Study on

Socio Economic Assessment To Identify The Poor In Pilot Areas And Baseline Studies On Willingness To Pay, Health Seeking Behavior, Health Expenses And Patient Satisfaction

Health Economics Unit (HEU)
Health Services Division
Ministry of Health & Family Welfare

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ABBRIVIATIONS

ARI	Acute Respiratory Infection
BBS	Bangladesh Bureau of Statistic
BDHS	Bangladesh Demographic and Health Survey
BDT	Bangladesh Taka
BMMS	Bangladesh Maternal Health Services & Mortality Survey
BNHA	Bangladesh National Health Accounts
BPL	Below Poverty Line
CBN	Cost of Basic Need
CC	Community Clinic
CHC	Community Health Clinic
DCI	Data Collection Instrument
DSF	Demand Side Financing
FE	Field Enumerator
FGD	Focus Group Discussion
FI	Field Investigator
FS	Field Supervisor
FWV	Family Welfare Visitor
HDRC	Human Development Research Centre
HEU	Health Economics Unit
HH	Household
HIES	Household Income and Expenditure Survey
KII	Key Informant Interview
LGI	Local Government Institution
MICS	Multiple Indicator Cluster Survey
MOHFW	Ministry of Health and Family Welfare
NGO	Non-Government Organization
NHA	National Health Account
NHE	National Health Expenditure
OR	Odds Ratio
OOP	Out of Pocket Payment
PCA	Principal Component Analysis
PHC	Primary Healthcare Center
PPS	Probability Proportionate to Size
PRA	Participatory Rapid Appraisal
PSU	Primary Sample Unit
QCO	Quality Control Officer
RD	Rural Dispensary
SACMO	Sub-assistant Community Medical Officer
SSK	Sasthyo Shuroksha Karmasuchi
SSNP	Social Safety Net Programme
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
THE	Total Health Expenditure
TK.	Taka
ToR	Terms of Reference
UH&FPO	Upazila Health & Family Planning Officer
UH&FWC	Union Health and Family Welfare Centre
UHC	Upazila Health Complex
UP	Union Parishad
VGD	Vulnerable Group Development
VGF	Vulnerable Group Feeding
WTP	Willingness to Pay

EXECUTIVE SUMMARY

Background Information of Study

Health Economics Unit of MoHFW, with the assistance from KfW (German Development Bank) and GFA consulting group has undertaken *Shasthyo Shuroksha Karmasuchi* (SSK) Project to introduce a health insurance scheme in three pilot Upazilas: Debhata (Satkhira), Rangunia (Chittagong) and Tungipara (Gopalganj).

At the rolling-out phase the project initiated a study having the following specific objectives:

(i) conduct a socio-economic assessment of households by using beneficiary selection criteria of major social safety-net programmes (SSNP) to identify the poor, (ii) verify the list of poor endorsed by Local Government Institutions (LGIs), (iii) recommend mechanisms for issuance of health cards to identified below poverty line (BPL) families, ensure IT database updates and a feasible mechanism for poor identification at scale up level, (iv) identify the health services used by the poor (including the provider and expenses of such services), and (v) conduct sample survey at the community level on health seeking behaviour, willingness to pay, and patient satisfaction.

Methodology

Being designed as quantitative and qualitative cross sectional, the study exploited two methods: (i) Household census to identify below poverty line (BPL) households and verification of list of poor (SSNP beneficiaries) endorsed by LGIs, and (ii) Household survey for assessing health seeking behaviour, health care expenditure, willingness to pay and patient satisfaction.

The study covered randomly selected 9 Unions and 2 Paurashavas of 3 pilot Upazilas using probability sampling approach. For rural areas, 46 villages were selected as primary enumeration units, and in Paurashavas, a total of 11 *mahallahs* were randomly selected as primary enumeration units. The household census covered all 18,505 households in primary enumeration areas, while household survey involved 844 randomly selected households. The study made use of six different types of data collection instruments like poor household identification format, household interview schedule, exit patient interview schedule, key informant interview check-lists, and focus group discussion guidelines. The data collection was conducted in two phases in April 2012 where household census and household survey was conducted in phase-1 and phase-2 respectively.

Key Findings

- A total of 21 poverty identification criteria were selected based on beneficiary selection criteria of eight major SSNP. The most pronounced four criteria are *"main earning person or head of family is a casual day laborer (45%), landless household owning homestead only and no other land (44%), household have no permanent income source (29%), and household does not have regular income (26%)".*
- Any household satisfying at least any three poor identification criteria (out of 21) needs to be classified as BPL households, and households not complying with any single criterion are to be classified as contextual non-poor households.

- About 41% households (satisfying at least three criteria) fall below poverty line in the three pilot Upazilas of SSK. Proportion of BPL households varies with definition of poor where increasing or decreasing the number of criteria (satisfied) will change the proportion of BPL households.
- About 67% of current SSNP beneficiaries are BPL households (satisfying at least three criteria) implying estimated inclusion error is 33.2%.Use of various definitions of BPL (varying number of satisfying poor identification criteria) reveals that the estimated inclusion error ranges between 7% and 93%. Sensitivity analysis shows that a small proportion of listed beneficiaries are contextually poor (13.8% sensitive to poor) and specificity analysis reveals that list has to a large extent bias to non-poor (33.2%).
- About 37% reported that at least one of household members has suffered from fever during last 3 months in 3 pilot Upazilas taken together. The reported incidences of three major illnesses (fever, ARI and diarrhea) are highest in Rangunia (43%, 11% and 7% respectively). ARI, diarrhoea, helminthiasis, scabies and malnutrition are most prevalent among the under 5 children and common cold, enteric fever, dysentery, peptic ulcer, hypertension, diabetes, and asthma and skin diseases are most common in adults. Menstrual disorder, leukorrhoea (white discharge), delivery complications, back pain, urinary tract infection and anemia among women.
- People mostly prefer going for self treatment or pharmacy (23%), formal private practitioner (21%), and Upazila Health Complex (19%). The frequency of visiting service provider depends on the distance from the facility or service provider and household's ability to pay for the service. The pattern of visiting UHC for services from qualified providers slightly vary by locations; around 17% in Debhata and Rangunia, and 23% in Tungipara. Reported instances of availing health service from District Hospitals and above is low and varies between 3% and 7% in different Upazilas. Instances of receiving service in private clinics have been reported to be comparatively higher (ranging from 8% to 14%).
- Among those who go for treatment to Upazila Health Complex (UHC), a substantial large majority (92%) go for receiving out-patient medical services (ranging between 86% in Debhata and 96% in Rangunia) and only a few avail in-patient services. Across the Upazilas people use to seek health care services from qualified providers when they are severely ill. About 42% in Debhata, 33% in Rangunia and 94% in Tungipara reported the same. The people of Tungipara are more reluctant as well as less capable to go for treatment at early stage of disease.
- For pregnancy related services (mostly ANC) households are usually commonly dependent on nearby government clinics and hospitals (UH&FWC and UHC) irrespective of locations.
- The most commonly reported three reasons for not availing services from public sector health facilities in all the three Upazilas are: (i) long distance from home (Odds ratio = 25.7)(ii) non-availability of free medicine (Odds ratio = 20.4), and (iii) doctors are not examining properly (Odds ratio =15.5).
- The average amount of health care expenditure per household is Tk. 1,521.5 during last three months preceding survey. Across the Upazilas the average health care expenditure

varies considerably by economic status. Absolute amount of health care expenditure is lower among the households in poorest quintile (Tk. 686) as compared to the higher wealth quintile (Tk. 2,795). In Rangunia, the richest quintile spends 3.5 times higher compared to poorest. In Tungipara, the difference is about 4 times and in Debhata it is almost two times.

- The expenditure on drugs and diagnostic test constitutes the major share (57% and 20%) of total health care expenditure. On average, a service seeker spends Tk. 861 for purchasing medicines out of total treatment cost (Tk. 1,736). The total treatment cost substantially varies by facility, from Tk. 520 for self treatment, Tk. 943 in UHC and Tk. 22,496 in Medical College Hospital.
- About 75% of the households are willing to accept the insurance scheme. Majority of those (44%) who were willing to accept the scheme, preferred to have free consultation, diagnostic facilities, inpatient care, surgical facilities, transportation costs for referral and preventive care to be included in the benefit package (Benefit Package-3) .
- The willingness to pay for three different benefit packages across the pilot Upazilas is low. The estimated annual premium per household (about 35% of total households reported of paying insurance premium) for health insurance is Tk. 1,064 for mostly preferred benefit package-3.

Recommendations

Based on the above findings, the study team recommends SSK Project to consider the following:

1. The eligible poor for SSK scheme should be those satisfying any 3 of the 4 criteria which includes (i) main earning person or head of family is a casual day laborer, (ii) landless household owning homestead only and no other land, (iii) household have no permanent income source, and (iv) household does not have regular income.
2. Regarding issuance of SSK benefit card, maintenance and up-gradation of the data base during rolling-out stage a joint team comprising SSK officials, LGI representatives and consultants should be engaged for preparing the comprehensive beneficiary list containing names and appropriate identification (including photograph) of all members of BPL households. The group should issue individual SSK benefit card to each and every members of BPL households.
3. Proposed joint-team will visit every village and*mahalla* of respective Upazila to prepare list of beneficiary with comprehensive information to issue SSK benefit card. There will be a mechanism for incorporating new members in or out from households at Unions or Ward level.
4. Interaction with poor reveals apprehension of bias without involvement of third party in poor identification. The main reason for proposing inclusion of consultant is to prepare an un-biased comprehensive list of beneficiaries. The consultant should train the respective SSK staff so that during the scaling-up period the identification of BPL households can be continued in an un-biased manner, data base is maintained as well as up-graded and SSK benefit cards are regularly issued.

5. Deployment of more number of doctors and other service providers and ensuring regular presence would lead to reduce waiting time.
6. Adequate supply of medicine and improved quality of care are necessary for optimal utilization of public health facilities.
7. The benefit package should cover consultation fee, diagnostic fees, drugs, immunization, inpatient cost, transportation costs for referred cases and surgery cost (Package 3).
8. As willingness to pay among different non-poor strata for different benefit packages is very low, a mechanism needs to be developed to aware the people about the benefits of SSK packages.
9. Before implementing the scheme, mass campaign and behavioural change communication activities is crucial to create awareness among community relating to receipt of medical care at proper time and from qualified service providers.
10. A number of supply side barriers in accessing services at public facilities needs to be removed. Health care providers need to be more committed in providing quality care in public facilities so as to build clients' trust on public facilities.

Chapter-1
INTRODUCTION

1.1 Background and Issues of the Study

Health is now universally regarded as an important index of human development and one being the starting point for the other and vice versa. The health consequences of poverty are severe. Poor health tends to increase poverty in two ways (a) indirectly, through its negative impact on growth and development; (b) directly, the economic status determines the purchasing power, standard of living, quality of life, family size, pattern of disease and deviant behaviors of the community. It is also an important factor in seeking health care.

Despite a remarkable progress in respect of building physical infrastructure, development and deployment of various categories of human resource, procurement of equipment and other logistic supports, morbidity and mortality situation in Bangladesh still remains unsatisfactory. In spite of the existence of a free and well established service delivery infrastructure in Bangladesh, utilisation of public facilities is still poor. Majorities are getting health services from semi qualified or unqualified allopathic practitioners and traditional (ayurvedic, homeopathic, *uninani/kabiraj*, spiritual healers and others) service providers. Besides, public expenditure continues to favour the rich relative to the poor. Health care expenditure of the MOHFW at different levels shows that 27% of the primary level health care allocation is going to the richest quintile and 21% to the poorest quintile. At all three levels – primary, secondary and tertiary – the poor people receive less healthcare resources provided by the public sector than the rich people, as opposed to the policy objective as well as meeting universal health coverage. The undeserved majority is largely rural and are particularly prone to the largest burden of cost.

The financing of health care in Bangladesh is mainly dominated by the government's revenues, out-of pocket payments and development partners' funding. Household out of pocket expenditures constitute by far the largest component of the National Health Expenditure (NHE). Its share of NHE remained between 68% and 69%, during 1996-97 to 2001/02 periods. As share of Total Health Expenditure (THE), household Out of Pocket (OOP) health expenditure has been in the range of 64% to 65% in recent years (NHA, 2007). The absence of third party payments through health care insurance or social insurance in Bangladesh remains the major reason of the continued dominance of household OOP expenditure in National Health Expenditure. Tax-based funding for the health sector is clearly insufficient in Bangladesh, which requires a new approach to pool taxpayer's money with health insurance contributions.

Investments to reduce health risks among poor and provision of insurance against devastating health care costs are important elements in a health financing strategy for reducing poverty (World Development Report 1993).

1.2. Objectives of the Study

The General objective of the studies to identify *Shasthyo Shuroksha Karmasuchi* (SSK) beneficiaries by socio-economic category and prepare enrolment of Below Poverty Line (BPL) beneficiaries by collecting enrolment data on a computerised database and determine household/ patient attitudes towards the existing health care system.

The specific objectives are to:

1. Conduct a socio-economic assessment of the population by using existing Vulnerable Group Development (VGD), and Vulnerable Group Feeding (VGF) household and other social safety-net beneficiary selection criteria of local government to identify the poor
2. Verify the list of poor endorsed by local government bodies including Community Clinic Management Committee (Community Group)
3. Recommend mechanisms for issuance of health cards to identified BPL families ensuring IT database updates
4. Recommend a feasible mechanism for poor identification at scale up level
5. Identify the health services that are used by the poor - including the provider and expenses of such services and determine OOP for target population
6. Conduct a representative sample survey at the community level on
    - health seeking behaviour,
    - willingness to pay and
    - patient satisfaction with special focus on hospital level care by socio-economic category, age, gender and type of services/conditions

1.3. Rationale of Study

An appropriate health financing strategy could be a key determinant of health system performance in terms of equity, efficiency, and quality. In this context, the Health Economics Unit (HEU) of Ministry of Health and Family Welfare (MOHFW) of Bangladeshplans to design a social health protection scheme in the name of *Shastho Surokhsha Karmasuchi* (SSK) in selected areas with the assistance from KfW (German Development Bank) and GFA consulting group. Before initiating the pilot scheme, Health Economics Unit of MOHFW (supported by German Development Cooperation and financed through KfW) has taken a timely initiative to carry out a baseline study to gather evidence-based learning on the socio-economic status of the population, their willingness to pay, health seeking behaviour, health expenses (OOP) and patients satisfaction.

1.4. Organisation of the Report

This report comprises of five chapters and is primarily outlined to provide empirical evidence on various research tasks set by study objectives. Chapter-1introduces background, objective and rationale of the study. A detail discussion on methodological approach, data collection procedure and study implementation is provided in the second chapter. In chapter-3, the detail findings of the study with statistical analysis and discussion based on empirical evidences has been made. Key findings of the study with possible recommendations are made in chapter four under the title of conclusion and recommendation. A separate volume on list of poor in the sample locations under pilot upazilas has been prepared. In addition, data tables, data collection instruments, study locations and list of study team members including field staff are provided in annex.

Chapter 2
METHODOLOGY

2.1 Introduction

Considering the aim and objectives of the study a sound methodology has been devised and subsequently followed in all phases of this study. This chapter aims to provide a detail description of conce ptual and methodological approach and study procedure including sample size determination and selection. Methods of data collection (both quantitative and qualitative) and implementation of data collection related activities have also been discussed. At the end, a small deliberation on data analysis technique has been pursued.

2.2 Conceptual and Methodological Approach

The major objectives of this particular study can be divided into two categories namely (i) identifying poor families to prepare a list of Below Poverty Line (BPL) families, and verification of existing list of poor endorsed by Local Government Institutions (LGIs), and (ii) baseline studies assessing health seeking behavior, willingness to pay and patient satisfaction by age, gender and income level. In relation to the first major objectives of poor family identification and verification the present study intends to recommend a feasible mechanism for poor family identification at scale up level and mechanisms for issuance of health cards to identified BPL families.

The broad thematic areas and the core dimensions of this research study are outlined below:

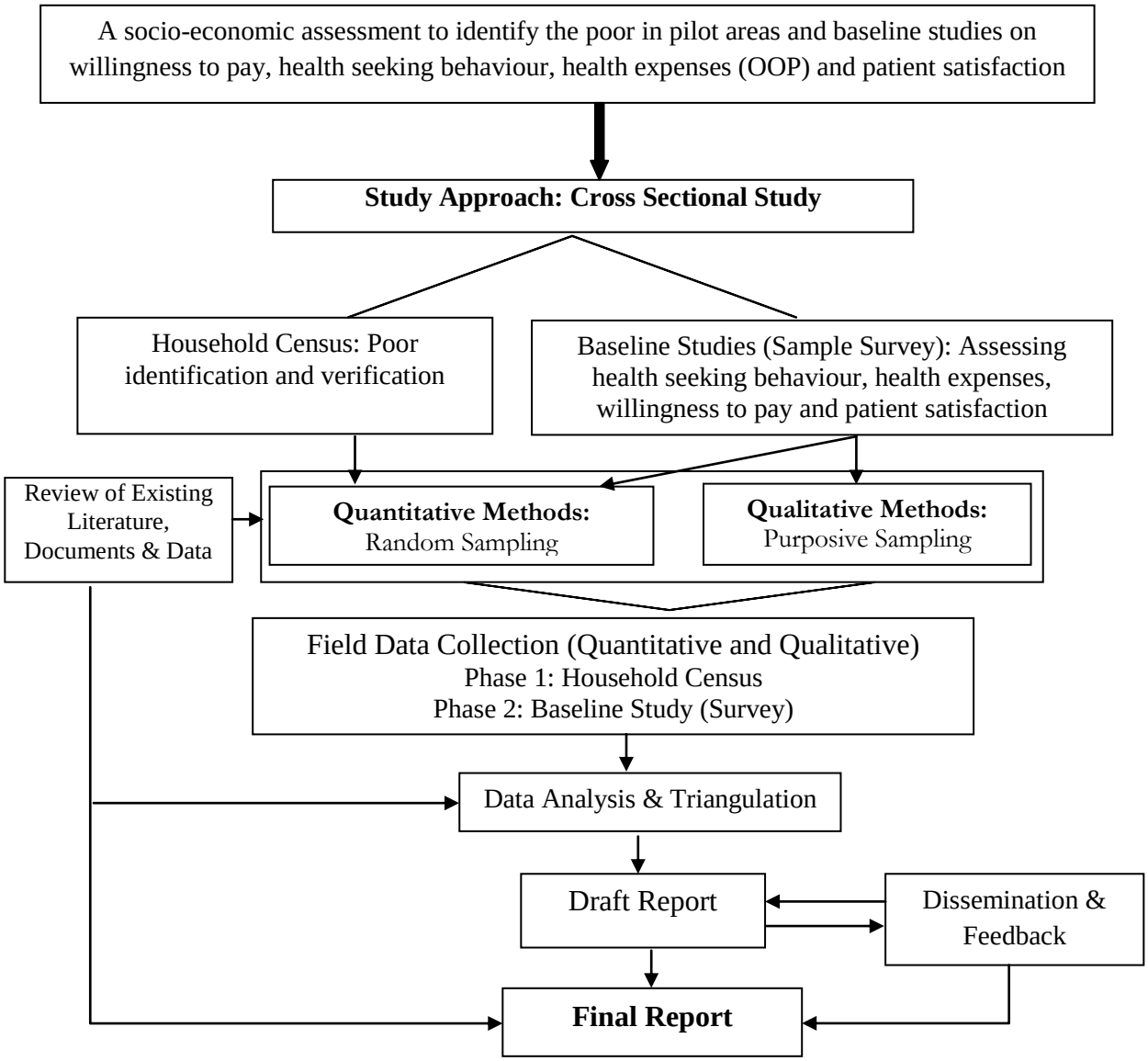
- **Identification of Below Poverty Line (BPL) Families:** Identification of BPL families requires proper definition of BPL at the first stage. To identify BPL families we have primarily considered various indicators used to identify poor in beneficiary selection for various social safety net programmes (SSNP) in Bangladesh. These indicators include land and asset ownership, housing characteristics, employment status and physical disability. It is worth mentioning that this study does not use income poverty line or poverty line based on food intake. The detail discussion on definition of BPL for identifying poor families is provided in section 3.2 of Chapter 3. This study has prepared a complete list of below poverty line (BPL) families, and developed feasible mechanism to identify poor at scale up level. Moreover, this study has suggested a mechanism to issue health cards to these identified BPL families.
- **Verification of List of Poor Households:** At the inception phase of the study it was assumed that the LGI especially, Union Paris had have prepared and kept the list of poor households living in the area under their jurisdiction. This study aims to verify existing list of poor endorsed by LGIs for selecting SSNP beneficiaries and/or list of SSNP beneficiaries. In reality, we did not find any list of poor households as such available at LGIs for verification through physical visit in this study. We have collected data on whether households receive any type of SSNP or not to prepare a list of SSNP beneficiary households in the sample areas. The substrata objective was to complement the task of poor verification. It provides opportunity to check as well as verify poverty status of SSNP beneficiary households.
- **Health Care Seeking Behaviour:** A current scenario of health seeking behaviour of households by age, gender and income level has been drawn in this study. A number of relevant issues like morbidity in last three months, whether received treatment or not, sources of care, reasons for choosing provider, reasons for not seeking care from

public facilities, and unmet health care need are considered in analyzing health seeking behave our. Data on health seeking behave our was collected for eligible members (suffered from disease within a specific time period) from each household.

- **Health Care Expenditure:** Estimates on average amount of expenditure for health care has been made in this study. In estimation process we considered the type of services received by households during illness in last three months, total out-of pocket expenditure, and expenditure by types (doctor's fee, cost of medicine, cost of diagnostic test, cost of transportation etc.). Data on health seeking behave our was collected for member/suffered from any type of morbidity in last three months preceding the survey.
- **Willingness to Pay:** Willingness to pay (WTP) is the amount of payment which, combined with the presence of the service package, gives the person the same level of benefit and satisfaction as could be derived in case of no payment and acquisition of the service package. WTP depends on a number of factors including affordability, knowledge and perceived quality of care. In order to avoid these biases, 'Choice Modeling' technique is used in this study to estimate the value of the WTP through a choice experiment. Under the approach, a hypothetical scenario was presented to the respondents. They were given a number of choices (e.g., different benefit packages with different premiums) to select the best one. This study aims to estimate the willingness to pay for health services used by households by age, gender and economic status.
- **Patient Satisfaction:** Satisfaction on health services provided by health provider at facility level has been assessed in this study. Patient satisfaction is assessed by using a number of indicators such as staff availability, staff attitudes, availability of drugs and medical supplies, facility cleanliness and hygiene, privacy and confidentiality, quality and quantity of inpatient food, waiting time, and quality of treatment received. Data on patient satisfaction is collected from patients receiving services from various health facilities.

Methodologically, this study is a cross sectional survey where data is collected from various types of respondents (households, patients and health related service providers) under the study area for one point of time and it will serve as a baseline situation as well. Diagrammatic representation of the study design covering methodological approach and implementation procedure is shown in figure 2.1. Probabilistic sampling strategy has been applied to determine sample size for Union (lowest administrative unit) and households as well to ensure representation of pilot areas. To select the sample households a representative number of villages under each Union was determined and randomly selected. In addition, purposive sampling is used for qualitative data collection. To address poverty identification and verification objective of the study, a census method (survey covering all household) for data collection in the study area is followed. On the other hand, for baseline studies a representative sample survey at the village level is conducted to collect data on health seeking behaviour, willingness to pay and patient satisfaction by socio- economic category, age, gender and type of services/conditions from household and individual level. This sample survey will contribute to devise the insurance scheme by defining the benefit package and identifying the target group of beneficiaries. Specifically, the baseline study provides in-depth descriptive information about the health care seeking behaviour, health care expenditure and willingness to pay for different services and patient satisfaction. The detail description of sampling procedure to determine the study area/location used in this study is provided in section 2.3.

Figure 2.1: Overall approach and methodology of the study



The study exploits both quantitative and qualitative data collection techniques to collect data and information from household, patients and health service providers at facility level. Data on health care seeking behaviour, health care expenditure, and willingness to pay will be collected for each household member experiencing any types of morbidity in the last three months preceding the survey. Information on patient satisfaction was collected from exit clients of different health centres. In addition, data and information was collected from health centre management committee and peoples' representatives at the local level and from relevant experts at national level to draw their perspective. Relevant secondary data was explored and collected before going to collect primary data from the field.

Field data collection process was completed in two phases where in the first phase household census for poor identification was conducted in sample areas. In the second phase baseline survey was implemented. Under census all households under sample locations is covered and in baseline survey a representative number of households and patient who were randomly selected was interviewed. A number of data collection tools including structured census format and semi-structured interview schedule, and open ended interview and group

discussion checklist were used. Draft report has been written based on the findings from quantitative and qualitative data analysis. Final report will be prepared after incorporating comments, opinion and feedback from HEU, GFA consulting group and other participants of dissemination seminar.

2.3 Sampling Procedure

Keeping in view the requirement of the study as well as time limitation and budgetary constraint, we have determined a statistically representative sample size and sample selection mechanism as well. We have used a multi-stage random sampling approach where at the first stage we have determined the sample size for primary sample unit (PSU) and number of sample households. In the second stage village is randomly selected and at the final stage total sample households are distributed to contacted PSU following probability proportionate to size (PPS). It is worth mentioning here that this study follows two strategies at the same time; a census of all households for poor identification and survey for randomly selected households for assessing baseline situation in the sample locations.

2.3.1 Sample size for primary sampling units (PSU)

The study area is three pilot Upazilas of three different districts (Debhata Upazila from Satkhira district, Rangunia Upazila from Chittagong district and Tungipara from Gopalganj district). We considered Union Parishad (UP), the last administrative tier of government as our PSU. A representative sample size of PSU has been determined as n=9 considering 8% precision level and 5% design effect and following the standard statistical formula for small population. The sample Union Parishad is selected randomly from each Upazila. Sample size of Union Parishad has been determined to make each pilot Upazila statistically representative. We have determined sample size of PSU, using the following statistical formula for small population.

$$n = \left(\frac{Z^2 CV^2}{e^2}\right) / \left(1 + \frac{n_0}{N}\right)$$

Where,

n = Sample size of PSU
CV= Coefficient of Variation (7%)
e= Precision level (8%)
Z= Standard normal variate value at 95% confidence level.
N= Population size
n_o= First approximation

Map 1: Sample Upazila and Union in Bangladesh map

2.3.2 Selection of Sample Village

The average number of villages in each Union Parishad is approximately 21 based on available information provided by Bangladesh Bureau of Statistics (BBS). Astatistically representative number of villages have been determined as 5 for each UP following similar formula, precision level, and design effect used for PSU determination. The sample villages are selected randomly from each Union Parishad (list provided by respective UP). Thus the total number of sample villages in three pilot Upazilasis 45 (at the time of census and survey implementation the total number of sample villages increased to 47). In addition, for capturing urban area of two pilot upazila (i.e., Tungipara and Rangunia) we took 11 *mahalla* from these 2 *Paurashava*(municipality) with equal proportion. Finally, the total sample size for villages (rural) and *mahalla* (urban) is 46 and 10 respectively.

2.3.3 Sample Size for Households

In determining sample size for households we considered poverty status of the population so that our sample households can be representative for both poor and non-poor households. According to Report on Household Income and Expenditure Survey -2010 of BBS, the head count rate of incidence of poverty is estimated 31.5% at national level. We have determined the number of sampling households with the following statistical formula:

$$n = \frac{N}{1 + N \times (e)^2}$$

Where,

n = Sample size of PSU
N= Population size
e= Precision level (5%)

A representative sample size of households has been determined as n=836 with 5% Precision level and 5% design effect. This sample size for household is representative for each pilot Upazila and for poor and non-poor groups of population as well. It gives us the opportunity to compare our findings by locations and by poverty status. At the time of sample selection in the village and *mahalla* level the total number of sample households was increased to 844 (from 836) due to some practicalities.

2.3.4 Sampling for Patient Satisfaction

For the purpose of collecting data on patient satisfaction on various services provided at health service providers, intercept sampling at Upazila Health Complex (UHC), Union Health and Family Welfare Centre (UH&FWC), Community Clinics (CC) and other health centres has been used. Regarding community clinic we selected 2 clinics randomly out of 9 from each sample Union, 3 UHC and 9 UH&FWC under pilot Upazila. During service delivery hours, 10 randomly selected service recipients (exit patient) were interviewed to assess their satisfaction level of various health services. The number of sample health service facilities and sample exit patients are as follows.

UHC = 3
UH&FWC = 9
Community Clinic =18
Total number of sample health facilities = 30
Total number of patients for interview = 300 (10 patients per facility)

2.3.5 Sampling for Qualitative Data

Qualitative data is collected from purposively selected sample respondents by applying qualitative data collection methods like key informant interview (KII) and focus group discussion (FGD).

Key Informant Interview (KII)

To collect data and information regarding peoples' health seeking behaviour, health expenditure, ability to pay, quality of service delivery and management of health facilities, issuance of health cards, and identification BPL families we conducted KII with health service providers at Upazila, Union and community level, elected representatives of local government bodies and experts from policy level. The total number of respondents for KII is 30 at different level of stakeholders. The selection of sample respondents for KII is as follows.

UHC (doctor)	= 3
UH&FWC (doctor)	= 9
Community Clinic (Medical Assistant)	= 3
Community Clinic (Committee member)	= 3
UP Chairmen/Members	= 9
Experts from policy level	= 3
Total	= 30

Focus Group Discussion (FGD)

Community peoples'knowledge, perception and experience areconsidered crucial for designing any types of health system designing and implementation. Apart from quantitative data on health seeking behaviour, health expenditure, willingness to pay, quality of service delivery and management of health facilities it was thought necessary to collect data on peoples' experience, perception and aspiration on the subject issues relevant to this study. FGD with community people had been proposed where three groups: poor, non-poor and community women were considered. A total of 9 FGDs were conducted where 3 FGDs for poor peoples, 3 FGDs for non-poor and 3 FGDs for community women. In each pilot Upazila FGD with these three groups were conducted separately. Participants and number of FGD,at a glance are as follows;

Community People: Poor	= 3
Community People: Non-poor	= 3
Community People: Women	= 3
Total	= 9

*Number of participants in each FGD was 7 to 9

Table 2.1: Sample determination and selection at a glance: quantitative and qualitative

Sample Unit	Sample Number
Pilot Upazila	3
Union	9
Village (rural)	47
Mahalla (urban)	11
Households	844
Rural	542
Urban	302
Chittagong-Rangunia	392
Gopalganj-Tungipara	272
Satkhira- Debhata	180
Exit patient at health facilities	300
KII	30
FGD	9

2.4 Data Collection Methods

Two separate strategies were followed to collect necessary data from the sample locations under three pilot Upazilas. For poor identification and verification, a census method for all households living under sample areas (58 villages/mahallas in 9 Unions and 2 Paurashavas of 3 pilot Upazilas) has been conducted. For assessing baseline situation on health seeking behaviour, health expenses, willingness to pay and patient satisfaction a survey method was followed where representative number of randomly selected households, and patients were interviewed at village and health facility level. Under qualitative data collection KII and FGD were conducted with purposively selected respondents and participants.

2.4.1 Household Census: Poverty Identification and Verification

Identification and verification of poor was found challenging where census method have been used in various sample locations. Considering the number of households living in an Upazila and very short span of time for study with budget constraint it is unrealistic and not feasible to conduct a census in 3 Upazilas for identification of BPL families. Therefore, a census of households living in the sample villages in the sample Union under each Upazila was conducted. This study followed poor identification criteria set and used by the major social safety net programslike Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF) and others. A format was prepared where data on various socio-economic characteristics and social safety net benefit was collected from each and every household living in the sample village and/or *mahalla*. The appointed and trained field enumerators physically visited each and every household under the sample villages, asked and/or discussed relevant questions and/or issues to fill-in the format.

Due to unavailability of the list of the poor and beneficiary of various SSNP, we failed to follow the verification strategy proposed earlier. At the very inception of the study, we sent a team of researchers to the sample 9 Union Parishads of three pilot Upazilas to collect the existing list of poor from the local government bodies. Unfortunately, Union Parishad office failed to provide us with the list of poor households and even the list of various SSNP beneficiary households. Therefore, we missed the opportunity to verify the existing list of poor and examine the reliabilityof the list of BPL familiesfor future programme intervention.

At this backdrop, we devised an alternative methodology to complete the assigned verification task. Under verification task we collected data on whether household receives any type of SSNP benefits or not, and afterwards we have matched this information with the poverty status of households assessed through identification process. This census for poor identification and verification has provided us the hands on experience of poor identification-verification and the methodology for same task in case of scaling up.

2.4.2 Baseline Studies: Health seeking behaviour, health expenses, willingness to pay and patient satisfaction

To gauge baseline situation on health seeking behaviour, health expenses, willingness to pay and patient satisfaction by age, gender and income levelin the pilot areas this study followed a sample survey procedure. Under sample survey we conducted household and exit patient survey, key informant interview and focus group discussion. Under household and exit patient survey we interviewed a representative number of randomly selected households at village/*mahalla* level, and a representative number of exit patients at different health facility level. A semi-structured interview schedule was used to collect data on primarily health seeking behaviour, health expenses, and willingness to pay from randomly selected households living in sample villages/*mahallahs*. A structured questionnaire was used in exit patient survey to collect data on patient satisfaction. In selection of exit patient for interview we put effort at maximum level to ensure randomness. However, it is a practical situation where patients receiving health care are in a hurry to leave the health facility, the field data collection team could not properly ensure randomness and in that case rather willingness to give interview was more valued to us. At least gender balance and age category were ensured in exit patient survey.

To complement and supplement quantitative data collected from household and exit patient survey a purposively determined number of key informant interview (KII) and focus group discussion was conducted. For conducting KII a checklist was prepared to interview 30 key informants (detail on type of key informant please see section 2.3.5) from the selected pilot Upazilas including policy makers, health care management committee members, health care providers, local government representatives, community leaders and other stakeholders. Respondents/participants of KII were selected purposively based on their knowledge on local peoples' health seeking behaviour-practice related issues, health service providers and health care management. In addition, focus group discussion was designed to collect data on local peoples' view on health seeking behaviour-practice related issues, health service providers and health care management. FGD sessions with community women, poor people and non-poor people were conducted separately. An FGD checklist was prepared to conduct such group discussion. Every session was organised with the help of local community leaders. A two member team having appropriate qualification and skill was formed and trained before field operation.

2.4.3 Data Collection Instruments

A total of six different data collection instruments (DCIs) have been prepared to collect relevant data in this study. Before finalisation all data collection instruments were pre-tested in the field and shared with HEU and GFA consulting group. For implementation of data collection endeavour all DCIs were translated into Bengali for convenience. The data collection instruments are as follows:

Table 2.2: List of Data Collection Instruments and Respondents

Type of data collection instruments	Respondents/Sources
DCI-1 Poor Household Identification Format	Households (Census)
DCI-2 Interview Schedule: Household	Households (Sample Survey)
DCI-3 Key Informant Interview	Doctors of UHC and UH&FWC, LGIs representatives, and CC management committee member
DCI-4 Key Informant Interview	Local Civil Society Member
DCI-5 Interview Schedule: Exit Patient	Patient receiving health service at UHC, UH&FWC and Community Clinic
DCI-6 Focus Group Discussion	Women, Poor and Non-poor households

2.5 Data Analysis and Triangulation

The collected quantitative data is analysed by using both descriptive and analytical statistics. Transcribed qualitative data is analysed with respect to context, process, and outcomes. Triangulation of secondary data and literature, primary data collected from field survey and various types of interaction with relevant stakeholders are made to ensure sound analysis.We have triangulated quantitative and qualitative data derived from this study.The purpose of triangulation in this study is to increase the credibility and validity of the results.

2.6 Study Implementations

The accompanying study has been implemented in collaboration between the Study Team of Human Development Research Centre (HDRC) and HEU-GFA Consulting groups. During the inception phase, for understanding the study context and reality of the pilot Upazilas the study team members visited the study locations and met health service providers and LGI representatives. Study design and data collection strategies were finalised in consultation with HEU-GFA Consulting groups. To achieve the two broad categories of study objectives data collection process was implemented in two phases. In the first phase poor identification and verification related activities (household census) were implemented and in the second phase data for baseline studies (survey) on health seeking behaviour, health expenses, willingness to pay and patient satisfaction by age, gender and income level were collected.

A field data collection team comprising of Field Enumerator (FE), Field Investigator (FI), FGD Moderator (FM), FGD Note Taker (FN), Field Supervisor (FS), Quality Control Officer (QCO) and Field Coordinator (FC) was formed to conduct census and survey. At the first phase of data collection, a team of FE, FS and QCO was recruited and trained for household census regarding identification and verification of BPL families. A total number of 45 FEsand 9 FSswere employed for 7 days. For smooth implementation of field data collection under second phase (baseline studies), a total number of 48 FIs, 3 FMs, 3 FNs, 9 FSs 3 QCOs and 3 FCs were employed for 9 days. Two separate trainings for each phase of data collection were imparted. The duration of training was 1 day for household census and 3 days for baseline studies (surveys).

Quality control during primary data collection, management and processing was done with highest importance. During both census and survey, HDRC maintained a multilayer hierarchical structure where each layer has the provision of interacting with one another to generate the best outcome. In this interactive structure, the field team (comprising Field Enumerators/Investigators, Field Supervisors, Quality Control Officer, and Field

Coordinator) and the core team maintained close liaison with each other by providing necessary feedback and support. Field Coordinators maintained constant touch with the field staffs and made necessary field visits to observe how the questionnaire were filled-in and took remedial measure immediately in case of any inconsistency found. In terms of ensuring the quality data, Quality Control Officers played a very crucial role in the data collection process by constantly moving around the sample spots, field checking, and data monitoring. Field checking wasdone in both 'presence' and 'absence' of the FIs and/or FSs. 'Checking in presence' means verification of the field staff in the sample area during the time of survey. 'Checking in absence' means verification of the work of field team in a sample area after the team had left the site, having completed its assigned work in the area. During their field checking, the QCOs performed re-interview, and checked the data accuracy. Some of the reported non-response items were also checked to ensure that they were all due to valid reasons. In the interactive process, field team can share their views and suggestions directly with the study team members. The notable feature of the interactive process adopted by HDRC is that- the top layer i.e., the study team maintained close interaction with the field staffs through frequent field visits. Moreover, the field staffs always had the provision of contacting (through phone or other means) a respective person of the study team member in certain circumstances.

2.7 Ethical Consideration

A number of key ethical precautions have been considered in this study in order to protect the rights of research participants. First of all, voluntary participation was ensured up to level that the participants were not at all coerced inparticipating in census and survey. Closely related to the notion of voluntary participation is the requirement of informed consent. We also guaranteed the participants' confidentiality i.e., the identifying information will not be made available to anyone who is not directly involved in the study. An unsparing principle of anonymity is maintained throughout the study.

2.8 Study Limitation

This study followed a sound methodology to achieve the objectives and predominantly based on empirical findings. There are few limitations which was found and felt by the research team while conducting this study. Due to time and resource constraints and too many objectives in a single study it wasa challenge to maintain due attention to all the study objectives.Due to the nature of the study, a lot of primary data was collected on various issues where the research team faced the challenge bias originated from memory recall problem. Especially, this is very much true for health care expenditure by items and by providers. In case of poverty identification and verification, the study was also dependent on the households reporting about their socio-economic status which could create some sort of bias in poverty estimation. Finally, there is gap of triangulation among various study findings which could be done if more time would be given.

