PILOT STUDY OF HEALTH OUTLETS

PERFORMANCE OF HEALTH OUTLETS ALONG WITH FAMILY PLANNING SERVICES 1993

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Foreword

An important function of the National Institute of Population Studies (NIPS) is to provide research based input to the policy makers and planners for improving the health and family planning services. This project aims to assess the capacity of health outlets to provide health and family planning services in the community settings; to feed the results of the study for the formulation of strategy for the involvement of health sector in the population welfare programme.

According to the annual report of the Director General Health for 1990-1991 there were 471 RHCs and 3901BHUs which were functioning in the four provinces, in addition, there were 22 RHCs,and 150 BHUs in Azad Jammu and Kashmir, which were functioning on 30June 1992.Out of these 56 health outlets were selected, in which, 21 were RHCs, BHUs were 29 and 6 outlets were RHS-A centers, MCH and a dispensary.

Brig.(R) Nusrat Jahan Saleem, Senior Consultant, NIPS originally conceived this project and has wholeheartedly followed it through. Without her advice and guidance the project would have not taken off.

Dr.Sultan S. Hashmi, Resident Advisor, NIPS who was the Senior Project Advisor deserves my special commendation for successfully completing the study and producing the report. Mr. Shahid Hamid, Research Associate, NIPS worked hard and assisted the Senior Project Advisor in report writing of this project is duly acknowledged. The support of all the staff is also appreciated.

I hope the report with its findings and policy recommendations would be found useful by the planners and field functionaries of health and population welfare programme in Pakistan.

Dr. M. S. Jillani
Executive Director.

Acknowledgement

We wish to acknowledge the contribution of all the persons who were, in one way or the other, involved in this study. This project was started in March 1993 when Dr. M. S. Jillani was the Executive Director of the National Institute of Population Studies, he gave the idea to undertake this pilot study after reviewing the successful results of Indonesian government who merged family planning into health outlets. Thus this study gave us the complete picture of the performance of health outlets in Pakistan. The guidance and advice of Mr. Tewfiq Fehmi, Executive Director, NIPS is also appreciated.

The active involvement of Dr. A. Razzaque Rukanuddin, Director, NIPS had also been instrumental in rejuvenating the project's activities at all stages. After him the guidance and advice of Dr. Abdul Hakim, Director, NIPS is also highly acknowledged.

The contribution of Miss Nazir un Nisa, Junior Consultant, NIPS was specially distinguishable and deserves special commendation.

Mr. Mushtaq Ahmed Computer Programmer and his team also merit our appreciation for assistance in data processing. The assistance provided by Mr. Iqbal A. Jafari and Mr. Mohammad Akhter Rana in financial and administrative matters during the project implementation is acknowledged.

Lastly, we will also like to appreciate the hard work of all project staff whose painstaking efforts made this project possible.

Sultan S. Hashmi
Nusrat Jahan Saleem
Shahid Hamid

Tables

Project Staff

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Contents

II.5. SOURCES OF WATER SUPPLY

The potable water was available in 44 out of 56 communities. Main sources of water were hand pumps in 47 communities, piped water in 26, wells in ten, springs in seven and canals in four. Some communities had more than one source of water. But the fact remains that in 12 communities there was no safe drinking water available.

II.6. OTHER PUBLIC FACILITIES

With regard to other public facilities all but one community had electricity, 36 had post offices and public call offices, 26 had markets and 30 had banking facility.

In the questionnaire a question was included about the distance from the outlet visited to another nearest health or family planning outlet. It was noted that of the 21 RHCs, 15 had another health or family planning outlet within five kilometer, five had another outlet within five to ten kilometers away. Only one RHC had another outlet at a distance of 22 kilometers (Table II.1).

Of the 32 BHUs (including two rural MCH Centres and one rural dispensary) 21 had another outlet within 5 kilometers distance, nine had another outlet within six to ten kilometers and two had another outlet at a distance of more than ten kilometers (12 and 16 kilometers).

These community characteristics provide the settings in which the health outlets selected for the present pilot study are located.

available in 25 communities, MCH centres were available in seven, Family Welfare Centres (FWCs) in 24, Hakeems/Homeopaths in 24, dispensaries in nine, chemists in 30 and Pirs (faith healers) in seven communities. This shows that in addition to RHCs and BHUs, there were some alternative sources of health services available in most of the communities.

However, there were communities in which RHCs or BHUs were the only sources. There were six out of 21 communities in which RHCs were located but there was no other health or family planning centre located within five kilometer radius. Similarly there were 10 out of 32 communities in which BHUs were located, but there was no other health outlet or family planning centre located within five kilometer (Table II.1).

TABLE II.1

DISTANCE OF RURAL HEALTH CENTRES AND BASIC HEALTH UNITS FROM ANOTHER NEAREST HEALTH / FAMILY PLANNING OUTLETS, PSHO 1993

Distance in Kilometers	No. of RHCs	Nearest Outlet		Distance in Kilometers	No. of BHUs	Nearest Outlet	
		FPO	HO			FPO	HO
0	4	4	0	0	5	5	3
2 - 3	5	--	5	1 - 3	8	2	6
4 - 5	6	--	6	4 - 5	8	--	8
7 - 10	5	1	5	6 - 10	9	1	8
22	1	1	1	12	1	--	1
				16	1	1	1
Total	21	6	17	Total	32	9	27

FPO = Family Planning Outlet
HO = Health Outlet

CHAPTER II

COMMUNITY CHARACTERISTICS

II.1. LOCATION OF COMMUNITIES

Of the 56 outlets eleven were located in the urban communities. These included two Reproductive Health Service Centres A-type, one each in Karachi and Lahore, eight RHCs in towns which had recently been upgraded to Tehsils/Town Committees and one MCH Centre which was located in Quetta city. While the remaining 45 outlets were located in villages and country side. However, 31 outlets were located in those rural communities which did not have a town or city within 10 kilometer.

II.2. APPROACH TO COMMUNITIES

Of all the communities visited 12 could be approached through asphalted roads, 42 through gravel roads and only two through Kacha (mud) roads. In other words, all 56 communities could be approached through motorable roads where public buses and wagons were available.

II.3. EDUCATIONAL FACILITIES

With regard to educational facilities, primary schools for both boys and girls were available in 44 out of 56 communities; middle schools were available in 22 communities for boys and in 23 communities for girls but high schools for boys were available in more (38) communities than for girls (27).

II.4. ACCESS TO OTHER HEALTH FACILITIES

In addition to 56 outlets which are the main subject of this study, access to hospitals was available in 6 urban communities, private medical practitioners were

setting were combined with BHUs. The major focus of the analysis presented in this report was on 21 RHCs and (29 + 3 = 32) BHUs. But at the time of field visit, it was found that two RHCs and two BHUs were closed and therefore 19 RHCs and 30 BHUs could be observed from inside and their working situation was examined.

The team spent at least one day at one outlet interviewing the staff and observing various aspects of each outlet and also interviewing four households in the vicinity in which each outlet was located. For some outlets which are located in remote areas more than one day had to be spent but there are other outlets which are located near metled roads, in which case two outlets could be covered in one day.

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supply of medication and contraceptive methods and equipment. Information was also obtained on the availability of emergency services and characteristics and housing condition of the service providers.

Additional information about the outlets was obtained from four households of each locality in which an outlet was located. The information obtained included: household size; source of obtaining health; family planning and maternal and child health services; knowledge about the location of and services provided by outlets; opinion about the outlet and its staff; and improvements needed in the existing outlets.

This information was obtained to assist policy makers and administrators in improving the health facilities in rural areas and to consider the integration of family planning in the health sector.

1.5. FIELD STAFF, TRAINING AND PRETESTING OF QUESTIONNAIRE

For the field work, high level team consisting of Brig. retired female nurse, ex-captain female nurse and a male research associate were recruited and trained in the art of interviewing during the first two weeks of March 1993. Their training was combined with the pretesting of the questionnaire. The pretesting was done in one Rural Health Centre and a Basic Health Unit around Rawalpindi. Following the pretesting the questionnaire was revised appropriately.

1.6. FIELD WORK

The team conducted the survey from 20 March 1993 to 18 May 1993. The information was to be collected from all outlets shown in Table 3 i.e 28 in Punjab, 12 in Sindh, 9 in NWFP, 4 in Balochistan and 3 in Azad Jammu and Kashmir. The composition of the outlets canvassed was as follows: 21 RHCs; 29 BHUs; 2 RHSCs; 3 MCHCs; and one dispensary. For the purpose of analysis, two MCH centres and the dispensary which were located in the rural

TABLE 1.3

SELECTED SAMPLE AREAS OF HEALTH OUTLETS, BY PROVINCE

	Punjab	Sindh	NWFP	Balochistan	AJK	Total
RHC	11	3	4	1	2	21
BHU	16	6	4	2	1	29
RHS-A	1	1	--	--	--	2
MCH	--	1	1	1	--	3
Dispen.	--	1	--	--	--	1
Total	28	12	9	4	3	56

It is pointed out that two RHCs and two BHUs were closed at the time of the visits and therefore no information could be obtained in respect of specific questions concerning these outlets and their staff. Besides two rural MCH centres and one rural dispensary were included with BHUs for the purpose of analysis.

1.4. QUESTIONNAIRE AND TOPICAL COVERAGE

A comprehensive questionnaire (Appendix) was developed to obtain characteristics of communities in which selected health outlets were located which included, type of locality, rough estimate of the population size, type of public services such as availability of schools, electricity, health and family planning services, post office and market, sources of drinking water and the major problems being faced by the community.

Questions on these variables were followed by the specific information sought on health outlets which included tenure and condition of the building, availability of furniture, working hours, staffing position, number of clients visiting, maintenance of patients records, type of health and family planning services provided, availability and

Out of these only 21 RHCs and 29 BHUs were selected. Consideration in this selection was also given to some of the districts which were somewhat less developed than others.

