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IN-DEPTH MONITORING OF MATERNAL CHILD AND REPRODUCTIVE HEALTH SERVICES DELIVERY PROGRAM

FINAL REPORT

IMPLEMENTATION MONITORING AND EVALUATION DIVISION (IMED)
MINISTRY OF PLANNING

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Executive Summary

Introduction:

The program 'Maternal Child and Reproductive Health Services (MCRH) Delivery was launched in 2003 and will continue up to June 2011. The Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning have decided to conduct this in-depth monitoring with a view to assessing the present progress, lapse and gapes that would help in problem identification, and suggest solutions for further improvement.

Objectives and Methodology

The main objective of the assignment is to in-depth monitoring and evaluation of the activities undertaken under the program "Maternal, Child and Reproductive Health Services Delivery". The specific objectives of the assignment are: a) To evaluate/observe the supply system and distribution of DDS kits and use of medicine, MR kits, MVA kits and other kits focusing contraceptive security; b) To evaluate/review the coverage of care during pregnancy, child birth and post partum by skilled personnel; c)To evaluate/ examine the effectiveness of referral linkages; d) To evaluate the availability of and access to effective and timely interventions of obstetrical emergencies at MCHTI, MFSTC, MCWC's and selected UH&FWCs; e) To evaluate/ inquire the availability of quality reproductive health services for adolescents; f) To evaluate/ find out MCH-FP facilities as women, adolescent and child friendly; g) To evaluate/observe whether MCRH care services are planned for pro-poor by increased deployment of program personnel and resources in disadvantaged geographic areas including urban slums and by reducing recognized access barriers for poor and vulnerable groups; h) To evaluate/ assess the support of family planning personal in EPI program and that of health personnel in family planning program; i) To evaluate/ check the overall supervision system and its effectiveness; j) To evaluate/review management and accountability of the MCRH program; and k) To evaluate quality and performance of project management.

Design of the study

Data were collected from all 6 divisions of Bangladesh. From each division 1 district has been selected using simple random sampling method. From the selected district 4 *Upazilas* including one with MCWC has been selected. From the rest of the *Upazilas*, 3 *Upazilas* has been selected randomly. Data were collected from 6 districts, 24 *Upazila*s and 48 union facilities (FWCs). Supplies and services data were collected from 78 facilities using checklists. Moreover, in-depth interviews were conducted with 94 service providers including 6 DDFPs, 24 UFPOs, and 55 SACMOs/FWVs. Besides, a total of 791 exit-clients were interviewed. Among the clients, 775 (98%) were females and 16 (2%) were males. 60% of the clients are visibly poor.

Findings

Financial and Physical Progress of the Operational Plan

The Operational Plan (OP) of Maternal, Child and Reproductive Health Services Delivery Programme was revised twice. The original cost of the programme was estimated to Tk. 16345.27 lakh for the period of 2003-2006. The cost was revised to Tk. 53848.50 for the period 2003-2010. The programme was revised further for one year with the revised cost of Tk. 69094.09 for the period of 2003-2011. In the process, both financial and physical components of the programme were changed.

Financial Progress

The implementation cost of the programme during the period of 2003-2010 was estimated at Tk. 38313.33 lakh which was 77.10% of the target of Tk. 49651.30 for the period. The projected cost for the last year (2010-2011) of the progrmme was Tk. 24233.98 which was 63.25 % of the implementation cost for first seven years (2003-2010) and 35.07 % of total cost of the programme for eight years (2003-2011). This outstanding outcome was expected because of intensification of the programme activities during the last one year. The expected total implementation cost of the progrmme was Tk. 62547.33 which was 90.52 % of the targeted total cost of Tk. 69094.10 for the period of 2003-2011. Component-wise planned financial targets and actual expenditures during 2003-2010, financial projections for 2010-11 and planned financial targets and total expected expenditures during 2003-2011 are given in the following table.