Chapter 3
FINDINGS OF THE STUDY

3.1 Introduction

The accompanying chapter has been written to present the study findings based on empirical evidences collected from the study areas in a way where findings from household census in the sample locations to identify below poverty line families has been presented under the first section and findings from household and patient survey on baseline situation of health seeking behaviour, health expenses, willingness to pay and patient satisfaction has been presented in the second section of the study.

3.2 Findings of Census: Identification and Verification of the Poor

3.2.1 Poor Identification and Verification Strategy

Identification of households living below poverty line (BPL) in a geographic area is a daunting task. However, considering the aim and objectives of Shastyo Shuroksha Karmasuchi (SSK) it is a major stepping stone to devise a methodology for identification of BPL households, assess the extent of inequality and social exclusion, and capture the nature of vulnerability in order to design proper interventions. It is equally vital to prepare a list of such households and workout the scaling mechanism.

Although the poverty researchers have already pointed out different manifestations which encompass many features that make people vulnerable, there is no single method for identifying the poverty line. Most commonly poverty is measured by drawing a scale using direct calorie intake (DCI) or cost of basic needs (CBN) or international poverty line method. It is worth noting that CBN provides high precision estimates for constructing poverty lines (upper and lower) in a situation where high quality relevant data is generated. However, this particular method of poverty line construction is administrable for sample households. Such limitation acts as major impediment for administering the method for identification of all BPL households of geographical areas units like union, upazila, district, etc. It is revealed that 31.5% households in Bangladesh are living below poverty line (HIES 2010), while about 5 years back the proportion of the same category household was 40% (HIES 2005).

In the last decade an approach has been developed to identify socio-economic status of adequately representative sample of households (non-homogeneous) by constructing wealth index and disaggregating into wealth quintiles, where the lowest quintile represents the poorest (in other sense it constructs a poverty line using qualitative variables converted into dichotomous values). Studies depict that about 17.9% are living in lowest quintile (poorest) and 19.8% in the quintile next to poorest category (BDHS 2011). Around four years back the share of households in respective quintiles has been reported as 19.2% and 19.6% (BDHS 2007). It indicates that in terms of wealth index around 39% of households in Bangladesh were poor during the period of last 7 to 10 years. Moreover, BMMS 2010 findings reveal that about 22.7% are in the poorest (lowest) quintile. District wise disaggregation manifests that proportion households living in poorest quintile ranges between 1.5% (Dhaka) and 43.4% (Bhola). It is worth noting that in 15 out of 64 districts the same proportion is 30% and above. However, this method is highly resource consuming,albeit, practically applicable for sample survey.

Thus, none of these methods is easily administrable for programme implementation (rolling-out) phase, especially, for targeting/identifying the beneficiary households. In this context the programme implementation agencies in most instances use PRA as a method which is predominantly centered on social mapping. The latter method is participatory but time consuming, and successful outcome of poor household identification largely depends on the level of skills of facilitators and other field researchers. In some instances the participants of PRA exercise are allowed to set the criteria for classification of households into different socio-economic categories (poor, middle, rich, etc.). In other cases the set criteria for socio-economic classification according to policy of the implementing agencies are used. Moreover, in many instances there is scope for subjective bias.

In this backdrop and incongruence of the method suggested in the ToR, a census based methodology for drawing the poverty line has been devised using the eligibility criteria of eight major safety-net programmes[1]. Thus the indicators mentioned below have been derived as proxy of socio-economic indicators identifying households living below poverty line. During administering census the enumerators listed all households in the sample villages and *mahallas*, and also documented which of the criterion/criteria is/are satisfied by each of the households. The households which do not satisfy any one of the criteria have been documented as not applicable households. The census also explored the status of all households in census villages and *mahallas* on receiving benefit from any of the 8 selected social safety net programmes and documented the type of programme incase the household receive any such. In this manner, the verification of households who receive safety net benefits (because they are treated as below poverty line households) has been addressed on the spot. In the process the field research teams need not to depend on beneficiary lists provided by the Union Parishads and Paurashavas. In addition 12 informal unstructured interviews and 3 unstructured discussions have been conducted with poor people for soliciting their opinion on scaling up the process of identification of poor and perception about probable mechanisms for issuance of health cards to identified BPL households.

Box 3.1: Socio-economic indicators of BPL households
1. Landless household type 1(no homestead, no other land)
2. Landless household type 2 (homestead only and no other land)
3. Landless household type 3 (all type of land ownership less than 15 decimal)
4. Landless household type 4 (land ownership including homestead less than 50 decimal)
5. Household living on other's homestead
6. Pavement dwellers
7. Household does not have regular income
8. Main earning person or the head of family is a casual day labourer
9. Household frequently not able to have 3 meals a day (Extreme food insecure)
10. Household headed by a disable person
11. Household headed by a female
12. Household headed by an elderly (65+ year) person
13. Household residing in a rented premise less than 200 sq ft.
14. Household have no permanent income source
15. Household having very poor condition of homestead
16. Household head is a widow
17. Household head is a deserted women
18. Household head is a destitute women
19. Household having no male earning members
20. Household having extremely low and irregular income (less than Tk. 2500 per month)
21. Household head is a disabled freedom fighter

[1] *VGD, VGF, Old age pension, Widow/Deserted Destitute Women Allowance, Rural Employment and Rural Maintenance Program Benefit recipient, Financially Insolvent Disabled Allowances, 100 Day Employment Generation Program, and Maternal Health Voucher Allowance*

All together in 3 study Upazilas a sample of randomly picked-up 47 villages and 11 *mahallahs* (in 11 Unions and 2 Paurashavas) have been brought under household census for identification of BPL households. Thus, the census has been carried out involving all 18,505 households (Debhata 5,453 households, 8,046and 5,006 households respectively in Rangunia and Tungipara upazilas).

3.2.2 Below Poverty Line Households: Magnitude and Distribution by Locations

The census finding shows that across the study area about 29% households (ranging between about 28% in Debhata and 30% in Rangunia) on average do not satisfy any one of the poverty identification criteria and therefore, these households can be considered as contextual non-poor households in the study area (Table 3.1). The 4 most pronounced poor identification criteria out of total 21 criteria are;"main earning person or head of family is a casual day laborer (45%), landless household owning homestead only & no other land (44%), household have no permanent income source (29%) and household does not have regular income (26%)" in these three Upazilas altogether. The main earning person in 45% households is a casual day laborer while this scenario varies depending upon Upazilas (53% in Tungipara, 37% in Rangunia and 49% in Debhata). About 44% households own no land except homestead (ranging between 35% in Tungipara and 48% in Rangunia. Furthermore, about 26% households do not have any regular income (ranging between 6% in Rangunia and 47% in Tungipara. A similar proportion of households (29%) do not have any permanent source of income. It is worth mentioning that the proportionsof household satisfying other criteria are low (for detail see annex table 3.1).

Table 3.1: Below poverty line households under various poverty definitions(%)

# Criteria Satisfied	Location: Upazila			
	Debhata	Rangunia	Tungipara	All
At least one	72.4	70.3	70.7	71
At least two	61.3	47.8	62	55.6
At least three	44.3	30.3	54.2	40.9
At least four	31.8	5.6	32.5	20.6
At least five	8.9	1.0	8.2	5.3
Six and above	3.9	0.3	2.9	2.1
None	27.8	29.6	29.3	29
N	5,453	8,046	5,006	18,505

The data depict that about 5% of the households in the census area satisfy any five or more criteria (Table 3.1). It is worth noting that while in Dabhata and Tungipara the proportion varies between 8% and 9%, the same is applicable for only 1% of households in Rangunia. However, 71% households across the location on average comply with at least one criterion.

Analysis exposes that across the board about 21% households satisfies at least 4 criteria and about 41% have been identified as households meeting 3 or more criteria. The distribution of both the categories of households varies substantially between Upazilas. From the census findings it has been appeared that both in Tungipara and Debhata almost one-in-three households (about 32%) fulfill at least 4 poverty identification criteria, while around 6% households in Rangunia demonstrate similar features. It is noteworthy that about 30%, 20% and 12% households respectively in Gopalganj, Satkhira and Chittagong districts are living in the poorest quintile while the national figure for the same is 21.7% (BMMS 2010).

Taking into account the national and regional poverty scenarios, it is suggested that the SSK project may consider households who fulfill at least 3 criteria as the below poverty line (41%). It is noteworthy that the poverty lines for the study Upazilas have been constructed using CBN method on the basis of data generated through household survey and poverty lines constructed (for respective divisions: rural) in HIES 2010 (with applicable adjustments made for 2012. Analysis which complement the findings stated above (below poverty line households are those who satisfies at least three criteria) reveals that on average 42.5% households in study Upazilas are living below poverty line according to CBN upper poverty line (zu).

Box 3.2: Distribution of BPL (using CBN) Households (%)	
Debhata	76.7
Rangunia	32.9
Tungipara	33.8
All	42.5

In case the below poverty line for household identification is constructed using compliance of minimum 4 or more criteria, than access to get SSK benefits free of cost will be closed for a considerable number of poor households. This is likely to contradict the basic precondition of the project that will be piloted in the three Upazilas. However, SSK may redefine BPL in line with their benefit coverage policy.In case the number of satisfying criteria is lowered the proportion of BPL HH will be higher. In case the number of satisfying criteria is increased the proportion of BPL HH will be lower.

At this point it is utmost important to mention that the 21 criteria devised for identifying poor constructs over 1 million ($C = 2^{\uparrow}n - 1$) different combinations. Any attempt to name any particular combination of criteria and/or group of combinations for categorisation/identification a household would create multifarious impediments in administering the process during the implementation phase. Moreover, there is a high probability that it will again reduce the accessibility of very large number of poor households to SSK project. It is, therefore, recommended that instead of naming different combination it is pragmatic to use the formulation based on satisfying at least any 3 criteria approach as well as considering the practicability aspects for application during the implementation phase. Detailed list of below poverty line households is provided in Annex-5.

3.2.3 Verification of Listed Poor Households

In line with the objectives, verification of list of poor households (those who receive safety net benefits) has been conducted in census locations. As mentioned, all the households have been requested to share whether it receives any one of the social safety net (SSN) benefit packages. Altogether, 1,564 households (about 8.4% of all) in three upazilas have reported of receiving benefits. Analysis reveals that of those who are currently receiving SSN benefits about 7.2% households do not satisfy any one of the poverty identification criteria (Annex Table 3.2). The poverty identification criteria compliance analysis shows a trend which is similar to household poverty identification census. About 61% of benefit recipient households' main earning member is a casual day laborer, 58% households do not own any other land besides the homestead, and about 50% households either do not have regular income or have any permanent income source. It is to specify that the heads of about 10% beneficiary households are females, and 13% are elderly persons.

Further analysis on of the data on beneficiary households shows that about 93% complies with at least one poverty identification criterion, while only 11% households satisfy five or more criteria (Table 3.2). Two-in-three households (67%) are meeting at least three criteria and 45% households satisfy at least four criteria. Applying similar approach (that has been used for identifying the poor) it can be inferred that around 67% of households who are receiving various SSN benefits are poor.

Box 3.3: Sensitivity and specificity of identified SSNP beneficiary

Indicators	Debhata	Rangunia	Tungipara	All
All poor	2,447	2,709	2,406	7,562
Poor beneficiaries	402	146	497	1,045
Sensitivity	16.4	5.4	20.7	13.8
Non-poor beneficiaries	179	150	190	519
Specificity	30.8	50.7	27.7	33.2

Sensitivity analysis (defined as proportion of eligible households who received subsidy to the total number of eligible households) shows that the listed beneficiaries are contextually 13.8% sensitive to poor, while estimation of specificity (defined as proportion of non- eligible households who received subsidy and total number of beneficiaries) reveals the list has to a large extent bias to non-poor (33.2%). It implies that only 14% of all poor in three Upazilas are receiving the selected eight (8) SSN benefits as listed as poor while among the benefit recipients about 33% are non-poor but listed as poor. The plausible reasons for this scenario are: (i) the number of benefit recipients is pre-determined by the Upazila authority, (ii) number of poor households is much higher and (iii) due to some reasons a good number non-poor are able to be listed as poor households. The situation in Rangunia in this regard shows an alarming picture. Special attention needs to be given by the concerned authority.

Table 3.2: Spatial distribution of benefit recipient households by number of satisfying poverty identification criteria (%)

# of Poverty Identification Criteria Satisfied	Location			
	Debhata	Rangunia	Tungupara	All
At least one	94.8	94.6	90.5	92.9
At least two	88.1	76	81.8	83
At least three	69.2	49.3	72.3	66.8
At least four	53.2	18.6	49.6	45.1
At least five	19.5	4.7	19.9	16.9
More than five	15.2	2.7	11.1	11.0
None	5.2	5.4	9.5	7.1
N	581	296	687	1564

3.2.4 Issuance of Health Cards to Identified BPL Households, Ensuring IT Database-Updating and Scaling-up

The study explored the probable ways for issuing health cards to the eligible households. Recommendations generated during data collection have been reviewed in the brainstorming session involving the members of the study team and the field data collection team.

It is recommended to provide the health facilities with an electronic list of SSK beneficiary households, where particulars of all members (including updated photos) will be stored. All members of such household need to be issued a SSK beneficiary card where relevant information of the member (including the photo) will be attached. Such card will have to be provided to all members of the beneficiary households (infants, children, adults and older

persons). At the rolling-out phase it is recommended that SSK needs to form a joint team comprising of representatives of SSK Upazila office, a consulting firm and respective LGI (member/counsellor) at each of the three Upazilas. The consultant will train appropriate number of SSK staff on maintaining, updating the database and issuing new SSK benefit cards including replacement. This team will visit each and every village and *mahallas* of the respective Upazila to prepare the list with comprehensive information and issue the SSK benefit card. In case of any inclusion of a new member in the household (due to matrimonial reasons, birth and others), there will be a mechanism to be developed for incorporating new members at the respective unions or wards. Similarly, the beneficiary household needs to report any member's disassociation (death, out-migration, dissolution of matrimonial relationship) with it. It is to take into account that normally the adult members need to update the SSK benefit card once in every ten year, while the child members (up to 17 years) in every 5 years. The union or ward level centres will have to be equipped for undertaking such updating activities. Moreover, in instances of lost or damaged benefit card the respective cardholder needs the opportunity to receive a replacement card also at the respective union/ward level centre (SSK office).

3.3 Findings of Survey: Health Care Seeking Behaviour, Health Expenses, Willingness to Pay and Patient Satisfaction

Survey for a randomly selected representative number of households and for exit patients at the health facilities in the sample location was conducted to gauge the baseline situation on four important issues relevant for future health insurance scheme designing. Findings based on survey data has been demonstrated in this section. The major areas of focus are health care seeking behaviour, health expenses, willingness to pay and patient satisfaction. In addition, household and respondent background information has also been provided.

3.3.1 Household Characteristics

The term 'household (HH)'can be defined in various ways. However, for the purposes of this survey, it is a social or domestic unit consisting of the members of a family who live together along with non-relatives, such as servants.

Head of Household

The survey finds that household heads are largely male in all the areas (Annex Table 3.3). However, 9.2 % of households in the study areas are headed by women, compared to the 13 % in BDHS 2007 and 9 % in MICS 2006. Out of three surveyed Upazila, proportion of female-headed is higher in Rangunia (12.0%) and lower in Tungipara (5.9%).

Household Size

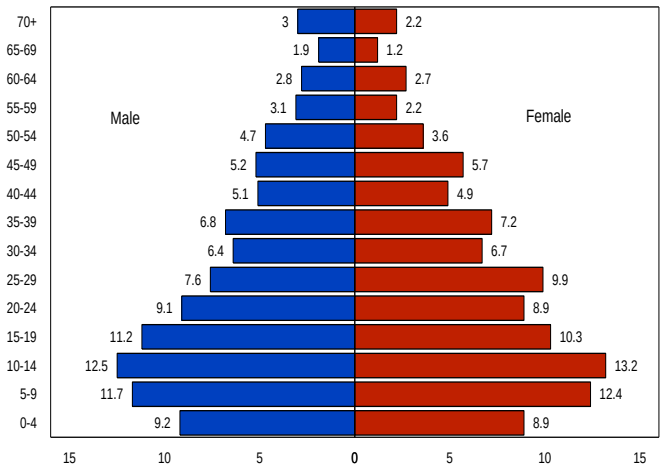
The overall household size in the surveyed Upazilas is 4.9 persons and almost identical to the household size in all the three Upzilas (Annex Table 3.3). The national average of household size is 4.7 in BDHS 2007, and 4.8 in MICS 2006. The study findings further shows that household size of more than half of the surveyed households (50.9%) is 4-5 persons and 69.9 % have 4-7 persons. The number of households with family members of three or less than three is as low as 18.8 % and for those with eight or more than eight persons is 5.8 %.Details are in Annex Table 3.3.

Age Structure of Household Member

A large proportion of the populations of three surveyed Upazilas are composed of younger people (Annex Table 3.4) alike overall population of the Bangladesh. More than a half (53.6%) of them is aged 24 years or younger, exactly similar to that of national average in MICH 2009. Such younger population aged 24 years and below is higher in Tungipara as compared to Rangunia (54.5%) and Debhata (46.6%). On top of this, more than one-third (33.9%) of the surveyed population is under the age of 15, and 9 % is under the age of five. According to BDHS 2007 and MICS 2009, the national figure of under-five population is 11.9 % and 10.2 % respectively. Above findings indicate that fertility rate of the surveyed population is relatively less than the fertility of the overall population of Bangladesh. At the other end of the age spectrum, those aged 60 and over account for 6.8% of the total population in the surveyed Upazilas, compared to 7% nationally (BDHS 2007). Upazila-wise estimate of elderly population, aged 60 and above is higher in Debhata (8.9%) followed by Tungipara (7.1%) and Rangunia (5.9%). The median age of the surveyed population in three Upazilas is 22 years, which is very close to the median age of the general population, at 21.2 years (BDHS 2007). Further analysis reveals that median age of the surveyed population is relatively higher in Debhata (25 years) compare to the median age of the population in Rangunia (22 Years) and Tungipara (20 years). Details data are provided in Annex Table 3.4.

Population Pyramid

Figure 3.1: Age and sex distribution of household population



The constructed population pyramid in Figure 3.1 shows the relative share of overall male and female populations of the three surveyed Upazilas across a total of 15 different age groups. Except in little variation within the age group of 25-29 years, there is no substantial difference in share between male and female population (Annex Table 3.7 and Figure 3.1). In the age group of 25-29 years, the share of females is twopercentage points higher than that of the males. On the other hand, the proportion of males is relatively higher compared to that of females in the younger age group (15-25) as well as the older age group (60 and above). The population pyramid further demonstrates that the highest proportion of population is aged 10-14 years, followed by those aged 5-9 years. Nationally, the highest population is reported in the age group of 5-9 years both in MICS 2009 and BDHS 2007.

In Rangunia, within the age group of 25-29 years, the share of female is 1.4 % higher than the males. In the younger age group (15-25), the share of male and female is almost identical (20.4% vs. 20.2%). In the older age group (60 and above), on the other hand, the proportion males is 1 percentage point higher than the females accounting (6.5% vs. 5.4%). The highest accumulation of population is seen in the age group of 10-14 years followed by those aged 5-9 years. More information is in Annex Table 3.8.

Alike Rangunia, the proportion of female is also a little higher than the males (10.0% vs. 8.6%) in Tungipara within the age group of 25-29 years. Similarly, except in subtle variation, the share of males and females are almost equal in younger age group (15-24) too. To other

end, males are roughly 3 %age points higher than the female counterpart in the age group of 60 years and above. Major concentration of population within the age bracket of 5 and 9 years followed by those aged 10 to 14 years. Details are in Annex Table 3.7.

In contrast to other two Upazilas, the females clearly over number the males aged 25-29 years in Debhata (11.9% vs. 6.3%). Furthermore, the concentration of young males is 4 %age points higher as compared to the concentration of young females aged 15-24 years. However, the distribution males and females are almost identical in the age of 60 and above. Highest concentration of population is aged 15-19 years and closely followed those aged 10-14 years. For detail see Annex Table 3.10.

Sex Ratio

The distribution of age and sex of the surveyed population in three Upazilas is shown in Annex Table 3.4 and Figure 3.1. During the survey, total enumerated persons were 4,141 with males outnumbering females (50.6% vs. 49.4%). The calculated overall sex ratio of the population in three surveyed Upazilas is 102 males per 100 females. Nationally reported sex ratio is 95 male per 100 females in BDHS 2007, and105 males per 100 females in MICS 2009. By Upazila, calculated sex ratios of the population in Rangunia, Tungipara and Debhata are 105, 101 and 98 males per 100 females respectively.

Dependency Ratio

The dependency ratio has been defined as the ratio of the population aged 0-14 years and those aged 65 or older, relative to the population aged 15-64 years. On the whole, the study reveals a dependency ratio of 61.4 % where male and female distribution standing at 61.6 and 60.0 respectively (Annex Table 3.4). This compares to a national average dependency ratio reported in MICS 2006 (70.0 male and 64.2 female). Across the Upazilas, dependency ratio is comparatively higher in Tungipara 70.3, followed by Rangunia 60.5 and least in Debhata 49.6 as shown in Annex Table 3.2.

Educational Attainment

It is generally acknowledged that education ensures higher mobility and productivity and helps to bring down the household poverty as well. Moreover, education of the household-head increases his/her knowledge about health including health services and influences the health seeking behaviour of the household members. The overall study finding shows that majority (62.6%) of the household heads is educated (Annex Table 3.3). Among them, 8.9 % has completed primary education, 6.5 % secondary education and some 3.7 % has passed the higher secondary education and higher. Across the Upazilas, reportedly 73.9 % of the household heads in Tungipara are educated. The corresponding figure in Rangunia and Debhata Upazilas are 59.7 % and 51.7 % in order.

Apart from the education of the household-heads, analysis of education of the surveyed population (household members) as a whole demonstrates that as high as 70.6 % of them are educated (Annex Table 3.4). Alike the household heads, educated population are relatively higher in Tungipara (75.1%), followed by Rangunia (70.0%) and Debhata (64.6%). In all the three Upazilas, more or less similar proportions of the population (8.5 - 8.9%) have completed primary education. However, proportions of surveyed population who have completed secondary as well as higher secondary education and higher are comparatively higher in Rangunia (6.1% and 3.7%) than that of Tungipara (4.7% and 2.8%) and Debhata (3.9% and 2.4%).

Occupation of Household Member

Among the different categories of household members, reportedly those who did not work in last one year preceding the survey i.e., student, child, older age group, beggar and physically challenged have been excluded from the assessment. Thus to explore the occupational pattern, analysis has been done exclusively with the working male and female members in the surveyed households.

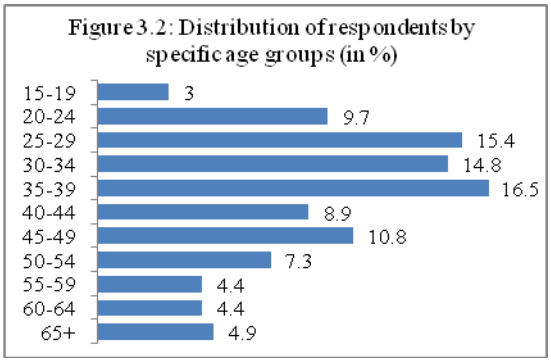
Among the working men, a little less than 28 % are unskilled labour, 21.2 % engaged in business, another 21.1% in domestic servant and 19.3 % on service or are semi-skilled labour. Women are primarily (85.5%) busy with household chores. Rest of the few, 5.4 % is either semi-skilled or unskilled labour and some 5.5% of working women are currently unemployed.

Except in little variation, occupational patterns of the surveyed population in all the three Upazilas are quite similar in nature. In all the Upazilas, almost equal proportion of the working women (41.4-41.8%) has been engaged as home-maker. Engagement with business is little bit more prevalent in Rangunia (12.1%), followed by Debhata (10.9%) and least in Tungipara (9.8%). Compare to others, unskilled labour is more common in Debhata (19.4%) and skilled labour in Rangunia (12.0%). On the other hand, domestic labour is highest in Tungipara (17.9%) and least in Rangunia (6.9%).

Further analysis discloses that surveyed populations with higher level of education are more likely to involve in business and semi-skilled services than the less educated ones. To other end, surveyed populations with little or no education are more likely to work as unskilled and domestic labours. Similarly, unskilled labour is more prevalent in the poorest wealth index quintile in contrast to engagement to business and semiskilled services are more likely to prevalent in the richest wealth index quintile. Details on occupation are in Annex Table 3.5.

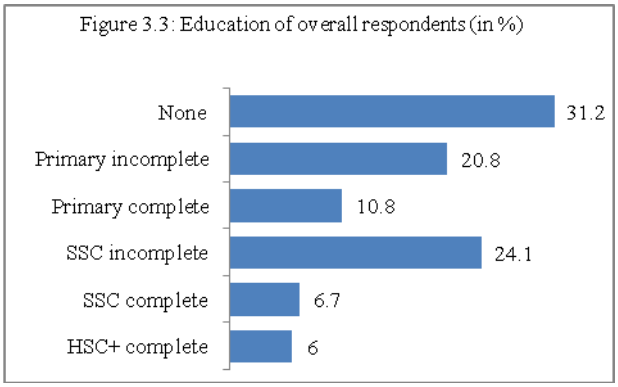
3.3.2 Respondent's Characteristics

In all the surveyed Upazila, majority of the respondents are female. On the whole, male and female distribution of the respondents is 32.7 % and 67.7 % respectively (Annex Table 3.6).



The respondents are alienated into seven distinct age groups, each spanning five years. Overall observation shows that the highest proportion of the respondents (16.5%) is found in the age group of 35-39 years, closely followed by those aged 25-29 years (15%) and 30-34 years (14.8 %). However, more than half of the respondents are aged between 20 and 40 years. Furthermore, one-fourth of the respondents (28.1%) are below the age of 30 years. Across the Upazilas, largest concentration of the respondents in Rangunia and Debhata is seen in the age of 35-39 years (17.9% and 20.0%) followed by age group of 25-29 years (14.5% and 15.0%). However, in Tungipara, major concentration of respondents is within the age group of 30-34 years and accounted as 19.5 %.

With respect to education, 37.2 % of the entire respondents in three Upazilas are illiterate. Reportedly, illiteracy is higher in Rangunia (37.0%) and less in Tungipara (20.7%). Of the rest, generally, 10.8 % has completed primary, 6.7 % secondary and 6.0 % higher secondary education. By Upazilas, proportion of respondents graduated with primary education is higher in Tungipara (13.3%) as compared to that of Debhata (11.2%) and Rangunia (8.9%). In contrast, respondents who have completed the higher secondary education and above is relatively higher in Rangunia (7.4%) and Debhata (6.2%) than those in Tungipara (3.7%).

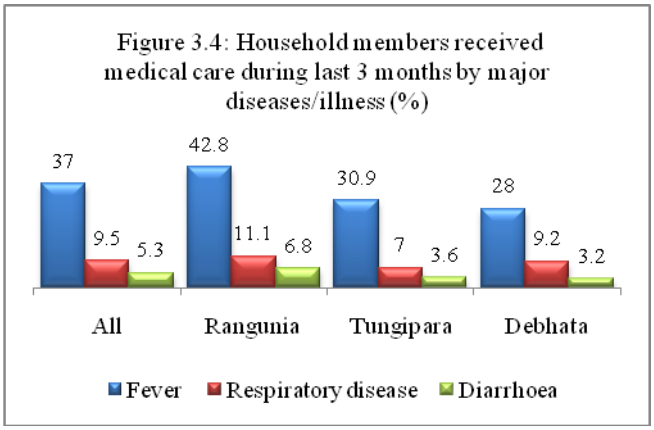


Largely, the respondents (88.3-90.4%) in all the Upazilas are married. Some 3.9-5.9 % is widow/widower. Nevertheless, 7.8 % in Debhata, 5.1 % in Rangunia and 3.3 % in Tungipara were yet to get married.Mostly, respondents belonged to the religion of Islam. Some 14.6 % are Hindus and as low as 1.5 % are Buddhist. Among the respondents, higher proportion of Hindus is observed in Tungipara (21.7%) and less in Rangunia (9.9%). Buddhist is found only in Rangunia and accounting 3.8%.

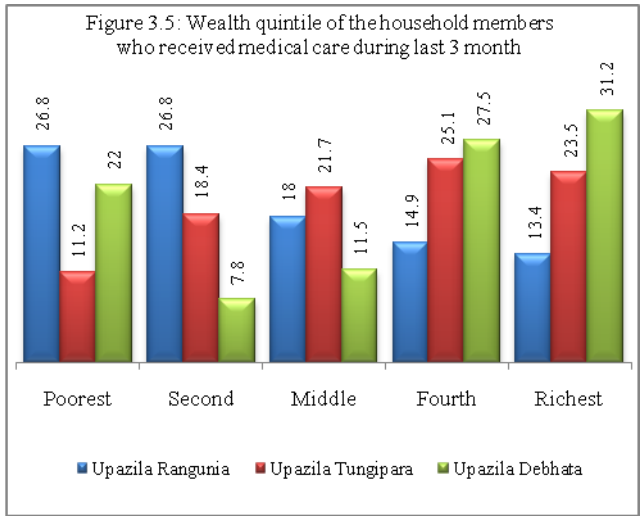
An examination of wealth index quintiles of the respondents reveal that by and large one-fourth of the respondents living in the poorest quintile and another one-fourth in second quintile. Above finding indicates that more than a half of the respondents (51.0%) subsist in the lowest two quintiles of wealth index. To other end, merely 20.0 % are in the highest index quintile. The respondents belonging to 'poorer' category (those living in lowest two quintiles) are comparatively higher in Rangunia (51.0%) than those in Tungipara (31.6%) and Debhata (29.2%). Conversely, the respondents in the 'richer' range (those living in highest two quintiles) are relatively higher in Debhata (55.0%) as compared to their counterpart in Tungipara (43.1%) and Rangunia (29.3%). Furthermore, the respondents belonging to the 'middle' wealth index are higher in Tungipara (24.6%), followed by Rangunia (19.6%) and Debhata (15.36%). Data on respondent's background characteristics are shown in Annex Table 3.6.

3.3.3 Pattern of Disease Occurrence

Pattern of disease occurrence is an important issue and has a correlation with health care expenditure and willingness to pay for health services. The more the occurrence of disease the higher the health care expenditure will be. The households were asked of the diseases/illness from which they suffered or health conditions for which they went to receive medical care in last three months preceding survey. Suffering from fever was reported at the highest proportion by 37 % of households whilesuffering from respiratory illness and diarrhea was reported by 9.5%and 5.3% households in three Upazilas altogether. Although proportions of patients suffering from these three major diseases varied



by Upazilas, sufferers from fever is the highest followed by respiratory illness and diarrhoea. Many other diseases and illness were also reported among which pelvic pain; gastric ulcer, headache, joint pain, and low blood pressure were more pronounced (Annex Table 3.12).



While analysed by wealth quintiles it has been observed that the sufferers are more or less homogeneously distributed among all the 5 groups from poorest to the richest. However, patients/ sufferers are a bit lower (18%) in the middle wealth quintile group (Annex Table 3.12). Around 40 % of the household heads of the sufferers of disease had 'no education'. In Debhata Upazila around 48 % of them belonged to this group, whereas in Tungipara their proportion was the lowest (33%). About 24% had 'incomplete primary' and 9.5 % had 'primary' level education. Around 14% of the patients were under five, and 11 %were above sixty years old. Patients were distributed in equal proportion by gender.

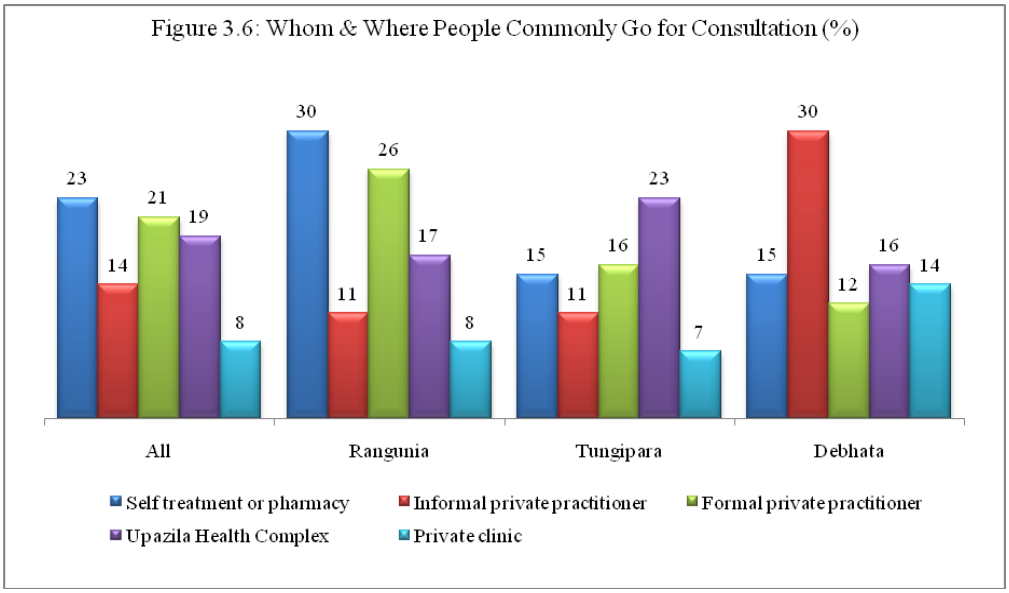
During key informant interviews the UH&FPOs reported that pneumonia,acute respiratory infection (ARI), diarrhoea, helminthiasis, scabies and malnutrition most prevalent among the under 5 children. Regarding adults they reported of common cold, enteric fever, dysentery, peptic ulcer, hypertension, diabetes, and asthma and skin diseases as most common. Among above sixty years they reported the diseases hypertension, stroke, low back pain, peptic ulcer and anemia as most common. Among women the commonest diseases mentioned by them were menstrual disorder, leukorrhoea (white discharge), delivery complications, back pain, urinary tract infection and anemia. The SACMOs and FWVs from UH& FWCs also reported the same. However, in addition they reported that children under 5, women and the older people (over 60 years) suffer the most. The Chairperson of the Community Clinics, Union Parishad Chairmen and Members mentioned that people are suffering from jaundice and STD in adults, tumour in women, and cancer and brain stroke among peoples above sixty years in addition to the above.

3.3.4 Health Care Seeking Behaviour

Health care seeking behaviour of the population has been studiedbywhom and where they commonly go for consultation by age, sex, time of consultation in connection with onset of illness, points in favour and disfavour regarding utilisation of public health facilities, decision maker within household to choose provider/health facility.

Whom and Where People commonlygo for Consultation

While asked about the service delivery points or persons from where/whompeople are going forconsultation during their illness has been reported in all Upazilas that self treatment or pharmacy (23%) is the most common practice followed by formal private practitioner (21%) and UHC (19%). Receiving treatment from private clinic was reported by 8% households in this area.



In Rangunia Upazila that self treatment or pharmacy (30%) is the most common practice, followed by going to formal private practitioner (26%), and Upazila Health Complex (17%). Here, people from the poorest and second quintile are user of facilities and persons up to the Upazilla Health Complex at the best. In comparison, much higher proportion of the people from the richest and fourth quintile is using district hospitals (Annex Table 3.13A).In Tungipara Upazila, most common practice among households is to go to Upazila Health Complex (23%), followed by formal private practitioner (16%), and self treatment or pharmacy (15%). Here, more people from richest and fourth quintile were user of most of the facilities and persons for treatment except Upazila Health Complex. In comparison to the poorest and second quintile much higher proportion of rich are using self treatment or pharmacy, formal private practitioner, district hospital and other higher level government facilities (Annex Table 3.13B).In Debhata Upazila, the most common practice is to go to informal private practitioner (30%), followed by Upazila Health Complex (16%) and self treatment or pharmacy (15%). Here, more people from richest and fourth quintile were user of most of the facilities and persons for treatment except self treatment or pharmacy. In comparison to the poorest and second quintile much higher proportion of the rich are using formal private practitioner, district hospital and other higher level government facilities (Annex Table 3.13C).

While disaggregated by sex, it has been observed that this practice varies within the range of 10% by male and female patient/client. As to age highest proportions of patients are from 18 to 59 years age group (around 55% to 65% each) practicing these three ways mentioned above for treatment of their illness. Education of the household head and religion has no impact on use of types of facilities and persons (Annex Table 3.13A-3.13C).

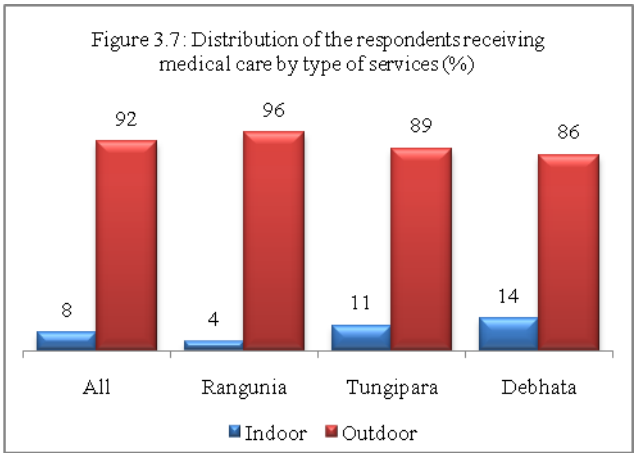
Regarding treatment and checkup of pregnant and other women people are mostly dependent on nearby government clinics and hospitals. According to the serviceproviders and UP Members people get consultation and medicine at free of cost, for this purpose they mostly go to government facilities. Many of the pregnant women go there to avail demand side financing (DSF) scheme. Pregnant women in most cases go to CCs or UH&FWCs first and then go to UHCs and DistrictHospitals. They only go to privateclinics whenever service providers or required service is not available at government facilities. Non-availability of required number of doctors is a great factor in this regard. According to most of them pregnant women is mostly dependant on the UHFWCs and UHCsfor antenatal and post-natal

check-ups. They also go to NGO clinics for this purpose. When people get sick they generally prefer to go nearby government facilities. Many of them also go to local pharmacies and village doctors. However, rich people mostly prefer private facilities as doctors as other services with good quality are available there and they can afford this. While discussed the same in FGD with poor residents of 3 Upazilas, almost the same has been reported by the discussants.

Accompaniment with Patient during Consultation

The respondents reporting of consulting somebody/facilities were asked whether somebody accompanied them or not. In Rangunia of the patients were accompanied by somebody. It is 78 % for Tungipara and 73 % for Debhata Upazila. Accompaniment is higher for females than those of the males (Annex Table 3.14).

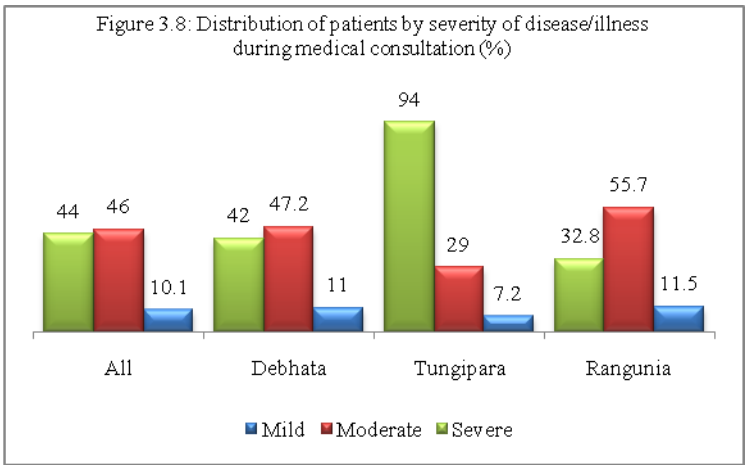
Types of Services Received



The respondents reported of consulting somebody/facilities were asked about the types of services received, whether indoor or outdoor. Most of the patients (92%) reported of receiving out-patient services while only 8%received in-patient services.In Rangunia Upazila, around 96% of the respondents reported receiving outdoor medical services and 4% received indoor services. Male and female are almost equal in proportion among those received outdoor or indoor services. Half of the patients receiving outdoor services were from 18-59 years age group, and 15% were under fives. Around 54% of the patients receiving outdoor services were from poorest and second quintile, and only 28% from the richest and fourth quintile (Annex Table 3.15A).

