Evaluation

Medical Center of the Poorest of the Poor (MCPP)
Chittagong

12.12.2017 – 19.12.2017

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Part I: Introduction & Context

1. Objective of Evaluation

Since 2000 German Doctors e.V. operates the Medical Center of the poorest of the poor (MCPP) in Chittagong.

After 17 years of working in Chittagong it was time to review the objectives and effectiveness. The evaluation will be used to set a base and orientation frame for the future design of the medical project.

The objective of the evaluation is:

- An assessment of the strategic and operational status quo of the daily work in MCPP as well as the critical review of the processes in place.
- Identify the catchment area of the patients coming to MCPP.
- Define if the patients from the catchment areas correspond with German Doctors target group.
- Identify the existing available service and service providers (Public and NGO/private) in Chittagong area.

The evaluation was guided by DAC (Development Assistance Committee) principles and standard leading questions.

1. Relevance
   - Are the right things being done, and are things being done in the right way?
   - How is the significance in relation to the local and national needs?
2. Effectiveness*:*
   - How effective is our work being done? Do we achieve our goals?
3. Efficiency
   - Are activities cost-efficient?
4. Impact
   - What real difference has the activity made to the beneficiaries?
   - How many people have been affected?
5. Sustainability
   - To what extent did the benefits of a programme or project continue after donor funding ceased?
   - What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?[1]

The evaluation ends with recommendations to improve the impact of the Medical Project in Chittagong.

[1] The *DAC Principles for the Evaluation of Development Assistance*, OECD (1991), Glossary of Terms Used in Evaluation, in 'Methods and Procedures in Aid Evaluation', OECD (1986), and the *Glossary of Evaluation and Results Based Management (RBM) Terms*, OECD (2000).

2. Methodology

Evaluators

The evaluation was conducted by:
Deborah Groh (Health project Officer India/Bangladesh)
Enamul Huda (Participatory Development Consultant)

Time of Evaluation

12.12.2017 – 19.12.2017

Methods of Evaluation

A mix of the following methods was used:

- Document review (health reports, WHO reports)
- Heath Care Service Mapping (www.urbanhealthaltlas.com)
- Questionnaires to MCPP staff
- Questionnaires to 60 patients of MCPP
- Interview with staff of MCPP
- SWOT analysis

To make the performance of MCPP comparable to other health institutions in Chittagong two satellite clinics were visited (one run by an NGO, the other run by the government).
The target group was included by patient exit interviews (60 total).
The daily processes in place were discussed with the MCPP staff.
Management issues were discussed with the Project Coordinator.
The participation of Mr. Enamul Huda was extremely helpful because of his great experience and knowledge of the local situation.

Limits of Evaluation

Because of limited time, it was not possible to visit more satellite clinics and hospitals . This would have been useful to get a broader overview.

3. Political and economic background

Bangladesh has a population of 162 million and is one of the most densely populated countries in the world.

The Bangladeshi economy relies on its enormous human resources, rich agricultural soils and abundant water resources. Although 57% of GDP was generated by the service sector in 2016, nearly half of Bangladeshis are employed in agricultural sector. Agriculture (15% of GDP) mostly involves rice production, but it also includes tea, jute, wheat, sugarcane, tobacco, spices, fruits etc.
Industry represents 29% of GDP and employs nearly 18% of the population. The backbone of the industrial sector is the production of garments, with textile exports representing 82% of the total exports and surpassing USD 29 billion in 2016.

Bangladesh suffers from various challenges that hamper further economic growth: frequent social strikes, terrorist threats, poor-quality infrastructure, an under-performing financial

system, public sector inefficiency, inadequate exploitation of the country's natural resources, political influence in the government, limited availability of capital and population growth. Moreover, Bangladesh is among the most exposed countries to climate change worldwide. A three-foot rise in sea level would flood almost 20% of Bangladesh and displace more than 30 million people.[2]

Nevertheless, Bangladesh has made substantial progress in reducing poverty, supported by sustained economic growth. Based on the international poverty line of $1.90 per person per day, Bangladesh reduced poverty from 44.2 percent in 1991 to 12.9 percent in 2016. The country achieved the MDG 1 on halving poverty five years ahead of time, with 20.5 million people rising out of poverty during the 1991-2010 period. In parallel, life expectancy, literacy rates and per capita food production have increased significantly. Progress was underpinned by strong economic growth, with 6 percent plus growth over the decade and reaching to 7.1 percent growth in 2015/2016.[3]

4. Health Care in Bangladesh

Health System of Bangladesh is a pluralistic system with four key actors that define the structure of the system:

Government/public sector:

The government is responsible by constitution for policy and regulation and for the provision of comprehensive health care, including financing and employment of health staff. The Ministry of Health and Family Welfare (MOHFW) of the Government of Bangladesh carefully designed the 4th sector-wide approach (SWAp), namely 4th Health, Population and Nutrition Sector Program (4th HPNSP) 2017- 2022 to initiate its journey toward achieving the healthrelated SDGs.

The Ministry of Health and Family Welfare (MoHFW) subdivides In two directorates (1) General of Health Services (DGHS) and (2) Family Planning. With support from these two directorates, the government runs health care facilities throughout the country.

The Directorate General of Health Services (DGHS) is the largest executing authority of the MoHFW. The main responsibility is to implement the plans, policies and decisions of the ministries and to provide technical support.

Both together manage the system of general health and family planning services through

- National, district and specialized hospitals
- Upazila Health Complexes (10-50 beds) at sub-district level
- Union Health and Family Welfare Centers at union level
- Community clinics at Ward level
- Urban Primary Care services (managed by Ministry of Local Government and rural development)

Public health services include programmes like DOTS, the national Leprosy Elimination Programme, Malaria and Parasitic Disease Control, HIV/AIDS programme.

[2] https://www.nordeatrade.com/no/explore-new-market/bangladesh/economical-context

[3] http://www.worldbank.org/en/country/bangladesh/overview

One major problem is that public sector health facilities in Bangladesh often lack medical equipment and instruments. Supply of drugs is also inadequate. Doctors placed in the rural health facilities are not interested to stay and work in the area.
The public perception of the public health system is poor, with complaints of long waiting times, absenteeism. Poor behavior of providers, and exclusion of some marginalized groups.

Private Sector

These are the most complex type of providers, since it involves the formal and informal health systems. They include private clinics and hospitals, pharmacists, homeopaths, herbalists, village doctors, faith based healers, traditional birth attendants and mobile drug vendors.4 Informal providers are the most accessible source of health care for poor people in urban areas.
Furthermore, in response to the insufficient services of the public sector, a lot of private initiatives started in the 80s, but these facilities are unaffordable to many.

Nongovernmental organizations (NGOs)

As a complement to governments limited capacity and resources the, private sector and NGOs have established a network of facilities to provide health and family planning services. In Bangladesh many NGOs are working for poor people to address the issues and problems in the public health sector.
In Bangladesh there are some prominent NGOs who are immensely recognized across the world for their massive contribution in the sectors of primary health care. Among the leading NGOs in the country is ***Bangladesh Rural Advancement Committee (BRAC)***. [5]
Moreover, ***Mamata*** started in 1983 with the aim to develop the status of health, education and socio-economic condition of the bereaved population in Chittagong City, Chittagong district and Cox Bazar district. The head office is also situated in Chittagong.
Two NGOs Nishkriti was also established in 1983 and Image are aiming at decline infant mortality rate, improving maternal and child health in line with the health policy in Bangladesh working under Smiling Sun project funded by USAID.

Expenditure for health care

The statutory health-care system of Bangladesh in principle covers all citizens with a range of services free of cost. However, many sick people every year are left untreated in practice.
Fund utilization rate (%) of the DGHS Operational Plans against allocated and released funds in FY 2016-2017 were 68.28% and 83.98% respectively[6]. The total health expenditure as a proportion of GDP is 3% and 23% of its total derived from public health spending. Almost two thirds of total health spending comes from out of pocket payments.[7]
Direct payment for the purchase of pharmaceuticals and medical goods is the predominant contributor to out of pocket payments, either through self-purchase or on the advice of a

[4] M.Showkat et.al. (2014). Context Analysis: Close to Community Health Care Service Providers in Bangaldesh.James P Grant School of Public Health, BRAC Institute of Global Health, BRAC University, Dhaka.
[5] BRAC initiated a national ORT programme with a door to door educational strategy , which estimated have reached every woman in the country between 2003 and 2013. The programme has enabled mothers to treat their childrens diarrhea through home-based oral rehydration saline.
[6] Bangladesh Health Bulletin 2017, Page-133, Figure-8.3
7 Governemnt of Bangladesh (2015). Health Bulletin 2015. Ministry of Health and Family Welfare (MoHFW), Dhaka.

formal or informal health-care provider.
Health insurance as a mechanism for financing health care has not yet been used significantly in Bangladesh. There are a few employer operated schemes, both in the public and private sector, but these are not accessible for most of the population. [8]

Health Staff

Bangladesh is facing a health force crisis at every level of health system, but especially in Primary Health Care. In public facilities there is a large number of unfilled vacancies, widespread absenteeism (especially of doctors), unequal skill mix and health worker distribution in rural and urban areas, and a growing private sector in urban areas. The formal workforce (doctors, dentists, nurses) are mainly concentrated in the urban areas.[9]
Moreover, Bangladesh was identified as one of the low-income countries with a huge shortage of qualified health care providers with an estimated average of 146 health care providers (of all types) per 10.000 population.[10]

There is a large number of health-care providers in the informal sector. This comprises semi-qualified allopathic providers (such as community health workers, medical assistants and trained midwives), unqualified allopathic providers (e.g., drug shop retailers, rural doctors), traditional healers (practitioners of Ayurvedic, Unani and homeopathic medicine) and faith healers. They are not part of the mainstream health system but a major health-care provider for the poor rural population, especially in remote and hard-to-reach areas. Local medicine shops (popularly known as pharmacy) played vital role in providing health care support to the people by the unskill salesmen. People consult with the salesmen and purchase medicines without any diagnosis of diseases. They consider pharmacy as less expensive, almost no time required and trustworthy.

Achievements

Bangladesh has made significant progress in health indicators in recent years. In the two decades between 1990 and 2010, under five mortality has fallen by more than 60%, while infant and neonatal mortality have declined by around 50%.
Moreover, Bangladesh has made outstanding progress in the sector of mother and child health care:

- The under-five mortality rate was 151 per 1000 live births in 1990 and has come down to 41 per 1000 live births in 2013. Likewise the infant mortality rate 94 per 1000 live births in 1990 which has reduced to 32 per 1000 live births in 2013.
- The Maternal Morality Ratio in Bangladesh in 1990/91 was 574 per 100.000 live births, which was one of the highest in the world. According to Bangladesh Maternal Mortality Survey maternal mortality declined from 322 in 2001 to 194 in 2010, a 40% decline in nine years.

