Baseline Survey of BCCM Component under Urban Primary Health Care Services Delivery Project (UPHCSDP)

সেবার আলো সবার কাছে

FINAL REPORT

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Preface

The purpose of the Urban Primary Health Care Services Delivery Project (UPHCSDP) is to improve the health status of the urban population, especially for the poor including women and children, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) services. In Bangladesh, around 53 million people representing almost 33.5 percent of the population live in urban areas, and a large proportion of them are slum dwellers that have less knowledge about, and access to, essential basic health services.

In order to have greater impact of the health services delivery activities of the project, the Behavior Change Communication and Marketing (BCCM) component focuses on raising health awareness among the urban population, particularly the poor. Bangladesh Center for Communication Programs (BCCP) was selected as the BCCM firm for UPHCSDP. As an initial step, BCCP coordinated a survey on Knowledge, Attitude, Behavior and Practice (KABP) of the population served through UPHCSDP. An independent survey agency, Org-Quest Research Limited, collected baseline data through conducting baseline survey to understand the current situation against a set of indicators.

The successful completion of the Baseline Survey of BCCM activities was made possible by the contributions of a number of organizations and individuals. I would like to thank PIUs and the PA NGOs for their active support and participation in Baseline Survey, BCCP for coordinating and Org-Quest Research Limited for completing the survey.

July 18, 2016

Md. Abu Bakr Siddique
Project Director
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Acknowledgement

Urban Primary Health Care Services Delivery Project (UPHCSDP) is a Public-Private Partnership (PPP), and an innovative initiative with the goal to improve the health status of the urban population, specially the poor including women and children. To make the health services delivery of the project more effective, the Behavior Change Communication and Marketing (BCCM) component of UPHCSDP was considered an important element and Bangladesh Center for Communication Programs (BCCP) was selected as the BCCM firm of UPHCSDP.

An important thrust of the BCCM strategy was to generate baseline data with regard to selected BCCM indicators at the beginning of the project. Therefore, Knowledge, Attitude, Behavior and Practice (KABP) survey was conducted in February, 2016. The survey was conducted by an independent research organization named Org-Quest Research Limited. The results of the Baseline Survey have been presented in this report and we believe the information would be useful to all concerned.

We are very grateful for the experienced advice and superb guidance that we received, and continue to receive, from Mr. Md. Abu Bakr Siddique, Project Director, UPHCSDP. We extend our sincere thanks to him. We also thank Mr. Md. Sabirul Islam, Deputy Project Director (Admin and Training), Mr. Md. Nurul Absar, Deputy Project Director (Finance) and Mr. Md. Tanvir Hossain, Senior Program Officer (BCC and Research), UPHCSDP for their sincere cooperation, support and help in every stage of the survey. We express our gratitude to the officials of the participating PIUs and the PA NGOs for extending their help and support. We are very much indebted to the respondents of the survey for giving their valuable time. Sincere thanks to Org-Quest Research Limited for conducting the survey and for preparing the reports with quality and on time. Thanks also to the concerned officials of BCCP who were involved in coordinating the survey. Finally, we extend our whole-hearted thanks to the reviewers of the Baseline report for giving their time and valuable comments.

July 18, 2016

Mohammad Shahjahan
Director & CEO
BCCP

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Glossary

ADB	Asian Development Bank
ANC	Antenatal Care
BCC	Behavior Change Communication
BCCM	Behavior Change Communication & Marketing
CRHCC	Comprehensive Reproductive Health Care Center
DPT	Diphtheria, Pertussis and Tetanus
ECG	Electrocardiogram
EPI	Expanded Program on Immunization
ESD+	Essential Services Delivery
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IDIs	In-depth interviews
IPC	Interpersonal Communication
IUD	Intra Uterine Device
LGD	Local Government Division
MR	Menstrual Regulation
NGO	Non-Government Organization
NHSDP	NGO Health Services Delivery Program
NSV	No-scalpel Vasectomy
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
PAs	Partnership Areas
PHCC	Primary Health Care Center
PHC	Primary Health Care
PMU	Project Management Unit
PNC	Postnatal Care
PPP	Public-Private Partnership
RTI	Reproductive Tract Infection

SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
TT	Tetanus Toxoid
TVC	Television Commercial
VAW	Violence Against Women
UNFPA	United Nations Population Fund
UPHCSDP	Urban Primary Health Care Services Delivery Project
WUCCC	Ward Urban Health Care Coordination Committee

Executive Summary

Urban Primary Health Care Services Delivery Project (UPHCSDP) is one of the largest Public Private Partnership interventions for urban Primary Health Care (PHC) services in South East Asia. The objectives of UPHCSDP are to improve health status of the people living in the project area with a particular focus to the poor. At present, the project covers more than 10 million urban population of Bangladesh and has a PHC network of 25 Comprehensive Reproductive Health Care Centers, 113 Primary Health Care Centers and 226 Satellite Clinics at community level. The BCCM component under UPHCSDP aims to increase service utilization and promote adoption of key behaviours such as safe delivery, sustained contraceptive use, improved infant and young child feeding practices, enhanced awareness of the poor of their rights to health care, urban local bodies' ownership and promotion of UPHCSDP services and centers as Rangdhonu clinics.

A baseline survey on BCCM Component of UPHCSDP was conducted with the following objectives:

- Determine existing knowledge and practices regarding key health areas such as maternal health care and safe delivery, family planning, child health care, ownership of UPHCSDP by urban local bodies
- Assess knowledge and practices of other health care including adolescent health, reproductive health and hygiene, and violence against women
- Collect information on brand recognition and promotion of health centers as Rangdhonu clinics among implementers, partner-NGO staff, and beneficiaries; as well as BCCM capacity-development among partner-NGO staff

The baseline survey employed both quantitative and qualitative approaches. The quantitative survey of 1800 respondents was conducted in 25 Partnership Areas (PAs) of UPHCSDP 14 project areas, distributed in proportion to the population of the PAs. For the qualitative part, a total of 125 in-depth interviews (IDIs) were conducted with PHCC and CRHCC service providers under UPHCSDP; and community leaders (Ward Urban Health Care Coordination Committee). In each PA three service providers and two community leaders were interviewed. The major findings of the survey are summarized below:

Maternal Health Care

- ***Antenatal Care:*** About half (49.4%) of respondents knew that a pregnant woman should visit a health care center or doctor between 3-5 times during her pregnancy, and 84.4% knew that pregnant women should get T.T. vaccine in proper time. About 41.8% of all respondents mentioned about a female family member with a history of pregnancy in the last 5 years. Among those respondents, 45.4% said that the pregnant family member had visited health center/doctor up to 4 times for receiving antenatal

care - 41.6% respondents mentioned Rangdhonu clinic, followed by government hospitals (38.1%), private clinics (25.0%), and private doctors (13.9%). Adult females and respondents of lower socioeconomic status were more likely to mention Rangdhonu clinics as place for antenatal care (45.6% and 43.9% respectively).

- ***Delivery Care:*** 42.4% of respondents considered their own or their mother's homes to be the most appropriate place for normal delivery because they believed they could get better care there. Among respondents with female family members who had delivered in the last 5 years, 45.4% mentioned that delivery had taken place at their own or their mother's homes, followed by private clinics (21.2%) and Rangdhonu clinics (16.3%). In 41.6% of cases, delivery was conducted by qualified professionals. Respondents were also aware of delivery-related complications such as long duration of labor (43.4%). For respondents whose family member encountered delivery-related complications, 32.3% visited Rangdhonu clinics for treatment.

- ***Postnatal Care:*** Respondents knew about various postnatal care requirements such as eating nutritious foods (87.2%), taking sufficient rest (68.7%), and avoiding heavy manual labor (67.3%). They also knew about postnatal complications such as severe headache (43.2%), edema (29.6%), and high fever (25.9%). Respondents were most likely (34.6%) to mention Rangdhonu clinics as place to get treated for postnatal complications.

- ***Maternal Nutrition:*** Respondents' knowledge on maternal nutrition was assessed in terms of how often a pregnant woman should eat every day and the type of nutritious foods that she should take. About 62% respondents said that a pregnant woman should eat 3 to 4 meals a day. They mentioned foods like vegetables, eggs, meat, fruits, milk, and pulses.

- ***Emergency Transportation Service:*** All respondents understood that it was important to arrange transportation beforehand for pregnant women, and most understood that in case transportation is not arranged, the mother may die (92.8%) or the infant may die (84.8%). However, only 38.4% of respondents said that emergency transportation was arranged for pregnant family members. Reasons cited for not arranging transport beforehand included nearness of hospital to home (36.2%), availability of vehicle around the house (30.5%) and scarcity of money (26%).

Family Planning/Contraception

- Among all respondents, 69.4% were married, and they knew about oral contraceptive pills (93.7%), condoms (80.1%), and injections (74.4%). Moreover, 72.4% of married respondents (69.3% married women) were following a family planning method at the time of survey which included oral contraceptive pills (47.0%), injections (21.5%), condoms (14.5%), Norplant (2.9%), IUD (1.7%), permanent methods (6.4%).

Neonatal & Child Health Care

- ***EPI:*** Regarding knowledge on vaccines that have to be administered to children, OPV, BCG and Penta (DPT, Hepatitis-B) were mentioned by most of the respondents. In 95.2% of cases, vaccines had been administered to the youngest child in the family. Rangdhonu clinics were mentioned as place of vaccine administration by 37.0% of respondents followed by government hospitals mentioned by 35.2%.
- ***Neonatal Care/Breastfeeding:*** Almost all of the respondents (93.5%) knew that an infant should be breastfed after birth, and 92.7% said that a baby should be fed colostrum. In terms of actual practice, 89.4% reported that the youngest infant in their family was breastfed after birth. While 80.4% of respondents knew that an infant should be exclusively breastfed up to 6 months, yet in actual practice, only 52.5% of infants were exclusively breastfed up to 6 months.
- ***Nutrition/malnutrition:*** When asked about what they understood by the term 'malnutrition', 70.5% said it means being thin/wasting, 68.7% said feeling of weakness/exhaustion, and 25.8%, said it means being underweight. In order to avoid malnutrition, respondents knew that fish, vegetables, egg, meat, milk, fruits, and pulse should be eaten.
- ***Child Health Care:*** 90.0% of respondents said that babies can catch pneumonia from the cold, and the most common symptoms mentioned were fast breathing, fever, wheezing sound and in-drawing of chest wall. Regarding place of treatment for pneumonia, 29.7% mentioned Rangdhonu clinics. With regard to diarrhea prevention, 96.1% knew about the importance of washing hands with ash/soap. About 63.4% knew how to make ORS, and 91.9% knew that ORS should be fed if an infant has diarrhea.

Adolescent Health Care

- About 46.0% of all respondents are aware of physical/psychological changes that boys and girls experience during adolescence. They mentioned changes like start of menstruation (46.5%) and beard growth (32.3%). About 29.5% of them said that they go to Rangdhonu clinics to avail adolescent health care services. Moreover, 81.8% of all adolescent respondents had T.T. vaccine administered and among them, 34.5% visited Rangdhonu clinics for T.T. vaccine.

Prevention and Services for VAW

- ***Dowry:*** About 96.7% of all respondents know dowry is a criminal offense, while only 55.5% think that initiatives taken to stop dowry practices have been effective.
- ***Violence and Sources of Help:*** About 31.8% respondents knew about violence against women in their locality. In 72.8% of the cases, the violence had taken place because of dowry. Husbands (95.3%) were most likely to commit the abuse, followed by mothers-

in-law (44.3%). Only in 22.3% of cases, according to respondents, the victims of VAW seek help. Among those, 35.2% get it from the ward commissioner's office while 28.9% mentioned local leaders.

Reproductive Health Care

- ***Menstrual Regulation:*** About 90.5% of all adult female respondents and 72.0% of all adolescent female respondents knew about menstrual irregularities, and reasons mentioned were pregnancy (56.8%) and health-related problems (51.7%) About 41.1% of respondents mentioned Rangdhonu clinics as the place to receive MR services.
- ***Post-abortion Care:*** About 79.2% were aware of miscarriages. Among respondents with a family member who had a miscarriage, 26.9% had visited Rangdhonu clinics to avail post-abortion care services.
- ***STI and RTI Prevention:*** Half (49.4%) of respondents had heard of STI, mostly HIV/AIDS, syphilis, and gonorrhea. Moreover, 72.0% of respondents who had heard of STI also knew how to prevent it (e.g., by avoiding multiple partners, using condoms, and not having intercourse with persons with STI). Meanwhile, 31.2% of respondents had heard of RTIs, and they mentioned prevention methods like keeping genitals clean (30.7%) and avoiding excessive sexual intercourse (24.8%). About 28.2% of respondents mentioned Rangdhonu clinics as place to get RTI treatment.

Behavior Change Communication/Health Education

- About 52.2% respondents had seen Rangdhonu Logo. Among them, 70.2% saw it at the clinics, 35.4% saw it on signboards; 13.1% on posters, 6.4% on banner, 3.3% on TV and 0.2% saw it on an ambulance.
- Only 17.6% of the respondents had participated in promotional activities of Rangdhonu clinics but all of them liked the activities because they learned about pregnancy care (22.2%), washing hands with soap after using the toilet (20.3%), and washing hands with soap before eating (15.5%).
- Regarding advertisements, only 14.2% had seen posters with Rangdhonu logo, 1.7% have seen stickers, 16.7% have seen billboards, 6.8% have come across advertisements of Rangdhonu clinics on TV, 1.1% on radio and 0.2% in newspapers.
- Messages that would motivate respondents and community people to visit Rangdhonu clinics were "low cost treatment" (26.2%), "skilled service providers" (20.6%), "free treatment services for red card holders" (20.2%), "availability of high quality treatment" (17.6%), and "24-hour service" (16.6%).
- 68.1% of respondents said they would prefer the TV, followed by health workers (23.1%), as channels of communication to receive BCC messages.
- 88.3% of all respondents watch TV, compared to 21.4% who read newspapers and 16.2% who listen to radio.

Visits to Rangdhonu Clinics

- Among all respondents, 19.1% visited Rangdhonu clinics when they fell sick. With regard to reasons for visiting Rangdhonu clinics, 48% mentioned that it is close to their homes, reasonable treatment costs (25.9%), red card facility (21.5%), attentive treatment is provided (14.8%) and medical professionals have a good attitude (11.3%). The services for which respondents visited Rangdhonu clinics were Limited Curative Care (69.2%), Antenatal Care (43.3%), Family Planning Services (32.6%), and Child Health Care (27.6%).
- Among those respondents who visited Rangdhonu clinics, 60.8% had discussed about health care services of the clinic with neighbors and friends.
- Among those who visited Rangdhonu clinics, 60.2% were motivated to do so by health workers, 42.4% by neighbors, and 27.6% by friends.
- Among those did not visit Rangdhonu Clinics, 61.5% had still heard of them. The main reason cited for not visiting was that every prescribed medicine was not available.
- However, with regard to perception on service quality, 61.0% of respondents aware of Rangdhonu clinics said they thought the service quality was good.

Other Services

- **Diagnostic Service:** About 82.4% of all respondents were aware of the existence of a diagnostic service center in their locality. Among them, 43.7% knew that diagnostic service are available at Rangdhonu clinics. Among those that had received a diagnostic test, 25.3% had received it at Rangdhonu clinics.
- **Limited Curative Care:** Among all respondents, 19.1% visited Rangdhonu clinics when they fell sick.

Opinion of Community Leaders

- Community leaders are facilitating the UPHCSDP project and Rangdhonu clinics by making referrals for patients, arranging satellite clinic spots, informing people about availability of services and safe-guarding the service providers.
- Community leaders acknowledge/encountered the following communication activities:
    - Door-to-door visits by UPHCSDP staff
    - Community meeting organized by respective PA Units
    - Courtyard meetings organized by UPHCSDP staff
    - Distribution of leaflets and Poster pasting by UPHCSDP staff
    - Organizing rallies on Special days for awareness raising

Opinion of Service Providers

- Service providers essentially include paramedics, counselors, doctors, FWAs, and FWVs providing ESD+ and counseling services to the people in the project areas. With regard to the most frequently provided services, adult females received counseling services on family planning, antenatal care, postnatal care, and RTI. Adult males received counseling services on family planning and general health. Adolescents (male and female) received counseling on puberty, TT, RTI, and personal hygiene. In Dhaka, Narayangonj and Gazipur, service providers mostly render their clinical & communication services from static and satellite clinics; while outside Dhaka, services are mostly community based.

Conclusion

- As per survey findings, there are several areas for BCC/health education including knowledge of number of times a pregnant woman should visit a doctor/health center; knowledge of appropriate place for normal delivery; practice of exclusive breastfeeding; knowledge of RTI and physiological changes during adolescence.
- While Rangdhonu clinics have become the preferred destination for services such as antenatal care, postnatal care, EPI, etc, there is scope for greater patient intake through clinic promotional and BCCM activities and campaigns.

Recommendations

- Recommendations include television-based communication strategies given the pervasiveness of television usage and Word-of-Mouth based strategies that employ local leaders such as public representatives and local imams.
- In order to reinforce messages delivered via TV, other enter-educate approaches like inter-active street drama, screening of TVCs/drama serial can be organized as TV programs are clattered with information. However, such approaches can give focused messages.

Chapter 1: Background

1. Overview of UPHCSDP

Starting 1998 through Urban Primary Health Care Project (1998-2005) and Second Urban Primary Health Care Project (2005-2011), the **Urban Primary Health Care Services Delivery Project** (UPHCSDP) has been proven as a successful innovative model and one of the largest Public Private Partnership interventions for urban Primary Health Care (PHC) services in South East Asia. At present, the project covers more than 10 million urban population of Bangladesh and has a PHC network of 25 Comprehensive Reproductive Health Care Centers, 113 Primary Health Care Centers and 226 Satellite Clinics at community level.

Evolving from previous two projects, the Local Government Division (LGD) has been implementing Urban Primary Health Care Services Delivery Project (July 2012 to June 2017) as an initiative of the Government of Bangladesh with the financial support of Asian Development Bank (ADB), Swedish International Development Cooperation Agency (SIDA) and the United Nations Population Fund (UNFPA).

UPHCSDP is to improve the health status of the urban population, especially the poor, through improved access to and utilization of efficient, effective and sustainable PHC services. At least 30% of each of the services provided under the Project will be targeted to the poor. The objectives of UPHCSDP are to improve equitable access and utilization of urban PHC services in the project area with a particular focus on extending provision to the poor.

2. Goal of UPHCSDP

The goal of the project is to improve the health status of the urban population, especially for the poor, in 10 (ten) City Corporations and four Municipalities in Bangladesh, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services.

3. Objectives of UPHCSDP

The objectives of the project are ***to improve***:

1. Improving accessibility (financial and physical) to PHC services in the urban areas covered by the project;

2. Ensuring the delivery of quality PHC services to urban populations. The project will ensure the provision of the Ministry of Health and Family Welfare's (MoHFW) essential service delivery package (ESD+), which is focused on improving maternal and child health in urban areas, particularly for the poor. The project will increase focus on family planning, nutrition, adolescent health and neonatal care;
3. Increasing utilization of PHC services by the urban poor, especially women, newborn and children;
4. Strengthening institutional arrangements for delivery of PHC services in urban areas;
5. Increasing capacity of the Urban Local Bodies (ULB) to ensure the delivery of PHC services, according to their mandate; and
6. Increasing sustainability of the delivery of urban PHC services by strengthening ownership and commitment of the ULBs to ensure the delivery of PHC services particularly for the poor.

4. UPHCSDP Project Areas

UPHCSDP is working in 14 City Corporations and Municipalities in Bangladesh. The Project covers more than 10 million urban population of Bangladesh with a particular focus on extending provision to the poor.

Table 1: Project Areas

City Corporations (CCs)	**Municipalities**
• Dhaka South • Dhaka North • Rajshahi • Khulna • Barisal • Sylhet • Rangpur • Narayangonj • Gazipur • Comilla	• Sirajganj • Kushtia • Gopalgonj • Kishoregonj

5. BCCM Component under UPHCSDP

The Behaviour Change Communication and Marketing (BCCM) component under UPHCSDP, is being conducted by Bangladesh Center for Communication Programs (BCCP) with guidance and support from Project Management Unit of UPHCSDP.

The BCCM component aims to:

- Increase service utilization by intended audience and increase adoption of ***five key behaviors;***
    - Safe delivery at a health facility for pregnant women;
    - Adoption and sustained use of modern contraceptives by women ages 15-49;
    - Improved infant and young child feeding practices by caretakers of children under five;
    - Enhanced awareness of the poor of their rights to health care that will contribute to increased ownership by poor households of the 'red card'.[1]
    - Urban Local Bodies own UPHCSDP services and service centers.

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Beyond those identified above, other behaviors will also be addressed including a adolescent health, maternal and child nutrition, hygiene and violence against women.

- Increase brand recognition, ownership and promotion of the health centers as the "Rangdhonu" clinics among the implementers and Partner-NGO staff;
- Increase brand recognition and utilization of services offered by the "Rangdhonu" clinics among households in the project areas; and
- Strengthen institutional capacity of Partner-NGO staff to carryout innovative outreach activities and to train others for implementing BCCM activities.

6. Baseline Survey of BCCM Component under UPHCSDP

Corresponding to the aims of the BCCM component under UPHCSDP, the objectives of the baseline survey were to:

- Determine existing ***knowledge and practices*** regarding key health areas:
    - Safe delivery at a health facility with skilled provider;
    - Use of modern contraceptives by women ages 15-49 years;
    - Infant and young child (children under 5 years) feeding practices by caretakers;

[1] The 'red card' program is a pro-poor targeting program that enables holders to avail of free health services from UPHCSDP clinics. The project aims to have at least 80% of poor households are properly identified as eligible for 'red cards' and can access primary health care services when needed.

- Awareness of the poor of their rights to health care that will contribute to increased ownership by poor households of the red card holders.

- Assess ***knowledge and practices*** of other health care including adolescent health, maternal and child nutrition, hygiene and violence against women
- Collect ***information*** on:
  - Brand recognition, ownership and promotion of the health centers as the "Rangdhonu" clinics among the implementers and Partner-NGO staff;
  - Brand recognition and utilization of services offered by the "Rangdhonu" clinics among households living in project areas;
  - Change in capacity of Partner-NGO staff to carry out innovative outreach activity and skills in Interpersonal Communication/ Behavious Change Communication (IPC/BCC).

7. Baseline Survey Indicators

The baseline survey was conducted among the urban population (adults - male and female; and adolescents - boys and girls) served by the UPHCSDP. It covered the following set of health care services delivery indicators according to the services provided by UPHCSDP, based on the national expanded Essential Services Delivery (ESD+) package of the government:

1. Antenatal Care;
2. Delivery Care (Normal Delivery & Caesarean Section);
3. Postnatal Care;
4. Menstrual Regulation;
5. Post Abortion Care;
6. Family Planning Services;
7. Neonatal Care;
8. Child Health and Immunization;
9. Reproductive Health Care;
10. Adolescent Health Care;
11. Nutrition;
12. Communicable Diseases;
13. Non-Communicable Diseases;
14. Limited Curative Care;
15. Behavior Change Communication;
16. Diagnostic Service;
17. Violence against Women; and
18. Emergency Transportation Service.

The next section describes the Baseline Survey methodology.

Chapter 2: Survey Methodology

1. Survey Approach

The Baseline Survey of BCCM component under UPHCSDP was conducted by Org-Quest Survey Ltd with the guidance and supervision from Project Management Unit (PMU), UPHCSDP and BCCP.

The survey was undertaken using both quantitative and qualitative approaches. The quantitative survey used structured questionnaires among a representative sample of urban population served by UPHCSDP and its Partner NGOs. The qualitative part of the survey included in-depth interviews with service providers and community influential in all PAs.

The main data collection activities were conducted at the following levels:

- Individual level (Potential Clients): Detailed information was collected from both the existing and potential clients of the households, which included adult females (age 18-49 years); adult males (age 18 - 55 years); and adolescent boys and girls (age 14-17 years) with at least 50% from among the urban poor.
- Primary Health Care Center (PHC) and Comprehensive Reproductive Health Care Center (CRHCC) level (Service Providers): The respondents included project manager, clinic manager, doctors, paramedics, counsellors, field supervisors, Family Welfare Visitor (FWV) and Family Welfare Assistant (FWA) and service promoters. Information was collected from the PHC Center and Comprehensive Reproductive Health Care (CRHC) Center service providers about their services, their attitudes towards potential service recipients and opinion on the behaviour and practices of the service recipients.
- Community level (Local Leaders): Information was collected from the Ward Urban Health Care Coordination Committee (WUHCCC) community leaders on their attitudes towards PHC services provided by clinics under UPHCSDP and their roles in quality assurance, clinic's sustainability, motivating the urban population for utilization of health care services provided by UPHCSDP clinics and their suggestions about promotion services.

The following table shows broad information source-wise interview/data collection technique:

Table 2: Information Source-wise Data Collection Technique

Respondent Category	Technique/ Method
Individuals/Potential Clients in UPHCSDP project areas including people of poor socio-economic status[1]: • Adult female (age 18 - 49 years) • Adult male (age 18 - 55 years) • Adolescent boys and girls (age 14 - 17 years)	Quantitative: Questionnaire Survey
PHCC and CRHCC service providers under UPHCSDP (project manager, clinic manager, doctors, paramedics, counsellors, field supervisors, FWV and FWA and service promoters)	Qualitative: In-depth interview
Community Influential (Elected officials, Religious leaders, Teacher, Community leaders, etc.)	Qualitative: In-depth interview

2. Sample Size and Distribution

The quantitative survey was conducted among 1800 existing and potential clients. The sample size of 1800 respondents was divided among 25 Partnership Areas (PAs) in 14 project areas. The sample was distributed proportionately per PA unit. Moreover, a ratio of 75:25 was maintained for adults to adolescents (Where adults were 1350 and adolescent were 450), 50:50 for male and female (adult male and female were 675 each), and 50:50 for Upper Socio-economic groups and Lower Socio-economic groups (900 each). The respondent distribution for the quantitative survey is shown below.

[1] **Working Definition of Poor/Lower SE:** About 50% of the sample constituted people of poor or lower socio-economic (SE) status, identified in alignment with the criteria for UPHCSDP's red card holders. During the survey, a combination of living conditions, nature of employment, monthly income, house rent, and food intake were considered for selection of lower SE respondents. These respondents live in ordinary slums, partake in casual employment are informal sector workers, having an average monthly income per household member up to BDT 2000 for Dhaka including Gazipur and Narayanganj; up to BDT 1500 for other City Corporations; and up to BDT 1000 for other Municipality Areas.
(http://uphcp.gov.bd/Red_Cards.html)

Table 3: Respondent Distribution of Baseline Survey

	Regions	Total	Adult male-(upper SE)	Adult male-(lower SE)	Adult female-(upper SE)	Adult female-(lower SE)	Adolescent male-(upper SE)	Adolescent male-(lower SE)	Adolescent female-(upper SE)	Adolescent female-(lower SE)
1	**Dhaka NCC**	360	69	66	69	66	22	23	22	23
2	**Dhaka SCC**	360	69	66	69	66	22	23	22	23
3	**Rajshahi**	144	28	26	28	26	9	9	9	9
4	**Khulna**	144	28	26	28	26	9	9	9	9
5	**Barisal**	72	13	14	13	14	4	5	4	5
6	**Sylhet**	72	13	14	14	13	4	5	4	5
7	**Rangpur**	72	13	14	13	14	4	5	4	5
8	**Narayangonj**	72	14	13	14	13	5	4	5	4
9	**Gazipur**	144	28	26	28	26	9	9	9	9
10	**Comilla**	72	14	13	14	13	4	5	4	5
11	**Sirajganj**	72	13	14	13	14	4	5	4	5
12	**Kishoreganj**	72	13	14	13	14	4	5	5	4
13	**Kushtia**	72	13	14	13	14	4	5	4	5
14	**Gopalganj**	72	13	14	13	14	4	5	4	5
	Total	**1800**	**341**	**334**	**342**	**333**	**108**	**117**	**109**	**116**
	(in percentage)	**100**	**19**	**19**	**19**	**18**	**6**	**7**	**6**	**6**

The qualitative part of the survey comprised 125 In-depth Interviews (IDIs) with three (3) Service Providers and two (2) Community Influencers in each of the 25 PAs under UPHCSDP. Convenience sampling method was used to gather information from different categories of UPHCSDP service providers and a varied selection of community influencers.

