

## Service delivery surveys of the health and population sector in Bangladesh

Monitoring the Health and Population Sector Programme 1998-2003

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## Aims of the HPSP 1998-2003

- Create a more client-oriented service
- Improve accountability of services
- Increase local participation in the planning and prioritisation of services
- Make services more responsive to needs of women, children, very poor

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## Proposed policy changes in HPSS & HPSP

1. Financial sustainability
2. From project-based planning to SWAp
3. Unification of health and FP services
4. Participatory planning with involvement of communities and stakeholders
5. Move towards decentralisation

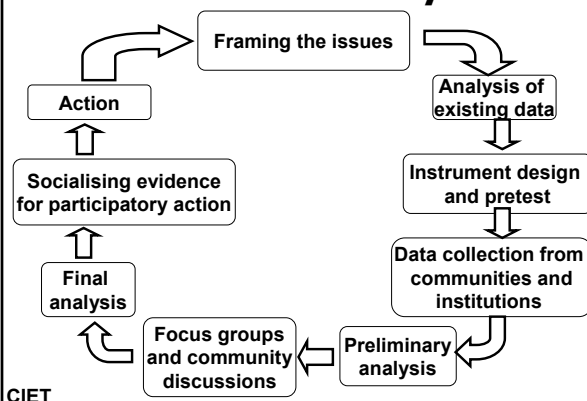
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## Proposed policy changes in HPSS & HPSP

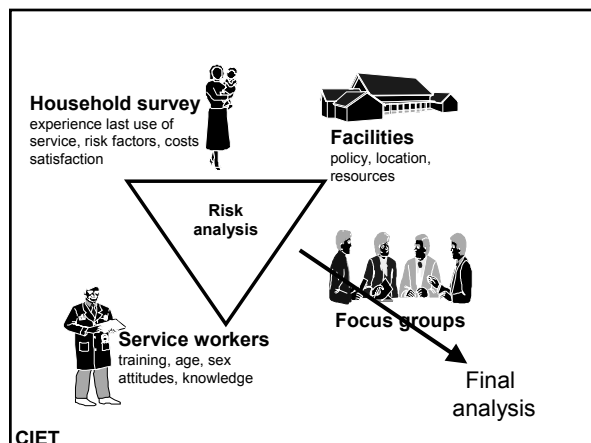
6. From public sector as primary provider to partnership with private and NGO sectors
7. Essential services package in public sector and addressing health needs of vulnerable groups
8. From separate women's projects for gender equity to gender-mainstreaming approach

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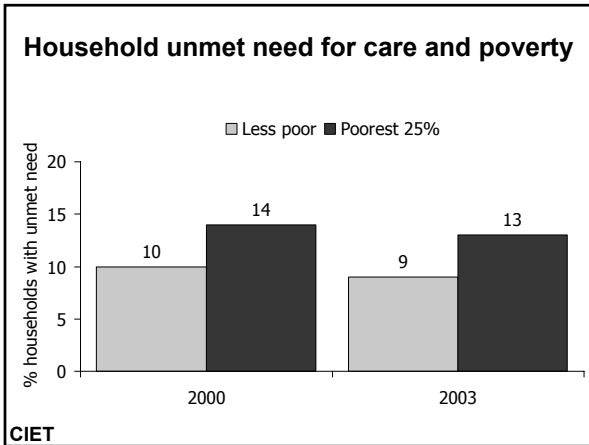
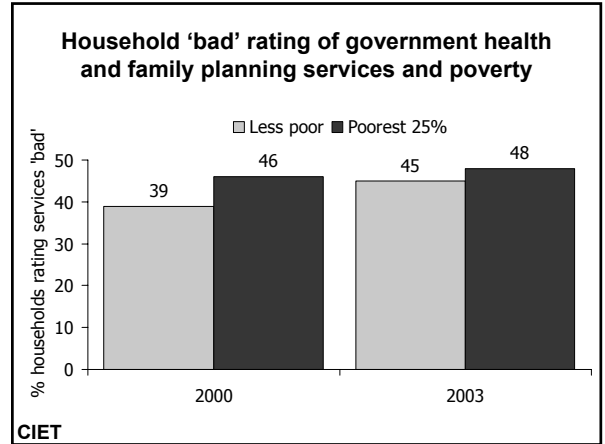
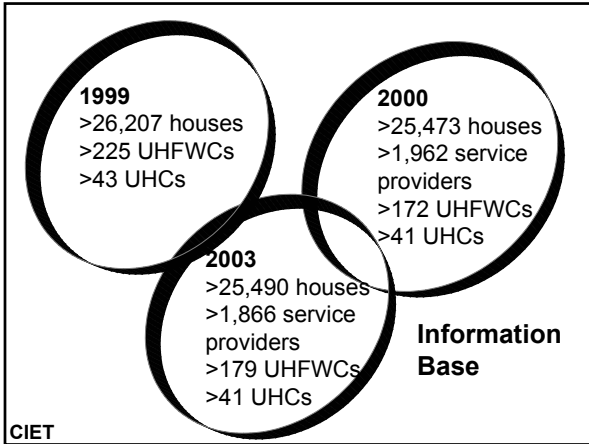
## The CIET social audit cycle