In Tungipara Upazila, around 89 % of the respondents reported of receiving outdoor medical services and 11 % received indoor services. Male and female are almost equal in proportion among those received outdoor services. 58 % of the patients receiving outdoor services were from 18-59 years age group, and 13 % were under fives. Only 27 % of the patients receiving outdoor services were from poorest and second quintile, and 49 % from the richest and fourth quintile (Annex Table 3.15B).In Debhata Upazila, around 23 % of the respondents reported of receiving outdoor medical services and 4 % received indoor services. Higher proportion of females received outdoor medical services (54%) and indoor medical services than their male counterparts. 57% of the patients receiving outdoor services were from 18-59 years age group, and 17 % were under 5 years. Around 32 % of the patients receiving outdoor services were from poorest and second quintile, and 56 % from the richest and fourth quintile (Annex Table 3.15C).

Severity of disease/ illness during medical consultation

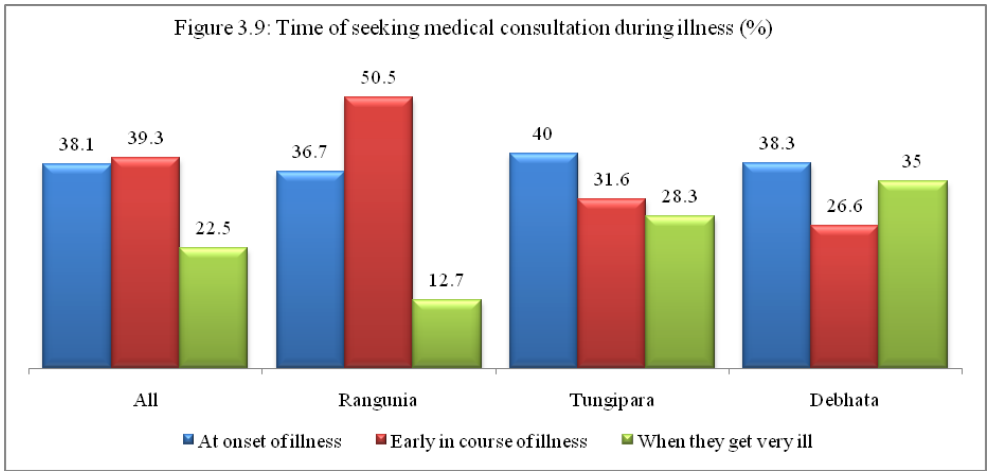


The respondents reported of consulting somebody/facilities were asked about the severity of disease/ illness during medical consultation. Receiving medical care during severe condition of illness was reported by 44% households while the 46% reported of receiving medical care during moderate illness in three Upazilas (annex table 3.16). In Rangunia Upazila, around 33% of households reported receiving medical services during severe condition of the illness. Male and female are almost equal in proportion among those received medical services when the illness was severe. Around 12 % the respondents reported of receiving medical services during mild condition of their illness. Although proportion is low for both, comparatively higher proportion of male patients reported for medical consultation during mild condition of their illness than their female counterparts (14% Vs 9%). While analysed by age it has been revealed that, higher proportions of patients (50% to 60%) from all age groups are reporting for medical consultation during moderate stage of their illness. However, a higher proportion of patients from age group 60 and above (39%) are reporting for medical consultation during severe illness. Higher proportion of patients from 'Hindu' community (60%) is reporting for consultation at severe stage than those of 'Muslim' and 'Buddist' communities (30%). During analysis by wealth quintile, it has been found that although receiving treatment at moderate stage of illness is true for all, and comparatively higher proportion of patients from 'middle' quintiles are receiving medical consultation during mild stage of illness and a lower proportion during severe stage of illness. Around 54 % of the patients receiving medical consultation were from the poorest and second quintile, and only 28 % from the richest and fourth quintile (Annex Table 3.16A).

In Tungipara Upazila, a high proportion (64%) of the respondents reported of receiving medical services during severe condition of the illness. Male and female are almost equal in proportion in medical services in severe condition. Around 7 % of the respondents reported of receiving medical services during mild condition of their illness. While analysed by age it has been revealed that, higher proportions of patients (57% to 77%) from all age groups are reporting for medical consultation during severe stage of their illness. Highest proportions of under-5 age patients (77%) are reporting for medical consultation during severe illness. Almost the same scenario has been observed irrespective of age groups. No such variation by religion has also been reported. During analysis by wealth quintile, it has been found that receiving treatment at severe stage of illness is true for all, and comparatively higher proportion of patients (72%) from 'poorest' quintiles are receiving medical consultation during se severe stage of illness that is true for fourth quintile as well. Around 54 % of the patients receiving medical consultation are from poorest and second quintile, and 49 % from the richest and fourth quintile (Annex Table 3.16B).

In Debhata Upazila, around 42% of the respondents reported receiving medical services during severe condition of the illness. Higher proportion of females has received medical

services in severe condition of illness. Around 11% of the respondents reported receiving medical services during mild stage of their illness. Although proportion is low for both, comparatively higher proportion of male patients reported for medical consultation during mild stage of their illness than their female counterparts (14% Vs 9%). While analysed by age it has been revealed that, higher proportions of patients (41% to 58%) from all age groups except under-5 have received medical consultation during moderate stage of their illness. However, a higher proportion of patients from under-5 (55%) are reporting for medical consultation during severe illness. No such variation by education has been observed. However, higher proportion of patients from 'Muslim' community (45%) is reporting for consultation at severe stage that is much lower in 'Hindu' communities (24%). During analysis by wealth quintile, it has been found that comparatively higher proportion of patients from 'poorest' (54%) and 'second' (65%) quintile are receiving medical consultation during severe stage of illnessthan others. Around 30 % of the patients receiving medical consultation are from the poorest and second quintile, and 59 % from the richest and fourth quintile (Annex Table 3.16C).



In all the three pilot Upazilas, it was found that more than one-third households (38%) reported of receiving medical consultation at the onset of diseases where as a similar proportion of households (39.3%) received the same at the early stage of illness. More than 20% households reported of receiving medical consultation at the severe stage of illness. Spatial analysis shows almost similar pattern with only exception in Rangunia where half of the households received medical consultation during early stage of diseases (figure 3.9).

It is to note that Tungipara Upazila demonstrates the worst scenario in terms of severity of illness at the time of medical consultation in spite of the fact that in terms of education it is best among the three Upazilas, and in terms of wealth it is better than Rangunia Upazila. The only difference is that, in terms of religion 'Hindu' population is proportionately higher (22%) in Tungipara (more than 2 times than Rangunia and more than 1.5 times than Debhata). Detail information has been provided in annex tables 3.21-3.21C.

Preference of Health Care by Age

The respondents while asked whether they have any preference by age of the patient (child, adult and old) for going for health care, 89 % of them in Rangunia, 95 % in Tungipara and 79 % of them in Debhata have reported that they give equal preference to all irrespective of age. Rest of the respondents prefers children for provision of health care (Annex Table 3.17 and 3.18).

Preference of Health Care by Sex

The respondents were asked whether they have any gender-specific preference of the patient for going for health care. In Rangunia, 16 % of them give preference to males and 11 % give preference to females, and others give equal preference to all irrespective of gender. In Tungipara and Debhata they almost equal preference by sex for health care (Annex Table 3.19 to 3.20C)

Status of Birth Preparedness

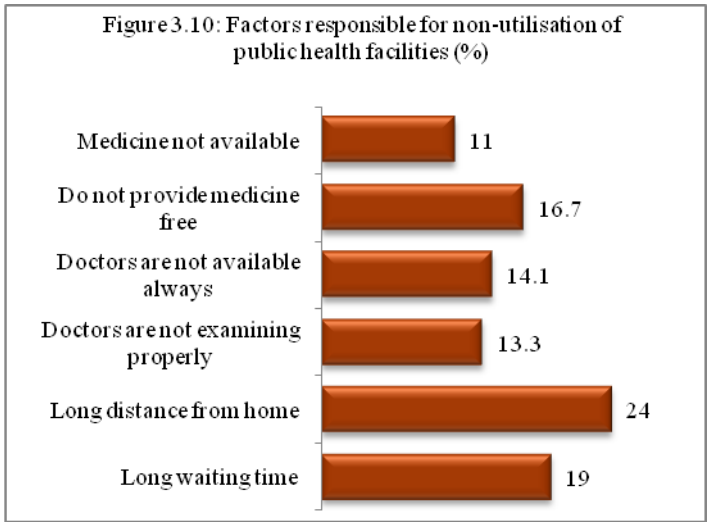
The respondents were asked about how much the households are/were prepared for birth of the child by pregnant women. In Rangunia, highest 47% respondents reported of 'identification of appropriate birth location' and other elements have been reported by a lower proportion of them. Poorest and the second quintile were comparatively in a better position than the others except 'identification of skilled attendant' and 'arrangement of transport for delivery'(Annex Table 3.22A).

In Tungipara, highest 30 % of the respondents reported of 'identification of appropriate birth location' and other elements have been reported by a lower proportion of them. Poorest and the second quintile were comparatively in a better position than the others only in terms of 'identification of appropriate birth location' and 'arrangement of adequate supplies for delivery, e.g., clean cloths, blade, thread, soap and etc. (Annex Table 3.22B). In Debhata, highest 33 % of the respondents reported of 'identification of appropriate birth location' and other elements have been reported by a lower proportion of them. Poorest quintile was in a better position than the others only in terms of 'identification of appropriate birth location' and 'arrangement of adequate supplies for delivery (Annex Table 3.22C).

Factors Responsible for Non-Utilisation of Public Healthcare Facilities

Households were asked about the reasons for non-utilisation of public healthcare facilitieswhen members of their households becomeill. Several possible reasons have been offered to identify their opinion in this regard. In all the three Upazila, the prime reasons reported by households for not utilizing public health facilities are long distance from home (24%), long waiting time (19%), do not provide free medicine (17%), doctors are not available always (14%), doctors are not examining properly (13%) and medicine is not available (11%).

Bivariate analysis of the respondents' opinion in Rangunia revealed that theirfamily members do not use public healthcare facilities mainly becausethere is no nearby public healthcare facility (28.2%); non-availability of free medicine (24.2%), waiting times are too long (19.4%), healthcare providers are often absent (17.8%) and to some extent, care of the service providers is of poor quality (9.3%). In Tungipara, key factors for non-utilisation of public facilities are – waiting times are too



long (22%),no nearby public healthcare facility (16%), care of the service providers is of poor quality (15.7%) and non-availability of required medicine (10%). Apart from these, do not feel to consult anyone for their illness, healthcare providers are often absent, and non-availability of free medicine has also been reported by 9.7 %, 9.3 % and 9.3 % respectively for non-utilisation of public healthcare facilities. Similarly in Debhata, the principal factors of non-utilisation of public healthcare facilities are – there is no nearby public healthcare facility (24.4%), care of the service providers is of poor quality (22.6%), non-availability of required medicine (22%), waiting times are too long (12.5%), healthcare providers are often absent (10.1%) and to some extent non-availability of specialist physician (9.5%). *Detail data is given in annex table 3.23.*

However, to assess the statistical association between the dependent variable (non-utilisation of public healthcare facilities) and independent variables (over 23 discrete factors/reasons of non-utilisation of public healthcare facilities) multivariate analysis has been done using logistic regression. The magnitude and direction of associations were expressed as odds ratios (OR).Principal component analysis (PCA) for three Upazilas altogether it was found that there are major seven reasons associated with non-utilization of public health facilities (Table 3.3). The reasons are *long distance from home (OR= 25.7), do not provide medicine free (OR=20.4), doctors are not examining properly (OR=15.5), harsh behavior of the doctor (OR=14.3), dealings of staff is harsh (OR=9.9), doctors are not available always (OR=7.9), specialist physician not available (OR=7.7) and long waiting time (OR=5.3).*

Table 3.3: Multivariate analysis showing key factors associated with non-utilisation of public healthcare facilities in three Upazilas (aggregated)

Reported Factors	Value (Odds Ratio)	95% Confidence Interval	
		Lower	Upper
Didn't know where to go	3.1	0.7	13.6
Did not feel to consult	1.6	0.8	3.5
Long waiting time	5.3	3.2	9.0
Long distance from home	25.7	10.5	62.8
Dealings of the staff is harsh	9.9	1.4	74.2
Harsh behavior of the doctor	14.3	1.9	104.8
Doctors are not examining properly	15.5	5.7	42.1
Doctors are not available always	7.9	3.8	16.3
Specialist physician not available	7.7	2.4	24.7
Do not provide medicine free	20.4	7.5	55.3
Medicine not available	4.6	2.4	8.8
Loss of wage	2.3	0.5	10.2
No cure after taking medicines from public facilities	0.16	0.03	0.8

After 'Principal Component Analysis (PCA)', it is found that in Rangunia, out of more than 23 given factors, 6 factors/reasons i.e., non-availability of free medicine (OR=27.89), waiting times are too long (OR=20.96), no nearby public healthcare facility (OR=16.62), non-availability of specialist physician (OR=9.08), and harsh behaviour of the service providers (OR=6.28) are strongly associated with non-utilisation of public healthcare facilities (Table 3.4).

Table 3.4:Multivariate analysis showing key factors associated with non-utilisation of public healthcare facilities in Rangunia Upazila.

Reported factors	Value (Odds Ratio)	95% Confidence Interval	
		Lower	Upper
Non-availability of free medicine	27.89	6.83	113.90
Waiting times are too long	20.96	5.12	85.78
No nearby public healthcare facility	16.62	6.06	45.55
Non-availability of specialist physician	9.08	3.29	25.05
Non-availability of required medicine	7.57	1.82	31.56
Harsh behaviour of the service providers	6.28	0.83	47.21

Likewise, 'Principal Component Analysis (PCA)' of the reported reasons of non-utilization of public healthcare facilities in Tungipara reveals a total of 9 factors (Table 3.5) those are principally associated with non-utilisation of public healthcare facilities by their family member in case of illness episode(s).

Table 3.5: Multivariate analysis showing key factors associated with non-utilisation of public healthcare facilities in Tungipara Upazila.

Reported Factors	Value (Odds Ratio)	95% Confidence Interval	
		Lower	Upper
Care of the service providers is of poor quality	17.58	4.21	73.46
Non availability of free medicine	9.36	2.19	39.96
Health care providers are often absent	5.94	1.77	19.99
Specialist physician not available	5.53	1.26	24.37
Waiting times are too long	3.37	1.75	6.52
Non availability of required medicine	1.88	0.82	4.33
Did not feel to consult	1.79	0.77	4.13
Loss of daily wage	1.66	0.32	8.64
Didn't know where to go	1.32	0.24	7.29

The reported factors are - care of the service providers is of poor quality (OR=17.58), non-availability of free medicine (OR=9.36), healthcare providers are often absent (OR=5.94), non-availability of specialist physician (OR=5.53), waiting times are too long (OR=3.37), non-availability of required medicine (OR=1.88), do not feel to consult anyone for their illness (OR=1.79), loss of daily wage (OR=1.66), and do not know where to go (OR=1.32).

In Debhata, 'Principal Component Analysis (PCA)' of the reported responses of non-utilisation of public healthcare facilities demonstrates that there are a total of 6 factors that are strongly associated with non-utilization of public healthcare facilities (Table 3.6). There is no nearby public healthcare facility- is the major concern (OR=15.31) against using public healthcare facilities in Dedhata. Other reported concerns are as follows - care of the service providers is of poor quality (OR=6.55), healthcare providers are often absent (OR=5.16), non-availability of specialist physician (OR=4.80), harsh behaviour of the service providers (OR=3.77%) and waiting times are too long (OR=3.06).

Table 3.6: Multivariate analysis showing key factors associated with non-utilisation of public healthcare facilities in Debhata Upazila.

Reported factors	Value (Odds Ratio)	95% Confidence Interval	
		Lower	Upper
No nearby public healthcare facility	15.3	2.05	114.45
Care of the service providers is of poor quality	6.5	1.52	28.23
Health care providers are often absent	5.2	0.67	39.90
Non-availability of specialist physician	4.8	0.62	37.30
Harsh behaviour of the service providers	3.7	0.48	29.72
Waiting times are too long	3.1	0.69	13.62

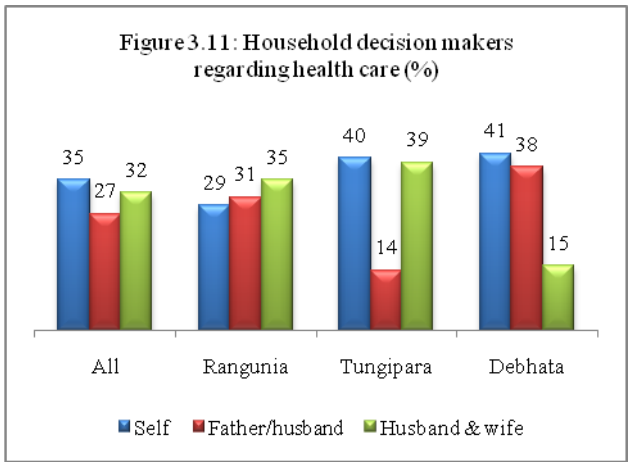
The above findings conclude that redistribution of public health care facilities as well as reduced waiting time, regular presence of doctors, provision of free/subsidised medicine as well as adequate supply, and improved quality of care are necessary for optimal utilisation of public health facilities.

Factors in Favour of Utilisation of Public Health Facilities

The public health system in Bangladesh has evolved over time as a large chain of populationbased primary health care centers (PHC) at Upazilas and below. The PHC includes, Upazila Health Complex (UHC), Union Health and Family Welfare Centres (UH&FWC), Sub centre (SC), and community health clinic (CHC). With regard to the use of public health services,by and large 21.2% of the respondents have mentioned about the use the public health facilities during the illness of their household members. Among the users of public facilities, according to 66.4% of the respondents, the use of public facilities is primarily due to availability of free consultation services. Corresponding use of public facilities in each Upazila is uniformly above 60% (66% to 67%). Nonetheless, 14.2% households in Tungipara are likely to go to public facilities because of good quality of services. Apart from this, 17.6% respondents in Rangunia and 10.4% in Tungipara reportedly use public facilities because of close location of the facilities to their residence. On the other hand, 17% of the households use the public facilities in Debhata as there is no facility other than the public one near to their residence (annex table 3.24).

Household Decision Makers regarding Place and Provider for Health Care

Regardless of surveyed Upazilas, the survey findings demonstrates that when someonein a household becomes sick, process of seeking medical care varies considerably between the adult men in one hand, and other members (women, adolescent, children and old person) on the other hand. When an adult men fall sick, he himself decide independently where and who to seek for care. To the other end,husband and/or husband-wife together are the key household players, who usually determine the place and type of health care provider for the other members.



As per survey findings, self decision makers (mostly adult men and to some extent women) to seek medical care is distinctly higher in Debhata (40.6%)and Tungipara (40.4%) as compared to Rangunia (28.8%) and average scenario of three Upazilas (35%). Husbands/fathers, who decide to take care of the health of the women and children is relatively higher in Debhata (37.8%) followed by Rangunia (30.6%) and least in Tungipara (13.6%). However, 39% households in Tungipara and 35 % in Rangunia, both husband and wife together take decision of the health care of the household members in case of illness episode(s). Corresponding figure in Debhata is as low as 15% (annex table 3.25A-3.25C).

3.3.5 Health Care Expenditure

Households are the main source of financing for healthcare in Bangladesh, comprising 64% of Total Health Expenditure in 2007. Bangladeshi households collectively spent approximately BDT 48.35 billion ($0.96 billion) during 1999/2000 period on health related expenditure. Translated into per capita estimate, an average Bangladeshi spends BDT 398 ($8) annually (BNHA, 2003). The absence of third party payments through health care insurance or social insurance in Bangladesh remains the major reason of the continued dominance of household out of pocket (OOP) expenditure in National Health Expenditure.
The predominant component of household expenditure is on drugs. In 1999/2000, BDT 34 billion ($676 million) or 70% of the OOP health expenditure was on drugs (BNHA, 2003). Predominance of expenditure on drugs in household health expenditures also reflects that the large proportion of the population does self treatment, and there remains general non-availability of medicine from public and NGO providers. A very distant second and third, in terms of share of households' health care expenditure are fees for diagnostic tests (7.4%) and consultation fees (5.3%) respectively.

Health Care Expenditure by Types of Disease

The respondents were asked to report the amount of money they spent on health care during the last three months. The aim was to capture the proportion of total health care expenditure devoted to different cost components and to assess whether their exists differences in household member's health care expenditure, if any, by economic status and gender.

Table 3.7: Health care expenditure by disease and by areain last three months (in Tk.)

Disease/illness	Location			
	All	Rangunia	Tungipara	Debhata
Gastric ulcer	893	440	1,071	1,301
Fever	393	348	567	234
Respiratory disease	1,092	1,137	13,42	522
Diarrhoea	478	381	694	691
Tumour/cancer	28,704	5,700	92,000	1,843
Tonsitilis	655	910	1,141	187
Pelvic Pain	1072	651	2,313	1,331
Ischemic heart disease	3,906	3,170	9,262	2,550
Dermatitis	685	230	-	2,050
Low blood pressure	1,084	943	841	1,863
Unspecified Jaundice	693	592	820	-
Disorder of kidney	10,375	19,300	12	2,167

Disease/illness	Location			
	All	Rangunia	Tungipara	Debhata
Diabetes mellitus	1,619.3	1,985	1,301	150
Eye problem	2,946	3,004	1,368	6,584
Scabies	188	188	505	29
Pulmonary tuberculosis	1,698	3,230	726	1,902
Anemia	1,073	413	1,774	1,142
Delivery	19,955	25,982	7,900	-
Hernia	18,911	6,525	25,104	-
All	1,521.5	1,051	2,352	1,430

The estimated average amount of health care expenditure for households having experience of any disease episode is estimated at Tk. 1521.50 while the same is for all households Tk. 1415.20. It is worth mentioning that 93% of total households (785 out of 844) experienced any type of disease during last three months. Households living in Tungipara spend highest amount of money on health care expenditure (Tk. 2,352) where the same expenditure is Tk. 1,430 and Tk. 1,051 in Rangunia and Debhata respectively. The study finds that the average health care expenditure of household varied considerably by the types of disease. The average health care expenditure was considerably higher for non-communicable diseases, such as, diabetes mellitus, tumour/cancer, disorder of kidney and heart disease. Expenditure of seeking care for a number of communicable diseases, including tuberculosis, was also relatively higher. Out of pocket expenditure also varied across Upazilas (Table 3.7).

Health Care Expenditure by Economic Status

The findings from the three pilot Upazilas suggest that the average health care expenditure was lower for the poorest as compared to the higher income groups (Table 3.8). Across the Upazilas the average health care expenditure varies considerably by economic status. Absolute amount of health care expenditure is lower among the households in poorest quintile (Tk. 686) as compared to the higher wealth quintile (Tk. 2,796). In Rangunia, the richest quintile spends about 4 times higher compared to poorest. In Tungipara and Debhata, the difference is about two times.

Table 3.8: Average health care expenditure by area and by wealth status (in Tk.)

Wealth Quintile	Locations			
	All	Rangunia	Tungipara	Debhata
Poorest	686	554	1,082	824
Second	1,107.5	652	2,216	1,121
Middle	939.7	929	867.2	1,277
Fourth	2,136	1,835	2,592	1,840
Richest	2,795.6	2,137	4,178	1,629.5
All	1521.5	1,051	2,352	1,429

Health Care Expenditure by Sex

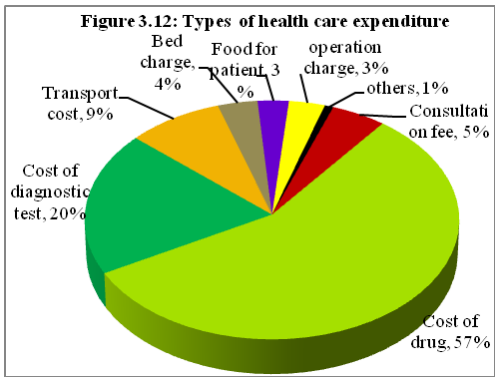
Average health care expenditure also varied between male and female. Health care expenditure is more among the male household members compared to female members in the three Upazila. In Tungipara and Debhata, it was higher for male, while in Rangunia, the average health care expenditure was higher for female (Table 3.9).

Table 3.9: Average health care expenditure by area and by sex (in Tk.)

Sex	Locations			
	All	Rangunia	Tungipara	Debhata
Male	1,545	949.3	2,544	1,562.6
Female	1,499	1152.6	2,165	1,315.4

Type of Expenditure

The findings of the survey show that that drugs constitute the major share total health care expenditure among the households in the pilot Upazilas, who treatment during illness, which is also consistent with the findings of National Accounts (NHA 2003, 2010). The other items of expenditure are cost of diagnostic test (20%), transportation cost and consultation fee (5%). Spatial does not show any substantial variation in care expenditure by items.

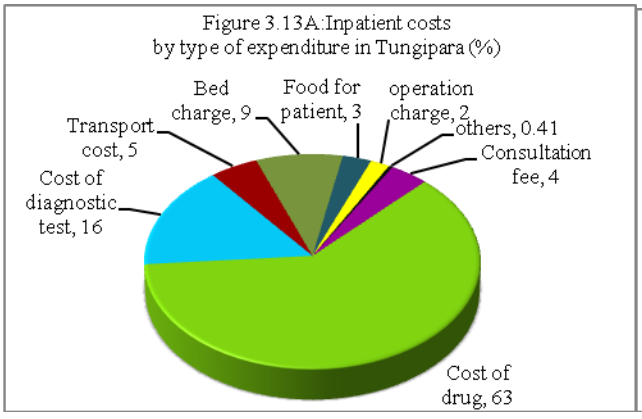


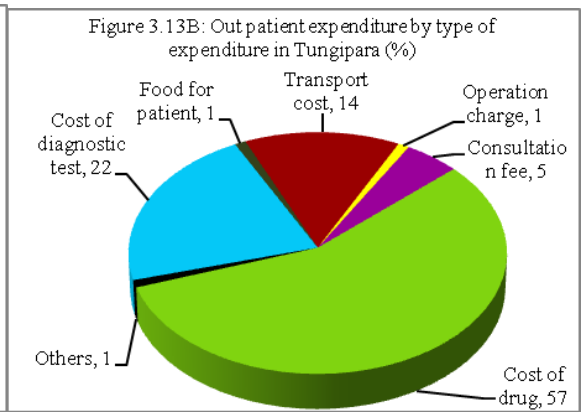
suggest (57%) of surveyed availed

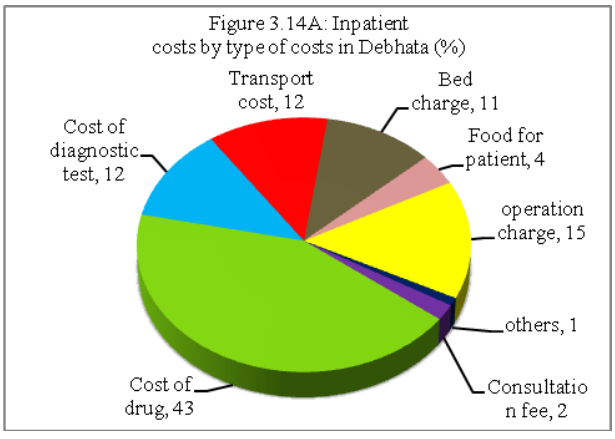
Health major

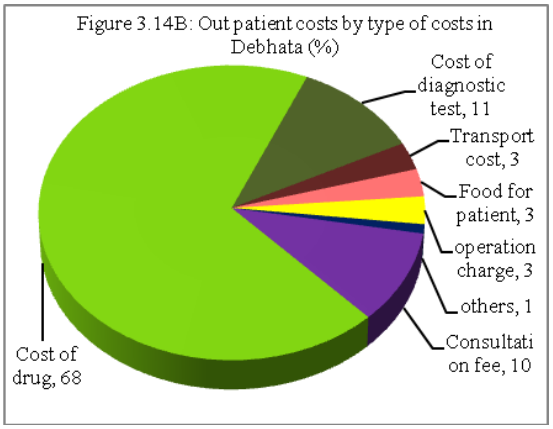
(9%), analysis health

In Tungipara, out of total health care expenditure for accessing inpatient care, 63% of expenditure was for drugs and 16% for diagnostic tests (Figure 3.11). In case of outpatient care, the proportion of total costs spent for drugs was 57%, while costs for lab tests accounted for 22% of total health care expenditure. Findings from Debhata and Rangunia also suggest the same. In all the areas, drug costs constituted the major share in total health care expenditure, followed by costs for diagnostic tests and transport costs (Figure 3.13A-B and 3.14A-B).





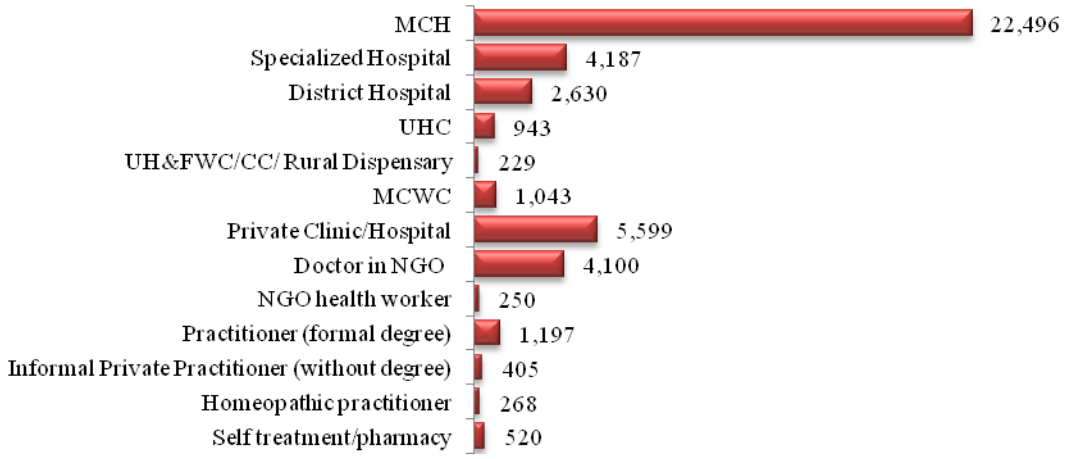




Health Care Expenditure by Provider

There remained considerable variation in the average health care expenditure by type of service provider. The estimated health care expenditure in public health facilities is Tk. 2,095 while in private health the same is Tk. 1,295 (annex table 3.27). Under public health facilities average health care expenditure was five times higher in medical college hospitals as compared to specialized hospital, and the higher expenditure was due to high medicine costs, laboratory tests and fees for hospital beds. Estimate shows that patient spentTk.943 in UHC and Tk. 229 in UH&FWC (Figure 3.15).

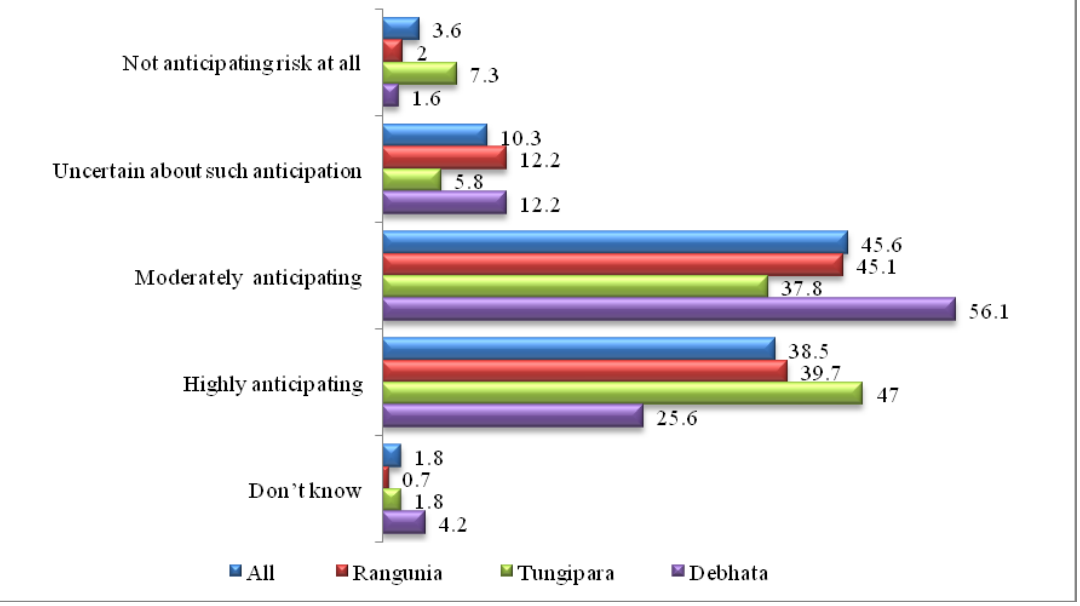
Figure 3.15: Health Care Expenditure by Major Service Provider



3.3.6 General Attitude and Practice about Health Risk

Households were asked whether they perceive that any of the family members may become sick at any time, and whether they consider this as a 'risk'. It was found that a large proportion of the people do not anticipate 'health problem' as a 'risk' at all, and are uncertain about such anticipation or do not know about this.

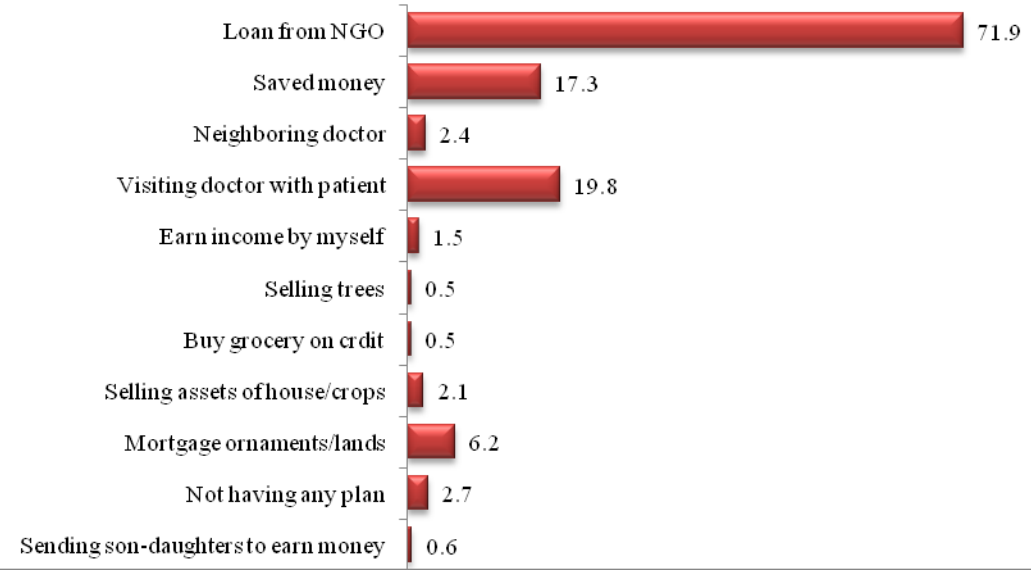
Figure 3.16: Household perception about health problem as risk (%)



Estimates shows that about 15% households does not consider health problem as a risk (no anticipation and uncertain about such anticipation). About 46% households reported moderate anticipation and 56% households reported high anticipation in such case (Figure 3.16). Among those who highly anticipated the uncertainty regarding sickness as a 'risk', 24% were poorest in Rangunia, 8% in Tungipara and 22% in Debhata (annex table 3.30).

Respondents were asked how they would meet the health care expenditure, which is often catastrophic in nature, in case the main wage earner of the family becomes severely ill. Large proportion of the respondents in all the surveyed Upazilas suggested that in the absence of regular household income, they would borrow money from NGOs (72%), will use their savings (17.3%) or will adopt various types of distress sale to meet the health care expenditure of the person (Figure 3.17).

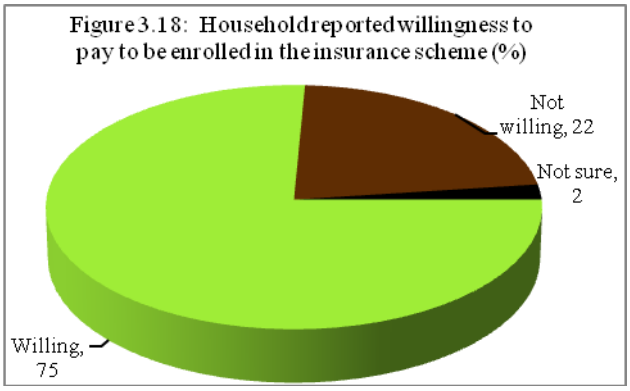
Figure 3.17: Major coping strategies with health risk if main wage earner becomes severely ill (%)



3.3.7 Willingness to Pay

Willingness to pay was assessed by asking the maximum amount of money the households were eager to pay as premium for the insurance scheme. As the concepts of 'premium' and 'insurance' were not common among the surveyed households (which became apparent during the pretest of questionnaire), an idea of insurance-based health care system was explained in brief prior to the interview.

