

An assessment on coverage of basic social services in Bangladesh



Objectives

Effective service provision is key for achieving equitable development and wellbeing of children. Understanding the efficacy of social services in terms of their accessibility, usage and coverage is paramount to evidence-based decision making. It is critical to know if services are reaching the people they should and if they are effective in meeting those people's needs.



To that end, UNICEF supported the Implementation Monitoring and Evaluation Division (IMED) and the Bangladesh Bureau of Statistics (BBS) to conduct a nationwide assessment of more than 200,000 households to determine the efficacy of basic social services including:

- Breastfeeding and complementary feeding of infants
- Iron and folic acid supplementation during pregnancy
- Maternal diet
- Management of illness
- Antenatal care
- Birth registration within 45 days of delivery
- Schooling for children aged 6 - 14 years old
- Comprehensive knowledge about HIV/AIDS
- Safe water supply
- Sanitation and hygiene



The specific objectives of the study were to:

- Assess the barriers to equitable access for basic social services at national and divisional levels in Bangladesh.
- Understand if the study generated actionable evidence helpful for decision makers to identify, prioritize and remove barriers for the utilization of basic social services across different tiers of the government.

Methodology and bottleneck analysis

The survey was conducted in a way that would identify the bottlenecks of service delivery. The difference between the target population and the effectiveness of coverage shows the extent of the bottleneck. The different steps offer guidance on where policy decisions need to be made.



The information is presented through a dashboard with disaggregated information at national, divisional and district levels, accessible at <http://www.imed.gov.bd/>.

Life cycle

UNICEF recognizes the need to have a life-cycle approach for its interventions around children. A child's chance of surviving and thriving starts with his or her mother's health before and during the pregnancy. Once a child is born, several factors will impact his or her chances of surviving and thriving. Many of these factors depend on the efficient delivery and access of social services, which are the focus of this report.

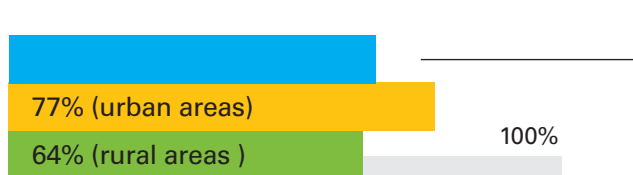


Early breastfeeding

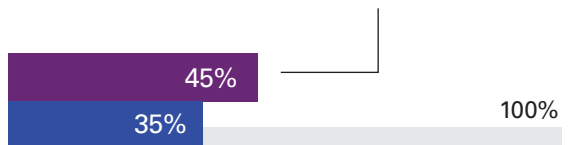
Breastfeeding is the best start in life. It is a natural and renewable food that does not need refrigeration or cooking. It provides infants with the ideal nutrition for their survival and early development.

66%

Almost 70% of women had access to a health centre within a 30-minute walk that provided Infant and Young Child Feeding.



The main drop is from access to utilization (counselling), as only 45% of caregivers receive IYCF counselling from the centre.



Only 35% of women who had access to the centre and received counselling breastfed within an hour of giving birth.



This drop shows that accessing a service (receiving counselling) does not translate into a change in behavior (early breastfeeding).

Policy recommendations:



IYCF trainings need to stress the importance of breastfeeding within one hour of birth.



Women need support and guidance right after birth to ensure breastfeeding happens early.

Exclusively breastfeeding

Exclusively breastfeeding for the first 6 months is the optimal way of feeding infants. It reduces infant mortality due to common childhood illnesses and aids in a quicker recovery.

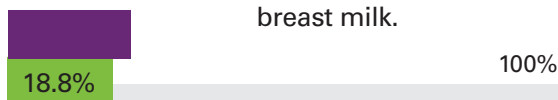
67%

Although 60% of mothers of babies aged 0-5 months breastfed the baby, most did not do it exclusively.



22%

Only 22% of mothers of a baby aged 0-3 months and 18.8% of mothers of a baby aged 0-5 months exclusively gave them breast milk.



Dairy milk and dairy products were the main cause of the gap.



This points to a sharp fall between utilization (any breastfeeding) and effective coverage (exclusive breastfeeding).



Policy recommendations:



1 Health providers or community health workers must tell caregivers that babies do not need water, juice, dairy milk or other liquids.



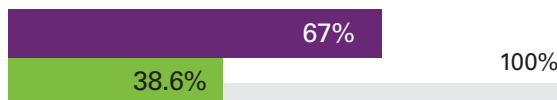
2 Launch information campaigns explaining breast milk provides infants with all necessary nutrition.