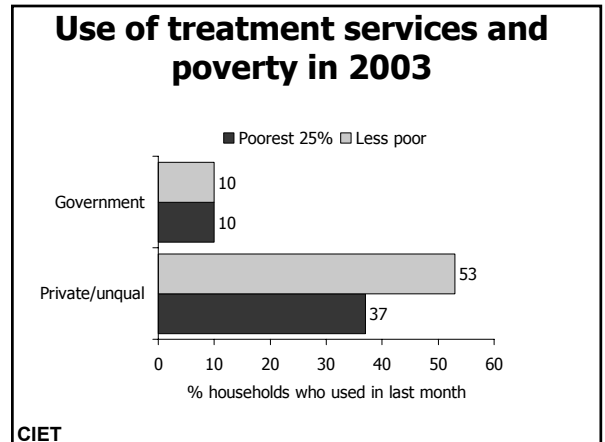
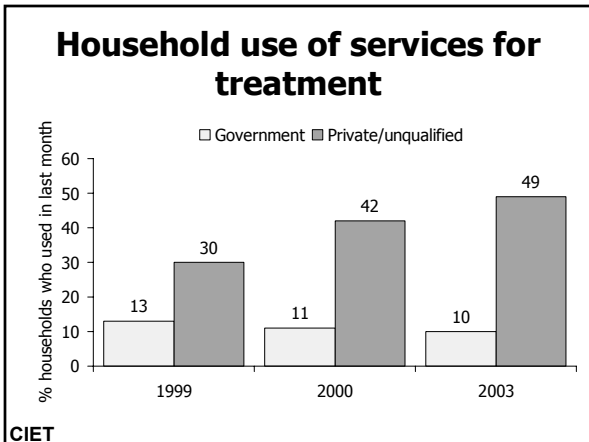
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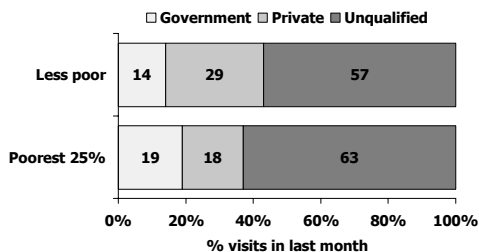
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- In 2003, households more likely to have unmet need for care:**
- Those with an illiterate head
  - Those with a female head
  - Those with income in the bottom 25<sup>th</sup> percentile
  - Those in rural areas
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## Visits to services for treatment and poverty (2003)



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## Why are the very poor not using government services?

"If you go to the doctor wearing a lungi, the doctor will not give you treatment."

"The health workers only give medicines to known people; they don't give them to the poor."

"If the poor want service they give them a kick, but if the rich want service they give them a sofa for sitting."

