



# BANGLADESH

## Health Facility Survey 2017



# Final Report



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# Bangladesh Health Facility Survey 2017

## Final Report

National Institute of Population Research and Training (NIPORT)  
Ministry of Health and Family Welfare  
Dhaka, Bangladesh

ICF  
Rockville, Maryland, USA

Funded by

Government of the People's Republic of Bangladesh  
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This report presents final findings of the 2017 Bangladesh Health Facility Survey (2017 BHFS), which was implemented by the National Institute of Population Research and Training (NIPORT). ICF provided technical assistance, and icddr,b assisted to monitor the field work and data collection. Associates for Community and Population Research (ACPR), a private research agency, was appointed to collect the data. The 2017 BHFS is part of the worldwide DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs. The survey was funded by the government of Bangladesh and the United States Agency for International Development (USAID).

Additional information about the 2017 BHFS may be obtained from the National Institute of Population Research and Training (NIPORT), 13/1 Sheikh Shaheb Bazar Road, Azimpur, Dhaka-1205 Bangladesh. Telephone: 88-02-5861-1206; Internet: [www.niport.gov.bd](http://www.niport.gov.bd).

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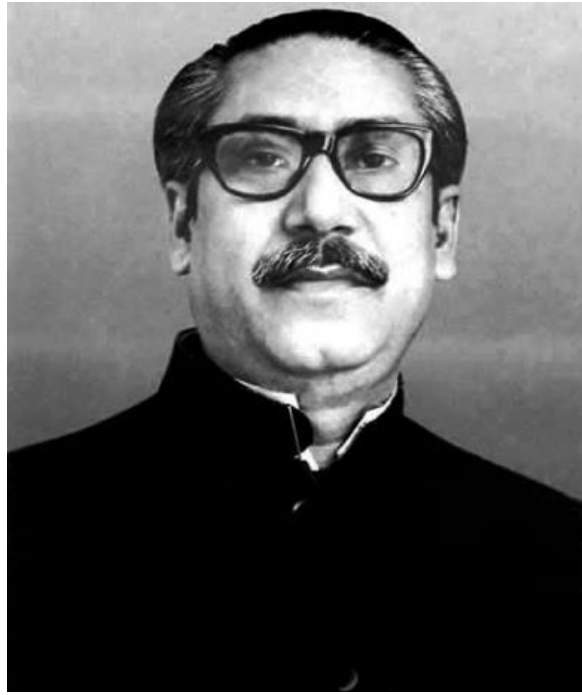
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## FOREWORD



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Government of the People's Republic of Bangladesh

The 2017 Bangladesh Health Facility Survey (2017 BHFS) is the fourth national health facility survey implemented in Bangladesh by the National Institute of Population Research and Training (NIPORT) with technical assistance from ICF, USA. The survey was funded by the Government of Bangladesh and the United States Agency for International Development (USAID).

The survey information was gathered on the availability of basic and essential health care services and the readiness of health facilities to provide quality services in child health, maternal and newborn care, family planning, tuberculosis, and non-communicable diseases. The survey data were collected from 1,524 health care facilities and 5,400 health care providers nationwide. It covered the country as a whole, eight administrative divisions, six types of public facilities, private hospitals with at least 20 beds, and NGO static clinics and hospitals.

The survey showed that nearly all health facilities in Bangladesh offer antenatal care for women and curative care for children. A majority of the facilities provide family planning and child vaccination services. Less common services are for non-communicable disease and tuberculosis diagnosis or treatment and normal delivery. The availability of normal delivery services has increased across all types of health facilities with the most notable change among Union Health and Family Welfare Centers (UHFWCs).

The survey findings are revealing in terms of the depth and the diversity of challenges in facility preparedness and the volume of remaining tasks. It identified major weaknesses that require immediate action for improving the quality of health services. We should review the problems in service delivery, develop concrete and action-oriented preparedness plans, and regularly monitor service delivery. We urge all stakeholders to play active roles in trying to close the gaps in provision of quality health services to the Bangladeshi population.

I am greatly indebted and thankful to all who contributed to the 2017 BHFS. I would like to go on record with my sincere appreciation of the technical working group (TWG) members, representatives of Stakeholder Advisory Committee (SAC); officials of Directorate General of Health Services; Directorate General of Family Planning (DGFP); Save the Children, USA; the field staffs: data processing team and specially survey respondents.

Finally, I would like to thank NIPORT in conducting the survey. I appreciate ICF, USA and the United States Agency for International Development (USAID)/Bangladesh for providing technical assistance. I deeply acknowledge the Government of Bangladesh (GOB) and the USAID for the financial assistance that helped to ensure the ultimate success of this important national survey.

  
04.02.2020

(Md. Ali Noor)



## PREFACE

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**Susanta Kumar Saha**

Director General

National Institute of Population Research and Training (NIPORT)

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Ministry of Health and Family Welfare

The 2017 Bangladesh Health Facility Survey (2017 BHFS) is a nationally representative sample survey. The survey included the government, nongovernmental, and private health facilities. The National Institute of Population Research and Training (NIPORT) implemented the survey, and a private research agency, Associates for Community and Population Research (ACPR), was appointed to collect the data. The DHS Program of ICF, USA provided technical assistance. The International Center for Diarrheal Disease Research (icddr,b) assisted NIPORT to monitor the field work. Financial assistance was provided by the Government of Bangladesh and the United States Agency for International Development (USAID).

The Government of Bangladesh has made tremendous achievements in public health over the last few decades as health care facilities have gradually replaced home-based care. Under the fourth Health, Population and Nutrition Sector Program (HPNSP) 2016-2021, the Ministry of Health and Family Welfare (MOHFW) has made decisions to guide the result framework indicators of HPNSP through periodic assessment of health systems and quality of care provided by various health facilities. As part of this assessment effort, NIPORT conducted the 2017 BHFS under the Training, Research and Development (TRD) operational plan of the fourth HPNSP. NIPORT also conducted the 2014 BHFS under the previous health sector program of the MOHFW.

The 2017 BHFS assesses government, registered nongovernmental, and private health care facilities in Bangladesh in all eight divisions of the country. The intent is to provide a comprehensive picture of the availability of health services for maternal and child health, family planning, tuberculosis, and non-communicable diseases. The survey assesses the general preparedness of the facilities in terms of availability of basic amenities, equipment, laboratory services, essential medicines, standard precautions for infection control, and human resources. Service-specific readiness of health facilities was measured in terms of the WHO recommended minimum conditions required to provide quality services for maternal, newborn, and child health care; family planning services; and treatment of diabetes, cardiovascular disease, and tuberculosis.

The 2017 BHFS collected information from 1,524 facilities managed by the government, non-government and private organizations. The survey also obtained information from 5,400 service providers of the selected facilities in eight divisions of the country. Doctors and the Sub-assistant Community of Medical Officers collected data using tablet computers. Forty data collection teams (two members each) were engaged from July-October 2017.

A Technical Working Group, consisting of representatives from NIPORT, icddr,b, ICF, Save the Children, MSH, ACPR, and USAID/Bangladesh, provided technical guidance in all aspects of survey implementation and assisted in preparing the preliminary report of the survey. A Stakeholder Advisory Committee under the chair of the Director General of NIPORT, with expert members from government, nongovernmental, and international organizations, as well as researchers and professionals who work in

the health, nutrition, and population sectors, contributed their expert opinions during survey implementation and approved the final report for printing.


The preliminary report was published in December 2018. The final report includes more detailed analysis of the survey results and different dimensions of the data. We hope the final report of the 2017 BHFS will prove useful to planners, researchers, and policymakers, and serve to enhance the understanding of important issues related to health service provision and readiness of health facilities and to meet the monitoring and evaluation need for providing quality health services.

This survey is an admirable collaboration between NIPORT, under the Ministry of Health and Family Welfare, and development partners. I would like to express my deep sense of appreciation for the contributions of different stakeholders who designed and implemented this survey and produced this indispensable report. My sincere gratitude goes to all members of the Technical Advisory Committee and the Technical Working Group for their time, support, and valuable suggestions at every stage.

This final report is an outcome of the contributions of professionals of a number of organizations and individuals. I would like to acknowledge with great appreciation the individual researchers for their contributions to 2017 BHFS final report.

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(Susanta Kumar Saha)

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## ACRONYMS AND ABBREVIATIONS

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ACE	angiotensin-converting enzyme
ACPR	Associates for Community and Population Research
AHI	assistant health inspector
AMTSL	active management of the third stage of labor
ANC	antenatal care
BCS	Bangladesh Civil Service
BDHS	Bangladesh Demographic and Health Survey
BEmONC	basic emergency obstetric and neonatal care
BHFS	Bangladesh Health Facility Survey
BMDC	Bangladesh Medical & Dental Council
BRAC	Bangladesh Rural Advancement Committee
CAPI	computer-assisted personal interview
CC	community clinic
CEmONC	comprehensive emergency obstetric and neonatal care
CHCP	community healthcare provider
CS	Civil Surgeon
CSF	cerebrospinal fluid
CT	computed tomography
CVD	cardiovascular disease
DALYS	disability-adjusted life years
DD-FP	Deputy Director-Family Planning
DDS	drug and dietary supply
DGDA	Directorate General of Drug Administration
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DH	district hospital
DHS	demographic and health survey
DM	diabetes mellitus
DNS	Directorate of Nursing Services
DOTS	Directly Observed Treatment, Short-course
EDCL	Essential Drugs Company Limited
EMO	emergency medical officer
EmOC	emergency obstetric care
EPI	expanded program on immunization
ESP	essential service package
FP	family planning
FPI	family planning inspector
FWA	family welfare assistant
FWC	family welfare center
FWV	family welfare visitor

GDP	gross domestic product
GOB	Government of Bangladesh
GP	general practitioner
HA	health assistants
HED	Health Engineering Department
HI	health inspector
HLD	high-level disinfection
HMIS	health management information system
HPNSP	Health, Population, and Nutrition Sector Program
HTN	hypertension
ICDDR,B	International Centre for Diarrhoeal Disease Research
ICT	information and communications technology
IDF	International Diabetes Foundation
IFSS	Internet File Streaming System
IHD	ischemic heart disease
IHFAN	International Health Facility Assessment Network
IMCI	integrated management of child illness
IMPAC	integrated management of pregnancy and childbirth
IUCD	intrauterine contraceptive device method
LAPM	long-acting and permanent method
LGD	Local Government Division
LLP	local level planning
M&E	monitoring and evaluation
MBDC	Mycobacterial Disease Control
MCH-FP	maternal and child health/family planning
MCWC	maternal and child welfare center
MDG	Millennium Development Goal
MDR-TB	multiple-drug resistant TB
MIS	management information system
MNCH	maternal, neonatal, and child health
MNCS	maternal, newborn, and child survival
MNH	maternal and neonatal health
MOHFW	Ministry of Health and Family Welfare
MOLGRD C	Ministry of Local Government, Rural Development, and Cooperatives
NCD	non-communicable disease
NCHS	National Center for Health Statistics
NEMEW	National Electro-medical & Engineering Workshop
NGO	nongovernmental organization
NHSDP	NGO Health Service Delivery Program
NIPORT	National Institute of Population Research and Training
NSAPR	National Strategy for Accelerated Poverty Reduction
NTP	National Tuberculosis Control Program
OOP	out-of-pocket purchase
OP	operational plan
OPD	outpatient department
ORS	oral rehydration solution



PHC	primary health care
PIP	program implementation plan
PNC	postnatal care
PPP	public private partnership
QA	quality assurance
RCHCIB	Revitalization of Community-based Healthcare Initiatives in Bangladesh
RD	rural dispensary
RMO	residential medical officer
SACMO	sub-assistant community medical officer
SARA	Service Availability and Readiness Assessment
SBA	skilled birth attendant
SDGs	Sustainable Development Goals
SMF	state medical faculty
SPA	service provision assessment
SWAp	sector-wide approach
TB	tuberculosis
TEMO	Transport & Equipment Maintenance Organization
TRC	technical review committee
TRD	training, research, and development
TT	tetanus toxoid
TWC	technical working group
UFPO	Upazila Family Planning Officer
UH&FPO	Upazila Health & Family Planning Officer
UHC	upazila health complex
UHFWC	union health and family welfare center
UHS	Upazila Health System
UPHCSDP	Urban Primary Health Care Services Delivery Project
USAID	U.S. Agency for International Development
USC	union sub-center
USC/RD	union sub-center/rural dispensary
WHO	World Health Organization

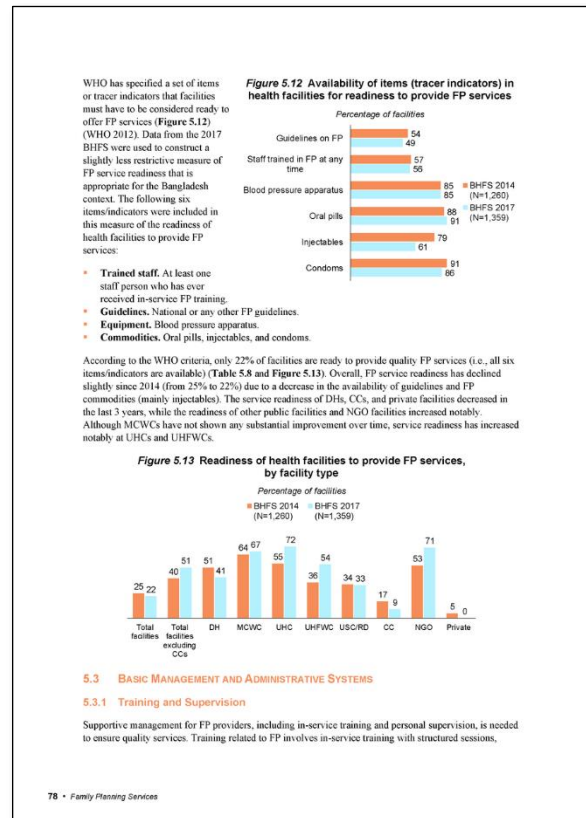


# READING AND UNDERSTANDING TABLES FROM THE 2017 BANGLADESH HEALTH FACILITY SURVEY (BHFS)

The 2017 Bangladesh Health Facility Survey (BHFS) final report is based on approximately 72 tables of data. For quick reference, they are located at the end of each chapter and can be accessed through links in the pertinent text (electronic version). Additionally, this more reader-friendly version features about 85 figures that clearly highlight trends, subnational patterns, and background characteristics. The text has been simplified to highlight key points in bullets and to clearly identify indicator definitions in boxes.

While the text and figures featured in each chapter highlight some of the most important findings from the tables, not every finding can be discussed or displayed graphically. For this reason, 2017 BHFS data users should be comfortable reading and interpreting tables.

The following pages provide an introduction to the organization of 2017 BHFS tables, the presentation of background characteristics, and a brief summary of sampling and understanding denominators. In addition, this section provides some exercises for users as they practice their new skills in interpreting BHFS tables.



## Example 1: Availability of Basic Client Services A Question Asked of All Surveyed Health Facilities

Table 3.2 Availability of basic client services <sup>1</sup>										
Among all facilities, the percentages offering the indicated basic client services and all basic client services, by background characteristics, Bangladesh HFS 2017										
3	2	Child curative care	Child growth monitoring services	Child vaccination services	Any modern methods of family planning	Antenatal care services	Normal delivery	All basic client services with normal delivery <sup>1</sup>	All basic client services without normal delivery	Number of facilities
<b>Facility type</b>										
<b>District and upazila public facilities</b>	<b>99.0</b>	<b>96.3</b>	<b>93.9</b>	<b>94.1</b>	<b>99.4</b>	<b>95.4</b>	<b>84.4</b>	<b>86.2</b>	<b>44</b>	
DH	100.0	96.8	93.5	79.0	100.0	100.0	71.0	71.0	5	
MCWC	97.8	86.6	73.5	98.9	100.0	92.2	58.9	62.3	7	
UHC	99.1	98.3	98.4	95.3	99.1	95.4	91.9	93.6	32	
<b>Union-level public facilities</b>	<b>97.7</b>	<b>76.3</b>	<b>74.8</b>	<b>87.9</b>	<b>95.7</b>	<b>52.5</b>	<b>35.1</b>	<b>54.9</b>	<b>361</b>	
UHFWC	97.0	81.8	73.7	97.7	99.5	64.7	43.5	59.4	250	
USC/RD	99.3	63.9	77.2	65.8	87.2	24.9	16.2	44.6	111	
<b>Community clinic (CC)</b>	<b>98.8</b>	<b>90.1</b>	<b>95.8</b>	<b>91.1</b>	<b>100.0</b>	<b>6.5</b>	<b>6.1</b>	<b>80.6</b>	<b>1,012</b>	
<b>NGO clinic/hospital</b>	<b>94.0</b>	<b>79.9</b>	<b>69.3</b>	<b>86.4</b>	<b>99.8</b>	<b>32.0</b>	<b>14.9</b>	<b>59.9</b>	<b>64</b>	
<b>Private hospital</b>	<b>89.9</b>	<b>44.5</b>	<b>6.9</b>	<b>53.3</b>	<b>94.9</b>	<b>94.6</b>	<b>3.8</b>	<b>3.8</b>	<b>43</b>	
<b>Location</b>										
Urban	92.4	71.5	55.0	78.7	97.6	72.0	28.7	47.1	108	
Rural	98.6	86.4	89.6	90.0	98.9	19.8	14.5	73.5	1,416	
<b>Division</b>										
Barishal	99.3	97.4	89.0	93.8	99.6	29.0	23.7	83.4	113	
Chattogram	96.1	74.2	86.8	90.7	98.5	27.6	16.4	63.7	288	
Dhaka	98.2	89.3	85.0	87.5	98.9	25.8	14.5	74.4	304	
Khulna	99.0	80.0	88.1	93.2	98.6	19.0	14.6	71.4	187	
Rajshahi	96.7	88.3	84.5	91.5	97.6	24.7	17.1	72.0	220	
Rangpur	99.6	85.7	90.9	76.4	99.1	19.5	14.6	66.2	193	
Sylhet	99.7	94.5	83.3	96.1	99.7	19.4	10.3	78.0	96	
Mymensingh	99.1	85.6	91.9	90.0	99.9	17.5	12.6	76.0	123	
<b>Total</b>	<b>98.1</b>	<b>85.3</b>	<b>87.2</b>	<b>89.2</b>	<b>98.8</b>	<b>23.5</b>	<b>15.5</b>	<b>71.7</b>	<b>1,524</b>	
<b>Total excluding CCs</b>	<b>96.7</b>	<b>75.8</b>	<b>70.1</b>	<b>85.4</b>	<b>96.5</b>	<b>57.2</b>	<b>34.2</b>	<b>54.0</b>	<b>512</b>	

<sup>1</sup> Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and normal delivery.

**Step 1:** Read the title and subtitle, highlighted in orange in the table above. They provide a brief description of the information contained in the table. In this case, the table is about the provision of basic client services in health facilities assessed in the 2017 BHFS.

**Step 2:** Scan the column headings—highlighted in green in Example 1. They describe how the information is categorized. In this table, there are nine columns of data. The first six columns represent one basic client service—child curative care, child growth monitoring, child vaccination, any modern methods of family planning, antenatal care, and normal delivery. The seventh column shows what percent of facilities have ALL six basic client services, while the eighth column shows the percent of facilities with all basic client services EXCEPT normal delivery. Note that the very last column, in gray, lists the number of facilities surveyed. These numbers are the denominators, that is, the total number of facilities surveyed for each topic and each background characteristic. In this case, 1,524 facilities were surveyed. Of these 1,524 facilities, 44 are district and upazila public facilities, 361 are union-level public facilities, 1,012 are public community clinics, 64 are NGO clinics/hospitals, and 43 are private hospitals.

**Step 3:** Scan the row headings—the first vertical column highlighted in blue in Example 1. These show the different ways the data are divided into categories based on background characteristics. In this case, the table presents availability of basic client services by facility type, urban-rural location, and division. (Note

that facility type is further divided into subcategories). Most of the tables in the 2017 BHFS will be divided into these same categories.

**Step 4:** Look at the row at the bottom of the table highlighted in pink. These figures represent the totals, or the percent of facilities that offer each of the six services, and the percent of facilities that offer ALL services. This table shows that services for child curative care (98.1%) are widely available in Bangladesh, while 15.5% of all facilities provide ALL six basic client services.

Note that there is an additional column below the total which presents what the total would be if community clinics (CCs) are excluded.

**Step 5:** To find out what percent of health facilities in Khulna division offer child vaccination services, draw two imaginary lines, as shown on the table above. This shows that 88.1% of health facilities in Khulna division offer child vaccination services.

By looking at patterns by background characteristics, we can see how the provision of basic client services varies across Bangladesh. Resources are often limited; knowing how client services vary among types of health facilities can help programme planners and policymakers determine how to most effectively use resources.

\*For the purpose of this document data are presented exactly as they appear in the table including decimal places. However, the text in the remainder of this report rounds data to the nearest whole percentage point.

**Practice:** Use the table in Example 1 above to answer the following questions:

- a) Are normal delivery services more likely to be offered in urban or rural facilities?
- b) In which division are modern methods of family planning least available?
- c) Facilities in which category are most likely to offer ALL six basic client services?

Answers:  
a) Urban—72.0% of urban facilities offer normal delivery services, compared to 19.8% of rural facilities.  
b) Rangpur division—76.4%.  
c) District and upazila public facilities—84.4%.

## Example 2: Availability of Antenatal Care (ANC) Services A Question Asked of a Subset of Surveyed Health Facilities

**Table 6.1 Availability of antenatal care services** 1

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentage offering the service on the indicated number of days per week, by background characteristics, Bangladesh HFS 2017

3 Background characteristic	2 Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered on indicated days <sup>1</sup>		Number of facilities offering ANC
			Provides but not every day <sup>1</sup>	Provides every day <sup>1</sup>	
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>99.4</b>	<b>44</b>	<b>2.4</b>	<b>97.6</b>	<b>44</b>
DH	100.0	5	4.8	95.2	5
MCWC	100.0	7	10.1	89.9	7
UHC	99.1	32	0.3	99.7	32
<b>Union-level public facilities</b>	<b>95.7</b>	<b>361</b>	<b>20.4</b>	<b>79.6</b>	<b>346</b>
UHFWC	99.5	250	21.8	78.2	249
USC/RD	87.2	111	17.0	83.0	97
<b>Community clinic (CC)</b>	<b>100.0</b>	<b>1,012</b>	<b>5.9</b>	<b>94.1</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>99.8</b>	<b>64</b>	<b>1.6</b>	<b>98.4</b>	<b>63</b>
<b>Private hospital</b>	<b>94.9</b>	<b>43</b>	<b>5.7</b>	<b>94.3</b>	<b>41</b>
<b>Location</b>					
Urban	97.6	108	3.9	96.1	105
Rural	98.9	1,416	9.3	90.7	1,401
<b>Division</b>					
Barishal	99.6	113	3.4	96.6	112
Chattogram	98.5	288	5.0	95.0	284
Dhaka	98.9	304	7.2	92.8	300
Khulna	98.6	187	9.6	90.4	185
Rajshahi	97.6	220	12.4	87.6	214
Rangpur	99.1	193	12.2	87.8	192
Sylhet	99.7	96	10.5	89.5	96
Mymensingh	99.9	123	13.8	86.2	122
<b>Total</b>	<b>98.8</b>	<b>1,524</b>	<b>8.9</b>	<b>91.1</b>	<b>1,506</b>
<b>Total excluding CCs</b>	<b>96.5</b>	<b>512</b>	<b>15.2</b>	<b>84.8</b>	<b>494</b>

<sup>1</sup> Every day refers to all working days when the facility is open.

**Step 1:** Read the title and subtitle. In this case, the table is about two separate groups: (a) all health facilities, and (b) facilities that offer antenatal care (ANC) services.

**Step 2:** Identify the two panels. First, identify the columns that refer to all facilities (a). Then, isolate the columns that refer only to facilities that offer ANC services (b).

**Step 3:** Scan the row headings to identify the background characteristics. In this table, availability of ANC services is presented by facility type, urban-rural location, and division.

**Step 4:** Find the national total and denominators for each panel. What percent of health facilities in Bangladesh offer ANC services? It's 98.8%. Now look at the denominator for the second panel (b). How many health facilities in Bangladesh surveyed in the 2017 BHFS offer ANC services? It's 1,506, which represents 98.8% of the 1,524 health facilities in the survey sample. The second panel is a subset of the first panel.

When reading and using the 2017 BHFS tables, be sure to identify which group of facilities is being displayed. For example, look at the first column in panel b. It is NOT correct to say that 91.1% of health facilities provide ANC services every day. It IS correct to say that 91.1% of *facilities offering ANC services* provide these services every day.

### Example 3: Understanding Sampling Weights in 2017 BHFS Tables

In the 2017 BHFS, the sample is a group of facilities that have been selected from a list of all health facilities in the country. The sample represents the entire health system, that is, all health facilities in Bangladesh. Most countries want to collect data and report information that represent facilities in the entire country as well as facilities in subnational areas like divisions.

In the case of the 2017 BHFS, researchers also want to know about facilities of different types, as well as facilities run by different managing authorities (for example public, NGO, or private). We want the sample of district hospitals (DHs) surveyed to represent all district hospitals in the country, and we want the public community clinics (CCs) sampled to represent all public CCs. However, there are many more public CCs than DHs in

Bangladesh. If we chose a simple random sample of facilities, we will only get a few DHs but hundreds of public CCs. However, just including a few DHs in our sample would not be enough DHs for meaningful analysis.

For example, let's say that we have enough money to visit 1,524 facilities for a survey that should be representative of all facility types in Bangladesh (as shown in Table 2.4). In Bangladesh, health facilities are not evenly distributed; there are many more facility types, such as public CCs than others.

A sampling statistician can determine how many facilities of each type should be surveyed in order to get reliable statistics for the specific indicators the country wants. In the case of the 2017 BHFS, the **blue column (1)** shows the actual number of facilities selected and interviewed in each type, ranging from 62 DHs to 325 CCs. The sampling statistician assures us that these are enough facilities to get reliable results for each type of facility.

But now there is a new challenge. With this distribution of facilities by type, some facility types are overrepresented and some types are underrepresented. For example, the unweighted column tells us that 62 DHs were surveyed, which equals 4% of all facilities in the sample (1,524). But in reality, DHs comprise less than 1% of all health facilities in Bangladesh. On the other hand, 325 public CCs were surveyed, which equals 21% of the facilities in the sample. In actuality, about 66% of health facilities in Bangladesh are public CCs. Would our survey show the true state of health facilities in Bangladesh if we used this sample distribution?

In order to get statistics that are representative of the entire health system in Bangladesh, the distribution of health facilities in our sample needs to resemble the distribution of health facilities in Bangladesh. District

Background characteristic	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
<b>Facility type</b>			
<b>District and upazila public facilities</b>	<b>2.9</b>	<b>44</b>	<b>293</b>
DH	0.3	5	62
MCWC	0.5	7	90
UHC	2.1	32	141
<b>Union-level public facilities</b>	<b>23.7</b>	<b>361</b>	<b>677</b>
UHFWC	16.4	250	479
USC/RD	7.3	111	198
<b>Community clinic (CC)</b>	<b>66.4</b>	<b>1,012</b>	<b>325</b>
<b>NGO clinic/hospital<sup>1</sup></b>	<b>4.2</b>	<b>64</b>	<b>123</b>
<b>Private hospital</b>	<b>2.8</b>	<b>43</b>	<b>106</b>
<b>Location</b>	<b>3</b>	<b>2</b>	<b>1</b>
Urban	7.1	108	383
Rural	92.9	1,416	1,141
<b>Division</b>			
Barishal	7.4	113	260
Chattogram	18.9	288	302
Dhaka	19.9	304	188
Khulna	12.3	187	164
Rajshahi	14.4	220	161
Rangpur	12.7	193	158
Sylhet	6.3	96	163
Mymensingh	8.0	123	128
Total	100.0	1,524	1,524
Total excluding CCs	na	512	1,199

<sup>1</sup> The NGO category includes facilities run by local governments.  
na = Not applicable

hospitals, for example, should only contribute a small amount to the total. Likewise, public CCs should contribute more.

The number of facilities of each type is weighted or adjusted so that each type's contribution to the total is proportionate to the actual distribution of health facilities in Bangladesh. The numbers in the **purple column (2)** represent the “weighted” numbers. The weighted values can be smaller or larger than the unweighted values. The total sample size of 1,524 facilities has not changed, but the distribution of the facilities by facility type has been adjusted to represent their contribution to the total number of facilities in the country.

How do statisticians weight each category? They recalculate the categories to reflect the real distribution of facilities in the country. If you were to compare the **green column (3)** to the actual distribution of facilities in Bangladesh, you would see that facilities of each type surveyed are contributing to the total sample with the same weight that they contribute to the total number of facilities in Bangladesh. The weighted number of health facilities in the survey now accurately represents how many facilities are public CCs—66% of the facilities in Bangladesh—and how few facilities are DHs—less than 1% of all health facilities in Bangladesh.

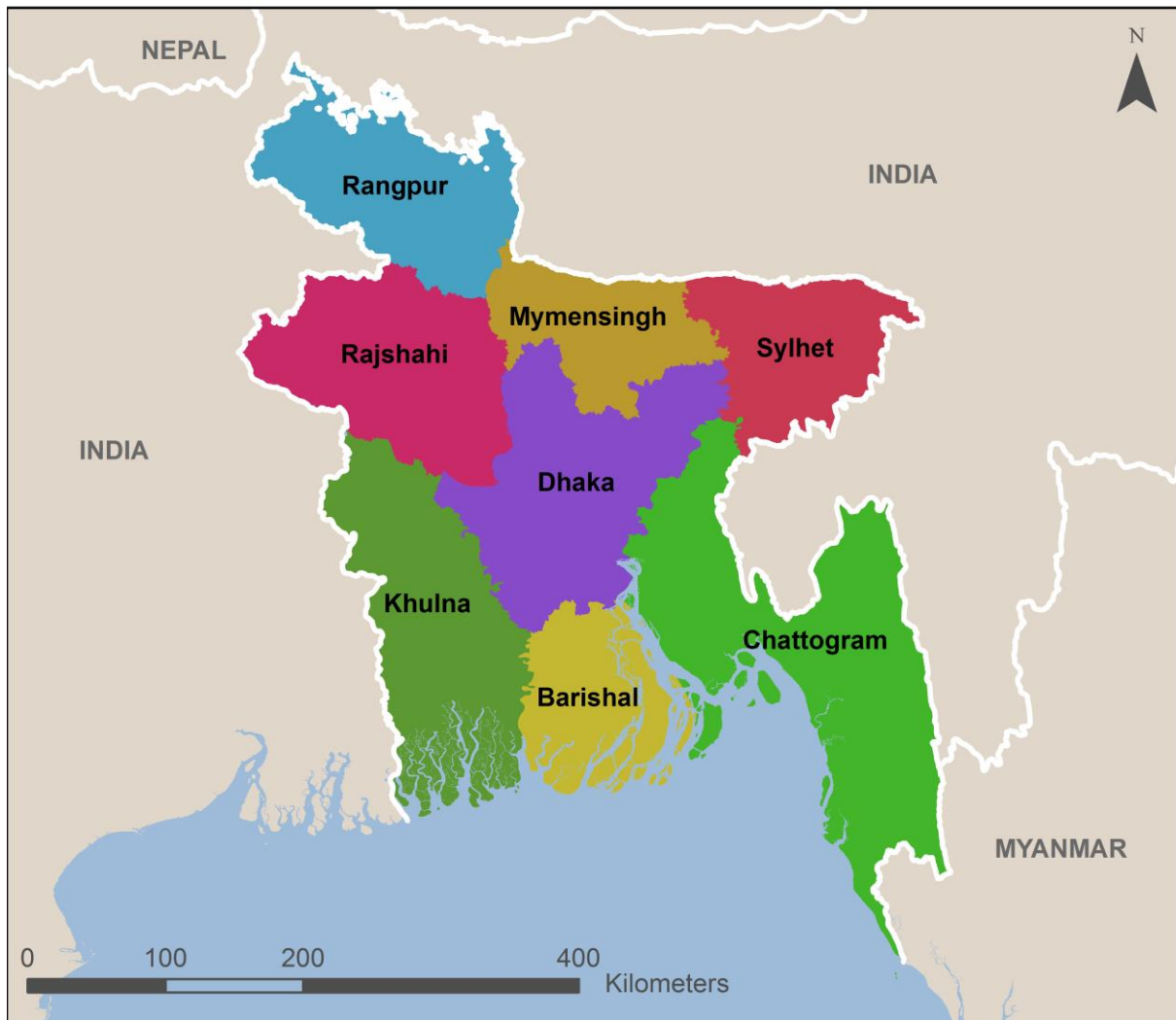
With sampling and weighting, it is possible to survey enough facilities to provide reliable statistics at both the national and division level, without distorting the overall distribution of facilities within the country. In general, only the weighted numbers are shown in each of the 2017 BHFS tables, so don't be distressed if these numbers seem low—they may actually represent a larger number of facilities.

Note: Data from the actual, unweighted number of facilities are used for analysis. For example, even though the weighted number of district and upazila public facilities is only 44, the data collected from all 293 of this facility type is used for analysis. The only difference is that the results are weighted after analysis to represent information from district and upazila public facilities in the proportion that they exist in the country.





# BANGLADESH



## 1.1 HEALTH STATUS IN BANGLADESH

Health status in Bangladesh has improved substantially over the past 2 decades. Life expectancy at birth has increased by 7 years for men and 10 years for women between 2000 and 2017 (SVRS 2017). This improvement is due to a steady decline in childhood and maternal mortality. Between two DHS surveys in 1999-2003 and 2017-2018, under-5 mortality dropped from 88 to 45 deaths per 1,000 live births (BDHS 2017-2018). Maternal mortality also declined by 45% from 322 to 176 deaths per 100,000 live births between 2001 and 2015 (WHO 2017). As a result, Bangladesh has achieved its Millennium Development Goal 4 target for under-5 mortality (48 deaths per 1,000 live births) and now is expected to achieve by 2030 its Sustainable Development Goal 3 targets for under-5 mortality (25 deaths per 1,000 live births) and maternal mortality (70 deaths per 100,000 live births) (Health Bulletin 2017). Evidence suggests that changing fertility behavior has been a major contributor to the steady decrease in mortality. Between 2000 and 2017-2018, the total fertility rate in Bangladesh declined by one child, from 3.3 in 1999-2000 to 2.3 in 2017-2018 (BDHS 2017-2018). Streatfield et al. (2012) estimate that 25% of the decrease in maternal mortality during the period was due to the decline in the fertility rate.

Bangladesh has also sustained a surprisingly rapid reduction in the rate of child undernutrition in the last 2 decades. The 2014 Bangladesh Demographic and Health Survey (BDHS) showed that Bangladesh had achieved the MDG 1 target for percentage underweight among under-5 children (33%). Bangladesh has also reached the MDG 1 target for underweight (22%) (BDHS 2017-2018). Rapid wealth accumulation and large gains in parental education are the two largest drivers of such accomplishment, although health, sanitation, and demographic factors have played significant secondary roles (Headey et al. 2014).

Despite these achievements, Bangladesh continues to carry a high burden of disease that includes non-communicable diseases (NCDs), tuberculosis, respiratory infections, and neuropsychiatric conditions. As a country, Bangladesh is committed to addressing these health problems.

## 1.2 HEALTH, POPULATION, AND NUTRITION SECTOR PROGRAM

The Health, Population, and Nutrition Sector Program (HPNSP) has been developed under the umbrella of the national constitution. Guiding principles, such as Vision 2021, acknowledge that improved health is a necessary and critical condition for a country to transform from a developing to a middle-income economy. The program's articulation and design link to the seventh 5-Year Plan of the government. Other guiding principles are drawn from national policies on health, nutrition, and population; government strategies; and experience gained from implementing three successive sector programs in Bangladesh. This HPNSP starts during a period of transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs), which are to be achieved by 2030. The MDGs focused on health-sector specific goals, while the SDGs encompass a much broader agenda for change.

The vision of the HPNSP is to see people become healthier, happier, and economically productive—in essence, to make Bangladesh a middle-income country by 2021 (Vision 2021). The mission is to create conditions that give the people of Bangladesh the opportunity to reach and maintain the highest attainable level of health.

## *Strategic Priorities for the Fourth-Sector Program*

Eight strategic objectives have been formulated to cover all aspects of the health sector, including governance and stewardship, health systems, health services, and the wider determinants of health. The program's implementation plan describes the following sector-specific strategic priorities:

- Strengthen governance and stewardship of the public and private health sectors
- Undertake institutional development for improved performance at all levels of the system
- Provide sustainable financing for equitable access to health care for the population and accelerated progress towards universal health coverage
- Strengthen the capacity of the MOHFW's core health systems (financial management, procurement, and infrastructure development)
- Establish a quality health workforce available to all through public and private health service providers
- Improve health measurement and accountability mechanisms and build a robust evidence base for decision-making
- Improve equitable access to and utilization of quality health, nutrition, and family planning services
- Promote healthy lifestyle choices and a healthy environment

Strengthening of governance and stewardship requires substantial evolution in how the sector is managed. Considerably more focus is needed from the MOHFW. Also, more emphasis must be placed on developing partnerships between the public and private sectors to ensure quality care for all as the country works towards universal health coverage. This will require a review of capacity in key areas and at different levels of the government combined with a range of institutional changes in structure and function.

Clear institutional roles and responsibilities are fundamental to improved performance across the sector. Ensuring that correct actions take place at the appropriate level of the system, that institutional arrangements are effective, and that there is strong coordination and harmony at all levels will enable efficient and equitable use of resources. The current institutional set up at national and subnational levels needs review early in the new program with a view to rationalization, removal of duplication, establishment of new functions, and overall clarity of roles and responsibilities. Organizational capacity assessments of all key institutions will provide a mechanism for capacity planning and monitoring of continuous improvement.

A major focus over the next 5 years will be to increase funding for essential health care services. This will be achieved by demonstrating economic gains from investment in health while ensuring efficient, effective, and equitable resource allocation. Financing of the sector will come under increasing pressure from the rise in population, the aging of the population, and the rapid growth of noncommunicable diseases. While per capita investment in health by the government is still low, economic growth continues in a positive direction. Nonetheless, the outlook for a proportionate rise in resources from government is not assured. Growth and sustainability in finances for health will require managing demand for services, efficient use of available resources, and establishing a convincing investment case for government, development partners, and the private sector.

To strengthen the capacity of the MOHFW's core health systems of financial management, procurement, and infrastructure development that underpin administration and operations of the sector. Building capacity in systems and skills is key, as is strengthening of internal supervision and control.

Human resources for health have been identified by all stakeholders in the sector as a key strategic priority. Resource issues cut across all other strategic objectives because people are at the center of systems and services. Important priorities have been highlighted in the *Human Resources for Health* report (MOHFW 2015). The need for a comprehensive review of *Human Resources for Health* (HRH) and the implementation of the Health Workforce Strategy and corresponding Action Plan are priorities. Improvements in the way staff are selected, trained, distributed, and supported are recurrent themes in all reports looking at the health sector. The need for an improved human resources information system linked to DHIS has been advocated, as has the need to tackle issues of skill mix, task shifting, and contracting or outsourcing.

Based on experiences, situation assessments, and comprehensive analyses of the Health Population and Nutrition (HPN) sector program's annual reviews in past years, advocacy efforts will need to target health sector managers so that they make better use of data and evidence in planning and decision-making. An institutionalized system for regular HIS training and updating of skills of staff must be established. Key research organizations will have to be strengthened, and ways to harmonize population-based health surveys will have to be explored. An effective mechanism will use all survey and research findings.

This strategic objective includes the main service delivery component of the fourth sector program. It captures primary, secondary, and tertiary services, including preventive and curative services. It is the major cost driver of the sector where the majority of human resources and supplies are focused. A major focus will be on improving service integration while ensuring individual services are of high quality and accessible to all. There is a clear emphasis on the need to scale up and strengthen community-based public health interventions while working towards achieving the goal of equity and quality of health services. Innovative approaches to improving efficiency are essential, as is ensuring motivated staff are present at their designated posts to deliver quality care to all of the population. Collaboration between the public and private sector will be a key element of ensuring access to specialist services as well as functional care in hard-to-reach areas and for vulnerable groups.

Investments in lifestyle choices and healthy environments will reduce the future costs of treating the rapidly expanding incidence of chronic noncommunicable diseases. The projected increase in chronic diseases, if unchecked, will require huge investments in specialist medical centers, diagnostic equipment, highly trained specialist health staff, and expensive pharmaceuticals. Given the funding gap that exists in the health sector, this will be a financial burden that the country will find difficult to afford. Reaching young people with effective public health messages will be key to averting chronic diseases.

### **1.3 HEALTH SERVICE DELIVERY SYSTEM OF BANGLADESH**

The health service delivery system of Bangladesh is an intricate web of public health departments, nongovernmental institutions (NGOs), and private institutions. Responsibilities and functions include policy planning, regulation, implementation, health care delivery, and medical education. The MOHFW formulates national policy, planning, and decision-making for the provision of health care and education. The national policies, plans, and decisions are translated into actions by implementing authorities across the country, from the national to the community level.

The DGHS, the DGFP, the Directorate of Nursing Services (DNS), and the Revitalization of Community-based Healthcare Initiatives in Bangladesh Project (Community Clinics Project) (RCHCIB) deliver HPN services through various operational plans under HPNSDP. The Directorate General of Drug Administration (DGDA), the Directorate General of Health Engineering, the Essential Drugs Company Limited (EDCL), the Transport & Equipment Maintenance Organization (TEMO), and the National Electro-medical & Engineering Workshop (NEMEW) ensure logistics and supplies for providing HNP services.

The MOHFW and its relevant regulatory bodies (Bangladesh Medical & Dental Council (BMDC); State Medical Faculty (SMF); Homeo, Unani and Ayurvedic Board; and Bangladesh Pharmacy Council) have

indirect control over the system of public, NGO, and private sector health care providers. The delivery of health services in urban areas, including primary health care services, is mandated to the Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC).

### 1.3.1 Management Structure and Health Facilities under DGHS

With more than 100,000 officers and staff members, the DGHS is the largest implementing authority under the MOHFW. In addition to operating health care delivery systems across the country, the DGHS provides technical assistance to the Ministry for new programs and interventions and for improvements in existing ones. The health care delivery system under DGHS extends from the national down to the community level. Activities are implemented under regular revenue setups and development programs.

The health care infrastructure under the DGHS includes six tiers: national, divisional, district, upazila (sub-district), union, and ward. At the national level, there are institutions both for public health functions as well as for postgraduate medical education/training and specialized treatment of patients.

In each division, a divisional director for health governs activities, with assistance from deputy directors and assistant directors. There is one infectious disease hospital and one or more medical colleges at the divisional headquarters. Each medical college includes a hospital. Some divisional headquarters also have general hospitals and institutes of health technology. Divisional institutes provide tertiary-level care.

The civil surgeon is the district health manager responsible for delivering secondary and primary care services. In each district, there is a district hospital. Some district hospitals are managed by superintendents, while others are headed by civil surgeons. Some of the district headquarters have medical colleges with attached hospitals, medical assistant training schools, and nursing training institutes.

The Upazila Health & Family Planning Officer (UH&FPO) is the health manager at the upazila level. He or she manages all public health programs, including primary health care services in the upazila and the upazila hospital, which has 30 to 50 beds. Most upazilas have hospitals, except where the district headquarters are located; in those upazilas, the district hospital provides hospital services.

At the union level, there are three types of health facilities: rural dispensaries (RDs), union sub-centers (USCs), and UHFWCs. In addition to other lower level staff, each union health facility employs a medical doctor and has subassistant community medical officers (SACMOs) who provide health services. Only outpatient services are available at union level facilities.

The MOHFW also has established community clinics (CCs) at the ward level; each CC serves an average of 6,000 people. There are currently 13,422 CCs (Health Bulletin 2017) in operation. The RCHCIB project is responsible for operationalizing the CCs. The CCs provide the basic health care package to the people in the community, that is, maternal and child health care, reproductive health and family planning services, immunization, nutrition education, micronutrient supplementation, health education and counseling, communicable disease control, treatment for minor ailments and first aid, and referral to higher-level health centers. Some CCs also have a community skilled birth attendant (SBA) and offer services for normal delivery. The CCs are managed by a 1-5 to 17-member management committee that is selected from the communities served by the CC. Local government representatives are included in the management committee, and at least four members must be female. There are also three community support groups, each including 15-17 members who work as unpaid community health volunteers and who assist the management committee and community clinic.

The Ministry has recruited and trained 13,822 full-time community health care providers (CHCPs) to operate the CCs and provide quality health care. The CHCPs have laptop computers and internet connections to update local health data in an online database that is used for evidence-based decision-making and planning. In addition to the CHCP, the existing domiciliary staff members of the DGHS and DGFP provide service to the CCs, with the DGHS staff available 3 days per week and the DGFP staff

available the other 3 days per week. At the ward or village level, there are also domiciliary health workers, with one for every 5,000 to 6,000 people in a ward or village. In total, there are 26,482 sanctioned posts of domiciliary workers under DGHS: 20,908 health assistants (HAs), 4220 assistant health inspectors (AHIs), and 1,410 health inspectors (HIs) (Table 5.5, Page 94, Health Bulletin 2017).

Level	Type of facility	Type of service	No. of facilities	
<b>District</b>	District hospital	Hospital	53	
	General hospital	Hospital	11	
		Total of district-level hospitals	64	
<b>Upazila</b>	Mother and child welfare center	Hospital	62	
	Upazila health complex (50-bed)	Hospital	297	
	Upazila health complex (31-bed)	Hospital	112	
	Upazila health complex (10-bed)	Hospital	11	
		Total of upazila health complexes	420	
	<i>Hospitals outside health complexes</i>			
		31-bed hospital	Hospital	4
		30-bed hospital	Hospital	1
		25-bed hospital	Hospital	1
		Mother and child welfare center	Hospital	12
<b>Union</b>	<i>Union-level facilities under DGHS</i>			
		20-bed hospital	Hospital	32
		10-bed hospital	Hospital	19
		*Union subcenter	Outpatient only	1,275
		*Union health and family welfare center	Outpatient only	87
	<i>Union-level facilities under DGFP</i>			
		Mother and child welfare center	Hospital	24
		Union health and family welfare center—Upgraded	Hospital	
		Union health and family welfare center	Outpatient only	3,924
	<b>Ward</b>	Community clinic	Outpatient only	13,442

Source: Health Bulletin 2017

### 1.3.2 Management Structure and Health Facilities under DGFP

The DGFP implements an MCH-based FP program with an extensive network of health facilities, satellite clinics, and domiciliary workers. The DGFP services outlets throughout the country. More than fifty thousand officials, service providers, and field workers work under the DGFP, whose Maternal and Child Health/Family Planning (MCH-FP) service delivery system extends from the district to the community level.

In each district, there is a MCH-FP clinic at the District Sadar Hospital and a separate Mother and Child Welfare Center (MCWC) that deliver MCH-FP services. A medical officer (clinic), family welfare visitors (FWVs), and dai (nurses) provide antenatal care (ANC), normal delivery, postnatal care (PNC), and child health care including an expanded program on immunization (EPI) and all contraceptives including sterilization in MCWCs. The FWVs at the MCH-FP clinics in the District Sadar Hospital provide ANC, normal delivery (limited facilities for “at-risk” cases), PNC, all contraceptives including sterilization, and follow-up services. Similar services are also available in model clinics attached to the public medical college hospitals. The Deputy Director-Family Planning (DD-FP) is the manager responsible for overall management of MCH-FP program at the district level, while the Divisional Director (Family Planning) is the program head at the divisional level.

The MCWCs provide services at the upazila level and below that are similar to those offered at the district level and have an equivalent staffing profile. Almost all upazila health complexes (UHCs) have MCH-FP units that provide ANC, normal delivery, PNC, child health care including EPI and health education, and all contraceptives including sterilization. The UHC MCH-FP units are led by a medical officer (MCH-FP) along with the FWVs. The Upazila Family Planning Officer (UFPO) is the manager responsible for overall

management of the FP program at the upazila level, while the medical officer (MCH-FP) is the upazila manager for MCH service delivery.

Almost all union level facilities can provide MCH-FP services. There are 3,924 union health and family welfare centers (UHFWCs) under the DGFP. The SACMO and FWVs provide ANC (with an emphasis on screening for “at-risk” pregnancies and referral), normal delivery at upgraded facilities, PNC, child health care including health education, and contraceptives that include clinical methods, and treatment of general patients. The FWVs are also assigned in some union sub-centers (USCs) and RDs under the DGHS to deliver MCH-FP services. The FWVs and SACMOs are responsible for delivering MCH-FP services and health education at more than 30,000 satellite clinics that are organized monthly at the community level by FP fieldworkers.

The DGFP maintains a unique network of community-based fieldworkers for domiciliary FP services. There are about 23,500 family welfare assistants (FWAs) who work throughout the country at the household level to distribute contraceptives and provide motivation, counseling, health education, and referrals for MCH-FP services. The FWAs also provide services at CCs and EPI outreach sites. The family planning inspector (FPI) is the union level supervisor who works under DGFP and supervises the FWAs’ activities.

### **1.3.3 Urban Primary Health Care Services Delivery Project (UPHCSDP)**

The Local Government Division (LDG) of the Government of Bangladesh (GOB) is mandated to provide primary health care services to the urban residents. Since 1998, the LGD has implemented the Urban Primary Health Care Services Delivery Project (UPHCSDP) through a partnership among urban local government bodies and NGOs supported by local government. The project’s goal is to improve the health status of the urban population, especially the poor, through improved access to and utilization of efficient, effective, and sustainable primary health care services. The UPHCSDP delivers an expanded service delivery package through more than 150 health care centers; 25 of the centers provide in-patient facilities that provide coverage for all city corporations and the four district municipalities of the country. The UPHCSDP services include MCH care, reproductive health and FP, nutrition, communicable and NCD control, limited curative care, and diagnostic services. The project is a unique model of a public-private partnership that provides primary health care to the urban poor, especially mothers and children.

### **1.3.4 NGO Health Programs**

The GOB encourages the involvement of NGOs in delivering services that address the country’s health challenges. More than 4,000 NGOs, including international organizations (i.e., CARE, Save the Children and World Vision), large national NGOs (Bangladesh Rural Development Committee (BRAC), Concerned Women for Family Planning, and the Grameen Kalyan Health Program), and hundreds of small, local NGOs are active in the health sector in Bangladesh. The NGOs provide essential primary health care services through a nationwide network of static clinics, satellite clinics, and community service providers. The NGO Health Service Delivery Program (NHSDP), a USAID funded network of about 25 NGOs, deliver a broad package of MCH and FP services through more than 399 static clinics and about 8,800 satellite clinics that serve about 20 million people in Bangladesh. Similarly, BRAC has a large community-based network for delivering primary health care services that include essential health care; maternal, newborn, and child Survival services; communicable and noncommunicable disease control; nutrition counseling; and other services. The BRAC health program has an estimated 55,000 CHWs who provide preventive care and simple curative care services to women and children in rural areas and urban slums.

### **1.3.5 Private Health Sector**

The private health sector in Bangladesh includes large and small commercial companies, professionals (i.e., doctors and individual providers), and informal providers. The private sector includes health services provided at hospitals, nursing and maternity homes; clinics operated by doctors, nurses, midwives, and



paramedical workers; diagnostic facilities (i.e., laboratories and radiology units); and the sale of drugs from pharmacies, as well as unqualified static and itinerant drug sellers. As of 2016 (Health Bulletin 2017, page 66) the DGHS has registered 14488 (Health Bulletin 2017, Page 66) private hospitals, clinics, and diagnostic centers in Bangladesh. There are 5,622 (Health Bulletin 2017, page 66) registered private hospitals and clinics, and 9,123 (Health Bulletin 2017, page 66) registered private diagnostic centers. The total number of beds in the registered private hospitals and clinics is 48,725 (Health Bulletin 2017, page 66). Local pharmaceutical companies manufacture and distribute most of the targeted products; the majority of Bangladeshis usually obtain their drugs from the private sector. Even among the rural residents and the urban poor, the most common source of drugs is from direct out-of-pocket (OOP) purchase from private sources.

## 1.4 HEALTH FINANCING

In Bangladesh 3 percent (BNHA 1997-2015) of the gross domestic product (GDP) is spent on health, of which the public sector contribution is less than one-third. In term of dollars, the total health expenditure in the country is US\$ 37 per capita per annum (BNHA 1997-2015), with an annual growth rate of about 8 percent (MOHFW 2015).

Historically, supply-side financing of health care services in Bangladesh has been the central strategy for improving the access of poor households to essential health care services. The bulk of health care financing comes from OOP expenditures, which suggests that people are willing to pay for better care. Sixty-seven percent (Table 9, BNHA 1997-2015) of the total expenditure on health is privately financed through OOP purchases, 23 percent is financed by the GOB from tax revenues and development outlays, 8 percent with international development assistance, and 2 percent is provided by NGOs (MOHFW 2015). A negative consequence of the large share of OOP purchases is the burden it places on the population in the lowest quintile who has the least ability to pay for health care.

Expenditure for curative care was 25 percent (BNHA 1997-2015, Table 28, Page 31) of total health expenditure in 2015, which is equivalent to \$1.5 billion. This figure has grown very quickly in recent years, and has almost doubled in four years. Almost half of the expenditures for curative care is incurred for inpatient curative care, delivered primarily in private health facilities (MOHFW 2015).

Community financing mechanisms and risk-pooling systems are nearly non-existent except in small pockets of NGO innovation, which have a health insurance component within their package of micro-credit programs. Voluntary health insurance schemes include spending that provides or reimburses medical care for employees of business entities; this is 5 percent of the total expenditure on health.

To increase the financial protection for the entire population and decrease OOP payments at the point of service, the MOHFW has three strategic objectives under the Health Care Financing Strategy 2012-2032 (HEU 2012):

- Generate more resources for effective health services.
- Improve equity and increase health care access, especially for the poor and vulnerable.
- Enhance efficiency in resource allocation and utilization.

The goal of the Health Care Financing Strategy is to attain universal coverage by 2032 by extending financial risk protection and ensuring access to quality service. In response to the heavy reliance on OOP purchases—which are inequitable and inefficient and have the most impact on the poor—the strategy set a target to cut OOP expenditures for health in half at the point of service from the current level of 67 percent (BNHA 1997-2015) of total health expenditures to 32 percent by 2032.

The strategy provides a framework for developing and advancing health financing in Bangladesh. The framework aims to increase the level of funding for health, ensure an equitable distribution of the health financing burden, improve access to essential health services, reduce the incidence of impoverishment caused by catastrophic health care expenditures, and improve the quality and efficiency of service delivery.

## **1.5 HEALTH STEWARDSHIP**

The government is taking steps to improve its leadership and regulatory role to increase both equity and quality of health services, especially for the poor and the disadvantaged. The Health Care Financing Strategy includes the development of a new health policy; the revitalization of primary health care by ensuring that CCs have the required human resources, supplies, and logistics to function effectively; the recruitment and appropriate deployment of additional human resources for health; and the gradual extension of e-health services to the rural areas.

In spite of recent improvements, further steps are needed immediately to make health services responsive to the needs and demands of the population. The governance of the system is still considered weak in providing equitable services. Regulatory mechanisms, especially within the for-profit private sector, must be strengthened as soon as possible. Given the availability of a functional local government system, further decentralization of authority and responsibility with proper accountability at all levels must be institutionalized.

## 2.1 OVERVIEW

**B**angladesh has an extensive network of public, private, and nongovernmental organization (NGO) facilities for providing basic health services. The Government of Bangladesh (GOB) is committed to strengthening health systems and improving the quality of care. In the past 15 years, investments in health facilities have expanded services and improved access to quality care. Subsequently, Bangladesh has achieved immense success in increasing health service coverage and utilization. Although service utilization is assessed and monitored intensively with various data sources, the improvements in health systems and quality of care have not been monitored systematically. Under the Health, Population and Nutrition Sector Program (HPNSP) 2016-2021, the Ministry of Health and Family Welfare (MOHFW) is committed to periodic assessments of health systems and quality of care provided by various health facilities. As part of this assessment effort, the National Institute of Population Research and Training (NIPORT) was entrusted with conducting the 2017 Bangladesh Health Facility Survey (BHFS) under the training, research, and development (TRD) operational plan of the HPNSP.

The 2017 BHFS is an assessment of health care facilities in the formal sector of Bangladesh. The survey provides information on the availability of basic and essential health care services<sup>1</sup> and the readiness of health facilities to provide quality services to clients. The 2017 BHFS is the fourth survey of its kind and follows the 2009, 2011 and 2014 BHFS surveys. As with the two previous surveys, the 2017 BHFS collected information from all types of health facilities managed by the government, NGO clinics and hospitals, and private for-profit hospitals in all 64 districts of the country. Unlike the earlier surveys, the 2017 BHFS used standardized questionnaires from the service provision assessment (SPA) component of USAID's Demographic and Health Surveys (DHS) Program to collect information on the availability of services and the preparation of facilities to provide quality, effective, and efficient services to clients. The 2017 BHFS focused primarily on the service readiness indicators that were jointly developed and proposed by WHO, USAID, the World Bank, the International Health Facility Assessment Network (IHFAN), and other stakeholders (WHO 2012). The 2014 and 2017 BHFS data are not strictly comparable to the 2009 and 2011 survey results because the 2014 and 2017 BHFS used a different set of questionnaires and defined indicators slightly differently.

The 2017 BHFS provides information on child health, maternal and newborn care, family planning (FP), and services for selected non-communicable diseases (NCDs) (diabetes, cardiovascular diseases) and tuberculosis. For each of these services, the 2017 BHFS assessed whether components considered essential for quality service delivery were present and functioning. In general, the components that were assessed are those that are commonly considered important to various programs supported by the government and development partners. In some cases, however, the 2017 BHFS also assessed whether more sophisticated components were present, such as higher-level diagnostic and treatment modalities or support systems for health services that are usually introduced after basic-level services have been put in place.

## 2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE 2017 BHFS

### 2.2.1 Institutional Framework

The 2017 BHFS was conducted under the authority of NIPORT. ICF provided technical assistance under the USAID-funded DHS Program (formerly MEASURE DHS). Associates for Community and Population

<sup>1</sup> Basic and essential health care services of interest in the 2017 BHFS included child health, family planning, maternal and newborn care, non-communicable diseases, and tuberculosis.

Research (ACPR), a private research agency, collected the data. Financial support for the survey was provided by the GOB and USAID. A Stakeholders Advisory Committee (SAC) and a Technical Working Group (TWG) oversaw all policy and technical issues related to the survey.

## 2.2.2 Objectives of the 2017 BHFS

The main objectives of the 2017 BHFS were to:

- Assess the availability of health services, including maternal and child health, family planning, diabetes, cardiovascular disease, tuberculosis, and nutrition services.
- Ascertain general preparedness of the health facilities and availability of basic amenities, equipment, laboratory services, essential medicines, standard precautions for infection control, and human resources at the facilities.
- Assess service-specific readiness of health facilities to provide maternal, newborn, and child health care; FP services; and treatment of diabetes, cardiovascular disease, and tuberculosis, measured in terms of the WHO-recommended minimum conditions required to provide quality services.
- Compare findings among facility types and managing authorities.

## 2.3 DATA COLLECTION METHODS

The 2017 BHFS used two types of data collection tools:

- Facility Inventory Questionnaire
- Health Care Provider Interview Questionnaire

Both the Facility Inventory and Health Care Provider Interview questionnaires were loaded onto tablet computers and administered as computer-assisted personal interviews (CAPIs).

The Facility Inventory Questionnaire obtained information on the availability of each priority service and the preparedness of the facilities to provide the service. The questionnaire also collected information on the availability of specific items (including their location and functional status), components of support systems (e.g., logistics, maintenance, and management), and facility infrastructure, including the service delivery environment. The data collectors interviewed the person most knowledgeable about the facility and its services. If another person or provider needed to provide specific information, the data collectors consulted that person or provider to obtain the information. However, the data collectors considered only observed items as available in the facility.

The Facility Inventory Questionnaire was organized into three modules:

- **Module 1** collected information on service availability and included two sections.
- **Module 2** collected information on general facility readiness. This module included seven sections that covered topics such as facility infrastructure (i.e., sources of water and electricity), staffing, health management information systems, health statistics, processing of instruments for re-use, health care waste management, availability of basic supplies and equipment, laboratory diagnostic capacity, and medicines and commodities.
- **Module 3** collected information on service-specific readiness. The 12 sections in this module included specific service areas such as child health (child vaccination, growth monitoring, and curative care), FP, adolescent health, nutrition, antenatal care (ANC), delivery and newborn care, tuberculosis, NCDs, caesarean delivery, blood typing and compatibility, blood transfusion services, and general facility cleanliness.

- The Health Care Provider Interview Questionnaire collected information from a sample of health service providers. The data included qualifications, training, experience, continuing education, supervision received, and perceptions of the service delivery environment.

## 2.4 SURVEY IMPLEMENTATION

### 2.4.1 Questionnaire Adaptation

The 2017 BHFS questionnaires are based on generic questionnaires developed by The DHS Program. The questionnaires were adapted for Bangladesh health services in consultation with technical specialists and experts from the MOHFW, Directorate General of Health Services (DGHS), Directorate General of Family Planning Services (DGFP), and other key stakeholders knowledgeable about the health services and health sector program priorities covered by the BHFS. The questionnaire adaptation for the 2017 BHFS took place during March and April 2017 in Dhaka. A number of consultative meetings with stakeholders, visits to service provision sites, and a 2-day questionnaire adaptation workshop elicited the feedback needed to adapt the questionnaires. Attending the workshop were technical experts from the MOHFW; DGHS; DGFP; WHO; USAID; Save the Children, USA; Dhaka University; the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b); and related research organizations.

After being prepared in English, both the Facility Inventory and Health Care Provider Interview questionnaires were translated into Bangla and loaded onto tablet computers, which were used during interviews to record responses to questions.

### 2.4.2 Pre-test

After adaptation and translation of the questionnaires and completion of the CAPI programs, the questionnaires and computer programs were pre-tested. The pre-test was conducted during June 2017 in non-sampled areas of Dhaka. Fourteen medical doctors were recruited (eight from icddr,b and six from ACPR). During the pre-test data collection, health facilities within Dhaka district were surveyed over a 4-day period to test and refine the survey instruments and the computer programs. After the pre-test, the questionnaires and computer programs were finalized for the main data assessment.

The pre-test also identified the pre-test interviewers who would become master trainers and field supervisors during the main survey. At the end of the pre-test, after receiving 3 weeks of training, 11 medical doctors served as “master trainers” for training data collection enumerators.

### 2.4.3 Main Training

The main training for the 2017 BHFS was conducted from July 9-27, 2017, in Dhaka. Eighty enumerators were recruited for data collection (40 interviewers [sub-assistant community medical officers] and 40 team leaders [medical doctors]) and trained as interviewers in the application of survey instruments and computer programs.

The training included classroom lectures and discussions, practical demonstrations, mock interviews, role-plays, and field practice. The trainees were also given daily homework to conduct mock interviews among themselves with the survey tools. The first week of training was dedicated exclusively to training interviewers on the use of paper questionnaires. This phase included 2 days of field practice to ensure that the trainees understood both the content of the questionnaires and approaches for organizing themselves while working in a health facility.

During the second week of training, trainees were introduced to tablet computers and then transitioned to the use of CAPI for both the Facility Inventory and Health Care Provider Interview questionnaires. This was done with completed paper questionnaires from the facilities visited during the pre-test. During the third training week, the trainees practiced all questionnaire types and CAPI approaches in teams and pairs.

The eleven medical doctor interviewers from the pre-test conducted the training. Personnel from ICF provided support as needed.

#### **2.4.4 Data Collection**

After the training, 40 data collection teams with two interviewers were formed, with one interviewer on each team assigned to the role of team leader. Data collection was conducted from July to October 2017. On average, data collection took 1 day for each health facility.

Fieldwork supervision was coordinated by ACPR and NIPORT. The eleven medical doctor master trainers and seven trained data processing specialists formed the seven field supervision teams. The field supervision teams conducted periodic visits to their assigned data collection teams to review work and monitor data quality. Eight master trainers from icddr,b served as independent field monitors during data collection. In addition, supervisory teams and professionals from NIPORT periodically and simultaneously visited and monitored the data collection exercise.

#### **2.4.5 Data Management and Report Writing**

For data collection in every facility, the data collection team used two tablets, one for the Health Care Provider Interview Questionnaire data and the second for data from the Facility Inventory Questionnaire. After completing data collection in each facility, the team merged the inventory and health care provider data. The team leader then reviewed the file and conducted consistency and structural checks on the data to identify any errors or missing information. When a team was satisfied that data collection and entry were complete for the facility, the team sent the data to the BHFS central office in Dhaka via the Internet, using ICF's Internet File Streaming System (IFSS). If the facility where the data were collected did not have access to the Internet or other modes of communication that could be used to securely send the completed files, the team sent the data from another location/facility with secure Internet access. The data were also backed up in a pen drive by the team.

Data received from the field were reviewed and checked at the central office with the technical assistance of ICF experts. If any inconsistencies or errors were identified by the central office, the data collection team members reviewed and rechecked the data. If necessary, the team visited the specific service facility again to obtain and resend the correct data to the central office.

Data editing and management activities commenced in July 2017 at the beginning of field work and ended in October 2017 at the end of data collection in the field.

#### **2.4.6 Data Analysis and Report Preparation**

The BHFS tabulation plan was based on the model DHS SPA tabulation plan. The preparation of the tables for the report was conducted from August through October 2017. Feedback from NIPORT and the BHFS TWG informed revision of the analysis plan.

Two conventions were observed during the analysis of the 2017 BHFS data:

- First, unless otherwise indicated, the 2017 BHFS considered only those items observed by the interviewers to be available.
- Second, in a majority of facilities, multiple health care providers contribute to the services received by clients. The health care provider who ultimately assessed the client, made the final diagnosis, and prescribed any treatment was therefore identified as the primary provider for the particular service.
- The final report was prepared with input from staff members of NIPORT, icddr,b, and MEASURE Evaluation. The ICF team provided technical oversight.

## 2.5 SAMPLING

### 2.5.1 Sampling Methodology

The sample for the 2017 Bangladesh Health Facility Survey (BHFS) was a stratified random sample of 1,600 health facilities designed to provide representative results for Bangladesh, for the different facility types and different management authorities, and for each of the eight divisions of the country. Stratification was achieved by separating the health facilities by facility type within each division. Implicit stratification by management authorities was achieved by sorting the frame based on the management authorities within each explicit sampling stratum before sample selection.

The sample for the 2017 BHFS covered all types of registered health facilities in all eight divisions of the country: Barisal, Chittagong, Dhaka, Khulna, Mymensingh, Rajshahi, Rangpur, and Sylhet. The survey was designed to report results separately for the eight divisions and the six types of public health facilities included: community clinics (CCs), union subcenters/rural dispensaries (USC/RDs), union health and family welfare centers (UHFWCs), upazila health complexes (UHCs), mother and child welfare centers (MCWCs), and district hospitals (DHs). Results are also reported separately for NGO clinics and hospitals and private hospitals. UHFWCs include regular FWCs and upgraded FWCs (UpFWCs).

### 2.5.2 Sampling Frame

A list of 19,811 registered health facilities, provided by the Ministry of Health and Family Welfare (MOHFW), was used as a sampling frame for sample selection. The allocation of the 2017 BHFS sample took the divisional distribution of the health facilities into account. At the same time, other factors such as indicator precision, at either the national or domain level, and budget allocation were considered. The distribution of registered health facilities by division and by facility type is presented in **Table 2.1**.

### 2.5.3 2017 BHFS Sample Size and Sample Allocation

The sample size determination was achieved by controlling the survey precision at the division level and by facility type at the national level. The precision level for oversampled districts was controlled as well. The formula used for the sample size calculation is

$$n = \frac{(1-p)}{\varepsilon^2 p}$$

where  $\varepsilon$  is the requested survey precision, which is the relative standard error for estimating a proportion  $p$ . By controlling the relative standard error for an indicator at the 30% level ( $p = 0.30$ ) within 15% ( $\varepsilon = 0.15$ ) at domain level and within 20% ( $\varepsilon = 0.20$ ) at oversampled districts level, and to ensure that the survey precision is comparable across divisions, a sample of 1,600 health facilities was allocated based on a power allocation between sampling domains, divisions, oversampled districts, and health facility types. **Table 2.2** presents the allocation of the 1,600 health facilities by division and facility type. Because of their small number, all of the 91 MCWCs and 62 DHs were selected in the sample. The same applies for NGO hospitals; all five NGO hospitals were sampled.

### 2.5.4 Sample of Health Facilities and Outcomes

Unlike the 2011 and 2014 BHFS surveys, the 2017 BHFS is designed to provide survey results separately for the eight administrative divisions, six types of public facilities, NGO static clinics/hospitals, and private hospitals. The BHFS sample was a combination of census (for DHs and MCWCs) and random samples (for other facility types). **Table 2.3** presents an analysis of the 1,600 sampled facilities according to the outcomes of the visits to those facilities. In this table and in subsequent tables in the report, the total for facilities is shown including and excluding CCs. The reason for showing the total without community

clinics is that CCs are the lowest level of facilities, are supported by community health care providers, and often are least likely to offer all of the health services and/or to have the items necessary for providing a service if they offer it. As shown, data were successfully collected from 95% of the 1,600 sampled facilities (a total of 1,524 facilities).

Interviewers were not able to survey about 5% of sampled facilities for various reasons, but mainly because some facilities were closed or not operational at the time of the survey. The survey protocol allowed for facilities that could not be surveyed to be replaced with the nearest facility of the same type, in the same district, and under the same managing authority. However, no facilities that met the replacement criteria were found. Consequently, BHFS data are available for 1,524 facilities. **Table 2.4** shows the distribution of surveyed facilities by background characteristics.

### 2.5.5 Sample of Health Service Providers

The sample of health service providers was selected from providers who were present in the facility on the day of the assessment and who provided services assessed by the 2017 BHFS. For purposes of the BHFS data collection, a health service provider was defined as a person who provides consultation services, counseling, health education, or laboratory services to clients. Health workers were not eligible for interviewing, for example, if they only take measurements or complete registers and do not provide any type of professional client services. In each facility, the aim was to interview an average of eight providers who provided the range of services being assessed. In facilities with less than eight health care providers, all providers present on the day of the visit were interviewed. In facilities with more than eight providers, efforts were made to interview eight providers, including all of those who provided information for any section of the Facility Inventory Questionnaire and others involved in delivering services for which information was collected in the BHFS. In a few cases, the staff members present on the day of the assessment may not have been representative of the staff that usually provides the services being assessed. The health care provider data were weighted during the analysis to account for differentials from over-sampling or under-sampling of providers with a particular qualification in a facility type, location, or division.

**Table 2.5** shows the distribution of health care providers who were interviewed with the Health Care Provider Interview Questionnaire, by background characteristics and provider qualification. A total of 5,400 providers were interviewed, with the highest percentage of interviews conducted in CCs (40%).

### LIST OF TABLES

- **Table 2.1** Bangladesh health facility distribution by division and health facility type
- **Table 2.2** Health facility sample allocation by division and health facility type
- **Table 2.3** Results of facility contacts by background characteristics
- **Table 2.4** Distribution of surveyed facilities by background characteristics
- **Table 2.5** Distribution of interviewed providers



**Table 2.1 Bangladesh health facility distribution by division and health facility type**

Division	UHFWC							NGO				Total
	CC	USC/RD	FWC	Upgraded		MCWC	DH	Clinic		Hospital	PH	
				FWC	UHC			NHSDP	Other			
Barishal	1,061	58	208	28	34	10	6	14	34	1	13	1,467
Chattogram	2,400	238	468	203	89	18	11	101	55	0	164	3,747
Dhaka	2,431	308	422	184	75	14	14	114	167	3	215	3,947
Khulna	1,640	133	345	99	51	14	10	50	44	1	47	2,434
Mymensingh	1,147	114	195	45	30	4	3	20	22	0	14	1,594
Rajshahi	1,900	321	378	40	61	13	7	33	60	0	42	2,855
Rangpur	1,777	198	306	71	50	12	7	33	26	0	34	2,514
Sylhet	855	75	114	86	31	6	4	33	15	0	34	1,253
<b>Bangladesh</b>	<b>13,211</b>	<b>1,445</b>	<b>2,436</b>	<b>756</b>	<b>421</b>	<b>91</b>	<b>62</b>	<b>398</b>	<b>423</b>	<b>5</b>	<b>563</b>	<b>19,811</b>

DH = district hospital, MCWC = mother and child welfare center, UHC = upazila health complex, UHFWC = union health and family welfare center, USC/RD = union subcenter/rural dispensary, CC = community clinic, NGO = nongovernmental organization, PH = private hospital

**Table 2.2 Health facility sample allocation by division and health facility type**

Division	UHFWC							NGO			Total
	CC	USC/RD	FWC	Upgraded		MCWC	DH	Clinic	Hospital	PH	
				FWC	UHC						
Barishal	41	31	108	12	26	10	6	27	1	13	275
Chattogram	48	50	63	44	25	18	11	18	0	36	313
Dhaka	45	23	26	20	15	14	14	18	3	21	199
Khulna	43	19	25	17	14	14	10	13	1	13	169
Mymensingh	39	18	22	13	12	4	3	11	0	9	131
Rajshahi	35	24	25	16	17	13	7	17	0	16	170
Rangpur	45	22	25	16	14	12	7	11	0	12	164
Sylhet	35	29	49	16	18	6	4	10	0	12	179
<b>Bangladesh</b>	<b>331</b>	<b>216</b>	<b>343</b>	<b>154</b>	<b>141</b>	<b>91</b>	<b>62</b>	<b>125</b>	<b>5</b>	<b>132</b>	<b>1,600</b>

DH = district hospital, MCWC = mother and child welfare center, UHC = upazila health complex, UHFWC = union health and family welfare center, USC/RD = union subcenter/rural dispensary, CC = community clinic, NGO = nongovernmental organization, PH = private hospital

**Table 2.3 Results of facility contacts by background characteristics**

Percent distribution of sampled facilities according to result of visit of the survey team to the facility, by background characteristics, Bangladesh HFS 2017

Background characteristic	Completed	Respondent not available	Refused	Closed/ not yet operational	Other	Total percent	Number of facilities surveyed
<b>Facility type</b>							
<b>District and upazila public facilities</b>	<b>99.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>	<b>0.0</b>	<b>100.0</b>	<b>294</b>
DH	100.0	0.0	0.0	0.0	0.0	100.0	62
MCWC	98.9	0.0	0.0	1.1	0.0	100.0	91
UHC	100.0	0.0	0.0	0.0	0.0	100.0	141
<b>Union-level public facilities</b>	<b>94.8</b>	<b>1.4</b>	<b>0.0</b>	<b>3.1</b>	<b>0.7</b>	<b>100.0</b>	<b>714</b>
UHFWC	96.2	1.2	0.0	2.2	0.4	100.0	498
USC/RD	91.7	1.9	0.0	5.1	1.4	100.0	216
<b>Community clinic (CC)</b>	<b>98.5</b>	<b>0.6</b>	<b>0.0</b>	<b>0.9</b>	<b>0.0</b>	<b>100.0</b>	<b>330</b>
<b>NGO clinic/hospital</b>	<b>94.6</b>	<b>0.0</b>	<b>0.0</b>	<b>4.6</b>	<b>0.8</b>	<b>100.0</b>	<b>130</b>
<b>Private hospital</b>	<b>80.3</b>	<b>0.0</b>	<b>0.8</b>	<b>15.2</b>	<b>3.8</b>	<b>100.0</b>	<b>132</b>
<b>Location</b>							
Urban	92.7	0.0	0.2	5.8	1.2	100.0	413
Rural	96.1	1.0	0.0	2.4	0.5	100.0	1,187
<b>Division</b>							
Barishal	94.5	1.5	0.4	2.9	0.7	100.0	275
Chattogram	96.5	0.3	0.0	2.9	0.3	100.0	313
Dhaka	94.5	1.5	0.0	3.5	0.5	100.0	199
Khulna	97.0	1.8	0.0	1.2	0.0	100.0	169
Rajshahi	94.7	0.0	0.0	2.9	2.4	100.0	170
Rangpur	96.3	0.6	0.0	2.4	0.6	100.0	164
Sylhet	91.1	0.0	0.0	8.4	0.6	100.0	179
Mymensingh	97.7	0.0	0.0	1.5	0.8	100.0	131
Total	95.3	0.8	0.1	3.3	0.7	100.0	1,600
Total excluding CCs	94.4	0.8	0.1	3.9	0.9	100.0	1,270

Note: The percentages in some rows may not add up to 100% due to rounding.

DH = district hospital, MCWC = mother and child welfare center, UHC = upazila health complex, UHFWC = union health and family welfare center, USC/RD = union subcenter/rural dispensary, CC = community clinic

**Table 2.4 Distribution of surveyed facilities by background characteristics**

Percent distribution and number of surveyed facilities, by background characteristics, Bangladesh HFS 2017

Background characteristic	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
<b>Facility type</b>			
<b>District and upazila public facilities</b>	<b>2.9</b>	<b>44</b>	<b>293</b>
DH	0.3	5	62
MCWC	0.5	7	90
UHC	2.1	32	141
<b>Union-level public facilities</b>	<b>23.7</b>	<b>361</b>	<b>677</b>
UHFWC	16.4	250	479
USC/RD	7.3	111	198
<b>Community clinic (CC)</b>	<b>66.4</b>	<b>1,012</b>	<b>325</b>
<b>NGO clinic/hospital<sup>1</sup></b>	<b>4.2</b>	<b>64</b>	<b>123</b>
<b>Private hospital</b>	<b>2.8</b>	<b>43</b>	<b>106</b>
<b>Location</b>			
Urban	7.1	108	383
Rural	92.9	1,416	1,141
<b>Division</b>			
Barishal	7.4	113	260
Chattogram	18.9	288	302
Dhaka	19.9	304	188
Khulna	12.3	187	164
Rajshahi	14.4	220	161
Rangpur	12.7	193	158
Sylhet	6.3	96	163
Mymensingh	8.0	123	128
Total	100.0	1,524	1,524
Total excluding CCs	na	512	1,199

<sup>1</sup> The NGO category includes facilities run by local governments.  
na = Not applicable

**Table 2.5 Distribution of interviewed providers**

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, Bangladesh HFS 2017

Background characteristic	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
<b>Facility type</b>			
<b>District and upazila public facilities</b>	<b>24.9</b>	<b>1,343</b>	<b>2,921</b>
DH	7.1	383	825
MCWC	0.9	50	374
UHC	16.9	910	1,722
<b>Union-level public facilities</b>	<b>16.6</b>	<b>895</b>	<b>977</b>
UHFWC	11.6	625	688
USC/RD	5.0	270	289
<b>Community clinic (CC)</b>	<b>40.4</b>	<b>2,182</b>	<b>437</b>
<b>NGO clinic/hospital</b>	<b>7.3</b>	<b>395</b>	<b>431</b>
<b>Private hospital</b>	<b>10.8</b>	<b>585</b>	<b>634</b>
<b>Location</b>			
Urban	32.1	1,732	2,961
Rural	67.9	3,668	2,439
<b>Division</b>			
Barishal	6.6	357	813
Chattogram	19.3	1,043	1,067
Dhaka	25.1	1,355	729
Khulna	12.0	646	670
Rajshahi	13.6	736	649
Rangpur	10.7	580	542
Sylhet	5.8	314	468
Mymensingh	6.8	370	462
<b>Provider type</b>			
Specialist <sup>1</sup>	3.1	169	304
General practitioner <sup>2</sup>	9.8	530	917
Paramedic <sup>3</sup>	22.3	1,202	1,756
Nurse/midwife <sup>4</sup>	17.1	922	1,390
Field supervisor <sup>5</sup>	0.1	8	6
Medical/pharmaceutical technician <sup>6</sup>	4.8	257	413
Other health providers <sup>7</sup>	42.8	2,312	614
Total	100.0	5,400	5,400
<i>Total excluding CCs</i>	<i>na</i>	<i>3,218</i>	<i>4,963</i>

<sup>1</sup> Specialist (consultant) medicine (including cardiology), specialist (consultant) general surgery, specialist (consultant) obstetrics/gynecology, specialist (consultant) pediatrics, specialist (consultant) psychiatry, specialist (consultant) anesthesia, or any other specialist not listed above

<sup>2</sup> Medical officer (MBBS) (any non-specialist doctor, including assistant surgeon, emergency medical officer [EMO], indoor medical officer [IMO], maternal and child health/family planning medical officer [MCH/FP], or residential medical officer [RMO], regardless of designation or title) or medical officer—anesthetist or dental surgeon

<sup>3</sup> SACMO/medical assistant, family welfare visitor (FWV), or paramedic in private/NGO

<sup>4</sup> Nurse/midwife, matron, nursing supervisor, senior staff nurse, assistant nurse/staff nurse in private, midwife or DAI nurse

<sup>5</sup> Health inspector or assistant health inspector

<sup>6</sup> Medical technologist-laboratory or medical technologist Expanded Program on Immunization (EPI)

<sup>7</sup> Family welfare assistant (FWA), health assistant, community health care provider (CHCP), TB leprosy control assistant (TLCA), counselor, nutritionist or health educator, other providers

na = Not applicable

## Key Findings

- Nearly all health facilities in Bangladesh offer antenatal and postnatal care for women, care for sick children, health care for adolescents, and nutrition services. More than 85% provide family planning and child vaccination services. Non-communicable disease diagnosis or management, tuberculosis diagnosis or treatment, and normal delivery care services are less commonly available. Cesarean deliveries are available at 4% of facilities (Table 3.1).
- Almost three quarters of facilities offer basic client services (outpatient care for sick children, child growth monitoring, child vaccinations, modern methods of family planning, and antenatal care). Availability of these services has increased from 44% in 2014 BHFS to 72% in 2017 BHFS. If normal delivery care is added to the basic service package, however, only 16% of facilities qualify as full providers (Table 3.2 and Figure 3.1).
- Six basic amenities—regular electricity, an improved source of water, privacy during patient consultations, a latrine for clients, a land-line or mobile phone, and a computer with Internet access—are considered essential for rendering services in health facilities. Between 2014 and 2017, there were notable increases in the availability of regular electricity (from 22% to 43%), privacy during patient consultations (from 39% to 70%), a client latrine (from 72% to 79%), and a computer with Internet access (from 37% to 58%). Only the availability of functional land-line/mobile phones declined, from 20% in 2014 BHFS to 11% in 2017 BHFS. There was no change in the availability of emergency transport (5%) (Table 3.3 and Figures 3.2 through 3.10).
- Twenty-eight percent of facilities had all six basic items of equipment for providing quality services (stethoscope, thermometer, blood pressure apparatus, adult scale, child or infant scale, and light source), as compared with 26% in 2014 (Table 3.4).
- Nongovernmental (NGO) facilities are most likely to have standard precaution items for infection control, followed by private hospitals and district and upazila public facilities (Table 3.5 and Figure 3.12).
- The capacity of health facilities to conduct basic diagnostic tests is still very limited. The most widely available test is blood glucose, provided by only 20% of facilities. Only 4% of facilities offer all five basic diagnostic tests (hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy tests). Fourteen percent of district and upazila facilities and negligible proportions of union-level facilities and community clinics provide all five basic tests. More than half of private hospitals and 40% of nongovernmental

facilities offer the tests (Table 3.7.1, Figure 3.13, and Figure 3.14).

- The majority of district and private hospitals have functional x-ray machines, and their availability has improved in the last 3 years. However, availability at district and upazila public facilities is comparatively low (22%) and has declined slightly between 2014 and 2017 (Table 3.7.1 and Figure 3.15).
- Among essential medicines, ciprofloxacin tablets/capsules and omeprazole/cimetidine tablets/capsules are most widely available (above 90%) (Table 3.8.1).
- The percentages of filled physician (85%) and nurse (97%) positions are highest in NGO facilities (Table 3.11 and Figure 3.19).
- Removing offsite of sharps waste is most commonly removed offsite (33%), whereas non-sharps waste is most frequently disposed of through open burning (32%) (Table 3.12.1, Table 3.12.2, Figure 3.22, and Figure 3.23).

### 3.1 BACKGROUND

To improve the health status of the population, a health system needs essential inputs and requisite support systems that promote effective, efficient delivery of health services. Although health care services can be offered under various conditions, some common inputs are crucial under all conditions to ensure the quality of services, their acceptability, and their utilization. These essential inputs include human resources and equipment as well as pharmaceutical and medical supplies.

This chapter reports results from the 2017 BHFS on the availability of basic health services and essential resources and on management and support systems at the facility level. The chapter is divided into the following parts:

- **Availability of services.** Section 3.2, including **Tables 3.1** through **3.8.2** and **Figures 3.1** through **3.17**, describes the availability of client services at health care facilities in Bangladesh and reports on a range of indicators recommended by WHO to assess the readiness of facilities to provide good-quality client services, including the availability of basic amenities and equipment, infection control processes, diagnostic capacity, and essential medicines.
- **Basic management and support.** Section 3.3, including **Tables 3.9** and **3.10** and **Figure 3.18**, considers the extent to which essential management and administrative systems are in place to support the provision of quality services, including quality assurance monitoring and supportive management practices.
- **Staffing.** Section 3.4, including **Table 3.11** and **Figures 3.19** through **3.21**, provides information on staffing patterns at the different facility levels.
- **Medical waste management.** Section 3.5, including **Tables 3.12.1** and **3.12.2** and **Figures 3.22** and **3.23**, provides information on management of medical waste at the different facility levels.

## 3.2 AVAILABILITY OF SERVICES

### 3.2.1 Overall Availability of Specific Client Services

Policymakers and program managers can use information on the overall availability of health services in Bangladesh to identify gaps in the provision of key services. **Table 3.1** shows the percentages of all facilities that offer various client services.

Most health facilities (96%-99%) provide antenatal care, child curative care, adolescent health care, postnatal care, and nutrition services. Nine in 10 facilities offer postpartum family planning services, family planning services, and child vaccination services (through the government's Expanded Program on Immunization [EPI]). One-third of facilities offer services for laboratory diagnosis (35%), non-communicable disease diagnosis or management (33%), and tuberculosis (TB) diagnosis or treatment (30%). Although nearly one quarter of health facilities in Bangladesh provide normal delivery services, only 4% perform cesarean deliveries. This reflects that cesarean deliveries are performed only at hospitals. Very few facilities provide blood grouping and typing (8%) or blood transfusion (4%) services.

### 3.2.2 Availability of Basic Client Services

The availability of a basic package of health services, the frequency with which these services are offered, the presence of qualified staff for their delivery, and the overall ease of access to the health care system all contribute to client utilization of services at a health facility.

The BHFS defines basic client services as the following:

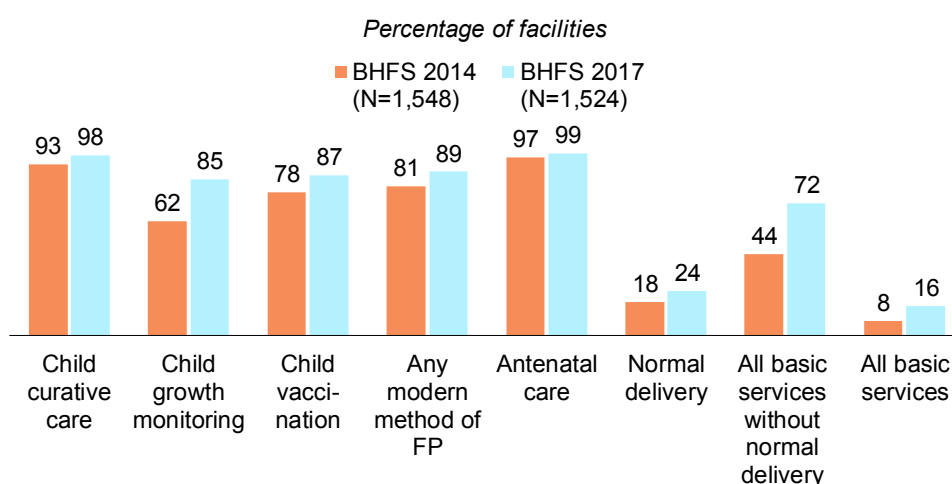
- Outpatient curative care for sick children
- Child growth monitoring services
- Facility-based child vaccination services.
- Provision of any modern method of family planning (FP)
- Antenatal care (ANC)
- Normal delivery

**Table 3.2**<sup>1</sup> and **Figure 3.1** present information on the availability of FP and basic maternal and child health services. Nearly all facilities offer ANC (99%) and child curative care (98%) services. As can be seen in **Table 3.2**, upazila health complexes (UHCs) are most likely to provide the full range of basic client services (including normal delivery) (92%), followed by district hospitals (DHs) (71%), mother and child welfare centers (MCWCs) (59%), and union health and family welfare centers (UHFWCs) (44%). Private hospitals (4%), community clinics (CCs) (6%), nongovernmental (NGO) clinics/hospitals (15%), and union subcenters/rural dispensaries (USC/RDs) (16%) are less likely to provide all basic services.

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<sup>1</sup> In Table 3.2, summary statistics are presented for all facilities including CCs and excluding CCs. The results for all facilities including CCs are disaggregated by facility type, location, and division. A similar format is followed in most of the other tables in this report.

**Figure 3.1 Availability of basic client services in health facilities**



**Table 3.2** shows that some major differences in service availability are observed when CCs are excluded from the analysis. The percentage of facilities that offer normal delivery increases from 24% to 57%, while the availability of child vaccinations declines from 87% to 70% and the availability of child growth monitoring services decreases from 85% to 76%. The increase in the percentage of facilities that offer delivery care is not surprising because very few CCs<sup>2</sup> currently offer delivery care. The decreases in child vaccination and child growth monitoring services point to the key role that CCs play in provision of these services.

The percentage of facilities providing the full package of basic services, including normal delivery, increased from 8% in 2014 to 16% in 2017, while the percentage of facilities offering all basic client services without normal delivery increased from 44% to 72%. The availability of each of the basic health services increased between 2014 and 2017.

