notable that all clinics have been established in rented residential buildings.

Disadvantages of inadequate infrastructure

There are some infrastructural obstacles for the clinics since they have not built as per the special requirements of a health clinic. There are no ramps nor any electrical lifts for lifting the patients by trolleys or by polling them by wheel-chairs from floor to floor. Even though it is risky for the patients (especially pregnant women) to climb stairs, they have to take the stair case. It has also been observed in Rayerbazar that the doors of the building were too narrow to allow the patients to be shifted by trolley from

the operation theatre to the post operative room. Therefore, in some emergency cases the patients were also lifted and brought down by stretchers.

1.2 Man power

The employee status of the different clinics has been briefly presented in the Table below:

Table 2. Manpower distribution

Name of clinic	Doctor	FWO	Aya (nurse-maid)	Lab-Technician	Guard	Ward Boy	Sweeper	Manager	Receptionist	Total
Habiganj	04	07	07	02	00	01	00	00	00	21
Gazipur	05	07	04	02	05	02	00	00	00	25
Nilphamari	00	06	04	02	00	02	01	00	00	15
Rayerbazar	07*	07	06	03**	04	03	00	01	01	32

*07 = 06 Medical Officer, 01 consultant,
**03= 02 Lab Technician, 01 microbiology consultant (on call basis)

Man power and the duty roster

There are ultrasonogram machines at every clinic. There is no additional trained personnel for operating the ultrasonogram machine. Medical officers who have training can perform the ultrasonogram. There are two female medical officers at Gazipur, two female medical officers and a consultant at Rayerbazar as well as a female medical officer at Habiganj who can perform ultrasonogram.

The ultrasonogram machine of Nilphamari is out of order and this service has not been available there for a long time. (during the research period)

The ultrasonogram facilities at these clinics are available from 9 am to 5 pm because the doctors who are responsible for ultrasonogram are only available during this time period.

There are two well-trained lab technicians in each of the four locations. All lab technicians are male except one female lab technician at the Gazipur clinic.

There is one microbiology consultant in the pathology department of Rayerbazar clinic who periodically visits the clinic contacted by phone. Rayerbazar clinic also has a consultant doctor. There are no microbiologists nor any consultant doctors at the other clinics.

1.3 Service hours

The BRAC clinics remain open 24 hours to provide healthcare services. Outdoor services and various kinds of pathological tests are provided from 9 am to 5 pm. However, there is an exception at the Gazipur clinic. It has been found that over there, the pathologists also stay at night. Normally, pathological services remain closed after 5 pm at the other clinics.

Average waiting time of patient

The average waiting time for the patients does not differ much. The patients wait for a very short time (10-15 minutes). It has been observed that patients have to spend 30 to 45 minutes on average (including consultation time) with doctors for their services.

In the case of normal delivery, it has been observed that doctors thoroughly take care of patients even after delivery. Usually, a normal delivery patient stays at the clinic for 3-4 hours.

In the case of CS (Cesarean Section), patients have to be admitted to the clinic for five days. Moreover, for both normal delivery and CS patients' waiting time depends on doctor's availability and other factors (such as progress of labour).

Passing the waiting time

The patients and their caregivers wait at the waiting chair in front of the reception desk. During waiting time, they usually gossip. Habiganj and Rayerbazar clinics have TV at the waiting room; some also watch TV while waiting.

1.4 Range of services

The clinics are mostly recognized as a maternal healthcare centre in the community. From discussions with community members, this has appeared to be the common perception of the people. This has held true for all the four clinics.

Maternal healthcare

BRAC clinics provide ANC, PNC, MR, normal delivery, cesarean section and other related services for pregnant women. Besides these services, the clinics also provide various kinds of pathological services.

General services

BRAC clinics also provide simultaneous treatments for some general diseases like fever, ARI, cough, common cold, typhoid, malaria. All pathological tests can be done at the clinics.

Other notable treatments

At Habiganj clinic, it has been found that appendisectomy, cholecystectomy, hysterectomy and herniotomy are performed. Treatment of fistula and anal fissure are also provided. However, the number of patients in each of these categories is very low.

Overview

Through the observation it has been found that the clinics mainly provide maternal healthcare services. It has also been found that most of the patients come for pregnancy related healthcare services and for various pathological tests. Primarily, the clinics' authorities give importance to "pregnancy" related cases. In addition, the environment of the clinics represents an image that seems to prioritize pregnancy and delivery services over other services. Overall, it thus seems like a maternal healthcare hospital.

1.5 Process of service provision

At first, the FWOs at the reception desk register the name, address and problems of the patients. Then they provide an appointment for meeting the doctor or the pathologist in question. Patients have to maintain a serial while meeting doctors or pathologists. FWOs write down the problems of the patients which helps further. From previous patients it has been found that a second time meeting within the same week leads to a waiver of the consultation fee.

1.6 Cabin and ward facilities

There are no differences in the quality of service between cabins and wards except for the charges. Patients get some extra facilities in cabins (such as caregiver can stay with the patient in a cabin, patients have attached restroom, they have more privacy etc.). Normally for five days, patients have to pay BDT 8,000-8,500 (for wards) and BDT10,000-10,500 (for cabin including medicine in case of cesarean section). Sometimes, the clinics also have to consider the economic condition of the patients and hence provide waivers to the patients.

1.7 Pharmacy

The medicine listed by BRAC is available in the pharmacies of the clinics. The most significant observation is that most of the medicine is related to maternal healthcare and pregnancy. The essential medicine required during the "Cesarean Section" is provided by the pharmacy to patients. It has been found that some of the patients purchase the prescribed medicine from the pharmacy after release from the clinic. It has also been found that some patients at Nilphamari and Gazipur do not purchase the prescribed medicine from the clinic pharmacy because they cannot pay the bill immediately. They purchase it form their local pharmacy since such an option allows deferred payment.

1.8 Security

From the observing all four clinics, it seems as if the security arrangement of the clinics does not have a common structure. It depends on the local clinic's authority; in that case it has been found that the security system of the Gazipur and Rayerbazar clinics are satisfactory. The security condition of Nilphamari and Habiganj clinics are not up to the mark. An incidence of theft has also occurred at the Habiganj clinic. The security system of Nilphamari clinic is frail as there are no security guards. The female staff of the clinic especially expressed their anxiety about the poor condition of the security system. In addition, there are fire extinguishers at every clinic. However, there is inadequate practical knowledge about it among the staff members.

