Primary Health Care Services in Regional Chapters of Bangladesh Health Watch (Round 3): Progress and Challenges

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In collaboration with
Host Organizations and Health Rights Forums across
Eight Regional Chapters in Bangladesh

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Bangladesh Health Watch

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2. List of Acronyms

AHI	Assistant Health Inspector
BHW	Bangladesh Health Watch
CC	Community Clinic
CHCP	Community Health Care Provider
DH	District hospital
DGHS	Directorate General of Health Services
DGFP	Directorate General of Family Planning
FGD	Focus Group Discussion
GoB	Government of Bangladesh
HA	Health Assistant
HI	Health Inspector
KII	Key Informant Interview
PHC	Primary Health Care
PSQ- 18	Patient Satisfaction Questionnaire (short form)
RC	Regional Chapter
RCHCIB	Revitalization of Community-based Healthcare Initiatives in Bangladesh
SACMO	Sub-Assistant Community Medical Officer
SARA	Service Availability and Readiness Assessment
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
UHC	Upazila Health Complex
UH & FWC	Union Health and Family Welfare Centre
WHO	World Health Organization

3. Summary

Bangladesh Health Watch (BHW), established in 2006, is a multistakeholder civil society platform advocating for health system improvements through evidence-based actions. BHW operates eight Regional Chapters (RCs) across eight divisions—Manikganj, Khagrachari, Chapainawabganj, Bagerhat, Barguna, Sunamganj, Netrokona, and Kurigram—amplifying the voices of communities, especially in remote areas, while engaging local health providers in problem-solving. RCs include diverse stakeholders such as NGOs, CSO activists, youth leaders, and citizens, with each chapter hosted by an NGO/CSO and supported by a Health Rights Forum (HRF) of active forum members.
This report presents findings from the third phase of a multi-year study (2022–2024) evaluating primary healthcare service delivery across Community Clinics (CCs), Upazila Health Complexes (UHCs), and District Hospitals (DHs) in Bangladesh. It assesses trends in accessibility, quality, and equity, identifies challenges, and proposes actionable recommendations for improvement.
Using a mixed-method approach, both qualitative and quantitative data were collected between November and December 2024 from all eight RC districts. Combined with trend analyses from previous years, the study provides key insights into progress and persisting challenges in healthcare services.

Some progress has been observed in key areas, particularly in delivery care at UHCs and DHs and improved patient flow at CCs.

- Delivery care services at UHCs have shown notable improvements, with institutional deliveries increasing from 6 out of 7 UHCs in 2023 to all 7 UHCs in 2024.
- Similarly, DHs have enhanced maternity services, with better access to skilled birth attendants in all 7 DHs in 2024, compared to 6 out of 7 DHs in 2023.
- Additionally, CCs have reduced patient waiting times, with 82% of patients receiving care within 15 minutes in 2024, up from 70% in 2022. (Table -3)

These improvements highlight the positive impact of numerous voluntary initiatives undertaken by the Health Rights Forums (HRFs) of BHW, such as regular meetings with service providers, collaboration with like-minded civil society organizations working in the same area, and facility monitoring by youth forums.
While improvements are evident, challenges persist. Service availability has declined, with only 64% of CC users, 83% of UHC users, and 74% of DH users reporting consistent access in 2024, compared to higher rates in previous years. Financial barriers remain substantial, as the proportion of consultation fees less than 5 TK decreased to 51% in CCs and 0% in both UHCs and DHs in 2024, compared to 62%, 47%, and 14% respectively in 2023 Patient satisfaction levels have also declined, with only 66% of CC users, 47% of UHC users, and 31% of DH users expressing satisfaction in 2024. This is in contrast to 82%, 65%, and 65% in 2023, and 84%, 81%, and 74% in 2022. Resource shortages, including staff, diagnostic tools, and medicines, continue to impact service quality. While CCs have improved efficiency, with 82% of patients attending within 15 minutes, DHs still struggle with long waiting times.

Key recommendations include:

- Affordable or subsidized healthcare services to alleviate financial burdens.
- Strengthening workforce capacity through recruitment, training, and retention strategies.
- Improving resource allocation and supply chain management to ensure consistent availability of medicines and diagnostic tools.
- Expanding infrastructure to meet growing demand and enhance service quality.
- Implementing monitoring systems to ensure accountability and guide evidence-based policy decisions.

This report provides actionable insights for policymakers, healthcare administrators, and stakeholders committed to advancing equitable and high-quality healthcare in Bangladesh. Addressing the identified gaps and leveraging opportunities for improvement will be critical in building a resilient and inclusive healthcare system for the future.

4. Introduction

Bangladesh has made remarkable progress in its healthcare sector, as evidenced by improvements in life expectancy, reductions in maternal and child mortality rates, and expanded access to primary healthcare. Despite these achievements, equitable access to quality healthcare remains a substantial challenge, particularly for rural and underserved populations.[1]

The primary healthcare system in Bangladesh relies heavily on Community Clinics (CCs), Upazila Health Complexes (UHCs), and District Hospitals (DHs). These facilities collectively form the backbone of healthcare delivery, addressing the health needs of millions, especially in remote and economically vulnerable areas. However, resource constraints, operational inefficiencies, and increasing patient loads continue to strain their capacity to deliver consistent, high-quality care.

Given these, BHW initiated the Regional Chapters (RC) initiative by forming eight regional chapters across Bangladesh's eight divisions to amplify citizens' voices, particularly from hard-to-reach and marginalized areas, and to improve accountability and transparency in the health sector. This initiative aimed to address poor governance, inequitable healthcare access, and service quality issues by engaging civil society and grassroots platforms in active advocacy and evidence-based action. The District Health Rights Forums (HRFs) and District Health Rights Youth Forums (HRYFs) play a crucial role in this structure by acting as local watchdog bodies that monitor healthcare services, gather public opinions, engage in advocacy, and organize campaigns to raise awareness about health rights and entitlements. Additionally, they collaborate with other civil society organizations to strengthen the movement for equitable and high-quality healthcare. This report examines the performance and accessibility of these healthcare facilities over three consecutive years (2022–2024). By analyzing trends, identifying systemic gaps, and exploring opportunities for improvement, the study provides actionable insights to inform policy and strengthen healthcare delivery. The findings aim to support stakeholders in advancing equitable, efficient, and sustainable healthcare systems across Bangladesh.[2]

Objectives

The objectives of this study were to:

- Assess demand-side challenges by examining patient perspectives on accessibility, affordability, and satisfaction with healthcare services.
- Analyze supply-side challenges, including resource availability, staff performance, infrastructure, and operational inefficiencies.
- Identify service gaps across CCs, UHCs, and DHs and propose targeted recommendations for improvement.

[1] Hossain AT, Hazel EA, Rahman AE, Koon AD, Wong HJ, Maïga A, Akseer N, Tam Y, Walker N, Jiwani SS, Munos MK. Effective multi-Sectoral approach for rapid reduction in maternal and neonatal mortality: the exceptional case of Bangladesh. BMJ Global Health. 2024 May 1;9(Suppl 2):e011407.

[2] Ahmed, S. M., Hossain, M. A., & Chowdhury, M. R. (2021). "Healthcare in Bangladesh: Challenges and Opportunities." Journal of Public Health, 43(2), 345-356.

assess the positive impact of HRFs activities on improving primary healthcare services at the local level. **Scope**
This report covers:

- **Trends Analysis (2022-2024):** A comparative evaluation of healthcare service delivery, patient satisfaction, financial accessibility, and resource availability.
- **Demand-Side Challenges:** Insights into patient experiences, including service availability and waiting times.
- **Supply-Side Constraints:** Examination of systemic issues such as staff shortages, medicine and diagnostic tool availability, and infrastructure gaps.
- **Recommendations:** Evidence-based strategies to enhance healthcare delivery and equity.

5. Methodology

This study adopted a mixed-methods approach in its first two phases (2022 and 2023) to provide a comprehensive understanding of healthcare service delivery. Quantitative data was collected through patient exit interviews, while qualitative insights were gathered from focus group discussions (FGDs) and key informant interviews (KIIs).

In 2024, the study methodology shifted to focus on strengthening the capacity of BHW RCs to independently assess healthcare services. Data collection activities were conducted by the DHRYF members, who were selected and trained with support from the BHW Secretariat research team. Each RC has a host organization responsible for providing administrative support to the activities of the forums based on guidance from the BHW Secretariat to drive improvements in local healthcare facilities. These host organizations were contacted before data collection to help identify forum members. The number of forum members per RC varied from 2 to 6, depending on the data collection strategy and the distance to health facilities.

Before data collection, a day-long training was conducted at the host organization office in each RC. Forum members were introduced to theoretical concepts to enhance their understanding of the research project and objectives. They were trained on data collection methods, including patient exit interviews, and on using tablets for digital data entry. Ethical considerations, such as obtaining informed consent, ensuring participant confidentiality, and maintaining privacy, were emphasized.

Structured qualitative (Observation Assessment) and quantitative (Exit Interviews) methods were used, following a mixed-method approach. The sample included 432 respondents, with 54 exit interviews conducted per division. However, in Barguna, data collection was limited to Community Clinics (CCs) and District Hospitals (DHs) since no Upazila Health Complex (UHC) was included in the BHW Regional Chapters there. The final survey covered 414 patients (aged 18–69 years) through exit interviews to assess their satisfaction with healthcare services. Additionally, 23 health facilities were assessed using a structured checklist, covering one CC, UHC, and DH from each catchment area.

This approach aimed to enhance sustainability by equipping RCs to conduct assessments independently, reducing reliance on external support. The study covered the eight RCs across Manikganj, Khagrachari, Chapainawabganj, Bagerhat, Barguna, Sunamganj, Netrokona, and

Kurigram, ensuring diverse regional representation. By leveraging local resources and strengthening RCs' capacity, this initiative fosters a sustainable, community-driven evaluation of healthcare services.

To ensure data quality, multiple measures were implemented. Trained supervisors monitored data collection, verifying responses for accuracy and consistency. Tablets with built-in validation checks minimized errors in digital data entry. Additionally, periodic cross-checks were conducted with healthcare facility records to validate reported service delivery trends. These steps ensured reliability in both qualitative and quantitative findings.

Data Collection Process

Data collection was conducted using KoBo Toolbox, an open-source online platform that enables real-time data capture and validation.[3] Field teams received extensive training to ensure accurate data collection. The use of digital tools not only enhanced data quality but also streamlined the data entry process, reducing errors and improving efficiency.

Data Analysis

The data collected was analyzed using SPSS and Microsoft Excel. Descriptive statistics were employed to summarize key findings, including percentages, frequencies, and averages. Comparative analysis across the three years (2022, 2023, and 2024) was performed to identify trends in healthcare accessibility, affordability, and quality.

Ethical Considerations

The study adhered to strict ethical standards to ensure the rights and well-being of participants. Ethical approval was obtained from institutional review boards. Participants were briefed on the study's objectives and provided informed consent before participation. Confidentiality was maintained throughout the study, and data was anonymized to protect participants' identities.

This systematic approach, combining rigorous data collection and analysis techniques, ensured the reliability and validity of the findings. By leveraging both qualitative and quantitative methods in the earlier phases and focusing on quantitative rigor in 2024, the study offers a comprehensive and nuanced understanding of the evolving healthcare landscape in Bangladesh.

6. Results

The findings highlight key trends in service availability, patient satisfaction, accessibility, and operational performance.

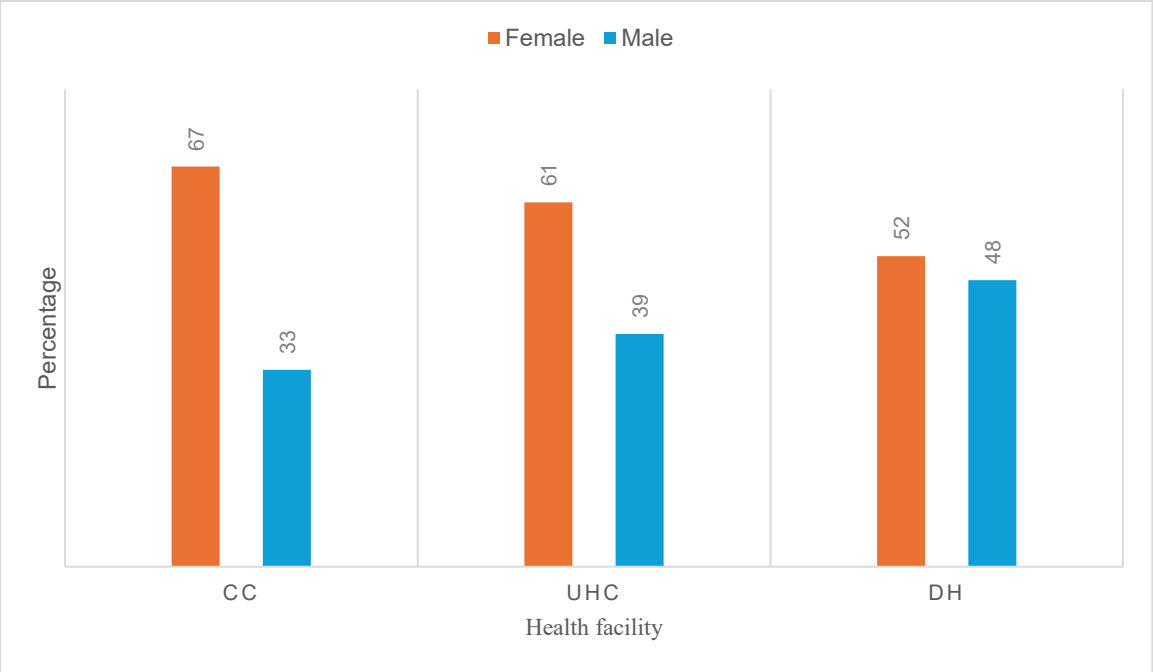
a. Demographics of the Respondents

Gender distribution

The gender distribution of participants in the research across three types of health facilities

[3] KoBo Toolbox (2024). "KoBo Toolbox User Manual." Retrieved from https://www.kobotoolbox.org

Figure 1 Participant Distribution by Type of Health Facility and Gender



A total of 414 participants were surveyed, with female participants consistently outnumbering males across all facility types. The gender distribution was most balanced at DHs (52% female, 48% male), while CCs showed the highest female representation (67%) (Figure 1).