TABLE 1.2

FUNCTIONAL RURAL HEALTH CENTRES AND BASIC HEALTH UNITS BY PROVINCE, PAKISTAN 1992

Province	Rural Health Centre Functioning/* Under Construction		Basic Health Units Functioning/ Under Construction	
Punjab	285	17	2208	189
Sindh	69	39	502	284
Balochistan	45	3	435	31
NWFP	72	6	756	153
Total	471	65	3901	657
AJK	22	9	150	---

Source: [3].

In addition, two Reproductive Health Service Centres, three Maternal and Child Health Service Centres and one dispensary were selected on ad-hoc basis to obtain somewhat broader picture. Thus altogether 56 health outlets were selected. The distribution of the sample is shown in Table 1.3.

I.3. SAMPLE SELECTION

According to the annual report of the Director General Health for 1990-1991 there were altogether 11,671 health outlets in the four provinces of the country [Table I.1]. Out of these 461 were Rural Health Centres (RHCs) and 3633 were Basic Health Units (BHUs). On 30 June 1992 there were 471 RHCs and 3901 BHUs which were functioning in the four provinces [Table I.2]. In addition, there were 22 RHCs and 150 BHUs in Azad Jammu and Kashmir, which were functioning on 30 June, 1992.

TABLE I.1

TOTAL HEALTH OUTLETS BY TYPE AND PROVINCES, PAKISTAN 1991

	Punjab	Sindh	NWFP	Balochistan	Total
Hospitals	262	272	154	58	746
Dispensaries	1222	2687	585	398	4892
Tuberculosis Centres/Clinics	51	135	18	26	230
MCH Centres	495	151	327	73	1046
Rural Health Centres	283	67	71	40	461
Sub-Health Centres	570	26	39	28	663
Basic Health Units	2077	436	700	420	3633
Total	4960	3774	1894	1043	11671

Source: [3] Annual Report of D.G. (Health) 1990-91.

use of contraception, has been the inadequate coverage of population which has roughly been estimated as of the order of 54 percent in the urban and 5 percent in the rural areas [1,p.11].

Recognizing the slow progress in family planning in the past and the continuation of high rate of growth of population along with its serious implications for socio-economic development, the government has made a commitment to involve all sectors in particular the Health Sector more actively to support the programme and assist in the expansion of the coverage of population to 100 percent in the urban and 70 percent in the rural areas by 1998 [2,p.5].

It is in this context that this pilot study has been undertaken with the object of evaluating the health services which are being provided mainly by the Rural Health Centres and the Basic Health Units in the rural areas and to assess their current involvement and capacity to provide family planning services. The present exercise is a case study of a small sample of 56 outlets some of which were intentionally selected from remote areas, and is limited in scope. Thus, the results may be interpreted with caution.

I.2. OBJECTIVES

The primary objectives of the study were to assess the capacity of health outlets to provide health and family planning services in the community settings; to feed the results of the study for the formulation of strategy for the involvement of health sector in the Population Welfare Programme; and to pave the way for a full fledged future study based on a larger nationally representative sample.

For achieving these objectives, various aspects such as condition of outlet buildings, equipment, staffing, training, services provided, availability of medicines and contraceptive methods in the health outlets have been examined in the community set up. More detail of the subjects covered is given in section I.4.

CHAPTER I

INTRODUCTION

I.1. BACKGROUND

In many developing countries health sector has played an important role in achieving the goals of family planning programmes. Some of the examples are Indonesia, South Korea and India. In Pakistan also, attempts have been made to involve Provincial Line Department involving mainly health departments outlets, Target Group Institutions health outlets, private medical practitioners, Homeopaths and even Matabs of Hakeems, for the dispensation of contraceptives but the success has been limited.

Although the programme is meant to be multi-sectoral and multi-dimensional, its implementation is weak. The matter of contentions is the ownership of the component by the respective ministry to ensure better implementation.

However, two types of Reproductive Health Service Centres (A and B) established in the public and private hospitals mainly in the urban centres have been performing adequately. Also, independent of health sector, maternal and child health services along with treatment of minor ailments and family planning are being provided through the programme outlets i.e. Family Welfare Centres (FWCs). In other words, attempts are being made to adopt a fragmental integrated approach for the provision of family planning and health services.

One major factor which so far has been contributing to the slow progress in the

CHAPTER III

BUILDINGS AND MAINTENANCE OF RHCs AND BHUs

As pointed out in the previous chapter at the time of field visits two out of 21 RHCs and two out of 32 BHUs (including two MCH centres and one dispensary which were located in rural area) were closed. Thus 19 RHCs and 30 BHUs could be observed by the survey team from inside.

Buildings of all RHCs and BHUs which were visited by the team were specially built for those outlets by the Government. Some buildings were old, but most were solidly built.

III.1. RURAL HEALTH CENTRES

All RHCs buildings had either waiting room or verandas and some had even both. All had latrines and flush system and all but one had drainage system. Of the 19 RHCs, 17 had concrete roofs, one had wooden roof and one had steel sheets. Nine RHCs buildings had marble floors and ten had concrete floors. Eighteen had wooden doors and one had a steel door, four had concrete walls and 15 had brick walls.

In general all RHCs buildings were painted from inside at the time they were built, but were not being maintained properly. Only in two, the cleanliness could be considered as excellent and in another one, it was good. In another 15 the cleanliness could be considered as satisfactory, but not upto the standard of a health centre and in the remaining one the condition was unsatisfactory. In addition in one RHC there was no electricity and in two there was no proper water arrangement. All others had electricity and satisfactory arrangements of water.

III.2. BASIC HEALTH UNITS

Of the 30 BHU buildings 28 had verandas but none had a waiting room, all had latrines and flush system was available in all with the exception of two and drainage was available in 24. Roofs of 19 were built with concrete, of eight with beams and bricks and three BHU buildings had wooden roofs. While 25 had concrete floors, five had marble floors. All BHU buildings had wooden doors. Walls of 26 were built with baked bricks and of four with concrete.

The condition of maintenance of BHU buildings was not only worst than the condition of RHC buildings, it was far below the standard of health outlets. In respect of cleanliness none of the BHUs buildings could be classified as in excellent condition. Only one of 30 could be considered in good condition and of the remaining, 19 might be classified as satisfactory and ten as far below the acceptable standard.

There was dust on the floors as well as on the furniture. In some cases bath rooms were being used as store rooms. In addition, in seven BHUs there was no proper water arrangement and in delivery cases which occurred during dark hours there was no proper light and torch light was used.

III.3. REMARKS

In general, the buildings of RHCs as well as of BHUs were specifically designed and built for these outlets. But neither the RHCs nor the BHUs buildings were being maintained properly. No periodic repairs and white washing were being undertaken. In several cases the boundary walls had fallen down. However, it must be mentioned that two RHCs and one BHU which were visited by the team in Azad Jammu Kashmir were maintaining the standard of cleanliness as well as were taking proper care of the buildings.

CHAPTER IV

AVAILABILITY AND CONDITION OF FURNITURE AND EQUIPMENT

In this chapter, some observations are recorded with regard to the availability and condition of furniture and equipment in RHCs and BHUs.

IV.1. RURAL HEALTH CENTRES

IV.1.1. Furniture

1. Beds and Linen

On the average there were 14 to 15 beds in a RHC and in nine RHCs there were 20 or more beds. There was no RHC in which the condition of beds was excellent. Only in three RHCs, the beds were in good condition, in 13 the condition could be considered as satisfactory and in the remaining three it was unsatisfactory. In eight RHCs linens were adequate, in seven the linens were inadequate, and in four RHCs there were no linens on beds. Only in four RHCs the linens were clean and in the remaining 11 the linens were dirty.

2. Chairs and Tables

The condition of other furniture in the RHCs was also not upto the standard. On the average there were 28 chairs per RHC and only in two RHCs the condition of chairs could be considered as good. In 15 RHCs the condition could be considered as satisfactory and in the remaining two most of the chairs had broken seats and were not usable. Of course tables in four RHCs were in good condition and in the remaining 15 were in satisfactory condition. On the average there were 9 tables per RHC.

IV.1.2. Equipment

1. Operation Theater and Examination Table

An examination of equipment by the survey team revealed that of the 19 RHCs, 16 had operation theaters but only five were in working order and 11 operation theaters were out of order. In other words only in five RHCs the operation theaters were in working condition.

Gynecological examination tables were available in 14 out of 19 RHCs but only six tables were in working order. Examination light was available in 12 out of 19 RHCs but it was in working order in nine RHCs.

2. Blood Pressure Apparatus and Thermometer

Blood pressure apparatus and thermometer were the only two equipment items which were available in all 19 RHCs but the former was out of order in one RHC and the latter in another RHC.

3. Kidney Tray and Scissor

Availability of kidney tray was reported by 17 RHCs out of which one was not in working order. Thus three out of 19 RHCs were deficient in respect of kidney tray. One RHC reported that it had no scissor and another two had scissors but were out of order. In another words three out of 19 RHCs had no scissor.

4. Hand Gloves and IUD Inserter

In two RHCs there were no hand gloves and another RHC had hand gloves but were not usable. IUD inserter in working condition was available in 11 and in another, it was available but was not in working condition. Thus eight RHCs were not performing service to IUD clients.

5. Syringe and Dressing Material

It was noted that one RHC did not have any syringes. Drum for dressing was available

in 16 out of 19 RHCs but only in six RHCs it was usable and in the remaining ten it was out of order. While dressing material was available in 18 out of 19 RHCs, only 14 had usable dressing material.

6. Sterilizer, Forceps and Antiseptic Lotion

One of the most essential item, sterilizer was not available in three RHCs and out of the remaining 16 RHCs in which sterilizer was available, in six it was not working. Forceps was available only in six out of 19 RHCs and in one it was out of order. Thus forceps in usable condition was available only in five RHC. Besides three RHCs out of 19 had no antiseptic lotion.

7. Heater and Electric Fan

Only eight out of 19 RHCs had a heater out of which in two it was out of order. Electric fans were available in 17 RHCs out of which three reported that the fans were out of order. Thus only 14 out of 19 RHCs had fans which were in working condition.

8. Basin, Bucket and Jug

In seven out of 19 RHCs there was no basin and in another there was a basin but was not usable. In other words 11 out of 19 had a usable basin. Only 12 of the 19 RHCs had a bucket and 15 had a jug but in 11 RHCs it was in usable condition.

9. Remarks

It is noted with concern that of the 20 essential items none of the 19 RHCs had a complete set of equipment which was in working order. All RHCs were deficient in respect of one or more items. Most of RHCs did not have Forceps and heater. One third of RHCs did not have examination light or IUD inserter or a basin and a bucket.

The shortage of such simple but essential items as sterilizer and antiseptic lotion cannot be justified. Non-availability and maintenance of standard and essential equipment deserve special attention of policy makers and planners.

IV.2. BASIC HEALTH UNITS

IV.2.1. Furniture

1. Beds and Linen

Of the 30 BHUs visited from inside, 20 had beds and the remaining ten had no beds at all. In the 20 BHUs the average number of beds available was two to three. The maximum number of ten beds were available in one BHU. However only in one BHU the condition of beds was good and in the remaining 19, the condition could be considered as satisfactory. Of the 20 BHUs which had beds, in ten the linens were adequate, in eight the cleanliness was inadequate and in two there were no linens on beds. Of the 18 BHUs which had linens, only in five the linens were found as clean and in the remaining 13 the linens were dirty.

2. Chairs and Tables

The condition of other furniture was also not upto the desirable standard of health outlets. For example, all BHUs had chairs and only in one the condition of chairs was good. In 23 BHUs the chairs could be classified as in satisfactory condition and in the remaining six most of the chairs had no seats. All BHUs had tables out of which in one the tables were in good condition, in 28 they were in satisfactory condition and in one the condition of tables was unsatisfactory.

IV.2.2. Equipment

1. Operation Theater and Examination Table

Of the 30, only two BHUs had operation theaters and even those two were out of order, 12 BHUs had gynecological examination tables but only in two the tables were in working condition. Two BHUs had examination lights, in one it was working and in another it was out of order.

2. Blood Pressure Apparatus and Thermometer

Five BHUs did not have blood pressure apparatus and in another, it was available but was out of order. One BHU had no thermometer and seven had broken ones. Thus out of 30 only 22 BHUs had thermometers which were in working order.

3. Kidney Tray and Scissor

Kidney tray was available in 24 out of 30 BHUs out of which in seven BHUs the tray was not in usable condition. Scissor was not available in three BHUs and in another five even the scissor was out of order. Thus usable scissor was available in 22 out of 30 BHUs.

4. Hand Gloves and IUD Inserter

Hand gloves were available in 19 BHUs out of which in five BHUs the gloves were not in useable condition. IUD inserter was available in ten BHUs out of which in one BHU, it was not useable. This shows that only nine out of 30 BHUs had the capacity to insert IUDs.

5. Syringe and Dressing Material

One BHU did not have any syringe and another three had broken ones. In 17 BHUs there was no drum for dressing and in another seven it was not usable. This means that only six out of 30 BHUs had a usable dressing drum. Dressing material was not available in eight BHUs and in another ten the material was not in usable condition. It means that only 12 out of 30 BHUs had useable dressing material.

6. Sterilizer, Forceps and Antiseptic Lotion

Sterilizer in usable condition was available in nine out of 30 BHUs. None of the BHUs had a usable forceps. It is surprising to note that three BHUs had no antiseptic lotion and another two had the lotion but was not usable.

7. Electric Fan and Heater

Electric fans in working condition were available only in 15 BHUs. In 27 BHUs there was no heater, and in another two it was not working. In another words, only one out of 30 BHUs had a heater in operation.

8. Basin, Bucket and Jug

Nine out of 30 BHUs had basin and only five were in working order. Usable buckets were available in 12 out of 30 BHUs. Fourteen out of 30 BHUs had a jug out of which only eight were in usable condition.

9. Remarks

The picture with regard to the availability of equipment in BHUs is highly unsatisfactory. Out of 30 BHUs visited none had a complete set of standard equipment which was in working condition. Although the sample of BHUs from which these inferences are made is small, yet it provides a glimpse of the situation with regard to the availability and condition of equipment in the health outlets which are expected to provide services to most of the population residing in the rural setting.

Since these outlets are expected to play an important role in family planning and primary health care, it should be ensured that they are fully equipped to perform adequate and efficient services.

CHAPTER V

STAFFING

Efforts was made to obtain the information on filled posts against those which were sanctioned in respect of doctors paramedics and other staff from 19 RHCs as well as 30 BHUs. The situation as of April - May 1993 is presented.

V.1. RURAL HEALTH CENTRES

V.1.1 MBBS Doctors

In four RHCs the sanctioned posts of doctors were two in each, in 12 the sanctioned posts were three in each and in another three in the sanctioned posts were four, six and eight respectively in each. The position with regards to filled posts was that in one out of 19 there was no doctor, in five RHCs there was one each, in nine RHCs there were two in each, in three RHCs there were three each and in one, the largest one, all eight sanctioned posts were filled. In other words 40 out of 62 sanctioned posts were filled and the remaining 22 posts of doctors were vacant. Of the filled posts 35 were male and five were female doctors.

V.1.2 Dental Surgeons

Out of 19 RHCs 15 had a sanctioned post of dental surgeon each and only in five RHCs the post was filled. Three of the dental surgeons were males and two were females.

V.1.3 Nurses

It is surprising that 16 RHCs had no sanctioned post of nurse. Only two RHCs had one post of nurse each and another the largest one had six posts of nurse.Thus altogether there were eight sanctioned posts out of which only two were filled.

V.1.4 Lady Health Visitors (LHVs)

With the exception of one all other 18 RHCs had one sanctioned post of LHV each out of which 15 posts were filled and in three RHCs the post was not filled. These are the LHVs who mainly undertake the family planning work at RHCs.

V.1.5 Family Welfare Workers

None of the RHCs had a family welfare worker or a family welfare assistant on their staff. However with the exception of one all had one or more sanctioned positions of traditional birth attendants who were assisting in family planning. Eleven RHCs had one sanctioned post of TBA each, five had two each and two had four each. Thus out of 29 sanctioned posts 26 were filled and strangely enough, one had been filled by a male TBA.

V.1.6 Dispenser

Eighteen out of 19 RHCs had sanctioned posts of dispensers. Three RHCs had one sanctioned post of dispenser each, four had two each, eight had three dispensers each and three had four dispensers each.

V.1.7 Ward Servants

With the exception of one all RHCs had posts of ward servants. Four RHCs had one post each, 13 RHCs had two each and one had four. Out of 18 RHCs which had sanctioned posts of ward servants one had no ward servants, four had one each, 12 had two each and one had four posts filled. In other words 32 out of 34 posts of ward servants were filled out of which seven were females.

V.1.8 Other Posts

Other posts including watchmen, peons and other miscellaneous posts were filled.

V.2. BASIC HEALTH UNITS (BHUs)

A BHU being a smaller unit had fewer sanctioned posts of staff than a RHC. Of

the 30 BHUs the staffing situation is presented in the following paragraphs.

V.2.1 MBBS Doctors

With the exception of one all BHUs had sanctioned posts of doctors. Twenty four BHUs had a sanctioned post of one doctor each, three had two posts and two had four sanctioned posts of doctors. In all there were 38 sanctioned posts. In three BHUs (there were two MCH centres + dispensary) there was no doctor posted in 22 there was one doctor posted in each, in three there were two each and in other two, there were three and four doctors in each. In other words 34 posts out of 38 were filled. Out of 34 there were 31 males and three female doctors.

V.2.2 Dental Surgeon

None of the BHU had a sanctioned dental surgeon.

V.2.3 Nurse

None of the BHU had a sanctioned post of nurse.

V.2.4 Lady Health Visitor

Of all 30 BHUs visited by the team 25 had sanctioned posts of LHV. Twenty three had one each, one had two and another one had three sanctioned posts of LHVs. Seven BHUs had no post of LHV filled, 22 had one each and one had three LHVs working. In all 25 out of 28 posts were filled.

V.2.5 Family Welfare Worker and Assistant

There were no sanctioned posts in these categories. however, LHVs with the assistance of traditional birth attendants were mainly responsible for the family planning work.

V.2.6 Dispenser

Of all 30 BHUs six had no sanctioned post of dispenser, 23 had one post each and

one had two posts. Out of 25 sanctioned posts 22 were filled, 20 by males and two by females.

V.2.7 Traditional Birth Attendant

Of all 30 BHUs four had no sanctioned post of TBA 20 had one post each, four had two posts each, one had three posts and another one had five sanctioned posts of TBA. Of the 36 sanctioned posts 34 were filled.

V.2.8 Other Staff

Six out of 30 BHUs had one sanctioned post of ward servant each and two had two such posts each. All these ten posts were filled.

Similarly there was one sanctioned post of watchman in each of 25 BHUs, two each in two BHUs and three each in three BHUs. Out of these 38 sanctioned posts of watchmen were all filled.

There were other posts of water carriers, sweepers and others in some BHUs which were also filled.

CHAPTER VI

CLIENT VISITS

VI.1. CLIENTS VISITS FOR HEALTH SERVICES

The record of RHCs and BHUs was examined to obtain information on the visits of patients during the month of February 1993 and the results varied widely.

VI.1.1 Visits of RHCs

In three out of 19 RHCs only 50 to 100 clients or on the average 75 patients per RHC visited in the month of February 1993. In other words not more than two to three patients visited each of these RHCs per day. In two RHCs there were about 200 patients per RHC during February 1993. In five RHCs there were 700 to 1000 patients or over 900 per RHC who visited during the month.

In six RHCs there were 1200 to 1600 patients or over 1400 per RHC who visited these health outlets during February 1993 and there were three RHCs each of which was visited by 2000 to 4000 or on the average over 2800 patients during the month.

VI.1.2 Visits of BHUs

In two BHUs no patient came during February 1993. In other three about 50 clients visited during February 1993. In another three 50 to 150 or on the average 100 patients per BHU visited during the month. In other three BHUs there were about 200 patients per BHU who visited these outlets and in another six BHUs 300 to 500 or on the average about 400 patients came. There were six BHUs each of which was visited by 500 to 900 or on the average by about 700 clients and to each of the remaining seven BHUs 1000 to 1500 or on the average over 1100 patients came during February 1993.

VI.2. CLIENTS VISITS FOR FAMILY PLANNING

VI.2.1 Visits of RHCs

Although the number of clients visiting for health reason was not the optimum, those visiting for family planning services and supplies were a small fraction of the total. The average number of health clients who visited RHCs during February 1993 was 1180 per RHC and those of family planning were 18 per RHC. Similarly average number of health patients per BHU during February 1993 was 515 and of clients for family planning the average number was only 19 per BHU.

Among the 19 RHCs five had no family planning visitors during February 1993. Among another five RHCs the visitors of family planning ranged from 3 to 25 or slightly over 13 per RHC during the month. Among the remaining 9 RHCs the family planning clients ranged between 30 and 100 or on the average 40 per RHC during February 1993. This performance of RHC in family planning was highly insignificant.

VI.2.2 Visitors to BHUs

Among the 30 BHUs there were 15 which had no family planning visitors during February 1993. Among another eight the number of visitors ranged between one to 15 or on the average slightly over seven per BHU during February 1993. Among five BHUs the number of family planning patients ranged between 18 and 90 or on the average about 30 per BHU during February 1993. The remaining two BHUs had distinctly higher number of family clients of 150 and 171 respectively.

The Pilot survey indicates that until February 1993 neither RHCs nor BHUs were providing adequate services and supplies for family planning. Of all 19 only 14 RHCs were providing family planning services and supplies and of 30 BHUs only 15 provided these services.

VI.2.3 Working Hours of Health Outlets

The official working hours of RHCs and BHUs were 08:00 to 12:00 and 14:30 to 16:30.

Most of the staff of RHCs work until 14:00 hours and one dispensers is available during the allowed hours and rest of the staff takes off. Most of the doctors, with the exception of one or two, were away either attending District Health Office or were on some other business.

Most of the BHUs were found closed after 14:00 hours. The doctor was usually available from 10:00 to 12:00 hours.

VI.2.4 Family Planning Supplies

It was observed that not all RHCs and BHUs were equipped to provide family planning services and supplies. Of the 19 RHCs 14 and of the 30 BHUs 16 were providing family planning services.

The situation with regard to the availability of contraceptives is shown in the following table:

TABLE VI.1

AVAILABILITY OF CONTRACEPTIVES AT RURAL HEALTH CENTRES (RHCs) AND BASIC HEALTH UNITS (BHUs) VISITED BY SURVEY TEAM 1993

Contraceptive Method	RHCs = 19		BHUs = 30	
	Availability		Availability	
	Now	Last Six Months	Now	Last Six Months
FP Service Available	14	14	16	16
Pill	9	8	11	9
IUD	10	9	13	11
Injection	10	8	13	12
Condom	9	8	9	9
Foam	1	1	3	3
Female Sterilization	2	2	2	3
Vasectomy	0	0	2	2

It is observed that none of the 14 RHCs and 16 BHUs which were providing family planning services had complete set of contraceptives during the past six months or currently. This was the situation during March - May 1993 when the field work was undertaken.

CHAPTER VII

PUBLIC OPINION ABOUT HEALTH OUTLETS

Part III of the questioner was based on the information obtained from visiting four households from each locality of health outlets. The object of these visits was to obtain public opinion about the RHCs and BHUs concerned. The information obtained included household size, sources of health, MCH services, family welfare services, knowledge about the location of the outlets, opinion about the performance and behaviour of the staff towards clients.

Eighty two households were interviewed to obtain information about RHCs and 122 households were interviewed to seek knowledge about BHUs.

VII.1 RURAL HEALTH CENTRES (RHCs)

Of the 82 households, most (87 percent) respondents in case of illness went for treatment to RHCs. About one tenth (10 percent) went to FWCs, about one fourth (24 percent) consulted private practitioners. Only two households reported that they visited pirs (spiritual leaders) and maulvis (religious leaders).

For maternal and child health services MCH centres were visited where available. Over 29 percent visited health outlets. About four percent respondents acquired the facilities of FWCs. About five percent consulted private LHVs. The largest percentage of about 76 percent respondents went to Dais. Out of 49 percent births in the previous year 44 percent occurred in the home and were attended by TBAs. Over two percent (2.4 percent) births took place at MCH centres and around the same percentage of babies

were born at the health outlets. Only in seven percent (7.3 percent) cases antenatal care was obtained.

With regard to family planning service about one third (31 percent) women received it from TBAs, 22 percent got it from local health outlets, 11 percent acquired the service from FWCs and one percent females decided to obtain F.P. service from F.P. workers. None of the respondents considered the service of local hakeems, MSUs or opinion of friends for family planning.

All of females were aware of the location of the health outlets. Over 96 percent (96.3) knew that health services were offered by the health outlets and 60 percent (59.8) knew that family planning services were available at health outlets.

To judge the efficiency of the staff, households, visited were asked about the performance of workers. Over 63 percent (63.4) respondents reported that the performance of the staff was satisfactory, where as 18 percent (18.3) considered it as good behaviour, two percent (2.4) reported that it was very cordial and 16 percent (15.9) of females said that the attitude of the staff of health outlets was annoying.

With regard to services, 63 percent (63.4) of females reported that services being provided by the health outlets were just adequate, 29 percent (29.3) said that the services were adequate. Only seven percent (7.3) of the respondents were happy with services and classified them as good. None of the female reported that the services were very good.

A ound 44 percent (43.9) of answers were given by heads of households, 46 percent (46.3) by their wives and about 10 percent (9.8) responses were given by other members of households.

VII.2 BASIC HEALTH UNITS

A total number of 122 households were selected from the communities where BHUs were located to obtain their opinion about the performance of BHUs. Of all the respondents 98 percent (98.4) reported that they knew the location of the BHUs. Most (93 percent) knew that BHUs were providing health and 48 percent (47.9) said that they were providing family planning services.

With regard to the behaviour of the staff three fourth (75.4 percent) of respondents reported that it was satisfactory, seven percent (7.4) said that the attitude of workers was good and less than one percent (0.8) reported it was very cordial where as 16 percent (16.4) respondents were of the view that the behaviour of the staff was annoying.

About 46 percent (45.9) of the respondents reported that services offered by BHUs were just adequate. Another 46 percent of respondents reported that services were inadequate and only eight percent (8.2) said that services were good.

Around four fifth (79.5 percent) respondents reported that in case of illness they visited BHUs and 38 percent (37.9) reported that they went out side the locality. One in five (21.3) of respondents consulted private practitioners and around one in ten (9.8) went to pirs and maulvis for treatment. One in twenty (4.9) went to other undefined places and only 3.3 percent visited the family welfare centres. It was reported that three fifth (60.7 percent) of households had experienced some illness during the last six months from the date of survey.

For maternal and child health services most (83.6 percent) respondents had the services of Dai (TBAs) and only 17 percent (17.2) went to health outlets. Some 13 percent (13.1) acquired facilities of MCH and 6.6 percent consulted private LHVs.

The households respondents were asked about the number of births which

occurred during the past year. Of the 122 household 59 percent reported of having a birth during the last year. Of these births 44 percent occurred at home and were attended by the TBA, eight percent occurred at MCH centres and seven percent at the BHUs. The antenatal care was provided by BHUs to seven percent (6.6 percent) of these women.

The household women of reproductive age were asked about the sources of family planning services and supplies and it was reported that 35 percent (35.3) obtained supplies from the TBAs, 19 percent (18.9) from the local BHUs, four percent (4.1) from the FWCs, 2.5 percent from FP worker, 2.5 percent from the local shop. Strangely enough none of the respondents obtained services and supplies from MSUs. Also it is interesting to know that 53 percent of the women in the reproductive age were either users or getting advice about family planning.

These responses were given by 44 percent (44.3) house wives, 38 percent (38.5) by heads of household and 17 percent by other members of households. This indicates that talking about family planning is becoming a normal affair which members of household can talk about.

CHAPTER VIII

EMERGENCY SERVICE

Besides checking the availability of services information was obtained about the type of emergency services provided by the RHCs and the number of emergency cases attended. The information on means of transporting patients, the attitude of the staff and problems facing the outlet were collected from 19 RHCs. It is encouraging to note that emergency services were found to be available in all sampled RHCs.

VIII.1. RURAL HEALTH CENTRES

It is observed that at all 19 RHCs emergency service were available. Almost all RHCs provide first aid services but only five were able to perform major operation and six were fully equipped to undertake delivery cases.

During the past six months from the date of survey 17 emergency cases were treated at the RHCs, no case was refused, 19 cases were referred to nearest hospital and one died.

Of all 19 RHCs, staff of five RHCs had a very positive attitude towards emergency cases, four had favourable attitude, nine had satisfactory and staff of one RHC had negative attitude toward emergency cases.

The RHCs were facing a number of problems. Eleven complained about shortage of trained staff, six had inadequate transportation, three were not able to offer family planning services, 13 complained about shortage of medicine, three mentioned shortage of medical equipment, five had some general problems and two were faced with the problem of political pressure from the local influential people.