1.9 Neonatal care

There are no child specialists in the clinics. Even a new born baby has to be referred to other clinic/hospital in the case of an emergency. In those cases, the mother has to stay away from her child. Only at Nilphamari, a child specialist doctor exists; he is called upon for cases of 'newborn management'.

1.10 Emergency service

There are inadequate emergency care facilities at the clinics. Emergency rooms have been found at Gazipur and Habiganj clinics. However, there are not enough doctors and facilities for the emergency room. They can only give first aid. The rest of the clinics have no option of emergency care. All of the clinics are bound to refer emergency patients to other clinics/hospitals due to their limitations. In some clinics it has been observed that emergency patients have been referred to other clinics from the first clinic gate without any first aid.

1.11 Rooms, furniture and equipments of the clinics

The rooms, furniture and equipment in the different clinics have summarized in the tables below-

Table 3. Room alignment of the clinics

Name of unit	Rayerbazar	Gazipur	Habiganj	Nilphamari
Reception	01	01	01	01
Cabin	00	02	05	01
Ward	12	06	05	02
Pathology room	01	01	01	01
Operation theatre	01	01	01	01
Post operative room	02	02	01	01
Rest room for staff	03	02	01	00
Change room	01	00	02	00
Store room	02	02	01	01
Labour room	01	01	01	01
Autoclave room	01	00	00	00
Doctor chamber	01	03	01	01
Admin-room	01	00	00	00
Emergency	00	01	00	00
Observation room	00	01	00	00
Ultrasonogram room	01	01	00	01
Residential room	06	01	03	00
Kitchen	10	06	01	00

1.12 Status of urban and rural clinics

The Rayerbazar clinic is only clinic that is situated in an urban area. There are no major differences among the clinics. Rayerbazar clinic is larger than others in terms of infrastructure, manpower and equipment. There are outdoor services at Rayerbazar but no emergency services. Almost every patient comes to Rayerbazar clinic for maternal healthcare. There *Manoshi* programme actively collaborated in terms of service provision with the clinic. *Manoshi* frequently refers patients for Caesarean Section (CS) to this clinic. Gazipur clinic is the busiest and the most active clinic in terms of healthcare service provision and patient flow. During the research period, the condition of the Nilphamari clinic was miserable due to the absence of doctors and non-functional equipment.

Table 4. Indoor and outdoor furniture

Furniture	Habiganj	Gazipur	Rayer Bazar	Nilphamari
Table	11	12	14	05
Chair	40	30	31	23
Bed	34	27	26	18
Fridge	03	03	01	01
Fan	20	23	27	10
Tube light	37	44	39	09
Energy light	01	16	04	00
Television	01	00	01	00
Computer	01	01	02	01*
Locker	00	07	11	08
Trolley	00	00	01	04
Sofa	07	00	02	00
Shelf	07	10	09	08
Bin	00	01	08	00
Air conditioner	01	01	03	00

*Computer was non-functional.

1.13 Patient flow at the clinics

Patient flow at Rayerbazar and Gazipur were high. There were no separate receptionists or managers in the clinics except Rayerbazar clinic. The receptionist and the manager were too busy to talk with the patients. In other clinics the FWOs maintain the reception desk, sell medicine and provide healthcare services.

2. ACCESS TO AND UTILIZATION OF SERVICES BY THE COMMUNITY PEOPLE

(Exit- interviews with patients and their caregivers as well as in-depth interviews with highly satisfied patients):

From the patients' attendance, Gazipur appears to be the busiest clinic of the four. Researchers tried to explore the perception of the patients about the clinics. Moreover, they were also interested about exploring the following issues:

- For what kind of illness do patients mostly seek treatment in these clinics?
- Status of services provided by the clinics.
- Experience and satisfaction of patients and their caregivers.
- Importance of the clinic in the community.
- Patients' perception and precious opinion on clinic.

2.1 Types of illnesses

Most of the patients in the four locations came for ANC, PNC, MR, delivery and Cesarean Section.

Besides, a few patients also came for the treatment of general illnesses like cough, cold, fever, pneumonia etc. The treatments of those general illnesses were provided by the outdoor units of the clinics. Every clinic has an outdoor unit. There

were also many patients who came for treatment of various kinds of physical illnesses and pathological tests that included ultrasonogram, blood, urine, pregnancy test etc.

Nilphamari clinic is an exceptional example since there are no doctors. The ultrasonogram machine is also inactive. There, patients do counseling sessions with FWOs (due to the absence of doctors).

2.2 Factors that attract the patients to the clinics

Service of clinic

All of the respondents agreed that the cost of the clinic is comparatively lower than that for other clinics. The quality of the services is good; FWOs and doctors of the clinics take care very sincerely. The FWOs and nurse-maids (ayas) are available all the time. The cost of various tests is cheaper than in other places. Cesarean Section (CS) is also done very carefully over here.

Role of SSs and SKs

Moreover, the SSs (*shasthya shebikas*) and SKs (*shasthya kormis*) of the MNCH programme are interlinked with clinic. SSs and SKs take special care of pregnant mothers in the community. They help patients in any kind of health problem and they also bring the patients to clinic. Health cards from the MNCH programme have also been issued to patients to further reduce service and medicine costs (since their financial condition is very vulnerable).

Other aspects

In some cases, it has been found that patients have learnt about the clinic from their neighbours. A patient of Rayerbazar had informed that she was referred from "BRAC Delivery Centre" to the clinic. One patient also said that the transportation infrastructure from her house was good; for this reason, they went to the clinic. Moreover, there are some patients who got services from the clinic earlier; they were satisfied with the service of the clinic and came repeatedly. Some of the respondents came to the clinic because of the good reputation of BRAC. There is also a discount on consultation fees for the VO members in the clinics.

Mainly these factors played an important role in attaching people to the clinic.

2.3 State of services of at clinics

In every clinic, the researchers found that the quality of service was reasonable. Most of the patients gave positive feedback about the quality of service. Some important points related to the "service provision process" have been focused upon by the respondents.

Behaviour of doctors, nurses, pathologists and ward boys of clinic is good and helpful.

From the respondents (patients/caregivers) and the environment of the four clinics, it has come to light that the service providers were good and sincere, that the quality of service was good and that the cost was reasonable. Moreover the management of the clinic was also good. The staff members were reliable and the

waiting time was short. The clinic was also neat and clean. Most of the patients and caregivers agreed with the abovementioned issued.

