

Reasons for satisfaction of clients' with the services provided by Urban Primary Health Care Services Delivery Project working in Kushtia Municipality, Bangladesh

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Abstract— The availability of different facilities and services for secondary and tertiary level health care is being seen in the urban areas, where primary health care facilities and services for the urban population at large and specifically for the urban poor are largely insufficient. With the implementation of two urban primary health care projects (UPHCPs) since 1998, the primary services have been provided by the city corporations and municipalities through contracted NGOs under Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC) in the project's areas. A cross sectional survey was carried out among (n=576) patients in 3 selected urban primary health care centres in Kushtia Municipality with a major concentration of people residing in urban areas. Data were collected using questionnaires regarding reasons for satisfaction of clients' by various parameters with the services provided by Urban Primary Health Care Services Delivery Project in Kushtia Municipality. Study results showed that most of the clients (78.6%) come to the clinic by walking and 81.8% had to expend 15 taka or less to reach to the centres. About 26.7% of the clients did not need to expend money for taking treatment from the clinic due to the free health care service. About 31.9% of the clients come to these centres for the good quality of treatment, 12.7% come for the clinic is near their house, 11.6% come for medicine are available with a apposite price and 1.0% come for acquaintance work in the clinic. The result shows that the overall health care services of health care centres are good. These clinics provide a lot of health care services to the clients with less or free of cost. The transport expenditures were cheap. Study also exhibited that the clients come to these centres for the good quality of treatment.

Keywords—Urbanization, UPHCSDP, Health care services, Satisfaction.

1. INTRODUCTION

Infant and child mortality rates reflect a country's level of socioeconomic development and quality of life. The neonatal and under-5 mortality rates are still

higher in Bangladesh. Bangladesh ranks seventh among the 42 countries contributing to the 90% of all childhood deaths worldwide (Blum *et al*, 2006) [1]. The two most important causes for under-5 children's death are serious infections (31%) from ARI and diarrhoea (BDHS, 2007) (Baqui *et al*, 2001) (Fauveau *et al*, 1994) [2][3][4].

Quality of urban primary health services is the lack of essential drugs and poor attitude of health workers (Ehiri *et al*, 2005) [5]. There is no single definition of quality, the frequently cited Institute of Medicine's definition is health care that is safe, effective, patient centered, timely, efficient, and equitable (NAP, 2001) [6]. Measurement of quality in developing countries is accelerating with the introduction of new health programs that are intended for national scale-up (Islam *et al*, 2005) [7].

Ward Health Committee (WHC) is mandated to coordinate health and family planning activities for their residents; to ensure health education sessions in schools and satellite clinics; and to take necessary steps for treatment or hospital referral by collecting funds locally (Rahman *et al*, 2005) [8]. A set of draft standards has been reviewed by working groups of stakeholders to ensure the standards were applicable, important, understandable, measurable and achievable in urban primary health care centres in Bangladesh. Services are planned and coordinated to meet the needs of the organization and the community and achieve desired results (Errazuriz, 2010) [9].

Bangladesh has a strong public sector primary health care network system in the rural areas; there is significant lacking of similar arrangement in the urban areas. Urban local bodies have been mandated to provide public health and primary health care service delivery to the residents within their administrative jurisdiction. Considering limitations and scopes, the Local Government Division of the Government of Bangladesh had taken initiative to provide primary health care services to the urban people through partnership among urban local bodies and Non-Government Organizations and with the financial support of Asian Development Bank and other co-financers. The Local Government Division had been

implemented two projects namely Urban Primary Health Care Project (1998-2005) and Second Urban Primary Health Care Project (2005-2012). Evolving from previous two projects, the Local Government Division has been implementing Urban Primary Health Care Services Delivery Project (July 2012 to June 2017) with the financial support of Asian Development Bank, Swedish International Development Cooperation Agency (SIDA) and the United Nations Population Fund (UNFPA). At present, the project covers more than 10 million urban population of Bangladesh and has a PHC network of 25 Comprehensive Reproductive Health Care Centres, 138 Primary Health Care Centres and 276 Satellite Clinics (www.uphcc.gov.bd, 2014) [10].

2. METHODS AND MATERIALS

2.1 Study area

The study has been carried out by randomly selected three urban primary health care centres in Kushtia Municipality with a major concentration of people residing in urban areas. The three health care centres are located in Uttor Baradi (PHCC-1), Masterpara Barkhada (PHCC-2) and East Vatapara, Mohashoshan (CRHCC) of Kushtia Municipality, Bangladesh.

2.2 Study design

A cross sectional survey was conducted from November 2017 to February 2018 to explore the reasons for satisfaction of services delivered by Urban Primary Health Care Services Delivery Project in Kushtia municipality.

2.3 Sampling technique

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

2.4 Data collection procedure and analysis

The data collection techniques used in collecting the research data was questionnaire. Questionnaires were administered for collection of reasons of satisfaction regarding services patient receives from the clinic. The quantitative data were coded and analysed using the Statistical Package for Social Sciences (SPSS) software, version 22.0. Percentages in tables were computed for variables.

2.5 Ethical consideration

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

3. RESULT

Table 1 shows variables for satisfaction regarding services received by the clients to clinic.