8 Bangladesh Health System review, Health Systems in Transition Vol. 5 No. 3 2015
9 Governemnt of Bangladesh (2011). Human Resource Data Sheet 2011. Ministry of Health and Family Welfare, Human Resource Unit, Dhaka.
10 M.Showkat et.al. (2014). Context Analysis: Close to Community Health Care Service Providers in Bangaldesh.James P Grant School of Public Health, BRAC Institute of Global Health, BRAC University, Dhaka.

5. Medical Center of the poorest of the poor (MCPP)

5.1. Background

Since 2000 German Doctors is established in Chittagong. The medical center is placed in the district of Patharghata, where many Christians of the Portuguese descending upper class are living. The origin of the center goes back to a Canadian doctor and priest, Father Boudreau, who founded the Medical Centre and managed it until 1973. After his death, the center remained closed for a longer period of time.

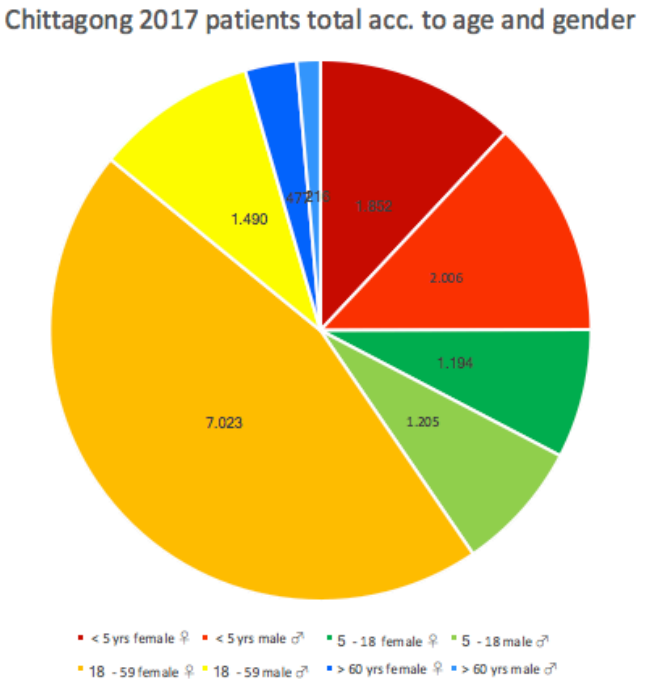
With the help of German development aid funds and funds of German Doctors, the center was re- opened in 2000 and consists until today of two separated units: the Father Bourdeau´s Medical Centre (FBMC), which treats patients of the Christian middle class in return for cash, and the Medical Centre for the Poorest of the Poor (MCPP), in which German doctors care for those patients, who could otherwise not afford treatment with a local doctor.

Each month about 2200 patients are treated in our center (MCPP), which means that each doctor sees about 50 patients per day.

The slums of the city Chittagong continuously grow further to the periphery of the city. Hence it is increasingly more time demanding and costly for patients to get to the MCPP. Especially women with undernourished children are only insufficiently reached with existing structures. Thus in 2011 German Doctors decided to open a centrum for children and women (Community based Centre – CbC) in one of the large slum at the outskirts of the city. In this community- based project a child nutrition project with a consulting service for mothers was established first (a separate evaluation of CBC1 was done by Mr. Enamul Huda in July/August 2017).

5.2. Patients statistic

In the period of time between January and October 2017 in total 15.463 patients have been treated in MCPP.



- 45% of the treatments in MCPP were adult women
- 25% of the treatments were under 5 years old
- 16% of the treatments were between 8 and 18 years old
- 40% of treatments at MCPP were children

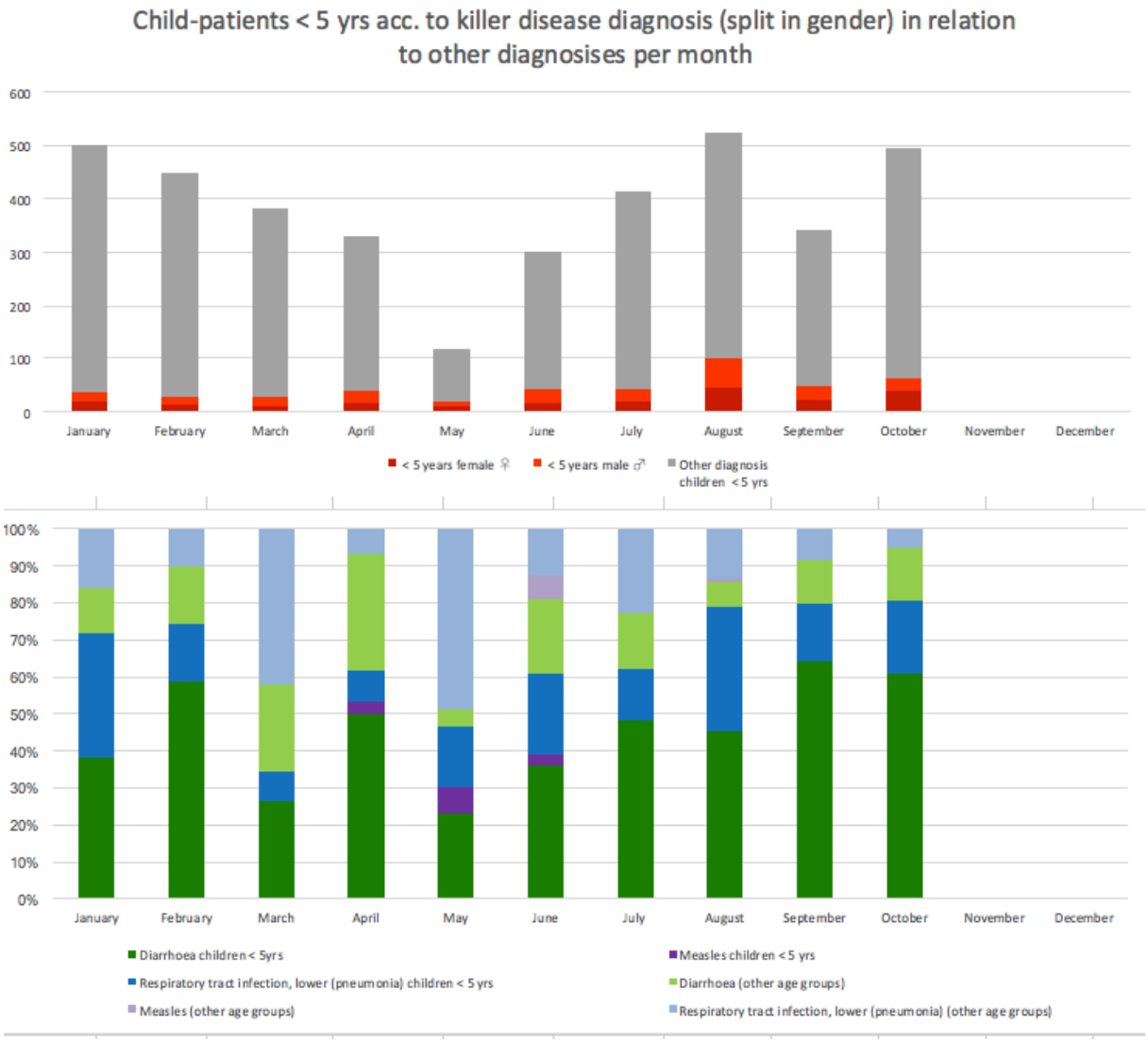
Ranking	Disease	Patients (all)
1	**Respiratory tract infection, upper**	**3.158**
2	**Abdominal disease**	**1.467**
3	**Asthma/COPD**	**1.463**
4	Normal findings/check up	1.281
5	Musculoskeletal disorder	1.067
6	Wound / injury / burns / fracture	881
7	Respiratory tract infection, lower (bronchitis)	820
8	Pregnancy/ antenatal care	789
9	Diabetes mellitus	650
10	Diarrhoea	393

Ranking	Disease	Patients (children < 5 yrs)
1	**Respiratory tract infection, upper**	**1.750**
2	**Normal findings/check up**	**690**
3	**Respiratory tract infection, lower (bronchitis)**	**451**
4	Diarrhoea	293
5	Respiratory tract infection, lower (pneumonia)	126
6	Wound / injury / burns / fracture	108
7	ENT disease	89
8	Skin disease - infectious	73
9	Skin disease - non infectious	49
10	Scabies	37

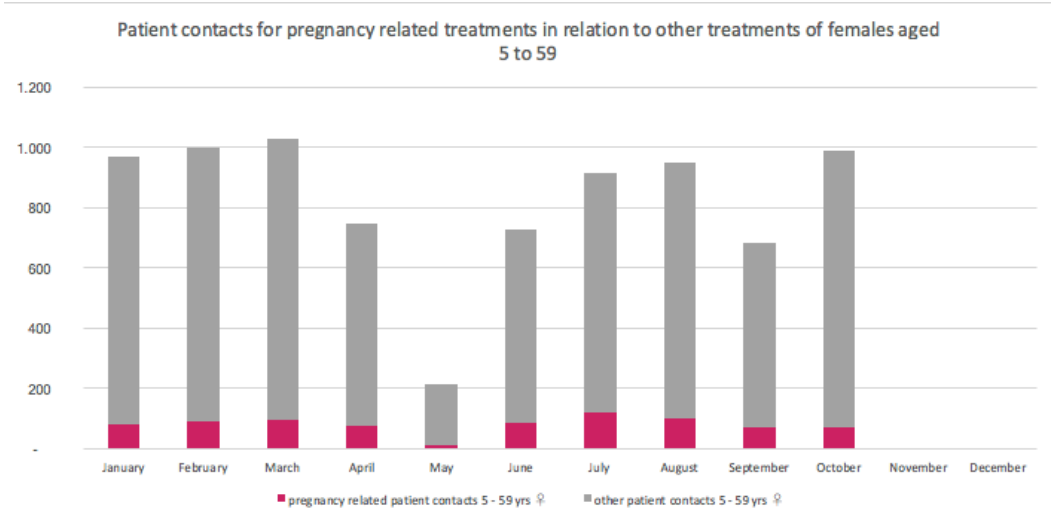
The vast majority of our patients is suffering from respiratory illnesses in all variants.

Ranking	Disease	adults (women)
1	**Abdominal disease**	**1.215**
2	**Pregnancy/ antenatal care**	**778**
3	**Musculoskeletal disorder**	**762**
4	Asthma/COPD	726
5	Diabetes mellitus	545
6	Respiratory tract infection, upper	519
7	Normal findings/check up	342
8	Wound / injury / burns / fracture	316
9	Hypertension	253
10	Gynaecological disease	199

Most women patients are looking for treatment for abdominal disease or Musculoskeletal disorder. Moreover, they look antenatal care treatment during their pregnancy.