Component-wise Financial Performance

(Taka in lakh)

Sl. No.	Physical component	2003-2010			2010-11	2003-2011		
		Planned financial target	Expenditure (actual)	Actual as (%) of target	Financial projection	Planned financial target	Total expenditure (expected)	Performance as % of target
1	DDS kits	28983	22064.53	76.13	18000	36333	40064.53	110.27
2	Medicines (RTI/STI, Adolescent Health & others drugs)	2861.59	1286.41	44.95	619	3861.59	1905.41	49.34
3	MR kit	167.53	110.33	65.86	80	207.53	190.33	91.71
4	MVA kit	69.23	24.23	35.00	30	94.23	54.23	57.55
5	BP machine	98.88	66.02	66.77	20	118.88	86.02	72.36
6	Stethoscope	49.73	28.93	58.17	15	64.73	43.93	67.87
7	Portable Weighing Machine (Bathroom Type)	66.7	24.7	37.03	21	87.7	45.7	52.11
8	Baby Weighing Machine	17.13	17.13	100.00	15	32.13	32.13	100.00
9	Saline stand	16.5	14.42	87.39	6.5	26.5	20.92	78.94
10	Iron cot	88.5	108.2	122.26	43	113.5	151.2	133.22
11	Bed side locker	55	55.4	100.73	30	75	85.4	113.87
12	Contraceptives (ECP)	200	21	10.50	100	300	121	40.33
13	Equipment, Furniture & MSR for MCHTRI, Lalkuthi, Dhaka	420.28	0	0	547.31	547.31	547.31	100.00
14	Training (EOC, Midwifery, CSBA, Cervical & Breast Cancer Screening, CME etc.)	2919.17	2504.66	85.80	427.12	4219.17	2931.78	69.49
15	Fellowship/ Overseas training/ study tour)	227.89	93.39	40.98	72.88	300.77	166.27	55.28
16	Orientation/Seminar/ Conference	310	187.16	60.37	75	860	262.16	30.48
17	Motor vehicle (Ambulance- 8 & Four wheel Jeep-3)	222	90	40.54	260	282	350	124.11

Sl. No.	Physical component	2003-2010			2010-11	2003-2011		
		Planned financial target	Expenditure (actual)	Actual as (%) of target	Financial projection	Planned financial target	Total expenditure (expected)	Performance as % of target
18	Furniture and fixture	600.66	601.03	100.06	55	850.66	656.03	77.12
19	Water supply (including Water filter)	27.66	21.58	78.02	5	33.66	26.58	78.97
20	Pay and allowances	2055.74	1588.6	77.28	288.54	2855.74	1877.14	65.73
21	Cleaner (Sweeper)	426.51	376.8	88.34	100	526.51	476.8	90.56
22	Security Guard	381.87	363.01	95.06	110	476.87	473.01	99.19
23	Machinery and other quipment	1023.9	861.1	84.10	130	1573.9	991.1	62.97
24	Computer, Lap Top & Multimedia with accessories	22.22	27.04	121.69	2.45	25.72	29.49	114.66
25	Printing and Publication (Forms, Card, Register, Log Book etc)	518.05	552.32	106.62	325	668.05	877.32	131.33
26	Others	0	0	0	879.11	0	1005.60	
(a) Sub-total (Physical)		41829.8	31214.47	74.62	22256.90	54535.2	53471.39	98.05
(b) Non-Physical Work		7821.59	7098.86	90.76	1977.08	14558.9	9075.94	62.34
Total (a+b)		49651.3	38313.33	77.16	24233.98	69094.1	62547.33	90.52

Source: Progrmme Office, DGFP and Operational Plan, Maternal, Child and Reproductive Heath Services Delivery Programme, DGFP.