Complementary feeding

After six months of age, infants should receive complementary foods with continued breastfeeding up to 2 years or beyond. These foods should be diverse and meet a minimum meal frequency to provide proper nutrition to infants and young children.

67%

Despite close to 70% of caregivers of children aged 6 to 23 months having access to IYFC counselling, only 38.6% received any training about how to properly nourish their children.



27%



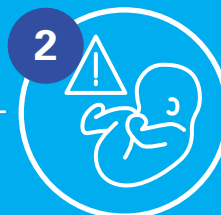
Less than one third (27%) of the children ate the recommended meal frequency and only 20% ate the recommended frequency with proper nutritional diversity.



Policy recommendations:



Great effort needs to be undertaken to reach at least those who have access to IYFC counselling.



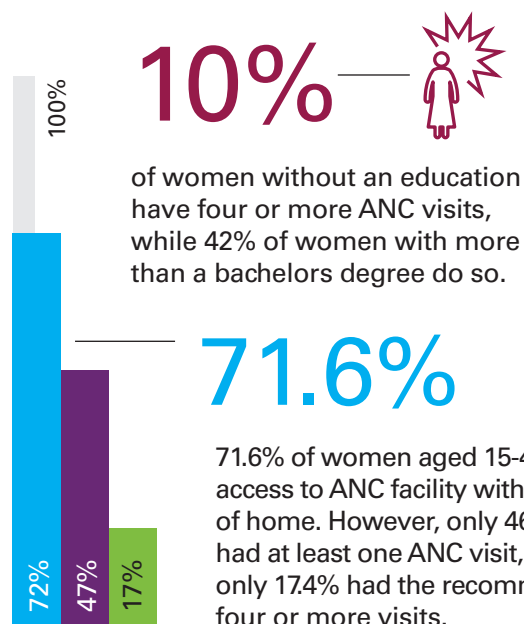
Attention needs to be placed in the quality, clarity and adequacy of the trainings to ensure proper nutrition for all the children of caretakers who receive the training.



It needs to be further studied what kept the caregivers who received the training from providing proper nutrition to their children.

Antenatal care

Antenatal care (ANC) during pregnancy is critical for the health of both the mother and the child. Effective use of ANC prevents pre-term delivery and reduces the chances of low-weight births and stunting in babies. Four or more antenatal care visits are recommended for pregnant women.



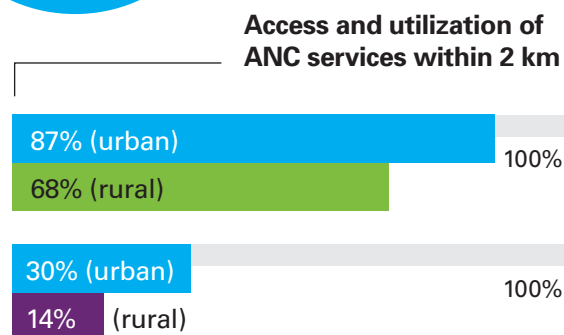
Khulna was the only location with a small gap in ANC between urban and rural women.

ANC visits are highest for women aged 18-40.

71.6%

71.6% of women aged 15-49 have access to ANC facility within 2 km of home. However, only 46.7% had at least one ANC visit, and only 17.4% had the recommended four or more visits.

Percentage of woman who go to four or more ANC visits



Policy recommendations:



Need to identify reasons for drop-out of ANC visits and address the reasons for not continuing with the minimum four.



Focus on rural areas where access and utilization of ANC is exceptionally low.

Maternal diet

A mother's nutritional status has significant effects on the outcome of her offspring. A baby's birth weight, rate of postnatal growth and chances of survival are all influenced by the mother's health and dietary intake.

2/3   

Two thirds of pregnant and lactating women (PLW) have access to ANC/PNC facilities. Of those, almost 44% went to an ANC visit.

The drop between access and utilization was the sharpest, although not all women who went to an ANC visit followed a proper diet.

37%

Only 37% consumed at least five food groups and even less, 35%, increased their dietary intake for breastfeeding.



Policy recommendations:



Revise the type of information women receive from the supply side of service provision during the ANC visits.



It is important to further study the barriers that PLWs face for maintaining and increasing a proper diet. Finances, time, culture or other constraints might be behind this bottleneck and need to be identified.



Initial evidence shows urban and highly educated women maintain better diets than their rural and less educated counterparts. The urban/rural divide needs to be considered when designing policies to improve maternal diet.