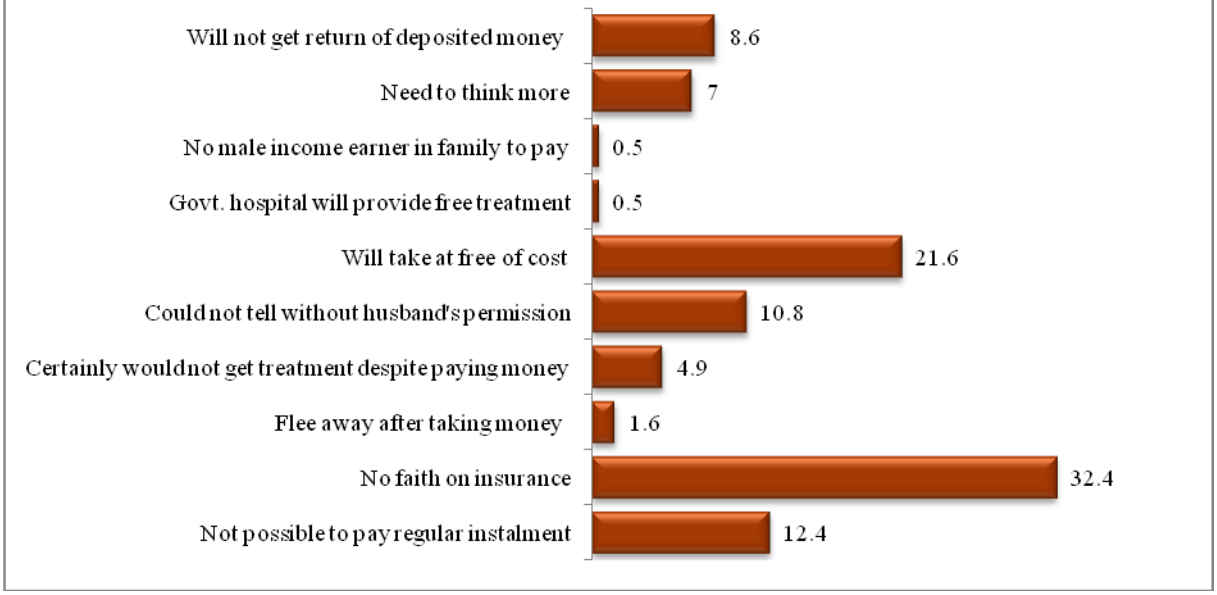
Figure 3.18: Household reported willingness to pay to be enrolled in the insurance scheme (%)



Among the 844 households surveyed, 75% was willing to accept the insurance scheme (Figure 3.18). It was found that majority of the respondents, who were willing to accept the scheme, preferred to have free consultation, diagnostic facilities, in-patient care, surgical facilities, transportation costs for referral and preventive care to be included in the benefit package. They suggested that the benefit package should

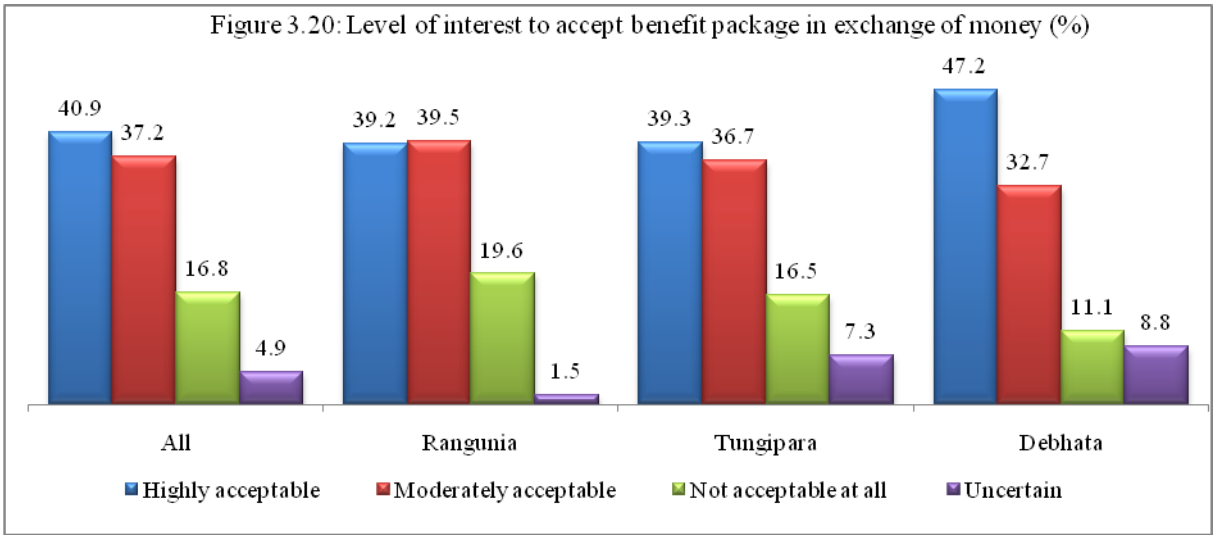
include care for maternal and reproductive health, limited curative care, services for infectious diseases, STI/STDs and non-communicable disease. However, a considerable proportion (23%) of the respondents was not willing to accept the scheme, and 2% was not sure about their decision (Figure 3.18). The major reasons remained the financial hardship to pay the premium regularly and mistrust about such initiative. Some respondents also claimed that it is government's responsibility to provide free services to them, and therefore denied to be enrolled in any insurance scheme (Figure3.19).

Figure 3.19: Reasons regarding Unacceptability to Join Insurance Scheme (%)



In three pilot Upazilas about 41% households reported high acceptability of benefit package under health insurance while 37% households reported moderate acceptability. About 17% households were found no favorable to such benefit scheme. Spatial analysis shows comfortable scenario regarding acceptability of health insurance scheme (Figure 3.20).

Figure 3.20: Level of interest to accept benefit package in exchange of money (%)

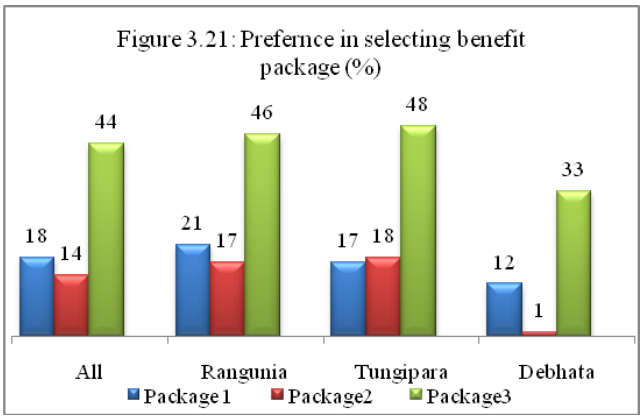


In Rangunia, those who were not eager to be enrolled in the scheme, 36% was the poorest and 39% was poor. Those who showed interest to accept the package, only 18% of them were the poorest (annex table 3.32)

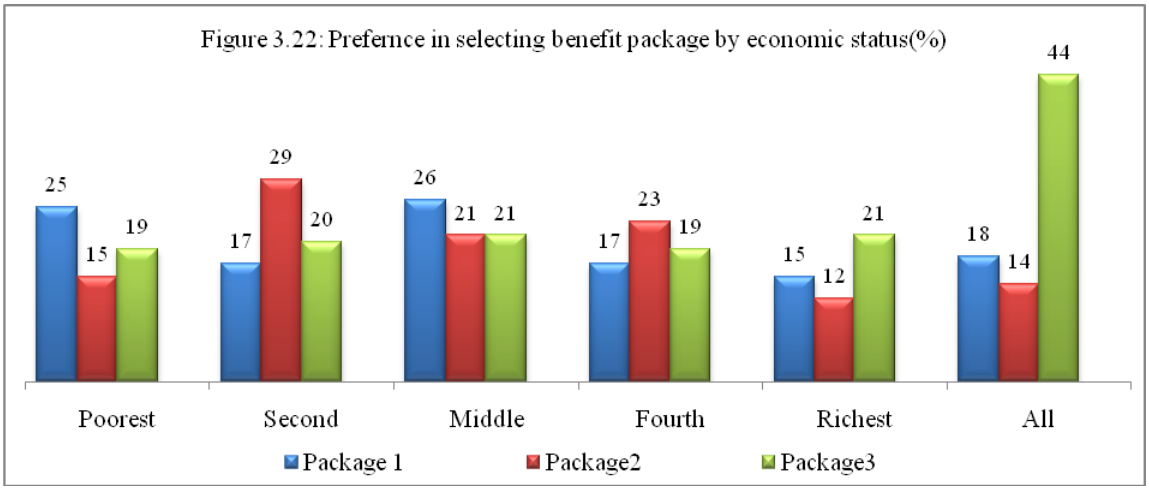
The study proposed three alternative packages of health care to the respondents, and asked to state which package do they prefer and what would be the maximum amount they would be willing to pay for their households for each package as annual premium. The packages were shown in box as follows:

Box 3.4: Proposed package of health care	
Type of package	**Description of package**
Package 1	Consultation fee, diagnostic fees, drugs, immunisation
Package 2	Consultation fee, diagnostic fees, drugs, immunisation, inpatient cost, transportation costs for referred cases
Package 3	Consultation fee, diagnostic fees, drugs, immunisation, inpatient cost, transportation costs for referred cases and surgery cost

Benefit package-3 was preferred by 44% households in three Upazilas. Surprisingly package-2 was preferredover package-1 (Figure 3.21). It was evident that in Rangunia and Tungipara, majority of the respondents (46% and 48% respectively), who were willing to be enrolled in the benefit package, preferred package 3, while in Debhata, 33% of the respondents expressed their willingness to be enrolled in the scheme for package 3.



In all the three areas, package 3 was generally preferred by the richer income groups. However, for the other two packages, the preference did not vary among the income groups (Figure 3.22). However; it is also observed some sort of inconsistency in the preference pattern among different economic strata. The usual preference pattern will be such where package 2 will be preferred over package 1 and package 3 will be preferred over package 2.



The average amounts of money people are willing to pay for different packages are presented in Table 3.10. For ease of data collection on willingness to pay, the amount of premium for

health insurance scheme for a month was collected. In three Upazilas as a whole, estimate shows that households expressed their willingness to pay Tk. 634 as premium per annum for package-1 and Tk. 1,063 and Tk. 1,064 for package-2 and 3 respectively. Similar estimates by economic status shows amount of premium for the poorest households are found more compared to the richest section of the society. For most preferred benefit package (package-3), an average households expressed willingness to pay for annual insurance premium at Tk. 1,064 while the poorest expressed their willingness to pay at Tk. 1,836 and the richest expressed their willingness to pay at Tk.1,236. It is worth noting that about 34.5% households expressed their willingness to pay for package-3 while 14% and 11% expressed the same for package 1 and 2 respectively. Among the poorest households, 33% households expressed their willingness to pay for package-3 while 17% and 8% expressed the same for package 1 and 2 respectively. For the richest households, 37% households expressed their willingness to pay for package-3 while 11% and 7% expressed the same for package 1 and 2 respectively.

Table 3.10: Distribution of respondents by their willingness to pay of average amount of money per month by packages

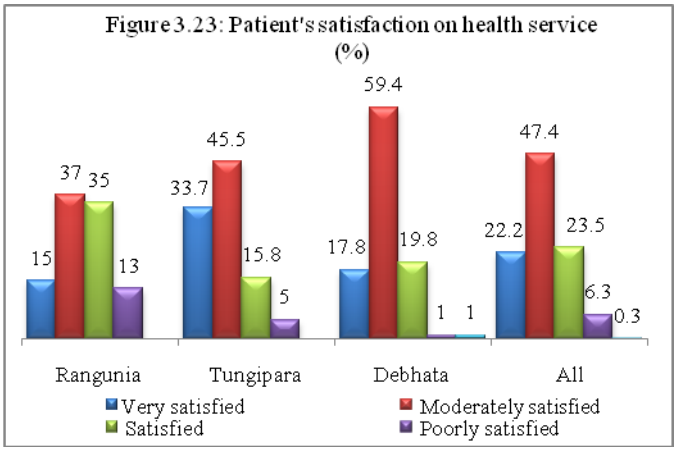
Wealth Quintile	Amount of premiumby benefit packages(in Tk.)		
	Premium for Package 1	Premium for Package 2	Premium for Package 3
All Upazilas			
Poorest	71.9	83.6	153.4
Second	49.5	125.6	75.5
Middle	34.4	82.1	68.4
Fourth	39.0	57.1	45.4
Richest	73.3	78.6	103.1
All	52.8	88.6	88.7
Rangunia			
Poorest	51.4	78.2	107.3
Second	35.8	78.9	123.1
Middle	37.5	112.5	97.3
Fourth	64.4	57.5	77.0
Richest	78.6	133.3	125.5
Tungipara			
Poorest	155.0	150.0	303.3
Second	84.2	230.6	29.2
Middle	33.5	59.0	34.2
Fourth	12.1	56.7	35.5
Richest	102.5	58.1	84.0
Debhata			
Poorest	18.75	10.00	49.57
Second	20.00	-	46.67
Middle	18.33	70.00	17.14
Fourth	28.75	-	17.67
Richest	31.00	-	82.46

The willingness to pay for all the packages was lowest in Debhata. The poorest income group was willing to pay only Tk. 10 per month for their family for package-2,Tk. 18.7 for package-1 and Tk. 24 for package-3. It was found that in Rangunia and Debhata, poor people are generally willing to pay fewer amounts as compared to their richer counterpart. However, in Tungipara, the average amount of money that poor people are willing to pay for package 2 and 3 were higher than their richer counterpart.

3.3.8 Patient's Satisfaction

An exit client survey was carried out to assess the patients' satisfaction on various services provided at Upazila Health Complex (UHC), Union Health & Family Welfare Centre (UH&FWC) and Community Clinics (CC). A total of 300 patients, taking 100 patients from each Upazila, were asked to state their level of satisfaction in terms of a number of issues including behaviour of doctors and other staff and their competencies, time spent by the service providers, availability of doctors and drugs, arrangement for patient waiting, and facility cleanliness. The total number of indicators is twenty which are provided in Box 3.5. A scale with five levels *"very satisfied, moderately satisfied, satisfied,poorly satisfied and not satisfied"* were used in satisfaction assessment by patients at different health facilities. It was a bit difficult to collect such data from patients because of their business and unwillingness to take part in such data collection process. However, the research team tried to put their highest effort to convince the exit patients in the survey. In all three Upazila as a whole estimates shows that most of the patients expressed their satisfaction on health services provided at different health facilities namely UHC, UH&FWC and CC.A very few households in these area expressed their dissatisfaction regarding health services they received.Majority of the patients expressed their satisfaction in terms of competencies of the doctors while 7.3% of them were poorly satisfied or were not satisfied at all and though that doctors in the public facilities at primary level were not competent enough. However, 44% of the patients in Rangunia and 23% in Tungipara were poorly satisfied or not satisfied at all as they thought that doctors did not give enough time for examining them.

Box 3.5: Indicators used for assessing patient's satisfaction
1. Dealings of clinic staff with patient
2. Behaviour of the doctor(s) with patient
3. Behaviour of service providers with patient
4. Skill/competency of service providers
5. Time spent by the service providers in taking history of patient illness
6. Time spent for examination of patient
7. Maintained privacy during examination of patient
8. Availability of doctor
9. Arrangement for patient waiting room/space
10. Arrangement of separate space for female patient
11. Waiting time for consultation
12. Cleanliness of facility premises
13. Cleanliness of toilet
14. Availability of medicine
15. Convenience of current timing of service delivery
16. Location of service delivery point
17. Counseling session for the patient/guardians
18. Regular visit to indoor patients by treating doctors
19. Nursing care of indoor patients
20. Food supply to indoor patients



In all the three Upazilas, majority of the clients were satisfied in terms of availability of drugs. However, 36% of the exit clients in Rangunia, and 28% expressed their dissatisfaction for unavailability of drugs in the public facilities. The study used a number of other indicators to assess client satisfaction. It was found that a considerable proportion of the clients were not satisfied about the arrangement for patient waiting room and room for women patient, the waiting time for consultation and the cleanliness of the complex and toilets. The detail findings by indicators and location are presented in annex table 3.28.

Chapter 4
CONCLUSION AND RECOMMENDATION

Key Findings

The study conducted through a socio-economic assessment has successfully identified the poor in three SSK pilot Upazillas. It has also assessed the health seeking behaviour, patient satisfaction, health expenses and willingness to pay for health services. In line with the objectives, identification of BPL households has been made in sample villages and *mahallahs* of the three upazilas employing a comprehensive list of poverty identification criteria (comprising 21 indicators) prepared on the basis of eligibility criteria used for targeting major social safety net programmes. The identification exercise administered census of households in the sample villages and *mahallahs,* and that yielded a complete classification of households into two major categories: (i) BPL households, (ii) above-PL households including contextual rich households. As concluded, about 41% households fall below poverty line satisfying at least 3 out of 21 indicators. The findings have been complemented by drawing the upper poverty line (applying CBN method) applicable for each of the Upazilas using household census data. National poverty scenario constructed using wealth index method and disaggregated by districts also reveals similar proportion of BPL households.

Verification of existing SSN beneficiary household shows that about 7% households do not comply with any one of the identification indicators (contextual rich), about 67% current SSN beneficiaries are BPL households and about 26% households are in between.

Regarding suffering from diseases during last 3 months suffering from fever has been mentioned by more than one third of them, and respiratory illness including ARI and diarrhoea are next two. Among others, pelvic pain, gastric ulcer, headache, joint pain, and low blood pressure are more prevalent.

About 37% reported that at least one of household members has suffered from fever during last 3 months in 3 pilot Upazilas taken together. The reported incidences of three major illnesses (fever, ARI and diarrhea) are highest in Rangunia (43%, 11% and 7% respectively). ARI, diarrhoea, helminthiasis, scabies and malnutrition are most prevalent among the under 5 children and common cold, enteric fever, dysentery, peptic ulcer, hypertension, diabetes, and asthma and skin diseases are most common in adults. Menstrual disorder, leukorrhoea (white discharge), delivery complications, back pain, urinary tract infection and anemia among women.

People mostly prefer going for self treatment or pharmacy (23%), formal private practitioner (21%), and Upazila Health Complex (19%). The frequency of visiting service provider depends on the distance from the facility or service provider and household's ability to pay for the service. The pattern of visiting UHC for services from qualified providers slightly vary by locations; around 17% in Debhata and Rangunia, and 23% in Tungipara. Reported instances of availing health service from District Hospitals and above is low and varies between 3% and 7% in different Upazilas. Instances of receiving service in private clinics have been reported to be comparatively higher (ranging from 8% to 14%).

Among those who go for treatment to Upazila Health Complex (UHC), a substantial large majority (92%) go for receiving out-patient medical services (ranging between 86% in

Debhata and 96% in Rangunia) and only a few avail in-patient services. Across the Upazilas people use to seek health care services from qualified providers when they are severely ill. About 42% in Debhata, 33% in Rangunia and 94% in Tungipara reported the same. The people of Tungipara are more reluctant as well as less capable to go for treatment at early stage of disease.

Almost all households give equal preference to all members irrespective of age, and rest of them (only a few) attach more preference to children for health care. They also give equal preference to male and female. Only 10% to 15% give preference to sex where males are predominant. Status of birth preparedness is very poor and only one-third to half of them has done 'identification of appropriate birth location'.

The most commonly reported three reasons for not availing services from public sector health facilities in all the three Upazilas are: (i) long distance from home (Odds ratio = 25.7) (ii) non-availability of free medicine (Odds ratio = 20.4), and (iii) doctors are not examining properly (Odds ratio = 15.5).

The average amount of health care expenditure per household is Tk. 1,521.5 during last three months preceding survey. Across the Upazilas the average health care expenditure varies considerably by economic status. Absolute amount of health care expenditure is lower among the households in poorest quintile (Tk. 686) as compared to the higher wealth quintile (Tk. 2,795). In Rangunia, the richest quintile spends 3.5 times higher compared to poorest. In Tungipara, the difference is about 4 times and in Debhata it is almost two times.

The expenditure on drugs and diagnostic test constitutes the major share (57% and 20%) of total health care expenditure. On average, a service seeker spends Tk. 861 for purchasing medicines out of total treatment cost (Tk. 1,736). The total treatment cost substantially varies by facility, from Tk. 520 for self treatment, Tk. 943 in UHC and Tk. 22,496 in Medical College Hospital.

About 75% of the households are willing to accept the insurance scheme. Majority of those (44%) who were willing to accept the scheme, preferred to have free consultation, diagnostic facilities, inpatient care, surgical facilities, transportation costs for referral and preventive care to be included in the benefit package (Benefit Package-3) .

Recommendations

The study team recommends the followings for proper identification of the poor and successful implementation of the health financing pilot in selected areas.

1. The eligible poor for SSK scheme should be those satisfying any of the 4 criteria which includes (i) main earning person or head of family is a casual day laborer, (ii) landless household owning homestead only and no other land, (iii) household have no permanent income source, and (iv) household does not have regular income.
2. Regarding issuance of SSK benefit card, maintenance and up-gradation of the data base during rolling-out stage a joint team comprising SSK officials, LGI representatives and consultants should be engaged for preparing the comprehensive beneficiary list containing names and appropriate identification (including photograph) of all members of BPL households. The group should issue individual SSK benefit card to each and every members of BPL households.
3. Proposed joint-team will visit every village and*mahalla* of respective Upazila to prepare list of beneficiary with comprehensive information to issue SSK benefit card. There will

be a mechanism for incorporating new members in or out from households at Unions or Ward level.

4. Interaction with poor reveals apprehension of bias without involvement of third party in poor identification. The main reason for proposing inclusion of consultant is to prepare an un-biased comprehensive list of beneficiaries. The consultant should train the respective SSK staff so that during the scaling-up period the identification of BPL households can be continued in an un-biased manner, data base is maintained as well as up-graded and SSK benefit cards are regularly issued.
5. Deployment of more number of doctors and other service providers and ensuring regular presence would lead to reduce waiting time.
6. Adequate supply of medicine and improved quality of care are necessary for optimal utilization of public health facilities.
7. The benefit package should cover consultation fee, diagnostic fees, drugs, immunization, inpatient cost, transportation costs for referred cases and surgery cost (Package 3).

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Annex-1
Data Tables

Table 3.1: Distribution Benefit Recipient Households by Poverty Identification Criteria by Upazilas

Poverty Identification Criteria	Debhata	Rangunia	Tungipara	All
Landless household type 1(no homestead, no other land)	5.3	9.1	4.9	5.9
Landless household type 2 (homestead only and other land)	69.2	67.6	44.5	58.1
Landless household type 3 (all type of land ownership less than 15 decimal)	6.4	12.5	6.1	7.4
Landless household type 4 (land ownership including homestead less than 50 decimal)	5.3	1.4	19.2	10.7
Household living on other's homestead'	7.2	3.4	3.5	4.9
Pavement dwellers'	3.4	0.3	0.3	1.5
Household does not have regular income'	53.2	18.2	61.0	50.0
Main earning person or the head of family is a casual day laborer'	69.0	47.6	60.3	61.1
Household frequently does not able to have 3 meals a day (Extreme food insecure)'	4.6	1.0	11.8	7.1
Household headed by disable person'	2.2	0.3	1.7	1.7
Household headed by a female'	12.4	8.4	9.8	10.5
Household headed by an elderly (65+ year) person'	11.5	17.2	13.4	13.4
Household residing in a rented premise lesser than 200 sq feet'	--	--	0.7	0.3
Household have no permanent income source'	51.1	33.8	56.2	50.1
Household having very poor condition of homestead'	9.0	5.1	9.3	8.4
Household head is an widow'	6.4	14.2	10.2	9.5
Household head is a deserted women'	4.3	0.3	1.3	2.2
Household head is a destitute women'	4.6	0.7	1.6	2.6
Household having no male earning members'	6.9	1.0	7.7	6.1
Household having extremely low and irregular income (less than Tk. 2500 per month)'	7.2	3.7	1.2	3.9
Household head is a disabled freedom fighter'	0.3	--	0.6	0.4
Not Applicable	5.2	5.7	9.6	7.2
N	581	296	687	1564

Table 3.2: Distribution of Households by Compliance of Poverty Identification Criteria by Upazilas

Poverty Identification Criteria	Debhata	Rangunia	Tungipara	All
Landless household type 1(no homestead, no other land)'	5.1	5.0	4.3	4.8
Landless household type 2 (homestead only and other land)'	46.8	47.9	35.3	44.2
Landless household type 3 (all type of land ownership less than 15 decimal)'	6.3	9.6	6.0	7.6
Landless household type 4 (land ownership including homestead less than 50 decimal)'	5.3	4.0	12.8	6.7
Household living on other's homestead'	5.8	4.3	2.9	4.4
Pavement dwellers'	2.9	0.2	0.2	1.0
Household does not have regular income'	37.2	6.0	47.5	26.4
Main earning person or the head of family is a casual day laborer'	49.3	37.2	53.1	45.1
Household frequently does not able to have 3 meals a day (Extreme food insecure)'	3.1	1.5	8.8	4.0
Household headed by disable person'	1.1	0.2	0.5	0.5
Household headed by a female'	4.3	3.3	2.8	3.4
Household headed by an elderly (65+ year) person'	2.9	3.6	4.4	3.6
Household residing in a rented premise lesser than 200 sq feet'	0.2	0.1	0.7	0.3
Household have no permanent income source'	35.8	17.1	39.9	28.8
Household having very poor condition of homestead'	5.1	11.5	4.4	7.7
Household head is an widow'	2.2	2.1	3.1	2.4
Household head is a deserted women'	1.3	0.2	0.5	0.6

Household head is a destitute women'	1.1	0.2	0.7	0.6
Household having no male earning members'	1.9	0.3	2.2	1.3
Household having extremely low and irregular income (less than Tk. 2500 per month)'	5.3	1.3	0.6	2.3
Household head is a disabled freedom fighter'	0.3	0.1	0.2	0.2
Not Applicable	27.8	29.6	29.3	29.0
N	5453	8046	5006	18505

Table 3.3: Percentage distribution of households by selected characteristics in survey areas

Background characteristics		Upazila							
		Rangunia		Tungipara		Debhata		Total	
		%	#	%	#	%	#	%	#
Sex of the household head	Male	88.0	345	94.1	256	91.7	165	90.8	766
	Female	12.0	47	5.9	16	8.3	15	9.2	78
Age	35-39	18.7	58	19.2	41	21.4	30	19.5	129
	40-44	16.5	51	17.8	38	15.0	21	16.6	110
	45-49	16.5	51	16.0	34	17.1	24	16.4	109
	50-54	17.7	55	12.7	27	16.4	23	15.8	105
	55-59	9.4	29	11.7	25	7.9	11	9.8	65
	60-64	8.7	27	10.8	23	8.6	12	9.4	62
	65+	12.6	39	11.7	25	13.6	19	12.5	83
	Mean	392	44.9	272	44.3	180	44.5	844	44.6
	Median	45.0	392	42.5	272	43.5	180	45.0	844
Marital status	Married	91.1	357	93.4	254	91.7	165	91.9	776
	Unmarried	1.5	6	1.1	3	1.1	2	1.3	11
	Widow/Widower	6.6	26	4.8	13	5.6	10	5.8	49
	Divorced/Abandoned/Separated etc.	0.8	3	0.7	2	1.7	3	0.9	8
	Others	--	--	--	--	--	--	--	--
Education of household heads	No education	40.3	158	26.1	71	48.3	87	37.4	316
	Incomplete Primary	18.1	71	28.7	78	16.1	29	21.1	178
	Primary	7.9	31	10.3	28	8.9	16	8.9	75
	Class VI-IX	17.3	68	20.6	56	20.0	36	19.0	160
	SSC	7.1	28	7.4	20	3.9	7	6.5	55
	HSC	3.6	14	2.2	6	2.2	4	2.8	24
	HSC+	5.4	21	3.3	9	0.6	1	3.7	31
	Madrassa (Qaumi)	0.3	1	1.5	4	--	--	0.6	5
Number of household members	1	--	--	--	--	--	--	--	--
	2-3	18.6	73	13.6	37	27.2	49	18.8	159
	4-5	48.5	190	52.9	144	53.3	96	50.9	430
	6-7	24.5	96	25.7	70	16.7	30	23.2	196
	8-9	6.9	27	7.0	19	1.7	3	5.8	49
	10+	1.5	6	0.7	2	1.1	2	1.2	10
	Mean	5.0	392	5.0	272	4.4	180	4.9	844
Religion	Islam	86.2	338	78.3	213	86.1	155	83.6	706
	Hindu	9.9	39	21.7	59	13.9	25	14.6	123
	Christian	--	--	--	--	--	--	--	--
	Buddhist	3.8	15	--	--	--	--	1.8	15
	Others	--	--	--	--	--	--	--	--
Wealth index quintiles	Poorest	25.5	100	11.0	30	21.1	38	19.9	168
	Second	25.5	100	20.6	56	8.3	15	20.3	171
	Middle	19.6	77	24.6	67	15.6	28	20.4	172
	Fourth	15.3	60	21.7	59	25.0	45	19.4	164
	Richest	14.0	55	22.1	60	30.0	54	20.0	169
Total		100.0	392	100.0	272	100.0	180	100.0	844

Table 3.4: Per cent distribution of household population by age and sex

Background characteristics			Upazila							
			Rangunia		Tungipara		Debhata		All	
			%	#	%	#	%	#	%	#
Sex of the household members	Male		51.3	1008	50.3	692	49.6	396	50.6	2096
	Female		48.7	958	49.7	684	50.4	403	49.4	2045
Age of the household members	0-4		8.6	169	9.9	136	8.5	68	9.0	373
	5-9		11.7	230	13.9	191	9.8	78	12.1	499
	10-14		13.9	273	13.2	182	9.4	75	12.8	530
	15-19		11.2	220	10.8	148	9.5	76	10.7	444
	20-24		9.1	179	8.6	119	9.4	75	9.0	373
	25-29		9.3	183	7.7	106	9.1	73	8.7	362
	30-34		6.3	123	6.9	95	6.8	54	6.6	272
	35-39		7.2	141	5.5	76	9.1	73	7.0	290
	40-44		5.1	101	4.7	64	5.1	41	5.0	206
	45-49		5.4	106	5.2	71	6.0	48	5.4	225
	50-54		4.1	80	3.6	49	5.3	42	4.1	171
	55-59		2.2	44	3.0	41	3.3	26	2.7	111
	60-64		2.4	48	2.8	39	3.3	26	2.7	113
	65-69		1.3	25	1.5	21	2.3	18	1.5	64
	70+		2.2	44	2.8	38	3.3	26	2.6	108
	Mean		25.3	1966	25.1	1376	28.6	799	25.9	4141
	Median		22.0	1966	20.0	1376	25.0	799	22.0	4141
Education of household members	No education		30.0	590	24.9	343	35.4	283	29.4	1216
	Incomplete Primary		26.7	524	30.5	420	21.3	170	26.9	1114
	Primary		8.5	167	8.6	119	8.9	71	8.6	357
	Class VI-IX		21.0	413	24.5	337	25.3	202	23.0	952
	SSC		6.1	120	4.7	65	3.9	31	5.2	216
	HSC		3.1	61	2.1	29	2.3	18	2.6	108
	HSC+		3.7	73	2.8	39	2.4	19	3.2	131
	Madrassa (Qaumi)		0.9	18	1.7	24	0.6	5	1.1	47
Marital Status	Married		44.8	880	44.0	605	51.7	413	45.8	1898
	Unmarried		51.9	1020	51.4	707	41.9	335	49.8	2062
	Widow/Widower		3.0	58	4.0	55	5.1	41	3.7	154
	Divorced/Abandoned/Separated etc.		0.4	8	0.7	9	1.3	10	0.7	27
	Others		--	--	--	--	--	--	--	--
Age groups	<15	Male	17.2	338	18.5	254	13.3	106	16.9	698
		Female	17.0	334	18.5	255	14.4	115	17.0	704
	15-64	Male	31.9	627	29.2	402	33.5	268	31.3	1297
		Female	30.4	598	29.5	406	33.3	266	30.7	1270
	65+	Male	2.2	43	2.6	36	2.8	22	2.4	101
		Female	1.3	26	1.7	23	2.8	22	1.7	71
	Children aged 0-17		40.8	802	43.1	593	33.2	265	40.1	1660
	Adults 18+		59.2	1164	56.9	783	66.8	534	59.9	2481
Total			100.0	1966	100.0	1376	100.0	799	100.0	4141

Table 3.5: Percentage distribution of the surveyed population by occupation

Background characteristics		Occupation									
		House wife	Professional/ Technical	Business	Homebased manufacturing	Service/ emi -skilled labou	Unskilled labour	Farmer/ Agriculture labour	Domestic servant	Others	Unemployed
Sex	Male	1.2	92.9	97.7	60.0	88.2	91.7	7.7	96.4	49.6	48.3
	Female	98.8	7.1	2.3	40.0	11.8	8.3	92.3	3.6	50.4	51.7
Age	<10	0.5	3.6	--	--	0.4	0.3	--	1.2	47.3	1.7
	10-14	0.1	1.8	--	--	2.3	2.8	--	0.8	27.4	11.7
	15-19	5.0	8.9	5.4	12.0	10.3	11.3	7.7	5.2	12.7	50.0
	20-24	14.3	10.7	9.3	16.0	17.9	9.9	15.4	8.0	3.7	22.5
	25-29	19.0	28.6	13.9	4.0	15.3	12.2	--	9.6	0.4	6.7
	30-34	12.2	10.7	12.0	8.0	13.0	13.0	15.4	9.6	0.2	2.5
	35-39	13.6	10.7	17.0	28.0	9.5	14.4	15.4	8.4	--	--
	40-44	9.1	7.1	8.9	--	7.6	12.4	--	9.2	0.1	--
	45-49	11.3	3.6	10.0	8.0	8.0	8.0	23.1	11.6	--	1.7
	50-54	6.2	10.7	8.5	8.0	6.9	6.9	7.7	11.6	0.4	--
	55-59	3.9	--	7.3	4.0	4.6	1.9	15.4	9.2	0.4	0.8
	60+	4.8	3.6	7.7	12.0	4.2	6.9	--	15.9	7.4	2.5
Upazila	Rangunia	47.7	58.9	51.7	56.0	50.8	51.4	30.8	27.9	47.2	58.3
	Tungipara	30.9	25.0	27.4	16.0	32.8	22.1	38.5	51.0	36.1	25.8
	Debhata	21.4	16.1	20.8	28.0	16.4	26.5	30.8	21.1	16.8	15.8
Education	No education	29.4	19.6	15.8	12.0	13.4	41.7	53.8	35.1	31.7	15.0
	Incomplete primary	20.9	30.4	19.3	28.0	12.2	29.8	23.1	24.7	33.7	15.8
	Primary	13.1	12.5	11.2	16.0	8.8	11.0	7.7	9.2	4.4	18.3
	VI-IX	27.3	30.4	32.4	40.0	21.4	15.2	7.7	21.9	19.9	38.3
	SSC	5.3	--	10.4		14.5	1.4	7.7	6.4	3.7	8.3
	HSC	2.3	3.6	4.2	4.0	8.8	0.3	--	1.2	2.3	1.7
	HSC+	1.4	1.8	5.8	--	17.2	0.3	--	0.8	2.8	2.5
	Madrassa (Qaumi)	0.2	1.8	0.8	--	3.8	0.3	--	0.8	1.6	--
Wealth index quintiles	Poorest	16.9	16.1	10.0	16.0	11.5	36.2	15.4	11.2	18.5	20.8
	Second	20.4	25.0	18.5	20.0	17.2	22.1	46.2	17.5	19.5	22.5
	Middle	21.0	10.7	19.7	28.0	20.2	15.7	--	28.3	21.3	21.7
	Fourth	19.7	17.9	21.6	32.0	24.8	16.0	23.1	21.1	19.9	19.2
	Richest	21.9	30.4	30.1	4.0	26.3	9.9	15.4	21.9	20.8	15.8
Total		980	56	259	25	262	362	13	251	1813	120

Table 3.6: Percentage distribution of respondents by background characteristics

Background characteristics		Upazila							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Sex of the respondents	Male	30.6	120	32.4	88	37.8	68	32.7	276
	Female	69.4	272	67.6	184	62.2	112	67.3	568
Age	15-19	2.3	9	3.3	9	3.9	7	3.0	25
	20-24	11.7	46	6.3	17	10.6	19	9.7	82
	25-29	14.5	57	16.9	46	15.0	27	15.4	130
	30-34	12.5	49	19.5	53	12.8	23	14.8	125
	35-39	17.9	70	12.1	33	20.0	36	16.5	139
	40-44	10.2	40	8.1	22	7.2	13	8.9	75
	45-49	10.7	42	12.9	35	7.8	14	10.8	91
	50-54	8.2	32	7.4	20	5.6	10	7.3	62
	55-59	4.1	16	4.0	11	5.6	10	4.4	37
	60-64	3.6	14	4.4	12	6.1	11	4.4	37
	65+	4.3	17	5.1	14	5.6	10	4.9	41

Background characteristics		Upazila							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Marital status	Married	88.3	346	90.4	246	86.7	156	88.6	748
	Unmarried	5.1	20	3.3	9	7.8	14	5.1	43
	Widow/Widower	5.9	23	5.5	15	3.9	7	5.3	45
	Divorced/Abandoned/Separated etc.	0.8	3	0.7	2	1.7	3	0.9	8
	Others	--	--	--	--	--	--	--	--
Education	No education	37.0	145	20.7	56	34.6	62	31.2	263
	Incomplete Primary	16.8	66	28.4	77	17.9	32	20.8	175
	Primary	8.9	35	13.3	36	11.2	20	10.8	91
	Class VI-IX	21.4	84	26.6	72	26.3	47	24.1	203
	SSC	7.9	31	6.6	18	3.9	7	6.7	56
	HSC	3.6	14	1.5	4	3.4	6	2.9	24
	HSC+	3.8	15	2.2	6	2.8	5	3.1	26
	Madrassa (Qaumi)	0.5	2	0.7	2	--	--	0.5	4
Religion	Islam	86.2	338	78.3	213	86.1	155	83.6	706
	Hindu	9.9	39	21.7	59	13.9	25	14.6	123
	Christian	--	--	--	--	--	--	--	--
	Buddhist	3.8	15	--	--	--	--	1.8	15
	Others	--	--	--	--	--	--	--	--
Wealth index quintiles	Poorest	25.5	100	11.0	30	21.1	38	19.9	168
	Second	25.5	100	20.6	56	8.3	15	20.3	171
	Middle	19.6	77	24.6	67	15.6	28	20.4	172
	Fourth	15.3	60	21.7	59	25.0	45	19.4	164
	Richest	14.0	55	22.1	60	30.0	54	20.0	169
Total		100.0	392	100.0	272	100.0	180	100.0	844

Table 3.7: Percentage distribution of overall household in three Upazilas population by age groups and sex

Age	Male		Female		All	
	%	#	%	#	%	#
0-4	9.2	192	8.9	181	9.0	373
5-9	11.7	245	12.4	254	12.1	499
10-14	12.5	261	13.2	269	12.8	530
15-19	11.2	234	10.3	210	10.7	444
20-24	9.1	191	8.9	182	9.0	373
25-29	7.6	160	9.9	202	8.7	362
30-34	6.4	135	6.7	137	6.6	272
35-39	6.8	142	7.2	148	7.0	290
40-44	5.1	106	4.9	100	5.0	206
45-49	5.2	108	5.7	117	5.4	225
50-54	4.7	98	3.6	73	4.1	171
55-59	3.1	65	2.2	46	2.7	111
60-64	2.8	58	2.7	55	2.7	113
65-69	1.9	39	1.2	25	1.5	64
70+	3.0	62	2.2	46	2.6	108
N	100.0	2096	100.0	2045	100.0	4141

Table 3.8:Percentage distribution of household population in Rangunia Upazila by age groups and sex

Age	Male		Female		All	
	%	#	%	#	%	#
0-4	8.5	86	8.7	83	8.6	169
5-9	11.8	119	11.6	111	11.7	230
10-14	13.2	133	14.6	140	13.9	273
15-19	11.5	116	10.9	104	11.2	220
20-24	8.9	90	9.3	89	9.1	179
25-29	8.6	87	10.0	96	9.3	183
30-34	6.5	66	5.9	57	6.3	123
35-39	6.3	64	8.0	77	7.2	141
40-44	4.9	49	5.4	52	5.1	101
45-49	5.3	53	5.5	53	5.4	106
50-54	5.1	51	3.0	29	4.1	80
55-59	2.9	29	1.6	15	2.2	44
60-64	2.2	22	2.7	26	2.4	48
65-69	1.5	15	1.0	10	1.3	25
70+	2.8	28	1.7	16	2.2	44
N	100.0	1008	100.0	958	100.0	1966

Table 3.9:Percentage distribution of household population in Tungipara Upazila by age groups and sex

Age	Male		Female		All	
	%	#	%	#	%	#
0-4	10.3	71	9.5	65	9.9	136
5-9	12.6	87	15.2	104	13.9	191
10-14	13.9	96	12.6	86	13.2	182
15-19	10.7	74	10.8	74	10.8	148
20-24	9.0	62	8.3	57	8.6	119
25-29	6.9	48	8.5	58	7.7	106
30-34	5.2	36	8.6	59	6.9	95
35-39	6.2	43	4.8	33	5.5	76
40-44	4.9	34	4.4	30	4.7	64
45-49	4.5	31	5.8	40	5.2	71
50-54	3.9	27	3.2	22	3.6	49
55-59	3.5	24	2.5	17	3.0	41
60-64	3.3	23	2.3	16	2.8	39
65-69	2.3	16	0.7	5	1.5	21
70+	2.9	20	2.6	18	2.8	38
N	100.0	692	100.0	684	100.0	1376

Table 3.10: Percentage distribution of household population in Tungipara Upazila by age groups and sex

Age	Male		Female		All	
	%	#	%	#	%	#
0-4	8.8	35	8.2	33	8.5	68
5-9	9.8	39	9.7	39	9.8	78
10-14	8.1	32	10.7	43	9.4	75
15-19	11.1	44	7.9	32	9.5	76
20-24	9.8	39	8.9	36	9.4	75
25-29	6.3	25	11.9	48	9.1	73
30-34	8.3	33	5.2	21	6.8	54
35-39	8.8	35	9.4	38	9.1	73
40-44	5.8	23	4.5	18	5.1	41
45-49	6.1	24	6.0	24	6.0	48
50-54	5.1	20	5.5	22	5.3	42

55-59	3.0	12	3.5	14	3.3	26
60-64	3.3	13	3.2	13	3.3	26
65-69	2.0	8	2.5	10	2.3	18
70+	3.5	14	3.0	12	3.3	26
N	100.0	396	100.0	403	100.0	799

Table 3.11: Percentage distribution of the survey households by physical infrastructure

Background characteristics		Upazila							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Roof	Cement (concrete)	3.1	12	1.8	5	6.1	11	3.3	28
	Tin sheet	93.6	367	96.0	261	38.3	69	82.6	697
	Tally	--	--	--	--	47.8	86	10.2	86
	Wood	--	--	0.4	1	--	--	0.1	1
	Bamboo	2.8	11	--	--	--	--	1.3	11
	Thatch/Sod/Leaf	0.5	2	1.5	4	7.8	14	2.4	20
	Plastic sheet/Polythene	--	--	0.4	1	--	--	0.1	1
Floor	Earth/sand	88.3	346	90.8	247	82.8	149	87.9	742
	Wood planks	2.6	10	2.2	6	0.6	1	2.0	17
	Palm/bamboo	2.0	8	--	--	--	--	0.9	8
	Polished wood	0.5	2	--	--	--	--	0.2	2
	Ceramic tiles/Mosaic	--	--	--	--	--	--	--	--
	Cement /Brick	6.6	26	7.0	19	16.7	30	8.9	75
Wall	Brick	9.2	36	5.1	14	42.2	76	14.9	126
	Tin sheet	8.4	33	72.4	197	6.1	11	28.6	241
	Dirt/Mud	36.7	144	0.4	1	45.6	82	26.9	227
	Bamboo	36.7	144	7.4	20	1.7	3	19.8	167
	Thatch/Sod/Leaf	2.8	11	12.9	35	2.2	4	5.9	50
	Plastic sheet/Polythene	6.1	24	0.7	2	0.6	1	3.2	27
	Wood	--	--	1.1	3	1.7	3	0.7	6

Table 3.12: Percentage distribution of the household members suffered from diseases/illness or problem in health conditions received medical care during last 3 months.