The expenditures for most of supplies were very low due to management and procurement problems. The procurement of goods and machineries were not regular during first four years. It was expected that the procurement would be expedited in the last year and expenditure targets of the programme would be nearly fulfilled. The actual expenditure for purchases of physical goods and machineries for the programme was expected to be Tk. 53471.39 which was 98.05 % of targeted cost of Tk. 54535.20. The expenditure for supply of DDS Kits is expected to be of 110.27 % and that for MR Kits to be of 91.71% of the target during the programme period 2003-2011 compared to 76.13 % and 65.86 % respectively during the period 2003-2010. Expenditure on purchase of medicines and drugs for RTI/STI, adolescent health and others was only 44.95 % of the target during the period of 2003-2010 which will slightly increase to 49.34 % during the period of 2003-2011. Expenditures on BP machines, stethoscope and contraceptives (ECP) were 66.77 %, 58.17 % and 10.50 % respectively of targets during the period 2003-2010 which will improve slightly to 72.36 %, 67.87 % and 40.33 % against targets for the period of 2003-20011. Expenditure on training (EOC, Midwifery, CSBA, Cervical & Breast Cancer Screening, CME etc.) was estimated to be 85.80 % of the target for the period of 2003-2010 and is expected to be 69.49 % of the target for the period of 2003-2011.

Physical Progress

The targets of most of the major physical components have neither been achieved during the period of 2003-2010 nor will be fulfilled during period (2003-2011) of the programme. Component-wise planned physical targets and actual physical performances during 2003-2010, physical projections for 2010-11 and planned physical targets and expected physical performances during 2003-2011 are given in the table below.

Component-wise Physical Performances

Sl. No.	Physical component	Unit	2003-2010			2010-11	2003-2011		
			Planned target	Performance (actual)	Actual as (%) of target	Projection	Planned target	Performance	Performance as % of target
1	DDS kits	Box/ Kit	440800	360500	81.78	152300	740800	512800	69.22
2	Medicines (RTI/STI, Adolescent Health & others drugs)	Million	468.1	442	94.42	134	602	576	95.68
3	MR kit	Box/ Kit	20000	13000	65.00	10000	25000	23000	92.00
4	MVA kit	Box/ Kit	1500	500	33.33	1000	2000	1500	75.00
5	BP machine	PCS	31000	23000	74.19	5000	36000	28000	77.78
6	Stethoscope	PCS	31000	23000	74.19	5000	36000	28000	77.78
7	Portable Weighing Machine (Bathroom Type)	PCS	9900	3900	39.39	3000	12900	6900	53.49
8	Baby Weighing Machine	PCS	2000	2000	100.00	1000	3000	3000	100.00
9	Saline stand	PCS	1500	1500	100.00	500	2000	2000	100.00
10	Iron cot	PCS	1900	1900	100.00	500	2400	2400	100.00
11	Bed side locker	PCS	2200	2200	100.00	500	2700	2700	100.00
12	Contraceptives (ECP)	PCS	0.6	0	0	1	0.9	1	111.11
13	Equipment, Furniture & MSR for MCHTRI, Lalkuthi, Dhaka		626	0	0	703	703	703	100.00
14	Training (EOC, Midwifery, CSBA, Cervical & Breast Cancer Screening, CME etc.)	Person	3180	3204	100.75	940	4120	4144	100.58
15	Fellowship/ Overseas training/ study tour)	Person	117	104	88.89	36	161	140	86.96
16	Orientation/Seminar/ Conference	PCS	48	48	100.00	16	64	64	100.00
17	Motor vehicle (Ambulance- 8 & Four wheel Jeep-3)	PCS	8	6	75.00	6	10	12	120.00
18	Furniture and fixture	PCS	Lot	-	-	-	Lot	-	-
19	Water supply (including Water filter)	PCS	150	150	100.00	-	150		0
20	Pay and allowances	Person	817	817	100.00	76	893	893	100.00
21	Cleaner (Sweeper)	Person	1474	1408	95.52	224	1698	1632	96.11
22	Security Guard	Person	1494	1426	95.45	220	1714	1646	96.03
23	Machinery and other quipment	Lot	Lot	-	-	-	Lot	-	-

Sl. No.	Physical component	Unit	2003-2010			2010-11	2003-2011		
			Planned target	Performance (actual)	Actual as (%) of target	Projection	Planned target	Performance	Performance as % of target
24	Computer, Lap Top & Multimedia with accessories	PCS	13	13	100.00	4	17	17	100.00
25	Printing and Publication (Forms, Card, Register, Log Book etc)	Million pcs	0.502	0.502	100.00	0.211	0.713	0.713	100.00

Source: Progrmme Office, DGFP and Operational Plan, Maternal, Child and Reproductive Heath Services Delivery Programme, DGFP.