Not a severe amount of child patients is suffering from killer diseases, but if they do diarrhea and pneumonia are the biggest problems.



11% of women treatments between January and October 2017 were pregnancy related.

5.3. Mission of MCPP

MCPP is a community clinic that provides accessible, and quality basic health services in order to improve the health and sanitation of the population, especially of the most vulnerable people like children under five, pregnant women. The mission is the organization, procurement and care for medical and social aid free of cost for sick and poor population in Chittagong area and to help them to live a life in dignity.

5.4. Management and Infrastructure

Caritas Bangladesh is the partner organization of German Doctors e.V. in Chittagong. The main office is based in Dhaka. A regional office that is responsible for MCPP, CBC1 and in the future CBC2 is based in Chittagong. The regional director in Chittagong is Mr. James Gomes. The staff of the MCPP and the CbC 1 and CBC2 has employment contracts with Caritas Bangladesh.

A Project Management Committee (PMC) was formed in October 2014 with five members from different categories and Chaired by the Regional Director Caritas. Later on numbers of members were increased to six involving one more Bishop's representative. Earlier the committee met quarterly but later on it was decided that the committee will meet only as per need and when German Doctor's representatives visits Bangladesh to review progress, resolve problems, discuss emerging issues and undertake new need-based activities. Till December 2017 the committee met seventh times.

The project manager and our direct contact person is Mr. Brayan Anthony. He has authority to give instructions to the staff of the MCPP and the CbC1 and CBC2. He has acquired some medical knowledge, possesses a lot of background information and knows how to help patients in situations of social emergency. He also knows how patients can best profit from Chittagong´s health system.

Part II: Results of Evaluation

1. Processes in Place/Standard Operating Procedures

1.1. Accounting Department

Budget

The budget is developed by German Doctors together with the Project Coordinator in the standard German Doctors format. The project Coordinator transfers the budget to the Caritas format. This process is supervised by the Caritas head accountant.

Problems faced:

- Sometimes the approved budget is modified by Caritas without informing the Project Coordinator or the MCPP accountant.
  Background: Caritas is taking full 5 year's budget and divides it by 5 for preparing the annual budget. The yearly activity plans are not included in the yearly budget of Caritas. Therefore the yearly budgeting heads are falsified. In the case of less expenditure, adjustments are done without consulting the Project Coordinator.
- Unused budget from one budget year

Monthly Accounts

The MCPP accountant prepares monthly accounts for German Doctors (in GD fomart) and for Caritas (in Caritas format).
One half year and one full year budget report has to be prepared for Caritas.
An updated budget status is kept for German doctors as well as Caritas.

Funds transfer/the receipt of money

German Doctors transfers funds to Caritas on a quarterly basis.
The MCPP accountant hands in official letter of request to Caritas Office on a monthly basis.

Problems faced:

- The funds sent from German Doctors Bonn are sent to Central Office Caritas Dhaka. Afterwards they are transferred further to Regional Office Chittagong. For MCPP to receive the funds they have to be officially requested.
- This long process leads to regular delays in receiving of funds. Therefore salaries and bills and can sometimes only be paid with delay.

Payment of bills

- Bills of small amounts are mostly paid directly in cash.
- Medicine bills are paid monthly by cheque.
- Vouchers for salary payments are given to the bank and are transferred to staff by the bank.

- Bills for gas and electricity are paid by Father Budreaus Medical (FBMC) center. The consumption of MCPP and German doctors flat is calculated exactly and invoiced to MCPP/ one third of bill.
- Complete costs for water are taken by FBMC
- Costs for generator are invoiced by FBMC every six months.
- Staff of CBC1 and the cook receive a weekly advance . The cook is handing in his expenditure bills on a daily basis. The staff of CBC1 hands in the bills once per week.

Audit

Three times a year an audit is conducted:

- Half yearly Audit by Caritas
- Yearly Audit by Caritas
- Yearly Audit by NGO Affairs Bureau

Money withdrawl

The MCPP accountant is collecting money on a weekly basis at the same bank branch.
In total there are three signatories:

- Project Coordinator (Signature is mandatory)
- Father Terence (optional)
- Regional Director (optional)

To withdral money two signatures are needed (Project coordinator + optional)

Problems faced:
Often neither Father Terence nor the Regional Director are available. A lot of times this results in a shortage of cash.

1.2. SOP Social Screening

The Community Worker is doing social screening on a daily basis in the ward areas around MCPP and CBC1. She identifies families with special needs as well as malnourished children. With the families in the wards she discusses their social situation, economic condition and if they are suffering from special diseases (for example diabetes).
If the patients are needy, the community worker fills a social screening form and gives it to the respective person. With the filled social screening form the patients go to registration at MCPP. There they will receive their permanent treatment card.
The social screening form is the entrance card for a treatment at MCPP or an admission at CBC1. Without a filled social screening card, no treatment will be possible in MCPP and no permanent card will be received.

There are five status categories of social screening:

1. Poor: Beggar → receive Social Screening Card
2. Poor: Daily Labour, Rickshaw Driver, widow → receive Social Screening Card
3. In between
4. Moderate: regular income → maybe one time treatment possible, but they will not receive a permanent card (very few patients)
5. Rich: Will receive no treatment.

Some patients will come directly to MCPP without having a social screening from. These patients will be referred to the Project Coordinator and he will interview them. He will

decide if they receive treatment on that day. The patient will not receive a permanent card though before the community worker has done a home visit and has filled a social screening form.
If the patient is coming from wards further away than the wards the community worker can reach, the project coordinator will do the social screening.

The community worker is responsible for visiting the ward numbers 35, 19, 18 and 17 . She develops a weekly schedule which is handed over to the Project Coordinator.
The Project Coordinator is responsible for visiting the patients coming from ward 33 and 34. Patients coming from areas further away are interviewed by the Project Coordinator.
The Community Worker and the Project Coordinator do not interfere with each other's area to keep mutual authority.

1.3. Pharmacy

- Stock count is done weekly. The stock count serves as basis for placing the order of new medicine.
  At the end of the month final stock count is done.
- Medicine consumption list is filled on a daily basis.
- Ordering forms, delivery forms and bills are kept in straight order together and are forwarded to the accountant at the end of the month.
- Medicine is ordered around two times per month. A copy of the invoice of every supply is kept in the pharmacy.
- There are twelve medicine suppliers in total.
  The selection of the suppliers has been done by the Mangament Committee.
  MCPP receives a discount between 3% and 10% depending on supplier.
  The variety of suppliers provides security in case one of them has delivery problems.
- Three kinds of medicines are bought in an outside shop because none of the 12 suppliers have them in stock:
  1. Whitfield Oinment (Scabies)
  2. Hydrochorothiazide (Urin infection)
  3. Folic Acid (Pregnancy)
  4. Calamine lotion

  Only the Project Coordinator is authorized to place orders at the local pharmacy. The order is always placed at the same local pharmacy.

- Patients receive their medicine at the pharmacy after consulting the doctor.
  Doctors give the patient a recipe. The doctors are only allowed to prescribe medicine that is listed on the binding drug list of German Doctors. The medicine prescribed to the patient is also listed in the permanent card of the patient.
  The pharmacy verifies the information and gives out the medicine.
  The recipe is used to fill the list of daily consumption.

<u>Medicine in CBC1:</u>
There is a constant small stock of medicine in CBC1.
Every Wednesday evening new orders are taken to the main pharmacy. Next Wednesday morning the or is brought to CBC1.
If medicine needed is not in stock in CBC1, patients can pick it up the next at MCPP.

Requests:

- A computer would ease the work of the pharmacist a lot.
- Store room for medicine

1.4. Store room/Consumables

There is a store room where all dressing material, office and other material is kept.
Head of consumables store is the nurse. She keeps regular stock of all consumables.
Each time material is taken out of the store a requisition slip needs to be filled. The slip needs to be signed by the PC and the nurse.

1.5. Hospitals/Service Assistance

If patients need to go to hospital, the doctors refer the patient to the Hospital/Service Assistant.
In most of the times patients are referred to Chittagong Medical College. In some cases (mostly maternity) patients are referred to General hospitals. The service assistant accompanies the patients for admission if needed. Otherwise he will give instructions how to do admission.
MCPP has contacts with pharmacies close to the corresponding hospitals. From those pharmacies MCPP receives a monthly bill.
MCPP only refers to government hospitals and charitable hospitals:

- Medical College
- Nuclear Medical Center
- Chittagong General Hospital
- Chittagong Chest disease Clinic
- Eye Clinic
- Diabetes Hospital
- TB Sanitarium
- Lions Hospital
- Mother and Child Hospital

Hospital admission in one of the government hospitals costs 25 Taka. The doctors consultancies are free for patients. Costs occur through diagnostic investigations and prescribed medicine.

Very severe cases of children <5 can also be referred to Shishu Private Hospital. This must be approved by the project coordinator.

In all cases treatment costs until 3000 Taka are covered by MCPP. Exceeding costs have to be covered by the patients.
Only in severe cases further expenses can be covered by MCPP. In these cases only the PC can decide.

1.6. Antenatal Care

The nurse working at MCPP is offering antenatal care free of cost. During the time of their antenatal care, the pregnant ladies have to register themselves in one of the general hospitals for delivery.
Also in the case of deliveries the costs up to 3000 Taka are covered by MCPP.

There are also 7 BRAC delivery centers in Chittagong but no connection between MCPP the centers exists.

1.7. Registration

Before receiving medical treatment the patients have to sign up at the registration. If the patients do not have a permanent card already, they need to show their social screening form to receive a permanent card. Each new patient has to pay 20Taka to receive a permanent card.
For any further visit they have to pay 10 Taka.
Currently there are 60.066 permanent cards in circulation (14.12.2017).

1.8. Cooperation Caritas

- The PC has to write a monthly report to Caritas in which all services given to patients are listed.
- A half yearly and a yearly written report have to be handed in in Bangla and in English.
- Two times a year the PC has to travel to Dhaka headquarter of Caritas and present the MCPP program.
- Sometimes special occasion reports have to be prepared.
- Change of staff needs to be reported to Caritas Regional Office.
- Financial monitoring reports have to be handed in (see Accounting Department).

2. Compilation of MCPP staff evaluation

Total number of staff participated: 17 (1 absent- CbC1 Night guard; 2 resigned- CbC1 Nurse and Cook's helper due to sickness)
Length of services with MCPP: Varies between 1 – 17 years

All participating staffs found very happy in working with the German Doctors. None of the respondents expressed any dissatisfaction on the authority and doctors rendering services. They praised all doctors highly for their sincerity, commitment, friendly and soft corner for the poor people. PC mentioned about his dissatisfaction in delay response from Caritas which create problems in running the planned activities as per schedule.