Iron and Folic Acid (IFA) supplementation

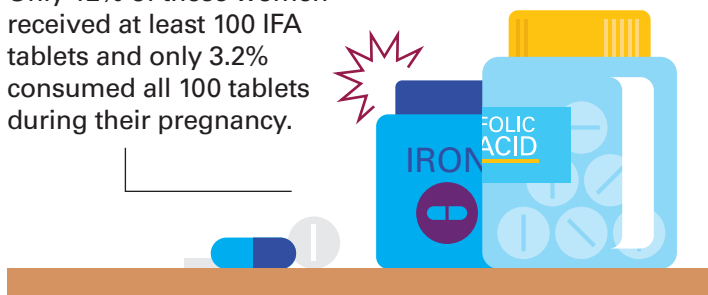
Iron and folic acid (IFA) supplements are provided during ANC visits. Iron prevents anemia and folic acid is critical for healthy development of the fetus. IFA deficiencies in the mother negatively impact her health, pregnancy and the health of the unborn child. The minimum recommended intake is 100 IFA tablets.



Slightly less than half, (46.5%), of women who delivered babies in the past six months had access to a health facility that provided ANC and IFA tablets.

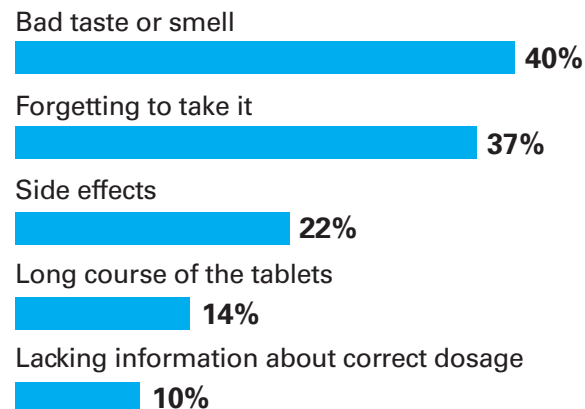


Only 12% of these women received at least 100 IFA tablets and only 3.2% consumed all 100 tablets during their pregnancy.



Urban women have better access to IFA tablets than rural mothers, but a large percentage of women who received the tablets did not consume them.

The main reasons for not taking the tablets:



It is interesting to note that once women received the tablets, the education level did not influence whether the women consumed the tablets or not.

Acute Respiratory Infection

Acute Respiratory Infection (ARI) is one of the leading causes of death for children under the age of five. Timely diagnosis and treatment with antibiotics can reduce the chance of death (BDHS, 2014).



3.2%



of children under the age of five suffered from an ARI.

64%

of these children had access to a health facility within 2 km.

There is evidence that despite having access to a health centre, caregivers were not using it for their children, even in life-threatening cases like ARI.

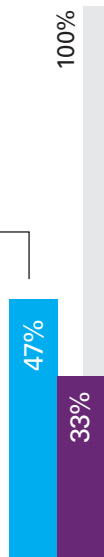
47%

of children affected by an ARI were treated.



33%

completed the course of medication



This is an issue, as completion of a prescribed antibiotics course is key to curing an ARI and preventing antimicrobial resistance development.

Policy recommendations:

1



Identify what prevents caregivers from taking their children to a health centre and pin down why they do not complete the full medication course.

2



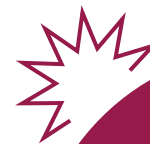
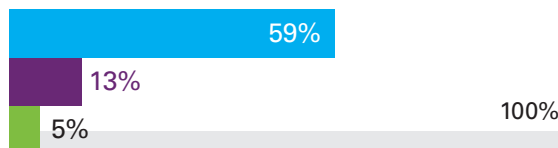
Caregivers need to be warned of the negative consequences associated with not completing a course of antibiotics.

Birth registration

Birth registration provides legal recognition to the child and is a permanent record of existence. It is also essential for receiving health services, enrolling in the education system, allowing inheritance, preventing child exploitation and receiving any legal documents to access their rights.

59%

Almost 60% of the population with children aged up to one year know how and where to get a birth certificate. However, of those, only 13% applied for a birth certificate and even less, 5.4%, have a birth certificate.



1.2%

of children less than a year old were registered and received their certificate within the mandated 45 days.

The main reason for not getting children registered was parents didn't know the importance of having a birth certificate. This was true for both girls and boys living in urban and rural areas. Indecision about the child's name was also an important factor for not registering within the required period.



Policy recommendations:



These statistics show very large gaps in accessibility and usage. Plans need to be put in place so that the other 40% of families learn where and how to register their children.



Increase awareness about the importance and relevance of a birth certificate.