3. Operational Definition

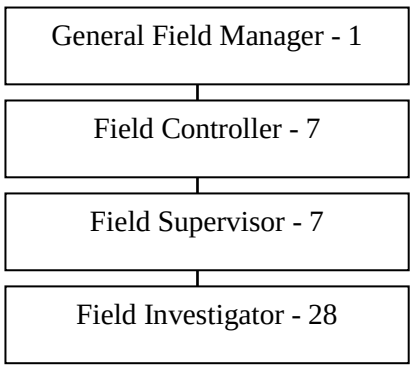
- **Rangdhonu Clinic:** The term "Rangdhonu Clinic" has been used throughout the report to refer to Service Delivery Centers operating under UPHCSDP. It is worth noting that in everyday communication, people use the term "Rangdhonu Clinic" interchangeably with "Urman Clinic", "Urban Clinic", "Nagar Shastho Clinic", "Nagar Matree Shadon", "NGO Clinic" and Satellite Clinic operated by local PA NGO.
- **Word-of-Mouth Marketing:** Word-of-Mouth Marketing is a widely used terminology in marketing and communications. According to the Financial Times, Word-of-Mouth Marketing refers to promotional activities that leverage social

interactions and word of mouth between consumers. Considered to be the most effective form of promotion, Word-of-Mouth Marketing is actively influenced or encouraged by organizations, by inserting a message in a network, rewarding regular consumers to engage in Word-of-Mouth, and employing Word-of-Mouth "agents", e.g., local leaders and influential within a customer or beneficiary network.

4. Survey Implementation

4.1. Field Strength

The field team consisted of 6 teams for 13 different districts. Each team included a field controller. Field controllers reported to the general field manager. In total there were 48 enumerators, 8 supervisors, 12 controllers and 1 field manager. The field hierarchy can be seen as follows:



In addition to the quantitative survey sample (1800 respondents), qualitative data (125 In-depth Interviews) was collected by the executives of Or-Quest.

4.2. Quality Control and Risk Management

Data collection quality was ensured through stringent quality control mechanism through multiple steps as follows:

- **Stringent Recruitment and Training of Field Personnel:** Thorough recruitment and training procedure was followed.
- **Back-checks and scrutiny:** A thorough and random back-check procedure was followed to ensure quality fieldwork in the following manner:
    - Accompany call 5%
    - Application of sampling plan 15%
    - Sample verification 15%
    - Response verification 10%
    - Scrutiny and editing 100%

Corrective actions were taken immediately if found any gaps or deviation.

- **Documentation:** Proper documentation in all the stages of survey was a pre-condition of quality output. Mandatory documentation of job checklist and responsibilities performed by the assigned persons concerned was ensured at different stages.
- **Quality Auditing:** A Quality Auditor worked independent of Field Operations Team, and reported directly to the Managing Director. On top of the normal quality control measures taken by the field team, the Quality Auditor and his team conducted back-checks and spot-checks on the field work of data collectors, supervisors and field controller.
- **Data Analysis:** The analyses were done in producing tables, graphs/charts and present the information through descriptive statistics. The tabulation and analysis plan were prepared and finalized in close collaboration with the concerned professional from the client organization. However, analysis of data on potential client level was done by total, municipality (City Corporation or Municipality), socioeconomic class, etc. for each of the variables/ indicators covered by the survey. Besides, data was synthesised by age, sex, education, occupation, etc. Qualitative data was analyzed through content analysis.[2]

[2] Detail analysis by Gender, Socio-economic group and PA wise variations are available at PMU.

Chapter 3: Quantitative Survey Findings

This section of the report details the quantitative survey findings collected from a representative sample of 1800 respondents (adult males and females and adolescent males and females) residing in UPHCSDP's 25 partnership areas (PAs). Following the aims of the BCCM component under UPHCSDP to increase service utilization by intended audience, the section is divided into sub-sections with survey responses on:

1. **Maternal Health Care**- knowledge and practices regarding antenatal care, safe delivery, postnatal care, maternal nutrition, emergency transportation.
2. **Family Planning/Contraceptives** - knowledge and practices regarding contraceptives.
3. **Neonatal and Child Health Care**- knowledge and practices regarding EPI, breastfeeding, nutrition, childhood pneumonia, and ORS.
4. **Adolescent Health Care**- knowledge about pubertal changes, and practices about TT vaccination for adolescent girls.
5. **Prevention & Services for Violence against Women (VAW**) - knowledge and practices of dowry and violence in the community, and sources of help.
6. **Reproductive Health Care** – knowledge and practices regarding menstrual regulation, post-abortion care, reproductive tract infections
7. **Behavior Change Communication/Health Education** activities.
8. **Visits to Rangdhonu Clinics** – Frequency and reasons of visits, perception of quality of services
9. **Other services** – knowledge and practices relating to Diagnostic services and Limited Curative Care.

1. Maternal Health Care

1.1. Antenatal Care (ANC)

Among all respondents, 17.8% respondents knew that a pregnant woman should visit a health care center/doctor 5 times, and 17.6% knew she should visit 4 times.

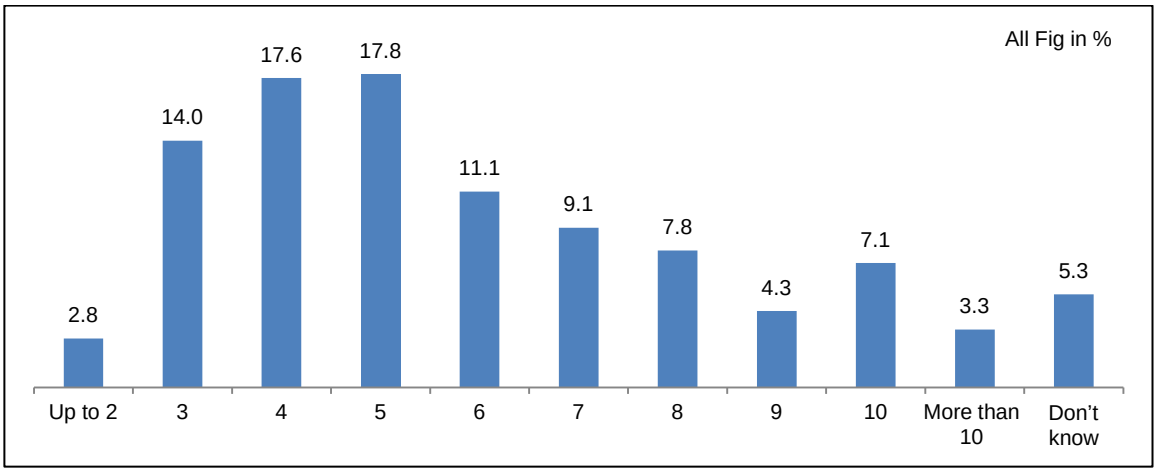


Figure 1: Knowledge on Number of Antenatal Visits Required for Pregnant Women

In terms of the essential components of antenatal care required for pregnant women, 84.4% mentioned taking TT vaccine in proper time, 56.8% mentioned regular health check-up, and 39.9%, avoiding heavy manual labor. The five most-frequently mentioned antenatal cares are as follows.

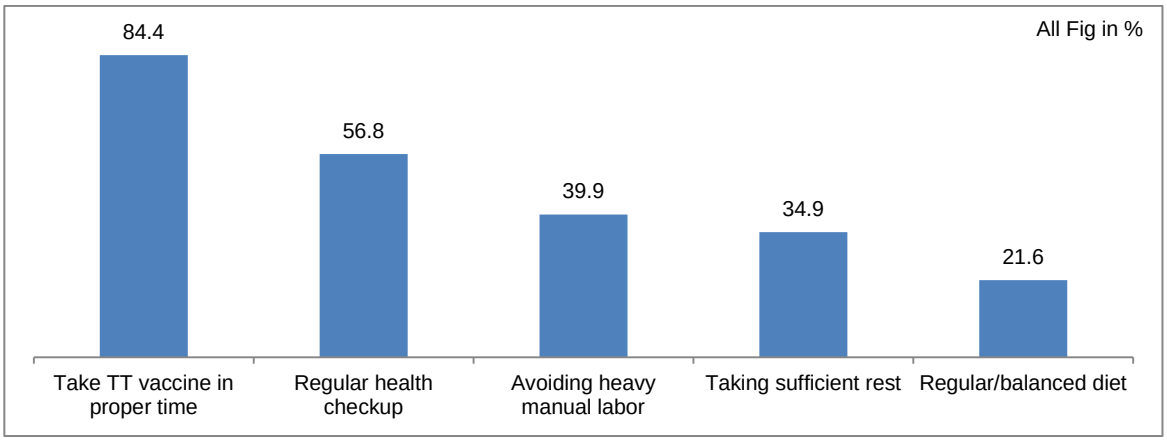


Figure 2: Knowledge on Essential Antenatal Care Required (Multiple Responses)

Knowledge of pregnancy complications was also assessed among all respondents. Regarding the type of complications that may arise for women during pregnancy, 47.6% mentioned severe headache, 28.1% mentioned high fever, and 25.7% mentioned excessive vaginal bleeding.

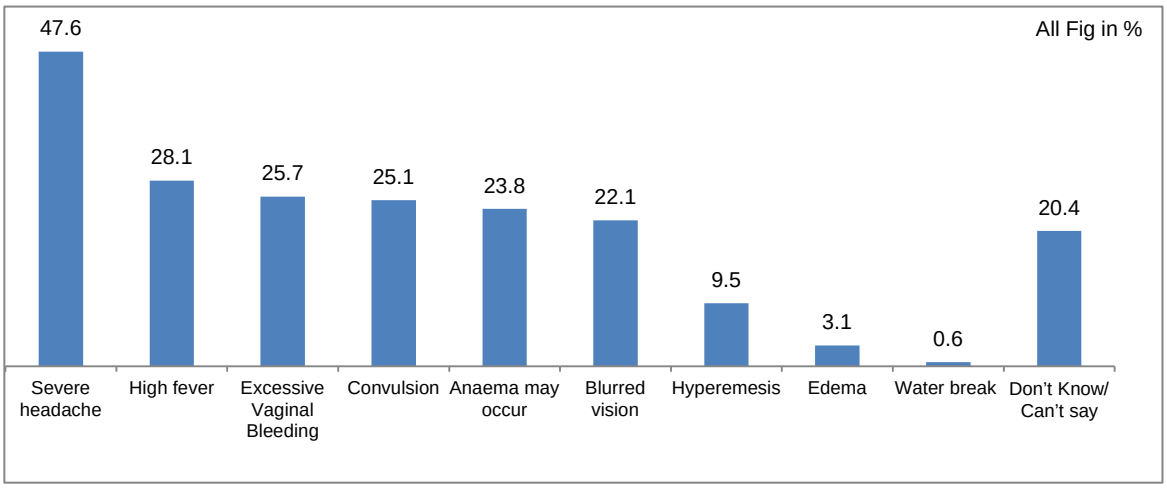


Figure 3: Knowledge of Pregnancy Complications (Multiple Responses)

About 41.8% of all respondents have women in the family with history of pregnancy in the last 5 years. Among those respondents, 45.4% said that their pregnant family member had visited health center/doctor up to 4 times for receiving antenatal care. With regard to where they visited to receive antenatal care, 41.6% respondents mentioned Rangdhonu Clinic, followed by Government Hospitals (38.1%), Private Clinics (25.0%), and Private Doctors (13.9%). Adult females and respondents of lower socio-economic status were more likely to mention Rangdhonu Clinics (45.6% and 43.9%, respectively). (Gender, geography and SE-wise tables in appendix A, Table 1 and 2).

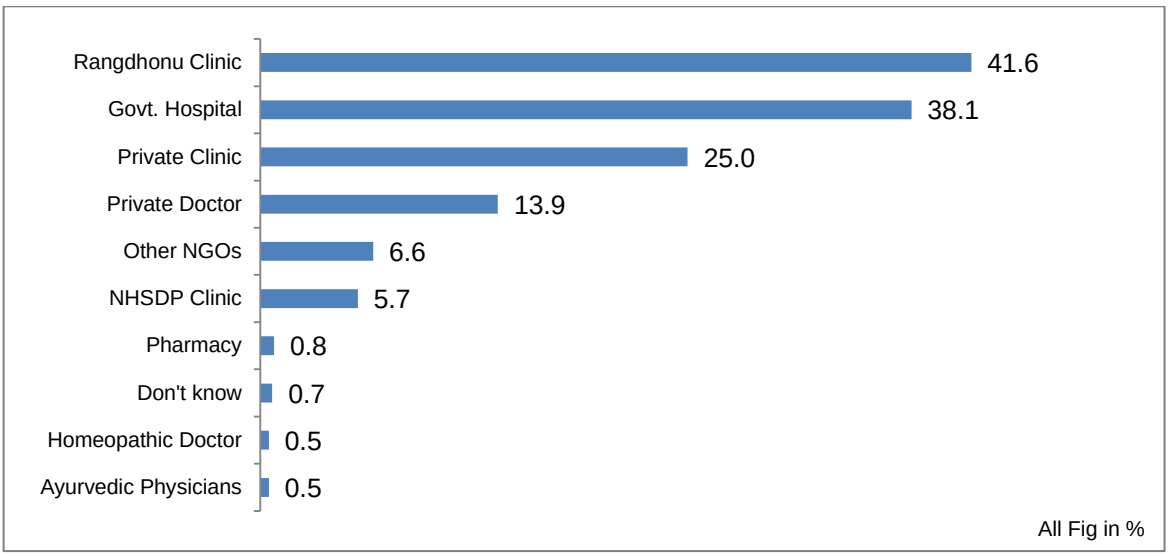


Figure 4: Place for Receiving Antenatal Care for Respondent's Pregnant Family Members (Multiple Responses)

Among the respondents with women in the family with history of pregnancy in the last 5 years, about 25.0% said that their women family member had encountered antenatal complications. In terms of the types of complications encountered, 47.3% mentioned severe headache, 27.7% high fever, and 24.5% excessive vaginal bleeding.

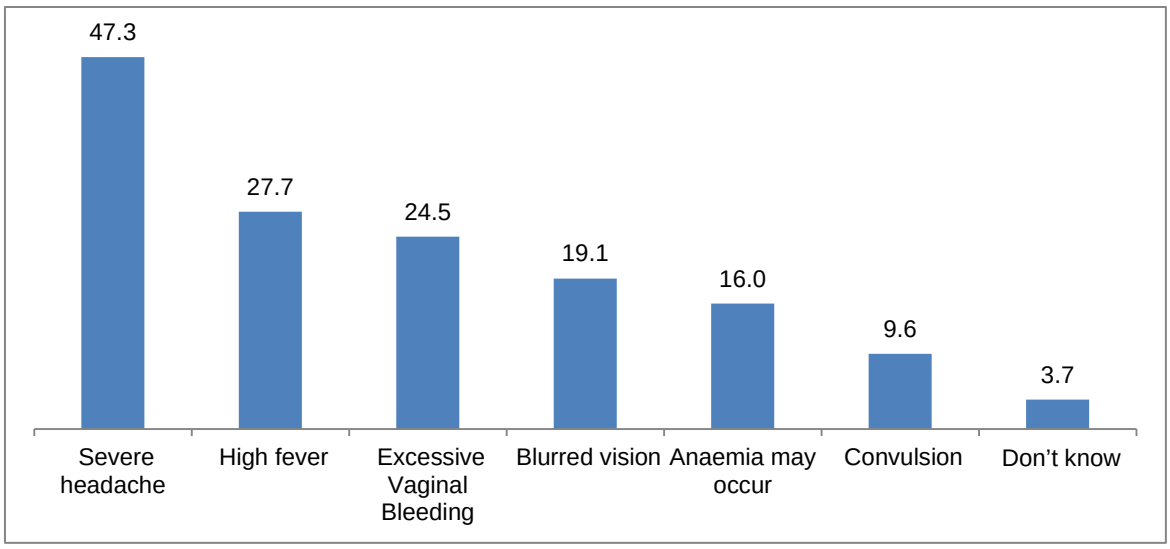


Figure 5: Type of Antenatal Complications Encountered (Multiple Responses)

Among those who encountered antenatal complications and went for treatment, 42.0% went to Rangdhonu Clinics for treatment, 39.4% went to Government Hospitals, and 27.7% private clinics, as shown below. Adult females and respondents of lower socioeconomic status had a higher response rate for Rangdhonu Clinics at 47.9% and 48.9% respectively.

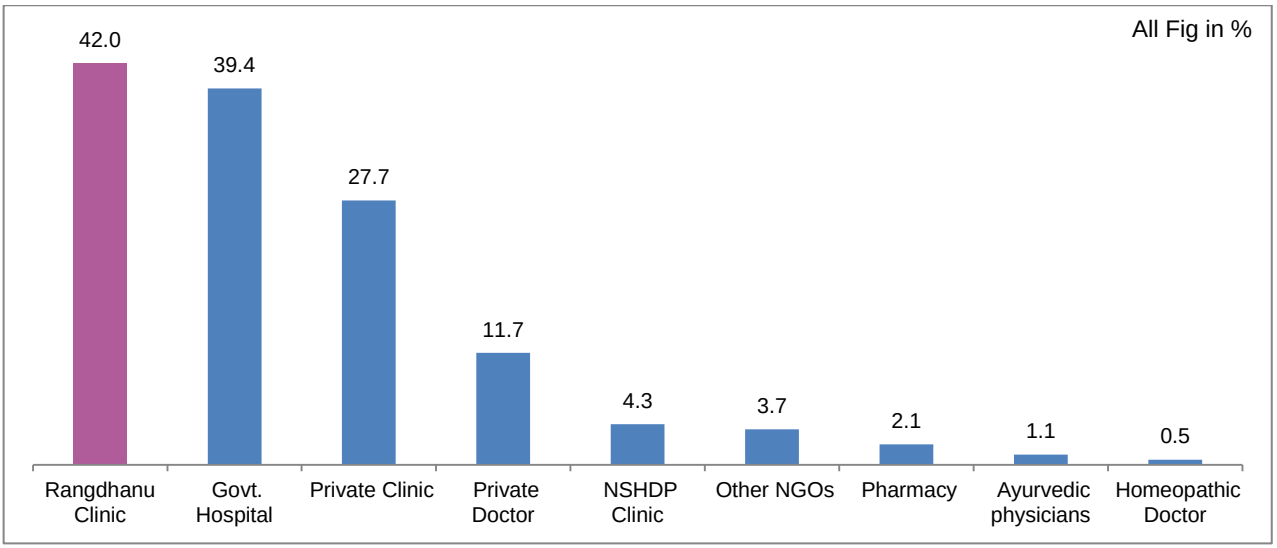


Figure 6: Place of Treatment for Antenatal Complications (Multiple Responses)

1.2. Delivery Care

With regard to delivery care, knowledge of respondents was assessed with regard to what they considered to be the most appropriate place for Normal Delivery as well as what they considered to the most appropriate place for Caesarean Section. About 42.4% mentioned their homes (own home/mother's home), followed by Government Hospitals (22.7%) and Rangdhonu Clinics (17.7%) as the appropriate place for Normal Delivery, as shown in Figure 7. The main reasons why they considered their homes to be the most appropriate place was that they can receive better care (82.8%) and they considered it safe (53.0%). Adult females, adolescent females and lower SE respondents had a slightly higher response rate for Rangdhonu Clinic at 20.7%, 20.4%, and 20.3%, respectively.

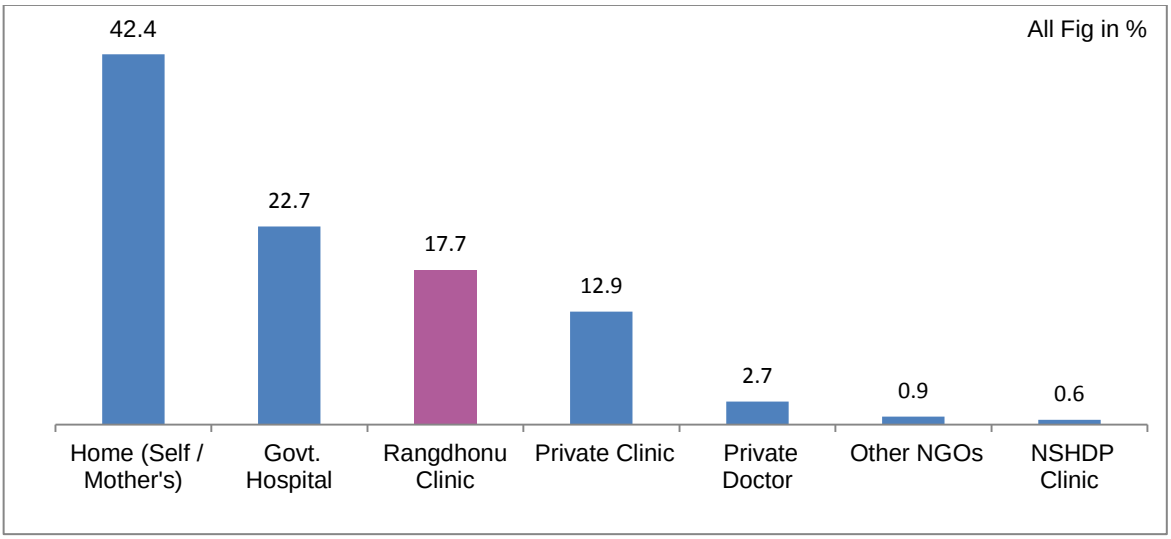


Figure 7: Most Appropriate Place for Normal Delivery According to all Respondents

In terms of the most appropriate place for Caesarean Section, 43.8% mentioned Private Clinics, followed by Government Hospitals (35.9%) and Rangdhonu Clinics (17.7%) as shown in Figure 8. The reasons behind the respondents' preference for aforementioned places of delivery for Caesarean Section were similar to those for Normal Delivery, i.e., that they believed that the places they mentioned would provide better care (83.8%) and are safe (59.6%).

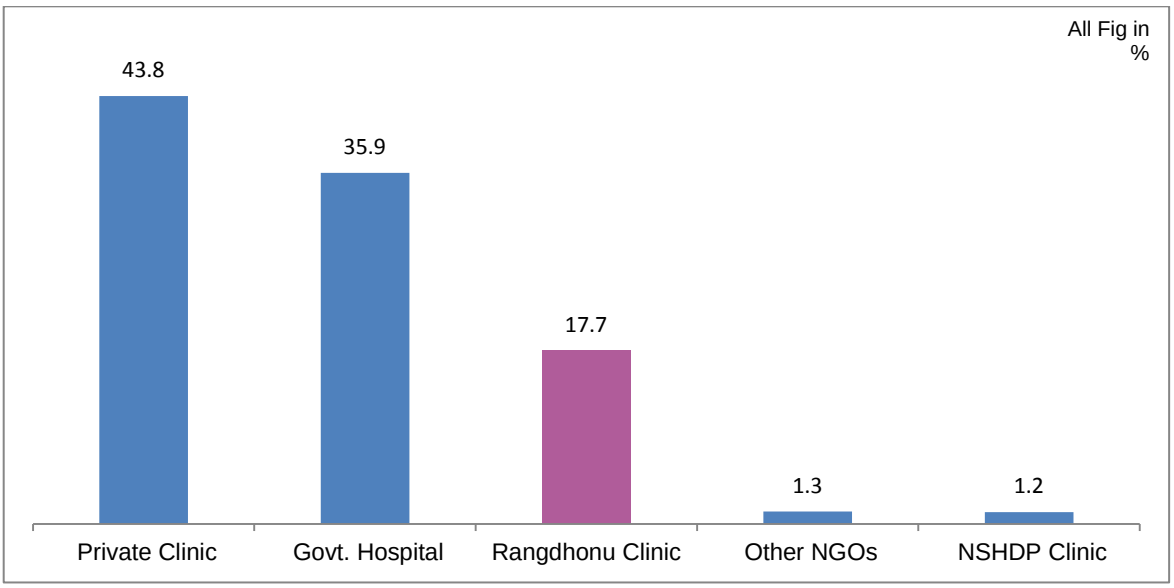


Figure 8: Most Appropriate Place for Caesarean Section according to all Respondents

Respondents knew about various complications that may arise for a woman during delivery, and were most likely to mention long duration of labor (43.4%), followed by excessive vaginal bleeding (35.1%), and convulsion (32.2%). The most frequently mentioned responses are shown below.

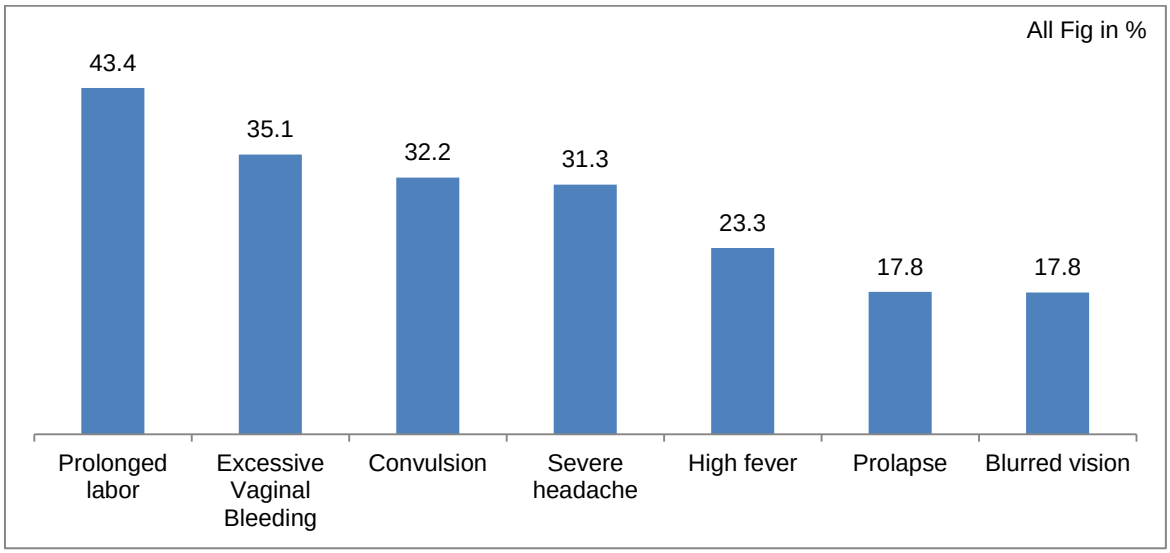


Figure 9: Knowledge of Complications during Delivery (Multiple Mesponses)

Among respondents with women family members who delivered in the last 5 years, 68.8% had Normal Delivery and 31.2% had Caesarean Section. They were most likely to have delivered at their own or mothers' homes (45.4%), followed by private clinics (21.2%), Rangdhonu Clinics (16.3%), and Government Hospitals (13.4%) as shown Figure 10. In most cases, the delivery was conducted by qualified professionals (41.6%) as shown in Figure 10.