The procurement of DDS Kits fell short of target during the period of 2003-2010. The procurement was estimated to be 81.78 % of the target during that period. The performance is likely to be further low in percentage term (69.22 %) when calculated for the period of 2003-2011. The procurement of MR Kits was 65.00 % of the target for the period 2003-2010 and will be 92.00 % for the period of 2003-2011. Percentage of procurement of both BP machine and stethoscope was 74.19 % against the target during the period of 2003-2010 which will improve slightly to 77.78 % during the period of 2003-2011. The targets of physical programmes for contraceptives (ECP) and training (EOC, Midwifery, CSBA, Cervical & Breast Cancer Screening, CME etc.) were attained during 2003-2010 and are expected to be achieved during 2003-2011.

Supplies and Services:

Inventory for supplies and services was done for all the 6 sample districts. In 2008-09 FY, a total of 2,106 DDS kits were supplied to these districts. *Laxmipur* received 596 DDS kits in one year, whereas *Kustia* received only 162 kits. Similarly, the highest number of MR kits was supplied to *Madaripur* and *Laxmipur*, 150 and 151 respectively. The lowest number of MR kits (seven) was supplied to *Jhalikhati* district. It is important to note that only one vehicle is functional in *Sirajgong* district only. A total of BDT. 362,546 was allocated for procurement of MSR; the largest amount (BDT. 180,000) being allocated to *Sirajgang* and the lowest amount (BDT. 22,346) to *Madaripur* district. A total of 650 posts are lying vacant in the sample districts. *Madaripur* is the highest among the vacant posts (217). Among the districts, *Kustia* has the least number of vacant posts (53). As observed, no regular and fair system prevails for supplies and services. Among the upazila all the *sadar upazilas* received highest number of DDS kits. This may be related with the fact that all the *sadar upazilas* have MCWC and the highest number of population resides there. It seems that the MSR allocation did not follow any strict rule or discipline. Only one vehicle is available in *Sirajgang* district. Other districts are lacking of vehicles. The later is very much important for follow up and supervision for the field activities. A huge number of posts of family planning personnel is laying vacant in the sample districts and upazilas. The highest numbers of vacant posts are in Madaripur (217) and the lowest in Kustia (53).

Performance in Family Planning activities

Information was collected from all the sample districts on performances of permanent and clinical methods. In July 2008, there were 1439 permanent methods done in the sample upazilas. A total of 1524 IUDs and 761 Implants were performed during the month of July 2008. The highest cases (1716) of permanent and long acting methods were performed in the month of November, 2008. In the same month, 4709 IUDs and 989 implants were performed. In case of IUD, the number varies from 856 to 4709 in September 2008 and November, 2008. The number of implant utilized is still lower than any other permanent and long acting methods.

Non-Clinical Methods

Among the non-clinical methods, *Siragjong* performed the best during the whole period. In July, 2008, a total of 7,568 injectables 15,499 cycles of oral pills and 1,104 pieces of condoms were distributed. On the other hand, in *Jhalokathi* 1,475 injectables, 2,565 cycles of oral pills and 167 pieces of condoms were distributed during the same month.