Grade 5 completion

Bangladesh has one of the largest primary education systems in the world. The government recognizes education as a means of reducing poverty and improving the quality of life for children, but completion rates remain too low.

13.3%

of children do not complete grade 5. This is particularly high in Sylhet where 17% of children do not complete primary school.

17%

100%

In general, completion rates are higher in urban than in rural areas.

Of those children who did not complete 5 Grade



41%



are attributed to child labor.



33%



because of the high expenses associated with education.



26%



because education was not considered important.

1



Policy recommendation:

Help families understand the importance of education and offer support to help them with educational costs.

Knowledge about HIV-AIDS

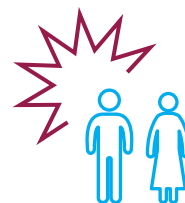
Existence of commercial sex, injected drug use, cross-border mobility and high population mobility due to internal and international migration along with high poverty and gender inequality, make the young and adult population of Bangladesh susceptible to HIV infection.



Comprehensive knowledge about HIV/AIDS includes understanding of the causes of the disease and eliminating misconceptions about it.



Overall, 26% of people aged 15-24 have comprehensive knowledge about HIV/AIDS. This knowledge is even lower for rural areas, where less than 1 out of 4 people have appropriate knowledge about HIV/AIDS.



Males and females have similar knowledge levels. However, those with higher education have more knowledge about HIV/AIDS issues.

Policy recommendations:



1
Multisectoral involvement to increase HIV/AIDS awareness.



2
Create/ increase access to HIV testing, treatment and care based on country HIV epidemiology.

Water supply, sanitation and hygiene

The association between poverty and drinking water and sanitation and hygiene is transmitted through the health channel. Unsafe water usage, unimproved sanitation and improper handwashing practices together result in stunting as well as physical and cognitive development impairment among children, mainly through repeated diarrhea infection, reduced immunity, nutrient loss and decreased nutrient absorption.

(Schmidt, 2014; Petri, Naylor and Huque, 2014; Dangouretal, 2013).



Water supply



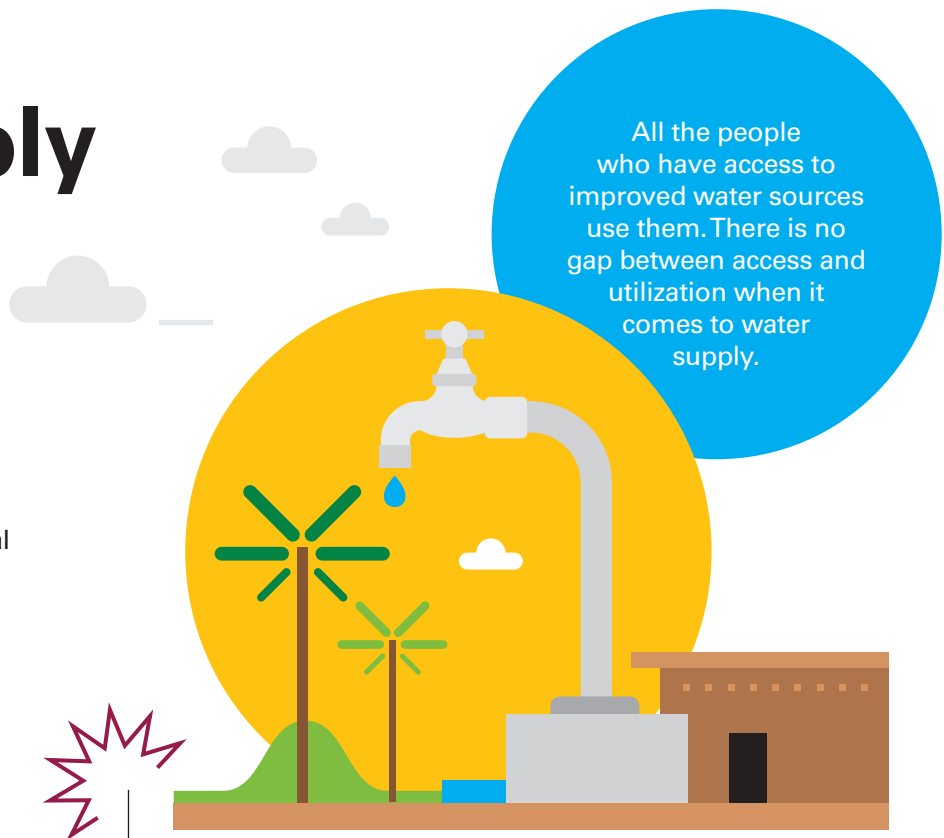
87.3%

of households have access to a functional and improved water source within the home or within 150 metres of it.