### 3.2.3 General Service Preparedness

The BHFS collected information to assess the general preparedness of health facilities to offer quality health services. According to WHO (2013), an assessment of the general preparedness of a facility to provide quality services should consider the following six components:

- Basic amenities for client services
- Basic equipment to support quality health services
- Standard precautions for infection control in service delivery areas
- Capacity for adherence to standards for quality sterilization
- Diagnostic capacity
- Availability of essential medicine

During data collection, the BHFS interviewers verified that all components were present in the facility and in working order. The following sections present information from the 2017 BHFS on each of the six components for assessing general service preparedness.

<sup>2</sup> District and upazila public facilities offer child vaccination services without external support, while other public facilities offer vaccination services with the help of outreach EPI programs.



### *Basic Amenities for Client Services*

The components reviewed here are neither necessary nor sufficient to provide quality services. However, the availability of the following basic amenities is important to a client's satisfaction with health services rendered at a facility:

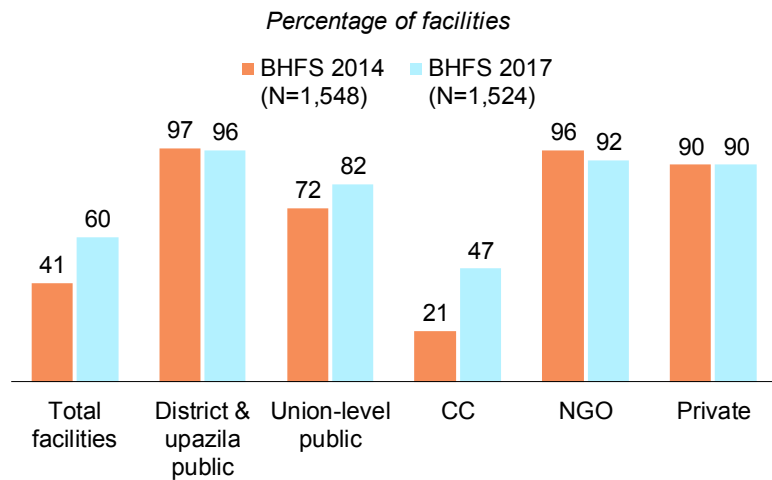
- Regular electricity
- Improved water source
- Visual and auditory privacy during consultations
- Client latrine
- Communication equipment (land-line/mobile phone)
- Computer with Internet access

In addition to these basic amenities, the 2017 BHFS considered the availability of emergency transport, another key component of client services. Emergency transport is expected to be available primarily in higher-level facilities; its availability also depends on the services provided by the facility. **Table 3.3** provides information on the availability of basic amenities for client services.

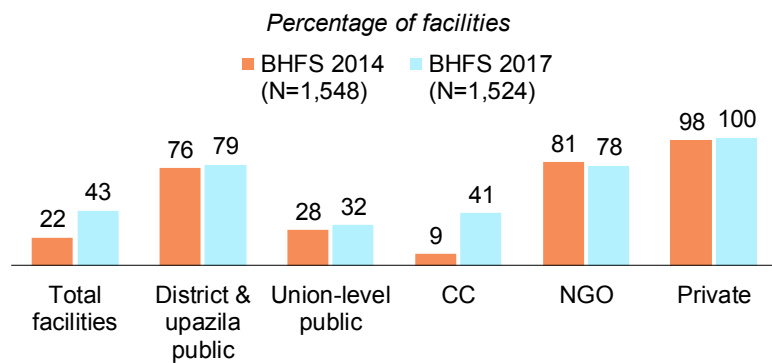
**Electricity.** The 2017 BHFS obtained information on the connectivity of facilities with the national electricity grid line and the availability of regular electricity (**Figure 3.2**). Regular electricity is considered to be available at a facility if one of the following conditions is met: the facility is connected to a central power grid and the power supply was not interrupted for more than 2 hours at a time during normal working hours in the 7 days before the survey, the facility has a functioning generator with fuel available on the day of the survey, or the facility has back-up solar power. Six of 10 health facilities are connected to the national electricity grid, as compared with 4 of 10 facilities in 2014. With the exception of CCs (47%), most facilities of all types are connected to the national grid (82%-96%) (**Table 3.3**).

More than 4 in 10 facilities now have regular electricity, as compared with 22% of facilities in 2014 (**Table 3.3** and **Figure 3.3**). Seventy-nine percent of district and upazila public facilities, 78% of NGO facilities, and all private hospitals have regular electricity. Since 2014, the availability of regular electricity has increased at union-level public facilities (from 28% to 32%) and CCs (from 9% to 41%).

**Figure 3.2 Availability of electricity from national electricity grid line, by facility type**



**Figure 3.3 Availability of regular electricity, by facility type\***

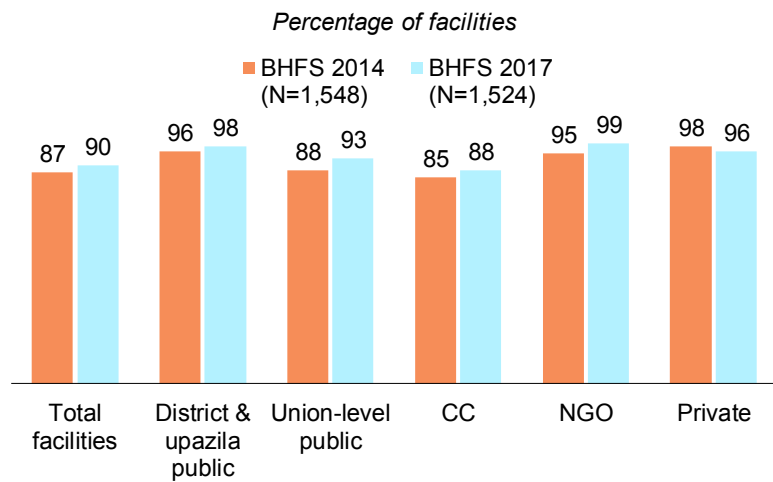


\* Regular electricity is considered to be available if facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power.

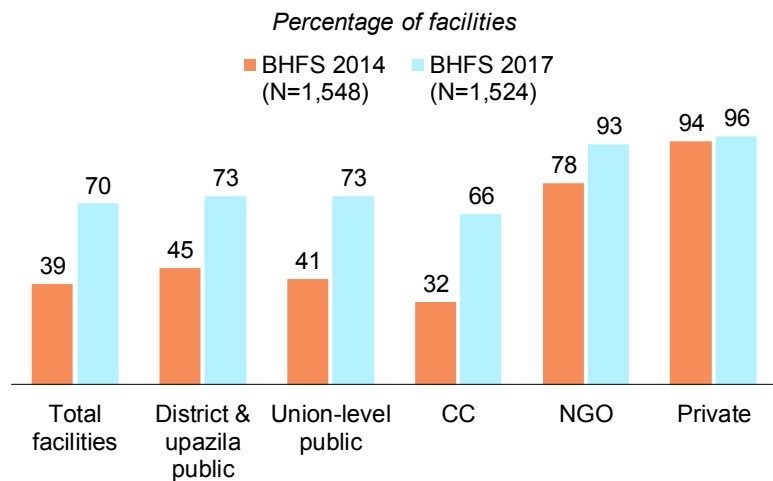
**Improved water source.** Overall, 90% of facilities have an improved water source, as compared with 87% in 2014. By facility type, the proportion with an improved water source varies from 88% in CCs to 99% in NGO clinics/hospitals. Rural facilities (90%) are less likely than urban facilities (98%) and facilities in Mymensingh (79%) are less likely than those in the other divisions to have an improved water source (**Figure 3.4**).

**Privacy during consultations.** Visual and auditory privacy is important in consultations with health care providers because it allows clients to express their problems without hesitation and in detail. Seven of 10 health facilities have the capacity to ensure privacy for clients during consultations, compared with 4 of 10 facilities in 2014. Private (96%) and NGO (93%) facilities are more likely than public sector facilities to be able to provide privacy. The ability to provide privacy has improved since 2014 in all types of facilities (**Figure 3.5**).

**Figure 3.4 Availability of improved water source, by facility type**



**Figure 3.5 Availability of privacy during consultations, by facility type**

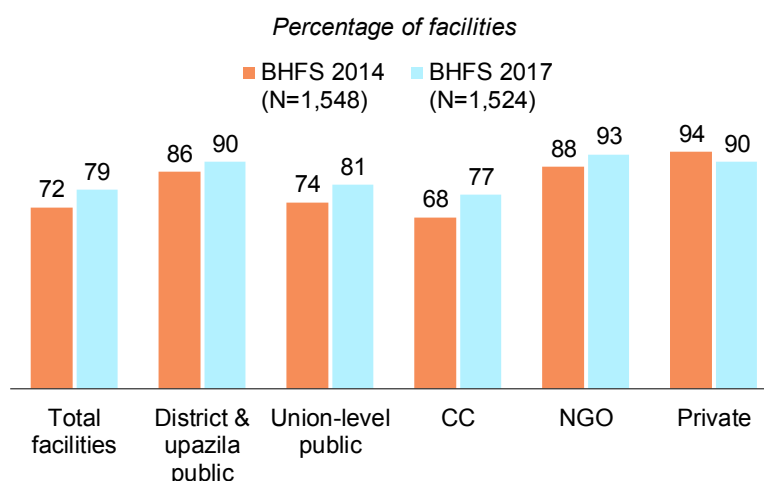


**Client latrine.** Overall, 79% of health facilities have a functioning client latrine. Nine of 10 district and upazila, NGO, and private facilities have a functioning latrine. Availability of a client latrine improved between 2014 and 2017 (from 72% to 79%) (**Figure 3.6**). The availability of an improved female toilet refers to a separate toilet for women with a functional water source. Seventeen percent (39% excluding CCs) of facilities have a separate improved latrine for women. The availability of a separate toilet for women is very low in union-level facilities (25%) and CCs (6%). Availability of a separate female toilet declined from 26% in 2014 to 17% in 2017 (**Figure 3.7**).

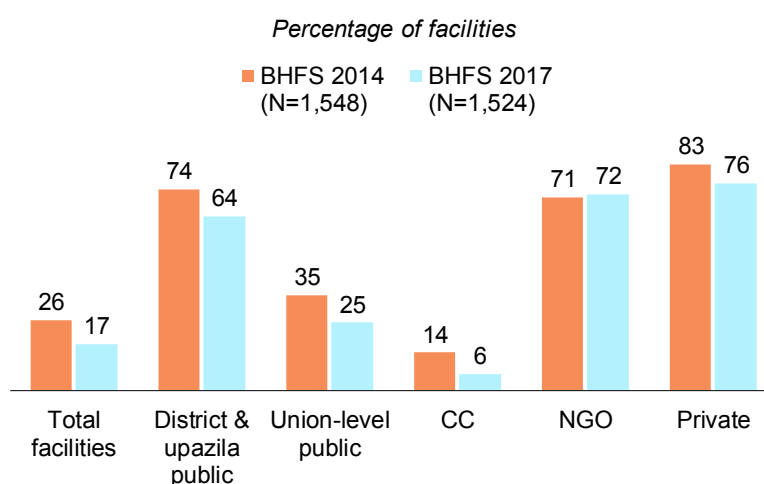
**Communication equipment.** Eleven percent of facilities have a functional land-line/mobile phone (**Table 3.3** and **Figure 3.8**). Availability of a land-line/mobile phone is highest at private facilities (95%) and district and upazila public facilities (82%) and lowest at union-level facilities and CCs (3% each). There is typically no provision for land-line or mobile phones at CCs; in some cases, however, providers at CCs can use their private mobile phones with the cost supported by the facility.

The percentage of facilities with land-line/mobile phones has decreased since 2014 (from 20% to 11%) due to declines in their availability in union-level public facilities and CCs.

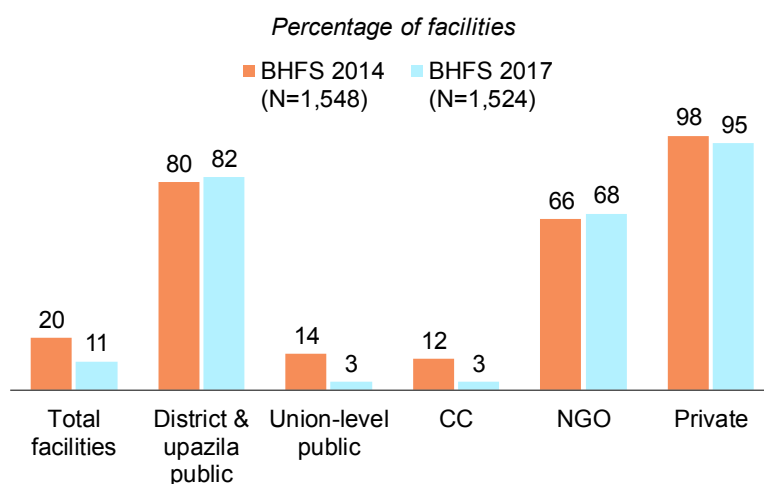
**Figure 3.6 Availability of client latrine, by facility type**



**Figure 3.7 Availability of separate latrine for female clients, by facility type**



**Figure 3.8 Availability of communication equipment (land-line/mobile phone), by facility type**



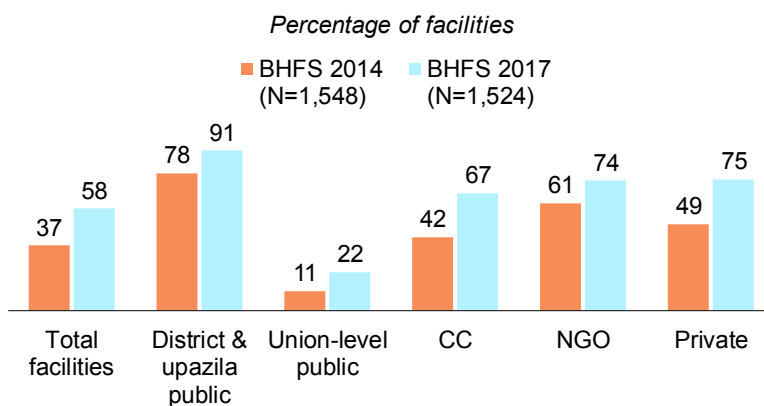
**Computer with Internet.** Nearly 60% (39% excluding CCs) of facilities have a functioning computer with Internet access. Union-level public facilities are least likely to have a functioning computer with an Internet connection (22%) (Table 3.3, Figure 3.9).

Between 2014 and 2017, the availability of a computer with an Internet connection increased notably across all types of facilities.

**Emergency transport.** Overall, transport for emergencies is available in only 5% (15% excluding CCs) of facilities (Table 3.3, Figure 3.10). District and upazila public facilities (79%) and private hospitals (62%) are much more likely than NGO facilities (22%) to have transport for emergencies. At public facilities, emergency transport is expected to be available primarily in upper-level facilities; availability also depends on the services provided by the facility. Thus, it is not surprising that there is considerable variability in the availability of emergency transport at public facilities. Ninety-seven percent of district hospitals, 82% of UHCs, and 56% of MCWCs have transport for emergencies, while union-level public facilities and CCs do not have emergency transport. The availability of transport for emergencies in public facilities has not improved since 2014.

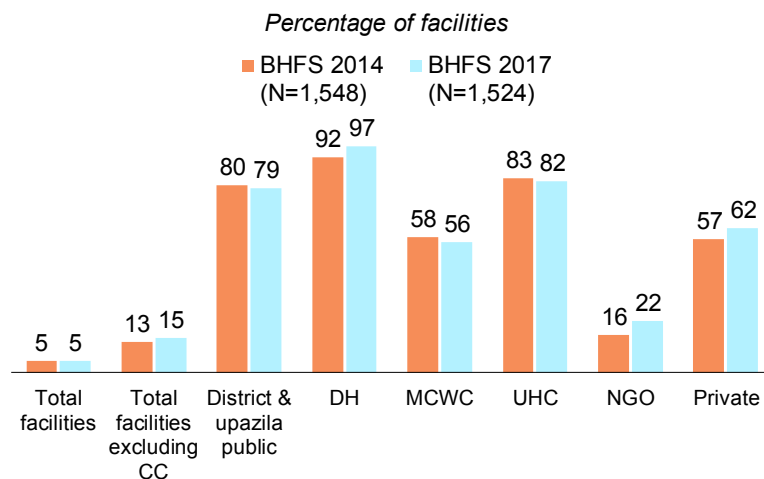
In summary, the ideal facility should have a safe and welcoming environment with regular electricity, an improved water source, privacy during consultations, a client latrine, a land-line/mobile phone, and a computer with Internet access. Figure 3.11 presents information on the availability of at least five of these six amenities in health facilities in Bangladesh, by facility type.

**Figure 3.9 Availability of a functioning computer with Internet,\* by facility type**



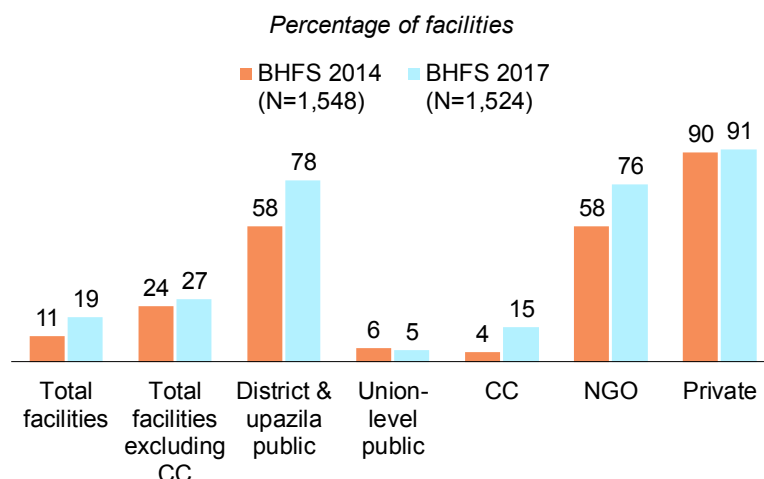
\* The facility has a functioning computer with access to the Internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the Internet via a cellular phone inside the facility.

**Figure 3.10 Availability of emergency transport, by facility type**



Overall, more than 75% of district and upazila public facilities, private hospitals, and NGO clinics have at least five of the six specified amenities considered basic to provision of client services. In sharp contrast, only 15% of CCs and 5% of union-level public facilities have at least five basic amenities. These low percentages are primarily due to the limited availability of computers with Internet access at union-level facilities and the lack of availability of regular electricity in most CCs. The availability of at least five basic amenities improved between 2014 and 2017 (from 11% to 19%) (Figure 3.11), and improvements occurred in all types of public health facilities other than union-level facilities.

**Figure 3.11 Availability of at least five basic amenities in health facilities, by facility type**



### Basic Equipment to Support Quality Health Services

Delivery of quality basic health services requires certain equipment. WHO and USAID have proposed a list of seven basic pieces of equipment that should be available at a health facility to guarantee its readiness to deliver basic health services (WHO 2012). The basic equipment considered necessary to support quality health services includes the following:

- Adult scale
- Child or infant scale
- Thermometer
- Stethoscope
- Blood pressure apparatus
- Light source

**Table 3.4** provides information from the 2017 BHFS on the availability of this basic equipment. Facilities are most likely to have a stethoscope (94%), followed by a thermometer or adult weighing scale (86% each) and a blood pressure apparatus (85%) (**Table 3.4**). More than half of facilities have an infant or child weighing scale (62%) and a light source (52%).

Overall, 28% of facilities have all six equipment items considered basic to providing quality client services, as compared with 26% in 2014. The availability of at least six equipment items is highest in NGO facilities and private hospitals (80% or more) and lowest in union-level facilities and CCs (23% each).

### Basic Items for Infection Control in Service Delivery Areas

Around the world, infections acquired in a health facility (known as nosocomial infections) often complicate the delivery of health care. Strict adherence to infection control guidelines and constant vigilance are necessary to prevent such infections. It is essential that a health facility have the supplies and equipment for infection control appropriate to the services offered. **Table 3.5** provides information on 18 items considered important for compliance with standard precautions for infection control in service delivery areas.

**Table 3.5** shows that only 11% (32% excluding CCs) of facilities have basic sterilization equipment for processing instruments for reuse. Such equipment includes:

- Functioning electric dry heat sterilizer
- Functioning electric autoclave
- Non-electric autoclave with a functioning heat source

As can be seen in **Table 3.5**, sterilization equipment is most often available at private hospitals (85%), district and upazila public facilities (72%), and NGO facilities (65%). CCs generally do not have provision for sterilization equipment, so it is not unexpected that less than 1% of these facilities reported having such equipment.

Slightly more than 7 in 10 facilities can safely dispose of sharps waste by incinerating or burning it, dumping it in a protected area, or storing it in a protected container for later removal. Sixty-four percent (63% excluding CCs) of facilities have containers for storage of sharps waste prior to disposal (sharps boxes). Syringes and needles for safely managing injections are available in nearly 8 of 10 facilities (**Table 3.5**).

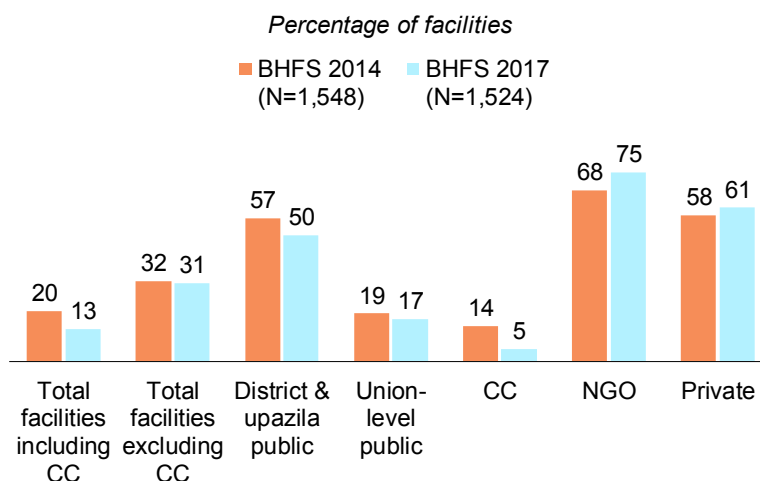
Disinfectants are available in 38% (55% excluding CCs) of facilities. Union-level public facilities and CCs are less likely than other types of facilities to have disinfectants (**Table 3.5**). Overall, 60% (70% excluding CCs) of facilities have soap and running water or alcohol-based hand disinfectant. DHs, MCWCs, UHCs, NGOs, and private hospitals are more likely to have soap and running water or alcohol-based hand disinfectant than union-level facilities and CCs.

Medical masks are available in 28% (40% excluding CCs) of facilities. **Table 3.5** shows that comparatively few union-level facilities (28%) and CCs (21%) have medical masks. Seventeen percent (21% excluding CCs) of facilities have guidelines on standard precautions for infection control available in the general outpatient area.

**Figure 3.12** presents information on an additional summary measure, the availability of at least seven items for infection control by facility type. District and upazila facilities (50%), NGO facilities (75%), and private hospitals (61%) have at least seven items for infection control. Considerably smaller proportions of union-level facilities (17%) and CCs (5%) have at least seven items.

The percentage of facilities with at least seven items for infection control has decreased since 2014, from 20% to 13%. The low proportion of facilities with at least seven items is due primarily to the limited availability of sterilization equipment, medical masks, and guidelines for standard precautions at union-level facilities and CCs.

**Figure 3.12 Availability of at least seven items for infection control in health facilities, by facility type**



### Capacity for Adherence to Standards for Quality Sterilization or High-level Disinfection

For most equipment used in client examinations, either sterilization or high-level disinfection (HLD) procedures are sufficient to prevent the spread of infection. However, to effectively kill the spores that cause illnesses such as tetanus, either dry heat sterilization or an autoclave system is required. This type of treatment is necessary for processing surgical equipment that will be reused, such as blade handles and scissors used to cut umbilical cords. The standard equipment necessary to process these types of instruments for reuse includes:

- Functioning electric dry heat sterilizer
- Functioning electric autoclave
- Non-electric autoclave with a functioning heat source
- Electric boiler or steamer
- Non-electric boiler or steamer with a functioning heat source

Depending on the size of the facility, equipment may be processed through different methods or at more than one site within the facility. The information presented in this chapter refers to the primary site in the facility where equipment is processed.

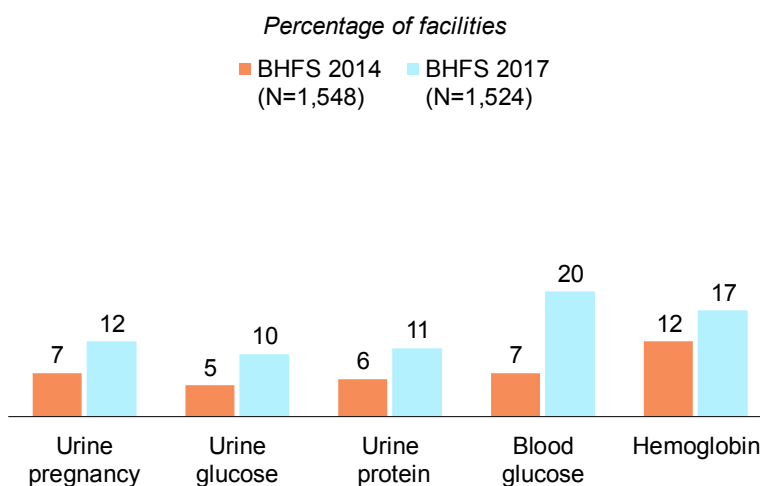
**Table 3.6** reports on the capacity of health facilities to process instruments for reuse, including the availability of sterilization equipment and an automatic timer and knowledge of the correct processing time. Overall, 38% (65% excluding CCs) of facilities have the functioning equipment or items necessary to perform an accepted method of equipment processing. Thirty-two percent (57% excluding CCs) of facilities have both functioning equipment and correct knowledge of the processing time. Only 7% (19% excluding CCs) of facilities have the necessary equipment, knowledge of processing time, and an automatic timer. Written guidelines for sterilization or HLD are available at 11% (23% excluding CCs) of facilities.

### Diagnostic Capacity

Provision of diagnostic services, including laboratory tests and diagnostic imaging, is essential for clinical decision making and for enhancing delivery of quality health care. In fact, case management for conditions such as TB depends entirely on laboratory and/or imaging results. **Tables 3.7.1** and **3.7.2** and **Figures 3.13** and **3.14** present information on the diagnostic capacity of health facilities in Bangladesh. The items included in these tables and figures are based on the methodology proposed by WHO and USAID for measuring diagnostic capacity as a component of assessing general service preparedness (WHO 2012).

**Table 3.7.1** shows that, overall, the capacity of health facilities to perform basic laboratory diagnostic tests is still very limited. Facilities are most likely to have the capacity to measure blood glucose; however, these tests are offered at only one in five facilities (**Figure 3.13**).

**Figure 3.13 Capacity to conduct basic laboratory diagnostic tests in health facilities**





The limited capacity of facilities to perform basic tests is further highlighted in **Figure 3.14**, which shows the proportion of facilities that can perform five basic tests. Since 2014, the capacity of facilities to perform each of these basic tests has increased:

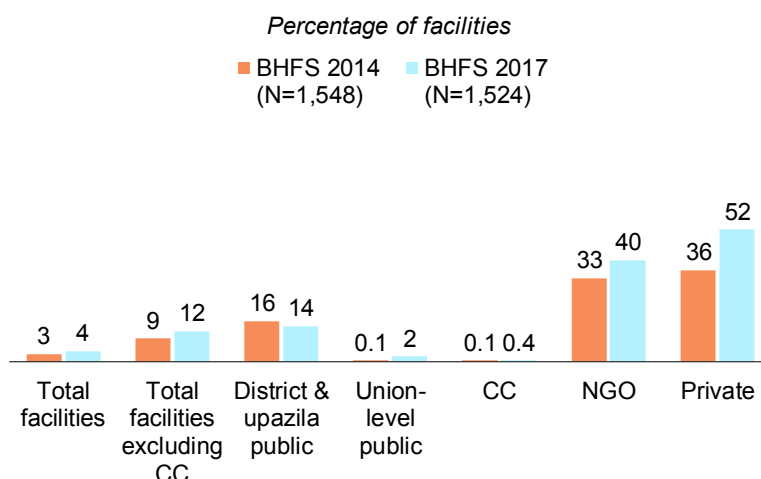
hemoglobin, from 12% to 17%;  
 blood glucose, from 7% to 20%;  
 urine protein, from 6% to 11%;  
 urine glucose, from 5% to 10%;  
 and urine pregnancy tests, from 7% to 12%.

Only 4% of facilities perform all five of these basic diagnostic tests (**Table 3.7.1** and **Figure 3.14**). Fourteen percent of district and upazila facilities provide all of the basic tests, as compared with more than half of private hospitals and 40% of NGO facilities. As expected, since they generally do not have provision for offering these tests, only a negligible proportion of union-level facilities and CCs carry out all five basic laboratory tests.

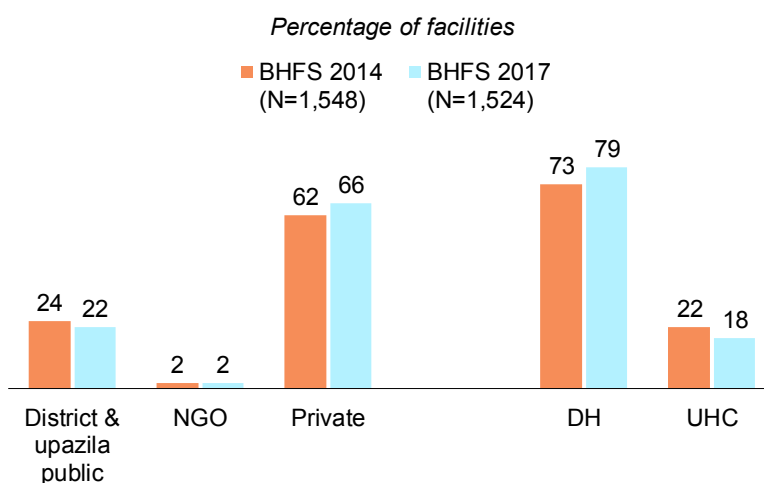
Advanced laboratory diagnostic tests and equipment for diagnostic imaging were available only at district hospitals, UHCs, NGO facilities, and private hospitals. Private hospitals are more likely than other types of facilities to provide many of the advanced diagnostic tests; however, DHs are more likely than private hospitals to have the capacity to perform TB microscopy and TB rapid diagnostic tests.

**Figure 3.15** shows the availability of a functional x-ray machine in district and upazila facilities, NGO facilities, and private hospitals. The majority of DHs (79%) have functional x-ray machines, and the availability of this equipment has improved slightly in the past 3 years. Only 18% of UHCs have functional x-ray machines, and availability has decreased since 2014. More than 65% of private hospitals have a functional x-ray machine, but only a negligible proportion (2%) of NGO facilities have this equipment.

**Figure 3.14 Availability of all five basic laboratory diagnostic tests in health facilities, by facility type**



**Figure 3.15 Availability of functional x-ray machine in health facilities, by facility type**



The BHFS also obtained information on the availability of functional ultrasound machines. Seventy-four percent of DHs and 14% of UHCs have a functional ultrasound machine, as compared with 63% and 4%, respectively, in 2014 (Table 3.7.1 and Figure 3.16). More than two-thirds of private hospitals and 26% of NGO facilities have ultrasound machines, with availability increasing over the past 3 years.

**Figure 3.16 Availability of functional ultrasound machine in health facilities, by facility type**

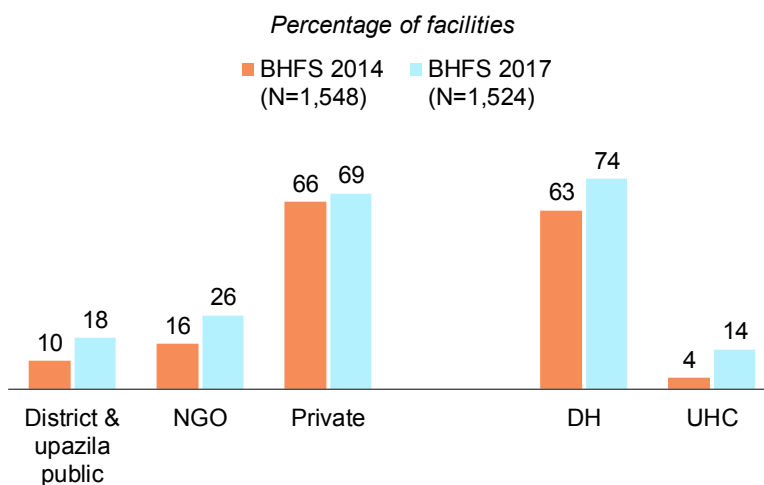


Table 3.7.2 presents information on diagnostic capacity by urban-rural location and division. The results show that the proportion of urban facilities offering basic laboratory tests varies from 19% for TB microscopy to 80% for hemoglobin, while the availability of basic tests in rural facilities ranges from less than 1% for TB microscopy, liver or renal function test to 17% for blood glucose. One-third or fewer urban health facilities offer any advanced-level tests, and these tests are virtually unavailable in rural areas. Diagnostic imaging also is generally limited to urban facilities.

An assessment of variations in diagnostic capacity by division shows that, overall, blood glucose tests are the most widely available basic tests, while advanced-level diagnostic tests are generally less available. Across divisions, 6% or less of health facilities have imaging equipment available.

### Availability of Essential Medicines

Consistent availability of essential medicines is critical to the delivery of quality health services. The 2017 BHFS assessed the availability of 14 essential medicines in concurrence with the service readiness indicators proposed by WHO and USAID (WHO 2012). Table 3.8.1 presents information on the availability of these medicines at health facilities.

Overall, ciprofloxacin tablets/capsules are the most widely available of these essential medicines; 95% (93% excluding CCs) of facilities had ciprofloxacin available on the day of the survey. Public facilities and NGO facilities (over 90%) are more likely than private hospitals (78%) to have ciprofloxacin tablets/capsules. Omeprazole/cimetidine tablets/capsules are the next most widely available of the essential medicines.

Amitriptyline tablets, atenolol tablets, captopril tablets, glibenclamide tablets, and simvastatin tablets are least available; on average, in 6% or less of facilities have these essential medicines. The limited availability of these medicines reflects the fact that they are generally provided only at higher-level health facilities and are not expected to be available at lower-level facilities.

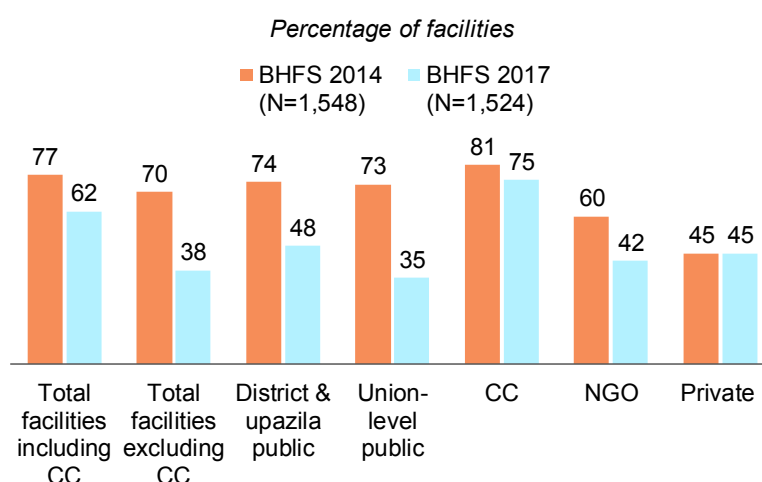
Table 3.8.2 shows that, with the exception of amoxicillin tablets/capsules, ciprofloxacin tablets/capsules, cotrimoxazole oral suspension, omeprazole/cimetidine tablets/capsules, paracetamol suspension, and salbutamol inhalers, urban-rural gaps in the availability of essential medicines are above 20%. Examining differences by division, ciprofloxacin tablets/capsules and omeprazole/cimetidine tablets/capsules are the most widely available medicines (88% or more in all divisions). On the other hand, medicines such as amitriptyline tablets/capsules, atenolol tablets/capsules, captopril tablets/capsules, ceftriaxone injectable, glibenclamide tablets/capsules, and simvastatin tablets/capsules are much less frequently available.

As another measure of the availability of drugs, the information obtained in the BHFS can be used to assess the availability of eight essential medicines included in the drug and dietary supply (DDS) kit. A DDS kit is a box of pre-selected essential drugs and dietary items to be dispensed by community service providers at UHFWCs for patient management. They receive DDS kits at different intervals from the central warehouse, with the following items included:

- Amoxicillin tablets/capsules
- Amoxicillin syrup
- Paracetamol tablets
- Paracetamol syrup
- Tetracycline/chloramphenicol eye ointment
- Cotrimoxazole
- Iron tablets
- Vitamin A capsules

**Figure 3.17** shows the availability of at least six of the eight essential medicines in the DDS kit. Sixty-two percent (38% excluding CCs) of health facilities have at least six of the medicines in the DDS kit, as compared with 77% (70% excluding CCs) in 2014. Among public facilities, CCs (75%) are most likely to have at least six of the medicines. About 4 in 10 NGO facilities and private hospitals have at least six of the medicines.

**Figure 3.17 Availability of at least six essential medicines of a DDS kit in health facilities, by facility type**



### 3.3 BASIC MANAGEMENT SYSTEMS TO SUPPORT AND MAINTAIN QUALITY SERVICES AND APPROPRIATE CLIENT UTILIZATION

Basic management and administrative systems are necessary to ensure that health services are provided consistently at an acceptable level of quality. The 2017 BHFS elicited information on:

- Supportive management practices for providers
- Quality assurance
- Client feedback

#### 3.3.1 Supportive Management Practices for Providers

Health facilities are considered to have supportive management practices if they had external supervision during the 6 months before the survey and if staff members received routine training and personal supervision. **Table 3.9** presents information on supportive management practices.

##### *External Supervision*

Supervision by external managers has many benefits. It can help ensure that system-wide standards and protocols are followed at the facility level and promote an organizational culture that expects standards and protocols to be followed. External supervision provides an opportunity to expose staff members to a wider scope of ideas and relevant experiences. It can also motivate service providers, especially if the supervisor is supportive.

Overall, 92% (88% excluding CCs) of facilities reported that they received external supervision in the 6 months preceding the BHFS (**Table 3.9**). Recent supervision is common across all types of facilities, ranging from 53% among private hospitals to 96% among NGO facilities. Facilities in rural areas (94%) are more likely than facilities in urban areas (79%) to have external supervision.

### *Staff Training*

Staff training is essential for updating health workers with knowledge, skills, and technical competence to improve the quality of health care services. The 2017 BHFS assessed whether health care providers had received any formal or structured in-service training related to the services they offer in the 24 months preceding the survey. If more than half of providers at a facility had received such training, the facility was deemed to have routine staff training.

Overall, 79% (65% excluding CCs) of facilities have routine staff training (**Table 3.9**). Private hospitals (24%) are less likely than other types of facilities to have routine staff training. Routine training is much more common in rural facilities (84%) than urban facilities (55%). The proportion of facilities with routine staff training varies considerably by division, from 73% in Chattogram to 88% in Sylhet.

### *Personal Supervision of Health Service Providers*

While facility-level supervision is critical to support quality service provision throughout the health care system, personal supervision is essential to assess the work of individual staff members. Personal supervision identifies each employee's strengths and weaknesses and provides appropriate support. The 2017 BHFS defined a health facility as having personal supervision of health care providers if at least half of the providers reported being personally supervised at least once during the 6 months preceding the survey. Almost all facilities (95%) have routine staff supervision (**Table 3.9**).

### *Training and Personal Supervision*

The combination of routine staff training and supervision is crucial to achieving competence and sustaining quality health service delivery. Overall, 74% (59% excluding CCs) of facilities have both routine staff training and personal supervision of health workers (**Table 3.9**). Only CCs (89%) exceed the national average with respect to routine training and personal supervision. The proportion of facilities with both routine training and personal supervision is much higher in rural (79%) than urban (52%) areas. By division, the percentage of facilities with both training and supervision varies from 63% in Chattogram to 83% in Mymensingh.

### *Supportive Management Practices*

A facility was considered to have supportive management practices if the facility had an external supervisory visit during the 6 months before the assessment and staff had received both routine training and supervision. Overall, 71% (55% excluding CCs) of facilities have all of these supportive management practices in place (**Table 3.9**). There is considerable variability in the extent of supportive management practices among the various facility types. For example, 53% of district and upazila public facilities have supportive management practices in place, as compared with 85% of public community clinics. Supportive management practices are much less common in private hospitals (8%) than in any of the public facilities or in NGO facilities (72%).

## **3.3.2 Quality Assurance**

Quality assurance (QA) refers to a system for monitoring quality of care, identifying problems, and instituting changes to resolve those problems. QA systems require an established standard against which quality is measured. There must be systematic methods to assess results and develop interventions. The following are examples of QA activities and approaches:

- A supervisory checklist for health systems, which documents the presence of equipment and supplies, the completeness of health management information system accounts, and other process indicators.
- A supervisory checklist for health service provision, which verifies specific content in client assessments, treatments, or consultations. This list is often used to document the provision of care.
- A facility-wide review of mortality, which is a structured system to review the records of each client who dies. There is usually a committee established for this purpose.
- Audits of medical records or registers, which check medical records for specific items or information and assess adherence to protocols.

Overall, only 15% (20% excluding CCs) of facilities report that they have regular QA activities and have evidence of such activities (**Table 3.10**). NGO facilities (54%) are most likely and private hospitals (10%) are least likely to report QA activities and have supporting documentation. Among district and upazila facilities, 61% of DHs, 51% of UHCs, and 30% of MCWCs reported QA activities and provided documentation. In contrast, only 12% of union-level facilities and CCs have documented QA activities.

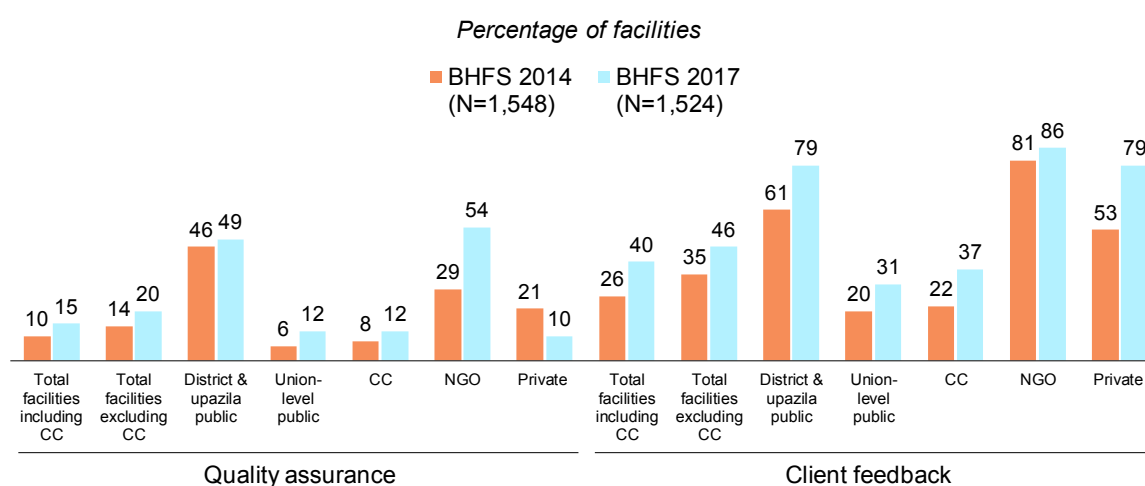
### 3.3.3 Client Feedback

Obtaining client feedback on health service delivery provides an opportunity for management to take remedial actions and to increase the satisfaction of health service users. Feedback is critical to providing health services that meets clients' expectations. The 2017 BHFS assessed whether facilities have a system to elicit and review client opinion.

Overall, only 40% (46% excluding CCs) of facilities have systems to elicit and review client opinion (**Table 3.10**). NGO facilities (86%), district and upazila facilities (79%), and private hospitals (79%) are more likely than union-level facilities (31%) and CCs (37%) to have such systems in place. Among district and upazila facilities, 87% of DHs, 84% of UHCs, and 52% of MCWCs have client feedback systems.

The proportion of health facilities with quality assurance and client feedback systems in place has improved since 2014 in all facility types (**Figure 3.18**).

**Figure 3.18 Quality assurance and client opinion, by facility type**



## 3.4 AVAILABILITY OF HUMAN RESOURCES FOR HEALTH

WHO considers the health workforce to be one of the key building blocks in any health system. As part of its continuing effort to improve health service provision in the public sector, the Government of Bangladesh is committed to augmenting human resources for health.

As part of the assessment of general preparedness for service delivery, the BHFS collected information on staffing patterns. **Table 3.11** and **Figures 3.19** through **3.21** show the percentages of sanctioned health care provider posts filled in the surveyed facilities, by provider category and type of facility.

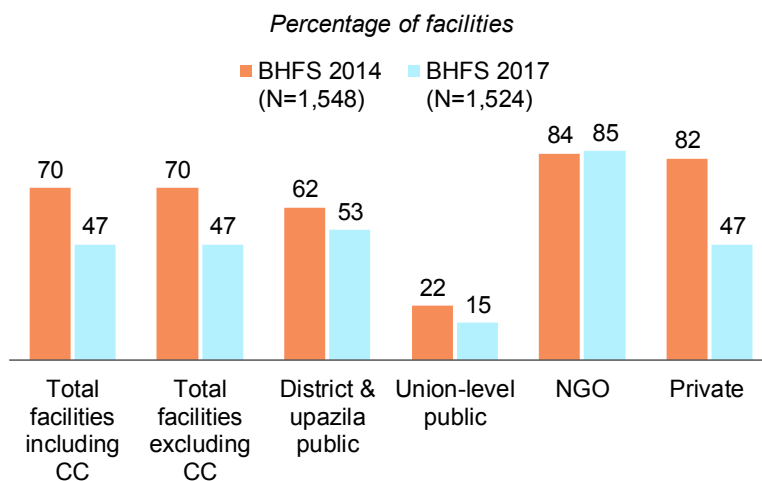
**Manager/administrator category:**

In district and upazila public facilities, 87% of manager/administrator posts are filled. In NGO and private facilities, 98% and 94% of posts, respectively, are filled (**Table 3.11**).

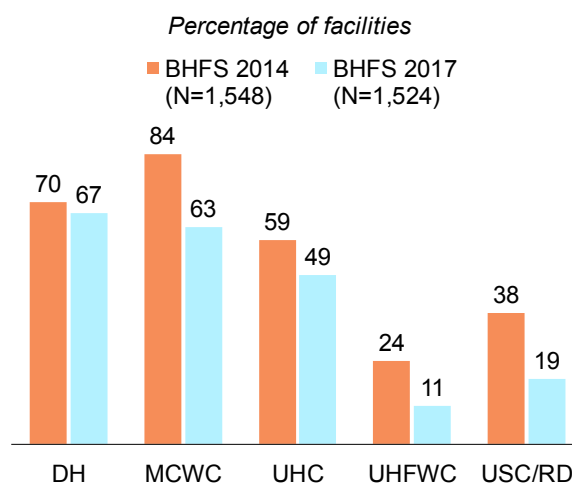
**Physician category:** The BHFS obtained information on filled posts of *physicians* categorized as *specialists* and *general practitioners*. Among public facilities, specialists were expected and found only in DHs and UHCs, where 62% and 33% of specialist posts are filled, respectively. In NGO and private facilities, 76% and 21% of specialist posts, respectively, are filled. In the general practitioner category, 86% of sanctioned posts are filled in NGO facilities, 68% in private hospitals, 63% in district and upazila public facilities, and 15% in union-level public facilities (**Table 3.11**).

The survey also examined the overall status of filled physician posts by combining the specialist and general practitioner categories. The percentage of these sanctioned physician posts filled is lowest in union-level facilities (15%). In contrast, sanctioned physician posts are filled in 85% of NGO facilities, 53% of district and upazila facilities, and 47% of private hospitals (**Table 3.11**). **Figure 3.19** compares filled physician posts in 2014 and 2017, while **Figure 3.20** shows trends in filled physician posts in public facilities during that period.

**Figure 3.19 Trends in physician positions filled, by facility type**

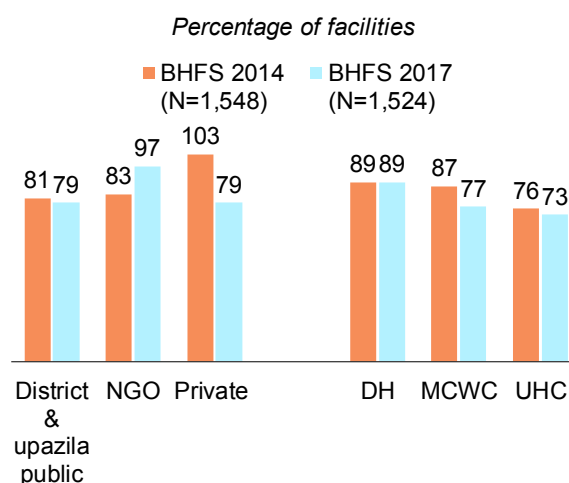


**Figure 3.20 Trends in physician positions filled in public health facilities, by facility type**



**Nurse/midwife category:** Staffing patterns for nurses are much better than those for physicians. Seventy-nine percent of sanctioned posts in private hospitals, 97% in NGO facilities, and 79% in district and upazila public facilities are filled (**Table 3.11**). Between 2014 and 2017, the percentage of filled nurse/midwife positions increased in NGO facilities, remained similar in district and upazila facilities, and decreased drastically in private hospitals (**Figure 3.21**).

**Figure 3.21 Trends in nurse/midwife positions filled in different facilities**



**Paramedic category:** Staffing patterns and distributions of paramedic positions are more equitable across the different sectors. More than 90% of paramedic positions are filled in NGO facilities and private hospitals. Vacancies in paramedic positions are highest in district and upazila public facilities (**Table 3.11**).

**Field supervisor category:** Field supervisors are found only in district and upazila public facilities. Among these facilities, 72% of sanctioned field supervisor posts are filled (**Table 3.11**).

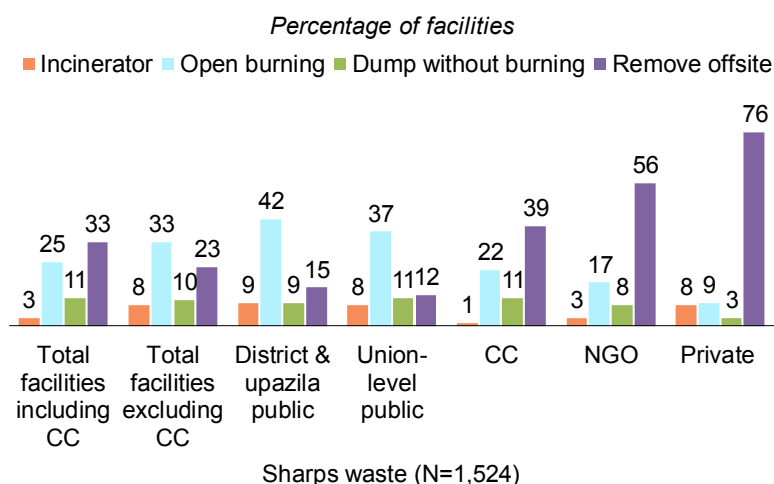
### 3.5 MANAGEMENT OF MEDICAL WASTE IN HEALTH CARE FACILITIES

WHO considers poor medical waste management to be one of the key elements posing potential risks of infection, toxic effects, and injuries among health care workers, waste handlers, patients, and the community at large. As part of its continuing effort to control infections in public sector health care facilities, the Government of Bangladesh is committed to ensuring proper management of medical waste management. It is therefore essential that all medical waste materials be disposed of safely.

As part of the assessment of general preparedness for service delivery, the BHFS collected information on management of medical waste. **Tables 3.12.1** and **3.12.2** and **Figure 3.22** and **3.23** present information on final disposal of medical waste at the surveyed facilities.

**Sharps waste:** According to WHO (2001), sharps waste includes needles, intravenous tubing with a needle attached, glass Pasteur pipettes, disposable glass pipettes, scalpels, razor blades, lancets, and broken glass that may be contaminated with blood or other potentially infectious material. Overall, 3% (8% excluding CCs) of facilities use an incinerator to burn their sharps waste. However, 25% (33% excluding CCs) of facilities practice open burning, 11% (10% excluding CCs) dump waste without burning it, and 33% (23% excluding CCs) remove waste offsite. The most widely practiced method of managing sharps waste is removal offsite (**Table 3.12.1** and **Figure 3.22**). Urban facilities are more likely than rural facilities to remove sharps waste offsite, while

**Figure 3.22 Sharps waste management, by facility type**

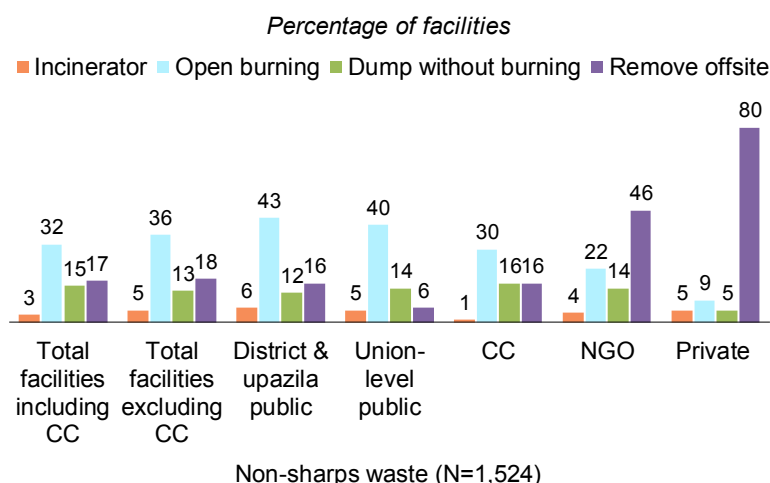


rural facilities are more likely to engage in open burning. Open burning (an average of 27% across divisions) and removal offsite (an average of 32%) are the most frequently used methods across the different divisions.

### Non-sharps medical waste:

According to WHO (2001), non-sharps medical waste includes infectious waste (pathogens), pathological waste (human tissues, body parts, or fluids), pharmaceutical waste, genotoxic waste, chemical waste, and radioactive waste. Overall, 32% (36% excluding CCs) of facilities engage in open burning to manage non-sharps waste. Three percent (5% excluding CCs) of facilities burn their medical waste using an incinerator. Public facilities (district and upazila, union level, and CCs) are most likely to dispose of their non-sharps waste through open burning, whereas private hospitals and NGO facilities are most likely to remove waste offsite (Table 3.12.2 and Figure 3.23). More than half of urban facilities dispose of their waste offsite, while one-third of rural facilities openly burn their waste. Open burning is the most widely used practice in all divisions.

**Figure 3.23 Non-sharps waste management, by facility type**



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**Table 3.1 Availability of specific services**

Among all facilities, the percentages and numbers that offer specific services, Bangladesh HFS 2017

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Curative care for sick children	98.1	1,495	1,487
Child growth monitoring	85.3	1,300	1,285
Child vaccination (EPI) <sup>1</sup>	87.2	1,328	1,176
Any family planning <sup>2</sup>	89.2	1,359	1,334
Antenatal care	98.8	1,506	1,495
Normal delivery	23.5	358	818
Cesarean delivery <sup>3</sup>	4.3	66	271
TB diagnosis or treatment <sup>4</sup>	8.7	132	302
Non-communicable disease <sup>5</sup>	33.4	509	711
Laboratory diagnostic <sup>6</sup>	34.5	526	723
Blood grouping and typing <sup>7</sup>	7.7	117	356
Blood transfusion <sup>8</sup>	3.7	57	231
Postnatal care <sup>9</sup>	95.8	1,460	1,465
Postpartum family planning <sup>10</sup>	90.8	1,384	1,370
Adolescent health <sup>11</sup>	98.2	1,497	1,483
Nutrition <sup>12</sup>	95.7	1,459	1,430
Total	na	1,524	1,524

<sup>1</sup> Routine series of DPT/pentavalent, polio, and measles vaccinations offered from the facility, excluding any outreach services

<sup>2</sup> Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin only), injectables (progestin only), implants, intrauterine contraceptive devices (IUCDs), male condoms, female sterilization (tubal ligation), male sterilization (vasectomy), or lactational amenorrhea method (LAM).

<sup>3</sup> Facility reports that it provides cesarean delivery services at the facility.

<sup>4</sup> Facility reports that providers assigned to the facility diagnose TB, prescribe treatment for TB, or provide TB treatment follow-up services for clients put on treatment elsewhere.

<sup>5</sup> Facility reports that it provides diagnosis or management of non-communicable diseases, especially diabetes and cardiovascular diseases.

<sup>6</sup> Facility reports that it provides laboratory diagnostic services at the facility.

<sup>7</sup> Facility reports that it provides blood grouping and typing services at the facility.

<sup>8</sup> Facility reports that it provides blood transfusion services at the facility.

<sup>9</sup> Facility reports that it provides postnatal care in facility.

<sup>10</sup> Facility reports that it provides postpartum family planning services at the facility.

<sup>11</sup> Facility reports that it provides adolescent health care at the facility.

<sup>12</sup> Facility reports that it provides nutrition services at the facility.

**Table 3.2 Availability of basic client services**

Among all facilities, the percentages offering the indicated basic client services and all basic client services, by background characteristics, Bangladesh HFS 2017

Background characteristic	Child curative care	Child growth monitoring services	Child vaccination services	Any modern methods of family planning	Antenatal care services	Normal delivery	All basic client services with normal delivery <sup>1</sup>	All basic client services without normal delivery	Number of facilities
<b>Facility type</b>									
<b>District and upazila public facilities</b>	<b>99.0</b>	<b>96.3</b>	<b>93.9</b>	<b>94.1</b>	<b>99.4</b>	<b>95.4</b>	<b>84.4</b>	<b>86.2</b>	<b>44</b>
DH	100.0	96.8	93.5	79.0	100.0	100.0	71.0	71.0	5
MCWC	97.8	86.6	73.5	98.9	100.0	92.2	58.9	62.3	7
UHC	99.1	98.3	98.4	95.3	99.1	95.4	91.9	93.6	32
<b>Union-level public facilities</b>	<b>97.7</b>	<b>76.3</b>	<b>74.8</b>	<b>87.9</b>	<b>95.7</b>	<b>52.5</b>	<b>35.1</b>	<b>54.9</b>	<b>361</b>
UHFWC	97.0	81.8	73.7	97.7	99.5	64.7	43.5	59.4	250
USC/RD	99.3	63.9	77.2	65.8	87.2	24.9	16.2	44.6	111
<b>Community clinic (CC)</b>	<b>98.8</b>	<b>90.1</b>	<b>95.8</b>	<b>91.1</b>	<b>100.0</b>	<b>6.5</b>	<b>6.1</b>	<b>80.6</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>94.0</b>	<b>79.9</b>	<b>69.3</b>	<b>86.4</b>	<b>99.8</b>	<b>32.0</b>	<b>14.9</b>	<b>59.9</b>	<b>64</b>
<b>Private hospital</b>	<b>89.9</b>	<b>44.5</b>	<b>6.9</b>	<b>53.3</b>	<b>94.9</b>	<b>94.6</b>	<b>3.8</b>	<b>3.8</b>	<b>43</b>
<b>Location</b>									
Urban	92.4	71.5	55.0	78.7	97.6	72.0	28.7	47.1	108
Rural	98.6	86.4	89.6	90.0	98.9	19.8	14.5	73.5	1,416
<b>Division</b>									
Barishal	99.3	97.4	89.0	93.8	99.6	29.0	23.7	83.4	113
Chattogram	96.1	74.2	86.8	90.7	98.5	27.6	16.4	63.7	288
Dhaka	98.2	89.3	85.0	87.5	98.9	25.8	14.5	74.4	304
Khulna	99.0	80.0	88.1	93.2	98.6	19.0	14.6	71.4	187
Rajshahi	96.7	88.3	84.5	91.5	97.6	24.7	17.1	72.0	220
Rangpur	99.6	85.7	90.9	76.4	99.1	19.5	14.6	66.2	193
Sylhet	99.7	94.5	83.3	96.1	99.7	19.4	10.3	78.0	96
Mymensingh	99.1	85.6	91.9	90.0	99.9	17.5	12.6	76.0	123
Total	98.1	85.3	87.2	89.2	98.8	23.5	15.5	71.7	1,524
Total excluding CCs	96.7	75.8	70.1	85.4	96.5	57.2	34.2	54.0	512

<sup>1</sup> Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and normal delivery.

**Table 3.3 Availability of basic amenities for client services**

Among all facilities, the percentages with indicated amenities considered basic for quality services, by background characteristics, Bangladesh HFS 2017

Background characteristic	Amenities										Number of facilities
	National electricity grid	Regular electricity <sup>1</sup>	Improved water source <sup>2</sup>	Visual and auditory privacy <sup>3</sup>	Client latrine <sup>4</sup>	Communication equipment <sup>5</sup>	Computer with Internet <sup>6</sup>	Emergency transport <sup>7</sup>	Separate latrine for female clients	All 6 basic amenities <sup>8</sup>	
<b>Facility type</b>											
<b>District and upazila public facilities</b>	<b>96.2</b>	<b>78.7</b>	<b>98.3</b>	<b>73.0</b>	<b>90.0</b>	<b>81.6</b>	<b>91.2</b>	<b>79.3</b>	<b>63.9</b>	<b>42.3</b>	<b>44</b>
DH	95.2	96.8	98.4	64.5	96.8	88.7	98.4	96.8	74.2	50.0	5
MCWC	90.0	77.9	96.7	78.8	87.9	60.1	54.4	55.7	38.8	27.9	7
UHC	97.6	76.2	98.6	73.0	89.5	85.2	98.1	81.9	67.8	44.3	32
<b>Union-level public facilities</b>	<b>82.3</b>	<b>31.5</b>	<b>92.5</b>	<b>72.7</b>	<b>80.9</b>	<b>2.6</b>	<b>22.4</b>	<b>0.5</b>	<b>25.3</b>	<b>0.0</b>	<b>361</b>
UHFWC	83.4	35.4	92.8	76.7	84.2	3.3	16.9	0.7	27.0	0.0	250
USC/RD	79.7	22.8	91.9	63.6	73.4	0.9	34.9	0.0	21.6	0.0	111
<b>Community clinic (CC)</b>	<b>46.5</b>	<b>41.1</b>	<b>88.0</b>	<b>66.3</b>	<b>76.6</b>	<b>3.2</b>	<b>67.0</b>	<b>0.0</b>	<b>5.5</b>	<b>0.8</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>91.8</b>	<b>77.9</b>	<b>99.1</b>	<b>92.5</b>	<b>93.1</b>	<b>67.8</b>	<b>73.8</b>	<b>22.3</b>	<b>72.0</b>	<b>40.8</b>	<b>64</b>
<b>Private hospital</b>	<b>90.1</b>	<b>100.0</b>	<b>96.0</b>	<b>95.6</b>	<b>90.4</b>	<b>95.2</b>	<b>75.4</b>	<b>61.9</b>	<b>76.2</b>	<b>61.8</b>	<b>43</b>
<b>Location</b>											
Urban	91.5	90.2	97.8	88.1	92.9	85.9	78.8	54.5	74.1	51.9	108
Rural	57.1	39.5	89.5	68.5	78.1	4.8	56.1	1.3	12.2	1.7	1,416
<b>Division</b>											
Barishal	60.6	31.0	84.6	71.9	69.0	7.1	45.3	3.8	12.4	3.1	113
Chattogram	63.3	38.3	90.8	81.3	68.6	9.7	47.0	5.9	16.4	5.6	288
Dhaka	67.8	50.9	92.5	66.8	72.9	14.9	68.0	7.5	20.1	8.2	304
Khulna	59.3	45.8	93.9	67.6	95.8	8.5	59.6	4.4	17.4	4.3	187
Rajshahi	70.3	45.4	90.9	75.8	81.0	9.8	60.2	4.3	12.9	5.8	220
Rangpur	40.4	41.9	90.4	61.5	86.1	12.9	58.4	4.2	16.2	4.1	193
Sylhet	58.0	42.3	90.1	63.0	87.2	8.2	60.0	4.6	17.7	4.1	96
Mymensingh	41.9	40.5	79.4	60.6	82.2	8.2	57.8	2.5	17.4	2.1	123
Total	59.5	43.1	90.1	69.9	79.1	10.6	57.7	5.1	16.6	5.2	1,524
Total excluding CCs	85.3	47.1	94.1	77.1	84.0	25.3	39.2	15.2	38.7	13.9	512

Note: The indicators presented in this table comprise the basic amenities domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

<sup>1</sup> Facility is connected to a central power grid and there was no interruption in power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power.

<sup>2</sup> Water is piped into facility or piped onto facility grounds, bottled water is available, or water is available from a public tap or standpipe, a tube well or borehole, a protected dug well, a protected spring, or rainwater and the outlet from this source is within 500 meters of the facility.

<sup>3</sup> A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others

<sup>4</sup> Facility has a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.

<sup>5</sup> Facility has a functioning land-line telephone, a functioning facility-owned cellular phone, or a private cellular phone that is supported by the facility.

<sup>6</sup> Facility has a functioning computer with access to the Internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the Internet via a cellular phone inside the facility.

<sup>7</sup> Facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

<sup>8</sup> The basic amenities include regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, and a computer with Internet.

**Table 3.4 Availability of basic equipment**

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Bangladesh HFS 2017

Background characteristic	Equipment						All basic equipment	Number of facilities
	Adult scale	Child scale <sup>1</sup> or infant scale <sup>2</sup>	Thermometer	Stethoscope	Blood pressure apparatus <sup>3</sup>	Light source <sup>4</sup>		
<b>Facility type</b>								
<b>District and upazila public facilities</b>	<b>87.8</b>	<b>79.9</b>	<b>90.4</b>	<b>97.8</b>	<b>97.3</b>	<b>79.7</b>	<b>60.9</b>	<b>44</b>
DH	90.3	80.6	88.7	98.4	96.8	87.1	66.1	5
MCWC	93.4	75.6	85.6	96.7	94.5	74.4	56.6	7
UHC	86.2	80.8	91.7	98.0	98.0	79.8	61.0	32
<b>Union-level public facilities</b>	<b>75.2</b>	<b>56.3</b>	<b>67.5</b>	<b>95.5</b>	<b>89.8</b>	<b>50.4</b>	<b>23.0</b>	<b>361</b>
UHFWC	80.4	58.1	67.9	94.6	90.6	52.7	25.1	250
USC/RD	63.5	52.2	66.5	97.5	87.9	45.1	18.3	111
<b>Community clinic (CC)</b>	<b>88.2</b>	<b>60.0</b>	<b>91.6</b>	<b>93.0</b>	<b>82.0</b>	<b>46.8</b>	<b>22.8</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>98.9</b>	<b>86.0</b>	<b>98.1</b>	<b>99.2</b>	<b>98.1</b>	<b>94.1</b>	<b>79.5</b>	<b>64</b>
<b>Private hospital</b>	<b>98.5</b>	<b>89.7</b>	<b>97.4</b>	<b>100.0</b>	<b>100.0</b>	<b>92.8</b>	<b>82.8</b>	<b>43</b>
<b>Location</b>								
Urban	94.2	88.2	96.1	99.3	99.1	92.5	79.3	108
Rural	85.2	59.6	85.5	93.8	84.4	48.8	24.1	1,416
<b>Division</b>								
Barishal	87.3	75.7	89.3	94.6	81.3	54.8	31.1	113
Chattogram	79.3	61.8	84.0	94.8	86.4	43.6	20.6	288
Dhaka	87.1	45.1	83.4	91.6	78.3	42.5	18.5	304
Khulna	90.7	59.7	87.5	95.7	82.6	68.7	33.7	187
Rajshahi	90.9	60.6	88.6	93.0	86.9	58.6	36.9	220
Rangpur	87.4	68.2	88.9	98.2	98.2	51.9	27.2	193
Sylhet	90.6	79.1	89.5	93.6	84.9	60.1	44.9	96
Mymensingh	74.6	69.5	82.8	92.9	86.7	47.7	29.3	123
Total	85.9	61.6	86.3	94.2	85.4	51.9	28.0	1,524
Total excluding CCs	81.2	64.8	75.7	96.6	92.3	61.9	38.3	512

Note: The indicators presented in this table comprise the basic equipment domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

<sup>1</sup> A scale with a gradation of 250 grams, or a digital standing scale with a gradation of 250 grams or lower where an adult can hold a child to be weighed, available somewhere in the general outpatient area

<sup>2</sup> A scale with a gradation of 100 grams, or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed, available somewhere in the general outpatient area

<sup>3</sup> A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area

<sup>4</sup> A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area

**Table 3.5 Standard precautions for infection control**

Percentages of facilities with sterilization equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by facility type, Bangladesh HFS 2017

Items	Facility type											Total excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union- level public facilities	UHFWC	USC/RD	Communi- ty clinic (CC)	NGO clinic/ hospital	Private hospital	Total	
Sterilization equipment <sup>1</sup>	<b>72.3</b>	93.5	72.4	69.2	<b>15.5</b>	19.4	6.4	<b>0.4</b>	<b>65.2</b>	<b>85.4</b>	11.1	32.4
Equipment for high-level disinfection <sup>2</sup>	<b>63.8</b>	83.9	59.8	61.8	<b>44.2</b>	50.1	30.9	<b>23.3</b>	<b>69.8</b>	<b>67.9</b>	32.6	51.1
Safe final disposal of sharps waste <sup>3</sup>	<b>73.8</b>	85.5	76.8	71.4	<b>68.0</b>	68.9	65.8	<b>72.3</b>	<b>84.0</b>	<b>95.9</b>	72.5	72.8
Safe final disposal of infectious waste <sup>4</sup>	<b>76.7</b>	77.4	80.1	75.8	<b>66.4</b>	69.0	60.6	<b>63.2</b>	<b>85.6</b>	<b>99.3</b>	66.3	72.4
Appropriate storage of sharps waste <sup>5</sup>	<b>74.6</b>	72.6	75.6	74.6	<b>59.2</b>	65.2	45.6	<b>64.7</b>	<b>84.2</b>	<b>50.1</b>	64.1	62.8
Appropriate storage of infectious waste <sup>6</sup>	<b>52.4</b>	62.9	46.6	52.1	<b>33.5</b>	34.0	32.2	<b>28.2</b>	<b>63.3</b>	<b>75.1</b>	32.9	42.3
Disinfectant <sup>7</sup>	<b>61.7</b>	69.4	63.2	60.3	<b>46.9</b>	53.0	33.2	<b>28.9</b>	<b>78.2</b>	<b>84.8</b>	37.8	55.3
Syringes and needles <sup>8</sup>	<b>81.6</b>	79.0	86.6	80.9	<b>76.6</b>	85.4	56.7	<b>75.4</b>	<b>96.0</b>	<b>81.7</b>	76.9	79.9
Soap	<b>76.6</b>	87.1	74.5	75.6	<b>67.7</b>	69.3	64.2	<b>69.0</b>	<b>95.3</b>	<b>81.2</b>	70.4	73.1
Running water <sup>9</sup>	<b>94.9</b>	100.0	90.1	95.2	<b>72.2</b>	72.7	70.8	<b>60.9</b>	<b>97.7</b>	<b>87.4</b>	66.8	78.6
Soap and running water	<b>75.4</b>	87.1	72.3	74.4	<b>59.1</b>	59.7	57.6	<b>49.2</b>	<b>94.4</b>	<b>80.2</b>	55.1	66.7
Alcohol-based hand disinfectant	<b>53.2</b>	46.8	43.4	56.2	<b>15.6</b>	15.9	15.1	<b>17.0</b>	<b>71.8</b>	<b>71.6</b>	21.5	30.5
Soap and running water or else alcohol-based hand disinfectant	<b>81.4</b>	90.3	76.8	81.1	<b>62.1</b>	62.9	60.4	<b>54.4</b>	<b>94.9</b>	<b>90.2</b>	59.7	70.2
Latex gloves/other gloves <sup>10</sup>	<b>81.8</b>	79.0	84.4	81.6	<b>72.2</b>	80.0	54.6	<b>78.9</b>	<b>95.8</b>	<b>83.2</b>	78.2	76.9
Medical masks	<b>57.0</b>	59.7	72.2	53.3	<b>28.2</b>	31.6	20.3	<b>21.2</b>	<b>71.3</b>	<b>73.9</b>	27.5	39.8
Gowns	<b>48.0</b>	41.9	60.0	46.3	<b>23.5</b>	26.6	16.6	<b>24.0</b>	<b>63.0</b>	<b>50.9</b>	27.0	32.9
Eye protection	<b>12.5</b>	22.6	19.9	9.4	<b>4.8</b>	5.5	3.3	<b>1.7</b>	<b>36.9</b>	<b>19.8</b>	4.7	10.7
Guidelines for standard precautions <sup>11</sup>	<b>22.1</b>	25.8	31.2	19.6	<b>15.1</b>	16.2	12.7	<b>15.4</b>	<b>55.7</b>	<b>18.6</b>	17.3	21.0
Number of facilities	<b>44</b>	5	7	32	<b>361</b>	250	111	<b>1,012</b>	<b>64</b>	<b>43</b>	1,524	512

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

<sup>1</sup> Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.

<sup>2</sup> Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with a heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility had chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.

<sup>3</sup> The process of sharps waste disposal is incineration and the facility had a functioning incinerator with fuel on the day of the survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.

<sup>4</sup> The process of infectious waste disposal is incineration and the facility had a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.

<sup>5</sup> Sharps container observed in general outpatient service area

<sup>6</sup> Waste receptacles observed in general outpatient service area

<sup>7</sup> Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

<sup>8</sup> Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

<sup>9</sup> Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

<sup>10</sup> Non-latex equivalent gloves are acceptable.

<sup>11</sup> Any guideline for infection control in health facilities available in the general outpatient area

**Table 3.6 Capacity for processing equipment for reuse**

Percentage of facilities with the equipment and other items to support the final processing of instruments for reuse, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities having:				Number of facilities
	Equipment <sup>1</sup>	Equipment and knowledge of process time <sup>2</sup>	Equipment, knowledge of process time, and automatic timer <sup>3</sup>	Written guidelines for sterilization or HLD <sup>4</sup>	
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>92.4</b>	<b>83.6</b>	<b>43.0</b>	<b>25.6</b>	<b>44</b>
DH	100.0	98.4	72.6	30.6	5
MCWC	90.0	85.6	44.5	33.2	7
UHC	91.8	80.9	38.4	23.2	32
<b>Union-level public facilities</b>	<b>53.7</b>	<b>46.6</b>	<b>6.7</b>	<b>16.9</b>	<b>361</b>
UHFWC	60.1	53.3	7.4	20.0	250
USC/RD	39.3	31.5	5.0	9.9	111
<b>Community clinic (CC)</b>	<b>24.1</b>	<b>20.1</b>	<b>1.0</b>	<b>5.2</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>83.9</b>	<b>73.0</b>	<b>42.2</b>	<b>67.3</b>	<b>64</b>
<b>Private hospital</b>	<b>98.2</b>	<b>90.9</b>	<b>64.5</b>	<b>10.3</b>	<b>43</b>
<b>Location</b>					
Urban	93.2	83.6	49.4	35.7	108
Rural	33.5	28.5	3.8	9.4	1,416
<b>Division</b>					
Barishal	39.7	33.3	4.5	5.5	113
Chattogram	41.4	34.4	8.8	9.4	288
Dhaka	36.8	29.4	9.8	7.9	304
Khulna	41.5	36.1	6.5	20.0	187
Rajshahi	34.6	32.3	5.9	18.4	220
Rangpur	33.3	28.1	7.0	7.8	193
Sylhet	32.0	27.9	3.5	10.1	96
Mymensingh	40.5	39.9	4.7	10.0	123
Total	37.7	32.4	7.1	11.3	1,524
Total excluding CCs	64.5	56.8	19.1	23.4	512

<sup>1</sup> Facility reports that some equipment is processed in the facility and facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, a non-electric autoclave with a functioning heat source, an electric boiler or steamer, or a non-electric boiler or steamer with a functioning heat source available anywhere in the facility or high-level disinfectant used for sterilization or high-level disinfection of equipment for reuse.

<sup>2</sup> Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were functioning equipment and the following processing conditions:

- Dry heat sterilization: temperature at 160°C-169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes

- Autoclave: wrapped items processed for at least 30 minutes, unwrapped items processed for at least 20 minutes

- Boiling or steaming: items processed for at least 20 minutes

- Chemical high-level disinfection: items processed in chlorine-based or glutaraldehyde or CIDEX or formaldehyde solution and soaked for at least 20 minutes

<sup>3</sup> An automatic timer here refers to a passive timer that can be set to indicate when a specified time has passed. It may be part of the sterilization process or the HLD equipment.

<sup>4</sup> Handwritten instructions that are pasted on walls and clearly outline the procedures to follow for processing of equipment are acceptable.

**Table 3.7.1 Laboratory diagnostic capacity**

Among all facilities, the percentages with the capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by background characteristics, Bangladesh HFS 2017

Laboratory tests	Facility type											Total	Total excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union-level public facilities	UHFWC	USC/RD	Community clinic (CC)	NGO clinic/hospital	Private hospital			
<b>Basic tests</b>													
Hemoglobin	74.0	87.1	44.4	78.4	14.4	18.3	5.5	9.2	74.6	79.7	17.0	32.5	
Blood glucose	29.8	29.0	4.4	35.4	2.0	2.5	0.8	20.9	67.1	59.8	19.7	17.3	
Urine protein	36.0	61.3	17.7	36.3	7.8	9.6	3.6	4.9	67.2	67.6	10.8	22.6	
Urine glucose	32.2	58.1	18.8	31.4	6.6	7.9	3.7	4.2	64.7	71.6	10.0	21.5	
TB microscopy	31.4	37.1	0.0	37.3	0.2	0.1	0.7	0.0	2.1	28.0	1.8	5.5	
Syphilis rapid diagnostic test	31.5	77.4	3.4	30.8	0.0	0.0	0.0	0.0	48.1	68.6	4.8	14.4	
General microscopy	45.8	69.4	3.3	51.6	0.2	0.1	0.7	0.0	39.3	54.6	4.6	13.6	
Urine pregnancy test	64.1	88.7	21.0	69.7	9.3	11.6	3.9	4.3	79.4	76.5	12.4	28.3	
Liver or renal function test (ALT or creatinine)	18.3	40.3	0.0	19.0	0.0	0.0	0.0	0.0	8.9	73.4	3.0	8.8	
All 5 basic tests available <sup>1</sup>	13.6	21.0	1.1	15.2	1.5	2.2	0.1	0.4	39.5	51.5	4.1	11.5	
<b>Advanced-level diagnostic tests</b>													
Serum electrolytes	19.6	40.3	0.0	20.8	0.0	0.0	0.0	0.0	8.9	73.4	3.0	9.0	
Full blood count with differentials	15.6	35.5	2.2	15.6	0.0	0.0	0.0	0.0	14.9	57.6	2.7	8.0	
Blood typing and cross matching	12.0	27.4	0.0	12.4	0.0	0.0	0.0	0.0	11.6	23.9	1.5	4.5	
Syphilis serology	5.0	17.7	0.0	4.2	0.0	0.0	0.0	0.0	14.8	27.1	1.5	4.5	
Gram stain	13.4	17.7	0.0	15.6	0.1	0.0	0.2	0.0	4.2	57.3	2.2	6.5	
Stool microscopy	30.8	54.8	2.2	33.4	0.0	0.0	0.0	0.0	20.5	46.5	3.1	9.1	
CSF/body fluid counts	30.5	46.8	1.1	34.4	0.0	0.0	0.0	0.0	30.5	51.2	3.6	10.7	
TB culture	2.7	6.5	0.0	2.8	0.0	0.0	0.0	0.0	0.0	7.9	0.3	0.9	
TB rapid diagnostic test	17.2	32.3	0.0	18.7	0.4	0.0	1.3	0.0	0.8	16.6	1.1	3.2	
<b>Equipment for diagnostic imaging</b>													
X-ray machine (linked with TB)	11.7	37.1	0.0	10.5	0.0	0.0	0.0	0.0	0.6	30.8	1.2	3.7	
X-ray machine	21.7	79.0	0.0	18.0	0.0	0.0	0.0	0.0	1.6	65.5	2.5	7.6	
Ultrasonogram	17.9	74.2	0.0	13.5	0.0	0.0	0.0	0.0	26.3	69.1	3.6	10.6	
CT scan	0.3	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.3	0.3	0.8	
Number of facilities	44	5	7	32	361	250	111	1,012	64	43	1,524	512	

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

CSF = Cerebrospinal fluid

CT = Computed tomography

<sup>1</sup> Hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy test

**Table 3.7.2 Laboratory diagnostic capacity**

Among all facilities, the percentages with the capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by background characteristics, Bangladesh HFS 2017

Laboratory tests	Location		Division								Total
	Urban	Rural	Barishal	Chat-togram	Dhaka	Khulna	Rajshahi	Rangpur	Sylhet	Mymen-singh	
<b>Basic tests</b>											
Hemoglobin	79.7	12.2	18.2	25.1	19.3	10.8	13.2	5.9	31.1	14.2	17.0
Blood glucose	53.2	17.2	10.6	25.5	25.6	15.9	17.6	12.2	15.4	25.1	19.7
Urine protein	58.4	7.2	8.8	13.2	11.0	11.0	6.4	4.6	16.5	19.7	10.8
Urine glucose	59.0	6.3	8.7	11.0	11.1	9.2	6.0	4.6	15.9	18.5	10.0
TB microscopy	18.6	0.6	1.3	2.9	2.1	1.6	1.8	1.1	0.6	1.8	1.8
Syphilis rapid diagnostic test	50.2	1.4	2.7	4.7	10.0	3.1	3.9	3.4	3.3	2.2	4.8
General microscopy	44.8	1.5	3.5	5.5	7.4	3.4	4.0	2.2	3.1	4.0	4.6
Urine pregnancy test	72.0	7.8	11.1	13.5	14.6	12.1	7.4	6.9	18.4	18.6	12.4
Liver or renal function test (ALT or creatinine)	35.8	0.5	2.0	3.1	5.4	2.3	2.7	1.9	1.9	1.4	3.0
All 5 basic tests available <sup>1</sup>	37.8	1.5	2.1	5.9	7.4	2.9	2.1	1.8	4.4	2.4	4.1
<b>Advanced-level diagnostic tests</b>											
Serum electrolytes	36.0	0.5	2.0	3.3	5.4	2.3	2.7	1.9	1.9	1.5	3.0
Full blood count with differentials	32.6	0.4	1.9	2.9	5.4	2.2	2.0	1.5	1.3	1.3	2.7
Blood typing and cross matching	17.0	0.3	0.7	1.7	2.6	1.2	1.6	1.3	0.6	0.5	1.5
Syphilis serology	15.6	0.5	0.7	2.0	2.9	0.7	1.0	0.8	1.4	1.2	1.5
Gram stain	26.9	0.3	1.3	3.1	4.0	1.4	1.3	1.5	1.4	0.9	2.2
Stool microscopy	31.6	0.9	2.1	4.9	4.8	2.6	2.5	1.4	0.9	1.3	3.1
CSF/body fluid counts	38.8	0.9	2.2	2.4	7.1	4.2	2.2	2.9	2.5	2.7	3.6
TB culture	3.5	0.1	0.1	0.5	0.4	0.1	0.1	0.6	0.0	0.1	0.3
TB rapid diagnostic test	10.4	0.4	0.6	1.6	1.7	0.3	0.4	0.9	1.2	1.3	1.1
<b>Equipment for diagnostic imaging</b>											
X-ray machine (linked with TB)	15.4	0.2	0.5	1.5	2.1	1.4	1.1	0.7	0.6	0.4	1.2
X-ray machine	31.2	0.4	1.5	3.4	4.2	2.4	1.6	1.6	1.9	1.2	2.5
Ultrasonogram	42.6	0.6	2.2	4.1	6.2	2.7	3.3	2.3	2.4	1.8	3.6
CT scan	3.7	0.0	0.0	0.3	0.8	0.1	0.2	0.0	0.1	0.0	0.3
Number of facilities	108	1,416	113	288	304	187	220	193	96	123	1,524

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

CSF = Cerebrospinal fluid

CT = Computed tomography

<sup>1</sup> Hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy test



**Table 3.8.1 Availability of essential medicines**

Percentages of facilities having the 14 essential medicines available, by background characteristics, Bangladesh HFS 2017

Essential medicines	Facility type										Total	Total excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union-level public facilities	UHFWC	USC/RD	Community clinic (CC)	NGO clinic/hospital	Private hospital		
Amitriptyline tablets/capsules <sup>1</sup>	7.7	14.5	0.0	8.4	0.4	0.5	0.0	0.0	10.7	57.6	2.4	7.1
Amoxicillin tablets/capsules <sup>2</sup>	85.0	88.7	81.2	85.3	81.1	81.0	81.3	85.6	79.5	61.5	83.6	79.6
Atenolol tablets/capsules <sup>3</sup>	30.0	46.8	3.4	33.2	2.0	1.0	4.3	0.0	20.1	61.6	3.9	11.6
Captopril tablets/capsules <sup>4</sup>	53.9	83.9	9.0	59.2	5.1	1.2	13.9	0.0	36.5	74.2	6.4	19.0
Ceftriaxone injectable <sup>5</sup>	66.0	83.9	37.8	69.4	4.7	4.4	5.2	2.8	56.6	77.8	9.4	22.5
Ciprofloxacin tablets/capsules <sup>6</sup>	96.0	98.4	92.1	96.5	93.8	91.7	98.6	95.6	98.7	78.2	94.8	93.3
Cotrimoxazole oral suspension <sup>7</sup>	73.8	75.8	91.0	69.8	73.2	78.4	61.4	86.7	86.3	73.8	82.7	74.9
Diazepam tablets/capsules <sup>8</sup>	77.4	80.6	84.5	75.4	51.8	61.1	30.7	6.4	46.9	75.1	22.8	55.4
Diclofenac tablets/capsules <sup>9</sup>	90.6	98.4	77.8	92.2	62.8	60.5	68.2	60.8	87.1	80.4	63.8	69.7
Glibenclamide tablets/capsules <sup>10</sup>	41.1	74.2	3.5	44.3	2.0	1.3	3.7	0.0	33.6	69.6	5.0	15.0
Omeprazole/cimetidine tablets/capsules <sup>11</sup>	95.5	98.4	85.5	97.3	90.7	88.5	95.5	93.5	98.7	80.7	92.7	91.2
Paracetamol oral suspension <sup>12</sup>	75.5	80.6	82.1	73.3	73.2	76.7	65.4	88.3	78.2	79.6	83.7	74.6
Salbutamol inhaler <sup>13</sup>	95.1	98.4	83.3	97.2	80.0	79.6	80.9	89.9	70.0	78.5	86.6	79.9
Simvastatin/atorvastatin tablets/capsules <sup>14</sup>	24.2	61.3	0.0	24.0	0.4	0.0	1.3	0.2	15.7	64.3	3.4	9.7
Number of facilities	44	5	7	32	361	250	111	1,012	64	43	1,524	512

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

<sup>1</sup> For management of depression in adults

<sup>2</sup> First-line antibiotic for adults

<sup>3</sup> Beta blocker for management of angina/hypertension

<sup>4</sup> Vasodilator for management of hypertension

<sup>5</sup> Second-line injectable antibiotic

<sup>6</sup> Second-line oral antibiotic

<sup>7</sup> Oral antibiotic for children

<sup>8</sup> Muscle relaxant for management of anxiety or seizures

<sup>9</sup> Oral analgesic

<sup>10</sup> For management of type 2 diabetes

<sup>11</sup> Proton pump inhibitor for treatment of peptic ulcer disease, dyspepsia, and gastroesophageal reflux disease

<sup>12</sup> Fever reducer and analgesic for children

<sup>13</sup> For management and relief of bronchospasms in conditions such as asthma and chronic obstructive pulmonary disease

<sup>14</sup> For control of elevated cholesterol

**Table 3.8.2 Availability of essential medicines**

Percentages of facilities having the 14 essential medicines available, by background characteristics, Bangladesh HFS 2017

Essential medicines	Location		Division								Total
	Urban	Rural	Barishal	Chatto-gram	Dhaka	Khulna	Rajshahi	Rangpur	Sylhet	Mymen-singh	
Amitriptyline tablets/ capsules <sup>1</sup>	27.4	0.5	1.1	2.4	5.2	0.6	1.8	1.5	3.2	1.0	2.4
Amoxicillin tablets/capsules <sup>2</sup>	73.8	84.3	83.2	78.3	81.9	83.7	82.0	92.2	82.1	90.7	83.6
Atenolol tablets/capsules <sup>3</sup>	37.3	1.4	3.3	4.8	5.2	1.8	2.8	4.1	6.2	2.0	3.9
Captopril tablets/capsules <sup>4</sup>	51.4	2.9	5.1	7.1	8.7	3.5	7.6	3.8	7.4	5.7	6.4
Ceftriaxone injectable <sup>5</sup>	63.4	5.3	9.8	9.2	12.1	13.4	5.5	6.6	12.5	5.8	9.4
Ciprofloxacin tablets/ capsules <sup>6</sup>	89.6	95.2	97.9	95.2	90.7	94.2	95.0	95.7	97.6	98.4	94.8
Cotrimoxazole oral suspension <sup>7</sup>	76.1	83.2	86.3	86.6	73.2	80.5	89.7	81.4	82.0	87.4	82.7
Diazepam tablets/capsules <sup>8</sup>	69.3	19.3	20.7	22.5	22.0	17.5	31.6	23.6	24.0	18.3	22.8
Diclofenac tablets/capsules <sup>9</sup>	85.8	62.1	67.2	68.2	57.0	54.1	66.0	57.6	71.5	81.9	63.8
Glibenclamide tablets/ capsules <sup>10</sup>	44.3	2.0	3.6	6.7	7.4	3.2	4.8	2.7	5.0	3.2	5.0
Omeprazole/cimetidine tablets/capsules <sup>11</sup>	90.5	92.9	95.0	92.1	91.0	93.3	88.3	95.5	96.2	96.2	92.7
Paracetamol oral suspension <sup>12</sup>	75.7	84.3	88.7	83.5	75.9	81.2	83.8	87.4	90.7	91.2	83.7
Salbutamol inhaler <sup>13</sup>	79.2	87.1	88.5	89.0	81.8	82.8	81.0	92.3	89.7	95.1	86.6
Simvastatin/atorvastatin tablets/capsules <sup>14</sup>	35.6	1.0	1.3	5.0	6.2	1.1	1.7	1.4	4.9	3.5	3.4
Number of facilities	108	1,416	113	288	304	187	220	193	96	123	1,524

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

<sup>1</sup> For management of depression in adults

<sup>2</sup> First-line antibiotic for adults

<sup>3</sup> Beta blocker for management of angina/hypertension

<sup>4</sup> Vasodilator for management of hypertension

<sup>5</sup> Second-line injectable antibiotic

<sup>6</sup> Second-line oral antibiotic

<sup>7</sup> Oral antibiotic for children

<sup>8</sup> Muscle relaxant for management of anxiety or seizures

<sup>9</sup> Oral analgesic

<sup>10</sup> For management of type 2 diabetes

<sup>11</sup> Proton pump inhibitor for treatment of peptic ulcer disease, dyspepsia, and gastroesophageal reflux disease

<sup>12</sup> Fever reducer and analgesic for children

<sup>13</sup> For management and relief of bronchospasms in conditions such as asthma and chronic obstructive pulmonary disease

<sup>14</sup> For control of elevated cholesterol

**Table 3.9 Supportive management practices at the facility level**

Among all facilities, the percentages that had an external supervisory visit during the 6 months before the survey, and the percentages of facilities where at least half of the interviewed providers reported receiving routine work-related training and personal supervision recently, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities with supervisory visit during the 6 months before the survey <sup>1</sup>	Number of facilities	Percentage of facilities having routine:				Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire <sup>5</sup>
			Staff training <sup>2</sup>	Personal supervision <sup>3</sup>	Training and personal supervision	Percentage of facilities with supportive management practices <sup>4</sup>	
<b>Facility type</b>							
<b>District and upazila public facilities</b>	<b>93.5</b>	<b>44</b>	<b>60.0</b>	<b>98.4</b>	<b>57.7</b>	<b>53.0</b>	<b>43</b>
DH	93.5	5	45.2	96.8	45.2	43.5	5
MCWC	92.3	7	71.4	97.5	67.7	62.7	6
UHC	93.8	32	60.0	98.8	57.6	52.5	32
<b>Union-level public facilities</b>	<b>90.1</b>	<b>361</b>	<b>73.8</b>	<b>91.8</b>	<b>64.9</b>	<b>62.1</b>	<b>153</b>
UHFWC	91.9	250	75.7	94.3	68.5	66.1	110
USC/RD	86.0	111	68.6	85.4	55.7	51.6	43
<b>Community clinic (CC)</b>	<b>94.7</b>	<b>1,012</b>	<b>92.7</b>	<b>96.2</b>	<b>88.9</b>	<b>84.9</b>	<b>317</b>
<b>NGO clinic/hospital</b>	<b>95.8</b>	<b>64</b>	<b>74.3</b>	<b>98.2</b>	<b>74.3</b>	<b>71.7</b>	<b>59</b>
<b>Private hospital</b>	<b>52.9</b>	<b>43</b>	<b>24.1</b>	<b>82.9</b>	<b>15.2</b>	<b>7.8</b>	<b>41</b>
<b>Location</b>							
Urban	78.8	108	54.8	93.1	51.5	46.3	101
Rural	93.5	1,416	84.1	94.8	78.9	75.3	512
<b>Division</b>							
Barishal	96.0	113	82.6	94.8	77.5	76.3	41
Chattogram	89.4	288	72.9	88.8	62.7	58.8	110
Dhaka	86.5	304	83.4	94.8	77.7	71.3	147
Khulna	97.5	187	76.4	98.0	74.4	73.9	77
Rajshahi	96.3	220	76.5	98.1	75.3	75.3	102
Rangpur	95.7	193	77.4	95.7	75.0	74.9	58
Sylhet	85.1	96	87.7	86.6	79.1	62.8	36
Mymensingh	96.8	123	85.8	98.8	82.7	75.9	42
Total	92.4	1,524	79.3	94.5	74.4	70.5	613
Total excluding CCs	88.0	512	64.9	92.8	58.8	55.1	296

<sup>1</sup> Facility reports that it received at least one external supervisory visit from the district, regional, or national office during the 6 months before the survey.