Background characteristics		Upazilas							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Sex of Patients/clients	Male	49.9	372	49.3	220	46.3	101	49.2	693
	Female	50.1	373	50.7	226	53.7	117	50.8	716
Age	0-4	14.4	107	12.8	57	15.1	33	14.0	197
	5-17	23.6	176	15.9	71	13.3	29	19.6	276
	18-59	52.1	388	59.0	263	59.6	130	55.4	781
	60+	9.9	74	12.3	55	11.9	26	11.0	155
	Mean	28.6	745	32.1	446	30.7	218	30.0	1409
	Median	28.0	745	30.0	446	30.0	218	30.0	1409
Type of diseases/Illness	Gastric ulcer	2.8	21	4.3	19	6.9	15	3.9	55
	Fever	42.8	319	30.9	138	28.0	61	36.8	518
	Toothache	0.7	5	1.6	7	1.8	4	1.1	16
	Joint pain	4.0	30	2.2	10	0.9	2	3.0	42
	Respiratory disease	11.1	83	7.0	31	9.2	20	9.5	134
	Diarrhoea	6.8	51	3.6	16	3.2	7	5.3	74
	Tumour/Cancer	0.3	2	0.4	2	1.4	3	0.5	7
	Backache	0.8	6	2.7	12	1.4	3	1.5	21
	Tonsillitis	0.9	7	1.1	5	4.1	9	1.5	21
	Headache	3.1	23	4.7	21	4.1	9	3.8	53
	Hypertensive disease	0.3	2	--	--	--	--	0.1	2
	Pelvic Pain	5.1	38	2.5	11	4.1	9	4.1	58
	Ischemic heart disease	4.0	30	4.0	18	3.7	8	4.0	56
	Malaria	0.8	6	--	--	--	--	0.4	6
	Disorders of nose	.3	2	1.6	7	--	--	0.6	9
	Dermatitis	.4	3	--	--	0.5	1	0.3	4
	Low blood pressure	2.0	15	3.8	17	3.7	8	2.8	40

Background characteristics		Upazilas							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
	Disorder of urinary symptom	.1	1	0.2	1	--	--	0.1	2
	Unspecified Jaundice	.7	5	0.9	4	--	--	0.6	9
	Disorder of kidney	.4	3	0.2	1	0.9	2	0.4	6
	Oedema	--	--	0.2	1	0.5	1	0.1	2
	Arthropathies in hand	1.2	9	2.5	11	5.0	11	2.2	31
	Diabetes mellitus	1.5	11	1.8	8	0.5	1	1.4	20
	Chicken Pox	.5	4	2.9	13	--	--	1.2	17
	Disorder of eyes	1.7	13	2.7	12	2.3	5	2.1	30
	Fracture in upper arm	.9	7	1.3	6	1.4	3	1.1	16
	Haemorrhoids	--	--	0.2	1	--	--	0.1	1
	Inflammatory diseases of female genital tract	0.1	1	0.7	3	1.8	4	0.6	8
	Scabies	0.5	4	0.2	1	0.9	2	0.5	7
	Open wound in lower leg	0.1	1	0.9	4	0.9	2	0.5	7
	Pulmonary tuberculosis	0.1	1	0.4	2	0.9	2	0.4	5
	Anaemia	1.6	12	2.5	11	1.4	3	1.8	26
	Injury to general organ	0.1	1	--	--	--	--	0.1	1
	Stomatitis	0.5	4	0.7	3	--	--	0.5	7
	Burn in lower leg	0.1	1	--	--	--	--	0.1	1
	Measles	0.5	4	0.4	2	--	--	0.4	6
	Epilepsy	0.3	2	--	--	--	--	0.1	2
	Pulmonary disorders	0.1	1	--	--	--	--	0.1	1
	Helminthiases	0.1	1	--	--	--	--	0.1	1
	Venereal diseases	0.1	1	0.4	2	1.4	3	0.4	6
	Liver diseases	0.1	1	0.2	1	--	--	0.1	2
	Gall stone	0.1	1	--	--	--	--	0.1	1
	Disorder of ear	0.3	2	0.4	2	0.9	2	0.4	6
	Haemiplegia	0.3	2	0.2	1	--	--	0.2	3
	Bronchial asthma	0.1	1	1.3	6	--	--	0.5	7
	Abortion	--	--	0.4	2	0.5	1	0.2	3
	Pneumonia	--	--	1.3	6	2.8	6	0.9	12
	Autism	--	--	--	--	0.5	1	0.1	1
	Disorder of bones	--	--	0.2	1	--	--	0.1	1
	Haematemesis (Blood vomiting)	0.5	4	0.9	4	--	--	0.6	8
	Dog bite	--	--	0.4	2	--	--	0.1	2
	General weakness	--	--	0.2	1	--	--	0.1	1
	Disorders related to pregnancy	--	--	1.3	6	--	--	0.4	6
	Anal fissure	--	--	0.2	1	--	--	0.1	1
	Delivery (Child-birth)	0.3	2	0.2	1	--	--	0.2	3
	Disorders of umbilicus	--	--	0.2	1	--	--	0.1	1
	Hernia	0.3	2	0.9	4	--	--	0.4	6
	Appendicitis	--	--	0.7	3	2.8	6	0.6	9
	Psychological problems	--	--	0.7	3	--	--	0.2	3
	Hydrocele	--	--	0.2	1	0.5	1	0.1	2
	Accident	--	--	--	--	1.4	3	0.2	3
Education of household head	No education	41.7	311	33.0	146	47.9	104	39.9	561
	Incomplete Primary	24.0	179	28.4	126	14.3	31	23.9	336
	Primary	9.3	69	7.9	35	13.4	29	9.5	133
	Class VI-IX	15.6	116	21.4	95	21.2	46	18.3	257
	SSC	4.4	33	3.6	16	1.8	4	3.8	53
	HSC	1.6	12	2.0	9	0.9	2	1.6	23
	HSC+	2.7	20	2.7	12	--	--	2.3	32
	Madrassa (Qaumi)	0.7	5	0.9	4	0.5	1	0.7	10
Wealth quintiles	Poorest	26.8	200	11.2	50	22.0	48	21.1	298
	Second	26.8	200	18.4	82	7.8	17	21.2	299
	Middle	18.0	134	21.7	97	11.5	25	18.2	256
	Fourth	14.9	111	25.1	112	27.5	60	20.1	283
	Richest	13.4	100	23.5	105	31.2	68	19.4	273
Total		100.0	745	100.0	446	100.0	218	100.0	1409

Table 3.13: Percentage distribution of the ill persons/clients who consulted to service providers/service delivery points when they became sick or had problem in health conditions during last 3 months at 3 Upazilas

Background characteristics		Self / pharmacy	Homeopathic practitioner	Informal Private Practitioner (modern medicine)	Formal Private Practitioner (medical graduate)	UH&FWC/SC/RD	UHC	District hospital	Maternal and Child Welfare Centre	Medical college hospital	Specialized hospital	Private clinic/hospital	NGO run Health Centre	NGO health worker	Other	All
Sex of Patient/Client	Male	52.3	57.9	45.7	49.0	37.9	48.7	50.0	100.0	45.5	45.8	47.1	--	100.0	60.0	49.2
	Female	47.7	42.1	54.3	51.0	62.1	51.3	50.0	--	54.5	54.2	52.9	100.0	--	40.0	50.8
Age of the Patient/Client	0-4	14.0	19.3	16.8	15.8	13.8	14.6	8.6	--	9.1	12.5	5.9	--	--	--	14.0
	5-17	24.3	24.6	17.3	22.3	17.2	20.7	10.3	--	--	8.3	11.8	--	--	--	19.6
	18-59	51.7	50.9	55.3	51.7	55.2	53.6	67.2	100.0	72.7	68.8	66.4	100.0	100.0	80.0	55.4
	60+	10.0	5.3	10.7	10.3	13.8	11.1	13.8	--	18.2	10.4	16.0	--	--	20.0	11.0
	Mean	28.3	24.6	29.5	28.2	31.1	29.3	36.9	45	47.1	34.0	36.6	38	38	47.4	30.0
	Median	25.0	25.0	30.0	25.0	32.0	29.0	40.0	45	52.0	35.0	36.0	38	38	45.0	30.0
Education of household head	No education	39.9	31.6	47.7	39.4	37.9	41.7	36.2	100.0	63.6	27.7	35.3	--	--	--	39.9
	Incomplete Primary	28.0	33.3	20.3	21.6	34.5	27.4	17.2	--	9.1	17.0	16.8	100.0	100.0	--	23.9
	Primary	10.4	8.8	11.2	8.9	20.7	8.1	10.3	--	--	6.4	7.6	--	--	20.0	9.5
	Class VI-IX	13.1	19.3	16.8	20.5	6.9	17.8	27.6	--	--	27.7	26.1	--	--	40.0	18.3
	SSC	3.0	5.3	1.5	4.8	--	1.5	1.7	--	9.1	12.8	7.6	--	--	40.0	3.8
	HSC	2.1	--	1.5	1.7	--	0.8	5.2	--	--	2.1	1.7	--	--	--	1.6
	HSC+	2.1	--	0.5	2.7	--	2.3		--	9.1	6.4	5.0	--	--	--	2.3
	Madrassa (Qaumi)	1.2	1.8	0.5	0.3	--	0.4	1.7	--	9.1	--	--	--	--	--	.7
Religion	Islam	86.6	68.4	81.2	81.8	89.7	91.6	77.6	100.0	81.8	91.7	79.0	--	100.0	40.0	84.0
	Hindu	10.0	31.6	15.2	16.4	3.4	8.0	20.7	--	18.2	6.3	18.5	100.0	--	60.0	13.8
	Buddhist	3.3	--	3.6	1.7	6.9	0.4	1.7	--	--	2.1	2.5	--	--	--	2.2
Wealth quintiles	Poorest	20.4	12.3	25.9	18.8	31.0	31.8	6.9	--	18.2	12.5	11.8	--	--	--	21.1
	Second	26.1	10.5	13.2	25.7	6.9	26.1	13.8	--	--	16.7	16.8	--	--	--	21.2
	Middle	22.8	28.1	17.3	14.7	34.5	16.1	17.2	--	18.2	10.4	16.0	--	--	--	18.2
	Fourth	17.3	24.6	26.9	17.8	17.2	13.8	34.5	100.0	18.2	12.5	26.1	100.0	100.0	80.0	20.1
	Richest	13.4	24.6	16.8	22.9	10.3	12.3	27.6	--	45.5	47.9	29.4	--	--	20.0	19.4
N		329	57	197	292	29	261	58	1	11	48	119	1	1	5	1409

Table 3.13A: Percentage distribution of the ill persons/clients who consulted to service providers/service delivery points when they became sick or had problem in health conditions during last 3 months at Rangunia Upazila

Background characteristics		Self / pharmacy	Homeopathic practitioner	Informal Private Practitioner (modern medicine)	Formal Private Practitioner (medical graduate)	UH&FWC/SC/RD	UHC	District hospital	Maternal and Child Welfare Centre	Medical college hospital	Specialized hospital	Private clinic/hospital	NGO run Health Centre	NGO health worker	Other	All
Sex of Patient/Client	Male	53.3	50.0	48.8	45.9	35.3	52.0	50.0	--	33.3	61.5	50.8	--	--	--	49.9
	Female	46.7	50.0	51.3	54.1	64.7	48.0	50.0	--	66.7	38.5	49.2	--	--	--	50.1
Age of the Patient/Client	0-4	13.2	25.0	22.5	17.5	5.9	16.8	--	--	16.7	--	1.7	--	--	--	14.4
	5-17	29.1	75.0	20.0	25.8	5.9	23.2	5.0	--	--	7.7	15.3	--	--	--	23.6
	18-59	49.8	--	51.3	48.5	70.6	49.6	70.0	--	83.3	61.5	66.1	--	--	--	52.1
	60+	7.9	--	6.3	8.2	17.6	10.4	25.0	--	--	30.8	16.9	--	--	--	9.9
	Mean	27.0	7.8	25.2	26.3	39.5	27.3	44.1	--	37.3	44.2	38.0	--	--	--	28.6
	Median	24.0	8.0	22.0	20.0	42.0	25.0	45.0	--	42.5	40.0	40.0	--	--	--	28.0
Education of household head	No education	39.6	25.0	56.3	41.8	35.3	44.0	30.0	--	66.7	23.1	33.9	--	--	--	41.7
	Incomplete Primary	29.5	50.0	18.8	23.2	17.6	29.6	10.0	--	16.7	7.7	10.2	--	--	--	24.0
	Primary	9.7	--	10.0	7.2	35.3	7.2	20.0	--	--	7.7	8.5	--	--	--	9.3
	Class VI-IX	12.8	25.0	8.8	17.5	11.8	11.2	35.0	--	--	46.2	27.1	--	--	--	15.6
	SSC	4.0	--	1.3	5.7	--	2.4	5.0	--	--	7.7	11.9	--	--	--	4.4
	HSC	1.8	--	2.5	1.5	--	0.8	--	--	--	--	3.4	--	--	--	1.6
	HSC+	1.8	--	1.3	2.6	--	4.0	--	--	16.7	7.7	5.1	--	--	--	2.7
	Madrassa (Qaumi)	0.9	--	1.3	0.5	--	0.8	--	--	--	--	--	--	--	--	0.7
Religion	Islam	85.5	100.0	81.3	84.0	88.2	95.2	65.0	--	83.3	84.6	81.4	--	--	--	85.5
	Hindu	9.7	--	10.0	13.4	--	4.0	30.0	--	16.7	7.7	13.6	--	--	--	10.3
	Buddhist	4.8	--	8.8	2.6	11.8	0.8	5.0	--	--	7.7	5.1	--	--	--	4.2
Wealth quintiles	Poorest	18.5	--	38.8	23.2	47.1	46.4	10.0	--	33.3	15.4	16.9	--	--	--	26.8
	Second	30.4	75.0	18.8	30.9	11.8	24.8	20.0	--	--	30.8	20.3	--	--	--	26.8
	Middle	26.4	25.0	8.8	12.9	17.6	14.4	10.0	--	33.3	15.4	23.7	--	--	--	18.0
	Fourth	14.5	--	22.5	14.9	5.9	8.0	30.0	--	--	15.4	20.3	--	--	--	14.9
	Richest	10.1	--	11.3	18.0	17.6	6.4	30.0	--	33.3	23.1	18.6	--	--	--	13.4
N		227	4	80	194	17	125	20	--	6	13	59	--	--	--	745

Table 3.13B: Percentage distribution of the ill persons/clients who consulted to service providers/service delivery points when they became sick or had problem in health conditions during last 3 months at Tungipara Upazila

Background characteristics		Self / pharmacy	Homeopathic practitioner	Informal Private Practitioner (modern medicine)	Formal Private Practitioner (medical graduate)	UH&FWC/SC/RD	UHC	District hospital	Maternal and Child Welfare Centre	Medical college hospital	Specialized hospital	Private clinic/hospital	NGO run Health Centre	NGO health worker	Other	All
Sex of Patient/Client	Male	52.2	56.1	41.2	55.6	60.0	45.1	50.0	100.0	50.0	39.4	51.7	--	100.0	60.0	49.3
	Female	47.8	43.9	58.8	44.4	40.0	54.9	50.0	--	50.0	60.6	48.3	100.0	--	40.0	50.7
Age of the Patient/Client	0-4	13.0	12.2	15.7	9.7	--	14.7	15.6	--	--	15.2	10.3	--	--	--	12.8
	5-17	17.4	24.4	3.9	18.1	80.0	18.6	15.6	--	--	9.1	10.3	--	--	--	15.9
	18-59	55.1	56.1	64.7	59.7	20.0	54.9	62.5	100.0	50.0	72.7	55.2	100.0	100.0	80.0	59.0
	60+	14.5	7.3	15.7	12.5	--	11.8	6.3	--	50.0	3.0	24.1	--	--	20.0	12.3
	Mean	32.0	27.5	34.5	32.0	11.4	30.0	31.0	45.0	59.8	31.5	40.5	32.0	38.0	47.4	32.1
	Median	30.0	28.0	35.0	30.0	9.0	28.5	33.0	45.0	58.5	35.0	45.0	32.0	38.0	45.0	30.0
Education of household head	No education	34.8	22.0	47.1	30.6	--	35.0	37.5	100.0	75.0	28.1	24.1	--	--	--	33.0
	Incomplete Primary	30.4	39.0	29.4	20.8	100.0	28.0	18.8	--	--	21.9	37.9	100.0	100.0	--	28.4
	Primary	7.2	9.8	7.8	8.3	--	9.0	6.3	--	--	6.3	6.9	--	--	20.0	7.9
	Class VI-IX	15.9	19.5	13.7	33.3	--	25.0	25.0	--	--	18.8	13.8	--	--	40.0	21.4
	SSC	1.4	7.3	--	2.8	--	1.0	--	--	--	15.6	6.9	--	--	40.0	3.6
	HSC	4.3	--	2.0	--	--	1.0	9.4	--	--	3.1	--	--	--	--	2.0
	HSC+	4.3	--	--	4.2	--	1.0	--	--	--	6.3	10.3	--	--	--	2.7
	Madrassa (Qaumi)	1.4	2.4	--	--	--	--	3.1	--	25.0	--	--	--	--	--	0.9
Religion	Islam	85.5	61.0	82.4	83.3	80.0	87.3	81.3	100.0	100.0	93.9	65.5	--	100.0	40.0	81.4
	Hindu	14.5	39.0	17.6	16.7	20.0	12.7	18.8	--	--	6.1	34.5	100.0	--	60.0	18.6
Wealth quintiles	Poorest	11.6	12.2	11.8	6.9	--	19.6	6.3	--	--	12.1	--	--	--	--	11.2
	Second	23.2	7.3	17.6	19.4	--	27.5	12.5	--	--	12.1	13.8	--	--	--	18.4
	Middle	14.5	34.1	37.3	25.0	80.0	19.6	21.9	--	--	9.1	6.9	--	--	--	21.7
	Fourth	27.5	19.5	19.6	23.6	20.0	19.6	40.6	100.0	50.0	12.1	37.9	100.0	100.0	80.0	25.1
	Richest	23.2	26.8	13.7	25.0	--	13.7	18.8	--	50.0	54.5	41.4	--	--	20.0	23.5
N		69	41	51	72	5	102	32	1	4	33	29	1	1	5	446

Table 3.13C: Percentage distribution of the ill persons/clients who consulted to service providers/service delivery points when they became sick or had problem in health conditions during last 3 months at Debhata Upazila

Background characteristics		Self / pharmacy	Homeopathic practitioner	Informal Private Practitioner (modern medicine)	Formal Private Practitioner (medical graduate)	UH&FWC/SC/RD	UHC	District hospital	Maternal and Child Welfare Centre	Medical college hospital	Specialized hospital	Private clinic/hospital	NGO run Health Centre	NGO health worker	Other	All
Sex of Patient/Client	Male	45.5	66.7	45.5	53.8	28.6	47.1	50.0	--	100.0	50.0	35.5	--	--	--	46.3
	Female	54.5	33.3	54.5	46.2	71.4	52.9	50.0	--	--	50.0	64.5	--	--	--	53.7
Age of the Patient/Client	0-4	21.2	41.7	10.6	19.2	42.9	5.9	--	--	--	50.0	9.7	--	--	--	15.1
	5-17	6.1	8.3	24.2	7.7	--	17.6	--	--	--	--	6.5	--	--	--	13.3
	18-59	57.6	50.0	53.0	53.8	42.9	64.7	83.3	--	100.0	50.0	77.4	--	--	--	59.6
	60+	15.2	--	12.1	19.2	14.3	11.8	16.7	--	--	--	6.5	--	--	--	11.9
	Mean	29.6	20.4	30.9	31.7	--	34.1	44.3	--	55.0	10.5	30.4	--	--	--	30.7
	Median	25.0	15.5	26.0	28.5	--	35.5	40.0	--	55.0	10.5	30.0	--	--	--	30.0
Education of household head	No education	53.1	66.7	37.9	46.2	71.4	52.9	50.0	--	--	50.0	48.4	--	--	--	47.9
	Incomplete Primary	12.5	8.3	15.2	11.5	28.6	17.6	33.3	--	--	--	9.7	--	--	--	14.3
	Primary	21.9	8.3	15.2	23.1	--	8.8	--	--	--	--	6.5	--	--	--	13.4
	Class VI-IX	9.4	16.7	28.8	7.7	--	20.6	16.7	--	--	50.0	35.5	--	--	--	21.2
	SSC	--	--	3.0	3.8	--	--	--	--	100.0	--	--	--	--	--	1.8
	HSC	--	--	--	7.7	--	--	--	--	--	--	--	--	--	--	0.9
	Madrassa (Qaumi)	3.1	--	--	--	--	--	--	--	--	--	--	--	--	--	0.5
Religion	Islam	97.0	83.3	80.3	61.5	100.0	91.2	100.0	--	--	100.0	87.1	--	--	--	84.4
	Hindu	3.0	16.7	19.7	38.5	--	8.8	--	--	100.0	--	12.9	--	--	--	15.6
Wealth quintiles	Poorest	51.5	16.7	21.2	19.2	--	14.7	--	--	--	--	12.9	--	--	--	22.0
	Second	3.0	--	3.0	3.8	--	26.5	--	--	--	--	12.9	--	--	--	7.8
	Middle	15.2	8.3	12.1	--	--	11.8	16.7	--	--	--	9.7	--	--	--	11.5
	Fourth	15.2	50.0	37.9	23.1	--	17.6	16.7	--	--	--	25.8	--	--	--	27.5
	Richest	15.2	25.0	25.8	53.8	--	29.4	66.7	--	100.0	100.0	38.7	--	--	--	31.2
N		33	12	66	26	7	34	6	--	1	2	31	--	--	--	218

Table 3.14: Percentage distribution of the respondents asking about whether some one accompanied with the patient or not by Upazila

Background characteristics		Upazila							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Sex of Patients	Male	46.8	279	47.1	165	40.0	64	49.2	693
	Female	53.2	317	52.9	185	60.0	96	50.8	716
Age	0-4	17.6	105	15.7	55	18.1	29	14.0	197
	5-17	27.7	165	19.4	68	13.8	22	19.6	276
	18-59	46.3	276	53.7	188	57.5	92	55.4	781
	60+	8.4	50	11.1	39	10.6	17	11.0	155
	Mean	25.9	596	29.7	350	28.3	160	27.4	1106
	Median	20.0	596	28.0	350	26.0	160	25.0	1106
Education of household head	No education	41.4	247	32.0	111	50.3	80	39.9	561
	Incomplete Primary	24.3	145	28.5	99	11.9	19	23.9	336
	Primary	9.1	54	8.1	28	14.5	23	9.5	133
	Class VI-IX	15.4	92	20.7	72	22.6	36	18.3	257
	SSC	5.0	30	4.0	14	0.6	1	3.8	53
	HSC	1.3	8	2.3	8	--	--	1.6	23
	HSC+	2.5	15	3.2	11	--	--	2.3	32
	Madrassa (Qaumi)	0.8	5	1.2	4	--	--	0.7	10
Religion	Islam	85.1	507	82.0	287	85.6	137	84.0	1184
	Hindu	11.4	68	18.0	63	14.4	23	13.8	194
	Christian	--	--	--	--	--	--	--	--
	Buddhist	3.5	21	--	--	--	--	2.2	31
	Others	--	--	--	--	--	--	--	--
Wealth quintiles	Poorest	26.7	159	10.9	38	22.5	36	21.1	298
	Second	27.5	164	17.1	60	8.1	13	21.2	299
	Middle	17.3	103	21.4	75	10.6	17	18.2	256
	Fourth	14.9	89	27.4	96	25.0	40	20.1	283
	Richest	13.6	81	23.1	81	33.8	54	19.4	273
Total		100.0	596	100.0	350	100.0	160	100.0	1409

Table 3.15: Percentage distribution of the respondents by medical care as well as by type of services in 3 Upazilas

Background characteristics		Type of services					
		Indoor		Out door		All	
		%	#	%	#	%	#
Sex of Patients	Male	51.4	57	49.0	636	49.2	693
	Female	48.6	54	51.0	662	50.8	716
Age	0-4	9.0	10	14.4	187	14.0	197
	5-17	6.3	7	20.7	269	19.6	276
	18-59	73.0	81	53.9	700	55.4	781
	60+	11.7	13	10.9	142	11.0	155
	Mean	35.3	111	29.6	1298	30.0	1409
	Median	35.0	111	28.5	1298	30.0	1409
Education of household head	No education	38.7	43	40.0	518	39.9	561
	Incomplete Primary	17.1	19	24.5	317	23.9	336
	Primary	11.7	13	9.3	120	9.5	133
	Class VI-IX	20.7	23	18.1	234	18.3	257
	SSC	5.4	6	3.6	47	3.8	53
	HSC	1.8	2	1.6	21	1.6	23
	HSC+	4.5	5	2.1	27	2.3	32
	Madrassa (Qaumi)	--	--	0.8	10	0.7	10
Religion	Islam	79.3	88	84.4	1096	84.0	1184
	Hindu	18.9	21	13.3	173	13.8	194
	Buddhist	1.8	2	2.2	29	2.2	31
Wealth quintiles	Poorest	15.3	17	21.6	281	21.1	298
	Second	23.4	26	21.0	273	21.2	299
	Middle	13.5	15	18.6	241	18.2	256
	Fourth	25.2	28	19.6	255	20.1	283
	Richest	22.5	25	19.1	248	19.4	273
Total		100.0	111	100.0	1298	100.0	1409

Table 3.15A: Percentage distribution of the respondents by medical care as well as by type of services at Rangunia Upazila

Background characteristics		Type of services					
		Indoor		Out door		All	
		%	#	%	#	%	#
Sex of Patients	Male	53.1	17	49.8	355	49.9	372
	Female	46.9	15	50.2	358	50.1	373
Age	0-4	6.3	2	14.7	105	14.4	107
	5-17	3.1	1	24.5	175	23.6	176
	18-59	78.1	25	50.9	363	52.1	388
	60+	12.5	4	9.8	70	9.9	74
	Mean	38.9	32	28.1	713	28.6	745
	Median	39	32	25	713	28	745
Education of household head	No education	40.6	13	41.8	298	41.7	311
	Incomplete Primary	15.6	5	24.4	174	24.0	179
	Primary	9.4	3	9.3	66	9.3	69
	Class VI-IX	21.9	7	15.3	109	15.6	116
	SSC	3.1	1	4.5	32	4.4	33
	HSC	--	--	1.7	12	1.6	12
	HSC+	9.4	3	2.4	17	2.7	20
	Madrassa (Qaumi)	--	--	0.7	5	0.7	5
Religion	Islam	84.4	27	85.6	610	85.5	637
	Hindu	9.4	3	10.4	74	10.3	77
	Buddhist	6.3	2	4.1	29	4.2	31
Wealth quintiles	Poorest	9.4	3	27.6	197	26.8	200
	Second	31.3	10	26.6	190	26.8	200
	Middle	28.1	9	17.5	125	18.0	134
	Fourth	21.9	7	14.6	104	14.9	111
	Richest	9.4	3	13.6	97	13.4	100
Total		100.0	32	100.0	713	100.0	745

Table 3.15B: Percentage distribution of the respondents by medical care as well as by type of services at Tungipara Upazila

Background characteristics		Type of services			
		Indoor		Out door	
		%	#	%	#
Sex of Patients	Male	52.1	25	49.0	195
	Female	47.9	23	51.0	203
Age	0-4	12.5	6	12.8	51
	5-17	6.3	3	17.1	68
	18-59	66.7	32	58.0	231
	60+	14.6	7	12.1	48
	Mean	34.5	48	31.8	398
	Median	32.5	48	30	398
Education of household head	No education	35.4	17	32.7	129
	Incomplete Primary	18.8	9	29.6	117
	Primary	14.6	7	7.1	28
	Class VI-IX	12.5	6	22.5	89
	SSC	10.4	5	2.8	11
	HSC	4.2	2	1.8	7
	HSC+	4.2	2	2.5	10
	Madrassa (Qaumi)	--	--	1.0	4
Religion	Islam	66.7	32	83.2	331
	Hindu	33.3	16	16.8	67
Wealth quintiles	Poorest	22.9	11	9.8	39
	Second	27.1	13	17.3	69
	Middle	8.3	4	23.4	93
	Fourth	22.9	11	25.4	101
	Richest	18.8	9	24.1	96
Total		100.0	48	100.0	398

Table 3.15C: Percentage distribution of the respondents by medical care as well as by type of services at Debhata Upazila

Background characteristics		Type of services			
		Indoor		Out door	
		%	#	%	#
Sex of Patients	Male	48.4	15	46.0	86
	Female	51.6	16	54.0	101
Age	0-4	6.5	2	16.6	31
	5-17	9.7	3	13.9	26
	18-59	77.4	24	56.7	106
	60+	6.5	2	12.8	24
	Mean	32.6	31	30.4	187
	Median	32	31	28	187
Education of household head	No education	41.9	13	48.9	91
	Incomplete Primary	16.1	5	14.0	26
	Primary	9.7	3	14.0	26
	Class VI-IX	32.3	10	19.4	36
	SSC	--	--	2.2	4
	HSC	--	--	1.1	2
	HSC+	--	--	0.5	1
	Madrassa (Qaumi)	93.5	29	82.9	155
Religion	Islam	6.5	2	17.1	32
	Hindu	41.9	13	48.9	91
Wealth quintiles	Poorest	9.7	3	24.1	45
	Second	9.7	3	7.5	14
	Middle	6.5	2	12.3	23
	Fourth	32.3	10	26.7	50
	Richest	41.9	13	29.4	55
Total		100.0	31	100.0	187

Table 3.16A: Percentage distribution of the ill persons by their severity of diseases/illnesses or problem in health conditions at the time of medical consultation at 3 Upazilas.

Background characteristics		Type of severity					
		Mild		Moderate		Severe	
		%	#	%	#	%	#
Sex of Patients	Male	11.8	82	45.0	312	43.1	299
	Female	8.4	60	46.8	335	44.8	321
Age	0-4	8.6	17	42.6	84	48.7	96
	5-17	14.1	39	51.8	143	34.1	94
	18-59	9.5	74	45.5	355	45.1	352
	60+	7.7	12	41.9	65	50.3	78
	Mean	27.3	142	29.6	647	31.1	620
	Median	24.5	142	28.0	647	30.5	620
Education of household head	No education	11.1	62	44.4	249	44.6	250
	Incomplete Primary	11.3	38	44.6	150	44.0	148
	Primary	7.5	10	54.9	73	37.6	50
	Class VI-IX	8.6	22	46.3	119	45.1	116
	SSC	17.0	9	45.3	24	37.7	20
	HSC	4.3	1	43.5	10	52.2	12
	HSC+	--	--	53.1	17	46.9	15
	Madrassa (Qaumi)	--	--	50.0	5	50.0	5
Religion	Islam	10.2	121	47.1	558	42.7	505
	Hindu	6.2	12	39.2	76	54.6	106
	Christian	--	--	--	--	--	--
	Buddhist	29.0	9	41.9	13	29.0	9
	Others	--	--	--	--	--	--
Wealth quintiles	Poorest	9.4	28	46.3	138	44.3	132
	Second	8.4	25	50.2	150	41.5	124
	Middle	14.5	37	48.8	125	36.7	94
	Fourth	11.0	31	39.2	111	49.8	141
	Richest	7.7	21	45.1	123	47.3	129
Total		10.1	142	45.9	647	44.0	620

Table 3.16A: Percentage distribution of the ill persons by their severity of diseases/illnesses or problem in health conditions at the time of medical consultation at Rangunia Upazila.