Regarding training they are satisfied with the training they received. But they mentioned that they could not use all training in their work place because of not getting scope to work with the slum community at field level e.g. training on participatory planning, monitoring, and facilitation. They expressed their need for some specific training to enhance their skills. (see Annex I)

3. SWOT analysis of MCPP Project

Strengths Weaknesses Opportunities and Threats (SWOT) is a participatory tool to analyse internal and external situation of a project/ organization. This tool helps the project/

organization to identify its internal strengths and weaknesses as well as external opportunities that the project can avail and threats envisage and become aware.

On Thursday 4 January 2018 all MCPP management and program staffs (excluding support staff) participated in the SWOT analysis of MCPP project. They collectively identified strengths and weaknesses of the project on its status, resources available and project management. External opportunities and threats were considered based on the current and future situation analysis. Following is the outcome of the SWOT analysis:

SWOT	Issues	Situation analysis
STRENGTHS	Project status	1. Unique in providing basic health services-have goodwill 2. Working with specific target people (poor women, children, adolescents and men) 3. Multi-dimensional service provider (Socio-economic, health, education, income generation, women empowerment, child rights) 4. Provide free treatment to the target people 5. Free referral services and support in availing services 6. Well accepted by the community people
	Resources available	1. Skilled human resources 2. Experienced foreign doctors (as assumed by the patient) 3. Necessary medical equipment and office logistics 4. Regular flow of fund from the donor
	Project Management	1. Regular renewal of project phase 2. Participatory management, staff get scope to express their opinion 3. Necessary guidelines (Child policy, Gender policy, HR policy) 4. Transparency and Accountability 5. Scope to avail need based training to enhance knowledge 6. Regular financial audit
	Sustainability	No initiative taken yet
WEAKNESSES	Project status	1. No legal status as an organization (project status) 2. Dependent on another NGO (Caritas) 3. Dependent on foreign doctors 4. No publicity by Caritas or donor
	Resources available	1. No own permanent infrastructure 2. Some resources are inadequate (computer, furniture) 3. No special budget allocation to resolve emerging problems. 4. No contingency fund in the 5 year plan

	Project Management	1. No position based specific training for the staff 2. Training certificate not provided yet 3. No data-base software installed. All data are maintained manually. 4. Lack of coordination between donor and implementing partner (Caritas) in budget allocation 5. Non/ poor cooperation of implementing partner in implementing project activities 6. No updated vaccine for the staffs. They work with patients at own risk. 7. Salary structure do not match with current market situation
OPPORTUNITIES	General	1. Scope to establish MCPP as an NGO 2. Continuous support of Catholic Church 3. Interest of donor 4. Can work in partnership with other NGO and development organizations 5. Undertake new thematic project on emerging health problems 6. Scope to work in new areas with densely populated target people 7. Scope to work in collaboration with government health program
THREATS		1. Government/ Bangladesh Medical Association (BMA) may put embargo on treatment provided by the foreign doctors 2. Slum evacuation by the government or land owner to construct permanent modern infrastructure 3. Stop fund flow from the donor 4. Undue intervention of local influential people/ leaders

4. Observation of patient´s interview

The goal of interviewing 60 of our patients was to get an impression of they are corresponding our target group. In total 62 patients were being interviewed out of which 11 were male and 51 were female (see Annex II).
Key findings were:

- More than half of the interviewed patients (32) had more than 4 children.
- None of the patients had a higher family income than 10.000 Taka (ca.100€). 26 out of the surveyed patients had a family income less than 6000 Taka. The majority of the patients did not have basic skills. In general they work as daily labours.

- The vast majority (54) is registered in Chittagong City. The patients migrate between different slum areas constantly depending on employment and housing opportunities.
- Most out the patients (20) came from Ward 35 (where also MCPP is located). But also Wards No. 18 & 19 are highly represented, since this is also the catchment area of the Community Based Center (CBC1).
- The majority of the interviewed patients (55) live in rented houses in slum areas.
- All of the interviewed patients are regular visitors. MCPP is the main contact point if they or their families have illnesses.
- It takes the patients from 15 minutes (bus) to 120 minutes (walk) to reach MCPP. The travel costs to reach MCPP vary between 10 and 200 Taka.
- All of the patients mentioned that they live in close distance to a satellite clinic.
- If the patients need medicine urgently they go to a local pharmacy.
- All interviewed patients are very satisfied with their treatments at MCPP. They prefer coming to MCPP because of the free treatment and medicine as well as the good facilities, helpful staff and good doctors.

5. Mapping of Wards/Satellite Clinics

The goal was to get an overview of hospitals and NGO health facilities available in the area of MCPP and what services they are offering. The initiative http://urbanhealthatlas.com offers a mapping of all health facilities working in the different wards of Chittagong. An overview of the wards of our target group (8,9,13,14, 17,18,19, 34, 35) was developed (see Annex III).
It was observed that a lot of Government and NGOs satellite clinics existed in Chittagong area. The resulting questions were:

- What is the scope of service of these satellite clinics?
- What are the costs for the patients visiting one of the satellite clinics?
- What is the status of medical care?

Background
In Chittagong City Corporation government, NGOs and private clinics and hospitals are providing health services to the poor people. Private Service providers are too expensive for the poor people and they cannot afford. Only hope is the government i.e. public and NGOs health service providers. Among the government Chittagong Medical College and hospital, General hospital, Maa O Shishu (Mother and child) hospitals and few specialized hospitals e.g. Diabetic, Tuberculosis, heart disease are important. In addition, City Corporation is providing health services mainly to mother and child through ward level clinics. NGO health services are available in the city areas for the poor people.

NGO health services

Some NGOs are providing health services in the selected wards of the CCC. Among those;

- BRAC- Manoshi project under Health Nutrition and Population Program (HNPP);
- Smiling Sun of "USAID- DFID NGO Health Service Delivery Project" run by two NGOs IMAGE and Nishkriti in selected wards of the CCC;
- A local NGO MAMATA is also providing health services to the poor people of the CCC.

- Marie Stopes also provide health service on safe delivery, reproductive health and FP

5.1. BRAC Manoshi (HNPP) project

BRAC is providing health services to the poor people of the CCC through Manoshi project under HNPP. Earlier BRAC had 16 branches but now it has only 8, the rest are closed. Regional Manager (Hanif, 01730-349403) is responsible for total health program in the CCC area. Eight Branch Manager are responsible for 8 Branches. In each branch there is Program Organizer (1), Field organizer (1), Manoshi Midwife (MMW), Shasthya Kormi (Health worker) and Sebika. All are regular staff except Sebika (Volunteer). Sebika gets Tk. 30 for identifying each pregnant woman and refer to BRAC delivery center.

Currently BARC is working in the following wards:

Sl. No.	Location of clinics	Wards covered	Remarks
1.	Chandgaon	4,5,6,8,18	Clinic with delivery center for normal delivery
2.	Jalalabad	2,7	Clinic with delivery center for normal delivery
3.	Cornel Hat	9,10,11	Clinic with delivery center for normal delivery
4.	Bakolia	19	Clinic with delivery center for normal delivery
5.	Madarbari	24,28,29,30,33,34	Clinic with delivery center for normal delivery
6.	Lalkhan Bazaar	8,13,14,22	Clinic with no delivery center
7.	Bondor	36,37,38,39	Clinic with delivery center for normal delivery
8.	Pahartoli	11,12,24,25,26	Clinic with delivery center for normal delivery

Services available in BRAC Manoshi project:
In the center BRAC provide ANC, PNC and normal delivery service to the pregnant women. Normal delivery is done by the midwife with Tk. 650. For ANC/PNC service by the Shasthya Kormi through door to door visit they charge Tk. 50. In addition they have package for children with Tk. 100 which contains 1 steel feeding cup, 10 nutrition food packet, 1 soap and 1 toy. Package for the adult is available with Tk. 100 that includes Gluco meter for measuring blood sugar, Diabetic tests, BP test and some medicines e.g. Paracetamol, Lactameal and Vitamin syrup. BRAC also organize health camp on eye and provide reading glass to the poor people with only Tk. 150 with free check up. Sebika do household visits once in every six month. (E-mail: manoshi.chittagong@brac.net).

5.2. Smiling Sun (Surjer Hashi in Bangla)

Smiling Sun is a "USAID-DFID Health Service Delivery Project" run by two NGOs in the CCC area. Both the NGOs (Nishkriti and IMAGE) are working different wards of the CCC. They are running static clinics at different parts of the CCC. Staffs of the NGOs include Clinic Manage, Doctor, Paramedic, Counselor and support staffs.

Working area of Nishkriti and IMAGE in the CCC

Working area of Nishkriti in the CCC	
Location	Ward No.
Pahartoli	1 & 9
Halisahar	37 & 38
Rongipara	24
JamalKhan (HO)	21
Bakolia	19
Firingi Bazar	33
Dewan hat	24
Taotola	
Pathantooly	28

Working area of IMAGE in the CCC	
Location	Ward No.
Bayezid Bostami	7
Khulshi (HO)	13
Uttar Kattoli	10
Aman Bazar	
Jhautola	13

Nishkriti runs Static clinic and satellite with one paramedic and one Service provider as team and with three teams.

Service provided by Smiling Sun
Both Nishkriti and IMAGE provide same type of services.

- Child health care: EPI, treatment of all common diseases
- Woman/Mother: ANC, PNC, Delivery (Normal- Tk. 1,200-1,500; Cesarean- Tk. 11,000-15,000); FP Contraceptives (as per government price), TB (free)
- Adolescents: Awareness on reproductive health; counseling for all (as per need)
- Pathology and Ultra sonogram

Target people

- Rich are provided Family care support with Tk. 130 registration fee
- Poor are provided Health benefit card with Tk. 80 registration fee
- Extreme poor get treatment with Tk. 10 as registration fee. (Cesarean only Tk. 3,000 or free)

5.3. MAMATA Health program

MAMATA is a local NGO providing health services to the poor people in eight different location of the CCC (ref. Swapna Talukder, Director, Coordination; 01819-322493). In each location they have static clinic. Each clinic has 1-2 Medical Officers, 3 Paramedics, 1 Lab technician, one counselor (2 in the maternity), Supervisor and Health Administrator.

Working area of MAMATA

Sl. No.	Location	Ward
	Pahartoli	1
	Enayet Bazar	
	Madar Bari	28
	North Agrabad	24
	Bagmoniram	15
	Panchlaish	3
	Lalkhan Bazaar (60 bed hospital)	14

	Bondor tilla (20 bed hospital)	

Earlier MAMATA got donor's fund to run the health program but now they are running health program with own fund. MAMATA provides health services in 70 satellite spots with 17 Satellite teams.