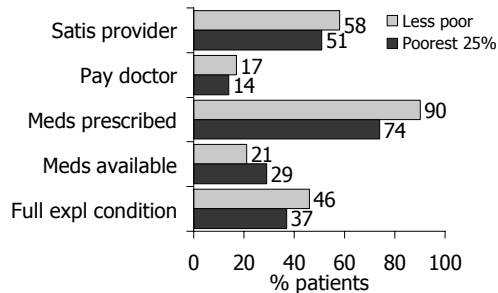
## Why are people choosing unqualified practitioners?

"The village doctors would come at midnight if they are called."

"Most of the time we don't find any doctors in government hospitals, so we turn to the village doctors."

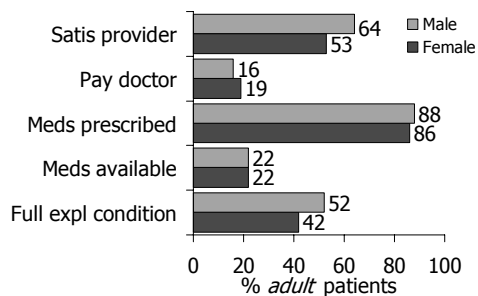
"We go to the village doctors because they give us medicine on credit."

## Quality of govt service and poverty



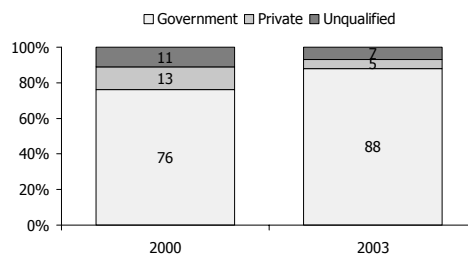
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## Quality of govt service and gender



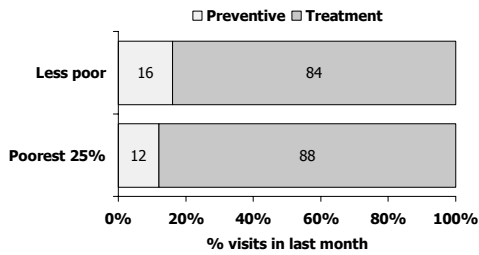
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## Service provider for preventive services



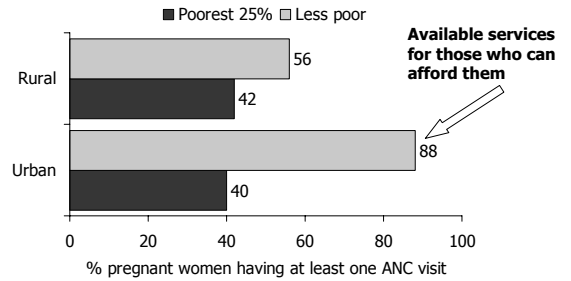
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## Visits to services for prevention and poverty (2003)



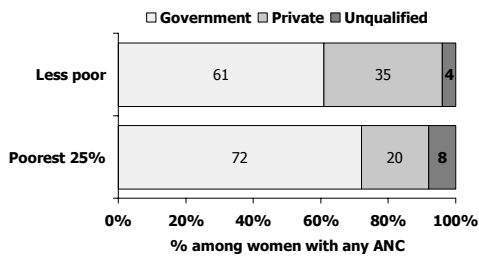
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## Antenatal care and poverty



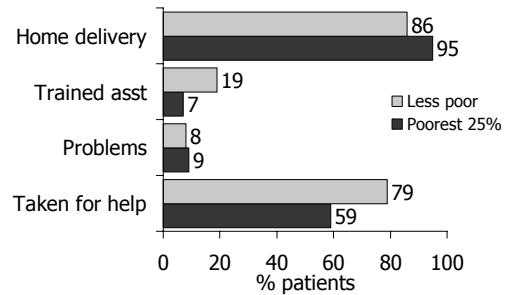
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## Source of antenatal care and poverty (2003)



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## Delivery care and poverty



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## Conclusions

### The poorest households:

- Are more likely to rate govt services as bad
- Have more unmet need for health care
- Have a worse experience of govt services
- Are less satisfied with govt services contacts

### Women:

- Have a worse experience of govt services
- Are doubly disadvantaged if also poor

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