Background characteristics		Type of severity					
		Mild		Moderate		Severe	
		%	#	%	#	%	#
Sex of Patients	Male	14.0	52	53.8	200	32.3	120
	Female	9.1	34	57.6	215	33.2	124
Age	0-4	10.3	11	57.9	62	31.8	34
	5-17	15.9	28	59.7	105	24.4	43
	18-59	10.1	39	54.4	211	35.6	138
	60+	10.8	8	50.0	37	39.2	29
	Mean	26.9	86	27.6	415	30.8	244
	Median	21.0	86	25.0	415	32.0	244
Education of household head	No education	12.9	40	53.4	166	33.8	105
	Incomplete Primary	14.0	25	58.1	104	27.9	50
	Primary	10.1	7	58.0	40	31.9	22
	Class VI-IX	6.9	8	55.2	64	37.9	44
	SSC	18.2	6	54.5	18	27.3	9
	HSC	--	--	58.3	7	41.7	5
	HSC+	--	--	60.0	12	40.0	8
	Madrassa (Qaumi)	--	--	80.0	4	20.0	1
Religion	Islam	11.8	75	58.6	373	29.7	189
	Hindu	2.6	2	37.7	29	59.7	46
	Christian	--	--	--	--	--	--
	Buddhist	29.0	9	41.9	13	29.0	9
	Others	--	--	--	--	--	--
Wealth quintiles	Poorest	9.5	19	55.5	111	35.0	70
	Second	9.0	18	58.5	117	32.5	65
	Middle	17.9	24	56.7	76	25.4	34
	Fourth	18.0	20	45.9	51	36.0	40
	Richest	5.0	5	60.0	60	35.0	35
Total		11.5	86	55.7	415	32.8	244

Table 3.16B: Percentage distribution of the ill persons by their severity of diseases/illnesses or problem in health conditions at the time of medical consultation at Tungipara Upazila

Background characteristics		Type of severity					
		Mild		Moderate		Severe	
		%	#	%	#	%	#
Sex of Patients	Male	7.3	16	29.1	64	63.6	140
	Female	7.1	16	28.8	65	64.2	145
Age	0-4	5.3	3	17.5	10	77.2	44
	5-17	5.6	4	36.6	26	57.7	41
	18-59	8.7	23	30.4	80	60.8	160
	60+	3.6	2	23.6	13	72.7	40
	Mean	30.1	32	32.8	129	32.0	285
	Median	29.0	32	32.0	129	30.0	285
Education of household head	No education	9.6	14	26.0	38	64.4	94
	Incomplete Primary	4.8	6	26.2	33	69.0	87
	Primary	2.9	1	40.0	14	57.1	20
	Class VI-IX	9.5	9	34.7	33	55.8	53
	SSC	6.3	1	25.0	4	68.8	11
	HSC	11.1	1	22.2	2	66.7	6
	HSC+	--	--	41.7	5	58.3	7
	Madrassa (Qaumi)	--	--	--	--	100.0	4
Religion	Islam	7.2	26	28.7	104	64.2	233
	Hindu	7.2	6	30.1	25	62.7	52
Wealth quintiles	Poorest	10.0	5	18.0	9	72.0	36
	Second	7.3	6	34.1	28	58.5	48
	Middle	13.4	13	32.0	31	54.6	53
	Fourth	3.6	4	25.9	29	70.5	79
	Richest	3.8	4	30.5	32	65.7	69
Total		7.2	32	28.9	129	63.9	285

Table 3.16C: Percentage distribution of the ill persons by their severity of diseases/illnesses or problem in health conditions at the time of medical consultation at Debhata Upazila

Background characteristics		Type of severity					
		Mild		Moderate		Severe	
		%	#	%	#	%	#
Sex of Patients	Male	13.9	14	47.5	48	38.6	39
	Female	8.5	10	47.0	55	44.4	52
Age	0-4	9.1	3	36.4	12	54.5	18
	5-17	24.1	7	41.4	12	34.5	10
	18-59	9.2	12	49.2	64	41.5	54
	60+	7.7	2	57.7	15	34.6	9
	Mean	25.2	24	33.4	103	29.2	91
	Median	21.5	24	30.0	103	30.0	91
Education of household head	No education	7.7	8	43.3	45	49.0	51
	Incomplete Primary	22.6	7	41.9	13	35.5	11
	Primary	6.9	2	65.5	19	27.6	8
	Class VI-IX	10.9	5	47.8	22	41.3	19
	SSC	50.0	2	50.0	2	--	--
	HSC	--	--	50.0	1	50.0	1
	Madrassa (Qaumi)	--	--	100.0	1	--	--
Religion	Islam	10.9	20	44.0	81	45.1	83
	Hindu	11.8	4	64.7	22	23.5	8
Wealth quintiles	Poorest	8.3	4	37.5	18	54.2	26
	Second	5.9	1	29.4	5	64.7	11
	Middle	--	--	72.0	18	28.0	7
	Fourth	11.7	7	51.7	31	36.7	22
	Richest	17.6	12	45.6	31	36.8	25
Total		11.0	24	47.2	103	41.7	91

Table 3.17: Percentage distribution of the households having equal preference of health care irrespective of age of the household members at 3 Upazilas

Background characteristics		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Education of household head	No education	41.7	145	25.9	67	51.7	74	38.1	286
	Incomplete Primary	17.5	61	27.8	72	16.1	23	20.8	156
	Primary	7.2	25	10.4	27	9.1	13	8.7	65
	Class VI-IX	17.2	60	21.2	55	17.5	25	18.7	140
	SSC	7.2	25	7.7	20	3.5	5	6.7	50
	HSC	3.4	12	2.3	6	1.4	2	2.7	20
	HSC+	5.5	19	3.5	9	0.7	1	3.9	29
	Madrasa (Quomi)	--	--	1.2	3	--	--	0.5	4
Religion	Islam	85.3	297	78.8	204	86.0	123	83.2	624
	Hindu	10.3	36	21.2	55	14.0	20	14.8	111
	Buddhist	4.3	15	--	--	--	--	2.0	15
Wealth quintiles	Poorest	24.7	86	10.4	27	20.3	29	18.9	142
	Second	26.7	93	20.8	54	9.1	13	21.3	160
	Middle	20.1	70	24.3	63	14.7	21	20.5	154
	Fourth	15.2	53	22.0	57	25.9	37	19.6	147
	Richest	13.2	46	22.4	58	30.1	43	19.6	147
Total		100	348	100	259	100	143	100.0	750

Table 3.18: Percentage distribution of the households having age-specific preference of health care in case of illness of the household members at Rangunia Upazila

Background characteristics		Age								
		Rangunia			Tungipara			Debhata		
		Child	Adult	Old	Child	Adult	Old	Child	Adult	Old
		%	%	%	%	%	%	%	%	%
Education of household head	No education	29.5	--	--	30.8	--	--	35.1	--	--
	Incomplete Primary	22.7	--	--	46.2	--	--	16.2	--	--
	Primary	13.6	--	--	7.7	--	--	8.1	--	--
	Class VI-IX	18.2	--	--	7.7	--	--	29.7	--	--
	SSC	6.8	--	--	--	--	--	5.4	--	--
	HSC	4.5	--	--	--	--	--	5.4	--	--
	HSC+	4.5	--	--	--	--	--	--	--	--
	Madrassa (Qaumi)		--	--	7.7	--	--	--	--	--
Religion	Islam	93.2	--	--	69.2	--	--	86.5	--	--
	Hindu	6.8	--	--	30.8	--	--	13.5	--	--
	Christian	--	--	--	--	--	--	--	--	--
	Buddhist	--	--	--	--	--	--	--	--	--
	Others	--	--	--	--	--	--	--	--	--
Wealth quintiles	Poorest	31.8	--	--	23.1	--	--	24.3	--	--
	Second	15.9	--	--	15.4	--	--	5.4	--	--
	Middle	15.9	--	--	30.8	--	--	18.9	--	--
	Fourth	15.9	--	--	15.4	--	--	21.6	--	--
	Richest	20.5	--	--	15.4	--	--	29.7	--	--
Total		44	--	--	13	--	--	--	--	--

Table 3.19: Percentage distribution of the households having equal preference of health care irrespective of sex of the household members at Upazila

Background characteristics		Rangunia		Tungipara		Debhata	
		%	#	%	#	%	#
Education of household head	No education	41.7	145	25.9	67	51.7	74
	Incomplete Primary	17.5	61	27.8	72	16.1	23
	Primary	7.2	25	10.4	27	9.1	13
	Class VI-IX	17.2	60	21.2	55	17.5	25
	SSC	7.2	25	7.7	20	3.5	5
	HSC	3.4	12	2.3	6	1.4	2
	HSC+	5.5	19	3.5	9	0.7	1
	Madrassa (Qaumi)	0.3	1	1.2	3	--	--
Religion	Islam	85.3	297	78.8	204	86.0	123
	Hindu	10.3	36	21.2	55	14.0	20
	Christian	--	--	--	--	--	--
	Buddhist	4.3	15	--	--	--	--
	Others	--	--	--	--	--	--
Wealth quintiles	Poorest	24.7	86	10.4	27	20.3	29
	Second	26.7	93	20.8	54	9.1	13
	Middle	20.1	70	24.3	63	14.7	21
	Fourth	15.2	53	22.0	57	25.9	37
	Richest	13.2	46	22.4	58	30.1	43
Total		100.0	348	100.0	259	100.0	143

Table 3.20: Percentage distribution of the households by gender-specific preference of health care in case of illness of the household members at 3 Upazilas

Background characteristics		Gender			
		Male		Female	
		%	#	%	#
Education of household head	No education	44.6	33	49.1	28
	Incomplete Primary	24.3	18	19.3	11
	Primary	12.2	9	12.3	7
	Class VI-IX	9.5	7	10.5	6
	SSC	5.4	4	3.5	2
	HSC+	1.4	1	1.8	1
Religion	Islam	93.2	69	94.7	54
	Hindu	6.8	5	5.3	3
Wealth quintiles	Poorest	23.0	17	26.3	15
	Second	23.0	17	21.1	12
	Middle	28.4	21	26.3	15
	Fourth	14.9	11	15.8	9
	Richest	10.8	8	10.5	6
Total		100.0	74	100.0	57

Table 3.20A: Percentage distribution of the households by gender-specific preference of health care in case of illness of the household members at Rangunia Upazila

Background characteristics		Gender			
		Male		Female	
		%	#	%	#
Education of household head	No education	45.9	28	51.1	23
	Incomplete Primary	26.2	16	20.0	9
	Primary	9.8	6	11.1	5
	Class VI-IX	8.2	5	8.9	4
	SSC	6.6	4	4.4	2
	HSC+	3.3	2	4.4	2
Religion	Islam	98.4	60	100.0	45
	Hindu	1.6	1	--	--
Wealth quintiles	Poorest	19.7	12	22.2	10
	Second	23.0	14	22.2	10
	Middle	31.1	19	28.9	13
	Fourth	16.4	10	17.8	8
	Richest	9.8	6	8.9	4
Total		100.0	61	100.0	45

Table 3.20B: Percentage distribution of the households by gender-specific preference of health care in case of illness of the household members at Tungipara Upazila

Background characteristics		Gender			
		Male		Female	
		%	#	%	#
Education of household head	No education	--	--	--	--
	Incomplete Primary	40.0	2	50.0	2
	Primary	60.0	3	50.0	2
Religion	Islam	40.0	2	50.0	2
	Hindu	60.0	3	50.0	2
Wealth quintiles	Poorest	20.0	1	25.0	1
	Second	40.0	2	25.0	1
	Middle	40.0	2	50.0	2
	Fourth	--	--	--	--
	Richest	--	--	--	--
Total		100.0	5	100.0	4

Table 3.20C: Percentage distribution of the households by gender-specific preference of health care in case of illness of the household members at Debhata Upazila

Background characteristics		Gender			
		Male		Female	
		%	#	%	#
Education of household head	No education	62.5	5	62.5	5
	Class VI-IX	25.0	2	25.0	2
	HSC	12.5	1	12.5	1
Religion	Islam	87.5	7	87.5	7
	Hindu	12.5	1	12.5	1
Wealth quintiles	Poorest	50.0	4	50.0	4
	Second	12.5	1	12.5	1
	Fourth	12.5	1	12.5	1
	Richest	25.0	2	25.0	2
Total		100.0	8	100.0	8

Table 3.21: Percentage distribution of the households by their usual time of health seeking care after the onset of disease/ illness or problem in health condition at 3 Upazilas

Background characteristics		Time taken to seek medical care					
		At the onset of illness		Early in the course of illness		When they get very ill	
		%	#	%	#	%	#
Education of household head	No education	24.2	78	41.9	139	52.1	99
	Incomplete Primary	22.7	73	19.0	63	22.1	42
	Primary	8.7	28	11.1	37	5.3	10
	Class VI-IX	24.5	79	16.9	56	13.2	25
	SSC	7.5	24	7.2	24	3.7	7
	HSC	4.7	15	1.8	6	1.6	3
	HSC+	6.8	22	2.1	7	1.1	2
	Madrassa (Qaumi)	0.9	3	--	--	1.1	2
Religion	Islam	80.7	260	83.7	278	88.4	168
	Hindu	16.5	53	14.8	49	11.1	21
	Christian	--	--	--	--	--	--
	Buddhist	2.8	9	1.5	5	0.5	1
Wealth quintiles	Poorest	12.1	39	23.8	79	26.3	50
	Second	19.9	64	18.4	61	24.2	46
	Middle	20.2	65	22.3	74	17.4	33
	Fourth	19.6	63	19.6	65	18.9	36
	Richest	28.3	91	16.0	53	13.2	25
Total		100.0	322	100.0	332	100.0	190

Table 3.21A: Percentage distribution of the households by their usual time of health seeking care after the onset of disease/ illness or problem in health condition at Rangunia Upazila

Background characteristics		Time taken to seek medical care					
		At the onset of illness		Early in the course of illness		When they get very ill	
		%	#	%	#	%	#
Education of household head	No education	26.4	38	47.5	94	52.0	26
	Incomplete Primary	20.1	29	16.7	33	18.0	9
	Primary	8.3	12	8.6	17	4.0	2
	Class VI-IX	20.1	29	15.2	30	18.0	9
	SSC	6.9	10	8.6	17	2.0	1
	HSC	6.9	10	1.5	3	2.0	1
	HSC+	11.1	16	2.0	4	2.0	1
	Madrassa (Qaumi)	--	--	--	--	2.0	1
Religion	Islam	85.4	123	85.9	170	90.0	45
	Hindu	8.3	12	11.6	23	8.0	4
	Christian	--	--	--	--	--	--
	Buddhist	6.3	9	2.5	5	2.0	1
Wealth quintiles	Poorest	13.9	20	32.3	64	32.0	16
	Second	28.5	41	23.2	46	26.0	13
	Middle	20.8	30	19.2	38	18.0	9
	Fourth	14.6	21	15.7	31	16.0	8
	Richest	22.2	32	9.6	19	8.0	4
Total		100.0	144	100.0	198	100.0	50

Table 3.21B: Percentage distribution of the households by their usual time of health seeking care after the onset of disease/ illness or problem in health condition at Tungipara Upazila

Background characteristics		Time taken to seek medical care					
		At the onset of illness		Early in the course of illness		When they get very ill	
		%	#	%	#	%	#
Education of household head	No education	12.8	14	24.4	21	46.8	36
	Incomplete Primary	31.2	34	26.7	23	27.3	21
	Primary	11.0	12	16.3	14	2.6	2
	Class VI-IX	24.8	27	22.1	19	13.0	10
	SSC	9.2	10	5.8	5	6.5	5
	HSC	3.7	4	1.2	1	1.3	1
	HSC+	4.6	5	3.5	3	1.3	1
	Madrassa (Qaumi)	2.8	3	--	--	1.3	1
Religion	Islam	74.3	81	79.1	68	83.1	64
	Hindu	25.7	28	20.9	18	16.9	13
Wealth quintiles	Poorest	7.3	8	11.6	10	15.6	12
	Second	18.3	20	16.3	14	28.6	22
	Middle	18.3	20	31.4	27	26.0	20
	Fourth	22.9	25	23.3	20	18.2	14
	Richest	33.0	36	17.4	15	11.7	9
Total		100.0	109	100.0	86	100.0	77

Table 3.21C: Percentage distribution of the households by their usual time of health seeking care after the onset of disease/ illness or problem in health condition at Debhata Upazila

Background characteristics		Time taken to seek medical care					
		At the onset of illness		Early in the course of illness		When they get very ill	
		%	#	%	#	%	#
Education of household head	No education	37.7	26	50.0	24	58.7	37
	Incomplete Primary	14.5	10	14.6	7	19.0	12
	Primary	5.8	4	12.5	6	9.5	6
	Class VI-IX	33.3	23	14.6	7	9.5	6
	SSC	5.8	4	4.2	2	1.6	1
	HSC	1.4	1	4.2	2	1.6	1
	HSC+	1.4	1	--	--	--	--
Religion	Islam	81.2	56	83.3	40	93.7	59
	Hindu	18.8	13	16.7	8	6.3	4
Wealth quintiles	Poorest	15.9	11	10.4	5	34.9	22
	Second	4.3	3	2.1	1	17.5	11
	Middle	21.7	15	18.8	9	6.3	4
	Fourth	24.6	17	29.2	14	22.2	14
	Richest	33.3	23	39.6	19	19.0	12
Total		100.0	69	100.0	48	100.0	63

Table 3.22: Percentage distribution of the households by status of birth preparedness at 3 Upazilas

Background characteristics		Status of Birth Preparedness							
		Identification of appropriate birth location	Identification of skilled attendant	Identification of companion	Arrangement of funds for birth related expenses	Arrangement of transport for facility delivery	Had adequate supplies for delivery (Clean cloths, blade, thread, soap etc.)	Identification of compatible blood donor	Do not have/had plan for birth preparedness
Education	No education	37.4	29.1	19.4	27.2	28.8	42.4	32.1	46.0
	Incomplete Primary	20.4	23.3	26.3	23.1	20.6	14.0	3.6	24.2
	Primary	9.1	10.5	13.7	11.8	7.3	10.9	7.1	6.5
	Class VI-IX	19.8	19.0	20.6	23.6	21.5	18.3	28.6	16.3
	SSC	6.4	8.9	9.7	6.7	8.2	6.6	10.7	4.2
	HSC	4.0	4.3	3.4	2.1	7.3	1.3	10.7	.5

Background characteristics		Status of Birth Preparedness							
		Identification of appropriate birth location	Identification of skilled attendant	Identification of companion	Arrangement of funds for birth related expenses	Arrangement of transport for facility delivery	Had adequate supplies for delivery (Clean cloths, blade, thread, soap etc.)	Identification of compatible blood donor	Do not have/had plan for birth preparedness
	HSC+	2.7	4.7	5.1	4.6	5.6	5.7	7.1	1.4
	Madrassa (Qaumi)	0.3	0.4	1.7	1.0	0.9	0.9	--	0.9
Religion	Islam	81.5	82.2	72.6	83.6	76.4	80.3	75.0	92.6
	Hindu	16.7	16.3	24.6	13.3	22.3	16.6	21.4	7.4
	Buddhist	1.8	1.6	2.9	3.1	1.3	3.1	3.6	--
Wealth status	Poorest	26.4	12.4	16.6	22.6	14.2	27.9	3.6	19.1
	Second	24.9	16.3	18.9	21.5	18.9	26.6	21.4	17.2
	Middle	15.5	21.3	20.0	14.9	20.2	18.3	3.6	25.1
	Fourth	15.5	23.3	25.1	19.0	22.3	12.7	21.4	20.0
	Richest	17.6	26.7	19.4	22.1	24.5	14.4	50.0	18.6

Table 3.22A: Percentage distribution of the households by status of birth preparedness at Rangunia Upazila

Background characteristics		Status of Birth Preparedness							
		Identification of appropriate birth location	Identification of skilled attendant	Identification of companion	Arrangement of funds for birth related expenses	Arrangement of transport for facility delivery	Had adequate supplies for delivery (Clean cloths, blade, thread, soap etc.)	Identification of compatible blood donor	Do not have/had plan for birth preparedness
Education	No education	41.1	30.8	19.3	36.8	32.3	51.9	42.9	61.5
	Incomplete Primary	20.0	21.5	26.1	21.4	21.3	11.3	--	15.4
	Primary	7.6	10.8	10.2	8.5	6.5	4.5	--	10.3
	Class VI-IX	16.2	16.9	22.7	20.5	16.8	17.3	14.3	7.7
	SSC	6.5	9.2	8.0	4.3	7.7	6.8	21.4	2.6
	HSC	4.3	4.6	4.5	1.7	7.7	.8	7.1	--
	HSC+	4.3	6.2	8.0	6.0	7.1	7.5	14.3	2.6
	Madrassa (Qaumi)	--	--	1.1	0.9	0.6	--	--	--
Religion	Islam	85.9	90.0	78.4	92.3	79.4	88.7	78.6	94.9
	Hindu	10.8	6.9	15.9	2.6	18.7	6.0	14.3	5.1
	Buddhist	3.2	3.1	5.7	5.1	1.9	5.3	7.1	--
Wealth status	Poorest	30.8	15.4	25.0	29.9	13.5	33.1	--	25.6
	Second	29.2	20.0	15.9	29.1	22.6	30.1	35.7	25.6
	Middle	15.7	24.6	22.7	12.0	23.9	18.0	7.1	25.6
	Fourth	10.3	18.5	19.3	13.7	20.0	9.8	28.6	17.9
	Richest	14.1	21.5	17.0	15.4	20.0	9.0	28.6	5.1

Table 3.22B: Percentage distribution of the households by status of birth preparedness at Tungipara Upazila

Background characteristics		Status of Birth Preparedness							
		Identification of appropriate birth location	Identification of skilled attendant	Identification of companion	Arrangement of funds for birth related expenses	Arrangement of transport for facility delivery	Had adequate supplies for delivery (Clean cloths, blade, thread, soap etc.)	Identification of compatible blood donor	Do not have/had plan for birth preparedness
Education	No education	31.0	19.0	15.7	2.2	16.7	20.9		27.9
	Incomplete Primary	22.6	29.1	28.6	30.4	21.4	22.4	33.3	35.6
	Primary	10.7	12.7	18.6	17.4	9.5	20.9	33.3	5.8
	Class VI-IX	25.0	20.3	17.1	32.6	31.0	20.9	33.3	19.2
	SSC	6.0	8.9	12.9	8.7	11.9	9.0	--	6.7
	HSC	2.4	3.8	1.4	2.2	2.4	--	--	1.0
	HSC+	1.2	5.1	2.9	4.3	4.8	3.0	--	1.9
	Madrassa (Qaumi)	1.2	1.3	2.9	2.2	2.4	3.0	--	1.9
Religion	Islam	72.6	72.2	67.1	65.2	61.9	61.2	100.0	90.4
	Hindu	27.4	27.8	32.9	34.8	38.1	38.8	--	9.6
Wealth status	Poorest	20.2	6.3	10.0	6.5	14.3	16.4	--	8.7
	Second	26.2	17.7	24.3	13.0	11.9	26.9	--	19.2
	Middle	17.9	24.1	20.0	23.9	16.7	20.9	--	29.8
	Fourth	19.0	25.3	27.1	30.4	31.0	17.9	33.3	20.2
	Richest	16.7	26.6	18.6	26.1	26.2	17.9	66.7	22.1

Table 3.22C: Percentage distribution of the households by status of birth preparedness at Deabhata Upazila

Background characteristics		Status of Birth Preparedness							
		Identification of appropriate birth location	Identification of skilled attendant	Identification of companion	Arrangement of funds for birth related expenses	Arrangement of transport for facility delivery	Had adequate supplies for delivery (Clean cloths, blade, thread, soap etc.)	Identification of compatible blood donor	Do not have/had plan for birth preparedness
Education	No education	35.0	40.8	35.3	28.1	27.8	48.3	27.3	63.9
	Incomplete Primary	18.3	18.4	17.6	18.8	16.7	6.9		12.5
	Primary	11.7	6.1	11.8	15.6	8.3	17.2	9.1	5.6
	Class VI-IX	23.3	22.4	23.5	21.9	30.6	17.2	45.5	16.7
	SSC	6.7	8.2	5.9	12.5	5.6	--	--	1.4
	HSC	5.0	4.1	5.9	3.1	11.1	6.9	18.2	--
	HSC+	--	--	--	--	--	3.4	--	--
Religion	Islam	80.0	77.6	64.7	78.1	80.6	86.2	63.6	94.4
	Hindu	20.0	22.4	35.3	21.9	19.4	13.8	36.4	5.6
Wealth status	Poorest	21.7	14.3	--	18.8	16.7	31.0	9.1	30.6
	Second	10.0	4.1	11.8	6.3	11.1	10.3	9.1	9.7
	Middle	11.7	8.2	5.9	12.5	8.3	13.8	--	18.1
	Fourth	26.7	32.7	47.1	21.9	22.2	13.8	9.1	20.8
	Richest	30.0	40.8	35.3	40.6	41.7	31.0	72.7	20.8

Table 3.23: Percentage distribution of the respondents by their arguments for not utilization of public facilities at the time of their diseases/illnesses or problem in health conditions

Background characteristics		Upazilas							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Reasons for not utilization of public health facilities	Didn't know where to go	2.3	13	2.0	6	--	--	1.8	19
	Did not feel to consult	1.2	7	9.7	29	2.4	4	3.9	40
	Long waiting time	19.4	109	22.0	66	12.5	21	19.0	196
	Long distance from home	28.2	158	16.0	48	24.4	41	24.0	247
	Transportation system is bad	2.3	13	--	--	1.2	2	1.5	15
	Dealings of the staff is harsh	1.6	9	1.0	3	7.7	13	2.4	25
	Harsh behavior of the doctor	3.6	20	2.3	7	4.8	8	3.4	35
	Lack of female doctor	0.5	3	--	--	0.6	1	0.4	4
	Lack of privacy during clinical examination	0.5	3	.3	1	1.2	2	0.6	6
	Doctors are not examining properly	9.3	52	15.7	47	22.6	38	13.3	137
	Doctors are not available always	17.8	100	9.3	28	10.1	17	14.1	145
	Specialist physician not available	4.1	23	6.0	18	9.5	16	5.5	57
	Lack of waiting room	0.5	3	--	--	--	--	0.3	3
	Lack of privacy at waiting room	0.2	1	--	--	--	--	0.1	1
	Unclean premises	2.5	14	0.3	1	1.2	2	1.7	17
	Unclean/dirty toilets	0.5	3	--	--	1.2	2	0.5	5
	No trust on allopathic medicine	0.2	1	1.0	3	--	--	0.4	4
	Do not provide medicine free	24.2	136	9.3	28	4.8	8	16.7	172
	Medicine not abilable	8.2	46	10.0	30	22.0	37	11.0	113
	Hospital hours is not convenient	1.6	9	4.0	12	4.8	8	2.8	29
	Loss of wage	1.1	6	2.3	7	--	--	1.3	13
	No cure after taking medicines from public facilities	0.2	1	1.7	5	0.6	1	0.7	7
	Medicine not work	1.8	10	--	--	0.6	1	1.1	11
	Others	--	--	2.0	6	--	--	0.6	6
	Total	**100.0**	**561**	**100.0**	**300**	**100.0**	**168**	**100.0**	**1029**

Table 3.24: Percentage distribution of the respondents by their arguments in favour of utilization of public facilities at the time of their diseases/illnesses or problem in health condition

Background characteristics		Upazilas							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Reasons for utilization of public health facilities	Free availability of services	66.1	78	67.0	71	66.0	31	66.4	180
	Close location of the service centre	17.8	21	10.4	11	4.3	2	12.5	34
	Good quality of services	6.8	8	14.2	15	--	--	8.5	23
	Prompt services	0.8	1	--	--	--	--	0.4	1
	Good behaviour of the staff	--	--	0.9	1	2.1	1	0.7	2
	Good behaviour of the doctor	0.8	1	0.9	1	--	--	0.7	2
	Presence of qualified doctor	0.8	1	3.8	4	2.1	1	2.2	6
	Find no other alternative	1.7	2	--	--	17.0	8	3.7	10
	Cannot afford the cost of private doctor/clinic	5.1	6	2.8	3	8.5	4	4.8	13
	Other	--	--	--	--	--	--	--	--
Total		100.0	118	100.0	106	100.0	47	100.0	271

Table 3.25: Percentage distribution of the household decision maker who influenced the place of treatment of household members when they became sick in 3 Upazilas

Background characteristics		Place of medical care											
		Self	Father	Mother	Father & mother together	Husband	Wife	Husband & wife together	Mother-in-law	Father-in-law	Brother	Sister	Other
Religion	Islam	34.7	6.2	1.1	1.0	20.4	2.0	32.7	0.7	0.4	0.7	34.7	6.2
	Hindu	39.0	5.7	--	1.6	17.1	0.8	30.1	3.3	1.6	0.8	39.0	5.7
	Christian	--	--	--	--	--	--	--	--	--	--	--	--
	Buddhist	20.0	6.7	--	--	53.3	--	20.0	--	--	--	20.0	6.7
	Others	--	--	--	--	--	--	--	--	--	--	--	--
Wealth status	Poorest	37.5	1.2	--	0.6	25.6	0.6	33.9	--	--	0.6	37.5	1.2
	Second	29.8	6.4	1.2	--	14.6	2.9	42.7	2.3	--	--	29.8	6.4
	Middle	33.7	8.1	1.2	1.2	22.7	2.3	29.7	--	0.6	0.6	33.7	8.1
	Fourth	40.9	7.3	1.2	2.4	20.1	1.2	23.8	1.2	0.6	1.2	40.9	7.3
	Richest	33.7	7.7	1.2	1.2	19.5	1.8	30.2	1.8	1.8	1.2	33.7	7.7
All		35.1	6.2	0.9	1.1	20.5	1.8	32.1	1.1	0.6	0.7	35.1	--

Table 3.25A: Percentage distribution of the household decision maker who influenced the place of treatment of household members when they became sick at Rangunia Upazila

Background characteristics		Place of medical care											
		Self	Father	Mother	Father & mothertogether	Husband	Wife	Husband & wife together	Mother-in-law	Father-in-law	Brother	Sister	Other
Religion	Islam	28.4	9.8	1.8	0.3	20.1	1.2	36.4	0.6	0.6	0.9	--	--
	Hindu	35.9	10.3	--	--	15.4	--	30.8	5.1	--	2.6	--	--
	Christian	--	--	--	--	--	--	--	--	--	--	--	--
	Buddhist	20.0	6.7	--	--	53.3	--	20.0	--	--	--	--	--
	Others	--	--	--	--	--	--	--	--	--	--	--	--
Wealth status	Poorest	33.0	1.0	--	--	24.0	--	41.0	--	--	1.0	--	--
	Second	23.0	8.0	2.0	--	18.0	1.0	45.0	3.0	--	--	--	--
	Middle	24.7	15.6	2.6	1.3	19.5	2.6	31.2	--	1.3	1.3	--	--
	Fourth	33.3	16.7	1.7	--	26.7	--	18.3	--	--	3.3	--	--
	Richest	32.7	12.7	1.8	--	16.4	1.8	30.9	1.8	1.8	--	--	--
All		28.8	9.7	1.5	0.3	20.9	1.0	35.2	1.0	0.5	1.0	--	--

Table 3.25B: Percentage distribution of the household decision maker who influenced the place of treatment of household members when they became sick at Tungipara Upazila

ackground characteristics		Place of medical care											
		Self	Father	Mother	Father & mother together	Husband	Wife	Husband & wife together	Mother-in-law	Father-in-law	Brother	Sister	Other
Religion	Islam	42.7	1.4	--	2.3	10.3	2.8	38.5	0.9	0.5	0.5	--	--
	Hindu	32.2	3.4	--	3.4	16.9	1.7	40.7	--	1.7	--	--	--
	Christian	--	--	--	--	--	--	--	--	--	--	--	--
	Buddhist	--	--	--	--	--	--	--	--	--	--	--	--
	Others	--	--	--	--	--	--	--	--	--	--	--	--
Wealth status	Poorest	43.3	--	--	3.3	10.0	3.3	40.0	--	--	--	--	--
	Second	41.1	1.8	--	--	8.9	1.8	44.6	1.8	--	--	--	--
	Middle	43.3	3.0	--	1.5	16.4	3.0	32.8	--	--	--	--	--
	Fourth	47.5	1.7	--	5.1	8.5	3.4	32.2	1.7	--	--	--	--
	Richest	28.3	1.7	--	3.3	13.3	1.7	46.7	--	3.3	1.7	--	--
All		40.4	1.8	--	2.6	11.8	2.6	39.0	0.7	0.7	0.4	--	--

Table 3.25C: Percentage distribution of the household decision maker who influenced the place of treatment of household members when they became sick at Debhata Upazila

Background characteristics		Place of medical care											
		Self	Father	Mother	Father & mother together	Husband	Wife	Husband & wife together	Mother-in-law	Father-in-law	Brother	Sister	Other
Religion	Islam	37.4	5.2	1.3	0.6	34.8	2.6	16.8	0.6	--	0.6	--	--
	Hindu	60.0	4.0	--	--	20.0	--	4.0	8.0	4.0	--	--	--
	Christian	--	--	--	--	--	--	--	--	--	--	--	--
	Buddhist	--	--	--	--	--	--	--	--	--	--	--	--
	Others	--	--	--	--	--	--	--	--	--	--	--	--
Wealth status	Poorest	44.7	2.6	--	--	42.1	--	10.5	--	--	--	--	--
	Second	33.3	13.3	--	--	13.3	20.0	20.0	--	--	--	--	--
	Middle	35.7	--	--	--	46.4	--	17.9	--	--	--	--	--
	Fourth	42.2	2.2	2.2	2.2	26.7	--	20.0	2.2	2.2	--	--	--
	Richest	40.7	9.3	1.9	--	29.6	1.9	11.1	3.7	--	1.9	--	--
All		40.6	5.0	1.1	0.6	32.8	2.2	15.0	1.7	0.6	0.6	--	--

Table 3.26: Distribution of average household medical care expenditure by type of disease/illness and cost elements in Taka at 3 Upazilas

Background characteristics		Cost of care									
		Consultation fee/ charge	Medicine	Lab. investigation	Transport	Host. bed fee/ charge	Food for patient	Operation charge	Un specified expenditure	Other	Total
Diseases/ Illnesses/ health conditions	Gastric ulcer	42.0	599.4	99.1	104.2	4.5	28.4	3.0	0.2	12.2	892.9
	Fever	32.6	284.5	35.3	28.4	0.8	6.7	1.4	1.2	2.3	393.1
	Toothache	38.2	1170.9	128.1	363.1	440.0	198.1	62.5	--	1.3	2402.3
	Joint pain	104.7	750.9	151.4	114.5	--	11.2	--	0.5	6.4	1139.7
	Respiratory disease	56.5	773.3	113.6	54.5	64.2	26.9	0.9	--	2.4	1092.3
	Diarrhoeal diaseases	31.0	360.2	32.0	44.6	4.7	4.5	--	--	0.8	477.9
	Tumour/cancer	257.1	16185.7	4521.4	711.4	4285.7	1528.6	1100.0	--	114.3	28704.3
	Backache	84.1	908.6	1182.4	175.2	--	23.8	--	126.2	9.5	2509.8
	Tonsillitis	65.4	356.7	157.1	56.2	19.0	0.5	--	--	0.0	655.0
	Headache	53.0	512.8	715.5	121.6	0.2	17.1	--	0.4	1.1	1421.6
	Hypertensive disease	265.0	10067.5	600.0	170.0	--	150.0	--	--	0.0	11252.5
	Pelvic Pain	47.6	586.8	344.6	48.6	4.0	7.9	3.4	3.4	25.3	1071.7
	Ischaemic heart disease	98.2	1781.0	1681.1	277.0	2.8	54.0	0.4	2.1	9.6	3906.2
	Malaria	117.2	2500.0	133.3	128.3	166.7	21.7	--	--	--	3067.2
	Disorder of nose	146.7	761.1	300.0	387.8	--	27.8	--	--	--	1623.3
	Dermatitis	12.5	662.5	--	10.0	--	0.0	--	--	--	685.0
	Low blood pressure	73.3	756.1	163.0	54.5	12.5	23.0	0.4	1.3	--	1084.0
	Disorders of urinary system	100.0	265.0	--	50.0	--	--	--	--	--	415.0
	Unspecified Jaundice	61.1	425.6	66.7	126.7	0.0	13.3	--	--	--	693.3
	Disorder of kidney	153.7	4052.5	3500.0	1335.0	1000.0	333.3	--	--	--	10374.5
	Oedema	4.0	1100.0	--	40.0	--	--	--	--	--	1144.0
	Arthropathies in hand	269.1	823.2	268.7	303.7	4.8	50.0	129.7	3.2	--	1852.4
	Diabetes mellitus	128.8	968.5	288.0	160.5	20.0	39.0	2.5	4.5	7.5	1619.3
	Chicken Pox	49.9	336.2	82.4	57.6	179.4	49.4	295.3	5.9	--	1056.1
	Disorders of eyes	141.9	898.2	744.5	757.0	73.3	57.7	266.7	3.7	3.3	2946.2
	Fracture in upper arm	1032.6	3395.3	217.5	115.0	17.5	207.5	312.5	6.3	12.5	5316.6
	Haemorrhoids	--	1000.0	--	--	--	--	--	--	--	1000.0
	Inflammatory diseases of female genital tract	180.0	2162.5	287.5	253.8	--	350.0	750.0	6.3	25.0	4015.0
	Scabies	15.0	151.3	--	21.4	--	--	--	--	--	187.7
	Open wound in lower leg	44.7	521.4	42.9	58.6	--	42.9	--	28.6	7.1	746.1
	Pulmonary tuberculosis	103.6	1000.0	314.0	30.0	--	200.0	--	--	50.0	1697.6
	Anaemia	81.9	613.3	196.2	133.5	26.9	10.0	3.5	--	7.7	1072.9
	Injury to genital organ	--	1000.0	150.0	100.0	--	--	--	--	--	1250.0
	Stomatitis	47.1	663.6	--	66.4	--	2.9	--	--	--	780.0
	Burn in lower leg	3.0	1500.0	--	150.0	--	--	--	--	--	1653.0
	Measles	0.5	142.5	--	43.3	--	--	--	--	--	186.3
	Epilepsy	350.0	850.0	200.0	140.0	--	175.0	--	--	--	1715.0
	Pulmonary disorder	--	1500.0	1500.0	500.0	--	20.0	--	--	--	3520.0
	Helminthiases	--	50.0	--	--	--	--	--	--	--	50.0
	Venereal disease	170.0	2763.3	525.0	188.3	--	100.0	--	33.3	125.0	3905.0
	Liver diseases	150.0	650.0	300.0	105.0	--	--	--	--	--	1205.0
	Gall stone	15.0	--	--	1000.0	--	--	3500.0	--	--	4515.0
	Disorders of ear	60.8	660.0	--	15.0	--	16.7	--	--	8.3	760.8
	Haemiplegia	96.7	21333.3	4233.3	1000.0	433.3	333.3	--	--	--	27430.0
	Bronchial asthma	67.1	2495.7	71.4	34.3	--	100.0	--	--	28.6	2797.1
	Abortion	34.3	1866.7	516.7	360.0	100.0	400.0	--	--	83.3	3361.0
	Pneumonia	87.2	1170.0	85.0	117.9	10.0	58.3	--	--	--	1528.4
	Autism	3.0	3000.0	--	200.0	--	--	--	--	--	3203.0
	Disorder of bones	300.0	6000.0	4000.0	200.0	--	--	--	--	--	10500.0

Background characteristics		Cost of care									
		Consultation fee/ charge	Medicine	Lab. investigation	Transport	Host. bed fee/ charge	Food for patient	Operation charge	Un specified expenditure	Other	Total
	Haematemesis (Blood vomiting)	50.6	972.5	250.0	78.8	--	--	--	--	--	1351.9
	Dog bite	57.5	1500.0	--	225.0	--	--	--	--	150.0	1932.5
	General weakness	--	700.0	450.0	40.0	--	--	--	--	--	1190.0
	Disorder related to pregnancy	92.2	1233.3	650.0	603.3	133.3	100.0	--	--	--	2812.2
	Anal fissure	600.0	4000.0	3000.0	1000.0	1500.0	300.0	1000.0	--	300.0	11700.0
	Delivery (Child birth)	5.0	4500.0	6033.3	3733.3	833.3	833.3	3433.3	516.7	66.7	19955.0
	Disorder of umbilicus	--	500.0	--	--	--	--	--	--	--	500.0
	Hernia	529.2	10700.0	2216.7	2873.3	441.7	866.7	1166.7	50.0	66.7	18910.8
	Appendicitis	131.4	2502.2	626.7	224.4	650.0	244.4	1055.6	72.2	44.4	5551.4
	Psychological problem	200.0	483.3	--	196.7	--	23.3	--	6.7	66.7	976.7
	Hydrocele	4.0	450.0	--	20.0	--	--	--	--	--	474.0
	Accident	13.3	340.0	50.0	76.7	--	--	--	--	--	480.0
Sex	Male	87.1	913.5	299.4	123.0	43.3	36.6	28.1	8.0	6.0	1545.0
	Female	63.8	810.6	292.6	138.2	65.3	48.5	69.7	2.3	7.8	1498.9
Wealth status	Poorest	36.6	403.9	155.0	46.1	2.8	19.1	19.6	1.0	2.0	686.2
	Second	45.7	725.5	134.7	85.9	23.4	23.3	60.0	1.3	7.6	1107.5
	Middle	47.2	499.1	185.8	85.8	41.2	35.8	40.0	1.2	3.5	939.7
	Fourth	139.3	1090.2	418.3	205.2	107.0	71.6	75.6	16.5	12.2	2135.9
	Richest	109.6	1611.3	602.9	237.0	102.9	65.9	51.2	5.4	9.5	2795.6
	All	75.2	861.2	296.0	130.7	54.5	42.6	49.3	5.1	6.9	1521.5
N		1409	1409	1409	1409	1409	1409	1409	1409	1409	1409

Table 3.26A: Distribution of average household medical care expenditure by type of disease/illness and cost elements in Taka at Rangunia Upazila

Background characteristics		Cost of care									
		Consultation fee/ charge	Medicine	Lab. investigation	Transport	Host. bed fee/ charge	Food for patient	Operation charge	Un specified expenditure	Other	Total
Diseases / Illnesses/ health conditions	Gastric ulcer	48.2	305.2	14.3	57.6	--	14.8	--	--	--	440.1
	Fever	31.9	235.4	43.1	29.4	1.2	3.9	0.3	0.8	2.4	348.4
	Toothache	41.2	203.0	70.0	38.0	8.0	--	--	--	--	360.2
	Joint pain	68.9	592.9	103.7	81.0	--	8.0	--	--	4.0	858.4
	Respiratory diseases	53.2	745.4	139.3	51.9	103.4	38.6	1.4	--	3.4	1136.5
	Diarrhoeal diseases	18.2	265.2	46.5	46.4	1.4	2.2	--	--	1.0	380.7
	Tumour/cancer	450.0	400.0	--	250.0	1500.0	500.0	2600.0	--	--	5700.0
	Backache	51.0	528.3	--	60.0	--	--	--	--	--	639.3
	Tonsillitis	104.6	328.6	342.9	75.7	57.1	1.4	--	--	--	910.3
	Headache	52.0	281.7	1590.0	71.0	0.4	24.1	--	--	2.2	2021.4
	Hypertensive disease	265.0	10067.5	600.0	170.0	--	150.0	--	--	--	11252.5
	Pelvic Pain	23.9	448.9	102.4	40.5	6.1	9.5	2.6	--	17.1	651.0
	Ischaemic heart disease	96.2	1364.8	1450.0	149.7	5.1	94.2	0.7	4.0	5.7	3170.4
	Malaria	117.2	2500.0	133.3	128.3	166.7	21.7	--	--	--	3067.2
	Disorders of nose	15.0	200.0	--	25.0	--	25.0	--	--	--	265.0
	Dermatitis	--	216.7	--	13.3	--	--	--	--	--	230.0
	Low blood pressure	47.5	678.0	113.3	55.3	33.3	14.7	1.0	--	--	943.2
	Disorders of urinary symptom	200.0	500.0	--	60.0	--	--	--	--	--	760.0
	Unspecified Jaundice	90.0	278.0	120.0	80.0	--	24.0	--	--	--	592.0