Services offered by MAMATA

- Health card to garments workers with 25% discount on all services
- Normal delivery with Tk. 3,200; Cesarean Tk. 10,000 (Lalkhan Bazar hospital) and Tk. 12,000 (Bondor tilla hospital)
- D&C- Tk. 4,000-5,000
- ANC- Tk. 200 (if service provided by consultant); Tk. 150 (if services by MO)
- Lab test- 30-40% less than other organization; Ultra sonogram Colour- Tk. 600 and B&W- Tk. 300

5.4. Marie Stopes

Marie Stopes is providing health services in four locations of the CCC i.e. OR Nizam Road, Bondor tilla, Halisahar (Block-B) and Nazir Pool. Among those only clinic at Bondor tilla provide safe delivery support. Other three are referral clinics.

Services of Marie Stopes:
Registration card- Tk. 20
FP services are free except 2 (Condom and Emergency contraceptive pills) are provided as per government set price. Reproductive health care consultation fee Tk. 110 to 250. Safe reproductive check up Tk. 450 and PNC- Tk. 260. General consultation with Tk. Tk. 200-250. Pathological tests between Tk. 60 to 350 depending on the nature of services provided.

No other NGOs were found that are providing health services in the selected CCC words.

6. Conclusion Evaluation

6.1. Relevance of the work of MCPP

In Chittagong the public sector provides a well running system of Mother and Child health care as well as for a special illnesses like Tuberculosis (DOTS centers), Leprosy elimination, Malaria and HIV/Aids. Among government facilities there is Chittagong Medical College, General Hospitals, Maa o Shishu Hospital (Mother and Child) and a few specialized clinics (Diabetic, TB, heart disease). Treatment in these hospitals is for free, but all diagnostics and medicines that patients need, must be bought individually. Unfortunately, there is no well-established Primary Health Care system for the poor and marginalized population of Chittagong. Two thirds of expenditures for health are out of pocket payments since no health insurance system exists. Moreover, there is a constant crisis in the health force in the public institutions of PHC since the rate of absenteeism is very high and a large number of positions are unfilled.
Besides the public sector, in the Chittagong City Cooperation government NGOs and private clinics/hospitals are providing health care services. Most private service providers are not affordable to our target group.

There is a variety of well- organized NGOs working in the sector of Mother and Child Health Care (see above) but not offerings any services for adults.
In this setting MCPP is filling a gap of non-existing health care facilities for the poor and marginalized population of Chittagong offering Primary Health Care at a very low cost. The work at MCPP does duplicate government initiatives only in a marginal way. Good relationship is maintained to government hospitals and a lot of patients are sent there for further treatment. MCPP gives them support in admission as well as monetary assistance.

6.2. Effectiveness of the work of MCPP

The mission of MCPP is to provide accessible and quality basic health care, especially to the most vulnerable group like women and children <5.
According to the patients statistics of 2017 (see above) patients visiting MCPP suffer from illnesses that are not treated easily by the public health care system without paying a lot higher amount of money than at MCPP. A large number of women and children suffering from respiratory tract infection, abdominal disease or Asthma are coming to MCPP for treatment.
According to the survey, patients are very content with their treatments at MCPP. In summary, they like to come to MCPP because they receive free treatment in good facilities carried out by helpful staff and doctors.
The management and administration of MCPP is working very efficient (see details above). The Project Coordinator has a very good overview of the processes in place and guides his team in a participatory way.
MCPP has a very well-functioning system of social screening (see above) that rejects patients to come to MCPP that are not the target group. This has also been confirmed by interviewing the patients concerning their housing condition and family income.

As a next step it is desirable to intensify the network with other health institutions (government and NGO) and to establish a referral system in both ways.

6.3. Efficiency

Due to the well-organized administration as well as regular audits done by the donor and NGO Affairs Bureau, funds are used efficiently. Three financial audits take place per year. The issuance of medicine is surveilled through monthly stock counting.
Moreover, the interviews of staff showed that they feel that enough skilled people are working at MCPP. All of them have a good knowledge of illnesses. The team is functioning well since they have regular team meetings as well as clear guidance on their work.

Occasionally there are problems in the daily collaboration with the umbrella organization Caritas. Responsible persons are difficult to reach. This results in a lot of delays in daily routine.

6.4. Impact and Sustainability

The main impact that MCPP has, is that is offers people access to health care whose access would be denied otherwise.
MCPP is unique in Chittagong in providing basic health to the poor population at a very low cost. Otherwise these people would remain untreated. Moreover, there is a free referral service and support in availing other health care services for the patients. This way MCPP helps patients to overcome obstacles.

The status of health of the patients enables them to obtain living for themselves and their families.
Especially the multidimensional services (socio-economic, health, education, income generation, women empowerment, child rights) offered by MCPP in connection with the Community Center leads to a sustainable development.

A weakness of MCPP is though that there is no legal status as an organization and therefore a constant dependency on the umbrella organization Caritas.
The work of MCPP is dependent on the volunteer support of German doctors. In near future there is no possibility that MCPP can exist and work independently.
Moreover, the Bangladesh medical Association may put an embargo on treatment provided by the German doctors.

7. Next Steps/Recommendations

From summer 2018 onwards the work of MCPP be will be expanded into the communities. Instead of working 4 days in MCPP medical center and one day at CBC1, the doctors and staff will work 2 days at MCPP center, 1 day at CBCI and 2 days at the newly opened CBCII. This will give MCPP the opportunity to reach more unserved people.
It is recommended to establish network with other NGOs and government institutions in the targeted wards (see ANNEX III) and make use of their services. It is not recommended to offer the same services as they do. On the other hand they can support encouraging their beneficiaries to also make use of MCPP services.
The project will encourage and motivate targeted local community people to participate in planning and monitoring of activities. This will help to establish ownership among the people and they will take over responsibilities community mobilization in course of time.
It is recommended to always have a close look at the new developments of the health sector in Bangladesh. There are a lot of initiatives that the patients can benefit from. The main goal should be to integrate the patients into existing or newly developing structures. Currently MCPP is duplicating the work of government health institutions only marginally but this should be reviewed on a regular basis.

ANNEX I :Compilation of MCPP staff evaluation

Are there any things about the building of MCPP that you think are good or things that could be improved? (Number of respondents)

	☺	😐	☹
General cleanliness	10	2	5
Toilets and washing facilities	8	6	3
Number of staff available	9	7	1
Time to care for patients (No response-3)	7	6	1

Do you think the hospital lacks any important staff?

No- **12**, Yes-**3** (need more Social Workers to work in the slums), No response-**2**

Are number and quality of staff in general good?

Number of staff ok- **13**; inadequate-**1**; No response-**3**
Quality of staff: Good-**9**, Need improvement-**5**; No response-**3**

If you have any problems, what do you think is the main cause?
7 said that there are not enough skilled people to call
2 mentioned about that they are unable to contact right people
2 mentioned other reasons- do not quiet place to work, misunderstanding among staff creates problems.
No response-**6**

What do you think about the training of staff and the organization of your work?
Training was effective and useful for our day to day office activities- 11
Many improvement happened among staff after receiving training-1
Group bondage developed among staff-1

How is your knowledge of illnesses of patients? (No response-5)	☺ **10**	😐 **2**	☹ **0**

What areas do you think you need more training?
Health related training-**4**
Training on diseases and medicine-**3**
English language-**2**
Advance accounting-**1** (Accountant)
On the job related-**1**
NGO administration-**1** (PC)
No response-**3**

Are there areas you would like to improve your knowledge further?
Gained knowledge in NGO administration-**1** (PC)
Accounting software-**1** (Accountant)

Nursing-**1** Computer operation-**1** Medicine and Pharmacy management-**3** Knowledge on diseases and health problems-**2** Cooking-**1**		
Are there regular meetings of all staff? Please explain who participates, frequency and nature of meetings Meeting held regularly in every month on a fixed day-**17** All staffs attend in the monthy meeting-**17** Major discussion issues in the meeting: Solve emerging problems/ Conflict resolutions-**10**; Progress review-**8**; New instructions and activities-**3**, Planning-**2**, Staff coordination issues-**4**		
Do you receive regular feedback? Yes-**12**, No-**1** (PC), No response-**4**		
Do you have clear guidelines on the work you are doing? We have verbal guideline from the PC on our daily and routine activities but nothing written except job description. Please explain: We do our daily activities as stated in the job description. PC gives us instruction on any new activities or give us strategy/ tips to accomplish any activities effectively and efficiently -**16**. No response-**1**		
Do you have a job description that is up to date? **Are you aware of your tasks?**	YES- **17** Aware about roles-17	NO- **0**

ADDITIONAL QUESTIONS

Was the Safety and Security Training useful for you? Please give a short comment.

- The training was useful and timely as we did not know about our risks, safty and security so critically until we participated in the training-13 (No response-4)
- We have learned about Standard Operating Procedure (SOP), Local Security Plan (LSP), Risk Assessment (RA), Vulnaribility Assessment (VA) and Contingency plan (CP)-11
- We have leanerd what to do as safety measure, when and how-9

Please give a short explanation which characteristics of a volunteer doctors that you like to work with.

Following are the basic characteristics of volunteer doctors mentioned by the respondents:

- Cordial and friendly with staff and patient-9
- Well behaved to every people-6
- Knowledgeble and give good treatment-4
- Treat all equally-2
- Positive attitude to patient and staff-2
- Always in smiling face and never angry-2

- Respectful to poor patient and visit slum-2
- Respect our culture-1
- Punctual-1
- Welfare attitude-1
- Appreciate our work-1

How do you experience the partnership with German Doctors? Are there any problems? Is there something you like especially?

a) Experience in partnership with German Doctors:

- We feel proud to work for and serving the poor people-10
- We are gaining experience by working with many experienced doctors-7
- We have learned how to behave friendly with poor people-3
- German Doctor is a Medical Welfare organization but new as an NGO-2

b) Problem faced in working with German Doctors:

- We did not face any problem in working with German Doctors-17

c) Something especial:

- After working with German Doctors we have learned about humanity in serving poor people-8
- We observe equal opportunity in the German Doctors-7
- Our working environment is friendly and mutually respectful-5
- We are gaining skills every day in delivering services to the poor people and linking with other medical facilities (public and NGO)-3

ANNEX II: Compilation of patient´s interview

GENDER OF RESPONDENTS

Male- 11
Female- 51
TOTAL: 62

AGE

Gender	Respondents by age group						
	0-5	6-18	19-45	46-60	61-75	76+	TOTAL
Male	1	2	2	2	3	1	11
Female	-	3	28	12	8	-	51
TOTAL:	1	5	30	14	11	1	62

MARTIAL STATUS

Marital status	Male	Female	Total	Remarks
Married	7	48	55	
Never Married	4	3	7	All children
Widow/Widower	-	-	-	
Separated	-	-	-	
Divorced	-	-	-	
TOTAL:	11	51	62	

NUMBER OF CHILDREN OF THE RESPONDENTS

Number of children	Male	Female	TOTAL
No children	4	3	7
1 child	1	9	10
2 children	1	7	8
3 children	-	5	5
4 children	-	12	12
5 children	3	7	10
6 and more children	2	8	10

FAMILY INCOME/OCCUPATION

Income range (per month)	Male	Female	Total	Occupation
Up to Tk. 6,000	6	20	26	Male: Day labour-22; Rickshaw puller-11; Service-3; Driver-2; Petty Business-2 Female: Day labour-1; Service (garments)-5; House keeping-2; Beggar-2
6,001-10,000	5	29	34	
10,001- 15,000	-	1	1	
15,001-20,000	-	-		
20,001+	-	-		
TOTAL:	11	50	61	

No information on income- 1 female; No information on occupation-12

REGISTERED IN CHITTAGONG

From Chittagong	Male	Female	Total	Remarks/ Districts
Yes	10	44	54	
No (other districts)	1	7	8	Comilla-5; Noakhali-2; Bhola-1
TOTAL:	11	51	62	

LIVING IN CCC WARDS

CCC Ward No.	Male	Female	Total	Remarks
3	1	4	5	They migrate frequently from one slum/ ward to another depending on their: • present occupation • employment opportunity in the new area • nearness to employment area (walking distance) • people migrated from the same district living in a particular slum • rent of the house they are able to pay.
7	-	1	1	
18	1	11	12	
19	2	9	11	
22	1	-	1	
25		1	1	
30		1	1	
33		1	1	
34		1	1	
35	3	17	20	
48	1	-	1	
No info.	2	5	7	
Total:	11	51	62	

HOUSING CONDITION

Housing status	Male	Female	Total	Remarks
Rented house	8	47	55	Mostly in slums
Own house	3	4	7	In low income areas
Total:	11	51	62	

PERSON PER HOUSEHOLD

No. Of Persons	Male	Female	Total
1	-	2	2
2	2	9	11
3	-	11	11
4	6	14	20
5	2	3	5
6	1	7	8
7	-	3	3
8+	-	1	1
Total:	11	50	61

No information-1 female

ARE YOU ABLE TO READ/WRITE?

Literacy	Male	Female	Total
Yes	2	13	15

No	9	38	47
Total:	11	51	62

IS THIS YOUR FIRST VISIT TO MCPP?

Visits	Male	Female	Total
Yes	-	-	-
No	11	51	62
Times of visit			
Minimum-4 times	1	2	
More than 100 times	3	3	
Average visits	67	37	

WHAT IS THE DISTANCE FROM YOUR HOME TO THE NEAREST PUBLIC HOSPITAL?

Means of transport	No of respondents (multiple options)			Time required (Min.)
	Male	**Female**	**Total**	
Walk	9	47	**56**	Min- 30 ; Max-130
Bus	4	31	**35**	Min-15 ; Max-60
Train	-	-	**-**	-
Rickshaw	3	17	**20**	Min-15 ; Max-90
Three wheeler/ CNG	1	4	**5**	Min-20 ; Max-45
Total:				

WHAT IS THE DISTANCE FROM YOUR HOME TO THE NEAREST COMMUNITY CLINIC/SATELLITE CLINIC?

Means of transport	**No of respondents (multiple options)**			**Time required (Min.)**
	Male	**Female**	**Total**	
Walk	8	42	**50**	Min-2 ; Max-70
Bus	1	8	**9**	Min-5 ; Max- 120
Train	-	-	**-**	
Rickshaw	2	9	**11**	Min- 5 ; Max-40
Three wheeler/ CNG	-	-		
Total:	**11**	**59**	**70**	

HOW MUCH MONEY (TAKA) DOES IT COST PER PERSON TO TRAVEL TO THE CLOSEST HEALTH FACILITY FROM YOUR HOME USING THIS TRANSPORTATION?

Transport cost required (Tk.)			
Male		**Female**	
Min (Tk.)	Max. (Tk.)	Min (Tk.)	Max. (Tk.)
100	150	10	200

IF YOU NEED MEDICINE WHERE DO YOU BUY IT?

Source	Male	Female
Local pharmacy/ medicine shop	6	36
Don't buy from outside	5	15
Total:	11	51

DO YOU THINK THIS PROJECT SHOULD GO ON RENDERING THIS SERVICE?

Project service continue	Male	Female
Yes	11	51
No	-	-
Total:	11	51

ARE YOU SATISFIED WITH YOUR TREATMENT?

Satisfied with services	Male	Female
Yes	11	51
No	-	-
Total:	11	51

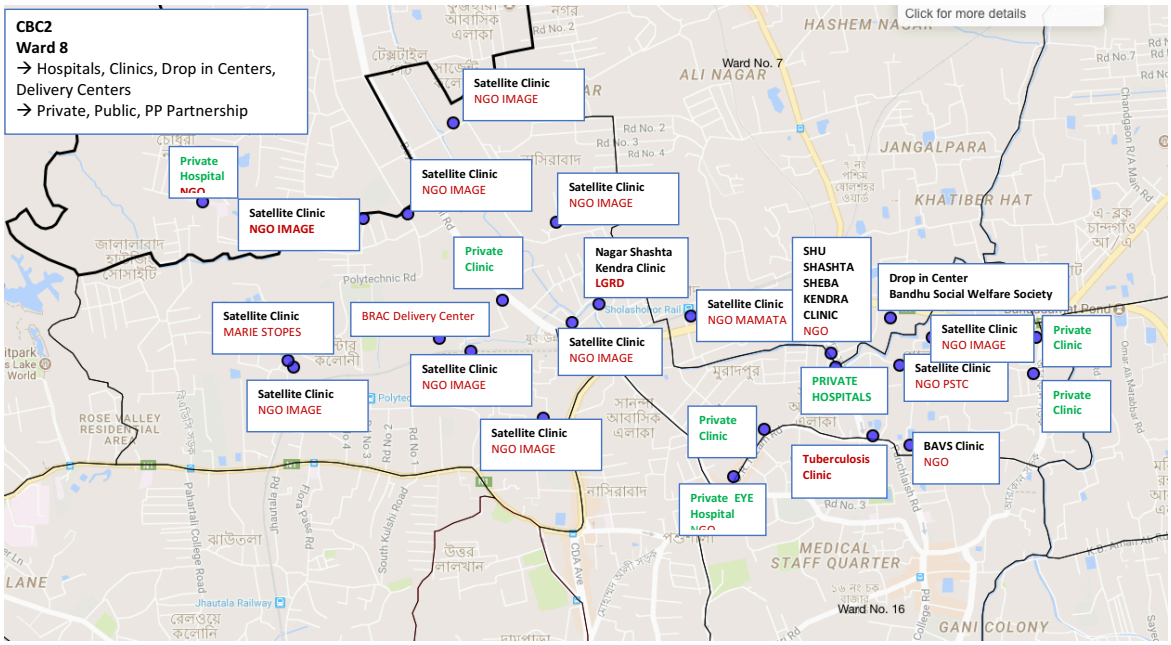
DO YOU HAVE TO PAY ANY MONEY OTHER THAN REGISTRATION CHARGE TK. 10?

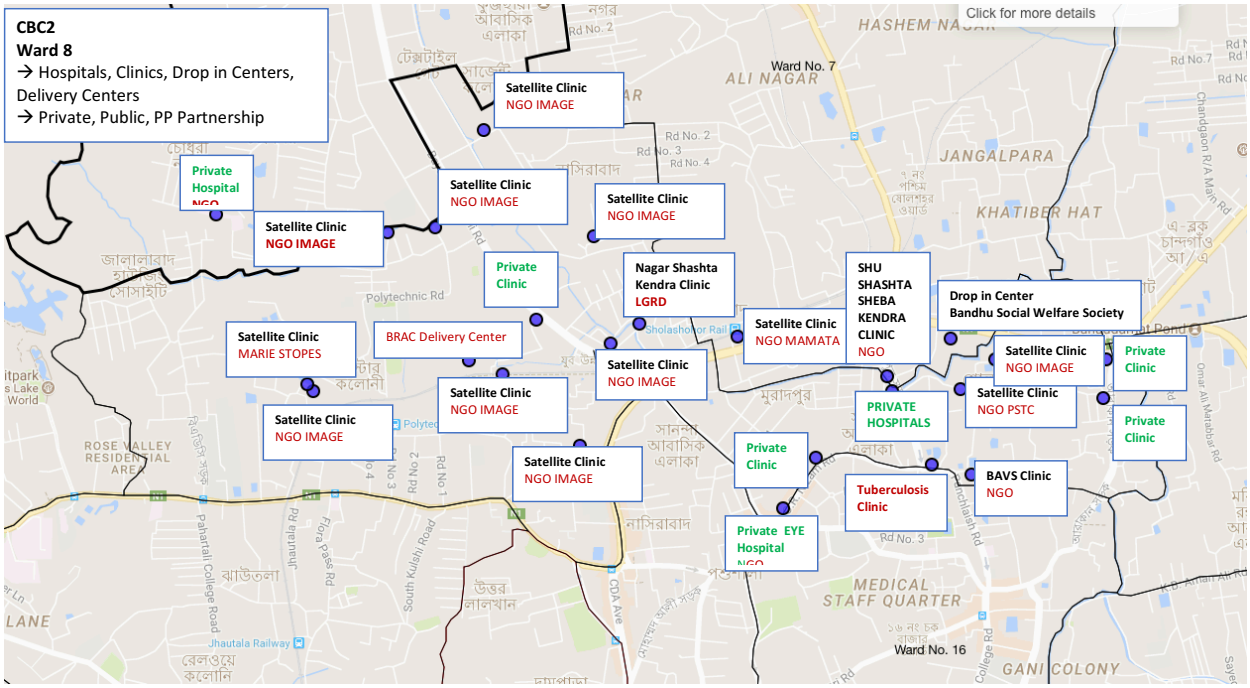
Paid additional money	Male	Female
Yes	-	-
No	11	51
Total:	11	51

WHY DO YOU ALWAYS COME TO GERMAN DOCTORS ONLY?

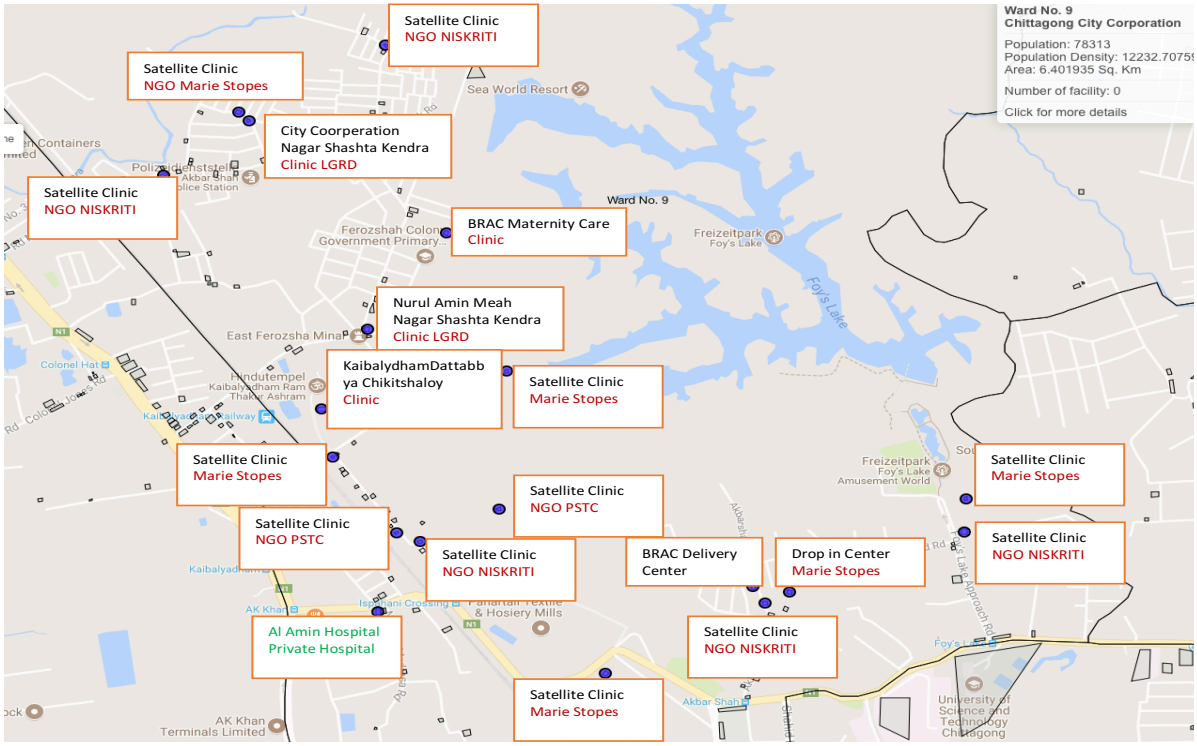
Reasons of coming	Male	Female	Total
Provide free treatment with only Tk. 10	10	48	58
Provide medicines free of cost	11	39	50
Facilities / arrangements are good	7	28	35
Helpful for us in receiving treatment	1	18	19
Doctors are very good and expereinced	4	15	19
Nearby our residence	-	4	4
Less waiting time required to get services	1	1	2

Annex III: Health Facilities in Chittagong Wards

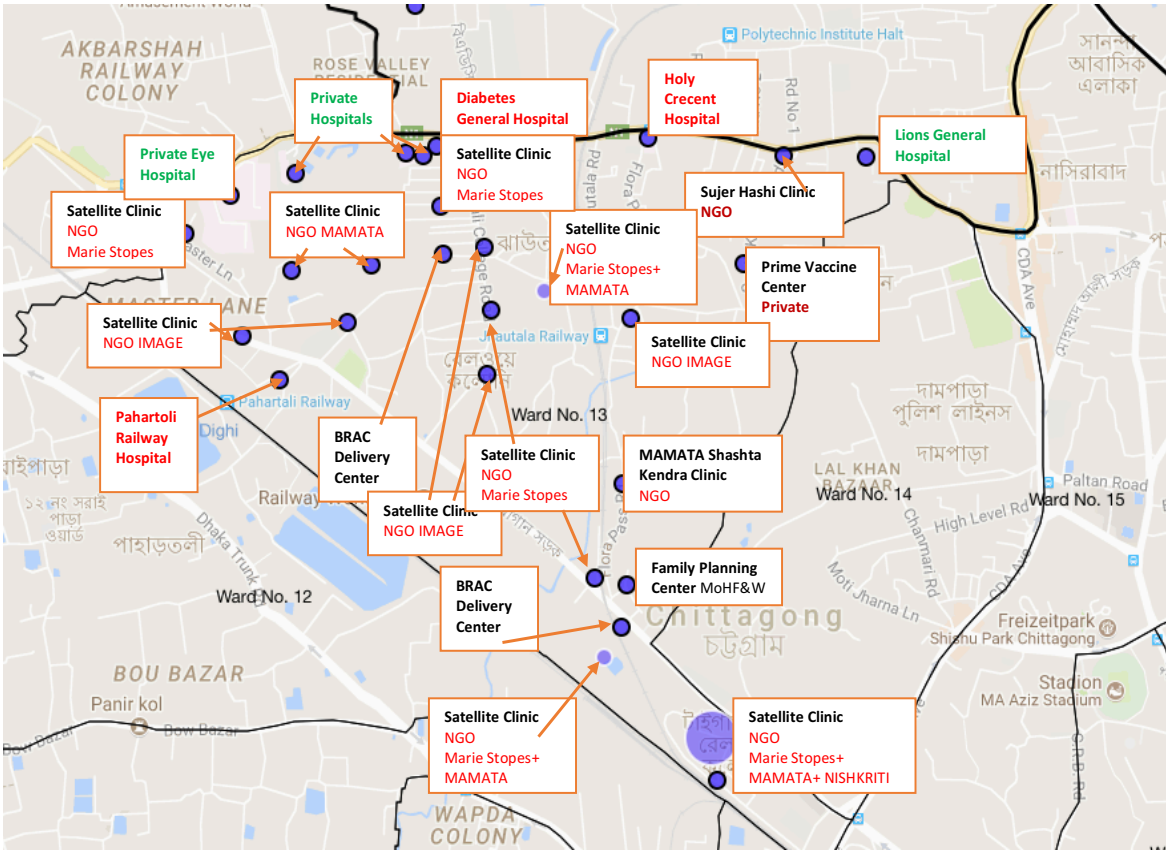




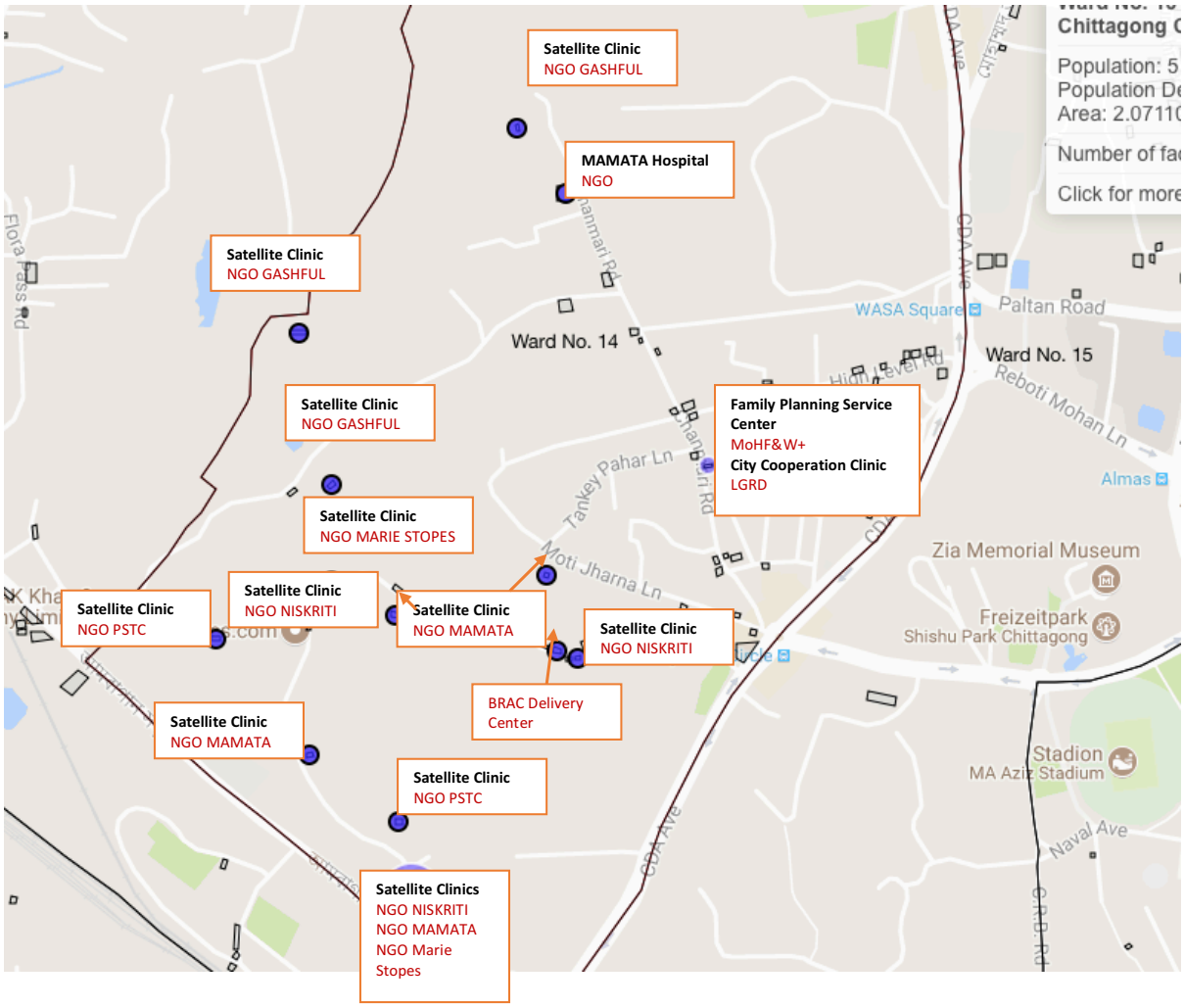
CBC2
Ward 9
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership



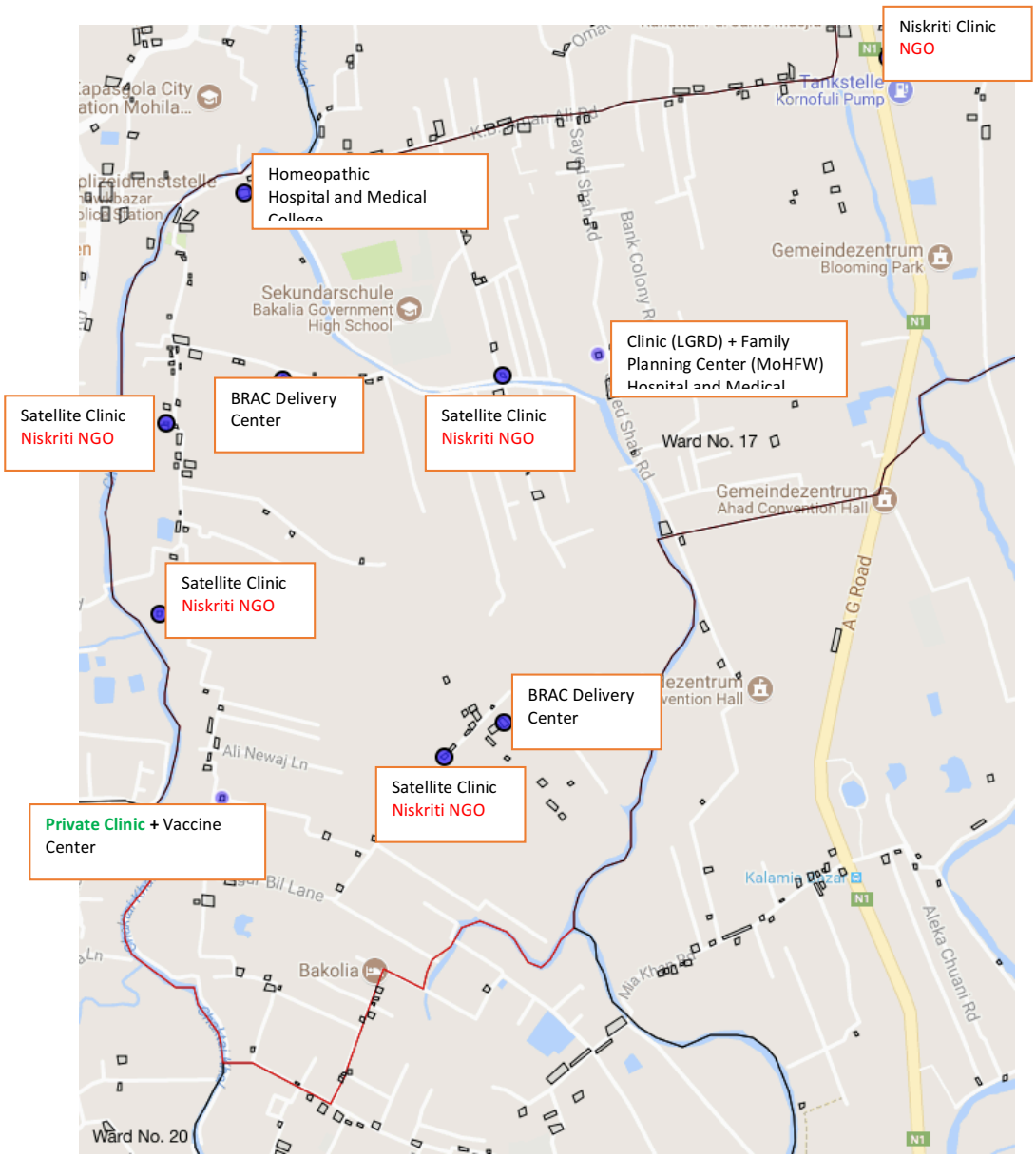
CBC2
Ward 13
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership



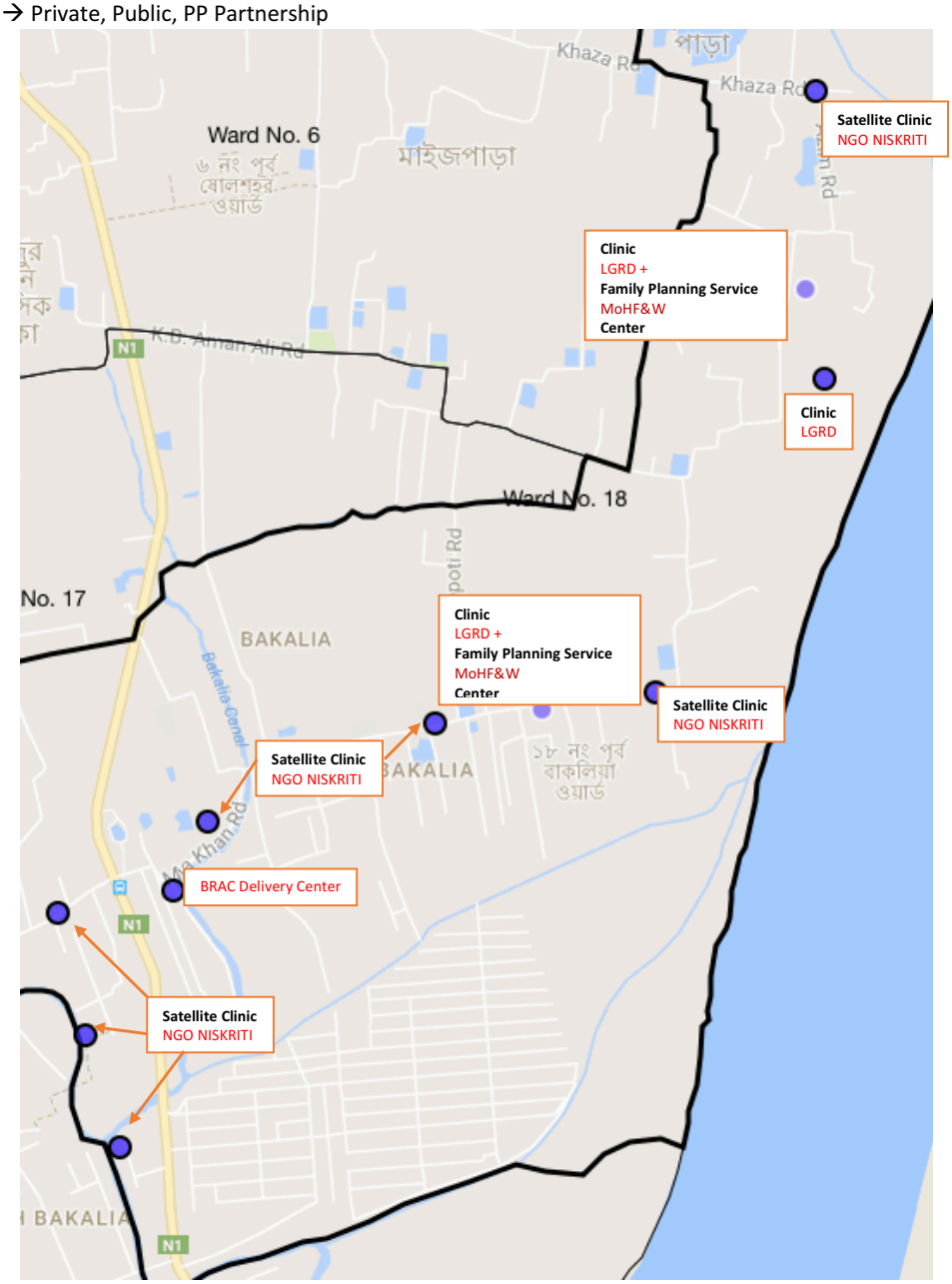
CBC2
Ward 14
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership



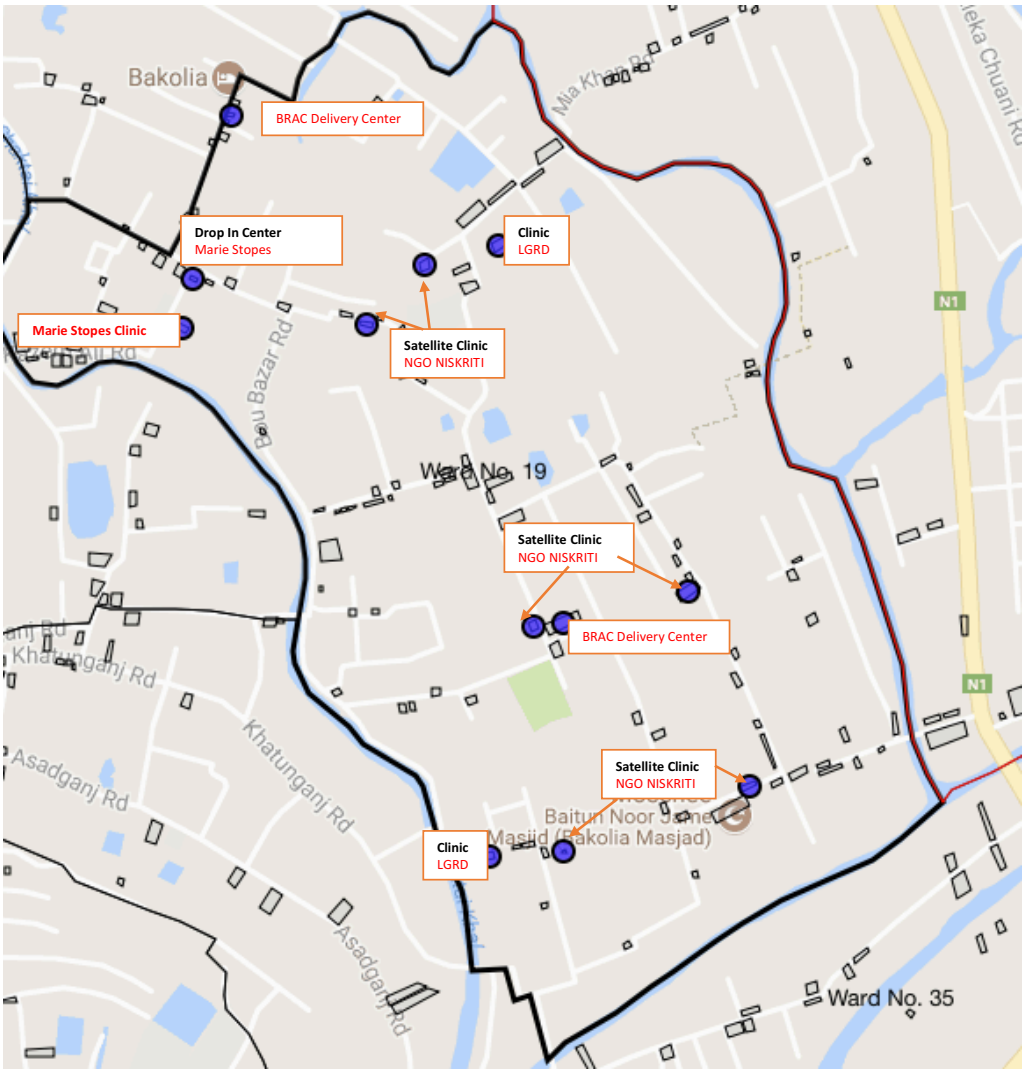
CBC2
Ward 17
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership



CBC1
Ward 18
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership



CBC1
Ward 19
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership



CBC1
Ward 35
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership

MCPP
Ward 34
→ Hospitals, Clinics, Drop in Centers, Delivery Centers
→ Private, Public, PP Partnership
Source: http://urbanhealthatlas.com/maps/city/chittagong