A respondent of Gazipur said, "*I did not get any doctor's attention at another place even though paid 5oo taka for consultation. However, I got the service here at minimal cost.*" (Onno jaygay 500 taka visit diyau dactarer gurutto pai nai)

In another observation, another patient in Gazipur was found to be very satisfied with the clinic. Therefore, she had come back for the health service. She was very satisfied with the quality of service. A patient of Rayerbzar has said, "The d*octor told the pathologist to give better service"* (Doctor pathologist ke bole diyechen valo vabe dekhte) This demonstrates the high level of co-operation of doctors. Her satisfaction from receiving such quality service was clearly evident from her final expression. She was particularly pleased because the doctor was even careful about a pathological test. Taking into consideration all these statements, it can be concluded that the patients in each of these four clinics are satisfied with the respective services.

On the other hand there were also some differing opinions. Six patients of Habiganj stated that the service cost of the clinic was high and unaffordable. One respondent of Gazipur stated that BRAC had a commercial target which was not fair for everybody.

2.4 Why BRAC clinic is different from other clinics

BRAC clinics appeared to ensure cheap healthcare services for the poor that were always available. BRAC clinic is different from other health facilities because the charges for all services and investigation in a BRAC clinic are comparatively lower. The selling price of the medicine is also low. Maximum pathological tests, medicine and services are available under the same roof. One patient of Rayerbazar said, "The *cost of ultrasonogram is 800-1000 taka in other clinics, includes a 500 taka bribe in government hospitals but is only 450 taka at the BRAC clinic."* (ultrasono korte 800-1000 taka lage, ar sorkari haspatale to 500 taka ghush e lage, clinic e 450 takay kora jay. clinic houate kom khoroche onek seba paua jachchce).

Moreover SSs start taking care of patients from the patients' door step. They have often referred patients to clinics. Clinics are concerned about the socioeconomic condition of the patients. Patients are also satisfied with the neat and clean environment of the clinic as well as its friendly management body.

2.5 Importance of clinic in the community

The clinic has a particular significance in the community because it contributes to the overall health of the community. Researchers have tried to discover the causes which attract the community members to the clinic for healthcare services.

Low cost

The clinic provides healthcare services at a cheaper rate than other private healthcare providers in the community. Patients have an idea that the clinic is very helpful to the poor people since the costs are affordable. The poor are getting better care at a lower cost. Moreover, there is also a chance for the pro-poor to get a discount (considering the reference system of MNCH programme). The clinic not only provides service but is also very conscious about the socioeconomic conditions of the patients.

In this case a patient said, "*This clinic is very good for the poor, it is cost effective.*"(goribder jonno ai clinic khub bhalo, khoroch kom)

Availability

People can get initial healthcare services at any time as the clinic remains open 24 hours a day. In rural areas MBBS doctors and healthcare services are easily accessible to the people because of the activities of the clinics. Various kinds of pathological and physical tests are available. Since such quality healthcare service although initially beyond the reach of the poor is available, it has also become accessible and cost effective through the intervention of BRAC clinics.

2.6 Why are they satisfied or dissatisfied

All of the abovementioned reasons, (mainly 2.3, 2.4, 2.5) are the indicators of their satisfaction. Most of the highly satisfied patients describe their good experiences to give examples of the clinic's activities. They have said that the patients are given high importance by the clinics. The patients do not have to wait for the doctors nor pathologists for a very long time. Doctors and FWOs are available at the patient's need. All the staff members are earnest and supportive. The doctors of the clinics listen to the problems of the patients attentively and charge lower fees (consultation fee).

Some cases of dissatisfaction

Some patients of Gazipur became dissatisfied with delays in ultrasonogram services (which was due to inadequate number of doctors and technicians). Some also claimed that while the services of FWOs were satisfactory they sometimes (particularly at night) delayed responding to patients about health service requests. Besides, some patients of Nilphamari have said that the present location of the BRAC clinic is not convenient. Patients face many problems when going to the Clinic. The previous location of the clinic (beside the District General hospital) was perfect. At Habiganj, 8 patients out of 11 patients (with whom exit-interviews were conducted) were dissatisfied about the absence of emergency services.

2.7 Suggestions

Some valuable opinions and suggestions have come to light through "Exit-interview" from four locations. Opinion and suggestions have varied on the local conditions of the clinics. Here these are mentioned according to the local standpoint –

Nilphamari

There was no doctor at the Nilphamari clinic, so most of the patients think that a doctor is essential for that clinic. They expressed their opinion that at least two doctor were needed badly. One should be a female doctor because of a large number of female patients. A functional ultrasonogram machine is needed.

Gazipur

Patients and their caregivers stated that the numbers of waiting chairs need to be increased because of the large number of patients. Ambulances are also needed. An ultrasonogram operator is essential because the doctor on duty operates the ultrasonogram machine at present. In such a case, patients have to wait for a long

time to receive the service. A permanent employee for the reception desk is also needed. X-ray machines are important for the clinic. The electrical fans which have been installed for patients at the waiting room should be connected to the generator power supply so that patients can feel comfortable. They also talked about the necessity of a child specialist for the clinic.

Habiganj

The respondents thought that scope of pathological tests could be increased. They also stated that the cost of health service and medicine should be reduced for the poor.

Rayerbazar

Respondents at the Rayerbazar clinic stated that the food for the patients should be provided by the clinic authorities. They also think that there should be more branches of the clinic.

3. PERCEPTION OF COMMUNITY MEMBERS

FGDs with community members (previous patients, teachers, Imams and adolescents.):

The participants were previous patients of the clinics, community leaders (imams), teachers and adolescents. Overall, female participants were better than the males in terms of their perception of the clinics as well as their knowledge about them. Considering the abundance of the participants, it might seem as if women are more acknowledged than the other groups about the clinic's activities.

3.1 Source of information about clinics and local perception

Most of the previous patients of clinic were women who had gone to the clinic for maternal healthcare services. Mostly, they had known about clinics and their services from SSs who were assigned by BRAC for the identification of pregnant women in the community. The SSs also gave the pregnant women healthcare services. After identification, most of the pregnant mothers came under the observation of SSs until their delivery. They also informed us that some of them had taken ANC services from clinics during their pregnancy following the advice of their SSs.

Some of them stated that the clinic was the nearest healthcare centre that was the closest to their homes. Some previous patients had also taken health services for several other reasons.

A few of the previous patients had known about the general healthcare services besides the maternal healthcare services of clinics. According to the previous patients, it has come to light that the SSs are the main information providers about the clinic's activities as well as services.