Background characteristics		Cost of care									
		Consultation fee/ charge	Medicine	Lab. investigation	Transport	Host. bed fee/ charge	Food for patient	Operation charge	Un specified expenditure	Other	Total
	Disorders of kidney	300.0	8000.0	5666.7	2666.7	2000.0	666.7	--	--	--	19300.0
	Arthropathies in hand	85.3	943.3	485.6	135.6	16.7	--	2.2	--	--	1668.7
	Diabetes mellitus	178.3	1215.5	352.7	167.3	18.2	43.6	--	--	9.1	1984.6
	Chicken Pox	27.3	205.0	--	25.0	--	35.0	--	--	--	292.3
	Disorder of eyes	74.1	590.8	1292.3	644.6	--	17.7	384.6	--	--	3004.1
	Fracture in upper arm	55.1	515.7	242.9	57.1	40.0	431.4	714.3	--	28.6	2085.1
	Inflammatory diseases of female genital tract	400.0	2000.0	2000.0	1000.0	--	--	--	--	--	5400.0
	Scabies	25.0	155.0	--	7.5	--	--	--	--	--	187.5
	Open wound in lower leg	--	200.0	--	20.0	--	--	--	150.0	--	370.0
	Pulmonary tuberculosis	10.0	3000.0	70.0	--	--	--	--	--	150.0	3230.0
	Anaemia	50.5	300.0	--	40.8	--	21.7	--	--	--	413.0
	Injury to general organ	--	1000.0	150.0	100.0	--	--	--	--	--	1250.0
	Stomatitis	7.5	592.5	--	36.3	--	5.0	--	--	--	641.3
	Burn in lower leg	3.0	1500.0	--	150.0	--	--	--	--	--	1653.0
	Measles	0.8	125.0	--	65.0	--	--	--	--	--	190.8
	Epilepsy	350.0	850.0	200.0	140.0	--	175.0	--	--	--	1715.0
	Pulmonary disorder	--	1500.0	1500.0	500.0	--	20.0	--	--	--	3520.0
	Helminthiases	--	50.0	--	--	--	--	--	--	--	50.0
	Venereal diseases	200.0	800.0	--	150.0	--	100.0	--	--	--	1250.0
	Liver diseases	300.0	1200.0	600.0	200.0	--	--	--	--	--	2300.0
	Gall stone	15.0	--	--	1000.0	--	--	3500.0	--	--	4515.0
	Disorders of ear	10.0	145.0	--	--	--	--	--	--	--	155.0
	Haemiplegia	20.0	7000.0	1350.0	1500.0	250.0	500.0	--	--	--	10620.0
	Bronchial asthma	200.0	400.0	--	100.0	--	--	--	--	--	700.0
	Haematemesis (Blood vomiting)	--	132.5	--	22.5	--	--	--	--	--	155.0
	Delivery (Child-birth)	7.5	5000.0	9000.0	3600.0	1250.0	1250.0	5000.0	775.0	100.0	25982.5
	Hernia	25.0	4000.0	1000.0	500.0	--	1000.0	--	--	--	6525.0
Sex	Male	48.4	488.0	235.4	89.3	21.8	26.1	32.2	4.8	3.2	949.3
	Female	48.6	601.6	283.3	90.8	42.6	35.1	45.8	0.7	4.1	1152.6
Wealth status	Poorest	31.4	264.1	204.5	32.9	0.1	12.7	6.0	0.8	1.8	554.1
	Second	38.3	382.1	87.1	76.7	7.8	11.0	43.2	--	5.6	651.8
	Middle	43.3	467.0	207.5	66.1	63.5	42.7	38.0	0.9	0.3	929.3
	Fourth	51.6	731.9	496.5	225.6	108.1	71.1	127.0	14.0	9.3	1835.1
	Richest	106.4	1328.6	520.4	112.7	19.1	44.5	0.5	2.5	2.0	2136.7
N		745	745	745	745	745	745	745	745	745	745

Table 3.26B: Distribution of average household medical care expenditure by type of disease/illness and cost elements in Taka at Tungipara Upazila

Background characteristics		Cost of care									
		Consultation fee/charge	Medicine	Lab. investigation	Transport	Host. bed fee/charge	Food for patient	Operation charge	Un specified expenditure	Other	Total
Diseases/ Illnesses/ health conditions	Gastric ulcer	57.5	587.5	176.3	204.2	13.2	13.2	2.1	0.6	16.8	1071.5
	Fever	43.1	436.6	32.8	31.1	0.1	16.3	3.0	2.6	1.3	566.9
	Toothache	50.7	1752.9	242.9	754.3	1000.0	452.9	142.9	--	2.9	4399.3
	Joint pain	202.8	1188.0	295.0	223.0	--	23.0	--	--	--	1931.8
	Respiratory disease	75.3	1068.8	114.2	78.1	0.6	3.2	--	--	1.3	1341.5
	Diarrhoeal diseases	72.5	537.5	--	52.2	17.5	14.1	--	--	0.6	694.4
	Tumour/cancer	450.0	55000.0	15750.0	2200.0	13500.0	4500.0	500.0	--	100.0	92000.0
	Backache	71.7	1050.0	1879.2	265.0	--	41.7	--	220.8	16.7	3545.0

Background characteristics		Cost of care									
		Consultation fee/charge	Medicine	Lab. investigation	Transport	Host. bed fee/charge	Food for patient	Operation charge	Un specified expenditure	Other	Total
	Tonsillitis	62.6	840.0	140.0	98.0	--	--	--	--	--	1140.6
	Headache	37.6	725.2	31.0	67.1	--	16.7	--	1.0	0.5	879.0
	Pelvic Pain	61.8	1218.6	932.3	66.4	--	9.1	9.1	13.6	1.8	2312.7
	Ischaemic heart disease	125.8	2910.6	2702.2	575.6	--	11.1	--	--	19.4	6344.7
	Disorders of nose	184.3	921.4	385.7	491.4	--	28.6	--	--	--	2011.4
	Low blood pressure	104.4	630.1	54.1	50.0	--	--	--	2.9	--	841.6
	Disorder of urinary symptom	--	30.0	--	40.0	--	--	--	--	--	70.0
	Unspecified Jaundice	25.0	610.0	--	185.0	--	--	--	--	--	820.0
	Disorders of kidney	2.0	--	--	10.0	--	--	--	--	--	12.0
	Oedema	5.0	200.0	--	30.0	--	--	--	--	--	235.0
	Arthropathies in hand	654.5	1224.5	327.3	732.7	--	140.9	363.6	9.1	--	3452.7
	Diabetes mellitus	76.9	731.3	235.0	171.3	25.0	37.5	6.3	11.3	6.3	1300.6
	Chicken Pox	56.9	376.5	107.7	67.7	234.6	53.8	386.2	7.7	--	1291.2
	Disorder of eyes	228.2	459.6	105.0	524.2	--	41.7	--	9.2	--	1367.8
	Fracture in upper arm	105.8	1868.3	213.3	240.0	--	50.0	--	16.7	--	2494.2
	Haemorrhoids	--	1000.0	--	--	--	--	--	--	--	1000.0
	Inflammatory diseases of female genital tract	6.7	1833.3	100.0	260.0	--	--	--	16.7	66.7	2283.3
	Scabies	5.0	380.0	--	120.0	--	--	--	--	--	505.0
	Open wound lower leg	75.8	487.5	25.0	70.0	--	--	--	12.5	5.0	675.8
	Pulmonary tuberculosis	1.5	325.0	350.0	50.0	--	--	--	--	--	726.5
	Anaemia	109.4	913.2	418.2	243.3	63.6	--	8.2	--	18.2	1774.0
	Stomatitis	100.0	758.3	--	106.7	--	--	--	--	--	965.0
	Measles	--	177.5	--	--	--	--	--	--	--	177.5
	Venereal diseases	250.0	1500.0	825.0	300.0	--	--	--	--	150.0	3025.0
	Liver diseases	--	100.0	--	10.0	--	--	--	--	--	110.0
	Disorders of ear	152.5	200.0	--	45.0	--	50.0	--	--	25.0	472.5
	Haemiplegia	250.0	50000.0	10000.0	--	800.0	--	--	--	--	61050.0
	Bronchia asthma	45.0	2845.0	83.3	23.3	--	116.7	--	--	33.3	3146.7
	Abortion	1.5	2050.0	225.0	520.0	150.0	600.0	--	--	50.0	3596.5
	Pneumonia	160.5	983.3	120.0	213.3	20.0	33.3	--	--	--	1530.5
	Disorder of bones	300.0	6000.0	4000.0	200.0	--	--	--	--	--	10500.0
	Haematemesis (Blood vomiting)	101.3	1812.5	500.0	135.0	--	--	--	--	--	2548.8
	Dog bite	57.5	1500.0	--	225.0	--	--	--	--	150.0	1932.5
	General weakness	--	700.0	450.0	40.0	--	--	--	--	--	1190.0
	Disorders related to pregnancy	92.2	1233.3	650.0	603.3	133.3	100.0	--	--	--	2812.2
	Anal fissure	600.0	4000.0	3000.0	1000.0	1500.0	300.0	1000.0	--	300.0	11700.0
	Delivery	--	3500.0	100.0	4000.0	--	--	300.0	--	--	7900.0
	Disorder of umbilicus	--	500.0	--	--	--	--	--	--	--	500.0
	Hernia	781.3	14050.0	2825.0	4060.0	662.5	800.0	1750.0	75.0	100.0	25103.8
	Appendicitis	268.3	3666.7	873.3	400.0	666.7	333.3	1500.0	116.7	100.0	7925.0
	Psychological problems	200.0	483.3	--	196.7	--	23.3	--	6.7	66.7	976.7
	Hydrocele	5.0	200.0	--	30.0	--	--	--	--	--	235.0
Sex	Male	101.6	1571.3	479.3	204.6	83.5	56.9	24.1	16.0	6.8	2544.0
	Female	97.9	1168.7	373.2	234.4	125.4	65.4	85.0	4.4	10.9	2165.3
Wealth status	Poorest	41.5	809.7	70.2	122.0	16.4	19.4	--	3.2	--	1082.3
	Second	59.4	1571.4	273.2	115.0	66.5	36.2	77.0	4.9	12.7	2216.2
	Middle	57.6	489.7	120.3	128.5	0.3	20.1	42.9	1.8	6.0	867.2
	Fourth	145.8	1340.1	469.2	276.3	163.1	94.3	64.7	25.7	13.1	2592.4
	Richest	148.6	2313.1	949.0	372.0	210.7	103.2	64.8	8.5	8.4	4178.3
Total		446	446	446	446	446	446	446	446	446	446

Table 3.26C: Distribution of average household medical care expenditure by type of disease/illness and cost elements in Taka at Debhata Upazila

Background characteristics		Cost of care									
		Consultation fee/ charge	Medicine	Lab. investigation	Transport	Host. bed fee/charge	Food for patient	Operation charge	Un specified expenditure	Other	Total
Diseases/Illnesses/ health conditions	Gastric ulcer	13.5	1026.1	120.0	42.7	--	66.7	8.3	--	23.3	1300.7
	Fever	12.8	197.0	--	16.8	--	--	3.3	0.5	3.6	233.9
	Toothache	12.5	1362.5	--	85.0	--	--	--	--	--	1460.0
	Joint pain	152.5	935.0	150.0	75.0	--	--	--	10.0	75.0	1397.5
	Respiratory disease	41.2	431.1	6.0	29.0	--	15.0	--	--	--	522.3
	Diarrhoeal diseases	30.0	647.1	--	14.3	--	--	--	--	--	691.4
	Tumour/cancer	--	833.3	50.0	26.7	--	233.3	500.0	--	200.0	1843.3
	Backache	200.0	1103.3	760.0	46.7	--	--	--	--	--	2110.0
	Tonsillitis	36.6	110.0	22.2	17.8	--	--	--	--	--	186.6
	Headache	91.3	607.8	77.8	377.8	--	--	--	--	--	1154.7
	Pelvic Pain	130.0	396.7	648.9	61.1	--	--	--	5.6	88.9	1331.1
	Ischaemic heart disease	43.8	800.0	250.0	82.5	--	--	--	--	2.5	1178.8
	Dermatitis	50.0	2000.0	--	--	--	--	--	--	--	2050.0
	Low blood pressure	55.6	1170.0	487.5	62.5	--	87.5	--	--	--	1863.1
	Disorders of kidney	10.0	157.5	2000.0	--	--	--	--	--	--	2167.5
	Oedema	3.0	2000.0	--	50.0	--	--	--	--	--	2053.0
	Arthropathies in hand	33.9	323.6	32.7	12.2	--	--	--	--	--	402.5
	Diabetes mellitus	--	150.0	--	--	--	--	--	--	--	150.0
	Disorder of eyes	111.2	2750.0	855.0	1608.0	440.0	200.0	600.0	--	20.0	6584.2
	Fracture in upper arm	5166.7	13168.3	166.7	--	--	--	--	--	--	18501.7
	Inflammatory diseases of female genital tract	255.0	2450.0	--	62.5	--	700.0	1500.0	--	--	4967.5
	Scabies	--	29.5	--	--	--	--	--	--	--	29.5
	Open wound lower leg	5.0	750.0	100.0	55.0	--	150.0	--	--	15.0	1075.0
	Pulmonary tuberculosis	252.5	675.0	400.0	25.0	--	500.0	--	--	50.0	1902.5
	Anaemia	106.7	766.7	166.7	102.0	--	--	--	--	--	1142.0
	Venereal disease	106.7	4260.0	500.0	126.7	--	166.7	--	66.7	150.0	5376.7
	Disorder of ear	20.0	1635.0	--	--	--	--	--	--	--	1655.0
	Abortion	100.0	1500.0	1100.0	40.0	--	--	--	--	150.0	2890.0
	Pneumonia	13.8	1356.7	50.0	22.5	--	83.3	--	--	--	1526.3
	Autism	3.0	3000.0	--	200.0	--	--	--	--	--	3203.0
	Appendicitis	63.0	1920.0	503.3	136.7	641.7	200.0	833.3	50.0	16.7	4364.7
	Hydrocele	3.0	700.0	--	10.0	--	--	--	--	--	713.0
	Accident	13.3	340.0	50.0	76.7	--	--	--	--	--	480.0
Sex	Male	198.1	1048.0	143.5	69.0	34.7	30.7	21.8	2.3	14.7	1562.6
	Female	46.2	785.1	166.7	103.4	21.8	59.0	116.5	3.2	13.6	1315.4
Wealth status	Poorest	53.1	563.9	37.4	21.7	--	45.8	96.9	--	5.2	823.9
	Second	66.5	684.4	27.6	54.1	--	105.9	176.5	--	5.9	1120.9
	Middle	28.2	706.8	324.0	26.0	80.0	60.0	40.0	0.8	10.8	1276.7
	Fourth	289.3	1286.5	178.7	34.7	--	30.0	0.8	4.2	15.8	1840.0
	Richest	54.0	943.2	189.9	211.5	59.6	39.7	104.8	4.9	22.1	1629.5
Total		218	218	218	218	218	218	218	218	218	218

Table 3.27: Average health care expenditure by type of service provider in 3 Upazilas (in Tk.)

Service Provider	Item of expenditure									
	Consultation fee/charge	Medicine	Lab. investigation	Trans-port	Host.Bedfee/charge	Foodfor Patient	Operation charge	Unspecified expenditure	Others	All (average) cost
Medical College Hospital	102.4	11162.3	5290.9	1010.9	3130.0	1370.0	183.6	227.3	18.2	22495.5
Specialized Hospital	198.4	1803.1	1314.8	694.4	59.9	94.2	1.4	5.6	15.0	4186.7
District Hospital	57.9	1595.2	390.5	249.0	49.5	127.1	126.3	7.8	26.7	2629.9
Upazila Health Complex	12.4	689.7	115.3	68.9	1.9	30.8	14.7	3.4	5.6	942.8
Union Health and Family welfare Centre/Sub centre/ Rural Dispensary	3.4	194.8	19.7	5.9	2.1	2.8	--	0.7	--	229.3
Maternal and Child Welfare Centre	--	3.0	--	1000.0	--	40.0	--	--	--	1043.0
Average (Public facilities)	42.5	1194.9	428.0	191.3	99.8	86.1	32.5	10.1	9.6	2094.9
Private Clinic/Hospital	364.8	2606.1	1244.0	486.6	288.7	141.3	418.5	18.8	30.3	5598.9
Doctor in NGO	--	3000.0	300.0	600.0	--	--	--	--	200.0	4100.0
NGO health worker	--	250.0	--	--	--	--	--	--	--	250.0
Practitioner (with formal degree)	118.0	701.4	272.8	83.5	1.0	13.4	0.5	1.6	5.1	1197.2
Informal Private Practitioner (modern medicine, without degree)	23.7	351.1	7.2	19.1	--	2.9	--	0.1	1.4	405.5
Homeopathic practitioner	7.5	236.8	--	20.3	0.9	0.5	--	--	2.3	268.3
Self treatment/pharmacy	16.9	374.8	39.5	53.0	3.9	11.1	18.9	1.0	0.5	519.6
Average (Private facilities)	88.9	727.1	243.4	105.7	36.1	25.1	56.4	3.0	5.9	1291.5
Others	32.0	350.0	--	176.0	--	--	--	--	--	558.0
All (average) cost (public and private)	75.2	861.2	296.0	130.7	54.5	42.6	49.3	5.1	6.9	1521.5

Table 3.27A: Average health care expenditure by type of service provider at Rangunia (in Tk.)

Service Provider	Item of expenditure									
	Consultation fee/charge	Medicine	Lab. investigation	Trans-port	Host.Bedfee/charge	Foodfor Patient	Operation charge	Unspecified expenditure	Others	All (average) cost
Medical College Hospital	28.2	243.3	833.3	36.7	71.7	511.7	3.3	--	--	1728.2
Specialized Hospital	102.0	1054.6	446.2	242.3	54.2	50.0	1.2	--	11.5	1961.9
District Hospital	40.3	2235.5	495.5	296.0	97.5	203.5	360.0	2.5	5.0	3735.8
Upazila Health Complex	8.1	362.7	79.8	50.8	3.4	7.7	0.3	1.2	7.1	521.2
Union Health and Family welfare Centre/Sub centre/ Rural Dispensary	3.5	307.6	33.5	5.9	3.5	4.7	--	1.2	--	360.0
Maternal and Child Welfare Centre	--	--	--	--	--	--	--	--	--	--
Average (Public facilities)	18.6	610.2	172.7	87.0	19.7	48.8	40.2	1.2	6.3	1004.8
Private Clinic/Hospital	188.5	1681.5	1705.4	526.0	340.0	146.8	367.8	25.4	18.1	4999.6
Doctor in NGO	--	--	--	--	--	--	--	--	--	--
NGO health worker	--	--	--	--	--	--	--	--	--	--
Practitioner (with formal degree)	88.6	460.7	270.9	65.9	1.5	19.0	0.5	1.8	2.7	911.8
Informal Private Practitioner (modern medicine, without degree)	17.8	282.3	6.6	19.8	--	4.5	--	--	--	331.0
Homeopathic practitioner	5.0	85.0	--	57.5	--	7.5	--	--	--	155.0
Self treatment/pharmacy	13.2	369.9	36.6	25.1	0.3	5.4	--	--	--	450.4
Average (Private facilities)	58.1	523.9	287.2	91.0	36.2	24.8	38.7	3.3	2.8	1066.0
Others	--	--	--	--	--	--	--	--	--	--
All (average) cost (public and private)	48.5	544.9	259.4	90.0	32.2	30.6	39.0	2.8	3.7	1051.1

Table 3.27B: Average health care expenditure by type of service provider at Tungipara (in Tk.)

Service Provider	Item of expenditure									
	Consultation fee/charge	Medicine	Lab. investigation	Trans-port	ost.Bedfee/cha ge	Foodfor Patient	Operation charge	Unspecified expenditure	Others	All (average) cost
Medical College Hospital	238.8	30300.0	13125.0	1975.0	8500.0	3000.0	500.0	625.0	50.0	58313.8
Specialized Hospital	245.9	2161.2	1730.6	893.3	65.8	117.3	1.5	8.2	15.8	5239.5
District Hospital	51.0	1103.5	266.9	233.1	28.8	56.3	--	6.3	10.9	1756.8
Upazila Health Complex	20.9	1045.3	165.9	94.4	0.2	27.2	7.8	4.4	2.9	1369.1
Union Health and Family welfare Centre/Sub centre/ Rural Dispensary	1.8	4.0	--	12.0	--	--	--	--	--	17.8
Maternal and Child Welfare Centre	--	3.0	--	1000.0	--	40.0	--	--	--	1043.0
Average (Public facilities)	72.6	1889.7	763.1	313.7	209.7	115.7	16.1	19.3	7.7	3407.6
Private Clinic/Hospital	453.4	4389.7	983.4	585.0	286.2	143.1	537.9	22.8	40.0	7441.6
Doctor in NGO	--	3000.0	300.0	600.0	--	--	--	--	200.0	4100.0
NGO health worker	--	250.0	--	--	--	--	--	--	--	250.0
Practitioner (with formal degree)	196.0	1104.9	284.0	139.4	--	3.2	--	1.5	11.1	1740.2
Informal Private Practitioner (modern medicine, without degree)	28.4	387.9	14.5	33.8	--	0.4	--	0.2	5.3	470.6
Homeopathic practitioner	9.5	274.5	--	19.6	1.2	--	--	--	3.2	308.0
Self treatment/pharmacy	34.2	470.2	68.1	166.1	17.8	35.0	88.0	4.3	0.6	884.4
Average (Private facilities)	119.2	1036.3	207.2	157.5	36.3	25.8	82.1	4.1	9.8	1678.4
Others	32.0	350.0	--	176.0	--	--	--	--	--	558.0
All (average) cost (public and private)	99.7	1367.3	425.5	219.7	104.7	61.2	55.0	10.1	8.9	2352.1

Table 3.27C: Average health care expenditure by type of service provider at Debhata (in Tk.)

Service Provider	Item of expenditure									
	Consultation fee/charge	Medicine	Lab. investigation	Trans-port	ost.Bedfee/cha ge	Foodfor Patient	Operation charge	Unspecified expenditure	Others	All (average) cost
Medical College Hospital	2.0	125.0	700.0	3000.0	--	--	--	--	--	3827.0
Specialized Hospital	40.0	760.0	100.0	350.0	--	--	--	--	25.0	1275.0
District Hospital	153.3	2083.3	700.0	176.7	--	250.0	20.8	33.3	183.3	3600.8
Upazila Health Complex	2.5	825.4	94.1	58.8	1.5	126.5	88.2	8.8	7.9	1213.8
Union Health and Family welfare Centre/Sub centre/ Rural Dispensary	4.3	57.1	--	1.4	--	--	--	--	--	62.9
Maternal and Child Welfare Centre	--	--	--	--	--	--	--	--	--	--
Average (Public facilities)	22.4	852.2	166.0	135.4	1.0	116.0	62.5	10.0	28.4	1393.8
Private Clinic/Hospital	617.3	2697.1	609.5	319.4	193.5	129.0	403.2	2.3	44.5	5015.9
Doctor in NGO	--	--	--	--	--	--	--	--	--	--
NGO health worker	--	--	--	--	--	--	--	--	--	--
Practitioner (with formal degree)	120.8	1379.6	255.8	59.4	--	--	1.9	--	5.8	1823.3
Informal Private Practitioner (modern medicine, without degree)	27.1	406.2	2.3	6.8	--	3.0	--	--	--	445.5
Homeopathic practitioner	1.7	158.3	--	10.5	--	--	--	--	--	170.5
Self treatment/pharmacy	6.4	209.0	--	8.6	--	--	4.5	0.9	3.6	233.1
Average (Private facilities)	144.6	923.1	152.9	73.3	35.7	25.0	75.6	0.6	9.8	1440.7
Others	--	--	--	--	--	--	--	--	--	--
All (average) cost (public and private)	116.6	906.9	155.9	87.5	27.8	45.9	72.6	2.8	14.1	1429.9

Table 3.28: Percent distribution on level of satisfaction with services at hospital/clinic by Upazila

Levels of satisfaction by criteria		Name of Upazila						All	
		Rangunia		Tungipara		Debhata			
		Count	%	Count	%	Count	%	Count	%
Dealings of clinic staff with patient	Very satisfied	5	5.0	3	3.0	19	18.8	27	8.9
	Moderately satisfied	27	27.0	41	40.6	50	49.5	118	39.1
	Satisfied	48	48.0	21	20.8	29	28.7	98	32.5
	Poorly satisfied	13	13.0	5	5.0	2	2.0	20	6.6
	Not satisfied	7	7.0	3	3.0	--	--	10	3.3
	Not applicable	--	--	28	27.7	1	1.0	29	9.6
Behaviour of the doctor(s) with patient	Very satisfied	15	15.0	34	33.7	18	17.8	67	22.2
	Moderately satisfied	37	37.0	46	45.5	60	59.4	143	47.4
	Satisfied	35	35.0	16	15.8	20	19.8	71	23.5
	Poorly satisfied	13	13.0	5	5.0	1	1.0	19	6.3
	Not satisfied	--	--	--	--	1	1.0	1	.3
	Not applicable	--	--	--	--	1	1.0	1	.3
Behaviour of the others service providers with patient	Very satisfied	4	4.0	1	1.0	11	10.9	16	5.3
	Moderately satisfied	22	22.0	22	21.8	56	55.4	100	33.1
	Satisfied	35	35.0	46	45.5	30	29.7	111	36.8
	Poorly satisfied	33	33.0	7	6.9	3	3.0	43	14.2
	Not satisfied	6	6.0	--	--	--	--	6	2.0
	Not applicable	--	--	25	24.8	1	1.0	26	8.6
Skill/competency of the service providers	Very satisfied	3	3.0	22	21.8	10	9.9	35	11.6
	Moderately satisfied	21	21.0	37	36.6	54	53.5	112	37.1
	Satisfied	52	52.0	39	38.6	34	33.7	125	41.4
	Poorly satisfied	17	17.0	3	3.0	2	2.0	22	7.3
	Not satisfied	3	3.0	--	--	--	--	3	1.0
	Not applicable	4	4.0	--	--	1	1.0	5	1.7
Time spent by the service providers in taking history of patient illness	Very satisfied	1	1.0	17	16.8	4	4.0	22	7.3
	Moderately satisfied	24	24.0	30	29.7	39	38.6	93	30.8
	Satisfied	45	45.0	40	39.6	47	46.5	132	43.7
	Poorly satisfied	25	25.0	12	11.9	8	7.9	45	14.9
	Not satisfied	5	5.0	2	2.0	2	2.0	9	3.0
	Not applicable	--	--	--	--	1	1.0	1	.3
Time spent for examination of the patient	Very satisfied	--	--	14	13.9	3	3.0	17	5.6
	Moderately satisfied	17	17.0	22	21.8	40	39.6	79	26.2
	Satisfied	36	36.0	38	37.6	41	40.6	115	38.1
	Poorly satisfied	33	33.0	21	20.8	8	7.9	62	20.5
	Not satisfied	11	11.0	2	2.0	4	4.0	17	5.6
	Not applicable	3	3.0	4	4.0	5	5.0	12	4.0
Maintained privacy during examination of patient	Very satisfied	1	1.0	10	9.9	1	1.0	12	4.0
	Moderately satisfied	16	16.0	41	40.6	41	40.6	98	32.5
	Satisfied	18	18.0	33	32.7	36	35.6	87	28.8
	Poorly satisfied	20	20.0	12	11.9	7	6.9	39	12.9
	Not satisfied	39	39.0	3	3.0	9	8.9	51	16.9
	Not applicable	6	6.0	2	2.0	7	6.9	15	5.0
Availability of doctor	Very satisfied	4	4.0	14	13.9	2	2.0	20	6.6
	Moderately satisfied	20	20.0	47	46.5	42	41.6	109	36.1
	Satisfied	28	28.0	24	23.8	49	48.5	101	33.4
	Poorly satisfied	29	29.0	10	9.9	4	4.0	43	14.2
	Not satisfied	19	19.0	6	5.9	4	4.0	29	9.6
Arrangement for patient waiting room/space	Very satisfied	--	--	32	31.7	5	5.0	37	12.3
	Moderately satisfied	10	10.0	36	35.6	41	40.6	87	28.8
	Satisfied	34	34.0	24	23.8	35	34.7	93	30.8
	Poorly satisfied	16	16.0	3	3.0	10	9.9	29	9.6
	Not satisfied	40	40.0	6	5.9	9	8.9	55	18.2
	Not applicable	--	--	--	--	1	1.0	1	.3
Arrangement for women patient waiting room	Very satisfied	--	--	24	23.8	8	7.9	32	10.6
	Moderately satisfied	7	7.0	16	15.8	29	28.7	52	17.2
	Satisfied	19	19.0	21	20.8	30	29.7	70	23.2
	Poorly satisfied	24	24.0	17	16.8	16	15.8	57	18.9
	Not satisfied	43	43.0	23	22.8	16	15.8	82	27.2
	Not applicable	7	7.0	--	--	2	2.0	9	3.0
Waiting time for consultation	Very satisfied	--	--	14	13.9	1	1.0	15	5.0
	Moderately satisfied	20	20.0	35	34.7	33	32.7	88	29.1

Levels of satisfaction by criteria		Name of Upazila						All	
		Rangunia		Tungipara		Debhata			
		Count	%	Count	%	Count	%	Count	%
	Satisfied	48	48.0	33	32.7	53	52.5	134	44.4
	Poorly satisfied	17	17.0	13	12.9	10	9.9	40	13.2
	Not satisfied	15	15.0	6	5.9	3	3.0	24	7.9
	Not applicable	--	--	--	--	1	1.0	1	.3
Cleanliness of facility premises	Very satisfied	6	6.0	15	14.9	1	1.0	22	7.3
	Moderately satisfied	19	19.0	42	41.6	31	30.7	92	30.5
	Satisfied	12	12.0	29	28.7	59	58.4	100	33.1
	Poorly satisfied	22	22.0	11	10.9	8	7.9	41	13.6
	Not satisfied	41	41.0	4	4.0	1	1.0	46	15.2
	Not applicable	--	--	--	--	1	1.0	1	.3
Cleanliness of toilet	Very satisfied	2	2.0	2	2.0	--	--	4	1.3
	Moderately satisfied	20	20.0	4	4.0	17	16.8	41	13.6
	Satisfied	17	17.0	9	8.9	30	29.7	56	18.5
	Poorly satisfied	6	6.0	4	4.0	14	13.9	24	7.9
	Not satisfied	38	38.0	14	13.9	11	10.9	63	20.9
	Not applicable	17	17.0	68	67.3	29	28.7	114	37.7
Availability of medicine	Very satisfied	2	2.0	18	17.8	3	3.0	23	7.6
	Moderately satisfied	12	12.0	23	22.8	39	38.6	74	24.5
	Satisfied	50	50.0	32	31.7	44	43.6	126	41.7
	Poorly satisfied	26	26.0	20	19.8	12	11.9	58	19.2
	Not satisfied	10	10.0	8	7.9	2	2.0	20	6.6
	Not applicable	--	--	--	--	1	1.0	1	.3
Convenience of current timing of service delivery	Very satisfied	1	1.0	25	24.8	1	1.0	27	8.9
	Moderately satisfied	13	13.0	29	28.7	38	37.6	80	26.5
	Satisfied	46	46.0	35	34.7	52	51.5	133	44.0
	Poorly satisfied	27	27.0	6	5.9	8	7.9	41	13.6
	Not satisfied	12	12.0	5	5.0	1	1.0	18	6.0
	Not applicable	1	1.0	1	1.0	1	1.0	3	1.0
Location of service delivery point	Very satisfied	16	16.0	35	34.7	7	6.9	58	19.2
	Moderately satisfied	37	37.0	49	48.5	54	53.5	140	46.4
	Satisfied	23	23.0	7	6.9	26	25.7	56	18.5
	Poorly satisfied	15	15.0	5	5.0	12	11.9	32	10.6
	Not satisfied	9	9.0	5	5.0	--	--	14	4.6
	Not applicable	--	--	--	--	2	2.0	2	.7
Counseling session for the patient/guardians	Very satisfied	--	--	21	20.8	--	--	21	7.0
	Moderately satisfied	5	5.0	25	24.8	9	8.9	39	12.9
	Satisfied	18	18.0	40	39.6	41	40.6	99	32.8
	Poorly satisfied	13	13.0	6	5.9	9	8.9	28	9.3
	Not satisfied	50	50.0	4	4.0	1	1.0	55	18.2
	Not applicable	14	14.0	5	5.0	41	40.6	60	19.9
Regular visit to indoor patients by treating doctors	Very satisfied	5	5.0	7	6.9	--	--	12	4.0
	Moderately satisfied	8	8.0	13	12.9	8	7.9	29	9.6
	Satisfied	1	1.0	1	1.0	11	10.9	13	4.3
	Poorly satisfied	--	--	--	--	1	1.0	1	.3
	Not satisfied	4	4.0	--	--	1	1.0	5	1.7
	Not applicable	82	82.0	80	79.2	80	79.2	242	80.1
Nursing care of indoor patients	Very satisfied	6	6.0	2	2.0	--	--	8	2.6
	Moderately satisfied	3	3.0	10	9.9	7	6.9	20	6.6
	Satisfied	2	2.0	8	7.9	14	13.9	24	7.9
	Poorly satisfied	4	4.0	1	1.0			5	1.7
	Not satisfied	3	3.0	--	--	1	1.0	4	1.3
	Not applicable	82	82.0	80	79.2	79	78.2	241	79.8
Food supply to indoor patients	Very satisfied	--	--	1	1.0	--	--	1	.3
	Moderately satisfied	1	1.0	10	9.9	6	5.9	17	5.6
	Satisfied	2	2.0	8	7.9	15	14.9	25	8.3
	Poorly satisfied	5	5.0	--	--	--	--	5	1.7
	Not satisfied	1	1.0	--	--	1	1.0	2	.7
	Not applicable	91	91.0	82	81.2	79	78.2	252	83.4
Total		100	100.0	101	100.0	101	100.0	302	100.0

Table 3.29: Distribution of the respondents by their opinion on how to cope with the health risk of household members if the main wage-earner becomes severely sick

Coping Strategies	Locations							
	Rangunia		Tungipara		Debhata		All	
	%	#	%	#	%	#	%	#
NGO will lend money from elder brother/relatives/ neighbours/NGO	73.2	287	73.2	199	67.2	121	71.9	607
Will cope with saved money	16.3	64	11.4	31	28.3	51	17.3	146
Will go to neighbouring doctor	4.3	17	0.7	2	0.6	1	2.4	20
Will visit to doctor with patient	27.3	107	21.7	59	0.6	1	19.8	167
Will earn income myself/will earn income through collection of fire wood from hills	1.0	4	0.4	1	4.4	8	1.5	13
Will give by selling trees	0.8	3	0.4	1	--	--	0.5	4
Will take from shops in due payment	1.0	4		--	--	--	0.5	4
Will sell assets of the house/crops	3.1	12	1.5	4	1.1	2	2.1	18
Will mortgage/ornaments/lands	1.8	7	12.1	33	6.7	12	6.2	52
Will take her/him to Dhaka	1.8	7	0.4	1	--	--	0.9	8
Will take assistance from member	0.8	3	--	--	--	--	0.4	3
Will spend from capital of business	0.3	1	--	--	--	--	0.1	1
Not having any plan	0.8	3	1.8	5	8.3	15	2.7	23
Will send son-daughters to earn money	--	--	--	--	2.8	5	0.6	5
Will take the patient soon to the hospital	2.3	9	1.1	3	0.6	1	1.5	13
Will arrange transport	0.8	3	0.4	1	--	--	0.5	4
Will take the patient to the private clinic	0.3	1	--	--	--	--	0.1	1
Will provide care service	0.5	2	--	--	--	--	0.2	2
Will take her/him to Dhaka	0.8	3	--	--	--	--	0.4	3

Table 3.30: Distribution of the respondents by their perception about health problem as a risk (in %)

Household Characteristics	Perception about health problem as a risk				
	Not anticipating risk at all	Uncertain about such anticipation	Moderately anticipating	Highly anticipating	Don't know
Rangunia					
Poorest	25.0	29.2	25.4	24.4	33.3
Second	37.5	18.8	19.8	34.0	--
Middle	25.0	22.9	23.2	14.1	33.3
Fourth	12.5	22.9	15.3	12.8	33.3
Richest	--	6.3	16.4	14.7	--
Tungipara					
Poorest	--	12.5	16.5	8.6	--
Second	5.0	18.8	22.3	21.1	40.0
Middle	40.0	50.0	17.5	24.2	40.0
Fourth	25.0	12.5	23.3	21.9	--
Richest	30.0	6.3	20.4	24.2	20.0
Debhata					
Poorest	33.3	13.0	21.9	22.0	25.0
Second	--	8.7	8.6	7.3	12.5
Middle	--	13.0	18.1	7.3	37.5
Fourth	--	47.8	22.9	24.4	--
Richest	66.7	17.4	28.6	39.0	25.0
All (in 3 Upazila)	3.6	10.3	45.6	38.5	1.8

Table 3.31: Household reported reasons regarding unacceptability of benefit packages (%)

Indicators	Location							
	Rangunia		Tungipara		Debhata		All	
	%	#	%	#	%	#	%	#
Not possible to pay regular instalment	15.5	13	12.3	8	5.6	2	12.4	23
No faith on insurance	47.6	40	23.1	15	13.9	5	32.4	60
Flee away after taking money instatement	3.6	3	-	-	-	-	1.6	3
Certainly would not get treatment despite paying money	7.1	6	3.1	2	2.8	1	4.9	9
Could not tell without husband's permission	1.2	1	12.3	8	30.6	11	10.8	20
Will take free of cost	22.6	19	21.5	14	19.4	7	21.6	40
Govt. hospital will provide free treatment	1.2	1	-	-	-	-	.5	1
No male income earner in family so will not give money	1.2	1	-	-	-	-	.5	1
To be faced in time/it seems hassle/will have to think more	-	-	18.5	12	2.8	1	7.0	13
Will not get return savings money/will not deposit money to others	1.2	1	16.9	11	11.1	4	8.6	16
NA	1.2	1	4.6	3	13.9	5	4.9	9

Table 3.32: Percentage distribution of the respondents by their opinion on how to cope health risk of household members at the death of main wage-earner of the household

Background characteristics		Locations							
		Rangunia		Tungipara		Debhata		All	
		%	#	%	#	%	#	%	#
Level of perception of health problem as a health risk	Will take money from elder brother/relatives/neighbors/NGO	73.2	287	73.2	199	67.2	121	71.9	607
	Will cope with saved money	16.3	64	11.4	31	28.3	51	17.3	146
	Will go to neighboring doctor	4.3	17	.7	2	.6	1	2.4	20
	Will visit to doctor with patient	27.3	107	21.7	59	.6	1	19.8	167
	Will earn income myself/will earn income through collection of fire wood from hills	1.0	4	.4	1	4.4	8	1.5	13
	Will give by selling trees	.8	3	.4	1			.5	4
	Will take from shops in due payment	1.0	4					.5	4
	Will sell assets of the house/crops	3.1	12	1.5	4	1.1	2	2.1	18
	Will mortgage/ornaments/lands	1.8	7	12.1	33	6.7	12	6.2	52
	In case of severe problem will take her/him to Dhaka	1.8	7	.4	1			.9	8
	Will take assistance from member	.8	3	-	-	-	-	.4	3
	Will spend from capital of business	.3	1	-	-	-	-	.1	1
	Not having any plan	.8	3	1.8	5	8.3	15	2.7	23
	Will send son-daughters to earn money	-	-	-	-	2.8	5	.6	5
	Will take soon the patient to the hospital	2.3	9	1.1	3	.6	1	1.5	13
	Will arrange transport	.8	3	.4	1	-	-	.5	4
	Will take the patient to the private clinic	.3	1	-	-	-		.1	1
	Will provide care service	.5	2	-	-	-	-	.2	2
	In case of severe problem will take her/him to Dhaka	.8	3	-	-	-	-	.4	3
Wealth quintiles	Poorest	25.5	100	11.0	30	21.1	38	19.9	168
	Second	25.5	100	20.6	56	8.3	15	20.3	171
	Middle	19.6	77	24.6	67	15.6	28	20.4	172
	Fourth	15.3	60	21.7	59	25.0	45	19.4	164
	Richest	14.0	55	22.1	60	30.0	54	20.0	169
Total		100.0	392	100.0	272	100.0	180	100.0	844