32%

However, only 32% of the households that have access to improved water sources use at least 20 litres/person/day of water throughout a year.



All the people who have access to improved water sources use them. There is no gap between access and utilization when it comes to water supply.

The main reason for this drop is that in most cases, people use less than 20 litres per person per day. Another important reason for this drop is that improved sources of water are not continuously available, especially during the dry season.

Policy recommendations:



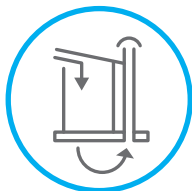
Special measures are needed during the dry season to ensure enough water is available.



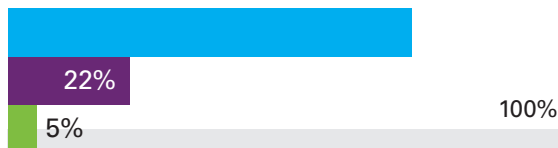
Awareness raising about efficient water use and promotion of managed aquifer recharge is needed.

Sanitation

73%



of households use an improved latrine, 22% use an unimproved latrine and 5% practice open defecation.



80.5%

Urban dwellers have much higher access to improved latrines (80.5%).



66.5%

of the households used an improved latrine that was within 20 metres of the household.

14.6%

However, in only 14.6% of households was this latrine used by all members of the household aged 5 and up.

11.3%

In 11.3% of cases the latrine was clean and useable all year.

8%

In only 8% of the cases was a handwashing facility located inside or within 5 metres of the latrine.

Policy recommendations:



1 Start an education campaign to encourage all household members to use the improved latrine.

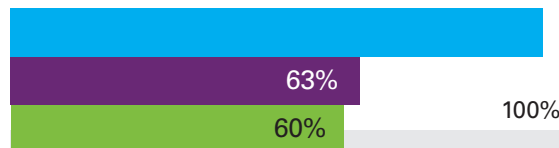


2 Efforts need to be made so that all latrines include handwashing facilities for the household.

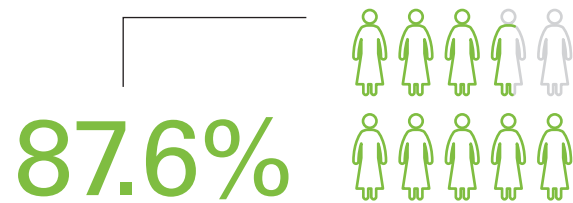
Handwashing

Handwashing is a critical component of good hygiene. Handwashing is a must at several critical times including after defecation, after cleaning a baby's bottom or disposing feces, before preparing food, before serving food, before eating and before feeding a child.

96% of people know to wash their hands after defecation, but the percentage drops when asked about washing hands before preparing (63%) or serving food (60%).



Knowledge about when to wash their hands is only 5% higher in urban areas, but urban areas fare much better than rural areas in access to handwashing facilities and in knowledge about proper handwashing.



Although 87.6% of the mothers/caregivers know the critical times to wash their hands with soap, and 70% of households have access to soap and water within 5 metres of the latrine, only 65.5% percent of observed latrine visits ended with people washing their hands with soap. Of those, 50% of people washed their hands correctly.



Policy recommendations:



Educate people about when to wash their hands and how to do it correctly.



Identify ways to provide greater access to proper handwashing facilities.

Summary



In most cases, access to services poses an initial problem to the populations.



Still, even when services are available, large drops are observed in their utilization.



The gaps between accessibility and effective coverage are very large in all the services studied.



Efforts to understand what is behind the bottlenecks and how to fix them are paramount to reaching effective coverage.

Summary of coverage across areas of basic social services

| Areas | Basic social services | Accessibility | Coverage Constructs (%) | | |
|------------------------------|-----------------------------|---------------|-------------------------|-------------------|--------------------|
| | | | Utilization | Adequate coverage | Effective coverage |
| Child and maternal nutrition | Early Breastfeeding | 66 | 45 | 41 | 36 |
| | Exclusive Breastfeeding | 68 | 67 | 22 | 19 |
| | Complementary Feeding | 67 | 39 | 27 | 20 |
| | Maternal Diets | 70 | 44 | 37 | 35 |
| Child and maternal health | Antenatal Care | 72 | 47 | 17 | - |
| | IFA Supplement | 47 | 31 | 12 | 3 |
| Child development | Birth registration of Child | 59 | 14 | 5 | 1 |
| wash | Water supply | 87 | 87 | 32 | - |
| | Sanitation | 67 | 15 | 11 | 8 |
| | Handwashing | 88 | 70 | 66 | 50 |

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