On the other hand, the community members (such as community leaders, teachers and adolescents) had no clear ideas about the clinic; some people never even heard the name of clinic. These people knew very little about clinics, in that sense it might be that they perceived the clinics as a centres of maternal healthcare where poor women got care for their womanly diseases and for pregnancy. They

thought that the other patients did not go to the BRAC clinics. They usually went to the other private clinics. Most of the community members said that they had heard about clinics from SSs, SKs and their neighbours. Some of them also learnt about clinics from the relatives who had visited the clinics.

3.2 Services

Most of the previous patients said that ANC, PNC, Cesarean Section (CS), normal delivery, pathological tests, ultrasonogram, and immunization of children etc. were the services provided by the clinics.

They also added that treatment for other general diseases like fever; cough and cold were provided to a limited extent.

The other community members who had participated in the FGDs thought that the clinics were mainly for pregnant women. A few of them could talk obscurely about the other services of the clinics. They did not know about the entire status as well as the existing facilities of the clinics mainly because they had never gone to the clinics.

Cost of the services

All of the participants (both previous patients and other community members) agreed that the services of the clinics were comparatively cheaper.

In that case a previous patient of Nilphamari clinic stated,"*The services of the clinic are good and cheap. Here the nurses are sincere. Moreover all the 'tests' and medicines are available in the same place.*"(ekhane chikitsha valo o khoroch kom . nurse ra valo vabe seba kore ta sara sob test ar osudh ek khanei pauwa jay.) She also added, "*The former didi (female doctor) listened to problems attentively and gave a lot of advices.*"(Ager didi onek monogog diya somoshya shunten abong onek poramorsho diten) Here it is also notable that the patient took services when a doctor was present. Currently there are no doctors at Nilphamari clinic.

Another previous patient at Rayerbazar said, "*Here the cost of the services is very low; everything including medicine and operation charges are within 10000 taka. My elder baby was born at a private clinic of Mymensingh by Cesarean Section; my total expenses were 70,000 taka.*" (ekhane khoroch onek kom. Ekhane 10,000 takay shob kisu hoyeche. scissor theke oshud porjonto. Ager bachchca hoyechilo mymensingh er akta private clinic e sekhane khoroch hoyechchilo 70,000 taka.)

3.3 Service provision procedure and problems

The previous patients and community members both stated that there were no major problems in taking services from the clinics. The procedure of healthcare provision at clinics is smooth.

There are some problems in healthcare provision such as the absence of blood bank, due to which a Cesarean Section (CS) is sometimes delayed. When a doctor is busy at the OT, patients have to wait for a long time to meet the doctor. At Habiganj clinic the previous patients claimed that there was no permanent surgeon at the clinic for this reason; the patients of CS had to wait for the surgeon to get the service.

The infrastructure is not also adequate for such a healthcare centre; previous patients talked about the inadequate arrangement regarding patient movement from

between floors, operation theatre and in post- operative rooms. The previous patients added that the clinics had no permanent surgeons. In addition, all kinds of pathological and physical tests were not still available at the clinics at the time. The other community members could not make comment about the problem of the clinics' activities because they had no clear ideas about them.

3.4 Abundance of the patients in clinic

All participants stated that the majority of the patients who had come to clinics were women. They largely came to the clinics during their pregnancy and delivery period. ANC and PNC services were also taken by the patients from the clinics. In addition, a few patients of normal diseases like fever, cough, pneumonia etc. also come to clinics.

3.5 Behaviour and sincerity of clinic staff members

All of the respondents (both previous patients and the other community members) said that the staff members of the clinics had good behaviour and were sincere; they normally helped the patients in many ways. The doctors of the clinics also give time to patients and addressed their queries attentively.

The previous patients had especially said that the FWOs were very attentive and sincere in their duties; FWOs were also available whenever they were needed by patients. Previous patients have said that the quality of the services of the clinic was good; the staff members of the clinics were very sincere and had expertise. In addition, previous patients also passed good comments about the cleanliness of the clinics.

3.6 Perception

The perception of previous patients was that, the clinics were upgraded from previous periods and that the numbers of doctors had also risen. But the clinics had no permanent expert specialists on neonatal-child, gynecology and surgery.

An external surgeon normally comes to perform the Cesarean Sections. Sometimes, the entire situation becomes complicated when the surgeon tends to be present but a local anesthesia specialist is absent and vice-versa also. Sometimes patients of CS are released after 5 days without considering the patient's situation due to the nature of the service package.

The other community members think that there are no disciplinary problems at the clinics since they from a sister organization of BRAC. They assessed the clinics' service reputation through BRAC's image thus to them clinics were good service providers. They also thought that since clinic was part a sister organization of BRAC there was a chance to express one's requirements and problems to the clinic authorities.

3.7 Suggestions

Both the previous patients and the community members communicated their thoughts and as well as their valuable suggestions through FGDs. These have been given bellow.

Child specialists are needed.

Ambulances are needed.

Prices of ticket (taken for doctors' meeting) should be half for previous patients.

Special facilities should be opened for VO members.

A blood bank is necessary for a clinic.

All kinds of medicine should be available at the CLINIC pharmacy and an emergency department should be opened immediately.

Publicity is needed to reach the community members and BRAC also has to be thoughtful so that no patient leaves from the clinic without any treatments.

4. PERCEPTION OF SERVICE PROVIDERS (DOCTORS, FWOs) ABOUT CLINIC
(Informal discussion with doctors and FWOs)

4.1 Individual context of involving with such a job

Most of the doctors and FWOs have informed that they had obtained information about their jobs through advertisements in newspapers. They had completed all the HR procedures needed to join the clinics. One of the recruited doctors was a panel doctor who has currently become a permanent doctor. There is also a FWO who has worked in RHDP but now works at one of the BRAC clinics. One doctor and a FWO both obtained information about the clinic and job opportunities from their relatives. Some of the newly recruited service providers also voiced out some important points which had helped them to become a part of the clinic like working for underprivileged people and slum dwellers, the goodwill of BRAC, the opportunity of higher study besides the job in BRAC, etc.

It has been acknowledged from the "informal discussion" that the doctors follow their duties by shifts. It has been also found that doctors serve as proxy doctors for each other when one cannot come to the clinics due to political unrest or any other reason. As an example a doctor in Gazipur said, "*If any one cannot come to the clinic on 'hartal-day' or for any other reason, the doctor who is in duty will cover the next shifts.*"(Jodi keu harta ba onno kono karone na aste pare tobe dutyroto doctor e poroborti shift e dayetto palon korbe.)

In the case of the FWOs' duty shifts at clinics, the same things have been reported. FWOs are different from doctors in some cases they work in the field besides the hospital, they perform their duties at the reception where they sell medicine, maintain register and account, attend the visitors etc.