<sup>2</sup> At least half of all interviewed providers reported that they had received any in-service training as part of their work in the facility during the 24 months before the survey. This training refers to structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> At least half of all interviewed providers reported that they had been personally supervised at least once during the 6 months before the survey. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

<sup>4</sup> Facility had an external supervisory visit during the 6 months before the survey, and staff members have received routine training and supervision.

<sup>5</sup> Interviewed providers who did not personally provide any clinical services assessed by the survey (for example, administrators who might have been interviewed) are excluded.

**Table 3.10 Quality assurance and client opinion**

Among all facilities, the percentages having quality assurance activities and documentation of quality assurance activities, and the percentages of facilities with a system for eliciting client opinion, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities with		Number of facilities
	Regular quality assurance activities and observed documentation of quality assurance activities <sup>1</sup>	System for determining client opinion and procedure for reviewing client opinion <sup>2</sup>	
<b>Facility type</b>			
<b>District and upazila public facilities</b>	<b>48.6</b>	<b>79.4</b>	<b>44</b>
DH	61.3	87.1	5
MCWC	29.9	52.3	7
UHC	50.7	84.1	32
<b>Union-level public facilities</b>	<b>11.7</b>	<b>30.9</b>	<b>361</b>
UHFWC	12.6	32.5	250
USC/RD	9.9	27.4	111
<b>Community clinic (CC)</b>	<b>11.9</b>	<b>37.1</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>53.6</b>	<b>85.8</b>	<b>64</b>
<b>Private hospital</b>	<b>10.3</b>	<b>78.7</b>	<b>43</b>
<b>Location</b>			
Urban	37.3	82.9	108
Rural	12.9	36.8	1,416
<b>Division</b>			
Barishal	22.3	41.8	113
Chattogram	14.0	33.7	288
Dhaka	11.0	38.1	304
Khulna	15.9	40.9	187
Rajshahi	21.5	33.5	220
Rangpur	6.7	46.7	193
Sylhet	8.2	47.6	96
Mymensingh	21.2	51.8	123
Total	14.6	40.0	1,524
<i>Total excluding CCs</i>	<i>20.0</i>	<i>45.9</i>	<i>512</i>

<sup>1</sup> Facility reports that it routinely carries out quality assurance activities and had documentation of a recent quality assurance activity. This could be a report or minutes of a quality assurance meeting, a supervisory checklist, a mortality review, or an audit of records or registers.

<sup>2</sup> With respect to determining client opinion, systems asked about in the survey were as follows: suggestion box, client survey form, client interview form, official meeting with community leaders, informal discussion with clients or the community, email, facility's website, letters from clients/community, and text/SMS messages (no system documentation was conducted).

**Table 3.11 Staffing pattern in surveyed facilities**

Among all facilities, the percentages of filled health care provider posts, by facility type, Bangladesh HFS 2017

Facility type	Managers/ admini- strator <sup>1</sup>	Specialist <sup>2</sup>	General practi- tioner <sup>3</sup>	Specialist and general practitioner	Diagnostic specialist <sup>4</sup>	Para- medic <sup>5</sup>	Nurse/mid wife <sup>6</sup>	Field supervisor <sup>7</sup>	Medical/ pharma- ceutical technician <sup>8</sup>	Other health care provider <sup>9</sup>	Other health provider <sup>10</sup>	Number of facilities
<b>District and upazila public facilities</b>	<b>86.8</b>	<b>39.8</b>	<b>62.7</b>	<b>53.2</b>	<b>53.1</b>	<b>68.0</b>	<b>79.4</b>	<b>72.4</b>	<b>64.6</b>	<b>72.0</b>	<b>67.8</b>	<b>44</b>
DH	78.4	61.5	70.9	67.1	54.4	-	88.6	-	81.4	78.8	78.6	5
MCWC	-	-	63.2	63.2	-	-	76.5	-	29.4	33.3	78.9	7
UHC	87.4	33.2	60.0	48.5	52.0	67.2	73.4	72.3	62.2	69.8	66.1	32
<b>Union-level public facilities</b>	<b>-</b>	<b>-</b>	<b>14.7</b>	<b>14.7</b>	<b>-</b>	<b>76.8</b>	<b>-</b>	<b>-</b>	<b>31.7</b>	<b>78.8</b>	<b>85.7</b>	<b>361</b>
UHFWC	-	-	10.6	10.6	-	75.4	-	-	24.7	77.4	91.7	250
USC/RD	-	-	19.0	19.0	-	80.5	-	-	44.2	85.6	75.3	111
<b>Community clinic (CC)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>87.7</b>	<b>73.4</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>97.8</b>	<b>75.7</b>	<b>86.2</b>	<b>85.0</b>	<b>-</b>	<b>95.2</b>	<b>96.7</b>	<b>-</b>	<b>92.7</b>	<b>95.2</b>	<b>93.5</b>	<b>64</b>
<b>Private hospital</b>	<b>94.3</b>	<b>21.1</b>	<b>68.4</b>	<b>46.5</b>	<b>57.6</b>	<b>92.9</b>	<b>79.0</b>	<b>-</b>	<b>97.1</b>	<b>65.7</b>	<b>118.1</b>	<b>43</b>
Total	92.4	28.1	59.1	47.0	55.0	79.1	79.7	72.4	63.9	87.2	94.3	1,524
Total excluding CCs	92.4	28.1	59.3	47.1	55.0	79.0	79.7	72.4	64.1	83.5	94.7	512

Note: Numbers were provided by the facility in-charge.

“-” Means both sanctioned and filled posts reported none.

<sup>1</sup> Superintendent, director/manager/coordinator, upazila health and family planning officer (UH&FPO), upazila family planning officer (UFPO)<sup>2</sup> Senior consultant (medicine), senior consultant (surgery), senior consultant (OBS/GYN), senior consultant (pediatrics), senior consultant (orthopedic surgery), senior consultant (eye), senior consultant (anesthesia), senior consultant ear nose and throat (ENT), senior consultant skin and venereal disease (VD), senior consultant (cardiology), junior consultant (medicine), junior consultant (surgery), junior consultant (OBS/GYN), junior consultant (pediatrics), junior consultant (orthopedic surgery), junior consultant (eye), junior consultant (anesthesia), junior consultant ear nose and throat (ENT), junior consultant skin and venereal disease (VD), junior consultant (cardiology)<sup>3</sup> Residential medical officer (RMO), medical officer (MO)/physician, anesthetist, emergency medical officer (EMO), indoor medical officer (IMO), indoor medical officer (IMO) cardiology, indoor medical officer (IMO) surgery, indoor medical officer (IMO) orthopedic surgery, indoor medical officer (IMO) medicine, indoor medical officer (IMO) pediatrics, indoor medical officer (IMO) OBS/GYN, medical officer (MO-blood transfusion), dental surgeon, assistant surgeon/equivalent, assistant registrar (medicine), assistant registrar (surgery), assistant registrar (OBS/GYN), assistant registrar (pediatric), medical officer (MO-clinic), medical officer (MCH-FP)<sup>4</sup> Consultant (radiology and imaging), consultant (pathologist), junior consultant (radiology), junior consultant (pathology), radiologist, pathologist, senior clinical pathologist, biochemist<sup>5</sup> Sub-assistant community medical officer (SACMO), family welfare visitor (FWV), paramedic<sup>6</sup> Matron, nursing supervisor, senior staff nurse, nurse midwife, staff nurse, assistant nursing attendant, midwife<sup>7</sup> Assistant upazila family planning officer (AUFPO), assistant family welfare officer, MCH-FP (AFWO), sanitary inspector, upazila family planning assistant<sup>8</sup> Pharmacist, medical technologist (LAB), medical technologist (blood transfusion), medical technologist (radiology), medical technologist (physiotherapy), medical technologist (dental), medical technician/EPI technician, medical technician biochemistry/hematology, medical technician blood transfusion (BT), electrocardiogram (ECG) technician, echocardiography (ECHO) technician, cardiographer<sup>9</sup> MO (homeopathic/Unani/ayurvedic), TB leprosy control assistant (TLCA), nutritionist/dietitian, health educator, community health care provider (CHCP), health assistant (HA), family welfare assistant (FWA), counselor, community mobilizer/service promoter<sup>10</sup> Female medical attendant, ward master, attendant (OT/LAB/dispensary/ward boy/emergency), storekeeper, statistician/statistical officer/statistical assistant, office assistant CUM data entry operator/computer operator, other provider

**Table 3.12.1 Sharps waste management**

Among all facilities, the percentages that reported having different methods of sharps waste management, by background characteristics, Bangladesh HFS 2017

Background characteristic	Incinerator	Open burning	Dump without burning	Remove offsite	Number of facilities
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>8.5</b>	<b>41.7</b>	<b>8.8</b>	<b>14.8</b>	<b>44</b>
DH	11.3	27.4	4.8	41.9	5
MCWC	6.7	34.3	11.2	24.6	7
UHC	8.4	45.4	8.9	8.6	32
<b>Union-level public facilities</b>	<b>8.3</b>	<b>37.0</b>	<b>10.7</b>	<b>12.0</b>	<b>361</b>
UHFWC	8.1	37.0	11.2	12.6	250
USC/RD	8.9	37.1	9.4	10.4	111
<b>Community clinic (CC)</b>	<b>1.1</b>	<b>21.5</b>	<b>11.1</b>	<b>38.6</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>3.3</b>	<b>16.8</b>	<b>8.0</b>	<b>55.9</b>	<b>64</b>
<b>Private hospital</b>	<b>7.8</b>	<b>9.3</b>	<b>2.8</b>	<b>76.0</b>	<b>43</b>
<b>Location</b>					
Urban	7.1	15.1	4.2	58.4	108
Rural	3.0	26.0	11.0	31.5	1,416
<b>Division</b>					
Barishal	0.8	41.6	6.8	23.2	113
Chattogram	4.4	17.9	17.3	38.1	288
Dhaka	3.1	25.2	8.5	37.8	304
Khulna	1.5	16.8	3.8	41.3	187
Rajshahi	2.5	34.8	9.0	28.1	220
Rangpur	4.5	22.0	15.6	26.3	193
Sylhet	7.3	27.3	9.0	33.4	96
Mymensingh	2.6	26.7	9.8	29.7	123
Total	3.3	25.2	10.6	33.4	1,524
Total excluding CCs	7.7	32.6	9.5	23.0	512

**Table 3.12.2 Non-sharps waste management**

Among all facilities, the percentages that reported having different methods of medical waste management, by background characteristics, Bangladesh HFS 2017

Background characteristic	Incinerator	Open burning	Dump without burning	Remove offsite	Number of facilities
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>6.0</b>	<b>42.5</b>	<b>12.2</b>	<b>16.0</b>	<b>44</b>
DH	6.5	19.4	3.2	48.4	5
MCWC	4.5	35.6	15.6	24.5	7
UHC	6.2	47.4	12.8	9.4	32
<b>Union-level public facilities</b>	<b>5.3</b>	<b>40.4</b>	<b>14.3</b>	<b>6.4</b>	<b>361</b>
UHFWC	5.0	42.9	14.8	6.3	250
USC/RD	6.2	34.7	13.2	6.6	111
<b>Community clinic (CC)</b>	<b>1.1</b>	<b>30.1</b>	<b>16.1</b>	<b>15.9</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>4.1</b>	<b>21.8</b>	<b>13.5</b>	<b>46.1</b>	<b>64</b>
<b>Private hospital</b>	<b>4.9</b>	<b>9.4</b>	<b>5.4</b>	<b>79.7</b>	<b>43</b>
<b>Location</b>					
Urban	5.2	16.8	7.4	57.5	108
Rural	2.3	33.1	15.7	13.6	1,416
<b>Division</b>					
Barishal	0.6	44.4	16.0	12.2	113
Chattogram	1.8	21.7	19.8	20.1	288
Dhaka	3.5	27.4	11.5	23.5	304
Khulna	1.4	35.4	14.5	18.2	187
Rajshahi	1.2	36.5	14.9	20.3	220
Rangpur	3.5	35.1	19.7	7.5	193
Sylhet	7.2	34.2	6.9	11.3	96
Mymensingh	2.1	35.7	13.3	6.0	123
Total	2.5	32.0	15.2	16.7	1,524
<i>Total excluding CCs</i>	<i>5.2</i>	<i>35.6</i>	<i>13.3</i>	<i>18.3</i>	<i>512</i>





### Key Findings

- Most of the facilities offer outpatient curative care for sick children (98%), child vaccination services (87%), and child growth monitoring (85%) (Table 4.1).
- The availability of three basic child health services (outpatient curative care, growth monitoring, and vaccination together) increased from 52% in 2014 to 77% in 2017 (Figure 4.2).
- Only 4 in 10 health facilities offering outpatient curative care for sick children had four basic items of equipment (child scale, length or height board, thermometer, and stethoscope) available on the day of the survey. The availability of the four items has not improved since 2014 (Table 4.2 and Figure 4.3).
- Almost 60% of facilities that offer child curative care have at least one provider trained in integrated management of childhood illness (IMCI). Over the last 3 years, the percentage of facilities with IMCI guidelines has declined from 51% in 2014 to 42% in 2017 (Table 4.6 and Figure 4.6).
- Only 7% percent of facilities have all six infection control items (soap, running water, alcohol-based disinfectant, latex gloves, sharps container, and waste receptacle), this declined from 14% in 2014 (Figure 4.4).
- One-third of facilities had all six medicines considered essential to child health care (oral rehydration solution, amoxicillin syrup, paracetamol syrup/suspension, vitamin A capsules, mebendazole/albendazole, and zinc tablets) on the day of the survey (Table 4.4).
- Only 5% of facilities have all of the recommended tracer items for child curative care (guidelines, trained staff, drugs, and equipment) on site. Facility readiness to provide child curative care went down to 5% in 2017 from 9% 2014 (Table 4.6 and Figure 4.5).

#### 4.1 BACKGROUND

Millions of children under age 5 die each year (WHO 2018), primarily from preventable causes. It is common for providers to treat a sick child's most evident symptoms without conducting a full assessment of the child's health status. For this reason, the World Health Organization and other collaborative agencies developed the integrated management of childhood illness (IMCI) strategy (WHO 1998). This strategy advocates using every visit to a health care provider as an opportunity not only to conduct a full assessment of the child's current health and possible underlying problems but also to provide interventions, such as vaccinations, that can prevent illness or minimize its progression. Bangladesh has adopted the IMCI strategy, and the country's 4<sup>th</sup> Health, Population and Nutrition Sector

Program aims to strengthen the existing IMCI program (Government of the People’s Republic of Bangladesh 2017).

The IMCI strategy aims to reduce morbidity and mortality among children under age 5 through the following three activities:

- Improving health workers’ skills through training and supportive supervision
- Improving health systems, including equipment, supplies, organization of work, and referral systems
- Improving child care at the community and household levels in line with key family practices

The 2017 BHFS examined the availability of necessary services for assessing sick children for main symptoms (fever, cough, or difficult breathing; diarrhea; ear pain or discharge), nutrition and immunization status, feeding problems, and other potential problems and danger signs that indicate the need for immediate referral or hospital admission. The survey also assessed service readiness in facilities where services were available. IMCI guidelines were used as the basis for this assessment.

This chapter explores the following issues related to provision of quality child health services at health facilities:

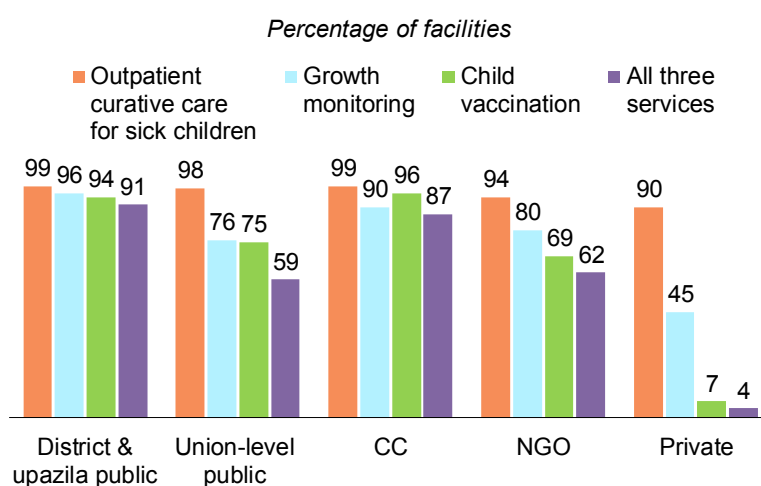
- **Availability of child health services.** Section 4.2, including **Tables 4.1** through **4.5** and **Figures 4.1** through **4.4**, assesses the availability of child health services and of trained staff, equipment, guidelines, medicines, vaccines, infection control items, and laboratory diagnostic capacity necessary to provide those services.
- **Service readiness.** Section 4.3, including **Table 4.6** and **Figures 4.5** and **4.6**, addresses the overall readiness of facilities to provide quality child health services.
- **Basic management and administrative systems.** Section 4.4, including **Tables 4.7** and **4.8** and **Figure 4.7**, summarizes two aspects of management and administrative systems that support quality services: personal supervision of and in-service training for providers of child health services.

## 4.2 AVAILABILITY OF CHILD HEALTH SERVICES

### 4.2.1 Provision of Outpatient Curative Care, Child Growth Monitoring, Child Vaccination, and Nutrition Services

The 2017 BHFS assessed the availability of child health services, including the availability of curative care services for sick children, child growth monitoring services, child vaccination services, and nutrition services. **Table 4.1** and **Figure 4.1** provide data on the availability of various types of basic child health services, and **Figure 4.2** provides information on the availability of the three basic health services over time by type of facility.

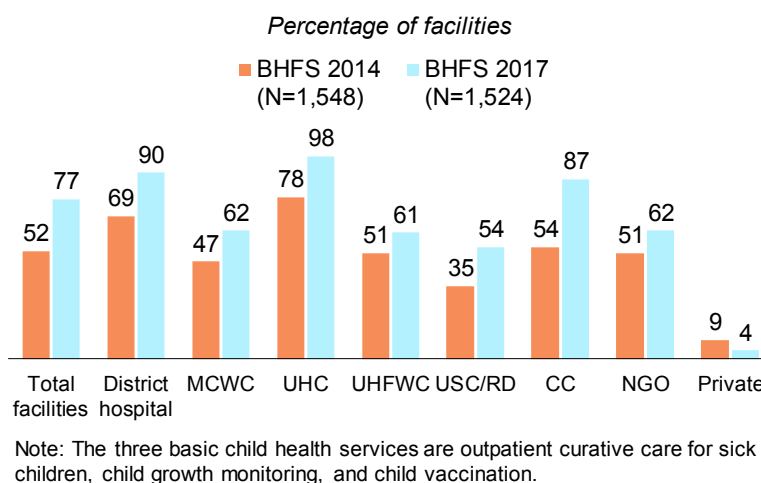
**Figure 4.1 Availability of child health services by type of facility**



The percentage of facilities offering outpatient curative care has increased from 93% in 2014 to 98% in 2017. In private facilities, the availability of these services has increased by 22 percentage points from 68% in 2014 to 90% in 2017. With the exception of union subcenters/rural dispensaries (USC/RDs), more than 70% of public and nongovernmental (NGO) facilities provide child growth monitoring services, while fewer than half of private facilities (45%) offer these services. Child vaccination services are available in approximately 9 in 10 of all facilities. However only 7% of private facilities offer this service. Ninety-three percent of facilities provide child nutrition services (BHFS 2014, Table 4.1, and Figure 4.1).

Seventy-seven percent of facilities provide all three basic child health services (outpatient curative care, growth monitoring, vaccination), shows an increase from 52% in 2014. However, only 59% of union-level public facilities and 62% of NGO facilities offer all three services. Moreover, only 4% of private facilities provide the three services, a decline from 9% in 2014. Around three in four facilities provide nutrition services in addition to these three basic services (Table 4.1 and Figure 4.1).

**Figure 4.2 Availability of three basic child health services**



Urban facilities are less likely than rural facilities to provide child health services. This is probably because urban areas have large numbers of private facilities, where service availability is low.

The 2017 BHFS results show that child health services are not well integrated. For example, although 90% of private facilities provide outpatient curative care and 45% provide growth monitoring services, only 7% provide immunization services. This results in a very low overall level of availability (4%) of the three child health services together. Lack of integration is also very high in union-level public facilities: 98% provide outpatient curative care for sick children, 76% growth monitoring services, 75% immunization services, and only 59% provide all three services in combination (Table 4.1).

#### 4.2.2 Vitamin A Supplementation and Deworming

The 2017 BHFS results show that vitamin A supplementation for children is available in only 61% (38% excluding public community clinics [CCs]) of health facilities in Bangladesh. District and upazila public facilities (66%) and CCs (72%) are more likely to provide vitamin A supplementation than union-level public facilities (31%), private hospitals (45%), and NGO facilities (56%) (Table 4.1). Since 2014, the availability of vitamin A supplementation has declined in all types of facilities other than private facilities. In private facilities, availability of vitamin A supplementation increased by 8 percentage points between 2014 and 2017 (from 37% to 45%).

Except for private facilities (72%), deworming services are widely available across the different types of facilities (with a range of 90% in NOG facilities to 98% in district and upazila public facilities).

#### 4.2.3 Availability of Guidelines, Basic Equipment, and Trained Staff for Child Curative Care

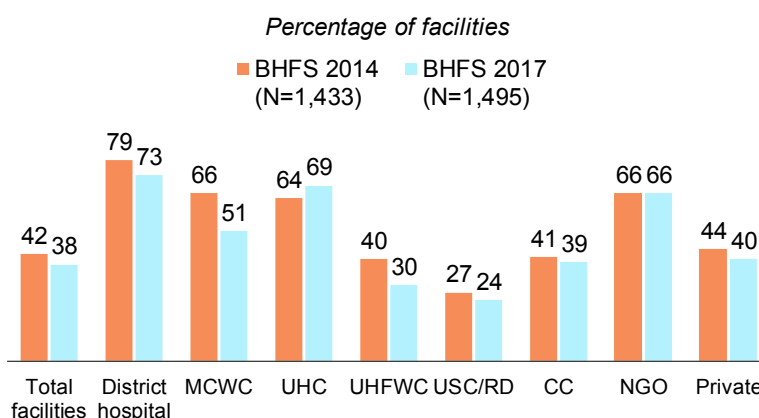
Facilities providing curative care for sick children should have basic equipment, necessary medicines, and trained staff to provide quality services. The 2017 BHFS examined the availability of these components.

**Table 4.2** summarizes information on the availability of relevant guidelines and basic equipment for sick child care at facilities providing outpatient curative care for children.

Only 4 in 10 of facilities have guidelines for IMCI and growth monitoring, with wide variation in availability across facilities. Seven in 10 district hospitals (DHs), 6 in 10 upazila health complexes (UHCs) and NGO facilities, and 4 in 10 union-level public facilities have IMCI guidelines, as compared with only 3% of private facilities. NGO facilities (62%) are most likely to have growth monitoring guidelines, followed by district and upazila public facilities (49%). Only one in four union-level public facilities have growth monitoring guidelines, and private facilities are least likely to have these guidelines (8%) (**Table 4.2**).

There are gaps in the availability of basic equipment needed for care of sick children (**Table 4.2** and **Figure 4.3**). Thermometers (90%) and stethoscopes (95%) are widely available across facilities. A functioning length or height board was available in 77% (60% excluding CCs) of facilities on the day of the survey. A child scale is available in fewer than half of facilities overall; however, three quarters of district and upazila public facilities, NGO facilities, and private facilities have a child scale. Only 38% of facilities have all four items available. Union-level public facilities (28%), CCs (39%) and private facilities (40%) are less likely to have all four items as compared to other type of facilities. Among other necessary items, 47% of facilities have child scales, 65% have growth charts, 61% have tape for measuring mid-upper arm circumference (MUAC), and 53% have timers.

**Figure 4.3 Availability of all four equipment items for outpatient curative care for sick children, by facility type**



Note: The four equipment items are a child scale, a length or height board, a thermometer, and a stethoscope.

In-service training on IMCI and growth monitoring is important for the provision of quality child health services. The 2017 BHFS results show that around half of facilities that provide curative care for sick children have at least one provider who has ever been trained in IMCI or growth monitoring. However, the percentage of facilities that have a staff member with recent training (in the past 24 months) in IMCI and growth monitoring is much lower (21% and 26%, respectively) (**Table 4.3**). Private hospitals are least likely (about 20%) to have a provider trained in IMCI or growth monitoring. The percentage of facilities with a provider ever been trained in IMCI did not change between 2014 and 2017.

#### 4.2.4 Availability of Medicines and Commodities for Sick Child Care

A range of medicines and commodities are essential to provide curative care for sick children. Both WHO and USAID have proposed a set of essential and priority medicines and commodities that facilities should have available to support provision of health services for sick children (WHO 2013). Overall, essential medicines are in better supply than priority medicines in Bangladesh's health facilities that offer curative care for sick children (**Table 4.4**). Among the essential medicines, a majority of facilities had mebendazole/albendazole (92%) paracetamol (syrup or suspension) (84%), amoxicillin (syrup, suspension, or dispersible) (74%), and zinc tablets (69%) in stock on the day of the survey visit. About half of facilities had cotrimoxazole (syrup, suspension, or dispersible) and vitamin A capsules. Only one third of facilities had all six essential medicines available on the day of the survey visit, this shows a decrease from 42% in

2014. CCs (44%), NGO facilities (25%), and private facilities (31%) were more likely to have the six essential medicines than union-level public facilities (4%).

District and upazila public facilities with amoxicillin dropped from 80% in 2014 to 59% in 2017, during the period cotrimoxazole syrup from 74% to 44%, and with vitamin A capsules decreased from 60% to 41%. Similar reductions were observed in union-level public facilities.

In terms of priority medicines, 7% of district and upazila public facilities had ampicillin powder for injection, 43% had ceftriaxone powder for injection, 34% had gentamycin for injection, and 8% had benzathine benzylpenicillin for injection. The availability of these priority medicines is relatively higher in private facilities. For the most part, these medicines are not available in union-level public facilities and CCs.

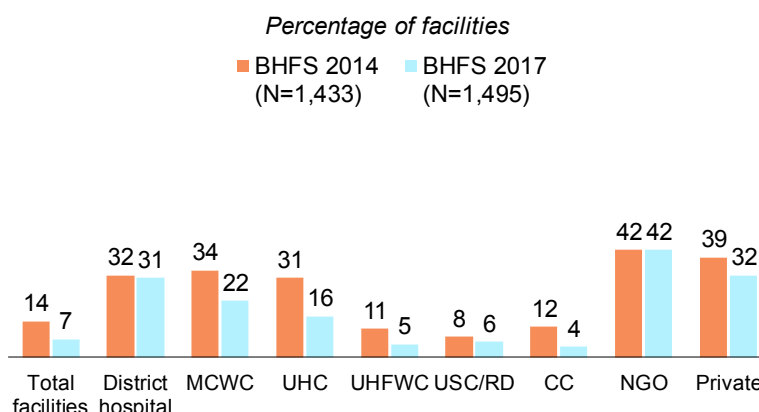
#### 4.2.5 Infection Control in Sick Child Services

Infection control is one of the most essential health service components. **Table 4.5** summarizes information related to the availability of necessary infection control items, including hand cleaning materials, gloves, and means for disposing of sharps and infectious waste. Six in 10 facilities that provide curative care services for sick children had some means for hand cleaning—either both soap and running water or alcohol-based hand disinfectant—on the day of the survey visit NGO facilities (95%) were most likely to have hand cleaning items, followed by private facilities (89%) and district and upazila public facilities (78%). Seventy-eight percent of facilities had latex gloves, and 64% had sharps containers; only one-third had waste receptacles.

The availability of all six infection control items (soap, running water, alcohol-based disinfectant, latex gloves, sharps container, and waste receptacle) on the day of survey visit was very low, at 7% (a decrease from 14% in 2014)

(**Figure 4.4**).

**Figure 4.4 Availability of all six infection control items for child curative care, by facility type**



Note: The six infection control items are soap, running water, alcohol-based disinfectant, latex gloves, sharps container, and waste receptacle.

#### 4.2.6 Laboratory Diagnostic Capacity

The 2017 BFHS gathered information on two laboratory tests that are particularly important in diagnosing conditions among children: hemoglobin testing and stool microscopy. **Table 4.5** shows that hemoglobin tests and stool microscopy are limited in Bangladesh's facilities, only 17% offer hemoglobin tests and 3% stool microscopy. However, some facilities, including mother and child welfare centers (MCWCs), union-level public facilities, and CCs are not designed to conduct stool microscopy.

Hemoglobin testing is available in most private sector hospitals (83%) as well as in three quarters of public and NGO facilities. Stool microscopy on the other hand is more available in private hospitals only.

Although still very low, the availability of hemoglobin testing has increased from 8% to 14% in union-level facilities and from 4% to 9% in CCs during the last 3 years; while it has decreased from 97% to 87% in district hospitals.

The availability of stool microscopy has dropped from 73% in 2014 to 55% in 2017 in district hospitals and from 43% to 34% in upazila health complexes during the same period. Since 2014, the availability of

stool microscopy has increased in NGO facilities and decreased in private facilities (BHFS 2014 and Table 4.5).

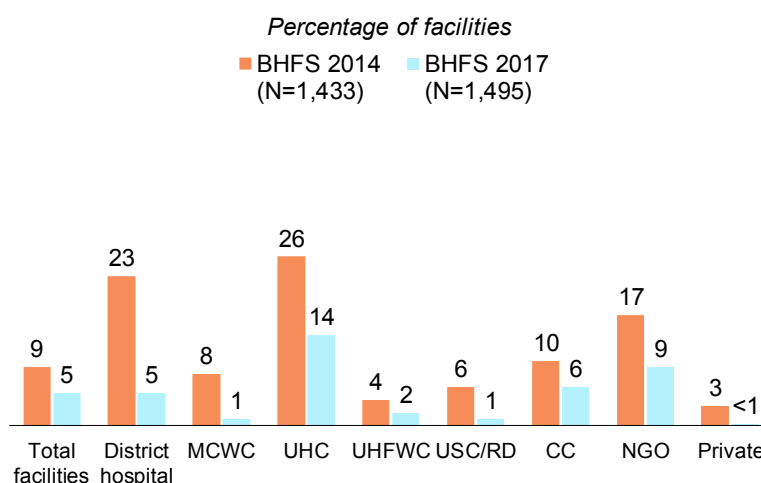
### 4.3 READINESS OF HEALTH FACILITIES TO PROVIDE CHILD CURATIVE CARE

WHO has identified specific tracer indicators or items that facilities must have to be considered ready to provide child curative care. The 2017 BFHS used 10 items from the list of WHO tracer indicators to assess the overall readiness of Bangladesh facilities to provide child curative care (WHO 2013):

- **IMCI guidelines:** National or other guidelines on IMCI available at facility.
- **IMCI trained staff:** At least one provider received in-service training on at least some components of IMCI.<sup>1</sup>
- **Equipment:** Child scale, thermometer, and growth chart.
- **Medicines:** Oral rehydration solution (ORS), zinc tablets or syrup, amoxicillin (syrup, suspension, or dispersible), paracetamol syrup or suspension, and mebendazole/albendazole.

Information on the availability of these 10 items at health facilities providing child curative care is presented in Table 4.6, Figure 4.5, and Figure 4.6. Overall, only 5% (3% excluding CCs) of facilities have all 10 items, indicating a lack of a systems approach in the provision of sick children’s curative care. Only 1 in 10 district and upazila public facilities, and NGO facilities have all 10 items.

**Figure 4.5 Readiness of health facilities to provide child curative care, by facility type**



<sup>1</sup> This indicator differs from the WHO recommendation of at least one service provider with in-service training on IMCI in the last 24 months.

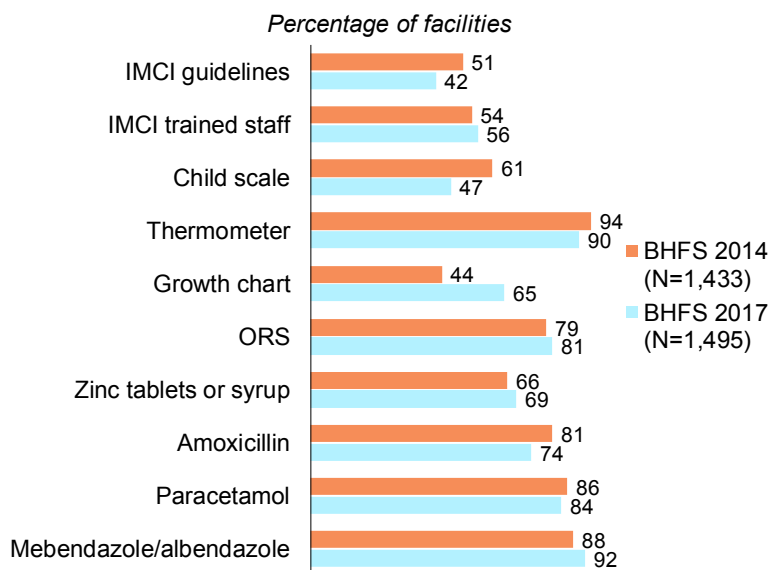
The five essential medicines required for a facility to be ready to provide sick child curative care were widely available across facilities on the day of the survey visit, ranging from 69% of facilities with zinc tablets or syrup to 92% with mebendazole or albendazole (Table 4.4 and Figure 4.6).

Overall readiness declined substantially in all types of facilities between 2014 and 2017. (BHFS 2014 and Figure 4.5).

#### 4.4 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

##### 4.4.1 Personal Supervision and Training

**Figure 4.6 Availability of items (tracer indicators) in health facilities for readiness to provide child curative care**



Training and supervision are essential management functions in building capacity and ensuring quality of services. Periodic in-service training keeps providers up-to-date and helps to refresh their knowledge and skills. Regular supervision is also an important source to support and direct. Table 4.7 provides information on recent training related to child health as well as information on personal supervision.

Around one-third (one-fourth excluding providers from CCs) of interviewed providers of child health services reported receiving in-service training related to child curative care in the 24 months before the assessment (Table 4.7). Providers from CCs (45%) were more likely to have received child care related training than providers from other public facilities and NGO facilities; few of the private hospital providers received child care related training in the 24 months preceding the survey (12%).

Supervision of child health care providers is common throughout health care facilities in Bangladesh; 94% of providers reported receiving personal supervision in the last 6 months (Table 4.7).

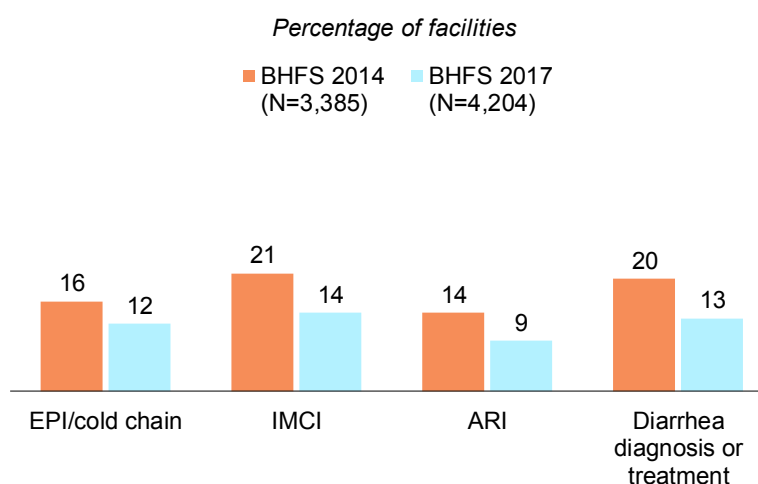
Only 32% (22% excluding providers from CCs) of providers of child health services had recently received both personal supervision and in-service training. Providers from CCs were most likely to have received recent personal supervision and in-service training (43%). Less than a quarter of providers in other public and NGO facilities reported that they received recent supervision and training, and only 12% of providers in private facilities received supervision and training.

#### 4.4.2 In-service Training by Topic

Providers of child health services were asked about in-service training on specific topics related to child health. **Table 4.8** shows that only 3 in 10 providers have ever received training on different child health topics including diarrhea diagnosis or treatment, IMCI, acute respiratory infection (ARI), and the Expanded Program on Immunization (EPI) or cold chain. However, only 10% had received training on these topics in the 24 months preceding the survey.

The percentage of providers reporting that they received necessary training on child health in the 24 months preceding the survey, including training on IMCI, ARI, diarrhea diagnosis/treatment, and EPI/cold chain, has declined since 2014 (**Figure 4.7**).

**Figure 4.7 Provider training on topics related to child health in the last 24 months**



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- **Table 4.2** Guidelines and equipment for child curative care services
- **Table 4.3** Trained staff for child curative care services
- **Table 4.4** Availability of essential and priority medicines and commodities
- **Table 4.5** Infection control and laboratory diagnostic capacity
- **Table 4.6** Readiness of health facilities to provide child curative care services
- **Table 4.7** Supportive management for providers of child health services
- **Table 4.8** Training for child health service providers



**Table 4.1 Availability of child health services**

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities that offer:								Number of facilities
	Outpatient curative care for sick children	Growth monitoring	Child vaccination <sup>1</sup>	Diagnosis of and/or treatment for child nutrition	All 3 basic child health services <sup>2</sup>	All 4 basic child health services <sup>3</sup>	Routine vitamin A supplementation	Deworming for children	
<b>Facility type</b>									
<b>District and upazila public facilities</b>	<b>99.0</b>	<b>96.3</b>	<b>93.9</b>	<b>95.6</b>	<b>91.2</b>	<b>88.5</b>	<b>65.7</b>	<b>97.8</b>	<b>44</b>
DH	100.0	96.8	93.5	96.8	90.3	87.1	69.4	100.0	5
MCWC	97.8	86.6	73.5	92.1	62.3	61.1	40.0	97.8	7
UHC	99.1	98.3	98.4	96.2	97.5	94.6	70.8	97.5	32
<b>Union-level public facilities</b>	<b>97.7</b>	<b>76.3</b>	<b>74.8</b>	<b>91.7</b>	<b>58.6</b>	<b>55.9</b>	<b>31.2</b>	<b>91.9</b>	<b>361</b>
UHFWC	97.0	81.8	73.7	93.4	60.5	58.7	33.4	92.7	250
USC/RD	99.3	63.9	77.2	87.8	54.4	49.5	26.2	90.3	111
<b>Community clinic (CC)</b>	<b>98.8</b>	<b>90.1</b>	<b>95.8</b>	<b>94.9</b>	<b>86.8</b>	<b>83.3</b>	<b>72.1</b>	<b>95.0</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>94.0</b>	<b>79.9</b>	<b>69.3</b>	<b>89.5</b>	<b>62.4</b>	<b>61.3</b>	<b>56.1</b>	<b>90.1</b>	<b>64</b>
<b>Private hospital</b>	<b>89.9</b>	<b>44.5</b>	<b>6.9</b>	<b>76.3</b>	<b>3.8</b>	<b>3.8</b>	<b>45.1</b>	<b>71.7</b>	<b>43</b>
<b>Location</b>									
Urban	92.4	71.5	55.0	84.8	48.9	47.4	55.5	83.7	108
Rural	98.6	86.4	89.6	94.0	79.1	75.8	61.2	94.3	1,416
<b>Division</b>									
Barishal	99.3	97.4	89.0	98.3	87.9	87.7	71.7	97.2	113
Chattogram	96.1	74.2	86.8	91.5	67.5	66.4	61.5	93.0	288
Dhaka	98.2	89.3	85.0	93.2	79.3	75.9	63.8	94.2	304
Khulna	99.0	80.0	88.1	98.0	73.5	73.4	49.9	94.1	187
Rajshahi	96.7	88.3	84.5	80.8	77.0	63.1	52.0	87.8	220
Rangpur	99.6	85.7	90.9	98.3	79.5	79.5	65.5	96.3	193
Sylhet	99.7	94.5	83.3	99.4	79.4	79.1	59.8	93.6	96
Mymensingh	99.1	85.6	91.9	96.8	82.2	79.7	67.8	94.6	123
Total	98.1	85.3	87.2	93.4	76.9	73.8	60.8	93.5	1,524
Total excluding CCs	96.7	75.8	70.1	90.5	57.3	55.0	38.4	90.5	512

<sup>1</sup> Facility routinely provides DPT/Pentavalent, polio, and measles vaccinations to children.<sup>2</sup> Outpatient curative care for sick children, growth monitoring, and child vaccination<sup>3</sup> Outpatient curative care for sick children, growth monitoring, child vaccination, and diagnosis of and/or treatment for child nutrition

**Table 4.2 Guidelines and equipment for child curative care services**

Among facilities that offer outpatient curative care for sick children, the percentages having indicated guidelines and equipment, by background characteristics, Bangladesh HFS 2017

Background characteristic	Guidelines		Equipment									Number of facilities offering outpatient curative care for sick children
	IMCI	Growth monitoring	Child scale <sup>1</sup>	Length or height board	Thermometer	Stethoscope	All 4 items available <sup>2</sup>	Infant scale <sup>3</sup>	Growth chart	MUAC tape	Timer	
<b>Facility type</b>												
<b>District and upazila public facilities</b>												
DH	57.9	49.3	74.9	85.2	97.1	99.6	66.3	77.5	75.7	66.3	67.8	44
MCWC	71.0	45.2	77.4	91.9	95.2	100.0	72.6	79.0	82.3	75.8	75.8	5
UHC	28.6	41.0	63.7	72.9	88.7	97.8	51.3	70.5	60.2	50.0	64.9	7
	62.2	51.7	77.0	86.9	99.2	100.0	68.5	78.7	78.0	68.4	67.3	32
<b>Union-level public facilities</b>												
UHFWC	40.4	25.7	45.3	53.4	76.1	96.8	27.9	46.2	50.1	38.8	53.8	353
USC/RD	41.9	27.1	46.6	56.4	76.0	95.7	29.5	48.5	54.4	41.3	53.0	243
	36.9	22.5	42.3	47.0	76.4	99.4	24.3	41.0	40.6	33.2	55.7	110
<b>Community clinic (CC)</b>												
NGO clinic/hospital	42.2	42.6	44.5	85.1	93.1	94.2	38.8	42.8	71.4	70.6	49.4	1,000
Private hospital	56.6	61.7	70.6	89.1	98.8	100.0	66.0	75.8	70.2	64.8	74.4	60
	3.4	7.6	75.6	48.5	99.3	100.0	40.2	84.1	16.0	18.5	86.9	39
<b>Location</b>												
Urban	41.6	40.8	75.7	73.4	98.2	99.9	59.0	78.5	54.5	49.5	81.9	100
Rural	41.8	38.5	45.4	77.1	89.0	95.0	36.7	44.7	65.8	62.3	50.9	1,396
<b>Division</b>												
Barishal	50.3	42.6	42.3	75.7	91.4	94.6	35.7	62.5	73.8	82.7	49.8	112
Chattogram	40.8	38.2	49.7	74.1	86.8	95.2	36.8	50.0	61.8	53.7	48.9	277
Dhaka	43.4	35.4	38.6	70.2	85.3	93.0	28.0	32.1	72.3	46.6	47.0	298
Khulna	48.1	43.6	50.9	81.4	92.5	95.6	45.3	47.2	61.9	62.5	64.1	185
Rajshahi	36.9	32.8	43.4	71.8	94.4	93.6	32.8	37.3	51.8	62.2	51.5	212
Rangpur	38.2	44.5	52.7	85.0	91.3	98.9	46.2	58.9	64.0	66.7	63.1	193
Sylhet	36.1	31.2	64.9	89.2	95.1	100.0	57.9	55.4	66.7	76.8	57.1	96
Mymensingh	41.6	43.1	47.9	80.0	84.6	95.5	38.8	53.5	75.0	72.0	45.5	122
Total	41.8	38.6	47.4	76.9	89.6	95.4	38.2	47.0	65.1	61.4	52.9	1,495
Total excluding CCs	41.0	30.7	53.3	60.2	82.5	97.7	36.8	55.5	52.1	42.8	60.1	495

<sup>1</sup> A scale with a gradation of 250 grams, or a digital standing scale with a gradation of 250 grams or less where an adult can hold a child to be weighed

<sup>2</sup> Child scale, length or height board, thermometer, and stethoscope

<sup>3</sup> A scale with a gradation of 100 grams, or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed

**Table 4.3 Trained staff for child curative care services**

Among facilities that offer outpatient curative care for sick children, the percentages having indicated trained staff, by background characteristics, Bangladesh HFS 2017

Background characteristic	Trained staff				Number of facilities offering outpatient curative care for sick children
	IMCI <sup>1</sup>		Growth monitoring <sup>2</sup>		
	During the past 24 months	At any time	During the past 24 months	At any time	
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>32.7</b>	<b>75.9</b>	<b>34.7</b>	<b>67.3</b>	<b>44</b>
DH	30.6	71.0	29.0	71.0	5
MCWC	10.1	57.0	16.9	47.9	7
UHC	37.8	80.6	39.4	70.9	32
<b>Union-level public facilities</b>	<b>10.4</b>	<b>51.6</b>	<b>13.7</b>	<b>41.0</b>	<b>353</b>
UHFWC	10.6	54.6	15.1	43.8	243
USC/RD	9.8	44.8	10.5	34.6	110
<b>Community clinic (CC)</b>	<b>25.0</b>	<b>58.8</b>	<b>30.1</b>	<b>52.5</b>	<b>1,000</b>
<b>NGO clinic/hospital</b>	<b>14.3</b>	<b>43.4</b>	<b>25.2</b>	<b>42.7</b>	<b>60</b>
<b>Private hospital</b>	<b>9.2</b>	<b>19.7</b>	<b>13.1</b>	<b>20.7</b>	<b>39</b>
<b>Location</b>					
Urban	22.1	47.7	27.1	46.6	100
Rural	20.8	56.6	25.6	49.2	1,396
<b>Division</b>					
Barishal	29.3	65.2	35.0	59.2	112
Chattogram	26.1	48.6	27.1	44.4	277
Dhaka	26.4	59.8	26.2	51.0	298
Khulna	21.0	58.2	20.9	44.6	185
Rajshahi	13.6	56.7	28.2	51.6	212
Rangpur	14.5	49.8	10.7	35.3	193
Sylhet	19.2	52.6	38.3	57.2	96
Mymensingh	12.4	62.6	29.8	62.3	122
Total	20.9	56.0	25.7	49.0	1,495
Total excluding CCs	12.7	50.2	16.9	41.9	495

<sup>1</sup> At least one provider of child health services in the facility reported receiving in-service training in IMCI. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>2</sup> At least one provider of child health services in the facility reported receiving in-service training in growth monitoring. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

**Table 4.4 Availability of essential and priority medicines and commodities**

Among facilities offering outpatient curative care services for sick children, the percentages where indicated essential and priority medicines to support care for the sick child were observed to be available in the facility on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Essential medicines										Priority medicines			Number of facilities offering outpatient curative care for sick children
	ORS <sup>1</sup>	Amoxicillin suspension, or dispersible <sup>1</sup>	Cotrimoxazole suspension, or dispersible	Paracetamol syrup or suspension <sup>1</sup>	Vitamin A capsules <sup>1</sup>	Mebedazole/albendazole <sup>1</sup>	Zinc tablets or syrup	All 6 essential medicines available <sup>2</sup>	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamycin for injection	Benzathine benzylpenicillin for injection		
<b>Facility type</b>														
<b>District and upazila public facilities</b>	<b>84.8</b>	<b>58.8</b>	<b>44.3</b>	<b>75.5</b>	<b>40.8</b>	<b>81.6</b>	<b>60.8</b>	<b>12.9</b>	<b>7.5</b>	<b>43.2</b>	<b>34.3</b>	<b>8.3</b>	<b>44</b>	
DH	93.5	58.1	33.9	77.4	33.9	69.4	54.8	11.3	11.3	64.5	43.5	11.3	5	
MCWC	31.9	82.9	77.2	81.7	12.5	89.6	33.0	1.1	2.3	23.9	10.3	1.1	7	
UHC	94.8	53.8	38.8	73.9	47.8	81.8	67.7	15.6	8.0	44.1	38.0	9.4	32	
<b>Union-level public facilities</b>	<b>37.2</b>	<b>64.0</b>	<b>60.8</b>	<b>73.0</b>	<b>10.0</b>	<b>85.0</b>	<b>32.7</b>	<b>3.5</b>	<b>0.1</b>	<b>0.0</b>	<b>2.3</b>	<b>1.0</b>	<b>353</b>	
UHFWC	25.8	70.4	70.2	76.2	9.6	86.0	28.8	3.7	0.0	0.0	2.5	0.3	243	
USC/RD	62.4	50.1	39.9	65.8	11.0	82.9	41.2	3.1	0.1	0.0	1.9	2.5	110	
<b>Community clinic (CC)</b>	<b>95.2</b>	<b>79.7</b>	<b>51.5</b>	<b>87.9</b>	<b>61.0</b>	<b>96.6</b>	<b>81.6</b>	<b>44.3</b>	<b>0.0</b>	<b>0.2</b>	<b>0.0</b>	<b>2.1</b>	<b>1,000</b>	
<b>NGO clinic/hospital</b>	<b>93.5</b>	<b>54.9</b>	<b>42.9</b>	<b>79.7</b>	<b>52.7</b>	<b>83.2</b>	<b>81.0</b>	<b>25.3</b>	<b>29.6</b>	<b>34.7</b>	<b>14.8</b>	<b>20.3</b>	<b>60</b>	
<b>Private hospital</b>	<b>77.7</b>	<b>51.7</b>	<b>27.4</b>	<b>84.9</b>	<b>51.8</b>	<b>66.6</b>	<b>70.5</b>	<b>31.0</b>	<b>40.3</b>	<b>77.6</b>	<b>75.1</b>	<b>17.4</b>	<b>39</b>	
<b>Location</b>														
Urban	82.5	54.6	38.1	78.6	53.0	77.3	73.2	24.7	27.8	51.0	43.3	15.9	100	
Rural	80.5	75.0	53.5	83.9	47.5	93.1	68.9	33.2	0.6	1.5	1.3	2.2	1,396	
<b>Division</b>														
Barishal	83.5	79.6	58.9	89.1	54.1	92.2	76.1	39.1	1.0	4.6	3.1	2.6	112	
Chattogram	76.0	78.0	52.0	83.8	41.8	93.6	72.0	29.4	2.5	5.8	5.9	2.5	277	
Dhaka	80.0	67.6	40.2	75.8	48.6	86.5	66.5	30.3	5.7	7.3	5.6	3.6	298	
Khulna	83.3	64.9	52.8	79.8	44.5	92.8	62.9	33.8	1.8	3.3	2.8	9.1	185	
Rajshahi	79.9	75.9	54.9	84.1	50.9	95.5	66.3	35.0	0.7	3.8	4.0	0.5	212	
Rangpur	86.8	73.6	68.7	87.7	52.6	94.5	64.5	34.8	1.3	2.9	1.9	0.9	193	
Sylhet	79.0	78.2	46.8	89.0	51.4	92.4	75.6	35.9	3.7	5.4	5.0	5.0	96	
Mymensingh	79.2	79.4	52.1	91.2	43.1	91.1	79.5	28.4	0.9	3.0	1.8	1.2	122	
Total	80.7	73.7	52.5	83.6	47.8	92.1	69.1	32.7	2.5	4.8	4.1	3.1	1,495	
<b>Total excluding CCs</b>	<b>51.4</b>	<b>61.5</b>	<b>54.6</b>	<b>74.9</b>	<b>21.1</b>	<b>83.1</b>	<b>43.9</b>	<b>9.1</b>	<b>7.4</b>	<b>14.0</b>	<b>12.3</b>	<b>5.2</b>	<b>495</b>	

Note: The essential medicines comprise the medicines and commodities indicators for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

ORS = Oral rehydration solution

<sup>1</sup> These medicines and commodities are also in the group of priority medicines for children.

<sup>2</sup> ORS, amoxicillin syrup/suspension or dispersible, paracetamol syrup/suspension, vitamin A capsules, mebendazole/albendazole, and zinc tablets or syrup

**Table 4.5 Infection control and laboratory diagnostic capacity**

Among facilities offering outpatient curative care services for sick children, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey and the percentages with the indicated laboratory diagnostic capacity in the facility, by background characteristics, Bangladesh HFS 2017

Background characteristic	Items for infection control										Laboratory diagnostic capacity		Number of facilities offering outpatient curative care for sick children
	Soap	Running water <sup>1</sup>	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves <sup>2</sup>	Sharps container	Waste receptacle <sup>3</sup>	All 6 items available <sup>4</sup>	At least 4 items available	Hemoglobin <sup>5</sup>	Stool microscopy <sup>6</sup>	
<b>Facility type</b>													
<b>District and upazila public facilities</b>	<b>73.0</b>	<b>88.5</b>	<b>71.1</b>	<b>48.4</b>	<b>78.4</b>	<b>75.5</b>	<b>70.2</b>	<b>49.7</b>	<b>18.8</b>	<b>66.6</b>	<b>74.7</b>	<b>31.1</b>	<b>44</b>
DH	83.9	91.9	83.9	51.6	88.7	72.6	66.1	64.5	30.6	71.0	87.1	54.8	5
MCWC	76.1	89.9	73.9	41.0	78.5	81.8	75.0	46.6	21.7	68.3	45.4	-	7
UHC	70.7	87.7	68.6	49.6	76.9	74.6	69.8	48.2	16.4	65.6	79.1	33.7	32
<b>Union-level public facilities</b>	<b>67.9</b>	<b>71.3</b>	<b>58.8</b>	<b>16.2</b>	<b>62.3</b>	<b>72.7</b>	<b>59.3</b>	<b>34.4</b>	<b>5.3</b>	<b>46.7</b>	<b>14.4</b>	-	<b>353</b>
UHFWC	69.2	71.6	59.0	16.6	62.7	80.7	65.4	35.5	4.9	49.1	18.3	-	243
USC/RD	65.1	70.7	58.5	15.2	61.3	55.0	45.9	31.8	6.2	41.4	5.6	-	110
<b>Community clinic (CC)</b>	<b>69.4</b>	<b>60.6</b>	<b>49.6</b>	<b>16.5</b>	<b>54.4</b>	<b>79.1</b>	<b>65.5</b>	<b>28.5</b>	<b>3.5</b>	<b>39.7</b>	<b>9.3</b>	-	<b>1,000</b>
<b>NGO clinic/hospital</b>	<b>95.0</b>	<b>97.5</b>	<b>94.0</b>	<b>72.4</b>	<b>94.5</b>	<b>96.3</b>	<b>82.7</b>	<b>59.2</b>	<b>42.4</b>	<b>88.7</b>	<b>73.0</b>	<b>21.8</b>	<b>60</b>
<b>Private hospital</b>	<b>79.0</b>	<b>89.2</b>	<b>79.0</b>	<b>71.0</b>	<b>89.4</b>	<b>81.1</b>	<b>46.9</b>	<b>70.9</b>	<b>32.1</b>	<b>74.1</b>	<b>82.6</b>	<b>46.5</b>	<b>39</b>
<b>Location</b>													
Urban	84.1	91.6	82.2	64.9	88.4	84.7	66.8	66.4	35.8	78.2	80.5	32.3	100
Rural	69.5	64.4	53.0	17.9	57.4	77.7	64.2	30.4	4.6	42.6	12.3	0.9	1,396
<b>Division</b>													
Barishal	54.7	59.7	41.9	20.9	46.6	71.8	73.2	48.7	9.8	49.3	17.6	2.0	112
Chattogram	73.1	70.8	59.4	17.8	62.8	82.2	60.7	34.8	4.3	46.0	25.6	5.1	277
Dhaka	74.5	72.7	62.0	23.2	66.1	80.3	64.3	24.3	8.7	47.0	18.6	4.5	298
Khulna	82.0	64.8	59.0	18.5	63.2	78.7	64.5	31.5	4.7	46.1	10.6	2.5	185
Rajshahi	72.5	61.1	51.1	21.1	55.5	81.7	67.2	48.9	7.6	51.1	13.2	2.5	212
Rangpur	76.8	65.4	59.7	21.0	64.3	73.8	57.5	30.3	7.6	45.2	5.6	1.3	193
Sylhet	57.2	66.3	46.6	24.5	53.7	74.7	69.7	23.5	6.2	35.0	31.2	0.9	96
Mymensingh	48.0	57.8	39.2	24.4	45.4	72.5	66.6	20.0	4.4	28.8	14.3	1.3	122
<b>Total</b>	<b>70.4</b>	<b>66.2</b>	<b>55.0</b>	<b>21.0</b>	<b>59.5</b>	<b>78.2</b>	<b>64.4</b>	<b>32.8</b>	<b>6.7</b>	<b>45.0</b>	<b>16.9</b>	<b>3.0</b>	<b>1,495</b>
<b>Total excluding CCs</b>	<b>72.5</b>	<b>77.4</b>	<b>65.7</b>	<b>30.1</b>	<b>69.7</b>	<b>76.4</b>	<b>62.2</b>	<b>41.6</b>	<b>13.1</b>	<b>55.7</b>	<b>32.1</b>	<b>9.0</b>	<b>495</b>

"-" Means facilities do not have provision of stool microscopy test.

Note: The laboratory diagnostic capacity indicator measures presented in the table comprise the diagnostics domain for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012). MCWCs, union-level facilities, and CCs do not provide stool microscopy tests.

<sup>1</sup> Piped water, water in bucket with specially fitted tap, or water in pour pitcher

<sup>2</sup> Non-latex equivalent gloves are acceptable.

<sup>3</sup> Waste receptacle with plastic bin liner

<sup>4</sup> Soap, running water, alcohol-based disinfectant, latex gloves, sharps container, and waste receptacle

<sup>5</sup> Facility had functioning equipment and reagents for colorimeter, hemoglobinometer, or HemoCue.

<sup>6</sup> Facility had a functioning microscope with glass slides and formal saline (for concentration method) or normal saline (for direct method) or Lugol's iodine solution.

**Table 4.6 Readiness of health facilities to provide child curative care services**

Among facilities that offer outpatient curative care for sick children, the percentages with IMCI guidelines, staff trained in IMCI, basic equipment, and essential medicines available on the day of the survey, and the percentage with all items, by background characteristics, Bangladesh HFS 2017

Background characteristic	IMCI guidelines	Staff trained in IMCI (at any time) <sup>1</sup>	Child scale <sup>2</sup>	Thermometer	Growth chart	Zinc tablets or syrup	ORS	Amoxicillin syrup, suspension, or dispersible	Paracetamol syrup or suspension	Mebendazole/albendazole	All 10 items available	Number of facilities offering outpatient curative care for sick children
<b>Facility type</b>												
<b>District and upazila public facilities</b>												
DH	71.0	71.0	77.4	95.2	82.3	54.8	93.5	58.1	77.4	69.4	4.8	5
MCWC	28.6	57.0	63.7	88.7	60.2	33.0	31.9	82.9	81.7	89.6	1.2	7
UHC	62.2	80.6	77.0	99.2	78.0	67.7	94.8	53.8	73.9	81.8	14.1	32
<b>Union-level public facilities</b>												
UHFWC	41.9	54.6	46.6	76.0	54.4	28.8	25.8	70.4	76.2	86.0	1.6	243
USC/RD	36.9	44.8	42.3	76.4	40.6	41.2	62.4	50.1	65.8	82.9	0.8	110
<b>Community clinic (CC)</b>												
NGO clinic/hospital	56.6	43.4	70.6	98.8	70.2	81.0	93.5	54.9	79.7	83.2	9.0	60
Private hospital	3.4	19.7	75.6	99.3	16.0	70.5	77.7	51.7	84.9	66.6	0.2	39
<b>Location</b>												
Urban	41.6	47.7	75.7	98.2	54.5	73.2	82.5	54.6	78.6	77.3	6.9	100
Rural	41.8	56.6	45.4	89.0	65.8	68.9	80.5	75.0	83.9	93.1	5.0	1,396
<b>Division</b>												
Barishal	50.3	65.2	42.3	91.4	73.8	76.1	83.5	79.6	89.1	92.2	9.9	112
Chattogram	40.8	48.6	49.7	86.8	61.8	72.0	76.0	78.0	83.8	93.6	5.2	277
Dhaka	43.4	59.8	38.6	85.3	72.3	66.5	80.0	67.6	75.8	86.5	2.0	298
Khulna	48.1	58.2	50.9	92.5	61.9	62.9	83.3	64.9	79.8	92.8	7.6	185
Rajshahi	36.9	56.7	43.4	94.4	51.8	66.3	79.9	75.9	84.1	95.5	5.7	212
Rangpur	38.2	49.8	52.7	91.3	64.0	64.5	86.8	73.6	87.7	94.5	5.7	193
Sylhet	36.1	52.6	64.9	95.1	66.7	75.6	79.0	78.2	89.0	92.4	1.1	96
Mymensingh	41.6	62.6	47.9	84.6	75.0	79.5	79.2	79.4	91.2	91.1	6.3	122
Total	41.8	56.0	47.4	89.6	65.1	69.1	80.7	73.7	83.6	92.1	5.2	1,495
Total excluding CCs	41.0	50.2	53.3	82.5	52.1	43.9	51.4	61.5	74.9	83.1	3.0	495

ORS = Oral rehydration solution

<sup>1</sup> At least one provider of child health services in the facility reported receiving in-service training in IMCI. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>2</sup> A scale with a gradation of 250 grams, or a digital standing scale with a gradation of 250 grams or less where an adult can hold a child to be weighed

**Table 4.7 Supportive management for providers of child health services**

Among interviewed child health service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed child health service providers
	Training related to child health during the 24 months preceding the survey <sup>1</sup>	Personal supervision during the 6 months preceding the survey <sup>2</sup>	Training related to child health during the 24 months and personal supervision during the 6 months preceding the survey	
<b>Facility type</b>				
<b>District and upazila public facilities</b>	<b>23.8</b>	<b>96.6</b>	<b>22.9</b>	<b>823</b>
DH	22.2	96.5	21.8	192
MCWC	23.9	95.6	21.9	39
UHC	24.2	96.7	23.4	592
<b>Union-level public facilities</b>	<b>25.6</b>	<b>90.3</b>	<b>22.4</b>	<b>777</b>
UHFWC	25.7	92.5	22.6	552
USC/RD	25.3	84.7	22.2	225
<b>Community clinic (CC)</b>	<b>44.8</b>	<b>95.7</b>	<b>43.3</b>	<b>2,093</b>
<b>NGO clinic/hospital</b>	<b>24.5</b>	<b>97.1</b>	<b>24.4</b>	<b>251</b>
<b>Private hospital</b>	<b>12.3</b>	<b>81.8</b>	<b>11.8</b>	<b>262</b>
<b>Location</b>				
Urban	22.7	94.0	22.3	958
Rural	37.2	94.1	35.3	3,246
<b>Division</b>				
Barishal	43.2	95.2	40.7	309
Chattogram	30.3	88.7	28.6	727
Dhaka	35.1	93.8	33.9	975
Khulna	28.8	97.1	27.8	544
Rajshahi	36.6	96.2	34.7	561
Rangpur	25.2	96.1	24.8	507
Sylhet	45.9	89.8	40.4	267
Mymensingh	37.5	97.8	37.1	314
Total	33.9	94.1	32.4	4,204
Total excluding CCs	23.1	92.5	21.5	2,112

<sup>1</sup> Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>2</sup> Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

**Table 4.8 Training for child health service providers**

Among interviewed child health service providers, the percentages who report receiving in-service training on topics related to child health during the specified period before the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of providers of child health services who reported that they received in-service training on:								Number of interviewed child health service providers
	EPI/cold chain		IMCI		ARI		Diarrhoea diagnosis or treatment		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
<b>Facility type</b>									
<b>District and upazila public facilities</b>	<b>6.5</b>	<b>22.9</b>	<b>7.9</b>	<b>33.1</b>	<b>5.8</b>	<b>26.0</b>	<b>6.2</b>	<b>27.6</b>	<b>823</b>
DH	6.4	26.3	6.8	32.3	5.1	27.0	6.0	27.8	192
MCWC	3.8	24.2	4.6	28.2	5.0	27.0	3.9	28.1	39
UHC	6.7	21.8	8.5	33.7	6.1	25.6	6.4	27.5	592
<b>Union-level public facilities</b>	<b>7.3</b>	<b>34.2</b>	<b>8.2</b>	<b>43.8</b>	<b>5.0</b>	<b>37.9</b>	<b>5.7</b>	<b>39.6</b>	<b>777</b>
UHFWC	7.3	35.8	8.3	45.9	5.0	39.3	5.8	41.2	552
USC/RD	7.1	30.3	7.9	38.7	4.8	34.7	5.3	35.8	225
<b>Community clinic (CC)</b>	<b>16.5</b>	<b>45.1</b>	<b>20.0</b>	<b>53.2</b>	<b>11.8</b>	<b>35.7</b>	<b>19.9</b>	<b>51.1</b>	<b>2,093</b>
<b>NGO clinic/hospital</b>	<b>8.9</b>	<b>23.7</b>	<b>5.9</b>	<b>20.1</b>	<b>6.2</b>	<b>21.0</b>	<b>8.8</b>	<b>25.8</b>	<b>251</b>
<b>Private hospital</b>	<b>5.1</b>	<b>8.8</b>	<b>2.9</b>	<b>8.1</b>	<b>3.6</b>	<b>7.7</b>	<b>8.3</b>	<b>14.0</b>	<b>262</b>
<b>Location</b>									
Urban	7.9	21.8	7.7	25.2	5.9	21.0	7.7	25.2	958
Rural	12.8	39.2	15.3	47.9	9.3	34.7	14.8	45.1	3,246
<b>Division</b>									
Barishal	10.2	36.4	18.7	53.0	11.7	42.1	15.6	46.5	309
Chattogram	10.8	24.6	16.8	37.0	12.9	29.4	12.0	31.9	727
Dhaka	10.8	36.8	15.0	39.4	4.6	23.3	11.2	34.2	975
Khulna	10.5	31.9	12.0	43.0	6.2	28.1	11.5	40.0	544
Rajshahi	13.6	41.7	10.8	46.2	9.4	42.2	17.4	54.7	561
Rangpur	8.3	33.5	9.7	40.9	7.1	30.6	8.6	39.4	507
Sylhet	26.5	48.5	15.3	45.2	12.0	29.7	15.5	39.0	267
Mymensingh	9.3	39.6	8.8	50.4	9.0	42.4	21.0	53.6	314
Total	11.7	35.2	13.6	42.7	8.5	31.6	13.2	40.6	4,204
Total excluding CCs	6.9	25.4	7.2	32.4	5.3	27.5	6.6	30.1	2,112

EPI = Expanded Program on Immunization  
IMCI = Integrated management of childhood illness  
ARI = Acute respiratory infection



## FAMILY PLANNING SERVICES

### Key Findings

- Eighty-six percent of health facilities provide modern family planning (FP) services. The proportion of facilities offering family planning methods has increased from 78% in 2014 to 86% in 2017 (Table 5.2 and Figure 5.1).
- Although the availability of modern FP methods in district hospitals (DHs) and private clinics has increased notably since 2014, 31% of DHs and 75% of private facilities still do not provide family planning methods (Figure 5.2).
- Only one quarter of facilities provide long-acting reversible contraceptives or permanent methods (LARC/PMs), and few provide male or female sterilization. Over the past 3 years, however, the availability of LARC/PMs has increased substantially at all types of facilities other than community clinics (Table 5.2 and Figures 5.3 and 5.4).
- Family planning methods were in stock at 78% of facilities on the day of the survey, a decrease from the figure reported in 2014 (87%) (Table 5.5 and Figure 5.5).
- Nearly half of facilities had FP guidelines at the service site. Overall, the availability of FP guidelines has decreased slightly from 54% in 2014 to 49% in 2017 (Table 5.8 and Figure 5.7).
- Over half (56%) of the facilities offering FP had staff who received in-service FP training at any time before the survey. The proportion of facilities with trained staff has changed only minimally since 2014 (Table 5.8 and Figure 5.8).
- The availability of injectables was much lower in 2017 (61%) than in 2014 (79%) (Table 5.8 and Figure 5.10).
- Only 22% of facilities are at a level of readiness to provide FP services. The readiness to provide FP services increased substantially among UHCs, UHFWCs and NGOs between 2014 and 2017, but overall readiness among all facilities has declined slightly from 25% to 22% during the same period (Table 5.8 and Figure 5.13).
- The percentage of facilities with four specified infection control items available has increased from 40% in 2014 to 47% in 2017 (Table 5.7 and Figure 5.6).

### 5.1 BACKGROUND

**F**amily planning (FP) is important for the health of a mother and her children, as well as the family's economic situation. FP comprises a group of activities that permit couples to decide freely on the spacing and number of their children. FP improves the health of mothers, children, and entire families and is a key element in upholding reproductive rights. Therefore, wherever maternal health,

reproductive health, or child health services are provided, facilities should strive to increase the appropriate use of FP and contraceptive services and to provide client education.

The Government of Bangladesh has a National Population Policy (MOHFW 2012) that seeks to reduce fertility to replacement level, and the 4th Health, Population and Nutrition Sector Development Program (HPNSP) has embraced strategies for making FP services available, accessible, acceptable, and affordable for all women and men of reproductive age at public, private, and nongovernmental (NGO) health facilities. The HPNSP strategies strive to increase overall use of FP to 75% by 2022 (MOHFW 2012).

Over the past four decades, Bangladesh has made remarkable progress in increasing the utilization of modern family planning methods among currently married women. According to the 2017 Bangladesh Demographic and Health Survey (BDHS), the contraceptive prevalence rate (CPR) increased from 56% to 62% between 2007 and 2017.

Use of modern contraceptive methods has increased by 4 percentage points since 2007, from 48% to 52%. However, use of modern methods declined from 54% to 52% between 2014 and 2017, mainly due to a decline in use of oral pills and injectables. The pill is by far the most widely used method (25%), followed by injectables (11%). Nine percent of currently married women use a long-acting or permanent method such as female or male sterilization, implants, or intrauterine contraceptive devices (IUCDs). Ten percent of women use traditional methods, primarily the rhythm method (periodic abstinence). The 4th HPNSP aims to reach 50% use of modern methods in Sylhet and Chattogram by 2022. Since 2014, use of modern methods in Sylhet has increased from 41% to 45%; however, there has been a slight decline in Chattogram, from 47% to 45% (NIPORT et al. 2014; NIPORT et al. 2017). The 4th HPNSP aims to reach a CPR of 75% by 2022.

- **Availability of FP services.** Section 5.2, including **Tables 5.1** through **5.5** and **Figures 5.1** through **5.5**, examines the availability of FP services. FP services are considered available if a facility provides FP methods to clients at the facility, prescribes methods that the client must obtain elsewhere, or counsels about FP.
- **Availability of guidelines, trained staff, equipment, and infection control items.** Sections 5.2.5 and 5.2.6, including **Tables 5.6** and **5.7** and **Figure 5.6**, address the extent to which facilities that offer FP family services have the capacity to support quality services, including the necessary service guidelines, trained staff, equipment, and infection control materials.
- **Readiness of health facilities to provide FP services.** Section 5.2.7, including **Table 5.8** and **Figures 5.13**, describes the readiness of health facilities to offer FP services using the WHO-specified items or tracer indicators that facilities must have to be considered ready to offer such services.
- **Basic management and administrative systems.** Sections 5.3, including **Tables 5.9** and **5.10**, evaluate aspects of training and supervision that are important to support the delivery of high-quality FP services.

## 5.2 FAMILY PLANNING SERVICES

Family planning (FP) methods differ in how they function and in their effectiveness, side effects, and mode of use. The acceptability and desirability of FP methods also differ among users. Thus, a facility that offers a wide variety of FP methods is best able to meet client needs. Although a broad mix of methods is optimal, facilities are expected to differ in the exact mix of methods they offer because of differences in provider qualifications, training, and the infrastructure required to provide certain methods safely. Methods that can be offered safely with minimal training are pills, injectables, and condoms, along with counseling on FP methods. Safely offering implants, IUCDs, female sterilization, and male sterilization requires a higher level of skill and a more developed infrastructure.

The 2017 BHFS obtained information on the availability of family planning services (modern FP methods, longer-acting permanent methods [LAPMs], and male or female sterilization) at each of the public, private, and NGO health facilities in the survey sample. This section of the report uses the following definitions in assessing the availability of FP services:

- A facility is considered to **offer** FP services if the facility reports that it provides a specified FP method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method. Facilities in this category do not necessarily provide FP methods to clients.
- A facility is said to **provide** FP services if the facility reports that it stocks a specific method and makes it available to clients when they visit the facility. Facilities in this category provide FP methods to clients.

### 5.2.1 Availability of Family Planning Services

**Table 5.1** shows the availability of FP services at facilities that provide a method, prescribe the method for clients to obtain elsewhere, or counsel clients on the method (i.e., facilities that do not necessarily provide an FP method to the client).

The findings show that about 9 in 10 of all health facilities offer FP services for modern methods. Mother and child welfare centers (MCWCs) (99%), union health and family welfare centers (UHFWCs) (98%), upazila health complexes (UHCs) (95%), community clinics (CCs) (91%), and NGO clinics/hospitals (86%) are more likely than private hospitals (53%) and district hospitals (DHs) (79%) to provide these services.

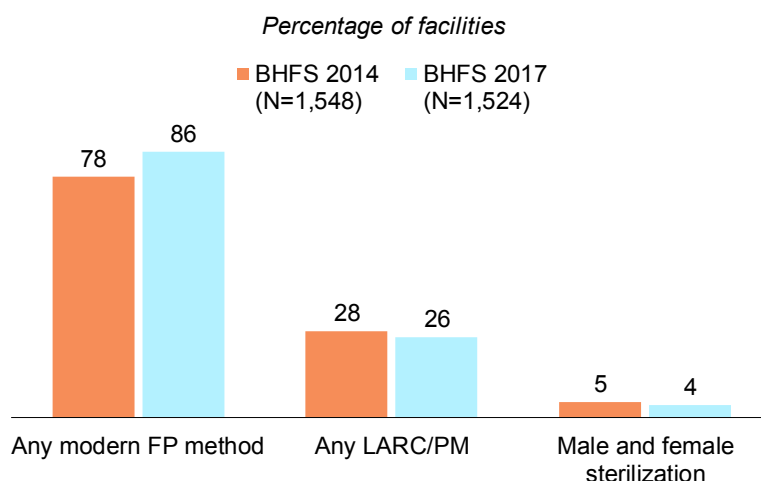
Fifty percent (75% excluding CCs) of facilities offer long-acting and permanent methods. Almost all MCWCs (98%), UHCs (95%) and UHFWC (98% in both cases), offer long-acting permanent methods. While private hospitals (48%) and union subcenters/rural dispensaries (USC/RDs) (52%) are least likely to offer long-acting permanent methods.

Thirty-one percent (38% excluding CCs) of health facilities offer male or female sterilization. UHCs (85%) and MCWCs (81%) are more likely to offer male and female sterilization than private hospitals (45%) and NGO clinics/hospitals (42%).

The Directorate General of Family Planning has emphasized strengthening postpartum family planning (PPFP) services, and the 2017 survey was the first BHFS to assess the percentage of facilities offering these services. **Table 5.1** shows that 91% (86% excluding CCs) of facilities offer PPFP services. More than 90% of MCWCs, UHCs, UHFWCs, CCs, and NGO clinics offer postpartum family services; private hospitals (44%) are least likely to offer these services.

There have been only minimal increases since 2014 in the percentages of facilities offering long-acting and permanent methods (from 48% to 50%) and male or female sterilization (from 29% to 31%). However, the availability of any modern FP method (including emergency contraceptives) has increased from 81% in 2014 to 89% in 2017 (Table 5.1).

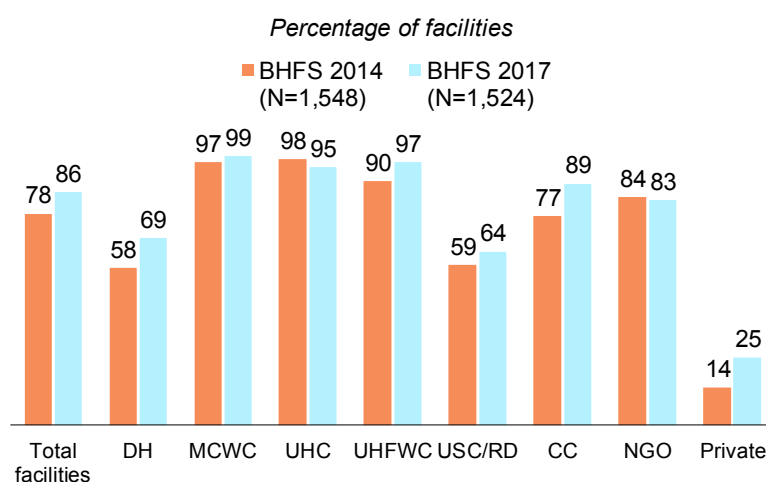
**Figure 5.1 Facilities providing modern FP methods and services, by method**



## 5.2.2 Facilities Providing Modern Family Planning Methods and Services

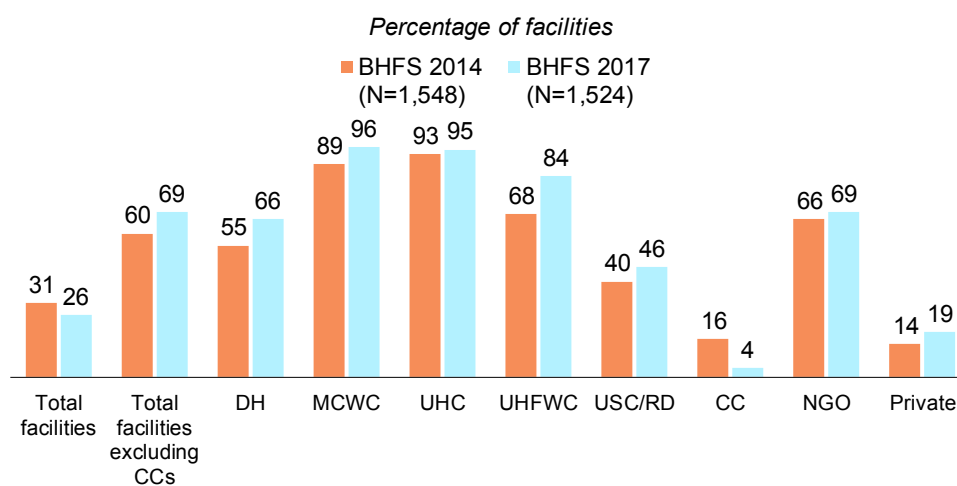
This section describes the extent to which modern FP methods are provided at different types of facilities. More than 8 in 10 facilities (86%) provide at least one modern FP method (**Table 5.2, Figure 5.2**).

**Figure 5.2 Facilities providing modern FP methods and services, by facility type**



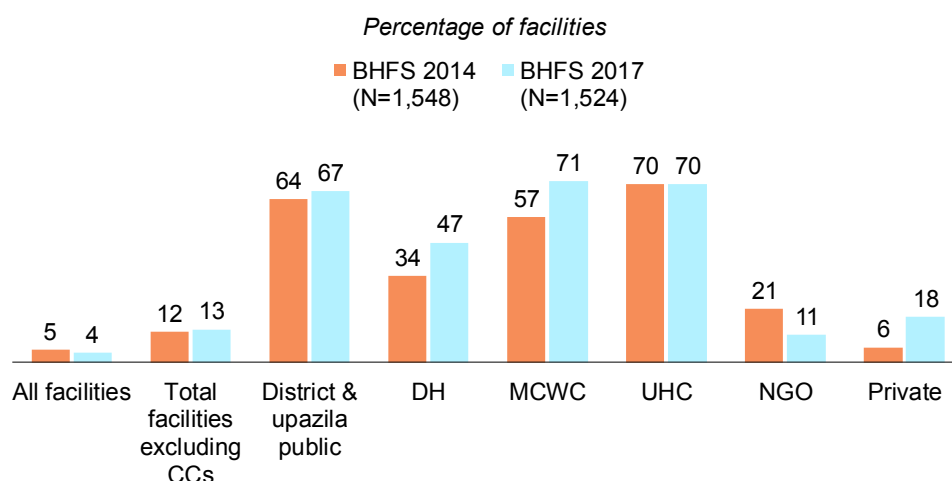
Results from **Table 5.2** show that one quarter of facilities in Bangladesh provide long-acting reversible contraceptives or permanent methods (LARC/PMs), that is, IUCDs, implants, and male or female sterilization (**Table 5.2**). Although there was a slight overall decline in the availability of LARC/PMs between 2014 (31%) and 2017 (26%), the availability of these methods increased among all of the individual types of facilities other than CCs (**Figure 5.3**).

**Figure 5.3 Facilities providing LARC/PMs, by facility type**



Results from **Table 5.2** also show that less than 5% of all facilities provide male or female sterilization. Since 2014, there have been notable increases in the availability of sterilization in DHs (from 34% to 47%) and MCWCs (from 57% to 71%). The availability of sterilization has also increased notably in private facilities, although the proportion of such facilities providing this service is still quite low (**Figure 5.4**).

**Figure 5.4 Facilities providing male or female sterilization services, by facility type**



The percentages of facilities offering modern FP methods slightly increased from 2014 to 2017 (**Figure 5.1**), with the availability of these methods rising by more than 10 percentage points at DHs, CCs, and private facilities.

**Table 5.3** shows that combined or progestin-only oral pills and male condoms (85% each) are the most commonly provided temporary modern FP methods. The availability of oral pills and male condoms has increased since 2014. More than 60% of facilities provide progestin-only injectables, a proportion similar to that in 2014. MCWCs, UHCs, and UHFWCs are more likely to provide these three FP methods than other facilities while private hospitals are the least likely to provide these methods.

One-fourth of all facilities provide IUCDs, and a negligible proportion (6%) offer one- or two-rod implants. There are no notable differences between 2014 and 2017 in the percentages of facilities providing IUCDs and implants.

### 5.2.3 Frequency of Availability of Family Planning Services

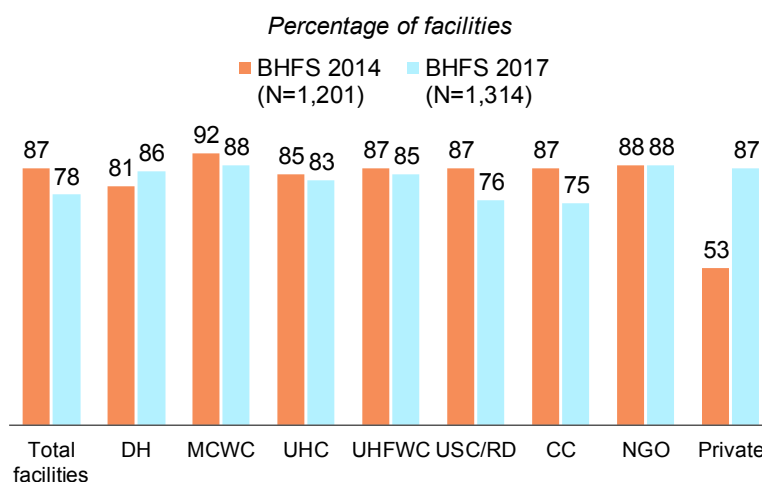
The 2017 BHFS collected information on the frequency of availability of FP services to determine whether facilities provide services regularly to meet clients' needs. Nearly 80% of all facilities reported that they provide family planning services every day. Almost all district and upazila public facilities (96%), NGO clinics (99%), and private hospitals (99%) that offer family planning services provide these services every day (**Table 5.4**). However, relatively small proportions of union-level facilities (72%) and community clinics (78%) offer FP services every day. The percentage of facilities offering services every day has increased slightly since 2014 (from 75% to 79%). Frequency of service availability varies by location. Urban facilities (98%) are more likely to provide FP services every day than rural facilities (77%). By division, the proportion of facilities offering FP services every day varies from 63% in Mymensingh to 93% in Barishal (**Table 5.4**).

## 5.2.4 Availability of Commodities on the Day of the Assessment

Stock outs of FP methods can put a woman at risk of unintended pregnancy. To obtain information on stock outs, the 2017 BHFS assessed the availability on the day of the survey of each method reportedly provided. **Table 5.5** shows that 78% of health facilities providing FP commodities (oral pills, injectables, condoms, IUCDs, and implants) actually had every method that they provide on hand on the day of the survey. The proportion of facilities with stock outs on the day of the survey was higher in 2017 than in 2014.

Commodity stock outs at CCs and USC/RDs were higher in 2017 than in 2014. However, almost 90% of private facilities had FP commodities in stock, as compared with only 53% in 2014 (**Figure 5.5**).

**Figure 5.5 Percentage of facilities with FP commodities (oral pills, injectables, condoms, IUCDs, implants) available on the day of the survey**



## 5.2.5 Availability of Service Guidelines, Trained Staff, and Equipment

The 2017 BHFS gathered data on the percentage of facilities having guidelines, trained staff, and basic equipment for family planning services. Almost half (69% excluding CCs) of facilities offering modern FP services have guidelines on family planning at their service site (**Table 5.6**). NGO (87%) and District and upazila (86%) facilities are most likely to have FP guidelines while private hospitals are least likely to have these documents (5%). The availability of FP guidelines also differs by location; 63% of urban facilities have guidelines, as compared with 48% of rural facilities.

Over half of facilities (56%) have staff trained in family planning at any time, and 28% have staff trained during the last 24 months. Eighty-eight percent of district and upazila facilities have staff trained at any time, but a much lower percentage of these facilities have staff trained during the preceding 24 months. Private hospital and CCs are least likely to have staff members trained in FP.