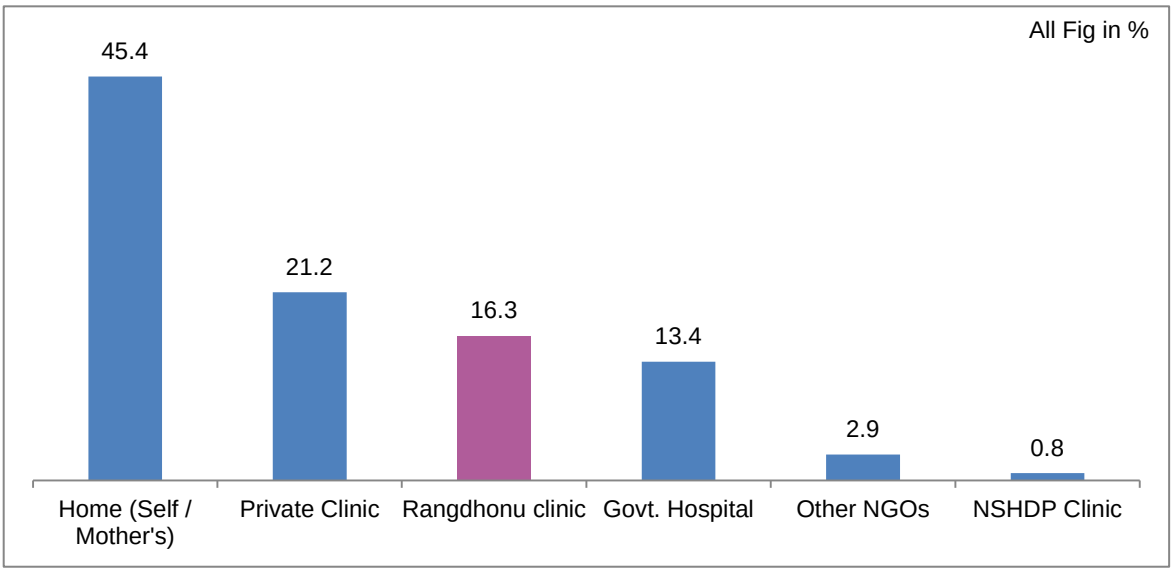


Figure 10: Place of Last Delivery by Women Family Members of Respondents

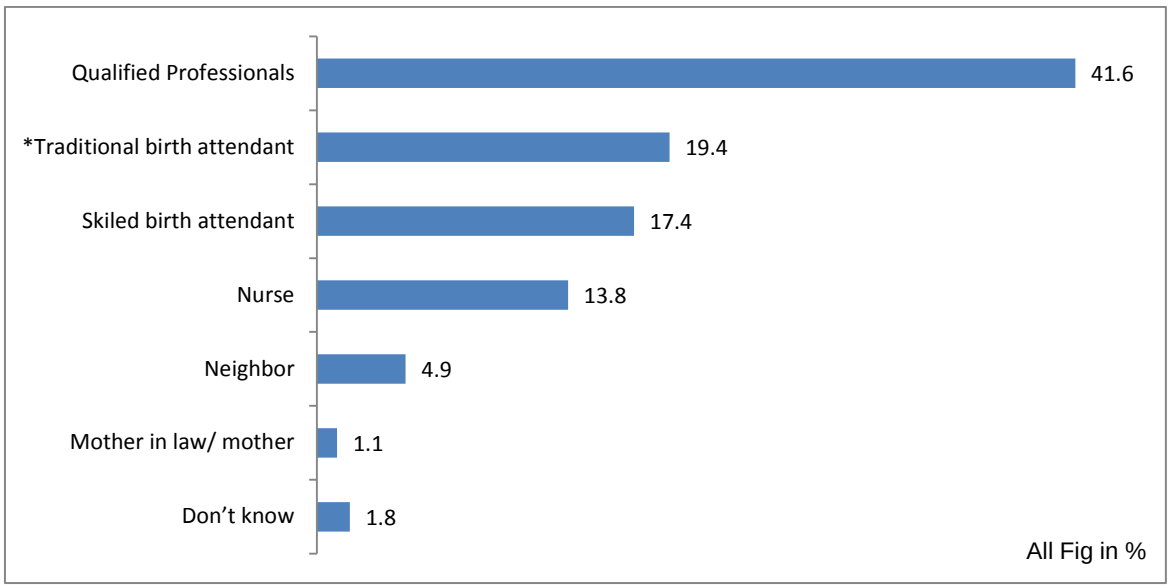


Figure 11: Supervision or Attendant during Delivery

Note: Traditional Birth Attendants are those that have not received any government-approved training programs

With regard to complications during delivery, about 18.1% of respondents whose women family members gave birth in the last five years, encountered complications. The most

frequently-mentioned complications were prolonged labor (53.8%), excessive vaginal bleeding (29.2%), severe headache (19.2%), high fever (16.2%), and blurred vision (13.1%). In order to receive treatment for complications, 37.7% respondents visited Government Hospitals, followed by Rangdhonu Clinics (32.3%), Private Clinics (26.2%), and Private Doctors (13.1%), as shown in Figure 12. Adolescent females and lower SE respondents had higher response rates for Rangdhonu Clinics at 37.5% in both cases.

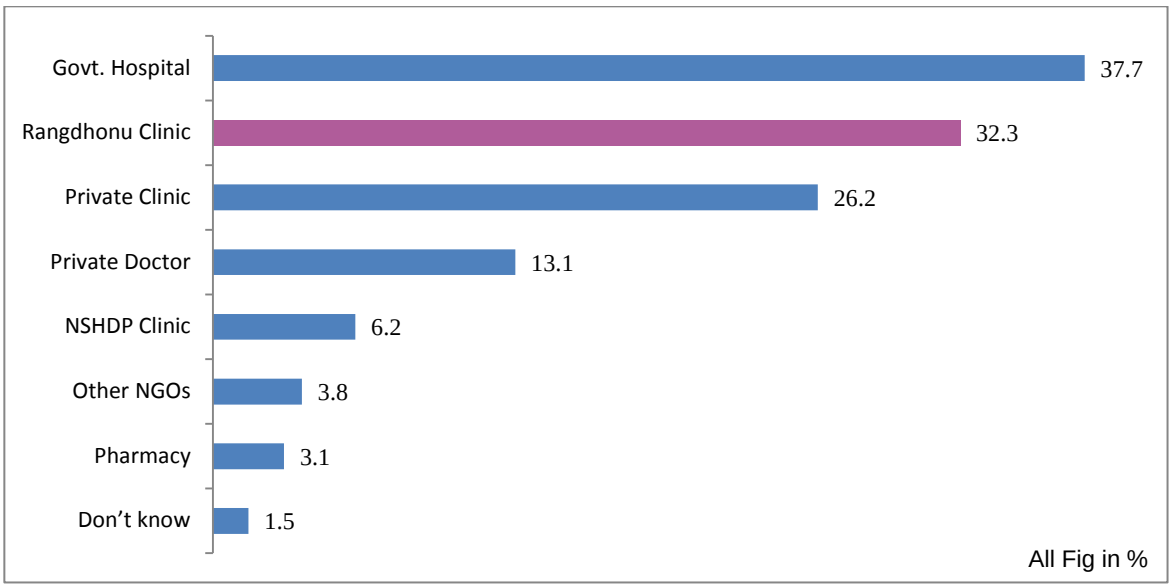


Figure 12: Place of Treatment for Delivery Complications

1.3. Post-natal Care (PNC)

Respondents knew about various postnatal care requirements such as taking nutritious food (87.2%), taking sufficient rest (68.7%) and avoiding heavy manual labor (67.3%). The most frequently occurring responses are shown in Figure 13.

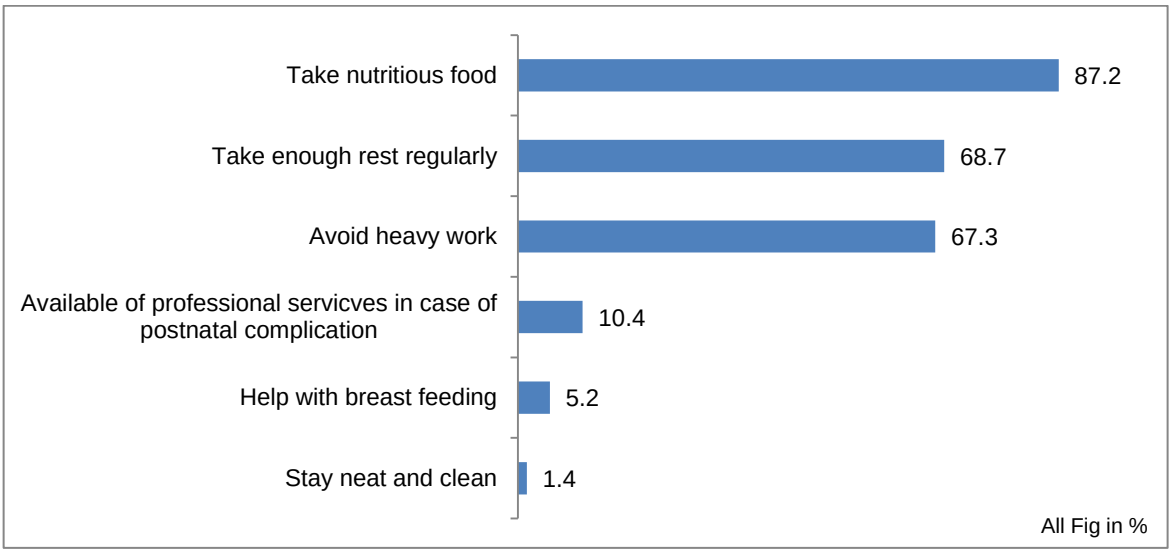


Figure 13: Knowledge of Types of PNC Required (Multiple Responses)

Respondents also knew about a range of postnatal complications that arise within 42 days of delivery, although the most frequently mentioned were high fever (35.6%), severe headache (33.8%), and edema (28.5%), as shown in Figure 14.

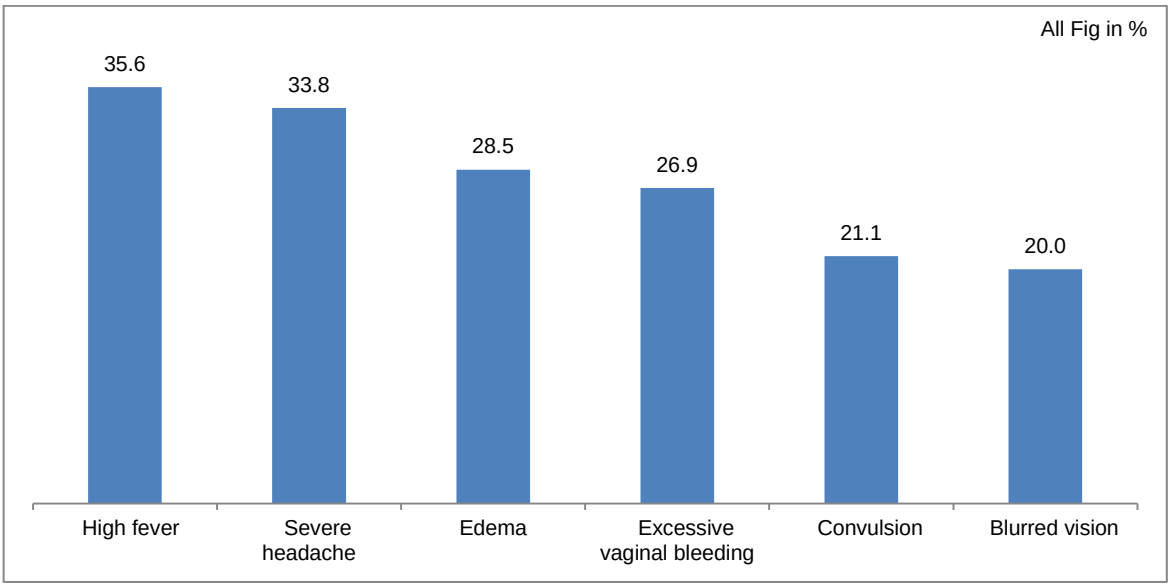


Figure 14: Knowledge of Postnatal Complications (Multiple Responses)

Among respondents whose women family members gave birth in the last 5 years, about 11.3% said that their women family members faced postnatal complications. The most commonly occurring complications were severe headache (43.2%), edema (29.6%), and high fever (25.9%) as shown in Figure 15.

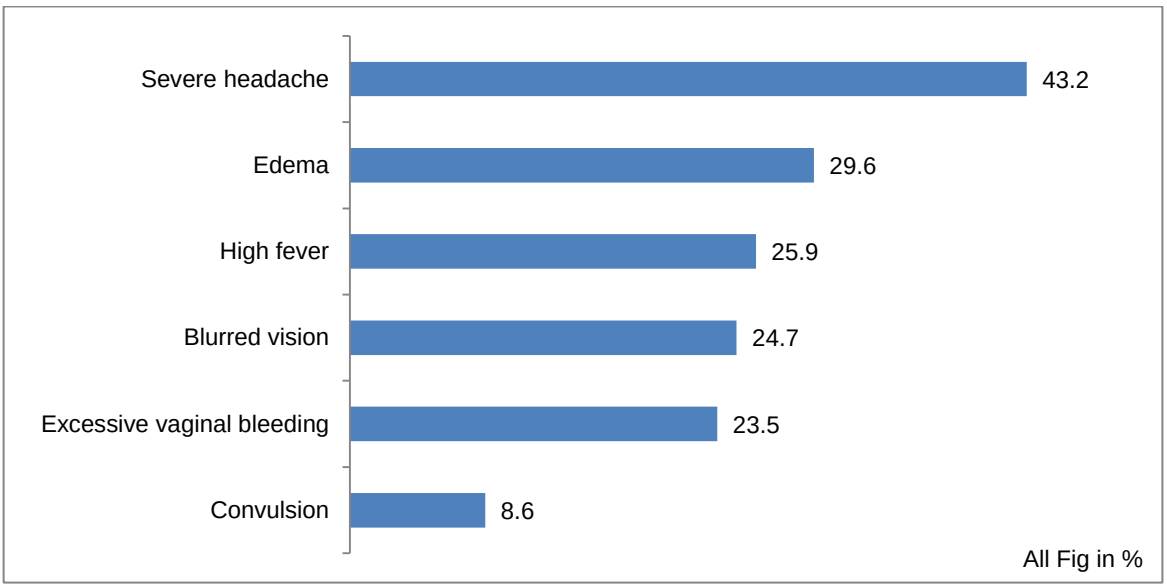


Figure 15: Postnatal Complications Faced by Women Family Members (Multiple Responses)

In order to receive treatment for postnatal complications, respondents were likeliest to mention Rangdhonu Clinics (34.6%), followed by Government Hospitals (32.1%), and Private Clinics (30.9%), as shown in Figure 16. Adult females, adolescent females and lower SE respondents had higher response rates for Rangdhonu clinics at 38.5%, 44.4%, and 45.2%, respectively (gender, geography and SE-wise tables in appendix A Table 3 and 4).

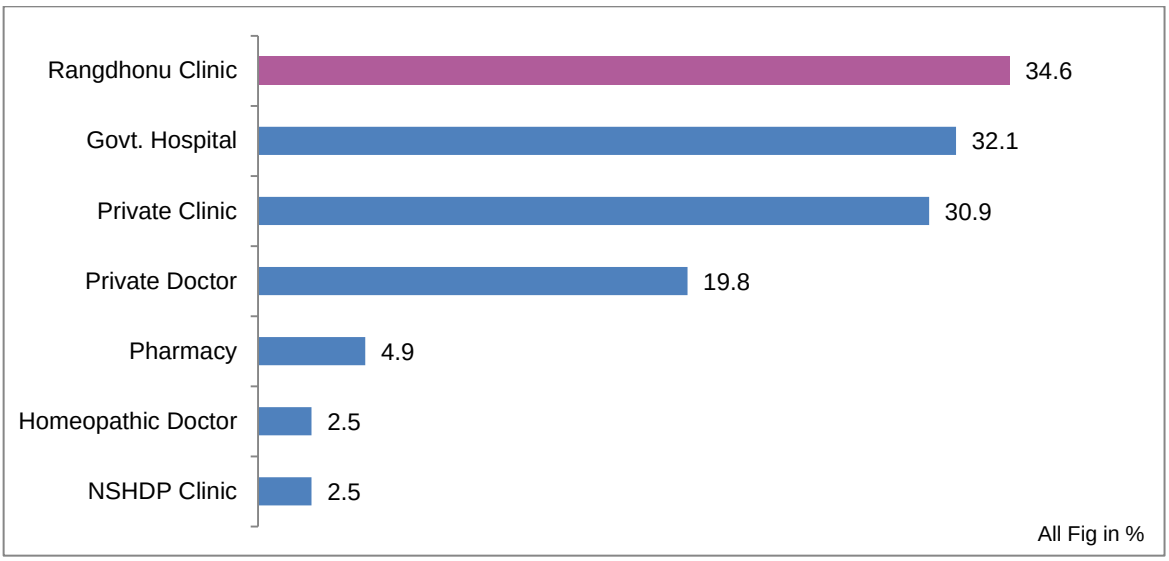


Figure 16: Place of Treatment for Postnatal Complications (Multiple Responses)

1.4. Maternal Nutrition

Respondents' knowledge on maternal nutrition was assessed in terms of how often a pregnant woman should eat every day and the type of nutritious foods a pregnant woman should take. With regard to how often a pregnant woman should eat, among all respondents, 40.3% suggested 4 times, while 26.6% suggested 5 times (Figure 17).

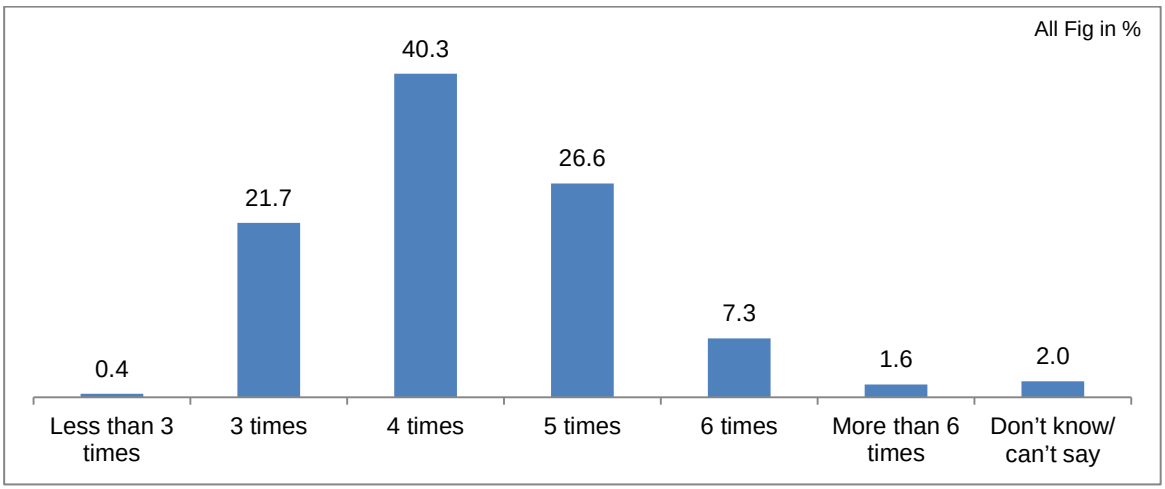


Figure 17: Knowledge Regarding Frequency of Meals for Pregnant Women

In terms of the type of nutritious foods pregnant women should take, 90.8% respondents mentioned vegetables and fruits, 83.0% fish, 75.0% eggs, 74.9% meat, and so forth (Figure 18).

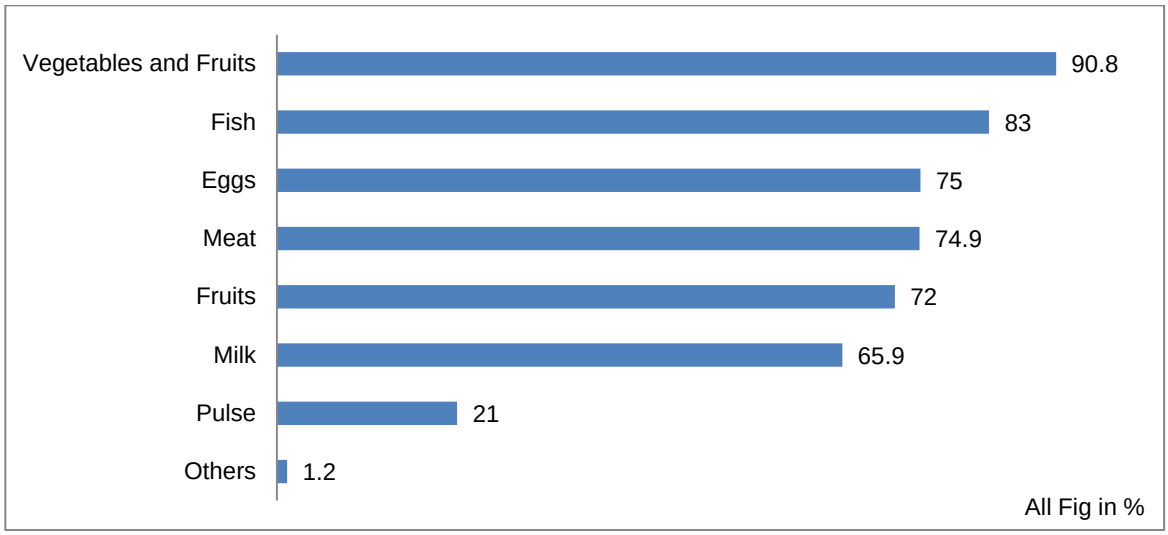


Figure 18: Knowledge of Nutritious Foods Required for Pregnant Women (Multiple Responses)

1.5. Emergency Transportation Service

All respondents (100%) confirmed they understood the importance of managing transportation beforehand for pregnant women. Moreover, among respondents whose female family members gave birth in the last 5 years, there was a high level of understanding of problems that may arise if transport is not arranged beforehand. About 92.8% understood that the mother may die and 84.8% that the infant may die, if transport is not arranged beforehand (Figure 19).

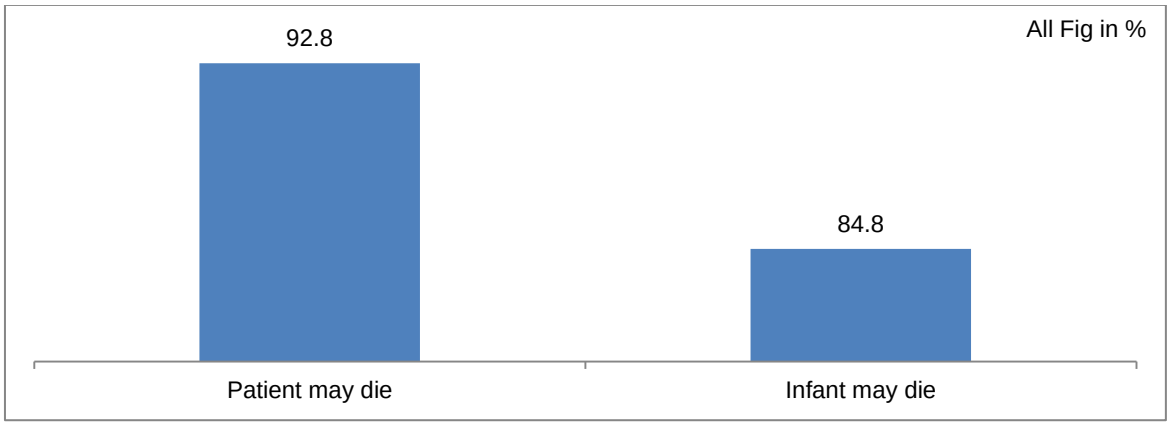


Figure 19: Understanding of Potential Problems if Transportation not Arranged (Multiple Responses)

However, in actual practice, in case of respondent's pregnant family members, only 38.4% had arranged a vehicle before delivery (Figure 20).

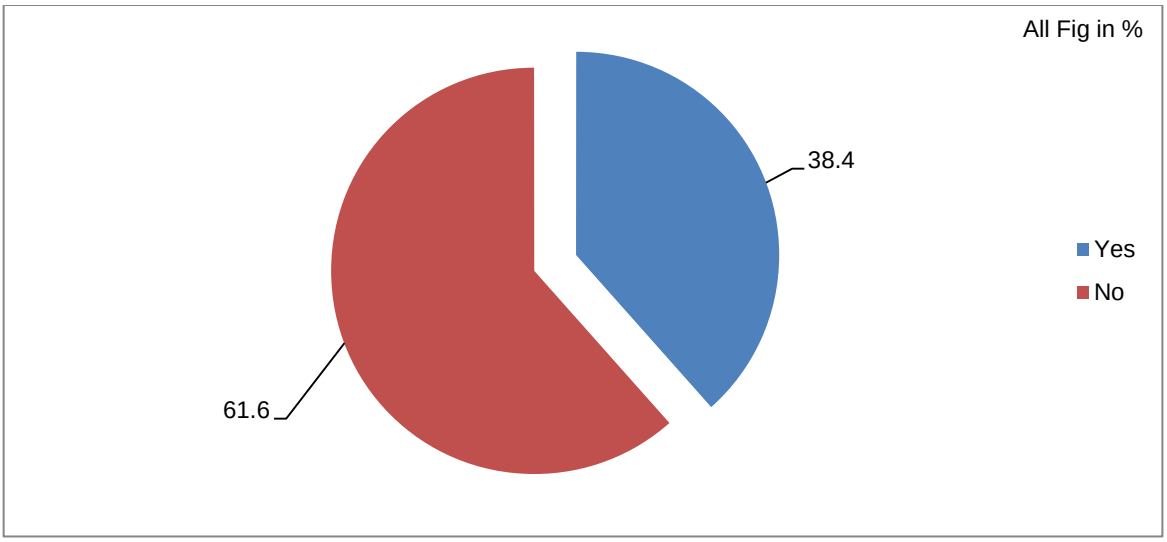


Figure 20: Practice of Transport Arrangement

Reasons cited for not arranging transport beforehand included nearness of hospital to home (36.2%), availability of vehicle around the house (30.5%) and scarcity of money (26%).

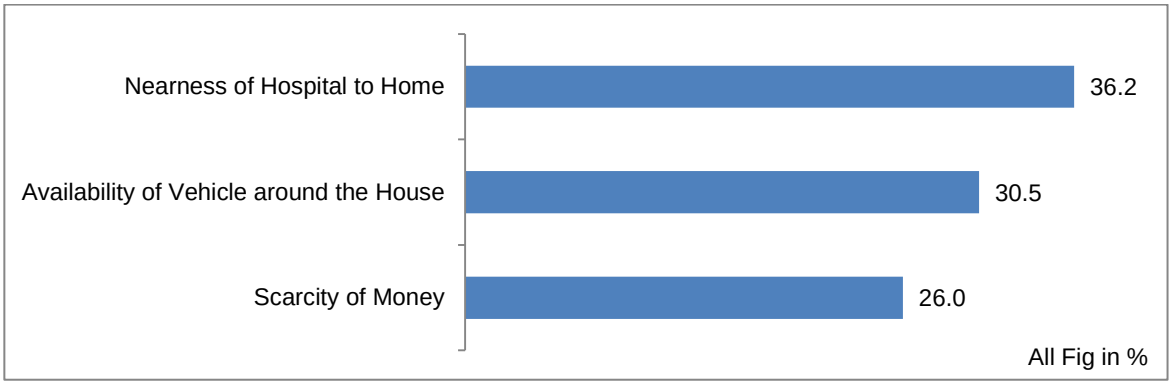


Figure 21: Reasons for not Arranging Transport beforehand (Multiple Responses)

2. Family Planning/Contraception

2.1. Family Planning Methods/Contraceptive use

Among all respondents, 69.4% were married. Among married respondents, the most frequently mentioned family planning methods that they know about are oral contraceptive pills (93.7%), condoms (80.1%), and injections (74.4%), as shown in Figure 22.