Three of the 16 doctors have said that in emergency cases, the patients have previously been referred to more appropriate places. They have stated that outdoor patients were admitted in clinics considering the situation. FWOs have said at Habiganj that they had to go to the regional office daily to submit the clinic cash. There is no locker to keep the cash at the clinics.

4.2 Obstacles in providing healthcare

Lack of child specialist

Some obstacles in providing healthcare services at the clinic have come to light through the 'informal discussion' with the doctors and FWOs. Three of the doctors have said that they have faced some troubles in cases where complications had arisen

regarding infants or new born babies, mainly because of the absence of child specialist doctors in these clinics. In this case they have become bound to refer the child patients to child specialists. It is considered to be a limitation of the clinic.

Effect of commercial culture of other private clinics

The doctors and FWOs have said that there are many private clinics which are mostly commercial. They often make the patients pay extra expenses. For this reason, the patients cannot trust the doctors of BRAC clinics either. Sometimes, they have to face the disadvantages of the bad culture that exists in this sector.

From their experiences on the "Cesarean Section" doctors recounted that patients often suspected doctors of attempts to gain financial benefit through the recommendation of "Cesarean Section". Sometimes, patients or their caregivers bargain badly with the hospital authorities only to make the situation embarrassing.

Besides, local private clinics had also used BRAC SSs to manage patients at their clinics. They paid the SSs more than the BRAC clinics. Some patients who had no adequate information about BRAC clinics' activities and healthcare provision procedure often demanded free treatment; this also created an odd situation for doctor.

Obstacles in carrying out job responsibilities

There are some barriers in healthcare provision at the clinics mainly due to the lack of logistics and healthcare related equipment. There are no permanent surgeons in the clinics; for this reason operation are often delayed. The doctors and the FWOs mostly faced the same kind of obstacles. Some obstacles vary depending on the types of the duties and these depend on job responsibilities.

In this case there are some barriers for FOWs which are different from the barriers for doctors, since FOWs are responsible for reception and account maintenance, they have to interact with various kinds of people which often leads to different sorts of bargaining/disagreement, interact with this can be bargain regarding treatment fees, delay of doctor's appointment etc. They have to engage themselves to appoint other irrelevant tasks this hampers their prime duty. They also have to prescribe medicine in the absence of doctors this is particularly the scenario at Nilphamari CLINIC where there is no doctor.

At two locations the FWOs have stated that an increase in staff size is needed. FWOs have also said that they should get the opportunity to engage themselves in full time healthcare service .However, they do not get such an environment at the clinics.

4.3 Available Patients

From the assessment of doctors and FWOs, the pregnant women are the prime patients of the clinics. Most of the patients come to the clinics to take maternal healthcare. Beside this, some patients of general diseases like as cough and cold, fever and pneumonia are also given care. Even though there are no child specialists at the clinics, they provide child healthcare whenever possible.

4.4 Security

Doctors and FWOs have talked about the entire security arrangements of the clinics. Most of them are satisfied with the present security status.

There are two doctors in Gazipur and Rayerbazar who have expressed their dissatisfaction about the entire security arrangement of their respective clinics.

There are no security guards at the Nilphamari and Habiganj clinics.The doctors and FWOs of these two clinics are worried about security. At Habigonj, they are highly dissatisfied about the security arrangement because an incident of theft had occurred on the 3rd floor of the CLINIC a few months ago.

4.5 Suggestions of Doctors and FWOs for improvement of clinics

Some opinions and suggestions from these four areas have also been brought up by doctors and FWOs through "informal discussion" for to the improvement of the clinic. These have been given bellow.

1. All the doctors of the three locations talk about the need of a permanent surgeon at the clinics.
2. Advertisements of the clinics' services to introduce the clinic to the community properly.
3. All of the equipments which are used for pathological and medical test have to be modernized and developed.
4. Clinics need child specialists to serve the new born baby and the child.
5. The number of doctors per CLINIC should be increased.
6. X-ray machines are needed.
7. Ultrasound 4D is needed.
8. Clinics should take initiatives to provide items related to family planning.
9. Need the facilities of APH (Anti partum haemorrhage) and PPH (post partum haemorrhage).
10. Anesthesia specialist is needed.
11. Ambulances are needed.
12. VIP cabins are necessary so that a rich man can prefer to take healthcare services from a clinic.

5. PERCEPTION OF SSS AND SKs

(FGDs with SSs (*Shasthya Shebikas*) and SKs (*shasthya Kormis*)

5.1 Status relationship

Conflict between SSs and SKs

Some problems exist between SSs and SKs this has come to light from the SSs opinion during the FGDs.

A SS of Gazipur had said that they earn small amount of money by selling medicine, on the other hand SKs go theirt salary from BRAC. SKs cannot sell medicine to the patients according to the existing BRAC policy but they often sell medicine; as a result SSs cannot earn enough from selling medicine.

SSs take the patients to clinic and usually get the commission (referral allowance). Sometimes they are determined from getting the commission SK's unfairness. A SS of Gazipur informed that after identifying a pregnant mother and she took care of the mother for a long time. Later, SK took the mother to the clinic for delivery, As a result the SS was deprived from receiving her commission.

Another SS also added that though they have identified the patients but SK go to the patients after the identification and convince them by giving them her mobile phone number so that she can go with the patients to the clinic and collect the commission.

One SS pointed out the following: Patients think that a SK is superior to a SS but it is the SS who takes care of the patients.

Further a SS also added the following, *"As men recall the Allah during tornado thus SK remembers a SS when they fall in to trouble."* (jhor asle manush jemne allah er nam nay temni SK ra bipode porle SS der nam ney).

Relation among SS, SK and CLINIC

SSs and SKs are directly related with patients or community people and they also take a vital role as a representative of the clinics .SSs and SKs cooperate with a clinic in many ways. Though SKs are busy in the field, they convey information about clinics to community members and insist them (community members) to come to the clinics to take healthcare services as much as they can. Particularly they urge to send the pregnant women to the clinic for regular health check up.

Some SKs of the four study clinic think that they have no relation with the clinics directly because they do not go to the clinics with the patients; they think SSs are directly involved with clinics. A SK said that they advise the patients to go to the clinic with SSs for health check up or getting doctor's advice. After coming from the clinic SK looks at the report including suggestions of the doctor and takes care of the patient as per doctor's advice. Actually they (SKs) concentrate in giving advices to the patients, the activities of supervise of SSs and provide healthcare door to door.