Residential locations

The residential locations (rural or urban) of participants by type of health facility

Figure 2: Residential Locations of Participants (rural & urban) by Type of Health Facility

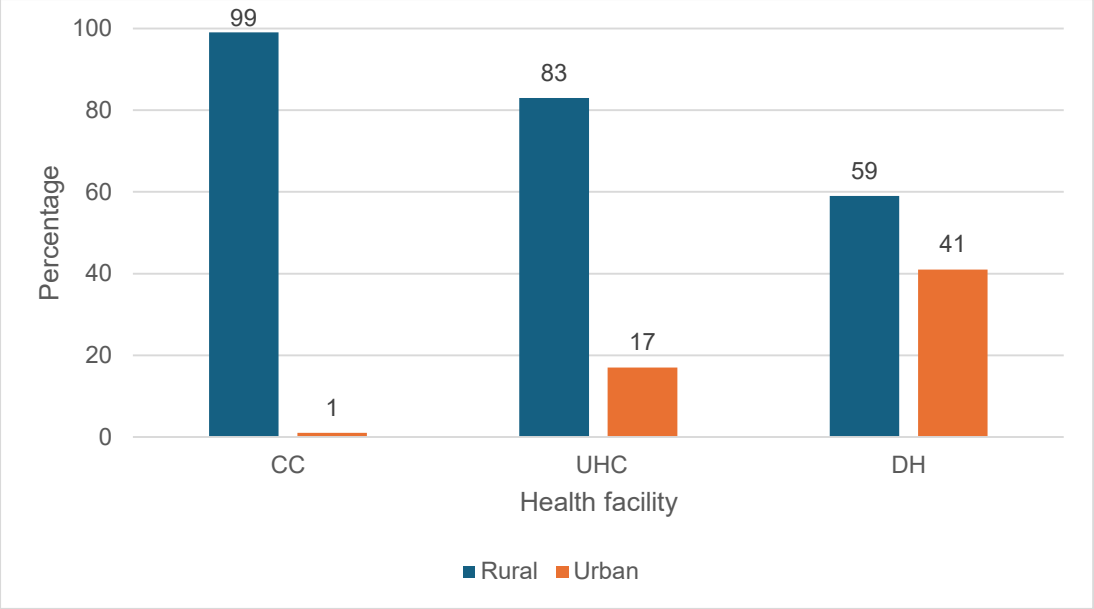


Figure 2 illustrates that most participants were from rural areas, with CCs serving primarily rural populations (99%). In contrast, DHs exhibited a more balanced rural-urban participant distribution (59% rural, 41% urban).

b. Demand-Side challenges

Service Availability
This section shows service availability reported by the participants.

Table 1: Comparison of Health Service Availability Whenever Needed by Patients (2022–2024)

Health Facility	Service always available			Sometime available			Not available		
	2022 N (%)	2023 N (%)	2024 N (%)	2022 N (%)	2023 N (%)	2024 N (%)	2022 N (%)	2023 N (%)	2024 N (%)
CC	114 (84%)	109 (80%)	91 (64%)	8 (5%)	2 (2%)	30 (21%)	15 (11%)	22 (18%)	21 (15%)
UHC	100 (80%)	112 (84%)	100 (83%)	4 (4%)	5 (4%)	20 (11%)	22 (16%)	16 (12%)	7 (6%)
DH	119 (80%)	128 (87%)	107 (74%)	8 (5%)	2 (1%)	37 (25%)	22 (15%)	17 (12%)	1 (1%)

Community Clinics have experienced a decline in consistent healthcare availability over recent years. The percentage of patients reporting access to healthcare whenever needed fell from 84% in 2022 to 64% in 2024. Meanwhile, reports of sometime or occasional access increased dramatically from 5% in 2022 to 21% in 2024. While the proportion of patients unable to access healthcare peaked at 18% in 2023 but declined to 15% in 2024.

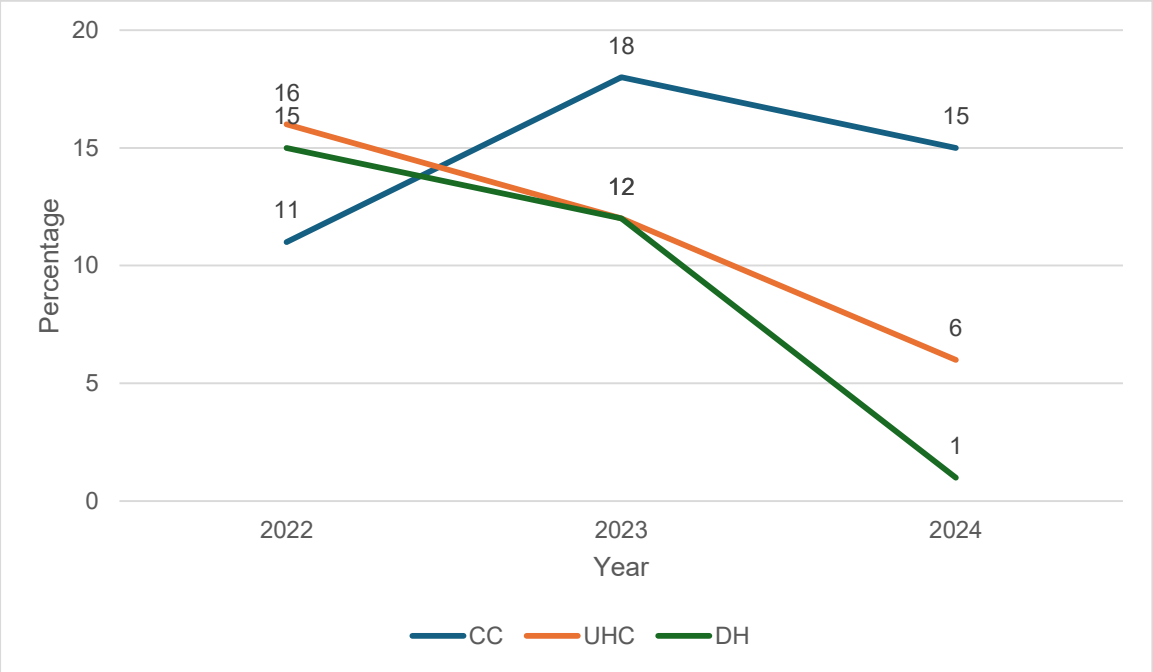
UHCs have shown progress in reducing instances of unmet healthcare needs, with the percentage of patients unable to access healthcare dropping steadily from 16% in 2022 to just 6% in 2024. However, 'occasional' access cases rose from 4% in 2022 and 2023 to 11% in 2024. Despite this, consistent

healthcare availability remained relatively stable, with a slight increase from 80% in 2022 to 83% in 2024, reflecting a mixed but generally positive trend.

District Hospitals have made progress in minimizing reports of unmet healthcare needs, which dropped from 15% in 2022 to just 1% in 2024. However, consistent healthcare availability declined, falling from 80% in 2022 to 74% in 2024 after peaking at 87% in 2023. Simultaneously, occasional access cases rose sharply from 1% in 2023 to 25% in 2024. These findings suggest a shift in service consistency, with fewer patients receiving care consistently despite improvements in addressing unmet needs.

Across all facilities, consistent access to healthcare whenever needed has declined between 2022 and 2024, particularly in Community Clinics and District Hospitals. Reports of occasional access increased notably in 2024, Cases of no healthcare access have decreased in UHCs and District Hospitals, indicating progress in addressing critical access gaps.

Figure 3: Service Unavailability as Reported by Participants



The above figure shows a decline in service unavailability across all facilities from 2022 to 2024. While CC saw an increase from 11% in 2022 to 18% in 2023, it slightly improved to 15% in 2024. UHC showed improvement, from 16% in 2022 to 6% in 2024. DH had the most improvement, decreasing from 15% in 2022 to just 1% in 2024. Overall, service availability has improved, especially in UHC and DH, despite a temporary rise in unavailability at CC.

Availability of Medicine

In 2024, out of 414 respondents, 33 (23%) at CCs, 30 (24%) at UHCs, and 35 (24%) at DHs reported that no medicines were prescribed by the doctor. The remaining 316 respondents indicated that medicines were prescribed. The table below presents a comparative analysis

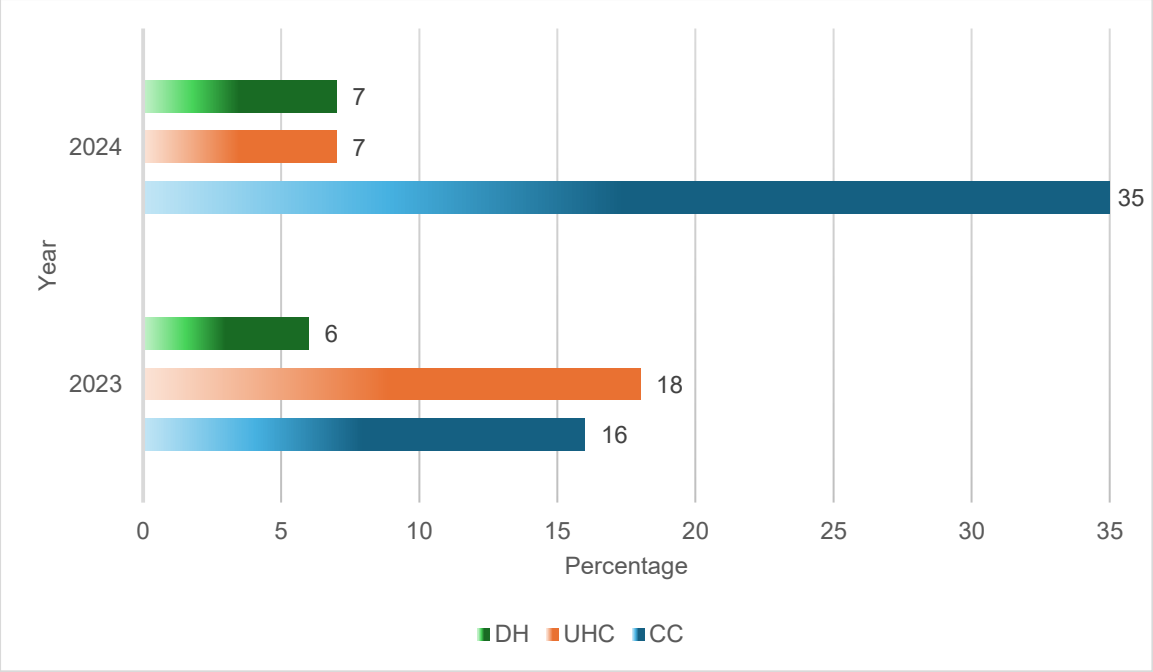
of the availability of prescribed medicines in healthcare facilities for 2023 (n=414) and 2024 (n=316)."

Table 2: Prescribed medicines available in the health facilities

Amount of the required medicines available in the health facilities	Health Facility Type					
	CC		UHC		DH	
	2023 N (%)	**2024** N (%)	**2023** N (%)	**2024** N (%)	**2023** N (%)	**2024** N (%)
100% of all prescribed medicine available	17 (16%)	38 (35%)	11 (18%)	7 (7%)	7 (6%)	8 (7%)
More than 50% prescribed medicine available	35 (32%)	37 (34%)	22 (37%)	32 (33%)	46 (41%)	50 (45%)
Less than 50% prescribed medicine available	56 (52%)	34 (31%)	27 (45%)	58 (60%)	58 (53%)	52 (48%)
Total	108 (100%)	109 (100%)	60 (100%)	97 (100%)	111 (100%)	110 (100%)

The table presents data on the availability of prescribed medicines in different types of health facilities—Community Clinics (CC), Union Health Centers (UHC), and District Hospitals (DH)—for the years 2023 and 2024. In terms of 100% availability of prescribed medicines, Community Clinics saw an increase from 16% in 2023 to 35% in 2024, while Union Health Centers improved slightly from 5% to 7%, and District Hospitals increased from 6% to 7%. Regarding the availability of more than 50% of prescribed medicines, Community Clinics experienced a minor rise from 32% to 34%, whereas Union Health Centers showed a more significant increase from 20% to 33%. District Hospitals also saw an improvement, with availability rising from 41% to 45%. Conversely, for less than 50% availability, Community Clinics improved from 52% in 2023 to 31% in 2024, indicating a positive trend. However, Union Health Centers experienced a decline, increasing from 45% to 60%, while District Hospitals showed a slight improvement, decreasing from 53% to 48%. Overall, there is a noticeable trend of improvement in the availability of prescribed medicines in Community Clinics and District Hospitals, while Union Health Centers exhibit mixed results.

Figure 4 : Availability of All Prescribed Medicines in Health Facilities



This trend in Figure 4 suggests that the availability of all prescribed medicines in health facilities showed a mixed trend from 2023 to 2024. CC experienced improvement, rising from 16% in 2023 to 35% in 2024. In contrast, UHC saw a sharp decline from 18% to 7%, while DH showed a slight increase from 6% to 7%. This indicates better medicine availability in CC, but a notable drop in UHC, with DH remaining relatively stable. To address these, better planning is needed to ensure the availability of medicines, especially in higher-level facilities.