Performance in MCH activities

Data has been collected form all the sample districts & *upazilas* on MCH activities. It has been observed that in majority of the activities, *Sirajgang* performed the best. In July 2008, *Sirajgang* performed 812 ANC, 151 PNC, 85 deliveries and 18 cesarean sections. On the other hand, *Jhalikathi* performed 376 ANC, 22 PNC, 21 delivery and 14 cesarean sections. Similarly, in the month of October, *Laxmipur* performed 624 ANC, 86 PNC, 66 delivery, and 7 cesarean sections. On the other hand, *Jhalakathi* performed the least i.e. 218 ANC, 36 PNC, 22 delivery and 10 cesarean sections. Likewise, Sirajgang performed the best in the month of February, 2009; 458 ANC, 126 PNC, 49 deliveries and no cesarean section. In this month Madaripur performed the highest number of deliveries (68), and Kustia performed the least number of deliveries (18). In June, 2009 *Sirajgang* performed 657 ANC, 78 PNC, 37 deliveries and 5 cesarean sections. In the same month, *Kustia* performed 329 ANC, 102 PNC, 32 deliveries and 7 cesarean sections. *Jhalakathi* performed the least number of ANC (101), PNC (21), delivery (8) and only one cesarean section.

MCH Performance in MCWCs

The entire sample MCWC performed the activities like ANC, PNC, delivery, cesarean section. Moreover, the MCWCs delivered other services like general patients treatment, treatment of RTI/STI, infant care and child care. In relation to maternal and children services, again *Sirgajong* performed the best.

Performance in MCHTI and MFSTC

MCHTI and MFSTC are rendering services to the urban population. The performance of MCHTI is the best in relation to all services of MCH. It may be noticed that the performance of MCHTI is for better than MFSTC. In June, 2009 MCHTI performed 3048 ANC, 540 PNC, 381 deliveries and 227 cesarean sections. Similarly, it delivered 2048 infant care and 1710 child care in the same month. In comparison to MCHTI, MFSTC performed 260 ANC, 7 PNC, no delivery and cesarean section. Similarly, only 115 infants and 157 children seek services from this center in the month of June, 2009.

Overall progress of the program activities

After launching in 2003, the program got a momentum in 2005 and since then the activities are running in a smooth pace with some exceptions in regularities in supply system. Logistics like DDS kits, MR kits and MVA kits are irregular in supply. Though there are a small allocation for local purchase, but that is not sufficient and irregular. Coverage of patients mainly depends on drug supply. If, there is sufficient supply, there are more patients. In general, no drugs supply fewer patients. During the data collection some facilities were out of drugs and MSR like *Sharee* and *Lungi* for ligation and vasectomy. Overall performance in family planning activities like permanent and long acting methods are satisfactory.

Contraceptive Acceptance Rate (CAR)

The achievement in CAR among the sample districts varies from 63.2% in *Laxmipur* in the month of July and August, 2008 and 75.7% in *Sirajgonj* in June, 2009. Among the sample districts the CAR in *Sirajgonj, Kustia and Moulavibazar* are the highest and more than 75%, and in *Jhalikathi* and *Madaripur* is above 70%, but in *Laxmipur* it is the lowest (only 66.3%). Considering 3 standard visits during antenatal period, only 24.1% of the facilities have the minimum coverage (3 visits). In terms of delivery coverage, only 55% of the districts have achieved 50% of the targets, 21.6% have achieved 51-75% targets and only 9.5% have achieved 76 to 100% targets. Thus, institutional delivery is lacking far behind the targets. PNC coverage is also far behind the targets. Among the facilities, only 35.4% (N=28) achieved 50% coverage, 20.3% (N=16) achieved 51-75% coverage and 19% (N=15) have achieved 76-100% coverage.

Adolescent services are only available in 60% (N=54) of the facilities and 40% has yet to include these services in their facilities. Only in *Kustia*, all the facilities have these service provisions. *Moulavi bazar* has the least number (2) of facilities with adolescent services. Similarly, childcare services are available only in 31% (N=28) of the facilities. As discussed earlier, if there is sufficient supply of medicines, both children and adolescents attend the clinics for services. On the other hand, if there is less supply, few children and adolescents come to avail services in these facilities. Supervisory systems are pretty strong in the sample districts and *upazilas*. DDFP being the senior most officer in the district, supervised the most (44.8%). On the other hand, being posted at union level SACMOs/FWVs supervised the least (7%).