SSs identify the pregnant women and keep regular touch. They refer patients to clinics for check up and investigations especially during pregnancy.

5.2 Collaboration between MNCH/MANOSHI and clinic

SS said that most of the patients who come to them suffer from ordinary diseases. They have received training on treatment of these diseases and can treat most of these diseases.

Pregnant women come to the SS or SK to take advice and care. SSs and SKs also visit houses of pregnant women. They advise them to check up regularly and go to a doctor if any complication arises. Especially they tell them to go to clinics. They also insist on going to the clinic for all kinds of pregnancy related pathological and physical tests.

They convey messages about clinics to the community people and also tag the beneficiaries of MNCH/MANOSHI programme with the services of the clinic. Clinics consider the service charges according to the recommendations of the MNCH/MANOSHI programme too.

Before being upgraded clinic, it has been working for a long time with the community people on maternal healthcare. According to the clinic policy SSs are given an amount of money for the referring various kinds of patients at the clinic. The list of referral allowance is given bellow:

Table 7. Referral allowance of SSs

Criteria of the patients	BDT
OPD consultation	20
MR	100
Normal delivery	150
CS and other major surgery	400
Ultrasonography	50

5.3 Abundance of the same patients in clinic

SSs and SKs said that there is a large number of patients at the clinics. Most of the patients who come to the clinics are pregnant women. Besides there are a few patients with normal diseases like cough and cold, viral fever, pneumonia, diarrhoea etc. who came to take healthcare services at the clinics.

A SS said, "*The number of those kind of patients is very little; mainly pregnant women go to the clinic for delivery and Cesarean Section.*" (eder sonkha khub kom, clinic kay jara jay tara muloto delivery o scissor korar jonno clinic key jay.)

A SS of Rayerbazar also said about the abundance of patients, "We *send patients to clinics, almost every patient go to the clinic for getting service on ANC, PNC, normal delivery and Cesarean Section (CS)*" (amra ee to rogi pathai, sob rogi e ANC,PNC, delivery ar scissor korte jay.)

Though treatment of tuberculosis has been provided by the from TB control programme, many patients come to the clinic for cough test at the Nilphamari clinic.

5.4 Obstacles of SSs and SKs in providing healthcare

SSs and SKs identified many problems which they had faced in the field. They also discussed these problems in the FGDs explained the main obstacles of SSs and SKs in providing healthcare services to the community members. These are discussed bellow:

Lack of awareness of the community members

They said that patients do not work according to their advice, but when any kind of problem arises they blame the SSs and SKs.

Most of the patients and their caregivers are illiterate and unaware; moreover they are very poor. Usually they have no savings for emergency healthcare services; additionally they think "delivery at hospital" is a matter of huge cost. For this reason

they are not interested to come to BRAC clinic or any other clinic. Furthermore, SS takes the patients with "Delivery pain" at clinic, sometimes the delivery cases become complex and there remains no other option except Cesarean Section. In such a situation often the caregivers of the patient cannot manage the expenses of the surgery immediately. As a result it makes "the surgery" delayed.

As there were no doctors at the Nilphamari clinic, SSs and SKs both connected on the doctors' limitation harshly? At Nilphamari they also have said that the ultrasonogram machine which is nonfunctioning.

Social disgraces

There also many gender biased social disgraces which prevent a person to bring the pregnant women to the clinic. A SK at Nilphamari informed that there are many pregnant women whose husbands and family-in-laws think that pregnant mother's health check up is unnecessary. They do not even follow the advices of SSs or SKs. Many pregnant women are aware but their families are not aware. Some people want their wives' child delivery conducted at home. SKs informed that; there is a large number of families who do not even give enough food to pregnant mothesr. But now a day's these situations are changing.

Limitations of programme collaboration

SSs and SKs also face odd situations due to lack of collaboration between the clinic and MNCH programme. MNCH programme helps the poor people with free treatment and medicine. Sometimes an odd situation occurs for all (Doctors, FWOs, SSs and SKs) when they come to the clinic for free treatment. Sometimes poor patients do not get the discount from the clinic due to inadequate communication between MNCH and the clinic.

The SS of Rayerbazar said, "*In an emergency case the poor patients do not get the discount due to the business of the brothers (the officers of manoshi programee, PO), because they have to investigate and get the information about the patient's socio-economic status from the SSs to recommend for a discoun, which is a time consuming matter*" (emergency case e discount dewar somoy thake na kin ba vayera besto thake , tara todonto kore SS der kas theke khobor ney char dewa jay kina, geta shomoy er baper.)

Limitation of clinic

The clinics do not handle serious emergency patients. They usually refer the serious emergency patients to other places. Clinics also cannot provide free medicine to the poor patients. There is no emergency department too.

A SS of Gazipur said that once she took a patient to a clinic; the patient had no money; the clinic did not give her service. She thought they (clinic Authority) might start the treatment; patient could pay the bill later when she left the clinic.

At the Nilphamry clinic patients are not interested about Cesarean Section because of the absence of a permanent doctor. Moreover, male caregivers of the patients are not allowed at night; they could not depend on the FWO only. Besides the ultrasonogram machine of that clinic is nonfunctional and for this reason patients had to go to another clinic for ultrasonogram; it is costly and it increase their sufferings.

Low "commission" (referral allowance) of SSs

The commission *(referral allowance)* which is provided to the SSs from the clinic is insufficient. The amount of the commission *(referral allowance)* is comparatively very low than any other existing private health clinic. Therefore, SSs try to refer patients to the clinic for normal delivery or "Cesarean Section".

According to the statement of SSs, they get commission *(referral allowance)* from clinic as per following rates (in BDT)–

Sl. no	Referred issues	Allowances per patient (BDT)
1.	Normal delivery	150-200
2.	Cesarean Section (CS)	300-400
3.	MR	100
4.	Ultrasonogram	50

It needs to be mentioned that SSs generally get 800-1000 for normal delivery and 1500-2000 for CS from other local private health clinics. Many private clinics are using the SSs of BRAC for their healthcare business.

A SS of Gazipur said, "*At first I did not know anything. I have been trained here but there is no salary for us. Why will I work here? I get attractive commission from other private clinics by providing patients. BRAC CLINIC gives 400 taka for scissor and 100 taka for normal delivery but private clinics give 2000 for CS and 1000 for normal delivery. I don't get satisfactory commission from BRAC and for this reason I send patients to private clinics.*"(age kisui jantam na ....aikhane kaj shikhchi.beton nai.keno kaj korbo.onno privet clinic e gele commission pai.clinic te scissor er jonno 400 ar norm al delivery er jonno 100 pai.privet clinic e scissor er jonno 2000 ar normaler jonno 1000 dey.....) SS has to wait for a long time to get the referral money from BRAC clinics; which is another problem for the SSs.