Table 3.33A: Percentage distribution of the respondents by their level of interest to accept benefit package in exchange of money at Rangunia Upazila

Background characteristics		Level of interest to accept benefit package				
		Highly acceptable	Moderately acceptable	Somehow acceptable	Not acceptable at all	Uncertain
Sex	Male	87.7	89.7	-	85.7	83.3
	Female	12.3	10.3	-	14.3	16.7
Education of respondents	No education	30.5	36.8	-	68.8	16.7
	Incomplete Primary	18.2	20.0	-	14.3	16.7
	Primary	8.4	9.7	-	3.9	
	Class VI-IX	18.2	20.6	-	7.8	33.3
	SSC	9.1	5.2	-	5.2	33.3
	HSC	6.5	2.6	-	-	-
	HSC+	9.1	4.5	-	-	-
	Madrassa (Qaumi)	-	.6	-	-	-
Religion	Islam	79.9	89.0	-	94.8	66.7
	Hindu	20.1	4.5	-	--	16.7
	Christian	-	-	-	--	-
	Buddhist	-	6.5	-	5.2	16.7
	Others	-	-	-	--	-
Wealth quintiles	Poorest	18.2	27.1	-	36.4	33.3
	Second	20.8	23.9	-	39.0	16.7
	Middle	21.4	20.6	-	15.6	-
	Fourth	16.2	16.8	-	9.1	33.3
	Richest	23.4	11.6	-	-	16.7
Total		154	155	-	77	6

Table 3.33B: Percentage distribution of the respondents by their level of interest to accept benefit package in exchange of money at Tungipara Upazila

Background characteristics		Level of interest to accept benefit package				
		Highly acceptable	Moderately acceptable	Somehow acceptable	Not acceptable at all	Uncertain
Sex	Male	95.3	97.0	-	86.7	90.0
	Female	4.7	3.0	-	13.3	10.0
Education of respondents	No education	16.8	34.0	-	26.7	35.0
	Incomplete Primary	24.3	35.0	-	28.9	20.0
	Primary	11.2	8.0	-	8.9	20.0
	Class VI-IX	28.0	12.0	-	24.4	15.0
	SSC	10.3	8.0	-	2.2	
	HSC	1.9	1.0	-	4.4	5.0
	HSC+	4.7	2.0	-	2.2	5.0
	Madrassa (Qaumi)	2.8		-	2.2	
Religion	Islam	72.9	81.0	-	82.2	85.0
	Hindu	27.1	19.0	-	17.8	15.0
	Christian	-	-	-	-	-
	Buddhist	-	-	-	-	-
	Others	-	-	-	-	-
Wealth quintiles	Poorest	14.0	10.0	-	8.9	5.0
	Second	16.8	25.0	-	20.0	20.0
	Middle	22.4	25.0	-	28.9	25.0
	Fourth	21.5	22.0	-	22.2	20.0
	Richest	25.2	18.0	-	20.0	30.0
Total		107	100	-	-	20

Table 3.33C: Percentage distribution of the respondents by their level of interest to accept benefit package in exchange of money at Debhata Upazila

Background characteristics		Level of interest to accept benefit package				
		Highly acceptable	Moderately acceptable	Somehow acceptable	Not acceptable at all	Uncertain
Sex	Male	92.9	89.8	-	85.0	100.0
	Female	7.1	10.2	-	15.0	
Education of respondents	No education	47.1	54.2	-	35.0	50.0
	Incomplete Primary	11.8	16.9	-	40.0	6.3
	Primary	14.1	3.4	-	5.0	6.3
	Class VI-IX	20.0	18.6	-	20.0	25.0
	SSC	4.7	3.4	-	-	6.3
	HSC	2.4	1.7	-	-	6.3
	HSC+	-	1.7	-	-	-
	Madrassa (Qaumi)	-	-	-	-	-
Religion	Islam	84.7	-	-	70.0	87.5
	Hindu	15.3	6.8	-	30.0	12.5
	Christian	-	-	-	-	-
	Buddhist	-	-	-	-	-
	Others	-	-	-	-	-
Wealth quintiles	Poorest	23.5	22.0	-	20.0	6.3
	Second	7.1	5.1	-	10.0	25.0
	Middle	10.6	22.0	-	15.0	18.8
	Fourth	28.2	22.0	-	25.0	18.8
	Richest	30.6	28.8	-	30.0	31.3
Total		85	59		-	16

Table 3.34A: Percentage distribution of the respondents by their fascination to particular benefit packages at Rangunia Upazila

Background characteristics		Fascination to particular benefit packages		
		Package 1	Package 2	Package 3
Education of household head	No education	46.2	32.7	29.9
	Incomplete Primary	12.3	11.5	22.9
	Primary	10.8	13.5	8.3
	Class VI-IX	16.9	23.1	20.8
	SSC	10.8	9.6	6.3
	HSC	3.1	3.8	2.8
	HSC+	-	5.8	9.0
	Madrassa (Qaumi)	-	-	-
Religion	Islam	81.5	78.8	86.8
	Hindu	13.8	15.4	9.7
	Christian	-	-	-
	Buddhist	4.6	5.8	3.5
	Others	-	-	-
Wealth quintiles	Poorest	27.7	21.2	22.9
	Second	20.0	34.6	18.8
	Middle	27.7	15.4	24.3
	Fourth	13.8	23.1	13.9
	Richest	10.8	5.8	20.1
Total		65	52	144

Table 3.34B: Percentage distribution of the respondents by their fascination to particular benefit packages at Tungipara Upazila

Background characteristics		Fascination to particular benefit packages		
		Package 1	Package 2	Package 3
Education of household head	No education	44.4	32.4	18.0
	Incomplete Primary	19.4	37.8	30.0
	Primary	2.8		15.0
	Class VI-IX	16.7	16.2	23.0
	SSC	16.7	8.1	7.0
	HSC	-	-	3.0
	HSC+	-	2.7	3.0
	Madrassa (Qaumi)	-	2.7	1.0
Religion	Islam	66.7	91.9	74.0
	Hindu	33.3	8.1	26.0
	Christian	-	-	-
	Buddhist	-	-	-
	Others	-	-	-
Wealth quintiles	Poorest	19.4	5.4	15.0
	Second	16.7	21.6	24.0
	Middle	27.8	27.0	19.0
	Fourth	19.4	24.3	22.0
	Richest	16.7	21.6	20.0
Total		36	37	100

Table 3.34C: Percentage distribution of the respondents by their fascination to particular benefit packages at Debhata Upazila

Background characteristics		Fascination to particular benefit packages		
		Package 1	Package 2	Package 3
Education of household head	No education	35.3	100.0	56.3
	Incomplete Primary	17.6	-	12.5
	Primary	5.9	-	8.3
	Class VI-IX	23.5	-	14.6
	SSC	11.8	-	6.3
	HSC	5.9		2.1
	HSC+	-	-	-
	Madrassa (Qaumi)	-		-
Religion	Islam	94.1	100.0	83.3
	Hindu	5.9	-	16.7
	Christian	-	-	-
	Buddhist	-	-	-
	Others	-		
Wealth quintiles	Poorest	23.5	50.0	14.6
	Second	5.9	-	12.5
	Middle	17.6	50.0	14.6
	Fourth	23.5	-	31.3
	Richest	29.4	-	27.1
Total		17	2	48

Table 3.35A: Distribution of the respondents by their willingness to pay average amount of money by packages at Rangunia Upazila

Background characteristics		Amount of money in Taka by benefit packages		
		Taka for Package 1	Taka for Package 2	Taka for Package 3
Education of household head	No education	45.5	77.6	106.2
	Incomplete Primary	28.8	51.7	72.0
	Primary	52.9	74.3	93.8
	Class VI-IX	67.3	95.8	122.2
	SSC	48.6	118.0	262.2
	HSC	75.0	110.0	85.0
	HSC+	-	53.3	78.5
	Madrassa (Qaumi)	-	-	-
Religion	Islam	47.8	84.4	109.4
	Hindu	56.7	67.5	87.1
	Christian	-	-	-
	Buddhist	50.0	90.0	110.0
	Others	-	-	-
Wealth quintiles	Poorest	51.4	78.2	107.3
	Second	35.8	78.9	123.1
	Middle	37.5	112.5	97.3
	Fourth	64.4	57.5	77.0
	Richest	78.6	133.3	125.5
Total		65	52	145

Table 3.35B: Distribution of the respondents by their willingness to pay average amount of money by packages at Tungipara Upazila

Background characteristics		Amount of money in Taka by benefit packages		
		Taka for Package 1	Taka for Package 2	Taka for Package 3
Education of household head	No education	51.3	100.2	269.7
	Incomplete Primary	25.7	129.9	29.3
	Primary	10.0	-	29.3
	Class VI-IX	143.3	63.3	30.7
	SSC	125.8	76.7	97.1
	HSC	-	-	203.3
	HSC+	-	20.0	46.7
	Madrassa (Qaumi)	-	60.0	50.0
Religion	Islam	81.0	107.6	103.0
	Hindu	56.7	16.7	28.3
	Christian	-	-	-
	Buddhist	-	-	-
	Others	-	-	-
Wealth quintiles	Poorest	155.0	150.0	303.3
	Second	84.2	230.6	29.2
	Middle	33.5	59.0	34.2
	Fourth	12.1	56.7	35.5
	Richest	102.5	58.1	84.0
Total		36	37	100

Table 3.35C: Distribution of the respondents by their willingness to pay average amount of money by packages at Debhata Upazila

Background characteristics		Amount of money in Taka by benefit packages		
		Taka for Package 1	Taka for Package 2	Taka for Package 3
Education of household head	No education	22.5	40.0	22.6
	Incomplete Primary	23.3	-	57.0
	Primary	30.0	-	161.8
	Class VI-IX	25.0	-	20.7
	SSC	35.0	-	13.3
	HSC	15.0	-	300.0
	HSC+	-	-	-
	Madrassa (Qaumi)	-	-	-
Religion	Islam	25.3	40.0	45.0
	Hindu	15.0		35.6
	Christian	-	-	-
	Buddhist		-	-
	Others	-	-	-
Wealth quintiles	Poorest	18.75	10.00	49.57
	Second	20.00	-	46.67
	Middle	18.33	70.00	17.14
	Fourth	28.75	-	17.67
	Richest	31.00	-	82.46
Total		17	2	48

Annex-2

Data Collection Instruments

DCI-1

Location ID: | | | | |

Socio-Economic Assessment to Identify the Poor in Pilot Areas and Baseline Studies on Willingness to Pay, Health Seeking Behaviour, Health Expenses and Patient Satisfaction

Poor Household Identification Format

Location Information			
District: Gopalgonj=1, Satkhira=2, Chittagong=3			
Upazila: Tungipara=1, Debhata=2, Rangunia=3			
Rural	**Urban/ Pourashava**	**SpecificLocation Name**	**Code**
Union =1,	Ward = 2		
Village = 1,	Mahalla = 2		
Para =1	Street = 2		

Date:
Field Investigator:
Supervisor:

List of Households by Selected Characteristics

Sl #	Name of Household's Head	Father's/ Husband's Name	# of HH members	Household Characteristics* (May be More than One Answer)												Safety net support receiving status**

***Household Characteristics code:** Landless household type 1(no homestead, no other land) = 1, Landless household type 2 (homestead only and other land) = 2, Landless household type 3 (all type of land ownership less than 15 decimal) = 3, Landless household type 4 (land ownership including homestead less than 50 decimal) = 4, Household living on other's homestead= 5, Pavement dwellers = 6, Household does not have regular income = 7, Main earning person or the head of family is a casual day laborer = 8, Household frequently does not able to have 3 meals a day (Extreme food insecure) = 9 Household headed by disable person = 10, Household headed by a female = 11, Household headed by an elderly (65+ year) person = 12, Household residing in a rented premise lesser than 200 sq feet = 13, Household have no permanent income source =14, Household having very poor condition of homestead =15, Household head is an widow = 16, Household head is a deserted women = 17, Household head is a destitute women = 18, Household having no male earning members = 19, Household having extremely low and irregular income (less than Tk. 2500 per month) = 20, Not applicable=99

****Safety net support receiving status code:**VGD recipient =1, VGF recipient = 2, Old age pension recipient =3, Widow/Deserted Destitute Women Allowance recipient = 4, Rural Employment and Rural Maintenance Program Benefit recipient = 5,Financially Insolvent DisabledAllowances =6, 100 Day Employment Generation Program Benefit recipient =7,Maternal Health Voucher Allowance recipient = 8, Disabled freedom fighter allowance =9, Not applicable =99

DCI - 2

Sample ID | | | |

Pourashava = 1, Union = 2

Socio-Economic Assessment to Identify the Poor in Pilot Areas and Baseline Studies on Willingness to Pay, Health Seeking Behavior, Health Expenses and Patient Satisfaction

Household Interview Schedule

Interviewer: Introduce yourself to the respondent. Then tell the main purpose you are there. Take his/her permission before start of interview or to ask question. Don't forget to thank the respondent both at the start and end of interview.

Location Information

Name of the Respondent.....

District	Chittagong= 1, Gopalgonj = 2, Satkhira = 3	
Upazila	Rangunia = 1, Tungipara = 2, Debhata = 3	
Union/ Ward		
Village/ Mahallah		

Name of the Enumerator ..... Date ...../04/ 2012

Supervisor ..... Date ...../04/ 2012

Quality Control Officer ..... Date ...../04/ 2012

Start of Interview | | | | | End of Interview | | | | |

Hour Minute Hour Minute

SECTION 1:BACKGROUND CHARACTERISTICS

101. Household Social and Demographic Data

Sl	1	2	3	4	5	6	7	8
	Name of HH members (At first write the name of house hold head)	Relationship with Household head (*Use code, however code of HH will be 1)*	Age in Year	Gender *Male = 1 Female= 2*	Main Occupation *(Use code)*	Education *(Class Passed)*	Marital status	Religion
		01						

2. ***Relationship code:*** Household head = 1, Husband/Wife = 2, Father/Mother = 3, Son/Daughter = 4, Father-in-law/Mother-in-law = 5, Brother/Sister = 6, Son-in-law/Daughter-in-law = 7, Grandson/daughter = 8, Relative = 9, Non-relative = 10, Servant/Other (Specify).....
5. ***Occupation code:*** Farming = 1, House-wife = 2, Day labour = 3, Rickshaw/Van puller/boatman = 4, Servant = 5, Service = 6, Big/medium entrepreneur = 7, Small entrepreneur = 8, Self employed (carpenter, handicraftsman etc.) = 9, Begging = 10, Unemployed = 11, Student = 12, Tuition = 13, Old person=14, Child=15, Driver=16, Other (Specify) .....
6. ***Education code:*** No education =1, Primary Incomplete = 2, Primary complete =3, Six –Ten = 4, SSC = 5, HSC = 6, HSC plus = 7, Madrasha education=8
7. ***Marital status code:*** Married = 1, Unmarried =2, Widow = 3, Separated/Divorced = 4, Other (specify).....
8. Religion code: Islam = 1, Hindu = 2, Christian = 3, Buddhist = 4, Other (Specify).....

SECTION 2: HOUSING CHARACTERISTICS

201. Do you live in your own dwelling house? Yes = 1, No = 2	
202.How many room are there in the household you use for sleeping? .....number	
203. Housing condition (Construction material of wall, floor and roof) *(Encircle the right answer)*	
1	Main material of the roof Concrete = 1, Tin = 2, Tali = 3, Wood = 4, Bamboo = 5, Thatch / jute stick/Palm leaf = 6, Banboo/Polythine = 7, Other (Specify) .....
2	Main material of the floor Earth/Sand = 1, Wood planks = 2, Palm log/Bamboo = 3, Polished wood = 4, Ceramic tiles/Mosaic = 5, Cement/Brick = 6, Other (Specify) .....
3	Main material of the wall Brick = 1, Tin = 2, Earth = 3, Bamboo = 4, Straw/ jute stick/ leaf = 5, Bamboo/Polythine = 6, Wood log = 7, Other (Specify) .....

SECTION 3: POSSESSION OF MATERIALS/ASSETS

301. Do your household have the followings		Yes=1	No=2
1	Radio	1	2
2	Television	1	2
3	Mobile phone	1	2
4	Land phone	1	2
5	Refrigerator	1	2
6	Electric fan	1	2
7	Computer	1	2
8	Washing machine	1	2
9	Air conditioner/cooler	1	2
10	Almirah	1	2
11	Sofa	1	2
12	Table/Chair	1	2
13	Bed	1	2
14	Motor cycle	1	2
15	Bicycle	1	2
16	Motor Car	1	2

302. Do your household have own productive assets?			
	Yes=1	No=2	
1. Agricultural land	1	2	Amount in.....decimals
2. Homestead land	1	2	Amount in.....decimals
3. Pond for pisciculture	1	2	Amount in .....decimals
4. Live stock (cow, goat etc.)	1	2	Amount in .....Number
5. Rickshaw/Rickshaw van	1	2	Amount in .....Number
6. Auto Riksha	1	2	Amount in .....Number
7. Motorcycle	1	2	Amount in .....Number
8. Bi-cycle	1	2	Amount in .....Number
303. Do your household have electricity			Yes= 1, No = 2
304. Gross household expenditure			Money spent in Tk

1. Food		
Items	Quantity consumed *(Count any normal week)*	
1. Rice *2. Atta/wheat flour* *3. Fish* *4. Meat* *5. Egg* *6. Milk* *7. Pulses* *8. Vegetable* *9. Potato* *10. Edible oil Spices* *11. Onion* *12. Garlic* *13. Dry fish* *14. Puffed rice* *15. Fruit* *16. Salt* *17. Sugar* 18. *Gur (Molasses)*	.....*gm* .....*gm* .....*gm* .....*gm* .....*#* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm* .....*gm*	
2. Clothing (*Annual*)		Amount (Taka)
a. For adults: (18+ years) [*Lungee/Dhutti, Shirt, Trouser, Saree, Blouse/Petticoat, Shelowar/Kamiz/Orna, Paijama/Panjabee, Bedsheet, Sweater/Jacket, chador/shal, Shoe/Sandal*]		
b. For child (0-17) : [*Lungee/Dhutti, Shirt/T Shirt, Trouser-full, Trouser-half, Frock/Baby Suit, Sweater/Jacket, Bedsheet, Shoe/Sandal.*]		
c. For both: [*Towel/Gamcha*]		
3. Housing (*Annual*) [*House rent, Imputed rent (if own house),Electricity bil, Water/sanitation (bill)*].		
4. Education (*Annual*) [*Registration, Exam-fees , Annual charge/fee, School dress, School bag, School transport, School fees, Private Tuition, Book, Khata, Pen, Pencils, Hostel charge, Tiffin, Others*]		
5. Health (*Last 3 months*)		
Total		Tk.

SECTION 4: ILLNESS EPISODE, PRACTICE AND COSTS

401. Illness episodes, related practices and costs during last 3 months

	1	2	3	4	5	6									7
Sl. #	Illness episode (What was the illness/conditions)	Who was or where contacted for treatment/services (Use SP/SDP code)	Accompanied Yes=1, No = 2	Type of service: Inpatient =1, Outpatient = 2	Severity of illness: (each visit) Mild = 1, Moderate = 2, Severe = 3	Cost of care									Reasons for not seeking care/ treatment from public facilities (Use Code)
						Consultation fee/charge	Medicine	Laboratory	Transportation	Bed	Food for patient	Operation charge	Unofficial cost	Other	

SP/SDP code: Medical College Hospital = 1, Specialized Hospital = 2, District Hospital = 3, Upazila Health Complex = 4, Union Health and Family Welfare Centre/Sub-centre/Rural Dispensary = 5, Maternal and Child Welfare Centre = 6, Private Clinic/Hospital = 7, NGO run Doctor = 8, NGO health worker = 9, Private Practitioner (with formal degree) = 10, Informal Private Practitioner (modern medicine) = 11, Homeopathic practitioner = 12, Self treatment/pharmacy =13, Other (Specify) .....

SECTION 4: ILLNESS EPISODE, PRACTICE AND COSTS

401. Illness episodes, related practices and costs during last 3 months

	1	2	3	4	5	6									7
Sl. #	Illness episode (What was the illness/conditions)	Who was or where contacted for treatment/services (Use SP/SDP code)	Accompanied Yes=1, No = 2	Type of service: Inpatient =1, Outpatient = 2	Severity of illness: (each visit) Mild = 1, Moderate = 2, Severe = 3	Cost of care									Reasons for not seeking care/ treatment from public facilities (Use Code)
						Consultation fee/charge	Medicine	Laboratory	Transportation	Bed	Food for patient	Operation charge	Unofficial cost	Other	

SP/SDP code: Medical College Hospital = 1, Specialized Hospital = 2, District Hospital = 3, Upazila Health Complex = 4, Union Health and Family Welfare Centre/Sub-centre/Rural Dispensary = 5, Maternal and Child Welfare Centre = 6, Private Clinic/Hospital = 7, NGO run Doctor = 8, NGO health worker = 9, Private Practitioner (with formal degree) = 10, Informal Private Practitioner (modern medicine) = 11, Homeopathic practitioner = 12, Self treatment/pharmacy =13, Other (Specify) .....

Codes for reasons of not using public facilities:

Didn't know where to go……..... 01		Doctors are not available always……	11
Did not feel to consult anywhere……..	02	Specialist physician not available……...	12
Long waiting time…… .03		Lack of waiting room……..	13
Away from home ……	04	Lack of privacy at waiting room…….	14
Transportation system is bad……	05	Unclean premises……	15
Dealings of the staff with patient is harsh …… 06		Lack of toilet……	16
Harsh behavior of the doctor …… 07		Unclean/dirty toilets…….	17
Lack of female doctor …… 08		Don't have trust on allopathic (modern) medicine,	18
Lack of privacy during clinical examination……	09	Do not provide medicine free……..	19
Doctors are not examining properly……	10	Do not have sufficient medicine in hospitals	20
		Hospital hours is not convenient……	21
		Loss of wage……	22
		Unexpected expenditure	23
		Other (specify)	96

402. Reasons of going public hospitals in most of the times of illness

Free availability of services=1, Close location of the service centre = 2, Good quality of services= 3, Prompt services=4, Good behavior of the staff= 5, Good behavior of the doctor= 6, Presence of qualified doctor=7, Find no other alternative= 8, Cannot afford the cost of private doctor/clinic= 9, Other (Specify) ……= 96

403. Is the response to illness is same for children, adult and older members in your household?

Yes = 1 No = 2

404. if the answer of 403 is 'No' , who get more preference? (Would you please rank them by preference?)

Children= ☐ Older= ☐ Adult= ☐

405. Is the response to illness is same for male and female members in your household?

Yes = 1 No = 2

406. if the answer of 405 is 'No', Who get more preference? Would you please rank them by preference?

Male = ☐ Female = ☐

407. When do your household members seek medical care?

At the onset of illness = 1, After some days of illness = 2, When gets very ill = 3

408. Who decide where to go for health care if someone suffers from illness or have health condition like pregnancy in your household?

Self =1, Father = 2, Mother = 3, Father/Mother = 4, Husband = 5, Wife = 6, Husband and wife together = 7, Mother-in-law = 8, Father-in-law = 9, Brother = 10, Sister= 11, Others (Specify) .....=96.

409. In case of having/ had a pregnant family member in your household, how do you describe the preparedness to be taken/had been taken at your household level for any emergency during her late stage of pregnancy? (Multiple answer possible, Prompt if required)

Identification of appropriate birth location closes to home = 1, Identification of skilled attendant = 2, Identification of companion = 3, Arrangement of funds for birth related expenses = 4, Arrangement of transport for facility delivery = 5, Arrangement of adequate supplies for delivery (Clean cloths, blade, thread, soap etc.) = 6, Identification of compatible blood donor = 7, Do not have/had plan for emergency preparedness for child birth = 8

SECTION 5: WILLINGNESS TO PAY

501. Anyone can get a serious health problem at any time. Do you also anticipate the risk of so?

Not anticipating at all = 1, Uncertain about such anticipation = 2, Moderately anticipating = 3, Highly anticipating = 4, Don't know = 88

502. May Allah protect us! If the main wage earner of your family becomes seriously ill, then how would you manage that? What would be the most challenging thing to do that?

Are you aware that a segment of people avoid medical consultation due to inability to bear the cost of ever rising modern (allopathic) medical expenses, although that are needed urgent care?

503. Given the situation, do you accept a health system where all of your basic health care will be ensured effectively if you agree to pay small affordable amount of money at regular interval (monthly, quarterly half yearly, etc.) as health premiums irrespective of you suffer from any health problems or not?

Highly acceptable = 1, Moderately acceptable = 2, Not acceptable at all =3,
Uncertain, whether to accept or reject = 4

504. If the answer is 'acceptable', what type of services do you prefer to be included in the benefit package?

Free Physician's consultation = 1, Free drugs = 2, Free diagnostic facilities = 3, In-patient care = 4, Surgical facilities = 5, Structured referral to the secondary and tertiary level hospitals = 6, Transportation cost for referral cases = 7, Preventive care = 8, Other (please specify) 96

505. If answer is 'not acceptable', please explain your answer (why or why not?)

---

506. Willingness to pay for different services

Sl	Signs/symptoms of diseases or condition		Public Service Delivery Points				Private Service Delivery Points		NGO Service Delivery Points	
			Static SDP		Satellite SDP					
			Existing Charge	Willingness to pay	Existing Charge	Willingness to pay	Existing Charge	Willingness to pay	Existing Charge	Willingness to pay
1	Registration fee									
2	Reproductive Health	**Maternal health**								
		ANC								
		Delivery care								
		Cesarean operation								
		Non-cesarean operation								
		PNC								
		Family Planning Services								
		Short acting contraceptive methods (30 pieces)								
		Condom (12 pieces)								
		Injection (1 pieces)								
		Long acting contraceptive methods-Implant (1 pieces)								
		Cooper-T								
		Other RH services								
		Abortion, MR & post abortion care								
		RTI management								
3	Child health	**IMCI**								
		EPI								
		Vit-A supplementation								
		Treatment of ARI								
		Treatment of diarrohea								
		Spell								
4	Limited Curative Care	**Treatment of common diseases**								
		Fever, pain, common colds & all other general ailments								
		Anaemia, helminthiasis & malnutrition								
		Eye infection								
		Common dental diseases								
		Skin diseases								
		Basic first aid of medical and surgical								

Sl	Signs/symptoms of diseases or condition		Public Service Delivery Points				Private Service Delivery Points		NGO Service Delivery Points	
			Static SDP		Satellite SDP					
			Existing Charge	Willingness to pay	Existing Charge	Willingness to pay	Existing Charge	Willingness to pay	Existing Charge	Willingness to pay
		emergencies								
5	Communicable diseases	**Communicable diseases**								
		Tuberculosis								
		Leprosy								
		Malaria								
		Kala-azar								
		Filariasis								
6	Sexually transmitted disease	*HIV/AIDS*								
		other STds								
7	Non-communicable diseases	*Non-communicable disease*								
		Diabetes Mellitus								
		Blood Pressure								
		Arthritis								
		Peptic ulcer								
		Mental disorders								

507. Which of the following proposed packages do you prefer for health care? What is the maximum and minimum amount of money you are willing to spend for the proposed packages? (*Note: Tell the respondents, as you include more and more services in the benefit package, amount of payment will increase accordingly.*)

Type of Package	Description of package	Number of persons covered (Male+ female+ child)	Maximum amount (in Tk.)
Package 1	Consultation fee+ Diagnostic fees+ all drug costs + all preventive care		
Package 2	Consultation fee+ Diagnostic fees+ all drug costs + all preventive care + Inpatient care cost +Transportation cost for referral cases		
Package 3	Consultation fee+ Diagnostic fees+ all drug costs + all preventive care + Inpatient care cost + Transportation cost for referral cases + Surgical facilities		
Package 4	Consultation fee+ Diagnostic fees+ all drug costs + all preventive care + Inpatient care cost + Transportation cost for referral cases + Surgical facilities +Screening, treating and referring for inpatient care through a mobile 'camp clinic*'		

* *Mobile camp clinic denotes specialist consultation through regular field visits by a team comprised of mixed specialties of physician*

DCI-3

Socio-Economic Assessment to Identify the Poor in Pilot Areas and Baseline Studies on Willingness to Pay, Health Seeking Behaviour, Health Expenses (OOP) and Patient Satisfaction

Key Informant Interview

Service Providers and Up Members

Level: UHC=1 UH&FWC=2 Com.Clinic (CRHCP)=3 Com. Clinic (CCMC)=4 UP (Chair/Mem)=5

Profile of Participant:

Name…….....Designation……

District.....Upazila.....

Union/Pourashava.....Village/Para…….

April, 2012

KII Issues

1. Would you please mention three most common health problems/conditions in your area among the following groups?

    - Among the under-5 children
    - Among the adults
    - Among the older age groups (60+)
    - Among the women's

2. How much you as well as the people in your community depends on public health facilities when someone gets sick or a woman become pregnant?
3. Where do the expectant mothers in your community go for ANC and PNC check up?
4. Where do the ill people in your community take medical care? Why do they prefer so?
5. Do the people go to clinics each time, or only if it is severe? Why? What should be the better practice?
6. What steps should be taken by the government in order to increase utilization of the public facilities?
7. What activities do you suggest at the community level to increase the utilization of public facilities?

KI Interviewer's Name ..... Date:...../...../ 2012

Note Taker ..... Date:...../...../ 2012

DCI-4

Socio-Economic Assessment to Identify the Poor in Pilot Areas and Baseline Studies on Willingness to Pay, Health Seeking Behaviour, Health Expenses (OOP) and Patient Satisfaction

Key Informant Interview

Local Civil Society

Profile of Participant:

Name…….....Designation……

District.....Upazila.....

Union/Pourashava.....Village/Para…….

April, 2012

[Interviewer: Please start the interview with the fact that, in Bangladesh people especially the poor do not use the public, private or NGO facilities until and unless they become severely ill. Although the services provided by public facilities are free of cost, the out of pocket expenses is still not affordable to the poor. They cannot afford the services as they do not have that much savings or cash may in their pocket to pay for it when they become ill. The quality of services is also in question. In this perspective we would like to ask you about how to overcome the situation.]

1. Do you support some health insurance type of initiative where some authority will bear the expenses of health care services provided at a better quality in the government health facilities from Community Clinic to District Hospital *(i.e, visits to doctors or emergency room, hospital stays, coverage for medicines, complete maternal health services including delivery and Caesarean Section and other medical expenses, as agreed between you and the authority*) in exchange of payment of small monthly/quarterly or yearly affordable premiums in advance *(regardless of the fact that you experience any illness or health events)*?

2. If yes, do you think that poor people will be interested to receive the health care services, if theyare provided some discount in that premium?

3. What steps should be taken by the government in order to increase utilization of the public facilities?

4. What activities do you suggest at the community level to increase the utilization of public facilities?

KI Interviewer's Name ..... Date:...../...../ 2012

Note Taker ..... Date:...../...../ 2012

DCI-5

Sample ID | | | |

Socio-Economic Assessment to Identify the Poor in Pilot Areas and Baseline Studies on Willingness to Pay, Health Seeking Behaviour, Health Expenses (OOP) and Patient Satisfaction

Exit Interview Schedule

Location Information		
Name of the Participant:		
Type of Clinic/Hospital	UHC=1 FWC=2 Community Clinic=3	
Address of Clinic/Hospital:		
District		
Upazila		
Union/ Pourashava		

Name of the Enumerator	.....	Date	...../04/ 2012
Supervisor	.....	Date	...../04/ 2012
Quality Control Officer	.....	Date	...../04/ 2012

April 01, 2012

1. Interviewer will request the clients to mention their satisfaction level regarding services they received from public, private and NGO facilities. Please refer to their present visit. (Prompt the followings)

Sl	**Indicators**	**Level of satisfaction:** Very satisfied = 1, Satisfied = 2, Moderately satisfied= 3, Poorly satisfied = 4, Not satisfied = 5, Not applicable = 6
1	Dealings of clinic staff with patient	1 2 3 4 5 6
2	Behaviour of the doctor(s) with patient	1 2 3 4 5 6
3	Behaviour of service providers with patient	1 2 3 4 5 6
4	Skill/competency of the service providers	1 2 3 4 5 6
5	Time spent by the service providers in taking history of patient illness	1 2 3 4 5 6
6	Time spent for examination of the patient	1 2 3 4 5 6
7	Maintained privacy during examination of patient	1 2 3 4 5 6
8	Availability of doctor	1 2 3 4 5 6
9	Arrangement for patient waiting room/space	1 2 3 4 5 6
10	Arrangement of separate space for female patient	1 2 3 4 5 6
11	Waiting time for consultation	1 2 3 4 5 6
12	Cleanliness of facility premises	1 2 3 4 5 6
13	Cleanliness of toilet	1 2 3 4 5 6
14	Availability of medicine	1 2 3 4 5 6
15	Convenience of current timing of service delivery	1 2 3 4 5 6
16	Location of service delivery point	1 2 3 4 5 6
17	Counseling session for the patient/guardians	1 2 3 4 5 6
18	Regular visit to indoor patients by treating doctors	1 2 3 4 5 6
19	Nursing care of indoor patients	1 2 3 4 5 6
20	Food supply to indoor patients	1 2 3 4 5 6

DCI-6

Socio-Economic Assessment to Identify the Poor in Pilot Areas and Baseline Studies on Willingness to Pay, Health Seeking Behaviour, Health Expenses (OOP) and Patient Satisfaction

Focus Group Discussion (FGD)

Address
District.....Upazila……..... Union/Pourashava.....Place of FGD..... Date……

Profile of Participants

Sl #	Name	Age	Education	Name of Occupation
01				
02				
03				
04				
05				
06				
07				
08				
09				

1. What are most common concerns of the people in your community? What are the greatest concerns? Would you please rank the following concerns from greatest to least concerns?

    1. Education
    2. Financial crisis
    3. Health and illness
    4. Family/Land dispute
    5. Communication (transport)
    6. Safety/Crime
    7. Water/Sanitation
    8. Electricity

    Why have you prioritized some concerns above others?

2. What come to your mind when you hear the word 'health'? How important is health to you? Why? Do you think health is a major concern? If no, why? If yes, why this is a major concern to you?

3. Do you take any measures to prevent this concern for male and female especially pregnant women? If so, what are those? What measures do the people take when they suffer from illness? What are they? What are the barriers? How the people cope with the barriers?

4. It is seen that a segment of people avoid medical consultation due to inability to bear the cost of ever rising modern (allopathic) medical expenses, although that are needed urgent care? Given the situation, do you accept a health system where all of your basic health care will be ensured effectively if you agree to pay small affordable amount of money at regular interval (monthly, quarterly half yearly etc.) as health premiums irrespective of you suffer from any health problems or not? If acceptable, why? If no, why?

5. Some people are not health conscious. What is/are their mind set behind this? What obstacles do they face in taking this? What can motivate them to become health conscious?

6. What are your suggestions regarding an implementable health system that can motivate most of the people to take medical consultation in proper time?

Facilitator's Name ..... Date:...../...../ 2012

Note Taker ..... Date:...../...../ 2012

Annex-3
Study Area

District	Upazila	Union/ Paurashava	Village
Chittagong	**Rangunia**	**Parua**	Madda Parua
			Goazpara
			Shahabdinagar
			Syed Nagar
			Kokania
		Silok	Fakiragat
			Pakhiratila
			Noutuartila
			Mina Gazir Tila
			Silok Rastar Matha
		Pomra	Shaplezapara
			Hila Gazipara
			Noabi Para (Paschim Pomra)
			Kazi para (Dakkin Pomra)
			Bacha Saha Nagar
		Moriyam	Purba Syed Bari
		Nagar	Rashidia Para
			Panch Bari
			Soudagar Para
			Morompara
		Rangunia Paurashava	Gussagram
			Mohammadpur
			Laximirkhil
			Jolodaspara
			Roazar Hat
Satkhira	**Devhata**	**Kulia**	Uttar Kulia
			Balia Danga
			Purba Kulia
			Khas Khamar
			Puspa Kathi
		Parulia	Sekendra
			Uttar Parulia
			Khas Para
			Uttar Kamorpur
			Khejur Baria
		Devhata	Basantapur
			Devhata Sadar
			Vaatsala
			Ratnesharpur
			Sushilgati
Gopalganj	**Tungipara**	**Kusli**	Kusli
			Dakkin Kusli
			Char kusli
			Dakkin Basuria
			Ramchandrapur
		Gopalpur	Rakhila Bari
			Rupahati
			Guadhana
			Mittradanga
			Saraidanga
			Chaprail
			Banna bari
		Tungipara Paurashava	Purba Panch Kahania
			Paschm Panch Kahania
			Purba Tungipara
			Tungipara
			Sardar dangar Angshik
			Paat Gatir Angshik

Annex-4
Members of the Study Team

Principal Investigator

Prof. Abul Barkat, *Ph.D*

Consultants

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ASM Obaidur Rahman
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Research Associate

Md. Nurullah
Faisal Mohammad Ahamed

Finance Support

Abu Taleb
Md. Arif Miah

Administrative Support

Sabed Ali
Md. Kabiruzzaman

Field Coordinators

Abul Kalam Azad	Anamul Hoque
Aminul Islam	Sobur Khan

Quality Control Officers

Syed Zafor Sadek	Md. Rowshan Ali
Md, Mahfizul Izaz Mian	

Note Takers: FGD and KII

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Faruk Uddin	S.M. Golam Morshed

Field Supervisors

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Rakibul Hasan	Shakhawat Hossain
Rajibul Haque	Monirul Islam
Jehadul Islam	Md Husain Imam
Rafiqul Islam	

Field Investigator/Enumerators

Sahidul Islam	Mamun or Rashid
Anwar Hossain	Mostafizur Rahman Setu
Md. Nazim Uddin	Ataur Rahman
Tania Tazrin	Md. Hamidul Islam
Jannatuj Jhura Suchuna	Md. Oaras Hosain
Shirina Khatun	Farida Khatun
Md. Sohel Alam	Sheikh Novera Rahman
Azad Hossain	Khodejatul Kubra
Abdur Rahman	Nayan Tara
Mortuza Al Mahmud	Md Abu Saleh Mollik
Rupak Kumar Mandal	Md. Mominul Isalm
Papia Sultana	Shamsul Hoque
Nurun Nahar Lota	Shelina Khatun
Sailen Akter	Nazmun Nahar Kanta
Nasrin Akter Poly	Mafiul Rahman
Momata Parvin	Nsrin Akter
Aysha Sultana Munni	Nilufa Akter
Shirin Sultana	Azhar Uddin
Rahed Udiin	Md Abdula Al Mamun
Nowrin Sarkar	Md Hasan
Sabina Yesmin Shusmita	ANM Latif Ullah
Farzana Yeasmin	Md. Monirul Mia
Rabeya Akter	Md Arif Hasan
Shajada Khatun	Kaniz Sultana

Data Entry Operators

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Shuhrid Hossen	Rafiz Uddin
Mohiuddin	Sabuj Mia
Foyes Ahmad	Sajib Mia
Nahid Ahmed	Forhad Alam

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh