

Original Research Article

Service providing scenario of urban primary health care services delivery project working in selected municipality

Hasan M. Reza^{1*}, M. Abdul M. Sarkar²

¹Urban Primary Health Care Services Delivery Project, Kushtia Municipality, Kushtia, Bangladesh

²Department of Community Medicine, Islami Bank Medical College, Rajshahi, Bangladesh

Received: 06 April 2019

Accepted: 16 May 2019

*Correspondence:

Dr. Hasan M. Reza,

E-mail: hasanreza971@gmail.com

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ABSTRACT

Background: The urbanization and urban growth is going through very rapid in Bangladesh. This growth is being fuelled by rising incomes due to rapid expansion of commerce and industry. The rapid and incessant growth of urbanization on Kushtia district is creating continuous pressure on urban health care services. Urban poor people are also a vital factor for promoting urban primary health care services delivery project (UPHCSDP) to provide health care facilities.

Methods: A cross sectional survey was carried out among 576 patients in 3 selected urban primary health care centres in Kushtia Municipality with a major concentration of people residing in urban areas. Data were collected using questionnaires regarding type of care or treatment patients demanded and type of care they received from the clinic.

Results: Study results showed that total of 46.5% of the subjects demanded maternal and obstetric health services and 8.6% demanded child health diagnosis and care. It was found that a total of 22.0% of the subjects received physical diagnosis from the centres. About 7.1% clients received advice or suggestions and 8.0% received normal delivery service from the centres.

Conclusions: The result shows that these clinics provide a lot of health care services to the clients especially on maternal and child health care delivery system. These services are provided to the patient with less or free of cost. Study exhibited that the overall health care services of health care centres are good. The clients come to these centres for the good quality of treatment.

Keywords: Urbanization, UPHCSDP, Health care services

INTRODUCTION

In Bangladesh, micronutrient deficiency among women is a common public health problem. Although child and maternal malnutrition has been reduced, around 50% of Bangladeshi women were found to be chronically malnourished with a body mass index less than 18.5. Over 43% of pregnant women were iodine deficient and more than 2.7% developed night blindness during pregnancy.¹ Maternal vitamin A deficiency can cause visual impairment and possibly other health

consequences. Maternal night blindness due to vitamin A deficiency (VAD) has been associated with increased low birth weight and infant mortality.^{2,3}

A health care system striving to reduce morbidity and mortality related to pregnancy must focus on maternal and newborn health. The health care that a woman receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and the child. The government of Bangladesh is committed to achieving the target for

Millennium Development Goal (MDG) 4 and MDG 5. A study indicated a substantial reduction in the maternal mortality ratio (MMR), an annual rate of decrease of 5.6 percent.^{4,5} The MMR fell from 322 deaths per 100,000 live births (or between 253 and 391 at 95 percent confidence interval [CI]) in 1998-2001 to 194 deaths per 100,000 live births (149 to 238 at 95 percent CI) in 2007-2010, indicating a degree of success in the health sector.⁶

Currently, around 35% people of Bangladesh reside in urban areas. As a result of rapid urbanization, this percentage is projected to increase to 60% by 2030 (CIA World Bank Fact Book, accurate as of July 2011). This rapid expansion has placed significant pressure on health services and facilities in urban areas. Although Bangladesh has a strong public sector primary health care network system in the rural areas, there is significant lacking of similar arrangement in the urban areas. Urban local bodies have been mandated to provide public health and primary health care service delivery to the residents within their administrative jurisdiction.⁷

The Local Government Division had been implemented two projects namely Urban Primary Health Care Project (1998-2005) and Second Urban Primary Health Care Project (2005-2001). Evolving from previous two projects, the Local Government Division has been implementing Urban Primary Health Care Services Delivery Project (July 2012 to June 2017) with the financial support of Asian Development Bank, Swedish International Development Cooperation Agency (SIDA) and the United Nations Population Fund (UNFPA). At present, the project covers more than 10 million urban population of Bangladesh and has a PHC network of 25 Comprehensive Reproductive Health Care Centres, 138 Primary Health Care Centres and 276 Satellite Clinics at community level.⁷

Kushtia is a district of Khulna division. It has an area of 1608.80 square kilometers and is bounded by Rajshahi, Natore, Pabna districts to the North, by Chuadanga, Jhenaidah districts to the South, by Rajbari District to the East, and by West Bengal and Meherpur District to the West. Kushtia is an area of living for about 20 lac people⁸. Srizon Bangladesh, an NGO is implementing the Urban Primary Health Care Services Delivery Project in Partnership agreement PA-1 on behalf of Kushtia Municipality. The purpose is to improve the health of urban poor by improving access and changing the way in which health services are provided in urban areas.⁹

METHODS

Study area

The study has been carried out by randomly selected three urban primary health care centres in Kushtia Municipality with a major concentration of people residing in urban areas. The three health care centres are located in Uttor Baradi (PHCC-1), Masterpara Barkhada

(PHCC-2) and East Vatapara, Mohashoshan (CRHCC) of Kushtia Municipality, Bangladesh.

Study design

A cross sectional survey was conducted from November 2017 to February 2018 to explore the services delivered by urban primary health care services delivery project in Kushtia municipality.

Sampling technique

This is a purposive, cross-sectional, descriptive study in which three urban primary health care centres in Kushtia Municipality were selected. The 576 respondent patients were selected randomly from the three selected urban health care centres.

Data collection procedure and analysis

The data collection techniques used in collecting the research data was questionnaire. Questionnaire was administered for collection of type of care or treatment patient come to take and type of care patient receives from the clinic. The quantitative data were coded and analysed using the Statistical Package for Social Sciences (SPSS) software, version 22.0. Percentages in tables were computed for variables.

Ethical consideration

A letter of ethical clearance was written to the project manager, Md Palash Mia, Urban Primary Health Care Services Delivery Project, Kushtia Municipality, PA-1 to use patients from out-patient department and indoor from three health care centres. The local field volunteers (three male and three female) were responsible to inform of the objectives of the study and to serve their verbal consent prior to inclusion in the study and they were assured of confidentiality.

RESULTS

Table 1 showed type of care and treatment client seeking from primary health care facilities. The result of the study explained that a total of 46.5% of the subjects demanded maternal and obstetric health services. About 9.0% clients demanded family planning counselling or contraceptive collection, 8.2% demanded reproductive health care suggestion, 8.6% demanded child health diagnosis and care, 5.0% demanded about cough, cold, general fever etc.

Table 2 exhibits different types of care or treatment provided by the health care facilities to the clients. A total of 22.0% of the subjects received physical diagnosis from the centres. About 7.1% clients received advice or suggestions, 12.2% received contraceptives, 14.9% received medicine, 7.8% received blood test, 10.3%

received ultrasonography service, 8.0% received normal delivery service from the centres.

Table 1: Types of care or treatment demanded by the respondents (n=576).

Variables	Frequency	Percentage (%)
Types of treatment demanded for		
Maternal and obstetrics care	268	46.5
Family planning counseling	52	9.0
Reproductive health care suggestion	47	8.2
Cough/cold/general fever	29	5.0
Typhoid fever	11	1.9
Tuberculosis	6	1.0
Other contagious disease	6	1.0
Child health diagnosis and care	49	8.6
EPI/vaccination	5	0.9
Diarrhea	23	4.0
Diabetes, blood pressure, cardiac disease	17	3.0
Road/transport accident	6	1.0
Other injury	0	0.0
Skin disease	12	2.1
Cesarean section	7	1.2
Normal delivery	14	2.4
Eye and ENT related problems	24	4.2

Table 2: Services provided by the clinic to the patients (n=576).

Variables	Frequency	Percentage (%)
Services provided by the center		
Physical diagnosis	127	22.0
Advice/suggestions	41	7.1
Contraceptive	70	12.2
MR	11	1.9
Medicine	86	14.9
Blood test	45	7.8
Stool/urine test	5	0.9
Ultrasonography	59	10.3
ECG	12	2.1
EPI/vaccination	27	4.7
Dressing	6	1.0
Admission as an indoor patient	12	2.1
Cesarean section	23	4.0
Cesarean section with ligation	6	1.0
Normal delivery	46	8.0

Table 3 showed that health care delivery system in the primary health care centres was done as soon as possible. Most of the clients (64.6%) got treatment within 20 minutes after coming. About 28.3% clients had to wait for 40 minutes and 6.6% clients waited for 60 minutes to get the health services.