VIII.2. BASIC HEALTH UNITS (BHUs)

There were 12 out of 30 BHUs where emergency services were available. However 21 were equipped to provide first aid, only two could undertake major operation and four were able to handle delivery cases.

During the six months period from the date of the survey, 22 emergency cases were treated at BHUs and cured, six cases were refused and 26 cases were referred to nearest hospitals and no one died.

With regard to the attitude of the staff of BHUs toward the emergency cases only one had very positive attitude, two had favourable, 14 had satisfactory and as many as 13 out of 30 had negative attitude.

The problems which were being faced by BHUs were the same as of RHCs. Of 30 outlets, nine pointed out that they were short of trained staff, 12 BHUs mentioned the inadequacy of transportation, nine indicated that they needed facilities for the family planning, 13 pointed out that they had shortage of medicines, four BHUs pointed out that they were short of medical equipment, 14 had some general problems, and 3 were experiencing political pressure from the influenced people of the area.

VIII.3. REMARKS

This is the situation with regard to treating the emergency cases in RHCs and BHUs which are expected to provide services and supplies to the rural population. Although the results presented are based on a pilot study, the over all situation may not be much different.

CHAPTER IX

SUMMARY, SOME IMPRESSIONS AND CONCLUSIONS OF INTERVIEWING TEAM

Pilot survey of 56 health outlets was carried out to assess their performance in health and facilities of family planning. These 56 health outlets were chosen from the country by provinces and Azad Jammu and Kashmir. The study involved visit to 19 RHCs, 30 BHUs, three MCH centres, one dispensary and two Reproductive Health Service Centres in urban hospitals. At the time of visits two RHCs and two BHUs were closed and could not be observed from inside.

This survey was mainly done to find out the working of health outlets to improve services of family planning which in addition to the outlets of Population Welfare Programme are also provided through health outlets as per government policy.

The study was undertaken to find out the actual position and functioning in order to increase the capacity of health outlets to provide the family planning services more effectively.

IX.1. SAMPLE

The survey is based on visits to a sample of following 56 health outlets using the questionnaire given in Appendix:

Punjab	28 (including one RHS-A)
Sindh	12 (including one RHS-A, one MCH Centre and one dispensary)
NWFP	9 (including one MCH Centre)

- Balochistan 4 (including one MCH Centre)
- A.J.K. 3

Total 56

IX.2. BASIC HEALTH UNITS

IX.2.1 Performance of BHUs

It was observed that none of the BHUs was providing optimum basic health care to patients as most of the doctors did not attend BHU regularly nor they came on proper time.

In the absence of doctor most of the BHUs were being run by a dispenser who was known as "Chota" doctor. Most of the doctors were living away from the place of duty and some were attending BHU once or twice a week depending on the weather condition and their own convenience. A few of BHUs were being run by chowkidars or peons.

IX.2.2 Substandard or Shortage of Medicines

Almost in all BHUs there were very few medicines available. Most of the medicines and fancy drugs were purchased by patients from outside. Doctors were prescribing the medicine when ever patients needed. Almost all the medicines were substandard. Tetracycline is purchased from very cheap and unknown companies.

Mostly paracetamol and mixture were issued to patients. This sort of situation discouraged patients and they preferred to go to private practitioners rather than BHUs.

IX.2.3 Maintenance and Cleanliness of BHUs

General cleanliness and paint of every BHU building except three or four were very poor. Every room along with furniture and other items were full of dust. The

BHU did not look like an health outlet. None of the BHUs were maintaining proper record or registers.

IX.2.4 Timing's of the Health Outlet

Most of the BHUs were found closed after 12:00 hours. None of them were seen opened after 14:00 hours. usually doctors were available between 10:00 hours to 12:00 hours, where as official timings were 0800 to 1200 hours and 1430 to 1630 hours.

IX.2.5 Attendance of Male Medical Officer

Most of BHUs specially those in remote areas were run by dispensers or medical technician who were known as "Chota Doctors". A few of BHUs were seen where chowkidars / peons were issuing medicines like ponstan paracetamol and mixture to patients, especially in remote areas.

IX.2.6 General Conditions of BHUs

Most of the BHUs have proper government buildings, especially made for the purpose but none of them was properly maintained. The furniture was broken, boundary walls were fallen off, no white washing or painting was done for years. In some cases the bath rooms were converted into store rooms.

Many of BHUs had no proper water arrangements. A few of BHUs did not have electricity since they were constructed and delivery cases in a few BHUs were done under torch light. In a few other BHUs there was no arrangement to sterilize instruments.

IX.2.7 Accommodation for Working Staff

Very few of the staff were occupying accommodation provided by BHUs. Only in about four to five out of 30 BHUs doctors were found living in. Rest of the accommodation was lying either vacant or was occupied by chowkidars. Some of the

houses were looking like haunted places as the doors and windows were broken, of some there were no boundary walls and bricks and wood were taken away. Many of the servant quarters were used for animals or for animal feed.

IX.2.8 Role of LHV Midwife

Most of BHUs had LHVs but they hardly played any role in health delivery systems. Most of the BHUs were not providing any services for delivery cases. Most of delivery cases were done at home with heavy amount of charges. Sometime it was beyond the limit of poor families to pay and they were frightened of calling the BHU LHVs at home. In some RHCs and BHUs the rate of charges for Boy or Girl is fixed. Many of household visits gave an impression that they could not afford or think of calling BHU LHVs to their houses for services. Most of the community residents go to urban areas or private practitioners in emergency cases.

IX.2.9 Emergency Services in BHUs

Sometimes if patients were in very serious condition and they had to be shifted to hospitals they died on the way. There was no arrangement of transportation for such emergency.

None of the BHUs had any kind of emergency service. Very few of them were able to do stitching to cut wounds, only dressing was done. There was no oxygen cylinders or apparatus. Since they had no life saving injections or any other facility, almost all emergency patients were rushed either to private practitioners or to urban areas and they had to hire a private Suzuki pick up.

IX.2.10 Condition of Medicines in BHUs

First aid equipment machines, lotions and mixtures were not kept properly. Everything was lying on one table scattered. Bottles were dirty and filthy. In most BHUs there was no proper dressing room or cupboard for placement of medicines, mixtures and lotions. In general some of the bottles and jars were full of dirt with dead flies and

insects, were not labeled and could not be differentiated.

Some of the BHUs and even RHCs had sanitary assistants posted, but the condition of cleanliness was highly unsatisfactory. Most of the EPI rooms did not have sterilizer or fridge to protect vaccination. There was no proper record of EPI and very few of BHUs were providing proper EPI programme.

IX.2.11 Female Doctor in BHUs

Most of the BHUs did not have any female service provider posted in remote areas as they themselves were interested to be posted to District Health Officer (DHO) on general duty. In none of the BHUs any lady medical officer was seen with the exception of one or two although there was a demand for family planning services to be undertaken by a lady doctor. Even those who were posted to BHUs none was seen working at the time of the team visit.

IX.2.12 Family Planning Services in BHUs

There was awareness all around in remote areas and communities and they wished to obtain family planning services but the situation with regard to services and supplies was very discouraging. LHVs who were also suppose to perform as Family Planning Workers were not doing their job. Either it was due to the non availability of supplies or some time the LHV was not present. Also in some cases the IUD inserter was not available. In some BHUs there were no table and light due to which proper services could not be provided.

Though there was arrangement in most of BHUs for collecting contraceptives and other supplies from the DHO but it could not be done due to lack of transportation facility. Also it was suspected that there was some pilferage of certain items. In some places it was reported to the interviewing team that family planning items were being sold or issued by lady medical officers or LHVs to private clinics on payment.

IX.2.13 Private Practice

Most of the male doctors had established private clinics just a few yards away from the BHU where all the latest medicines or first aid treatment were available. Thus the patients were being forced to attend private clinics.

IX.2.14 Supervision by DHO and ADHO

Most of the BHUs were supervised by DHO and ADHO regularly. On their visits they had signed on the register to ensure that they had visited the BHU. None of the registers, however, showed any remarks for improving the conditions and services of BHUs neither of any record. No leave application was seen from those who were not present with the exception of a very few.

IX.3. RURAL HEALTH CENTRES

IX.3.1 The RHC was more equipped and better staffed but was not providing services far more than a BHU. As matter of fact it was functioning like an out-patient health outlet or a dispensary. In few of RHCs patients were seen lying on dirty beds on naked mattresses with no bed sheet and a pillow. These patients were seen in RHCs which was unlike a health outlet. This showed an inadvertent attitude of the medical staff towards the patients.

IX.3.2 Attendance of Medical Officer

In a RHC where five male medical officers were on the staff strength there was one or sometime in rare cases two were available at a time. Rest of them were either on leave, had gone to DHO office or had gone for court attendance.

IX.3.3 Private Practice by Medical Officer

Some of the medical officers were involved in medical-legal cases and they charged heavy amounts from the clients. Sometime this amount is very heavy. Some times the doctors had to do it under heavy political pressure.

IX.3.4 Private Practice by LHV

LHV with the consent of medical officer was involved in performing abortion cases and she had to charge huge amount which was shared by every one in the RHC.

IX.3.5 Lack of Equipments

Most of the RHCs have beautiful buildings with all facilities available but for a few things like, anesthesia machine or surgeon, most of medical officer are discouraged and are helpless to offer or improve facilities for serious patients.

A few of experienced medical officers are doing operation under spinal local anesthesia with very meager sources and working condition. If they had proper facilities they could attend to more serious patients.

IX.3.6 Inadequate Service to Patients

Due to lack of highly qualified doctors and sophisticated equipment most of the serious cases are referred to urban hospitals after performing first aid, dressing or splinting or by doing some stitching, which is also done at a BHU. For providing better services RHCs should be better staffed and equipped.

IX.3.7 Attendance of WMO

In most of RHCs there is a woman medical officer posted but she is not working at RHC. She some how arranges to live in urban areas, although she is urgently needed to serve the rural population.

IX.3.8 In a few cases where woman medical officer was present she was ineffective as leaving alone operations there is no provision that she should attend to delivery cases in RHC. Due to this all poor patients were either attended by TBAs or serious cases either die or were rushed in suzukis to urban hospitals.

IX.3.9 Dental Services

In some of the RHCs beautiful dental chairs and other facilities with dental surgeon were provided but during the visit of interviewing team none was present and neither there was any patients record of attendance in any of RHCs. The chair and room were just lying vacant, though the patients did need dental treatment but no dental surgeon was available in any RHC.

IX.3.10 Demoralization of Young Medical Officer

A few of the young medical officer posted at RHCs were disgusted with the situation and working atmosphere. They admitted that they were forced to do illegal cases. One of the doctor who was top student of K.E. Medical College was in tears when he was explaining how badly he was wangled and asked on gun point to handover the medico-legal register for entry of a culprit whom another medical officer wanted to give shelter of admission. The young doctor said that his all dreams to serve the humanity vanished after that incident. He was seriously thinking of changing his profession.

IX.3.11 Cleanliness and Maintenance of RHCs or BHUs

One or two RHCs and BHUs in Punjab and Sindh were found clean. RHCs and BHUs in AJK were very clean, neat and organized but their system of working is the same as seen in the provinces. The lady medical officer and male medical officer were absent after 1200 hours.

IX.3.12 Improper Placement of Post Graduate Medical Officers

In some of RHCs or BHUs in Sindh, NWFP and Balochistan there were post graduate medical officers who were in depressing state. They complained that they were simply writing prescription which was not their field. One trained psychiatrist who studied and qualified on his own after taking leave without pay was working in a BHU writing prescriptions for patients. Another explained that in whole of Balochistan there was one post of psychiatrist and he though qualified as psychiatrist was working as a

professor in Medical College as there was no other post of psychiatrist.

IX.3.13 Utilization of Hospitals

A few of the latest modern well equipped hospitals in Sindh were being run by just medical officers for routine cases where as these were made and equipped with specialized equipment. The most modern equipment was not being used and was being wasted. This equipment could save so many lives if it was in proper hospitals or in same hospitals but with trained specialist medical staff.

IX.3.15 General Cleanliness of RHC

Over all general cleanliness and maintenance of RHCs was somewhat better than BHUs but in general it was poor.

IX.3.16 Practice of Family Planning

A few of lady medical officers were found in private practice of family planning using contraceptives provided for RHCs.

IX.3.17 Working Hours

Most of the staff of RHC with the exception of doctors were local and they came at 0900 hours and left at 1200 hours or 1400 hours.

Most of the doctors complained that the accommodation provided to them was not worth living. Some times they experienced problems of water supply, electricity, sewerage system and lack of security and therefore they had to live away from RHC.

IX.3.18 Condition of Staff Accommodation

As the RHC and BHU buildings were not occupied after constructions the houses during a long period of being vacant had turned into haunted houses.

In some of rural areas government houses were occupied by women

medical officers and lady health visitors but their conditions were not worth living. These houses needed proper repair and maintenance.

IX.3.19 Practice of Medico-Legal Cases

Some of the medical officers were seen busy with police authorities and medico-legal papers and were least bothered about patients and the hospital. Therefore no attention was paid towards patients and the improvement of conditions of the hospitals.

IX.3.20 Indoor Patient Treatment

Attempt was being made by the hospital staff to keep patients only for a few hours in the hospital. Some patients were admitted but they were neglected. However, there were indoor patients who were not supposed to be patients at all. They were actually involved in medico-legal cases.

When these patients were asked as to what was wrong with them, they smiled and laughed. It was later found out that they were just lying there to show that they were innocent and not involved in the criminal cases which were levied against them. These incidents were seen in NWFP and Punjab provinces.

IX.4. RECOMMENDATIONS

1. **Surveys for Performance**

A full fledged survey should be undertaken to assess the performance of health outlets and their capacity to perform family planning services. Such surveys are essential for improving health care and family planning services and supplies in rural areas.

2. The Staff in the outlets should be posted at least 240 kilometers away from home town.

3. An undertaking should be obtained from students before they are admitted to medical schools that on completion they would have to work in the rural areas away from their home.

4. The doctors who are posted to rural areas must be provided with proper living facilities.

5. Accommodation for the Staff

Houses provided to all service providers in health or family planning should have all the basic facilities available. Special attention should be paid for water / electricity supply, sewerage system, boundary walls and security measures.

6. Mobile Service in Place of BHUs

In place of BHUs, it is recommended that mobile service units should be provided. All sick patients needing hospitalization should be brought by the mobile service team to the hospital / RHC.

7. BHU Buildings

All BHU buildings should be converted into primary schools or vocational training centres for young girls.

8. Performance of RHCs

RHCs with the present state of affair was hardly serving useful purpose. These outlets should have all the facilities of a full fledged hospital. These hospitals should have operation theater with trained surgeons, anesthetist, gynecologist, more nursing staff with all facilities. All minor and major routine cases of surgery should be done in these hospitals and they should function 24 hours and only very serious maior cases should be referred to urban hospital.

9. Incentives to RHC-Cum-Hospital Staff

There should be more incentives and attraction for the doctor or para-medical staff in terms of free housing facility and hard area allowance like army. The present practice is the other way round. The medical staff posted in urban area are better off in terms of facilities than in rural areas.

10. Proper Supervision

Supervisory staff should be more effective, and duty-full to check and make useful inspections rather than just signing register to show their presence.

11. Duties of DHO for Purchasing of Medicine

DHO should also be instructed to purchase medicines through listed firms or as approved by the government, cheeper medicines purchased from lower standard companies should be banned.

12. Performance of RHS-A Centres

In general the RHSA centres are doing useful job. But it was pointed out by Gynecologist that these centres need re-organization. It is difficult for them specially during camping as district hospital / staff sometime are not cooperative. They provide operation theater and other facilities depending on their own convenience. Many time the RHS Centre teams face difficulty. It is recommended that a survey of all RHS centres be undertaken to find out their problems and measures should be taken to improve their situation for still better performance.

13. Male Motivation

During the field work the interviewing team found from the communities that males are not only shy but frightened from the operation of vasectomy. There is an urgent need for male motivation to use more male methods.

14. Supervision of Family Planning

Senior staff st district and division levels and other supervisory staff at each provincial level should exercise proper supervision for improving the performance of field staff. This should be a participative supervision rather than a routine supervision.

15. Family Planning Services at RHC and BHU

While there is enough space both in RHCs and BHUs for FWW, arrangements should be made to post family planning staff at these outlets without incurring to much extra cost.

16. Maintenance of Record / Registers

Proper registers and records should be maintained of all family planning and health patients served. Account of medicines / contraceptive methods with patients proper addresses should also be maintained using the prescribed forms and should be checked and reported periodically.

Appendix

QUESTIONNAIRE

PILOT STUDY OF HEALTH OUTLETS

National Institute of Population Studies
MINISTRY OF POPULATION WELFARE
Islamabad
1993

PART - I

COMMUNITY

1. **Identification:**
   Province_____ District_____
   Tehsil_____ Locality_____
   Urban:---------- 1 Rural:---------- 2

2. **Type of Locality:**
   Urban Slum/Shanty Town ---------- 1
   Village ---------- 2
   Kachi Abadi ---------- 3
   Country Side ---------- 4

3. **Estimated Population of the Locality:**

4. **Main Access to Locality:**
   Paved Asphalted Road ---------- 1
   Gravel Road ---------- 2
   Rail Road ---------- 3
   Kacha Road ---------- 4
   Kacha Path ---------- 5

5. **Nearest City/Town :**
   (If locality is rural)
   Name ----------
   Distance from Locality ----------KM

6. **Type of Public Transport Needed:**
   Bus/Wagon--- 1 Train-- 2 Taxi/Motor Rikshaw--- 3
   Tonga-------- 4 Cycle-- 5 Bullock Cart---------- 6 On Foot-7

7. **Availability of Public Services in or near Locality:**

Primary School (Boys)	Yes----------1	No----------2	Primary School (Girls)	Yes----------1	No--------2
Middle School (Boys)	Yes----------1	No----------2	Middle School (Girls)	Yes----------1	No--------2
High School (Boys)	Yes----------1	No----------2	High School (Girls)	Yes----------1	No--------2
Electricity	Yes----------1	No----------2	Post Office:	Yes----------1	No--------2
Hospital	Yes----------1	No----------2	Rural Health Centre	Yes----------1	No--------2
MCH Centre	Yes----------1	No----------2	Basic Health Unit:	Yes----------1	No--------2
FWC	Yes----------1	No----------2	Dispensary	Yes----------1	No--------2
Pvt. Practitioner	Yes----------1	No----------2	Pharmacy/Chemist:	Yes----------1	No--------2
Mosque	Yes----------1	No----------2	Bazar/Market	Yes----------1	No--------2
Hakeem/Homeopath	Yes----------1	No----------2	Pir	Yes----------1	No--------2
Banking Facility	Yes----------1	No----------2	PCO/Telegraph	Yes----------1	No--------2

8. **Source of Drinking Water:**
   Piped Water--1 Hand Pump---2 Well---------- 3
   Tube Well---4 Spring--------5 Canal/River--- 6 Pond--- 7

9. **Remark about the Quality of Available Water:**

10. **What Are the Two Major Problems Facing the Locality:**
    1._____ _____
    2.

