

Primary health care services in Regional Chapters of Bangladesh Health Watch (Round 2)



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

Bangladesh Health Watch

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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

Summary

Bangladesh has achieved significant progress over the years in providing healthcare services to people. Despite the commendable progress, it struggles to ensure equity in providing healthcare services for rural and underprivileged people. The realization

of equitable health coverage is hindered by several key factors including a shortage of trained health workers, inadequate public health infrastructure, and financial constraints. This healthcare system still lacks inclusive primary healthcare services despite their efforts to attain Universal Health Coverage (UHC) and meet the health-related Sustainable Development Goals (SDGs) by 2030.

The healthcare system in Bangladesh comprises various tiers, including Community Clinics (CCs), Upazila Health Complexes (UHCs), and District Hospitals (DHs). In rural areas Community Clinics serve as vital access points, offering basic health services, family planning, and nutrition services. Shortages of skilled providers and drug supply are common in this healthcare sector. Besides along with primary health care, UHC handles childbirth, immunization, and reproductive health. Lastly District Hospitals, comprehensive facilities at the district level, offer specialized care and serve as referral centers for patients coming from Upazila Health Complexes and Community Clinics.

This study endeavors to address the existent gap in research findings concerning the satisfaction of patients and the standard of services delivered at all three tiers: CCs, UHCs and DHs. by investigating and collecting feedback from both demand and supply-side challenges associated with delivering equitable healthcare services in specific health facilities located within the jurisdiction of BHW Regional Chapters.

Objectives of the Study:

The objective of this study was to understand the citizen's perspective on demand-side challenges as well as the supply-side challenges of providing quality health services in selected the CCs, UHCs and DHs. This study also identified the gaps in health service delivery at CC, UHC and DH levels and areas of improvements

Methodology:

BHW conducted 414 Exit interviews with patients, 23 Focus Group Discussions (FGDs) with the community people and 23 Key Informant Interviews (KIIs) with the health professionals through their youth volunteers and civil society members to identify the demand and supply side challenges. The quantitative data was analyzed using SPSS. The qualitative data was transcribed and translated into English before content and thematic analysis. The perception of patients and health care providers regarding the available service delivery and key barriers to service utilization were analyzed depending on different themes.

Study Findings:

Demand Side Challenges:

Most of the participants reported that the district hospitals were located at the furthest distance, for which they sometimes need to bear transportation costs. The transportation cost still remains a challenge, especially for those who are not financially stable, with almost 10% having to pay more than 90 Tk. This indicates that convenience is often relative to economic conditions. Test-related transportation expenses, coupled with the test fees, contribute to a considerable financial burden on patients.

Patients also mentioned the services significantly upgraded over the time but some think that for providing services, there needs to be enough facilities, rooms, equipment, staff etc. Only 24% district hospital patients agreed that health services were available when patients needed. Along with that, there was shortage of tests and medicines as well. Most participants in district hospitals and upazilla health complexes reported having 50-75% medicines available at health facilities. The participants expressed their perception that there was a gap between the demand and production of essential medicines. The need for more functional machines, appropriate number of healthcare providers, and medicines are emphasized by most of the participants.

Regarding the costs associated with healthcare, most participants (47%) reported they spent less than 5 Tk for consultation. However, there are out of pocket expenditures such as for testing, getting treatment from specialized doctors and medicines. Those with large families have to spend extra amount of money. Many times, patients have to pay extra to visit doctors from outside due to unavailability of tests, or lack of specialized doctors.

Supply-side Challenges:

KIIs with service providers revealed that in community clinics, services for ANC, PNC, regular vaccinations are provided, along with 27 types of medicines. Some participants noted the absence of special facilities like free or low-cost tests and the number of patients is huge compared to the available limited number of medical officers. Emergency services, outdoor and indoor services, delivery, family planning services and vaccination services are provided to patients at all of the UHCs and DHs. Alongside, the district hospitals provide more specialized health services. However, c-sections are not available in 4 of the UHCs, and family planning services are missing in more than half UHCs and a few DHs.

The participants specifically mentioned the inadequacy of staff members in terms of both quantity and service provision. The present staff need to manage the huge load of patients within their limits. Although some community clinics lack a female CHCP, and many women in rural areas are not comfortable enough to talk about their issues with male CHCPs. Besides, due to the unavailability of right amount of medicines, the healthcare providers sometimes need to ask patients to buy the

medicines from outside. The most frequently needed materials such as Blood pressure machines, Weight scales, Thermometers, Stethoscope, Xray and USG machines, OT equipment are available at most UHCs and DHs, but many of them are not functional. Only blood and urine tests were conducted at all 7 UHC and 8 DHs.

Regarding infrastructural challenges, participants mentioned the consistent issue of a shortage of rooms in healthcare institutes. Despite having a certain number of beds, the demand for rooms surpasses the availability since many times they need to use one designated room for other purposes. Outdoor-indoor consultation rooms, operation theatres and delivery rooms are available in most district hospitals but many of these aren't used properly.

Participants mentioned procedures providing helpline numbers and information through visible signage, help desks, and charter boards but also expressed frustration about not receiving outcomes or hope after filing complaints. Besides, they also mentioned that environmental cleanliness like dirty corridors and toilets around the hospital was a major concern. Separate bins were not available in any of the community clinics, and only half of the UHCs had separate medical waste bins. A proper waste disposal system was lacking in all three categories of health facilities.

Comparison between the first phase (2022) and second phase (2023):

We compared the findings from the first phase and the second phase of the study. Distance from health facilities was almost same for both years, as reported by the participants. However, sometimes the conditions of the roads are not as good and many complained about high transportation costs due to the distance. Participants having to pay less than 15 BDT for transportation increased from 80% in 2022 to 92% in 2023. But for district hospitals, 23% had to pay more than 90 BDT in 2023, which was reported by 20% in the first phase. On a positive note, the waiting time of participants have reportedly reduced from 2022 to 2023, although district hospitals patients still have to wait the longest, sometimes even more than 60 minutes. Still 62% DH patients have to wait for more than an hour, which has reduced from 83%. When assessing the availability of services, we didn't find disparities or improvements between the two years.

However, when asked about the availability of prescribed medicines, we found some changes in this one-year gap. The availability of all (100%) prescribed medicines reduced from 29% to 24%, the decrease was more visible in community clinics. This was reflected in the KIIs conducted with healthcare providers, many reporting that medicines usually stocked out even before the month ended. The patients as well as the service providers reported a shortage of human resource in 2022, and this situation continued in 2023 as well.

We also assessed patient satisfaction on the healthcare they received. Patients were asked whether they received healthcare whenever they needed, and 74% agreed to

the statement in 2022 and 2023. 68% of total patients reported that healthcare providers carefully checked them, a reduction from 76% in 2022. Patients' satisfaction on the received services decreased from 76% to 67%. This reduction was more evident among district hospital patients, where reported satisfaction reduced from 70% to only 58%. Qualitative findings revealed issues like misbehavior with patients, presence of middlemen and prejudice.

Overall, the study aimed to capture valuable insights into the issues faced by individuals accessing health services. It also looked into the challenges that healthcare providers encounter in delivering quality services. This research can serve as a crucial role in responding effectively to the evolving needs of patients within these community settings. Regular data collection with one-year gaps will provide a comprehensive understanding of patient requirements, enabling healthcare providers and policymakers to implement responsive and targeted interventions.

1. Background

Bangladesh is making great progress through its healthcare, however, inequities in access to health care services continue, with rural, underprivileged, and hard-to-reach populations seldom receiving equitable health care (1, 2). There are also a variety of health system-related difficulties, such as insufficient public health facilities, a trained health worker shortage, and inadequate health finance (3). Bangladesh is yet to guarantee equitable primary health care services for all in order to attain Universal Health Coverage (UHC) and several of the SDGs relating to health by 2030. The health service system in Bangladesh comprises various components, including Community Clinics, Upazila Health Complexes, and District Hospitals, all working together to provide healthcare services to the population.

Community Clinics (CCs): Community Clinics serve as the lowest-tier health care facilities, primarily located in rural areas. These clinics play a vital role in delivering basic and primary health care services, family planning, and nutrition services (4, 5). There are around 13,822 full-time community health care providers and 20,908 health assistants placed in these clinics (4-6). They serve approximately 6,000 people each and offer essential services, including maternal and child health care, immunization, and more. Some CCs are equipped with skilled birth attendants for normal deliveries. CCs are essential for reaching disadvantaged populations in hard-to-reach areas. Around 10 million service seekers visit CCs every month, with 2% being referred to higher-level health care facilities. However, challenges such as a shortage of skilled health care providers, drug supply issues, and variations in care quality exist (4-6).

Upazila Health Complexes (UHCs): Bangladesh has 431 Upazila Health Complexes, which provide primary health care services in rural areas. These are relatively larger facilities, typically equipped with 31-50 beds and staffed with medical officers, resident medical officers, anaesthesiologists, radiologists, trained nurses, and other health facility staff (4, 5). UHCs offer a wide range of primary health care services, including antenatal care, delivery care (both normal delivery and caesarean sections), postnatal care, child immunization, reproductive health, and family planning. They also provide primary burn and trauma management (4, 5).

District Hospitals: District Hospitals are more comprehensive health care facilities located at the district level. They offer a broader range of services and serve as referral centers for patients coming from Upazila Health Complexes and Community Clinics. They play a crucial role in providing specialized care and medical treatment, including surgery and emergency services. The number of District Hospitals may vary over time and is generally one per district (4).

These healthcare facilities, in collaboration with government and private sector actors, work together to provide health services throughout Bangladesh. However, challenges such as ensuring proper functioning, equitable access, and addressing patient dissatisfaction still exist, and the country is committed to achieving Universal Health Coverage (UHC) to improve healthcare access for all.

Bangladesh Health Watch (BHW) is pursuing different initiatives to help the Government of Bangladesh strengthen the health system and health service delivery. BHW has established 8 Regional Chapters (RCs) in eight districts under 8 divisions of the country to monitor health service situations at the local level and act as the bridge between the service seekers and providers. Under each RC, District Health Rights forum, Upazila Health Rights forum and Union Health Rights forum have been formed to bring the concerns and voices of the service providers and recipients to the policymakers. Besides, youth groups have been formed to support the different health rights forum.

In Bangladesh, there is a scarcity of research findings concerning the satisfaction of patients and the standard of services delivered at all three tiers: CCs, UHCs and DHs. To identify the demand side challenges from patients and supply side challenges from healthcare providers, BHW has taken initiative to collect feedback from the grassroots through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

2. Objectives

The overall objective was to analyze the survey and qualitative findings on the current situation of healthcare and to identify areas of improvement. This proposed research aimed to achieve the following research objectives:

1. To understand the citizen's perspective on demand-side challenges with the health services provided in selected the CCs, UHCs and DHs.
2. To investigate the supply-side challenges of providing quality health services in the selected CCs, UHCs and DHs.
3. To identify the gaps in health service delivery at CC, UHC and DH levels and areas of improvements

3. Methodology

3.1 Data collection

To identify the demand and supply side challenges, trained volunteers from BHW conducted Exit interviews with patients, a total of 414 patients were interviewed. From each of the eight areas, total 52 patients were interviewed from three tiers-

district hospitals, upazilla health complex and community clinics. One observation assessment was also done using a pre-constructed checklist at all health facilities.

Qualitative interviews were also conducted to understand the depth of the issues. A total of 23 Focus Group Discussions (FGDs) were conducted with the community people, with three FGDs from three tiers in all eight districts. In Barguna district, FGD was conducted only at CC and DH levels, since no UHC from Barguna was included in the Regional chapters of BHW. Both adult males and females were invited to participate and only those who voluntarily agreed to participate were included

To understand the perspective of health providers, Key Informant Interviews (KIIs) with the health professionals were conducted through civil society members. Similar to FGDs, a total of 23 KIIs were conducted with health care providers/ health facility managers to explore the supply side challenges. Key informants were contacted beforehand. Interviews were arranged with their consent and convenience with the assistance of the host organization in each catchment area.

3.2 Data analysis

Qualitative data analysis: We have transcribed and translated the audio recordings into English, before analysis. We conducted content analysis and thematic analysis, where we explored the perception of patients and health care providers regarding the available service delivery and key barriers to service utilization through these. We have analyzed the data under the following themes:

- Health seeking behavior of people (i.e., preferred health centers for consulting health issues)
- Geographical location of health facility/ distance
- Transport cost
- Availability of health services
- Accessibility to health facility
- Health service cost and out of pocket expenditure
- Supply of medicines and equipment
- Behavior of health professionals
- Staff availability and absenteeism
- Cleanliness of the health facility
- Information availability/citizen charter
- Quality of care and Satisfaction of service recipients

Quantitative data analysis: Using the data from Exit interviews, we performed descriptive analyses, and using the patient satisfaction questionnaire we assessed the quality, interpersonal manner, communication, financial aspects, time spent with

the doctor, and accessibility and convenience. The data were analyzed using the software SPSS. We performed a descriptive analysis to describe the basic features of the facilities of the health centers and to assess the quality of primary health care services. We have presented the findings from quantitative findings by triangulating them with the qualitative findings.

4. Results

4.1 Demand side challenges

Distance to the health facilities, approximate travel time, and associated transportation costs

The community clinics are at the closest distance, as 61% mentioned CCs being less than 1 Km from their households. Whereas, UHCs are mostly located between 1 to 3 Km for most participants (38%). District hospitals are located at furthest distance for most, with 58% saying it is located at a distance of more than 3 km.

Table 4.1: Distance to health facilities by health facilities

Distance	Health facility type		
	CC	UHC	DH
Less than 1 Km	82 (61%)	35 (26%)	14 (10%)
1 to 3 Km	44 (33%)	51 (38%)	48 (33%)
More than 3 Km	8 (6%)	47 (35%)	85 (58%)

Participants emphasized that transportation costs significantly impacted them, especially as they belong to economically disadvantaged backgrounds. Most of the respondents shared that transportation costs vary for the Upazilla health complexes, based on the distance to the healthcare facility. For instance, the cost to reach Ghior Upazila Hospital was estimated to be between 50-100 Tk, which is considered a substantial amount for financially struggling individuals. Limited availability of transportation in the evening poses challenges for patients. They resort to using regular transportation options like Tomtom and bikes, facing almost double the regular fare during these hours. This situation particularly affected evening travelers, leading to increased financial burdens in reaching hospitals. Some participants noted improvements in road infrastructure, which could potentially contribute to better transportation options and reduced travel time.

Table 4.2: Expenditure on transportation by type of health facility

Transportation cost to the health center	CC	UHC	DH	Total
Less than 15 BDT	120 (92%)	43 (32%)	25 (17%)	188 (46%)
16- 30 BDT	9 (7%)	47 (36%)	46 (31%)	102 (25%)

31- 45 BDT	0	9 (7%)	12 (8%)	21 (5%)
46- 60 BDT	2 (1%)	23 (17%)	18 (12%)	43 (11%)
61- 75 BDT	0	1 (1%)	7 (5%)	8 (2%)
76- 90 BDT	0	1 (1%)	5 (3%)	6 (2%)
More than 90 BDT	0	8 (6%)	34 (23%)	42 (10%)
Total	131 (100%)	132 (100%)	147 (100%)	410 (100%)

For the district hospitals, participants provided varying perceptions of the distance to healthcare centers, based on the locations of their homes. While some emphasized the affordability of a 20-Tk trip, others found the 40-Tk round trip cost to be a significant financial concern. The range of transportation costs for most participants (31%) was in between 16 to 30 tk. The expenses of reaching healthcare facilities often exceed 100 Tk, posing a burden on individuals with limited financial means. Poor individuals expressed the need for a significant amount of money to travel frequently with a patient, underscoring the financial challenges associated with healthcare access. One of the DH participant also mentioned the adequacy of transportation facilities matters less to them due to the lack of alternatives. The challenge for patients remains as they need to sometimes travel long distances to get their treatments or tests-

"...Doctors suggest us to do the tests from Dhaka. Then we are ought to go to Mymensingh. In that case, our transportation cost and also their tests cost more than Netrokona. If we have tests system in our sadar hospital then it would not be necessary for us to go..." – FGD, DH, Netrokona

However, it remains a challenge for those who are not financially stable, indicating that convenience is often relative to economic conditions. Besides, the cost of transportation becomes particularly evident when individuals need to travel for diagnostic tests. Test-related transportation expenses, coupled with the test fees, contribute to a considerable financial burden on patients.

Available services at the health centers

Participants revealed that they receive services for basic health problems like fever, cold, checking blood pressures, blood glucose and vaccination services at community clinics. They receive pregnancy related treatments and referral services at the community clinics as well. Some participants think that for providing services, there needs to be enough rooms, equipment, staff etc. Some mentioned that they prefer going to community clinics, since they can get the primary treatments there, and visiting the other hospitals would take more time and cost more money.

"We get the general facilities in this hospital, like treatments for regular trivial issues. We also get pregnancy treatments here in this healthcare center. But

the pregnancy treatment is not completely reliable here as they provide us only the primary treatments for pregnancy. If they could provide us with upgraded and complete treatment in these sectors, it would have been much better and helpful for us"- FGD, CC, Kurigram

In Upazilla Health Complexes, people get treatments for fever, allergy, coughing, and diarrhea and they get referred to other hospitals where there are any complicated issues. Respondents mentioned that get all kinds of medicines, but in some of the UHCs, they don't get testing services, or treatment for mental illnesses or contagious diseases. FGDs with community people have revealed that at times they did not receive services at UHC when they went with an emergency patient.

"But in case of emergency cases, they usually tell us that they won't handle the case and send us to Manikganj. If it is a usual case only then they admit the patients."- FGD, UHC, Manikganj

Table 4.3: Availability of health services whenever needed by patients

Availability of services when needed	Health facility type		
	CC	UHC	DH
1. Strongly Agree	12 (3%)	9 (2%)	21 (5%)
2. Agree	97 (24%)	103 (25%)	107 (26%)
3. Uncertain	2 (1%)	5 (1%)	2 (1%)
4. Disagree	16 (4%)	13 (3%)	13 (3%)
5. Strongly Disagree	6 (2%)	3 (1%)	4 (1%)

There are shortages for medicines and tests as well. Sometimes the service depends on whether they know anyone from the hospital or not. But participants have mentioned that dividing the services between children and older people have helped them a lot.

Service depends on people. One of my known people work there so I get some medicine. Normal people don't get much service." -FGD, UHC, Netrokona

Some of the participants (26%) think that the services they receive at the district hospital is enough. They provide free medicines, specialist doctors and sometimes free surgery services. However, there are lacking at district hospitals as well with unavailability of advance treatments-

"There is no advanced treatment available. Mainly we go there to get primary treatment like fever, cold and cough...They refer patients to Mymensingh medical for advanced treatment"- FGD, DH, Netrokona

Although there are emergency units at all district hospitals, in many critical cases, they refer the patients to Dhaka, which becomes more troublesome for the people. Some of the DHs provide special help to the poor and marginalized people.

Availability of healthcare providers, medicine and diagnostic tests

There aren't enough healthcare professionals at the community clinics, as mentioned by the participants as well as the CHCPs. According to the CC participants, they provide 27 type of medicines in free of costs but concerns are raised about the quantity and types of medicines received, with claims that the supply has not increased since 2011. Sometimes, in-charge doctors from UHCs visit the community people once or twice a year to provide consultation with expecting mothers

"If there's no doctor how will my needs be met? This is my building, my hospital but there's no doctor. It's like there's no parents of a child. What will be the condition of that child? This can't be called "service on priority basis". We know that there are many obstacles but still there should be at least one sincere doctor.



There's no lacking on government giving medicines but disease detection has to be the first priority." – FGD, CC, Manikganj

Most of the UHC participants responded that, medicines are available in some cases in the healthcare facilities, but there are instances where patients need to purchase medicines from outside sources, especially when specific antibiotics are prescribed and not in stock. The instances of medicine shortages and concerns about the insufficient quantity of medicines was there. Some of them mentioned situations where the staff ran out of medicines, and alternative medicines may need to be sought outside the facility.

"Yes, sometimes we get medicines from here and we need to buy the medicines at other times. For example, we need to buy when there is an antibiotic prescribed and there aren't any such medicines in stock. They instruct us to but these medicines from outside and we do so"- FGD, UHC, Kurigram

Table 4.4: Availability of prescribed medicines at health facilities

Availability of prescribed medicines	CC	UHC	DH

Less than 25 %	11 (18%)	17 (16%)	7 (6%)
25- 50 %	12 (20%)	30 (28%)	25 (23%)
50- 75 %	15 (25%)	26 (24%)	33 (30%)
75-90 %	6 (10%)	9 (8%)	22 (20%)
100%	16 (27%)	26 (24%)	24 (22%)
Total	60 (100%)	108 (100%)	111 (100%)

UHC participants mentioned that their existing facilities have machines like ultrasonograms, X-ray machines, and ECG machines, but there are reports of these machines not being properly functional. The need for more functional machines is emphasized by most of the participants. Some of the UHC participants also mentioned the request for more instrument, equipment, and resources.

"The staff are very inadequate in amount. The main fact is the staff that get paid from here but do not provide service. They are providing service somewhere else. Staff are not available here"- FGD, UHC, Sunamganj

The increased demand of medicines is identified as a significant factor influencing the availability of medicines among almost all of the DH participants. According to them, there is a perceived gap between the productivity of the essential drug company and the demand for medicines. The majority of the participants also suggested increasing production as a solution to address shortages. Testing facilities, including ultrasonograms, ECG, blood tests, and X-rays, are mentioned as available in some hospitals.

"Yes, but the doctors work outside more. If the referred blood test from this hospital was not proper, then doctors from the hospital suggest us to do tests from their clinic beside the hospital. Tests from those clinics are good, but we also need to pay more." - FGD, DH, Netrokona

It was also observed from their responses that MRI and CT scans are deemed necessary for emergencies. Besides one of them also specifically mentioned the issues with functionality are noted for certain machines like the serum electrolyte machine and echo machine. Like the UHC participants, DH participants also mentioned the unavailability of medicines comparing with the demand as patients are required to purchase medicines outside the hospital, particularly when only a portion of the prescribed medicines is provided by the hospital. Sometimes, the doctors at the district hospitals also work as consultants outside their work hours. The findings from exit interviews exhibit similar results where only 22% district hospital patients reported finding all the required medicines.

"They do not provide us with important medicines freely, they only provide us only medicines like Histacin. Sometimes they also misbehave when we ask for other medicines. They ask us to buy it from outside. Like I brought my father and spent almost 7000 tk, if I had taken my father in anywhere private, it

would have cost around 10000 tk. Two or three pieces of medicines are provided only.”- FGD, DH, Sunamganj, 2023

Although there is enough equipment at the district hospitals, the shortage of technologists and broken instruments cause the lack of proper and timely treatment. One of the participants also mentioned the unavailability of manpower against the machines. However, challenges in managing patient loads and shortages in medicines are reported by most of the participants. In such cases, patients have to go elsewhere to do their tests-

“There are instruments in Netrokona Sadar hospital. But there is shortage of technologists and when the instruments are broken, they are not fixed quickly. So, people have to suffer a lot...patients need to pay a lot of money to do the tests from outside. Also, there are no doctors after 3 pm except one doctor at the emergency department...the ward patients have to suffer a lot. - FGD, DH, Netrokona

Costs associated with healthcare and out-of-pocket expenses

The participants reported a wide range of monthly healthcare expenses, varying from a few hundred to several thousand Tk. Participants had to spend 5 to 15 tk to visit doctors in their respective government hospitals. Common components of health service costs include doctor visits, medication, tests, and transportation according to the participants. Most of their healthcare expenses are used for tests and medicines. Respondents from district hospital mentioned financial difficulties in affording healthcare, especially when tests are not available in government hospitals, leading them to incur higher costs outside. The test costs for X-ray and others were in a range of 100 to 210 Tk. Few mentioned they had to pay almost double test costs outside the hospital.

“Tests are the costliest for us. As we cannot get test service from Sadar hospital. So, we must do tests from outside. Sometimes, we need to go to doctor’s personal clinic. Then we need to pay more...” -FGD, DH, Barguna

Table 4.5: Amount of consultation fee paid to avail health services during first phase (2022) and second phase (2023)

Consultation fee to avail health services	CC n (%)	UHC n (%)	DH n (%)	Total
0 Tk	81 (62%)	62 (47%)	20 (14%)	163 (40%)
Less Than 5 Tk	46 (35%)	49 (37%)	95 (65%)	190 (47%)
10-15 Tk	2 (2%)	20 (15%)	31 (21%)	53 (13%)
More than 15 Tk	1 (1%)	1 (1%)	1 (1%)	3 (1%)
Total	130 (100%)	132 (100%)	147 (100%)	409 (100%)

Some participants mentioned they had to pay 5tk to get medicines in the government hospitals. Some respondents admit uncertainty about their annual healthcare expenses, suggesting a lack of awareness regarding the overall financial burden.

"We spend approximately 10,000 tk for our 2/3 family members yearly. If there were tests service or if they would give more medicine then our cost would get low. If there were specialist doctor than we wouldn't have to visit doctors from outside. Then we wouldn't have to spend 10,000 tk..." – FGD, UHC, Bagerhat

The annual healthcare expenses were found in a range of 5000 tk to 10000 tk for each family among all of the participants. Besides they had a monthly expense of in a range of 1500 tk to 4000tk. Families, especially those with multiple members falling sick, face significant financial burdens due to healthcare expenses. For example, one participant mentioned about spending 25000 tk as monthly health care expenses as they have a cancer patient in their family-

"Monthly I have to spend 20-25 thousand Tk as I have a cancer patient. So, I have to spend half of my salary for healthcare. My wife and I have to check up every month regularly. We, who have high blood pressure need to check up regularly."-FGD, DH, Netrokona

Concerns are raised about the necessity and cost of recommended treatments, such as C-section deliveries, hand bandages beside the allegations of overcharging and unnecessary procedures. Most of them suggested to avail the tests in the government hospitals so that their annual healthcare costs could be reduced to the maximum.

"We get 50% lower at tests than private hospital. We get some tests at a very low cost. Also, we can get free medicine. We can get treatment at 5/10 tk for our diseases." - FGD, DH, Barguna

On the other hand, some participants mentioned that there was provision of special services for poor and vulnerable communities-

"There is special service for poor and margin people. As this is a Govt. hospital, so we give people free treatment. People can get treatment from here at a minimum cost. They can get treatment from outdoor with only 5-Tk ticket. They can admit to emergency unit with only 15 Tk. So, cost of treatment is very low."- KII, DH, Bagerhat

Patient satisfaction at the health facilities

Most of the CC participants were satisfied with the provided healthcare services but they believe there is room for improvement as well. Some of the participants

acknowledged the deficiencies of the services and suggested to improve them. They also mentioned that the provided services are very limited compared to the demand.

"We get enough services from the community clinic but I guess it could be better..." - FGD, CC, Khagrachhari

When the UHC participants were asked about their satisfaction to health care services, most of them expressed that they had an average level of satisfaction as limited healthcare options like limited beds, and inadequate number of doctors, may contribute to a sense of dissatisfaction, and individuals feel compelled to use the available services regardless of satisfaction levels.

"They can't even do dressing of the wound properly. They had done a dressing of my wife before which had sand in it and I had to redo them at home. Every staff including the nurse and doctor misbehave with the patient."
– FGD, UHC, Sunamganj

But there was consistent satisfaction among the participants about the low-cost services as there is a perceived trade-off between affordability and quality, with the respondents expressing satisfaction with the less expensive treatments provided.



The picture was different in DH participants. Most of the participants mentioned the absence of certain diagnostic facilities in the hospital as a problem and desired for test machinery to be available in government hospitals for better healthcare services. DH participants also raised issues like non-medical staff acting like doctors or prescribing medicines, demanding money for C-section. Some of them also mentioned that brokers in the hospital who try to redirect patients to external clinics.

"C section is available but if we go they tell us it will be delayed. They want money. If we can't give money they refer us to other hospitals. The worst

thing is there are brokers in the hospital. They try to take us outside clinics. Doctors are also connected with the brokers.” – FGD, DH, Netrokona

There are varying opinions on patient satisfaction, with some expressing contentment with the treatment and behavior of healthcare professionals and others voice dissatisfaction, citing issues such as a lack of important medicines, misbehavior, and a perception that employees receive more advantages than patients. The participants also mentioned that there are inequalities in access to medical facilities, where people with connections can get medicines more easily.

“We have to stand in a queue & take ticket, those who have known people here can get medicines & oral saline for diarrhoea.” – FGD, DH, Chapainawabganj

Behavior of healthcare professionals

Most of the CC participants mentioned that the behavior of the healthcare providers was nice and they are well behaved but one of the participants mentioned their dissatisfaction regarding the behavior of the nurses of their respective community clinic.

Among the UHC participants, most of them expressed dissatisfaction with the behavior of healthcare providers, particularly nurses. The recurring mention of improper behavior suggests that this is a pervasive issue and not an isolated incident. The responses of the participants also indicated a potential lack of empathy and understanding of their circumstances. Some of the participants suggested that workload may be a contributing factor to the misbehavior of the nurses, those handling multiple patients might become frustrated, leading to impatience and unfavorable interactions with patients. One of the participants expressed their idea in the sociocultural context for such behavior of the healthcare providers, this could influence the communication dynamics between healthcare providers and patients-

“if my child gets sick, I would visit Sunamganj because I can afford but the people who can't afford are treated miserably here. If a father of an admitted child asks for the supervision of a nurse, they send a nurse instead of a doctor. The nurse does minimum supervision” –FGD, UHC, Sunamganj

Like the participants of CC and UHC, the picture is observed same in the DH participants. According to most of the DH participants they were not satisfied with the behavior of the healthcare workers. Almost all of them reported regarding the behavior of nurses like instances of rudeness, lack of patience, and poor communication. Some of them also mentioned specific incidents, such as a nurse scolding an elderly man seeking medicines, provide concrete examples of inappropriate behavior.

“Just now, a nurse scolded an elderly man as he came to ask for medicines. I didn't like her behavior at all.”-FGD, DH, Chapainawabganj

These incidents contribute to the overall negative perception of healthcare providers' conduct. The data from the DH participants also suggested that there might be an insufficient number of healthcare workers, leading to overburdened staff which ultimately contributed to their stress and frustration, potentially impacting how healthcare providers interact with patients. Some of the participants also expressed their frustration when seeking clarification or information because of the rude behavior of healthcare providers, healthcare providers behave more favorably when economic conditions are involved suggesting a potential link between financial considerations and provider behavior

“There are no careful nurses and they are bad-mannered as well, people who are educated they can understand. But people who are uneducated, comes from village, they do not know what to do, how to talk, nurses harass them the most”- FGD, DH, Barguna

4.2 Supply side challenges

Availability of services at the health facilities

In community clinics, services for ANC, PNC, regular vaccinations are provided. In case of serious patients, they refer them to UHCs. KIIs with healthcare providers revealed that they provide 27 types of medicines along with Fever, Cold, Coughing, Diarrhea, etc., they provide these medicines to pregnant women besides vitamin and nutrition, and also suggest whenever new medicines are available. Some centers provide special care for specific groups such as the poor and freedom fighters. All services are stated to be free of cost. CC participants note the absence of special facilities like free or low-cost tests and mention that they sometimes receive advice to go to other locations for certain treatments. Some participants also expressed a lack of notice or awareness regarding the presence of social service centers in their respective areas.

Emergency services, outdoor and indoor services are provided to patients at all of the UHCs. If the patients need better treatments, they refer the patients after providing the primary treatment. On the preventive side, the staff works with vaccination campaign. KIIs with health professionals have



revealed that due to lack of infrastructure and enough specialists, they are limited to provide services and can't provide any specialized services.

"We still couldn't arrange the 50-bed hospital, it's a 31-bed hospital right now. We try to provide our best in this limitation, the treatment for pregnant mothers, pre and post-delivery is free here. We also provide free medication and tests for them." - KII, UHC, Khagrachari

However, the number of patients is huge compared to the available limited number of medical officers. The availability of facilities and services varies across different UHCs. Some have waiting rooms, ramps, and specific services for poor and marginalized individuals, while others lack such amenities.

At district hospitals, available services include emergency service, outdoor treatment & medicine, admitting patients in indoor units & provide medicine, normal delivery & caesarian section, minor operations & surgeries, family planning, EPI, neonatal care, and diagnostic services like X-ray, CT scan. In outdoor services, at times they have to treat patients more than their capacity. Hotline numbers are also available at DHs. However, specialized services like mental health, dental and eye care are available at half of the hospitals. Participants also mentioned that they don't get treatment for critical services like heart problems.

"My duties include ensuring the healthcare services & giving guidelines, maintaining hospital services according to the government policy, coordination with the related offices in upazilla, solving issues of the patients coming to the hospital & also the staff members, conducting campaigns for vaccination for women & children & other responsibilities according to the government directions & need." -KII, UHC, Manikganj

Table 4.6: Availability of health services by type of health facility

Available health services at the facility	Health facility type		
	Community Clinic	Upazila Health Complex	District hospital
1. Antenatal care			
2. Postnatal care			
3. Delivery care			
Normal vaginal delivery			
Caesarean section		3 out of 7	
Assisted normal vaginal delivery		5 out of 7	
4. New-born care			
5. EPI vaccination			
6. Nutritional counselling			
7. Family planning services			
Short-term temporary family planning services		4 out of 7	6 out of 8
Long-term temporary family planning services		3 out of 7	6 out of 8
Permanent family planning services		3 out of 7	5 out of 8
8. Health education through a community outreach program	5 out of 8	4 out of 7	4 out of 8
9. Diagnosis and management of sexually transmitted diseases		3 out of 7	6 out of 8
10. Diagnosis and management of non-communicable disease		5 out of 7	

11. Mental health services			4 out of 8
12. Eye care		4 out of 7	4 out of 8
13. Dental care		4 out of 7	6 out of 8
14. Emergency healthcare			
15. Outpatient services			
16. Inpatient services			
17. Coronary Care Unit (CCU)			
18. High Dependency Unit (HDU)			
19. Intensive Care Unit (ICU)			
20. Referral services			
21. Ambulance services			

lack of human resources and patient overload

Most of the KIIs with CHCPs revealed that there is a staffing shortage in their respective community clinics. Some of the participants mentioned insufficient manpower causes overwork to the existing healthcare providers. For example, one of the participants mentioned,

“ There is only one health assistant. So, this is really tough for him to cover 8 centers. Also, he needs to sit for clinic. There are works for the invitation. They also need to sit in the field. Which is not possible for them to do this work alone” -KII, CC, Barguna

Some of the participants mentioned that present staff members can manage patients easily and are well-behaved. Even in such a shortage of staff, they manage the patients as much as possible within their limits. Some of the participants also mentioned that one person had to follow multiple responsibilities due to this shortage. Besides, some of the participants mentioned that they are not allowed to provide some services by themselves because of their gender. For example, if the community service provider (CSP) is male, checking pregnant patients is not possible, and duties are divided accordingly.

The picture is the same for the UHC participants in terms of the shortage of staff as well. Most of them mentioned a shortage of staff with several vacant positions in various roles, including junior consultant doctors, medical officers, gynecologists, nurses, lab technicians, pediatricians, medical technologists, pharmacists, SACMOs, health invigilators, and community clinic staff. Some of the participants mentioned that almost 50% of workers are not available, and the lack of emergency medical officers is a regular issue there.



"We don't get every kind of treatment here. Sometimes doctors are not available. We need to maintain serial so it takes a lot of time."- FGD, UHC, Bagerhat

Another participant highlighted the problems during emergencies, such as insufficiency of doctors, lack of dengue tests, and challenges in providing services due to fewer doctors than patients. One of the participants specifically mentioned the inadequacy of staff members in terms of both quantity and service provision, with some staff members not providing service at the healthcare center.

Most of the DH participants mentioned that hospitals are facing challenges related to human resources, particularly in terms of staffing shortages like vacant positions for doctors, nurses, and other staff members. The shortage of doctors is a common issue identified by the respondents and most of the participants specifically mentioned vacant positions including medical officers, consultants, psychiatrists, health educators, and other specialized roles. While some hospitals express difficulty in finding suitable candidates for vacant positions, indicating challenges in the recruitment process, on the other hand, some hospitals are unable to provide specialized services, such as cardiology, due to a lack of qualified personnel. With the increasing number of patients, it gets hard for the healthcare providers to manage the patients. At the same time, along with the indoor patients, there are

attendees as well which creates more gathering. With the limited staff, it gets hard to do crowd control.

"Number of patients is increasing day by day. Our 50 bedded hospital is extended to 100 bed. Overall 700 patients are coming to take treatment from outdoor every day. This is a huge amount"- KII, DH, Netrokona

Some of the participants mentioned taking measures to minimize the impact of staff shortages, such as giving show-cause notices for absences and implementing biometric systems to track attendance. Participants also mentioned concerns about the irregular availability of specialist doctors, leading to the referral of critical patients to other medical facilities.

Shortage of medicine and equipment at the health facilities

In community clinics, 27 types of medicines are provided free of cost, including medicines for common issues like paracetamol, histacin, antacid for gastric, metronidazole for dysentery, saline for diarrhea etc. however, the CHCPs mentioned that medicine supply didn't increase rather decreased.

"The amount of medicines we get is not sufficient for the community & also we don't get the medicines that we actually need. In that case we have to struggle to meet the need. We provide medicines for 1-2 days & ask the patients to come after 2 days or a week. In some cases, we tell them to get the medicines from sub-center or Sadar hospital". -KII, CC, Manikganj

In most of the district hospitals, the number of patients is usually more than the capacity, in such situations, hospital authority usually runs out of medicines.



the

"we give requisition to government for extra medicine. By the time we get the required medicines, we write the medicines in the prescription & ask patients to buy it from outside"- KII, DH, Chapainawabganj

Table 4.7: Materials and equipment by type of health facility

Materials and Equipment	Community Clinic	Upazilla Health Complex	District Hospital
Blood pressure machines	7 out of 8	All seven UHCs	All eight hospitals
Weight scales,	7 out of 8	All seven UHCs	All eight hospitals
Thermometers	All eight hospitals	All seven UHCs	All eight hospitals
Stethoscope	7 out of 8	All seven UHCs	All eight hospitals
Laboratory equipment and supplies		All seven UHCs	All eight hospitals
ECG machine		All seven UHCs	All eight hospitals
Xray machine		All seven UHCs	All eight hospitals
USG machine		5 out of 7	6 out of 8
Operation theatre equipment		All seven UHCs	7 out of 8

Infrastructure and utility related challenges

In most of the community clinics, there is shortage of space and rooms, and some don't have any furniture at all. CC participants were asked about the infrastructure condition of their respective healthcare center and most of them mentioned their lacking of basic facilities in this section. Some of the centers lack basic amenities such as water supply, electricity, and proper washrooms. According to the participants, the existing washrooms in certain locations are not usable, and people have to borrow light from nearby houses due to electricity shortages. One of the participants even mentioned-

"I need to clean the community clinic every morning. Most of the time the domestic animals keep entering in this place." -KII, CC, Kurigram

The number of rooms in healthcare facilities varies, with some having only two rooms, while others have up to five. Some centers lack essential rooms such as emergency rooms, restrooms, delivery room, EPI rooms, and surgery rooms, leading to services being provided through alternative systems. Some participants also mentioned the issues related to the location of health facilities, including difficulties for pregnant women, children, and disabled individuals due to broken roads and unsuitable staircases. Besides other CC participants also raised issues related to equipment shortages include furniture, light, and issues with unusable washrooms. A few participants expressed their opinions on the need for boundary installations to prevent inconveniences caused by tying animals in front of clinics.

Most of UHC participants mentioned the consistent issue of a shortage of rooms in healthcare institutes. Despite having instruments, the lack of adequate space poses

a significant challenge. According to them, they are compelled to use the same room for multiple purposes, such as using one room for both delivery and ENC checkups which compromises the quality of care and the ability to maintain privacy. Some of the participants also expressed their concerns regarding the safety concerns with the existing infrastructure like instances of an old, abandoned building being used for healthcare services, fear of accidents, and structural issues (e.g., falling plaster). One of the participants mentioned,

"There are issues with our infrastructure. We have lacking of room, the infrastructure is not safe enough. It can break at any time. We live in fear as the higher authority has already rejected this place to worth giving treatment. Until this infrastructure is not developed it's very unsafe. Last year the plaster of the rooftop fell and created a massacre. All along we have faced different issues like this even in the rainy season the water keeps dropping inside the building. You people may have observed the devastating condition of the building" – KII, UHC, Khagrachari

Like the CC and UHC, The DH participants expressed the same issue which is the shortage of room against the demand. Despite having a certain number of beds, the demand for rooms surpasses the availability of the hospitals. Most of the district hospitals are 250 bedded. But in most district hospitals, the number of patients crosses 450 to 850 sometimes. Some of the participants mentioned that the elevators or lifts in some healthcare facilities are reported to be out of order, creating challenges for patients, especially when they need to access higher floors. Besides some healthcare facilities originally designed for a specific number of beds, such as 100 beds, have expanded their capacity to 250 beds. However, there are challenges in terms of supplies and allotments, which were initially planned for a smaller capacity. The majority of them also mentioned that the man power is not in adequate amount in these hospitals.

Table 4.8: Facility infrastructure by type of health facility

Rooms	Community Clinic	Upazilla Health Complex	District Hospital
Outdoor consultation room	5 out of 8	All seven UHCs	All eight hospitals
Emergency room		All seven UHCs	All eight hospitals
Patient examination room		All seven UHCs	All eight hospitals
Counselling room		6 out of 7	6 out of 8
ANC/ PNC room	6 out of 8	6 out of 7	All eight hospitals
Labour room		All seven UHCs	All eight hospitals
Delivery room		All seven UHCs	All eight hospitals
Operation theatre		All seven UHCs	All eight hospitals
Male ward		All seven UHCs	All eight hospitals
Female ward		6 out of 7	All eight hospitals

Waiting room	4 out of 8	6 out of 7	7 out of 8
Breastfeeding corner		5 out of 7	7 out of 8
Nutrition counselling corner		All seven UHCs	6 out of 8
Pregnancy OPD			All eight hospitals
Psychosocial counselling room			3 out of 8
Adolescent counselling room			3 out of 8
VIA/PAC room			3 out of 8
USG room			All eight hospitals
Laboratory			All eight hospitals
Blood transfusion room			All eight hospitals
Pharmacy			All eight hospitals
Handwashing facilities			All eight hospitals
Washroom			All eight hospitals
		All eight clinics	

Lack of proper information dissemination system and feedback mechanism

None of the CCs and Almost all of the hospitals have established complaint mechanisms, such as complaint boxes, to address concerns raised by the community. Some other participants mentioned challenges in submitting complaints or issues, with some expressing the absence of a complaint submission mechanism or a designated office for such purposes. In cases where there is a complaint box, respondents mention that the boxes are opened periodically, and individuals are contacted for resolution. Table 5 explains the feedback mechanism seen at each type of facility.

Table 4.9: Current situation of information dissemination strategies by types of health facility

Information dissemination strategies	Community Clinic	Upazilla Health Complex	District hospital
<i>Citizen Charter/ Information board</i>			
Placement of the charter/ board at the facility	Available at five of the facilities	Multiple charters at different places of the facility	Multiple charters at different places of the facility
Language and wording of the charters/ boards		The charters are made in Bangla and English, the font size and colors are readable	Written in Bangla and English, in visible big letters
Font size and colors			
Overall condition	Charters need to be placed and old charters and boards need to	Old boards need to be replaced and requires improvement	Old boards need to be replaced and requires improvement

	be replaced		
Posters/ banners related to health conditions			
Placement of posters at the facility	Not seen in many of the CCs	Posters are available in all UHCs	Seen in all of the facilities
Language and wording		The language and writing is in black and white big letters, easy to read	Written in Bangla and English, and in Black and white fonts
Font size, colors, and pictures			
Overall condition	More posters required	Average, Improvement required	Overall condition was quite good
Digital monitors			
Placement of the monitors	No digital monitors at CCs	Seen in three of the UHCs	Seen in four out of eight DHs
Completeness of the information		Available services were displayed	Health services, statistical info and awareness messages shown
Sound and quality		Quality was okay	Moderate
Overall conditions		Moderate, more digital monitors required	Good in three DHs, but improvement required in most

Healthcare facilities employ different methods to handle complaints, including verbal complaints that are addressed on the spot and written complaints that may require further investigation. Some facilities involve patients in the resolution process, and committees are formed to investigate more complex issues. Some of them mentioned procedures providing helpline numbers and information through visible signage, help desks, and charter boards. A few participants expressed frustration about not receiving outcomes or hope after filing complaints. One of them mentioned,

"There is a complaint box in the hospital. But we don't get any outcome if we complain. If we get any outcome than we could complain next time. We don't get any hope or outcome after complaining." – FGD, DH, Bagerhat

Table 4.10: Assessment of feedback mechanism by type of health facility

Criteria	Community Clinic	Upazila Health Complex	District hospital
At least one complaint box at the facility	No complaint boxes were seen in any of the CCs during the facility assessments	Observed in two out of seven UHCs	Seen in seven out of eight DHs
Placement of the complaint box	-	The boxes were visible and placed at	AT the entrance, in front of the OPD, and

		the entrance	placed at a visible location a
Condition	-	Not good, locks of the boxes are broken	Two of the boxes are not working, anyone can put complaints in there

Diagnostic facilities by type of health facility

Although tests for urine and glucose are supposed to be provided at CCs, none of the CCs have these services. Blood tests were done in three of the clinics. Among UHCs, blood and urine tests are available at all facilities, however, x-ray, ECG and ultrasonogram isn't available at all hospitals.

Table 4.11: Availability of diagnostic services at different health facilities

Tests	Community clinic	Upazila Health Facilities	District Hospital
Blood tests	3 out of 8	All seven facilities	All eight facilities
Urine RME		All seven facilities	All eight facilities
ECG		6 out of 7	6 out of 8
X-RAY		5 out of 7	7 out of 8
Ultrasonogram		3 out of 7	7 out of 8
ETT			2 out of 8
Blood culture			3 out of 8
Urine culture			3 out of 8

Even at district hospitals, tests like ECG, Ultrasonogram are available at most hospitals, ETT, blood and Urine culture are available at only 3 of the hospitals.

"All of the tests are not available here. Normal test which costs 20 to 50 Tk are available here but the other expensive tests are not available here. We need to visit outside to do those tests. We want to get free medication and tests from here." - Sunamganj DH, FGD

Cleanliness

It is observed from the CC participant that, the absence of a cleaner contributes to an unclean environment, highlighting the need for the appointment of cleaning staff to improve the situation. One of the CC participants mentioned that there is no dedicated worker appointed for cleaning purposes. Besides the lack of a formal waste management system is significantly evident in multiple instances. Participant 28 mentioned,

"There is a cleaner who takes the waste to her home. I have no direct waste management system here or any specific place to keep waste." -KII, CC, Barguna

This informal approach raises concerns about proper waste handling and environmental impact. One of the participants suggested the absence of permanent settings as a reason for the lack of a proper waste management system. Participants mentioned various methods for waste disposal. Some of the participants mentioned burning some waste and sending sharp waste to an Upazilla health complex and some of the CC participants mentioned throwing waste in a fixed place and burning it afterward. When the participants were asked about the cleanliness of toilets, the responses were found negative. Most of the participants also mentioned that the toilets in the health facility are very dirty which emphasizes the need for better sanitation practices and regular cleaning of essential facilities to maintain a hygienic environment.

Table 4.12: Cleanliness of health facilities

Cleanliness	Community clinics	Upazila Health Complex	District Hospital
Separate bin for medical wastes	unavailable in all facilities	Available in 4 UHCs	Available in 7 DHs
Color coded waste disposal bins	unavailable in all facilities	Available in 3 UHCs	Available in 5 DHs
Proper waste disposal system	unavailable in all facilities	Available in 1 UHC	Available in 5 DHs

Most of the UHC participants mentioned the inadequate number of cleaning staff in their respective Upazila Health Complex. The majority of the participants expressed the need for more cleaners to maintain cleanliness effectively. Some of the participants mentioned the challenges of health facilities due to old infrastructure and insufficient machinery. Most of the participants mentioned that environmental cleanliness like dirty corridors and toilets around the hospital, is a major concern there. Another participant mentioned that specifically on rainy days hospitals face difficulties in maintaining cleanliness. Some hospitals have weak cleaning systems, and improper waste disposal arrangements according to the UHC participants. One of the participant also expressed their dissatisfaction for not taking proper action for the implementation of their request to establish a waste disposal unit. UHC participant also expressed their concerns about the absence of washbasins and handwash facilities.

DH participants expressed their dissatisfaction about poor conditions of washrooms, with unclean floors and inadequate cleanliness standards. According to the DH

reports, some toilets are reported to be in good condition, while others are described as very poor, with broken doors and a lack of proper cleaning arrangements.

"I just went to the toilet & it wasn't clean. There are no arrangements of cleaning with water after using the toilets so it's very stinky. Other than that, the health center is clean." - FGD, DH, Chapainawabganj

Several participants also mentioned that patients were observed lying in unclean conditions, with dust and dirt present in the vicinity highlighting a potential health risk, although there have been improvements of cleanliness over the time.

5. Comparison of findings between the first phase (2022) and second phase (2023)

In order to identify the challenges of health service delivery at the local level and to bring about changes, BHW took an initiative to collect feedback from community people. The first phase of data collection was conducted between April to May 2022 and the second phase of data collection was conducted between May to November 2023. This section highlights the changes that have been occurred in the past one year and also assesses patients' satisfaction levels for future implications.

5.1 Distance between place of residence and health centre by type of health facility

In Community Clinics, the majority of patients reported the distance of the health center being less than 1 km from the health center, constituting 66% in the year 2022 which decreased to 61% in the year 2023.

Table 5.1: Distance between place of residence and health centre during first phase (2022) and second phase (2023)

Distance between place of residence and health facility	Type of Health facility						Total	
	Community Clinic		Upazila Health Complex		District hospital		2022	2023
	2022	2023	2022	2023	2022	2023		
Less than 1 Km	66%	61%	27%	26%	13%	10%	-	131 (32%)
1 to 3 Km	23%	33%	32%	38%	30%	33%	-	143 (35%)
More than 3 Km	11%	6%	41%	35%	57%	58%	-	140 (34%)
Total	100%	100%	100%	100%	100%	100%	-	414 (100%)

Patients accessing Upazila Health Complexes are more evenly distributed across distance from facilities. A notable portion (38%) mentioned the distance of 1 to 3 km in 2023, which was previously reported for 32% of the participants. Besides, about one-third (35%) of patients at UHCs reported the distance of the facility being more than 3 km from their residence, which was the case for 41% participants initially. Some patients shared the troubles they face while travelling during night time in Khagrachari district hospital-

"We don't get vehicles in the evening. We usually Tomtom as our regular transportation, and bikes if needed. So, after the evening we need to pay almost double amount of the regular fare to reach the hospital. Patients shared the troubles they face while travelling during night time"- FGD, UHC, Khagrachari, 2023

Patients visiting district hospitals have a greater percentage (58%) reporting a distance of more than 3 km in 2023, which is similar with the data from 2022. Only 10% of patients at district hospitals reside within one kilometer. Participants in a FGD at the DH in Sunamganj (Sylhet) stated:

"It costs me BDT 200-300 (USD 2-3) whenever I have to come to the hospital and the condition of the roads is horrific. It was even worse before, and mothers would often have to give birth on the way to the hospital". -31 years male, DH Sunamganj, FGD, 2022

FGD conducted in Sunamganj district exhibited similar road conditions in 2023-

"The Condition of the road is very poor. We face different difficulties while bringing the patients to the hospital. We follow the lengthy route to avoid these issues to come to the hospital"- FGD, DH, Sunamganj, 2023

5.2 Transportation cost to travel to health facilities

The cost of transportation to healthcare facilities has changed throughout time. 80% of community clinics reported transportation costs of less than 15 BDT in 2022. In 2023, over 92% said that their transportation cost at community clinics was less than 15 BDT. For the Upazilla health complex, the majority of participants (31%) reported spending 16-30 BDT on transportation in 2022, which was still the case for the majority of participants (36%) in 2023.

Table 5.2: Transportation cost to travel to the health facility during first phase (2022) and second phase (2023)

Transportation cost to the health center	Type of Health facility						Total n(%)	
	Community Clinic n (%)		Upazila Health Complex n (%)		District hospital n (%)			
	2022	2023	2022	2023	2022	2023	2022	2023

Less than 15 BDT	35 (80%)	120 (92%)	26 (26%)	43 (32%)	21 (15%)	25 (17%)	82 (29%)	188 (46%)
16- 30 BDT	8 (18%)	9 (7%)	31 (31%)	47 (36%)	36 (26%)	46 (31%)	75 (26%)	102 (25%)
31- 45 BDT	0 (0%)	0	12 (12%)	9 (7%)	23 (16%)	12 (8%)	35 (12%)	21 (5%)
46- 60 BDT	0 (0%)	2 (1%)	23 (23%)	23 (17%)	25 (18%)	18 (12%)	48 (17%)	43 (11%)
61- 75 BDT	0 (0%)	0	0 (0%)	1 (1%)	2 (1%)	7 (5%)	2 (1%)	8 (2%)
76- 90 BDT	0 (0%)	0	2 (2%)	1 (1%)	5 (4%)	5 (3%)	7 (3%)	6 (2%)
More than 90 BDT	1 (2%)	0	6 (6%)	8 (6%)	28 (20%)	34 (23%)	35 (12%)	42 (10%)
Total	44 (100%)	131 (100%)	100 (100%)	132 (100%)	140 (100%)	147 (100%)	284 (100%)	410 (100%)

Among the participants in district hospitals, while 20% reported that it cost them more than 90 Tk in 2022, the percentage of participants increased to 23% that reported having spent 90 BDT on transportation. Although the total percentage spending 90 BDT reduced from 12% to 10%.

5.3 Waiting time to receive health services at the health facilities

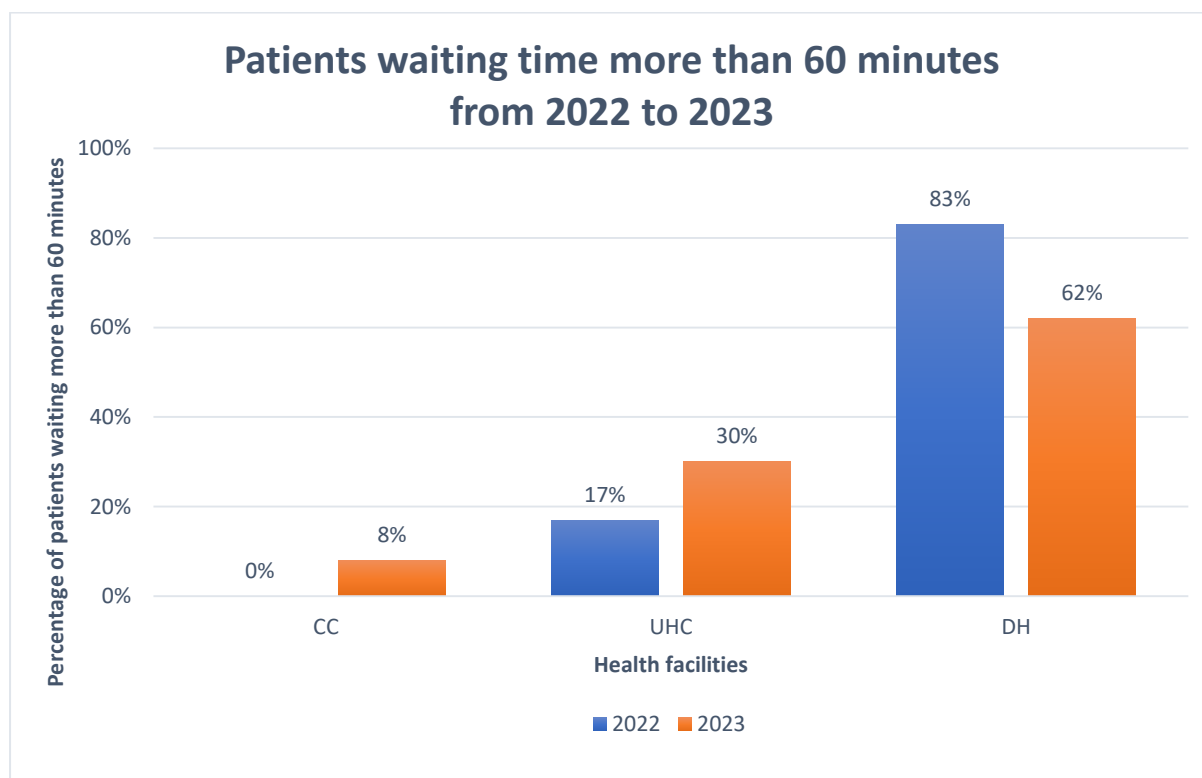
Over the past year, there has been a substantial change in the waiting time for health care services. In 2022, the majority (45%) of participants had wait times of less than 10 minutes, which reduced to 31% by 2023. In 2022, 11% had to wait for more than 60 minutes, which dropped to 9% by 2023.

Table 5.3: Approximate waiting time during first phase (2022) and second phase (2023)

Waiting time to get health services	Type of Health facility						All facilities	
	Community Clinic (%)		Upazila Health Complex (%)		District hospital (%)			
	2022	2023	2022	2023	2022	2023	2022	2023
0 min	-	68%	-	14%	-	18%	-	12%
Less than 10 min	57%	54%	28%	27%	15%	19%	45%	31%
11-20 min	30%	12%	49%	39%	21%	49%	18%	18%
21-30 min	11%	14%	42%	35%	47%	51%	12%	16%
31-40 min	0	13%	29%	50%	71%	37%	3%	4%
41-50 min	9%	14%	9%	43%	82%	43%	3%	3%
51-60 min	8%	17%	4%	50%	88%	33%	6%	7%

more than 60 min	0%	8%	17%	30%	83%	62%	11%	9%
Total	-	32%	-	32%	-	36%	100%	100%

Patients in district hospitals must wait for health services for an extended period of time since they have the largest patient loads. In 2022, 83% of DH patients had to wait longer than an hour, which reduced to 62% by 2023.



Long wait times at district hospitals have diminished to some extent, although they continue to be a source of worry. As long as the need of appropriate health professionals, lab technicians are not met, the long waiting times for patients will persist. At the same time, there are huge patient loads at district hospitals, which also adds to the waiting time.

5.4 Consultation fee paid to avail health services at different health facilities

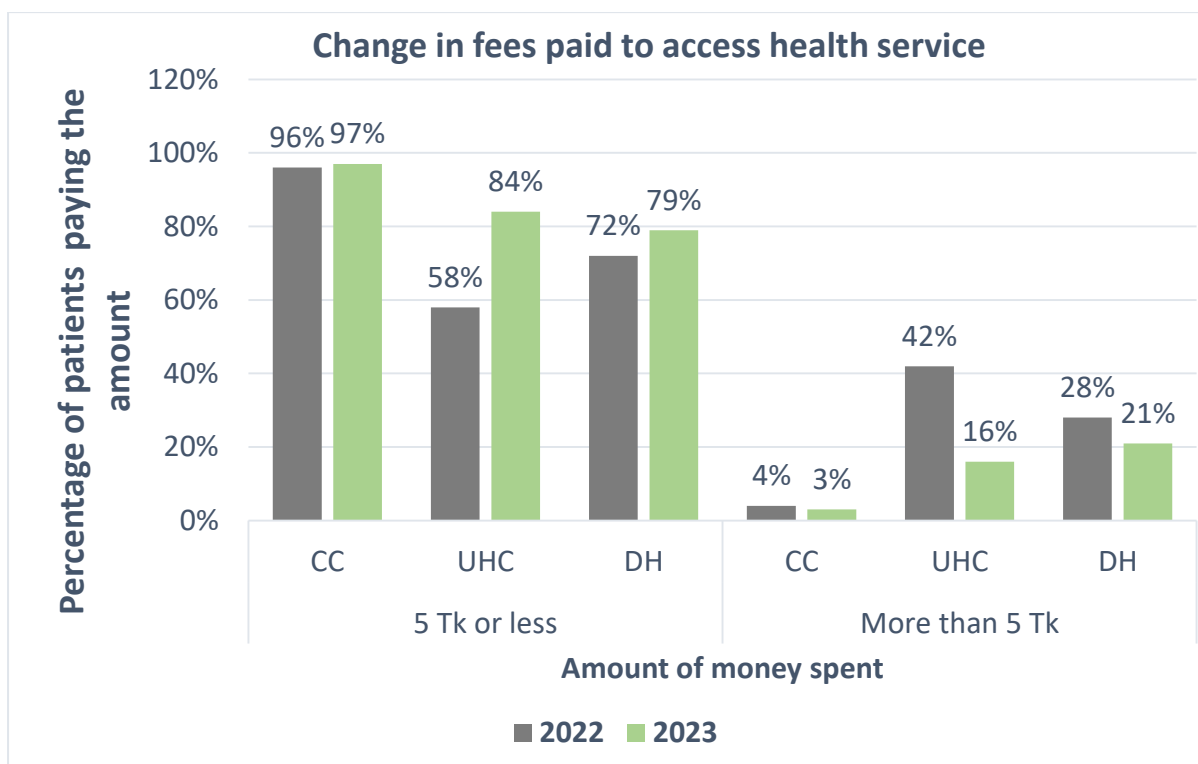
The majority of patients (87%) across all types of health facilities reported paying less than 5 Tk as consultation fees to avail health service in the year 2023. In 2022, almost 8% patients in district hospitals had to pay more than 15 Tk, which reduced to less than 1% in 2023. Similarly, patients having to pay more than 15 Tk for consultation has reduced for Upazilla Health Complexes as well.

Table 5.4: Amount of consultation fee paid to avail health services during first phase (2022) and second phase (2023)

Consultation fee to avail health services	Type of Health facility						Total	
	Community Clinic n (%)		Upazila Health Complex n (%)		District hospital n (%)		2022	2023
	2022	2023	2022	2023	2022	2023		
Less Than 5 Tk	96%	97%	58%	84%	72%	79%	-	87%
10-15 Tk	4%	2%	37%	15%	20%	21%	-	13%
More than 15 Tk	0	1%	5%	1%	8%	<1%	-	<1%
Total	100%	100%	100%	100%	100%	100%	-	100%

Although patients reported a decrease in fees for availing healthcare from 2022 to 2023, focus group discussions revealed that there are other means which binds them to pay more for healthcare. One interview from 2022 revealed-

"We need to spend a lot of money on medicines. My mother is a diabetic patient, and she also has blood pressure. My father has high blood pressure. My grandmother has an elderly disease. For this, my family need to spend BDT 4,000 to 5,000 (USD 42-48). We need to spend a lot of money on tests. For each doctor, a minimum of BDT 500 (USD 4.8) is required for the visit as consultation fees. The medicine cost is also there" -31 years female, DH Manikganj, FGD, 2022



Discussions with community people revealed that middlemen ("dalals") try to take advantage of their vulnerability by charging extra fees from them while promising

that they would not have to wait in queue. These middlemen also try to steer patients to undertake medical tests outside healthcare facilities- in private clinics or chambers, stating that the quality of service at the public facilities are not up to the mark. Similarly, in 2023, patients reported that even if the fee is very less, most of them need to pay for extra medicines or tests, which are either very costly or not available at the designated hospitals-

"We usually visit doctor after paying a 10 Tk visit fee. The doctor prescribes the medicines and we follow his instructions and do tests accordingly. But sometimes the tests instructed you the doctors are not available in the sadar hospital so we had to them outside. The tests outside are expensive for us. So, if all the other facilities get available in the sadar hospital that will be really helpful for us as we are financially very poor." -FGD, DH, Khagrachari, 2023

These out-of-pocket expenditures create a burden among people, specially the poor and marginalized people. Many can't afford these expenses, needing to either borrow money or live with their problems.

5.5 Service availability

Both qualitative and quantitative findings showed that availability of services remain similar for both the first phase and the second phase of study. Findings in year 2022 and 2023 both revealed that community clinics mainly provided basic and primary healthcare services such as ANC, PNC, family planning services etc. Although facility observations in 2023 showed that some of the CCs were not providing any nutritional counselling. UHCs provided services for emergency, indoor and outdoor departments. However, in both cases, Key Informant Interviews revealed that healthcare providers were overburdened with the high number of patients.

District hospitals provided services in the emergency, indoor, outdoor departments. In both cases, the district hospitals have few specialized doctors, along with High Dependency Unit (HDU), Coronary Care Unit (CCU), and Intensive Care Unit (ICU)-

"In this hospital we provide emergency service, outdoor treatment & provide medicine, admitting patients in indoor units & provide medicine, normal delivery & caesarian delivery, minor operations & surgeries, family planning, EPI, neonatal care, diagnostic services like X-ray, CT scan. We have hotline numbers for emergency, isolation ward, information desk on the ground floor as well". -KII, DH, Manikganj, 2023

Overall, the availability of services hasn't changed much within one year. Although there is provision for specialized doctors, most of hospitals lack appropriate number of doctors. Likewise, the gaps remain the same for all three tiers where there is still a lacking of special services for people with disabilities.

5.6. Availability of prescribed medicines in the health facility

The total number of health facilities reporting 100% availability decreased from 29% in 2022 to 24% in 2023. For community clinics as well, there was a reduction in the availability of 100% medicines, in 2022, 59% reported getting all medicines which reduced to 27% in 2023. Across all health facilities, decreased availability of prescribed medicines was seen in these years.

Qualitative findings also revealed that the amount of supplied medicines was not enough compared to the number of people. In community clinics, often supplied medicines finished even before the month ended, in that case they had to refer patients to upazila or district level hospitals. The supply of medicines was also assessed from the qualitative discussion with the key informants and community people.

A KII with CHCP in 2022 revealed-

"The medicines that we prescribe are very minimal. The supply we get is based on the coverage area. In order to manage an extra load of patients with this stock of medicine, we supply a few doses for free and the rest are advised to buy from outside. I understand that this is a burden for the patients, as they are very poor. But I do not have any other alternatives." - Community Health Care Provider, Shoronkhola, CC, KII, 2022

Similarly, findings from 2023 resonates with the above comment-

"There are so many people coming here for treatment every day. It's not only us, there are people from Shariatpur, Autpara and other distant areas so it is not possible to give everyone medicines"- CC, FGD, Manikganj, 2023

Table 5.6: Availability of prescribed medicines during first phase (2022) and second phase (2023)

Availability of prescribed medicine	Type of Health facility						Total	
	Community Clinic n (%)		Upazila Health Complex n (%)		District hospital n (%)		2022	2023
	2022	2023	2022	2023	2022	2023		
Less than 25 %	8 (7%)	11 (18%)	9 (8%)	17 (16%)	22 (16%)	7 (6%)	39 (11%)	35 (13%)
25- 50 %	5 (5%)	12 (20%)	8 (7%)	30 (28%)	22 (16%)	25 (23%)	25 (10%)	67 (24%)
50- 75 %	15 (14%)	15 (25%)	47 (41%)	26 (24%)	48 (35%)	33 (30%)	110 (31%)	74 (27%)

75-90 %	17 (16%)	6 (10%)	24 (21%)	9 (8%)	30 (22%)	22 (20%)	71 (20%)	37 (13%)
100%	64 (59%)	16 (27%)	27 (24%)	26 (24%)	14 (10%)	24 (22%)	105 (29%)	66 (24%)
Total	109 (100%)	60 (100%)	115 (100%)	108 (100%)	136 (100%)	111 (100%)	360 (100%)	279 (100%)

Upazila Health Complexes also showed a decrease in medicine availability, with highest percentage of patients (28%) reporting availability of 25-50% medicines in 2023, whereas in 2022, 41% reported getting 50-75% medicines. However, District hospitals demonstrated a significant increase in the percentage of participants reporting 100% medicine availability, from 10% in 2022 to 22% in 2023.

Along with prescribed medicines, a lack of diagnostic facilities was also evident. Findings in 2022 revealed that in District hospitals, sometimes important medical equipment were not available. In many of the district hospitals, the USG machines were not functional, as mentioned by one healthcare provider-

"Many such patients never came back to follow up. Either they went to another doctor, where radiological tests are available, or they just chose not to do the test and see the doctor anymore." -Resident Medical Officer, DH, Netrokona, KII, 2022

This situation carried on in 2023 as well; even if they have diagnostic facilities, they lack enough trained technicians to operate the tests-

"We have MRI machine, dialysis machine but no skilled technician to run those machines. This is a 250-bed hospital but we are running it with the capacity of 100-bed hospital since we are yet to get approval for updating the human resources structure." – KII, Manikganj, District Hospital, 2023

The findings from both phase of the study show similar results. Although medicines are provided to all three tiers of hospitals, the amount is not enough. A shortage of medicines as well as diagnostic facilities was seen in both phases of the study in all three tiers of health centers.

5.7 lack of human resource and patient overload

In community clinics, CHCPs are mainly responsible for managing the overall service delivery. However, most CC patients faced a lack of appropriate staffs needed to take care of them. In 2022, Seven out of eight CHCPs shared that they struggled to fulfill their responsibilities due to a lack of staff at the facility. Only one CHCP was posted per CC, which is not enough given the responsibilities they need to fulfill. One CHCP mentioned,

"Three staff members are posted here including me. But FWA and HA are stationed at the facility only for three days a week. In reality, they come to the facility once or twice a week as they have other responsibilities to fulfill. Especially during the EPI season HAs can barely manage time to come here. It is absolutely difficult to manage the workload at that time..." -CHCP, Chapainawabganj CC, KII, 2022

A similar scenario was seen in 2023 as well, showing insufficient manpower and overwork of the existing employees-

"There are a lot of patients in the morning. I also need to give injections, tablets for family planning programs. I need to take care of the patients also. If someone else was there then they could do there. It would lessen my work pressure..."- KII, CC, Barguna, 2023

From the findings of the first phase, all key informants from the UHCs shared that previously there was a shortage of medical doctors at their facilities, which had improved in recent times. However, during the second phase of the study in 2023, some of the participants mentioned that almost 50% of workers are not available, and there was lack of emergency medical officers, and it was a regular issue there. The vacant positions for lab technicians, support staff, cleaners etc. still remain a concern at UHCs-

"If you talk about a lab technician, this position has been vacant for 7-8 years. Since January, the one currently working here mainly carries out malaria and dengue tests. As we did not have a lab technician for many years, resources were not allocated in the labs. Thus, many tests could not be carried out."-Medical Officer, Chapainawabganj, UHC, KII, 2022

The lack of trained human resource, which was prevailing in 2022, remain a concern in 2023. Key informant interviews a upazila health complexes revealed that-

"The worker portion working here under governmental employment are third-or fourth-class employers. There is no upcoming plan to hire any new employees in these roles. If I talk about the cleaning workers, for example, dustman, we also do not have any permission to hire anyone new under governmental employment...We do not really get enough manpower based on our needs; we currently need 45 manpower considering all sections..."- KII, UHC, Sunamganj, 2023

In District hospitals, the doctors were unable to provide satisfactory services mostly due to patient overload, which was also caused due to a lack of human resource. The huge patient load lead to long waiting times and less time for consultation. This

resulted in unsatisfactory health services on the service providers end, which was a finding of the first phase (2022).

"People come here from several districts and Upazilas. Though this facility has a capacity of 250 beds, there were times when we had 400 admitted patients..."-Superintendent of DH, Manikganj, KII, 2022

However, KIIs conducted during the second phase (2023) showed that staff shortages like vacant positions for doctors, nurses, and other staff members was a major concern-

"Number of patients is increasing day by day. Our 50 bedded hospital is extended to 100 bed. Overall 700 patients are coming to take treatment from outdoor every day. This is a huge amount"- KII, DH, Netrokona, 2023

In both the surveys, key informants mentioned the struggle of managing huge load of patients in comparison of the small number of human resources they have.

Patient satisfaction regarding healthcare:

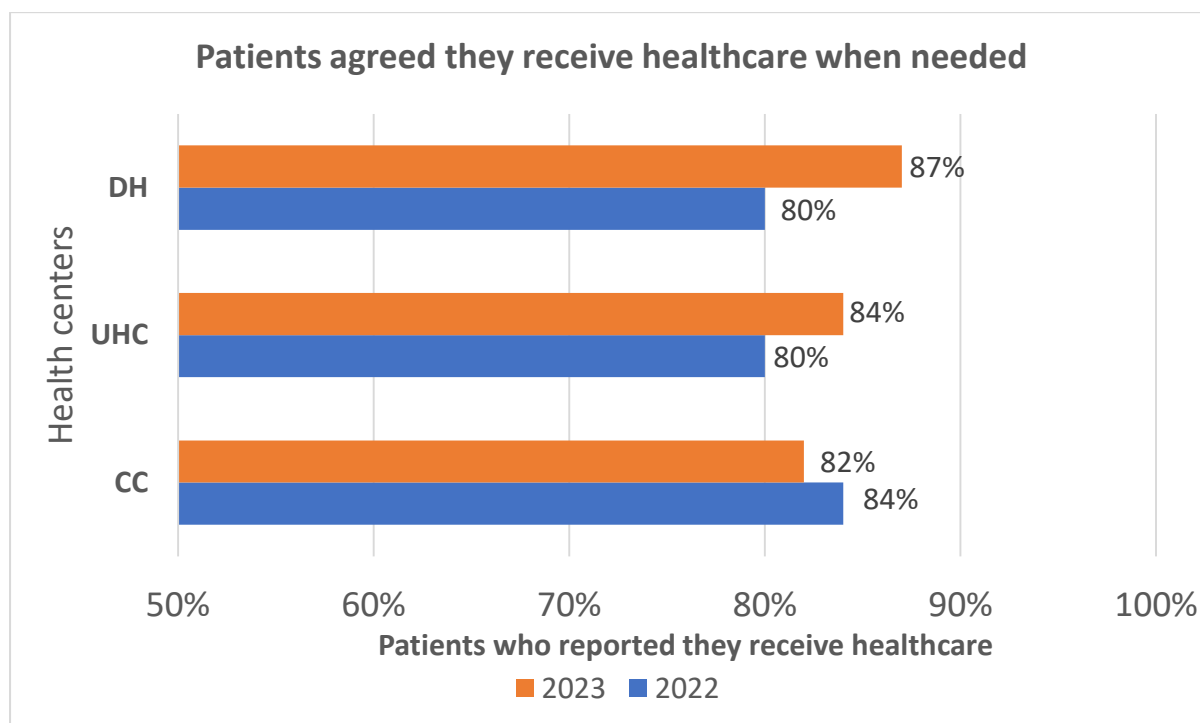
5.8. Patients can get services from the health care center whenever they need

Overall, there was a positive trend in patients' reported ability to get services whenever they need, with improvements in the percentage of positive responses and reductions in negative responses. Besides there was no difference observed in the total percentage of patients who agreed that they can get services whenever they need from the first phase (74%) to the second phase (74%). The percentage of uncertain responses decreased from 5% in the first phase to 2% in the second phase, indicating a reduction in uncertainty among patients.

Table 5.8: Patients reported getting the healthcare whenever they need during first phase (2022) and second phase (2023)

Health Facility	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
CC	9 (7%)	12 (9%)	105 (77%)	97 (73%)	8 (6%)	2 (2%)	14 (10%)	16 (12%)	1 (1%)	6 (5%)
UHC	7 (6%)	9 (7%)	93 (74%)	103 (77%)	4 (4%)	5 (4%)	21 (17%)	13 (10%)	1 (1%)	3 (2%)
DH	12 (8%)	21 (14%)	107 (72%)	107 (73%)	8 (5%)	2 (1%)	19 (13%)	13 (9%)	3 (2%)	4 (3%)
Total	28 (7)	42 (10%)	305 (74%)	307 (74%)	20 (5%)	9 (2%)	54 (13%)	42 (10%)	5 (1%)	13 (3%)

In the community clinic, the percentage of patients who agree to the statement has decreased from 77% in the first phase to 73% in the second phase and the percentage of patients who strongly disagree or disagree increased from 10% to 12%.



In the Upazila Health Complex, the percentage of patients who agree remained relatively stable (74% in the first phase and 77% in the second phase) and the percentage of patients who strongly disagree or disagree decreased from 17% to 10%.

In the District Hospital, the percentage of patients who agree increased from 72% in the first phase to 73% in the second phase and the percentage of patients who strongly disagree or disagree decreased from 13% to 9%.

5.9. When patients go for medical care, healthcare providers carefully check everything when treating and examining

Overall, there is a slight decrease in the total percentage of patients who agree that healthcare providers carefully checked them, from 76% in the 2022 to 68% in the 2023. On the other hand, the percentage of patients who strongly disagree or disagree increased in the 2023 for all health facilities. Besides The percentage of uncertain responses increased slightly from 2% in the 2022 to 5% in the 2023, indicating an increase in uncertainty among patients.

Table 5.9: Healthcare providers carefully checked patients during first phase (2022) and second phase (2023)

Health Facility	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
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	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
CC	12 (9%)	3 (2%)	115 (84%)	101 (76%)	4 (3%)	6 (5%)	3 (2%)	19 (14%)	3 (2%)	4 (3%)
UHC	4 (3%)	13 (10%)	103 (82%)	99 (74%)	3 (2%)	2 (2%)	13 (10%)	16 (12%)	3 (2%)	3 (2%)
DH	10 (7%)	14 (10%)	94 (63%)	82 (56%)	3 (2%)	13 (9%)	40 (27%)	31 (21%)	2 (1%)	6 (4%)
Total	26 (6%)	30 (7%)	312 (76%)	282 (68%)	10 (2%)	21 (5%)	56 (14%)	66 (16%)	8 (2%)	13 (3%)

In the Community Clinic, the percentage of patients who agree decreased from 84% in the 2022 to 76% in the 2023 and the percentage of patients who strongly disagree increased from 2% to 3%.

In the Upazila Health Complex, the percentage of patients who agree decreased from 82% in the 2022 to 74% in the 2023 and the percentage of patients who disagree increased from 10% to 12%. Although, one participant in Sunamganj mentioned how there was a lack of carefulness while checking them-

"They can't even do dressing of the wound properly. They had done a dressing of my wife before which had sand in it and I had to redo them at home. Every staff including the nurse and doctor misbehave with the patient."
- FGD, UHC, Sunamganj, 2023

In the District Hospital, the percentage of patients who agreed decreased significantly from 63% in the 2022 to 56% in the 2023 and the percentage of patients who disagreed increased from 27% to 21%. Many times due to overload of patients, the healthcare providers can't provide enough attention towards them or sometimes end up misbehaving with patients.

5.10. Patients are satisfied with the medical care they receive

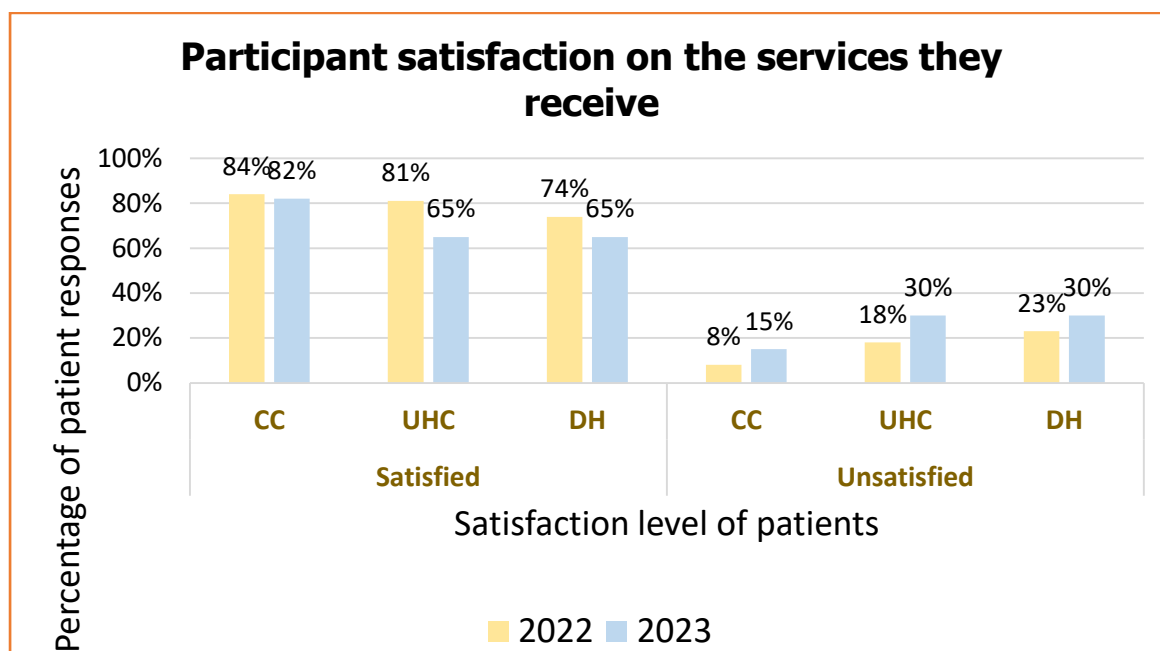
Overall, there is a slight decrease in the total percentage of patients who reported that they were satisfied with the services they received, from 76% in the 2022 to 67% in the second phase. The percentage of uncertain responses increased slightly from 4% in the 2022 to 5% in the second phase.

Table 5.10: Patients satisfaction during the first phase (2022) and second phase (2023) of the study

Health Facility	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
CC	7 (5%)	2 (2%)	108 (79%)	106 (80%)	11 (8%)	5 (4%)	11 (8%)	10 (8%)	0 (0%)	9 (7%)

UHC	2 (2%)	1 (1%)	100 (79%)	85 (64%)	2 (2%)	6 (5%)	20 (16%)	29 (22%)	2 (2%)	11 (8%)
DH	6 (4%)	10 (7%)	105 (70%)	85 (58%)	4 (3%)	8 (5%)	31 (21%)	41 (28%)	3 (2%)	3 (2%)
Total	15 (4%)	13 (3%)	313 (76%)	276 (67%)	17 (4%)	19 (5%)	62 (15%)	80 (20%)	5 (1%)	23 (6%)

In the Community Clinic, the percentage of patients who agreed to the statement increased slightly from 79% in the year 2022 to 80% in 2023 and the percentage of patients who disagreed was consistent with 8%.



In the Upazila Health Complex, the percentage of patients who agree decreased from 79% in the 2022 to 64% in 2023, and the percentage of patients who disagree increased from 16% to 22%.

In the District Hospital, the percentage of patients who agreed that they were satisfied with the care they received decreased from 70% in 2022 to 58% in 2023, and the percentage of patients who disagree increased from 21% to 28%. One participant mentioned-

"We can get treatment and specialist doctors for every sector are available here. I come to this hospital. I am getting good treatment from here for my thalassemic son. I am satisfied with their behavior." – FGD, DH, Bagerhat

Although exit interviews showed that most patients were satisfied with the services they received, some of the focus group discussions revealed more deep-rooted problems. Most of them are at a disadvantage and at a vulnerable position, where they need to face dishonesty. One participant mentioned-

“We are not in advantages as patients in these hospitals, the employees are getting well enough advantages but we are suffering. Some days before, an employee was caught red handed to sell medicines outside the hospital. If we ask for medicines, they start misbehaving. As if asking for our rights is a crime and would eventually create a scene.” – FGD, DH, Sunamganj, 2023

5.11 Waiting time for receiving medical care

Overall, there is a slight increase in the total percentage of patients who agree that they experienced long waiting times, from 36% in 2022 to 45% in the second phase. The percentage of uncertain responses increased slightly from 0.73% in 2022 to 2% in the second phase. The percentage of disagreed responses decreased slightly from 57.28% in 2022 to 45% in the second phase.

Table 5.11: Patients reported long waiting time during first phase (2022) and second phase (2023) of the study

Health Facility	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
CC	0 (0)	8 (6%)	21 (15)	26 (20%)	1 (1%)	3 (2%)	108 (79%)	90 (68%)	7 (5%)	6 (5%)
UHC	4 (3%)	2 (2%)	40 (32%)	69 (52%)	2 (2%)	2 (2%)	76 (60%)	53 (40%)	4 (3%)	7 (5%)
DH	9 (6%)	5 (3%)	87 (58%)	92 (63%)	0 (0)	3 (2%)	52 (35%)	42 (29%)	1 (1%)	5 (3%)
Total	13 (3%)	15 (4%)	148 (36%)	187 (45%)	3 (1%)	8 (2%)	236 (57%)	185 (45%)	12 (3%)	18 (4%)

In the Community Clinic, the percentage of patients who agree increased from 15% in 2022 to 20% in 2023 and the percentage of patients who disagree. In the Upazila Health Complex, the percentage of patients who agreed to long waiting times increased from 32% in 2022 to 52% in 2023. In the District Hospital, the percentage of patients who agree increased from 58% in 2022 to 63% in 2023. These findings indicate that the situation of patients having to wait for a long time has worsened over time, and has much scopes for improvement. The lack of appropriate number of healthcare providers, overload of patients are two major factors that contribute to this issue.

5.12 Behavior of the doctors during patient’s examination

There was an increase in the total percentage of patients who agreed that doctors treated them in a friendly and courteous manner, from 73% in the 2022 to 75% in 2023.

Table 5.12: Doctors treated patients in a very friendly and courteous manner during first phase (2022) and second phase (2023)

Health Facility	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
CC	20 (15%)	8 (6%)	108 (79%)	115 (87%)	3 (2%)	2 (2%)	3 (2%)	7 (5%)	3 (2%)	1 (1%)
UHC	15 (12%)	16 (12%)	95 (75%)	100 (75%)	0 (0)	2 (2%)	11 (9%)	14 (11%)	5 (4%)	1 (1%)
DH	17 (11%)	17 (12%)	96 (64%)	94 (64%)	5 (3%)	7 (5%)	31 (21%)	26 (18%)	0 (0)	2 (1%)
Total	52 (13%)	41 (10%)	299 (73%)	309 (75%)	8 (2%)	11 (3%)	45 (11%)	47 (11%)	8 (2%)	4 (1%)

In the Community Clinic, the percentage of patients who agreed increased from 79% in the 2022 to 87% in the 2023. In Upazila Health Complex, the percentage of patients who agreed that doctors treated nicely was consistent in both years, from 75% in the 2022 to 75% in the 2023. However, in focus group discussions, patients reported misbehavior from other hospital staffs in 2023-

“ Their behavior should be changed as soon as possible. They misbehave more with the people who are helpless. For example, if a person asks for medicine for a lengthy time as he came from far, they would misbehave and get him out of the place...” – FGD, UHC, Sunamganj, 2023

In the District Hospital, the percentage of patients who agree was consistent, with 64% in the year 2022 and 2023. In District hospitals as well, there have been complaints from patients regarding the behavior of nurses-

“ The nurses here are very rude. They need to explain things to us but they get angry & talk to us very rudely. We are normal villagers, we aren’t literate people like big cities who would understand everything’ -FGD, DH, Chapainawabganj, 2023

Overall, the situation has not improved much since 2022 to 2023. There is still scope of improvement in the domains waiting time, availability of prescribed medicines, whereas some of the factors are not very changeable. At the same time, to improve patients’ satisfaction, doctor’s behavior and providing prompt services is also required.

6. Conclusion

In conclusion, the findings of this study revealed the multifaceted challenges regarding the healthcare system, showing both demand-side and supply-side issues.

By exploring the citizen's perspective on demand-side challenges, this study aimed to capture valuable insights into the challenges faced by individuals in accessing health services. The analysis of the supply-side challenges looked into the challenges healthcare providers faced in delivering quality services. From the demand side, barriers such as transportation costs, service availability, and behaviour of health professionals significantly impact access to healthcare services. On the supply side, deficiencies in service availability, human resources, medicine and equipment shortages, and infrastructure pose substantial hurdles to delivering quality healthcare. Furthermore, the research successfully identified gaps in health service delivery across different levels of healthcare facilities, namely CCs, UHCs, and DHs. These findings have laid the groundwork for pinpointing specific areas of improvement within the healthcare system.

7. Recommendations

The study underscores the urgent need for a holistic and coordinated approach, involving improvements in infrastructure, service provision, and healthcare provider conduct to enhance the overall healthcare landscape. Moreover, the identified shortcomings in information dissemination and feedback mechanisms, as well as diagnostic facilities and cleanliness, further emphasize the need for systemic reforms to address these aspects and ensure a more effective and patient-centred healthcare system.

Additionally, it is recommended that data collection from communities be conducted at intervals of one year. This is essential for identifying any changes or developments that may have occurred over time within these communities. This approach will serve as a crucial role in effectively responding to the evolving needs of patients within these community settings. Regular data collection with one-year gaps will provide a comprehensive understanding of patient requirements, enabling healthcare providers and policymakers to implement responsive and targeted interventions.

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