Table 3: Waiting time for taking treatment at the centre (n=576).

Variables	Frequency	Percentage (%)
Waiting time at the centre		
0–20 minutes	372	64.6
21–40 minutes	163	28.3
41–60 minutes	38	6.6
>60 minutes	3	0.5

Table 4: Opinion about the treatment cost of the clinic (n=576).

Variables	Frequency	Percentage (%)
Cost of treatment (BDT)		
0 – 100	346	60.1
101 – 1000	184	31.9
1001 – 2000	28	4.9
2001 – 3000	0	0.0
3000 - 10000	18	3.1
Opinion about the treatment cost		
Free of cost	154	26.7
Cheap	347	60.2
Moderate	69	12.0
Expensive	6	1.0

Table 4 showed an estimate of treatment expenditure of the clients. Most of the patient (60.1%) had to expend less than 100 taka or free of cost for the treatment. About 31.9% of the client had to expend 101 to 1000 taka, 4.9% had expended 1001 to 2000 taka and 3.1% of the client had expended 3001 to 10000 taka. Study also showed that about 26.7% of the clients did not need to expend money for taking treatment from the clinic due to the free health care service. About 60.2% of the client thought the treatment of the clinic was cheap, 12.0% thought it was moderate and only 1.0% of the client thought the treatment was expensive.

DISCUSSION

The study was cross sectional, offering a snapshot regarding services provided by urban primary health care services delivery project working in Kushtia Municipality. Two primary health care centres (PHCC-1 & PHCC-2) and one comprehensive reproductive health care centre (CRHCC) are working successfully under UPHCSDP in selected Municipality.

Major health care services are provided by the NGOs clinics to the clients especially on maternal and child health care delivery system. These services are provided to the nearest patient surrounding place of the clinic with less or free of cost. Study shows that total of 46.5% of the subjects demanded maternal and obstetric health services. About 9.0% clients demanded family planning counselling or contraceptive collection, 8.2% demanded reproductive health care suggestion, 8.6% demanded child health diagnosis and care, 5.0% demanded about cough, cold, general fever etc. Again a total of 22.0% of the subjects received physical diagnosis from the centres. About 7.1% clients received advice or suggestions, 12.2% received contraceptives, 14.9% received medicine, 7.8% received blood test, 10.3% received ultrasound service, 8.0% received normal delivery service from the centres.

Study shows that health care delivery system in these primary health care centres were done as soon as possible. Most of the clients (64.6%) got treatment within 20 minutes after coming. Study also exhibits that about 60.1% of the patient had to expend less than 100 taka or free of cost for the treatment and about 31.9% had to expend only 101 to 1000 taka. So the clients did not need to expend more money for taking treatment from the clinic due to the free or cheap health care service. About 60.2% of the client thought the treatment of the clinic was cheap, 12.0% thought it was moderate and only 1.0% of the client thought the treatment was expensive.

CONCLUSION

Based on the findings of the study, it could be concluded that the service providing scenario of urban primary health care services delivery project in Kushtia Municipality was satisfactory. Majority (46.5%) of the subjects demanded maternal and obstetric health services and 8.6% demanded child health diagnosis and care. It was found that a total of 22.0% of the subjects received physical diagnosis from the centres. The clients did not need to expend more money for taking treatment from the clinic due to the free or cheap health care service. About 60.2% of the client thought the treatment of the clinic was cheap. The overall health care services of health care centres are good. The clients come to these centres for the good quality of treatment.

ACKNOWLEDGEMENTS

We are most grateful to Md Palash Mia, Project Manager, Urban Primary Health Care Services Delivery Project, Kushtia Municipality for granting access into the health care centres to conduct this study. Special thanks to the participants for their time and input in the study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Reza HM, Sarkar MAM. Service providing scenario of urban primary health care services delivery project working in selected municipality. *Int J Community Med Public Health* 2019;6:2764-7.