NOTES

PART - II
HEALTH OUTLET

1.	Outlet's Name:----------	Tel. No.----------	FP Sign Board Displayed:	Yes---1 No----2
2.	Distance from (another) Nearest Health/Family Planning/ Centre--------KM			
3.	Tenure of Building:	Specifically built for the centre------1 Rented----------2 Donated by community----------3		
4.	Number of Rooms:____	Waiting Room	Yes----------1	No----------2
		Varanda	Yes----------1	No----------2
		Latrine	Yes----------1	No----------2
		Flush	Yes----------1	No----------2
		Drainage	Yes----------1	No----------2
5.	Condition of Roof:	Concret-----1	Beams and Bricks-------2	
		Wooden----3	Thatched----------4	
6.	Floors:	Marble-----1	Concret----2	
		Bricks------3	Katcha-----4	
7.	Walls:	Concret---------1	Baked Bricks-------2	
		Katcha Bricks--3	Dobi----------4	
8.	Doors:	Wooden----1	Steel-------2	
9.	Is the Building Painted from Inside:	Yes----------1	No----------2	
10.	General Cleanliness and Surroundings of the Building:	Excellent-----1	Good----------2	
		Satisfactory--3	Unsatisfactory----4	
11.	Number of Beds_____ Condition:	Excellent-----1	Good----------2	
		Satisfactory--3	Unsatisfactory---4	Remarks:
12.	Linen:	Adequate-----1	Inadequate---2	
		Clean---------3	Dirty---------4	Remarks:
13.	Number of Chairs_____Condition:	Excellent-----1	Good----------2	
		Satisfactory--3	Unsatisfactory (broken)--4	Remarks:
14.	Number of Tables_____ Condition:	Excellent-----1	Good----------2	
		Satisfactory--3	Unsatisfactory (broken)----4	
		Remarks:		
15.	Working Hours of the Outlet:	From:_____	To:_____	

16. **Staffing:**

Category	Sanctiond Posts	Filled Posts		Vacant Posts No.	Residence		
		No.	Male—1 Female-2		This O/L No.	This Locality No.	Out-Side No.
Doctor (MBBS)							
Dental Surgeon							
Nurse							
LHV							
FWW							
FWA							
Dispenser							
TBA (Dai)							
Ward Servant							
Chawkidar							
Peon							
Other							

Name	Desig-nation	Was Present--1 Absent--2 On leave-3	Treining in Family Planning				Residential Address			
			From	To	Training Insitute	Subject Code a	Distance from O/L KM.	Telephone No.	Mode of Travel b	Address

a) **Multiple Codes as Applicable:**

Motivation----1 Counselling/ Dispensation----2 IUD Insertion----3

Injectables----4 Treatment of side effects----5

b) Own Car----1 Bus/ Wagon----2 Taxi/ M. Rickshaw----3

Tonga----4 Motor Cycle----5 Cycle----6

Walk----7

Comments: _____

_____

_____

_____

_____

17. **Number of Clients Visited During February 1993 For:**

For Health: _____

For FP: _____

Total: _____

18. **Maintenance of Patients Records:**

For Health: Yes----------1 No----------2

For FP: Yes----------1 No----------2

19. **Accuracy and Reliability of Records:**

Reliable and accurate: Yes----------1 No----------2

Address of Patient Recorded: Yes----------1 No----------2

20. **Health Services Provided:** MCH--------1 Immunization--------2 Other ailments----3

Remarks:

21. **FP Services Offered:**

Pill ----------1 IUD----------2

Injectable----3 Female Sterlization-----4

Condom-----5 Foam----------6

Other: _____

22. **Out Reach:**

No of households visited by provider in the community during February, 1993:

For Health: _____

For FP: _____

23. **Does Mobile Clinic or Mobile FP Service Unit Visit this Locality:**

Yes----------1

No----------2

If yes, what is the frequency:

Once a month---1

Occasionally----2

Never----------3

24. **Availability and Supply of Medication:**

Medication	Available Now		Availability during past six months		Source	Mode	Interval
					DHO---1 DPWD---2 Other----3	Delivered--1 Collected---2 Mailed-----3	Monthly-----1 Quarterly----2 On demand--3
1. Chloroquine	Yes---1	No---2	Yes---1	No---2			
2. Quinine	Yes---1	No---2	Yes---1	No---2			
3. Penciline	Yes---1	No---2	Yes---1	No---2			
4. Iron tolate tablets	Yes---1	No---2	Yes---1	No---2			
5. ORS packets	Yes---1	No---2	Yes---1	No---2			
6. DPT Vaccine	Yes---1	No---2	Yes---1	No---2			
7. Polio Vaccine	Yes---1	No---2	Yes---1	No---2			
8. Tetanus Vaccine	Yes---1	No---2	Yes---1	No---2			
9. Measle Vaccine	Yes---1	No---2	Yes---1	No---2			
10. BCG Vaccine	Yes---1	No---2	Yes---1	No---2			

25. **Availability and Supply of Contraceptive Methods:**

Contraceptive Methods	Available Now		Availability during past six months		Source	Mode	Interval
					DHO---1 DPWD---2 Other----3	Delivered--1 Collected---2 Mailed-----3	Monthly-----1 Quarterly----2 On demand--3
1. Pill	Yes---1	No---2	Yes---1	No---2			
2. IUD	Yes---1	No---2	Yes---1	No---2			
3. Injection	Yes---1	No---2	Yes---1	No---2			
4. Condom	Yes---1	No---2	Yes---1	No---2			
5. Foam	Yes---1	No---2	Yes---1	No---2			
6. Female Sterilization	Yes---1	No---2	Yes---1	No---2			
7. Vasectomy	Yes---1	No---2	Yes---1	No---2			
8. Other/Specify:	Yes---1	No---2	Yes---1	No---2			

26. **Equipment Available:**

Name	Yes--1 No---2	O/o Order Yes--1 No---2	Name	Yes--1 No---2	O/o Order Yes--1 No---2
Operation Theatre:			IUD Inserter:		
Table for Gynecological examination:			Thermametre:		
Examination Light:			Syringes:		
Blood Pressure Apparatus:			Dressing Material:		
Drum for Dressing:			Electric Fan:		
Heater:			Sterlizer:		
Kidney Tray:			Forceps:		
Scissor:			Basin:		
Jug:			Buckets:		
Hand Gloves:			Anticeptic Lotion:		

27. **Comment If Equipment and Stock Registers are being Maintained Properly:**

28. **How Often This Outlet is Visited by Supervisors:**

Once in Six Months:---------- 1	Once in Three Months:---------- 2
Once a Month:---------- 3	Twice a Month:---------- 4
Once a While:---------- 5	Never:---------- 6

29. **Last Date Outlet was Visited by any Supervisor:**_____

Name of Supervisor:_____ **Designation:**_____

Remarks:

NOTES

PART - III

VISIT TO HOUSEHOLDS

1. **Household Size:**
   Total number of persons living in the household: _____
   Children under 5 years: _____
   Children 5-14 years: _____
   Females 15 to 49 years and above: _____
   Males 15 to 49 years and above: _____
   Persons 50 years and over: _____

2. **In Case of Illness, Where Do They Go For Treatment: (Multiple Code if necessary)**
   Health outlet:---------- 1 Family welfare centre:---------- 2
   Private Practitioner:---------- 3 Local Hakeem/ Homeopath:---------- 4
   Pir/Maulvi:---------- 5 O/S this Locality:---------- 6

3. **Was There Any Illness During the Last Six Months?**
   Yes----------1 No----------2 If Yes where did they go?

4. **For Maternal and Child Health Services, Where Do They Go?**
   MCH centre:---------- 1 Health outlet:-- ----------2
   FWC: ---------- 3 Private LHV:-- ----------4
   Traditional Birth Attendant (Dai) : 5

5. **Was There Any Birth of a Child During the Last Year?**
   Yes----------1 No----------2

   If yes, where delivery took place?
   At Home by Traditional Birth Attendant:----------1 In MCH centre ----------2
   This Health Outlet:----------2 In FWC:-------- ----------4
   Other (specify):----------3

6. **If Yes to 5 Was Any Antinatal Care Obtained:** Yes----------1 No----------2
   If yes, from where was it obtained?: _____

7. **From Where Women in this Locality Obtain Family Planning Services? (Multiple Code if Necessary)**
   Local Health outlet:---------- 1 FWC:---------- ----------2
   Family Planning Worker:---------- 3 Local Hakeem: ----------4
   Local shop:---------- 5 TBA (Dai):---- ----------6
   Friends:---------- 7 MSU:---------- ----------8

8. **Does the Household Know Where the Health Outlet Is Located ?**
   Yes----------1 No----------2

9. **Does the Household Know What Services are Offered by the Health Outlet:**
   For Health:---------- Yes----------1 No----------2
   For Family Planning:---------- Yes----------1 No----------2

10. **If Yes To 9 What Does the Household Think About the Behaviour of the Staff Of The Outlet ?**

Very Cordial:---- ---------- 1
Good:---------- ---------- 2
Satisfactory:----- ---------- 3
Annoying:-------- ---------- 4
Remarks: _____
_____
_____
_____

11. **What Does the Household Think About the Services Offered by the Health Outlet ?**

Very good:------ ---------- 1
Good:---------- ---------- 2
Just Adequate:--- ---------- 3
Inadequate:------- ---------- 4
Remarks: _____
_____
_____
_____

12. **What Improvements Are Suggested by the Household ?**

_____
_____
_____
_____

13. **Persons in the Household Who Provided the Answers:**

Head of the household:--- 1
His wife:---------- 2
Other members of
household (Specify):------ 3 ----------

14. **Remarks of the Interviewer:**

_____
_____
_____
_____
_____
_____
_____

PART - III

VISIT TO HOUSEHOLDS

1. Household Size:

Total number of persons living in the household: _____
Children under 5 years: _____
Children 5-14 years: _____
Females 15 to 49 years and above: _____
Males 15 to 49 years and above: _____
Persons 50 years and over: _____

2. In Case of Illness, Where Do They Go For Treatment: (Multiple Code if necessary)

Health outlet:---------- 1 Family welfare centre:---------- 2
Private Practitioner:---------- 3 Local Hakeem/ Homeopath:---------- 4
Pir/Maulvi:---------- 5 O/S this Locality:---------- 6

3. Was There Any Illness During the Last Six Months?

Yes----------1 No----------2 If Yes where did they go?

4. For Maternal and Child Health Services, Where Do They Go?

MCH centre:---------- 1 Health outlet:-- ---------2
FWC: ---------- 3 Private LHV:-- ---------4
Traditional Birth Attendant (Dai) : 5

5. Was There Any Birth of a Child During the Last Year?

Yes----------1 No----------2

If yes, where delivery took place?
At Home by Traditional Birth Attendant:----------1 In MCH centre ---------2
This Health Outlet:----------2 In FWC:-------- ---------4
Other (specify):----------3

6. If Yes to 5 Was Any Antinatal Care Obtained: Yes----------1 No----------2

If yes, from where was it obtained?: _____

7. From Where Women in this Locality Obtain Family Planning Services? (Multiple Code if Necessary)

Local Health outlet:---------- 1 FWC:---------- ---------2
Family Planning Worker:---------- 3 Local Hakeem: ---------4
Local shop:---------- 5 TBA (Dai):---- ---------6
Friends:---------- 7 MSU:---------- ---------8

8. Does the Household Know Where the Health Outlet Is Located ?

Yes----------1 No----------2

9. Does the Household Know What Services are Offered by the Health Outlet:

For Health:---------- Yes----------1 No----------2
For Family Planning:---------- Yes----------1 No----------2

10. **If Yes To 9 What Does the Household Think About the Behaviour of the Staff Of The Outlet ?**

Very Cordial:---- ---------- 1
Good:---------- ---------- 2
Satisfactory:------ ---------- 3
Annoying:-------- ---------- 4
Remarks: _____

_____

_____

_____

11. **What Does the Household Think About the Services Offered by the Health Outlet ?**

Very good:------- ---------- 1
Good:---------- ---------- 2
Just Adequate:--- ---------- 3
Inadequate:------- ---------- 4
Remarks: _____

_____

_____

_____

12. **What Improvements Are Suggested by the Household ?**

_____

_____

_____

_____

13. **Persons in the Household Who Provided the Answers:**

Head of the household:--- 1
His wife:---------- 2
Other members of
household (Specify):------ 3 ----------

14. **Remarks of the Interviewer:**

_____

_____

_____

_____

_____

_____

_____

PART - III

VISIT TO HOUSEHOLDS

1. Household Size:

Total number of persons living in the household: _____
Children under 5 years: _____
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Females 15 to 49 years and above: _____
Males 15 to 49 years and above: _____
Persons 50 years and over: _____

2. In Case of Illness, Where Do They Go For Treatment: (Multiple Code if necessary)

Health outlet:---------- 1
Family welfare centre:---------- 2
Private Practitioner:---------- 3
Local Hakeem/ Homeopath:---------- 4
Pir/Maulvi:---------- 5
O/S this Locality:---------- 6

3. Was There Any Illness During the Last Six Months?

Yes----------1 No----------2 If Yes where did they go?

4. For Maternal and Child Health Services, Where Do They Go?

MCH centre:---------- 1
Health outlet:-- ----------2
FWC: ---------- 3
Private LHV:-- ----------4
Traditional Birth Attendant (Dai) : 5

5. Was There Any Birth of a Child During the Last Year?

Yes----------1 No----------2

If yes, where delivery took place?
At Home by Traditional Birth Attendant:----------1
In MCH centre ----------2
This Health Outlet:----------2
In FWC:-------- ----------4
Other (specify):----------3

6. If Yes to 5 Was Any Antinatal Care Obtained: Yes----------1 No----------2

If yes, from where was it obtained?: _____

7. From Where Women in this Locality Obtain Family Planning Services? (Multiple Code if Necessary)

Local Health outlet:---------- 1
FWC:---------- ----------2
Family Planning Worker:---------- 3
Local Hakeem: ----------4
Local shop:---------- 5
TBA (Dai):---- ----------6
Friends:---------- 7
MSU:---------- ----------8

8. Does the Household Know Where the Health Outlet Is Located ?

Yes----------1 No----------2

9. Does the Household Know What Services are Offered by the Health Outlet:

For Health:---------- Yes----------1 No----------2
For Family Planning:---------- Yes----------1 No----------2

10. **If Yes To 9 What Does the Household Think About the Behaviour of the Staff Of The Outlet ?**

Very Cordial:---- ---------- 1
Good:---------- ---------- 2
Satisfactory:------ ---------- 3
Annoying:-------- ---------- 4
Remarks: _____
_____
_____
_____

11. **What Does the Household Think About the Services Offered by the Health Outlet ?**

Very good:------- ---------- 1
Good:---------- ---------- 2
Just Adequate:--- ---------- 3
Inadequate:------- ---------- 4
Remarks: _____
_____
_____
_____

12. **What Improvements Are Suggested by the Household ?**

_____
_____
_____
_____

13. **Persons in the Household Who Provided the Answers:**

Head of the household:--- 1
His wife:---------- 2
Other members of
household (Specify):------- 3 ----------

14. **Remarks of the Interviewer:**

_____
_____
_____
_____
_____
_____
_____

PART - III

VISIT TO HOUSEHOLDS

1. **Household Size:**
   Total number of persons living in the household: _____
   Children under 5 years: _____
   Children 5-14 years: _____
   Females 15 to 49 years and above: _____
   Males 15 to 49 years and above: _____
   Persons 50 years and over: _____

2. **In Case of Illness, Where Do They Go For Treatment: (Multiple Code if necessary)**
   Health outlet:---------- 1
   Family welfare centre:---------- 2
   Private Practitioner:---------- 3
   Local Hakeem/ Homeopath:---------- 4
   Pir/Maulvi:---------- 5
   O/S this Locality:---------- 6

3. **Was There Any Illness During the Last Six Months?**
   Yes----------1 No----------2 If Yes where did they go? _____

4. **For Maternal and Child Health Services, Where Do They Go?**
   MCH centre:---------- 1
   Health outlet:-- ----------2
   FWC: ---------- 3
   Private LHV:-- ----------4
   Traditional Birth Attendant (Dai) : 5

5. **Was There Any Birth of a Child During the Last Year?**
   Yes----------1 No----------2

   If yes, where delivery took place?
   At Home by Traditional Birth Attendant:----------1
   In MCH centre ----------2
   This Health Outlet:----------2
   In FWC:-------- ----------4
   Other (specify):----------3

6. **If Yes to 5 Was Any Antinatal Care Obtained:** Yes----------1 No----------2
   If yes, from where was it obtained?: _____

7. **From Where Women in this Locality Obtain Family Planning Services? (Multiple Code if Necessary)**
   Local Health outlet:---------- 1
   FWC:---------- ----------2
   Family Planning Worker:---------- 3
   Local Hakeem: ----------4
   Local shop:---------- 5
   TBA (Dai):---- ----------6
   Friends:---------- 7
   MSU:---------- ----------8

8. **Does the Household Know Where the Health Outlet Is Located ?**
   Yes----------1 No----------2

9. **Does the Household Know What Services are Offered by the Health Outlet:**
   For Health:---------- Yes----------1 No----------2
   For Family Planning:---------- Yes----------1 No----------2

10. **If Yes To 9 What Does the Household Think About the Behaviour of the Staff Of The Outlet ?**

Very Cordial:---- ---------- 1
Good:---------- ---------- 2
Satisfactory:------ ---------- 3
Annoying:-------- ---------- 4
Remarks: _____

11. **What Does the Household Think About the Services Offered by the Health Outlet ?**

Very good:------- ---------- 1
Good:---------- ---------- 2
Just Adequate:--- ---------- 3
Inadequate:------- ---------- 4
Remarks: _____

12. **What Improvements Are Suggested by the Household ?**

_____

13. **Persons in the Household Who Provided the Answers:**

Head of the household:--- 1
His wife:---------- 2
Other members of
household (Specify):------- 3 _____

14. **Remarks of the Interviewer:**

_____

NOTES

PART - IV

EMERGENCY SERVICES

1. **Emergency Services:**

   Available:----- 1 Not available---- 2

2. **What Services are Provided in Case of Emergency:**

   _____

   _____

3. **How Many Emergency Cases Came to the Outlet During Past Six Months?**

   Male:_____ Female:_____ Total:_____

4. **Disposal of Patients:**

   Treated at the outlet and cured:----- 1
   Refused:---------- 2
   Referred to Nearest Hospital:-------- 3
   Died:---------- 4

5. **Means of Transporting Patients being Used:**

   _____

   _____

   _____

6. **General Attitude of Outlet Staff Towards Emergency Cases:**

   Very positive:--------- 1 Favourable:---------- 2
   Satisfactory:---------- 3 Negative:---------- 4

7. **Problems Facing the Outlet:**

   1. _____
   2. _____
   3. _____

8. **Remarks:**

   _____

   _____

   _____

   _____

   _____

   _____

   _____

PART - V

SERVICE PROVIDERS

Characteristics of Service Providers and Housing Condition:

Name	Desig-nation	Age	Marital Status a	Health b	No. of Living Children		No. of Other Members Living in the HH	Husband	
					Under-5	5 & Over		Living in the HH Yes--1 No---2	Occupa-tion

a) Codes: Never Married---1 Married--2 Divorced---3 Widowed--4

b) Codes: Active/Smart-----1 Healthy--2 Lazy-------3 Sickly------ 4 Knowledge--------5

Facilities in the House of Service Provider:

Name	Desig-nation	Electricty Yes--1 No---2	Water Yes--1 No---2	Fan Yes--1 No---2	Gas Yes--1 No---2	Heater Yes--1 No---2	Latrine Yes--1 No---2	Flush Yes--1 No---2

Remarks:

Signature:_____

Time:_____ Date:_____