Overall, 85% (92% excluding CCs) of facilities have a blood pressure apparatus, while only small percentages of facilities have a pelvic model for IUCDs demonstration and a model for showing condom use.

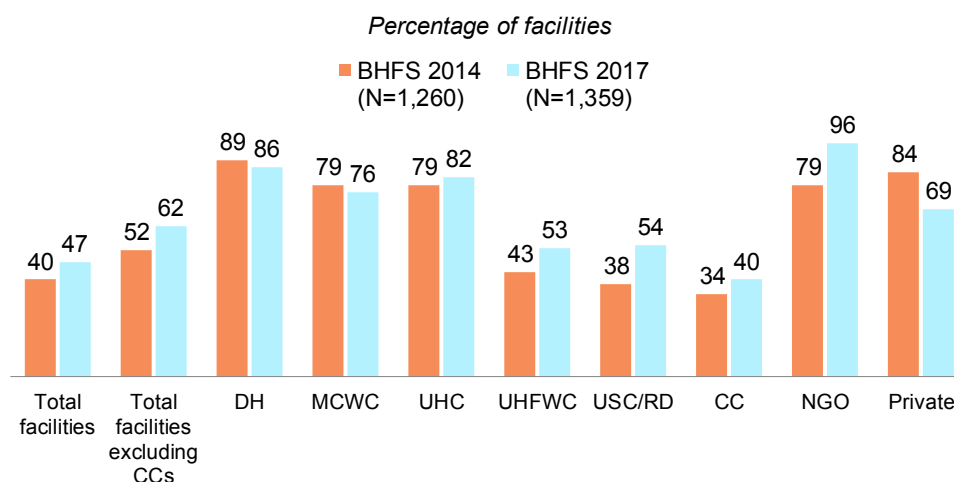
The survey assessed the presence of an examination bed or couch and an examination light, items needed to conduct a quality pelvic examination for FP clients. Most facilities (85%) had an examination bed or couch, and 54% had a light.

## 5.2.6 Infection Control During Provision of Family Planning

Infection control is essential in family planning procedures such as insertion or removal of IUCDs, injectables and implants. **Table 5.7** presents data on the percentage of facilities offering six infection control items (soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle) during provision of modern FP methods. Only 7% of facilities offer all six items. However, 47% have at least four items available. In 2014, 15% of facilities offered all six items and 40% offered four items. The percentage of facilities offering at least four infection control items is highest among NGO clinics/hospitals (96%) and lowest among CCs (40%). Most facilities have latex gloves

(80%) and soap (70%), whereas few facilities have alcohol-based hand disinfectant (23%) or a waste receptacle (33%).

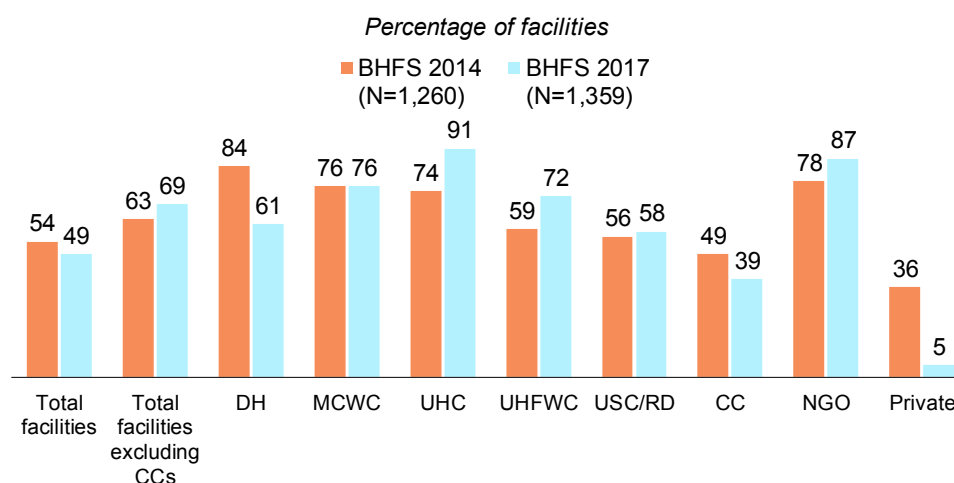
**Figure 5.6 Availability of at least four standard precaution items for infection control in family planning service areas, by facility type**



### 5.2.7 Readiness to Provide Family Planning Services

To provide quality family planning services to clients, facilities should have family planning guidelines, appropriately trained providers, and certain supplies and equipment. **Table 5.8** and **Figure 5.7** present information on availability of guidelines. The findings revealed that 49% of facilities providing FP had guidelines available on the day of the survey. UHCs were most likely (91%) and private hospitals were least likely (5%) to have FP guidelines (**Table 5.8**).

**Figure 5.7 Availability of FP guidelines in health facilities**

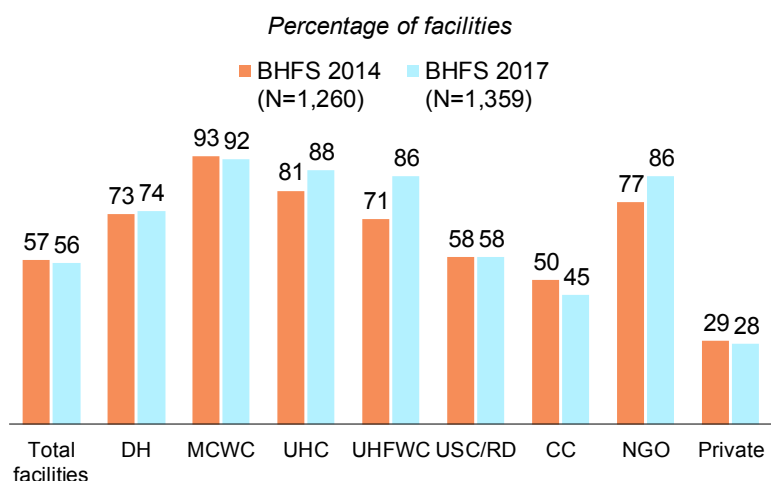


Between 2014 and 2017, there was a large decline in the availability of guidelines at DHs (from 84% to 61%), while the percentage of MCWCs with guidelines did not change. UHCs and UHFWCs showed large increases. Fewer than half of CCs have FP guidelines available, as compared with 87% of NGOs. At private facilities, the availability of guidelines fell drastically between 2014 and 2017, from 36% to only 5%. The overall availability of FP guidelines has decreased slightly since 2014 (from 54% to 49%), mainly due to a decrease in availability at CCs (from 49% to 39%). There is a need to ensure that guidelines are available at all facilities, and the problem of lack of availability should be relatively easy to solve.

Training is also an important management function to support health care providers. In particular, periodic in-service training can keep providers up to date and help them refresh their knowledge and skills.

Over half (56%) of facilities that offer FP have staff who received in-service FP training at any time before the survey. Private facilities are least likely to have trained staff (28%). In the last 3 years, the availability of trained staff has increased at UHCs, UHFWCs, and NGO facilities. Overall, however, there has been almost no change in the proportion of facilities with trained staff since 2014 (Figure 5.8 and Table 5.8).

**Figure 5.8 Availability of staff trained in FP at any time in health facilities**

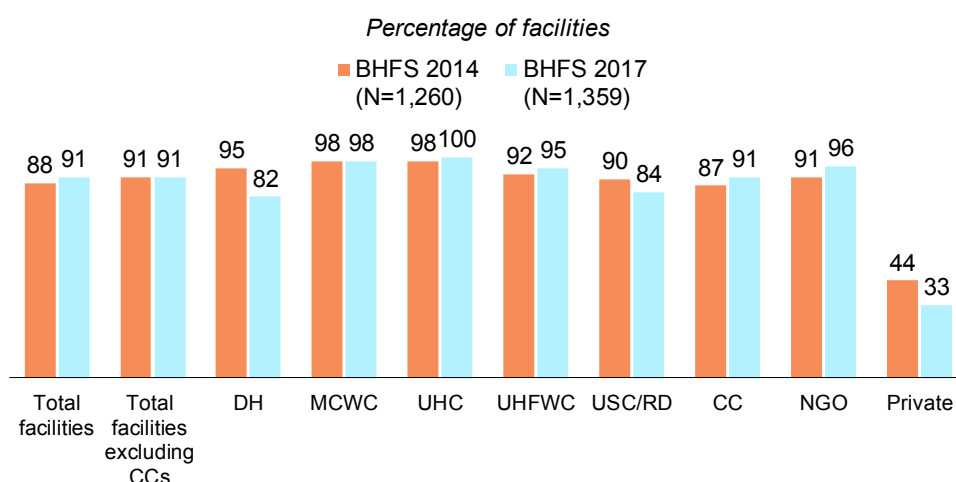


In addition to service guidelines and adequately trained staff, certain basic equipment and FP methods are necessary to provide quality family planning services. They include a blood pressure apparatus and samples of FP methods (pills, injectables, and condoms).

A large majority (85%) of health facilities offering modern family planning methods had a blood pressure apparatus available on the day of the visit. A blood pressure apparatus was almost universally available at MCWCs, UHCs, NGO clinics, and private hospitals. The percentage of facilities with a blood pressure apparatus did not change between 2014 and 2017.

Figure 5.9 shows that 91% of health facilities had oral pills on the day of the survey. The availability of oral pills is universal at UHCs (100%) and nearly universal at MCWCs (98%). Over 90% of UHFWCs, CCs, and NGO facilities have oral pills available. However, only 33% of private facilities have oral pills, a decrease from 44% in 2014. Eighty-two percent of DHs have oral pills available, as compared with 95% in 2014. It is important to maintain a high level of readiness in this area (Table 5.8).

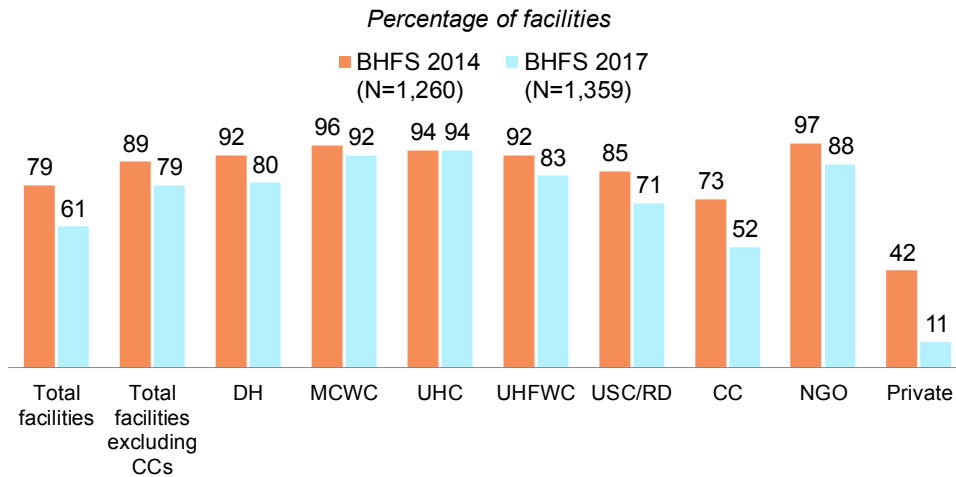
**Figure 5.9 Availability of oral pills, by facility type**



Overall, there has been a decline in the availability of injectables across facilities. Eighty percent of DHs have injectables available, as compared with 92% in 2014. MCWCs and UHCs maintained high levels of availability (above 90% in both survey periods). There is concern regarding the declining availability of injectables at UHFWCs, USC/RDs, and CCs. The largest decline took place at private facilities (from 42% to only 11%) (Figure 5.10 and Table 5.8).

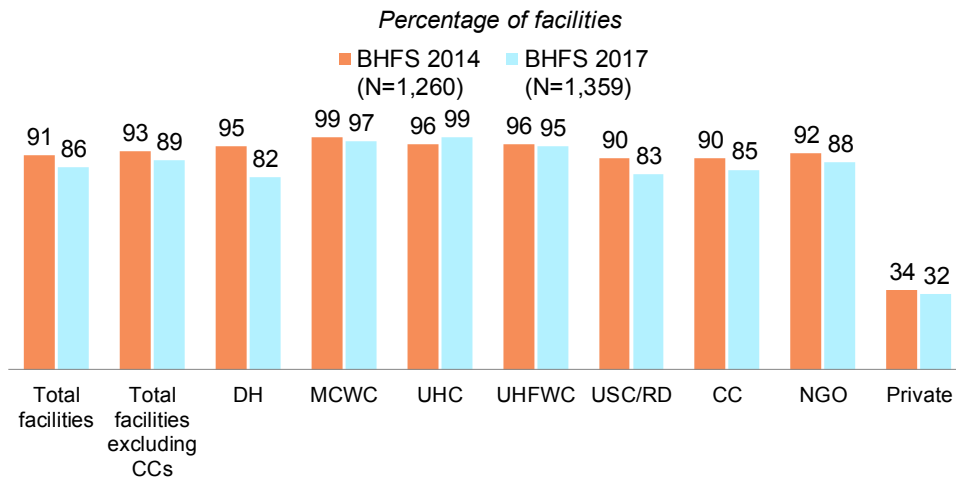


**Figure 5.10 Availability of injectable, by facility type**



Although there has been an overall decline in the availability of condoms, high proportions of MCWCs, UHCs, and UHFWCs have condoms readily available. The decline in availability was largest at DHs. A declining trend was also observed at USC/RDs and CCs (Figure 5.11 and Table 5.8).

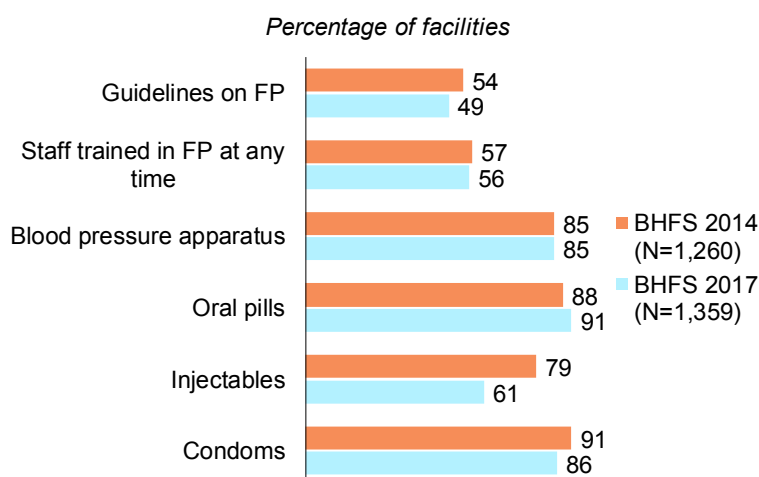
**Figure 5.11 Availability of condoms, by facility type**



WHO has specified a set of items or tracer indicators that facilities must have to be considered ready to offer FP services (**Figure 5.12**) (WHO 2012). Data from the 2017 BHFS were used to construct a slightly less restrictive measure of FP service readiness that is appropriate for the Bangladesh context. The following six items/indicators were included in this measure of the readiness of health facilities to provide FP services:

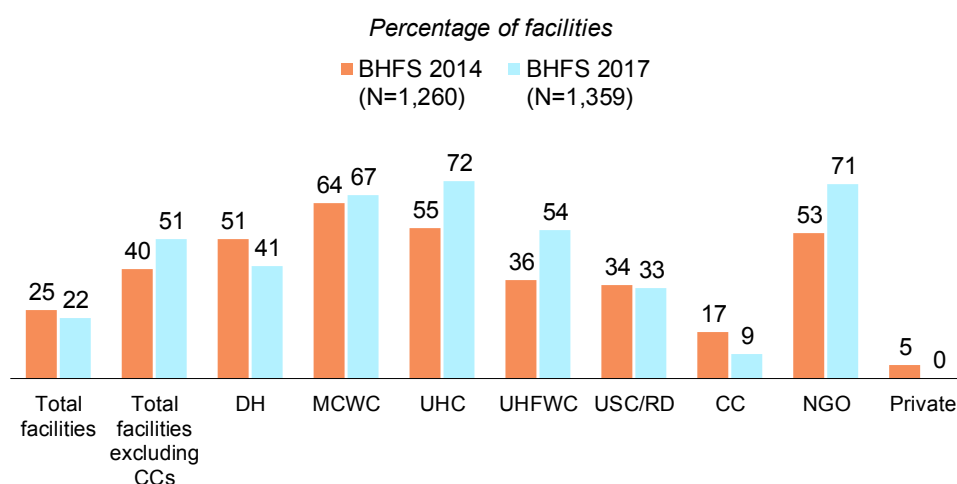
- **Trained staff.** At least one staff person who has ever received in-service FP training.
- **Guidelines.** National or any other FP guidelines.
- **Equipment.** Blood pressure apparatus.
- **Commodities.** Oral pills, injectables, and condoms.

**Figure 5.12 Availability of items (tracer indicators) in health facilities for readiness to provide FP services**



According to the WHO criteria, only 22% of facilities are ready to provide quality FP services (i.e., all six items/indicators are available) (**Table 5.8** and **Figure 5.13**). Overall, FP service readiness has declined slightly since 2014 (from 25% to 22%) due to a decrease in the availability of guidelines and FP commodities (mainly injectables). The service readiness of DHs, CCs, and private facilities decreased in the last 3 years, while the readiness of other public facilities and NGO facilities increased notably. Although MCWCs have not shown any substantial improvement over time, service readiness has increased notably at UHCs and UHFWCs.

**Figure 5.13 Readiness of health facilities to provide FP services, by facility type**



## 5.3 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

### 5.3.1 Training and Supervision

Supportive management for FP providers, including in-service training and personal supervision, is needed to ensure quality services. Training related to FP involves in-service training with structured sessions,

while personal supervision includes technical support or supervision from a facility-based supervisor or from a visiting supervisor. **Table 5.9** presents the percentage of FP service providers who reported having training and supervision according to facility type, location, and division.

Twenty-seven percent (excluding providers at CCs) of service providers reported receiving training related to FP during the 2 years before the survey (**Table 5.9**), a slight increase from 2014 (22% excluding CCs). Conversely, 95% of providers received personal supervision during the 6 months before the survey. Overall, 23% of providers received both training related to FP during the past 2 years and personal supervision during the past 6 months. Service providers at MCWCs and UHFWCs are most likely to have received both in-service training and supervision, whereas providers at USC/RDs and UHC are least likely to have received training and supervision.

### 5.3.2 In-service Training by Topic

**Table 5.10** presents information on the types of in-service training and the extent of training received by family planning service providers at any time before the survey or during the past 24 months. This training incorporates FP counseling, FP-related clinical issues, insertion or removal of IUCDs and implants, FP for HIV-positive clients, postpartum FP, vasectomy, tubal ligation, and emergency contraception.

Approximately half of providers have received training on FP counseling at some point, but only 16% received such training during the past 24 months of the survey. Similarly, one-fourth of providers have received training on FP-related clinical issues, but only a small percentage received training during the past 24 months. The proportion of providers receiving training on insertion or removal of IUCDs (25%) is twice as high as the proportion receiving training on insertion or removal of implants (12%). Almost 38% of providers have received training on postpartum FP, with nearly 13% reporting such training during the last 24 months.

In general, providers in urban areas are more likely than those in rural areas to have received training during the last 24 months. For example, 13% of urban providers received training on FP-related clinical issues, as compared with 6% of rural providers. Similarly, 11% of providers in urban areas reported having training on insertion or removal of IUCDs, as compared with 6% in rural areas. Seven percent of providers in urban areas reported that they had been trained on insertion or removal of implants, compared with 3% in rural areas. The percentages of providers receiving training on postpartum FP are the same in urban and rural areas.

Overall, the percentages of providers receiving training on FP services have decreased since 2014. For instance, the percentage of providers who reported having training on FP-related clinical issues at any time fell from 32% to 25%. The percentage of providers receiving training on insertion or removal of implants at any time was also higher in 2014 (29%) than in 2017 (12%) (**Table 5.10**).

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- **Table 5.2** Methods of family planning provided
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- **Table 5.4** Frequency of availability of family planning services
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- **Table 5.7** Items for infection control during provision of family planning
- **Table 5.8** Readiness of health facilities to provide family planning services
- **Table 5.9** Supportive management for providers of family planning services
- **Table 5.10** Training for family planning service providers

**Table 5.1 Availability of family planning services**

Among all facilities, the percentages that provide, prescribe, or counsel clients on methods of family planning, by background characteristics, Bangladesh HFS 2017

Background characteristic	Methods of family planning (FP)				Number of facilities
	Percentage offering any modern FP (including an emergency contraceptive) <sup>1</sup>	Percentage offering any long-acting and permanent methods <sup>2</sup>	Percentage offering male or female sterilization <sup>3</sup>	Percentage offering postpartum FP services <sup>4</sup>	
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>94.1</b>	<b>93.7</b>	<b>81.5</b>	<b>95.8</b>	<b>44</b>
DH	79.0	79.0	61.3	88.7	5
MCWC	98.9	97.8	81.2	96.7	7
UHC	95.3	94.9	84.5	96.6	32
<b>Union-level public facilities</b>	<b>87.9</b>	<b>75.6</b>	-	<b>88.7</b>	<b>361</b>
UHFWC	97.7	85.9	-	97.6	250
USC/RD	65.8	52.4	-	68.8	111
<b>Community clinic (CC)</b>	<b>91.1</b>	<b>37.2<sup>a</sup></b>	-	<b>93.2</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>86.4</b>	<b>79.6</b>	<b>42.1</b>	<b>93.4</b>	<b>64</b>
<b>Private hospital</b>	<b>53.3</b>	<b>47.6</b>	<b>45.0</b>	<b>44.0</b>	<b>43</b>
<b>Location</b>					
Urban	78.7	74.6	53.9	76.4	108
Rural	90.0	48.1	29.1	91.9	1,416
<b>Division</b>					
Barishal	93.8	41.6	22.6	95.2	113
Chattogram	90.7	54.9	39.5	91.1	288
Dhaka	87.5	51.2	26.5	87.3	304
Khulna	93.2	55.5	33.0	92.7	187
Rajshahi	91.5	49.4	24.4	89.2	220
Rangpur	76.4	31.2	18.0	87.4	193
Sylhet	96.1	47.6	32.5	96.5	96
Mymensingh	90.0	67.3	55.7	96.3	123
Total	89.2	50.0	30.8	90.8	1,524
Total excluding CCs	85.4	75.3	37.5	86.2	512

"-" Means male or female sterilization is not offered at union level public facilities or at public community clinic

<sup>1</sup> Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin only), injectables (progestin only), one-rod implants, two-rod implants, intrauterine contraceptive devices (IUCDs), male condoms, female sterilization (tubal ligation) or male sterilization (vasectomy), and emergency contraceptives.

<sup>2</sup> Facility provides, prescribes, or counsels clients on any of the following long-term and permanent methods of family planning: one-rod implants, two-rod implants, intrauterine contraceptive devices (IUCDs), female sterilization (tubal ligation), and male sterilization (vasectomy).

<sup>3</sup> Providers in the facility perform male or female sterilization or counsel clients on male or female sterilization.

<sup>4</sup> Facility provides postpartum family planning (PPFP) services or counsels clients on PPFP.

<sup>a</sup> The only long-acting and permanent methods that community clinics provide are injectables.

**Table 5.2 Methods of family planning provided**

Among all facilities, the percentages that provide clients with specific modern family planning methods, by background characteristics, Bangladesh HFS 2017

Background characteristic	Methods of family planning (FP)			Number of facilities
	Percentage that provide any modern FP (including an emergency contraceptive) <sup>1</sup>	Percentage that provide any long-acting and permanent methods <sup>2</sup>	Percentage that provide male or female sterilization <sup>3</sup>	
<b>Facility type</b>				
<b>District and upazila public facilities</b>	<b>92.9</b>	<b>91.8</b>	<b>67.4</b>	<b>44</b>
DH	69.4	66.1	46.8	5
MCWC	98.9	95.6	71.3	7
UHC	95.0	94.7	69.6	32
<b>Union-level public facilities</b>	<b>86.8</b>	<b>72.1</b>	-	<b>361</b>
UHFWC	97.2	83.5	-	250
USC/RD	63.5	46.2	-	111
<b>Community clinic (CC)</b>	<b>88.7</b>	<b>3.6<sup>a</sup></b>	-	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>83.1</b>	<b>69.3</b>	<b>10.5</b>	<b>64</b>
<b>Private hospital</b>	<b>25.2</b>	<b>19.3</b>	<b>17.9</b>	<b>43</b>
<b>Location</b>				
Urban	66.9	61.4	30.1	108
Rural	87.9	22.8	2.5	1,416
<b>Division</b>				
Barishal	91.1	23.5	4.6	113
Chattogram	88.4	25.9	5.6	288
Dhaka	81.9	26.6	5.9	304
Khulna	90.7	25.3	2.7	187
Rajshahi	89.3	31.6	4.6	220
Rangpur	75.5	20.7	2.4	193
Sylhet	95.9	18.9	2.4	96
Mymensingh	86.4	26.4	4.7	123
Total	86.4	25.5	4.4	1,524
<i>Total excluding CCs</i>	<i>81.7</i>	<i>69.0</i>	<i>13.1</i>	<i>512</i>

"-" Means male or female sterilization is not offered at union level public facilities or at public community clinic

<sup>1</sup> Facility provides any of the following: contraceptive pills (combined or progestin only), injectables (progestin only), one-rod implants, two-rod implants, intrauterine contraceptive devices (IUCDs), male condoms, female sterilization (tubal ligation) or male sterilization (vasectomy), and emergency contraceptives.

<sup>2</sup> Facility provides any of the following long-term and permanent methods of family planning: one-rod implants, two-rod implants, intrauterine contraceptive devices (IUCDs), female sterilization (tubal ligation), and male sterilization (vasectomy).

<sup>3</sup> Providers in the facility perform male or female sterilization.

<sup>a</sup> Among the long-acting and permanent methods, community clinics provide only injectables.

**Table 5.3 Methods of family planning provided<sup>1</sup>**

Among all facilities, the percentages that provide clients with specific modern family planning methods, by facility type, Bangladesh HFS 2017

Methods provided	Facility type										Total	Total excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union-level public facilities	UHFWC	USC/RD	Community clinic (CC)	NGO clinic/hospital	Private hospital		
Combined or progestin-only oral pill	<b>92.5</b>	66.1	98.9	95.0	<b>86.2</b>	96.9	61.9	<b>87.4</b>	<b>83.1</b>	<b>17.4</b>	85.1	80.6
Progestin-only injectable	<b>89.0</b>	64.5	92.3	91.8	<b>76.7</b>	86.4	54.8	<b>64.5</b>	<b>77.1</b>	<b>6.8</b>	67.0	71.9
Male condom	<b>92.3</b>	66.1	97.8	95.0	<b>86.5</b>	97.2	62.4	<b>87.1</b>	<b>78.5</b>	<b>17.9</b>	84.8	80.3
Intrauterine contraceptive device	<b>91.1</b>	59.7	95.6	94.7	<b>71.5</b>	83.2	45.1	-	<b>66.8</b>	<b>7.0</b>	24.9	67.2
Implant (one or two rods)	<b>77.5</b>	27.4	80.1	84.4	<b>10.4</b>	-	-	-	<b>29.6</b>	<b>4.9</b>	6.2	18.1
Tubal ligation	<b>66.5</b>	45.2	70.2	68.8	<b>5.7</b>	-	-	-	<b>9.4</b>	<b>17.7</b>	4.2	12.4
Vasectomy	<b>62.6</b>	14.5	69.1	68.3	<b>6.2</b>	-	-	-	<b>6.6</b>	<b>5.7</b>	3.7	11.1
At least 1 modern method	<b>92.9</b>	69.4	98.9	95.0	<b>86.8</b>	97.2	63.5	<b>88.7</b>	<b>83.1</b>	<b>25.2</b>	86.4	81.7
At least 2 temporary modern methods <sup>2</sup>	<b>92.7</b>	67.7	98.9	95.0	<b>86.0</b>	96.9	61.5	<b>87.9</b>	<b>79.7</b>	<b>17.4</b>	85.3	80.1
At least 4 temporary modern methods <sup>2</sup>	<b>90.2</b>	58.1	93.4	94.2	<b>68.1</b>	78.9	43.8	<b>3.2</b>	<b>67.5</b>	<b>5.4</b>	23.8	64.7
Any LAPM	<b>91.8</b>	66.1	95.6	94.7	<b>72.1</b>	83.5	46.2	<b>3.6</b>	<b>69.3</b>	<b>19.3</b>	25.5	69.0
Male or female sterilization	<b>67.4</b>	46.8	71.3	69.6	<b>6.4</b>	7.6	3.6	<b>0.0</b>	<b>10.5</b>	<b>17.9</b>	4.4	13.1
Number of facilities	<b>44</b>	5	7	32	<b>361</b>	250	111	<b>1,012</b>	<b>64</b>	<b>43</b>	1,524	512

“-” Means the specific family planning methods are not provided at this type of facility

<sup>1</sup> To be considered as providing a specific family planning method, the facility must report that it stocks the method and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, the facility reports that providers in the facility perform the procedures. A dash means that this type of facility does not provide the specific family planning method.<sup>2</sup> Any methods other than male or female sterilization

**Table 5.4 Frequency of availability of family planning services**

Among facilities that offer any family planning services, the percentages that offer the services every day or less frequently than every day, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering family planning services where services are offered on indicated days <sup>1</sup> :		Number of facilities offering any family planning services
	Provides but not every day <sup>2</sup>	Provides every day <sup>2</sup>	
<b>Facility type</b>			
<b>District and upazila public facilities</b>	<b>3.9</b>	<b>96.1</b>	<b>42</b>
DH	4.1	95.9	4
MCWC	7.9	92.1	7
UHC	3.0	97.0	31
<b>Union-level public facilities</b>	<b>28.2</b>	<b>71.8</b>	<b>318</b>
UHFWC	26.0	74.0	245
USC/RD	35.5	64.5	73
<b>Community clinic (CC)</b>	<b>21.8</b>	<b>78.2</b>	<b>922</b>
<b>NGO clinic/hospital</b>	<b>0.9</b>	<b>99.1</b>	<b>55</b>
<b>Private hospital</b>	<b>0.6</b>	<b>99.4</b>	<b>23</b>
<b>Location</b>			
Urban	1.9	98.1	85
Rural	22.9	77.1	1,274
<b>Division</b>			
Barishal	6.7	93.3	106
Chattogram	11.7	88.3	261
Dhaka	22.5	77.5	266
Khulna	20.5	79.5	175
Rajshahi	34.3	65.7	201
Rangpur	27.3	72.7	148
Sylhet	10.5	89.5	93
Mymensingh	36.8	63.2	110
Total	21.5	78.5	1,359
<i>Total excluding CCs</i>	<i>21.0</i>	<i>79.0</i>	<i>437</i>

<sup>1</sup> Includes services for contraceptive pills (combined or progestin only), injectables (combined or progestin only), implants, intrauterine contraceptive devices (IUCDs), male condoms, periodic abstinence, tubal ligation, vasectomy, or any other family planning method such as diaphragms or spermicides

<sup>2</sup> Every day refers to all working days when the facility is open.

**Table 5.5 Availability of family planning commodities**

Among facilities that provide the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Combined or progestin-only oral pills	Progestin-only injectables	Male condoms	Intrauterine contraceptive devices	One-rod Implants	Two-rod implants	Every method provided by facility was available on day of survey
<b>Facility type</b>							
<b>District and upazila public facilities</b>	<b>99.4</b>	<b>98.0</b>	<b>98.5</b>	<b>95.0</b>	<b>97.4</b>	<b>70.3</b>	<b>84.3</b>
DH	97.6	97.5	97.6	91.9	81.3	66.7	85.7
MCWC	97.7	98.7	97.7	96.5	97.2	81.9	87.6
UHC	100.0	97.9	98.8	94.9	98.2	67.8	83.4
<b>Union-level public facilities</b>	<b>94.5</b>	<b>91.7</b>	<b>93.8</b>	<b>89.7</b>	-	-	<b>82.7</b>
UHFWC	96.2	93.5	95.8	89.8	-	-	84.7
USC/RD	88.8	85.5	87.1	-	-	-	75.7
<b>Community clinic (CC)</b>	<b>94.9</b>	<b>72.6</b>	<b>89.0</b>	-	-	-	<b>75.0</b>
<b>NGO clinic/hospital</b>	<b>100.0</b>	<b>98.6</b>	<b>97.3</b>	<b>93.8</b>	<b>84.6</b>	<b>57.7</b>	<b>87.5</b>
<b>Private hospital</b>	<b>98.7</b>	<b>88.6</b>	<b>95.6</b>	<b>78.9</b>	<b>75.6</b>	<b>64.1</b>	<b>87.1</b>
<b>Location</b>							
Urban	98.8	98.3	97.4	94.8	90.8	66.8	87.1
Rural	95.0	78.9	90.5	82.0	63.0	41.3	77.2
<b>Division</b>							
Barishal	96.6	86.3	88.5	82.4	76.5	64.0	78.2
Chattogram	96.7	84.4	90.3	89.8	78.0	43.1	80.4
Dhaka	99.2	85.8	95.6	89.2	76.8	57.3	83.9
Khulna	95.4	78.9	95.3	92.0	80.3	38.8	78.0
Rajshahi	89.5	75.8	81.6	70.2	78.7	78.3	71.0
Rangpur	90.3	69.7	89.8	83.3	95.2	73.7	69.7
Sylhet	99.8	91.6	97.2	98.8	93.4	74.5	93.5
Mymensingh	94.0	70.7	89.6	70.0	42.0	23.2	65.5
Total	95.2	80.1	90.8	84.0	75.6	52.9	77.7
<i>Total excluding CCs</i>	<i>95.8</i>	<i>93.3</i>	<i>94.8</i>	<i>90.7</i>	<i>77.5</i>	<i>56.7</i>	<i>83.6</i>

"-" Means the specific family planning methods are not provided at this type of facility.

Note: To be considered as offering a specific method, the facility must report that it stocks the method and makes it available to clients without clients having to go elsewhere to obtain it. The denominators for each characteristic-method combination are different and are not shown in the table. The combined oral contraceptive pill, injectable contraceptive, and male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012). Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid, that is, within the expiration date. A dash means that this type of facility does not provide the specific family planning method.



**Table 5.6 Guidelines, trained staff, and basic equipment for family planning services**

Among facilities offering any modern family planning methods, the percentage having family planning guidelines, the percentage having at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering any modern family planning and having:			Equipment							Number of facilities offering any modern family planning methods
	Guidelines on family planning <sup>1</sup>	Staff trained in family planning during past 24 months <sup>2</sup>	Staff trained in family planning at any time <sup>2</sup>	Blood pressure apparatus <sup>3</sup>	Examination light	Examination bed or couch	Samples of family planning methods	Pelvic model for IUCD	Model for showing condom use	Other family planning-specific visual aid <sup>4</sup>	
<b>Facility type</b>											
<b>District and upazila public facilities</b>	<b>86.2</b>	<b>49.9</b>	<b>87.6</b>	<b>93.7</b>	<b>79.4</b>	<b>94.8</b>	<b>81.9</b>	<b>36.6</b>	<b>32.7</b>	<b>83.9</b>	<b>42</b>
DH	61.2	38.8	73.5	87.8	71.4	85.7	69.4	22.4	14.3	69.4	4
MCWC	76.2	58.2	92.2	95.5	82.1	94.4	80.0	39.5	42.8	76.3	7
UHC	91.4	49.4	88.4	94.0	79.7	96.0	83.9	37.6	32.6	87.4	31
<b>Union-level public facilities</b>	<b>68.6</b>	<b>37.1</b>	<b>79.1</b>	<b>90.8</b>	<b>51.0</b>	<b>88.2</b>	<b>68.1</b>	<b>16.2</b>	<b>17.6</b>	<b>73.2</b>	<b>318</b>
UHFWC	71.9	42.0	85.5	91.1	52.7	88.6	69.7	15.8	17.8	74.2	245
USC/RD	57.6	20.4	57.7	89.9	45.3	87.0	62.8	17.8	17.3	69.7	73
<b>Community clinic (CC)</b>	<b>38.7</b>	<b>23.1</b>	<b>44.8</b>	<b>82.0</b>	<b>51.0</b>	<b>81.8</b>	<b>55.2</b>	<b>3.5</b>	<b>6.7</b>	<b>58.9</b>	<b>922</b>
<b>NGO clinic/hospital</b>	<b>86.6</b>	<b>54.5</b>	<b>86.0</b>	<b>97.7</b>	<b>95.5</b>	<b>98.9</b>	<b>82.0</b>	<b>48.1</b>	<b>57.1</b>	<b>83.4</b>	<b>55</b>
<b>Private hospital</b>	<b>4.5</b>	<b>14.8</b>	<b>27.7</b>	<b>95.2</b>	<b>83.5</b>	<b>96.2</b>	<b>18.0</b>	<b>0.7</b>	<b>0.0</b>	<b>24.8</b>	<b>23</b>
<b>Location</b>											
Urban	62.8	46.6	74.3	95.3	88.8	95.9	66.2	36.0	36.8	66.9	85
Rural	47.6	27.1	54.3	84.6	51.9	83.9	59.0	7.5	10.3	63.2	1,274
<b>Division</b>											
Barishal	44.9	23.9	46.2	78.1	54.5	78.3	62.2	8.2	14.9	70.1	106
Chattogram	53.9	33.1	61.9	84.6	42.1	84.7	60.5	8.1	12.4	63.2	261
Dhaka	38.7	38.6	60.2	80.2	47.3	82.8	54.2	10.4	15.1	58.8	266
Khulna	64.7	18.0	49.3	86.9	77.7	85.9	73.2	10.0	10.1	61.3	175
Rajshahi	44.9	20.7	56.4	86.8	58.4	90.1	37.6	7.3	5.8	54.3	201
Rangpur	59.3	11.6	37.8	97.4	50.4	92.3	66.7	17.7	21.3	64.1	148
Sylhet	27.6	54.9	81.0	84.6	62.5	86.0	57.8	3.8	10.4	69.2	93
Mymensingh	46.8	26.6	48.5	85.1	52.1	71.8	77.0	5.9	3.8	83.0	110
<b>Total</b>	<b>48.5</b>	<b>28.3</b>	<b>55.5</b>	<b>85.3</b>	<b>54.2</b>	<b>84.7</b>	<b>59.5</b>	<b>9.3</b>	<b>12.0</b>	<b>63.4</b>	<b>1,359</b>
<b>Total excluding CCs</b>	<b>69.2</b>	<b>39.3</b>	<b>78.1</b>	<b>92.2</b>	<b>61.0</b>	<b>90.6</b>	<b>68.6</b>	<b>21.4</b>	<b>23.1</b>	<b>72.9</b>	<b>437</b>

Note: The measures presented in the table on guidelines for family planning and staff trained in FP comprise the staff and training domains, and blood pressure apparatus comprises the equipment domain, for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012).

IUCD = Intrauterine contraceptive device

<sup>1</sup> National guidelines/manual or any other guidelines/instructions/job aid/checklist on family planning

<sup>2</sup> The facility had at least one interviewed staff member providing the service who reports in-service training in some aspect of family planning. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> A functioning digital blood pressure apparatus or a manual sphygmomanometer with a stethoscope

<sup>4</sup> Flip charts or leaflets

**Table 5.7 Items for infection control during provision of family planning**

Among facilities offering any modern family planning methods, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering any modern family planning methods that have items for infection control										Number of facilities offering any modern family planning methods
	Soap	Running water <sup>1</sup>	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves <sup>2</sup>	Sharps container	Waste receptacle <sup>3</sup>	All 6 items available <sup>4</sup>	At least 4 items available	
<b>Facility type</b>											
<b>District and upazila public facilities</b>	<b>81.0</b>	<b>92.8</b>	<b>78.1</b>	<b>59.1</b>	<b>85.0</b>	<b>92.8</b>	<b>77.8</b>	<b>51.9</b>	<b>25.7</b>	<b>81.4</b>	<b>42</b>
DH	89.8	95.9	89.8	51.0	91.8	87.8	81.6	67.3	34.7	85.7	4
MCWC	78.5	92.2	76.3	47.3	80.9	92.1	80.8	47.2	24.7	76.3	7
UHC	80.5	92.6	77.1	62.7	85.1	93.6	76.6	51.1	24.9	82.0	31
<b>Union-level public facilities</b>	<b>70.4</b>	<b>74.7</b>	<b>62.7</b>	<b>22.7</b>	<b>67.2</b>	<b>80.9</b>	<b>64.6</b>	<b>36.2</b>	<b>6.0</b>	<b>53.2</b>	<b>318</b>
UHFWC	71.6	75.2	64.1	22.4	68.8	83.2	63.3	36.1	4.7	53.1	245
USC/RD	66.1	73.1	58.0	24.0	61.8	73.2	68.9	36.7	10.2	53.7	73
<b>Community clinic (CC)</b>	<b>67.7</b>	<b>62.0</b>	<b>49.4</b>	<b>17.3</b>	<b>54.5</b>	<b>78.4</b>	<b>64.8</b>	<b>28.4</b>	<b>3.8</b>	<b>40.1</b>	<b>922</b>
<b>NGO clinic/hospital</b>	<b>97.4</b>	<b>97.3</b>	<b>96.3</b>	<b>75.1</b>	<b>97.7</b>	<b>98.4</b>	<b>91.8</b>	<b>67.4</b>	<b>46.5</b>	<b>95.9</b>	<b>55</b>
<b>Private hospital</b>	<b>74.4</b>	<b>84.1</b>	<b>74.4</b>	<b>67.9</b>	<b>89.3</b>	<b>85.1</b>	<b>39.7</b>	<b>67.2</b>	<b>25.6</b>	<b>68.7</b>	<b>23</b>
<b>Location</b>											
Urban	87.6	92.2	85.0	66.0	90.9	92.1	73.0	68.4	37.7	84.5	85
Rural	68.9	66.1	53.8	20.1	58.7	79.5	65.4	30.8	5.0	44.7	1,274
<b>Division</b>											
Barishal	56.1	59.8	44.5	19.6	47.0	73.6	74.8	47.1	9.9	48.5	106
Chattogram	70.5	68.5	57.4	20.9	62.1	82.1	61.4	35.9	4.4	47.2	261
Dhaka	78.0	76.6	65.2	22.9	69.8	83.4	65.0	23.0	8.3	48.7	266
Khulna	82.3	65.1	58.5	20.0	62.8	78.5	62.4	30.5	5.2	46.2	175
Rajshahi	70.3	64.6	52.5	28.1	60.4	85.3	67.1	49.0	7.4	53.3	201
Rangpur	74.9	69.6	62.3	22.9	64.9	74.9	64.2	33.9	10.8	52.8	148
Sylhet	54.1	65.1	45.3	23.6	52.1	75.7	71.9	22.3	7.0	34.4	93
Mymensingh	50.2	61.8	41.0	26.7	47.8	80.2	69.9	21.6	5.1	35.2	110
Total	70.0	67.7	55.7	23.0	60.7	80.3	65.8	33.2	7.1	47.1	1,359
Total excluding CCs	75.0	79.8	69.0	35.1	73.9	84.4	68.0	43.2	14.0	62.1	437

<sup>1</sup> Piped water, water in bucket with specially fitted tap, or water in pour pitcher

<sup>2</sup> Non-latex equivalent gloves are acceptable.

<sup>3</sup> Waste receptacle with plastic bin liner

<sup>4</sup> Soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle

**Table 5.8 Readiness of health facilities to provide family planning services**

Among facilities that offer any modern family planning methods, the percentage with family planning guidelines, the percentage with at least one staff member recently trained on family planning service delivery, the percentage with the indicated contraceptive commodities available on the day of the survey, and the percentage with all items, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering any modern family planning and having:							Number of facilities offering any modern family planning methods
	Guidelines on family planning <sup>1</sup>	Staff trained in family planning at any time <sup>2</sup>	Blood pressure apparatus <sup>3</sup>	Combined or progestin-only oral pills	Progestin-only injectables	Male condoms	All 6 items available	
<b>Facility type</b>								
<b>District and upazila public facilities</b>	<b>86.2</b>	<b>87.6</b>	<b>93.7</b>	<b>97.8</b>	<b>92.6</b>	<b>96.7</b>	<b>68.4</b>	<b>42</b>
DH	61.2	73.5	87.8	81.6	79.6	81.6	40.8	4
MCWC	76.2	92.2	95.5	97.7	92.1	96.6	67.2	7
UHC	91.4	88.4	94.0	99.8	94.3	98.6	72.1	31
<b>Union-level public facilities</b>	<b>68.6</b>	<b>79.1</b>	<b>90.8</b>	<b>92.6</b>	<b>80.0</b>	<b>92.3</b>	<b>49.4</b>	<b>318</b>
UHFWC	71.9	85.5	91.1	95.4	82.6	95.2	54.2	245
USC/RD	57.6	57.7	89.9	83.5	71.1	82.6	33.2	73
<b>Community clinic (CC)</b>	<b>38.7</b>	<b>44.8</b>	<b>82.0</b>	<b>91.1</b>	<b>51.9</b>	<b>85.1</b>	<b>8.6</b>	<b>922</b>
<b>NGO clinic/hospital</b>	<b>86.6</b>	<b>86.0</b>	<b>97.7</b>	<b>96.2</b>	<b>88.0</b>	<b>88.4</b>	<b>70.6</b>	<b>55</b>
<b>Private hospital</b>	<b>4.5</b>	<b>27.7</b>	<b>95.2</b>	<b>33.3</b>	<b>11.3</b>	<b>32.0</b>	<b>0.0</b>	<b>23</b>
<b>Location</b>								
Urban	62.8	74.3	95.3	80.6	71.6	76.8	51.9	85
Rural	47.6	54.3	84.6	91.6	59.7	87.0	20.4	1,274
<b>Division</b>								
Barishal	44.9	46.2	78.1	93.7	68.0	85.0	25.8	106
Chattogram	53.9	61.9	84.6	93.9	62.8	87.7	24.7	261
Dhaka	38.7	60.2	80.2	87.0	52.7	85.5	19.3	266
Khulna	64.7	49.3	86.9	92.5	65.4	91.9	27.1	175
Rajshahi	44.9	56.4	86.8	87.0	61.9	77.4	21.5	201
Rangpur	59.3	37.8	97.4	89.2	60.4	88.8	22.1	148
Sylhet	27.6	81.0	84.6	99.6	60.2	92.9	16.6	93
Mymensingh	46.8	48.5	85.1	89.9	56.1	85.8	19.8	110
Total	48.5	55.5	85.3	90.9	60.5	86.4	22.3	1,359
Total excluding CCs	69.2	78.1	92.2	90.5	78.6	89.1	51.3	437

Note: The measures presented in the table on guidelines for family planning and staff trained in FP comprise the staff and training domains, and blood pressure apparatus comprises the equipment domain, for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> National guidelines/manual or any other guidelines/instructions/job aid/checklist on family planning

<sup>2</sup> The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> A functioning digital blood pressure apparatus or a manual sphygmomanometer with a stethoscope

**Table 5.9 Supportive management for providers of family planning services**

Among interviewed family planning service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of family planning services
	Training related to family planning during the 24 months preceding the survey <sup>1</sup>	Personal supervision during the 6 months preceding the survey <sup>2</sup>	Training related to family planning during the 24 months and personal supervision during the 6 months preceding the survey	
<b>Facility type</b>				
<b>District and upazila public facilities</b>	<b>18.8</b>	<b>97.3</b>	<b>18.4</b>	<b>438</b>
DH	15.6	98.2	15.6	102
MCWC	34.6	95.9	32.5	42
UHC	17.6	97.1	17.3	294
<b>Union-level public facilities</b>	<b>32.9</b>	<b>92.1</b>	<b>29.5</b>	<b>644</b>
UHFWC	35.9	92.7	32.4	522
USC/RD	19.9	89.8	17.1	122
<b>Community clinic (CC)</b>	<b>21.3</b>	<b>95.5</b>	<b>20.9</b>	<b>1,692</b>
<b>NGO clinic/hospital</b>	<b>29.0</b>	<b>98.4</b>	<b>29.0</b>	<b>264</b>
<b>Private hospital</b>	<b>22.3</b>	<b>71.1</b>	<b>21.1</b>	<b>97</b>
<b>Location</b>				
Urban	25.0	94.2	24.9	569
Rural	23.8	94.6	22.6	2,565
<b>Division</b>				
Barishal	19.0	94.7	18.6	262
Chattogram	29.4	92.3	27.6	554
Dhaka	32.5	93.8	32.0	705
Khulna	13.2	97.7	12.2	409
Rajshahi	16.9	97.1	14.7	433
Rangpur	9.4	95.7	9.4	332
Sylhet	42.7	86.0	41.9	230
Mymensingh	25.9	98.6	24.9	209
Total	24.0	94.5	23.0	3,134
Total excluding CCs	27.2	93.4	25.5	1,442

<sup>1</sup> Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>2</sup> Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

**Table 5.10 Training for family planning service providers**

Among interviewed family planning (FP) service providers, the percentages who report receiving in-service training on topics related to family planning during the specified time periods preceding the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of providers of FP services who report receiving in-service training on:														Number of interviewed providers of family planning services				
	Counseling on FP		FP-related clinical issues <sup>1</sup>		Insertion/removal of IUCD		Insertion/removal of implant		FP for HIV+ clients		Postpartum FP		Vasectomy			Tubal ligation		Emergency contraception	
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time		During the past 24 months	At any time	During the past 24 months	At any time
<b>Facility type</b>																			
<b>District and upazila public facilities</b>																			
DH	11.5	37.4	7.6	22.8	10.1	30.8	6.0	21.0	2.7	7.1	8.6	28.7	3.9	12.3	3.9	13.4	5.7	24.7	438
MCWC	13.1	32.8	7.0	16.4	8.5	22.4	5.4	15.8	3.7	6.0	6.1	22.8	1.9	7.4	3.5	10.8	4.7	14.4	102
UHC	21.0	66.9	10.2	44.9	17.9	63.4	11.4	38.8	6.0	17.2	20.2	64.4	5.7	24.4	5.2	26.5	10.8	52.5	42
	9.6	34.7	7.4	21.8	9.6	29.0	5.4	20.3	1.9	6.1	7.8	25.6	4.4	12.3	3.8	12.5	5.2	24.3	294
<b>Union-level public facilities</b>																			
UHFWC	20.7	68.7	8.4	37.1	14.7	55.9	4.5	14.1	1.9	11.4	17.1	55.4	1.6	7.7	1.6	9.2	12.5	56.0	644
USC/RD	22.4	70.7	9.1	38.9	16.2	58.0	5.1	15.5	2.0	12.1	19.2	58.6	1.9	8.4	1.9	9.4	12.8	59.0	522
	13.3	60.4	5.5	29.5	8.2	46.8	1.8	7.8	1.6	8.4	7.8	41.8	0.2	4.5	0.4	8.1	11.0	43.3	122
<b>Community clinic (CC)</b>																			
NGO clinic/hospital	15.6	41.9	5.9	20.1	2.2	11.3	2.0	7.7	1.2	4.4	11.5	34.6	1.0	4.4	1.0	4.0	5.7	23.2	1,692
Private hospital	19.4	50.0	10.1	28.3	9.3	27.9	3.7	14.1	3.1	9.3	14.6	37.1	2.9	6.2	2.5	5.8	12.4	29.1	264
	17.9	33.5	22.3	31.0	12.0	16.4	6.9	11.3	12.1	18.7	21.5	32.6	8.5	15.6	6.9	14.4	21.3	31.7	97
<b>Location</b>																			
Urban	16.6	42.8	12.6	28.7	11.4	30.1	7.0	20.0	5.0	10.9	13.2	33.6	5.0	12.8	4.5	13.2	11.1	30.8	589
Rural	16.4	48.2	6.4	24.2	5.8	23.5	2.6	9.6	1.4	6.2	12.7	39.2	1.2	5.3	1.2	5.5	7.5	30.9	2,565
<b>Division</b>																			
Barishal	12.2	37.5	9.1	25.8	6.7	20.7	3.9	11.9	0.8	4.5	9.1	29.8	1.5	6.1	1.8	6.3	6.6	21.9	262
Chattogram	22.0	52.0	7.5	30.2	8.2	34.0	3.3	11.0	0.9	7.9	16.0	43.2	2.4	8.6	2.4	8.8	6.0	28.3	554
Dhaka	22.4	53.7	9.7	28.1	8.9	22.3	5.1	12.4	5.1	12.1	17.5	44.4	3.1	8.7	2.6	7.7	13.5	36.8	705
Khulna	7.4	35.4	3.8	13.7	4.2	18.8	1.4	7.5	1.5	6.5	6.7	26.3	0.0	1.7	0.2	2.8	4.9	25.7	409
Rajshahi	12.0	48.8	4.1	24.3	3.6	26.3	1.8	10.8	0.6	4.5	7.0	38.3	1.1	3.9	1.1	4.6	4.9	35.2	433
Rangpur	4.5	34.6	3.2	15.4	3.2	19.6	1.3	10.7	1.7	4.4	6.0	29.3	1.1	6.5	1.3	7.2	2.8	23.1	332
Sylhet	27.3	62.9	12.6	33.2	8.8	25.9	4.0	14.7	2.1	5.4	20.5	49.9	2.3	11.6	2.0	11.7	10.3	37.8	230
Mymensingh	21.1	47.5	13.8	29.5	11.0	28.5	7.1	16.3	0.7	3.6	19.3	39.2	2.8	6.1	2.8	6.5	16.8	35.5	209
Total	16.4	47.2	7.5	25.0	6.8	24.7	3.4	11.5	2.0	7.1	12.8	38.2	1.9	6.7	1.8	6.9	8.1	30.9	3,134
Total excluding CCs	17.5	53.4	9.4	30.7	12.1	40.5	5.0	16.0	3.1	10.2	14.3	42.4	3.0	9.3	2.8	10.2	11.0	40.0	1,442

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

IUCD = Intrauterine contraceptive device

<sup>1</sup> Any training on clinical management of family planning methods, including managing side effects



## ANTENATAL CARE SERVICES

### Key Findings

- Almost all facilities in Bangladesh reported offering antenatal care (ANC) services (Table 6.1 and Figure 6.1).
- Fewer than half of the facilities offering ANC services had ANC guidelines available on the day of the survey. Over half of facilities had at least one staff member who received in-service training related to ANC (Table 6.2 and Figures 6.2 and 6.3).
- Private facilities are least likely to have trained staff (26%) and ANC guidelines (7%) (Table 6.2 and Figures 6.2 and 6.3).
- Between 2014 and 2017, the proportion of facilities with staff trained in ANC increased from 49% to 55%. The availability of ANC guidelines decreased slightly, from 50% in 2014 to 46% in 2017 (Figures 6.2 and 6.3).
- Twenty-five percent of facilities are able to conduct tests for urine protein, 22% are able to test for urine glucose, and 17% are able to test for hemoglobin. Although the overall testing capacity remains low, the capacity to conduct these three basic tests has improved in the last 3 years (Table 6.3 and Figure 6.5).
- Nine in 10 health facilities had all medicines essential for routine ANC services (iron tablets, folic acid tablets, and combined iron and folic acid tablets) available on the day of the survey (Table 6.4).
- Only 4% of facilities are at the level of readiness necessary to provide quality ANC services. Public sector district hospitals are most likely (45%) to be ready to offer ANC services, while CCs (1%) and private hospitals (2%) are least ready (Table 6.6 and Figure 6.8).
- Overall, there was no improvement in service readiness between 2014 and 2017. Service readiness increased only among union-level facilities (from 3% to 7%) (Table 6.6 and Figure 6.8).

### 6.1 BACKGROUND

Antenatal care (ANC) is the gateway for many critical maternal, newborn, and child health care services. ANC is also often the first opportunity for a woman and her family to interact with the health system. The provision of ANC by a medically trained provider is intended to monitor the status of a pregnancy, identify the complications associated with the pregnancy, and prevent adverse pregnancy outcomes. For the most effective outcomes, there should be regular ANC throughout pregnancy.

The results of the 2017 Bangladesh Demographic and Health Survey (BDHS) showed a sharp increase in the percentage of women who had at least one ANC visit with a medical provider. Eighty-two percent of

women age 15-49 with a live birth in the 3 years preceding the survey received ANC from a medically trained provider, an increase of 18 percentage points from the figure reported in the 2014 BDHS (64%) and 27 percentage points from the figure reported in the 2011 BDHS (55%). Between 2014 and 2017, the proportion of women who had the recommended four or more ANC visits during their most recent pregnancy increased from 31% to 47%. This offers evidence that Bangladesh is close to achieving the Health, Population and Nutrition Sector Program’s target of 50% of pregnant women completing at least four ANC visits by 2022 (Ministry of Health and Family Welfare [MOHFW] 2017). The 2017 BDHS results showed that only 43% of rural women, as compared with 59% of urban women, had at least four ANC visits.

Data from the 2017 BHFS related to delivery of ANC services will be useful in the country’s continuing efforts to improve ANC care. This chapter explores the results of the 2017 BHFS in the following key areas related to provision of ANC services at health facilities in Bangladesh:

- **Availability of ANC services.** Section 6.2, including **Tables 6.1** through **6.5** and **Figures 6.1** through **6.6**, examines the availability of ANC services at health facilities, including the availability of basic amenities and equipment, diagnostic capacity, essential medicines, and infection control processes.
- **Readiness of health facilities to provide ANC services.** Section 6.3, including **Table 6.6** and **Figures 6.7** through **6.14**, addresses the readiness of facilities to provide quality ANC services.
- **Basic management and administrative systems.** Section 6.4, including **Tables 6.7** and **6.8**, considers supervision and recent in-service training of providers that support quality services.

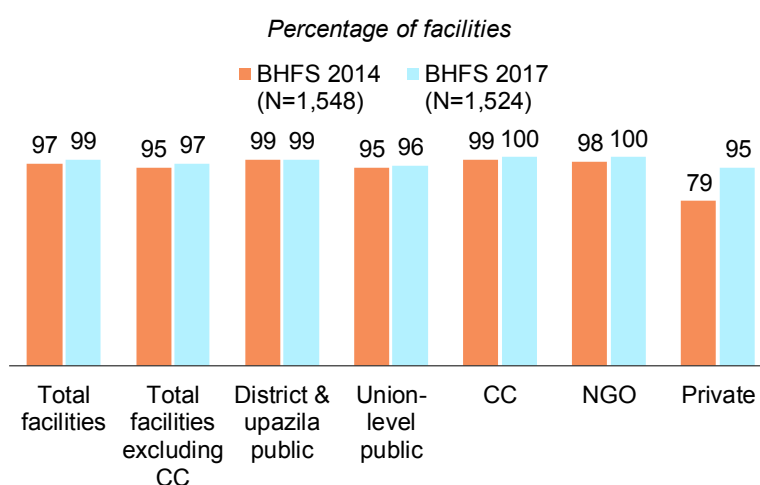
## 6.2 AVAILABILITY OF ANC SERVICES

### 6.2.1 ANC Service Provision

Almost all health facilities (99%) in Bangladesh offer ANC services (97% excluding public community clinics [CCs]) (**Table 6.1**). Nine of 10 facilities offer ANC services during all working days in a week. Almost all district and upazila public facilities (98%), public community clinics (94%), nongovernmental (NGO) facilities (98%), and private facilities (94%) offer ANC services on all working days. Union-level public facilities are less likely (80%) to offer services on all working days. The proportion of facilities that offer ANC services on all working days varies by region, from 86% in Mymensingh to 97% in Barishal (**Table 6.1**).

The overall availability of ANC services increased slightly between 2014 and 2017. As can be seen in **Figure 6.1**, availability of ANC services in private hospitals increased more rapidly over that period (from 79% to 95%) than availability in other types of facilities. In rural areas, the percentage of facilities offering ANC services on all working days increased from 84% to 91% between 2014 and 2017 (**Table 6.1** and 2014 BHFS Table 6.1).

**Figure 6.1 Availability of ANC services in health facilities, by facility type**





## 6.2.2 Availability of ANC Guidelines, Trained Staff, and Equipment

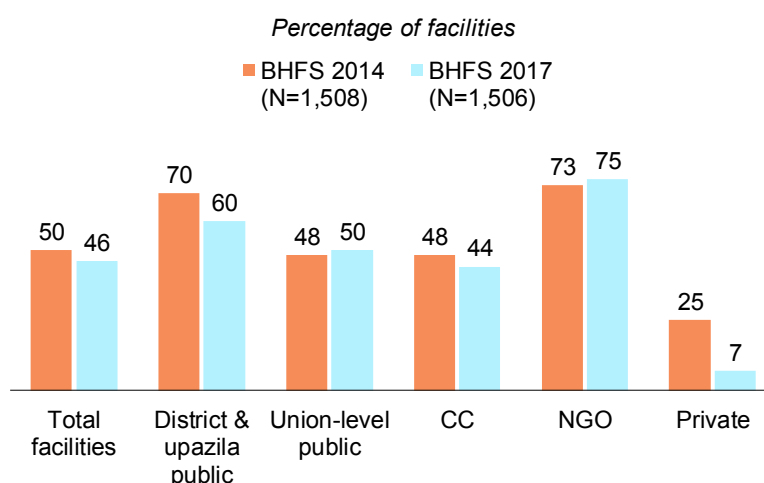
Availability of ANC service guidelines, appropriately trained providers, and certain supplies and equipment, such as those for infection control, contributes to the provision of quality services. In addition, the capacity to perform basic diagnostic tests and offer routinely dispensed medicines enhances services.

About half of the facilities (46%) offering ANC had guidelines on ANC available on the day of the survey. NGO facilities are most likely to have ANC guidelines (75%), while private facilities are least likely to have them (7%) (Table 6.2).

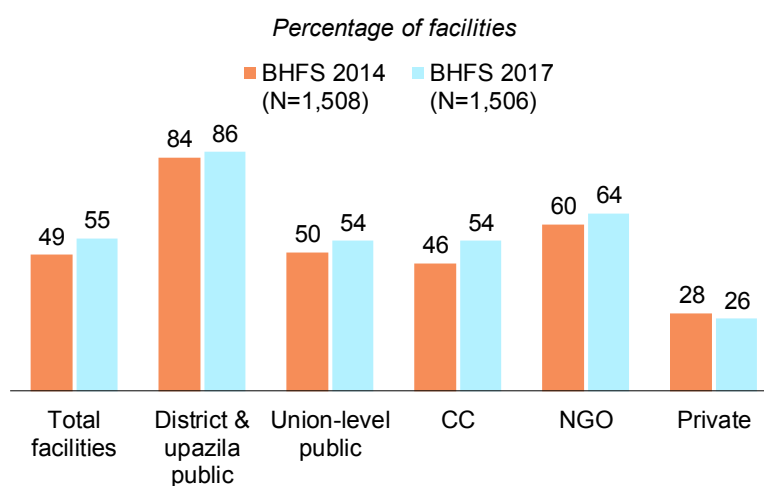
Facilities in Sylhet are comparatively less likely (30%) than those in other divisions to have guidelines. The percentage of facilities in Dhaka with ANC guidelines has decreased since 2014 (from 40% to 35%), while there has been an increase among facilities in Chattogram (from 39% to 56%) (Table 6.2 and 2014 BHFS Table 6.2). The most notable declines have been among private facilities (from 25% to 7%) and district and upazila public health facilities (from 70% to 60%) (Figure 6.2).

Between 2014 and 2017, the overall availability of trained ANC providers increased from 49% to 55% (Figure 6.3). Availability of trained staff increased among all facilities except private facilities. Although 55% of facilities offering ANC had at least one staff person with in-service ANC training, only 27% of facilities had at least one staff person with training during the past 24 months (Table 6.2). District and upazila public facilities are most likely (86%) to have at least one staff person with training on ANC at any time, and private facilities are least likely (26%) to have at least one trained staff person at any time.

**Figure 6.2 Availability of ANC guidelines in health facilities, by facility type**



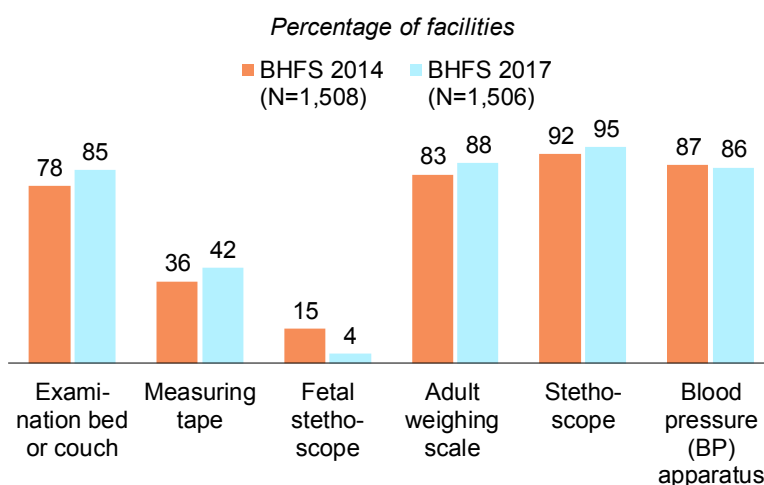
**Figure 6.3 Availability of staff ever trained for ANC in health facilities, by facility type**



Among the facilities offering ANC, 86% had a blood pressure apparatus, 95% had a stethoscope, 88% had an adult weighing scale, and 85% had an examination bed or couch. A smaller proportion had measuring tape available (42%), and only 4% had a fetal stethoscope (Table 6.2).

The availability of most of the health facility equipment (adult stethoscope, adult weighing scale, measuring tape, examination bed or couch) necessary during a physical examination has improved slightly over the past 3 years, but the availability of a fetal stethoscope has declined notably (from 15% in 2014 to 4% in 2017) (Figure 6.4).

**Figure 6.4 Availability of equipment to support ANC services**

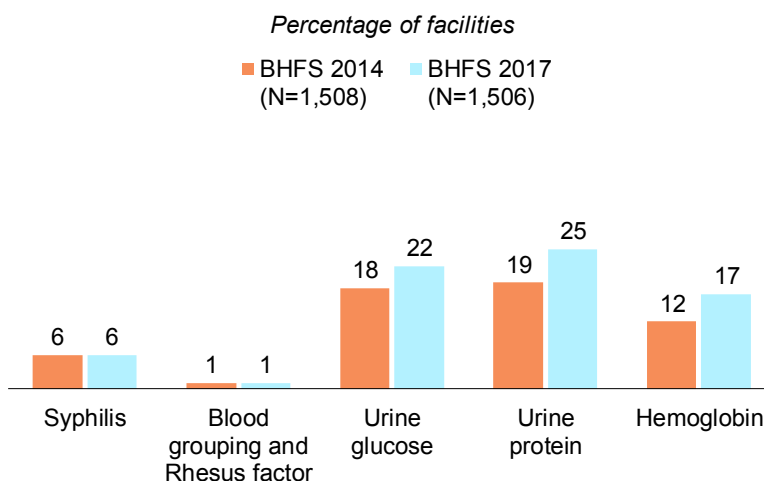


### 6.2.3 Availability of Laboratory Diagnostic Tests

Performing basic laboratory tests onsite saves time for both the client and the provider. It also makes it much more likely that the client receives the test results and the provider can act on them. In general, the basic laboratory tests important in ANC are lacking in most facilities that offer ANC services. Among the facilities offering ANC, 25% have the capacity to conduct tests for urine protein, 22% have the capacity to test for urine glucose, and 17% have the capacity to test for hemoglobin (Table 6.3). Only 1% of facilities overall have the capacity to conduct tests for blood grouping and Rhesus factor; 23% of district hospitals (DHs), 13% of private facilities, and 6% of NGO facilities are able to conduct these tests (Table 6.3).

Private facilities are more likely to have the capacity to conduct the indicated tests than district and upazila public facilities, union-level public facilities, and public community clinics. Also, urban facilities are much more likely than rural facilities to have the capacity to conduct these tests (Table 6.3).

**Figure 6.5 Availability of laboratory diagnostic tests to support ANC services**



Although the overall capacity of health facilities to conduct tests remains low, there has been some improvement since 2014 in the capacity to conduct urine protein, urine glucose, and hemoglobin tests (Figure 6.5).

### 6.2.4 Availability of Medicines for Routine ANC

Pregnant women should take iron supplements and/or folic acid to combat anemia and improve pregnancy outcomes. Table 6.4 reports the availability of these medicines, which are essential for the provision of routine ANC services. The results showed that most of the facilities offering ANC services had essential medicines for ANC available on the day of the survey (Table 6.4). Private facilities are less likely to have these medicines than district and upazila public facilities, union-level public facilities, community clinics, and NGO facilities. Of note, rural facilities are more likely than urban facilities to have these medicines available (Table 6.4).

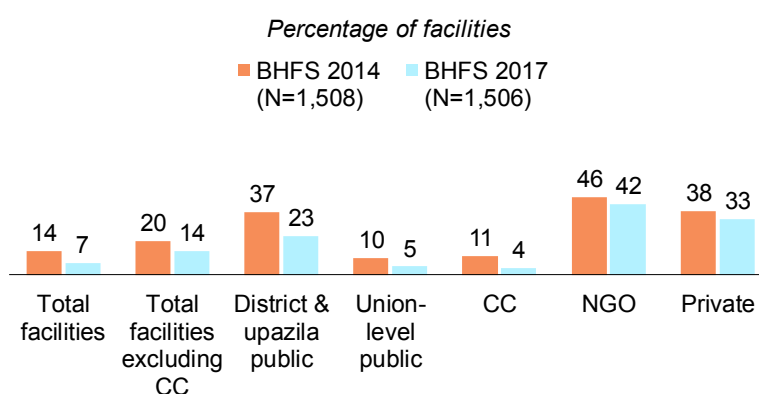
### 6.2.5 Availability of Infection Control items

Infection control is very important to ensure the overall quality of ANC services. Sixty-one percent (72% excluding CCs) of facilities that offer ANC services have either soap and running water or alcohol-based disinfectant, while 80% (81% excluding CCs) have latex gloves. Although 64% of facilities have a sharps container, only 33% (41% excluding CCs) have a waste receptacle (Table 6.5). The likelihood of a facility having items essential for infection control varies by facility type. For example, private facilities are more likely (71%) to have a waste receptacle than district and upazila facilities (49%), union-level facilities (33%), and CCs (28%).

Overall, only 7% (14% excluding CCs) of facilities have all six of the specified infection control items (Table 6.5); however, the percentage of facilities with at least four items available increased from 40% to 46% between 2014 and 2017 (Table 6.5 and 2014 BHFS Table 6.5). Relatively high proportions of NGO facilities (42%) and private hospitals (33%) have all six items available. Urban facilities (38%) are almost eight times as likely as rural facilities (5%) to have all of the indicated infection control items (Table 6.5).

The overall percentage of facilities with all six infection control items decreased from 14% in 2014 to 7% in 2017 (Figure 6.6). Moreover, the availability of these items decreased in all facility categories (Figure 6.6).

**Figure 6.6 Availability of all six infection control items for antenatal care services, by facility type**



Note: The facility had the following six infection control items: soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle.

### 6.3 READINESS OF HEALTH FACILITIES TO PROVIDE ANC SERVICES

WHO has identified a set of items/tracer indicators that a facility needs in order to offer quality ANC services (WHO 2012). BHFS data were used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO-recommended ANC service readiness measure. The measure requires all of the following items/tracer indicators to be available for a health facility to be considered ready to offer quality ANC services:

- **Trained staff**—At least one provider of ANC ever receiving in-service ANC training
- **Guidelines**—National or other ANC guidelines at the facility
- **Equipment**—Blood pressure apparatus
- **Diagnostic capacity**—Hemoglobin test and urine protein test
- **Medicines**—Iron or folic acid tablets

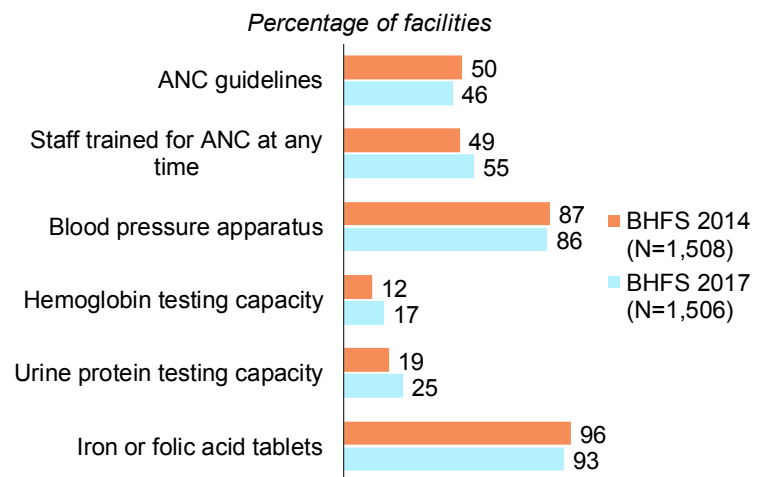
Although individual readiness items are available at all facilities, only 4% of facilities (11% excluding CCs) have all six items/tracer indicators (trained staff, guidelines, blood pressure apparatus, hemoglobin test, urine protein test, iron or folic acid tablets) available as per the WHO recommendations (Table 6.6). Moreover, the availability of the six items declined from 2014 to 2017 in district hospitals (from 56% to 45%, upazila health complexes (from 45% to 32%), and NGO clinics (from 33% to 23%). The six items are more likely to be available in district and upazila public health facilities (31%) and NGO facilities (23%) than in other types of facilities. Only 2% of private hospitals and 1% of community clinics have the six items available. The limited capacity of CCs to conduct testing for hemoglobin (9%) and urine protein (19%) results in a low level of readiness for ANC services.

Only a quarter of the facilities offering ANC services have the capacity to conduct urine protein testing, which is important for early detection of preeclampsia. Less than one-fifth (17%) of facilities have the capacity to perform hemoglobin testing, which is necessary to detect anemia. Forty-six percent of facilities have guidelines on ANC, and 55% have staff who have received in-service ANC training (Table 6.6 and Figure 6.7). While staff members may have been oriented to ANC during their basic training, in-

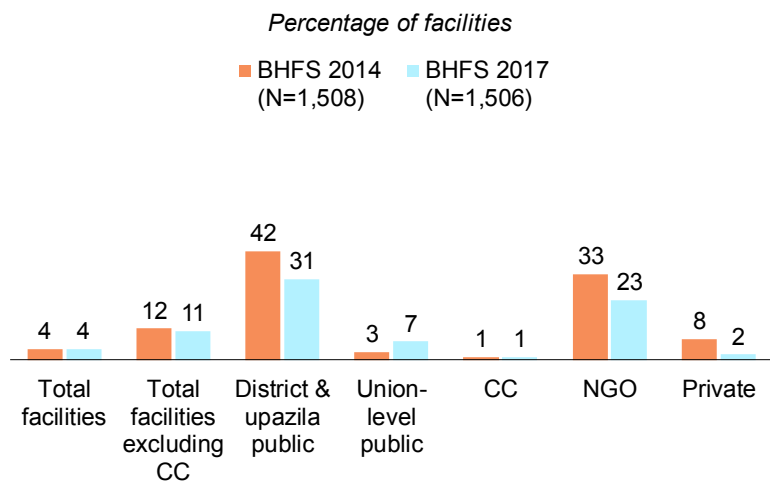
service training is important to keep them updated. The insufficiency of ANC guidelines and trained staff may impact the readiness of facilities to provide quality ANC services. Relatively high percentages of facilities have iron or folic acid tablets (93%) and a blood pressure apparatus (86%) available (Table 6.6).

No notable changes in overall ANC readiness have been observed since 2014. In the last 3 years, service readiness has increased only among union-level facilities (from 3% to 7%); in other public, NGO, and private health facilities, service readiness has declined noticeably (Figure 6.8). Many mothers in Bangladesh suffer from anemia, and it is estimated that one in five maternal deaths are due to preeclampsia or eclampsia. To detect these conditions, hemoglobin and urine protein testing are extremely useful. The BHFS results indicate that most facilities in Bangladesh that provide ANC are not adequately prepared to detect these pregnancy-related conditions.

**Figure 6.7 Availability of items (tracer indicators) in health facilities indicating readiness to provide ANC services**



**Figure 6.8 Readiness of health facilities to provide ANC services, by facility type**

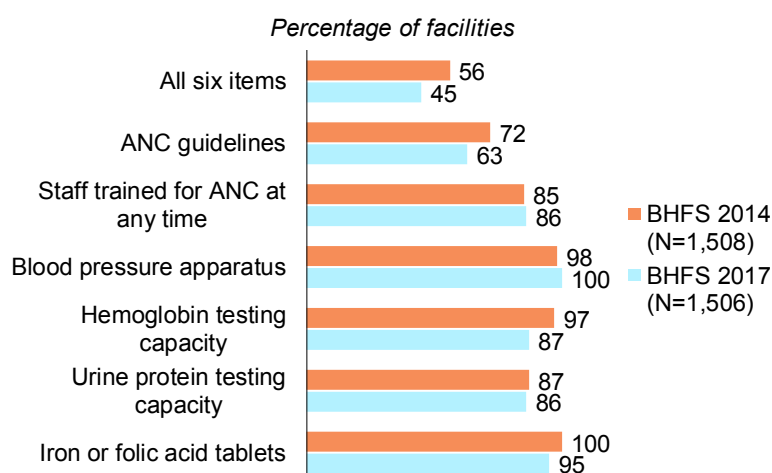


**Figure 6.9** presents data on the readiness of district hospitals (DHs) to provide ANC services. Most of the DHs (86%) offering ANC services have staff trained in ANC, and three in five have ANC guidelines. A blood pressure apparatus and iron or folic acid tablets are universally available at DHs. Most have the capacity to conduct hemoglobin (87%) and urine protein (86%) testing. Nearly half of DHs have all six items/tracer indicators available as per the WHO recommendations.

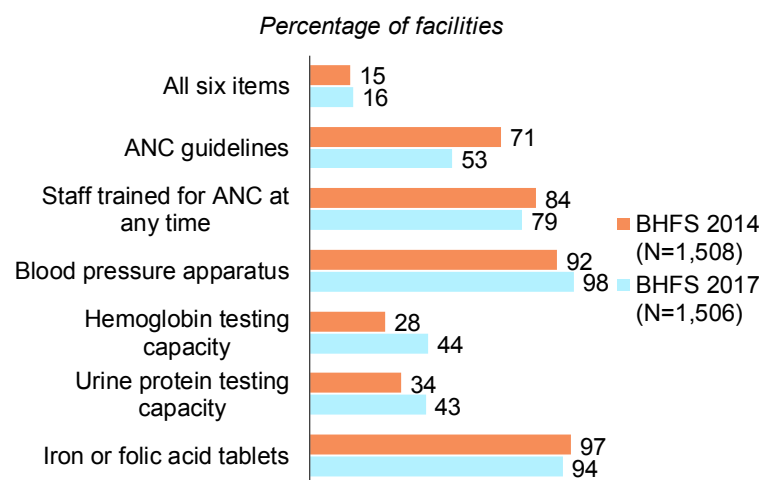
**Figure 6.10** presents information on the readiness of mother and child welfare centers (MCWCs) to provide ANC services. Just over half of MCWCs (53%) have ANC guidelines, and 79% have staff trained in ANC. Almost all MCWCs have a blood pressure apparatus and iron or folic acid tablets available. Approximately half have the capacity to conduct hemoglobin testing (44%) and urine protein testing (43%). Although the overall availability of the six items at MCWCs has not changed since 2014, the readiness of these facilities to conduct hemoglobin and urine protein testing has increased substantially.

Data on the readiness of upazila health complexes (UHCs) to provide ANC services are shown in **Figure 6.11**. Most UHCs (87%) offering ANC services have staff trained in ANC, and three in five have ANC guidelines. A blood pressure apparatus and iron or folic acid tablets are universally available at UHCs. Seventy-nine percent of UHCs facilities have the capacity to conduct hemoglobin testing, and 68% have the capacity to conduct urine protein testing. Thirty-two percent of UHCs have all six items available as per WHO recommendations.

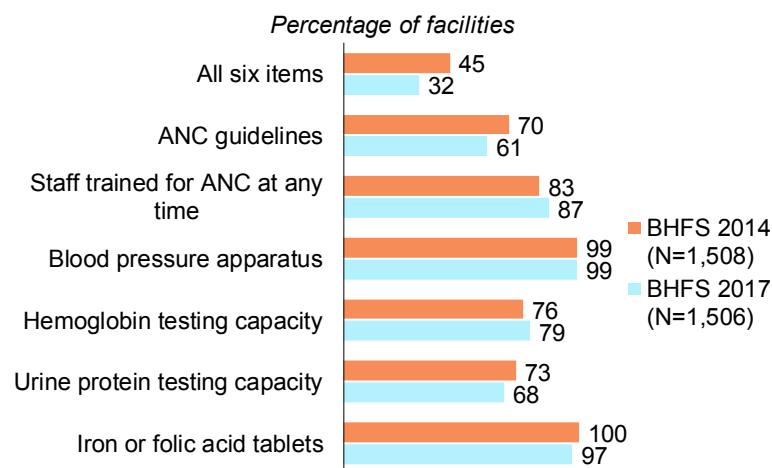
**Figure 6.9** Readiness of district hospitals (DHs) to provide ANC services



**Figure 6.10** Readiness of mother and child welfare centers (MCWCs) to provide ANC services

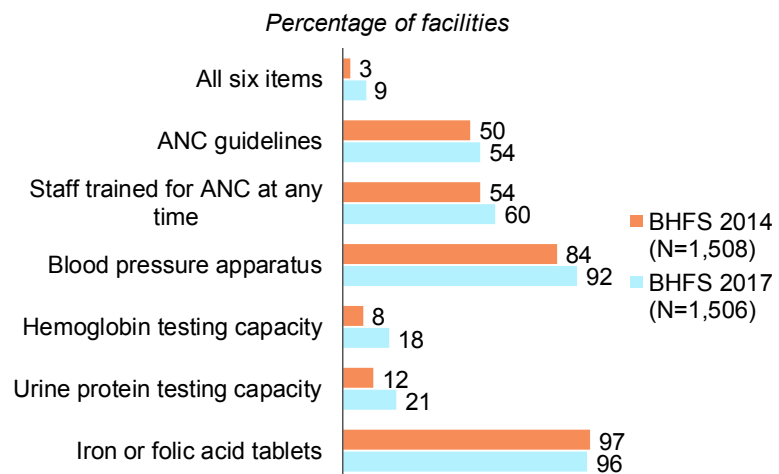


**Figure 6.11** Readiness of upazila health complexes (UHCs) to provide ANC services



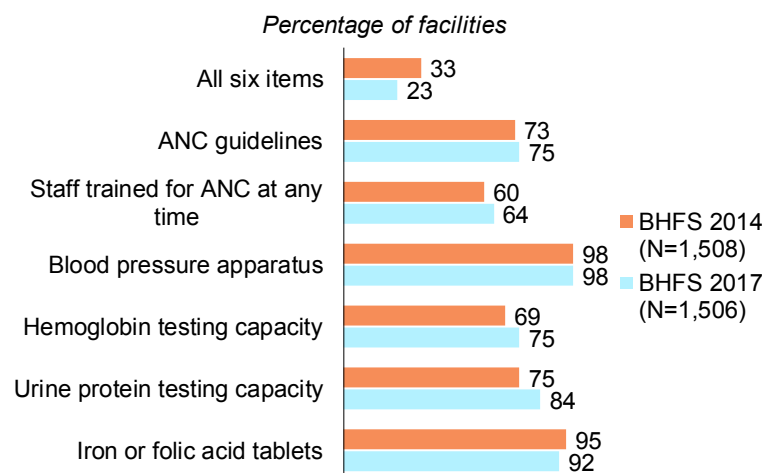
**Figure 6.12** presents data on the readiness of union health and family welfare centers (UHFWCs) to provide ANC services. Just over half of UHFWCs (54%) have ANC guidelines and 60% have staff trained in ANC. All most all UHFWCs have a blood pressure apparatus and iron or folic acid tablets. Approximately one-fifth have the capacity to conduct hemoglobin testing and urine protein testing. The readiness of these facilities to conduct hemoglobin and urine protein tests increased substantially between 2014 and 2017. There was also a slight rise in the percentages of UHFWCs with guidelines and trained staff members. The overall availability of the six items increased from 3% to 9% during the last 3 years.

**Figure 6.12 Readiness of union health and family welfare centers (UHFWCs) to provide ANC services**



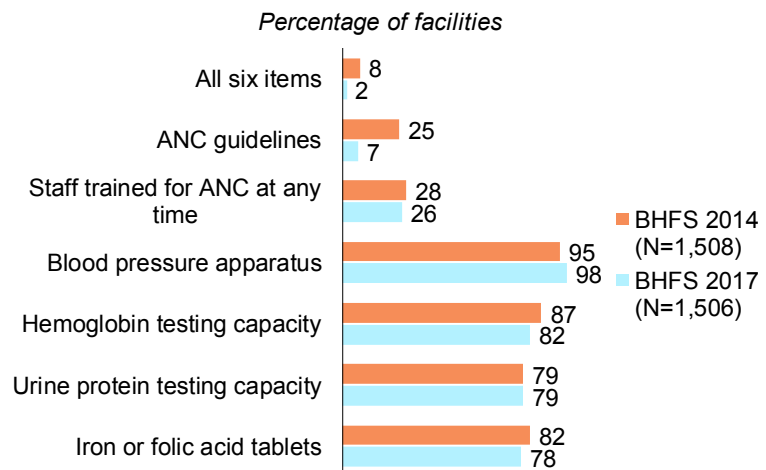
Information on the readiness of NGO clinics to provide ANC services is presented in **Figure 6.13**. Three in four NGO facilities offering ANC services have ANC guidelines, and 64% have staff trained in ANC. Almost all NGO facilities have a blood pressure apparatus (98%) and iron or folic acid tablets (92%). Most have the capacity to conduct urine protein testing (84%). Approximately one-fourth of NGO facilities have all six items as per the WHO recommendations.

**Figure 6.13 Readiness of nongovernmental (NGO) clinics to provide ANC services**



**Figure 6.14** presents data on the readiness of private hospitals to provide ANC services. Only a quarter of private facilities (26%) have staff trained in ANC, and 7% have ANC guidelines. A blood pressure apparatus is universally available at private facilities. Most of these facilities have the capacity to conduct hemoglobin (82%) and urine protein (79%) testing. Only 8% of private facilities have all six items as per the WHO recommendations. The overall availability of the six items has not changed since 2014.

**Figure 6.14** Readiness of private hospitals to provide ANC services



## 6.4 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

### 6.4.1 Recent In-service Training and Supervision

In-service training and personal supervision related to ANC are key elements in ensuring supportive management of staff who provide ANC services. Training is critical to ensuring that personnel have the knowledge and skills to provide quality ANC services. Personal supervision helps sustain health worker capacity because it identifies a provider's strengths and weaknesses. **Table 6.7** presents information on recent in-service training (during the 24 months preceding the survey) and recent personal supervision (during the 6 months preceding the survey) of ANC providers.

Providers who have received recent in-service training can be expected to have more up-to-date knowledge about their particular service area. **Table 6.7** shows that 19% (14% excluding providers at CCs) of ANC providers received ANC training during the 24 months preceding the survey. Twenty-six percent of ANC providers at CCs received recent in-service ANC training, along with 21% of providers at NGO facilities, 12% of providers at district and upazila public facilities, 15% of providers at union-level facilities, and 10% of providers at private hospitals. Providers at rural health facilities (21%) are more likely than providers at urban facilities (14%) to have received recent ANC training. This difference can be attributed to the concentration of CCs in rural areas.

The great majority of health workers who provide ANC services are supervised on a routine basis. At least 9 in 10 providers at public facilities (97% at district and upazila facilities, 90% at union-level public facilities, and 96% at CCs) reported receiving personal supervision during the 6 months preceding the BHFS visit (**Table 6.7**). Ninety-six percent of providers at NGO facilities and 81% of providers at private hospitals received recent personal supervision.

### 6.4.2 In-service Training by Topic

**Table 6.8** shows the percentages of providers of ANC services who reported ever receiving training on specific topics related to ANC and who reported receiving training on a given topic during the 24 months preceding the survey. Providers were most likely to report having ever received training on ANC counseling (40%), followed by family planning (39%) and pregnancy complications (34%). Around one third of providers have received in-service training on ANC screening. Providers are least likely to have received training on sexually transmitted diseases (10%).

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- **Table 6.5** Items for infection control during provision of antenatal care
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**Table 6.1 Availability of antenatal care services**

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentage offering the service on the indicated number of days per week, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered on indicated days <sup>1</sup>		Number of facilities offering ANC
			Provides but not every day <sup>1</sup>	Provides every day <sup>1</sup>	
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>99.4</b>	<b>44</b>	<b>2.4</b>	<b>97.6</b>	<b>44</b>
DH	100.0	5	4.8	95.2	5
MCWC	100.0	7	10.1	89.9	7
UHC	99.1	32	0.3	99.7	32
<b>Union-level public facilities</b>	<b>95.7</b>	<b>361</b>	<b>20.4</b>	<b>79.6</b>	<b>346</b>
UHFWC	99.5	250	21.8	78.2	249
USC/RD	87.2	111	17.0	83.0	97
<b>Community clinic (CC)</b>	<b>100.0</b>	<b>1,012</b>	<b>5.9</b>	<b>94.1</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>99.8</b>	<b>64</b>	<b>1.6</b>	<b>98.4</b>	<b>63</b>
<b>Private hospital</b>	<b>94.9</b>	<b>43</b>	<b>5.7</b>	<b>94.3</b>	<b>41</b>
<b>Location</b>					
Urban	97.6	108	3.9	96.1	105
Rural	98.9	1,416	9.3	90.7	1,401
<b>Division</b>					
Barishal	99.6	113	3.4	96.6	112
Chattogram	98.5	288	5.0	95.0	284
Dhaka	98.9	304	7.2	92.8	300
Khulna	98.6	187	9.6	90.4	185
Rajshahi	97.6	220	12.4	87.6	214
Rangpur	99.1	193	12.2	87.8	192
Sylhet	99.7	96	10.5	89.5	96
Mymensingh	99.9	123	13.8	86.2	122
<b>Total</b>	<b>98.8</b>	<b>1,524</b>	<b>8.9</b>	<b>91.1</b>	<b>1,506</b>
<i>Total excluding CCs</i>	<i>96.5</i>	<i>512</i>	<i>15.2</i>	<i>84.8</i>	<i>494</i>

<sup>1</sup> Every day refers to all working days when the facility is open.

**Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services**

Among facilities offering antenatal care (ANC) services, the percentage having guidelines, at least one staff member recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering ANC that have:			Equipment						Number of facilities offering ANC
	Guidelines on ANC <sup>1</sup>	Staff trained for ANC during the past 24 months <sup>2</sup>	Staff trained for ANC at any time <sup>2</sup>	Blood pressure apparatus <sup>3</sup>	Stethoscope	Adult weighing scale	Fetal stethoscope	Measuring tape <sup>4</sup>	Examination bed or couch	
<b>Facility type</b>										
<b>District and upazila public facilities</b>	<b>60.3</b>	<b>45.7</b>	<b>85.5</b>	<b>98.8</b>	<b>98.8</b>	<b>97.0</b>	<b>15.2</b>	<b>57.5</b>	<b>98.8</b>	<b>44</b>
DH	62.9	32.3	85.5	100.0	100.0	95.2	17.7	61.3	98.4	5
MCWC	53.4	35.6	79.0	97.8	97.8	94.5	17.9	52.5	93.3	7
UHC	61.4	49.9	86.9	98.9	98.9	97.9	14.3	58.0	100.0	32
<b>Union-level public facilities</b>	<b>50.4</b>	<b>15.7</b>	<b>53.5</b>	<b>90.6</b>	<b>94.0</b>	<b>81.8</b>	<b>3.2</b>	<b>31.1</b>	<b>85.3</b>	<b>346</b>
UHFWC	53.9	18.0	59.7	91.5	93.4	85.4	3.7	34.6	88.6	249
USC/RD	41.4	9.7	37.5	88.0	95.4	72.6	1.9	22.1	76.8	97
<b>Community clinic (CC)</b>	<b>44.2</b>	<b>29.6</b>	<b>54.2</b>	<b>83.2</b>	<b>94.0</b>	<b>89.2</b>	<b>1.4</b>	<b>42.4</b>	<b>83.1</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>75.1</b>	<b>37.8</b>	<b>63.8</b>	<b>98.0</b>	<b>100.0</b>	<b>100.0</b>	<b>15.4</b>	<b>72.3</b>	<b>99.8</b>	<b>63</b>
<b>Private hospital</b>	<b>6.6</b>	<b>17.1</b>	<b>26.4</b>	<b>97.7</b>	<b>98.4</b>	<b>98.5</b>	<b>38.8</b>	<b>54.2</b>	<b>96.0</b>	<b>41</b>
<b>Location</b>										
Urban	46.6	34.1	57.8	97.4	98.9	97.1	24.8	64.3	98.1	105
Rural	46.3	26.3	54.4	85.5	94.2	87.8	2.2	40.1	84.2	1,401
<b>Division</b>										
Barishal	51.8	25.2	51.3	80.0	94.3	86.0	2.8	49.0	75.7	112
Chattogram	55.8	33.6	57.3	86.2	95.1	82.0	7.2	36.9	89.1	284
Dhaka	35.1	32.3	52.8	81.0	92.7	93.5	3.6	36.9	86.3	300
Khulna	66.0	27.9	56.9	86.6	95.3	93.1	5.9	61.6	87.9	185
Rajshahi	37.8	17.8	57.1	87.4	93.1	89.9	2.9	37.4	85.0	214
Rangpur	48.7	11.2	39.7	98.4	98.8	91.8	1.0	41.0	90.0	192
Sylhet	30.3	35.2	63.3	85.0	95.8	89.9	2.4	38.6	83.1	96
Mymensingh	41.2	31.8	64.6	85.7	91.4	76.9	0.7	40.5	71.7	122
Total	46.4	26.9	54.6	86.4	94.5	88.4	3.8	41.8	85.1	1,506
Total excluding CCs	50.9	21.3	55.4	92.8	95.5	86.9	8.8	40.6	89.2	494

Note: The guidelines for ANC and staff trained in ANC comprise the training domain and the blood pressure apparatus indicator comprises the equipment domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> National ANC guidelines/protocol/manual or other guidelines/protocol/manual relevant to antenatal care

<sup>2</sup> Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in some aspect of antenatal care. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope

<sup>4</sup> For measuring fundal height

**Table 6.3 Diagnostic capacity**

Among facilities offering antenatal care (ANC) services, the percentages with the capacity to conduct the indicated tests in the facility, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering ANC that have the indicated tests					Number of facilities offering ANC
	Hemoglobin <sup>1</sup>	Urine protein <sup>2</sup>	Urine glucose <sup>3</sup>	Blood grouping and Rhesus factor <sup>4</sup>	Syphilis <sup>5</sup>	
<b>Facility type</b>						
<b>District and upazila public facilities</b>	<b>74.4</b>	<b>66.1</b>	<b>61.3</b>	<b>4.6</b>	<b>42.7</b>	<b>44</b>
DH	87.1	85.5	88.7	22.6	87.1	5
MCWC	44.4	43.3	38.8	0.0	6.7	7
UHC	79.1	68.3	62.1	3.0	43.9	32
<b>Union-level public facilities</b>	<b>15.0</b>	<b>18.1</b>	<b>15.2</b>	-	-	<b>346</b>
UHFWC	18.4	21.3	18.2	-	-	249
USC/RD	6.4	10.0	7.4	-	-	97
<b>Community clinic (CC)</b>	<b>9.2</b>	<b>19.4</b>	<b>17.1</b>	-	-	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>74.8</b>	<b>83.7</b>	<b>80.2</b>	<b>5.6</b>	<b>58.9</b>	<b>63</b>
<b>Private hospital</b>	<b>81.6</b>	<b>79.3</b>	<b>77.9</b>	<b>12.6</b>	<b>73.9</b>	<b>41</b>
<b>Location</b>						
Urban	80.8	78.6	77.4	9.0	60.5	105
Rural	12.4	20.7	18.1	0.1	1.6	1,401
<b>Division</b>						
Barishal	18.2	22.0	23.7	0.3	3.3	112
Chattogram	25.3	27.7	21.9	0.9	6.0	284
Dhaka	19.5	25.1	23.0	1.7	11.4	300
Khulna	11.0	23.8	21.9	0.4	4.4	185
Rajshahi	13.5	30.2	27.0	0.5	4.5	214
Rangpur	5.8	7.3	7.2	0.1	3.3	192
Sylhet	31.2	39.4	35.4	0.5	3.4	96
Mymensingh	14.2	27.5	25.1	0.1	3.0	122
Total	17.2	24.8	22.2	0.7	5.7	1,506
Total excluding CCs	33.5	35.9	32.8	2.2	17.4	494

"-" Means Blood grouping and Rhesus factor and Syphilis tests are not offered at union-level public facilities or at public community clinics. Note: The hemoglobin and urine protein measures presented in the table comprise the diagnostics domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> Capacity to conduct any hemoglobin test in the facility

<sup>2</sup> Dip sticks for urine protein

<sup>3</sup> Dip sticks for urine glucose

<sup>4</sup> Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides

<sup>5</sup> Rapid test for syphilis, Venereal Disease Research Laboratory (VDRL) test, or polymerase chain reaction (PCR) or rapid plasma reagin (RPR)

**Table 6.4 Availability of medicines for routine antenatal care**

Among facilities offering antenatal care (ANC) services, percentages with essential medicines for ANC observed to be available on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering ANC that have indicated medicines				Number of facilities offering ANC
	Iron tablets	Folic acid tablets	Combined iron and folic acid	Iron or folic acid tablets	
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>92.0</b>	<b>95.1</b>	<b>87.6</b>	<b>96.1</b>	<b>44</b>
DH	95.2	93.5	87.1	95.2	5
MCWC	90.0	93.3	84.5	94.4	7
UHC	91.9	95.7	88.3	96.6	32
<b>Union-level public facilities</b>	<b>88.9</b>	<b>93.8</b>	<b>81.2</b>	<b>94.5</b>	<b>346</b>
UHFWC	88.9	95.0	80.3	95.5	249
USC/RD	88.7	90.9	83.7	92.1	97
<b>Community clinic (CC)</b>	<b>90.3</b>	<b>92.0</b>	<b>88.0</b>	<b>92.8</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>87.9</b>	<b>91.4</b>	<b>83.6</b>	<b>91.5</b>	<b>63</b>
<b>Private hospital</b>	<b>74.4</b>	<b>78.0</b>	<b>65.0</b>	<b>78.0</b>	<b>41</b>
<b>Location</b>					
Urban	84.1	87.9	77.2	88.1	105
Rural	89.9	92.4	86.3	93.2	1,401
<b>Division</b>					
Barishal	89.1	92.1	85.8	92.2	112
Chattogram	78.2	81.4	74.7	82.8	284
Dhaka	92.7	91.7	88.8	93.6	300
Khulna	94.3	96.2	91.0	96.2	185
Rajshahi	93.6	97.4	91.7	97.5	214
Rangpur	99.5	99.7	95.4	99.7	192
Sylhet	80.4	84.9	78.9	85.3	96
Mymensingh	85.2	96.5	74.5	97.2	122
Total	89.5	92.1	85.6	92.9	1,506
Total excluding CCs	87.8	92.3	80.7	92.9	494

Note: The medicines presented in the table comprise the medicines and commodities domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).

**Table 6.5 Items for infection control during provision of antenatal care**

Among facilities offering antenatal care (ANC) services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering ANC that have items for infection control										Number of facilities offering ANC
	Soap	Running water <sup>1</sup>	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves <sup>2</sup>	Sharps container	Waste receptacle <sup>3</sup>	All 6 items available <sup>4</sup>	At least 4 items available	
<b>Facility type</b>											
<b>District and upazila public facilities</b>	<b>75.3</b>	<b>90.8</b>	<b>72.8</b>	<b>52.5</b>	<b>81.0</b>	<b>84.1</b>	<b>70.5</b>	<b>49.4</b>	<b>22.6</b>	<b>71.3</b>	<b>44</b>
DH	90.3	96.8	90.3	46.8	91.9	75.8	66.1	59.7	24.2	75.8	5
MCWC	74.5	89.0	72.3	44.5	76.8	85.5	74.4	44.5	21.1	69.0	7
UHC	73.3	90.3	70.3	55.1	80.2	85.0	70.3	48.9	22.7	71.1	32
<b>Union-level public facilities</b>	<b>69.7</b>	<b>72.2</b>	<b>60.1</b>	<b>19.5</b>	<b>64.3</b>	<b>77.4</b>	<b>61.4</b>	<b>32.9</b>	<b>5.0</b>	<b>49.0</b>	<b>346</b>
UHFWC	71.2	72.7	61.3	20.2	66.0	83.2	64.7	33.9	4.2	51.3	249
USC/RD	65.8	71.1	57.2	17.6	60.1	62.5	52.7	30.1	7.1	42.9	97
<b>Community clinic (CC)</b>	<b>68.6</b>	<b>61.6</b>	<b>49.9</b>	<b>17.0</b>	<b>55.0</b>	<b>78.9</b>	<b>63.5</b>	<b>28.4</b>	<b>3.7</b>	<b>39.4</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>94.6</b>	<b>94.9</b>	<b>92.9</b>	<b>71.0</b>	<b>94.2</b>	<b>95.5</b>	<b>84.6</b>	<b>63.0</b>	<b>41.8</b>	<b>90.4</b>	<b>63</b>
<b>Private hospital</b>	<b>83.5</b>	<b>88.0</b>	<b>82.0</b>	<b>76.4</b>	<b>94.2</b>	<b>84.6</b>	<b>47.0</b>	<b>71.0</b>	<b>33.3</b>	<b>74.1</b>	<b>41</b>
<b>Location</b>											
Urban	86.8	91.6	84.3	67.6	91.1	88.1	68.5	69.5	37.8	81.2	105
Rural	69.3	65.1	53.4	19.0	58.3	79.0	63.3	29.9	4.6	42.9	1,401
<b>Division</b>											
Barishal	56.0	61.4	44.9	22.8	49.4	72.7	74.1	49.4	12.1	50.4	112
Chattogram	72.1	69.2	58.4	19.7	63.1	83.1	57.2	32.8	3.7	45.6	284
Dhaka	74.6	73.7	62.9	24.1	66.9	81.0	63.9	24.5	9.4	46.7	300
Khulna	83.5	67.0	61.0	19.8	65.1	80.1	64.6	32.4	4.6	48.8	185
Rajshahi	71.9	61.9	50.4	23.9	57.1	83.1	66.4	46.6	7.4	50.7	214
Rangpur	76.8	66.3	60.1	21.4	64.6	75.2	58.5	31.5	8.3	45.7	192
Sylhet	57.7	65.9	46.7	24.8	53.8	77.1	70.2	23.4	6.5	35.3	96
Mymensingh	48.7	61.3	41.9	25.7	48.2	76.2	65.3	21.9	4.6	33.0	122
Total	70.5	67.0	55.6	22.4	60.6	79.6	63.7	32.7	6.9	45.6	1,506
Total excluding CCs	74.5	78.1	67.3	33.7	72.1	80.9	64.0	41.3	13.6	58.3	494

<sup>1</sup> Piped water, water in bucket with specially fitted tap, or water in pour pitcher

<sup>2</sup> Non-latex equivalent gloves are acceptable.

<sup>3</sup> Waste receptacle with plastic bin liner

<sup>4</sup> Soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle

**Table 6.6 Readiness of health facilities to provide antenatal care services**

Among facilities that offer antenatal care (ANC) services, the percentages with the indicated items considered important for the provision of quality ANC services, by background characteristics, Bangladesh HFS 2017

Background characteristic	Guidelines on ANC <sup>1</sup>	Staff trained for ANC at any time <sup>2</sup>	Blood pressure apparatus <sup>3</sup>	Hemoglobin testing capacity	Urine protein testing capacity	Iron or folic acid tablets	All 6 items	Ultra-sonography	Number of facilities offering ANC
<b>Facility type</b>									
<b>District and upazila public facilities</b>	<b>60.3</b>	<b>85.5</b>	<b>98.8</b>	<b>74.4</b>	<b>66.1</b>	<b>96.1</b>	<b>30.9</b>	<b>4.0</b>	<b>44</b>
DH	62.9	85.5	100.0	87.1	85.5	95.2	45.2	17.7	5
MCWC	53.4	79.0	97.8	44.4	43.3	94.4	15.6	1.1	7
UHC	61.4	86.9	98.9	79.1	68.3	96.6	32.1	2.6	32
<b>Union-level public facilities</b>	<b>50.4</b>	<b>53.5</b>	<b>90.6</b>	<b>15.0</b>	<b>18.1</b>	<b>94.5</b>	<b>6.6</b>	<b>-</b>	<b>346</b>
UHFWC	53.9	59.7	91.5	18.4	21.3	95.5	8.5	-	249
USC/RD	41.4	37.5	88.0	6.4	10.0	92.1	1.8	-	97
<b>Community clinic (CC)</b>	<b>44.2</b>	<b>54.2</b>	<b>83.2</b>	<b>9.2</b>	<b>19.4</b>	<b>92.8</b>	<b>1.2</b>	<b>-</b>	<b>1,012</b>
<b>NGO clinic/hospital</b>	<b>75.1</b>	<b>63.8</b>	<b>98.0</b>	<b>74.8</b>	<b>83.7</b>	<b>91.5</b>	<b>22.9</b>	<b>12.3</b>	<b>63</b>
<b>Private hospital</b>	<b>6.6</b>	<b>26.4</b>	<b>97.7</b>	<b>81.6</b>	<b>79.3</b>	<b>78.0</b>	<b>2.0</b>	<b>7.9</b>	<b>41</b>
<b>Location</b>									
Urban	46.6	57.8	97.4	80.8	78.6	88.1	23.4	9.1	105
Rural	46.3	54.4	85.5	12.4	20.7	93.2	2.8	0.2	1,401
<b>Division</b>									
Barishal	51.8	51.3	80.0	18.2	22.0	92.2	6.0	0.1	112
Chattogram	55.8	57.3	86.2	25.3	27.7	82.8	5.2	0.1	284
Dhaka	35.1	52.8	81.0	19.5	25.1	93.6	3.0	2.5	300
Khulna	66.0	56.9	86.6	11.0	23.8	96.2	3.4	0.2	185
Rajshahi	37.8	57.1	87.4	13.5	30.2	97.5	5.2	1.2	214
Rangpur	48.7	39.7	98.4	5.8	7.3	99.7	2.4	0.4	192
Sylhet	30.3	63.3	85.0	31.2	39.4	85.3	6.6	0.5	96
Mymensingh	41.2	64.6	85.7	14.2	27.5	97.2	4.1	0.5	122
<b>Total</b>	<b>46.4</b>	<b>54.6</b>	<b>86.4</b>	<b>17.2</b>	<b>24.8</b>	<b>92.9</b>	<b>4.3</b>	<b>0.8</b>	<b>1,506</b>
<b>Total excluding CCs</b>	<b>50.9</b>	<b>55.4</b>	<b>92.8</b>	<b>33.5</b>	<b>35.9</b>	<b>92.9</b>	<b>10.5</b>	<b>2.6</b>	<b>494</b>

"-" Means ultrasonography is not offered at union-level public facilities or at public community clinics.

Note: Guidelines for ANC and staff trained in ANC comprise the training domain and the blood pressure apparatus indicator comprises the equipment domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012)

<sup>1</sup> National ANC guidelines or other guidelines relevant to ANC

<sup>2</sup> Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in some aspect of ANC. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> Functioning digital blood pressure apparatus or a functioning manual sphygmomanometer and a stethoscope

**Table 6.7 Supportive management for providers of antenatal care services**

Among interviewed antenatal care (ANC) providers, the percentages who received training related to their work and personal supervision during the specified time periods, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed ANC service providers
	Training related to ANC during the 24 months preceding the survey <sup>1</sup>	Personal supervision during the 6 months preceding the survey <sup>2</sup>	Training related to ANC during the 24 months and personal supervision during the 6 months preceding the survey	
<b>Facility type</b>				
<b>District and upazila public facilities</b>	<b>11.9</b>	<b>96.8</b>	<b>11.7</b>	<b>821</b>
DH	10.7	98.1	10.5	212
MCWC	18.3	95.0	16.9	46
UHC	11.8	96.5	11.8	563
<b>Union-level public facilities</b>	<b>15.1</b>	<b>90.2</b>	<b>13.2</b>	<b>762</b>
UHFWC	15.6	91.2	13.2	566
USC/RD	13.6	87.5	13.2	195
<b>Community clinic (CC)</b>	<b>25.5</b>	<b>95.6</b>	<b>23.7</b>	<b>2,036</b>
<b>NGO clinic/hospital</b>	<b>20.5</b>	<b>96.4</b>	<b>19.9</b>	<b>299</b>
<b>Private hospital</b>	<b>9.7</b>	<b>80.5</b>	<b>9.2</b>	<b>330</b>
<b>Location</b>				
Urban	13.6	92.9	13.3	1,053
Rural	21.4	94.0	19.7	3,194
<b>Division</b>				
Barishal	19.5	95.2	18.3	312
Chattogram	24.4	88.8	22.9	768
Dhaka	22.2	92.6	20.0	992
Khulna	17.6	97.5	17.1	523
Rajshahi	13.6	96.6	12.3	581
Rangpur	7.8	96.3	7.8	495
Sylhet	27.6	87.9	24.6	270
Mymensingh	23.7	97.6	23.3	306
Total	19.4	93.7	18.1	4,247
Total excluding CCs	13.8	92.1	13.0	2,212

<sup>1</sup> Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>2</sup> Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

**Table 6.8 Training for antenatal care service providers**

Among interviewed antenatal care (ANC) service providers, the percentages who reported receiving in-service training on topics related to ANC during the specified period before the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers of ANC who reported receiving in-service training on:										Number of interviewed ANC service providers
	ANC counseling		ANC screening		Complications of pregnancy		Family planning <sup>1</sup>		Sexually transmitted infections <sup>2</sup>		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
<b>Facility type</b>											
<b>District and upazila public facilities</b>											
DH	4.9	30.6	3.8	25.0	5.0	30.1	8.3	21.0	3.0	9.9	212
MCWC	10.5	48.3	10.4	41.2	8.6	42.0	32.3	69.2	4.0	20.9	46
UHC	8.5	28.9	7.0	24.2	7.1	24.0	10.0	22.1	1.9	8.7	563
<b>Union-level public facilities</b>											
UHFWC	11.3	45.1	7.5	35.5	9.6	35.5	31.7	73.3	4.0	20.7	566
USC/RD	5.6	29.4	3.4	18.5	4.5	24.3	14.5	43.0	3.8	17.2	195
<b>Community clinic (CC)</b>	<b>21.5</b>	<b>47.1</b>	<b>14.0</b>	<b>34.9</b>	<b>17.0</b>	<b>40.2</b>	<b>18.6</b>	<b>38.4</b>	<b>2.6</b>	<b>6.9</b>	<b>2,036</b>
<b>NGO clinic/hospital</b>	<b>15.1</b>	<b>38.3</b>	<b>7.6</b>	<b>26.7</b>	<b>8.9</b>	<b>28.4</b>	<b>25.5</b>	<b>51.0</b>	<b>10.1</b>	<b>20.2</b>	<b>299</b>
<b>Private hospital</b>	<b>8.7</b>	<b>16.1</b>	<b>5.8</b>	<b>12.8</b>	<b>8.3</b>	<b>16.0</b>	<b>6.8</b>	<b>10.3</b>	<b>0.9</b>	<b>1.2</b>	<b>330</b>
<b>Location</b>											
Urban	9.6	29.7	6.6	23.7	8.6	26.5	12.7	26.0	3.3	9.9	1,053
Rural	17.1	43.1	11.2	32.2	13.4	35.8	20.0	43.7	3.2	10.4	3,194
<b>Division</b>											
Barishal	14.2	41.8	12.9	34.6	14.4	40.8	16.8	35.6	1.1	10.2	312
Chattogram	20.2	43.5	14.0	31.4	16.5	34.7	22.6	46.3	2.6	8.5	768
Dhaka	16.6	36.9	6.7	26.1	12.7	32.4	22.9	42.0	5.3	13.4	992
Khulna	15.4	41.2	13.4	34.9	12.4	31.6	10.3	29.3	3.5	7.9	523
Rajshahi	10.2	40.7	8.0	31.2	8.0	38.5	13.0	39.5	2.5	10.5	581
Rangpur	6.0	26.2	3.7	19.7	4.8	22.5	7.3	26.6	1.8	5.9	495
Sylhet	19.0	48.0	13.8	32.9	17.1	37.3	35.9	58.6	3.2	15.7	270
Mymensingh	20.9	48.4	13.7	38.6	13.0	34.8	18.9	37.0	2.9	10.5	306
<b>Total</b>	<b>15.3</b>	<b>39.8</b>	<b>10.1</b>	<b>30.1</b>	<b>12.2</b>	<b>33.5</b>	<b>18.2</b>	<b>39.3</b>	<b>3.2</b>	<b>10.2</b>	<b>4,247</b>
<i>Total excluding CCs</i>	<i>9.6</i>	<i>33.0</i>	<i>6.5</i>	<i>25.6</i>	<i>7.8</i>	<i>27.3</i>	<i>17.9</i>	<i>40.1</i>	<i>3.7</i>	<i>13.3</i>	<i>2,212</i>

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>1</sup> Includes training in any of the following: general counseling for family planning, insertion and/or removal of intrauterine contraceptive device (IUCD), insertion and/or removal of implants, performing vasectomy, performing tubal ligation, clinical management of family planning methods including managing side effects, family planning for HIV-positive women, postpartum family planning, injectable contraceptives, and emergency contraceptive pills

<sup>2</sup> Includes training in any of the following: diagnosing and treating sexually transmitted infections (STIs), the syndromic approach to diagnosing and managing STIs, and treatment of drug-resistant STIs



### Key Findings

- Overall, 6 in 10 health facilities (excluding community clinics [CCs]) offer normal delivery services. Almost all district hospitals (DHs), mother and child welfare centers (MCWCs), upazila health complexes (UHCs), and private hospitals offer delivery services, as compared with 53% of union-level public facilities, 32% of nongovernmental (NGO) clinics, and 7% of CCs (Table 7.1 and Figure 7.1a).
- The availability of normal delivery services has increased from 18% in 2014 to 24% in 2017 (Figure 7.1a).
- Cesarean delivery services are available in all DHs and private hospitals but only 62% of MCWCs and 24% of UHCs provide Cesarean delivery services (Table 7.1 and Figure 7.1b).
- Forty-five percent of facilities have at least one staff person trained in delivery care, 12% have guidelines related to basic or comprehensive emergency obstetric care, and 83% have a delivery pack. The percentages of facilities with care guidelines, a suction apparatus, a manual vacuum extractor, a vacuum aspirator or dilation and curettage kit, and a partograph have decreased substantially since 2014 (Table 7.2 and Figure 7.2).
- One-fourth of facilities have at least one staff member trained in integrated management of pregnancy and childbirth and post-abortion care (Table 7.3). Around 40% of facilities have a staff member trained in routine labor and delivery care or active management of the third stage of labor.
- Essential life-saving drugs and commodities are often not available. For example, injectable magnesium sulphate (for management of eclampsia) is available in only 14% of facilities (Table 7.4).
- Overall, only 1% of facilities (versus 2% in 2014) have all of the 13 items (e.g., equipment, medicines) considered to be essential by WHO to provide quality services. Since 2014, there have been declines in the availability of some of these tracer items (e.g., a suction apparatus, antibiotics, magnesium sulphate) and increases in the availability of others (e.g., trained staff, delivery packs, skin disinfectant). There has been little change in the availability of examination lights, gloves, oxytocin, and intravenous solution (Table 7.7 and Figure 7.6).
- Only 11% (excluding CCs) of facilities had performed all seven basic signal functions for obstetric care in the last 3 months. In addition, only 5% of facilities had performed all nine signal functions (Table 7.6).

- Around one-third of providers have received in-service training on newborn resuscitation. Approximately two-thirds (excluding CCs) of facilities have a newborn bag and mask for management of birth asphyxia (Table 7.2 and Table 7.13).
- Measurement of birth weight is fundamental in identifying low birth weight babies and providing optimum care. Only 43% of facilities have an infant scale (Table 7.10).
- Overall, only 66% of facilities have suction bulbs. However, suction bulbs are almost universally available at district and upazila public facilities (Table 7.10).
- The availability of certain types of equipment for newborn care services, including as incubator, a suction apparatus with a catheter, an infant scale, a fetal stethoscope, and a thermometer for low body temperature, has increased substantially since 2014 (Figure 7.9).

## 7.1 BACKGROUND

Bangladesh showed remarkable progress in improving the maternal mortality rate (MMR) and the neonatal mortality rate (NMR) in the era of the Millennium Development Goals (MDGs). The MMR decreased from 322 per 100,000 live births in 2001 to 196 per 100,000 live births in 2016 and the NMR fell from 87 per 1,000 live births in 1990 to 28 per 1,000 live births in 2014. In accord with the Sustainable Development Goals (SDGs), the Government of Bangladesh has set the ambitious target of reaching an MMR of 121 per 100,000 live births and an NMR of 18 per 100,000 live births by 2022 in the 4th Health, Population and Nutrition Sector Development Program (HPNSDP), with an emphasis on maternal and newborn care.

Continuous care during pregnancy and childbirth is important in reducing both maternal and newborn deaths. There is definitive global evidence that the availability of emergency obstetric and neonatal care (EmONC) and skilled attendance at childbirth is crucial to saving the lives of mothers and newborns. Institutional delivery care saves lives because a skilled birth attendant is immediately available to manage complications during labor and delivery or to refer the mother to the next level of care.

Hemorrhage and eclampsia alone are responsible for 55% of maternal deaths. A significant number of women die during the pregnancy and delivery period; the pregnancy-related mortality rate is 206 per 100,000 live births. The Bangladesh Maternal Mortality Survey (BMMS) has emphasized that after a significant reduction in the MMR from 2001 to 2010, this decline has begun to stall. No important differences in the MMR were found between the 2010 (194 maternal deaths per 100,000 live births) and 2016 (196 maternal deaths per 100,000 live births) BMMS surveys. Only 37% of pregnant women had four or more antenatal care (ANC) visits as recommended by WHO. Around half of births occurred at health facilities and were attended by medically trained providers. It is important to note that one in three births were cesarean section (C-section) deliveries and that two in three facility deliveries were done via C-section. Overall, however, the percentage of women receiving the complete continuum of maternity care (ANC, delivery care, and postnatal care from medically trained providers) increased significantly between 2010 and 2016, from 19% to 43%.

Although there have been remarkable reductions in NMRs worldwide, there are existing challenges to achieving SDG and national targets. In the least developed countries, the frequency of postnatal care (PNC) within 2 days of birth is very low, inhibiting physical examinations of newborns for danger signs and symptoms. In Bangladesh, the major causes of neonatal deaths include prematurity, infections, and intrapartum complications such as birth asphyxia. These preventable deaths could be eliminated with

increases in recommended ANC, births attended by medically trained providers, and PNC visits. Bangladesh is committed to addressing preventable causes of child mortality and to reaching the SDG target of reducing the NMR to 12 per 1,000 live births by 2030. The development of the “Promise Renewed Declaration: Bangladesh Call to Action 2013” and the inclusion of the National Newborn Health Program (NNHP) in the 4th HPNSDP are examples of the Bangladesh government’s continuous efforts to reduce the NMR.

Bangladesh has also reviewed its Maternal, Neonatal, Child, and Adolescent Health (MNC&AH) operational plan under the 4th HPNSDP. The HPNSDP focuses on strengthening safe deliveries at home, providing around-the-clock EmONC services at the upazila level, and developing a functional referral system from community facilities to upazila-level hospitals. To deliver high-quality MNC&AH services and to achieve national outcomes, the Government of Bangladesh articulated the HNPS and the Bangladesh Every Newborn Action Plan (BENAP) within the Health System Strengthening (HSS) framework.

This chapter explores the following key issues related to provision of quality delivery and newborn care services at health facilities in Bangladesh:

- **Availability of maternal health services.** Section 7.2, including **Tables 7.1** through **7.5** and **Figures 7.1a** through **7.3**, examines the availability of maternal health services, including the availability of service guidelines, staff with up-to-date training, basic items that support quality provision of delivery services, and items for infection control.
- **Signal functions for emergency obstetric and newborn care.** Section 7.3, including **Table 7.6**, **Figure 7.4**, and **Figure 7.5**, explores the extent to which facilities that provide normal delivery care performed nine signal functions at least once during the 3 months before the survey.
- **Readiness of health facilities to provide normal delivery services.** Section 7.4, including **Table 7.7**, **Figure 7.6**, and **Figure 7.7**, provides information on the readiness of health facilities to provide normal delivery services according to WHO criteria.
- **Newborn care practices.** Section 7.5, including **Tables 7.8** through **7.10** and **Figures 7.8** and **7.9**, provides information on routine newborn care practices in health facilities and the availability of essential medicines for newborns.
- **Basic management and administrative systems.** Section 7.6, including **Tables 7.11** through **7.13**, considers the extent to which essential management and administrative systems are in place to support quality services, including personal supervision and in-service training for providers of delivery and newborn care.

## 7.2 AVAILABILITY OF MATERNAL HEALTH SERVICES

### 7.2.1 Service Provision

**Table 7.1**, **Figure 7.1a**, and **Figure 7.1b** provide information on the availability of various maternal health services. Although ANC and PNC are offered across all types of health facilities, normal delivery services are offered at only 24% (57% excluding public community clinics [CCs]) of facilities (**Table 7.1**). Normal delivery services are widely available in district hospitals (DHs) (100%), upazila health complexes (UHCs) (95%), private hospitals (95%), and mother and child welfare centers (MCWCs) (92%). However, only 32% of nongovernmental (NGO) clinics/hospitals, 65% of union health and family welfare centers (UHFWCs), 25% of union subcenters/rural dispensaries (USC/RDs), and 7% of CCs provide normal delivery services. Urban facilities (72%), as expected, are much more likely than rural facilities (20%) to offer normal delivery services. Facilities in the newly introduced Mymensingh division (18%), which has been separated from Dhaka, are least likely to offer normal delivery care, while facilities in Barishal (29%)

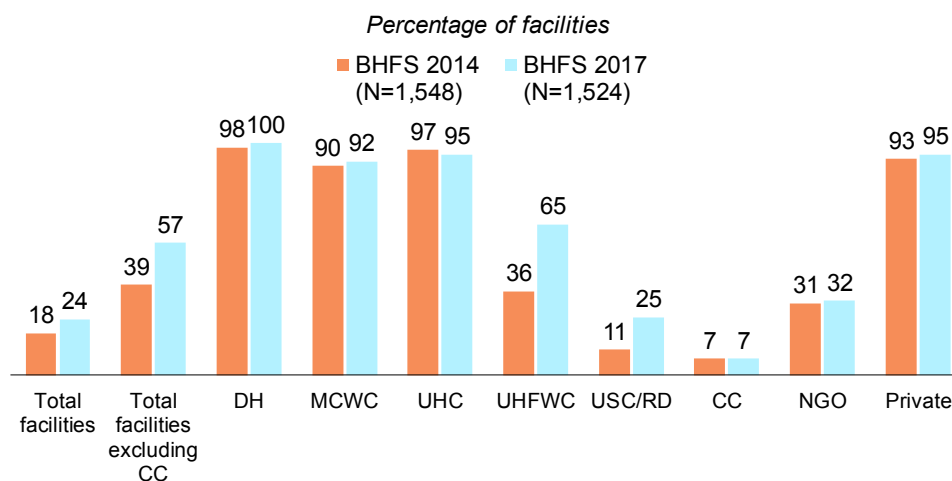
are most likely to offer such care. Fifty-six percent of facilities (excluding CCs) offer ANC, normal delivery, and PNC services in combination.

As expected, since union-level facilities and CCs do not perform cesarean section deliveries, only a very small proportion of health facilities overall (4%) provide cesarean services. All district hospitals, two-thirds of MCWCs, and only one-fourth of UHCs offer cesarean delivery services. Cesareans are available in 97% of private hospitals and 11% of NGO facilities. Fifty-seven percent of urban facilities perform cesarean deliveries, as compared with less than 1% of rural facilities.

Among facilities that offer normal delivery services, 60% (2% (excluding CCs) reported having a provider on-site or on-call 24 hours per day for delivery care. However, only 29% of facilities (35% (excluding CCs) were able to show the supporting duty schedule on the day of the visit. DHs (92%) and UHCs (85%) are more likely than other facilities to have providers on-site or on-call 24 hours a day and to have a 24-hour duty schedule. All private hospitals offering normal delivery services report having providers on-site or on-call 24 hours per day, but only about three-fourths were able to show the supporting duty schedule.

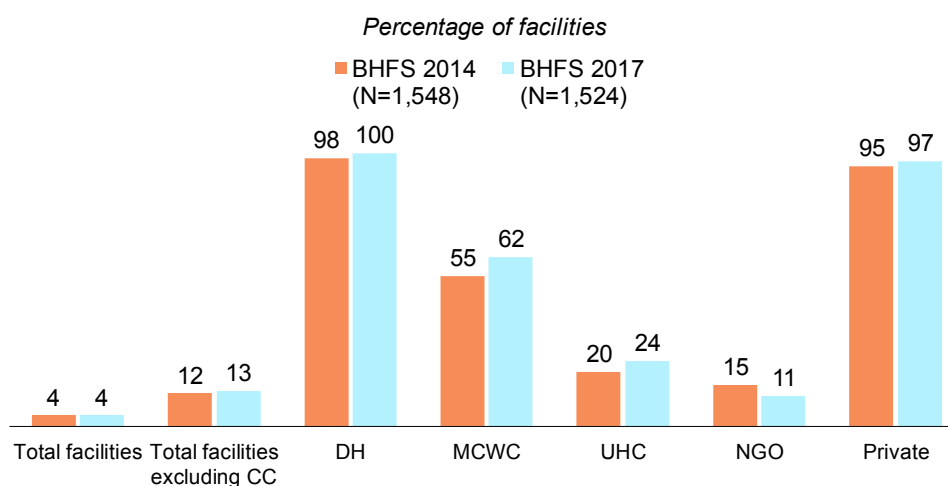
The availability of normal delivery services has increased in the last 3 years across almost all types of facilities. The gain has been particularly notable in union-level public facilities (**Figure 7.1a**).

**Figure 7.1a Availability of normal delivery services in health facilities, by facility type**



**Figure 7.1b** shows the availability of cesarean delivery services at different types of health facilities. As noted above, almost all DHs and private hospitals offer cesarean services, as compared with only one-fourth of UHCs. Because UHCs are the primary care referral facilities, their capacity to offer cesarean services should be strategically increased (**Figure 7.1b**). There have been no notable changes since 2014 in the availability of C-section services across the different individual types of facilities. However, there has been a slight overall increase in the availability of cesarean sections, from 12% (excluding CCs) in 2014 to 13% (excluding CCs) in 2017.

**Figure 7.1b Availability of cesarean delivery services in health facilities, by facility type**



## 7.2.2 Guidelines, Trained Staff, and Equipment for Delivery Services

The quality of delivery services depends partly on the availability of guidelines, staff with up-to-date training, and certain basic equipment. **Table 7.2** reports the extent to which these elements were available on the day of the survey in facilities that offer normal delivery services.

Only 12% of facilities offering normal delivery services had guidelines related to basic emergency obstetric care (BEmOC) or comprehensive emergency obstetric care (CEmOC). DHs (36%), MCWCs (22%), and UHCs (22%) were slightly more likely to have guidelines than other types of public facilities. NGO facilities were most likely to have guidelines (38%), and private hospitals were least likely (only 5%). Urban facilities (17%) were slightly more likely than rural facilities (11%) to have any of the guidelines for BEmOC or CEmOC. Facilities in Khulna (28%) were more likely than those in other divisions to have guidelines; only 4% each of facilities in Barishal and Mymensingh and 8% of facilities in Dhaka had guidelines available.

Only 11% of facilities had staff who had received training in delivery care in the last 24 months. NGO facilities (36%) and district and upazila health facilities (22%) were most likely to have staff with recent training. Forty-five percent of facilities had at least one staff person who had been trained in delivery care at any time. Private clinics/hospitals (16%) were least likely to have at least one staff person with training in delivery care at any time.

Emergency transport may be critical if a woman needs to be referred to another facility for more specialized care. About one-third (35% excluding CCs) of facilities had emergency transport. DHs (97%) and UHCs (86%) were more likely than MCWCs (65%) to have emergency transport. Only 11% of CCs and 9% of union-level public facilities reported the availability of emergency transport.

With respect to the equipment necessary to support routine delivery care, 63% (64% excluding CCs) of facilities had an examination light and 76% (77% excluding CCs) had gloves available on the day of the survey visit. In addition, 83% (85% excluding CCs) had a delivery pack, and around three-fourths had a delivery bed. More than 80% of district and upazila public facilities, NGO clinics, and private hospitals had a delivery bed, along with 75% of union-level facilities and 66% of CCs. Facilities were less likely to have a suction apparatus (mucus extractor) (31%). A neonatal bag and a mask were available in 55% of facilities. The availability of a neonatal bag and mask was almost universal in DHs (98%) and relatively high in UHCs (89%), MCWCs (83%), and private hospitals (88%). In contrast, only half of union-level facilities and one quarter of CCs had a bag and mask. Only 20% of facilities overall had partographs, with

the highest percentage among NGO clinics (65%). Less than half of DHs, MCWCs, and UHCs had partographs available.

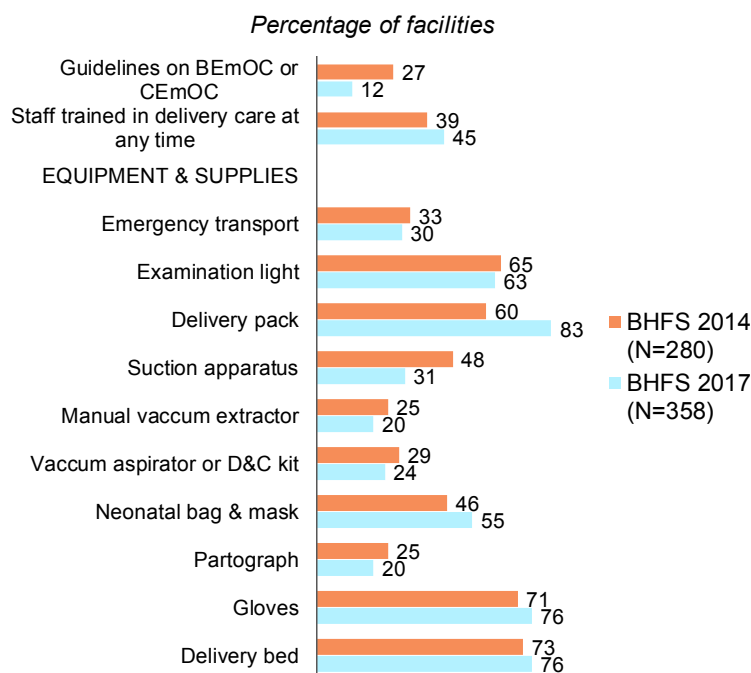
There have been substantial decreases since 2014 in the percentages of facilities having guidelines on BEmOC or CEmOC, a suction apparatus, a manual vacuum extractor, a vacuum aspirator, a dilation and curettage (D&C) kit, and a partograph (Figure 7.2). In addition, there has been a 3% decrease in the availability of emergency transport and a 2% decline in the availability of an examination light. The availability of delivery packs has increased from 60% to 83%. There have also been increases in the availability of delivery beds, gloves, and neonatal bags and masks.

Table 7.3 presents information on the availability of staff with in-service training in areas related to delivery or newborn care. The table considers staff who have ever received in-service training and staff who received training within the 24 months before the survey.

Only 6% of facilities that offer normal delivery services have providers who received in-service training in integrated management of pregnancy and childbirth (IMPAC) during the 24 months preceding the survey; 24% (23% excluding CCs) of facilities have at least one provider who has ever received in-service training in IMPAC (Table 7.3). District and upazila public facilities are more likely than union-level facilities, CCs, and private hospitals to have a provider with in-service training at any time. Only 9% of facilities have providers who had received in-service training on routine care for labor and delivery during the past 24 months, while 41% (43% excluding CCs) have at least one provider who has ever received in-service training.

Fifty percent (51% excluding CCs) of facilities reported having at least one staff member who had ever received in-service training in neonatal resuscitation, but only 21% had at least one staff member with recent in-service training on the subject (Table 7.3). Forty percent (41% excluding CCs) of facilities have a staff member who has ever received in-service training in active management of the third stage of labor (AMTSL). However, only 9% (10% excluding CCs) of facilities have staff who received this training during the 24 months before the survey. Even fewer facilities have staff with in-service training in post-abortion care or emergency obstetric care at any time. Only 23% of facilities (24% excluding CCs) have at least one staff member who has ever received training in post-abortion care, while 19% (20% excluding CCs) have at least one staff member who has received training in emergency obstetric care. Less than 10% of facilities reported that staff received training on these subjects during the 24 months before the survey.

**Figure 7.2** Items to support quality provision of delivery services



### 7.2.3 Medicines and Commodities for Delivery Care

Table 7.4 presents information on the availability of essential medicines and commodities for delivery care and priority medicines for mothers.

## Essential Medicines and Commodities

On the day of the survey, only around one-third of facilities (31%) offering normal delivery services had injectable uterotonics as required for active management of the third stage of labor and postpartum hemorrhage. Although availability was relatively high among DHs (89%) and MCWCs (75%), only 61% of UHCs had injectable uterotonics on the day of the visit. Moreover, less than one-fifth (18%) of union-level facilities and 10% of CCs had injectable uterotonics available. Facilities were least likely to have injectable magnesium sulphate (14%), which is essential for management of eclampsia. Only 42% of DHs, 26% of MCWCs, and 28% of UHCs had injectable magnesium sulphate. Private hospitals (48%) were most likely to have this essential medicine. Only 6% of union-level facilities and no CCs had injectable magnesium sulphate available. Nearly 60% of district and upazila public facilities had injectable antibiotics, which are required for management of puerperal sepsis. Within district and upzila public facilities, DHs (84%) were more likely than MCWCs (41%) and UHCs (59%) to have injectable antibiotics. Around two-thirds of NGO clinics and private hospitals had injectable antibiotics available. Only one-third of facilities (38% excluding CCs) had intravenous (IV) fluids with infusion sets, which are essential for managing severe postpartum hemorrhage. Availability was highest among DHs (74%). Only two-thirds of UHCs and less than half of MCWCs had intravenous fluids.

## Priority Medicines for Mothers

**Table 7.4** also provides information on the availability of WHO-defined priority medicines for mothers on the day of the survey. In general, these priority medicines were not widely available, and they were much more likely to be available in higher-level facilities than in lower-level facilities. Moreover, even among higher-level facilities, there was considerable variation in their availability. Sodium chloride injectable solution (38%) and azithromycin capsules or tablets (21%) were the most widely available priority medicines; 70% or more of DHs, private hospitals, and NGO facilities reported having these medications. Fifty-seven percent of facilities had misoprostol capsules or tablets, which are important for management of postpartum hemorrhage. Although 61% of union-level facilities had misoprostol capsules or tablets, they were available at less than 40% of DHs and UHCs. Misoprostol was available in around two-thirds of NGO clinics and private hospitals. Overall, private hospitals were more likely than DHs and NGO facilities to have priority medicines for mothers.

### 7.2.4 Items for Infection Control during Provision of Delivery Care

Infection control is vital during delivery care. **Table 7.5** shows the proportion of facilities that had items considered important for infection control available at the service site on the day of the survey visit. Overall, 72% of facilities had either soap and running water or alcohol-based hand disinfectant, with the availability of these items almost universal in DHs, MCWCs, NGO clinics, and private hospitals. However, less than half of CCs and three-fourths of union-level facilities had these items available. Eighteen percent (19% excluding CCs) of facilities had all six items for infection control, and 61% (65% excluding CCs) had at least four items. Most DHs (86%), MCWCs (77%), private hospitals (75%), and NGO facilities (90%) had at least four infection control items, while only 43% of CCs had at least four items.

**Figure 7.3** shows that there has been no improvement since 2014 in the percentage of facilities with infection control items available. In 2014, 24% of health facilities had all six items for infection control available on-site; this proportion had declined to 18% by 2017, mainly due to a decrease in the availability of soap and/or alcohol-based hand disinfectant. There were no significant differences in the availability of at least four items and the availability of a waste receptacle between the two surveys. The availability of a sharps container, latex gloves, and running water increased from 2014 to 2017, while the availability of soap decreased by 15%. There was a 10% decrease in the availability of alcohol-based hand disinfectant between the two surveys.

**Figure 7.3** Items for infection control in delivery service area



### 7.3 SIGNAL FUNCTIONS FOR EMERGENCY OBSTETRIC AND NEWBORN CARE

Complications of labor and delivery can be expected to occur in some deliveries. About 15% of mothers develop life-threatening complications during delivery. In such situations, facilities must be equipped to provide emergency obstetric and neonatal care (EmONC). Within EmONC, there are nine signal functions layered in three levels: obstetric first aid, basic emergency obstetric and neonatal care (BEmONC), and comprehensive emergency obstetric and neonatal care (CEmONC). Facilities were considered to be BEmONC facilities if they performed the seven basic signal functions over a designated 3-month period. Facilities were considered to be CEmONC facilities if they performed all nine signal functions over the designated period.

In the 2017 BHFS, facilities providing normal delivery care were asked whether they had performed any of the specified signal functions at least once during the 3 months preceding the survey. Only 11% of facilities had performed all seven basic signal functions (BEmONC) in the last 3 months (**Table 7.6**). Fifty-seven percent of DHs had performed the seven basic signal functions, with much lower estimates among MCWCs (24%) and UHCs (25%). Only 1% of union-level facilities and 14% of CCs had performed the basic signal functions in the last 3 months, along with 39% of private hospitals and 9% of NGO clinics.

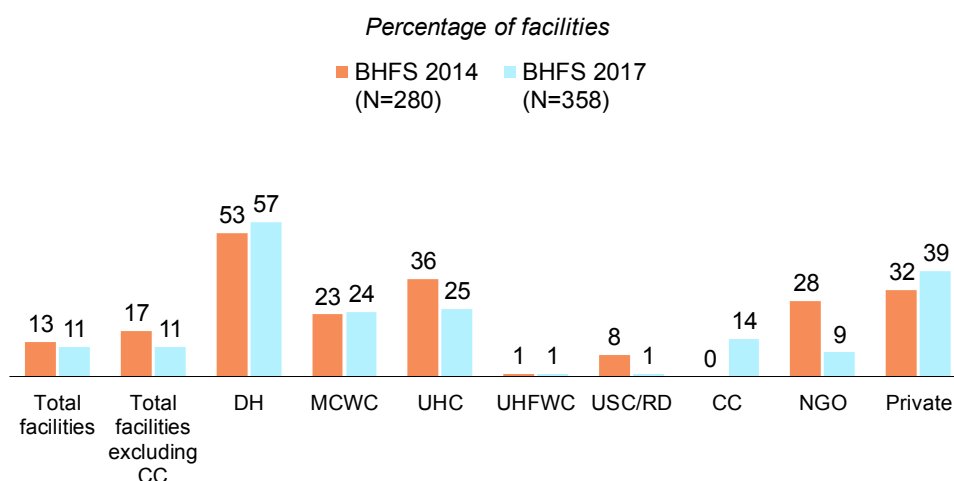
All district and private hospitals offering normal delivery services had performed cesarean sections in the past 3 months. Around two-thirds of MCWCs and one-fourth of UHCs performed cesarean sections during that period.

Only 5% (6% excluding CCs) of facilities had performed all nine signal functions (CEmONC) in the past 3 months. Although, as noted, all DHs and private hospitals had performed cesarean sections in the past 3 months, only 55% of DHs and 29% of private hospitals had performed all nine signal functions during that period. In addition, only 8% of MCWCs and 5% of UHCs performed all nine signal functions.

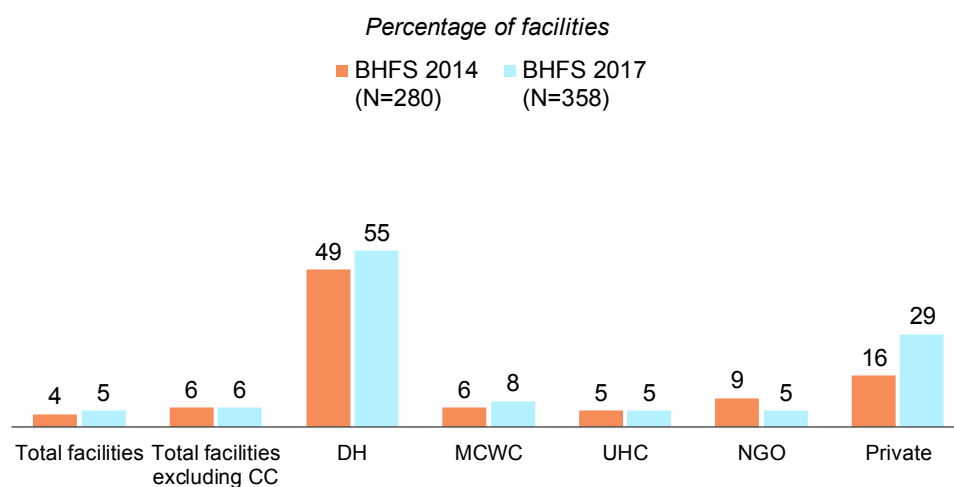
Between 2014 and 2017, there was a slight overall decline in the percentage of facilities that performed the seven basic signal functions (**Figure 7.4**). It is encouraging that higher proportions of CCs and private hospitals reported performing the seven basic functions in 2017 than in 2014. The proportion of facilities that performed all nine signal functions increased notably among private clinics (from 16% to 29%) but declined among NGO clinics (from 9% to 5%) (**Figure 7.5**).



**Figure 7.4 Basic emergency obstetric and neonatal care (BEmONC) signal functions, by facility type**



**Figure 7.5 Comprehensive emergency obstetric and neonatal care (CEmONC) signal functions, by facility type**



## 7.4 READINESS OF HEALTH FACILITIES TO PROVIDE NORMAL DELIVERY SERVICES

WHO assesses the readiness of health facilities for normal delivery services according to the availability of specific items/tracer indicators. In this section of the report, data from the 2017 BFHS are used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO measure. This measure of readiness to provide normal delivery services includes the following 13 items/tracer indicators:

- **Trained staff:** At least one provider trained in delivery care at any time
- **Guidelines:** National or other BEmOC or CEmOC guidelines available at the facility
- **Equipment:**
  - Examination light
  - Delivery pack
  - Suction apparatus
  - Neonatal bag and mask
  - Partograph
  - Gloves

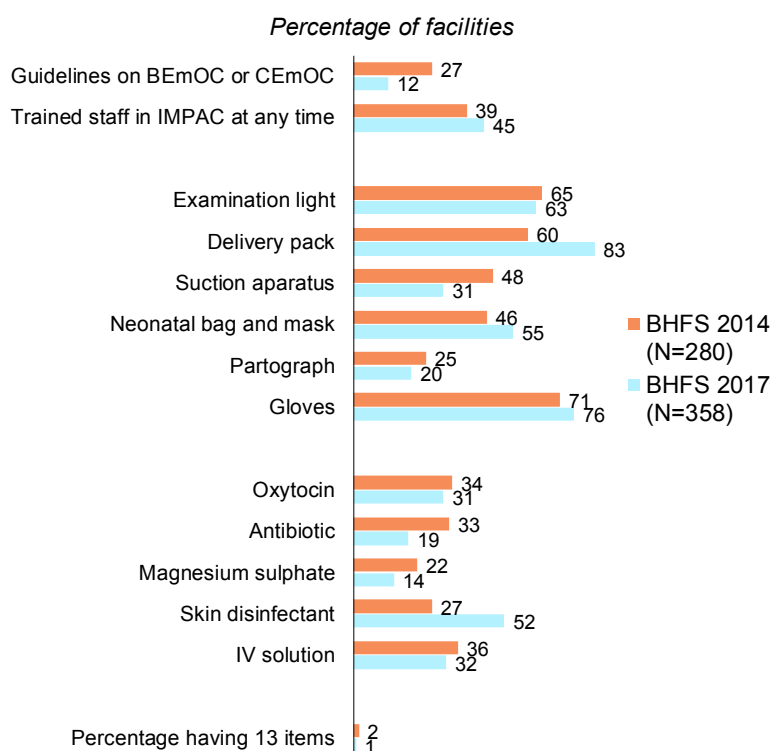
- **Medicines and commodities:**
  - Injectable oxytocin
  - Injectable antibiotic
  - Magnesium sulphate
  - Skin disinfectant
  - Intravenous solution with infusion set

**Table 7.7, Figure 7.6, and Figure 7.7** show the availability of these items/tracer indicators for assessing a health facility's readiness for normal delivery services.

Eighty-three percent of facilities have a delivery pack, 76% have gloves, and 63% have an examination light (**Table 7.7**). Approximately half of facilities have a neonatal bag and mask, staff trained in delivery care at any time, and skin disinfectant, and around one-third have a suction apparatus, injectable uterotonic oxytocin, and intravenous fluids with an infusion set. Overall, less than 1% of facilities have all of the 13 items are considered to be essential by WHO to provide BEmOC and CEmOC services. Five percent of DHs and NGO clinics have all 13 items. Availability is 1% or less at other types of facilities.

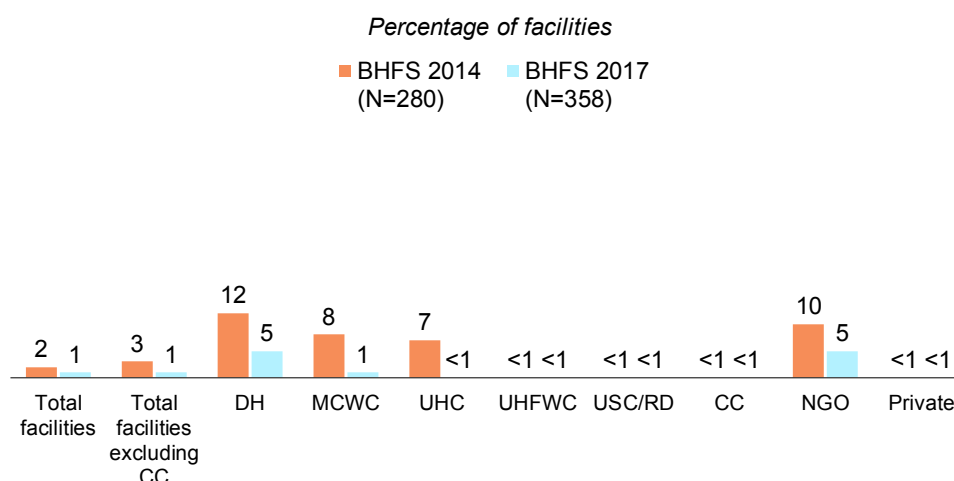
The availability of guidelines, a suction apparatus, a partograph, antibiotics, and magnesium sulphate has decreased markedly since 2014. Conversely, there have been substantial increases in the availability of trained staff, a delivery pack, a neonatal bag and mask, and skin disinfectant. There has been little change in the availability of examination lights, gloves, oxytocin, and IV solution (**Figure 7.6**).

**Figure 7.6 Availability of items/tracer indicators in health facilities for readiness to provide normal delivery services**



Although the estimates were already very low in 2014, the availability of the 13 essential items for conducting normal deliveries has decreased across all types of facilities (**Figure 7.7**).

**Figure 7.7** Readiness of health facilities to provide normal delivery services, by facility type



## 7.5 NEWBORN CARE PRACTICES

### 7.5.1 Routine Newborn Care

Routine newborn care is crucial to ensure the survival of newborns. **Table 7.8** presents information regarding routine for newborn care practices at facilities offering normal delivery services.

Around 95% of all types of facilities engage in routine newborn practices such as drying and wrapping newborns to keep them warm and initiating breastfeeding within the first hour (**Table 7.8**). Initiation of breastfeeding within the first hour is universal at MCWCs, UHCs, CCs, and NGO clinics/hospitals. Around 5% of public facilities report that they give newborns a full bath shortly after birth as a routine component of newborn care, as compared with 10% of private hospitals. Approximately 95% of DHs, MCWCs, upazila hospitals, and private hospitals; 85% of union-level facilities; and 66% of CCs apply 7.1% chlorohexidine for cord care as a routine component of newborn care. DHs, UHCs, CCs, USC/RDs, and private hospitals are more likely to engage in the practice of delivering to the abdomen (skin to skin) than MCWCs, UHFWCs, and NGO clinics/hospitals. District and upazila public facilities (around 90%) are more likely than union-level public facilities (68%) and CCs (58%) to suction newborns with a suction bulb and weigh newborns immediately after delivery. All private hospitals weigh newborns immediately after delivery as part of routine newborn care. There are significant differences by facility type in administration of vitamin K to newborns. Eighty-four percent of DHs; 66% of MCWCs, 65% of UHCs, 63% NGO clinics; 91% of private hospitals; and 22% of union-level public facilities administer vitamin K.

### 7.5.2 Availability of Essential Medicines for Newborn Care

Nearly 70% of facilities had amoxicillin syrup or suspension available on the day of the visit (**Table 7.9**). Availability was highest among CCs (91%) and MCWCs (87%). Around half of DHs (58%), UHCs (56%), NGO clinics (55%), and private hospitals (52%) had amoxicillin available on the day of the visit. Injectable gentamicin was available in only 16% of facilities; availability was highest in private hospitals (76%). Less than half of DHs (44%) and UHCs (40%) had gentamicin on the day of the visit. In addition, gentamicin was available in only 11 of MCWCs and 3% of union-level public facilities. The availability of ceftriaxone was relatively high among DHs and private hospitals (89% each). About two-thirds of UHCs and three-fourths of NGO clinics had ceftriaxone available. Around half of facilities offering normal delivery services had 7.1% chlorhexidine present on the day of the visit. Availability was highest in

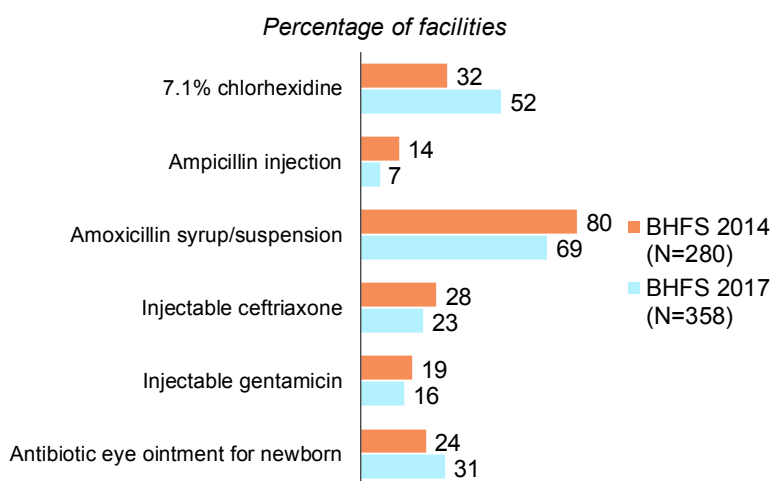
MCWC (65%) and lowest in UHCs and private hospitals (41% each).

About 41% of had 7.1% chlorhexidine on the day of the visit.

The availability of 7.1% chlorhexidine has increased by 20% since 2014 (**Figure 7.8**).

There has been a smaller increase in the availability of antibiotic eye ointment for newborns. The availability of injectable gentamicin, injectable ceftriaxone, injectable ampicillin, and amoxicillin syrup/suspension has decreased by 3% to 11% since 2014.

**Figure 7.8 Availability of medicines for newborn care services in health facilities**



### 7.5.3 Availability of Equipment for Newborn Care Services

Half of DHs, 19% of UHCs, and 41% of private hospitals have incubators for newborns (**Table 7.10**). Thirty-three percent of facilities in urban areas have incubators, as compared with 3% of facilities in rural areas.

Eighty-nine percent of district and upazila public facilities and 84% of private hospitals have suction bulbs. However, suction bulbs are available at only around two-thirds of union-level public facilities and NGO clinics.

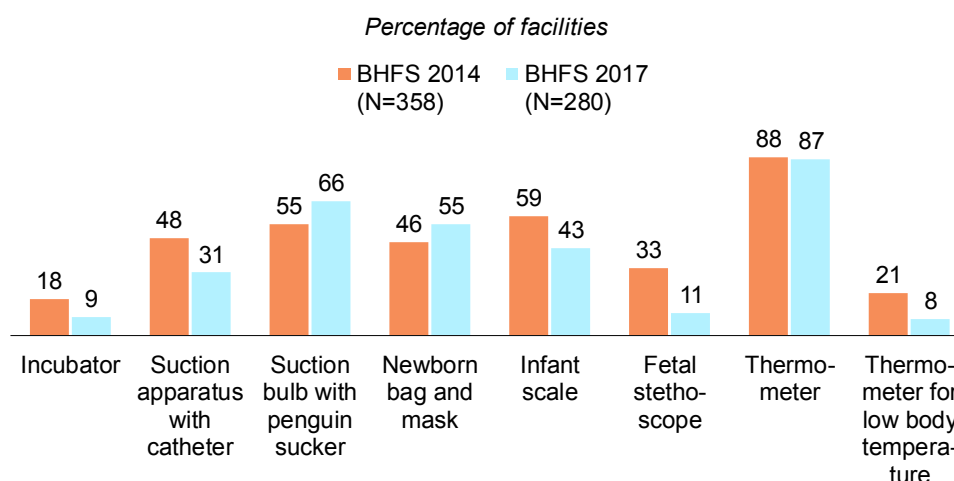
A neonatal bag and a mask are available at 89% of district and upazila public facilities, 88% of private hospitals, and 76% of NGO clinics. Half of union-level public facilities and one quarter of CCs have a neonatal bag and mask.

Thirty-eight percent of facilities have a timer for assessing respiratory rates. Timers are available at around half of district- and subdistrict-level public facilities, NGO clinics, and private hospitals, along with about one-third of union-level public facilities and one quarter of CCs.

Fewer than half of facilities offering delivery services have an infant scale. Availability is highest among NGO clinics (79%). Around two-thirds of district and upazila public facilities and private hospitals, one-third of union-level public facilities, and one quarter of CCs have an infant scale.

Overall, there has been a decrease in the availability of equipment for newborn care since 2014 (**Figure 7.9**). There have been substantial declines in the availability of a thermometer for low body temperature, a fetal stethoscope, an infant scale, and a suction apparatus with a catheter. There have also been decreases in the availability of incubators and thermometers. On the other hand, there has been an increase of around 10% in the availability of newborn bags and masks and suction bulbs.

**Figure 7.9 Availability of equipment for newborn care services in health facilities**



## 7.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

### 7.6.1 Recent In-service Training and Supervision

Supportive management practices such as training and supervision play a significant role in ensuring quality of care. In-service training in maternal and newborn health care not only improves the knowledge of delivery care providers but enhances their skills. **Table 7.11** presents information on specific in-service training reported by providers of normal delivery or newborn care services within 6 months or 24 months of the survey.

One-fourth of providers received training related to delivery care and/or newborn care during the 24 months preceding the 2017 BHFS (**Table 7.11**). Around 30% of providers at public facilities received training during the 24 months preceding the survey, as compared with 9% of providers at private hospitals. Similar proportions of delivery care providers from urban and rural areas received recent training.

Supportive supervision helps to sustain providers' knowledge and skills. More than 90% of providers across all type of public facilities reported that they received personal supervision during the 6 months preceding the survey. Around four-fifths of delivery care providers at private hospitals received recent personal supervision. Interestingly, providers at rural facilities (94%) were more likely than those at urban facilities (91%) to report receiving personal supervision. More than 90% of delivery care providers in all divisions other than Sylhet and Chattogram received personal supervision during the 6 months preceding the survey.

### 7.6.2 In-service Training in Newborn and Delivery Care by Topic

**Table 7.12** shows the percentages of providers who reported receiving specific in-service training related to delivery and newborn care. Around 10% of providers of delivery care or newborn services received training in early and exclusive breastfeeding, thermal care, sterile cord cutting and care, and kangaroo mother care for low birth weight babies during the 24 months preceding the survey. The proportion of providers who reported that they had ever received training in these areas was more than twice as high as the proportion who reported receiving training in the 24 months preceding the survey. Only 5% of providers reported receiving training on newborn infection management during the 24 months preceding the survey.

**Table 7.13** presents information on specific in-service training related to newborn care services. Around one-third of providers of normal delivery and newborn care services had received training on newborn resuscitation at any time. However, only 14% reported receiving such training in the past 24 months.

Eleven percent of providers at private hospitals and 22% at NGO clinics had ever received training on resuscitation.

Around one-third of providers had ever received in-service training on application of 7.1% chlorhexidine (for umbilical cord care), but only 15% reported receiving such training in the past 24 months. One in 10 providers at private hospitals had training on chlorhexidine application.

Ten percent of providers had received in-service training on emergency triage assessment (ETAT) at any time, with only 3% reporting such training during the past 24 months.

Only 20% of providers had ever received training in essential newborn care, and only 10% had training in comprehensive newborn care.

Less than 20% of providers had been trained in integrated management of childhood illness (IMCI) at any time, and 5% had received such training in the past 24 months. Around one-quarter of providers at union-level facilities and one-fifth of providers at district and subdistrict public facilities had ever been trained in IMCI. Only small percentages of providers at private hospitals (4%) and NGO clinics (14%) had been trained in IMCI.

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- **Table 7.8** Newborn care practices
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**Table 7.1 Availability of maternal health services**

Among all facilities, the percentages offering specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentages having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering:								Number of facilities	Percentage of facilities offering normal delivery services that have:		Number of facilities offering normal delivery services
	Antenatal care (ANC)	Normal delivery service	Cesarean delivery	Postnatal care (PNC)	ANC and normal delivery service	ANC, normal delivery, and cesarean delivery	ANC, normal delivery, and PNC	ANC, normal delivery, PNC, and cesarean delivery		Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	
<b>Facility type</b>												
<b>District and upazila public facilities</b>	<b>99.4</b>	<b>95.4</b>	<b>38.1</b>	<b>98.4</b>	<b>95.4</b>	<b>38.1</b>	<b>94.6</b>	<b>37.3</b>	<b>44</b>	<b>83.5</b>	<b>95.7</b>	<b>42</b>
DH	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	5	91.9	98.4	5
MCWC	100.0	92.2	62.2	97.7	92.2	62.2	91.1	61.1	7	71.2	89.3	6
UHC	99.1	95.4	23.8	98.3	95.4	23.8	94.5	22.9	32	84.7	96.6	31
<b>Union-level public facilities</b>	<b>95.7</b>	<b>52.5</b>	-	<b>93.1</b>	<b>52.5</b>	-	<b>51.8</b>	-	<b>361</b>	<b>12.5</b>	<b>60.0</b>	<b>190</b>
UHFWC	99.5	64.7	-	98.4	64.7	-	64.2	-	250	11.6	63.3	162
USC/RD	87.2	24.9	-	81.2	24.9	-	23.8	-	111	17.7	40.8	28
<b>Community clinic (CC)</b>	<b>100.0</b>	<b>6.5</b>	-	<b>96.4</b>	<b>6.5</b>	-	<b>6.3</b>	-	<b>1,012</b>	<b>0.0</b>	<b>6.6</b>	<b>66</b>
<b>NGO clinic/hospital</b>	<b>99.8</b>	<b>32.0</b>	<b>11.2</b>	<b>98.7</b>	<b>32.0</b>	<b>11.2</b>	<b>32.0</b>	<b>11.2</b>	<b>64</b>	<b>60.6</b>	<b>75.4</b>	<b>20</b>
<b>Private hospital</b>	<b>94.9</b>	<b>94.6</b>	<b>97.1</b>	<b>95.5</b>	<b>92.4</b>	<b>92.4</b>	<b>90.7</b>	<b>90.7</b>	<b>43</b>	<b>78.2</b>	<b>100.0</b>	<b>41</b>
<b>Location</b>												
Urban	97.6	72.0	56.8	97.6	71.2	54.9	70.4	54.2	108	76.9	98.5	78
Rural	98.9	19.8	0.3	95.6	19.8	0.3	19.5	0.3	1,416	15.3	49.0	281
<b>Division</b>												
Barishal	99.6	29.0	2.3	95.9	28.9	2.2	27.1	2.2	113	17.9	54.4	33
Chattogram	98.5	27.6	5.3	95.7	27.4	5.1	27.2	4.9	288	29.0	64.1	80
Dhaka	98.9	25.8	7.4	98.2	25.8	7.4	25.8	7.4	304	35.0	71.6	78
Khulna	98.6	19.0	3.8	93.3	19.0	3.3	19.0	3.3	187	31.3	50.6	36
Rajshahi	97.6	24.7	3.1	94.9	24.7	3.0	23.6	3.0	220	19.0	52.5	54
Rangpur	99.1	19.5	3.0	94.4	19.3	2.9	19.2	2.7	193	32.8	39.2	38
Sylhet	99.7	19.4	3.7	95.3	19.4	3.7	19.2	3.6	96	36.4	70.0	19
Mymensingh	99.9	17.5	1.6	98.0	17.5	1.6	17.5	1.6	123	27.5	69.3	21
Total	98.8	23.5	4.3	95.8	23.4	4.2	23.1	4.1	1,524	28.7	59.8	358
Total excluding CCs	96.5	57.2	12.8	94.5	57.0	12.4	56.3	12.2	512	35.2	71.7	292

“-” Means cesarean delivery is not offered at union-level public facilities or at public community clinics.

**Table 7.2 Guidelines, trained staff, and equipment for delivery services**

Among facilities offering normal delivery services, the percentages having guidelines, at least one staff member recently trained in delivery care, and basic equipment for routine delivery available in the facility on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering normal delivery services that have:					Equipment									Number of facilities offering normal delivery services
	Guidelines on BEmOC or CEmOC <sup>1</sup>	Staff trained in delivery care during the past 24 months <sup>2</sup>	Staff trained in delivery care at any time <sup>2</sup>	Emergency transport <sup>3</sup>	Examination light <sup>4</sup>	Delivery pack <sup>5</sup>	Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit <sup>6</sup>	Neonatal bag and mask	Partograph <sup>7</sup>	Gloves <sup>8</sup>	Delivery bed	Sterilization equipment <sup>9</sup>	
<b>Facility type</b>															
<b>District and upazila public facilities</b>	<b>23.2</b>	<b>21.6</b>	<b>59.2</b>	<b>84.4</b>	<b>82.9</b>	<b>89.1</b>	<b>60.2</b>	<b>38.6</b>	<b>53.4</b>	<b>89.3</b>	<b>43.2</b>	<b>74.7</b>	<b>85.9</b>	<b>74.5</b>	<b>42</b>
DH	35.5	21.0	64.5	96.8	93.5	93.5	79.0	59.7	74.2	98.4	46.8	82.3	88.7	93.5	5
MCWC	21.8	21.6	66.2	65.3	87.9	95.1	62.5	34.0	56.8	83.1	46.9	83.0	90.5	78.5	6
UHC	21.5	21.7	56.9	86.4	80.2	87.1	56.8	36.3	49.4	89.3	41.9	71.8	84.5	70.7	31
<b>Union-level public facilities</b>	<b>9.5</b>	<b>10.7</b>	<b>47.0</b>	<b>9.1</b>	<b>50.3</b>	<b>82.1</b>	<b>14.9</b>	<b>10.5</b>	<b>9.8</b>	<b>48.6</b>	<b>15.7</b>	<b>77.6</b>	<b>74.8</b>	<b>22.8</b>	<b>190</b>
UHFWC	9.6	12.0	50.4	10.0	52.8	82.1	15.7	10.8	10.1	49.6	15.8	76.8	75.8	25.1	162
USC/RD	8.9	2.8	27.0	4.1	35.7	82.2	9.8	8.5	8.5	42.4	15.1	82.0	68.8	9.7	28
<b>Community clinic (CC)</b>	<b>10.4</b>	<b>0.0</b>	<b>35.6</b>	<b>10.8</b>	<b>58.6</b>	<b>74.2</b>	<b>9.4</b>	<b>20.0</b>	<b>15.2</b>	<b>25.8</b>	<b>0.0</b>	<b>73.9</b>	<b>66.3</b>	<b>0.0</b>	<b>66</b>
<b>NGO clinic/hospital</b>	<b>37.5</b>	<b>36.4</b>	<b>78.4</b>	<b>73.3</b>	<b>97.1</b>	<b>87.4</b>	<b>77.3</b>	<b>24.5</b>	<b>28.0</b>	<b>76.0</b>	<b>64.6</b>	<b>91.5</b>	<b>86.1</b>	<b>79.9</b>	<b>20</b>
<b>Private hospital</b>	<b>4.5</b>	<b>9.1</b>	<b>16.4</b>	<b>83.6</b>	<b>91.2</b>	<b>93.7</b>	<b>89.3</b>	<b>44.2</b>	<b>73.8</b>	<b>88.0</b>	<b>21.5</b>	<b>69.0</b>	<b>84.1</b>	<b>87.3</b>	<b>41</b>
<b>Location</b>															
Urban	16.8	18.2	40.9	82.9	89.5	92.6	75.3	39.1	60.4	86.7	36.4	73.3	85.4	80.4	78
Rural	11.1	9.4	45.7	15.8	55.6	80.4	18.9	14.9	14.2	46.5	14.8	77.2	73.7	22.7	281
<b>Division</b>															
Barishal	4.1	7.2	34.3	21.0	52.8	79.5	26.5	9.4	20.0	49.9	16.1	72.8	80.4	24.5	33
Chattogram	15.2	13.7	52.7	28.0	58.8	78.2	29.4	16.1	28.8	59.0	24.2	77.7	68.1	34.1	80
Dhaka	7.5	20.5	55.4	36.6	67.5	80.6	39.5	17.9	27.1	58.3	16.1	77.0	80.4	44.5	78
Khulna	27.8	5.7	42.4	34.7	67.8	81.3	28.8	27.7	24.3	55.5	17.5	70.1	76.5	38.5	36
Rajshahi	12.3	7.1	38.3	33.7	60.4	88.9	37.7	22.6	12.0	52.9	12.7	75.8	74.6	34.1	54
Rangpur	14.7	0.9	34.5	30.2	80.2	94.5	22.8	40.9	37.0	40.4	21.5	88.4	81.9	25.7	38
Sylhet	9.6	13.9	37.9	26.9	63.3	81.6	32.0	8.5	16.2	71.1	29.5	70.6	75.2	40.9	19
Mymensingh	4.3	10.5	35.1	17.5	44.4	85.2	15.1	15.1	18.0	55.1	27.9	70.6	79.7	31.3	21
<b>Total</b>	<b>12.3</b>	<b>11.3</b>	<b>44.7</b>	<b>30.3</b>	<b>62.9</b>	<b>83.1</b>	<b>31.1</b>	<b>20.2</b>	<b>24.2</b>	<b>55.2</b>	<b>19.5</b>	<b>76.4</b>	<b>76.2</b>	<b>35.2</b>	<b>358</b>
<b>Total excluding CCs</b>	<b>12.7</b>	<b>13.8</b>	<b>46.7</b>	<b>34.7</b>	<b>63.9</b>	<b>85.1</b>	<b>36.0</b>	<b>20.2</b>	<b>26.2</b>	<b>61.8</b>	<b>23.9</b>	<b>76.9</b>	<b>78.5</b>	<b>43.2</b>	<b>292</b>

Note: The indicators presented in this table comprise the staff training and equipment domains for assessing readiness to provide delivery care within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> Basic emergency obstetric care (BEmOC) guidelines or comprehensive emergency obstetric care (CEmOC) guidelines

<sup>2</sup> Facility has at least one interviewed staff member providing the service who reports receiving in-service training in delivery care. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

<sup>4</sup> A functioning flashlight is acceptable.

<sup>5</sup> Either the facility had a sterile delivery pack available at the delivery site or all of the following individual equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder.

<sup>6</sup> Facility had a functioning vacuum aspirator or else a dilation and curettage (D&C) kit available.

<sup>7</sup> A blank partograph at the service site

<sup>8</sup> Disposable latex gloves or equivalent available at the service site

<sup>9</sup> Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.



**Table 7.3 Availability of staff trained on normal delivery or newborn care**

Among facilities that offer normal delivery services, the percentages with staff trained on specific topics related to delivery and newborn care, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering normal delivery or newborn care services that report having at least one staff member with in-service training												Number of facilities offering normal delivery services
	Training on IMPAC during the past 24 months	Training on IMPAC at any time	Training on routine care for labor and delivery during the past 24 months	Training on routine care for labor and delivery at any time	Training on AMTSL during the past 24 months	Training on AMTSL at any time	Training on emergency obstetric care/life-saving skills during the past 24 months	Training on emergency obstetric care/life-saving skills at any time	Training on post-abortion care during the past 24 months	Training on post-abortion care at any time	Training on neonatal resuscitation during the past 24 months	Training on neonatal resuscitation at any time	
<b>Facility type</b>													
<b>District and upazila public facilities</b>	<b>15.0</b>	<b>42.7</b>	<b>17.6</b>	<b>60.1</b>	<b>16.9</b>	<b>55.3</b>	<b>11.4</b>	<b>38.9</b>	<b>11.0</b>	<b>35.0</b>	<b>50.8</b>	<b>79.2</b>	<b>42</b>
DH	11.3	48.4	17.7	59.7	19.4	59.7	12.9	46.8	14.5	54.8	50.0	80.6	5
MCWC	15.7	41.1	16.8	64.9	18.0	63.8	12.0	51.9	9.6	49.3	42.3	73.3	6
UHC	15.4	42.2	17.7	59.1	16.3	52.9	11.1	35.0	10.8	28.9	52.7	80.2	31
<b>Union-level public facilities</b>	<b>3.6</b>	<b>20.6</b>	<b>8.1</b>	<b>41.9</b>	<b>8.1</b>	<b>40.7</b>	<b>1.5</b>	<b>16.1</b>	<b>5.4</b>	<b>21.8</b>	<b>17.2</b>	<b>50.9</b>	<b>190</b>
UHF/WC	3.9	22.6	9.0	44.5	9.5	43.4	1.7	17.5	6.1	24.2	17.6	52.1	162
USC/RD	1.5	9.2	2.8	27.0	0.0	24.6	0.0	8.0	1.2	7.8	15.4	43.8	28
<b>Community clinic (CC)</b>	<b>4.5</b>	<b>26.6</b>	<b>0.0</b>	<b>33.1</b>	<b>0.0</b>	<b>34.5</b>	<b>0.0</b>	<b>13.0</b>	<b>0.0</b>	<b>18.8</b>	<b>21.6</b>	<b>44.6</b>	<b>66</b>
<b>NGO clinic/hospital</b>	<b>12.8</b>	<b>29.4</b>	<b>27.2</b>	<b>65.6</b>	<b>29.9</b>	<b>65.6</b>	<b>7.7</b>	<b>28.8</b>	<b>28.2</b>	<b>47.6</b>	<b>14.3</b>	<b>49.6</b>	<b>20</b>
<b>Private hospital</b>	<b>6.1</b>	<b>12.0</b>	<b>8.9</b>	<b>17.4</b>	<b>4.5</b>	<b>15.1</b>	<b>8.4</b>	<b>14.0</b>	<b>7.9</b>	<b>13.7</b>	<b>9.8</b>	<b>20.8</b>	<b>41</b>
<b>Location</b>													
Urban	12.6	31.0	14.3	38.0	12.4	36.9	10.3	28.7	12.8	29.4	28.4	48.0	78
Rural	4.0	21.9	7.4	41.8	7.4	40.6	1.6	15.9	4.9	21.7	18.9	50.1	281
<b>Division</b>													
Barishal	4.6	16.0	7.6	24.1	5.4	30.7	2.0	8.3	4.1	13.9	18.1	40.9	33
Chattogram	6.8	16.6	12.7	47.6	12.3	50.9	5.1	18.2	5.9	23.3	17.8	44.0	80
Dhaka	6.9	25.6	16.1	49.5	15.3	47.9	5.7	21.5	16.6	26.0	36.2	56.5	78
Khulna	10.7	31.4	2.9	36.7	2.9	31.2	1.5	21.1	2.8	14.2	24.5	54.9	36
Rajshahi	3.0	28.8	4.4	36.4	5.2	36.4	1.8	24.5	0.6	29.6	12.0	51.7	54
Rangpur	0.2	23.7	0.9	35.1	0.9	26.8	0.9	14.7	0.9	13.5	14.0	49.7	38
Sylhet	6.8	25.7	11.1	41.2	8.1	31.6	4.2	22.6	7.6	36.4	25.2	58.9	19
Mymensingh	9.7	30.1	4.0	40.0	5.2	35.8	3.3	10.9	7.9	33.6	7.6	36.3	21
<b>Total</b>	<b>5.9</b>	<b>23.9</b>	<b>8.9</b>	<b>41.0</b>	<b>8.5</b>	<b>39.8</b>	<b>3.5</b>	<b>18.7</b>	<b>6.6</b>	<b>23.4</b>	<b>21.0</b>	<b>49.6</b>	<b>358</b>
<b>Total excluding CCs</b>	<b>6.2</b>	<b>23.2</b>	<b>10.9</b>	<b>42.8</b>	<b>10.4</b>	<b>41.0</b>	<b>4.3</b>	<b>20.0</b>	<b>8.1</b>	<b>24.4</b>	<b>20.8</b>	<b>50.7</b>	<b>292</b>

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

IMPAC = Integrated management of pregnancy and childbirth

AMTSL = Active management of third stage of labor

**Table 7.4 Medicines and commodities for delivery**

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care and priority medicines for mothers observed to be available on the day of the survey, by facility type, Bangladesh HFS 2017

Medicines	Facility type										Total	Total excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union-level public facilities	UHFWC	USC/RD	Community clinic (CC)	NGO clinic/hospital	Private hospital		
<b>Essential medicines for delivery<sup>1</sup></b>												
Injectable uterotonic (oxytocin) <sup>2</sup>	66.2	88.7	74.8	60.9	17.6	17.3	19.5	9.9	78.8	71.5	31.4	36.3
Injectable antibiotic <sup>3</sup>	59.3	83.9	41.0	59.4	1.1	1.3	0.4	0.0	66.9	70.3	19.3	23.7
Injectable magnesium sulphate <sup>2</sup>	29.1	41.9	26.4	27.7	5.6	4.8	10.3	0.0	37.7	47.9	13.9	17.1
Injectable diazepam	50.1	77.4	45.8	46.8	3.1	3.4	0.9	0.0	67.6	72.9	19.6	24.0
Skin disinfectant	68.8	79.0	67.4	67.6	45.0	45.7	40.7	42.7	77.3	71.4	52.2	54.3
Intravenous fluids with infusion set <sup>4</sup>	62.3	74.2	42.3	64.6	26.1	26.1	26.2	4.6	50.9	64.5	32.2	38.4
<b>Priority medicines for mothers<sup>5</sup></b>												
Sodium chloride injectable solution	75.5	82.3	53.2	79.1	26.7	27.4	22.7	6.3	75.5	84.2	38.0	45.1
Injectable calcium gluconate	12.8	8.1	4.9	15.2	3.6	3.3	5.9	0.0	28.1	63.1	12.2	14.9
Ampicillin powder for injection	7.8	11.3	2.5	8.3	0.0	0.0	0.0	0.0	26.0	41.5	7.1	8.7
Injectable metronidazole	28.9	46.8	24.1	27.2	0.9	1.0	0.0	0.0	39.1	78.4	14.9	18.3
Misoprostol capsules or tablets	42.9	35.5	66.4	39.2	61.4	62.9	52.7	49.3	63.5	63.5	57.4	59.2
Azithromycin capsules or tablets or oral liquid	61.4	82.3	12.2	68.5	1.6	0.9	5.6	0.0	74.5	79.1	21.2	26.0
Cefixime capsules or tablets	35.2	58.1	7.3	37.4	0.6	0.2	2.7	0.0	82.9	82.1	18.4	22.6
Benzathine benzyl penicillin powder for injection	8.6	11.3	1.2	9.7	0.5	0.5	0.6	6.0	12.3	19.2	5.2	5.1
Injectable bethamethasone/dexamethasone	43.0	66.1	8.4	46.6	2.0	1.1	7.1	4.6	37.2	76.4	17.7	20.7
Nifedipine capsules or tablets	3.6	9.7	0.0	3.4	0.0	0.0	0.0	0.0	25.7	56.4	8.3	10.1
Number of facilities offering normal delivery services	42	5	6	31	190	162	28	66	20	41	358	292

Note: The essential medicines presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> All essential medicines for delivery were assessed and must be available at the service delivery site.

<sup>2</sup> Injectable uterotonic (e.g., oxytocin) and injectable magnesium sulphate are also classified as priority medicines for mothers.

<sup>3</sup> Injectable penicillin, injectable gentamicin, injectable ampicillin, or injectable ceftriaxone

<sup>4</sup> Normal saline solution, lactated Ringer's solution, or 5% dextrose solution

<sup>5</sup> The priority medicines for mothers are defined by WHO; the list is published at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

**Table 7.5 Items for infection control during provision of delivery care**

Among facilities offering normal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering normal delivery services that have items for infection control										Number of facilities offering normal delivery services
	Soap	Running water <sup>1</sup>	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based and alcohol-based disinfectant	Latex gloves <sup>2</sup>	Sharps container	Waste receptacle <sup>3</sup>	All 6 items available <sup>4</sup>	At least 4 items available	
<b>Facility type</b>											
<b>District and upazila public facilities</b>	<b>77.9</b>	<b>97.1</b>	<b>76.8</b>	<b>60.6</b>	<b>83.7</b>	<b>74.7</b>	<b>75.0</b>	<b>58.1</b>	<b>28.3</b>	<b>73.6</b>	<b>42</b>
DH	90.3	96.8	90.3	58.1	93.5	82.3	82.3	66.1	35.5	85.5	5
MCWC	84.2	95.2	83.0	62.8	89.2	83.0	76.8	57.7	33.6	77.1	6
UHC	74.7	97.5	73.4	60.5	81.0	71.8	73.4	56.9	26.1	71.0	31
<b>Union-level public facilities</b>	<b>73.9</b>	<b>77.2</b>	<b>65.5</b>	<b>31.5</b>	<b>70.1</b>	<b>77.6</b>	<b>72.7</b>	<b>39.6</b>	<b>10.0</b>	<b>58.2</b>	<b>190</b>
UHFWC	74.5	77.6	66.4	33.2	71.8	76.8	70.5	40.7	10.1	57.9	162
USC/RD	70.5	75.0	60.2	21.7	60.6	82.0	85.2	33.0	9.6	60.1	28
<b>Community clinic (CC)</b>	<b>60.6</b>	<b>55.8</b>	<b>46.8</b>	<b>23.7</b>	<b>46.8</b>	<b>73.9</b>	<b>77.7</b>	<b>46.1</b>	<b>12.8</b>	<b>43.2</b>	<b>66</b>
<b>NGO clinic/hospital</b>	<b>97.4</b>	<b>100.0</b>	<b>97.4</b>	<b>61.4</b>	<b>98.2</b>	<b>91.5</b>	<b>87.2</b>	<b>69.6</b>	<b>37.3</b>	<b>89.6</b>	<b>20</b>
<b>Private hospital</b>	<b>90.6</b>	<b>93.9</b>	<b>88.5</b>	<b>76.5</b>	<b>93.0</b>	<b>69.0</b>	<b>54.3</b>	<b>82.2</b>	<b>39.8</b>	<b>74.7</b>	<b>41</b>
<b>Location</b>											
Urban	87.6	94.6	84.9	66.0	89.6	73.3	65.8	73.3	35.2	75.0	78
Rural	71.7	74.4	63.0	33.1	66.6	77.2	74.5	42.8	12.7	57.0	281
<b>Division</b>											
Barishal	66.0	72.3	55.0	27.7	57.9	72.8	74.2	63.0	14.8	60.3	33
Chattogram	75.1	80.3	67.7	42.5	75.5	77.7	69.7	54.3	15.5	64.3	80
Dhaka	77.2	85.2	73.0	28.5	76.0	77.0	71.1	42.9	13.2	57.4	78
Khulna	79.1	77.8	69.6	35.7	71.3	70.1	79.3	53.3	14.5	58.3	36
Rajshahi	77.8	68.3	62.4	43.2	65.4	75.8	72.9	51.9	18.9	64.6	54
Rangpur	77.7	81.7	77.5	61.4	79.2	88.4	80.7	50.4	35.4	67.2	38
Sylhet	65.2	70.9	55.1	41.9	60.5	70.6	71.2	38.3	15.6	50.4	19
Mymensingh	73.2	89.6	73.2	55.9	74.4	70.6	61.6	30.6	17.6	55.0	21
Total	75.2	78.8	67.8	40.3	71.6	76.4	72.6	49.5	17.6	60.9	358
Total excluding CCs	78.5	84.0	72.5	44.0	77.2	76.9	71.5	50.2	18.7	64.9	292

<sup>1</sup> Piped water, water in bucket with specially fitted tap, or water in pour pitcher

<sup>2</sup> Non-latex equivalent gloves are acceptable.