Conclusion and recommendations

Maternal, Child and Reproductive Health Services (MCRH) program being the most important contributor in achieving the MDGs and PRS, play an important role in socioeconomic development. The main achievement of MCRH Program is the contraceptive acceptance rate (CAR). Majority of the sample district (5 ot of 6) have achieved more than 70% CAR. Only *Laxmipur* district achieved 66.3% CAR. It is worth while to note that *Sirajgong, Moulavi bazar and Kustia* have achieved more than 75% CAR.

The supply of DDS kits, MR kits and MVA kits are not always regular. In some cases the supplied are delayed. During data collection, there was no supply of items like Sharee, Lungi. Most important is to note that there was shortage of supply of IUD (Copper-T) in *Laxmipur, Moulavi bazaar and Madaripur*. Moreover, there was

occasional shortage of implant and injectables. Supplies of MSR and all types of kits must be regular and in sufficient quantity.

In majority of the sample districts and *upazilas*, 100% of targets of pregnant women and women of reproductive age have been covered. As reported from the district and *upazilas* 55.4% of the facilities have covered of the targeted deliveries. Institutional deliveries are still less than 30% of the total deliveries. As the record says, PNC coverage is only 40% of the targets. Risk pregnancies are only managed by MCWCs and the district hospitals. All the obstetrical emergencies and risk pregnancies are referred to higher facilities, but no systematic records of referrals are maintained and in majority of the facilities no records of referrals were found as such.

In the entire sample MCWCs, there are 100% provisions of adolescent heath care including counseling, RTI/STI treatment. 98% of the service recipients are women and the majority of the services they seek are FP advices (43.9%). Mothers' care (29.3%) is the second highest purpose of visiting the facilities. Though there is no separate arrangement for the poor, but in general, the percentage of the poor attending the facilities is 60%. There are hard-to-reach areas in all the sample districts. In *Jhalakathi, Gaba Ramchandrapur* and *Kathalia* are hard to reach area. In *Madaripur, Charjanajat, Kathalbari* and *Madbarerchar* are the hard to reach areas. In *Sirajgang*, there are some char areas. In *Moulavi bazar* and in *Sirajgang* there are also hilly areas which are hard to reach. MCH-FP services are provided to these hard to reach areas through arrangement of special drives like special satellite clinics and door to door services. In special situation local transport like boats are arranged to provide services to these areas.

In some areas, there is good collaboration and cooperation exists among health and FP personnel. As opined by FWAs, all of them (100%) assisted in EPI and National Immunization Day (NID) programs, but, they got no support from health assistants like HAs and AHIs. The overall supervision system is good, but due to shortage of manpower and transport, it could not be properly done.

Recommendations

The following recommendations are made on the basis of the findings of the in-depth monitoring of Maternal, Child and Reproductive Health Services program:

1) Management and accountability system of the MCRH program is good. The supply system must be re-arranged and procurement monitoring needs to emphasized and strengthened;
2) Supplies must be according to the eligible couples and utilization rate. The shortage of manpower needs to be filled up as soon as possible;
3) Necessary vehicles must be procured within a short period to strengthen the monitoring and supervision system;
4) A special provision must be arranged to render services to the hard to reach areas. Especial arrangement like boats, bicycles and motorcycles must be provided to those hard to reach areas. A provision for extra 'Hard-To-Reach" (HTR) allowances including special transport allowance (TA) must be provided to those who work and reside in those areas;

5) A special incentive system must be worked out like certification, special increment for best performing workers and officers and facilities;
6) Record management, both for supplies and services is quite unsatisfactory in some areas. Special training for record management must be organized for UFPOs and SACMOs/ FWVs;
7) Supply system must be upgraded and supplies must be regular and there must not be any shortage in any time. A need assessment for regular supplies must be made as soon as possible;
8) ANC, PNC and delivery coverage is still very low. Social awareness activities like folk songs, especial gathering, bill boards, and posters must be provided/ created to increase this coverage;
9) Coverage of the poor must be increased in all the FP facilities by providing more necessary medicines and allocation for local purchase; and
10) A good collaboration must be maintained between health and FP activities and among the personnel through regular joint coordination meetings. The issue must be encouraged by the district, divisional and central level management team.