*Another SS added, "They (private clinics) pay instantly after receiving the patients."(*rogi nile loge loge taka dia dey.) A SS of Gazipur commented on the behaviour of the clinic authority with the SSs, "*They (CLINIC) made us clever.*"(tarai amader chalak banailo.)

5.5 How does clinic treat the SSs and SKs?

SSs and SKs work in the community and provide healthcare services to community members. They are the main source in introducing the patients to the clinic.

There is some dissatisfaction among the SSs about the behaviour of the clinics with them.

A SS of Gazipur angrily said, "*For this reason, I do not send patients to BRAC clinic. I take the patient to the chowrasta*" (ai karone rogi dei na, chowrasta niya jai).

At Habiganj a SS said, "*The doctors of the clinic do not pay attention to us properly and to our referred patients. Previously SSs were given importance by the doctors. At present we are busy avoided by the doctors of the clinic. Even now they (clinic) bargain with us to pay our commission.*" (Age kono shomoshya chilo na, amra rogi niye gele gurutto dia dekhto. Tobe akhon ar ager moto hoy na. akhon to commission nite geleu dor kosha-koshi korte hoy.)

Another SS of Habiganj said, "*It should be understood by the doctors; though we do not get salary we are a part of BRAC.*" (amra beton na paileu BRAC er akta ongsho ata doctor der bojha dorkar)

One SK of Gazipur said that she took a patient to the clinic; the doctor referred the patient to another private clinic. She also informed that the same doctor who was the surgeon of the clinic performed Cesarean Section in other places. At Gazipur a SS said, "I *have sent patients to the clinic in the month of December 2012 but haven't got the money yet.*" (December e rogi disi akhono commission pai nai.) (That was March when the SS was asked in a FGD session.)

In addition, SSs of Nilphamari informed that they have to maintain some formalities with the clinic to get the commission; but in the private sector there are no such formalities. They are paid immediately by the private clinics.

Sometimes local midwives take patients at to BRAC clinics and get commission. Even person who is not related to BRAC or the clinic can take away the commission.

5.6 Perceptions and suggestion

SSs and SKs of the four locations shared their thoughts and perceptions about clinic The ideas of the SSs and SKs are –

Most of the SSs and SKs said that the quality of services in BRAC clinic is better than other private and government hospitals.

There is an inadequate number of doctors at the clinics; more doctors are needed at the clinics. Considering the situation of Gazipur and Rayerbazar clinics; it has been found that when a doctor conducts ultrasonogram, other patients have to wait for a long time. It needs to be mentioned here that there is no doctor at the Nilphamari clinic and the ultrasonogram machine is also nonfunctional.

Doctors of the clinics should be sincere and polite with the patients and also with the SSs and Sks.

An ambulance is necessary to carry patients at night or in the case of an emergency.

At the Rayerbazar clinic, SSs said that they had to work frequently at midnight for emergency cases; sometimes they had to face odd situations with policemen on the road while they returning home. They need ID cards. They also said that the ID card should be visible and showed appear as "ID card".

There is no electrical lift service to take patients from one floor to another floor. An appropriate electrical lift service for patients is needed.

Sometimes patients have to go to another clinic because of inadequate services at BRAC clinic. For this reason many people are not interested to come to the clinic. The clinic has to be self-sufficient.

Most of the community people treat the clinics as a maternal healthcare hospital; it has to be changed.

Clinic staffs have to interact closely with community members.

The commission (referral money) of SSs should be increased.

More facilities for the poor should be included in the clinics.

Other facilities besides the Cesarean Section have to be strong.

Male health worker is needed at the community level to serve male patients.

DISCUSSION

This study was conducted in order to examine the current state of affairs in the upgraded BHCs i.e., BRAC clinics, in the context of physical infrastructure, human resources, operation, community awareness, use of services and satisfaction of service recipients. The findings reveal that despite inadequate infrastructure and shortage of qualified health professionals, the clinics provide services which have satisfied their clientele. There are some gaps in service provision e.g., lack of emergency services for RTA, drowning and poisoning as well as barriers to service provision. These have been discussed below along with their programmatic implications.

RAISING THE PROFILE OF THE CLINICS THROUGH AWARENESS-BUILDING CAMPAIGNS REGARDING THEIR ACTIVITIES AND SERVICES PROVIDED

The clinic has a crisis regarding its representation in the community. Most of the community members think clinic is a maternal healthcare centre of BRAC. A few know about the general healthcare services of the clinic but they do not come to the clinic for such services. They cannot depend on the clinic because the community members think that the clinic is only a specialized hospital for maternal healthcare. Moreover, the clinic is more conscious about ANC, PNC, CS, MR and normal delivery services as well. The outdoor services are provided to a low extent. Moreover, there are no emergency units at the clinics. This kind of image has not been built over night; it is the result of present and past activities.

From the findings of the study it has come to light that enough initiatives have not been taken to raise awareness about the services of the clinics. SSs and SKs are the key media personnel for the clinics. SSs and SKs are also working for MNCH programme; they often refer the pregnant women to the clinic for various kinds of tests and services this may also prevent the community members from fully comprehending the purpose, activities and services of the clinic. Besides the maternal healthcare services, SSs and SKs also talk about other general services of the clinics to the community. However, it is inadequate. Different kinds of initiative have to be taken to properly present the clinic as a whole. In this regard the profile of the working physicians can be highlighted to build trust within the community.

GAPS IN PHYSICAL AND HUMAN RESOURCES

There are some infrastructural obstacles in the clinics since they have not been built as per the special requirements of a health clinic. There are no ramps nor any electrical lift facilities to lift the patient by trolleys or to pull them by wheel-chair from floor to floor. Patients have to climb the stairs and this is particularly risky for many patients such as pregnant women. The doors of the building are too narrow to allow the patients to be shifted by trolleys from the operation theatre to the post operative room. For this reason in certain emergency cases the patients are also lifted and brought down by stretchers.

There are also other limitations in terms of service provision. For example there are no specialized doctors nor any child specialists. The outdoor services are inadequate. There is shortage of staff as well. There are no emergency service

facilities in the clinic. Moreover, there is lack of medical equipment and materials. There are no X-ray nor any ECG machine at the clinic. Often the patients are referred to private clinics for these services. X-ray and ECG are essential for contemporary healthcare services.