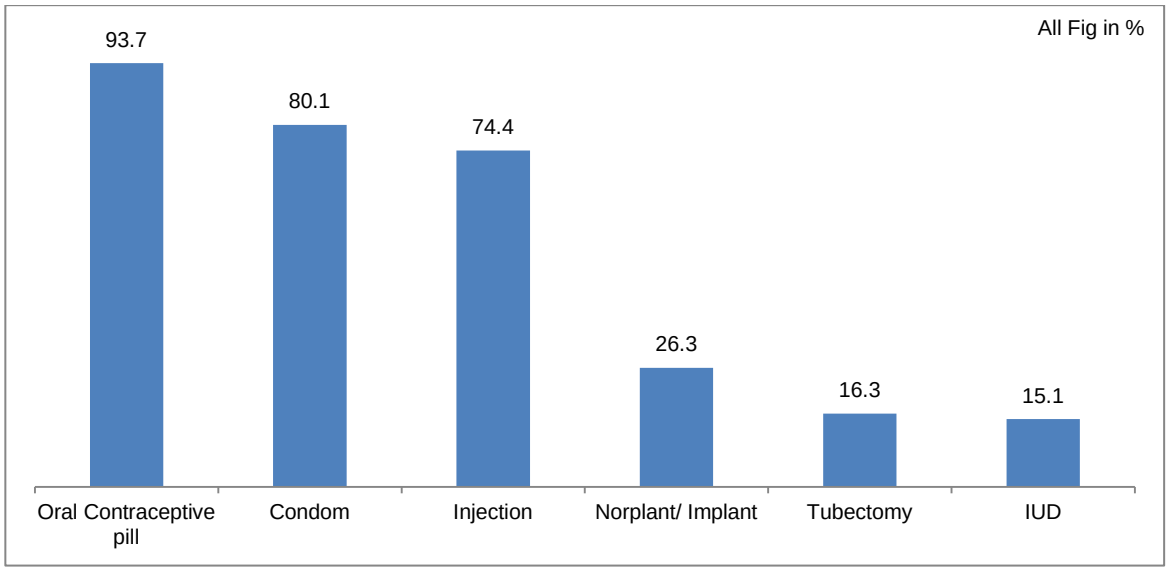


Figure 22: Knowledge of Family Planning Methods among Married Respondents (Multiple Responses)

With regard to practice, among all married respondents, 72.4% were following a family planning method (Figure 23) which includes 69.3% married women.

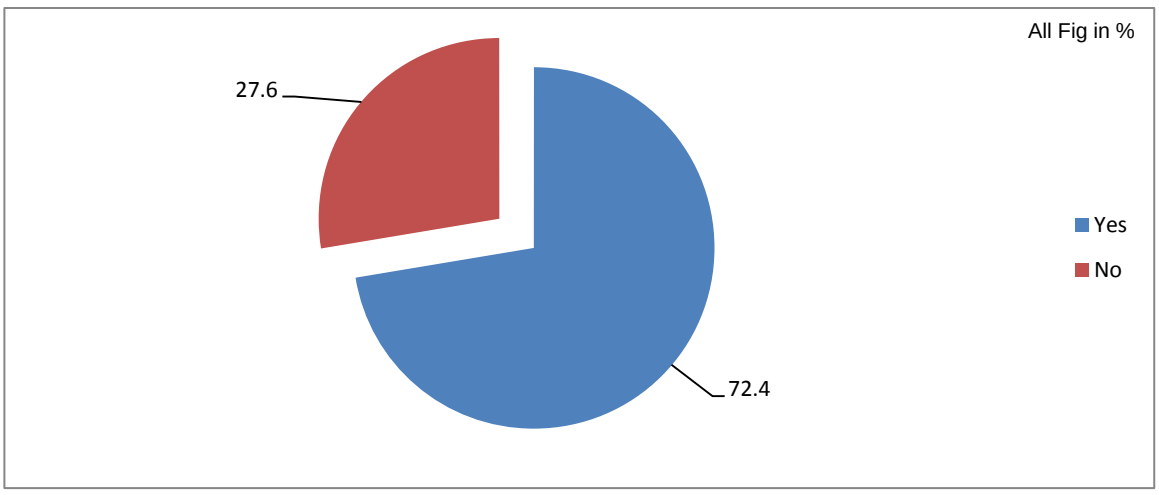


Figure 23: Incidence of Practice of Family Planning Methods among Married Respondents

The most frequently method methods they were following, includes oral contraceptive pills (47.0%), injections (21.5%), condoms (14.5%), Norplant (2.9%), IUD (1.7%), permanent methods (6.4%) as shown in Figure 24. Reasons cited by married respondents following family planning methods to explain why they follow a particular method includes the absence of side effects (49.3%), suits their health (48.9%), easy availability (30.1%) and inexpensive (16.5%).

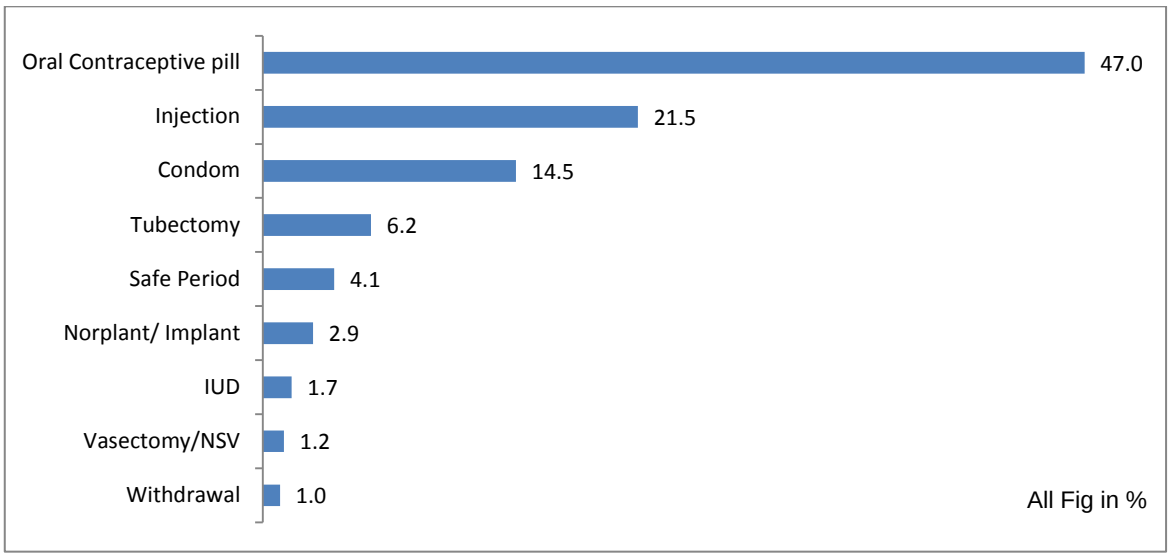


Figure 24: Family Planning Method being using by Married Respondents

Among married respondents not following family planning methods, 61.2% are not following any because they want to have a baby while 10.1% said they were not following any to avoid vertigo (from taking pills), as shown in Figure 25.

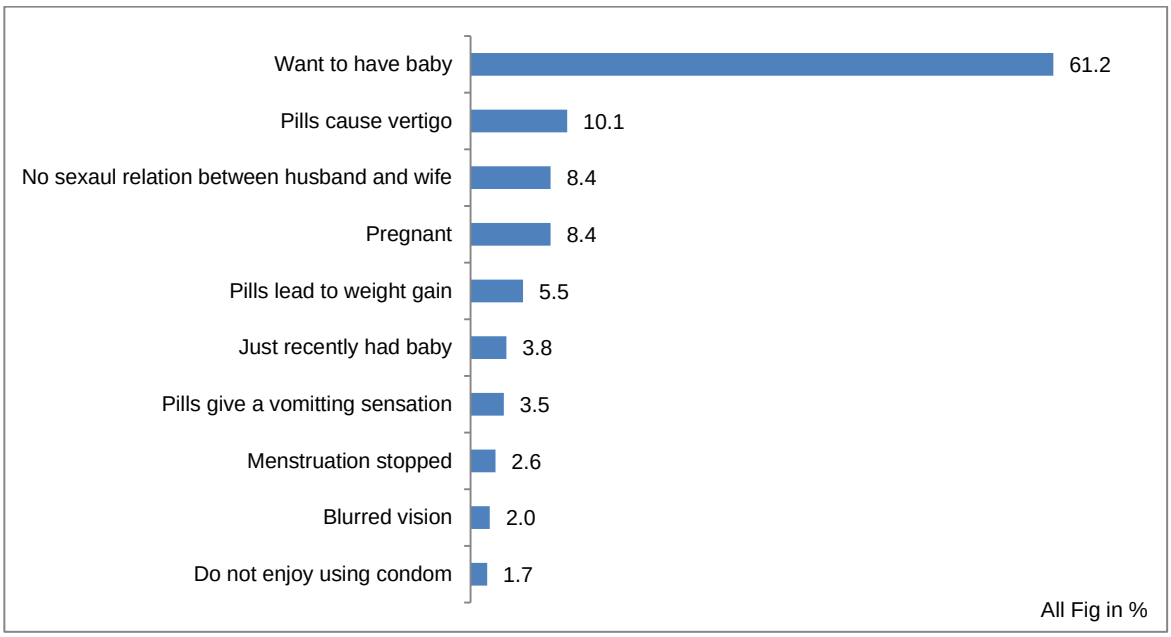


Figure 25: Reasons for not using any FP Method among Married Respondents (Multiple Responses)

3. Neonatal & Child Health Care

3.1. EPI Services

Respondents knew about various vaccines that have to be administered to children such as OPV (24.3%) and BCG (17.3%), while 59.4% did not know or could not say. Adult and adolescent females had much higher likelihood of knowing than adult and adolescent males.

Table 4: Knowledge of Vaccines that have to be Administered to Children (Multiple Responses)

All Fig in %

	All	Adult			Adolescent		
		Male	Female	Total	Male	Female	Total
BCG	17.3	9.8	28.1	19.0	7.1	17.3	12.2
Penta	16.7	11.6	25.9	18.7	6.2	14.7	10.4
PVC	8.6	5.9	13.9	9.9	3.1	6.2	4.7
OPV	24.3	25.6	25.3	25.5	24.0	17.3	20.7
MR	14.6	11.6	20.6	16.1	8.4	11.6	10.0
Measles (2nd Dose)	12.1	8.1	17.9	13.0	6.2	12.0	9.1
Don't know / Can't say	59.4	64.0	49.3	56.7	69.3	66.2	67.8
Base-All respondents	**1800**	**675**	**675**	**1350**	**225**	**225**	**450**

In 95.2% of cases, vaccines were administered to the youngest child of the respondent's families (Figure 26).

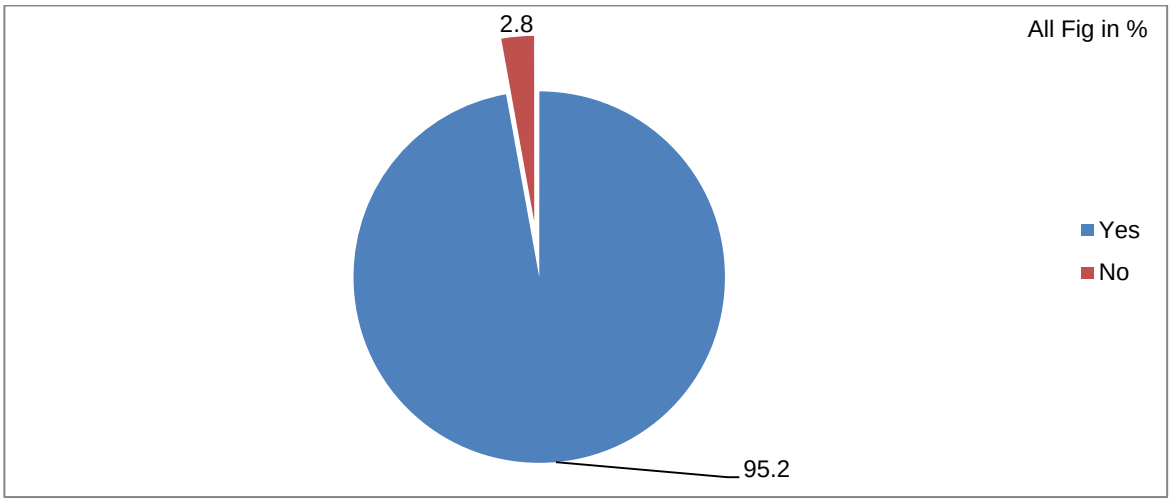


Figure 26: Incidence of Vaccine Administration

With regard to the place where vaccines were administered, Rangdhonu Clinic was most likely to be mentioned by respondents (37.0%), as shown in Figure 27. Adult females had a higher response rate for Rangdhonu Clinics at 44.4% (gender, geography and SE-wise tables in appendix A Table 5 and 6).

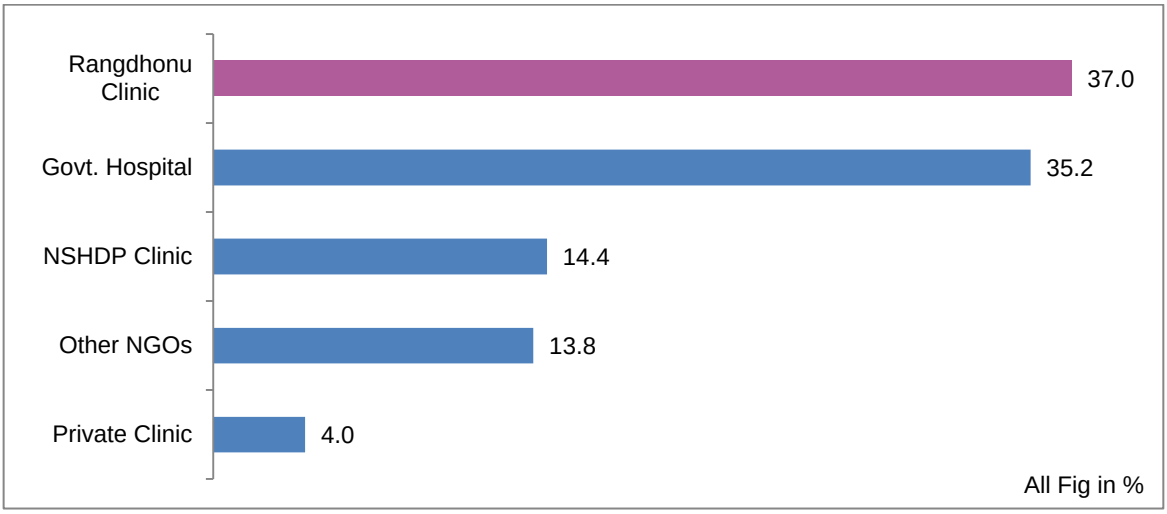


Figure 27: Place where Vaccine was Administered (Multiple Responses)

3.2. Breastfeeding

About 93.5% of the respondents are aware that an infant should be fed breast milk after birth (Figure 28). Moreover, 63.1% said that breastfeeding should take place right after birth and 27.4% said one hour after birth. Moreover, 92.7% said that a baby should be fed colostrum.

Figure 28: Respondents' Knowledge on Feeding after Birth

In practice, after the last birth of a baby in their families, breast milk was fed in 89.4% of the cases (Figure 29). With regard to how long after birth the baby was breastfed, 54.5% mentioned right after birth and 28.5%, one hour after birth.

Figure 29: Respondents' Practices Regarding Feeding after Birth

Although 80.4% of respondents said that an infant should be exclusively breastfed up to 6 months, in actual practice, infants in the respondent's families was exclusively breastfed up to 6 months in only 52.5% of cases (Figure 30).

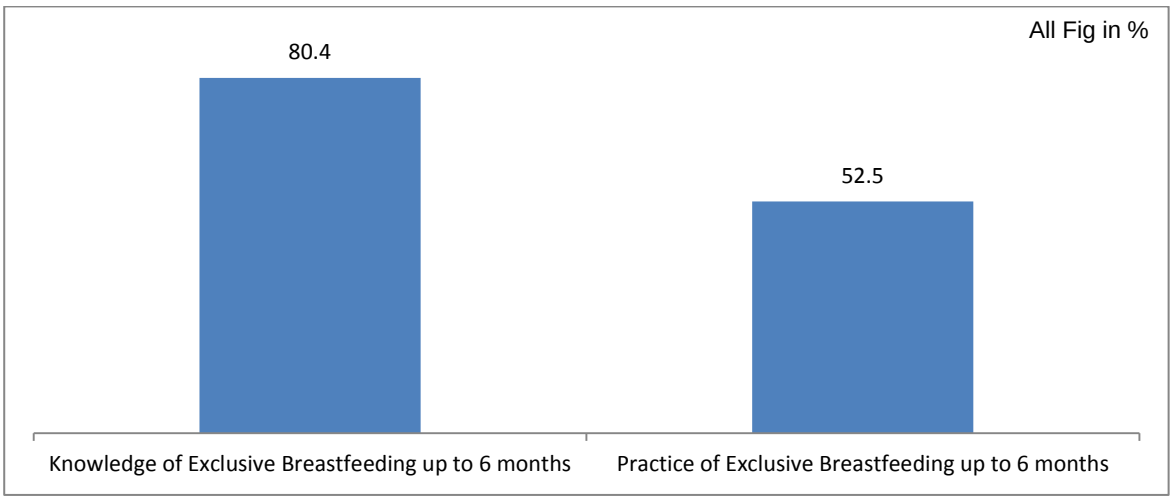


Figure 30: Duration of Exclusive Breastfeeding – Knowledge and Practice

3.3. Child nutrition

In terms of respondents' understanding of malnutrition, about 70.5% of respondents understand malnutrition to mean losing weight/wasting, 68.7% feeling of weakness/exhaustion, and 25.8%, being underweight.

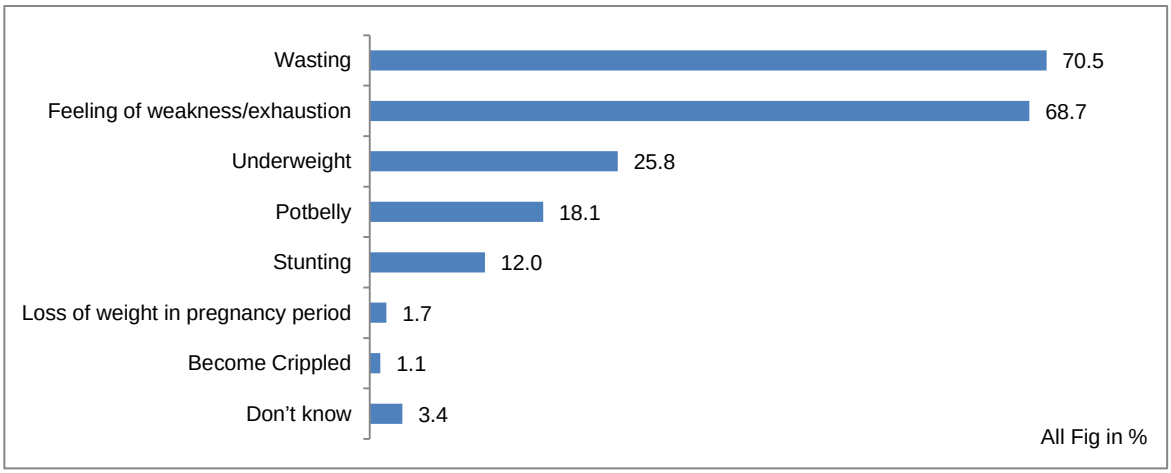


Figure 31: Respondents' understanding of Malnutrition

Moreover, respondents understanding of what nutritious foods should be taken to avoid malnutrition, was also acquired, to which respondents had a variety of responses, e.g., fish, vegetables, egg, meat, milk, fruits, and pulse, as shown below.

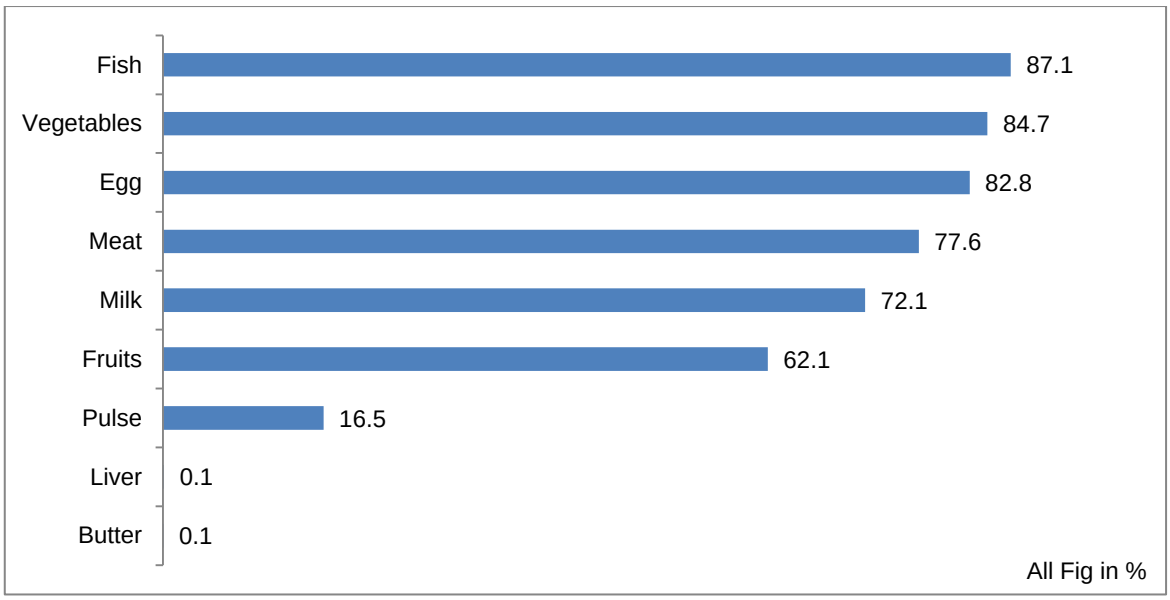


Figure 32: Respondents' understanding of Malnutrition

3.4. Child Health Care

About 90.0% of respondents knew that babies can get pneumonia from the cold.

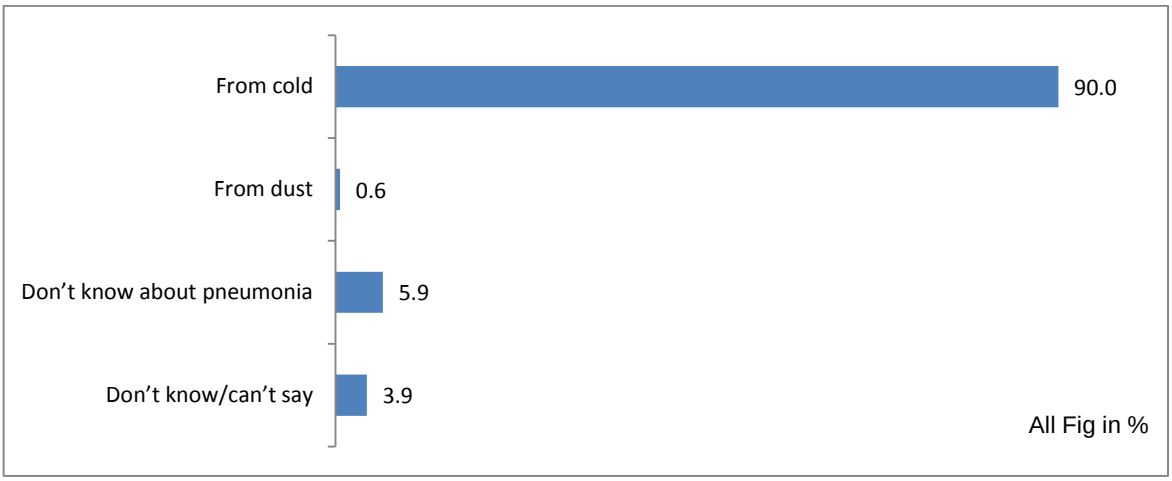


Figure 33: Knowledge of how Pneumonia Develops

The major symptoms of pneumonia that are known to respondents are fast breathing, fever, wheezing and chest in-drawing.

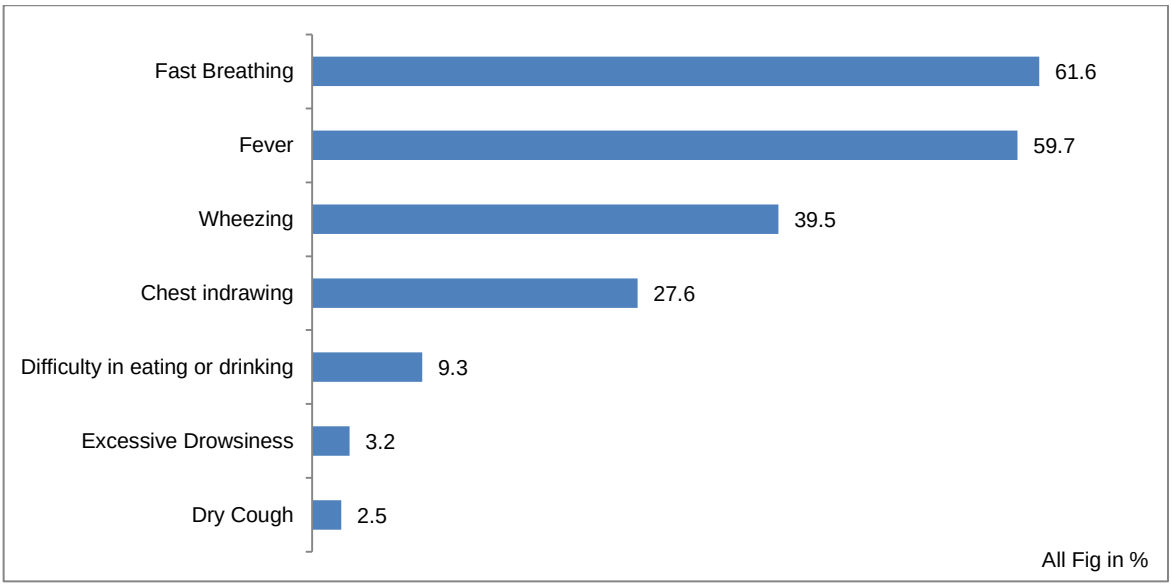


Figure 34: Knowledge of Symptoms of Pneumonia

With respect to preventive measures, respondents mentioned wearing warm clothes depending on the weather (55.0%), keeping nose clean (29.8%), drinking warm water in case of cold (26.9%), and staying away from dusty and smoky places (20.3%). For treatment of pneumonia, respondents were most likely to mention Government Hospitals (80.2%), followed by Private Clinics (35.4%), and Rangdhonu Clinics (29.7%).

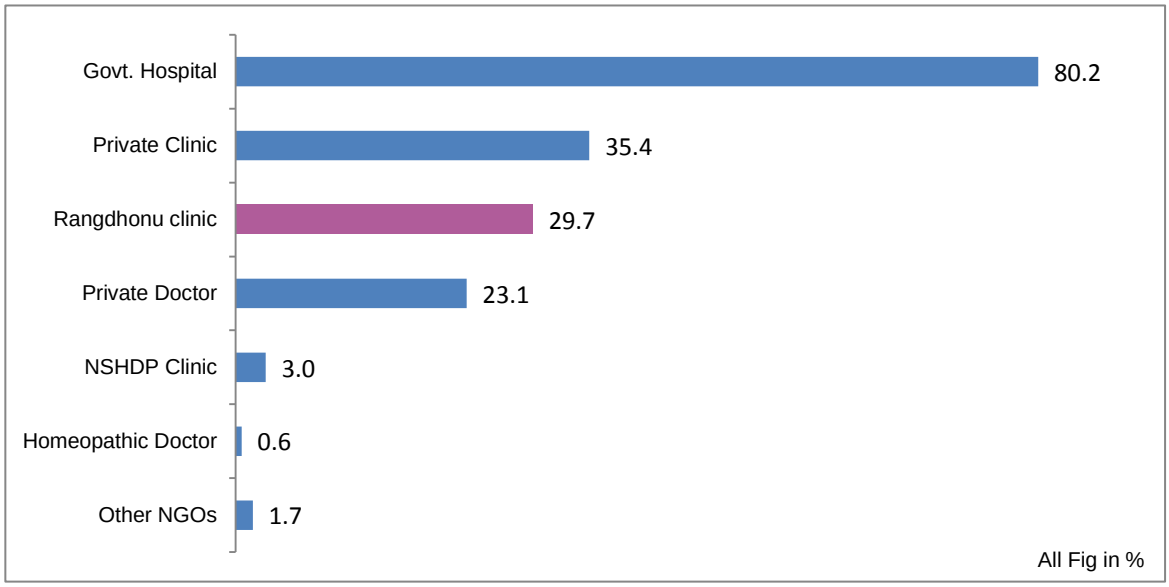


Figure 35: Place of Treatment for Pneumonia

About 96.1% respondents knew about washing hands with ash/soap after using the toilet in order to prevent diarrhea. Moreover, 63.4% know how to make ORS (Figure 36). With regard to foods that diarrhea patients have to be fed, the most frequently mentioned responses were ORS (91.3%), normal healthy food (32.1%), and breast milk (17.9%). And lastly, in terms of knowledge on the immediate measures to be taken in case of an infant having diarrhea, 91.9% mentioned that they have to be fed ORS.

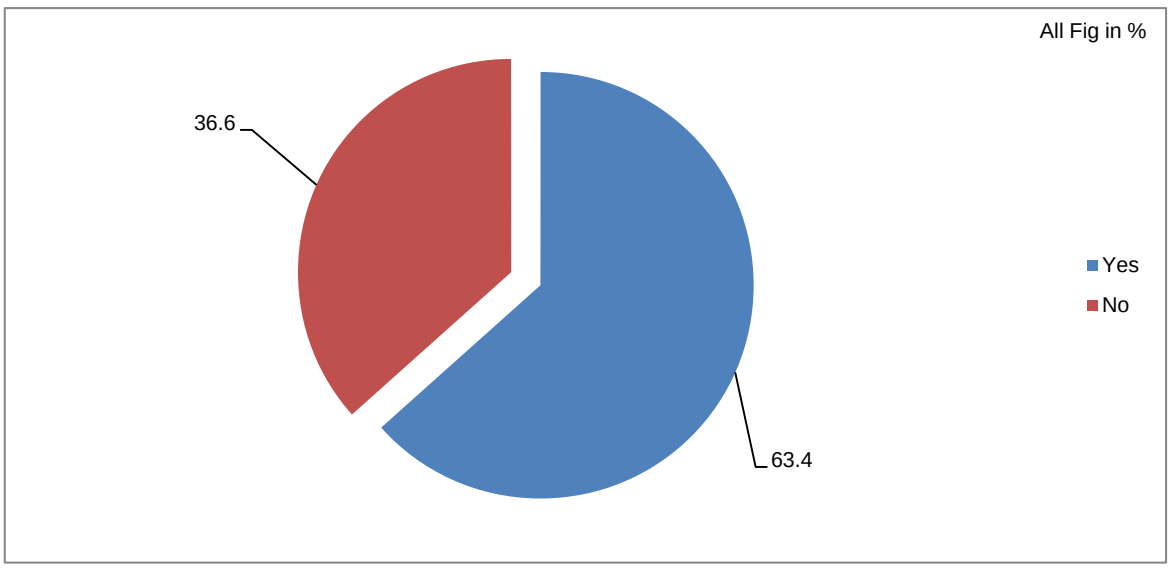


Figure 36: Respondent's Knowledge on Preparing ORS

4. Adolescent Health Care

4.1. Knowledge about Pubertal Changes

About 46.0% of all respondents are aware of physical/psychological changes that boys and girls experience during adolescence. Regarding how they acquired such knowledge, 41.0% mentioned friends, 21.5% mothers, 12.0% from reading books, and 11.6% from grandparents. The most frequently mentioned changes respondents know about are start of menstruation (46.5%) and beard growth (32.3%).

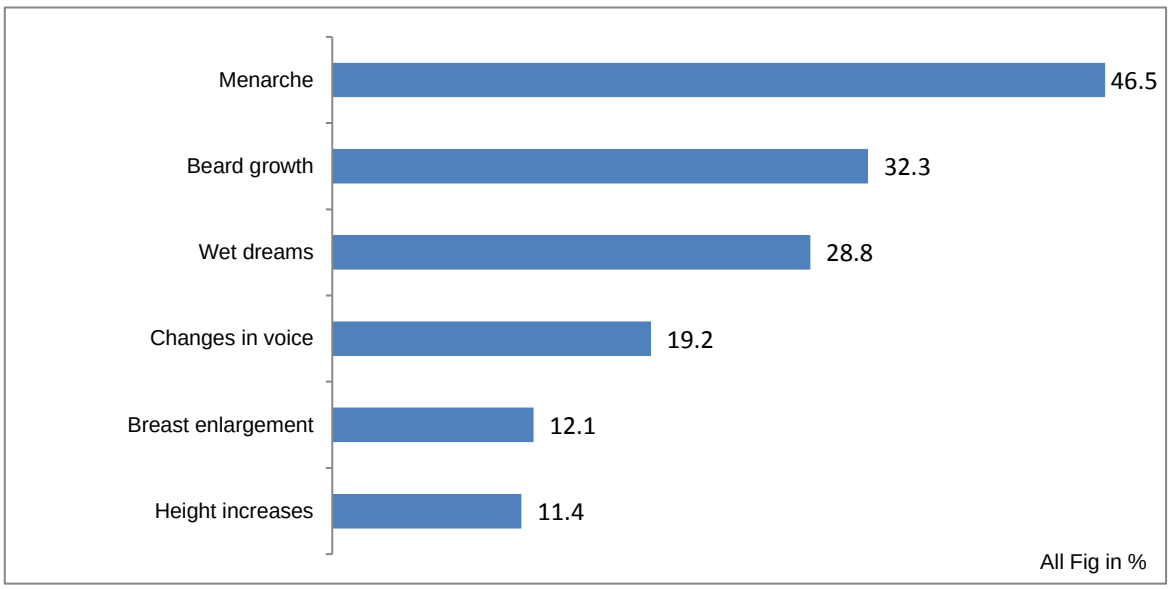


Figure 37: Changes during Adolescence (Multiple Responses)

In terms of respondent's knowledge of how to respond to the changes that take place during adolescence, 49.6% mentioned staying neat and clean and 27.0% mentioned going to the doctor to get professional medical advice.

4.2. Adolescent Health Services

To avail of adolescent health care services, 66.7% respondents mentioned that they go to Government Hospitals, 31.8% Private Clinics and 29.5% Rangdhonu Clinics (Figure 38). Adult females, adolescent females and lower SE respondents have much higher response rates for Rangdhonu Clinics, at 40.5%, 36.8%, and 30.4% respectively.

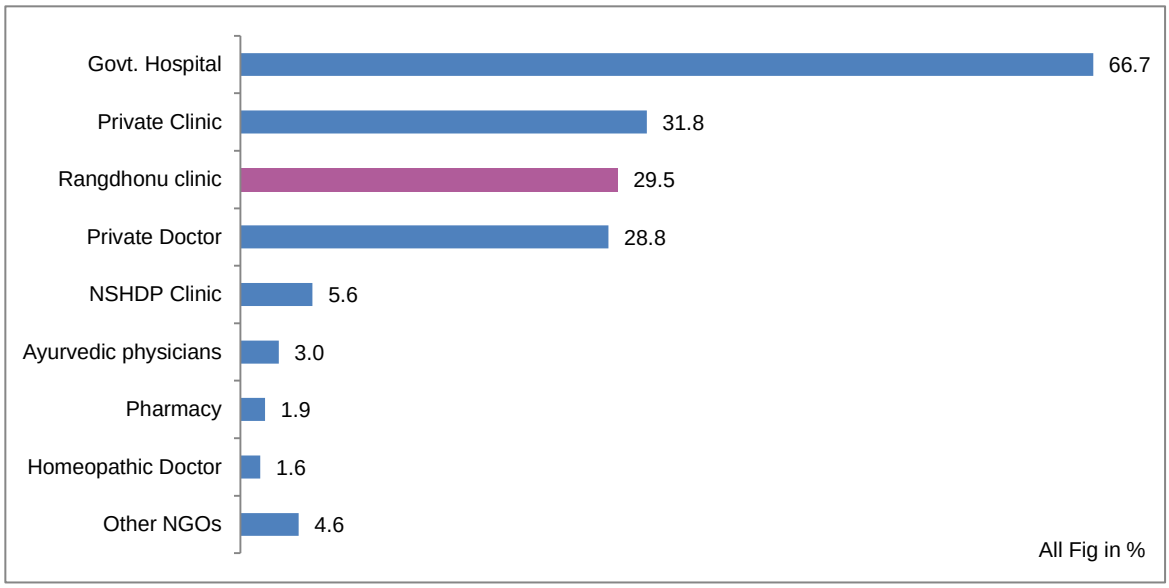


Figure 38: Place of Care for Adolescent Health Care Services (Multiple Responses)

4.3. T.T. Vaccination

Another component of adolescent health care assessed was the prevalence and practices regarding Tetanus Toxoid (T.T.) vaccination. 81.8% of all adolescent respondents had got T.T. administered (Figure 39).

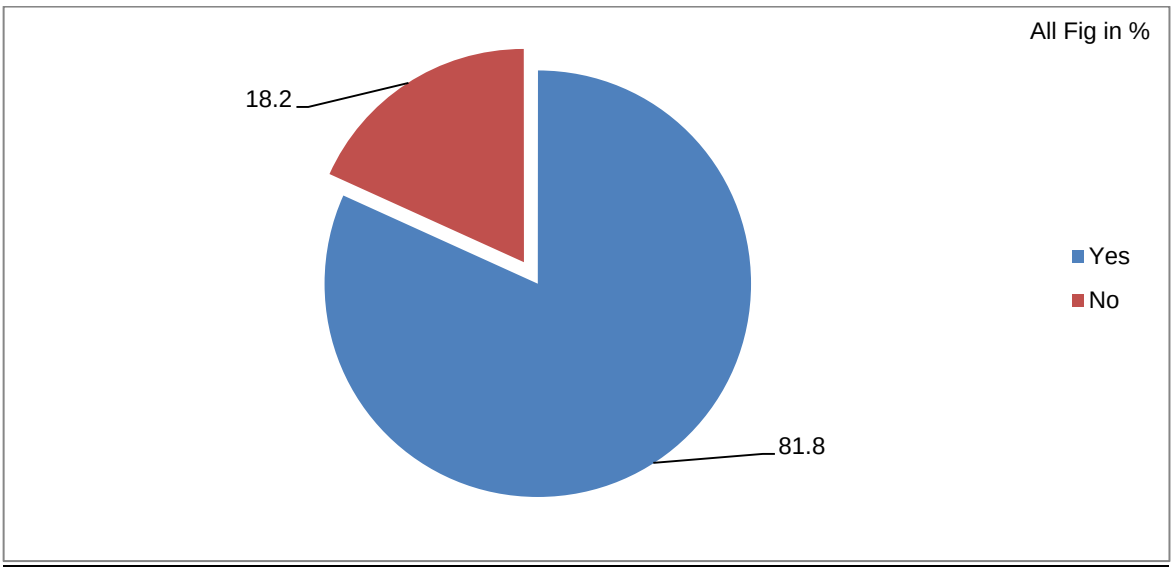


Figure 39: Incidence of Getting T.T. Administered

About 42.7% got T.T. administered at Government Hospitals and 34.5% at Rangdhonu Clinics (Figure 40). Among those that did not get T.T. administered, the most commonly mentioned reason was that they were afraid of injections (42.1%).

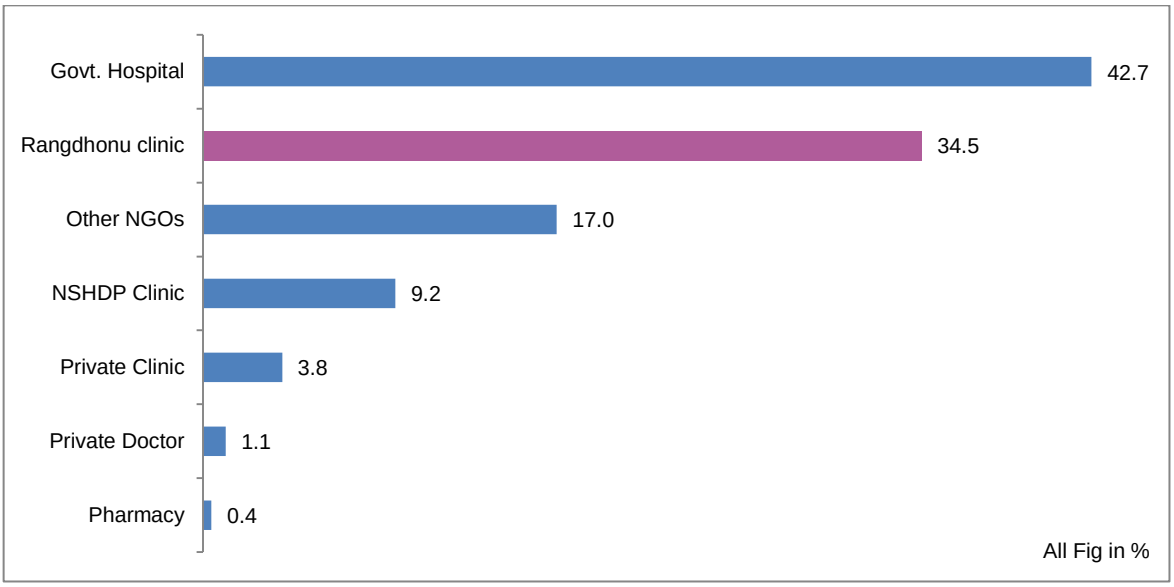


Figure 40: Place of Administration of T.T. Vaccine

5. Prevention & Services for Violence against Women (VAW)

5.1. Dowry

Regarding dowry, 96.7% of all respondents know that dowry is a criminal offense. However, only 55.5% think that initiatives taken to stop dowry practice have been sufficiently effective (Figure 41).

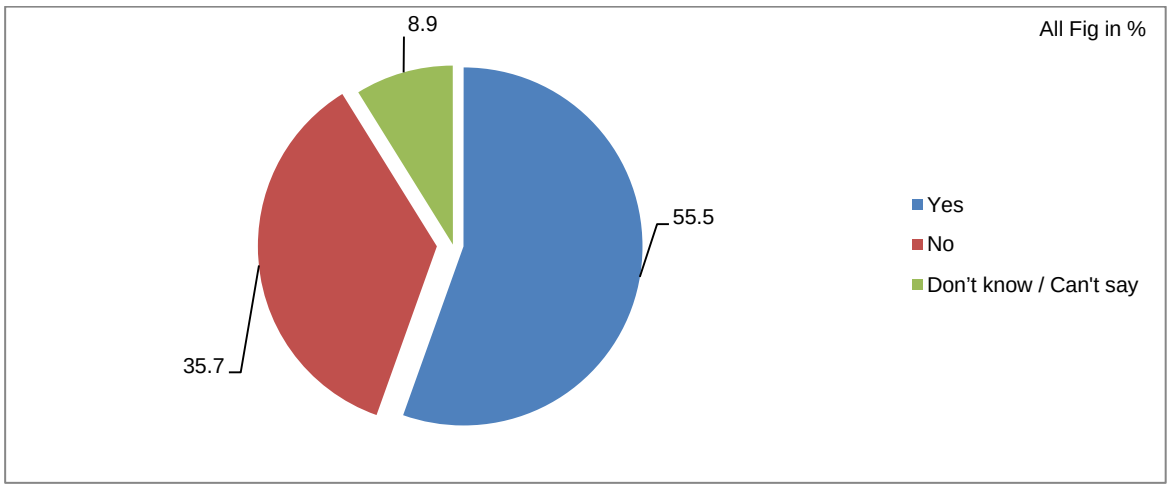


Figure 41: Effectiveness of Dowry Prevention Measures as Perceived by Respondents

In terms of measures that can be adopted to prevent dowry practices, respondents suggested various measures – the most frequently mentioned responses being 1-3 years of imprisonment (17.8%), 4-5 years of imprisonment (13.6%), putting existing government laws to practice (13.3%) and 6-10 years of imprisonment (13.1%).

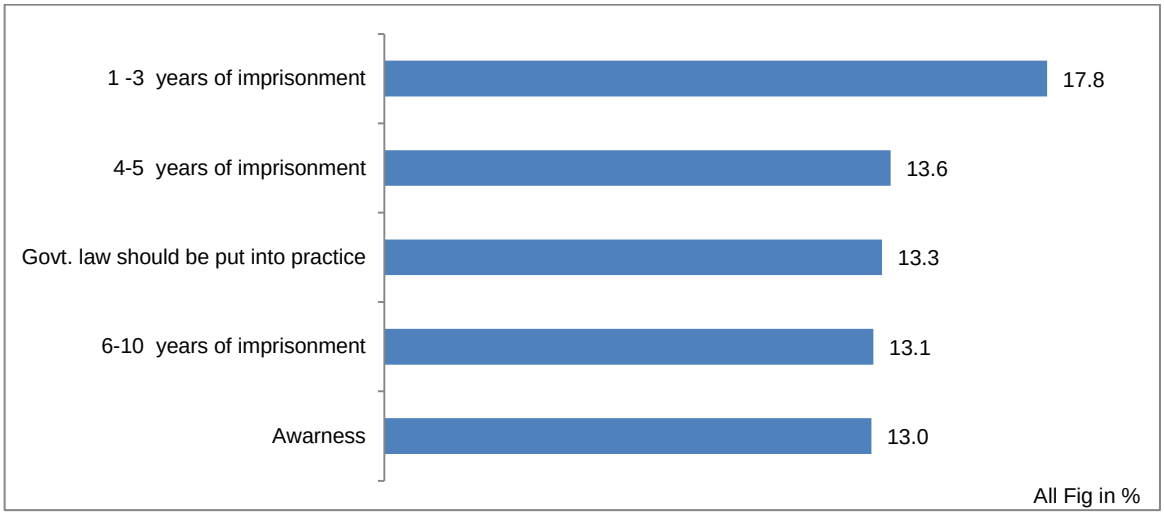


Figure 42: Suggestions from Respondents to Stop Dowry Practice (Multiple Responses)

5.2. Violence and Sources of Help

About 31.8% respondents knew about violence against women in their locality. In 72.8% of the cases, the violence had taken place because of dowry. Husbands (95.3%) were most likely to commit the abuse, followed by mothers-in-law (44.3%). Only in 22.3% of cases, according to respondents, the victims of VAW seek help. Among those that said women get help in case of violence, 35.2% said they get it from the ward commissioner's office while 28.9% mentioned local leaders.

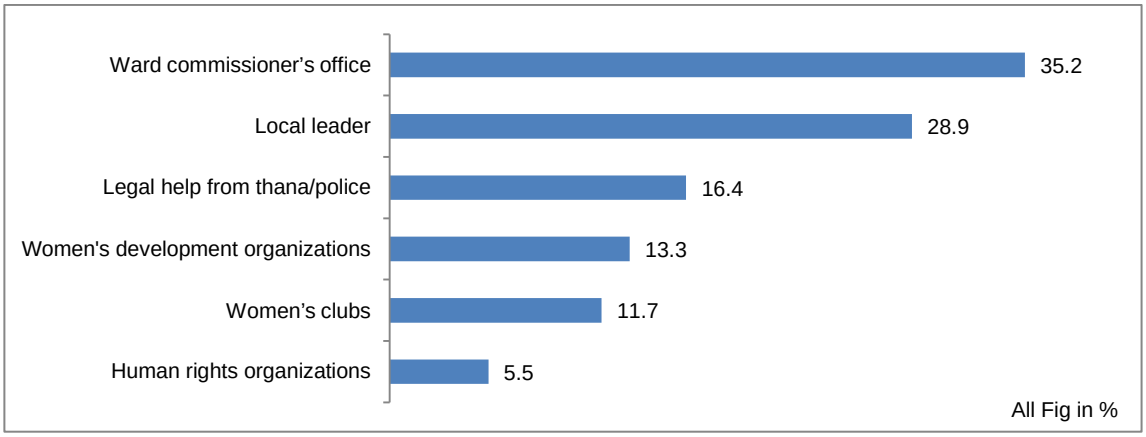


Figure 43: Source of Help in Case of VAW (Multiple Responses)

6. Reproductive Health Care

6.1. Menstrual Regulation Service

About 90.5% of all adult female respondents and 72.0% of all adolescent female respondents know about menstrual irregularities (Table 5). Among perceived reasons for menstrual irregularities, the most-frequently mentioned reasons were pregnancy (56.8%) and health-related problems (51.7%) as shown in Figure 44.

Table 5: Knowledge on Menstrual Irregularities

All Fig in %

	All	Adult			Adolescent		
		Male	Female	Total	Male	Female	Total
Yes	75.8	81.8	90.5	86.1	17.8	72.0	44.9
No	24.2	18.2	9.5	13.9	82.2	28.0	55.1
Base-All respondents	**1800**	**675**	**675**	**1350**	**225**	**225**	**450**

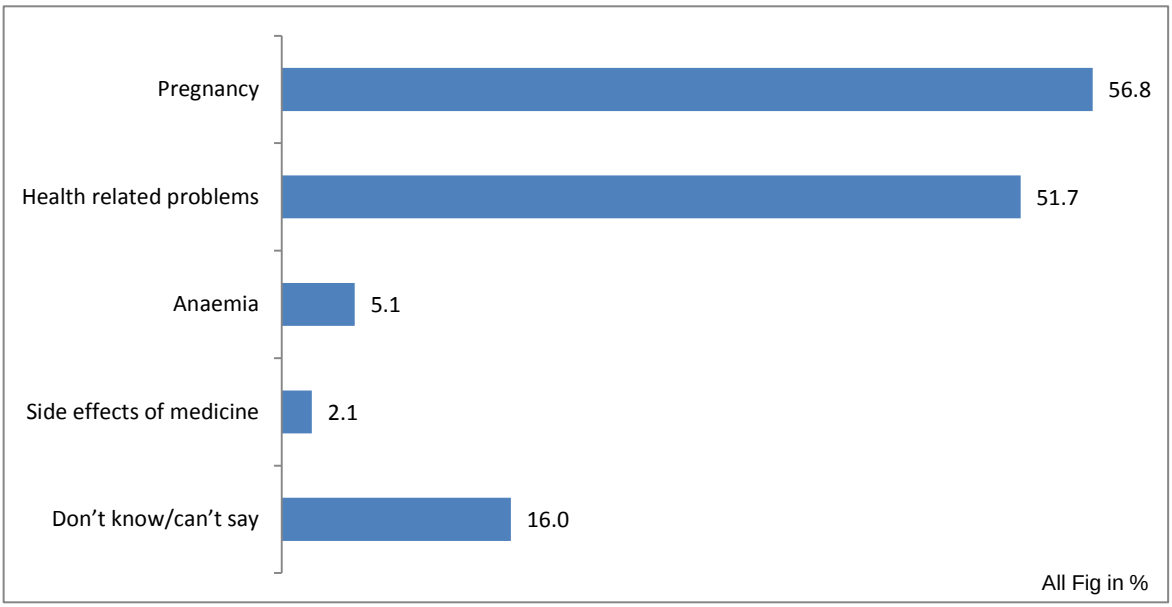


Figure 44: Perceived Reasons for Menstrual Irregularities (Multiple Responses)

With regard to where a woman should visit for Menstrual Regulation (MR) services, 65.8% mentioned Government Hospitals followed by Rangdhonu Clinics (41.1%) and Private Clinics (35.3%). Adult females and lower SE respondents had a higher response rate for Rangdhonu Clinics at 44.0% and 43.1%, respectively.

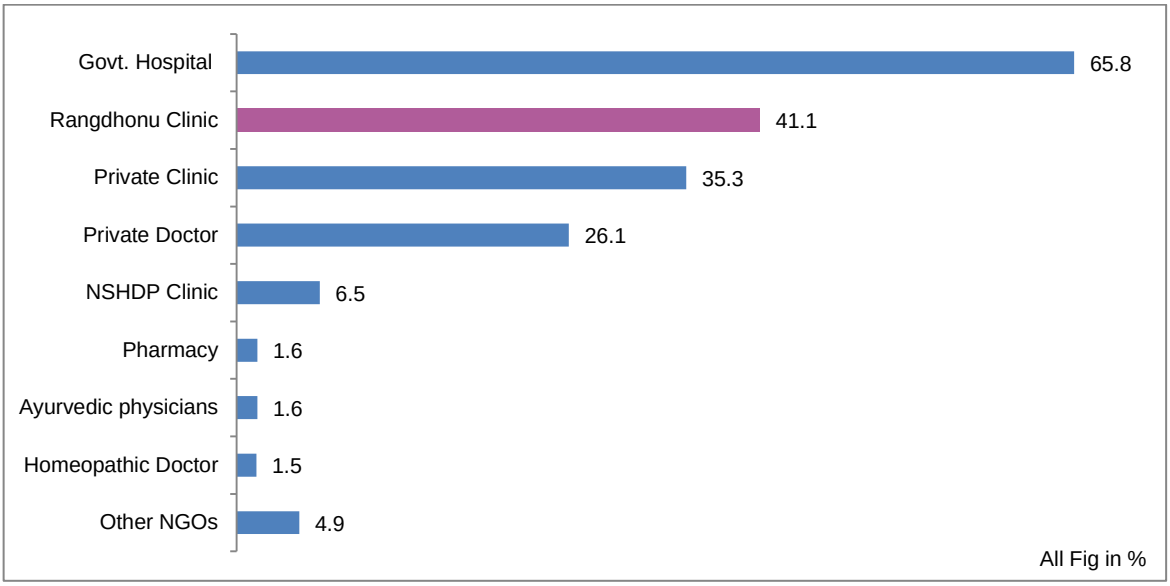


Figure 45: Place for Receiving MR Services as per Knowledge of Respondents

6.2. Post-abortion Care

Among all respondents, 79.2% are aware of miscarriages. Respondents who are aware also cited various reasons for miscarriages, including heavy manual labor (59.5%), traveling (28.4%) and injury to lower abdomen (13.3%) as shown in Figure 46.

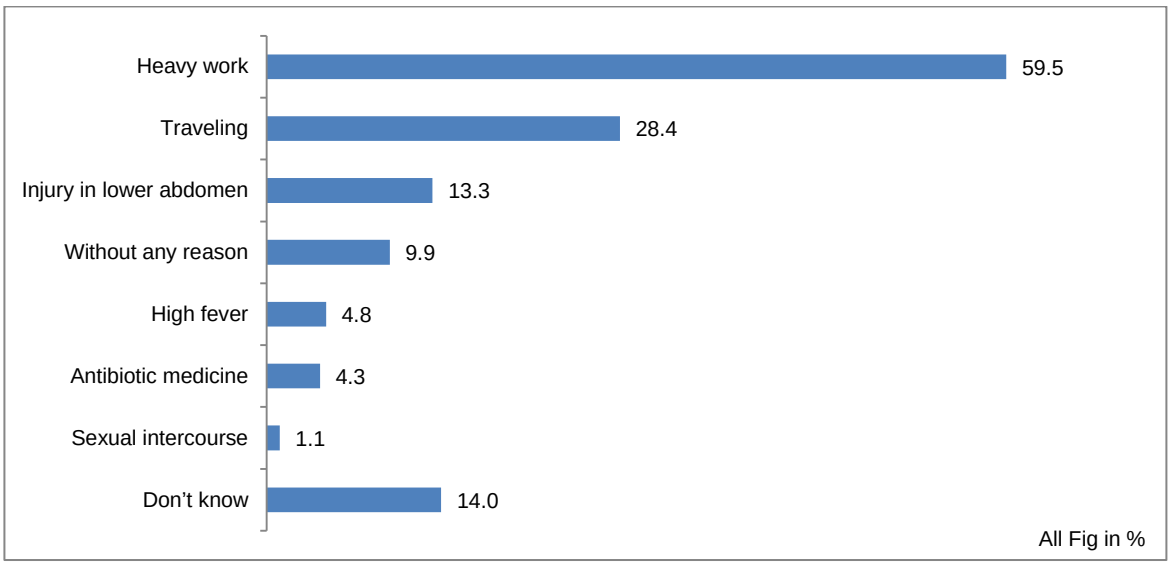


Figure 46: Knowledge of Reasons for Miscarriages (Multiple Responses)

Among respondents aware of miscarriages, with regard to knowledge of post-abortion care, 64.0% mentioned taking nutritious food, 45.2% taking rest, and 32.5% availing of doctor's advice, as shown in Figure 47.

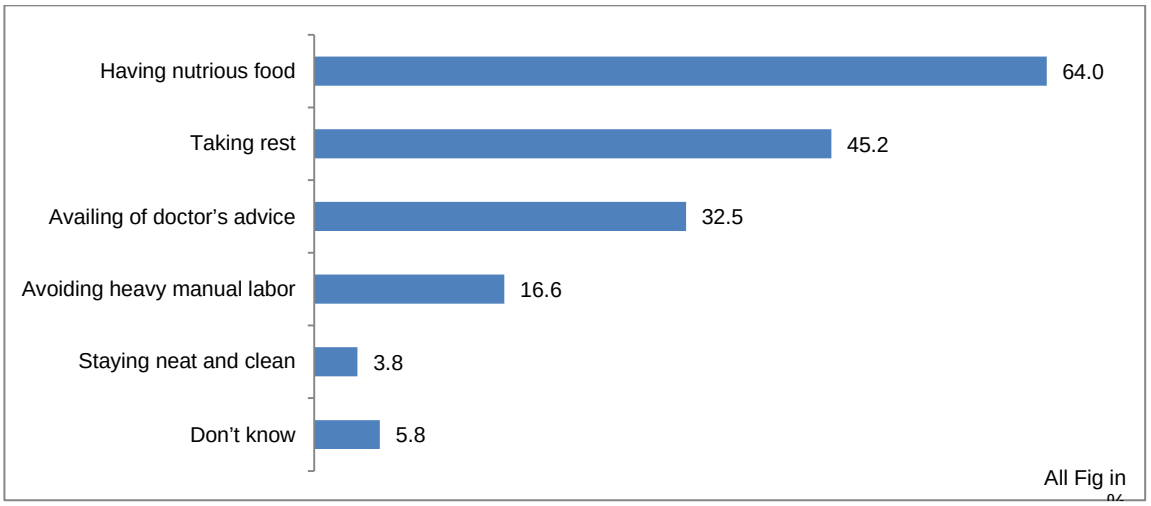


Figure 47: Knowledge of Required Post-abortion Care (Multiple Responses)

Among all respondents, only 3.6% had a family member with a history of abortion in the last five years. In order to receive post-abortion care, those respondents said their family members had visited Government Hospitals (48.1%), Private Clinics (34.6%), and Rangdhonu Clinics (26.9%) as shown in Figure 48. However, response rate for Rangdhonu Clinic was much higher for adult females and lower SE respondents at 34.4% and 37.0%, respectively.

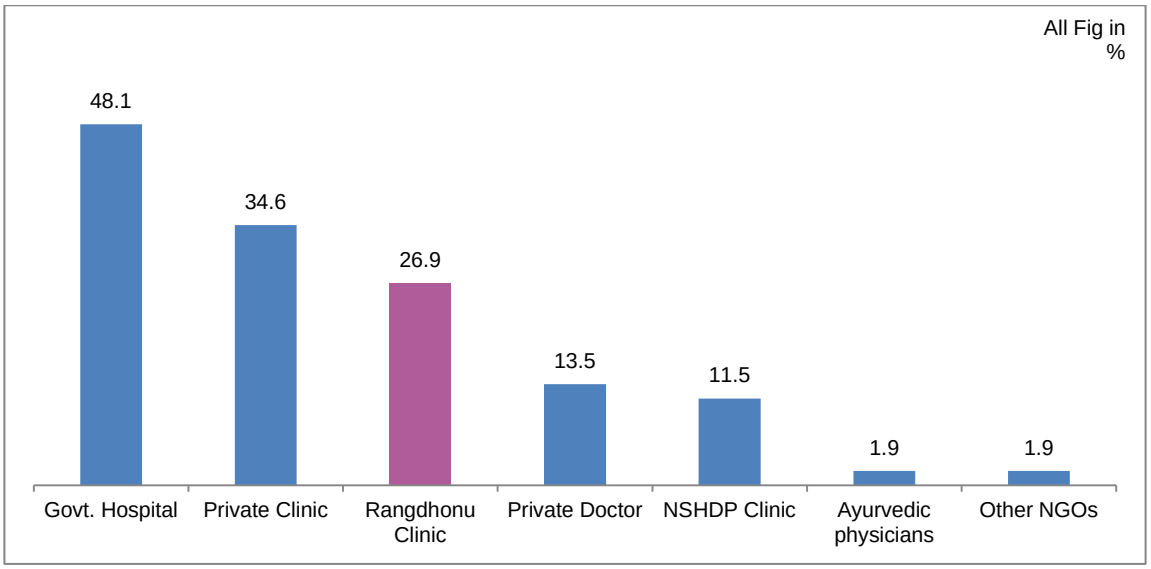


Figure 48: Place of Post-abortion Care for respondents with Family Members with History of Abortion (multiple responses)

6.3. Reproductive Tract Infections (RTIs)

Among all respondents, 49.4% have heard of sexually transmitted infections (STIs) (Figure 49).

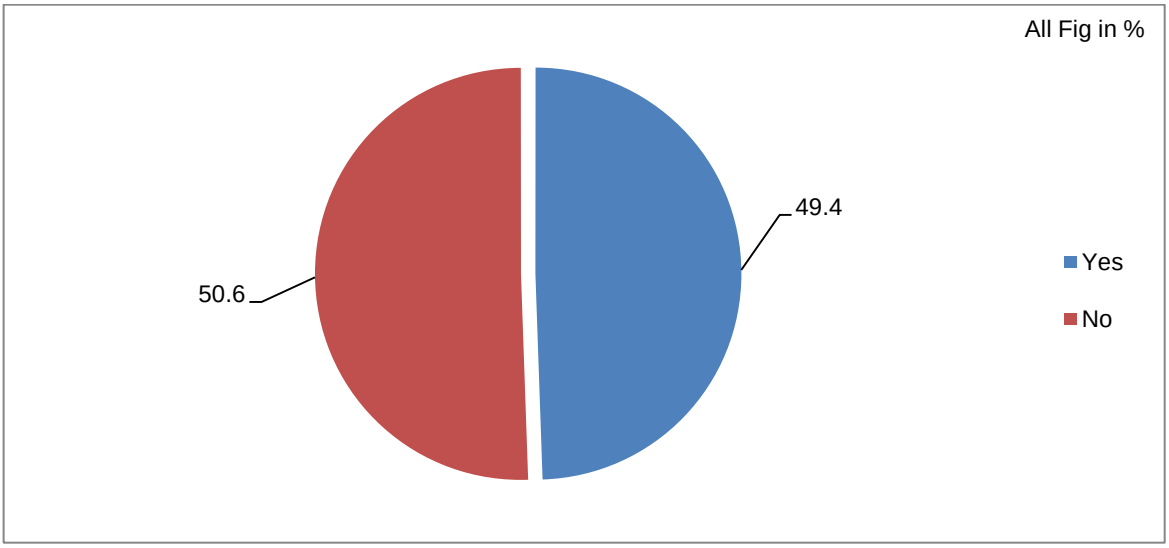


Figure 49: Awareness of STI

In terms of STIs, respondents are most likely to have heard of HIV/AIDS (60.1%), Syphilis (27.4%), and Gonorrhea (16.5%), as shown in Figure 50.

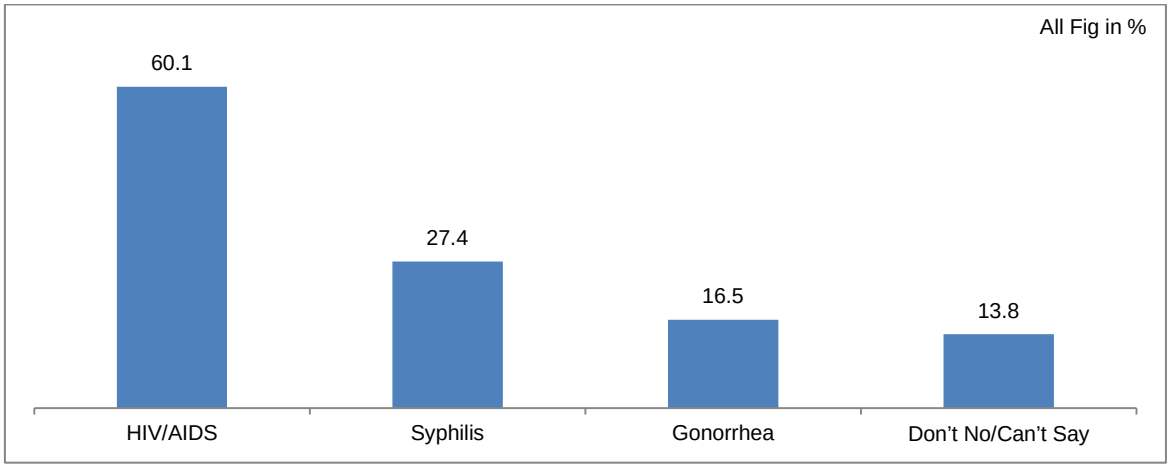


Figure 50: Types of STIs Respondents have Heard about

About 72.0% of respondents who have heard of STI have knowledge on how to prevent it. The most frequently mentioned responses to how STI can be prevented are avoiding multiple partners (70.8%), using condoms (56.8%), and not having sex with persons infected with STIs (35.9%), as shown in Figure 51.

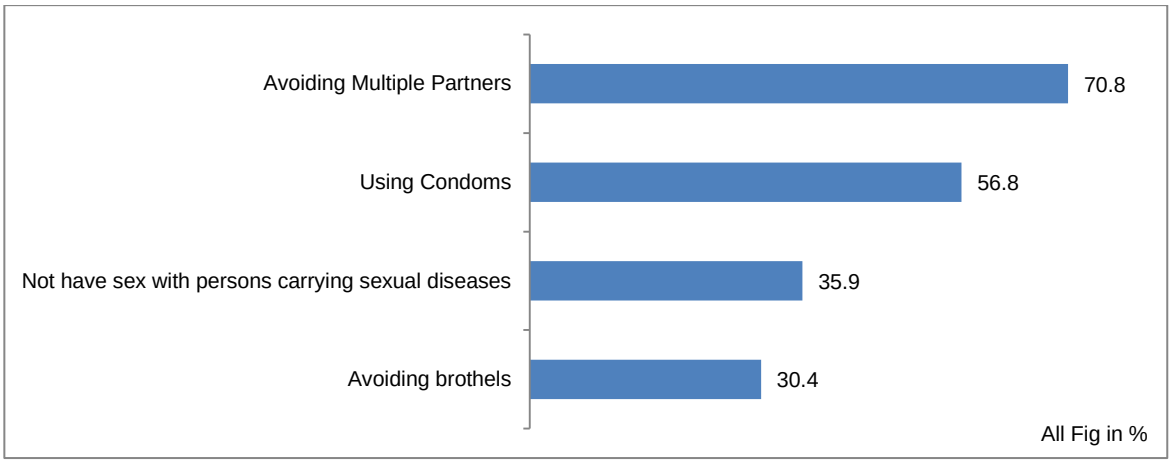


Figure 51: Frequently Mentioned Responses to Ways to Prevent STIs

With regard to awareness of Reproductive Tract Infections (RTIs), 31.2% have heard of RTIs (Figure 52)

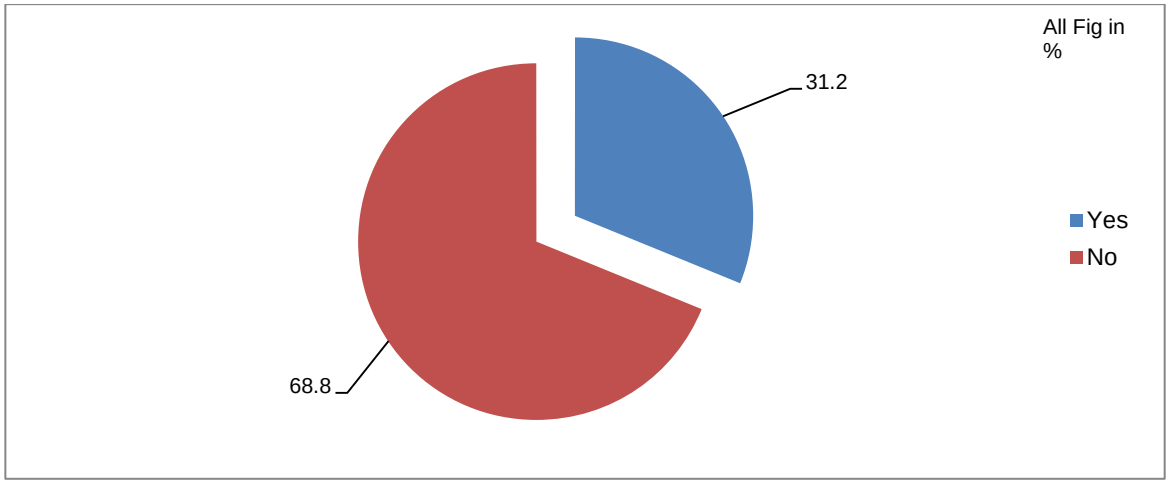


Figure 52: Awareness of RTI

Among respondents who have heard of RTIs, in terms of primary symptoms of RTIs for males, the most frequently mentioned were itching around the genital region (28.0%), scabies around genitals (24.8%), pus discharge from genitals (15.7%), and bleeding from genitals (9.8%). For RTI symptoms among females, the most frequently mentioned were itching around the genital region (26.0%), Leukorrhea (11.6%), Uterus infection (10.3%), and scabies around genitals (10.2%).

The respondents who had heard of RTIs were also aware of a variety of ways to prevent RTIs, including keeping genitals clean (30.7%) and avoiding excessive sexual intercourse (24.8%), as shown in Figure 53.

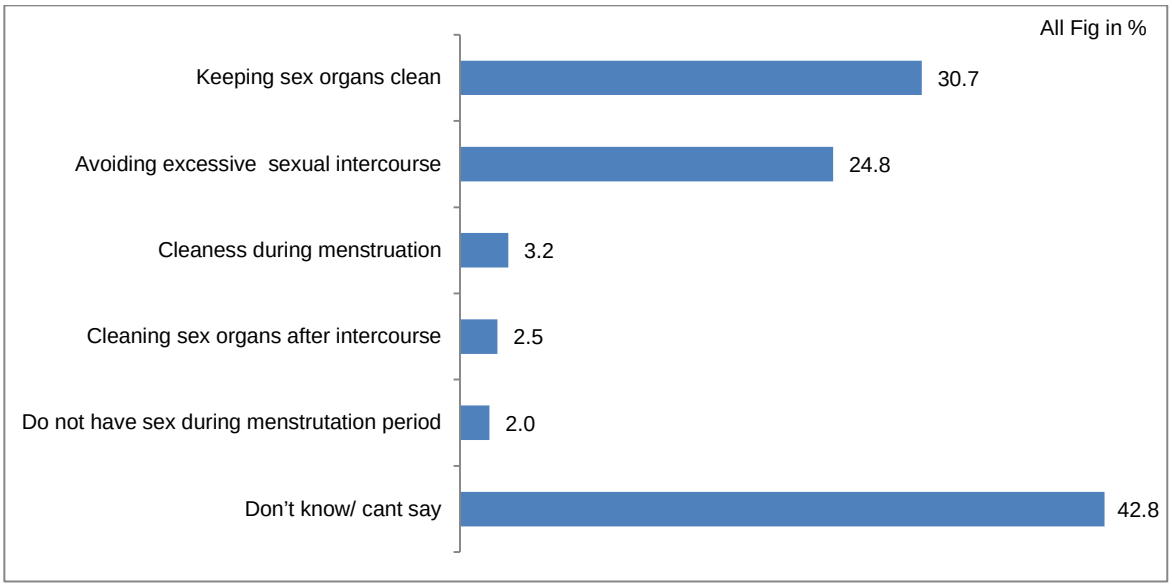


Figure 53: Ways to Prevent RTIs as Known to Respondents

As place of treatment for RTI, respondents were most likely to mention Government Hospitals (76.6%), followed by Private Clinics (42.6%), Private Doctors (35.7%), and Rangdhonu Clinics (28.2%). Adult females had a much higher response rate for Rangdhonu Clinics at 34.4%.

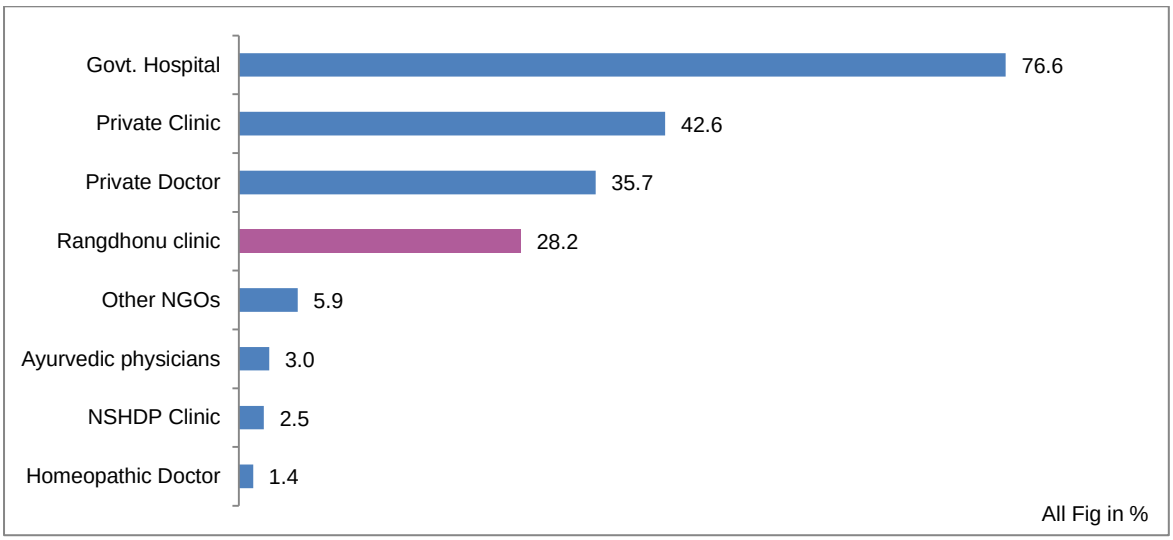


Figure 54: Place of Treatment for RTI Known to Respondents

7. Behavior Change Communication/Health Education

Among all respondents, only 30.0% have referred Rangdhonu Clinic services to others (Figure 55). In most cases, they were likely to refer their neighbors (77.2%) and friends (20.2%).

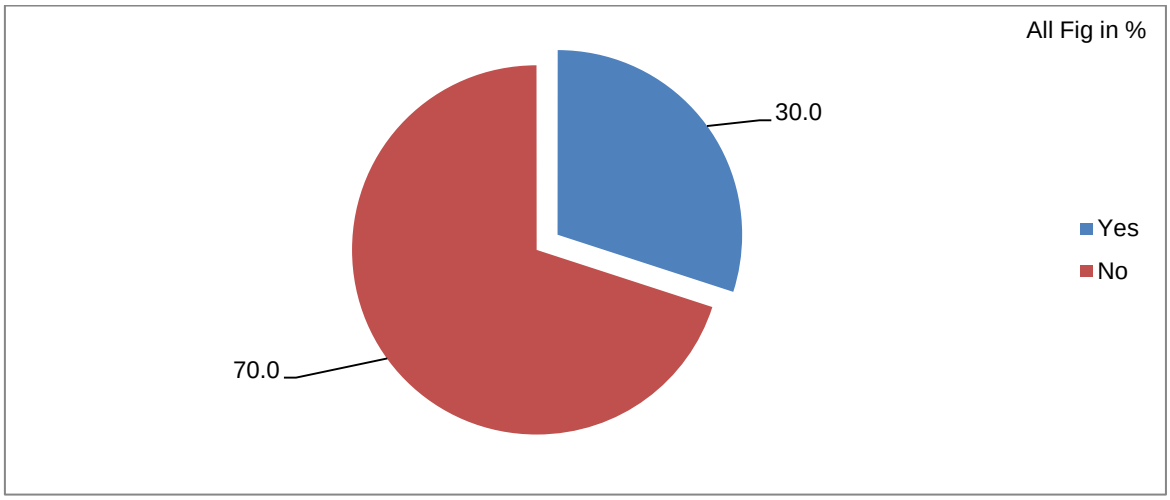


Figure 55: Likelihood of Referring Rangdhonu Clinics to Others

In terms of the type of messages that would motivate respondents and people of their community to visit Rangdhonu Clinics, the most frequently occurring were "low cost treatment" (26.2%), "skilled service providers" (20.6%), "free treatment services for red card holders" (20.2%), "availability of high quality treatment" (17.6%), and "24-hour service" (16.6%).

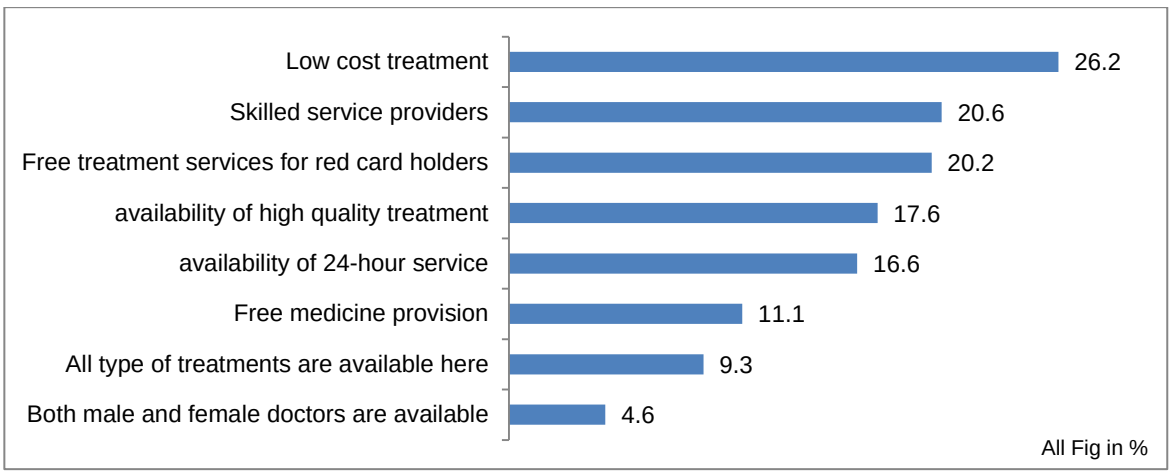


Figure 56: Respondents Recommended people to Visit Rangdhonu Clinics Using the Messages (Multiple Responses)

To receive these messages, 68.1% of respondents said they would prefer the TV, followed by health workers (23.1%), as channels of communication.

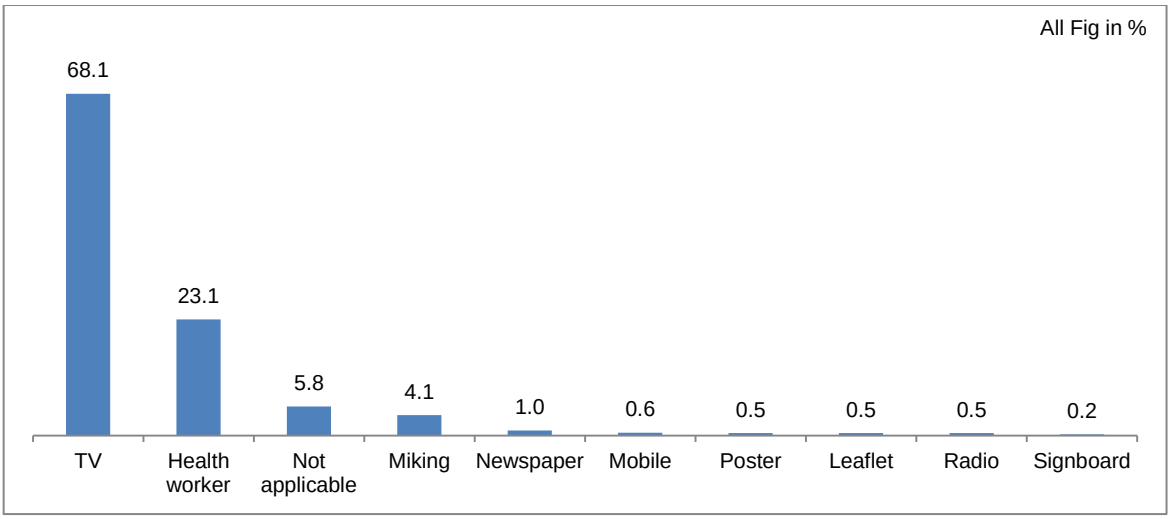


Figure 57: Preferred Communication Channels for Receiving Messages about Rangdhonu Clinics (Multiple Responses)

Also worth noting is that 88.3% of all respondents watch TV, compared to 21.4% who read newspapers and 16.2% who listen to radio.

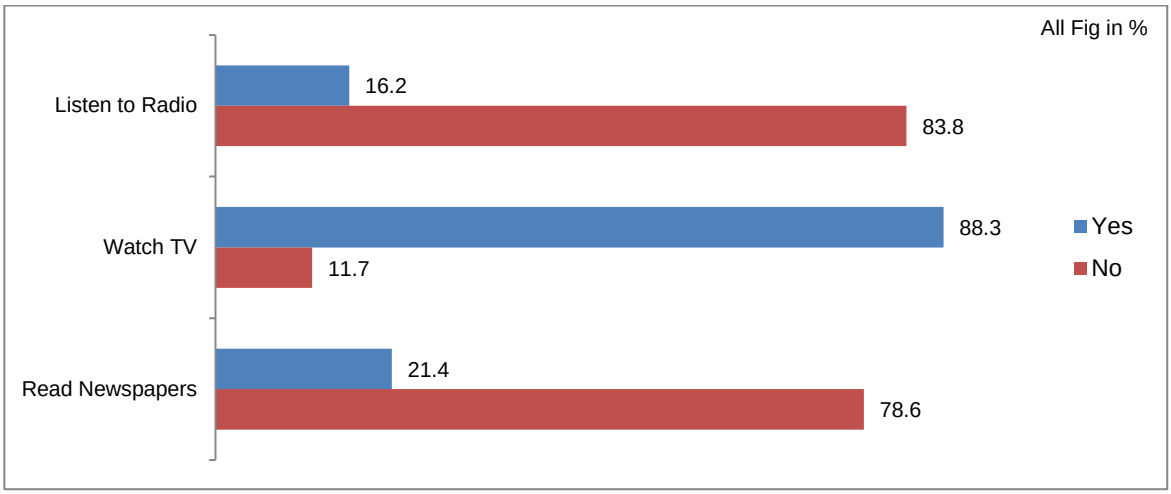


Figure 58: Incidence of TV Watching among Respondents

Regarding the Rangdhonu Logo, which is an important element of UPHCSDP's communication programs – among all respondents - 52.2% have seen the Rangdhonu Logo (Figure 59). The survey data showed wide variation among the 14 project areas, with the highest percentages (83.3% and 82.6%) of respondents who have seen the Rangdhonu logo in Barisal and Khulna respectively. This proportion was found lowest in Kustia (34.7%), Rangpur (33.3%), Gazipur (27.8%), and Narayangonj (26.4%).

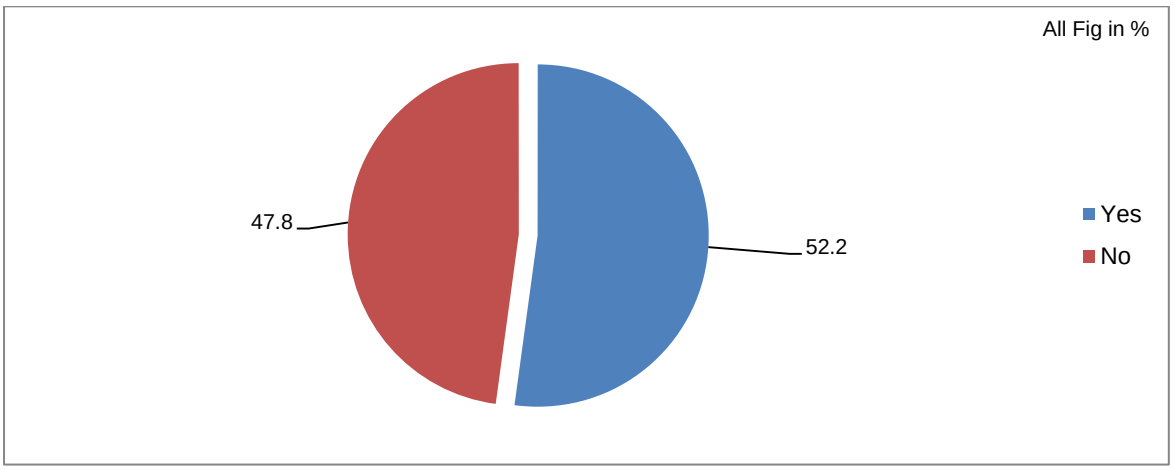


Figure 59: Likelihood of having seen Rangdhonu Logo

Among respondents who have seen the logo, 70.2% have seen it at clinics, 35.4% on signboards, and 13.1% on posters (Figure 60). Sample Area-wise data showed that among all the respondents, the highest 92.5% responses that the logo was seen at the clinic was in Comilla followed by 91.7% in Sylhet and 81.7% in Khulna. The lowest number of respondents who had seen the logo on a signboard were in Comilla (20.8%) followed by 21.7% in Khulna, and 26.3% in Narayangonj.

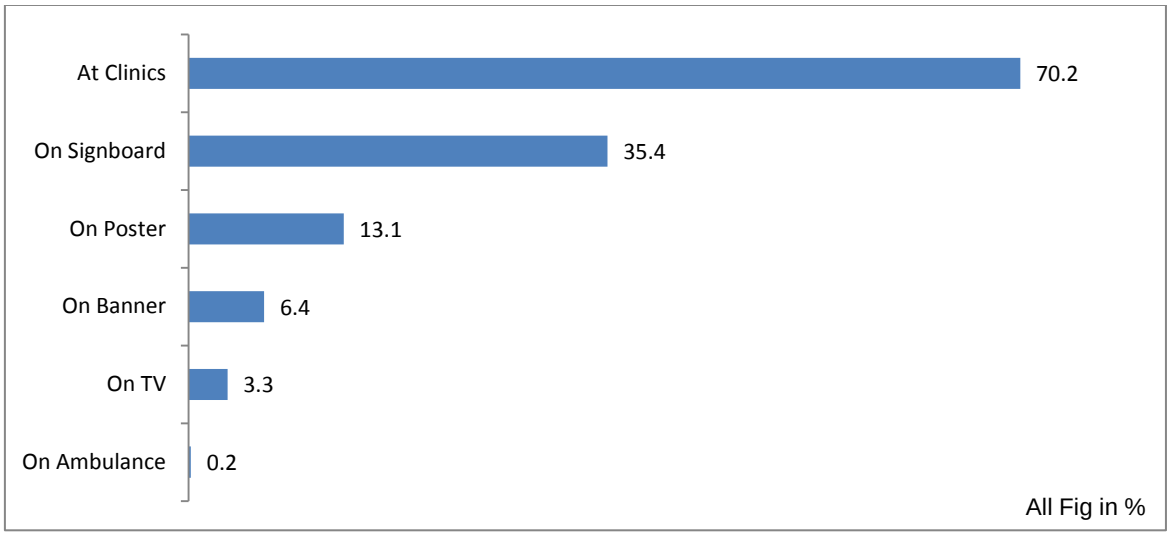


Figure 60: Place Where Logo was Seen

About 17.6% of all respondents are aware of field level campaigns on behavior change communication (BCC) services (Figure 61) which is the highest in Barisal (30.6%) followed by Gazipur (22.9%) and in Narayanganj (22.2%). The lowest 8.3% respondents in Comilla were aware about the BCC campaign at field level followed by 11.1% in Kishorjong. Among those that are aware, they are most likely to have heard about pregnancy care (22.2%), washing hands with soap after using the toilet (20.3%), and washing hands with soap before eating (15.5%).

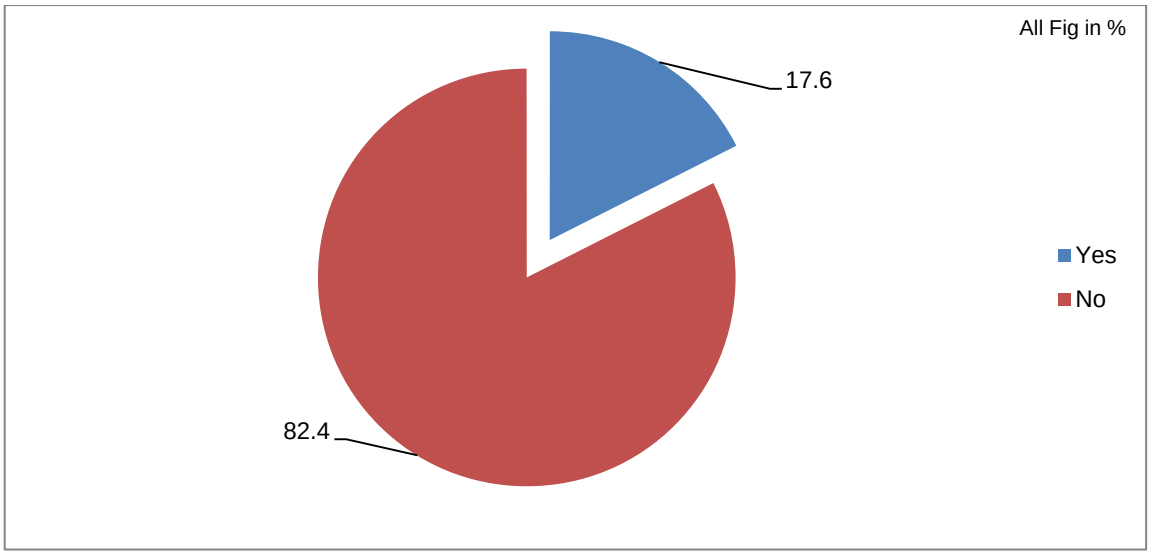


Figure 61: Awareness of Field-level Campaigns on BCC Services

However, 44.3% of respondents aware of BCC campaigns have taken part in them (Figure 62). The participation in such campaign varied among the survey areas. The survey revealed that the highest 90.9% respondents participated in Khulna followed by 80% in Comilla and 50.0% in Kishorgonj followed by 33.3% in Sylhet and 37.5% in Narayangonj. However, the lowest participation (11.0%) was found in Dhaka South City Corporation.

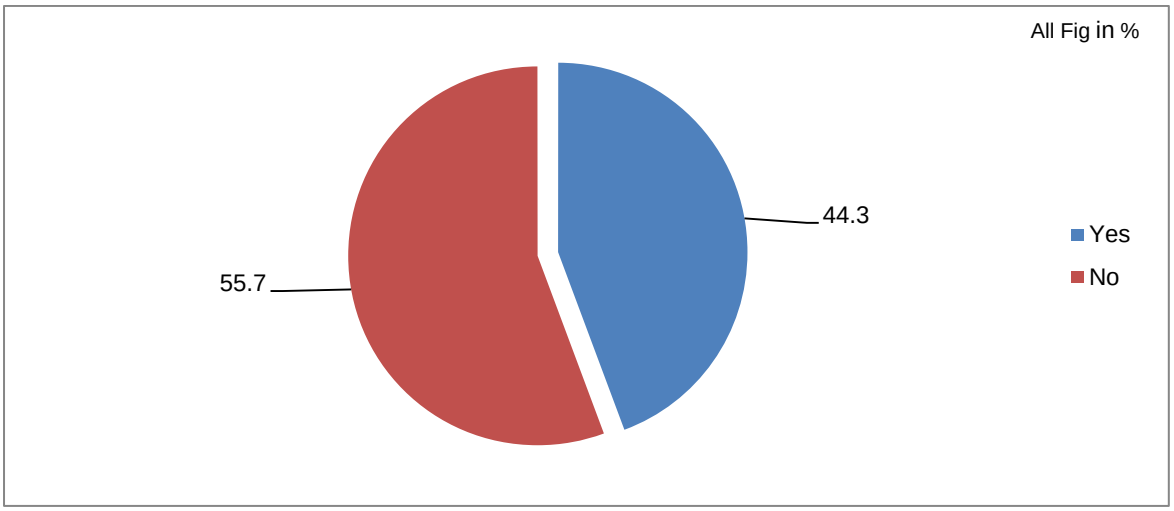


Figure 62: Likelihood of Participating in BCC Campaigns

All respondents who are aware of the campaigns confirmed they liked the campaigns (100%). With regard to reasons for liking the campaigns, 23.4% mentioned that they learned about pregnancy care, 20.6% learned about hygiene after using toilet, and 16.1% learned about washing hands before eating, and others mentioned learning about child care, vaccine, eye care, family planning, matters related to dowry, adolescent health, delivery care, early marriage (Figure 63).

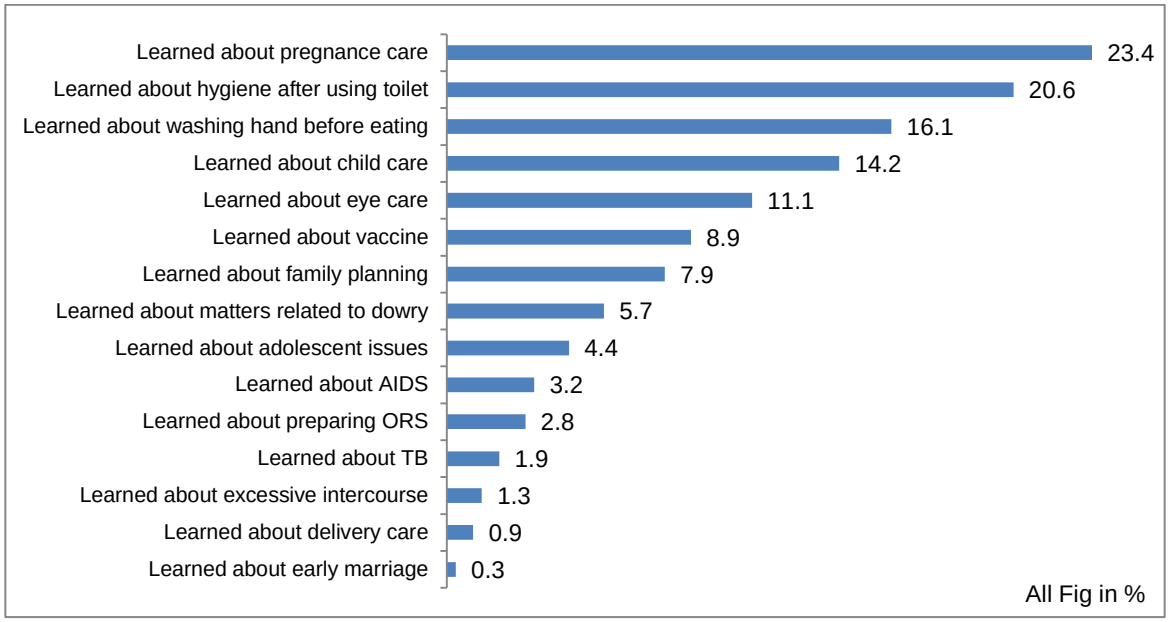


Figure 63: Reasons for liking BCC Campaigns

With regard to other publicity maternal, 14.2% have seen a poster with Rangdhonu Logo; 1.7% have seen stickers with the logo, and 16.7% have seen billboards bearing the logo. In terms of what was shown in those posters, stickers and billboards, respondents are most likely to remember “a picture of a rainbow”, “availability of health care” and “a picture of baby and mother”.

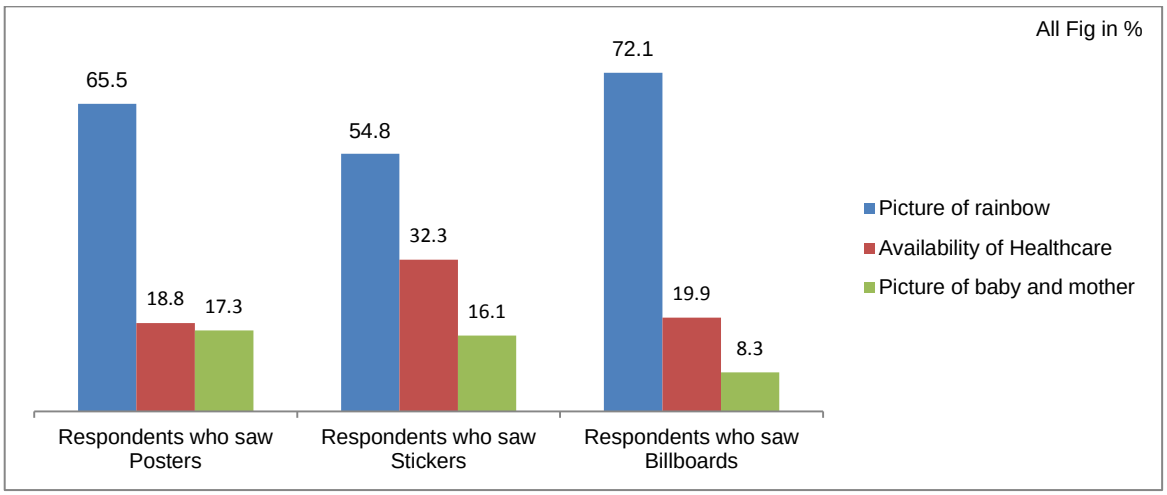


Figure 64: Images Remembered by Respondents from Different Publicity Maternals (Multiple Responses)

However, very few respondents have come across advertisements in newspapers, TV and radio, with 6.8% having come across ads on TV (Figure 65). The most common theme heard in radio advertisements is "where treatment should be availed by pregnant mothers," while for TV and newspapers, the most common theme reported is "health care of mother and child."

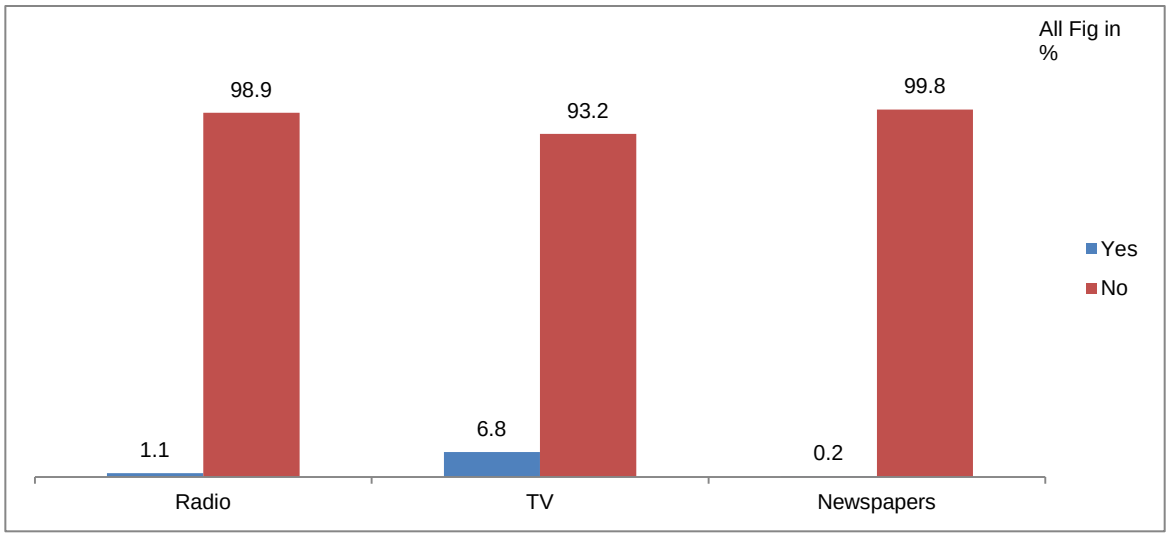


Figure 65: Likelihood of Seeing Advertisements on Different Media

8. Visits to Rangdhonu Clinics

The most frequently-mentioned services for which respondents visited Rangdhonu Clinics are Limited Curative Care (69.2%), Antenatal Care (43.3%), Family Planning Services (32.6%), and Child Health Care (27.6%).

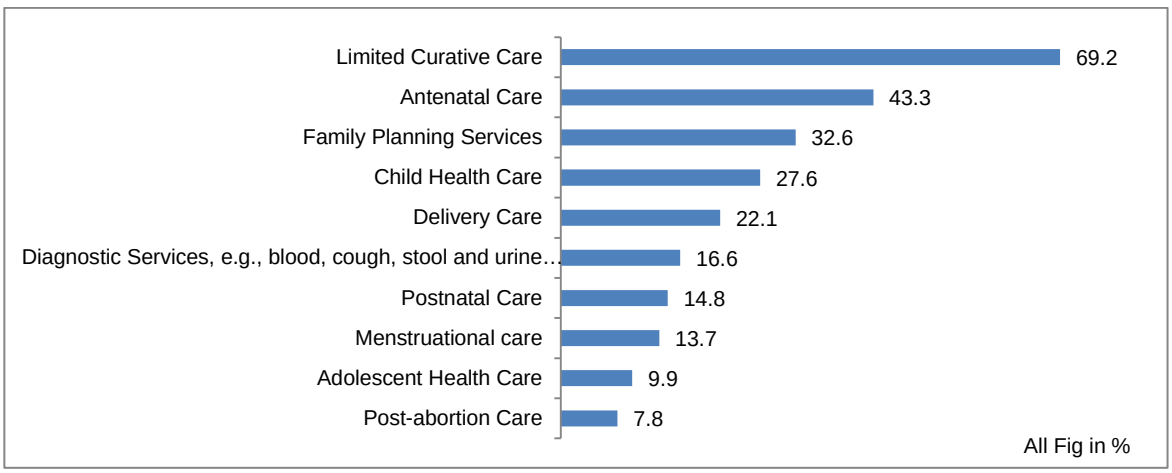


Figure 66: Services Frequently Availed at Rangdhonu Clinics

In the six months prior, about 40.2% of respondents had visited Rangdhonu Clinics once, 21.6% twice, 12.4% three times, and 11.2% more than five times. When asked about reasons for visiting Rangdhonu Clinics, 48% mentioned that it is close to their homes, 25.9% reasonable treatment costs, and 21.5% red card facility. Respondents also mentioned that attentive treatment is provided (14.8%) and medical professionals have a good attitude (11.3%).

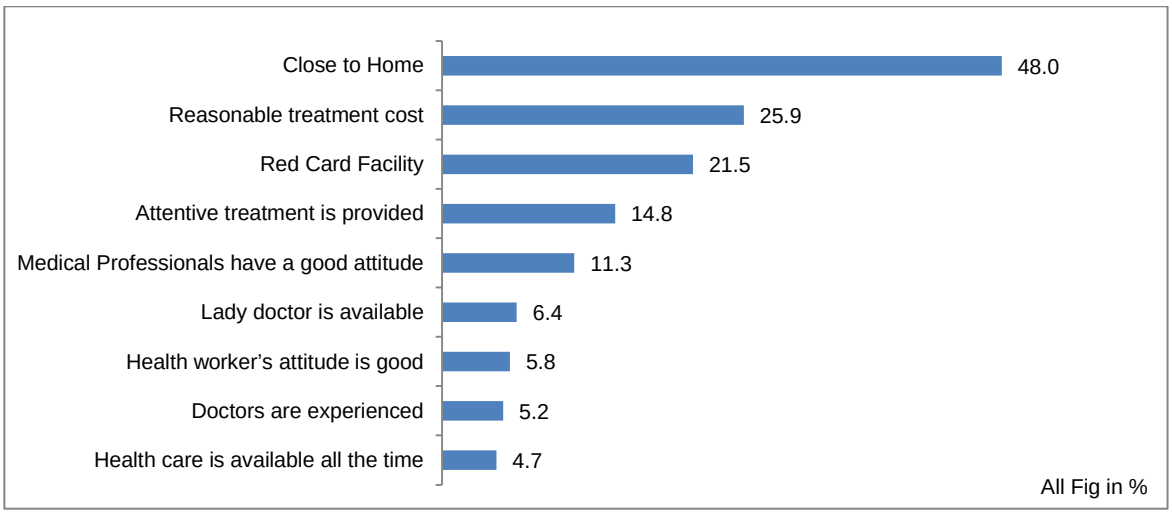


Figure 67: Reasons for Visiting Rangdhonu Clinics (Multiple Responses)

Among those respondents who visited Rangdhonu clinics, 60.8% have discussed about health care services of Rangdhonu Clinics with others. Among those that have discussed, they are most likely to have done so with neighbors (80.9%) and friends (18.2%).

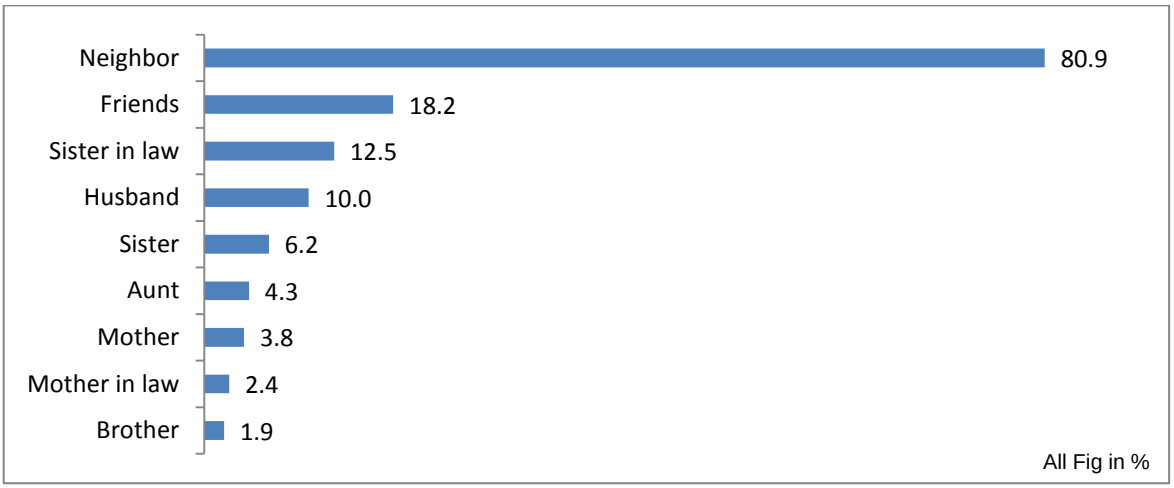


Figure 68: People with Whom Rangdhonu's Patients Discuss its Services (Multiple Responses)

Among those who visited Rangdhonu Clinics, 60.2% were motivated to do so by Health Workers, 42.4% by Neighbors, and 27.6% by friends.

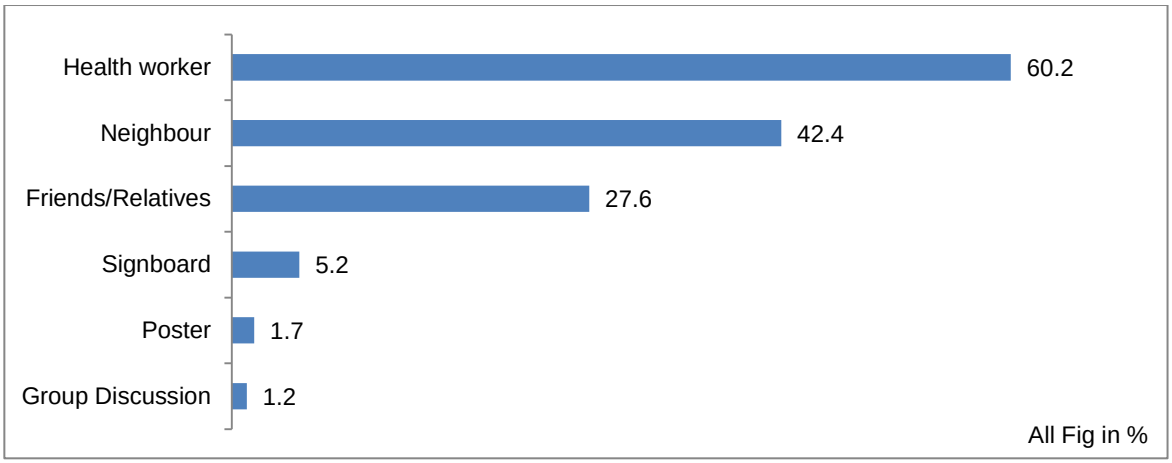


Figure 69: People Who Motivated Respondents to Visit Rangdhonu Clinics (Multiple Responses)

Among those did not visit Rangdhonu Clinics, 61.5% have still heard of Rangdhonu Clinics and among those that have heard of it, 89.6% know that Rangdhonu Clinics exist in their locality. The main reason cited by respondents who do not visit Rangdhonu Clinics but have still heard of it, is “not every prescribed medicine” is available (21.1%).

However, with regard to perception on service quality, 61.0% of respondents aware of Rangdhonu Clinics said they thought the service quality was good, 30.6% did not know, and 8.5% not good.

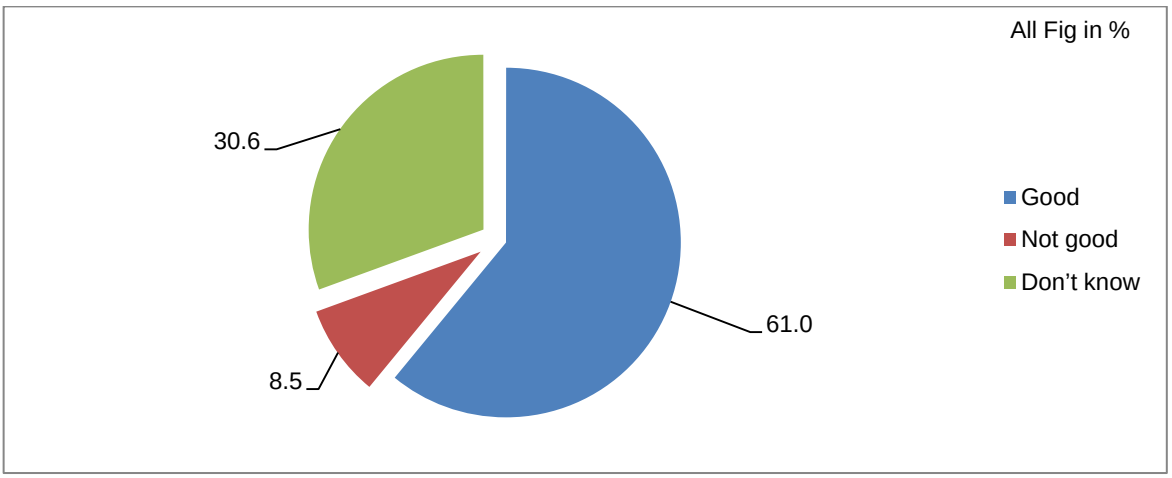


Figure 70: Perception on Service Quality at Rangdhonu Clinics

9. Other Services

9.1 Diagnostic Service

About 82.4% of all respondents are aware of the existence of a diagnostic service center in their locality. In terms of identifying the places where diagnostic services are provided, 57.9% mentioned Government Hospitals, 56.5% Private Clinics, and 43.7% Rangdhonu Clinics. Respondents were also aware that a range of diagnostic services are provided, including Blood Test (93.8%), Urine Test (68.4%), and Ultrasonogram (53.6%), as shown in Figure 71.

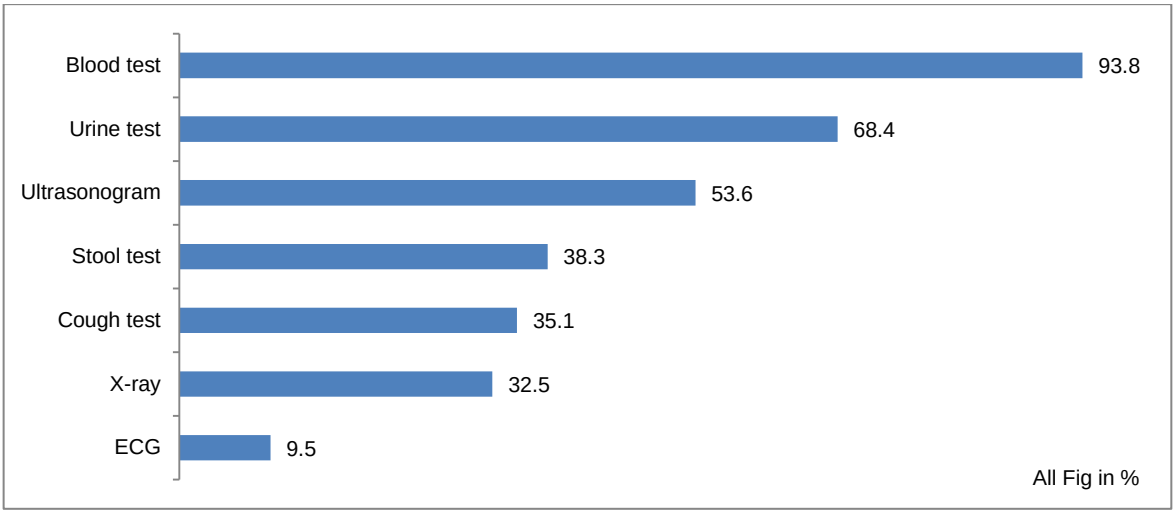


Figure 71: Type of Diagnostic Tests available in Locality (Multiple Responses)

In 44% of cases, the respondent or a family member had received a diagnostic test in the last two years (Figure 72).

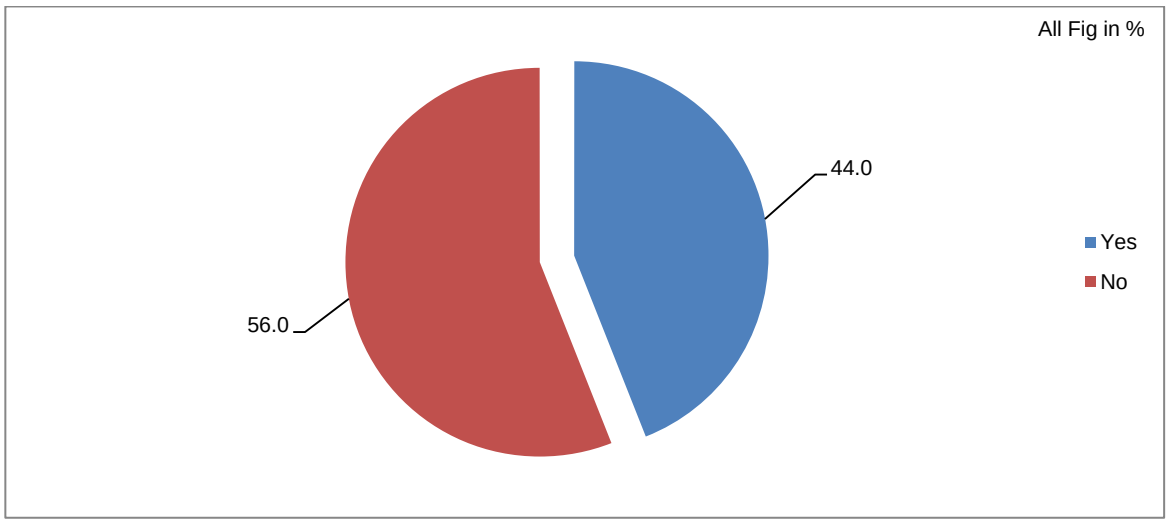


Figure 72: Incidence of Receiving a Diagnostic Test in Last Two Years

Among those that had received a diagnostic test, 47.3% had received it at Private Clinic, 29.4% at Government Hospitals, and 25.3% at Rangdhonu Clinics (Figure 73). Adult females and lower SE respondents had higher response rates for Rangdhonu Clinics at 32.7% and 31.4%, respectively.

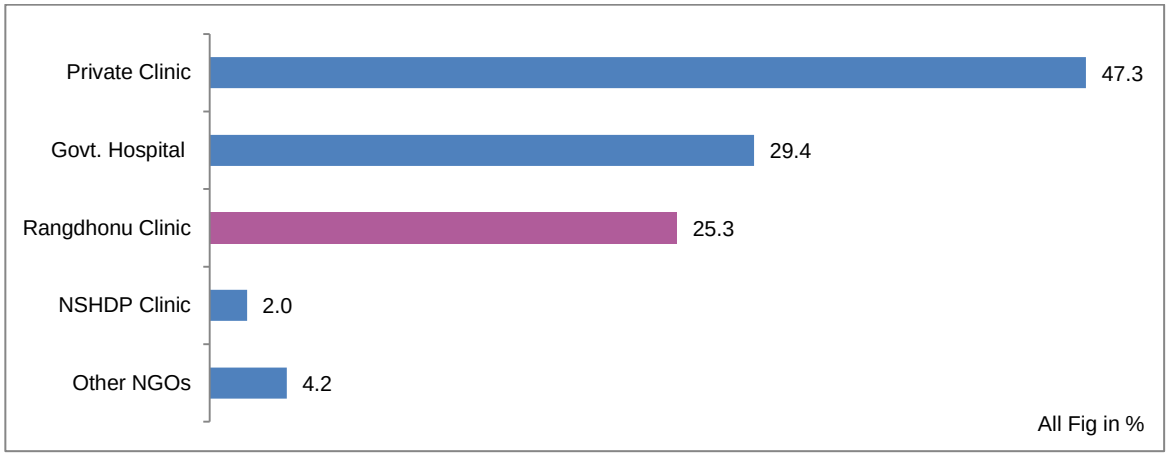


Figure 73: Place Where Diagnostic Tests were Conducted

9.2. Limited Curative Care

Among all respondents, about 19.1% visit Rangdhonu Clinics when they fell sick (Figure 74). However, response rates for adult females, adolescent females, and lower SE respondents are much higher at 37.6%, 25.3%, and 22.0%, respectively (gender, geographical, and SE wise tables are in appendix A, table 7 and 8).

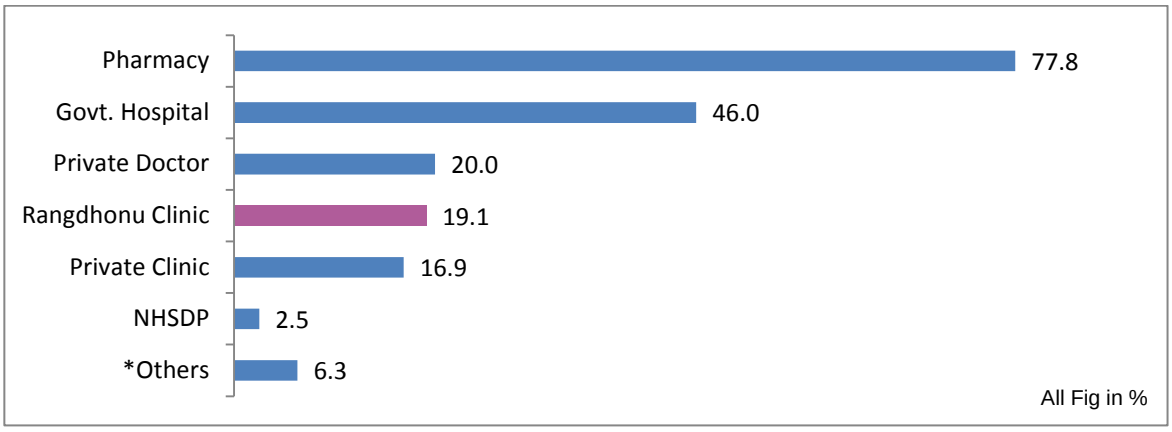


Figure 74: Places to Avail of Limited Curative Care (Multiple Responses)

*Note: Others includes ayurvedic physicians, homeopathic doctors and other NGOs.

Chapter 4: Qualitative Survey Findings

The qualitative part of the baseline survey collected information through in-depth interviews from community leaders (elected officials, religious leaders, teachers, local leaders) and UPHCSDP service providers regarding UPHCSDP clinic services and their roles in promoting the services to the community.

4.1 Opinion of Community Leaders/Influential

A total of 50 community leaders/influential (which included UPHC committee members and User Forum members in the project areas) were interviewed to collect in-depth information to capture their opinion on services provided by Rangdhonu clinics, their perceptions regarding these clinics, their knowledge of BCC activities and suggestions to increase service utilization, and their roles in promoting UPHCSDP clinics and services. The following are the key outcomes:

Services provided by Rangdhonu Clinics

Community leaders know of a wide variety of services provided by Rangdhonu Clinics. About two-thirds mentioned “providing treatment to pregnant mothers” and “treatment is provided for common ailments”. Half the community leaders mentioned “vaccine administration” and two-fifths mentioned “providing treatment to children” and “family planning services are provided.”

Perceptions regarding Rangdhonu Clinics

Half the community leaders indicated that the Rangdhonu Clinic staff members are well-behaved, and two-fifths pointed out that red card holders receive free services. Other perceptions shared by community leaders included “good quality of service clinic”, “poor people are benefitted” and “field worker provides health care service by going door-to-door”.

All 50 community leaders surveyed confirmed that they have helped Rangdhonu Clinics provide services. About half of them said they helped by sending patients to Rangdhonu Clinics; two-fifths said they accompanied the patients to the clinic; and a third indicated that they advertised the clinic’s services to people and provided advice during community meetings.

BCC Activities

With regard to BCC activities, community leaders know about a variety of initiatives. About fourth-fifths of all community leaders know that BCC activities involve advertising

services by going door-to-door. Half the community leaders know that meetings are held with locally respected persons to spread the word about the clinic's services. About a third mentioned publicity generation through yard meetings and one-fifths mentioned distribution of posters and leaflets.

Suggestions to increase service utilization

In order to increase the patient intake of Rangdhonu Clinics, about a third of community leaders recommended miking, and slightly less than a third suggested that there should be more door-to-door visits. Less than one-fifth also suggested that more meetings be conducted with local public representatives.

With regard to community meetings and the type of discussions that take place therein, about a third of community leaders mentioned deliberations occur on various issues, and a quarter mentioned that strategy is determined to increase patients and to improve advertisements. All community leaders interviewed (50) have attended community meetings in the 6 months prior.

Responsibilities of Community Leaders

Community leaders also perform a variety of roles to ensure service quality is maintained and that proper service has been received by patients. About half the community leaders receive feedback from patients to help improve service quality while quarter send patients to clinics wherever necessary and accompany patients to clinics. They understand their responsibilities for ensuring sustainability of Rangdhonu Clinics, and they regularly encourage patients to visit the clinics, and also participate in marketing and generating awareness regarding the clinics.

4.2 Opinion of Service Providers

A total of 75 service providers (which included UPHCSDP doctors, paramedics, field supervisors, project managers and administrative personnel in the project areas) were interviewed to collect in-depth information on the types of services provided to the community, BCC activities conducted by them to promote services, and trainings received to improve their service delivery skills. The following are the key outcomes:

Services Provided

Paramedics, counselors, doctors, FWAs, FWVs, field supervisors and service promoters essentially provide counseling to adults and adolescents (both male and female) on various health topics. Adult females are likeliest to receive counseling services on family planning, antenatal care, postnatal care, and RTI. Adult males receive counseling services on family planning and general health. Adolescents receive counseling on puberty, TT,

RTI, and personal hygiene. About a third of the counseling sessions are conducted with the poor and lower socioeconomic community. In Dhaka, Narayangonj and Gazipur service providers provide counseling from static clinics; in other areas they are more likely to visit door-to-door. During counseling sessions, job aids are used like leaflet, flipchart, family planning booklets, brochure, poster, and flashcard.

Service Providers also provide Essential Services Delivery (ESD) package to all types of people. The most frequently mentioned ESD are given below:

- Limited Curative Care/General Health Service
- Antenatal Care (ANC)
- Postnatal Care (PNC)
- Child Health Care
- Family Planning (Oral contraceptive pill, condom, IUD, Norplant, Vasectomy/NSV etc.)
- Adolescent Health Care
- RTI/STI
- EPI
- Lab Test
- MR
- Communicable Diseases Control
- Violence Against Women
- Safe Delivery
- BCC
- Neonatal Care
- ARI (Pneumonia)
- Nutrition
- TT
- Diarrhea

Service providers provide various types of assistance under the broad areas of service of Rangdhonu Clinics. They are shown as follows.

Table 6: Most Frequently Mentioned Services Provided

Areas of Services	Type of Services Provided
Pregnancy Care	Iron tablets, nutrition pack
Nutrition	Nutrition pack, monitoring baby growth
Menstrual regulation	MR conducted, Required treatment, free MR service at CRHCC
Antenatal Care	Regular check-up, TT vaccine, required pathological test
Delivery Care	24-hour normal delivery facility and C- section facility
Neonatal Care	Vaccine, primary treatment, Check-up
Postnatal Care	Check-up, Medicine, reqd. treatment, and vitamin A
Pregnancy Complications	Check-up, pathological treatment
Post-Abortion Care	D&C, Medicine, Post-abortion follow-up treatment
Family Planning (male)	Condom, vasectomy, referral
Family Planning (female)	Injection, pill, IUD
STI	Primary treatment, provide condom, medicine
RTI	Primary treatment, medicine, condom
Child Health Care	Treatment, vaccine, medicine
Diarrhea	ORS provided, treatment, referral to hospital
Pneumonia	Primary treatment, referral to hospital, medicine
Diagnostic services	Blood group, HBSAg Test, pregnancy test, VDRL, Urine R/E
Emergency Transportation	24-hour ambulance service from CRHCC
Epidemic diseases (e.g. leprosy, malaria, fileria, etc)	Referral to hospital
VAW Prevention	Increase awareness on consequences, early marriage prevention, and laws against VAW
Gender equality Promotion	Group meeting, yard meeting

Clinic Promotion Activities

Service providers mentioned that they work with local respected persons including imams, adolescents, and teachers in order to promote clinic services. They conduct meetings with NGO officials and Pharmacy owners/operators.

They conduct a variety of activities in order to change community people's attitudes and promote Rangdhonu Clinic's services, including courtyard meeting, group meetings, leaflet distribution, meetings with local respected persons, miking, and door-to-door visits. Courtyard meetings and group meetings were mentioned by over half of the service providers respondents surveyed, while a quarter had mentioned distribution of leaflets and door-to-door visits. Other BCC activities included campaigns, observing special days dedicated to health related issues, video shows, user forum meetings, postering, advertising through local cable TV, dramas, folk songs and rallies.

With regard to who conducts the BCC activities, more than three-quarters mentioned Service Promoters, about slightly less than three-quarters mentioned FWAs, Field Supervisors, Paramedics and FWVs.

During BCC activities, the service providers mentioned that they use, leaflets, posters, flipcharts, brochures, banner, video shows, festoons, pictorial cards, and artificial vegetables and fruits.

Role of Community Leaders

Almost all service providers arrange meetings with community leaders and all of them said that female members are invited for meetings. According to the service providers, female members provide recommendations. With regard to decision-making, a wide range of decisions are taken during meetings. The most frequently-mentioned (in decreasing order of frequency):

- Improving quality of services
- Building awareness on clinic activities
- Encouraging clinic visits
- Determining recipients of free medicine/treatment/red card

Service providers also confirmed receiving assistance from community leaders in a variety of ways. The most frequently-mentioned types of assistance received from community leaders include sending patient to clinic, fixing satellite spots, informing people about clinic services, and facilitating security for service providers.

Trainings Received

All the service providers interviewed during the survey mentioned that they had attended the Workshop on Essential Service Delivery Package and other trainings on specific health topics such as ANC, PNC, Safe Delivery, Family Planning, Infection Prevention, Newborn and Child Health, EPI, Breastfeeding, Reproductive Health, etc.

IPC and BCC related trainings included training on Branding Service Promotion & Customer Services, BCCM, Counseling, and Adolescent Friendly Service & Community Engagement. About half of the service providers have received training on gender issues. The major training programs cited include 1-3 days' trainings on gender action plan, gender development, and gender equality. Almost all service providers confirmed that the trainings they attended were effective because the importance of gender equality was explained to them as well as the importance of reducing gender discrimination in the community.

Chapter 5: Conclusions & Recommendations

5.1 Conclusion

The objectives of the Baseline Survey on BCCM Component under UPHCSDP was to document the knowledge and practice related to key health issues and BCCM activities to improve utilization of urban PHC services in the project areas. The survey identified some gaps/lacking in the following areas:

Antenatal Care:

- About half of the respondents said that a pregnant woman should visit doctor/health center about 3 – 5 times.
- Only about half (45.4%) of pregnant women received antenatal care.

Safe Delivery:

- Almost half (45.4%) of pregnant women delivered at home.
- About 26% delivered with a traditional (untrained) birth attendant, or neighbor or mother-in-law.
- Around 18% of pregnant women developed delivery complications, and 11% developed postnatal complications.

Exclusive Breastfeeding:

- Although 80.4% of respondents said that an infant should be exclusively breastfed up to 6 months, but actual practice was only 52.5% of cases.

Reproductive Health:

- Knowledge about reproductive tract infections (RTI) is only 31.2%.
- Knowledge about sexually transmitted infections is only 49.4%

Violence against Women:

- According to respondents, in only 22.3% of VAW cases, the victims of VAW seek help.

Behavior Change Communication:

- About half (52.2%) of survey respondents have seen the Rangdhonu logo. This proportion was found lowest in Kustia (34.7%), Rangpur (33.3%), Gazipur (27.8%), and Narayangonj (26.4%).
- About 18% are aware of field level BCCM activities/campaigns. But participation in these campaigns was less than half in Sylhet (33.3%), Narayangonj (37.5%) and lowest participation (11.0%) was found in Dhaka South City Corporation.
- Less than one- fifth have seen BCC advertisements – 16.7% on billboards, 14.2% on posters and only 6.8% on TV.

Visits to Rangdhonu Clinics:

- About 61% of respondents are aware of the Rangdhonu clinic in their locality.
- The levels of clinic visits vary from about 16% as place of last delivery to about 42% for Antenatal care.

5.2 Recommendations

Although Rangdhonu Clinics are the most preferred destination for Antenatal Care, Postnatal Care, EPI and get high preference for MR services as well, there is scope for building greater awareness and increasing service utilization through BCCM activities. Although, identifying the best communication strategy is beyond the scope of this survey, the following are evident from findings:

- Given the pervasive reach of television, we recommend greater television-based communication campaigns both to enhance knowledge of beneficiaries in areas identified earlier in this section as well as to build awareness regarding Rangdhonu Clinics.
- It may make sense to highlight different services of Rangdhonu Clinics through different BCC initiatives and focus on those services that are less widely-known to beneficiaries.
- Among respondents aware of Rangdhonu Clinics, only 30% have recommended them to others. This is not as high as it can be and suggests areas for improvement in the prevailing Word-of-Mouth marketing that is taking place.
- One-fifth of beneficiaries have come across BCC activities or have seen posters, stickers or boards with Rangdhonu Logo – while 86% of community leaders have seen a poster, 58% stickers, and 60% billboards. This suggests clearly scope for Word-of-Mouth strategies that use community leaders as publicity agents can be better applied to enhance the brand and overall awareness.

- Half of the service providers recommended working more closely with local respected persons including imams to promote awareness of Rangdhonu Clinic's services. The fact that there can be further greater word of mouth applied which evidenced local respected persons including.
- In order to reinforce messages delivered via TV, other enter-educate approaches like inter-active street drama, screening of TVCs/drama serials can be organized as TV programs are clattered with information. However, such approaches can give focused messages.

Appendix A

Table – 1: Place for Receiving Antenatal Care by Respondents' Type

Places	All	Adult male	Adult female	Adolescent male	Adolescent female
Rangdhonu Clinic	42.0	37.5	47.9	42.9	23.1
Govt. Hospital	39.4	37.5	41.7	42.9	30.8
Private Clinic	27.7	27.8	28.1	28.6	23.1
Private Doctor	11.7	16.7	9.4	0.0	7.7
NSHDP Clinic	4.3	5.6	2.1	0.0	15.4
Other NGOs	3.7	2.8	3.1	0.0	15.4
Pharmacy	2.1	2.8	2.1	0.0	0.0
Ayurvedic physicians	1.1	0.0	2.1	0.0	0.0
Homeopathic Doctor	0.5	0.0	1.0	0.0	0.0
Base-Whose family encountered antenatal complications	**188**	**72**	**96**	**7**	**13**

Table – 2: Place for Receiving Antenatal Care by Socio-economic Groups

Places	All	Center		Socio-economic condition (SE)	
		Dhaka including Gazipur & Narayanganj	Outside Dhaka	Upper SE	Lower SE
Rangdhonu Clinic	42.0	28.7	57.5	35.4	48.9
Govt. Hospital	39.4	39.6	39.1	34.4	44.6
Private Clinic	27.7	31.7	23.0	37.5	17.4
Private Doctor	11.7	6.9	17.2	12.5	10.9
NSHDP Clinic	4.3	5.0	3.4	6.3	2.2
Pharmacy	2.1	3.0	1.1	2.1	2.2
Ayurvedic physicians	1.1	2.0	0.0	0.0	2.2
Homeopathic Doctor	0.5	1.0	0.0	0.0	1.1
Other NGOs	3.7	5.0	2.3	5.2	2.2
Base-Whose family encountered antenatal complications	**188**	**101**	**87**	**96**	**92**

Table – 3: Place Where Vaccine Was Administered (Multiple Responses)

Figures in %

Places	All	Adult male	Adult female	Adolescent male	Adolescent female
Rangdhonu Clinic	37.0	31.5	44.4	9.4	35.3
Govt. Hospital	35.2	40.4	32.0	37.5	27.5
NSHDP Clinic	14.4	16.9	10.6	21.9	21.6
Private Clinic	4.0	5.2	3.6	0.0	2.0
Other NGOs	13.8	11.2	13.9	31.3	15.7
Base-Whose family's last child were administered vaccine	**681**	**267**	**331**	**32**	**51**

Table – 4: Place Where Vaccine Was Administered (Multiple Responses)

Figures in %

Places	All	Center		Socio-economic condition (SE)	
		Dhaka including Gazipur & Narayanganj	Outside Dhaka	Upper SE	Lower SE
Rangdhonu Clinic	37.0	31.4	43.1	34.0	39.8
Govt. Hospital	35.2	37.6	32.7	36.2	34.4
NSHDP Clinic	14.4	14.4	14.4	16.7	12.2
Private Clinic	4.0	5.1	2.8	4.6	3.4
Other NGOs	13.8	15.3	12.2	13.7	13.9
Base-Whose family's last child were administered vaccine	**681**	**354**	**327**	**329**	**352**

Table – 5: Place for Receiving MR Service as per Knowledge of Respondents

Figures in %

	All	Adult male	Adult female	Adolescent male	Adolescent female
Govt. Hospital	65.8	69.7	63.2	77.5	59.3
Rangdhonu Clinic	41.1	39.9	44.0	27.5	37.7
Private Clinic	35.3	34.2	37.0	40.0	31.5
Private Doctor	26.1	23.7	27.7	17.5	30.2
NSHDP Clinic	6.5	6.9	6.7	5.0	4.9
Pharmacy	1.6	2.0	1.6	0.0	0.6
Ayurvedic physicians	1.6	1.3	2.1	0.0	1.2
Homeopathic Doctor	1.5	1.8	1.5	0.0	1.2
Other NGOs	4.9	4.3	6.1	2.5	3.1
Don't know/ can't say	2.8	1.1	3.1	2.5	7.4
Base-Those heard / know about menstrual irregularities	**1365**	**552**	**611**	**40**	**162**

Table – 6: Place for Receiving MR Service as per Knowledge of Respondents

Figures in %

Place	All	Center		Socio-economic condition (SE)	
		Dhaka including Gazipur & Narayanganj	Outside Dhaka	Upper SE	Lower SE
Govt. Hospital	65.8	68.9	62.2	63.9	67.6
Randhonu Clinic	41.1	34.9	48.0	39.1	43.1
Private Clinic	35.3	45.0	24.3	38.3	32.4
Private Doctor	26.1	27.9	24.0	26.5	25.7
NSHDP Clinic	6.5	5.1	8.1	6.5	6.5
Other NGOs	4.9	6.2	3.4	5.6	4.2
Pharmacy	1.6	2.3	0.8	1.3	1.9
Ayurvedic physicians	1.6	2.1	1.1	1.0	2.2
Homeopathic Doctor	1.5	0.4	2.8	1.0	2.0
Don't know/ can't say	2.8	1.5	4.2	3.0	2.6
Base-Those heard / know about menstrual irregularities	**1365**	**724**	**641**	**676**	**689**

Table – 7: Places to Avail of Limited Curative Care by geographical zone and SE (Multiple Response)

Places	All	Center		Socio-economic condition (SE)	
		Dhaka including Gazipur & Narayanganj	Outside Dhaka	Upper SE	Lower SE
Pharmacy	77.8	80.0	75.3	75.9	79.7
Govt. Hospital	46.0	46.3	45.7	45.4	46.6
Private Doctor	20.0	19.6	20.5	22.9	17.1
Rangdhonu clinic	19.1	14.7	23.8	16.2	22.0
Private Clinic	16.9	23.3	10.0	20.1	13.7
NSHDP Clinic	2.5	2.8	2.2	2.9	2.1
Other NGOs	2.3	2.7	2.0	3.0	1.7
Ayurvedic physicians	2.1	1.7	2.4	2.1	2.0
Homeopathic Doctor	1.9	1.1	2.8	1.9	1.9
Base-All respondents	**1800**	**936**	**864**	**900**	**900**

Table – 8: Places to Avail of Limited Curative Care by Gender (Multiple Response)

Places	All	Adult male	Adult female	Adolescent male	Adolescent female
Pharmacy	77.8	84.6	69.5	86.7	73.3
Govt. Hospital	46.0	53.2	42.8	44.9	35.1
Private Doctor	20.0	20.7	20.9	18.2	16.9
Rangdhonu Clinic	19.1	4.0	37.6	2.7	25.3
Private Clinic	16.9	15.9	19.7	12.0	16.4
NHSDP	2.5	1.0	4.4	0.0	3.6
Others	6.3				
Base-All respondents	**1800**	**675**	**675**	**225**	**225**