Waiting Times

Waiting times improved at CCs, with 82% of patients being attended within 15 minutes. However, DHs continued to struggle with long waiting times, with 52% of patients waiting over 30 minutes in 2024.

Table 3: Reported waiting times across study phases (2022–2024)

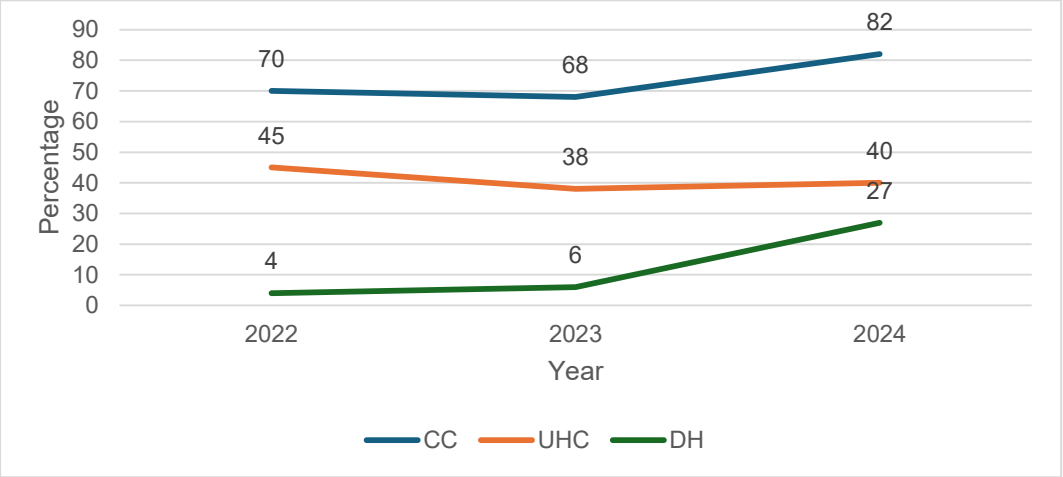
Waiting time to get health services	**Type of Health facility**								
	CC %			**UHC %**			**DH %**		
	2022	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**
Less than 15 min	70%	68%	82%	45%	38%	40%	4%	6%	27%
16-30 min	24%	14%	15%	38%	32%	41%	13%	51%	21%
more than 30 min	6%	18%	3%	17%	30%	19%	83%	43%	52%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Community Clinics (CCs) have improved efficiency, with 82% of patients waiting less than 15 minutes in 2024, up from 70% in 2022. Patients waiting 15–30 minutes dropped from 24% to 15%, and those waiting over 30 minutes declined from 6% to 3%.

Upazila Health Complexes (UHCs) showed minor improvements, with 40% of patients waiting less than 15 minutes in 2024, up from 38% in 2023. While long waits (over 30 minutes) decreased from 30% to 19%, moderate waits (15–30 minutes) slightly increased from 38% in 2022 to 41% in 2024.

District Hospitals (DHs) reported notable improvements in short waits, rising from 4% in 2022 to 27% in 2024. However, long waits (over 30 minutes) surged to 52% in 2024, despite a decline in 15–30-minute waits from 51% in 2023 to 21% in 2024.

Figure 5: Trend of Waiting Time Under 15 Minutes to Receive Services Across Study Phases



In Figure 5 CC showed an overall improvement trend, rising from 70% in 2022 to 82% in 2024, despite a slight dip to 68% in 2023. UHC experienced a decline from 45% in 2022 to 38% in 2023 but slightly recovered to 40% in 2024. DH showed the most improvement, increasing from just 4% in 2022 to 27% in 2024. This shows better service efficiency in CC and DH, while UHC remained relatively stable with minor fluctuations.

Diagnostic and Specialized Services

Qualitative findings show that CCs had limited diagnostic services, restricted primarily to basic blood sugar tests. UHCs and DHs offered more comprehensive diagnostic capabilities, but advanced services such as ECG and ultrasonograms were not universally available. It is worth mentioning that Community Clinics (CCs) offer primary healthcare, including immunization, maternal and child health care, family planning, basic disease prevention, and treatment for common illnesses. Upazila Health Complexes (UHCs) provide secondary care, such as treatment for more complex conditions, minor surgeries, emergency care, diagnostic services, and referrals from CCs. District Hospitals (DHs) offer comprehensive services, including specialized medical care, surgery, inpatient care, diagnostic testing, and treatment for advanced conditions. They also serve as referral centres for UHCs and CCs.

Table 4: Availability of health services by type of health facility (2023 – 2024)

Available health services at the	Health facility type

facility	CC		UHC		DH	
	2023 N=8	**2024** N=8	**2023** N=7	**2024** N=7	**2023** N=8	**2024** N=8
1. Antenatal care	7	7	*6*	7	*8*	8
2. Postnatal care	7	7	*6*	7	*8*	8
3. Delivery care	N/A	N/A	*6*	7	*8*	8
Caesarean section	N/A	N/A	3	4	7	6
Assisted normal vaginal delivery	N/A	N/A	5	6	8	7
4. New-born care	6	7	5	7	8	8
5. EPI vaccination	6	6	6	6	5	7
6. Nutritional counselling	6	8	5	5	4	5
7. Family planning services	8	8	6	7	8	8
Short-term temporary family planning services	N/A		4	4	6	6
Long-term temporary family planning services			3	4	6	6
Permanent family planning services			3	3	5	5
8. Health education through a community outreach program	5	8	4	4	4	4
9. Diagnosis and management of sexually transmitted diseases	N/A		3	3	6	6
10. Diagnosis and management of non-communicable disease			5	5		6
11. Mental health services			N/A	N/A	4	5
12. Eye care			4	4	4	4
13. Dental care			4	4	6	6
14. Emergency healthcare			*7*	7	*8*	8
15. Outpatient services			*7*	7	*8*	8
16. Inpatient services			*5*	7	*8*	8
17. Coronary Care Unit (CCU)			N/A	N/A	*1*	5
18. High Dependency Unit (HDU)			N/A	N/A	*1*	4
19. Intensive Care Unit (ICU)			N/A	N/A	*2*	4
20. Referral services	*8*	8	*4*	4	*4*	4
21. Ambulance services	N/A	N/A	*5*	4	*8*	5

Table 4 is generated from the qualitative facility assessment data, here in **Community Clinics** antenatal, postnatal, and family planning services, maintaining performance over the years. Health education through outreach programs also saw progress, expanding from 5 CCs in 2023 to all 8 CCs in 2024. Referral services have consistently maintained progress.

UHCs demonstrated progress, particularly in delivery care, which increased from 6 in 2023 to all 7 in 2024. Services such as antenatal and postnatal care, along with outpatient and inpatient services, remained consistently strong. However, there has been limited progress in providing specialized services such as eye care, dental care, and nutritional counseling. These are routine services that should be available in all Universal Health Care (UHC) systems, yet not all UHC facilities offer these essential services at that time.

District Hospitals continued to provide antenatal, postnatal, and delivery care services, with improvements in procedures such as Caesarean sections and assisted normal vaginal deliveries in 2024. Despite these gains, advanced care units such as CCU, HDU, and ICU were limited in 2023. However, in 2024, there has been an increase in these services, with half of the facilities now offering them. It is important that not all facilities are equipped with all of these advanced care options. Meanwhile, emergency, outpatient, and inpatient services have consistently performed well.

Primary care services are generally accessible; however, specialized and advanced services require further enhancement. Community Clinics (CCs) and Universal Health Care (UHC) facilities are demonstrating improvements in care delivery and health education. Unfortunately, specialized services and mental health care are not uniformly available across all facilities. CCs are transforming into essential hubs for preventive care and community outreach. It is crucial for UHCs and District Hospitals (DHs) to prioritize the expansion of advanced care and mental health services.

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Infrastructure and Equipment

According to the qualitative findings, Universal Health Care (UHC) facilities and District Hospitals (DHs) have well-maintained infrastructure, including consultation rooms and emergency facilities. In contrast, Community Clinics (CCs) are facing limitations, with a noted decrease in the availability of counseling rooms and essential medical equipment between 2023 and 2024.

Table 5: Availability of Materials and Equipment by Type of Health Facility (2023–2024)

Materials and Equipment	**Community Clinic**		**Upazila Health Complex**		**District Hospital**	
	2023 N=8	**2024** N=8	**2023** N=7	**2024** N=7	**2023** N=8	**2024** N=8
Blood pressure machines	7	6	7	7	8	8
Weight scales,	7	6	7	7	8	8
Thermometers	8	8	7	7	8	8

Stethoscope	7	4	7	7	8	8
Laboratory equipment and supplies			7	7	8	8
ECG machine			7	5	8	8
Xray machine			7	6	8	7
USG machine			5	5	6	6
Operation theatre equipment			7	7	7	8

In **Community Clinic** basic equipment like blood pressure machines, weight scales, and stethoscopes showed a slight decline in availability from 2023 to 2024. Thermometers were consistently available in all eight clinics across both years.

Upazila Health Complexes consistently equipped with blood pressure machines, weight scales, thermometers, laboratory equipment, and operation theatre equipment were fully available in all seven UHCs for both years. Advanced Equipment availability of ECG machines dropped slightly (2024: 5 out of 7), while X-ray and USG machine availability remained stable (2023–2024).

District Hospitals are well-equipped and ensure the availability of basic diagnostic tools in all of the DHs. (e.g., thermometers, ECG machines, and operation theatre equipment). Advanced diagnostics show minor improvements in X-ray machines (2024: 7 out of 8), along with a steady availability of ultrasound (USG) machines and laboratory equipment in more than half of the facilities, indicating a gradual enhancement in diagnostic capabilities across the board.

CCs lack basic equipment, requiring urgent support. UHCs saw a decline in advanced tools like ECG and X-ray in 2024, while DHs remain well-equipped with minor gaps. Strengthening equipment availability at all levels is essential for better healthcare.

Patient Satisfaction

Patient satisfaction with medical care declined across all facility types. There was a marked shift towards average satisfaction ratings, indicating a need for quality improvements.

Table 6:Status of Patient Satisfaction with Medical Care by Type of Health Facility Across Study Phases (2022–2024)

Health Facility	**Well Satisfied**			**Moderately Satisfied**			**Not Satisfied**		
	2022 N (%)	**2023** N (%)	**2024** N (%)	**2022** N (%)	**2023** N (%)	**2024** N (%)	**2022** N (%)	**2023** N (%)	**2024** N (%)
CC	115 (84%)	108 (82%)	94 (66%)	11 (8%)	5 (4%)	45 (32%)	11 (8%)	19 (14%)	3 (2%)

UHC	102 (81%)	86 (65%)	60 (47%)	2 (2%)	6 (5%)	63 (50%)	22 (17%)	40 (30%)	4 (3%)
DH	111 (74%)	95 (65%)	45 (31%)	4 (3%)	8 (5%)	95 (66%)	34 (23%)	44 (31%)	5 (3%)

Patient satisfaction at CCs declined from 84% in 2022 to 82% in 2023 and further to 66% in 2024. Meanwhile, Moderate satisfaction increased from 8% in 2022 to 14% in 2023 and 32% in 2024. Dissatisfaction, however, improved, decreasing from 14% in 2023 to just 2% in 2024, indicating some progress in addressing concerns despite the overall decline in satisfaction.

At UHCs, satisfaction dropped steadily from 81% in 2022 to 58% in 2023 and 47% in 2024. Moderate satisfaction rose sharply from 2% in 2022 to 12% in 2023 and 50% in 2024. Dissatisfaction peaked at 30% in 2023 but later dropped to 3% in 2024, showing shifting patient perceptions.

DHs experienced the steepest decline in satisfaction, from 74% in 2022 to 55% in 2023 and just 31% in 2024. Moderate satisfaction increased from 3% in 2022 to 15% in 2023 and 66% in 2024. Additionally, the dissatisfaction situation improved, decreasing from 30% in 2023 to just 3% in 2024. This suggests that overall patient satisfaction has increased across all facilities.

Figure 6: Decrease in Patient Dissatisfaction with Medical Care Across Study Phases (2022-2023)

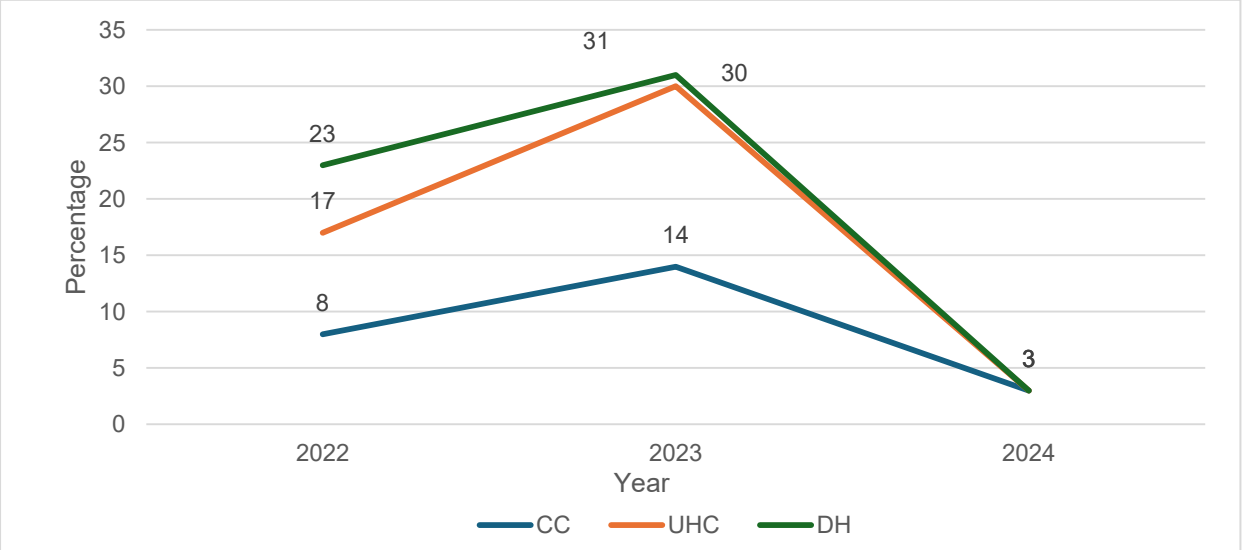

Figure 6 illustrates that patient dissatisfaction with medical care rose from 2022 to 2023 across all facilities but then experienced a significant decline by 2024. This trend suggests an overall improvement in the quality of medical care and patient satisfaction across all facilities by 2024.