Table 1: Descriptive statistics of variables for satisfaction regarding services related to clinic

Variables	Frequency (n=576)	Percent (%)
<i>Distance of the clinic (Kilometer)</i>		
Less than 1 km	358	62.2
Less than 2 km	120	20.8
Less than 3 km	41	7.1
Less than 4 km	17	3.0
More than 4 km	40	6.9
<i>Type of transport used</i>		
By walking	453	78.6
Rickshaw/Van	95	16.5
Bus/Tempoo	18	3.1
CNG/Taxicab	10	1.7
<i>Time spent to arrive to clinic</i>		
< 20 minutes	429	74.5
20 - 40 minutes	140	24.3
41 - 60 minutes	7	1.2
> 60 minutes	0	0.0
<i>Cost to reach</i>		
0 – 15 BDT	471	81.8
16 – 30 BDT	76	13.2
31 – 50 BDT	29	5.0
51 – 100 BDT	0	0.0

<i>Waiting time at centre</i>		
< 20 minutes	372	64.6
21 - 40 minutes	163	28.3
41 - 60 minutes	38	6.6
> 60 minutes	3	0.5

Table 1 shows most of the clients (62.2%) come to the clinic for treatment from less than 1 kilometre distance. 20.8%, 7.1% and 3.0% clients come from less than 2, 3 and 4 kilometres respectively. Study shows that clients have to come from a long distance to the centres for getting treatment using different types of transport. Most of the clients (78.6%) come to the clinic by walking. About 16.5% clients come by rickshaw or van, 3.1% clients come by bus or tempoo and 1.7% clients come by CNG. Most of the clients (74.5%) come to the centres for less than 20 minutes. About 24.3% clients come within 20 to 40 minutes. The transport expenditures were cheap. Most of the clients (81.8%) had to expend 15 taka or less to reach to the centres. About 13.2% clients had to expend 16 to 30 taka to reach. Only 5.0% clients had to expend 31 to 50 taka to reach. Study also shows health care delivery system in the primary health care centres is done as soon as possible. Most of the clients (64.6%) get treatment within 20 minutes after coming. About 28.3% clients have to wait for 40 minutes and 6.6% clients have to wait for 60 minutes to get the health services.

Table 2: Descriptive statistics of opinion about the treatment cost of the clinic

Variables	Frequency (n=576)	Percent (%)
<i>Cost of treatment (BDT)</i>		
0 – 100	346	60.1
101 – 1000	184	31.9
1001 – 2000	28	4.9
2001 – 3000	0	0.0
3000 - 10000	18	3.1
<i>Opinion about the treatment cost</i>		
Free of cost	154	26.7
Cheap	347	60.2
Moderate	69	12.0
Expensive	6	1.0

Table 2 exhibits an estimate of treatment expenditure of the clients. Most of the patient (60.1%) had to expend less than 100 taka or free of cost for the treatment. About 31.9% of the client had to expend 101 to 1000 taka, 4.9% had expended 1001 to 2000 taka and 3.1% of the client had expended 3001 to 10000 taka. Study shows that about 26.7% of the clients did not need to expend money for taking treatment from the clinic due to the free health care service. About 60.2% of the client thought the treatment of the clinic was cheap, 12.0% thought it was moderate and only 1.0% of the client thought the treatment was expensive.

Table 3: Reasons to choose this clinic for treatment

Variables	Frequency (n=576)	Percent (%)
<i>Reasons for choice</i>		
Treatment of this clinic is good	184	31.9
Available treatment without any cost	104	18.1
Treatment available with minimum/affordable cost	142	24.7
This clinic is nearby my home	73	12.7
Medicines are available with a apposite price	67	11.6
One of my acquaintance worked in this clinic	6	1.0

Table 3 shows that about 31.9% of the clients come to these centers for the good quality of treatment. About 18.1% come for availability of treatment without any cost, 24.7% come for treatment available with minimum cost, 12.7% come for the clinic is near their house, 11.6% come for medicine are available with a apposite price and 1.0% come for acquaintance work in the clinic.

DISCUSSION

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

Study shows that most of the clients (62.2%) come to the clinic for treatment from less than 1 kilometre distance and most of the clients (78.6%) come to the clinic by walking. As a result of fact the transport expenditures were cheap. Most of the clients (81.8%) had to expend 15 taka or less to come to the centers. Study shows that health care delivery system in these primary health care centers was done as soon as possible. Most of the clients (64.6%) got treatment within 20 minutes after coming. About 60.1% of the patient had to expend less than 100 taka or free of cost for the treatment and about 31.9% had to expend only 101 to 1000 taka. So the clients did not need to expend more money for taking treatment from the clinic due to the free or cheap health care service. About 60.2% of the client thought the treatment of the clinic was cheap, 12.0% thought it was moderate and only 1.0% of the client thought the treatment was expensive.

Study also shows that the overall health care services of health care centers are good. The clients come to these centers for the good quality of treatment. About 18.1% come for availability of treatment without any cost, 24.7% come for treatment available with minimum cost, 12.7% come for the clinic is near their house, 11.6% come for medicine are available with a apposite price and 1.0% come for acquaintance work in the clinic.

4. CONCLUSION

Based on the findings of the study, it could be concluded that the service providing scenario of Urban Primary Health Care Services Delivery Project in Kushtia Municipality was satisfactory. The clients did not need to expend more money for taking treatment from the clinic due to the free or cheap health care service. These services are provided to the nearest patient surrounding place of the clinic with less or free of cost. They do not need to wait for a long time to get the treatment. The overall health care services of health care centres are good. Most of the patients are satisfied with the standard of NGO clinics treatment. So the clients come to these centres for the good quality of treatment.

CONFLICT OF INTEREST

The authors declare that we have no conflict of interest.

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