SCALE UP EXISTING SERVICES AND ADD NEW SERVICES

The clinic remains open for 24 hours as a result; people can get health services at any time in area. At the rural level MBBS doctors and health services have become accessible to the poor people. The clinic provides healthcare services at a cheaper rate in comparison to other healthcare providers. It is very helpful for the poor people because they can afford the healthcare expenses. The poor are getting better care at lower cost. Moreover, there is also a chance for the poor to get a discount (from any recommendation from the MNCH programme). The clinics are also very conscious about the socioeconomic condition of the patients. From the activities of clinic it appears that, the main target group is unprivileged women. This often causes the clinic to be categorized as a "women only" clinic by community members. Such categorization in turn causes other community members to feel excluded from the clinics. The male members of the community treat the clinic as a hospital for women. The rich and the middle-class also treat as a hospital for the poor. It makes the clinic image very restricted. The clinic however exists for all groups of people. It may overcome this by resetting the target group and by drawing attention to its services. Some services as emergency care services, school health services, oral and dental services, eye health services etc. can also be added to make the clinic more inclusive and effective. Besides, healthcare sector has emerged as a competitive sector in Bangladesh. There are many private clinics at the community level which are the competitors of clinics. These private clinics try to increase the size of their customer pool by convincing SSs to work for them. Therefore, clinics need to rethink the referral allowances made for SSs to ensure their obedience and loyalty.

RELATIONSHIP WITH BRAC AND THE MNCH PROGRAMME AS WELL AS THE ROLE OF THE BRAC CHWs

The MNCH is a programme that provides healthcare services from door to door. SSs and SKs work with the programme very closely. It has also been found that the clinics are mainly presented to the community by SSs and SKs who are deeply connected to the MNCH or *Manoshi* programme as well. In one sense, it seems as if the clinics are being represented MNCH or *Manoshi* programme personnel. As a result, the community's perception about the clinic being a maternal healthcare centre has been constructed by their activities. These components have played a role in building an image that has prevented the clinic from being inclusive.

It has been found that the community perceives the clinics in the light of the BRAC's reputation. People also think that it is the place where the underprivileged can express their opinion since BRAC respects the poor. It can be an advantage for clinics to reach out to the community. On the other hand, if the clinics cannot provide proper services, they can tarnish the image of BRAC.

CLIENT SATISFACTION

Though the number of VO members is very low most of the patients are poor. Through participant observation, researchers tried to find out socioeconomic status of the patients. SSs and SKs have been working in the community to bring a large number of poor patients to the clinic. They refer pregnant women to the clinic. According to the

statement of the patients behaviour of the clinic staff is satisfactory, especially doctors and the FWOs are good in behaviour and sincere to their duties.

SUGGESTIONS OF THE COMMUNITY AND THE HEALTHCARE PROVIDERS

Earlier patients, community people, doctors and FWOs of these four BHCs had given some opinion and suggestions for the improvement of the clinics.

They mentioned about the need of a permanent surgeon, anesthesia specialist, child specialist and ambulance for the clinics. Community people pointed out that all kinds of medicine should be available at the clinics' pharmacies and emergency department should be opened immediately. According to the suggestions of the community people and service providers clinic's services need to be introduced to the community properly through adequate advertisement and publicity and BRAC has to be thoughtful so that no patient returns without any emergency treatment from the clinic. Service providers of the clinics recommended modernization and development of all medical and pathological equipment. They also suggested the need for more doctors in every clinic and availability of X-ray machine and 4D ultrasonogram machines. Necessity of VIP cabin to attract rich patients and APH (Anti partum haemorrhage) and PPH (Post partum haemorrhage) and blood bank facilities were also suggested. Community people also suggested that doctors should charge patients visiting doctors for the second time 50% of the amount of their first visit.

CLINICS CONTRIBUTION IN THE COMMUNITY

Taking part in reducing social disgraces

The "traditional maternal healthcare seeking behaviour" of underprivileged people is changing through the clinic contribution at the community. Both pregnant women and their families are becoming aware about taking maternal healthcare. They are also hitting the barricade of "cultural disgraces" and becoming empowered which is an influential indicator for the social development. (Henry 2000). Underprivileged people of the community can think of hospitalization for complicated pregnancy. It is a significant change in maternal healthcare seeking behaviour. In one sense it may be said that the poor are coming out from the circle "culture of poverty" (Lewis 1966) day by day.

Contribution to sustainable development:

The declaration of Alma Ata went on to proclaim that, "primary healthcare is the key to attain this target as part of development in the spirit of social justice." (WHO/UNICEF, 1978).The clinics mainly provide healthcare services to pregnant women and also provide limited amount of primary healthcare. The clinics play a significant role in reducing maternal child death.

RECOMMENDATIONS

In the context of the findings and discussion, the following recommendations have been made for the programme:

- Increasing the quality of the clinics in terms of infrastructure, human resources etc.

Rapid measures should be undertaken to fill in the identified gaps in human resources such as the shortage of doctors (e.g., in Nilphamari), and technicians (e.g., FWOs were found to attend both the reception desk and the operation theatre simultaneously) .Physical infra structure also needs to be improved (e.g. renovation of residential buildings for better service delivery.)

- Initiating delivery of emergency services

Emergency care (eg. first aid, drowning, snake bite and burn cases) units should start immediately. It is a very important component for a complete healthcare Centre. It also will let the community members to have trust and reliance on the clinic. For example, when an emergency patient does not receive any services from the clinic, he/she naturally stops coming to the clinic for help. The existence of emergency care units will hence increase people's confidence in the clinic. Moreover, it is also it is also important to expand the range of existent services in order to include oral and dental healthcare, presbyopia and cataract care.

- Exposure to and rapport-building with the community:

For increasing the acceptability and ownership by the community, the clinic staffs should build strong rapport with the community. It is also important to take support of local social and religious leaders. They should organize free health campaign in the community occasionally (eg, celebration of the national days). By arranging such programmes the clinic will gain more public exposure.

To change the current image of the clinics as MCH clinics, meetings with community leaders, elite persons as well as general people are necessary in order to raise awareness about their activities and services. In this regard, inauguration ceremonies for the upgraded clinics can be very effective.

- Interaction between the clinics and the MNCH

Obviously, the MNCH can play a significant role in providing the clinic with exposure to the community. But it is time to rethink how the MNCH can represent the clinic strategically. The clinic should also rethink the referral system of SSs, given the current situation. It should also give them due recognition for their work. These CHWs are after all, representatives of the clinic in the community.

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