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Financial Burdens

The financial strain on patients has intensified. Patients now face higher consultation fees, compounding their economic challenges.

Table 7: Cost Incurred to Avail Health Services in Different Health Facilities Across Study Phases (2022–2024)

Cost Incurred to avail health services	CC			UHC			DH		
	2022 %	**2023** N (%)	**2024** N (%)	**2022** N (%)	**2023** N (%)	**2024** N (%)	**2022** N (%)	**2023** N (%)	**2024** N (%)
0 Tk	0%	81 (62%)	72 (51%)	0%	62 (47%)	0 (0%)	0%	20 (14%)	0 (0%)
Less Than 5 Tk	96%	46 (35%)	55 (39%)	58%	49 (37%)	88 (69%)	72%	95 (65%)	90 (62%)
6-15 Tk	4%	2 (2%)	12 (8%)	37%	20 (15%)	17 (13%)	20%	31 (21%)	40 (28%)
More than 15 Tk	0%	1 (1%)	3 (2%)	5%	1 (1%)	22 (17%)	8%	1 (1%)	15 (10%)
Total	100%	130 (100%)	142 (100%)	100%	132 (100%)	127 (100%)	100%	147 (100%)	145 (100%)

Over the past three years, service costs at Community Clinics, UHCs, and District Hospitals have shifted notably. Community Clinics saw a rise in free services (0 Taka) from 0% in 2022 to 62% in 2023, but this declined to 51% in 2024. Patients paying less than 5 Taka dropped sharply from 96% in 2022 to 35% in 2023, rebounding slightly to 39% in 2024, while those paying 6–15 Taka steadily increased. UHCs experienced a sharp decline in free consultations, from 47% in 2023 to 0% in 2024, with a rise in those paying less than 5 Taka (37% to 69%) and a notable increase in payments over 15 Taka (1% to 17%). Similarly, District Hospitals saw free consultations drop from 14% in 2023 to none in 2024, while the share of patients paying 6–15 Taka rose from 21% to 28%, and those paying over 15 Taka increased from 1% to 10%. These trends indicate a shift toward fewer free services across all facilities, with more patients being moderate to higher costs.

However, it is important to mention that there is no ticket fee at CCs for any patients, while the ticket fee is BDT 5 at UHCs and BDT 15 at DHs, as per government protocol. The possible reasons for ticket fees at CCs or higher ticket fees at other health facility types were not explored in this study. However, they could be investigated through future research using other methods

Figure 7: Decrease in Cost to Avail Health Services in Different Facilities Across Study Phases (2022–2024)

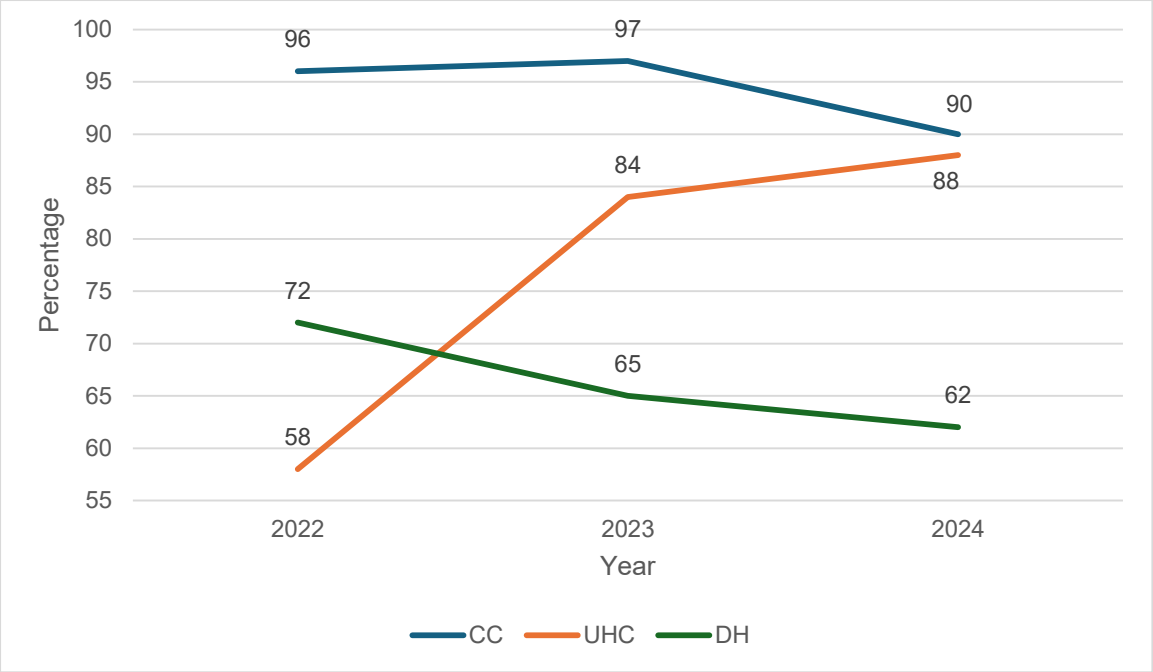

Figure 7 shows varying cost trends for healthcare services across facilities from 2022 to 2024. CCs had the lowest cost, rising slightly from 96% in 2022 to 97% in 2023 before dropping to 90% in 2024. In UHCs, costs increased from 58% in 2022 to 84% in 2023 and 88% in 2024. Meanwhile, DHs saw a gradual decline, with costs from 72% in 2022 to 65% in 2023 and 62% in 2024.

c. Supply-Side challenges

Referral Rates

Referrals play a crucial role in the healthcare system by ensuring patients receive appropriate, specialized care while optimizing resources at different levels of service. An effective referral system helps reduce the burden on higher-tier hospitals, improves patient outcomes, and enhances overall healthcare efficiency. In 2024 referral systems showed variability across facilities. While CCs maintained a low referral rate (1%), indicative of their effective management of primary health issues, DHs exhibited a higher referral rate (10%) due to their role in handling complex cases compared to UHC and CC.

Table 8: Patient Referral System Across Three Types of Health Facilities in 2024

Health Facility Type	**Referred Patient**		**Total** N (%)
	Not referred N (%)	**Referred** N (%)	
CC	140 (99%)	2 (1%)	142 (100%)
UHC	118 (93%)	9 (7%)	127 (100%)
DH	131 (90%)	14 (10%)	145 (100%)

Total	389 (94%)	25 (6%)	414 (100%)

Referral rates were low across all facilities, with CCs having the least referrals (1%) and DHs the highest (10%). Most of the patients (94%) were treated directly at the point of care, with only 6% requesting referrals. This suggests that most healthcare needs are being addressed within the initial facility, particularly in CCs and UHCs, which had the lowest referral rates.

Information Dissemination

Table 9: Information Dissemination Process by Type of Health Facility (2023–2024)

Information dissemination Process	**Community Clinic**		**Upazila Health Complex**		**District hospital**	
	2023 N=8	**2024** N=8	**2023** N=7	**2024** N=7	**2023** N=8	**2024** N=8
Citizen Charter/ Information board						
Placement of the charter/ board at the facility	Five	Six	Multiple charters at different places of the facility	Multiple charters at different places of the facility	Multiple charters at different places of the facility	Multiple charters at different places of the facility
Language and wording of the charters/ boards		understandable	The charters are made in Bangla and English, the font size and colors are readable	The charters are made in Bangla and English, the font size and colors are readable	Written in Bangla and English, in visible big letters	Written in Bangla and English, in visible big letters
Font size and colors		Visible				
Overall condition	Missing charters should be installed, and outdated charters and boards need replacement.	Very old need to be updated	Old boards need to be replaced and requires improvement	Old boards need to be replaced and requires improvement	Old boards need to be replaced and requires improvement	Old boards need to be replaced and requires improvement
Posters/ banners related to health conditions						
Placement of posters at the facility	Not seen in many of the CCs	Available at three of the facilities	Posters are available in all UHCs	Posters are available in all UHCs	Seen in all the facilities	Seen in all the facilities
Language and wording			The language and writing are in black and white big letters, easy to read	The language and writing are in black and white big letters, easy to read	Written in Bangla and English, and in Black and white fonts	Written in Bangla and English, and in Black and white fonts
Font size, colors, and pictures						

Overall condition	More posters required	More posters required	Average, Improvement required	Average, Improvement required	Overall condition was quite good	Overall condition was quite good
Digital monitors						
Placement of the monitors	No digital monitors at CCs	No digital monitors at CCs	Seen in three of the UHCs	Seen in three of the UHCs	Seen in four out of eight DHs	Seen in four out of eight DHs
Completeness of the information			Available services were displayed	Available services were displayed	Health services, statistical info and awareness messages shown	Health services, statistical info and awareness messages shown
Sound and quality			Quality was okay	Quality was okay	Moderate	Moderate
Overall conditions			Moderate, more digital monitors required	Moderate, more digital monitors required	Good in three DHs, but improvement required in most	Good in three DHs, but improvement required in most

a. **Community Clinics (CCs):**
   - **Citizen Charter:** Improved slightly from 5 to 6 facilities with charters by 2024. The language is understandable, but old charters require updates or replacement.
   - **Posters/Banners:** Limited availability in 2023 and 2024, with more posters needed for better health awareness.
   - **Digital Monitors:** None available in CCs across both years, highlighting a gap in digital communication tools.

b. **Upazila Health Complexes (UHCs):**
   - **Citizen Charter:** Multiple charters are available in prominent places, written in Bangla and English. However, most are old and need replacement.
   - **Posters/Banners:** Posters are present in all UHCs with easy-to-read language but require updates to improve overall quality.
   - **Digital Monitors:** Limited to three UHCs, displaying services and health information with moderate quality. More monitors are needed.

c. **District Hospitals (DHs):**
   - **Citizen Charter:** Well-placed charters in all facilities, written in Bangla and English with visible fonts. Old boards require replacement.
   - **Posters/Banners:** Available in all DHs with good overall condition and easy-to-read language in Bangla and English.
   - **Digital Monitors:** Seen in 4 out of 8 DHs, displaying diverse information (services, stats, awareness) but require further improvement and expansion.

Old or outdated citizen charters need replacement across all facility types. Limited use of digital monitors and inadequate poster availability in CCs and UHCs. District Hospitals lead in the use of posters and digital monitors, but there is still room for improvement.

Feedback Mechanisms

Table 10: Assessment of feedback mechanism by type of health facility (2023-2024)

Criteria	Community Clinic		Upazila Health Complex		District hospital	
	2023 N=8	**2024** N=8	**2023** N=7	**2024** N=7	**2023** N=8	**2024** N=8

At least one complaint box at the facility	No complaint boxes were seen in any of the CCs during the facility assessments	No complaint boxes were seen in any of the CCs during the facility assessments	Observed in two out of seven UHCs	Observed in THREE out of seven UHCs	Seen in seven out of eight DHs	Seen in seven out of eight DHs
Placement of the complaint box	-		The boxes were visible and placed at the entrance	The boxes were visible and placed at the entrance	AT the entrance, in front of the OPD, and placed at a visible location a	AT the entrance, in front of the OPD, and placed at a visible location a
Condition	-		Not good, locks of the boxes are broken	Not good, locks of the boxes are broken	Two of the boxes are not working, anyone can put complaints in there	one of the boxes is not working, anyone can put complaints in there

a. **Community Clinics (CCs):**
   - **Complaint Boxes:** None observed in 2023 or 2024, indicating a complete absence of formal feedback mechanisms.
b. **Upazila Health Complexes (UHCs):**
   - **Complaint Boxes:** Increased from 2 out of 7 UHCs in 2023 to 3 in 2024.
   - **Placement:** Boxes are visible and located at the entrance.
   - **Condition:** Poor maintenance, with broken locks making the system ineffective.
c. **District Hospitals (DHs):**
   - **Complaint Boxes:** Available in 7 out of 8 DHs in both years.
   - **Placement:** Boxes are strategically located (entrance, OPD) and visible.
   - **Condition:** Slight improvement, but 1 box remains non-functional, reducing system reliability.

Community Clinics have no complaint boxes, showing no progress in this area. Existing boxes at UHCs and DHs are poorly maintained, with broken locks and non-functional units reducing effectiveness.

Introduce complaint boxes in CCs to establish basic feedback mechanisms. Increase the number of complaint boxes and ensure regular maintenance in UHCs to restore functionality. Repair non-functional boxes and implement regular monitoring in DHs for better system reliability.

Cleanliness of health facilities

The table below shows cleanliness of health facilities over the years.

