

emphasizing on the importance of seeking medical help for obstetric emergencies. As an effort toward this the Operations Research Project of ICDDR,B has designed an intervention on emergency obstetric care at the thana level.

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Neonatal Morbidity and Care-seeking Behaviour in Two Rural Areas of Bangladesh

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Objective: Assess the pattern of neonatal morbidity and subsequent care-seeking behaviour in rural Bangladesh.

Methodology: Data were collected from 3,030 women who had livebirths between May 1995 and February 1997 in two rural subdistricts—Abhoynagar and Mirsarai—the field sites of the Operations Research Project of ICDDR,B. The women were interviewed in their homes using a semi-structured questionnaire. Bivariate analysis was done to assess the relationship between the different variables.

Results: More than two-thirds of the neonates were reported to have problems. The most common complaint was fever (40%), followed by respiratory distress (25%). Complications during pregnancy were found to be associated with increased neonatal morbidity ($p < 0.001$). About 42% of the women did not seek help from any health service providers when their newborns had problems. Significant sex differential was observed among the male and female neonates for whom services were sought ($p < 0.001$). In majority of the cases (48%), village doctors were consulted, followed by homeopaths in Mirsarai, whereas in Abhoynagar, the opposite trend was seen. Only a negligible percentage attended the government facilities, like Satellite Clinic, Health and Family Welfare Centre, and Thana Health Complex. However, 30% of the mothers consulted private practitioners. It was found that health care-seeking behaviour was associated with mothers' education ($p < 0.01$).

Conclusion: The government facilities for neonatal care are under-used, and efforts should be made to raise awareness among mothers regarding this. Steps to reduce maternal morbidity by raising awareness of complications during pregnancy may result in decreased neonatal morbidity.

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Perceptions and Involvement of Members of Zonal Health and Family Planning Coordination Committees of Dhaka City Corporation

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Objective: Assess the perception and involvement of members of the zonal health and family planning coordination committees formed by the Dhaka City Corporation.

Methodology: The Dhaka City Corporation formed zonal health and family planning coordination committees in all 10 zones of the city to link all the local service providers and to establish a mechanism for local-level planning to ensure the effective use of the available local resources through minimizing gaps and overlaps in the health and family planning service delivery system. Of the 181 registered members of the zonal committees, 126 were selected

for interview using quota sampling methodology. Data were collected through individual interviews using a structured questionnaire with both open- and close-ended questions. Data were also collected by field observations on the activities of the committees. Secondary data from the minutes of meetings, work plans, and registers were also analyzed. Data were processed and analyzed using the EPI Info statistical software package.

Results: Over 70% of the respondents could mention the most important purpose of formation of the zonal committees, i.e. the zonal committee is intended to strengthen promotional activities, establish coordination among the government and non-governmental organizations, and establish a regular exchange of service statistics and information on health services at the zone level. The main health problems perceived by the respondents were lack of safe drinking water and sanitation facilities, unplanned growth of slums, improper garbage cleaning and drainage system, mosquitoes, and environmental pollution. About 67% of the scheduled zonal committee meetings were held, and on an average, 62% of the members attended the meetings. It revealed from the study that the committees contributed in coordinating implementation of national measles and neonatal tetanus campaign and National Immunization Day at the local level. Important activities were initiated and were partially implemented. These include reorganization of service-delivery points to bring services close to the slum dwellers and minimizing gaps and overlaps, installation of incinerators for clinical waste disposal, and formation of the ward committees.

Conclusion: The zonal committee was found to be an effective forum for mobilizing support from service providers and community leaders in planning and coordinating delivery of urban health services:

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Improving Availability of and Access to an Essential Health Services Package in Urban Dhaka, Bangladesh

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Objective: Improve access to and the availability of essential health services, and also improve the use of individual clinics and overall use at the zone level by reorganizing the government and non-governmental organization (NGO) facilities. The urban primary healthcare (PHC) facilities are managed by multiple organizations, i.e. two directorates of the Government; NGOs; Dhaka City Corporation; Ministry of Local Government, Rural Development and Cooperatives; and the for-profit commercial sector. In the government and NGO facilities, clients rarely obtain a combination of essential services. The distribution of these facilities is not optimal and results in some areas with "excess" of facilities often providing similar services while other areas are underserved, resulting in less access to service, creation of missed opportunities, and increase in cost of service provision and use.

Methodology: The Urban Extension Project (UEP) of ICDDR,B implemented an intervention in two zones of the Dhaka City Corporation (DCC). The UEP developed a methodology as a part of this intervention for reorganizing the government and NGO facilities in the two zones. The methodology was based on the locally available data (inventory, mapping, service use) and participatory workshops involving managers and decision-makers of the government and NGO facilities. The workshop for Zone 3 was held in August 1996 and that of Zone 8 in November 1996. The workshops resulted in specific ward-wise redistribution plans which had four elements: (1) relocation of certain facilities, (2) bringing facilities and/or services preferably under one roof, (3) expansion of the range of services, and (4) improving referral among the neighbouring facilities. A mid-term evaluation was recently conducted.

Results: The findings of the evaluation indicate that reorganization is possible using a participatory planning methodology. Six of the 14 specific recommendations for changes have already been implemented in Zone 3, whereas 7 of the 14 specific recommendations have so far been implemented in Zone 8. Improvement in service