<sup>3</sup> Waste receptacle with plastic bin liner

<sup>4</sup> Soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle

**Table 7.6 Signal functions for emergency obstetric care**

Among facilities offering normal delivery services, the percentages reporting that they performed the signal functions for emergency obstetric care at least once during the 3 months before the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities that applied parenteral:			Percentage of facilities that carried out:						Percentage of facilities that carried out:			Number of facilities offering normal delivery services
	Antibiotics	Oxytocin	Anticonvulsants	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation	Blood transfusion	Cesarean delivery	Three signal functions <sup>1</sup>	Seven signal functions <sup>2</sup>	All 9 signal functions <sup>3</sup>	
<b>Facility type</b>													
<b>District and upazila public facilities</b>													
DH	85.2	92.1	52.8	61.7	80.3	65.7	75.9	41.1	39.2	49.5	28.5	11.4	42
MCWC	96.8	95.2	88.7	75.8	96.8	90.3	93.5	98.4	100.0	82.3	56.5	54.8	5
UHC	77.1	84.3	42.3	67.6	82.1	65.2	77.3	19.2	65.1	39.9	24.2	8.3	6
	85.1	93.2	49.5	58.4	77.4	62.0	72.9	36.8	24.3	46.5	25.1	5.4	31
<b>Union-level public facilities</b>													
UHFWC	16.7	41.9	3.8	42.5	55.9	35.8	46.0	-	-	2.4	1.1	-	190
USC/RD	16.7	42.6	4.0	41.8	55.0	35.9	45.6	-	-	2.6	1.2	-	162
	16.8	38.1	2.5	47.2	61.8	35.5	48.6	-	-	1.4	0.4	-	28
<b>Community clinic (CC)</b>													
	23.2	46.5	13.8	47.3	50.6	35.3	49.0	-	-	13.8	13.8	-	66
<b>NGO clinic/hospital</b>													
	74.7	74.1	42.7	51.9	60.4	41.4	64.7	23.1	28.9	35.8	9.0	5.1	20
<b>Private hospital</b>													
	98.8	100.0	63.0	83.8	87.2	75.5	90.8	61.7	100.0	62.4	39.0	29.3	41
<b>Location</b>													
Urban	89.9	92.9	57.3	71.5	81.2	66.8	83.1	53.4	75.5	56.0	33.5	22.0	78
Rural	24.3	47.1	10.1	45.1	56.2	37.7	48.7	2.0	1.5	8.4	5.2	0.2	281
<b>Division</b>													
Barishal	35.7	49.5	10.4	45.0	60.5	46.8	49.6	7.5	7.7	9.3	6.1	1.6	33
Chattogram	36.6	67.9	21.7	58.9	52.1	37.2	63.1	18.5	19.1	19.7	9.5	7.4	80
Dhaka	38.6	51.7	20.3	46.5	50.4	45.7	45.0	12.3	26.9	17.0	9.6	3.8	78
Khulna	38.0	56.1	18.4	42.1	79.0	44.0	48.2	16.2	17.6	16.9	10.3	7.0	36
Rajshahi	37.9	56.9	11.3	51.4	68.5	43.9	66.3	9.6	12.1	10.8	5.5	4.4	54
Rangpur	54.2	61.0	47.9	81.6	82.0	68.7	72.5	15.6	15.3	47.9	40.6	8.3	38
Sylhet	36.6	53.5	16.9	27.4	65.3	38.4	57.0	9.4	18.6	14.7	3.4	0.4	19
Mymensingh	26.4	46.5	11.1	25.7	54.1	21.1	39.8	7.4	9.2	11.1	5.5	1.0	21
Total	38.5	57.1	20.3	50.9	61.6	44.0	56.2	13.1	17.5	18.7	11.4	4.9	358
<b>Total excluding CCs</b>													
	42.0	59.4	21.8	51.7	64.1	46.0	57.8	16.1	21.5	19.8	10.8	6.1	292

“-” Means blood transfusion and cesarean delivery services are not provided at union-level public facilities or at public community clinics.

MVA = Manual vacuum aspiration

<sup>1</sup> Antibiotics, oxytocin, and anticonvulsants

<sup>2</sup> Antibiotics, oxytocin, anticonvulsants, assisted vaginal delivery, manual removal of placenta, removal of retained products of conception, and neonatal resuscitation

<sup>3</sup> Antibiotics, oxytocin, anticonvulsants, assisted vaginal delivery, manual removal of placenta, removal of retained products of conception, neonatal resuscitation, blood transfusion, and cesarean delivery

**Table 7.7 Readiness of health facilities to provide normal delivery services**

Among facilities that offer normal delivery services, the percentages with 13 readiness items, by background characteristics, Bangladesh HFS 2017

Background characteristic	Guidelines on BEmOC <sup>1</sup> or CEmOC <sup>1</sup>	Staff trained in delivery care at any time <sup>2</sup>	Examination light <sup>3</sup>	Delivery pack <sup>4</sup>	Suction apparatus	Neonatal bag and mask	Partograph <sup>5</sup>	Gloves <sup>6</sup>	Injectable uterotonic oxytocin	Injectable antibiotic	Magnesium sulphate	Skin disinfectant	Intravenous fluids with infusion set	All 13 items <sup>7</sup>	Number of facilities offering normal delivery services
<b>Facility type</b>															
<b>District and upazila public facilities</b>															
DH	23.2	59.2	82.9	89.1	60.2	89.3	43.2	74.7	66.2	59.3	29.1	68.8	62.3	0.7	42
MCWC	35.5	64.5	93.5	93.5	79.0	98.4	46.8	82.3	88.7	83.9	41.9	79.0	74.2	4.8	5
UHC	21.8	66.2	87.9	95.1	62.5	83.1	46.9	83.0	74.8	41.0	26.4	67.4	42.3	1.2	6
	21.5	56.9	80.2	87.1	56.8	89.3	41.9	71.8	60.9	59.4	27.7	67.6	64.6	0.0	31
<b>Union-level public facilities</b>															
UHFWC	9.5	47.0	50.3	82.1	14.9	48.6	15.7	77.6	17.6	1.1	5.6	45.0	26.1	0.0	190
USC/RD	9.6	50.4	52.8	82.1	15.7	49.6	15.8	76.8	17.3	1.3	4.8	45.7	26.1	0.0	162
	8.9	27.0	35.7	82.2	9.8	42.4	15.1	82.0	19.5	0.4	10.3	40.7	26.2	0.0	28
<b>Community clinic (CC)</b>															
	10.4	35.6	58.6	74.2	9.4	25.8	0.0	73.9	9.9	0.0	0.0	42.7	4.6	0.0	66
<b>NGO clinic/hospital</b>															
	37.5	78.4	97.1	87.4	77.3	76.0	64.6	91.5	78.8	66.9	37.7	77.3	50.9	5.1	20
<b>Private hospital</b>															
	4.5	16.4	91.2	93.7	89.3	88.0	21.5	69.0	71.5	70.3	47.9	71.4	64.5	0.0	41
<b>Location</b>															
Urban	16.8	40.9	89.5	92.6	75.3	86.7	36.4	73.3	69.4	66.8	38.9	71.1	61.9	1.2	78
Rural	11.1	45.7	55.6	80.4	18.9	46.5	14.8	77.2	20.9	6.1	7.0	46.9	23.9	0.1	281
<b>Division</b>															
Barishal	4.1	34.3	52.8	79.5	26.5	49.9	16.1	72.8	18.7	10.7	8.1	32.7	22.1	0.0	33
Chattogram	15.2	52.7	58.8	78.2	29.4	59.0	24.2	77.7	36.1	25.0	22.8	53.6	28.4	0.1	80
Dhaka	7.5	55.4	67.5	80.6	39.5	58.3	16.1	77.0	35.7	22.8	11.2	46.6	37.5	0.4	78
Khulna	27.8	42.4	67.8	81.3	28.8	55.5	17.5	70.1	26.3	18.3	8.7	57.8	36.3	0.0	36
Rajshahi	12.3	38.3	60.4	88.9	37.7	52.9	12.7	75.8	28.1	12.7	9.8	49.0	26.9	0.9	54
Rangpur	14.7	34.5	80.2	94.5	22.8	40.4	21.5	88.4	24.9	20.0	17.2	73.0	39.8	1.1	38
Sylhet	9.6	37.9	63.3	81.6	32.0	71.1	29.5	70.6	39.0	18.9	20.6	50.0	35.5	0.4	19
Mymensingh	4.3	35.1	44.4	85.2	15.1	55.1	27.9	70.6	39.9	16.1	7.5	61.0	32.5	0.0	21
Total	12.3	44.7	62.9	83.1	31.1	55.2	19.5	76.4	31.4	19.3	13.9	52.2	32.2	0.4	358
<b>Total excluding CCs</b>															
	12.7	46.7	63.9	85.1	36.0	61.8	23.9	76.9	36.3	23.7	17.1	54.3	38.4	0.5	292

<sup>1</sup> Basic emergency obstetric care (BEmOC) guidelines or comprehensive emergency obstetric care (CEmOC) guidelines<sup>2</sup> Facility has at least one interviewed staff member providing the service who reports receiving in-service training in delivery care. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.<sup>3</sup> A functioning flashlight is acceptable.<sup>4</sup> Either the facility had a sterile delivery pack available at the delivery site or all of the following individual equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder.<sup>5</sup> A blank partograph at the service site<sup>6</sup> Disposable latex gloves or equivalent available at the service site<sup>7</sup> Guidelines on BEmOC or CEmOC, at least one staff person trained in delivery care at any time, examination light, delivery pack, suction apparatus, neonatal bag and mask, partograph, gloves, injectable uterotonic oxytocin, injectable antibiotic, magnesium sulphate, skin disinfectant, and intravenous fluids with infusion set

**Table 7.8 Newborn care practices**

Among facilities offering normal delivery services, the percentages reporting that the indicated practice is a routine component of newborn care, by facility type, Bangladesh HFS 2017

Newborn care practices	Facility type											Total excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union-level public facilities	UHFVC	USC/RD	Community clinic (CC)	NGO clinic/hospital	Private hospital	Total	
Delivery to the abdomen (skin to skin)	<b>94.1</b>	95.2	86.8	95.4	<b>85.6</b>	84.6	90.9	<b>87.7</b>	<b>85.0</b>	<b>90.9</b>	87.5	87.5
Drying and wrapping newborns to keep warm	<b>96.5</b>	98.4	92.9	97.0	<b>94.4</b>	94.9	91.9	<b>100.0</b>	<b>98.2</b>	<b>97.3</b>	96.2	95.4
Initiation of breastfeeding within the first hour	<b>99.8</b>	98.4	100.0	100.0	<b>98.1</b>	98.1	98.1	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	99.0	98.7
Routine complete (head-to-toe) examination of newborns before discharge	<b>95.8</b>	98.4	95.1	95.5	<b>88.0</b>	88.1	87.8	<b>95.5</b>	<b>96.7</b>	<b>92.0</b>	91.3	90.3
Suctioning the newborn with suction bulb	<b>91.2</b>	96.8	91.6	90.3	<b>68.0</b>	68.8	63.4	<b>58.1</b>	<b>73.7</b>	<b>90.7</b>	71.8	74.9
Weighing the newborn immediately upon delivery	<b>90.4</b>	98.4	88.1	89.6	<b>62.5</b>	63.8	54.8	<b>66.0</b>	<b>96.5</b>	<b>100.0</b>	72.6	74.1
Administration of vitamin K to newborn	<b>67.0</b>	83.9	66.4	64.6	<b>22.4</b>	22.6	21.0	<b>12.4</b>	<b>62.7</b>	<b>91.0</b>	35.8	41.1
Application of 7.1% chlorhexidine for cord care	<b>94.9</b>	95.2	95.2	94.8	<b>84.8</b>	84.3	88.3	<b>66.0</b>	<b>72.1</b>	<b>94.3</b>	82.9	86.7
Giving full bath shortly after birth <sup>1</sup>	<b>4.6</b>	6.5	3.7	4.6	<b>4.1</b>	4.1	4.3	<b>0.0</b>	<b>4.7</b>	<b>9.6</b>	4.1	5.0
Number of facilities offering normal delivery services	<b>42</b>	5	6	31	<b>190</b>	162	28	<b>66</b>	<b>20</b>	<b>41</b>	358	292

<sup>1</sup> Immersing newborn in water within minutes/hours after birth

**Table 7.9 Essential medicines for newborn care**

Among facilities that offer normal delivery services, the percentages with essential medicines for newborns observed to be available on the day of the survey, by facility type, Bangladesh HFS 2017

Essential medicines for newborn care	Facility type											Total excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union-level public facilities	UHFVC	USC/RD	Community clinic (CC)	NGO clinic/hospital	Private hospital	Total	
Antibiotic eye ointment for newborn	<b>45.5</b>	56.5	10.8	51.1	<b>10.5</b>	7.2	30.0	<b>67.5</b>	<b>45.0</b>	<b>48.9</b>	31.4	23.3
Injectable gentamicin	<b>35.6</b>	43.5	10.9	39.5	<b>2.6</b>	2.7	2.0	<b>0.0</b>	<b>35.6</b>	<b>75.7</b>	16.1	19.7
Injectable ceftriaxone	<b>67.5</b>	88.7	43.4	69.3	<b>1.1</b>	1.3	0.4	<b>0.0</b>	<b>75.5</b>	<b>88.7</b>	22.9	28.0
Amoxicillin syrup/suspension	<b>60.9</b>	58.1	86.7	56.0	<b>68.9</b>	69.0	68.8	<b>90.6</b>	<b>55.3</b>	<b>52.2</b>	69.3	64.5
Ampicillin injection	<b>7.8</b>	11.3	2.5	8.3	<b>0.0</b>	0.0	0.0	<b>0.0</b>	<b>26.0</b>	<b>41.5</b>	7.1	8.7
7.1% chlorhexidine solution	<b>45.8</b>	53.2	65.1	40.6	<b>57.4</b>	57.8	54.8	<b>44.5</b>	<b>60.4</b>	<b>41.1</b>	52.0	53.7
Number of facilities offering normal delivery services	<b>42</b>	5	6	31	<b>190</b>	162	28	<b>66</b>	<b>20</b>	<b>41</b>	358	292

Note: The essential medicines and antibiotic eye ointment for newborn measures presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2012).

**Table 7.10 Availability of equipment for newborn care services**

Among facilities that offer normal delivery services, the percentages having indicated equipment, by background characteristics, Bangladesh HFS 2017

Background characteristic	Incubator	Suction apparatus with catheter	Suction bulb or penguin sucker	Newborn bag and mask	Timer	Infant scale	Fetal stethoscope	Thermometer	Thermometer for low body temperature	Number of facilities offering normal delivery services
<b>Facility type</b>										
<b>District and upazila public facilities</b>	<b>21.5</b>	<b>60.2</b>	<b>89.3</b>	<b>89.3</b>	<b>45.8</b>	<b>63.0</b>	<b>15.2</b>	<b>95.3</b>	<b>12.4</b>	<b>42</b>
DH	50.0	79.0	95.2	98.4	45.2	74.2	25.8	95.2	25.8	5
MCWC	10.8	62.5	89.3	83.1	49.2	65.3	13.4	87.9	15.9	6
UHC	19.4	56.8	88.4	89.3	45.2	60.7	13.9	96.9	9.6	31
<b>Union-level public facilities</b>	<b>1.9</b>	<b>14.9</b>	<b>66.2</b>	<b>48.6</b>	<b>32.6</b>	<b>36.4</b>	<b>5.7</b>	<b>78.3</b>	<b>5.2</b>	<b>190</b>
UHFWC	2.2	15.7	66.8	49.6	31.9	37.6	6.3	79.4	6.0	162
USC/RD	0.0	9.8	62.5	42.4	36.3	29.3	2.3	71.9	0.4	28
<b>Community clinic (CC)</b>	<b>0.0</b>	<b>9.4</b>	<b>42.7</b>	<b>25.8</b>	<b>27.7</b>	<b>23.7</b>	<b>0.0</b>	<b>97.1</b>	<b>6.0</b>	<b>66</b>
<b>NGO clinic/hospital</b>	<b>17.5</b>	<b>77.3</b>	<b>62.0</b>	<b>76.0</b>	<b>58.5</b>	<b>78.8</b>	<b>28.2</b>	<b>100.0</b>	<b>12.5</b>	<b>20</b>
<b>Private hospital</b>	<b>41.3</b>	<b>89.3</b>	<b>84.0</b>	<b>88.0</b>	<b>57.6</b>	<b>65.8</b>	<b>42.2</b>	<b>96.0</b>	<b>16.3</b>	<b>41</b>
<b>Location</b>										
Urban	33.2	75.3	82.3	86.7	56.3	65.9	28.9	95.8	16.1	78
Rural	2.5	18.9	62.0	46.5	32.3	36.5	6.2	84.5	5.6	281
<b>Division</b>										
Barishal	5.8	26.5	76.0	49.9	29.9	33.7	8.1	89.3	1.9	33
Chattogram	13.0	29.4	59.3	59.0	52.4	38.8	13.2	89.4	10.2	80
Dhaka	13.2	39.5	59.6	58.3	35.0	36.1	18.7	81.5	8.8	78
Khulna	6.0	28.8	66.4	55.5	29.5	52.4	5.5	90.0	17.1	36
Rajshahi	8.4	37.7	70.1	52.9	30.4	43.1	8.1	93.2	6.4	54
Rangpur	6.5	22.8	81.7	40.4	37.6	57.4	8.8	87.6	3.7	38
Sylhet	1.7	32.0	66.2	71.1	40.6	50.7	9.7	78.0	5.1	19
Mymensingh	3.8	15.1	66.4	55.1	31.8	48.6	3.4	80.9	2.6	21
Total	9.2	31.1	66.4	55.2	37.5	42.9	11.2	87.0	7.8	358
<i>Total excluding CCs</i>	<i>11.3</i>	<i>36.0</i>	<i>71.7</i>	<i>61.8</i>	<i>39.7</i>	<i>47.2</i>	<i>13.7</i>	<i>84.7</i>	<i>8.3</i>	<i>292</i>

Note: The essential equipment items for newborn care presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2012).

**Table 7.11 Supportive management for providers of delivery care**

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of normal delivery or newborn care services
	Training related to delivery and/or newborn care during the 24 months preceding the survey <sup>1</sup>	Personal supervision during the 6 months preceding the survey <sup>2</sup>	Training related to delivery and/or newborn care during the 24 months and personal supervision during the 6 months preceding the survey	
<b>Facility type</b>				
<b>District and upazila public facilities</b>	<b>26.6</b>	<b>96.3</b>	<b>25.9</b>	<b>917</b>
DH	30.1	96.2	29.3	249
MCWC	28.4	95.9	27.2	46
UHC	25.1	96.4	24.5	622
<b>Union-level public facilities</b>	<b>27.5</b>	<b>92.5</b>	<b>25.8</b>	<b>453</b>
UHFWC	27.6	92.7	25.6	382
USC/RD	27.0	91.4	27.0	70
<b>Community clinic (CC)</b>	<b>30.6</b>	<b>100.0</b>	<b>30.6</b>	<b>152</b>
<b>NGO clinic/hospital</b>	<b>27.7</b>	<b>95.4</b>	<b>27.5</b>	<b>115</b>
<b>Private hospital</b>	<b>9.3</b>	<b>78.0</b>	<b>8.7</b>	<b>344</b>
<b>Location</b>				
Urban	23.5	91.4	23.0	1,009
Rural	24.9	93.6	23.8	971
<b>Division</b>				
Barishal	24.3	98.0	24.0	141
Chattogram	20.2	86.6	18.3	403
Dhaka	30.8	91.7	29.9	509
Khulna	27.9	96.1	27.3	230
Rajshahi	24.9	98.2	24.8	277
Rangpur	15.0	93.3	15.0	207
Sylhet	24.5	85.7	22.5	107
Mymensingh	15.2	94.2	15.1	107
Total	24.2	92.5	23.4	1,980
Total excluding CCs	23.6	91.9	22.8	1,828

<sup>1</sup> Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>2</sup> Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.



**Table 7.12 Training for providers of normal delivery services: Immediate newborn care**

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving in-service training on topics related to delivery and newborn care during the 24 months preceding the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:										Number of interviewed providers of normal delivery or newborn care services
	Early and exclusive breastfeeding		Newborn infection management		Thermal care		Sterile cord cutting and care		Kangaroo mother care for low birth weight babies		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
<b>Facility type</b>											
<b>District and upazila public facilities</b>	<b>14.8</b>	<b>35.8</b>	<b>7.0</b>	<b>15.3</b>	<b>13.3</b>	<b>27.5</b>	<b>17.8</b>	<b>35.9</b>	<b>13.2</b>	<b>27.6</b>	<b>917</b>
DH	16.3	38.3	8.7	21.1	16.1	33.3	21.3	39.1	15.3	32.9	249
MCWC	18.9	44.8	9.3	24.2	15.1	38.8	19.0	44.4	15.4	37.1	46
UHC	13.9	34.1	6.1	12.3	12.0	24.4	16.4	34.0	12.2	24.7	622
<b>Union-level public facilities</b>	<b>13.2</b>	<b>44.1</b>	<b>3.0</b>	<b>16.6</b>	<b>10.5</b>	<b>32.2</b>	<b>15.8</b>	<b>43.6</b>	<b>10.8</b>	<b>30.1</b>	<b>453</b>
UHFWC	12.6	42.8	3.2	14.6	10.5	31.8	15.6	42.7	11.0	29.4	382
USC/RD	16.1	51.1	2.2	27.7	10.2	34.2	16.8	48.4	9.7	33.9	70
<b>Community clinic (CC)</b>	<b>17.9</b>	<b>41.2</b>	<b>0.0</b>	<b>8.7</b>	<b>6.2</b>	<b>27.7</b>	<b>6.1</b>	<b>41.6</b>	<b>3.1</b>	<b>30.1</b>	<b>152</b>
<b>NGO clinic/hospital</b>	<b>10.5</b>	<b>27.8</b>	<b>7.6</b>	<b>13.4</b>	<b>6.1</b>	<b>17.3</b>	<b>13.4</b>	<b>27.1</b>	<b>7.4</b>	<b>17.3</b>	<b>115</b>
<b>Private hospital</b>	<b>6.8</b>	<b>12.2</b>	<b>4.7</b>	<b>9.6</b>	<b>4.7</b>	<b>9.6</b>	<b>5.3</b>	<b>11.8</b>	<b>4.1</b>	<b>8.8</b>	<b>344</b>
<b>Location</b>											
Urban	14.0	30.6	7.5	16.2	11.8	24.3	15.2	30.8	11.0	23.3	1,009
Rural	12.0	36.6	2.7	11.7	8.6	25.5	12.8	36.1	8.8	25.7	971
<b>Division</b>											
Barishal	13.8	36.8	8.0	16.6	13.8	33.7	17.6	39.1	12.0	28.4	141
Chattogram	12.5	29.2	4.9	12.4	7.6	18.6	10.6	25.7	8.8	16.9	403
Dhaka	15.4	32.1	7.5	14.8	14.8	24.9	18.8	34.3	12.4	23.7	509
Khulna	16.3	38.2	2.0	9.4	8.9	23.7	18.0	37.5	9.2	25.9	230
Rajshahi	12.9	40.3	5.3	21.6	7.9	32.7	12.2	40.5	9.9	35.0	277
Rangpur	7.1	30.8	3.3	9.5	10.0	24.8	8.9	30.8	8.7	23.8	207
Sylhet	12.3	34.3	5.4	17.7	9.3	28.1	13.3	31.9	10.5	27.9	107
Mymensingh	7.8	29.8	1.4	8.1	3.8	16.4	6.6	30.4	3.8	19.6	107
<b>Total</b>	<b>13.0</b>	<b>33.6</b>	<b>5.2</b>	<b>14.0</b>	<b>10.2</b>	<b>24.9</b>	<b>14.0</b>	<b>33.4</b>	<b>10.0</b>	<b>24.5</b>	<b>1,980</b>
<i>Total excluding CCs</i>	<i>12.6</i>	<i>32.9</i>	<i>5.6</i>	<i>14.4</i>	<i>10.5</i>	<i>24.7</i>	<i>14.7</i>	<i>32.7</i>	<i>10.5</i>	<i>24.0</i>	<i>1,828</i>

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

**Table 7.13 Training for providers of normal delivery services: Immediate newborn care**

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving in-service training on topics related to delivery and newborn care during the 24 months preceding the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:												Number of interviewed providers of normal delivery or newborn care services
	Newborn resuscitation using bag and mask		Essential newborn care		Umbilical cord care (use of 7.1% chlorhexidine)		Emergency triage assessment training (ETAT)		IMCI guidelines (0-59 days)		Comprehensive newborn care		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
<b>Facility type</b>													
<b>District and upazila public facilities</b>	<b>18.1</b>	<b>38.0</b>	<b>10.4</b>	<b>21.9</b>	<b>18.6</b>	<b>35.9</b>	<b>4.1</b>	<b>11.6</b>	<b>5.2</b>	<b>18.3</b>	<b>5.0</b>	<b>10.6</b>	<b>917</b>
DH	23.0	40.9	14.3	27.9	21.3	37.6	4.8	13.9	4.1	16.4	5.6	14.0	249
MCWC	19.4	44.8	13.2	33.9	18.8	44.9	3.4	14.1	3.1	17.9	4.6	14.2	46
UHC	16.1	36.2	8.6	18.6	17.5	34.6	3.9	10.4	5.8	19.2	4.8	8.9	622
<b>Union-level public facilities</b>	<b>12.4</b>	<b>40.3</b>	<b>9.0</b>	<b>24.9</b>	<b>19.4</b>	<b>42.0</b>	<b>2.2</b>	<b>9.0</b>	<b>5.5</b>	<b>23.6</b>	<b>4.7</b>	<b>14.3</b>	<b>453</b>
UHFWC	12.7	41.8	9.6	25.6	19.2	41.0	2.5	9.1	5.5	23.4	4.3	13.2	382
USC/RD	10.4	32.3	5.6	21.2	20.6	47.2	0.5	8.7	5.6	24.9	7.0	20.5	70
<b>Community clinic (CC)</b>	<b>14.9</b>	<b>35.1</b>	<b>5.1</b>	<b>30.2</b>	<b>5.1</b>	<b>43.6</b>	<b>0.0</b>	<b>15.7</b>	<b>9.4</b>	<b>22.7</b>	<b>6.4</b>	<b>10.9</b>	<b>152</b>
<b>NGO clinic/hospital</b>	<b>6.7</b>	<b>22.0</b>	<b>6.7</b>	<b>14.8</b>	<b>13.3</b>	<b>22.5</b>	<b>4.4</b>	<b>11.8</b>	<b>7.0</b>	<b>13.6</b>	<b>1.1</b>	<b>5.7</b>	<b>115</b>
<b>Private hospital</b>	<b>4.8</b>	<b>10.5</b>	<b>4.3</b>	<b>7.8</b>	<b>5.1</b>	<b>9.8</b>	<b>0.4</b>	<b>2.3</b>	<b>1.9</b>	<b>4.2</b>	<b>2.1</b>	<b>5.6</b>	<b>344</b>
<b>Location</b>													
Urban	15.2	31.1	9.7	20.0	15.6	29.2	3.4	10.5	4.9	14.9	4.6	10.1	1,009
Rural	11.9	34.2	7.0	20.8	14.5	36.2	2.0	8.9	5.4	19.5	4.0	10.5	971
<b>Division</b>													
Barishal	16.3	37.2	11.3	25.4	19.0	37.8	6.3	10.5	3.0	19.5	3.1	7.8	141
Chattogram	10.3	26.5	7.5	16.9	10.2	25.2	2.9	7.5	4.2	12.9	3.8	9.2	403
Dhaka	19.7	34.0	11.6	21.8	20.6	31.3	2.9	10.0	7.1	17.3	5.8	12.4	509
Khulna	16.2	35.9	8.0	17.6	17.2	40.0	2.7	7.7	4.0	12.8	2.1	4.3	230
Rajshahi	10.2	37.1	7.2	24.1	16.2	39.9	2.8	14.6	7.1	22.9	6.2	14.4	277
Rangpur	9.9	31.8	4.3	18.5	8.9	32.4	1.2	5.7	2.9	18.0	2.1	6.5	207
Sylhet	12.4	34.0	8.7	23.6	14.3	27.0	0.6	11.4	6.2	20.7	6.0	18.2	107
Mymensingh	4.9	24.3	4.2	16.8	8.0	31.2	1.9	13.4	2.3	18.8	3.0	9.5	107
<b>Total</b>	<b>13.6</b>	<b>32.6</b>	<b>8.4</b>	<b>20.4</b>	<b>15.1</b>	<b>32.6</b>	<b>2.7</b>	<b>9.7</b>	<b>5.1</b>	<b>17.2</b>	<b>4.3</b>	<b>10.3</b>	<b>1,980</b>
<b>Total excluding CCs</b>	<b>13.5</b>	<b>32.4</b>	<b>8.7</b>	<b>19.5</b>	<b>15.9</b>	<b>31.7</b>	<b>3.0</b>	<b>9.2</b>	<b>4.8</b>	<b>16.7</b>	<b>4.1</b>	<b>10.3</b>	<b>1,828</b>

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

**Key Findings****Diabetes**

- Over half of health facilities in Bangladesh offer services for diabetes (that is, providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes), a substantial increase from 18% in 2014 (Table 8.1 and Figure 8.1).
- Seventeen percent of facilities had guidelines for diagnosis and management of diabetes available on the day of the survey, while 33% had staff ever trained in diabetes (Table 8.1 and Figure 8.2).
- Nine in 10 facilities had a blood pressure apparatus and an adult weighting scale. Height boards/stadiometers were less widely available (77%) (Table 8.1 and Figure 8.2).
- Fifty-four percent of facilities had blood glucose testing capacity, while 46% had urine protein and urine glucose testing capacity (Table 8.2 and Figure 8.3).
- Forty percent of facilities had metformin available, and 29% had injectable insulin. Only 9% of facilities had glibenclamide, while 19% had injectable glucose solution. (Table 8.2 and Figure 8.3).

**Cardiovascular Diseases**

- Two in five facilities offer services for cardiovascular diseases (CVDs), a substantial increase from 16% in 2014 (Table 8.3 and Figure 8.4).
- Only 9% of facilities had guidelines for the diagnosis and management of CVD, while 41% had staff ever trained in CVD services (Table 8.3 and Figure 8.5).
- A large majority of facilities had a stethoscope (96%), a functioning blood pressure apparatus (91%), and an adult weighting scale (86%) available (Table 8.3 and Figure 8.5).
- Among essential medicines, calcium channel blockers were most likely to be available, followed by beta blockers and aspirin (Table 8.4 and Figure 8.6).
- Sixty-nine percent of district hospitals (DHs), 71% of upazila health complexes (UHCs), and 88% of private hospitals had oxygen available (Table 8.4).

**Chronic Respiratory Diseases**

- Overall, 62% of facilities provide services for chronic respiratory diseases (Table 8.5 and Figure 8.7).
- Less than one in five (17%) facilities had guidelines for chronic respiratory diseases, and one-fourth had staff ever

trained in chronic respiratory diseases (Table 8.5 and Figure 8.8).

- Almost all facilities had a stethoscope. The availability of peak flow meters and spacers for inhalers is low even at higher level public facilities (Table 8.5 and Figure 8.8).
- Salbutamol inhalers/tablets were the most widely available essential medicines for the treatment of chronic respiratory diseases (Table 8.6 and Figure 8.9).
- Sixty-nine percent of DHs, 73% of UHCs, and 89% of private hospitals had oxygen available (Table 8.6).

#### **Hypertension**

- Seven in 10 facilities offer hypertension services (Table 8.7 and Figure 8.10).
- Seventeen percent of facilities had guidelines for hypertension, and 29% had staff ever trained in hypertension (Table 8.7 and Figure 8.11).
- Ninety-five percent of facilities had a stethoscope, 91% had a blood pressure apparatus, and 86% had an adult scale (Table 8.7 and Figure 8.11).
- Medicines for hypertension were available mainly in DHs, UHCs, private hospitals, and nongovernmental (NGO) clinics (Table 8.8).

#### **Cervical Cancer**

- Overall, 3% of health facilities in Bangladesh (8% excluding CCs) offer screening/diagnosis services for cervical cancer (Table 8.9 and Figure 8.13).
- Thirty-nine percent of facilities had screening services for cervical cancer, while 16% had staff with recent training in cervical cancer services (Table 8.9 and Figure 8.14).
- Speculums were widely available at all types of public facilities other than CCs and union subcenters/rural dispensaries (USC/RDs) (Table 8.9).

## **8.1 BACKGROUND**

**N**on-communicable diseases (NCDs, also known as chronic diseases), specifically diabetes, cardiovascular disease, hypertension, stroke, chronic respiratory diseases, and cancer, account for almost 70% of all deaths globally. In numbers around the world, NCDs kill more than 36 million people each year. Cardiovascular diseases (CVDs) account for most NCD deaths, followed by cancers, respiratory diseases, and diabetes. The deaths and disability caused by these NCDs are avoidable; approximately 80% of heart disease and stroke, 80% of type 2 diabetes, and 30% of cancer can be prevented by eliminating common risk factors including smoking, unhealthy diets, and physical inactivity (WHO 2017a).

Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 85% of these "premature" deaths occur in low- and middle-income countries such as Bangladesh and are too often premature (that is, occurring before 70 years of age) (WHO 2013). This growing burden compounds already stressed health systems, disproportionately affecting the poorest populations and hindering countries' social and economic development (Islam 2014). Addressing health and NCDs is essential if interventions are to have a sustainable impact on development and on achievement of the Sustainable

Development Goal (SDG) targets. Failure to do so could compound current health problems and affect the overall development of countries, such as Bangladesh, with emerging economies (Pullar 2018).

Despite their public health importance, NCDs in Bangladesh have been overshadowed by the country's focus on communicable diseases and maternal and child health. In terms of numbers of lives lost due to ill health, disability, and early death (disability-adjusted life years, or DALYS), NCDs (inclusive of injuries) account for 61% of the total disease burden in the country, as compared with 39% from communicable diseases, maternal and child health, and nutrition combined (Engelgau 2011). In 2007, Bangladesh had an estimated 7.7 qualified health care providers (Bangladesh Health Watch, 2008) per 10,000 population (WHO recommends 25.0 [WHO 2006]); however, physicians and nurses account for only 5% of all health care providers, as most of these individuals are informally trained and cater to the needs of the majority, particularly the poor. Until recently, few health workers were trained in NCD prevention and management, although the number has started to increase since 2013 (World Bank 2013).

Every year there are 580,000 deaths from these NCDs in Bangladesh, which is 67% of the total number of deaths in the country. This is a significant social and economic development issue. NCDs can result in families losing their primary income earner, which can lead to poverty and withdrawal of family members from employment and educational opportunities to care for affected loved ones. The continuing care required for these diseases and often expensive treatment interventions can result in immense pressure on the health system and potentially catastrophic costs to families through out-of-pocket expenditures. Over the period 2011 to 2025, global total economic losses among low- and middle-income countries stemming from the four major NCDs are estimated at US\$ 7 trillion. Preventing and reducing morbidity and mortality from NCDs is therefore vital to achieving sustainable development (WHO 2017b). In Bangladesh, total health expenditures (public and private) accounted for 3.5% of gross domestic product (GDP) in 2011. Per capita health expenditure—inadequate to secure basic services—was about US\$ 23 in 2011 (Engelgau et al. 2011; World Bank 2013). Although the budget allocated for the NCD line directorate increased to US\$ 70 million for 2011-2016, this and the portion allocated for NCD awareness are not sufficient to address the growing NCD challenges, particularly those related to CVDs.

In the 3rd Sector Program (HPNSDP 2011-2016), control of NCDs was given priority but with inadequate resource allocation. The operational plan was categorized as focusing on conventional as well as nonconventional NCDs. Most of the resources were used in purchasing of equipment, training of manpower, and arsenicosis and emergency-related activities. The Mid Term Review (MTR 2014) recommended that the health system reconsider its response by realigning efforts to tackle NCDs in a comprehensive manner. The role of private sector service providers in addressing NCDs has also been emphasized in the MTR 2014, but with provision of more effective regulatory mechanisms in terms of service provision and quality of care (MoHFW 2017).

Currently, NCD treatment is provided only at the tertiary level given their impact, it is extremely important for the Bangladesh health care system to develop the capacity to appropriately diagnose and treat NCDs at secondary level as well. Some of the key strategies for the management of NCDs in Bangladesh include prevention through raising awareness and advocating for policies that minimize exposure to CVD risk factors, early diagnosis via hypertension screening, and appropriate patient management through follow-up, and improved availability of diagnostic and medical supplies. Training is critical. The health workers in Bangladesh are not efficiently trained in NCD treatment in the primary health care system. Currently, NCD treatment is provided only at the tertiary level. The 4th Health, Population and Nutrition Sector Program (4th HPNSP) has divided the overall NCD spectrum in two components. Component A consists of conventional non-communicable diseases (cardiovascular diseases, diabetes, chronic obstructive pulmonary disease [COPD], cancer), while Component B consists of non-conventional NCDs (e.g., eye conditions, dental health conditions, birth defects) (MoHFW 2017). This chapter assesses how well Bangladesh's health care system is addressing the following conventional NCDs: diabetes, cardiovascular disease, hypertension, respiratory disease, and cervical cancer.

Diabetes is defined by a fasting blood glucose level of 7.0 mmol/L or above (WHO 2006). Findings from the 2011 Bangladesh Demographic and Health Survey (BDHS) suggest that diabetes has become epidemic among the adult population of Bangladesh. An estimated 11% of the study participants had diabetes, and around 25% were pre-diabetic (National Institute of Population Research and Training [NIPORT] 2013). According to the International Diabetes Federation (IDF), diabetes poses a daunting challenge to the sustainable development of Bangladesh. Nearly half of the population with diabetes is undiagnosed; among those diagnosed with diabetes, only 1 in 3 are treated, and roughly 1 in 13 achieve the recommended treatment targets (Latif et al. 2011).

Cardiovascular diseases have become a major, growing contributor to mortality and disability in Southeast Asia and rank among the top 10 causes of death in Bangladesh (Ghaffar et al. 2004; WHO 2004). According to the Bangladesh Bureau of Statistics (BBS 2008), cardiovascular disease causes 27% of the deaths in Bangladesh. The 2016 Bangladesh Maternal Mortality and Health Care Survey (NIPORT et al. 2012) estimated that circulatory diseases are the second leading cause of death among women of reproductive age (13-49 years) in Bangladesh, accounting for 23% of total deaths. This was a marked increase of 7 percentage points from the 2010 Bangladesh Maternal Mortality and Health Care Survey (NIPORT 2012), which reported a figure of 16%.

Chronic respiratory diseases, chronic diseases of the airways and the other structures of the lungs, represent a wide array of serious diseases. Preventable chronic respiratory diseases include asthma and respiratory allergies, COPD, occupational lung diseases, sleep apnea syndrome, and pulmonary hypertension. They constitute a serious public health problem in all countries throughout the world, in low- and middle-income countries such as Bangladesh, and in deprived populations (WHO 2007). The prevalence of COPD in Bangladesh is 13.5% according to GOLD (Global Initiative for Obstructive Lung Disease) criteria and 10.3% according to LLN (lower limit of normal) criteria. COPD prevalence is higher among rural than urban residents and higher among males than females (Dewan 2015).

In the 2011 BDHS (NIPORT 2013), hypertension or raised blood pressure was classified into four broad groups using the American Heart Association (AHA) classification scheme (AHA 2017). Findings from that survey suggest that hypertension has become an epidemic among the adult population of Bangladesh. Thirty-two percent of women and 19% of men have elevated blood pressure or are currently taking medicine to lower their blood pressure. An additional 28% of women and men are pre-hypertensive (NIPORT 2013). Improving hypertension control is imperative for the overall health system of any country because complications of hypertension account for 53% of CVD-related mortality worldwide every year. Although the condition is highly preventable, hypertension is the most prevalent risk factor for CVD and stroke (Kearney 2005; Lim 2012). Controlling hypertension needs much attention in countries such as Bangladesh. For example, according to the 2011 BDHS, 45% of women and 57% of men in Bangladesh are not aware that they have elevated blood pressure. Moreover, although 45% of women and 36% of men with hypertension are taking medication for their condition, over half of them do not have their blood pressure controlled to normal levels (NIPORT 2013).

Cancer is a global problem, accounting for almost 13% of all deaths worldwide. This equates to more than 7 million people a year (Sharma et al. 2011). The 2016 Bangladesh Maternal Mortality and Health Care Survey (NIPORT et al. 2012) estimated that cancer is the leading cause of death among women of reproductive age (13-49 years) in Bangladesh, accounting for 24% of overall deaths. Cervical cancer is the fourth most frequent cancer among women worldwide and the most frequent cancer among women in Africa, Asia, and South America, with an estimated incidence of 528,000 per year and 266,000 annual cervical cancer deaths (Globocan 2012). Cervical cancer is the second leading cancer, in terms of both incidence and mortality, among Bangladeshi women (Globocan 2012). Although there is effective screening for cervical cancer, it continues to be a health care problem in developing countries where screening programs are limited (Saslow 2012; Denny 2017).

Using the information in the 2017 BHFS, this chapter addresses questions about the availability of services for selected NCDs. The chapter is organized as follows:

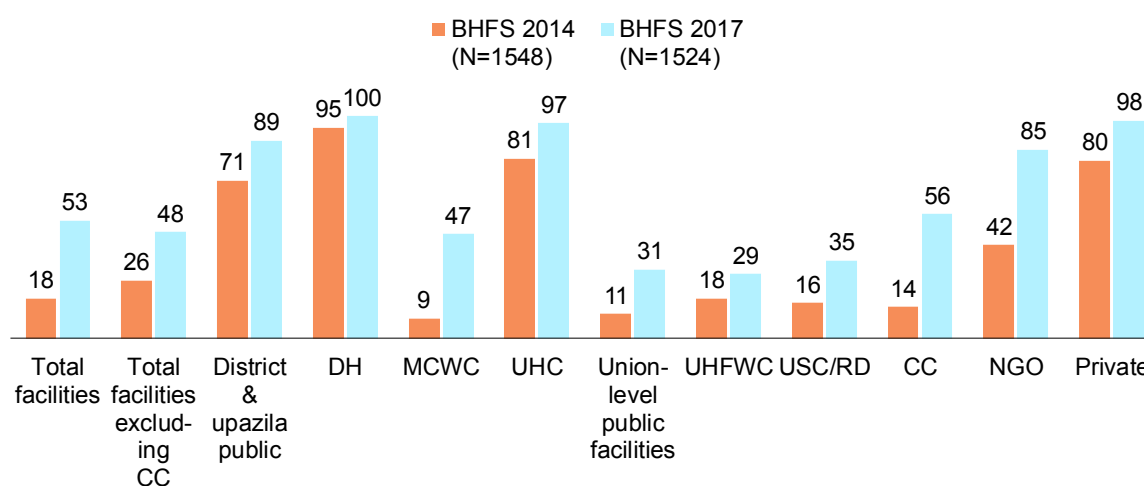
- **Diabetes.** Section 8.2, including **Tables 8.1** and **8.2** and **Figures 8.1, 8.2,** and **8.3,** presents information on the availability of diabetes diagnostic and treatment services.
- **Cardiovascular diseases.** Section 8.3, including **Tables 8.3** and **8.4** and **Figures 8.4, 8.5,** and **8.6,** presents information on the availability of cardiovascular disease diagnostic and/or treatment services.
- **Chronic respiratory diseases.** Section 8.4, including **Tables 8.5** and **8.6** and **Figures 8.7, 8.8,** and **8.9,** presents information on the availability of diagnostic and/or treatment services for chronic respiratory diseases.
- **Hypertension.** Section 8.5, including **Tables 8.7** and **8.8** and **Figures 8.10, 8.11,** and **8.12,** presents information on the availability of hypertension diagnostic and/or treatment services.
- **Cervical cancer.** Section 8.6, including **Table 8.9** and **Figures 8.13** and **8.14,** presents information on the availability of cervical cancer screening services.

## 8.2 AVAILABILITY OF SERVICES FOR DIABETES

### 8.2.1 Service Provision

Integrating diabetes diagnosis and treatment into relevant health services increases the opportunities for case detection and treatment follow-up. In health facilities in Bangladesh, clients who seek health care specifically for symptoms of diabetes are usually seen in a general outpatient department (OPD). However, there are also specific diabetic clinics or service areas in some health facilities.

**Figure 8.1 Availability of diabetes services in health facilities, by facility type**



#### Availability of Services for Diabetes

**Table 8.1** and **Figure 8.1** show that 53% (48% excluding community clinics [CCs]) of health facilities in Bangladesh offer diabetes services. This is a marked increase from the 18% figure (26% excluding CCs) reported in 2014.

Nearly all district hospitals (DHs) (100%), private hospitals (98%), upazila health complexes (UHCs) (97%), and nongovernmental (NGO) facilities (85%) offer diabetes services. Availability of diabetes services at these facilities has increased since 2014.

In the Bangladesh context, CCs primarily provide screening and referral services for diabetes cases. **Figure 8.1** shows considerable increases since 2014 in the percentages of CCs (from 14% to 56%) and union-level facilities (from 11% to 31%) offering diabetes services.

Both urban (from 55% to 87%) and rural (from 13% to 51%) facilities have also exhibited marked increases in diabetes service availability since 2014. All divisions have exhibited increases as well. Facilities in Rajshahi (67%), Sylhet (65%), and Barishal (57%) are more likely to offer diabetes services than facilities in Rangpur (41%).

### Service Guidelines

Availability of service guidelines does not necessarily translate into use of these guidelines. However, it at least ensures that, if needed, they will be available for easy reference. Among facilities that offered diabetes services, only 17% (14% excluding CCs) had guidelines for the diagnosis and management of diabetes. This was a decrease from 26% (28% excluding CCs) in 2014 (**Table 8.1** and **Figure 8.2**).

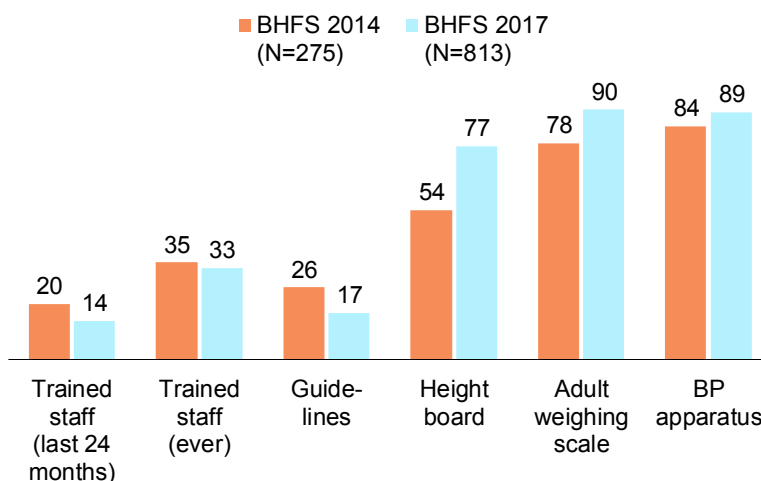
### Trained Staff

Fourteen percent (both overall and excluding CCs) of facilities that offered diabetes services had at least one staff member who had received in-service training in diabetes services during the 24 months before the survey (**Table 8.1** and **Figure 8.2**), a decrease from 20% (9% excluding CCs) in 2014. Among public facilities, 14% of CCs (which mainly provide diabetes screening services), 19% of DHs, 28% of UHCs, and 3% of union-level facilities had staff members recently trained in diabetes services. Urban facilities (23%) were almost twice as likely as rural facilities (13%) to have trained staff. Facilities in Khulna are most likely to have staff with recent in-service training in diabetes services (21%), while facilities in Rajshahi are least likely to have trained staff (4%). The proportions of facilities with staff who had ever received any relevant in-service training were higher than the proportions of facilities with staff who had received recent training.

### Equipment

There have been increases since 2014 in the percentages of facilities offering diabetes services that had a blood pressure (BP) apparatus (from 84% to 89%), an adult weighing scale (from 78% to 90%), and a height board (from 54% to 77%) available on the day of the survey (**Table 8.1** and **Figure 8.2**).

**Figure 8.2** Trained staff, guidelines, and basic equipment to provide diabetes services

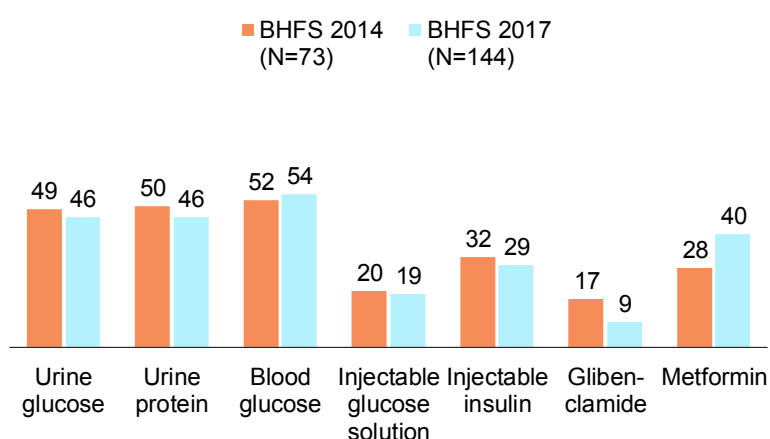




## 8.2.2 Availability of Diagnostic Capacity and Medicines for Diabetes

**Table 8.2** and **Figure 8.3** present information from the 2017 BHFS on the availability of infrastructure and resources that support diabetes diagnostic and treatment services.

**Figure 8.3** Diagnostic capacity and medicines to provide diabetes services



### Diagnostic Capacity

Among facilities providing diabetes services, 54% (56% excluding CCs) had blood glucose testing capacity, 46% (49% excluding CCs) had urine protein testing capacity, and 46% (49% excluding CCs) had urine glucose testing capacity on the day of the survey

(**Table 8.2** and **Figure 8.3**). The availability of blood glucose testing has increased since 2014, while the availability of urine protein and urine glucose testing has decreased (**Figure 8.3**).

Private hospitals and NGO facilities were more likely than district and upazila public facilities to have the capacity to conduct all three tests (blood glucose, urine protein, and urine glucose). While 22% of CCs had blood glucose testing capacity, none had urine protein or urine glucose testing capacity (**Table 8.2**).

Urban facilities were much more likely than rural facilities to offer diagnostic tests. Division-level results showed that, overall, Dhaka had the highest proportion of facilities providing the three diagnostic services (**Table 8.2**).

### Medicines

Forty percent (43% excluding CCs) of facilities that offered diabetes services had metformin available on the day of the visit, and 9% (10% excluding CCs) had glibenclamide. Twenty-nine percent (31% excluding CCs) of facilities had injectable insulin, and 19% (21% excluding CCs) had injectable glucose solution (**Table 8.2** and **Figure 8.3**).

The availability of metformin has increased since 2014 (from 28% to 40%), while there have been decreases in the availability of glibenclamide (from 17% to 9%), injectable insulin (from 32% to 29%), and injectable glucose solution (from 20% to 19%). Medicines for diabetes require a prescription from a physician, and thus CCs and union-level public facilities generally do not have the capacity to offer these medicines. However, a small proportion of union-level facilities reported having metformin (1%) and injectable insulin (4%). Among the other facilities, private hospitals and DHs were more likely to have medicines for the management of diabetes than mother and child welfare centers (MCWCs), UHCs, and NGO facilities.

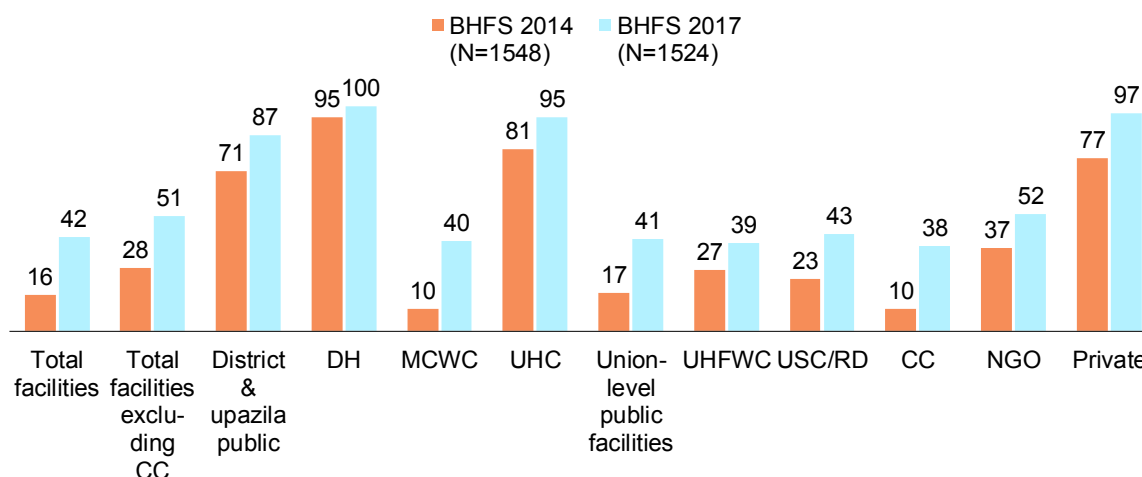
As expected, urban facilities were more likely to be equipped with essential medicine than rural facilities.

## 8.3 AVAILABILITY OF SERVICES FOR CARDIOVASCULAR DISEASES

### 8.3.1 Service Provision

**Table 8.3** and **Figures 8.4** and **8.5** provide information on the availability of services for cardiovascular diseases. **Table 8.3** and **Figure 8.5** also present information on the availability of service guidelines, trained staff, and equipment that support the provision of quality cardiovascular disease services.

**Figure 8.4 Availability of cardiovascular disease services in health facilities, by facility type**



### Availability of Services for Cardiovascular Diseases

**Table 8.3** and **Figure 8.4** show that 42% (51% excluding CCs) of health facilities in Bangladesh offer cardiovascular disease services, an increase from the 16% figure (28% excluding CCs) reported in 2014. The percentages of DHs (100%), private hospitals (97%), UHCs (95%), NGO facilities (52%), CCs (38%), and union-level facilities (41%) offering cardiovascular disease services have also increased.

There have been marked increases in the availability of cardiovascular disease services in both urban (from 55% to 77%) and rural (from 13% to 40%) facilities. In addition, provision of these services has increased in all divisions. Facilities in Sylhet (69%), Barishal (66%), and Rajshahi (50%) are most likely to offer cardiovascular disease services, while facilities in Khulna (31%) are least likely to provide such services.

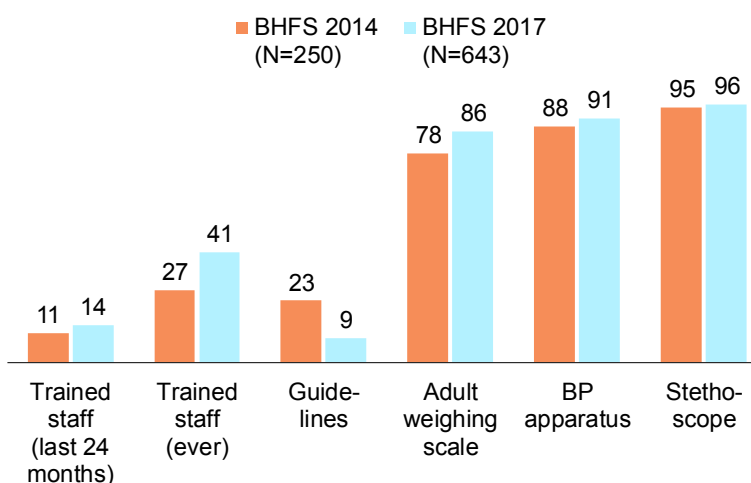
### Service Guidelines

Among facilities offering cardiovascular disease services, 9% (11% excluding CCs) had guidelines for the diagnosis and management of cardiovascular diseases available on the day of the survey. This was a decrease from 23% (22% excluding CCs) in 2014 (**Table 8.3** and **Figure 8.5**).

### Trained Staff

Fourteen percent (12% excluding CCs) of facilities offering cardiovascular disease services had at least one staff member who had received in-service training in cardiovascular disease services during the 24 months before the survey (**Table 8.3** and **Figure 8.5**). In 2014, this proportion was 11% (9% excluding CCs). Among public facilities, 15% of CCs (which mainly provide cardiovascular disease screening services), 26% of DHs, 40% of UHCs, and 7% of union-level facilities had staff with recent training. Urban facilities (20%) were more likely than rural facilities (13%) to have trained staff. Facilities in Chattogram were most likely to have staff with recent in-service training (20%), while

**Figure 8.5 Trained staff, guidelines, and basic equipment to provide cardiovascular disease services**



facilities in Mymensingh were least likely to have staff with training (5%). Again, the percentages of facilities with staff who had ever received in-service training were higher than the percentages with staff who had received recent training.

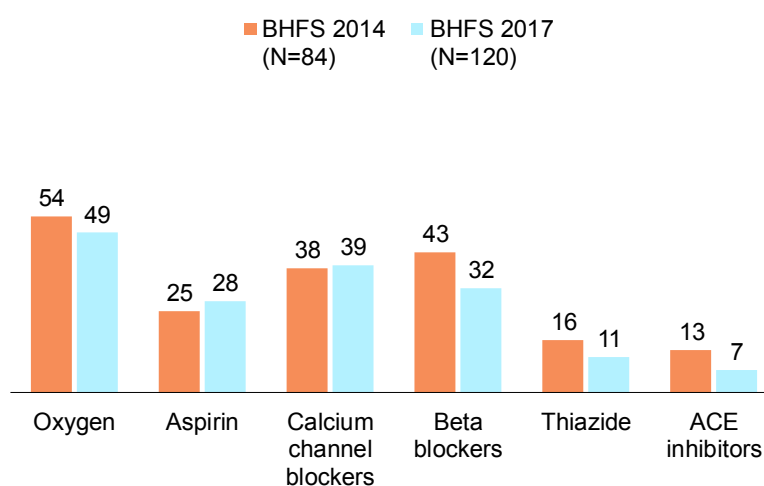
### Equipment

In terms of equipment, 96% of facilities had a stethoscope, 91% had a blood pressure apparatus, and 86% had an adult weighing scale. These percentages represent slight increases since 2014 (Table 8.3 and Figure 8.5).

## 8.3.2 Availability of Medicines and Commodities for Cardiovascular Diseases

The 2017 BHFS collected data on the availability of essential medicines and commodities to support treatment of patients with cardiovascular diseases. Table 8.4 and Figure 8.6 show that beta blockers and calcium channel blockers (amlodipine/nifedipine) were the most available medicines. Among facilities offering cardiovascular disease services, 32% (36% excluding CCs) had beta blockers available on the day of the survey visit, and 39% (44% excluding CCs) had calcium channel blockers. By comparison, 28% (32% excluding CCs) of facilities had aspirin, 11% (13% excluding CCs) had thiazide diuretics, and 7% (the same percentage excluding CCs) had angiotensin-converting enzyme (ACE) inhibitors (enalapril). Forty-nine percent (56% excluding CCs) of facilities had oxygen in either cylinders or concentrators or an oxygen distribution system. Overall, the availability of medicines and commodities decreased between 2014 and 2017.

**Figure 8.6 Commodities and medicines to provide cardiovascular disease services**



Private hospitals were more likely than other types of facilities to have all essential medicines available. Among public facilities, DHs were most likely to have the essential medicines and commodities. Because a prescription is needed from a physician, CCs are not able to offer anti-hypertensive medications; however, some union-level facilities had essential medicines and commodities available (Table 8.4).

## 8.4 AVAILABILITY OF SERVICES FOR CHRONIC RESPIRATORY DISEASES

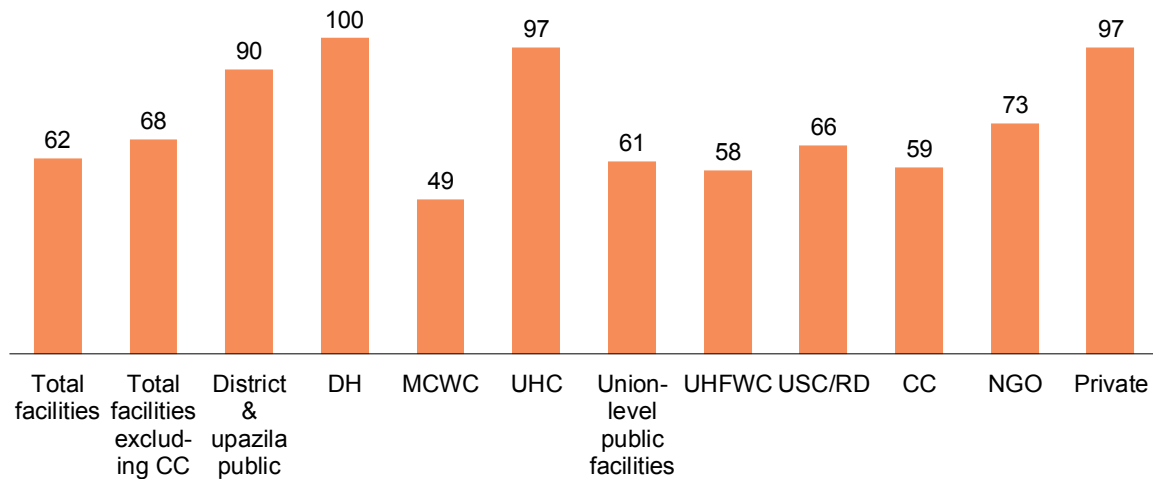
### 8.4.1 Service Provision

Table 8.5 and Figures 8.7 and 8.8 provide information from the 2017 BHFS on the availability of services for respiratory diseases. The table also presents information on the availability of service guidelines, trained staff, and equipment that support the provision of quality services for respiratory diseases.

#### Availability of Services for Respiratory Diseases

Table 8.5 and Figure 8.7 show that 62% (68% excluding CCs) of all health facilities can diagnose, prescribe treatment for, and manage patients with chronic respiratory diseases. DHs (100%), UHCs (97%), and private hospitals (97%) are more likely to provide services for respiratory diseases than other facilities. Fifty-nine percent of CCs, 49% of MCWCs, and 61% of union-level facilities provide respiratory disease services.

**Figure 8.7 Availability of chronic respiratory disease services in health facilities, by facility type**



Eighty-five percent of urban facilities provide services for respiratory diseases, as compared with 60% of rural facilities. Facilities in Barishal (79%) are most likely to offer services for respiratory diseases, while facilities in Dhaka (50%) are least likely to offer such services.

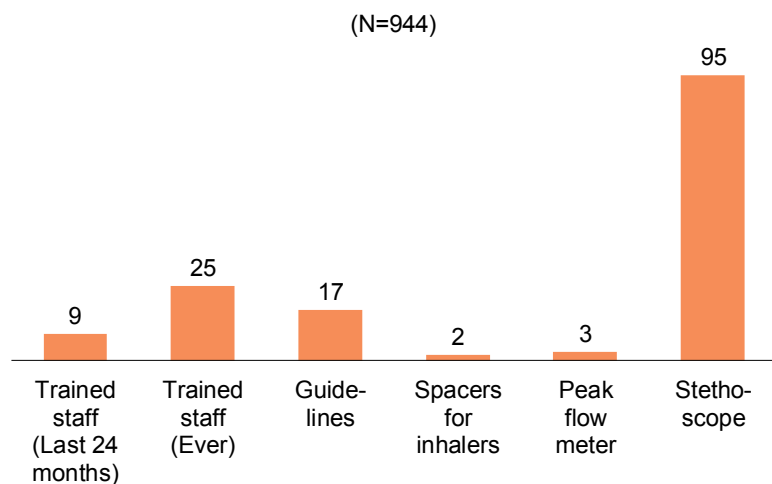
### Service Guidelines

Seventeen percent (13% excluding CCs) of facilities offering services for respiratory diseases had guidelines for the diagnosis and management of these diseases available at the service site on the day of the survey (**Table 8.5** and **Figure 8.8**). NGO hospitals/clinics (31%) and DHs (23%) were most likely to have guidelines available. Guidelines were much more widely available in facilities in Khulna (27%) than in facilities in the other divisions.

### Trained Staff

Among facilities that offer services for respiratory diseases, 9% (7% excluding CCs) had at least one staff member who had received in-service training in respiratory diseases during the 24 months before the survey (**Table 8.5** and **Figure 8.8**). UHCs (29%), DHs (27%), and CCs (11%) were more likely than NGO facilities (5%) and private hospitals (7%) to have at least one staff member with recent training. Union-level public facilities were least likely to have trained staff (4%). Facilities in Chattogram (18%) were most likely to have staff with recent in-service training, and facilities in Rajshahi (5%) were least likely to have staff with recent training.

**Figure 8.8 Trained staff, guidelines, and basic equipment to provide chronic respiratory disease services**



### Equipment

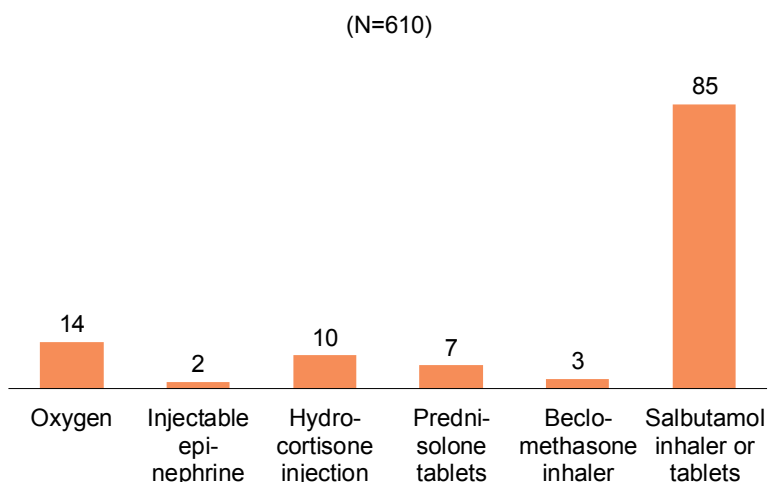
Overall, 95% (98% excluding CCs) of facilities offering services for respiratory diseases had a stethoscope, 3% (6% excluding CCs) had a peak flow meter, and 2% (6% excluding CCs) had spacers for

inhalers available at the relevant service sites (**Table 8.3** and **Figure 8.8**). Variations in the availability of these items by location and division are minor. Stethoscopes are available at a large majority of facilities.

#### 8.4.2 Availability of Medicines and Commodities for Chronic Respiratory Diseases

The 2017 BHFS collected data on the availability of essential medicines and commodities to support the treatment of patients with respiratory diseases. **Table 8.6** and **Figure 8.9** show that salbutamol inhalers or tablets were the most widely available (85% overall and 77% excluding CCs) of the medicines considered essential for the treatment of chronic respiratory diseases. Three percent of facilities (7% excluding CCs) had beclomethasone inhalers, 7% (15% excluding CCs) had prednisolone tablets, 10% (22% excluding CCs) provided hydrocortisone injections, and 2% (4% excluding CCs) had injectable epinephrine. Fourteen percent (32% excluding CCs) of facilities had oxygen in either cylinders or concentrators or an oxygen distribution system.

**Figure 8.9 Commodities and medicines to provide chronic respiratory disease services**



Overall, private hospitals were more likely to have the essential medicines and commodities than other types of facilities (**Table 8.6**). Among public facilities, as expected, DHs were generally most likely to have the medicines and commodities.

### 8.5 AVAILABILITY OF SERVICES FOR HYPERTENSION

#### 8.5.1 Service Provision

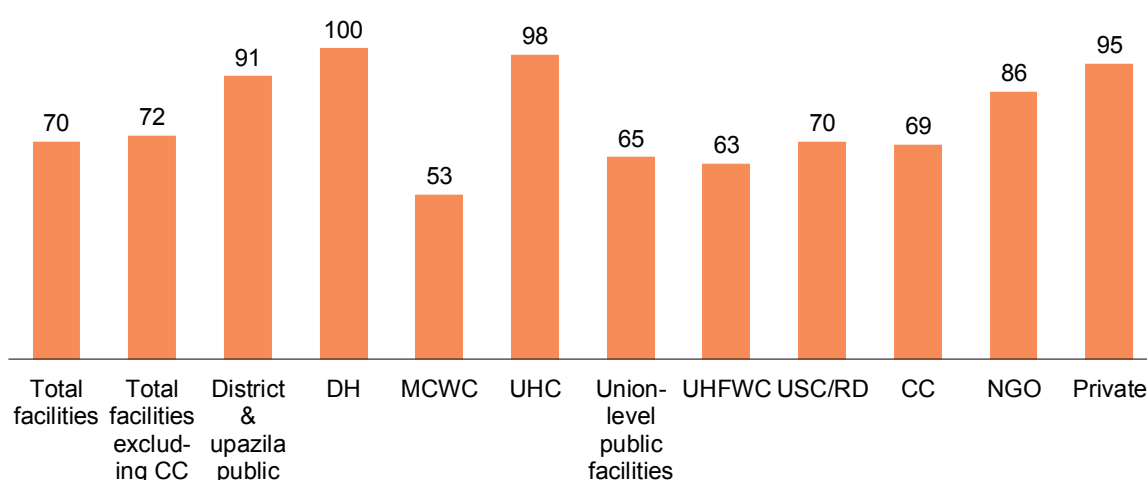
**Table 8.7** and **Figures 8.10** and **8.11** provide information from the 2017 BHFS on the availability of services for hypertension. The table also presents information on the availability of service guidelines, trained staff, and equipment that support the provision of quality services for hypertension.

##### *Availability of Services for Hypertension*

**Table 8.7** shows that 70% (72% excluding CCs) of health facilities can diagnose, prescribe treatment for, and manage patients with hypertension. DHs (100%), UHCs (98%), and private hospitals (95%) are more likely to provide services for hypertension than other facilities. Sixty-nine percent of CCs, 53% of MCWCs, and 65% of union-level facilities provide hypertension services.

Eighty-eight percent of urban facilities provide services for hypertension, as compared with 69% of rural facilities. Barishal and Sylhet (82% each) has the highest proportion of facilities that offer hypertension services, while Dhaka (58%) has the lowest.

**Figure 8.10 Availability of hypertension services in health facilities, by facility type**



### Service Guidelines

Seventeen percent (14% excluding CCs) of facilities offering services for hypertension had guidelines for the diagnosis and management of hypertension available at the service site on the day of the survey (**Table 8.7** and **Figure 8.11**). NGO facilities (34%), DHs (24%), UHCs (16%), and CCs (18%) were most likely to have guidelines available. Guidelines were much more widely available in facilities in Rangpur (29%) than in facilities in the other divisions.

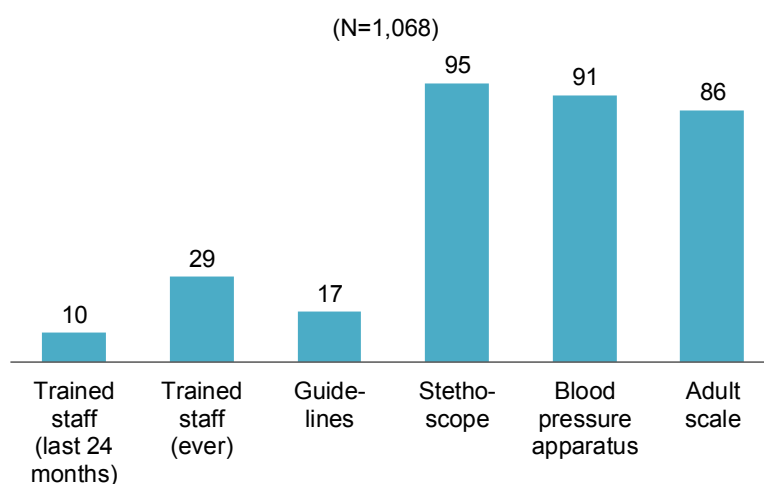
### Trained Staff

Among facilities that offer services for hypertension, 10% (the same percentage excluding CCs) had at least one staff member who had received in-service training in hypertension during the 24 months before the survey (**Table 8.7** and **Figure 8.11**). UHCs (39%), DHs (26%), and private hospitals (17%) were more likely than union-level facilities (6%) to have at least one staff member with recent training. NGO clinics were least likely to have trained staff (5%). Facilities in Chattogram (15%) were more likely than facilities in other divisions to have staff with recent training.

### Equipment

Overall, 95% (99% excluding CCs) of facilities that offer services for hypertension had a stethoscope available at the relevant service sites (**Table 8.7** and **Figure 8.11**). The proportion of facilities having an adult scale and a blood pressure apparatus is also high across all facility types.

**Figure 8.11 Trained staff, guidelines, and basic equipment to provide hypertension services, BHFS 2017**



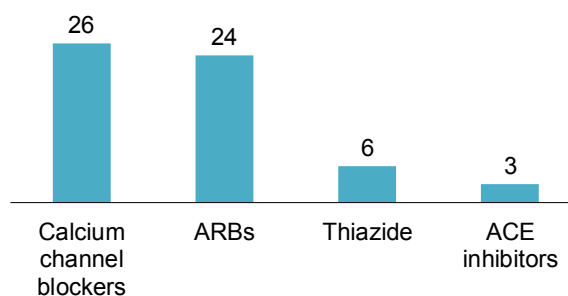
## 8.5.2 Availability of Medicines and Commodities for Hypertension

The 2017 BHFS collected data on the availability of essential medicines and commodities to support the treatment of patients with hypertension. **Table 8.8** and **Figure 8.12** show that only 3% of facilities (4% excluding CCs) had ACE inhibitors, 6% (7% excluding CCs) had thiazide, 24% (28% excluding CCs) had angiotensin receptor blockers (ARBs), and 26% (31% excluding CCs) had calcium channel blockers available on the day of the survey visit.

ARBs and calcium channel blockers were most likely to be available in DHs (65% and 62%, respectively), UHCs (45% and 43%), private hospitals (64% and 71%), and NGO clinics/hospitals (35% and 42%). ACE inhibitors and thiazide were not widely available. Urban facilities were more likely to have ARBs and calcium channel blockers (50% and 53%, respectively) than their rural counterparts (**Table 8.8**).

**Figure 8.12 Medicines to provide services for hypertension**

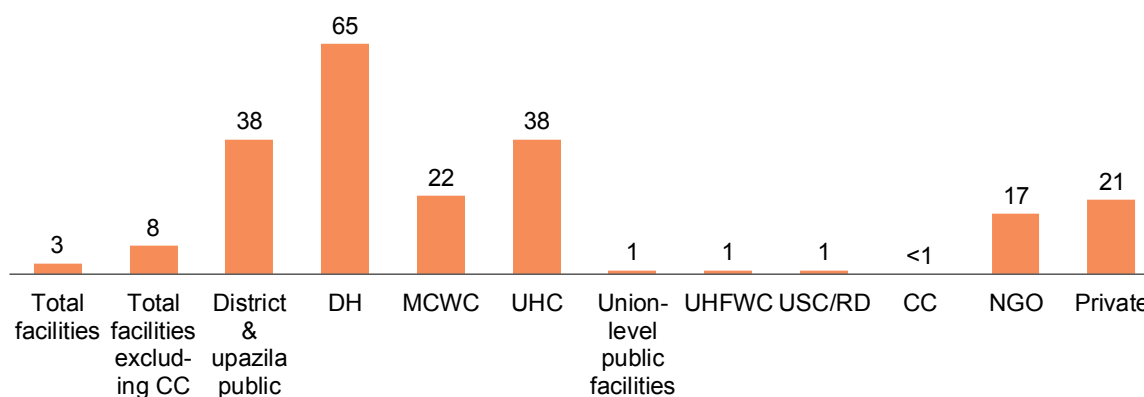
(N=245)



## 8.6 AVAILABILITY OF SERVICES FOR CERVICAL CANCER

**Table 8.9** and **Figure 8.13** provide information from the 2017 BHFS on the availability of services for cervical cancer. The table also presents information on the availability of service guidelines, trained staff, and equipment that support the provision of quality services for cervical cancer.

**Figure 8.13 Availability of cervical cancer screening/diagnosis services in health facilities, by facility type**



### 8.6.1 Availability of Screening Services for Cervical Cancer

**Table 8.9** shows that 3% (8% excluding CCs) of health facilities provide screening services for cervical cancer. DHs (65%), UHCs (38%), MCWCs (22%), and private hospitals (21%) are more likely to provide screening services for cervical cancer than other facilities. Seventeen percent of NGO clinics/hospitals, and only 1% of union-level facilities provide cervical cancer screening services.

Twenty-eight percent of urban facilities provide screening services for cervical cancer, as compared with only 1% of rural facilities. Overall, the availability of cervical cancer screening services is very low across divisions.

### 8.6.2 Service Guidelines

Thirty-nine percent (37% excluding CCs) of facilities that offer screening services for cervical cancer had guidelines for screening available at the service site on the day of the survey (Table 8.9 and Figure 8.14). NGOs (72%), DHs (50%), and CCs (51%) were most likely to have guidelines available. Guidelines were much more widely available in facilities in Barishal (62%) than in facilities in the other divisions.

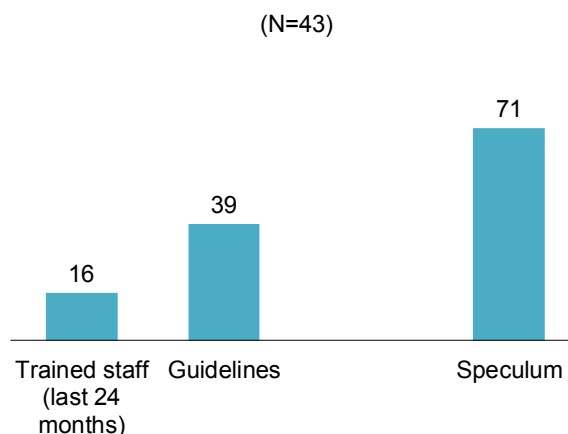
### 8.6.3 Trained Staff

Among facilities offering screening services for cervical cancer, 16% (18% excluding CCs) had at least one staff member who had received in-service training in cervical cancer screening during the 24 months before the survey (Table 8.9 and Figure 8.14). MCWCs (40%), DHs (35%), and UHCs (29%) were more likely than other facilities to have at least one staff member with recent training. No union-level public facilities or CCs had trained staff. Facilities in Khulna (34%) and Rajshahi (26%) were more likely than facilities in other divisions to have staff with recent training.

### 8.6.4 Equipment

Overall, 71% (79% excluding CCs) of facilities that offer screening services for cervical cancer had a speculum available at the relevant service site (Table 8.9 and Figure 8.14). A speculum was available at a large majority of DHs, MCWCs, UHCs, and private hospitals, while no CCs or union subcenters/rural dispensaries (USC/RDs) had a speculum available. Rural facilities (61%) were less likely than urban facilities (76%) to have a speculum available. All facilities in Rajshahi and Rangpur had a speculum, and availability was high in most other divisions with the exception of Sylhet.

**Figure 8.14 Trained staff, guidelines, and basic equipment to diagnose/screen cervical cancer**



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- **Table 8.4** Availability of essential medicines and commodities for cardiovascular diseases
- **Table 8.5** Availability of chronic respiratory disease services and guidelines, trained staff, and equipment for chronic respiratory disease services
- **Table 8.6** Availability of essential medicines and commodities for chronic respiratory diseases
- **Table 8.7** Availability of hypertension services and guidelines, trained staff, and equipment for hypertension services
- **Table 8.8** Availability of essential medicines and commodities for hypertension
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**Table 8.1 Availability of diabetes services and guidelines, trained staff, and equipment for diabetes services**

Among all facilities, the percentages that offer services for diabetes, and among facilities that offer services for diabetes, the percentages with guidelines, at least one staff member recently trained on diabetes, at least one staff member ever trained on diabetes, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering both diagnosis and treatment services for diabetes	Percentage of facilities offering any services for diabetes <sup>1</sup>	Number of facilities	Percentage of facilities offering services for diabetes that have:			Equipment			Number of facilities offering services for diabetes
				Guidelines for the diagnosis and management of diabetes	Trained staff (last 24 months) <sup>2</sup>	Trained staff (ever) <sup>3</sup>	Blood pressure apparatus <sup>4</sup>	Adult weighing scale	Height board or stadiometer	
<b>Facility type</b>										
<b>District and upazila public facilities</b>	<b>74.8</b>	<b>89.3</b>	<b>44</b>	<b>17.8</b>	<b>25.8</b>	<b>57.5</b>	<b>95.5</b>	<b>83.9</b>	<b>66.9</b>	<b>39</b>
DH	91.9	100.0	5	24.2	19.4	58.1	96.8	90.3	75.8	5
MCWC	18.7	46.7	7	9.8	12.0	26.1	92.9	85.7	59.6	3
UHC	84.5	96.9	32	17.7	28.2	60.7	95.5	82.7	66.4	31
<b>Union-level public facilities</b>	<b>7.8</b>	<b>31.0</b>	<b>361</b>	<b>7.4</b>	<b>2.8</b>	<b>7.8</b>	<b>93.0</b>	<b>78.2</b>	<b>55.1</b>	<b>112</b>
UHFWC	7.3	29.2	250	8.6	0.6	4.8	94.7	85.3	59.6	73
USC/RD	9.1	34.8	111	5.2	7.1	13.5	89.7	64.7	46.6	39
<b>Community clinic (CC)</b>	<b>0.9</b>	<b>55.9</b>	<b>1,012</b>	<b>17.8</b>	<b>13.8</b>	<b>36.0</b>	<b>85.6</b>	<b>90.9</b>	<b>83.0</b>	<b>565</b>
<b>NGO clinic/hospital</b>	<b>51.9</b>	<b>85.1</b>	<b>64</b>	<b>33.1</b>	<b>25.8</b>	<b>41.5</b>	<b>97.8</b>	<b>98.7</b>	<b>84.5</b>	<b>54</b>
<b>Private hospital</b>	<b>94.3</b>	<b>97.7</b>	<b>43</b>	<b>1.2</b>	<b>16.5</b>	<b>31.4</b>	<b>100.0</b>	<b>98.5</b>	<b>44.1</b>	<b>42</b>
<b>Location</b>										
Urban	70.3	86.9	108	15.8	23.2	41.2	98.8	94.4	64.6	94
Rural	4.8	50.8	1,416	16.6	12.6	32.2	87.3	89.1	78.1	719
<b>Division</b>										
Barishal	13.4	57.2	113	11.3	12.7	27.7	81.1	90.6	70.7	65
Chattogram	10.8	51.2	288	12.0	19.8	40.7	92.5	78.4	66.7	148
Dhaka	13.1	49.7	304	14.2	20.0	34.9	78.8	89.2	72.9	151
Khulna	7.4	52.2	187	31.4	21.1	45.6	88.8	93.0	85.3	98
Rajshahi	6.0	66.9	220	16.2	3.7	30.2	90.3	96.1	73.2	147
Rangpur	6.3	41.1	193	35.2	5.3	21.6	99.0	94.1	88.8	80
Sylhet	14.2	64.8	96	2.5	14.0	26.2	86.3	94.3	82.9	62
Mymensingh	3.8	51.3	123	6.2	9.2	27.5	96.0	86.6	86.2	63
Total	9.4	53.3	1,524	16.5	13.8	33.3	88.6	89.7	76.5	813
Total excluding CCs	26.3	48.3	512	13.6	13.8	27.1	95.6	87.0	61.6	247

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes.

<sup>2</sup> At least one interviewed provider of diabetes services reported receiving in-service training in diabetes services during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> At least one interviewed provider of diabetes services reported ever receiving in-service training in diabetes services. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>4</sup> Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

**Table 8.2 Diagnostic capacity and essential medicines for diabetes**

Among facilities offering both screening and treatment services for diabetes, the percentages having the indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Diagnostic capacity			Medicines				Number of facilities offering both diagnosis and treatment services for diabetes
	Blood glucose <sup>1</sup>	Urine protein <sup>2</sup>	Urine glucose <sup>3</sup>	Metformin	Glibenclamide	Injectable insulin	Injectable glucose solution	
<b>Facility type</b>								
<b>District and upazila public facilities</b>	<b>48.2</b>	<b>40.0</b>	<b>34.7</b>	<b>40.2</b>	<b>7.3</b>	<b>32.7</b>	<b>13.4</b>	<b>33</b>
DH	54.4	63.2	59.6	64.9	8.8	56.1	19.3	4
MCWC	11.8	41.2	41.2	0.0	0.0	0.0	0.0	1
UHC	48.9	36.2	30.4	38.1	7.4	30.5	13.1	27
<b>Union-level public facilities</b>	<b>1.4</b>	<b>3.2</b>	<b>3.2</b>	<b>0.6</b>	<b>0.0</b>	<b>4.4</b>	<b>0.0</b>	<b>28</b>
UHFWC	2.2	4.9	4.9	0.4	0.0	0.9	0.0	18
USC/RD	0.0	0.0	0.0	0.8	0.0	10.7	0.0	10
<b>Community clinic (CC)</b>	<b>22.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>9</b>
<b>NGO clinic/hospital</b>	<b>80.1</b>	<b>74.3</b>	<b>73.1</b>	<b>53.0</b>	<b>1.7</b>	<b>12.0</b>	<b>6.5</b>	<b>33</b>
<b>Private hospital</b>	<b>79.8</b>	<b>69.3</b>	<b>73.5</b>	<b>65.8</b>	<b>25.0</b>	<b>64.2</b>	<b>52.1</b>	<b>40</b>
<b>Location</b>								
Urban	71.5	63.5	64.3	53.3	16.1	45.3	33.1	76
Rural	33.4	27.1	25.6	25.2	1.3	11.1	3.7	68
<b>Division</b>								
Barishal	35.0	21.7	20.8	14.9	3.3	16.6	4.0	15
Chattogram	53.8	45.8	45.6	48.9	10.7	33.6	28.4	31
Dhaka	65.9	63.8	65.8	45.4	14.3	38.3	19.6	40
Khulna	57.4	41.7	38.5	26.5	7.1	10.2	8.6	14
Rajshahi	65.0	49.1	46.8	46.2	6.5	35.9	23.9	13
Rangpur	36.3	42.2	41.3	40.5	12.1	29.9	19.6	12
Sylhet	33.5	26.9	23.9	32.4	0.0	21.0	20.9	14
Mymensingh	67.6	55.6	61.0	60.7	5.8	22.3	17.8	5
Total	53.6	46.4	46.1	40.0	9.1	29.2	19.2	144
Total excluding CCs	55.7	49.4	49.1	42.7	9.7	31.1	20.5	135

Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the survey or else the facility has a functioning blood chemistry analyzer.

<sup>2</sup> Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the survey.

<sup>3</sup> Facility had unexpired urine dipsticks for testing for urine glucose available in the facility on the day of the survey.

**Table 8.3 Availability of cardiovascular disease services and guidelines, trained staff, and equipment for cardiovascular disease services**

Among all facilities, the percentages offering services for cardiovascular diseases, and among facilities offering services for cardiovascular diseases, the percentages having guidelines, at least one staff member recently trained on cardiovascular diseases, at least one staff member ever trained on cardiovascular diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering both diagnosis and treatment services for cardiovascular diseases	Percentage of facilities offering any services for cardiovascular diseases <sup>1</sup>	Number of facilities	Percentage of facilities offering services for cardiovascular diseases that have:			Equipment			Number of facilities offering services for cardiovascular diseases
				Guidelines for diagnosis and management of cardiovascular diseases	Trained staff (last 24 months) <sup>2</sup>	Trained staff (ever) <sup>3</sup>	Stethoscope	Blood pressure apparatus <sup>4</sup>	Adult scale	
<b>Facility type</b>										
<b>District and upazila public facilities</b>										
DH	93.5	100.0	5	22.6	25.8	71.0	98.4	96.8	90.3	5
MCWC	16.6	39.9	7	8.5	8.5	27.8	97.2	94.5	89.0	3
UHC	69.6	94.5	32	10.6	39.9	72.0	96.9	95.4	82.9	31
<b>Union-level public facilities</b>										
UHFWC	6.9	39.4	250	6.7	3.9	21.7	99.1	95.8	79.9	99
USC/RD	8.7	43.1	111	7.3	12.2	34.7	98.9	96.4	69.5	48
<b>Community clinic (CC)</b>										
NGO clinic/hospital	23.2	51.9	64	37.2	1.8	18.2	98.6	96.4	100.0	33
Private hospital	84.0	97.1	43	0.6	17.0	26.6	100.0	100.0	98.5	42
<b>Location</b>										
Urban	55.9	76.8	108	13.3	19.7	36.2	99.2	98.7	94.6	83
Rural	4.2	39.5	1,416	8.6	12.8	41.2	94.9	89.5	85.0	560
<b>Division</b>										
Barishal	6.1	66.1	113	7.5	9.4	23.1	91.9	79.8	88.7	75
Chattogram	9.8	33.8	288	8.8	20.4	50.2	91.7	88.7	76.8	97
Dhaka	10.3	35.1	304	18.9	16.8	41.5	95.6	87.4	86.9	107
Khulna	7.4	31.2	187	6.7	18.9	41.7	99.2	89.2	80.8	58
Rajshahi	6.6	49.8	220	6.7	10.7	55.7	95.7	95.7	93.7	109
Rangpur	5.2	36.7	193	12.6	15.7	42.4	99.2	98.8	87.9	71
Sylhet	10.7	68.6	96	4.7	9.3	31.7	93.6	92.9	91.6	66
Mymensingh	4.0	48.3	123	3.0	5.4	23.6	99.1	93.7	81.5	59
Total	7.9	42.2	1,524	9.2	13.7	40.5	95.5	90.7	86.3	643
Total excluding CCs	20.7	50.6	512	10.5	12.0	31.4	98.8	96.6	84.1	259

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.