Table 11: Waste Management Systems by Type of Health Facility (2023–2024)

Waste Management Systems	**Community clinics**		**Upazila Health Complex**		**District Hospital**	
	2023 N=8	**2024** N=8	**2023** N=7	**2024** N=7	**2023** N=8	**2024** N=8
Separate bin for medical	N/A	N/A	4	4	7	7

wastes						
Colour coded waste disposal bins	N/A	N/A	3	4	5	6
Integrated Solid Waste Management	N/A	N/A	1	1	5	5

Upazila Health Complexes (UHCs) showed minimal progress in waste management over the two years, with separate bins for medical waste consistently available in 4 out of 7 facilities, reflecting no improvement from 2023 to 2024. However, color-coded waste disposal bins increased slightly from 3 UHCs in 2023 to 4 in 2024, though Integrated Solid Waste Management remained lacking, with only 1 UHC having such facilities. In contrast, District Hospitals (DHs) exhibited relatively better waste management systems, with separate bins for medical waste available in 7 out of 8 facilities across both years. Color-coded waste disposal bins showed modest improvement, rising from 5 DHs in 2023 to 6 in 2024, while Integrated Solid Waste Management remained stable but inadequate, consistently available in 5 out of 8 DHs.

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Infrastructure of health facilities

Table 12:Facility Infrastructure by type of Health Facility (2023-2024)

infrastructure	Community Clinic		Upazila Health Complex		District Hospital	
	2023 N=8	**2024** N=8	**2023** N=7	**2024** N=7	**2023** N=8	**2024** N=8
Outdoor consultation room			7	7	8	8
Emergency room			7	7	8	8
Patient examination room			7	7	8	8
Counselling room	5	8	6	7	6	8
ANC/ PNC room			6	7	8	8
Labor room			7	7	8	8
Delivery room			7	7	8	8
Operation theatre			7	7	8	8
Male ward			7	7	8	8

Female ward			6	7	8	8
Waiting room	4	4	6	7	7	8
Breastfeeding corner			5	6	7	7
Nutrition counselling corner			7	7	6	7
Pregnancy OPD			6	6	8	8
Psychosocial counselling room					3	3
Adolescent counselling room					3	3
VIA/PAC room					3	3
USG room					8	8
Laboratory					8	8
Blood transfusion room					8	8
Pharmacy			7	7	8	8
Handwashing facilities			5	6	8	8
Washroom	8	8	7	7	8	8

Community Clinics demonstrated consistency in the availability of basic facilities, with washrooms available in all eight clinics in both 2023 and 2024. Improvements were seen in the availability of counselling rooms, which increased from 5 out of 8 clinics in 2023 to full coverage (8 out of 8) in 2024.

Upazila Health Complexes consistently maintained essential facilities across all seven centers, including outdoor consultation rooms, emergency rooms, patient examination rooms, labour rooms, delivery rooms, and operation theatres. Improvements were noted in the availability of female wards and breastfeeding corners, both achieving full coverage in 2024. However, partial gaps persisted in handwashing facilities, which increased slightly from 5 out of 7 in 2023 to 6 out of 7 in 2024, and in breastfeeding corners, which showed a similar increase over the same period. These findings highlight progress in addressing gender-sensitive and hygiene-related facilities, though further enhancements are needed to bridge existing gaps.

District Hospitals consistently provided critical facilities, including USG rooms, laboratories, blood transfusion rooms, and pharmacies, across all eight hospitals in both 2023 and 2024. Despite this, specialized rooms for psychosocial counselling, adolescent counselling, and VIA/PAC remained limited, with availability stagnant at 3 out of 8 hospitals in both years. Improvements were observed in nutrition infrastructure, as nutrition counselling corners increased from 6 out of 8 hospitals in 2023 to 7 out of 8 in 2024. While District Hospitals offer a range of essential services, the limited availability of specialized facilities indicates an area for targeted development.

Across the three types of healthcare facilities, notable improvements were observed in specific areas such as counselling rooms in Community Clinics, gender-sensitive and hygiene-related facilities in Upazila Health Complexes, and nutrition infrastructure in District Hospitals. However, gaps remain, particularly in specialized services and facilities at both the UHC and DH levels.

Behaviour of Healthcare Providers

Table 13: Patients' Perception of Healthcare Providers' Behavior Across Facility Types During Study Phases (2022–2024)

Type of Health Facility	Positive Behavior			Average Behavior			Negative Behavior		
	2022 N (%)	2023 N (%)	2024 N (%)	2022 N (%)	2023 N (%)	2024 N (%)	2022 N (%)	2023 N (%)	2024 N (%)
CC	127 (93%)	104 (78%)	131 (92%)	4 (3%)	6 (5%)	8 (6%)	6 (4%)	23 (17)	3 (2%)
UHC	107 (86%)	112 (84%)	119 (95%)	3 (2%)	2 (2%)	6 (4%)	16 (12%)	19 (14%)	2 (1%)
DH	104 (70%)	96 (66%)	127 (90%)	3 (2%)	13 (9%)	16 (9%)	42 (28%)	37 (25%)	2 (1%)

Community Clinics (CCs) displayed fluctuating levels of patient satisfaction regarding healthcare providers' attentiveness over the three years. In 2022, almost everyone (93%) felt they got positive behavior from their service providers'. In 2023, that number dropped to 78%. Things got better in 2024, with 92% of people feeling well-checked by their providers. Reports of providers checking patients only sometimes increased slightly, from 3% in 2022 to 5% in 2023 and 6% in 2024. Notably, the percentage of patients who felt they were not checked at all rose sharply to 17% in 2023, but this was reduced to just 2% in 2024. These trends indicate that while Community Clinics experienced a temporary setback in 2023, they made strides in restoring patient trust and satisfaction by 2024.

Upazila Health Complexes (UHCs) showed consistent improvement in patient perceptions of attentiveness. The proportion of patients who felt they were carefully checked by providers increased steadily, from 86% in 2022 to 84% in 2023 and 95% in 2024. Reports being checked only sometimes remained low, fluctuating between 2% and 4% over the three years. Meanwhile, instances where patients felt neglected decreased, from 12% in 2022 to 14% in 2023 and further to just 1% in 2024. These findings highlight the success of UHCs in progressively addressing patient concerns and enhancing the quality of care provided.

District Hospitals (DHs) demonstrated the most remarkable improvement in healthcare providers' attentiveness. In 2022, only 70% of patients reported being carefully checked, and this number declined to 66% in 2023 before surging to 90% in 2024. Reports being checked sometimes increased marginally, from 2% in 2022 to 9% in both 2023 and 2024. Most reports not being checked at all dropped dramatically, from 28% in 2022 to 25% in 2023 and just 1% in 2024. These trends suggest that District Hospitals have made substantial progress in addressing patient concerns and ensuring better provider attentiveness.

Across all facility types, the percentage of patients who felt they were carefully checked by providers increased in 2024 compared to 2023, reflecting an overall improvement in

healthcare attentiveness. Reports being checked only sometimes remained stable or showed minor increases, while reports of them not being checked declined in all types of facilities. District Hospitals achieved the largest improvement, with a sharp reduction in patients reporting neglect, underscoring their commitment to improving patient satisfaction.

7. Discussion

The findings from this study highlight significant progress in key areas of primary healthcare service delivery across Community Clinics (CCs), Upazila Health Complexes (UHCs), and District Hospitals (DHs) from 2022 to 2024. While challenges remain, it is essential to recognize the positive strides made in service efficiency, infrastructure, and patient experience. These improvements reflect the impact of initiatives undertaken by the BHW Regional Chapters' Health Rights Forums (HRFs), which have played a crucial role in driving local-level changes in primary healthcare services. Through community engagement, advocacy, and monitoring efforts, HRFs have contributed to increasing accountability, improving service availability, and ensuring more equitable access to quality healthcare, particularly in hard-to-reach areas.

Key Insights

Notable Progress

a. **Improved Service Efficiency**
    - Community Clinics have significantly reduced patient waiting times, with 82% of patients receiving care within 15 minutes in 2024, compared to 70% in 2022.
    - District Hospitals have improved patient flow, with a notable reduction in reports of excessive waiting times.
b. **Advancements in Maternal and Child Health Services**
    - All seven UHCs now provide institutional delivery services, compared to six in 2023, ensuring safer childbirth experiences.
    - DHs have expanded access to skilled birth attendants, covering all facilities in 2024.
c. **Enhanced Availability of Medicines in Community Clinics**
    - The percentage of patients receiving all prescribed medicines at CCs increased from 16% in 2023 to 35% in 2024, marking significant progress.
d. **Expansion of Critical Healthcare Infrastructure**
    - District Hospitals have improved access to essential services such as Intensive Care Units (ICUs) and Coronary Care Units (CCUs), ensuring better management of critical patients.
    - UHCs have expanded delivery rooms and female wards, strengthening maternal and newborn care.
e. **Positive Trends in Healthcare Provider-Patient Interaction**
    - Patient-reported positive behaviour from healthcare providers increased across all facilities, with DHs improving from 70% in 2022 to 90% in 2024.
    - Reports of negative behaviour significantly declined in all facility types.

Remaining Challenges

a. **Declining Service Availability in Some Facilities**
    - Consistent service availability has decreased in CCs (from 84% in 2022 to 64% in 2024) and DHs (from 87% in 2023 to 74% in 2024), requiring attention to resource allocation.
b. **Persistent Resource and Equipment Gaps**
    - While some improvements were observed, shortages of diagnostic tools (e.g., ECG, X-ray, ultrasonogram) and medical supplies continue to affect service quality in UHCs and DHs.
    - Basic medical equipment, such as blood pressure monitors and stethoscopes, remains insufficient in CCs.
c. **Need for Strengthened Feedback Mechanisms**
    - Complaint boxes are still absent in CCs, and their maintenance at UHCs and DHs is inconsistent, limiting patient engagement in service improvement.
d. **Medical Waste Management Requires Urgent Attention**
    - CCs still lack a structured waste disposal system, and color-coded waste bins remain unavailable in most UHCs and some DHs.

Limitations

While this study provides valuable insights, several limitations must be acknowledged:

- **Regional Variability**: Although the study covered all eight divisions, differences in healthcare infrastructure and resources across regions may not be fully captured due to sample size constraints.
- **Self-Reported Data**: The reliance on patient exit interviews introduces potential biases, such as recall bias or social desirability bias, particularly in reporting satisfaction and financial burdens.

8. Recommendations

Based on the study findings, the following strategies are proposed to address healthcare challenges and improve service delivery across Community Clinics (CCs), Upazila Health Complexes (UHCs), and District Hospitals (DHs):

a. Strengthen Workforce Capacity

- Recruit and train additional healthcare staff, including doctors, nurses, and technicians, to address workforce shortages.
- Implement regular training programs focused on patient communication, cultural competency, and operational efficiency.
- Enhance staff retention in rural and underserved areas through targeted incentives and support mechanisms.
- Ensure consistent, high-quality care across all facility types through continuous training for healthcare providers and regular patient feedback.

b. Optimize Resource and Supply Chain Management

- Ensure consistent availability of essential medicines, diagnostic tools, and other resources through improved supply chain systems.
- Develop contingency plans to manage resource shortages during crises or increased demand.
- Address gaps in medical waste management to reduce health risks and protect the environment. Immediate intervention is needed for basic waste management systems in CCs, with a focus on color-coded bins and proper disposal in UHCs.

c. Upgrade Healthcare Infrastructure

- Expand and maintain healthcare infrastructure, including diagnostic facilities, waiting areas, and counseling rooms, to support growing demand.
- Equip UHCs and DHs with advanced diagnostic tools (e.g., X-ray and ultrasonogram machines) to improve service scope and quality.
- Introduce digital monitors and increase poster placement in Community Clinics (CCs) and Universal Health Care (UHC) facilities. Update charters and invest in additional digital monitors in District Hospitals (DHs).
- Prioritize infrastructure expansion in CCs to provide a broader range of services. Ensure universal availability of handwashing facilities and strengthen maternal and child health infrastructure in UHCs.
- Address basic equipment shortages in CCs, ensuring access to essential tools like blood pressure monitors and stethoscopes.

d. Improve Patient Experience and Satisfaction

- Reduce waiting times by optimizing patient flow through digital scheduling systems and improved staff allocation.
- Establish continuous feedback mechanisms, including functional complaint boxes and regular patient surveys, to monitor and address service quality.
- Implement quality assurance programs to ensure consistent, patient-centered care.

e. Foster Community Engagement and Awareness

- Conduct awareness campaigns to educate patients about available services and their rights within the healthcare system.
- Engage local communities in healthcare planning and decision-making to ensure services meet their specific needs.
- Strengthen outreach programs to improve health education and preventive care, especially in rural areas.

f. Establish Monitoring and Accountability Systems

- Develop and implement monitoring frameworks to track service quality, resource utilization, and patient satisfaction across facilities.
- Leverage digital tools for real-time data collection and performance analysis to guide evidence-based decision-making.

- Regularly audit facility operations to identify and address gaps in service delivery.

g. Advocate for Policy Reforms and Partnerships

- Advocate for evidence-based policy reforms to address systemic healthcare inequities and inefficiencies.
- Collaborate with government bodies, NGOs, and private sector partners to mobilize resources and drive comprehensive improvements.

By implementing these recommendations, Bangladesh can address critical gaps in its healthcare system and move closer to achieving equitable, efficient, and high-quality healthcare for all.

9. Conclusion

This study provides a detailed analysis of evolving trends in primary healthcare delivery across Community Clinics (CCs), Upazila Health Complexes (UHCs), and District Hospitals (DHs) in Bangladesh from 2022 to 2024. The findings reveal systemic challenges, including declining service availability, increasing financial burdens, and persistent resource shortages, particularly in rural and underserved areas. These issues highlight the need for immediate, targeted interventions to ensure equitable and efficient healthcare delivery.

Despite these challenges, there are encouraging signs of progress. Community Clinics have improved waiting times, while infrastructure enhancements at UHCs and DHs have expanded the scope of services available, particularly in maternal and child health. These advancements demonstrate the potential for replicating successful interventions across the healthcare system.

Addressing these gaps requires collaborative efforts from policymakers, healthcare administrators, and stakeholders. Key strategies include restoring free or subsidized services, strengthening workforce capacity, optimizing resource allocation, and implementing monitoring systems to ensure accountability. Investments in infrastructure and community outreach are critical to improving patient satisfaction, restoring trust, and ensuring consistent, high-quality care.

The broader implications of these findings underscore the importance of aligning healthcare policies with Bangladesh's commitment to universal health coverage. Strengthening primary healthcare systems will not only address immediate service delivery challenges but also contribute to better public health outcomes and resilience in the face of future health crises.

Future research should explore the long-term impacts of interventions highlighted in this study and examine healthcare delivery in private and specialized facilities to provide a more comprehensive understanding of the sector. Additionally, community involvement in planning and implementing healthcare strategies should be prioritized to ensure that services meet the diverse needs of populations across regions.

Through sustained and evidence-based efforts, Bangladesh can make substantial strides toward achieving its vision of equitable, high-quality universal healthcare access, fostering a healthier and more resilient nation.

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11. Annex

Annex 1

স্বাস্থ্যসেবার মানোন্নয়নে মতামত সংগ্রহ - Exit Interview (2024)

সাধারণ তথ্য - General information

Volunteer Name and ID
in English

তারিখ - Date

yyyy-mm-dd

বিভাগ ও জেলা - Location

- ঢাকা - মানিকগঞ্জ / Dhaka - Manikganj
- চট্টগ্রাম - খাগড়াছড়ি / Chittagong - Khagrachori
- সিলেট - সুনামগঞ্জ / Sylhet - Sunamganj
- রাজশাহী - চাঁপাই নবাবগঞ্জ / Rajshahi - Chapainawabganj
- ময়মনসিংহ - নেত্রকোনা / Mymensingh - Netrokona
- বরিশাল - বরগুনা / Barisal - Borguna
- খুলনা - বাগেরহাট / Khulna - Bagerhat
- রংপুর - কুড়িগ্রাম / Rangpur - Kurigram

উপজেলা - Upazilla
in English

সেবা কেন্দ্রের ধরণ - Health Facility Type

- কমিউনিটি ক্লিনিক / CC
- উপজেলা স্বাস্থ্য কমপ্লেক্স / UHC
- জেলা হাসপাতাল / DH

আর্থ-সামাজিক অবস্থা - Socio-economic condition

A1. আপনার নাম কি? - Patient Name
in English

A2. উত্তরদাতার ঠিকানা - Address

- গ্রাম - Village
- শহর - City

A3. আপনার বয়স কত? - Age

in English

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A4. লিঙ্গ - Gender

- পুরুষ - M
- নারী/মহিলা - F
- অন্যান্য - Other

A5. মোবাইল নম্বর - Mobile No

in English

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A6. আপনি কোন ধর্ম পালন করেন? - Religion

- ইসলাম - Islam
- হিন্দু - Hinduism
- খ্রিস্টান - Christian
- বৌদ্ধ - Buddhism
- অন্যান্য - Others

উল্লেখ করুন - please specify

in English

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A7. আপনার জাতিগত পরিচয় কি? - Ethnicity

- বাঙালি - Bengali
- মৈথেই - Meitei
- ত্রিপুরা - Tripura
- মারমা - Marma
- তঞ্চঙ্গ্যা - Tanchanga
- খাসিয়া - Khasia
- চাকমা - Chakma
- গারো - Garo
- সাঁওতাল - Santal
- বিহারী - Bihari
- অন্যান্য - Others

উল্লেখ করুন - please specify
in English

A8. আপনি লেখাপড়া করেছেন কি? - Education

- হ্যাঁ - Yes
- না - No

A9. আপনি কোন শ্রেণি পর্যন্ত পড়ালেখা করেছেন? - Education Level

- পঞ্চম শ্রেণি - Class 5
- এসএসসি/ সমমান - SSC/ Equivalent
- এইচএসসি/সমমান - HSC/ Equivalent
- অন্যান্য - Others

উল্লেখ করুন - please specify
in English

স্বাস্থ্যকেন্দ্রের এ্যাক্সেস / অভিগম্যতা - Accessibility to health care

B1. আপনাকে কি অন্য কোন স্বাস্থ্য সেবাপ্রদানকারী / সেবাকেন্দ্র থেকে এখানে পাঠানো হয়েছে? - Referred Patient

- হ্যাঁ - Yes
- না - No

B2. আপনার স্বাস্থ্য সেবা প্রদানের জন্য কি কোন স্বাস্থ্য সেবা প্রদানকারী উপস্থিত ছিলেন? - Healthcare provider availability

- হ্যাঁ - Yes
- না - No

B3. কোন ধরনের স্বাস্থ্যসেবা প্রদানকারী আপনাকে সেবা প্রদান করেছিলেন? - Type of Healthcare Provider

- কমিউনিটি হেলথ কেয়ার প্রভাইডার - CHCP
- হেলথ অ্যাসিস্ট্যান্ট - HA
- ফ্যামিলি ওয়েলফেয়ার অ্যাসিস্ট্যান্ট - FWA
- স্যাকমো - Sacmo
- নার্স - Nurse
- মেডিকেল ডাক্তার - Doctor
- অন্যান্য - Other

উল্লেখ করুন - please specify
in English

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B4. সেবা পাওয়ার জন্য আপনার কতটা সময় অপেক্ষা করতে হয়েছিলো? - Waiting time
Minute in English

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B5. আপনাকে সেবাকেন্দ্র থেকে কি কোন ওষুধের পরামর্শ / প্রেসক্রাইব করা হয়েছিলো? - Prescribed any medicines

- হ্যাঁ - Yes
- না - No

B6. প্রেসক্রিপসনে লেখা বা পরামর্শ করা ওষুধ গুলো কি আপনি স্বাস্থ্যকেন্দ্র থেকে পেয়েছিলেন? - Get the prescribed medicines

- হ্যাঁ - Yes
- না - No

B7. আনুমানিক কত শতাংশ ওষুধ আপনি স্বাস্থ্যকেন্দ্র থেকে পেয়েছিলেন? - Amount of the medicines

- ২৫% এর নিচে - Less than 25%
- ২৬-৫০% - 26- 50%
- ৫1-৭৫% - 51- 75%
- ৭6- ৯০% - 76-90%
- ১০০% - 100%

B8. বাইরে থেকে ওষুধ গুলো কিনতে আপনার আনুমানিক কত টাকা খরচ হয়েছে? - How much did you spend from outside
No = 0 BDT

_____

B9. স্বাস্থ্যকেন্দ্রে এসে সেবা নিতে আপনার কত টাকা খরচ করতে হয়েছে? - Spend on Treatment
No = 0 BDT

_____

B10. কি কি বাবদ এই টাকা খরচ করতে হয়েছে? - Breakdown of Treatment Cost

- ◯ টিকিট ফি - Ticket fee
- ◯ অন্যান্য - Other

উল্লেখ করুন - Please specify
in English

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B11. সেবা প্রদানকারী আপনাকে কি কোন স্বাস্থ্য পরীক্ষা করতে দিয়েছিলেন? - Investigations / Tests

- ◯ হ্যাঁ - Yes
- ◯ না - No

B12. কোথা থেকে আপনি আপনার স্বাস্থ্য পরীক্ষা গুলো করেছেন? - Where did you investigate the tests

- ◯ জেলা হাসপাতালে - DH
- ◯ উপজেলা স্বাস্থ্য কমপ্লেক্স - UHC
- ◯ অন্যান্য - Other
- ◯ করা হয়নি - Not done

উল্লেখ করুন - please specify
in English

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B13. পরীক্ষা গুলো করতে আপনার আনুমানিক কত টাকা খরচ হয়েছে? - How much you spend on your advised investigations/ tests
No = 0 BDT

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B14. পরীক্ষা শেষে কোন রশিদ প্রদান করা হয়েছে? - Did you get any receipt

- ◯ হ্যাঁ - Yes
- ◯ না - No

স্বাস্থ্যসেবা বিষয়ে রোগীর সন্তুষ্টি - Patient Satisfaction Level

C.1 আপনার যখন প্রয়োজন হয়, তখনই কি আপনি এই স্বাস্থ্যকেন্দ্র থেকে সেবা পান? - Whenever needed

- হ্যাঁ - Yes
- মাঝে মাঝে - Sometime
- না - No

C2. যে সময় স্বাস্থ্যকেন্দ্রটি খোলা এবং বন্ধ হয়, সে সময়টি কি আপনার জন্য সুবিধাজনক? - Opening and closing time

- হ্যাঁ - Yes
- না - No

C3. হাসপাতালের সেবাসমূহ সম্পর্কে একটি তথ্য বোর্ড (সিটিজেন চার্টার) আছে, আপনি কি সে সম্পর্কে কিছু জানেন? - Citizen Charter

- হ্যাঁ - Yes
- না - No

C4. তথ্য বোর্ডে উল্লেখিত সেবাসমূহ কি আপনারা পান? - Access of the services from the Citizen charter

- বেশিরভাগ পাই - Yes
- বেশিরভাগ পাইনা - SN
- কিছুই পাই না - No

C5. স্বাস্থ্য সেবা প্রদানকারীকে আপনি কি সময়মত পেয়েছেন? - Timly access to the healthcare providers

- হ্যাঁ - Yes
- না - No

C6. ডাক্তার/ সেবা প্রদানকারী কি আপনার সাথে ভাল ব্যবহার করেছেন? - Doctors Behavior

- হ্যাঁ - Yes
- না - No

C7. সেবা প্রদানকারী স্বাস্থ্য পরীক্ষা করার সময় কক্ষে কি অন্য কেউ উপস্থিত ছিল ? - Patients Privacy

- হ্যাঁ - Yes
- না - No

C8. সেবা প্রদানকারী উপস্থিত আছেন কি নাই সেই তথ্য কি আপনি স্বাস্থ্যকেন্দ্র থেকে জানতে পারেন? - Information of Doctors availability

- হ্যাঁ - Yes
- না - No

C9. সেবা পাওয়ার জন্য আপনাকে কতক্ষণ অপেক্ষা করতে হয়েছে? Waiting time

- ১৫ মিনিট - 15
- ৩০ মিনিট - 30
- ৬০ মিনিট বা বেশি - 60

C10. সেবাকেন্দ্রের বাথরুমটি কি ব্যবহার উপযোগী ছিলো? - Condition of toilet

- হ্যাঁ - Yes
- মোটামোটি - Average
- না - No
- প্রযোজ্য নয় - N/A

C11. এই স্বাস্থ্যকেন্দ্র থেকে পাওয়া সেবা নিয়ে আপনি কি সন্তুষ্ট? - Satisfaction

- হ্যাঁ - Yes
- মোটামোটি - Average
- না - No

C12. এই স্বাস্থ্যকেন্দ্রের সেবা সম্পর্কে আপনার কি কোন মতামত আছে ? - Comments

- হ্যাঁ - Yes
- না - No

উল্লেখ করুন - please specify

Annex 1

Observation Checklist for Clinical Facilities 2024

A0. স্বাস্থ্য কেন্দ্র সম্পর্কে সাধারণ তথ্য / General information about the health facility

A1. বিভাগ ও জেলা - Location

- ঢাকা - মানিকগঞ্জ / Dhaka - Manikganj
- চট্টগ্রাম - খাগড়াছড়ি / Chittagong - Khagrachori
- সিলেট - সুনামগঞ্জ / Sylhet - Sunamganj
- রাজশাহী - চাঁপাই নবাবগঞ্জ / Rajshahi - Chapainawabganj
- ময়মনসিংহ - নেত্রকোনা / Mymensingh - Netrokona
- বরিশাল - বরগুনা / Barisal - Borguna
- খুলনা - বাগেরহাট / Khulna - Bagerhat
- রংপুর - কুড়িগ্রাম / Rangpur - Kurigram

তারিখ - Date

yyyy-mm-dd

A2. সেবা কেন্দ্রের ধরণ - Health Facility Type

- কমিউনিটি ক্লিনিক / CC
- উপজেলা স্বাস্থ্য কমপ্লেক্স / UHC
- জেলা হাসপাতাল / DH

A3. সপ্তাহে কত দিন স্বাস্থ্যকেন্দ্রটি চালু থাকে? / Days per week

- ৭ দিন / 7 Days
- ৬ দিন / 6 Days
- ৫ দিন / 5 Days
- অন্যান্য / Other

উল্লেখ করুন / Other details

A4. স্বাস্থ্যকেন্দ্রটি কত ঘন্টা চালু থাকে ? / Functioning Hours

- ( ) সকাল ৯টা থেকে বিকেল ৩টা / 9 AM to 3 PM
- ( ) ২৪ ঘন্টা / 24 hours
- ( ) অন্যান্য / Others

উল্লেখ করুন / Please specify

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A. সেবা গ্রহণ করা রোগীদের সংখ্যা - Average / total number

» কমিউনিটি ক্লিনিকে রোগীদের সংখ্যা - CC

A.CC1. প্রতিদিন সর্বোচ্চ রোগীর ধারণ ক্ষমতা

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A.CC2. প্রতিদিন উপস্থিত রোগীর সংখ্যা (গড়)

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» উপজেলা হাসপাতালে রোগীদের সংখ্যা - UHC

A.UHC1. জরুরী রোগী - প্রতিদিন সর্বোচ্চ রোগীর ধারণ ক্ষমতা

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A.UHC2. জরুরী রোগী - প্রতিদিন উপস্থিত রোগীর সংখ্যা (গড়)

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A.UHC3. বহিরাগত রোগীর উপস্থিতি - প্রতিদিন সর্বোচ্চ রোগীর ধারণ ক্ষমতা

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A.UHC4. বহিরাগত রোগীর উপস্থিতি - প্রতিদিন উপস্থিত রোগীর সংখ্যা (গড়)

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A.UHC5. ইনপেশেন্ট/ হাসপাতালের রোগী - প্রতিদিন সর্বোচ্চ রোগীর ধারণ ক্ষমতা

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A.UHC6. ইনপেশেন্ট/ হাসপাতালের রোগী - প্রতিদিন উপস্থিত রোগীর সংখ্যা (গড়)

» জেলা হাসপাতালে রোগীদের সংখ্যা - DH

A.DH1. জরুরী রোগী - প্রতিদিন সর্বোচ্চ রোগীর ধারণ ক্ষমতা

A.DH2. জরুরী রোগী - প্রতিদিন উপস্থিত রোগীর সংখ্যা (গড়)

A.DH3. বহিরাগত রোগীর উপস্থিতি - প্রতিদিন সর্বোচ্চ রোগীর ধারণ ক্ষমতা

A.DH4. বহিরাগত রোগীর উপস্থিতি - প্রতিদিন উপস্থিত রোগীর সংখ্যা (গড়)

A.DH5. ইনপেশেন্ট/ হাসপাতালের রোগী - প্রতিদিন সর্বোচ্চ রোগীর ধারণ ক্ষমতা

A.DH6. ইনপেশেন্ট/ হাসপাতালের রোগী - প্রতিদিন উপস্থিত রোগীর সংখ্যা (গড়)

B. সেবা সমূহের প্রাপ্যতা

B1. কমিউনিটি ক্লিনিকের সেবা সমূহ - CC

প্রযোজ্য সব গুলো নির্বাচন করুন

- [ ] সাধারণ স্বাস্থ্য সেবা
- [ ] গর্ভকালীন স্বাস্থ্যসেবা
- [ ] প্রসব পরবর্তী সেবা
- [ ] নবজাতকের স্বাস্থ্যসেবা
- [ ] ইপিআই টিকাদান
- [ ] পুষ্টির পরামর্শ
- [ ] পরিবার পরিকল্পনা সেবা
- [ ] মাসিকের স্বাস্থ্যবিধি-সম্পর্কিত কাউন্সেলিং
- [ ] কমিউনিটি আউটরিচ প্রোগ্রামের মাধ্যমে স্বাস্থ্য শিক্ষা
- [ ] রেফারেল সেবা

B2. উপজেলা হাসপাতালের সেবা সমূহ - UHC

প্রযোজ্য সব গুলো নির্বাচন করুন

- [ ] জরুরী স্বাস্থ্যসেবা
- [ ] বহিরাগত রোগীদের সেবা
- [ ] ইনপেশেন্ট সেবা
- [ ] ডায়রিয়া রোগীদের জন্য ওআরটি কর্নার
- [ ] সাধারণ স্বাস্থ্যসেবা
- [ ] গর্ভকালীন স্বাস্থ্যসেবা এবং কাউন্সেলিং
- [ ] প্রসব পরবর্তী সেবা এবং কাউন্সেলিং
- [ ] প্রসবকালীন সেবা
- [ ] নরমাল ডেলিভারি
- [ ] সিজারিয়ান বিভাগ
- [ ] স্বাভাবিক ডেলিভারিতে সহায়তা করা
- [ ] নবজাতকের যত্ন
- [ ] স্বল্পমেয়াদী অস্থায়ী পরিবার পরিকল্পনা পরিষেবা
- [ ] দীর্ঘমেয়াদী অস্থায়ী পরিবার পরিকল্পনা পরিষেবা
- [ ] স্থায়ী পরিবার পরিকল্পনা সেবা
- [ ] যৌনরোগ নির্ণয় ও ব্যবস্থাপনা
- [ ] পুষ্টির পরামর্শ
- [ ] ইপিআই টিকাদান
- [ ] নারী ও শিশু বান্ধব স্বাস্থ্যসেবা
- [ ] অসংক্রামক রোগ নির্ণয় এবং ব্যবস্থাপনা (ডায়াবেটিস, উচ্চ রক্তচাপ)
- [ ] জাতীয় যক্ষ্মা ও কুষ্ঠ নিয়ন্ত্রণ কর্মসূচি
- [ ] চোখের যত্ন
- [ ] দাঁতের যত্ন
- [ ] স্বাস্থ্য শিক্ষা এবং কাউন্সেলিং
- [ ] রেফারেল সেবা
- [ ] অ্যাম্বুলেন্স পরিষেবা
- [ ] অন্যান্য

উল্লেখ করুন

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B3. জেলা হাসপাতালের সেবা সমূহ - DH
প্রযোজ্য সব গুলো নির্বাচন করুন

- [ ] 1. জরুরী স্বাস্থ্যসেবা
- [ ] 2. বহির্বিভাগের সেবা
- [ ] 3. ভর্তিকৃত রোগীর সেবা
- [ ] 4. সাধারণ স্বাস্থ্যসেবা
- [ ] 5. গর্ভকালীন স্বাস্থ্যসেবা এবং কাউন্সেলিং
- [ ] 6. প্রসবকালীন এবং কাউন্সেলিং
- [ ] 7.1 নরমাল ডেলিভারি
- [ ] 7.2 সিজারিয়ান বিভাগ
- [ ] 7.3 সাধারণ ডেলিভারিতে সহায়তা করা
- [ ] 8. নবজাতকের যত্ন
- [ ] 9.1 স্বল্পমেয়াদী অস্থায়ী পরিবার পরিকল্পনা পরিষেবা
- [ ] 9.2 দীর্ঘমেয়াদী অস্থায়ী পরিবার পরিকল্পনা পরিষেবা
- [ ] 9.3 স্থায়ী পরিবার পরিকল্পনা সেবা
- [ ] 10. যৌন রোগ নির্ণয় ও ব্যবস্থাপনা
- [ ] 11. পুষ্টির পরামর্শ
- [ ] 12. ইপিআই টিকাদান
- [ ] 13. মাসিকের স্বাস্থ্যবিধি ব্যবস্থাপনা
- [ ] 14. মানসিক স্বাস্থ্য সেবা
- [ ] 15. চোখের যত্ন
- [ ] 16. দাঁতের যত্ন
- [ ] 17. নিবিড় পরিচর্যা ইউনিট (আইসিইউ)
- [ ] 18. উচ্চ নির্ভরতা ইউনিট (HDU)
- [ ] 19. করোনারি কেয়ার ইউনিট (সিসিইউ)
- [ ] 20. স্বাস্থ্য শিক্ষা এবং কাউন্সেলিং
- [ ] 21. রেফারেল পরিষেবা
- [ ] 22. অ্যাম্বুলেন্স পরিষেবা
- [ ] 99. অন্যান্য

উল্লেখ করুন

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C. ডায়াগনস্টিক সুবিধা সমূহ

C1. কমিউনিটি ক্লিনিকে ডায়াগনস্টিক সুবিধা সমূহ
প্রযোজ্য সব গুলো নির্বাচন করুন

- [ ] 1. রক্তে গ্লুকোজের মাত্রা
- [ ] 2. প্রস্রাবের গ্লুকোজ স্তর
- [ ] 3. মূত্রনালীর প্রোটিন
- [ ] অন্যান্য

উল্লেখ করুন

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C2. জেলা হাসপাতালে ডায়াগনস্টিক সুবিধা সমূহ
প্রযোজ্য সব গুলো নির্বাচন করুন

- [ ] 1. রক্ত পরীক্ষা
- [ ] 2. প্রস্রাব RME
- [ ] 3. ইসিজি
- [ ] 4. এক্স-রে
- [ ] 5. আলট্রাসনোগ্রাম
- [ ] 99. অন্যান্য

উল্লেখ করুন

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C3.জেলা হাসপাতালে ডায়াগনস্টিক সুবিধা সমূহ
প্রযোজ্য সব গুলো নির্বাচন করুন

- [ ] 1. রক্ত পরীক্ষা
- [ ] 2. প্রস্রাব RME
- [ ] 3. ইসিজি
- [ ] 4. ইটিটি
- [ ] 5. এক্স-রে
- [ ] 6. আলট্রাসনোগ্রাম
- [ ] 7. রক্তের কালচার
- [ ] 8. প্রস্রাব কালচার
- [ ] 99. অন্যান্য

উল্লেখ করুন

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D. মানবসম্পদ সেবা প্রদানকারীর প্রকৃত পদের সংখ্যা

» D1. কমিউনিটি ক্লিনিকে পদের সংখ্যা - CC

D.CC11. কমিউনিটি হেলথ কেয়ার প্রোভাইডার প্রকৃত পদায়ন সংখ্যা
in English

D.CC12. কমিউনিটি হেলথ কেয়ার প্রোভাইডার বর্তমান সংখ্যা
in English

D.CC21. স্বাস্থ্য সহকারী প্রকৃত পদায়ন সংখ্যা
in English

D.CC22. স্বাস্থ্য সহকারী বর্তমান সংখ্যা
in English

D.CC31. পরিবার কল্যাণ সহকারী প্রকৃত পদায়ন সংখ্যা
in English

D.CC32.পরিবার কল্যাণ সহকারী বর্তমান সংখ্যা
in English

» D2. উপজেলা হাসপাতালে পদের সংখ্যা - UHC

D2.UHC11. ডাক্তার - প্রকৃত পদায়ন সংখ্যা
in English

D2.UHC12. ডাক্তার - বর্তমান সংখ্যা
in English

D2.UHC21. SACMO - প্রকৃত পদায়ন সংখ্যা
in English

D2.UHC22. SACMO - বর্তমান সংখ্যা
In English

D2.UHC31. স্বাস্থ্য সহকারী - প্রকৃত পদায়ন সংখ্যা
In English

D2.UHC32. স্বাস্থ্য সহকারী - বর্তমান সংখ্যা
In English

D2.UHC41. প্যারামেডিক - প্রকৃত পদায়ন সংখ্যা
In English

D2.UHC42. প্যারামেডিক - বর্তমান সংখ্যা
In English

D2.UHC51. মিডওয়াইফ - প্রকৃত পদায়ন সংখ্যা
In English

D2.UHC52. মিডওয়াইফ - বর্তমান সংখ্যা
In English

D2.UHC61. নার্স - প্রকৃত পদায়ন সংখ্যা
In English

D2.UHC62. নার্স - বর্তমান সংখ্যা
In English

D2.UHC71. রেডিওলজিস্ট - প্রকৃত পদায়ন সংখ্যা
In English

D2.UHC72. রেডিওলজিস্ট - বর্তমান সংখ্যা
In English

D2.UHC81. ফার্মাসিস্ট - প্রকৃত পদায়ন সংখ্যা
In English

D2.UHC82. ফার্মাসিস্ট - বর্তমান সংখ্যা
In English

D2.UHC99. অন্যান্য (উল্লেখ করুন)
In English

» D3. জেলা হাসপাতালে পদের সংখ্যা - DH

D3.DH11. স্ত্রীরোগ বিশেষজ্ঞ - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH12. স্ত্রীরোগ বিশেষজ্ঞ - বর্তমান সংখ্যা
In English

D3.DH21. অ্যানেস্থেসিওলজিস্ট - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH22. অ্যানেস্থেসিওলজিস্ট - বর্তমান সংখ্যা
In English

D3.DH31. চক্ষু বিশেষজ্ঞ - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH32. চক্ষু বিশেষজ্ঞ - বর্তমান সংখ্যা
In English

D3.DH41. অটোলারিঙ্গোলজিস্ট - প্রকৃত পদায়ন সংখ্যা / Otolaryngologist
In English

D3.DH42. অটোলারিঙ্গোলজিস্ট - বর্তমান সংখ্যা / Otolaryngologist
In English

D3.DH51. সার্জন - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH52. সার্জন - বর্তমান সংখ্যা
In English

D3.DH61. রেডিওলজিস্ট - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH62. রেডিওলজিস্ট - বর্তমান সংখ্যা
In English

D3.DH71. জেনারেল ফিজিশিয়ান - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH72. জেনারেল ফিজিশিয়ান - বর্তমান সংখ্যা
In English

D3.DH81. মনোসামাজিক পরামর্শদাতা - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH82. মনোসামাজিক পরামর্শদাতা - বর্তমান সংখ্যা
In English

D3.DH91. SACMO - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH92. SACMO - বর্তমান সংখ্যা
In English

D3.DH10 1. মিডওয়াইফ - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH10 2. মিডওয়াইফ - বর্তমান সংখ্যা
In English

D3.DH11 1. নার্স - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH11 2. নার্স - বর্তমান সংখ্যা
In English

D3.DH12 1. পরীক্ষাগার টেকনিশিয়ান - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH12 2. পরীক্ষাগার টেকনিশিয়ান - বর্তমান সংখ্যা
In English

D3.DH13 1. ফার্মাসিস্ট - প্রকৃত পদায়ন সংখ্যা
In English

D3.DH13 2. ফার্মাসিস্ট - বর্তমান সংখ্যা
In English

অন্যান্য (উল্লেখ করুন)
In English

E. স্বাস্থ্য কেন্দ্রর অবকাঠামো

» E1. কমিউনিটি ক্লিনিকের অবকাঠামো - CC

E11. পরামর্শ রুম সংখ্যা
In English

E12. ANC চেক আপ রুম সংখ্যা
In English

E13. বিশ্রামাগার সংখ্যা
In English

E14. ওষাশরুম সংখ্যা
In English

» E2. উপজেলা হাসপাতালের অবকাঠামো - UHC

E21. জরুরী কক্ষ সংখ্যা
in English

E22. উইডোর পরামর্শ কক্ষ সংখ্যা
in English

E23. পেটেন্ট পরীক্ষার কক্ষ সংখ্যা
in English

E24. কাউন্সেলিং রুম সংখ্যা
in English

E25. ANC/ PNC রুম সংখ্যা
in English

E26. লেবার রুম সংখ্যা
in English

E27. ডেলিভারি রুম সংখ্যা
in English

E28. অপারেশন থিয়েটার সংখ্যা
in English

E29. পুরুষ ওয়ার্ড সংখ্যা
in English

E210. মহিলা বিভাগ সংখ্যা
in English

E211. বিশ্রামাগার সংখ্যা
in English

E212. বুকের দুধ খাওয়ানোর কর্নার সংখ্যা
in English

E213. পুষ্টি কাউন্সেলিং কর্নার সংখ্যা
in English

E214. হাত ধোয়ার সুবিধার সংখ্যা
in English

E215. ওয়াশরুম সংখ্যা
in English

E299. অন্যান্য (অনুগ্রহ করে উল্লেখ করুন)

» E3. জেলা হাসপাতালের অবকাঠামো - DH

E31. জরুরী কক্ষ সংখ্যা
in English

E32. উটডোর পরামর্শ কক্ষ সংখ্যা
in English

E33. পেটেন্ট পরীক্ষার কক্ষ সংখ্যা
In English

E34. কাউন্সেলিং রুম সংখ্যা
In English

E35. ANC/ PNC রুম সংখ্যা
In English

E36. লেবার রুম সংখ্যা
In English

E37. ডেলিভারি রুম সংখ্যা
In English

E38. অপারেশন থিয়েটার সংখ্যা
In English

E39. পুরুষ ওয়ার্ড সংখ্যা
In English

E310. মহিলা বিভাগ সংখ্যা
In English

E311. বিশ্রামাগার সংখ্যা
In English

E312. বুকের দুধ খাওয়ানোর কর্নার সংখ্যা
In English

E313. পুষ্টি কাউন্সেলিং কর্নার সংখ্যা
In English

E314. প্রসূতি ওপিডি সংখ্যা
In English

E315. মনোসামাজিক কাউন্সেলিং রুম সংখ্যা
In English

E316. কৈশোর কাউন্সেলিং রুম সংখ্যা
In English

E317. ভিআইএ/ PAC রুম সংখ্যা
In English

E318. ইউএসজি রুম সংখ্যা
In English

E319. ল্যাব পরীক্ষার জন্য ল্যাবরেটরি সংখ্যা
In English

E320. রক্ত সঞ্চালন ঘর সংখ্যা
In English

E321. ফার্মেসি সংখ্যা
in English

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E222. হাত ধোয়ার সুবিধার সংখ্যা
in English

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E323. ওয়াশরুম সংখ্যা
in English

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E399. অন্যান্য (অনুগ্রহ করে উল্লেখ করুন)

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F. ওষুধ

F1. মিউনিটি ক্লিনিকে বিনামূল্যে ওষুধের ব্যবস্থা

- হ্যাঁ আছে - Yes
- না নেই - No

F2. উপজেলা স্বাস্থ্য কমপ্লেক্সে বিনামূল্যে ওষুধের ব্যবস্থা

- হ্যাঁ আছে - Yes
- না নেই - No

F3. জেলা হাসপাতালে বিনামূল্যে ওষুধের ব্যবস্থা

- হ্যাঁ আছে - Yes
- না নেই - No

G. উপকরণ এবং সরঞ্জাম

G1. কমিউনিটি ক্লিনিকে উপকরণ এবং সরঞ্জাম

- [ ] রক্তচাপের মেশিন
- [ ] ওজন দাঁড়িপাল্লা
- [ ] থার্মোমিটার
- [ ] স্টেথোস্কোপ
- [ ] অন্যান্য

উল্লেখ করুন

G2. উপজেলা হাসপাতালে উপকরণ এবং সরঞ্জাম

- [ ] রক্তচাপের মেশিন
- [ ] ওজন দাঁড়িপাল্লা
- [ ] থার্মোমিটার
- [ ] স্টেথোস্কোপ
- [ ] পরীক্ষাগার সরঞ্জাম
- [ ] ইসিজি মেশিন
- [ ] এক্স - রে যন্ত্র
- [ ] অপারেশন থিয়েটার সরঞ্জাম
- [ ] অন্যান্য

উল্লেখ করুন

G3. জেলা হাসপাতালে উপকরণ এবং সরঞ্জাম

- [ ] রক্তচাপের মেশিন
- [ ] ওজন দাঁড়িপাল্লা
- [ ] থার্মোমিটার
- [ ] স্টেথোস্কোপ
- [ ] পরীক্ষাগার সরঞ্জাম
- [ ] ইসিজি মেশিন
- [ ] এক্স - রে যন্ত্র
- [ ] অপারেশন থিয়েটার সরঞ্জাম
- [ ] ইউএসজি মেশিন
- [ ] অন্যান্য

উল্লেখ করুন
iin English

H. প্রতিক্রিয়া প্রক্রিয়া

» H1. কমিউনিটি ক্লিনিক- CC

অভিযোগ বাক্স

- হ্যাঁ আছে - Yes
- না নেই - No

অভিযোগ বাক্স এর অভিগম্যতা / দৃশ্যমানতার / কোথায় রাখা হয়েছে

অভিযোগ বাক্স এর তালা আছে কিনা

- হ্যাঁ আছে - Yes
- না নেই - No

» H2. উপজেলা স্বাস্থ্য কমপ্লেক্স- UHC

অভিযোগ বাক্স

- হ্যাঁ আছে - Yes
- না নেই - No

অভিযোগ বাক্স এর অভিগম্যতা / দৃশ্যমানতার / কোথায় রাখা হয়েছে

অভিযোগ বাক্স এর তালা আছে কিনা

- হ্যাঁ আছে - Yes
- না নেই - No

» H3. জেলা হাসপাতাল- DH

অভিযোগ বাক্স

- হ্যাঁ আছে - Yes
- না নেই - No

অভিযোগ বাক্স এর অভিগম্যতা / দৃশ্যমানতার / কোথায় রাখা হয়েছে

অভিযোগ বাক্স এর তালা আছে কিনা

- হ্যাঁ আছে - Yes
- না নেই - No

I. তথ্য প্রচারের কৌশল

» I1. কমিউনিটি ক্লিনিক- CC

সুবিধায় চার্টার/বোর্ড স্থাপন

- হ্যাঁ আছে - Yes
- না নেই - No

চার্টার/বোর্ডের ভাষা এবং শব্দ / হরফের আকার এবং রং / সামগ্রিক অবস্থা

স্বাস্থ্যের অবস্থা সম্পর্কিত পোস্টার/ব্যানার

- হ্যাঁ আছে - Yes
- না নেই - No

» I2. উপজেলা স্বাস্থ্য কমপ্লেক্স- UHC

সুবিধায় চার্টার/বোর্ড স্থাপন

- হ্যাঁ আছে - Yes
- না নেই - No

চার্টার/বোর্ডের ভাষা এবং শব্দ / হরফের আকার এবং রং / সামগ্রিক অবস্থা

স্বাস্থ্যের অবস্থা সম্পর্কিত পোস্টার/ব্যানার

- হ্যাঁ আছে - Yes
- না নেই - No

ডিজিটাল মনিটর

(শুধুমাত্র UHC এবং জেলা হাসপাতালের জন্য) CC = No

- হ্যাঁ আছে - Yes
- না নেই - No

» I3. জেলা হাসপাতাল- DH

সুবিধায় চার্টার/বোর্ড স্থাপন

- হ্যাঁ আছে - Yes
- না নেই - No

চার্টার/বোর্ডের ভাষা এবং শব্দ / হরফের আকার এবং রং / সামগ্রিক অবস্থা

স্বাস্থ্যের অবস্থা সম্পর্কিত পোস্টার/ব্যানার

- হ্যাঁ আছে - Yes
- না নেই - No

ডিজিটাল মনিটর

(শুধুমাত্র UHC এবং জেলা হাসপাতালের জন্য) CC = No

- হ্যাঁ আছে - Yes
- না নেই - No

J. পরিচ্ছন্নতা ও বর্জ্য ব্যবস্থাপনা

» J1. কমিউনিটি ক্লিনিক-পরিচ্ছন্নতা ও বর্জ্য ব্যবস্থাপনা- CC

মেডিকেল বর্জ্য ফেলে দেওয়ার জন্য আলাদা বিন

- হ্যাঁ আছে - Yes
- না নেই - No

রঙিন কোডেড বর্জ্য নিষ্পত্তি বিন

- হ্যাঁ আছে - Yes
- না নেই - No

সঠিক বর্জ্য নিষ্পত্তি ব্যবস্থা

- হ্যাঁ আছে - Yes
- না নেই - No

স্বাস্থ্যসেবা সুবিধার চারপাশে সার্বিক পরিচ্ছন্নতা

» J2. উপজেলা স্বাস্থ্য কমপ্লেক্স-পরিচ্ছন্নতা ও বর্জ্য ব্যবস্থাপনা- UHC

মেডিকেল বর্জ্য ফেলে দেওয়ার জন্য আলাদা বিন

- হ্যাঁ আছে - Yes
- না নেই - No

রঙিন কোডেড বর্জ্য নিষ্পত্তি বিন

- হ্যাঁ আছে - Yes
- না নেই - No

সঠিক বর্জ্য নিষ্পত্তি ব্যবস্থা

- হ্যাঁ আছে - Yes
- না নেই - No

স্বাস্থ্যসেবা সুবিধার চারপাশে সার্বিক পরিচ্ছন্নতা

» J3. জেলা হাসপাতাল-পরিচ্ছন্নতা ও বর্জ্য ব্যবস্থাপনা- DH

মেডিকেল বর্জ্য ফেলে দেওয়ার জন্য আলাদা বিন

- হ্যাঁ আছে - Yes
- না নেই - No

রঙিন কোডেড বর্জ্য নিষ্পত্তি বিন

- হ্যাঁ আছে - Yes
- না নেই - No

সঠিক বর্জ্য নিষ্পত্তি ব্যবস্থা

- হ্যাঁ আছে - Yes
- না নেই - No

স্বাস্থ্যসেবা সুবিধার চারপাশে সার্বিক পরিচ্ছন্নতা

K. অন্যান্য সুবিধা

» K1 কমিউনিটি ক্লিনিক- অন্যান্য সুবিধা - CC

বিদ্যুৎ (24 ঘন্টা উপলব্ধ)

- সর্বদা
- মাঝে মাঝে
- কখনই না

জল (প্রতিদিন 24 ঘন্টা উপলব্ধ)

- সর্বদা
- মাঝে মাঝে
- কখনই না

উপযুক্ত আলো

- ◯ সর্বদা
- ◯ মাঝে মাঝে
- ◯ কখনই না

বায়ুচলাচল (হিটিং/কুলিং)

- ◯ সর্বদা
- ◯ মাঝে মাঝে
- ◯ কখনই না

নিরাপত্তা ব্যবস্থা বা পরিষেবা

- ◯ সর্বদা
- ◯ মাঝে মাঝে
- ◯ কখনই না

অফিস ইন্টারনেট সুবিধা

- ◯ সর্বদা
- ◯ মাঝে মাঝে
- ◯ কখনই না

» K2 উপজেলা স্বাস্থ্য কমপ্লেক্স - অন্যান্য সুবিধা - UHC

বিদ্যুৎ (24 ঘন্টা উপলব্ধ)

- ◯ সর্বদা
- ◯ মাঝে মাঝে
- ◯ কখনই না

জল (প্রতিদিন 24 ঘন্টা উপলব্ধ)

- ◯ সর্বদা
- ◯ মাঝে মাঝে
- ◯ কখনই না

উপযুক্ত আলো

- ◯ সর্বদা
- ◯ মাঝে মাঝে
- ◯ কখনই না

বায়ুচলাচল (হিটিং/কুলিং)

- সর্বদা
- মাঝে মাঝে
- কখনই না

নিরাপত্তা ব্যবস্থা বা পরিষেবা

- সর্বদা
- মাঝে মাঝে
- কখনই না

অফিস ইন্টারনেট সুবিধা

- সর্বদা
- মাঝে মাঝে
- কখনই না

» K3 জেলা হাসপাতাল - অন্যান্য সুবিধা - DH

বিদ্যুৎ (24 ঘন্টা উপলব্ধ)

- সর্বদা
- মাঝে মাঝে
- কখনই না

জল (প্রতিদিন 24 ঘন্টা উপলব্ধ)

- সর্বদা
- মাঝে মাঝে
- কখনই না

উপযুক্ত আলো

- সর্বদা
- মাঝে মাঝে
- কখনই না

বায়ুচলাচল (হিটিং/কুলিং)

- সর্বদা
- মাঝে মাঝে
- কখনই না

নিরাপত্তা ব্যবস্থা বা পরিষেবা

- সর্বদা
- মাঝে মাঝে
- কখনই না

অফিস ইন্টারনেট সুবিধা

- সর্বদা
- মাঝে মাঝে
- কখনই না

L. সাধারণ পর্যবেক্ষণ নোট

CC- সাধারণ পর্যবেক্ষণ নোট (অবস্থান, পরিস্থিতি, এবং স্বাস্থ্যসেবা সুবিধার অ্যাক্সেসযোগ্যতা)

UHC- সাধারণ পর্যবেক্ষণ নোট (অবস্থান, পরিস্থিতি, এবং স্বাস্থ্যসেবা সুবিধার অ্যাক্সেসযোগ্যতা)

DH- সাধারণ পর্যবেক্ষণ নোট (অবস্থান, পরিস্থিতি, এবং স্বাস্থ্যসেবা সুবিধার অ্যাক্সেসযোগ্যতা)