<sup>2</sup> At least one interviewed provider of cardiovascular disease services reported receiving in-service training in cardiovascular diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> At least one interviewed provider of cardiovascular disease services reported ever receiving in-service training in cardiovascular diseases. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>4</sup> Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

**Table 8.4 Availability of essential medicines and commodities for cardiovascular diseases**

Among facilities offering both screening and treatment services for cardiovascular diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering services for cardiovascular diseases that have the indicated medicines and commodities						Number of facilities offering both diagnosis and treatment services for cardiovascular diseases
	ACE inhibitors (enalapril)	Thiazide	Beta blockers (atenolol)	Calcium channel blockers (amlodipine/nifedipine)	Aspirin	Oxygen <sup>1</sup>	
<b>Facility type</b>							
<b>District and upazila public facilities</b>	<b>0.0</b>	<b>3.4</b>	<b>36.2</b>	<b>43.4</b>	<b>31.5</b>	<b>70.3</b>	<b>28</b>
DH	0.0	6.9	46.6	60.3	55.2	69.0	4
MCWC	0.0	6.6	20.4	13.8	0.0	53.6	1
UHC	0.0	2.6	35.0	41.5	28.5	71.4	23
<b>Union-level public facilities</b>	<b>0.0</b>	<b>0.0</b>	<b>2.8</b>	<b>4.7</b>	<b>0.0</b>	<b>4.8</b>	<b>27</b>
UHFWC	0.0	0.0	1.9	4.5	0.0	7.5	17
USC/RD	0.0	0.0	4.2	5.0	0.0	0.0	10
<b>Community clinic (CC)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>14</b>
<b>NGO clinic/hospital</b>	<b>4.8</b>	<b>9.7</b>	<b>35.1</b>	<b>47.3</b>	<b>16.5</b>	<b>41.7</b>	<b>15</b>
<b>Private hospital</b>	<b>19.6</b>	<b>30.0</b>	<b>61.8</b>	<b>71.4</b>	<b>61.3</b>	<b>87.6</b>	<b>36</b>
<b>Location</b>							
Urban	12.1	20.3	51.8	59.4	48.6	74.8	60
Rural	0.8	1.5	11.9	17.2	6.7	22.9	59
<b>Division</b>							
Barishal	0.0	5.6	39.2	31.9	25.4	46.4	7
Chattogram	9.9	16.2	33.2	37.7	32.0	37.6	28
Dhaka	10.6	11.4	38.9	50.0	40.4	67.4	31
Khulna	2.0	6.1	19.0	21.6	12.3	34.9	14
Rajshahi	3.4	9.3	14.2	31.1	20.7	39.4	14
Rangpur	7.1	7.9	40.8	34.5	29.5	57.0	10
Sylhet	0.0	15.1	39.5	50.2	19.1	49.4	10
Mymensingh	2.8	2.8	26.3	32.6	7.1	54.2	5
Total	6.5	11.0	32.0	38.5	27.8	49.1	120
Total excluding CCs	7.3	12.5	36.3	43.6	31.6	55.6	106

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> In cylinders or concentrators or an oxygen distribution system

**Table 8.5 Availability of chronic respiratory disease services and guidelines, trained staff, and equipment for chronic respiratory disease services**

Among all facilities, the percentages offering services for chronic respiratory diseases, and among facilities offering services for chronic respiratory diseases, the percentages having guidelines, at least one staff member recently trained on chronic respiratory diseases, at least one staff member ever trained on chronic respiratory diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering both diagnosis and treatment services for chronic respiratory diseases	Percentage of facilities offering any services for chronic respiratory diseases <sup>1</sup>	Number of facilities	Percentage of facilities offering services for chronic respiratory diseases that have:			Equipment			Number of facilities offering services for chronic respiratory diseases
				Guidelines for diagnosis and management of chronic respiratory diseases	Trained staff (last 24 months) <sup>2</sup>	Trained staff (ever) <sup>3</sup>	Stethoscope <sup>4</sup>	Peak flow meter <sup>5</sup>	Spacers for inhalers	
<b>Facility type</b>										
<b>District and upazila public facilities</b>										
DH	85.1	90.0	44	15.7	27.4	55.5	97.3	15.3	15.7	40
MCWC	98.4	100.0	5	22.6	27.4	64.5	98.4	17.7	24.2	5
UHC	35.3	48.9	7	16.1	9.2	13.7	97.8	9.0	6.7	3
	93.9	97.4	32	14.6	29.4	58.7	97.0	15.6	15.4	32
<b>Union-level public facilities</b>										
UHFWC	43.6	60.6	361	10.4	3.8	19.4	98.1	0.1	0.5	219
USC/RD	42.9	58.2	250	12.1	2.5	16.3	98.4	0.2	0.7	146
	45.3	66.0	111	7.0	6.3	25.6	97.4	0.0	0.0	73
<b>Community clinic (CC)</b>										
NGO clinic/hospital	34.1	59.0	1,012	18.8	10.8	26.0	93.0	0.7	0.0	597
Private hospital	45.4	73.0	64	31.0	5.0	10.7	99.0	9.4	2.4	46
	94.6	97.4	43	0.9	7.1	19.5	100.0	25.9	31.1	42
<b>Location</b>										
Urban	72.7	84.9	108	14.4	12.7	26.6	99.3	20.3	18.3	92
Rural	37.5	60.2	1,416	16.8	9.1	24.5	94.5	0.8	0.5	852
<b>Division</b>										
Barishal	54.7	79.3	113	19.2	11.4	25.1	93.2	6.2	1.0	90
Chattogram	32.6	54.9	288	13.6	17.5	31.4	94.8	3.0	2.5	158
Dhaka	25.2	50.2	304	10.9	6.1	17.8	88.3	6.0	6.2	152
Khulna	48.7	60.9	187	27.4	9.9	25.5	98.6	0.9	1.4	114
Rajshahi	41.6	69.4	220	20.0	4.6	20.6	96.1	1.9	1.7	152
Rangpur	50.0	64.2	193	23.1	8.0	27.8	99.3	0.8	1.1	124
Sylhet	50.7	73.3	96	6.9	11.9	28.5	94.1	0.8	1.6	71
Mymensingh	40.2	67.2	123	6.8	6.3	22.3	96.6	0.7	0.7	82
Total	40.0	61.9	1,524	16.6	9.4	24.7	95.0	2.7	2.3	944
Total excluding CCs	51.7	67.8	512	12.6	7.1	22.4	98.3	6.2	6.2	347

<sup>1</sup> Providers in the facility diagnose, prescribe treatment for, or manage patients with respiratory disease.

<sup>2</sup> At least one interviewed provider of services for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> At least one interviewed provider of services for chronic respiratory diseases reported ever receiving in-service training in chronic respiratory diseases. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>4</sup> Functioning stethoscope

<sup>5</sup> Functioning peak flow meter

**Table 8.6 Availability of essential medicines and commodities for chronic respiratory diseases**

Among facilities offering both treatment and screening services for chronic respiratory diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering services for chronic respiratory diseases that have the indicated medications and commodities						Number of facilities offering both diagnosis and treatment services for chronic respiratory diseases
	Salbutamol inhaler or tablets	Beclomethasone inhaler	Prednisolone tablets	Hydrocortisone injection	Injectable epinephrine	Oxygen <sup>1</sup>	
<b>Facility type</b>							
<b>District and upazila public facilities</b>	<b>91.2</b>	<b>3.9</b>	<b>12.0</b>	<b>45.6</b>	<b>1.3</b>	<b>70.7</b>	<b>38</b>
DH	93.4	3.3	36.1	60.7	6.6	68.9	5
MCWC	81.1	0.0	0.0	21.8	3.1	53.3	2
UHC	91.6	4.4	9.2	45.3	0.3	72.5	30
<b>Union-level public facilities</b>	<b>78.2</b>	<b>0.0</b>	<b>1.3</b>	<b>0.4</b>	<b>0.0</b>	<b>7.0</b>	<b>158</b>
UHFWC	73.4	0.0	1.1	0.0	0.0	8.9	107
USC/RD	88.4	0.0	1.5	1.3	0.0	3.1	50
<b>Community clinic (CC)</b>	<b>91.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>346</b>
<b>NGO clinic/hospital</b>	<b>60.0</b>	<b>3.5</b>	<b>32.4</b>	<b>34.9</b>	<b>5.7</b>	<b>34.1</b>	<b>29</b>
<b>Private hospital</b>	<b>71.5</b>	<b>36.8</b>	<b>58.2</b>	<b>74.5</b>	<b>21.5</b>	<b>89.0</b>	<b>41</b>
<b>Location</b>							
Urban	77.4	19.7	38.0	58.5	13.3	69.9	79
Rural	86.4	0.4	1.8	2.3	0.1	5.4	532
<b>Division</b>							
Barishal	89.8	0.3	2.3	4.9	0.4	7.6	62
Chattogram	84.9	4.0	9.4	16.0	2.6	22.1	94
Dhaka	72.8	9.1	18.5	23.7	4.6	32.1	77
Khulna	76.8	0.7	3.3	5.5	1.0	8.6	91
Rajshahi	91.1	1.4	3.9	6.6	0.8	8.9	91
Rangpur	90.0	2.0	3.9	3.8	1.0	6.1	97
Sylhet	90.7	2.7	7.6	8.5	2.7	14.5	49
Mymensingh	89.2	2.8	1.8	6.0	1.3	9.4	49
Total	85.2	2.9	6.5	9.5	1.8	13.7	610
Total excluding CCs	77.0	6.6	14.9	22.0	4.1	31.6	264

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> In cylinders or concentrators or an oxygen distribution system

**Table 8.7 Availability of hypertension services and guidelines, trained staff, and equipment for hypertension services**

Among all facilities, the percentages offering services for hypertension, and among facilities offering services for hypertension, the percentages having guidelines, at least one staff member recently trained on hypertension, at least one staff member ever trained on hypertension, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering both diagnosis and treatment services for hypertension	Percentage of facilities offering any services for hypertension <sup>1</sup>	Number of facilities	Percentage of facilities offering services for hypertension that have:			Equipment			Number of facilities offering services for hypertension
				Guidelines for diagnosis and management of hypertension	Trained staff (last 24 months) <sup>2</sup>	Trained staff (ever) <sup>3</sup>	Stethoscope <sup>4</sup>	Blood pressure apparatus <sup>5</sup>	Adult scale	
<b>Facility type</b>										
<b>District and upazila public facilities</b>										
DH	83.3	91.1	44	16.8	34.2	65.3	97.1	97.1	84.0	40
MCWC	96.8	100.0	5	24.2	25.8	71.0	98.4	98.4	90.3	5
UHC	36.6	53.2	7	14.8	8.6	23.1	95.9	93.8	87.4	4
	91.5	98.0	32	15.9	38.5	69.4	97.1	97.3	82.6	32
<b>Union-level public facilities</b>										
UHFWC	27.5	65.1	361	11.6	6.4	21.7	98.6	95.4	76.2	235
USC/RD	24.1	63.2	250	11.8	4.8	18.8	99.1	96.8	81.5	158
	35.1	69.5	111	11.3	9.8	27.6	97.6	92.4	65.4	77
<b>Community clinic (CC)</b>										
	3.5	68.9	1,012	17.6	10.3	30.0	93.4	87.9	87.7	697
<b>NGO clinic/hospital</b>										
	53.8	85.8	64	34.1	5.0	16.5	99.1	98.7	98.7	54
<b>Private hospital</b>										
	90.2	94.9	43	1.5	17.4	27.2	100.0	100.0	98.5	41
<b>Location</b>										
Urban	72.6	87.6	108	15.4	18.1	34.4	99.3	99.4	94.1	95
Rural	11.7	68.7	1,416	16.6	9.6	28.1	94.9	90.1	85.2	973
<b>Division</b>										
Barishal	21.4	81.5	113	22.0	7.9	19.3	93.4	83.7	87.7	92
Chattogram	22.2	67.8	288	10.0	14.5	31.8	95.7	92.1	73.8	195
Dhaka	15.9	58.0	304	19.8	10.9	26.3	89.9	86.2	88.4	176
Khulna	15.7	66.7	187	27.5	13.9	30.1	99.6	89.2	88.5	125
Rajshahi	12.3	78.7	220	13.4	6.8	37.3	94.2	92.0	95.3	173
Rangpur	11.4	66.1	193	28.7	11.7	26.5	99.3	99.8	85.7	128
Sylhet	17.7	82.2	96	6.1	8.1	26.8	94.7	89.4	89.4	79
Mymensingh	10.3	81.1	123	2.4	5.6	23.0	97.1	93.9	82.6	99
Total	16.1	70.1	1,524	16.5	10.4	28.7	95.3	90.9	86.0	1,068
Total excluding CCs	40.8	72.4	512	14.4	10.4	26.3	98.7	96.6	82.8	370

<sup>1</sup> Providers in the facility diagnose, prescribe treatment for, or manage patients with hypertension.

<sup>2</sup> At least one interviewed provider of hypertension services reported receiving in-service training in hypertension services during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> At least one interviewed provider of hypertension services reported ever receiving in-service training in hypertension services. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>4</sup> Functioning stethoscope

<sup>5</sup> Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

**Table 8.8 Availability of essential medicines and commodities for hypertension**

Among facilities offering services for hypertension, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering services for hypertension that have the indicated medications				Number of facilities offering both diagnosis and treatment services for hypertension
	ACE inhibitors (enalapril)	Thiazide	Angiotensin receptor blockers (losartan)	Calcium channel blockers (amlodipine/nifedipine)	
<b>Facility type</b>					
<b>District and upazila public facilities</b>	<b>0.0</b>	<b>2.2</b>	<b>44.4</b>	<b>42.5</b>	<b>37</b>
DH	0.0	6.7	65.0	61.7	5
MCWC	0.0	3.0	3.0	6.2	3
UHC	0.0	1.4	44.7	42.6	30
<b>Union-level public facilities</b>	<b>0.0</b>	<b>0.0</b>	<b>5.9</b>	<b>6.2</b>	<b>99</b>
UHFWC	0.0	0.0	0.1	3.4	60
USC/RD	0.0	0.0	14.7	10.5	39
<b>Community clinic (CC)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>36</b>
<b>NGO clinic/hospital</b>	<b>0.9</b>	<b>5.4</b>	<b>34.8</b>	<b>42.1</b>	<b>34</b>
<b>Private hospital</b>	<b>18.5</b>	<b>30.5</b>	<b>63.9</b>	<b>71.2</b>	<b>39</b>
<b>Location</b>					
Urban	8.5	16.9	50.3	52.8	78
Rural	0.4	0.7	11.6	13.4	166
<b>Division</b>					
Barishal	0.0	1.6	17.1	11.3	24
Chattogram	3.3	8.1	24.5	23.2	64
Dhaka	6.8	7.3	33.4	39.1	48
Khulna	0.9	2.8	13.5	13.0	29
Rajshahi	2.8	5.9	28.5	34.0	27
Rangpur	3.2	5.5	20.6	24.4	22
Sylhet	0.0	8.1	24.0	35.2	17
Mymensingh	2.3	2.1	19.4	22.5	13
Total	3.0	5.9	24.0	26.0	245
Total excluding CCs	3.6	6.9	28.1	30.5	209



**Table 8.9 Availability of cervical cancer diagnosis/screening services and guidelines, trained staff, and equipment for cervical cancer**

Among all facilities, the percentages offering diagnosis/screening services for cervical cancer, and among facilities offering diagnosis/screening services for cervical cancer, the percentages having guidelines, at least one staff member recently trained on cervical cancer screening, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering diagnosis/screening services for cervical cancer <sup>1</sup>	Number of facilities	Percentage of facilities offering diagnosis/screening services for cervical cancer that have:		Equipment	Number of facilities offering diagnosis/screening services for cervical cancer
			Guidelines for screening of cervical cancer	Trained staff <sup>2</sup>	Speculum	
<b>Facility type</b>						
<b>District and upazila public facilities</b>	<b>38.0</b>	<b>44</b>	<b>34.3</b>	<b>31.1</b>	<b>99.2</b>	<b>17</b>
DH	64.5	5	50.0	35.0	100.0	3
MCWC	22.3	7	29.9	40.2	100.0	2
UHC	37.5	32	31.0	29.0	98.9	12
<b>Union-level public facilities</b>	<b>0.8</b>	<b>361</b>	<b>3.5</b>	<b>0.0</b>	<b>81.5</b>	<b>3</b>
UHFWC	0.9	250	4.3	0.0	100.0	2
USC/RD	0.5	111	0.0	0.0	0.0	1
<b>Community clinic (CC)</b>	<b>0.4</b>	<b>1,012</b>	<b>50.7</b>	<b>0.0</b>	<b>0.0</b>	<b>4</b>
<b>NGO clinic/hospital</b>	<b>16.5</b>	<b>64</b>	<b>71.9</b>	<b>13.6</b>	<b>26.2</b>	<b>10</b>
<b>Private hospital</b>	<b>20.6</b>	<b>43</b>	<b>12.5</b>	<b>3.4</b>	<b>100.0</b>	<b>9</b>
<b>Location</b>						
Urban	27.5	108	37.8	18.6	76.0	30
Rural	0.9	1,416	40.0	11.0	60.8	13
<b>Division</b>						
Barishal	3.4	113	62.4	23.4	43.0	4
Chattogram	2.5	288	23.2	9.9	90.1	7
Dhaka	4.4	304	53.4	15.7	62.2	13
Khulna	1.8	187	49.4	33.5	83.9	3
Rajshahi	2.6	220	24.4	25.7	100.0	6
Rangpur	0.9	193	32.4	4.3	100.0	2
Sylhet	4.7	96	16.1	5.1	30.5	5
Mymensingh	2.2	123	27.5	9.8	81.2	3
Total	2.8	1,524	38.5	16.3	71.4	43
Total excluding CCs	7.6	512	37.2	17.9	78.5	39

<sup>1</sup> Providers in the facility diagnose/screen for cervical cancer.

<sup>2</sup> At least one interviewed provider of cervical cancer diagnosis/screening diseases services reported receiving in-service training in cervical cancer during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.



### Key Findings

- One in 11 facilities provide tuberculosis (TB) services (i.e., TB diagnostic, treatment, and/or treatment follow-up services). Availability of TB services has increased since 2014 (from 6% to 9%) (Table 9.1, Figure 9.1).
- TB services are available in 98% of upazila health complexes (UHCs), 90% of district hospitals (DHs), 48% of private hospitals, and 13% of nongovernmental (NGO) facilities. Although other public health facilities are not specifically assigned to provide TB services, 6% of union-level public facilities and 4% of community clinics (CCs) reported offering these services (Table 9.1).
- Sixty-four percent of private hospitals and 41% of DHs have TB x-ray machines, as compared with only 11% of UHCs (Table 9.2).
- Among facilities that offer TB services, 38% had any guideline for TB available. UHCs and DHs were most likely to have guidelines (87% and 84%, respectively). Only 9% of private hospitals had guidelines available (Table 9.3).
- Three out of five facilities had at least one staff member who had ever received in-service training on TB. Availability of trained staff increased from 47% in 2014 to 57% in 2017 (Table 9.3, Figure 9.2).
- Between 2014 and 2017, the availability of TB diagnosis smear microscopies remained the same (38%) among all facilities that provide TB services. Seventy-five percent of UHCs, 61% of DHs, 67% of private hospitals, 28% NGOs, 16% of union level facilities and 10% of CCs that provide TB services have provision of TB diagnosis smear microscopies in the facilities (Table 9.2 and Figure 9.2).
- Availability of first-line medicines for treating TB (any combination of pyrazinamide, rifampicin, ethambutol, and isoniazid) were available in four out of ten facilities providing TB services. However, majority of DHs (84%), UHCs (87%), NGO clinics (65%) USC/RDs (63%) had first-line medicines for treating TB. Overall, availability of medicine was much lower in 2017 (39%) compared to 2014 (59%) (Table 9.3).
- WHO identified a list of tracer items (guideline, trained staff, essential equipment and commodities) to be available for a facility to be considered ready to provide quality TB services. Based on modified WHO criteria relevant for Bangladesh, 36% of DHs, 58% of UHCs, 28% of NGO clinics and 18% of USC/RDs are considered ready to provide TB services. None of the private facilities had the readiness to provide TB services (Table 9.3 and Figure 9.3).

- Overall, the readiness to provide TB services among all facilities (excluding CCs) has increased from 23% in 2014 to 27% in 2017. The readiness to provide TB services improved substantially among UHCs from 36% to 58%, and among and union level USC/RDs from 0 % to 18% in the three-year period (Table 9.3 and Figure 9.3).

## 9.1 BACKGROUND

**B**angladesh is one of the 30 high-burden countries for tuberculosis (TB) as defined by the World Health Organization (WHO). In Bangladesh, the estimated incidence rate for all forms of TB is 221 per 100,000 population (WHO Global Report 2018). Combating TB was included in the Millennium Development Goals (MDGs); in the Sustainable Development Goals (SDGs), it has been placed under health-related targets to reduce the TB epidemic (United Nations. Sustainable Development Goals; 17 Goals to Transform the World. 2016). The target has been set to reduce TB incidence and TB-related deaths by 90% and 95%, respectively, in the year 2035 in comparison with 2015 (WHO Tuberculosis Fact Sheet 2016).

The Mycobacterium Disease Control (MBDC) unit of the Directorate-General of Health Services (DGHS), which is part of the Bangladesh Ministry of Health and Family Welfare (MOHFW), oversees the National Tuberculosis Control Program (NTP). The MBDC implements the NTP in partnership with 44 national and international nongovernmental organizations (NGOs). The Global Fund, the United States Agency for International Development (USAID), and WHO are the main development partners in TB efforts in Bangladesh. These development partners support the Bangladesh government through different implementing agencies such as the Bangladesh Rural Development Committee (BRAC); the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b); the Damien Foundation; and Management Science for Health (MSH). Every organization plays some roles in the whole process. For instance, BRAC supports TB service delivery through directly observed treatment, short-course (DOTS) centers.

Under the NTP, TB diagnostic and treatment services are available free of charge in public and private facilities throughout the country. Diagnosis and care for TB are provided through all upazila health complexes (UHCs) and district hospitals (DHs), 44 chest disease clinics, eight chest disease hospitals linked to these clinics, four divisional chest disease hospitals, DOTS centers within public and private medical college hospitals, workplaces, prisons, combined military hospitals, and other defense hospitals run by Bangladesh Rifles, the Bangladesh Police, and Bangladesh Ansar (2015-2016 Bangladesh National Tuberculosis Prevalence Survey). The goal is to reduce morbidity, mortality, and transmission of TB until the disease is no longer a public health problem. Union level public health or community clinics (CCs) are not mandated to provide TB services; these facilities primarily screen and refer clients to UHCs or other facilities. The country has a laboratory network at the national, regional, district, and upazila levels. Smear microscopy is the primary TB diagnosis tool in the country. There are 1,106 microscopy laboratories throughout Bangladesh under the NTP. In addition, the country has a network of 220 Gene Xpert machines to detect and confirm TB cases.

The NTP introduced the DOTS strategy in 1993, followed by an MOHFW mandate to notify TB in 2014. The NTP has been implementing the Stop TB Strategy since 2006 (Annual TB Report 2017). DOTS services have been available in all UHCs since 1998, and 100% DOTS coverage was reached in 2007 (Annual TB Report 2017). The DOTS strategy involves the following five components:

- Secure political commitment with adequate and sustained financing.
- Ensure early case detection and diagnosis through quality-assured bacteriology.
- Provide standardized treatment with supervision and patient support.
- Ensure effective drug supply and management.
- Monitor and evaluate performance and impact.

This chapter provides an overview of TB services in Bangladesh secondary and primary health care facilities and highlights the key aspects of TB-related client services, including the availability of diagnostic capacity, trained staff, and medicines. The chapter is organized as follows:

- **Availability of TB services.** Section 9.2, including **Tables 9.1** and **9.2** and **Figure 9.1**, presents information on the availability of TB diagnostic and treatment services in Bangladesh.
- **Readiness of health facilities.** Section 9.3, including **Table 9.3** and **Figures 9.2** and **9.3**, provides information on the availability of WHO-recommended items/tracer indicators that are necessary to offer quality TB services.

## 9.2 AVAILABILITY OF TB SERVICES

### 9.2.1 Service Provision

Achieving effective TB control requires concerted efforts at all levels. **Table 9.1** and **Figure 9.1** present information from the BHFS on several key measures of the preparedness of primary- and secondary-level health facilities that offer TB diagnostic, treatment, and/or treatment follow-up services.

#### *Availability of TB Services*

Almost all DHs (90%) and UHCs (98%) offer TB diagnostic, treatment, and/or treatment follow-up services (**Table 9.1** and **Figure 9.1**). Among public sector facilities, DHs and UHCs are more likely than other facility types to provide TB services. Although union-level public facilities and CCs are not specifically assigned to provide TB services, 6% of union-level facilities (8% of union subcenters/rural dispensaries [USC/RDs] and 5% of union health and family welfare centers [UHFWCs]) and 4% of CCs do so. Nearly half of private facilities (48%) and 13% of NGO facilities provide TB diagnostic, referral, treatment, and/or TB treatment follow-up services.

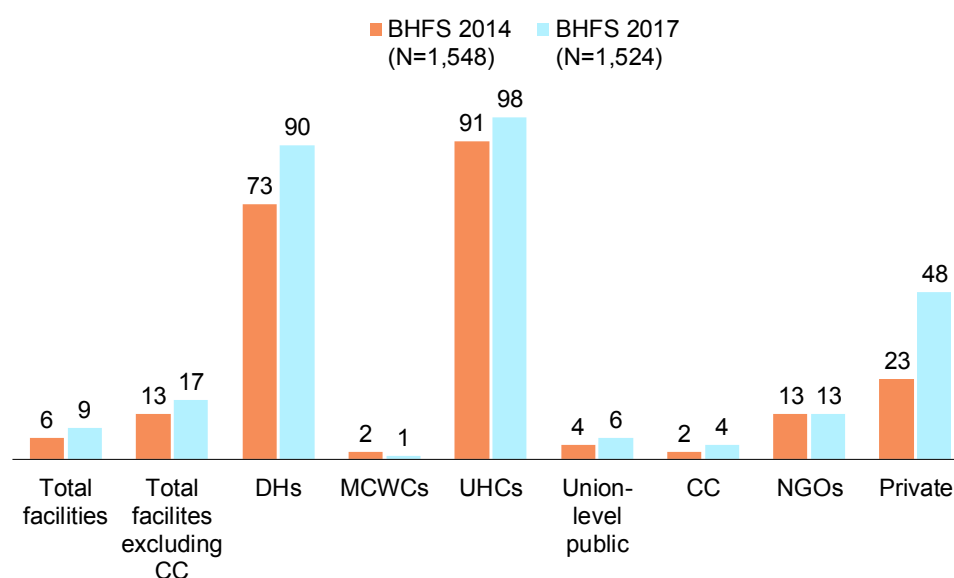
Nine percent of all health facilities (17% excluding CCs) offer TB services, an increase from 6% in 2014 (**Figure 9.1**). There are divisional differentials in the availability of TB services. Facilities in Dhaka (15%) are more likely to provide TB services than facilities in other divisions.

As shown in **Table 9.1**, 13% (8% excluding CCs) of all health facilities provide referrals for TB diagnostic services. DHs (36%), UHCs (43%), and CCs (16%) are more likely than other facility types to provide such referrals.

Six percent (15% excluding CCs) of health facilities offer TB diagnostic services. DHs (86%), UHCs (94%), and private facilities (48%) are most likely to provide diagnostic services.

Six percent of health facilities (13% excluding CCs) offer TB treatment and/or TB treatment follow-up services. TB treatment and/or treatment follow-up services are much more likely to be available in UHCs (95%) and DHs (79%) than in other types of facilities. Twenty percent of private hospitals and 13% of NGO facilities provide these services.

**Figure 9.1 Availability of TB services (TB diagnostic, treatment and/or treatment follow-up services), by facility type**



### Availability of Guidelines

National guidelines for the diagnosis and treatment of TB are expected to be available at all TB service sites. Eighty-five percent of UHCs and 80% of DHs had guidelines for the diagnosis and treatment of TB on the day of the survey visit. Diagnosis and treatment guidelines were available at two-thirds of NGO facilities (65%) but only 6% of private facilities. Overall, guidelines for diagnosis and treatment of TB were available in 37% of health facilities (51% excluding CCs) offering any TB services (**Table 9.1**).

Guidelines for the diagnosis and treatment of multidrug-resistant TB (MDR-TB) were available in more than half of DHs (57%) and UHCs (58%) on the day of the survey visit. Half of NGO facilities had MDR-TB diagnosis and treatment guidelines available, as compared with only 4% of private facilities. Overall, guidelines for the diagnosis and treatment of MDR-TB were available in 24% of facilities (36% excluding CCs) that offer TB services.

Guidelines for management of HIV and TB co-infection were available in 33% of UHCs and 29% of DHs, while 37% of NGO facilities and less than 1% of private facilities had such guidelines. Overall, guidelines for the management of HIV and TB co-infection were available in only 11% of facilities (17% excluding CCs) offering TB services.

Thirty-eight percent of DHs and 22% of UHCs had guidelines for TB infection control, as compared with 33% of NGO facilities and 6% of private facilities. Overall, 19% of facilities (18% excluding CCs) that offer any TB services had guidelines for TB infection control available on the day of survey visit (**Table 9.1**).

### Trained Staff

Fifty-seven percent of UHCs and nearly half of DHs (48%) had at least one provider who had received in-service training in TB services during the 24 months before the survey (**Table 9.1**). Fifty-two percent of NGOs and 5% of private facilities had trained staff. Union-level public facilities (11%) were less likely than CCs (19%) to have trained staff. Overall, 28% of all facilities (32% excluding CCs) offering TB services had at least one provider who had received training in TB services during the 24 months before the survey (**Table 9.1**).

## 9.2.2 Availability of Diagnostic Capacity and Medicines for TB Treatment

There are two types of TB: pulmonary (affecting the lungs) and extra-pulmonary (affecting other parts of the body in addition to the lungs). The highest priority for TB control services is identification and successful treatment of patients who are suffering from pulmonary TB. The most cost-effective tool for screening pulmonary TB disease is microscopy examination of sputum by the Ziel-Neelsen method. Moreover, sputum examination is the most reliable procedure for diagnosis of pulmonary TB. The 2017 BHFS assessed the availability of TB diagnostic capacity and medicines for TB treatment in facilities that offered any TB services. **Table 9.2** presents the results of these assessments.

### *Diagnostic Capacity*

There are different types of diagnostic tools for TB. As noted, the most common and cost-effective tool for diagnosis of TB is microscopy examination of a patient's sputum. Chest x-rays (radiological examination of the lungs) and Gene Xpert are also commonly used, along with tuberculin skin tests (Mantoux tests), cultures of TB bacilli, molecular tests, and fine needle aspiration cytology (FNAC) and biopsies. Early case detection and diagnosis are critical for TB control, and in recent years the NTP has taken steps to increase the number of TB service facilities with adequate diagnostic tools and equipment. **Table 9.2** describes the availability of TB diagnosis capacity in health facilities that offered TB services on the day of the survey visit. The availability of TB diagnosis smear microscopy services was assessed through observation of a functioning microscope, slides, and stains for Ziehl-Neelson tests (carbol-fuchsin, sulfuric acid, and methyl blue) or a fluorescence-LED microscope with all stains (sulfuric acid, methyl blue, auramine stain). TB diagnosis smear microscopies were available in 61% of DHs, 75% of UHCs, and 67% of private hospitals. TB rapid diagnostic test kits were observed in 36% of DHs, 19% of UHCs, and 27% of private hospitals. TB x-ray equipment was found in 64% of private hospitals and 41% of DHs but only 11% of UHCs. Sixteen percent of private facilities had a solid or liquid culture medium (e.g., MGIT 960) available, as compared with only 7% of DHs and 3% of UHCs.

Overall, TB diagnosis smear microscopy was available in 38% of all facilities (53% excluding CCs) that offer TB services. TB rapid diagnostic test kits were available in 11% of facilities (17% excluding CCs), and TB x-ray equipment was available in 14% of facilities (22% excluding CCs). Only 4% of facilities (5% excluding CCs) had a solid or liquid culture medium for diagnosing TB. Union- and lower-level health facilities did not have the capacity for providing most TB diagnostic services. However, 16% of union-level facilities and 10% of CCs had TB smear microscopy available.

## 9.3 READINESS OF HEALTH FACILITIES TO PROVIDE TB SERVICES

WHO recommends assessing readiness to provide TB services based on the availability of specific items/tracer indicators. In this section of the report, data from the 2017 BHFS are used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO measure. The measure includes the following four items/tracer indicators:

- **Trained staff:** At least one provider ever receiving in-service training on TB
- **Guidelines:** Any guidelines for TB
- **Diagnostic capacity:** TB microscopy
- **Medicines:** First-line TB medicines

**Table 9.3** and **Figures 9.2** present information on the availability of these items/indicators at health facilities offering TB services. Ninety-two percent of UHCs, 77% of DHs, 78% of NGO facilities, 52% of CCs, and 45% of union-level facilities have staff who ever received in-service training on TB. Guidelines for TB were available in 87% of UHCs, 84% of DHs, and 65% of NGO . Availability of trained staff (14%) and guidelines (9%) were low among private facilities. Among union- and lower-level public facilities, availability of trained staff and guidelines varied widely by type of facility.

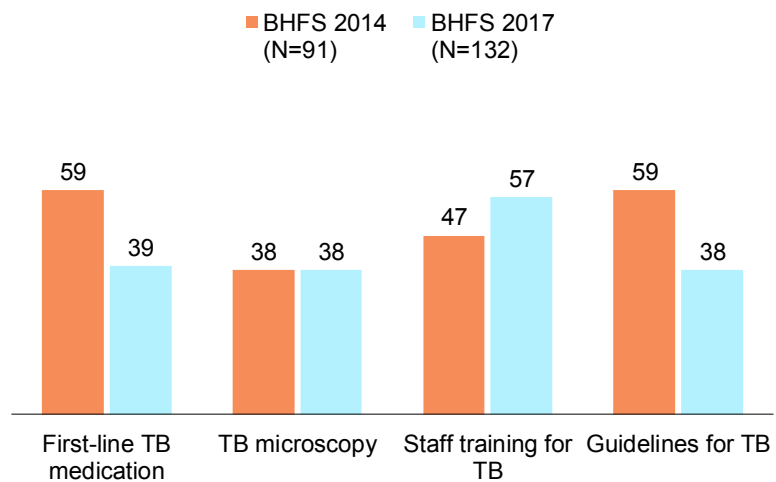
The availability of trained staff was high at USC/RDs (68%) and CCs (52%) but low at UHFwCs (30%). Guidelines were available at 37% of UHFwCs, 27% of USC/RDs, and 10% of CCs. Overall, 57% of facilities (60% excluding CCs) offering TB services had at least one provider who had ever received in-service training on TB. More than one-third (38%) of facilities (52% excluding CCs) had guidelines for TB services.

TB microscopy was available in 61% of DHs, 75% of UHCs, 67% of private hospitals, and 28% of NGO facilities. Overall, 38% of facilities (53% excluding CCs) that offer TB services had TB microscopy available.

First-line TB medications are generally available in DHs (84%), UHCs (87%), USC/RDs (63%), and NGO facilities (65%). Overall, 39% of facilities (53% excluding CCs) offering TB services have first-line treatment medications.

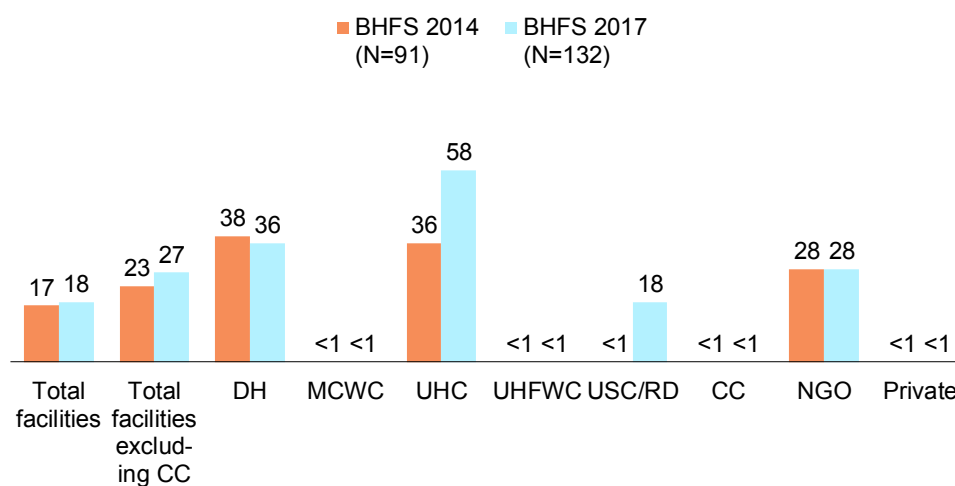
As **Figure 9.3** shows, readiness to provide TB services has increased slightly since 2014, from 17% (23% excluding CCs) to 18% (27% excluding CCs). Over the same period, readiness to provide TB services has improved substantially among UHCs (from 36% to 58%) and USC/RDs (from 0% to 18%); however, readiness to provide services has not improved at other types of facilities. The limited overall level of readiness is not surprising given that mother and child welfare centers (MCWCs), UHFwCs, and CCs do not have the capacity for providing many of the TB service components.

**Figure 9.2 Availability of items (tracer indicator) in health facilities (excluding CCs) for readiness to provide TB services**





**Figure 9.3** Readiness of health facilities to provide TB services, by facility, BHFS 2014 and BHFS 2017



### LIST OF TABLES

- **Table 9.1** Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services
- **Table 9.2** Diagnostic capacity and availability of medicines for tuberculosis treatment
- **Table 9.3** Readiness of health facilities to provide TB services

**Table 9.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services**

Among all facilities, the percentages offering any tuberculosis (TB) referral, diagnostic, treatment, and/or treatment follow-up services, and among facilities offering any TB services, the percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of all facilities offering:					Number of facilities	Percentage of facilities offering any TB services that have guidelines for:					Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
	Any referral for TB diagnosis <sup>1</sup>	Any TB diagnostic services <sup>2</sup>	Any TB diagnostic or referral services	Any TB treatment and/or treatment follow-up services <sup>3</sup>	Any TB diagnostic, treatment, and/or treatment follow-up services		Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Management of HIV and TB co-infection	TB infection control	Trained staff <sup>4</sup>	
<b>Facility type</b>												
<b>District and upazila public facilities</b>	<b>36.2</b>	<b>77.9</b>	<b>79.9</b>	<b>78.3</b>	<b>81.9</b>	<b>44</b>	<b>84.2</b>	<b>57.6</b>	<b>32.4</b>	<b>23.6</b>	<b>55.9</b>	<b>36</b>
DH	35.5	85.5	88.7	79.0	90.3	5	80.4	57.1	28.6	37.5	48.2	4
MCWC	3.4	0.0	3.4	1.2	1.2	7	-	-	-	-	-	0
UHC	43.4	93.6	95.1	94.8	98.2	32	84.7	57.8	33.0	21.5	56.8	32
<b>Union-level public facilities</b>	<b>5.0</b>	<b>4.6</b>	<b>7.1</b>	<b>4.1</b>	<b>6.1</b>	<b>361</b>	<b>32.8</b>	<b>26.5</b>	<b>0.4</b>	<b>15.8</b>	<b>10.9</b>	<b>22</b>
UHFWC	4.0	4.5	6.2	2.7	5.2	250	36.7	26.7	0.0	19.6	5.7	13
USC/RD	7.1	4.8	9.1	7.3	8.1	111	27.2	26.1	1.1	10.3	18.4	9
<b>Community clinic (CC)</b>	<b>16.0</b>	<b>1.8</b>	<b>17.5</b>	<b>3.0</b>	<b>4.4</b>	<b>1,012</b>	<b>9.7</b>	<b>0.0</b>	<b>0.0</b>	<b>18.9</b>	<b>18.9</b>	<b>45</b>
<b>NGO clinic/hospital</b>	<b>8.1</b>	<b>7.1</b>	<b>15.2</b>	<b>13.1</b>	<b>13.1</b>	<b>64</b>	<b>64.6</b>	<b>49.5</b>	<b>37.1</b>	<b>33.3</b>	<b>52.2</b>	<b>8</b>
<b>Private hospital</b>	<b>5.1</b>	<b>48.3</b>	<b>48.3</b>	<b>20.3</b>	<b>48.3</b>	<b>43</b>	<b>5.5</b>	<b>3.7</b>	<b>0.7</b>	<b>5.5</b>	<b>5.0</b>	<b>21</b>
<b>Location</b>												
Urban	13.7	39.7	43.9	31.0	42.9	108	52.8	39.1	23.1	18.8	36.5	46
Rural	13.3	3.7	15.6	4.5	6.1	1,416	28.1	15.7	5.1	18.3	22.9	86
<b>Division</b>												
Barishal	10.2	3.9	12.1	3.9	4.4	113	45.8	27.9	13.2	27.4	43.3	5
Chattogram	13.7	6.3	17.5	6.6	8.6	288	33.5	21.6	8.2	12.4	22.5	25
Dhaka	12.1	9.7	19.1	10.4	15.2	304	31.3	15.9	10.4	15.7	25.1	46
Khulna	10.3	9.3	17.5	4.9	9.6	187	42.8	32.6	14.8	11.5	25.8	18
Rajshahi	22.9	5.0	25.9	6.7	8.0	220	38.2	25.2	8.8	47.4	42.6	17
Rangpur	2.4	3.3	4.9	4.3	4.9	193	45.5	36.4	19.2	9.2	12.5	9
Sylhet	14.4	4.5	17.9	3.6	5.0	96	47.5	28.8	16.8	21.9	47.8	5
Mymensingh	22.6	3.0	24.2	5.1	5.5	123	39.0	36.1	11.4	7.7	24.7	7
<b>Total</b>	<b>13.3</b>	<b>6.2</b>	<b>17.6</b>	<b>6.4</b>	<b>8.7</b>	<b>1,524</b>	<b>36.7</b>	<b>23.9</b>	<b>11.4</b>	<b>18.5</b>	<b>27.6</b>	<b>132</b>
<i>Total excluding CCs</i>	<i>8.1</i>	<i>14.9</i>	<i>17.8</i>	<i>13.0</i>	<i>17.1</i>	<i>512</i>	<i>50.7</i>	<i>36.2</i>	<i>17.2</i>	<i>18.3</i>	<i>32.1</i>	<i>87</i>

"-" Means facilities do not have provision of TB services.

Note: The guidelines and trained staff indicators presented in this table comprise the staff and training domain for assessing readiness to provide TB services within the health facility assessment methodology proposed by WHO and USAID (2012).

"-" Means facilities do not have provision of TB services.

MDR-TB = multidrug-resistant tuberculosis

<sup>1</sup> Facility reports that it refers clients outside the facility for TB diagnosis, and a register was observed indicating clients who had been referred for TB diagnosis.

<sup>2</sup> Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, x-ray only, either sputum or x-ray, or both sputum and x-ray.

<sup>3</sup> Facility reports that it adheres to one of the following TB treatment regimens or approaches:

- Directly observe for 2 months and follow up for 4 months
- Directly observe for 6 months
- Follow up clients only after the first 2 months of direct observation elsewhere
- Diagnose and treat clients while in the facility as inpatients and then discharge elsewhere for follow-up
- Provide clients with the full treatment with no routine direct observation phase
- Diagnose, prescribe, or provide medicines with no follow-up

<sup>4</sup> At least one interviewed provider of any of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months preceding the survey: TB diagnosis and treatment, management of HIV and TB co-infection, MDR-TB treatment and identification of need for referral, DOTS treatment, or TB infection control. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

**Table 9.2 Diagnostic capacity and availability of medicines for tuberculosis treatment**

Among facilities offering any tuberculosis (TB) diagnostic, treatment, and/or treatment follow-up services, the percentages that had TB and HIV diagnostic capacity and medicines for TB treatment available in the facility on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities that have the following TB diagnostic capacity				Percentage of facilities that have:		Percentage of facilities that have the following medicines for treating TB		Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
	TB smear microscopy <sup>1</sup>	Culture medium <sup>2</sup>	TB rapid diagnostic test kits	TB x-ray	HIV diagnostic capacity <sup>3</sup>	System for diagnosing HIV among TB clients <sup>4</sup>	First-line treatment for TB <sup>5</sup>	Injectable streptomycin	
<b>Facility type</b>									
<b>District and upazila public facilities</b>	<b>73.1</b>	<b>3.3</b>	<b>21.0</b>	<b>14.2</b>	<b>5.9</b>	<b>4.5</b>	<b>86.1</b>	<b>60.6</b>	<b>36</b>
DH	60.7	7.1	35.7	41.1	12.5	14.3	83.9	48.2	4
MCWC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
UHC	75.0	2.8	19.0	10.7	5.1	3.1	86.7	62.5	32
<b>Union-level public facilities</b>	<b>16.4</b>	<b>0.0</b>	<b>6.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>31.2</b>	<b>23.5</b>	<b>22</b>
UHFWC	13.3	0.0	0.0	0.0	0.0	0.0	9.5	8.5	13
USC/RD	20.7	0.0	16.0	0.0	0.0	0.0	62.6	45.1	9
<b>Community clinic (CC)</b>	<b>9.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>9.7</b>	<b>0.0</b>	<b>45</b>
<b>NGO clinic/hospital</b>	<b>27.6</b>	<b>0.0</b>	<b>5.8</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>	<b>64.6</b>	<b>57.9</b>	<b>8</b>
<b>Private hospital</b>	<b>67.2</b>	<b>16.3</b>	<b>26.6</b>	<b>63.7</b>	<b>40.2</b>	<b>15.5</b>	<b>14.8</b>	<b>8.3</b>	<b>21</b>
<b>Location</b>									
Urban	64.8	8.1	21.1	35.9	19.7	9.1	59.0	41.5	46
Rural	24.0	1.0	6.1	2.5	2.0	1.2	27.4	16.8	86
<b>Division</b>									
Barishal	68.0	1.6	14.8	11.0	6.2	0.0	55.4	17.0	5
Chattogram	44.6	5.5	16.4	17.7	7.4	3.7	33.8	20.3	25
Dhaka	35.5	2.6	11.3	13.8	9.9	5.0	31.4	19.3	46
Khulna	32.8	1.5	1.7	14.1	6.2	2.0	38.7	21.1	18
Rajshahi	31.0	1.9	5.5	14.4	9.4	4.0	49.1	38.6	17
Rangpur	49.4	12.9	12.5	14.6	6.3	3.3	45.9	38.5	9
Sylhet	25.8	0.0	24.0	11.6	10.0	13.5	52.8	47.7	5
Mymensingh	39.2	2.0	21.0	7.1	5.1	0.0	41.8	36.1	7
Total	38.3	3.5	11.4	14.2	8.2	4.0	38.5	25.4	132
Total excluding CCs	53.0	5.2	17.2	21.5	12.5	6.0	53.3	38.6	87

Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for TB within the health facility assessment methodology proposed by WHO and USAID (2012).

<sup>1</sup> Functioning microscope, slides, and all stains for Ziehl-Neelson test (carbol-fuchsin, sulfuric acid, methyl blue) or fluorescence-LED microscope with all stains (sulfuric acid, methyl blue, auramine stain) were available in the facility on the day of the survey visit.

<sup>2</sup> Solid or liquid culture medium (e.g., MGIT 960)

<sup>3</sup> HIV rapid diagnostic test kits available in TB service area

<sup>4</sup> Record or register indicating TB clients who had been tested for HIV

<sup>5</sup> Four-drug fixed-dose combination (4FDC) available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

**Table 9.3 Readiness of health facilities to provide TB services**

Among facilities that offer any tuberculosis (TB) diagnostic, treatment, and/or treatment follow-up services, the percentages that had the indicated items available in the facility on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Any guidelines for TB <sup>1</sup>	Trained staff at any time <sup>2</sup>	TB microscopy <sup>3</sup>	First-line TB medications <sup>4</sup>	All 4 items	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
<b>Facility type</b>						
<b>District and upazila public facilities</b>	<b>86.7</b>	<b>90.1</b>	<b>73.1</b>	<b>86.1</b>	<b>55.1</b>	<b>36</b>
DH	83.9	76.8	60.7	83.9	35.7	4
MCWC	-	-	-	-	-	0
UHC	87.0	91.9	75.0	86.7	57.8	32
<b>Union-level public facilities</b>	<b>32.8</b>	<b>45.2</b>	<b>16.4</b>	<b>31.2</b>	<b>7.3</b>	<b>22</b>
UHFWC	36.7	29.5	13.3	9.5	0.0	13
USC/RD	27.2	67.9	20.7	62.6	18.0	9
<b>Community clinic (CC)</b>	<b>9.7</b>	<b>52.2</b>	<b>9.7</b>	<b>9.7</b>	<b>0.0</b>	<b>45</b>
<b>NGO clinic/hospital</b>	<b>64.6</b>	<b>78.1</b>	<b>27.6</b>	<b>64.6</b>	<b>27.6</b>	<b>8</b>
<b>Private hospital</b>	<b>8.5</b>	<b>14.4</b>	<b>67.2</b>	<b>14.8</b>	<b>0.0</b>	<b>21</b>
<b>Location</b>						
Urban	54.8	57.6	64.8	59.0	29.3	46
Rural	28.8	56.8	24.0	27.4	11.9	86
<b>Division</b>						
Barishal	45.8	67.3	68.0	55.4	28.6	5
Chattogram	36.0	52.3	44.6	33.8	16.9	25
Dhaka	32.3	57.6	35.5	31.4	11.8	46
Khulna	42.8	38.7	32.8	38.7	15.0	18
Rajshahi	38.7	71.0	31.0	49.1	23.7	17
Rangpur	45.5	48.0	49.4	45.9	31.8	9
Sylhet	50.9	61.0	25.8	52.8	15.5	5
Mymensingh	41.8	86.9	39.2	41.8	33.3	7
Total	37.9	57.1	38.3	38.5	18.0	132
Total excluding CCs	52.4	59.7	53.0	53.3	27.3	87

"-" Means facilities do not have provision of TB services.

<sup>1</sup> National guidelines for the diagnosis and treatment of TB, guidelines for the management of HIV and TB co-infection, or guidelines related to MDR-TB treatment.

<sup>2</sup> At least one interviewed provider of any of the following TB services reported receiving in-service training relevant to the particular TB service: TB diagnosis and treatment, management of HIV and TB co-infection, MDR-TB treatment and identification of need for referral, DOTS treatment, or TB infection control. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

<sup>3</sup> Functioning microscope, slides, and all stains for Ziehl-Neelson test (carbol-fuchsin, sulfuric acid, methyl blue) or fluorescence-LED microscope with all stains (sulfuric acid, methyl blue, auramine stain) were available in the facility on the day of the survey visit.

<sup>4</sup> Four-drug fixed-dose combination (4FDC) available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

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## PERSONS INVOLVED IN THE SURVEY

## Appendix **A**

### MEMBERS OF THE STAKEHOLDER ADVISORY COMMITTEE (SAC), TECHNICAL WORKING GROUP (TWG) AND SAMPLE REVIEW COMMITTEE (SRC)

#### Stakeholder Advisory Committee (SAC)

Director General, NIPORT	Chairman
Chief Coordinator, Community Based Health Care (CBHC), MOHFW	Member
M.M Reza, Chief Technical Advisor, PMMU, Azimpur	Member
Director General, Health Economics Unit (HEU), MOHFW	Member
Project Director, Urban Primary Health Care Service Delivery Project, MOLGED	Member
Deputy Chief (Health Services Division), MOHFW	Member
Deputy Chief (Medical Education and Family Welfare Division), MOHFW	Member
Deputy Chief, Population Planning Wing, Planning Commission	Member
Director (MCH-Services) & Line Director (MCHAH), Director General of Family Planning (DGFP)	Member
Line Director, Clinical Contraception, Services Delivery Program, Director General of Family Planning (DGFP)	Member
Line Director (FSD), Director General of Family Planning (DGFP)	Member
Director & Line Director (CBHC), Director General of Health Services (DGHS)	Member
Director, PHC & Line Director, MNC & AH, Director General of Health Services (DGHS)	Member
Line Director (Hospital Service Management), Director General of Health Services (DGHS)	Member
Line Director (Planning, Monitoring and Research), Director General of Health Services (DGHS)	Member
Director, Census Wing, Bangladesh Bureau of Statistics (BBS)	Member
Prof. Nurul Islam, Pro-Vice Chancellor, World University of Bangladesh	Member
Prof. Nitai Chakraborti, Department of Statistics and Informatics, Dhaka University	Member
Dr. Kanta Jamil, Senior M& E and Research Advisor, OPHNE, USAID, Bangladesh	Member
Dr. Halida Hanum Akhter, NGO Health Services Delivery Project (NHSDP)	Member
Dr. Ishtiaq Mannan, Deputy Country Director, Save the Children Representative, Marie Stops Clinics Society	Member
Dr. Imtiaz Mannan, Senior Advisor-Advocacy & Communications, Ma Moni: Health Strengthening Project, Health & Nutrition Sector, Save the Children	Member
Dr. Mahbub Elahi Chowdhury, Scientist, Centre for Equity and Health Systems, icddr,b	Member
Dr. Ahmed Ehsanur Rahman, Assistant Scientist, Maternal & Child Health Division, icddr,b	Member
Mohammad Golam Kibria, Senior Technical Advisor-HIS, MSH	Member
Dr. Ahmed Al-Sabir, Consultant, ICF International, USA Representative, WHO, Dhaka, Bangladesh	Member
Representative, UK aid Bangladesh	Member
Representative, SIDA, Dhaka, Bangladesh	Member
Representative, World Bank, Dhaka, Bangladesh	Member
Representative, CIDA, Dhaka, Bangladesh	Member
Representative, JICA, Dhaka, Bangladesh	Member

Representative, Data collecting firm	Member
Shahin Sultana, Sr. Research Associate, NIPORT	Member
Mohammed Ahsanul Alam, Evaluation Specialist, NIPORT	Member
Md. Rafiqul Islam Sarker, Director (Research), NIPORT	Member Secretary

### Technical Working Group (TWG)

Md. Rafiqul Islam Sarker, Director (Research), NIPORT	Chairman
Dr. Kanta Jamil, Senior Monitoring and Evaluation Advisor, USAID	Member
Dr. Ahmed Al Sabir, Consultant, ICF, USA	Member
Dr. Mahbub Elahi Chowdhury, Scientist, Centre for Equity and Health Systems, icddr,b	Member
Dr. Imtiaz Mannan, Senior Advisor-Advocacy & Communications, Ma Moni-HSS Project, Health & Nutrition Sector, Save the Children	Member
Dr. Ahmed Ehsanur Rahman, Assistant Scientist, Maternal & Child Health Division, icddr,b	Member
Mohammad Golam Kibria, Senior Technical Advisor-HIS, MSH	Member
Representative, Data collecting firm	Member
Mohammed Ahsanul Alam, Evaluation Specialist, NIPORT	Member
A.K.M Abdullah, Research Associate, NIPORT	Member
Shahin Sultana, Senior Research Associate, NIPORT	Member Secretary

### Sample Review Committee (SRC)

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Prof. Nitai Chakraborti, Department of Statistics & Informatics, University of Dhaka	Member
Prof. Sayed Shahadat Hossain, Dept. of Applied Statistics, University of Dhaka	Member
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Dr. Ahmed Al-Sabir, Consultant, ICF, USA	Member
Mohammed Ahsanul Alam, Evaluation Specialist, NIPORT, Dhaka	Member
Shahin Sultana, Senior Research Associate, NIPORT	Member Secretary

### NIPORT PROFESSIONALS

Mr. Susanta Kumar Saha	Director General
Ms. Rownaq Jhahan	Director-General (Former)
Mr. Md. Rafiqul Islam Sarker	Director (Research)
Ms. Shahin Sultana	Senior Research Associate
Mr. Mohammed Ahsanul Alam	Evaluation Specialist

### ICF PROFESSIONALS

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Christopher Gramer	Nancy Johnson
Greg Edmondson	Michelle Winner
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Dr. Ataya Rabbi Mahmud

Dr. Md. Marufuzzaman Khan

Dr. Lee Shanta Mondol

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Dr. Sk. Mohammed Sakhawat Hossain

Dr. Hazera Muyeena

Dr. Afrin Rahman

Dr. Asif Ahmed Chowdhury

Dr. Eumna Rahman

Dr. Md. Bilal Chowdhury Taseen

Dr. Shafiul Islam

Dr. Nazmul Haque Chowdhury

Dr. Md. Saddam Hossain

Dr. Md. Zahid Hassan Zihad

## Data Processing Team

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Mr. M. A. Hashib Shaon

Ms. Papia Akter

Mr. Md. Abul Kalam

Mr. Md. Ariful Islam

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### Medical Officer-cum-Enumerator

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Dr. Sabrina Binte Shahadut  
Dr. Nuzhat Kabir  
Dr. Kamrus Samaout  
Dr. Farjana Rahman  
Dr. Mst. Mousume Akter  
Dr. Shakila Bristy  
Dr. Farzana Tanzin Priya  
Dr. Sathi Rani Saha  
Dr. Uma Sarker  
Dr. Adnin Parvin  
Dr. Md. Abeed Hasan  
Dr. Apu Das  
Dr. Julhas Uddin  
Dr. Md. Samiul Islam  
Dr. Md. Nazmul Hasan  
Dr. Md. Mustasin Huda Khan  
Dr. Md. Razwanur Rahman  
Dr. Golam Fakhruddin  
Dr. Tanvir Shahriar Rabbi  
Dr. Tauhidul Islam  
Dr. Md. Rakibul Hasan  
Dr. Md. Hasan Kabir  
Dr. Ayinuddin Ahmed Bhuiyan  
Dr. Nafiz Riasat  
Dr. Monisha Roy  
Dr. Md. Mahmudul Hasan  
Dr. Shahriar Karim Sajid  
Dr. Md. Sajedul Islam  
Dr. Md. Omar Faruk  
Dr. Kamol Hasda  
Dr. Md. Fayom-Ben-Quddus  
Dr. Md. Ahsan Habib  
Dr. Md. Ashiul Amin  
Dr. Amit Kumar Biswas  
Dr. Md. Daud Ahmad Talukder  
Dr. Kazi Akram Hossain  
Dr. Sudipta Barua

### Medical Assistant-cum-Enumerator

Mst. Champa Khatun  
Mst. Rabeya Khatun  
Ms. Shrabony Khan Jui  
Ms. Afroja Akter  
Ms. Anu Khatun  
Ms. Fatima Amin  
Ms. Musharat Mahera Habiba  
Mr. Md. Sourov Sarker  
Mr. Sagar Dev  
Mr. Md. Ataul Karim  
Mr. Md. Abdullah Al Mamun  
Mr. Md. Majidur Rahman  
Mr. Md. Alomgir Hossen  
Mr. Syduzzaman  
Mr. Md. Alomgir Hossain Sumon  
Mr. Rupon Debnath  
Mr. Abdul Bashir  
Mr. Shah Neyaz  
Mr. Shahadat Hossen  
Mr. Polash Kumar Saha  
Mr. Md. Dween Islam  
Mr. Muhammad Nurul Islam Khan  
Mr. Md. Anamul Haque  
Mr. Md. Anisur Rahman  
Mr. Tawhidul Islam  
Mr. Gopal Mondal  
Mr. Md. Jahid Hassan  
Mr. Md. Rakibul Islam  
Mr. Md. Sharif Hosen  
Mr. Md. Juwel Islam Joni  
Mr. Md. Sadekur Rahman Tareq  
Mr. Md. Abdul Motin  
Mr. Md. Abdul Motin  
Mr. Al-Amin Hosen  
Mr. Mohasin Uddin  
Mr. Hamidul Islam  
Mr. Ratan Guha  
Mr. Md. Abdul Aziz  
Mr. Sohel Ahmed  
Mr. Md. Kawsar Hossain

# BANGLADESH HEALTH FACILITY SURVEY (BHFS) SUMMARY INDICATORS

## Appendix **B**

Indicator	BHFS 2014	BHFS 2017
<b>AVAILABILITY OF BASIC CLIENT SERVICES</b>	%	%
Child curative care	93	98
Child growth monitoring	62	85
Child vaccination	78	87
Any modern method of family planning	81	89
Antenatal care service	97	99
Normal delivery	18	24
<b>Availability of all basic client services<sup>1</sup></b>		
All facilities	8	16
All facilities excluding CCs	19	34
<b>All basic client services excluding normal delivery care</b>		
All facilities	44	72
All facilities excluding CCs	44	54
<b>Availability of electricity from national electricity grid line</b>		
All facilities	41	60
District and upazila public facilities	97	96
Union-level public facilities	72	82
Community Clinic	21	47
<b>Availability of regular electricity</b>		
All facilities	22	43
District and upazila public facilities	76	79
Union-level public facilities	28	32
Community Clinic	9	41
<b>Availability of client latrine</b>		
All facilities	72	79
District and upazila public facilities	86	90
Union-level public facilities	74	81
Community Clinic	68	77
<b>Availability of all six basic amenities<sup>2</sup></b>		
All facilities	4	5
All facilities excluding CCs	10	14
<b>Availability of six types of equipment services<sup>3</sup></b>		
All facilities	26	28
All facilities excluding CCs	35	38
<b>Transport for emergencies<sup>4</sup></b>		
All facilities	5	5
All facilities excluding CCs	13	15
District Hospital	92	97
UHC	83	82
<b>Availability of five basic diagnostic tests<sup>5</sup></b>		
All facilities	3	4
All facilities excluding CCs	9	12
District and upazila public facilities	16	14
<b>Availability of functional x-ray machines</b>		
All facilities	2	3
All facilities excluding CCs	7	8
District hospitals public	73	79
Upazila health complex (UHC) public	22	18
<b>Availability of ultrasound machine</b>		
All facilities	3	4
All facilities excluding CCs	8	11
District hospitals public	63	74
Upazila health complex (UHC) public	4	14
<b>Availability of essential medicines<sup>6</sup></b>		
All facilities	77	62
All facilities excluding CCs	70	38
<b>% of service provider positions functionally vacant in</b>		
Physicians in district and upazila-level public facilities	38	44
Nurse/midwife in district and upazila-level public facilities	19	20
<b>At least one staff trained in IMPAC<sup>7</sup> in the last 24 months</b>		
% of public health facilities	10	6

Continued...

Indicator	BHFS 2014	BHFS 2017
CHILD HEALTH SERVICES	%	%
<b>Availability of three basic child health services<sup>8</sup></b>		
All facilities	52	77
All facilities excluding CCs	47	57
<b>Overall readiness<sup>9</sup> of facilities to provide child curative care</b>		
All facilities	9	5
All facilities excluding CCs	8	3
Public facilities excluding CCs	7	2
AVAILABILITY OF FAMILY PLANNING (FP) SERVICES	%	%
<b>Any modern FP methods</b>		
All facilities	78	86
All facilities excluding CCs	78	82
<b>Long-acting, reversible contraceptives or permanent methods</b>		
All facilities	31	26
All facilities excluding CCs	60	69
<b>Male/female sterilization services</b>		
All facilities	5	4
All facilities excluding CCs	11	13
<b>Overall readiness<sup>10</sup> to provide family planning (FP) services</b>		
All facilities	25	22
All facilities excluding CCs	40	51
Public facilities excluding CCs	38	52
ANTENATAL CARE SERVICES	%	%
<b>Availability of antenatal care services</b>		
All facilities	97	99
All facilities excluding CCs	95	97
<b>Readiness<sup>11</sup> of health facilities to provide ANC services</b>		
All facilities	4	4
All facilities excluding CCs	12	11
Public facilities excluding CCs	8	9
DELIVERY AND NEWBORN CARE	%	%
<b>Availability of normal delivery services</b>		
All facilities	18	24
All facilities excluding CCs	39	57
<b>Availability of cesarean delivery services</b>		
All facilities	4	4
All facilities excluding CCs	12	13
<b>Readiness<sup>12</sup> to provide normal delivery services</b>		
All facilities	2	<1
All facilities excluding CCs	3	1

<sup>1</sup> Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and normal delivery.

<sup>2</sup> All six basic amenities include regular electricity (Facility is connected to a central power grid, and there has not been an interruption in power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power), improved water source (Water is piped into facility or piped onto facility grounds, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, or bottled water and the outlet from this source is within 500 meters of the facility), visual and auditory privacy (A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others), client latrine (The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or composting toilet), communication equipment (The facility had a functioning land-line telephone, a functioning facility-owned cellular phone or a private cellular phone that is supported by the facility), and computer with internet (The facility had a functioning computer with access to the internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the internet via a cellular phone inside the facility).

<sup>3</sup> Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and normal delivery.

<sup>4</sup> The facility had a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

<sup>5</sup> Five basic diagnostic tests are hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy test.

<sup>6</sup> Defined as availability of at least six of eight essential medicines of a DDS kit: amoxicillin tablet/capsule, amoxicillin syrup, cotrimoxazole, paracetamol tablet, paracetamol syrup, tetracycline eye ointment, iron tablet, and vitamin A capsule.

<sup>7</sup> IMPAC stands for Integrated management of child birth and pregnancy.

<sup>8</sup> Outpatient curative care, growth monitoring, and vaccination

<sup>9</sup> The percentages that possess the IMCI guideline, IMCI staff trained at any time, basic equipment (Child scale, thermometer, and growth chart) and essential medicines (ORS, zinc tablets/syrup, amoxicillin syrup/suspension/dispersible, paracetamol syrup/suspension, and mebendazole/albendazole) available on the day of the survey.

<sup>10</sup> The measure of the readiness of health facilities to provide FP services includes availability of six items/indicators on Trained staff (at least one staff person who ever received in-service FP training), National or any other FP guidelines, Equipment (blood pressure apparatus) and Commodities (Oral pill, injectables, and condom).

<sup>11</sup> The measure of the readiness of health facilities to provide ANC services includes availability of six items/indicators on Trained staff (at least one staff person who ever received in-service ANC training), National or any other ANC guidelines, Equipment (blood pressure apparatus), Diagnostic capacity (Hemoglobin test, urine protein test), and Medicines (Iron or folic acid tablets).

<sup>12</sup> The measure of the readiness to provide normal delivery services includes the following 13 items/tracer indicators: Trained staff (At least one provider ever trained in delivery care at any time), National or other BEmOC or CEmOC guideline available at the facility, Equipment (Examination light, Delivery pack, Suction apparatus, Neonatal bag and mask, Partograph and Gloves) and Medicines and commodities (Injectable oxytocin, Injectable antibiotic, Magnesium sulphate, Skin disinfectant, and Intravenous solution with infusion set).

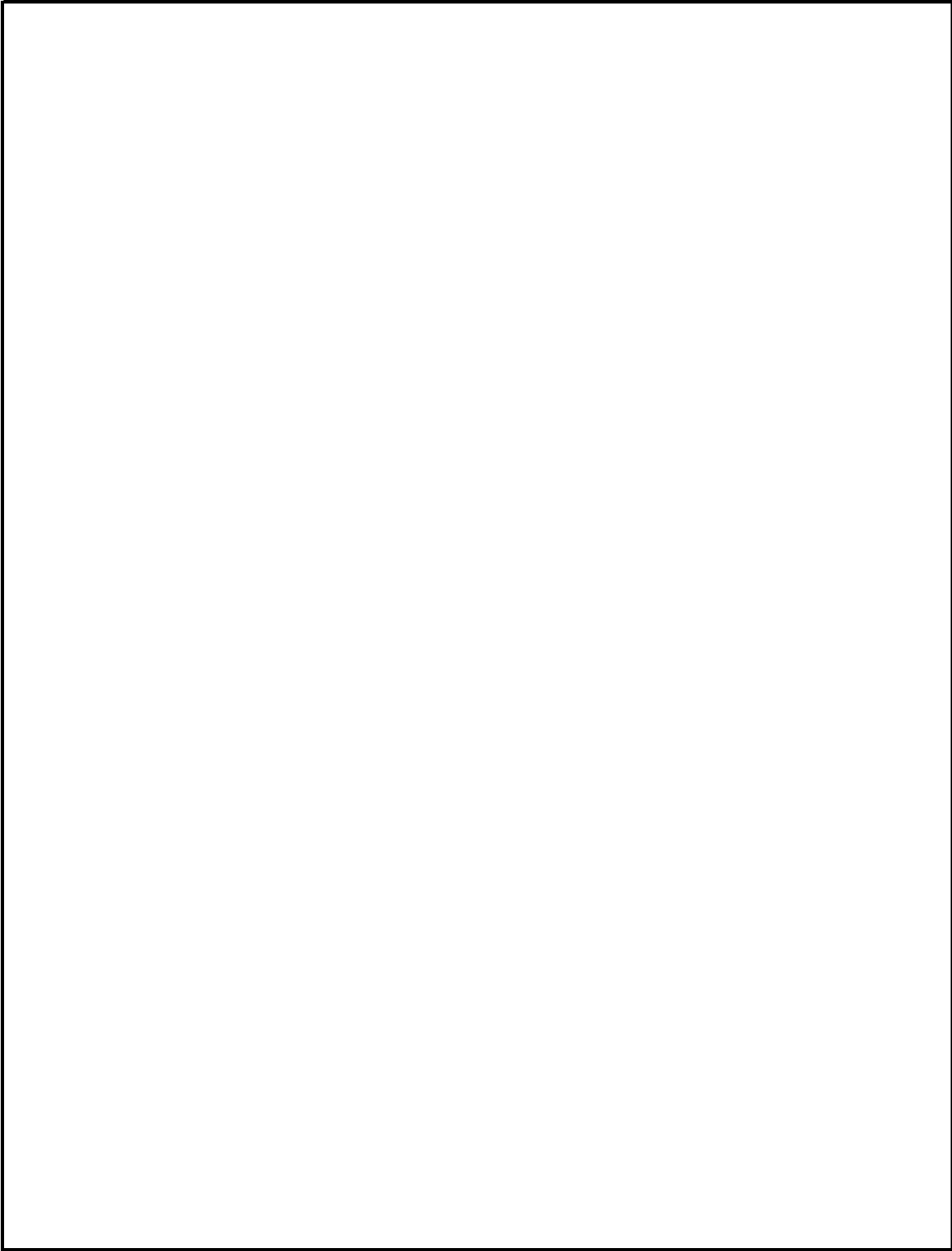






# **2017 BANGLADESH HEALTH FACILITY SURVEY**

## **INVENTORY QUESTIONNAIRE**



## FACILITY IDENTIFICATION

001	NAME OF FACILITY _____
001A	ADDRESS: _____
002	DIVISION . . . . . <input style="width: 20px; height: 20px;" type="text"/>
003	DISTRICT (ZILA) . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
004	UPAZILA/THANA . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
005	UNION/WARD . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
006	FACILITY NUMBER . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
007	TYPE OF FACILITY (COUNTRY SPECIFIC)
	DISTRICT HOSPITAL (DH) . . . . . 01
	UPAZILA HEALTH COMPLEX (UHC) . . . . . 02
	MOTHER AND CHILD WELFARE CENTER (MCWC) . . . . . 03
	UNION HEALTH AND FAMILY WELFARE CENTER (UnHFWC) . . . . . 04
	UNION HEALTH AND FAMILY WELFARE CENTER (UnHFWC-UPGRADED) . . . . . 05
	UNION SUBCENTER (UnSC) / RURAL DISPENSARY . . . . . 06
	COMMUNITY CLINIC . . . . . 08
	NGO CLINIC . . . . . 09
	PRIVATE HOSPITAL . . . . . 10
	NGO HOSPITAL . . . . . 11
	SMILING SUN CLINIC OF NGO HEALTH SERVICE DELIVERY PROJECT (NHSDP) . . . . . 12
008	OWNERSHIP (MANAGING AUTHORITY)
	GOVERNMENT/PUBLIC (MOHFW) . . . . . 1
	LOCAL GOVERNMENT . . . . . 2
	NGO (NAME) _____ . . . . . 3
	PRIVATE-FOR-PROFIT . . . . . 4
009	URBAN/RURAL
	URBAN . . . . . 1
	RURAL . . . . . 2
010	INPATIENT ONLY
	YES . . . . . 1
	NO . . . . . 2

### INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input style="width: 20px; height: 20px;" type="text"/> MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
INTERVIEWER NAME	_____	_____	_____	INT. NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
RESULT	_____	_____	_____	RESULT <input style="width: 20px; height: 20px;" type="text"/>

#### RESULT CODES

- 1 = FACILITY COMPLETED
- 2 = FACILITY RESPONDENTS NOT AVAILABLE
- 3 = POSTPONED / PARTIALLY COMPLETED
- 4 = FACILITY REFUSED
- 5 = FACILITY CLOSED / NOT YET FUNCTIONAL
- 6 = OTHER \_\_\_\_\_

(SPECIFY)

**TOTAL NUMBER OF PROVIDER INTERVIEWS**

TOTAL NUMBER OF PROVIDERS INTERVIEWED.....	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

**FACILITY GEOGRAPHIC COORDINATES**

SET DEFAULT SETTINGS FOR GPS UNIT

- SET COORDINATE SYSTEM TO LATITUDE / LONGITUDE
- SET COORDINATE FORMAT TO DECIMAL DEGREE
- SET DATUM TO WGS84

STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH PLAIN VIEW OF THE SKY

- 1 TURN GPS MACHINE ON AND WAIT UNTIL SATELITE PAGE CHANGES TO "POSITION"
- 2 WAIT 5 MINUTES
- 3 PRESS "MARK"
- 4 HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"
- 5 ENTER X-DIGIT FACILITY CODE / FACILITY NUMBER
- 6 HIGHLIGHT "SAVE" AND PRESS "ENTER"
- 7 PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"
- 8 HIGHLIGHT YOUR WAYPOINT
- 9 COPY INFORMATION FROM WAYPOINT LIST PAGE

BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

010 WAYPOINT NAME (FACILITY NUMBER)	WAYPOINT NAME <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
012 LATITUDE	N/S ..... a <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> DEGREES/DECIM b <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . c <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
013 LONGITUDE	E/W ..... a <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> DEGREES/DECIM b <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . c <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

# CONSENT

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Good day! My name is \_\_\_\_\_. We are here on behalf of the National Institute of Population Research and Training (NIPORT) and Ministry of Health and Family Welfare (MOHFW) conducting a survey of health facilities to assist the Government of knowing more about health services in BANGLADESH

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. Information collected about your facility during this study may be used by NIPORT, the MOHFW, organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.

Neither your name nor the names of any other health workers who participate in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

\_\_\_\_\_  
INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED

				2	0	1
DAY				MONTH		YEAR

100	May I begin the interview?	YES ..... 1 NO ..... 2	→ STOP										
101	INTERVIEW START TIME	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="font-size: 24px; padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">HOURS</td> <td></td> <td colspan="2" style="text-align: center;">MINUTES</td> </tr> </table>			:			HOURS			MINUTES		
		:											
HOURS			MINUTES										

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT

# MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY

## SECTION 1: GENERAL SERVICE AVAILABILITY AND INPATIENT SERVICES

### SERVICE AVAILABILITY

102	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES	NO	DONE
01	Child vaccination services, either at the facility or as outreach	1	2	<input type="checkbox"/>
02	Growth monitoring services, either at the facility or as outreach	1	2	<input type="checkbox"/>
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	<input type="checkbox"/>
04	Any family planning services-- including modern methods, fertility awareness methods , male or female surgical sterilization	1	2	<input type="checkbox"/>
05	Antenatal care (ANC) services	1	2	<input type="checkbox"/>
07	Normal delivery	1	2	<input type="checkbox"/>
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	<input type="checkbox"/>
14	Diagnosis or management of non-communicable diseases, specifically diabetes cardiovascular diseases, and chronic respiratory conditions in adults	1	2	<input type="checkbox"/>
16	Cesarean delivery (Cesarean section)	1	2	<input type="checkbox"/>
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	<input type="checkbox"/>
18	Blood grouping and typing services	1	2	<input type="checkbox"/>
19	Blood transfusion services	1	2	<input type="checkbox"/>
20*	Postnatal care (PNC) services	1	2	<input type="checkbox"/>
21*	Postpartum family planning (PPFP) services	1	2	<input type="checkbox"/>
22*	Adolescent health services	1	2	<input type="checkbox"/>
23*	Nutrition services	1	2	<input type="checkbox"/>

### INPATIENT (INDOOR) SERVICES

110	Does this facility routinely provide in-patient care?	YES..... 1 NO..... 2	→ 112
111	Does this facility have beds for overnight observation?	YES..... 1 NO..... 2	→ 200
112	Excluding any delivery and/or maternity beds, how many <b>(overnight) or (in-patient)</b> beds in total does this facility have, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....998	
113*	How many beds in total does this facility have according to GOB circular/license? USE CIRCULAR IN PUBLIC, LICENSE IN PRIVATE AND NGO FACILITIES	# OF BEDS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....998	
114*	Current number of beds with budget allocation?	# OF BEDS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....998	

## SECTION 2: GENERAL FILTER QUESTIONS

### PROCESSING OF INSTRUMENTS

200	<p>I have a few questions about how surgical instruments, such as speculums, forceps, and other metal equipment are processed for re-use in this facility. Are instruments that are used in the facility processed (i.e., sterilized or high-level disinfected) for re-use?</p>	YES..... 1 NO..... 2	→ 210
201	Is the final processing done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY..... 1 BOTH IN THIS FACILITY AND OUTSIDE..... 2 ONLY AT AN OUTSIDE FACILITY..... 3	

### STORAGE OF MEDICINES

210	<p>Does this facility store or keep any medicines (including antibiotics, analgesics), vaccines or contraceptive commodities in the facility? I am referring to medicines/commodities that are meant to be given or sold to clients when a provider prescribes them.</p> <p>PROBE</p>	YES..... 1 FACILITIES STOCKS NO MEDICINES... 2	→ 300
211	<p><b>CHECK Q102.04</b></p> <p style="text-align: center;">                 FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/> </p>	<p style="text-align: center;">                 NO FAMILY PLANNING SERVICES <input type="checkbox"/> </p>	→ 213
212	Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?	STORED IN FP SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 FP COMMODITIES NOT STOCKED.... 3	
213	<p><b>CHECK Q102.10</b></p> <p style="text-align: center;">                 TUBERCULOSIS SERVICES AVAILABLE <input type="checkbox"/> </p>	<p style="text-align: center;">                 NO TUBERCULOSIS SERVICES <input type="checkbox"/> </p>	→ 300
214	Are medicines for the treatment of TB generally stored in the TB service area or are they stored in a common area with other medicines?	STORED IN TB SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 TB MEDICINES NOT STOCKED..... 3	

## MODULE 2: GENERAL SERVICE READINESS

### SECTION 3: 24-HOUR STAFF COVERAGE - INFRASTRUCTURE EXTERNAL SUPERVISION - USER FEES - SOURCES OF REVENUE

#### 24-HOUR STAFF COVERAGE

300*	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies? Specifically, I am referring to medical specialists, medical officers, nurses and paramedics.	YES, 24-HR STAFF. . . . . 1 NO 24-HOUR STAFF. . . . . 2	→ 310
301	Is there a duty schedule or call list for 24-hour staff coverage?	YES . . . . . 1 DUTY SCHEDULE NOT MAINTAINED. . . 2	→ 310
302	May I see the duty schedule or call list for 24-hour staff coverage?	SCHEDULE OBSERVED. . . . . 1 SCHEDULE REPORTED NOT SEEN. . . . 2	

#### COMMUNICATION

310	Does this facility have a <b><u>land line or cellular phone</u></b> that is available to call outside at all times client services are offered?  CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES . . . . . 1 NO. . . . . 2	→ 313
311	May I see the land line or cellular phone?	OBSERVED . . . . . 1 REPORTED NOT SEEN. . . . . 2	
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. . . . . 2	
313	Does this facility have a <b><u>private cellular phone</u></b> that is reimbursed by the facility or higher authority?	YES . . . . . 1 NO. . . . . 2	→ 319
314	May I see the private cellular phone that is reimbursed by the facility or higher authority?	OBSERVED . . . . . 1 REPORTED NOT SEEN. . . . . 2	
315	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. . . . . 2	
319	Does this facility have a <b><u>computer?</u></b> (any type of computer: desktop, laptop or tablet)?	YES. . . . . 1 NO. . . . . 2	→ 322
320	May I see the computer? (any type of computer: desktop, laptop or tablet)?	OBSERVED . . . . . 1 REPORTED NOT SEEN. . . . . 2	
321	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. . . . . 2	
322	Is there access to email or internet via computer and/or mobile phone within the facility? ACCEPT REPORTED RESPONSE.	YES. . . . . 1 NO. . . . . 2	→ 330
323	Is the email or internet routinely available for <b><u>at least 2 hours</u></b> on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES. . . . . 1 NO. . . . . 2	



## SOURCE OF WATER

330	<p>What is the <i>most commonly used</i> source of water for the facility at this time?</p> <p>OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.</p>	PIPED INTO FACILITY..... 01 PIPED ONTO FACILITY GROUNDS..... 02 PUBLIC TAP/STANDPIPE..... 03 TUBEWELL/BOREHOLE..... 04 PROTECTED DUG WELL..... 05 UNPROTECTED DUG WELL..... 06 PROTECTED SPRING..... 07 UNPROTECTED SPRING..... 08 RAINWATER..... 09 BOTTLED WATER..... 10 CART W/SMALL TANK/DRUM..... 11 TANKER TRUCK..... 12 SURFACE WATER (RIVER/DAM/LAKE/POND)..... 13 OTHER (SPECIFY)..... 96 DON'T KNOW..... 98 NO WATER SOURCE..... 00	→ 332           → 332   → 332 → 340
331	<p>Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility?                  REPORTED RESPONSE IS ACCEPTABLE</p>	ONSITE..... 1 WITHIN 500M OF FACILITY..... 2 BEYOND 500M OF FACILITY..... 3	
332	<p>Is there routinely a time of year when the facility has a severe shortage or lack of water?</p>	YES..... 1 NO..... 2	

## POWER SUPPLY

340	<p>Is this facility connected to the national electricity grid, including polli biddut?</p>	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 342
341	<p>During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted <b>for more than 2 hours at a time?</b></p> <p>CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERRUPTED FOR LESS THAN 2 HOURS AT A TIME.</p>	ALWAYS AVAILABLE..... 1 SOMETIMES INTERRUPTED..... 2 DON'T KNOW..... 8	
342	<p>Does this facility have other sources of electricity, such as a generator or solar system?</p>	YES..... 1 NO OTHER SOURCE..... 2	→ 350
343	<p>What other sources of electricity does this facility have?                  PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY</p>	FUEL-OPERATED GENERATOR..... A BATTERY-OPERATED GENERATOR..... B SOLAR SYSTEM..... C OTHER (SPECIFY)..... X	
344	<p><b>CHECK Q343</b></p> <p style="text-align: center;">                 GENERATOR USED <input type="checkbox"/> (EITHER "A" OR "B" CIRCLED)                  GENERATOR NOT USED <input type="checkbox"/> (NEITHER "A" NOR "B" CIRCLED)             </p>		→ 350
345	<p>Is the generator functional?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 346A
346	<p>Is fuel (or a charged battery) available today for the generator?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	YES..... 1 NO..... 2 DON'T KNOW..... 8	
346A	<p>Does this facility have a program for routine preventive maintenance of the generator?</p>	YES..... 1 NO ROUTINE MAINTENANCE..... 2 DON'T KNOW..... 8	→ 346C
346B	<p>Is the person responsible for routine preventive maintenance of the generator an onsite facility staff, or does this person come from outside the facility?</p>	ONSITE SATFF..... 1 O U T S I D E S U P P O R T..... 2 BOTH ONSITE AND OUSIDE STAFF..... 3 DON'T KNOW..... 8	
346C	<p>Does this facility have assigned person responsible for operating the generator?</p>	YES..... 1 NO..... 2 DON'T KNOW..... 8	

## EXTERNAL SUPERVISION

350	Does this facility receive any external supervision from the any upper level facility/higher authority?	YES..... 1 NO..... 2	→ 352C
351	When was the last time a supervisor from any upper level office came here on a supervisory visit? Was it within the past 6 months or more than 6 months ago?	WITHIN THE PAST 6 MONTHS ..... 1 MORE THAN 6 MONTHS AGO..... 2	→ 352C
351A	During the past 6 months, how many supervisory visits has this facility received from an upper level office/higher authority?	# OF SUPERVISORY VISITS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW..... 98	
352	The last time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES    NO    DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1    2    8	
02	Discuss performance of the facility based on available health services data?	1    2    8	
352A	Does this facility maintain records of written comments made by supervisors from outside the facility when they make their supervisory visits?	YES, RECORDS MAINTAINED..... 1 NO, RECORDS NOT MAINTAINED..... 2	→ 352C
352B	May I see records of written comments or suggestions made by a supervisor from outside the facility during a visit in the past 6 months?	OBSERVED ..... 1 REPORTED NOT SEEN..... 2	
352C	Now I would like to ask a few questions about community level supervision of community Health Workers. Does this facility have, or work with Community Health Workers (CHWs)?	YES..... 1 FACILITY DOES NOT HAVE CHW..... 2	→ 360
352D	Do staff from this facility do community level supervision of the CHWs?	YES..... 1 NO..... 2	→ 360
352E	Is there a monthly community level supervision schedule created by health facility staff?	YES..... 1 NO..... 2	→ 352G
352F	May I see the monthly community level supervision schedule?	OBSERVED ..... 1 REPORTED NOT SEEN..... 2	
352G	How many supervision visits to community level in the past six months were carried out by health facility staff?  IF MORE THAN 95 PUT 95	# OF SUPERVISORY VISITS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW..... 98	

## USER FEES

360*	Does this facility have any <b><i>routine user-fees or charges</i></b> for client services, including charges for health cards and for client registration? These could be routine fees for some services or for medicines	YES..... 1 NO..... 2	→ 370
361	Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility? PROBE.	FIXED FEE COVERING ALL SERVICES..... 1 NO, CHARGE FEE FOR SEPARATE ITEMS... 2	→ 363
362	Does this facility have a fee for the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	YES                  NO	
01	CLIENT HEALTH CARD .....	1                  2	
02	REGISTRATION .....	1                  2	
03	CONSULTATION.....	1                  2	
04	MEDICINES.....	1                  2	
05	VACCINES .....	1                  2	
06	CONTRACEPTIVE COMMODITIES.....	1                  2	
07	NORMAL DELIVERIES .....	1                  2	
08	SYRINGES AND NEEDLES.....	1                  2	
09	CESAREAN SECTION .....	1                  2	
13	LABORATORY TESTS .....	1                  2	
17*	TICKET AND ADMISSION FEES .....	1                  2	
18*	BED/CABIN CHARGE .....	1                  2	
19*	CLIENT VOLUNTARY CONTRIBUTION .....	1                  2	
363	Are the official fees posted or displayed so that the client can easily see them?	YES..... 1 NO POSTED FEES..... 2	→ 364A
364	May I see the posted fees?  REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q362 TO DETERMINE IF ALL FEES ARE POSTED	OBSERVED, ALL FEES POSTED..... 1 OBSERVED, SOME BUT NOT ALL FEES. 2	
364A	Does this facility ever exempt clients from user fees? In other words, are any of this facility's clients exempted from user fees?	YES..... 1 NO..... 2 DON'T KNOW..... 8	} → 370
364B	Does this facility follow any written guidelines/office order/instructions on exemption of user fees?	YES..... 1 NO..... 2	→ 370
364C	May I see the guidelines/office order/instructions on exemption of user fees?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

## SOURCES OF REVENUE

370	<p>Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any revenue or funding from any of the listed resources during the <b>2016 - 2017</b> financial year.</p> <p>If <b>someone else</b> is more appropriate to provide financial information, please feel free to invite that person or refer me to that person.</p> <p>CIRCLE ALL THAT APPLY. PROBE FOR EACH.</p>	MINISTRY OF HEALTH..... A OTHER PUBLIC MINISTRIES..... B MEDICAL SCHEMES (INSURANCE)..... C SOCIAL SECURITY FUND..... D REIMBURSEMENT BY EMPLOYER..... E GOVT. CONTRIBUTION TO PRIVATE... F DONOR AGENCIES/NGOs..... G FAITH-BASED..... H COMMUNITY PROGRAMS..... I USER FEES..... J OTHER (SPECIFY)..... X NONE..... Y	
-----	--	--	--

**SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION  
QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS**

**STAFFING**

400	Please tell me: a) How many staff in each of the following qualification / occupational categories are sanctioned (expected) to work in this facility. b1) For each qualification / occupational category, how many are currently posted and working in the facility in total, either full time or part time b2) For each qualification / occupational category, how many are currently attached/deputed in and working in the facility b3) For each qualification / occupational category, how many are currently deputed out c) For each qualification / occupational category, among those currently posted/attached and working in the facility, how many are part-time					
	QUALIFICATION / OCCUPATIONAL CATEGORY	(a) SANCTIONED	(b1) POSTED	(b2) ATTACHED/ DEPUTED-IN	(b3) DEPUTED-OUT	(c) PART TIME
01*	SUPERINTENDANT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02*	DIRECTOR/MANAGER/COORDINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03*	UPAZILA HEALTH &FAMILY PLANNING OFFICER (UH&FPO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04*	SENIOR CONSULTANT(MEDICINE)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05*	SENIOR CONSULTANT(SUGERY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06*	SENIOR CONSULTANT(OBS.&GYN.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07*	SENIORCONSULTANT (PEDIATRICS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08*	SENIOR CONSULTANT (ORTHOPEDIC SURGURY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09*	SENIOR CONSULTANT (EYE)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10*	SENIOR CONSULTANT (ANESTHESIA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11*	CONSULTANT (RADIOLOGY AND IMAGING)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12*	CONSULTANT (PATHOLOGIST)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13*	SENIOR CNSULTANT(ENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14*	SENIOR CONSULTANT(SKIN & VD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15*	SENIOR CONSULTANT (CARDIOLOGY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16*	JUNIOR CONSULTANT(MEDICINE)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17*	JUNIOR CONSULTANT(SUGERY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18*	JUNIOR CONSULTANT(OBS.&GYN.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19*	JUNIOR CONSULTANT (PEDIATRICS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20*	JUNIOR CONSULTANT (ORTHOPEDIC SURGURY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21*	JUNIOR CONSULTANT (EYE)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22*	JUNIOR CONSULTANT (ANESTHESIA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23*	JUNIOR CONSULTANT (RADIOLOGY )	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24*	JUNIOR CONSULTANT (PATHOLOGIST)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25*	JUNIOR CONSULTANT(ENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26*	JUNIOR CONSULTANT(SKIN & VD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27*	JUNIOR CONSULTANT(CARDIOLOGY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28*	RESIDENTIAL MEDICAL OFFICER (RMO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
29*	MEDICAL OFFICER (MO)/PHYSICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30*	RADIOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31*	PATHOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

32*	SENIOR CLINICAL PATHOLOGIST						
33*	ANESTHETIST						
34*	EMERGENCY MEDICAL OFFICER (EMO)						
35*	INDOOR MEDICAL OFFICER (IMO)						
36*	INDOOR MEDICAL OFFICER (IMO) CARDIOLOGY						
37*	INDOOR MEDICAL OFFICER (IMO) SURGERY						
38*	INDOOR MEDICAL OFFICER (IMO) ORTHOPEDIC SURGERY						
39*	INDOOR MEDICAL OFFICER (IMO) MEDICINE						
40*	INDOOR MEDICAL OFFICER (IMO) PEDIATRIC						
41*	INDOOR MEDICAL OFFICER (IMO) GYN & OBS						
42*	MEDICAL OFFICER (MO-BLOOD TRANSFUSION)						
43*	DENTAL SURGEON						
44*	ASSISTANT SURGEON/EQUIVALENT						
45*	MO (HOMEOPATH/UNANI/AYURVEDIC)						
46*	ASSIST REGISTRAR (MEDICINE)						
47*	ASSIST REGISTRAR (SURGERY)						
48*	ASSIST REGISTRAR (OBS/GYN)						
49*	ASSIST REGISTRAR (PEDIATRIC)						
50*	UPAZILA FAMILY PLANNING OFFICER (UFPO)						
51*	MEDICAL OFFICER (MO-CLINIC)						
52*	MEDICAL OFFICER (MCH-FP)						
53*	ASSIST UPAZILA FP OFFICER (AUFPO)						
54*	ASSIST FAMILY WELFARE OFFICER, MCH-FP (AFWO)						
55*	SUB ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO)						
56*	FAMILY WELFARE VISITOR (FWV)						
57*	MATRON						
58*	NURSING SUPERVISOR						
59*	SENIOR STAFF NURSE						
60*	NURSE MIDWIFE						
61*	STAFF NURSE						
62*	ASSISTANT NURSING ATTENDANT						
63*	MIDWIFE						
64*	PARAMEDIC						
65*	PHARMACIST						
66*	MEDICAL TECHNOLOGIST (LAB)						
67*	MEDICAL TECHNOLOGIST (BLOODTRANSFUSION)						
68*	MEDICAL TECHNOLOGIST (RADIOLOGY)						
69*	MEDICAL TECHNOLOGIST (PHYSIOTHERAPY)						
70*	MEDICAL TECHNOLOGIST (DENTAL)						

71*	MEDICAL TECHNICIAN EPI/EPI TECHNICIAN						
72*	MEDICAL TECHNICIAN BIOCHEMISTRY/HEMATOLOGY						
73*	TB LEPROSY CONTROL ASSISTANT (TLCA)						
74*	MEDICAL TECHNICIAN (BT)						
75*	ECG TECHNICIAN						
76*	ECHO TECHNICIAN						
77*	CARDIOGRAPHER						
78*	BIOCHEMIST						
79*	NUTRITIONIST/DIETICIAN						
80*	HEALTH EDUCATOR						
81*	SANITARY INSPECTOR						
82*	FEMALE MEDICAL ATTENDANT						
83*	WARD MASTER						
84*	ATTENDANT (OT/LAB/DISPENSARY/WARD BOY/EMERGENCY)						
85*	COMMUNITY HEALTH CARE PROVIDER (CHCP)						
86*	HEALTH ASSISTANT (HA)						
87*	FAMILY WELFARE ASSISTANT (FWA)						
88*	COUNSELOR						
89*	COMMUNITY MOBILIZER/SERVICE PROMOTER						
90*	STORE KEEPER						
91*	STATISTICIAN/STATISTICAL OFFICER/STATISTICAL ASSISTANT						
92*	OFF ASSISTANT CUM DATA ENTRY OPERATOR/ COMPUTER OPERATOR						
93*	UPAZILA FAMILY PLANNING ASSISTANT (UFPA)						
94*	OTHER-1						
95*	OTHER-2						
96*	<b>TOTAL</b>						

## CLIENT OPINION AND FEEDBACK

430	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES..... 1 NO..... 2	→440
431	Please tell me all the methods that this facility uses to elicit client opinion  CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX..... A CLIENT SURVEY FORM..... B CLIENT INTERVIEW FORM..... C OFFICIAL MEETING WITH COMMUNITY LEADERS..... D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY..... E EMAIL..... F FACILITY'S WEBSITE..... G LETTERS FROM CLIENTS/COMMUNITY..... H TEXT/SMS MESSAGES/CALLS..... I OTHER..... X DON'T KNOW..... Z	

## QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

440	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→450
441	Is there an official record of any quality assurance activities carried out during the past year?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→450
442	May I see a record of any quality assurance activity?  A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

## TRANSPORT FOR EMERGENCIES

450	Does this facility have a <b>functional ambulance</b> or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?	YES..... 1 NO..... 2	→452
451	May I see the ambulance (or other vehicle)?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→453
452	Does this facility have access to an ambulance or other vehicle for emergency transportation for clients that is stationed at another facility or that operates from another facility?	YES..... 1 NO..... 2	→460
453	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
454*	For each type of vehicles that is stationed at this facility and used for emergency transport of clients including ambulance, rickshaw, boat and three wheelers, please tell me:  How many of this type of vehicle the facility currently owns, rents, or has full-time access to?	A) Ambulance <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> D) Engine boat <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>  B) Richshaw Van <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> E) Speed boat <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>  C) Boat <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> F) Auto/Three wheelers <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>  X) Other _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	

## HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION

460	Does this facility have a system in place to regularly collect health/family planning services data?	YES..... 1 NO..... 2	→470	
461*	Please tell me: a) If this facility regularly compiles the following reports containing health services information b) How frequently the reports are compiled, and c) Finally, I would like to see a copy of the most re	(a) <b>REPORT COMPILED?</b>	(b) <b>HOW FREQUENTLY ARE REPORTS COMPILED?</b>	(c) <b>COPY OF RECENT REPORT</b>
		YES    NO	MONTHLY OR MORE OFTEN    EVERY 2-3 MONTHS    EVERY 4-6 MONTHS    LESS OFTEN THAN EVERY 6 MONTHS	OBSERVED    REPORTED NOT SEEN
01	HOSPITAL ACTIVITY	1 → b    2 ] 02 ←	1 → c    2 → c    3 → c    4 → c	1    2
02	EPI	1 → b    2 ] 03 ←	1 → c    2 → c    3 → c    4 → c	1    2
03	FAMILY PLANNING	1 → b    2 ] 04 ←	1 → c    2 → c    3 → c    4 → c	1    2
04	TB/LEPROSY	1 → b    2 ] 05 ←	1 → c    2 → c    3 → c    4 → c	1    2
05	LABORATORY	1 → b    2 ] 06 ←	1 → c    2 → c    3 → c    4 → c	1    2
06	MORBIDITY / MORTALITY	1 → b    2 ] 07 ←	1 → c    2 → c    3 → c    4 → c	1    2
07	MALARIA + KALA AZAR	1 → b    2 ] 08 ←	1 → c    2 → c    3 → c    4 → c	1    2
08	NOTIFIABLE DISEASE	1 → b    2 ] 09 ←	1 → c    2 → c    3 → c    4 → c	1    2
09	IMCI	1 → b    2 ] 10 ←	1 → c    2 → c    3 → c    4 → c	1    2
10	EQUIPMENT STATUS	1 → b    2 ] 11 ←	1 → c    2 → c    3 → c    4 → c	1    2
11	MATERNAL HEALTH	1 → b    2 ] 12 ←	1 → c    2 → c    3 → c    4 → c	1    2
12	FAMILY PLANNING COMMODITIES	1 → b    2 ] 13 ←	1 → c    2 → c    3 → c    4 → c	1    2
13	ADOLESCENT HEALTH	1 → b    2 ] 14 ←	1 → c    2 → c    3 → c    4 → c	1    2
14	NUTRITION	1 → b    2 ] 15 ←	1 → c    2 → c    3 → c    4 → c	1    2
15	NEWBORN HEALTH	1 → b    2 ] 16 ←	1 → c    2 → c    3 → c    4 → c	1    2
16	DGFP.MIS-3	1 → b    2 ] 464 ←	1 → c    2 → c    3 → c    4 → c	1    2
464	Does this facility have a designated person, such as a statistician, who is responsible for health services data in this facility?	YES..... 1 NO DEDICATED PERSON..... 2		→470
465	Who is responsible for health services data in this facility?  PROBE TO DETERMINE WHO THIS PERSON IS	DATA MANAGER/HMIS PERSON/STATISTICIAN..... 1 FACILITY IN-CHARGE..... 2 OTHER SERVICE PROVIDER..... 3		

## HEALTH STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

470	<b>CHECK Q110</b> INPATIENT CARE SERVICES AVAILABLE <input type="checkbox"/>	NO INPATIENT CARE SERVICES <input type="checkbox"/> → 472
471	How many <u>live</u> discharges were made in the last completed calendar month [MONTH] for all conditions, both for adults and children? By this, I mean the number of patients who were admitted and then discharged alive.	# OF DISCHARGES <input style="width: 100px; height: 20px;" type="text"/> DON'T KNOW..... 9998
472	How many outpatient client visits were made to this facility in the last completed calendar month [MONTH] for both adults and children?  IF MORE THAN 9,990 CLIENT VISITS, ENTER 9,990 AS MAXIMUM	# OF CLIENT VISITS <input style="width: 100px; height: 20px;" type="text"/> DON'T KNOW..... 9998



## SECTION 5: PROCESSING OF INSTRUMENTS FOR REUSE

ASK TO BE SHOWN THE MAIN LOCATION WHERE SURGICAL INSTRUMENTS ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF SURGICAL INSTRUMENTS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

500	<b>CHECK Q201: ARE ANY EQUIPMENT PROCESSED IN THE FACILITY?</b>						
YES <input type="checkbox"/> (CODES 1 or 2 CIRCLED)		NO (CODE 3 CIRCLED) <input type="checkbox"/>	GO TO NEXT SECTION OR SERVICE SITE				
501	ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT FOR EXAMPLE: "Do you use [METHOD] in facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"						
	<b>ITEM</b>	<b>(A) USE AND AVAILABILITY</b>			<b>(B) FUNCTIONING</b>		
		OBSERVED	REPORTED NOT SEEN	NOT USED	YES	NO	DON'T KNOW
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 2 ↘	1	2	8
02	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 3 ↘	1	2	8
03	ELECTRIC DRY HEAT STERILIZER	1 → b	2 → b	3 4 ↘	1	2	8
04	ELECTRIC BOILER OR STEAMER (NO PRESSURE)	1 → b	2 → b	3 5 ↘	1	2	8
05	NON-ELECTRIC POT WITH COVER FOR BOILING/STEAM	1	2	3			
06	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT (STOVE OR COOKER)	1 → b	2 → b	3 7 ↘	1	2	8
07	AUTOMATIC TIMER (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 8 ↘	1	2	8
08	TST INDICATOR STRIPS/OTHER ITEM THAT INDICATES PROCESS IS COMPLETE	1	2	3			
09	ANY CHEMICALS FOR CHEMICAL HLD	1	2	3			
502	CHECK Q501. FOR EACH OF THE FOLLOWING METHODS OF STERILIZATION/HIGH LEVEL DISINFECTION THAT IS USED IN THE FACILITY, ASK YOUR RESPONDENT AND INDICATE THE PROCESSING DETAILS, INCLUDING PROCESSING TIME, RECOMMENDED PRESSURE, ETC.						
		<b>(1) AUTOCLAVE (steam with pressure)</b>	<b>(2) DRY HEAT STERILIZATION</b>	<b>(3) BOILING (HLD)</b>	<b>(4) STEAM HIGH LEVEL DISINFECTION (HLD)</b>	<b>(5) CHEMICAL HIGH LEVEL DISINFECTION (HLD)</b>	
A	Method	USED ..... 1 NOT USED ... 2 → 2	USED ..... 1 NOT USED ... 2 → 3	USED ..... 1 NOT USED ..... 2 → 4	USED ..... 1 NOT USED ... 2 → 5	USED ..... 1 NOT USED ... 2 → 503	
B	Temperature (centigrade)	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC ..... 666 DON'T KNOW ..... 998	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC ..... 666 DON'T KNOW ..... 998				
C	Pressure	PRESS- URE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC ..... 666 DON'T KNOW 998 → 1E					
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM ... 1 ATM PRESSURE ... 2 KILOPASCAL (LB/IN <sup>2</sup> ) 3 MILLIMETER HG ... 4 DON'T KNOW ..... 8					
E	What is the duration in minutes when instrument is not wrapped in cloth for [METHOD]?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC ..... 666 NOT USED ..... 995 DON'T KNOW ..... 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC ..... 666 DON'T KNOW ..... 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
F	What is the duration in minutes when instrument is wrapped in cloth for autoclave?	MINUTES WRAPPED <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC ..... 666 NOT USED ..... 995 DON'T KNOW ..... 998					
G	Chemical disinfectant used						ALCOHOL ..... 01 BETADINE ..... 02 CHLORINE ..... 03 CIDEX ..... 04 FORMALDEHYDE ... 05 GLUTERALDEHYDE 06 LYSOL ..... 07 DON'T KNOW ..... 98
503	Does this facility have any guideline/protocol/manual on final processing or sterilization of surgical instruments?	YES ..... 1 NO ..... 2			→ NEXT SECTION		
504	May I see the guideline/protocol/manual on processing or sterilization of equipment?  HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE	OBSERVED ..... 1 REPORTED NOT SEEN ..... 2					

## SECTION 6: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS

600	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility <i>finally</i> dispose of <b>sharps waste</b> (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p><b>NOTE!</b></p> <p>IF ANY OF THE RESPONSES <b>02 - 09</b> TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p><b>BURN IN INCINERATOR:</b></p> <p>2-CHAMBER INDUSTRIAL (800-1000+°C)..... 02</p> <p>1-CHAMBER DRUM/BRICK..... 03</p> <p><b>OPEN BURNING</b></p> <p>FLAT GROUND-NO PROTECTION..... 04</p> <p>PIT OR PROTECTED GROUND..... 05</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>FLAT GROUND-NO PROTECTION..... 06</p> <p>COVERED PIT OR PIT LATRINE..... 07</p> <p>OPEN PIT-NO PROTECTION..... 08</p> <p>PROTECTED GROUND OR PIT..... 09</p> <p><b>REMOVE OFFSITE</b></p> <p>STORED IN COVERED CONTAINER..... 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT..... 11</p> <p>STORED UNPROTECTED..... 12</p> <p><b>OTHER</b> _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE SHARPS WASTE..... 95</p>	
601	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages</p> <p>How does this facility <i>finally</i> dispose of <b>medical waste</b> other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p><b>NOTE!</b></p> <p>IF ANY OF THE RESPONSES <b>02 - 09</b> TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>SAME AS FOR SHARP ITEMS..... 01</p> <p><b>BURN IN INCINERATOR:</b></p> <p>2-CHAMBER INDUSTRIAL (800-1000+°C)..... 02</p> <p>1-CHAMBER DRUM/BRICK..... 03</p> <p><b>OPEN BURNING</b></p> <p>FLAT GROUND-NO PROTECTION..... 04</p> <p>PIT OR PROTECTED GROUND..... 05</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>FLAT GROUND-NO PROTECTION..... 06</p> <p>COVERED PIT OR PIT LATRINE..... 07</p> <p>OPEN PIT-NO PROTECTION..... 08</p> <p>PROTECTED GROUND OR PIT..... 09</p> <p><b>REMOVE OFFSITE</b></p> <p>STORED IN COVERED CONTAINER..... 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT..... 11</p> <p>STORED UNPROTECTED..... 12</p> <p><b>OTHER</b> _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE OTHER MEDICAL WASTE..... 95</p>	
602	<p><b>CHECK Q600</b></p> <p style="display: flex; justify-content: space-between;"> <span style="width: 45%;">FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED) <input type="checkbox"/></span> <span style="width: 45%;">NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED) <input type="checkbox"/></span> </p> <p style="text-align: right; margin-right: 20px;">→ 604</p>		
603	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE..... 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA..... 2</p> <p>WASTE VISIBLE, <b>NOT</b> PROTECTED..... 3</p> <p>WASTE SITE NOT INSPECTED..... 8</p>	
604	<p><b>CHECK Q601</b></p> <p style="display: flex; justify-content: space-between;"> <span style="width: 45%;">FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED) <input type="checkbox"/></span> <span style="width: 45%;">NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED) <input type="checkbox"/></span> </p> <p style="text-align: right; margin-right: 20px;">→ 606</p>		
605	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE..... 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA..... 2</p> <p>WASTE VISIBLE, <b>NOT</b> PROTECTED..... 3</p> <p>WASTE SITE NOT INSPECTED..... 8</p>	

606	<b>CHECK Q600 AND Q601</b> INCINERATOR USED (EITHER "2" OR "3" CIRCLED) <input type="checkbox"/>	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) <input type="checkbox"/>	→ 610
607	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED..... 1 INCINERATOR REPORTED NOT SEEN..... 2	
608	Is the incinerator functional today?  ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 610
609	Is fuel available today for the incinerator?  ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2 DON'T KNOW..... 8	
610	Do you have any guidelines on health care waste management available in this service area? This may be part of the infection prevention guideline or protocol.	YES..... 1 NO GUIDELINE AVAILABLE..... 2	→ 620
611	May I see the guidelines on health care waste management?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

## CLIENT LATRINE

620	Is there a toilet (latrine) in <b>functioning condition</b> that is available for general outpatient client use?  IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM..... 11 FLUSH TO SEPTIC TANK..... 12 FLUSH TO PIT LATRINE..... 13 FLUSH TO SOMEWHERE ELSE..... 14 FLUSH, DON'T KNOW WHERE..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE..... 21 PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB / OPEN PIT..... 23 COMPOSTING TOILET..... 31 BUCKET TOILET..... 41 HANGING TOILET / HANGING LATRINE..... 51 NO FUNCTIONING FACILITY / BUSH / FIELD..... 61	→ 700
620A	ASK TO SEE THE CLIENT TOILET AND INDICATE THE PRIVACY AND FUNCTION OF THE TOILET THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	<b>PRIVACY</b> UNLOCKED DOOR WHEN NOT IN USE..... A CAN BE LOCKED FROM INSIDE WHEN USE..... B TOILET STALL HAVE WALLS WITHOUT MAJOR HOLES..... C  <b>FUNCTION</b> WATER AVAILABLE..... D SOAP AVAILABLE..... E NO CRACK OR LEAK IN THE TOILET STRUCTURE..... F HOLE OR PIT IS NOT BLOCKED..... G  <b>CLEANLINESS</b> DRY..... H MINIMAL ODOR..... I CLEAN APPEARANCE..... J CLEANING PRODUCTS VISIBLE..... K	
620B	Is there a separate sanitary toilet/latrine facility for the use of female clients?	YES, SEPARATE SANITARY/TOILET FACILITY FOR THE USE OF FEMALE CLIENTS..... 1 NO SEPARATE TOILETS, ONLY COMBINED TOILETS..... 2	

## SECTION 7: BASIC SUPPLIES - CLIENT EXAMINATION ROOM CLIENT WAITING AREA

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

### BASIC SUPPLIES AND EQUIPMENT

700	I would like to know if the following items are available today in the main service area and are functioning  ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3	1	2	8
13	NEBULIZER	1 → b	2 → b	3	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3	1	2	8
18	FILLED OXYGEN CYLINDER WITH FLOW METER	1 → b	2 → b	3	1	2	8
19*	FILLED OXYGEN CYLINDER WITHOUT FLOW METER	1 → b	2 → b	3	1	2	8
20	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3	1	2	8
21	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
22	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			
23*	GLUCOMETER	1 → b	2 → b	3	1	2	8
24*	TAPE FOR MID-UPPER ARM CIRCUMFERENCE (MUAC)	1	2	3			
25*	TONGUE DEPRESSOR (WOODEN/METALLIC)	1	2	3			

## CLIENT EXAMINATION ROOM

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE.

710	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX/OTHER GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. . . . . 4		

## CLIENT WAITING AREA

720	Is there a waiting area for clients where they <b><u>are protected from the sun and rain?</u></b>  ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITINGAREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES. . . . . 1 NO PROTECTED CLIENT WAITING AREA . . . . . 2	
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## SECTION 8: DIAGNOSTICS

800	<b>CHECK Q102.17</b>	DIAGNOSTIC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO DIAGNOSTIC SERVICES <input type="checkbox"/> GO TO NEXT SECTION OR SERVICE SITE ←
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ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.

### HEMATOLOGY

801	Does this facility do any hemoglobin testing on site, i.e. in the facility?	YES ..... 1	NO ..... 2	→ 829					
802	Please tell me if: <b>a)</b> Any of the following hemoglobin test equipment is used in this facility, <b>b)</b> All items needed for the test are available, and <b>c)</b> Equipment is in working order	<b>(a)</b>	<b>(b)</b>			<b>(c)</b>			
		<b>USED</b>	<b>EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?</b>			<b>IS THE ITEM IN WORKING ORDER?</b>			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Hematology analyzer (for total lymphocyte count, full blood count, platelet count, etc.)	1 → b	2 ↵ 02 ←	1 → c	2 → c	3 ↵ 02 ←	1	2	8
02	HemoCue	1 → b	2 ↵ 04 ←	1 → c	2 → c	3 ↵ 04 ←	1	2	8
03	Microcuvette (with valid expiration date)			1	2	3			
04	Colorimeter or hemoglobinometer	1 → b	2 ↵ 07 ←	1 → c	2 → c	3 ↵ 07 ←	1	2	8
05	Drabkin's solution (for colorimeter and hemoglobinometer)			1	2	3			
06	Pipette (for measuring blood volume)	1 → b	2 ↵ 07 ←	1	2	3			
07	Tallquist paper for hemoglobin test (with valid expiration date)	1 → b	2 ↵ 829 ←	1	2	3			

# CLINICAL CHEMISTRY

829*	Does this facility do any blood cholesterol level testing in the facility?	YES ..... 1 NO ..... 2		
830	Does this facility do any blood glucose testing in the facility?	YES ..... 1 NO ..... 2	→ 832	
831	Please tell me if: a) Any of the following blood glucose test equipment is used in this facility b) Equipment is available, and c) Equipment is in working order	<b>(a)</b>	<b>(b)</b>	
		<b>USED</b>	<b>EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?</b>	
		Yes    No	OBSERVED    REPORTED, NOT SEEN    NOT AVAILABLE	
		<b>(c)</b>	<b>IS THE ITEM IN WORKING ORDER OR UNEXPIRED?</b>	
		YES    NO    DON'T KNOW		
01	Glucometer	1 → b    2 ] 832 ←	1 → c    2 → c    3 ] 832 ←	
02	Glucometer test strips	1 → b    2 ] 832 ←	1 → c    2 → c    3 ] 832 ←	
832	Does this facility do any <b>liver function tests</b> (such as ALT & AST) or <b>renal function tests</b> (such as serum creatinine) on site?	YES ..... 1 NO ..... 2	→ 836	
833	Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose?	YES ..... 1 NO ..... 2	→ 836	
834	May I see the blood chemistry analyzer?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2		
835	Is the blood chemistry analyzer functioning?  ACCEPT REPORTED RESPONSE	YES ..... 1 NO ..... 2		
836	Does this facility do any <b>urine chemistry testing</b> using dipsticks and/or <b>urine pregnancy test</b> on site?	YES ..... 1 NO ..... 2	→ 838	
837	Please tell me if any of the following dipstick test is done (or used) in this location. If done or used, I will like to see one.  IF DONE/USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED	<b>(A) USED</b>	<b>(B) OBSERVED AVAILABLE</b>	
		Yes    No	AT LEAST ONE VALID    AVAILABLE NONE VALID    REPORTED NOT SEEN    NORMALLY AVAILABLE NOT TODAY	
	01	Dip sticks for urine protein	1 → b    2 ] 02 ←	1    2    3    4
	02	Dip sticks for urine glucose	1 → b    2 ] 03 ←	1    2    3    4
03	Urine pregnancy test	1 → b    2 ] 838 ←	1    2    3    4	
838	Do you ever send <b>blood or urine</b> outside the facility for blood chemistries, LFTs, urinalysis or pregnancy tests?	YES ..... 1 NO ..... 2	→ 840	
839	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	<b>(A) SEND SPECIMEN OUTSIDE FOR TEST</b>	<b>(B) RECORD OF TEST RESULTS OBSERVED</b>	
		YES    NO	YES    NO	
	01	Blood chemistries (e.g. glucose, sodium, potassium etc.)	1 → b    2 ] 02 ←	1    2
	02	Liver Function Test (LFT)	1 → b    2 ] 03 ←	1    2
	03	Urinalysis	1 → b    2 ] 04 ←	1    2
04	Pregnancy test	1 → b    2 ] 840 ←	1    2	

## PARASITOLOGY/BACTERIOLOGY

840	Please tell me if: a) Any of the following <b>EQUIPMENT</b> is used in the facility b) Is available, and c) Equipment is functioning	(a)		(b)			(c)		
		EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	LIGHT MICROSCOPE	1 → b	2 ] 02 ←	1 → c	2 → c	3 ] 02 ←	1	2	8
02	ELECTRON MICROSCOPE	1 → b	2 ] 03 ←	1 → c	2 → c	3 ] 03 ←	1	2	8
03	REFRIGERATOR IN LAB AREA	1 → b	2 ] 04 ←	1 → c	2 → c	3 ] 04 ←	1	2	8
04	INCUBATOR	1 → b	2 ] 05 ←	1 → c	2 → c	3 ] 05 ←	1	2	8
05	TEST TUBES	1 → b	2 ] 06 ←	1	2	3			
06	CENTRIFUGE FOR CSF MICROSCOPY	1 → b	2 ] 07 ←	1 → c	2 → c	3 ] 7 ←	1	2	8
07	CULTURE MEDIUM	1 → b	2 ] 08 ←	1	2	3			
08	GLASS SLIDES AND COVERS	1 → b	2 ] 848 ←	1	2	3			



848	Does this facility do any <b>GRAM STAINING</b> ?		YES..... 1 NO..... 2			→850
849	Please tell me if the following are used and are available today.	(a)		(b)		
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		
	IF USED ASK TO SEE IT	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY
	01	Crystal violet or Gentian violet	1 → b 2 ↘ 02 ↙	1	2	3
	02	Lugol's iodine / Lugol's solution	1 → b 2 ↘ 03 ↙	1	2	3
03	Acetone or Acetone alcohol	1 → b 2 ↘ 04 ↙	1	2	3	
04	Neutral red, carbol fuchsin, or other counter stain	1 → b 2 ↘ 850 ↙	1	2	3	
850*	Do you ever send any specimen outside for <b>Gram staining , India Ink staining</b> or for culture?		YES..... 1 NO..... 2			→852
851	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE		(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED	
			YES	NO	YES	NO
	01	Gram stain	1 → b 2 ↘ 02 ↙		1	2
	02	India ink stain	1 → b 2 ↘ 04 ↙		1	2
04	Specimen for culture	1 → b 2 ↘ 852 ↙		1	2	
852	Does this facility do <b>STOOL MICROSCOPY</b> ?		YES..... 1 NO..... 2			→ 854
853	Please tell me if the following are used and are available today.	(a)		(b)		
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY
	01	Formal saline (for concentration method)	1 → b 2 ↘ 02 ↙	1	2	3
02	Normal saline (for direct microscopy)	1 → b 2 ↘ 03 ↙	1	2	3	
03	Lugol's iodine / Lugol's solution	1 → b 2 ↘ 854 ↙	1	2	3	

## SYPHILIS

854	Does this facility do any <b>syphilis</b> testing on site, i.e., in the facility?	YES..... 1	NO..... 2	→ 859					
855	Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site?	YES..... 1	NO..... 2	→ 857					
856	May I see a sample syphilis rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1	OBSERVED, NONE VALID..... 2	REPORTED AVAILABLE, NOT SEEN..... 3					
		NONE AVAILABLE TODAY..... 4							
857	Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility?	YES..... 1	NO..... 2	→ 859					
858	Please tell me if: <b>a)</b> Any of the following syphilis test or test equipment is used in this facility, <b>b)</b> All items needed for the test are available, and <b>c)</b> Equipment is in working order	<b>(a) TEST CONDUCTED</b>		<b>(b) ARE ALL ITEMS FOR TEST AVAILABLE?</b>			<b>(c) IS THE ITEM IN WORKING ORDER?</b>		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	VDRL	1 → b	2 } 02 ←	1	2	3			
02	PCR for STIs (CTN)	1 → b	2 } 03 ←	1	2	3			
03	Rotator or shaker			1 → c	2 → c	3 } 04 ←	1	2	8
04	Rapid plasma reagin test (RPR)	1 → b	2 } 05 ←	1	2	3 } 05 ←			
05	Treponema Pallidum Hemagglutination Assay (TPHA)	1 → b	2 } 859 ←	1	2	3 } 859 ←			

## CHLAMYDIA

859	Does this facility do any <b>chlamydia</b> testing on site, i.e., in the facility?	YES..... 1	NO..... 2	→ 861					
860	Please tell me if: <b>a)</b> Any of the following chlamydia test, test equipment, or stain is used in the facility; <b>b)</b> All items needed for the test are available, and	<b>(a) TEST CONDUCTED</b>		<b>(b) ARE ALL ITEMS FOR TEST AVAILABLE?</b>					
		Yes	No	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE			
01	Geimsa stain	1 → b	2 } 02 ←	1	2	3			
02	PCR for CHLAMYDIA	1 → b	2 } 861 ←	1	2	3			

# TUBERCULOSIS

861	Does this facility do any <b>TB</b> tests on site?	YES..... 1 NO..... 2	→865	
862	Please tell me IF: a) Any of the following TB tests or equipment is used in the facility b) All items needed for the test are available c) Equipment is functioning	(a) EQUIPMENT/ TEST USED	(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?
		Yes    No	OBSERVED    REPORTED NOT SEEN    NORMALLY AVAILABLE NOT TODAY	YES    NO    DON'T KNOW
01	Ziehl-Neelson test for AFB	1    2 05 ↙		
02	Carbol-Fuchsin	1 → b    2 03 ↙	1    2    3	
03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol	1 → b    2 04 ↙	1    2    3	
04	Methylene Blue	1 → b    2 05 ↙	1    2    3	
05	Fluorescence Microscope (FM) - LED	1 → b    2 06 ↙	1 → c    2 → c    3 06 ↙	1    2    8
06	Culture / growth medium for Mycobacterium Tuberculosis (e.g., MGIT 960)	1 → b    2 07 ↙	1    2    3	
07	Biosafety hood / cabinet	1 → b    2 08 ↙	1    2    3	
08	Auramine stain for Fluorescence Microscope	1 → b    2 863 ↙	1    2    3	
863	Do you use TB rapid diagnostic test (such as GeneExpert) to diagnose TB at this laboratory / service site?		YES..... 1 NO..... 2	→865
864	May I see a sample TB rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID		OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4	
865	Do you maintain any sputum containers at this service site for collecting sputum specimen?		YES..... 1 NO..... 2	→867
866	May I see a sample sputum container?		OBSERVED..... 1 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4	
867	Does this laboratory send sputum outside the facility for TB testing?		YES..... 1 NO..... 2 DON'T KNOW..... 8	↙870
868	Do you maintain records of result of sputum tests conducted elsewhere?		YES..... 1 NO..... 2	→870
869	May I see the record or register?		OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
870	Is there a system for quality control (either internal or external) for the TB sputum smears assessed in this laboratory?		YES..... 1 NO..... 2	→880
871	Please tell me which type of Quality Control / Quality Assurance practice is followed by this facility  PROBE TO DETERMINE WHICH TYPE OF QUALTY CONTROL IS USED		INTERNAL QC / QA ONLY..... 1 EXTERNAL QC / QA ONLY..... 2 INTERNAL & EXTERNAL QC / QA..... 3 SEND SLIDE FOR RE-READING..... 4 OTHER (SPECIFY)..... 6	
872	Are records maintained of the results from the quality control (internal or external) procedures?		YES..... 1 NO..... 2	→880
873	Are records maintained for the internal QC / QA procedures, the external QC / QA procedures, or for both internal and external QC / QA procedures?		RECORDS FOR IQC / IQA ONLY..... 1 RECORDS FOR EQC / EQA ONLY..... 2 RECORDS FOR BOTH INTERNAL AND EXTERNAL QC / QA PROCEDURES..... 3	

## DIAGNOSTIC IMAGING

880	Does this facility perform diagnostic X-rays, ultrasound, or computerized tomography?  IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.	YES..... 1 NO..... 2	SKIP TO NEXT SECTION	
881	Please tell me if: a) If any of the following imaging equipment is used in the facility b) if it is available today, and c) if it is functioning today	(a) EQUIPMENT USED	(b) EQUIPMENT AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?
		Yes      No	OBSERVED      REPORTED NOT SEEN      NORMALLY AVAILABLE NOT TODAY	YES      NO      DON'T KNOW
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	1→b    2 ] 02←	1→c    2→c    3 ] 02←	1      2      8
02	X-RAY MACHINE	1→b    2 ] 04←	1→c    2→c    3 ] 03←	1      2      8
03	UNEXPIRED FILM FOR X-RAY		1      2      3 ] 04←	
04	ULTRASOUND SYSTEM / MACHINE	1→b    2 ] 05←	1→c    2→c    3 ] 05←	1      2      8
05	CT SCAN	1→b    2 ] NEXT SECTION←	1→c    2→c    3 ] SKIP TO NEXT SECTION←	1 ]      2 ]      8 ] ALL SKIP TO NEXT SECTION
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE				

## SECTION 9: MEDICINES AND COMMODITIES

900	<b>CHECK Q210</b>	FACILITY STORES MEDICINES	FACILITY STORES NO MEDICINES GO TO NEXT SECTION
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### SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS
I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

### ANTIBIOTICS

901	Are any of the following <i>antibiotics</i> available in this facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLETS (Oral antibiotics for children)	1	2	3	4	5
03	AMOXICILIN+CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
04	AMPICILLIN INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
07	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAZONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) 960 mg (Oral antibiotics-adult formation) SULPHAMETHOXAZOLE 800 mg+TRIMETHOPRIM 160 mg	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET 120 mg (Oral antibiotics for children)	1	2	3	4	5
13	DOXYCYCLINE /CAP [Broad spectrum antibiotic]	1	2	3	4	5
14	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
15	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
17	METRONIDAZOLE TABLETS [antibiotic/amebecide/antiprotozoal]	1	2	3	4	5
18	METRONIDAZOLE INJECTION	1	2	3	4	5
19	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
20	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
21	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
23*	CHLORAMPHENICOL EYE DROP 0.5%	1	2	3	4	5
24*	CHLORAMPHENICOL EYE OINTMENT 1%	1	2	3	4	5
25*	CIPROFLOXACIN EYE DROP 0.3%	1	2	3	4	5
26*	AMPICILLIN CAPSULE (Broad spectrum antibiotic)	1	2	3	4	5

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
27*	CEFALEXIN CAPSULE	1	2	3	4	5
28*	CEFALEXIN DRY SYRUP	1	2	3	4	5
29*	CEFRADINE CAPSULE	1	2	3	4	5
30*	CEFRADINE DRY SYRUP	1	2	3	4	5
31*	CIPROFLOXACIN DRY SYRUP	1	2	3	4	5
32*	CLOXACILLIN CAPSULE	1	2	3	4	5
33*	CLOXACILLIN DRY SYRUP	1	2	3	4	5
34*	FLUCLOXACILLIN CAPSULES	1	2	3	4	5
35*	FLUCLOXACILLIN DRY SYRUP	1	2	3	4	5
36*	PENICILLIN-V TABLETS	1	2	3	4	5
37*	PENICILLIN-V DRY SYRUP	1	2	3	4	5
38*	LEVOFLOXACIN TABLETS	1	2	3	4	5

### MEDICINES FOR WORM INFESTATION

902	Are any of the following medicines for the treatment of <b>worm infestations</b> available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ALBENDAZOLE TABLET (400mg)	1	2	3	4	5
02	MEBENDAZOLE CHEWABLE TABLET (100mg OR 500mg)	1	2	3	4	5
03*	MEBENDAZOLE SUSPENSION (100mg/5ml)	1	2	3	4	5
04*	LEVAMISOLE TABLET (40mg)	1	2	3	4	5
05*	LEVAMISOLE SYRUP (40mg/5ml) 100ML/250ML/450ML	1	2	3	4	5

## MEDICINES FOR NON-COMMUNICABLE DISEASES

903	Are any of the following medicines for the management of <b>non-communicable diseases</b> available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMITRIPTYLINE (Depression)	1	2	3	4	5
02	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
03	ATENOLOL (Beta-blocker, Angina/hypertension)	1	2	3	4	5
04	BECLOMETHASONE INHALER	1	2	3	4	5
05	BETAMETHASONE INJECTION	1	2	3	4	5
06	CAPTOPRIL (Vaso-dilatation, cardiac hypertension)	1	2	3	4	5
07	DEXAMETHASONE TABLET/INJECTION (ORADEXON)	1	2	3	4	5
08	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant)	1	2	3	4	5
09	ENALAPRIL CAPSULE/TABLET (A.C.E INHIBITOR)	1	2	3	4	5
10	LOSARTAN POTASSIUM 25 mg, 50 MG, 100 mg	1	2	3	4	5
11	EPINEPHRINE INJECTION	1	2	3	4	5
12	FRUSEMIDE (DIURETIC) tablet/injection 40 mg	1	2	3	4	5
13	THIAZIDE DIURETIC	1	2	3	4	5
14	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
15	GLUCOSE INJECTABLE SOLUTION	1	2	3	4	5
16	HEPARIN INJECTION	1	2	3	4	5
17	HYDROCORTISONE INJECTION 100 mg	1	2	3	4	5
18	INSULIN INJECTIONS [ANTI DIABETIC]	1	2	3	4	5
19	ISOSORBIDE DINITRATE TABLET 10 mg	1	2	3	4	5
20	METFORMIN TABLETS 500 mg, 850 mg	1	2	3	4	5
21	NIFEDIPINE TABLETS/CAPSULES (CCB for high blood pressure)	1	2	3	4	5
22	OMEPRAZOLE CAP 20 mg, 40 mg (Gastro-esophageal reflux) INJECTION 40 mg	1	2	3	4	5
23	PREDNISOLONE Tablet 5 mg, 10mg, 20 mg / Suspension	1	2	3	4	5
24	SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	1	2	3	4	5
25	SIMVASTATIN (High cholesterol)	1	2	3	4	5
26	ASPIRIN TABLETS 75 mg	1	2	3	4	5
27*	SALBUTAMOL TABLET 2mg or 4 mg (Bronchospasms/Chronic asthma)	1	2	3	4	5
28*	SALBUTAMOL SYRUP (2mg or 4 mg) (Bronchospasms/Chronic asthma)	1	2	3	4	5
29*	AMINOPHYLLINE TABLET (100mg)	1	2	3	4	5
30*	ANTACID CHEWABLE TABLET/SUSPENSION (ALUM. HYDROXIDE + MAG. HY 1		2	3	4	5
31*	DIAZEPAM 5MG TABLETS/INJECTION 10 mg	1	2	3	4	5
32*	GLICLAZIDE Tablet, 80 Mg	1	2	3	4	5
33*	GLYCERINE TRINITRATE Tablet 2.6 mg	1	2	3	4	5
34*	GLIMEPIRIDE TABLET (SECRIN) 1,2, 3,4 mg	1	2	3	4	5
35*	RANITIDINE Tablet 150 Mg	1	2	3	4	5
36*	PANTOPRAZOLE Tablet 20 mg, 40 mg / Injection 40 mg	1	2	3	4	5
37*	ESMOPRAZOLE Tablet 20 mg, 40 mg / Injection 40 mg	1	2	3	4	5
38*	ATOVASTATIN Tablet 10 mg, 20 mg	1	2	3	4	5
39*	ROSUVASTATIN Tablet 10 mg, 20 mg	1	2	3	4	5
40*	CLOPIDOGRELTABLET 75 mg	1	2	3	4	5
41*	THEOPHYLLINE Tablet 200 mg, /Syrup	1	2	3	4	5
42*	IPRATROPIUM BROMIDE (IPREX) , Respiratory Solution	1	2	3	4	5
43*	SULBUTAMON RESPIRATORY SOLUTION	1	2	3	4	5
44*	MENNITOL 20 % Infusion (Osmosol 20% IV)	1	2	3	4	5
45*	VITAMIN B COMPLEX TABLETS	1	2	3	4	5
46*	CHLORPHENIRAMINE TAB 4 mg	1	2	3	4	5
47*	MICRONUTRIENT PWODER	1	2	3	4	5

## ANTI-FUNGAL MEDICINES

904	Are any of the following <b>anti-fungal medicines</b> available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	FLUCONAZOLE CAPS 50mg , 150mg, 200 mg					
02	MICONAZOLE VAGINAL PESSARY	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN ORAL SUSPENSION	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARY/CREAM	1	2	3	4	5
06*	GRISEOFULVIN TABLET (500mg)	1	2	3	4	5
07*	GENTIAN VIOLET 2% TOPICAL SOLUTION	1	2	3	4	5
08*	NEOMYCIN & BACITRACIN SKIN OINTMENT 10mg	1	2	3	4	5
09*	KETOCONAZOLE Tablet 200 mg / ointment	1	2	3	4	5
11*	BENZOIC ACID 6% AND SALICYLIC ACID 3% (WHITFIELDS OINTMENT)	1	2	3	4	5

## MATERNAL AND CHILD HEALTH

906	Are any of the following medicines for <b>maternal health</b> available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
02	FOLIC ACID TABLETS 5 mg	1	2	3	4	5
03	IRON TABLETS 400 mg	1	2	3	4	5
04	IRON 200 mg + FOLIC ACID 60 mg COMBINATION TABLET	1	2	3	4	5
05	MAGNESIUM SULPHATE INJECTION 2.5 gm /5ml/INFUSION 4%	1	2	3	4	5
06	MISOPROSTOL TABLET	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08	TETANUS TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
10	VITAMIN A CAPSULE 50 , 000 IU/ 2 Lac IU	1	2	3	4	5
11*	ZINC SULPHATE TABLETS 10mg, 20 mg / SYRUP	1	2	3	4	5
12*	CALCIUM LACTATE TABLET 300 mg	1	2	3	4	5
13*	FERROUS SULPHATE + FOLIC ACID + ZINC CAPSULE	1	2	3	4	5
14*	FERROUS FUMERATE + FOLIC ACID TABLET	1	2	3	4	5
15*	ZINC SULPHATE SYRUP	1	2	3	4	5
16*	METHYL ERGOMETRINE TABLET/INJECTION 125 micro gram, 200 micro gram	1	2	3	4	5
17*	ERGOMETRINE TABLET	1	2	3	4	5
18*	GENTIAN VIOLET 1%	1	2	3	4	5
19*	NYSTATIN DROPS	1	2	3	4	5
20*	INJECTION NALOXONE HYDROCHLORIDE	1	2	3	4	5
21*	7.1 % CHLORHEXIDINE	1	2	3	4	5
22*	CHLORHEXIDINE CREAM (60 ml bottle)	1	2	3	4	5
23*	COTRIMOXAZOLE VT 200 mg	1	2	3	4	5
24*	CALCIUM CARBONATE TABLET 500 mg	1	2	3	4	5
25*	CHLORPHENIRAMINE MALEATE SYRUP (2mg/5ml) 60 ml	1	2	3	4	5
26*	LIDOCAINE INJECTION 1% (50ml)	1	2	3	4	5



## INTRAVENOUS FLUIDS

907	Are any of the following <b>intravenous fluids</b> available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	NORMAL SALINE 500 ML, 1000ML	1	2	3	4	5
02	RINGERS LACTATE SOLUTION 1000 ML	1	2	3	4	5
03	DEXTROSE IN NORMAL SALINE 0.9 % (DNS) 500 ML, 1000ML	1	2	3	4	5
04*	5 % DEXTROSE IN AQUA (D/A) 500 ML, 1000ML	1	2	3	4	5
05*	CHOLERA SALINE 500 ML, 1000 ML	1	2	3	4	5
06*	HARTMAN'S SOLUTION 1000 ML	1	2	3	4	5

## FEVER REDUCING AND PAIN MEDICINES

908	Are any of the following <b>OTHER medicines</b> available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	DICLOFENAC TABLETS (50 mg) OR SUSTAINED RELEASE TABS (100mg)	1	2	3	4	5
02	PARACETAMOL TABLET 500 mg	1	2	3	4	5
03*	PARACETAMOL SYRUP OR SUSPENSION	1	2	3	4	5
04*	PARACETAMOL DISPERSIBLE PEDIATRIC-DOZED TABLET	1	2	3	4	5
05*	INDOMETHACIN CAPSULE 25 mg	1	2	3	4	5
07*	DICLOFENAC SODIUM INJECTION 75 mg	1	2	3	4	5
08*	PETHIDINE INJECTION (100mg/2ml OR 25mg/1ml)	1	2	3	4	5
09*	IBUPROFEN TABLET 200 mg, 400 mg/syrup	1	2	3	4	5
10*	NAPROXEN SODIUM 250, mg 500 mg	1	2	3	4	5
11*	ACECLOFENAC TAB, 100 mg	1	2	3	4	5
12*	TRAMADOL HYDROCHLORIDE CAP, 50 mg, 100mg	1	2	3	4	5
13*	KETORALAC HYDROCHLORIDE, 10 mg/ INJ, 30 MG , 60 MG	1	2	3	4	5
14*	DICLOFENAC SODIUM SUPPOSITORY 12.5 mg, 25 mg, 50mg	1	2	3	4	5
15*	DROTAVERINE HYDROCHLORIDE TABLET 40 mg / INJECTION 40 mg	1	2	3	4	5
16*	HYOSCINE -N - BUTYL BROMIDE TABS (BUTAPEN) / INJECTION, 20 mg	1	2	3	4	5
17*	TIEMONIUM METHYLE SULPHATE TAB, 50 mg /Injection5mg/2 ml	1	2	3	4	5

## STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

909	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. . . . . 1 YES, ONLY SOME MEDICINES. . . . . 2 NO. . . . . 3	
911	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today?  ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. . . . . 1 LEDGER/STOCK CARD UPDATED DAILY. . . . . 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 4 OTHER SYSTEM (SPECIFY) . . . . . 6	

## SUPPLY ITEMS

912	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
02	INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS	1	2	3
04	LATEX GLOVES	1	2	3
05	ALCOHOL-BASED HAND RUB	1	2	3
06	HAND WASHING SOAP	1	2	3
07	DISINFECTING SOLUTION	1	2	3

## SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	<b>CHECK Q212</b>  CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION <b>(RESPONSE 2 CIRCLED)</b> <input type="checkbox"/>	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY <b>(RESPONSE 1 OR 3 CIRCLED)</b> <input type="checkbox"/>  PROCEED TO NEXT SECTION <b>(TB MEDS?)</b> ←										
921*	Are any of the following <b>CONTRACEPTIVE commodities</b> available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	4	5						
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5						
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3	4	5						
05	MALE CONDOMS	1	2	3	4	5						
07	INTRAUTERINE CONTRACEPTIVE DEVICE	1	2	3	4	5						
08*	ONE ROD IMPLANT	1	2	3	4	5						
09*	TWO ROD IMPLANT (ZADELL)	1	2	3	4	5						
10	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3	4	5						

### STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

922	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
923	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL COMMODITIES. . . . . 1 NOT ALL COMMODITIES. . . . . 2 NO. . . . . 3	
924	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today?  ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. . . . . 1 LEDGER/STOCK CARD UPDATED DAILY. . . . . 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 4 OTHER SYSTEM _____ 6 (SPECIFY)	
925	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/>  PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA <input type="checkbox"/>  THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

## SECTION 9.3: ANTI-TB DRUGS

930	<b>CHECK Q214</b>  ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION <b>(RESPONSE 2 CIRCLED)</b> <input type="checkbox"/>	ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY <b>(RESPONSE 1 OR 3 CIRCLED)</b> <input type="checkbox"/>  PROCEED TO NEXT SECTION ←																																																							
931*	Are any of the following TB medicines available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </tbody> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
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935	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/>  PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN TB SERVICE AREA <input type="checkbox"/>  THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←																																																							

# MODULE 3: SERVICE-SPECIFIC READINESS

## CHILD HEALTH SERVICES

### SECTION 10: CHILD VACCINATION

1000	<b>CHECK Q102.01</b>	CHILD VACCINATION SERVICES AVAILABLE <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/>	NO CHILD VACCINATION SERVICES <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/>
		↓ NEXT SECTION OR SERVICE SITE ←	

TO BE SHOWN THE MAIN LOCATION WHERE CHILD AND ADOLESCENT VACCINATION SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

1001	Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days per month the service is provided at the facility, and how many days per month as outreach, if any.</i>		
	<b>CHILD VACCINATION SERVICE</b> (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH
01	Routine DPT+HepB+Hib (i.e., pentavalent)	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
02	Routine polio vaccination (i.e., OPV)	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
03	Routine measles vaccination (i.e., Measles - Rubella)	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
04	BCG vaccination	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
05*	Inactivated polio vaccination (i.e., IPV)	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
06*	Pneumococcal vaccination (i.e., PCV)	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	# OF DAYS 00=NO SERVICE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
1002	Do you have the <b>national guidelines</b> for child vaccinations (i.e. EPI SOHAYIKA) available in this service area today?	YES ..... 1 NO ..... 2	→ 1004
1003	May I see the guidelines?	OBSERVED ..... 1 REPORTED NOT SEEN ..... 2	→ 1006
1004	Do you have <b>any other guidelines</b> for child vaccinations available in this service area today?	YES ..... 1 NO ..... 2	→ 1006
1005	May I see the other guidelines?	OBSERVED ..... 1 REPORTED NOT SEEN ..... 2	
1006	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED      REPORTED, NOT SEEN      NOT AVAILABLE	
01	Blank/unused individual child vaccination cards or booklets (EPI card)	1                      2                      3	
02	Tally sheets	1                      2                      3	
03	Summary forms / monthly report	1                      2                      3	

1007	Does this facility routinely store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	ROUTINELY STORE VACCINES..... 1 STORES NO VACCINES..... 2	→ 1014				
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED..... 1 REFRIGERATOR NOT OBSERVED..... 2	→ 1014				
1009	Do you maintain a cold-chain temperature monitoring chart?	YES..... 1 NO..... 2	→ 1012				
1010	May I see the cold-chain temperature monitoring chart?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1012				
1011	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED..... 1 NO, NOT COMPLETED..... 2					
1012	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it.  IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VACCINE VIAL MONITOR UNCHANGED (NOT FROZ	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
	01	DPT+HepB+Hib [PENTAVALENT]	1	2	3	4	5
	02	ORAL POLIO VACCINE (i.e., OPV)	1	2	3	4	5
	03	MEASLES VACCINE AND DILUENT (i.e., MR)	1	2	3	4	5
	04	BCG VACCINE AND DILUENT	1	2	3	4	5
	05*	INACTIVATED POIO VACCINE (i.e., IPV)	1	2	3	4	5
06*	PNEUMOCOCCAL VACCINE (i.e., PCV)	1	2	3	4	5	
1013	WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?  CENTIGRATE/CELSIUS DEGREES	BETWEEN +2 AND +8 DEGREES..... 1 ABOVE +8 DEGREES..... 2 BELOW +2 DEGREES..... 3 THERMOMETER NOT FUNCTIONAL..... 4 NO THERMOMETER..... 5					
1014	How many vaccine carriers do you have?  ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE.	ONE..... 1 TWO OR MORE SETS..... 2 NONE..... 3	→ 1016				
1015	How many sets of ice packs or cool water packs do you have?  ASK TO SEE THE ICE PACKS. REPORTED RESPONSE ACCEPTABLE <b>NOTE: 4-5 ICE PACKS MAKE ONE SET</b>	ONE SET..... 1 TWO OR MORE SETS..... 2 NO ICE PACKS, USE PURCHASED ICE..... 3 NO ICE PACKS..... 4					

1016*	Now I would like to ask you specifically about vaccination services for adolescent. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days</i> per month the service is provided <i>at the facility</i> , and <i>how many days per month as outreach</i> , if any.					
	<b>ADOLESCENT VACCINATION SERVICE</b> (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY		(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH		
01	TT vaccine	# OF DAYS 00=NO SERVICE	<input type="text"/>	# OF DAYS 00=NO SERVICE	<input type="text"/>	
1017*	Do you have the <b>national guideline/protocol/manual</b> for adolescent vaccinations available in this service area today?	YES .....	1	NO .....	2 → 1019	
1018*	May I see the guideline/protocol/manual?	OBSERVED .....	1	REPORTED NOT SEEN .....	2 → 1021	
1019*	Do you have <b>any other guideline/protocol/manual</b> for adolescent vaccinations available in this service area today?	YES .....	1	NO .....	2 → 1021	
1020*	May I see the other guideline/protocol/manual?	OBSERVED .....	1	REPORTED NOT SEEN .....	2 →	
1021*	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it.  IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VACCINE VIAL MONITOR UNCHANGED (NOT FROZEN))	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
01		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
	TT vaccine	1	2	3	4	5
1022*	Now I would like to ask you specifically about vaccination services for mothers. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days</i> per month the service is provided <i>at the facility</i> , and <i>how many days per month as outreach</i> , if any.					
	<b>MOTHER VACCINATION SERVICE</b> (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY		(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH		
01	TT vaccine	# OF DAYS 00=NO SERVICE	<input type="text"/>	# OF DAYS 00=NO SERVICE	<input type="text"/>	
1023*	Do you have the <b>national guideline/protocol/manual</b> for mother vaccinations available in this service area today?	YES .....	1	NO .....	2 → 1025	
1024*	May I see the guideline/protocol/manual?	OBSERVED .....	1	REPORTED NOT SEEN .....	2 → 1027	
1025*	Do you have <b>any other guideline/protocol/manual</b> for mother vaccinations available in this service area today?	YES .....	1	NO .....	2 → 1027	
1026*	May I see the other guideline/protocol/manual?	OBSERVED .....	1	REPORTED NOT SEEN .....	2 →	
1027*	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it.  IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VACCINE VIAL MONITOR UNCHANGED (NOT FROZEN))	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
01		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
	TT vaccine	1	2	3	4	5

## STANDARD PRECAUTIONS

1050	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 DELIVERY [Q1651]. . . . . 17 TUBERCULOSIS [Q1951]. . . . . 19 NCD [Q2351]. . . . . 22 NOT PREVIOUSLY SEEN. . . . . 31	NEXT SECTION / SERVICE 	
1051	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX/OTHER GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1052	DESCRIBE THE SETTING OF THE CHILD VACCINATION SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. . . . . 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

## SECTION 11: CHILD GROWTH MONITORING SERVICES

1100	<b>CHECK Q102.02</b>	GROWTH MONITORING SERVICES AVAILABLE <input type="checkbox"/>	NO GROWTH MONITORING SERVICES <input type="checkbox"/>				
		NEXT SECTION OR SERVICE SITE ←					
ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1101	Please tell me the number of days per month that growth monitoring services are offered in this facility, and the number of days per month as outreach, if any.  USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH				
01	Child growth monitoring	# OF DAYS <input style="width: 20px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 20px; height: 20px;" type="text"/>				
1102	Do you have any guidelines for growth monitoring available in this service area today?	YES..... 1 NO GUIDELINE AVAILABLE..... 2		→ 1103A			
1103	May I see the guidelines for growth monitoring? (family health card)	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1103A	Do you have any guideline/protocol/manual for SAM and MAM available in this service area today?	YES..... 1 NO GUIDELINE AVAILABLE..... 2		→ 1104			
1103B	May I see the guideline/protocol/manual for SAM and MAM?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1104	I would like to know if the following items are available in this service area and are functioning. I would like to see them.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 → b	2 → b	3 02 ↘	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 → b	2 → b	3 03 ↘	1	2	8
03	HEIGHT OR LENGTH BOARD	1 → b	2 → b	3 04 ↘	1	2	8
04	TAPE FOR MEASURING HEAD CIRCUMFERENCE	1	2	3			
05	GROWTH CHARTS	1	2	3			
06*	TAPE FOR MID-UPPER ARM CIRCUMFERENCE (MUAC)	1	2	3			
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							



## SECTION 12: CHILD CURATIVE CARE SERVICES

1200	<b>CHECK Q102.03</b>	CURATIVE CARE SERVICES AVAILABLE <input type="checkbox"/>	NO CURATIVE CARE SERVICES <input type="checkbox"/>		
		NEXT SECTION OR SERVICE SITE ←			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
1201	Please tell me the number of days per month that consultations or curative care for children under 5 are offered in this facility, and the number of days per month as outreach, if any.  USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES		
01	Consultation or curative care services for sick children	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>		
1202	Please tell me if providers of child health services in this facility provide the following services	YES	NO		
01	DIAGNOSE AND/OR TREAT CHILD MALNUTRITION	1	2		
02	PROVIDE VITAMIN A SUPPLEMENTATION TO CHILDREN	1	2		
03	PROVIDE IRON SUPPLEMENTATION TO CHILDREN	1	2		
04	PROVIDE ZINC SUPPLEMENTATION TO CHILDREN	1	2		
05*	PROVIDE DEWORMING TO CHILDREN	1	2		
06*	PROVIDE SEPSIS MANAGEMENT FOR CHILDREN	1	2		
07*	PROVIDE ORAL ANTIBIOTIC TO CHILDREN	1	2		
08*	PROVIDE PARENTERAL (INJECTABLE) ANTIBIOTIC TO CHILDREN	1	2		
09*	PROVIDE PARENTERAL (INJECTABLE) ANTIBIOTIC TO NEWBORNS	1	2		
10*	PROVIDE KANGAROO MOTHER CARE FOR PRETERM AND LOW BIRTH WEIGHT BABIES	1	2		
11*	PROVIDE RESUSCITATION FOR MANAGEMENT OF BIRTH ASPHYXIA	1	2		
12*	PROVIDE SPECIAL CARE (SCANU) FOR CRITICALLY ILL NEWBORNS	1	2		
1203	Do providers of services for sick children in this facility follow the IMCI guidelines in the provision of services to children under 5 years?	YES ..... 1 NO ..... 2			
1203A*	Do this facility have separate IMCI corner?	YES ..... 1 NO ..... 2			
1204	Do you have the <b>IMCI guideline/protocol/manual (chart booklet)</b> for the diagnosis and management of childhood illnesses available in this service area today?	YES ..... 1 NO ..... 2	→ 1206		
1205	May I see the IMCI guideline/protocol/manual?	OBSERVED ..... 1 REPORTED NOT SEEN ..... 2	→ 1208		
1206	Do you have <b>any (other) guideline/protocol/manual</b> for the diagnosis and management of childhood illnesses available in this service site today?	YES ..... 1 NO ..... 2	→ 1208		
1207	May I see the other guideline/protocol/manual?	OBSERVED ..... 1 REPORTED NOT SEEN ..... 2			
1208	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION	YES ..... 1 NO ..... 2	→ 1210		
1209	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:  Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing the child	1	2	3	8
02	Plotting child's weight on graph	1	2	3	8
03	Taking child's temperature	1	2	3	8
04	Assessing child's vaccination status	1	2	3	8
05	Providing group health education	1	2	3	8
06	Administer fever-reducing medicines and/or sponge for fever	1	2	3	8
07	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	1	2	3	8
08*	Taking child's height/length measurement	1	2	3	8
09*	Taking MUAC measurement	1	2	3	8

1210	I would like to know if the following items are available in this service area. I would like to see them. For equipment and instruments, I would like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 → b	2 → b	3 02 ↙	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 → b	2 → b	3 03 ↙	1	2	8
03	THERMOMETER	1 → b	2 → b	3 04 ↙	1	2	8
04	STETHOSCOPE	1 → b	2 → b	3 05 ↙	1	2	8
05	Timer or watch with seconds hand	1 → b	2 → b	3 06 ↙	1	2	8
06	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1	2	3			
07	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
08	Cup and spoon	1	2	3			
09	ORS PACKETS OR SACHETS	1	2	3			
10	At least 3 buckets (for cleaning used cups)	1	2	3			
11	Examination bed or couch	1	2	3			
1211	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
01	IMCI chart booklet	1	2	3			
02	IMCI mother's cards (IMCI card)	1	2	3			
03	Other visual aids for teaching caretakers	1	2	3			
04*	IMCI register	1	2	3			
05*	Sick newborn care register	1	2	3			
1212	Are individual health records (i.e., child welfare card or booklet) for sick children maintained at this service site?				YES..... 1	NO..... 2	→ 1250
1213	May I see an unused copy of the individual records?				OBSERVED..... 1	REPORTED NOT SEEN..... 2	

## STANDARD PRECAUTIONS

1250	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051]. . . . . 12 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 DELIVERY [Q1651]. . . . . 17 TUBERCULOSIS [Q1951]. . . . . 19 NCD [Q2351]. . . . . 22 NOT PREVIOUSLY SEEN. . . . . 31	NEXT SECTION / SERVICE 	
1251	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX/OTHER GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1252	DESCRIBE THE SETTING OF THE SICK CHILD SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. . . . . 4		

## ADOLESCENT HEALTH SERVICES

1253*	<b>CHECK Q102.22</b>	ADOLESCENT HEALTH SERVICE PROVIDED <input type="checkbox"/>	ADOLESCENT HEALTH SERVICE NOT PROVIDED <input type="checkbox"/>	1261
1254*	Is there a dedicated room/area for adolescent health service?	YES..... 1 NO..... 2		→ 1256
1255*	DESCRIBE THE SETTING OF THE ADOLESCENT HEALTH SERVICE ROOM OR AREA.	PRIVATE ROOM..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY..... 4		
1256*	How many days each week are adolescent health service available at this facility?	DAYS PER WEEK..... <input type="checkbox"/> LESS OFTEN THAN ONCE/WEEK..... 0		
1257*	Do you have the adolescent health <i>guideline/protocol/manual</i> available in this service area today?	YES..... 1 NO..... 2		→ 1259
1258*	May I see the adolescent health guideline/protocol/manual?  ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED..... 1 REPORTED NOT SEEN..... 2		→ 1261
1259*	Do you have <i>any other adolescent health guideline/protocol/manual</i> available in this service area today?	YES..... 1 NO..... 2		→ 1261
1260*	May I see the other guideline/protocol/manual?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		

## NUTRITION SERVICES

1261*	<b>CHECK Q102.23</b>	NUTRITION SERVICES PROVIDED <input type="checkbox"/>	NUTRITION SERVICES NOT PROVIDED <input type="checkbox"/>	1300
1262*	Is there a dedicated room/area for nutrition services?	YES..... 1 NO..... 2		→ 1264
1263*	DESCRIBE THE SETTING OF THE NUTRITION SERVICES ROOM OR AREA.	PRIVATE ROOM..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY..... 4		
1264*	How many days each week are nutrition services available at this facility?	DAYS PER WEEK..... <input type="checkbox"/> LESS OFTEN THAN ONCE/WEEK..... 0		
1265*	Do you have the SAM/MAM guideline/protocol/manual available in this service area today?	YES..... 1 NO..... 2		→ 1267
1266*	May I see the SAM/MAM guideline/protocol/manual?  ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED..... 1 REPORTED NOT SEEN..... 2		→ 1300
1267*	Do you have <i>any other nutrition guideline/protocol/manual</i> available in this service area today?	YES..... 1 NO..... 2		→ 1300
1268*	May I see the other nutrition guideline/protocol/manual?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

## SECTION 13: FAMILY PLANNING

1300	<b>CHECK Q102.04</b>	FAMILY PLANNING SERVICES <input type="checkbox"/>		NO FAMILY PLANNING SERVICES <input type="checkbox"/>	
		↓	←	NEXT SECTION OR SERVICE SITE	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
1301	How many days in a month are family planning services offered at this facility?  USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS			
1302	Does this facility <b>provide</b> (i.e., stock the commodity) or <b>prescribe, counsel or refer clients for</b> any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER	NO	
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3	
05	MALE CONDOMS	1	2	3	
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3	
08*	ONE ROD IMPLANT	1	2	3	
09*	TWO RODS IMPLANT (ZADELL)	1	2	3	
10	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3	
12	VASECTOMY (MALE STERILIZATION)	1	2	3	
13	TUBAL LIGATION (FEMALE STERILIZATION)	1	2	3	
15*	COUNSEL CLIENTS ON LACTATION AMENORRHEA (LAM)		2	3	
1303	Do you have the <b>family planning guidelines/manual</b> available at this service area today?	YES. .... 1 NO. .... 2		→ 1305	
1304	May I see the family planning guidelines/manual?	OBSERVED. .... 1 REPORTED NOT SEEN. .... 2		→ 1307	
1305	Do you have <b>any other guidelines/instructions/job aid/checklist</b> on family planning available at this service area today?	YES. .... 1 NO. .... 2		→ 1307	
1306	May I see the other guidelines/instructions/jobaid/checklist? (e.g., IUCD card, IMPLANT card, conceit form, admission form, payment record, admission register etc.,)	OBSERVED. .... 1 REPORTED NOT SEEN. .... 2			
1307	Are individual records or cards (e.g., IUCD card, IMPLANT card, etc.,) maintained at this service site for family planning clients?	YES. .... 1 NO. .... 2		→ 1309	
1308	May I see a blank copy of the individual records or card?	OBSERVED. .... 1 REPORTED NOT SEEN. .... 2			

1309	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place?  IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES..... 1 NO..... 2	→ 1311		
1310	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:  Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
1311	Do family planning providers in this facility routinely diagnose and treat RTIs/STIs, or are RTIs/STIs clients referred to another provider or location for STI diagnosis and treatment?  PROBE TO ARRIVE AT THE RIGHT ANSWER	ROUTINELY DIAGNOSE AND TREAT STIs..... 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT..... 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT..... 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. 4 NO DIAGNOSIS / TREATMENT / REFERRAL..... 5			

### EQUIPMENT AND SUPPLIES

1314	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 05 ←	1	2	8
05	EXAMINATION BED OR COUCH	1	2	3			
06	SAMPLE OF FP METHODS	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			

1315	<b>CHECK Q1302.07 &amp; 08 &amp; 09</b>	IUCD OR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	1321
ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED				
1316	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	STERILE GLOVES	1	2	3
02	ANTISEPTIC SOLUTION (E.G., POVIDON IODINE)	1	2	3
03	SPONGE HOLDING FORCEPS	1	2	3
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3
05*	GALLIPOT (FOR ANTISEPTIC SOLUTION)	1	2	3
1317	<b>CHECK Q1302.07</b>	IUCD PROVIDED IN FACILITY <input type="checkbox"/>	IUCD NOT PROVIDED IN FACILITY <input type="checkbox"/>	1319
1318	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	CUSCO VAGINAL SPECULUM - SMALL	1	2	3
02	CUSCO VAGINAL SPECULUM - MEDIUM	1	2	3
03	CUSCO VAGINAL SPECULUM - LARGE	1	2	3
04	TENACULUM (VOLSELLUM FORCEPS)	1	2	3
05	UTERINE SOUND	1	2	3
06*	STRAIGHT ARTERY FORCEPS	1	2	3
07*	STRAIGHT CUTTING SCISSORS	1	2	3
08*	HIGH STOOL FOR SITTING	1	2	3
09*	0.5% CHLORINE SOLUTION IN RED BUCKET WITH LID	1	2	3
10*	BLUE BUCKET (FOR WASTE DISPOSAL)	1	2	3
11*	IUCD IN STERILE PACKAGING	1	2	3
12*	KELLY FORCEPS	1	2	3
1319	<b>CHECK Q1302.08 &amp; 09.</b>	IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	IMPLANT NOT PROVIDED IN FACILITY <input type="checkbox"/>	1321
1320	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	LOCAL ANESTHETIC (E.G., 1% LIDOKAINE)	1	2	3
02	STERILE SYRINGE AND NEEDLE	1	2	3
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3
04	SEALED IMPLANT PACK	1	2	3
05	SCAPEL WITH BLADE (SURGICAL BLADE WITH HANDLE)	1	2	3
07*	ARM REST / SIDE TABLE	1	2	3
08*	MARKER PEN	1	2	3
09*	SURGICAL DRAPE	1	2	3
10*	NORMAL BANDAGE OR BUTTERFLY BANDAGE	1	2	3
11*	BAND AID	1	2	3
12*	ELASTOMETRIC MATTRESS DRESSING	1	2	3

1321	Where are equipment such as specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE. . . . . 1 CENTRAL LOCATION IN FACILITY. . . . . 2 BOTH LOCATIONS. . . . . 3 NO EQUIPMENT PROCESSED IN FACILITY. . . . . 4	→ 1350    → 1350
1322	What is the final processing method used for family planning equipment at this service site?  PROBE FOR ALL METHODS USED	AUTOCLAVE. . . . . A DRY HEAT STERILIZATION. . . . . B SOAK IN CHLORINE SOLUTION. . . . . C BOIL OR STEAM. . . . . D WASH WITH SOAP AND WATER. . . . . E SOAK IN OTHER CHEMICAL SOLUTION. . . . . F	



## STANDARD PRECAUTIONS

1350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051]. . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 ANTENATAL CARE [Q1451]. . . . . 15 DELIVERY [Q1651]. . . . . 17 TUBERCULOSIS [Q1951]. . . . . 19 NCD [Q2351]. . . . . 22 NOT PREVIOUSLY SEEN. . . . . 31	→ 1353	
1351	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX/OTHER GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1352	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. . . . . 4		
1353	<b>CHECK Q212</b> FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED ( <b>RESPONSE 1 NOT CIRCLED</b> ) <input type="checkbox"/>	FP COMMODITIES STORED IN FP SERVICE AREA ( <b>RESPONSE 1 CIRCLED</b> ) <input type="checkbox"/>		→ 921

## VASECTOMY AND TUBAL LIGATION (TUBECTOMY)

1353A	<b>CHECK Q1302.12</b>	VASECTOMY PROVIDED IN FACILITY <input type="checkbox"/>	VASECTOMY NOT PROVIDED IN FACILITY <input type="checkbox"/>	1353F
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE VASECTOMY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT VASECTOMY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

1353B	I would like to know if the following items are available in this service area today. For some of the items, I would like to know if they are functioning. If any of the items are maintained elsewhere in the facility, please tell me where in the facility they are kept.
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ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED. IF NOT PREVIOUSLY ASSESSED, CIRCLE "31" AND ASSESS THIS SERVICE SITE	ROOM / AREA ASSESSED IN Q1353H . . . . . 11 ROOM / AREA NOT PREVIOUSLY ASSESSED 31	1353D
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1353C		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01*	OPERATING THEATRE TABLE	1 → b	2 → b	3	1	2	8
02*	OPERATING THEATRE LIGHT	1 → b	2 → b	3	1	2	8
03*	INSTRUMENT TROLLEY	1 → b	2 → b	3	1	2	8
04*	STERILIZER DRUM	1 → b	2 → b	3	1	2	8
05*	BIG CURVE SCISSORS FOR CUTTING GAUZE OR BANDAGE	1 → b	2 → b	3	1	2	8
06*	SCISSORS FOR CUTTING CLOTH	1 → b	2 → b	3	1	2	8
07*	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09*	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10*	STETHOSCOPE	1 → b	2 → b	3	1	2	8
11*	WEIGHING SCALE (ADULT)	1 → b	2 → b	3	1	2	8
12*	GALLIPOT OR CUP FOR ANTISEPTIC SOLUTION	1	2	3			
13*	KIDNEY TRAY	1	2	3			
14*	INSTRUMENT FOR PV EXAMINATION	1	2	3			
15*	LIFTER AND LIFTER JAR	1	2	3			
16*	DRESSING JAR WITH LID/COVER	1	2	3			
17*	SALINE STAND	1	2	3			
18*	TALQUEST BOOK	1	2	3			
19*	IRON COT	1	2	3			
20*	THERMOMETER	1 → b	2 → b	3	1	2	8
21*	GOWN FOR CLIENTS	1	2	3			

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
22*	GOWN FOR PROVIDER	1	2	3			
23*	TROLLEY SHEET	1	2	3			
24*	DRAW SHEET	1	2	3			
25*	CAP	1	2	3			
26*	MASK	1	2	3			
27*	GLOVES COVER	1	2	3			
28*	BED SHEET	1	2	3			
29*	BLANKET	1	2	3			
30*	MATTRESS	1	2	3			
31*	PILLOW WITH COVER	1	2	3			
32*	MOSQUITO NET	1	2	3			
33*	CURTAIN	1	2	3			
34*	COTTON	1	2	3			
35*	SURGICAL GAUZE	1	2	3			
36*	POVIDON IODINE SOLUTION	1	2	3			
37*	SURGICAL GLOVES (SIZE 6.5)	1	2	3			
38*	SURGICAL GLOVES (SIZE 7)	1	2	3			
39*	DISPOSABLE STERILE SYRINGE (5 ML)	1	2	3			
40*	DISPOSABLE STERILE SYRINGE (10 ML)	1	2	3			
41*	URISTICK GP (FOR GLUCOSE/ALBUMIN TEST)	1	2	3			
42*	ELASTOMETRIC DRESSING MATTRESS SIZE 10x5 CM	1	2	3			
43*	DISPOSABLE STERILE LANCET	1	2	3			
44*	SILK THREAD	1	2	3			

1353D	Do you have any of the following items available at this service site today? If available I will like to see them. For some of the items I will like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
1*	NON-SURGICAL VASECTOMY KIT	1	2	3			
2*	RING FORCEPS***	1 → b	2 → b	3	1	2	8
3*	VAS DISECTING FORCEPS***	1 → b	2 → b	3	1	2	8
4*	SMALL SURGICAL SCISSORS***	1 → b	2 → b	3	1	2	8
5*	CONDOM	1	2	3			
1353E	Please tell me if any of the following medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
01*	INJECTION XYLOCAINE 1%	1	2	3	4	5	
02*	ANTIBIOTIC (CIPROFLOXACIN OR AZITHROMYCIN)	1	2	3	4	5	
03*	PARACETAMOL TABLETS	1	2	3	4	5	
04*	VITAMIN B-COMPLEX TABLETS	1	2	3	4	5	

1353F	<b>CHECK Q1302.13</b>	TUBAL LIGATION (TUBECTOMY) PROVIDED IN FACILITY <input type="checkbox"/>	TUBAL LIGATION (TUBECTOMY) NOT PROVIDED IN FACILITY <input type="checkbox"/>	1400			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TUBECTOMY / TUBAL LIGATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT TUBECTOMY / TUBAL LIGATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1353G	I would like to know if the following items are available in this service area today. For some of the items, I would like to know if they are functioning. If any of the items are maintained elsewhere in the facility, please tell me where in the facility they are kept.						
	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED. IF NOT PREVIOUSLY ASSESSED, CIRCLE "31" AND ASSESS THIS SERVICE SITE	ROOM / AREA ASSESSED IN Q1353C. . . . . 11 ROOM / AREA NOT PREVIOUSLY ASSESSED 31		→1353I			
1353H		(A) AVAILABLE		(B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01*	OPERATING THEATRE TABLE	1 → b	2 → b	3	1	2	8
02*	OPERATING THEATRE LIGHT	1 → b	2 → b	3	1	2	8
03*	INSTRUMENT TROLLEY	1 → b	2 → b	3	1	2	8
04*	STERILIZER DRUM	1 → b	2 → b	3	1	2	8
05*	BIG CURVE SCISSORS FOR CUTTING GAUZE OR BANDAGE	1 → b	2 → b	3	1	2	8
06*	SCISSORS FOR CUTTING CLOTH	1 → b	2 → b	3	1	2	8
07*	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09*	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10*	STETHOSCOPE	1 → b	2 → b	3	1	2	8
11*	WEIGHING SCALE (ADULT)	1 → b	2 → b	3	1	2	8
12*	GALLIPOT OR CUP FOR ANTISEPTIC SOLUTION	1	2	3			
13*	KIDNEY TRAY	1	2	3			
14*	INSTRUMENT FOR PV EXAMINATION	1	2	3			
15*	LIFTER AND LIFTER JAR	1	2	3			
16*	DRESSING JAR WITH LID/COVER	1	2	3			
17*	SALINE STAND	1	2	3			
18*	TALQUEST BOOK	1	2	3			
19*	IRON COT	1	2	3			
20*	THERMOMETER	1 → b	2 → b	3	1	2	8
21*	GOWN FOR CLIENTS	1	2	3			

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
22*	GOWN FOR PROVIDER	1	2	3			
23*	TROLLEY SHEET	1	2	3			
24*	DRAW SHEET	1	2	3			
25*	CAP	1	2	3			
26*	MASK	1	2	3			
27*	GLOVES COVER	1	2	3			
28*	BED SHEET	1	2	3			
29*	BLANKET	1	2	3			
30*	MATTRESS	1	2	3			
31*	PILLOW WITH COVER	1	2	3			
32*	MOSQUITO NET	1	2	3			
33*	CURTAIN	1	2	3			
34*	COTTON	1	2	3			
35*	SURGICAL GAUZE	1	2	3			
36*	POVIDON IODINE SOLUTION	1	2	3			
37*	SURGICAL GLOVES (SIZE 6.5)	1	2	3			
38*	SURGICAL GLOVES (SIZE 7)	1	2	3			
39*	DISPOSABLE STERILE SYRINGE (5 ML)	1	2	3			
40*	DISPOSABLE STERILE SYRINGE (10 ML)	1	2	3			
41*	URISTICK GP (FOR GLUCOSE/ALBUMIN TEST)	1	2	3			
42*	ELASTOMETRIC DRESSING MATTRESS SIZE 10	1	2	3			
43*	DISPOSABLE STERILE LANCET	1	2	3			
44*	SILK THREAD	1	2	3			

1353I	Do you have any of the following items available at this service site today? If available I will like to see them. For some of the items I will like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01*	TUBECTOMY KIT	1	2	3			
02*	BP HANDLE***	1 → b	2 → b	3			
03*	NEEDLE HOLDER***	1 → b	2 → b	3			
04*	BABOCK TISSUE FORCEP***	1 → b	2 → b	3			
05*	LONG STRAIGHT ARTERY FORCEP (MEDIUM)***	1 → b	2 → b	3			
06*	CURVED MOSQUITO ARTERY FORCEP***	1 → b	2 → b	3			
07*	ALICE TISSUE FORCEP***	1 → b	2 → b	3			
08*	PLAIN DISECTING FORCEP***	1 → b	2 → b	3			
09*	TOOTH DISECTING FORCEP***	1 → b	2 → b	3			
10*	MAYO SCISSORS***	1 → b	2 → b	3			
11*	SPONGE HOLDING FORCEP***	1 → b	2 → b	3			
12*	RETRACTOR***	1 → b	2 → b	3			
13*	STERILE CHROMIC CATGUT/PJA	1	2	3			
14*	STERILE SURGICAL BLADE SIZE 10	1	2	3			
15*	CUTTING CURVED NEEDLE	1	2	3			
16*	CUTTING STRAIGHT NEEDLE	1	2	3			
17*	CURVED ROUND BODY NEEDLE	1	2	3			
1353J	Please tell me if any of the following medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO. OR NEVER AVAILABLE	
01*	INJECTION ATROPINE SULPHATE (0.6MG/ML)	1	2	3	4	5	
02*	INJECTION PROMETHAZINE (12.5MG/ML)	1	2	3	4	5	
03*	INJECTION PETHIDINE (25MG/ML)	1	2	3	4	5	
04*	INJECTION PENTAJOSIN (30MG/ML)	1	2	3	4	5	
05*	INJECTION XYLOCAINE (1%)	1	2	3	4	5	
06*	DIAZEPAM TABLETS (5MG)	1	2	3	4	5	
07*	ANTIBIOTIC (CIPROFLOXACIN OR AZITHROMYCIN)	1	2	3	4	5	
08*	PARACETAMOL TABLETS	1	2	3	4	5	
09*	IRON + FOLIC ACID TABLETS	1	2	3	4	5	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

## SECTION 14: ANTENATAL CARE

1400	<b>CHECK Q.102.05</b>	ANC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	ANC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1401	How many days in a month are antenatal care services offered at this facility?  USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/>					
1402	Do this facility provide any of the following services to pregnant women as part of routine ANC?	YES	NO				
01	IRON SUPPLEMENTATION	1	2				
02	FOLIC ACID SUPPLEMENTATION	1	2				
02a*	COMBINED IRON AND FOLIC ACID SUPPLEMENTATION	1	2				
05*	PROVIDE MISOPROSTOL TABLET/CAPSULE FOR HOME-BASED DELIVERIES	1	2				
1406	Do ANC providers in this facility provide any of the following <b>tests</b> from this site to pregnant women as part of ANC?  IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY  CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABL E NONE VALID	REPORETED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY	NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
02	URINE PROTEIN TEST	1	2	3	4	5	6
03	URINE GLUCOSE TEST	1	2	3	4	5	6
04	ANY RAPID TEST FOR HEMOGLOBIN	1	2	3	4	5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2	3	4	5	6
06*	VDRL test for syphilis	1	2	3	4	5	6



1408	Do ANC providers in this facility routinely diagnose and treat RTIs / STIs, or are RTI/STI clients referred to another provider or location for diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT RTIs/STIs. . . . . 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREATM 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. . . . . 5	
1409	Do you have the <b>ANC guideline/protocol/manual</b> available in this service area today?	YES. . . . . 1 NO. . . . . 2	→ 1411
1410	May I see the ANC guideline/protocol/manual?  ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. . . . . 1 REPORTED NOT SEEN. . . . . 2	→ 1415
1411	Do you have <b>any other ANC guideline/protocol/manual</b> available in this service area today?	YES. . . . . 1 NO. . . . . 2	→ 1415
1412	May I see the other guideline/protocol/manual?	OBSERVED. . . . . 1 REPORTED NOT SEEN. . . . . 2	→
1415	Do you have visual aids for client education on subjects related to pregnancy or antenatal care available in this service area today?	YES. . . . . 1 NO. . . . . 2	→ 1417
1416	May I see the visual aids for client education?	OBSERVED. . . . . 1 REPORTED NOT SEEN. . . . . 2	→
1417	Are individual client cards or records for ANC clients maintained at this service site?	YES. . . . . 1 NO. . . . . 2	→ 1419
1418	May I see a blank copy of the client records or cards?	OBSERVED. . . . . 1 REPORTED NOT SEEN. . . . . 2	→
1419	Does this facility have a system whereby observation or parameters for ANC clients are routinely carried out before the consultation?  IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. . . . . 1 NO. . . . . 2	→ 1421

1420	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:  Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group/individual health education sessions	1	2	3	8
04	Urine test for protein	1	2	3	8
05	Blood test for anemia (hemoglobin)	1	2	3	8
08	Measuring client's height	1	2	3	8
09*	Ultrasonography	1	2	3	8
10*	Urine test for glucose	1	2	3	8
11*	Blood test for glucose	1	2	3	8
12*	HBsAg	1	2	3	8

### EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1421	I would like to know if the following items are available in this service area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 05 ←	1	2	8
05	FETAL STETHOSCOPE/PINNARD	1 → b	2 → b	3 } 06 ←	1	2	8
06	ADULT WEIGHING SCALE	1 → b	2 → b	3 } 07 ←	1	2	8
07	EXAMINATION BED OR COUCH	1	2	3			
08	TAPE MEASURE FOR FUNDAL HEIGHT	1	2	3			
1422	Please tell me if any of the following medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
01	IRON TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
03	COMBINED IRON AND FOLIC ACID TABLETS	1	2	3	4	5	
07*	MISOPROSTOL TABLET	1	2	3	4	5	

## STANDARD PRECAUTIONS

1450	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051]. . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 DELIVERY [Q1651]. . . . . 17 TUBERCULOSIS [Q1951]. . . . . 19 NCD [Q2351]. . . . . 22 NOT PREVIOUSLY SEEN. . . . . 31	NEXT SECTION / SERVICE	
1451	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX/OTHER GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1452	DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. . . . . 4		

## POSTNATAL CARE SERVICES

1453*	CHECK Q102.20	PNC SERVICE PROVIDED <input type="checkbox"/>	PNC SERVICE NOT PROVIDED <input type="checkbox"/>	1600
1454*	Is there a dedicated room/area for postnatal care (PNC) examination?	YES. . . . . 1 NO. . . . . 2		→ 1456
1455*	DESCRIBE THE SETTING OF THE PNC SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. . . . . 4		
1456*	How many days each week are PNC service available at this facility?	DAYS PER WEEK. . . . . <input type="text"/> LESS OFTEN THAN ONCE/WEEK. . . . . 0		
1457*	Do you have the <b>PNC guideline/protocol/manual</b> available in this service area today?	YES. . . . . 1 NO. . . . . 2		→ 1459
1458*	May I see the PNC guideline/protocol/manual?  ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. . . . . 1 REPORTED NOT SEEN. . . . . 2		→ 1600
1459*	Do you have <b>any other PNC guideline/protocol/manual</b> available in this service area today?	YES. . . . . 1 NO. . . . . 2		→ 1461
1460*	May I see the other guideline/protocol/manual ?	OBSERVED. . . . . 1 REPORTED NOT SEEN. . . . . 2		
1461*	Do you have <b>the postpartum family planning</b> guideline/protocol/manual available in this service area today?	YES. . . . . 1 NO. . . . . 2		→ 1600
1462*	May I see the postpartum family planning guideline/protocol/manual?	OBSERVED. . . . . 1 REPORTED NOT SEEN. . . . . 2		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

## SECTION 16: DELIVERY AND NEWBORN CARE

1600	<b>CHECK Q102.07</b>	NORMAL DELIVERY AVAILABLE <input type="checkbox"/>	NORMAL DELIVERY NOT AVAILABLE <input type="checkbox"/>
		↓	←
NEXT SECTION OR SERVICE SITE			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1601	Is a person skilled in conducting deliveries present at the facility today or on call at all times (24 hours a day), including weekends, to provide care? Specifically, I am referring to medical specialists, medical officers, nurses, and family welfare visitors and midwives.	YES ..... 1 NO ..... 2	→ 1604
1602	Is there a duty schedule or call list for 24-hr staff assignment?	YES ..... 1 NO ..... 2	→ 1604
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	

### SIGNAL FUNCTIONS

1604	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 → b	2 ] 02 ←	8 ] 02 ←	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 → b	2 ] 03 ←	8 ] 03 ←	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY /PREVENTION OF ECLAMPSIA (IV OR IM)	1 → b	2 ] 04 ←	8 ] 04 ←	1	2	8
04	ASSISTED VAGINAL DELIVERY	1 → b	2 ] 05 ←	8 ] 05 ←	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 → b	2 ] 06 ←	8 ] 06 ←	1	2	8
06	REMOVAL OF RETAINED PRODUCTS OF CONCEPATION	1 → b	2 ] 07 ←	8 ] 07 ←	1	2	8
07	NEONATAL RESUSCITATION	1 → b	2 ] 08 ←	8 ] 08 ←	1	2	8
08	CORTICOSTEROIDS FOR PRE-TERM LABOR <b>NOTE: THIS IS NOT A SIGNAL FUNCTION</b>	1 → b	2 ] 1605 ←	8 ] 1605 ←	1	2	8
1605	Do you have the national guideline/protocol/manual for BEmONC available in this service site?				YES ..... 1 NO ..... 2	→ 1607	
1606	May I see the guideline/protocol/manual for BEmONC ?				OBSERVED ..... 1 REPORTED NOT SEEN ..... 2		
1607	Do you have the national guideline/protocol/manual for CEmOC?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.				YES ..... 1 NO ..... 2	→ 1609	
1608	May I see the national guideline/protocol/manual for CEmOC?				OBSERVED ..... 1 REPORTED NOT SEEN ..... 2		

1609	Do you have guideline/protocol/manual on management of pre-term labor?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. .... 1 NO. .... 2	→ 1611
1610	May I see the guideline/protocol/manual on management of pre-term labor?	OBSERVED. .... 1 REPORTED NOT SEEN. .... 2	
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?	YES. .... 1 NO. .... 2	→ 1613
1612	Is there a separate room or space for Kangaroo Mother Care or is it integrated into the main postnatal ward?	YES, SEPARATE ROOM. .... 1 YES, INTEGRATED .... 2	
1613	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES. .... 1 NO USE OF PARTOGRAPH. .... 2	→ 1615
1614	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY. .... 1 SELECTIVELY. .... 2	
1615	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS. .... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. .... 998	
1616	How many dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS. .... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. .... 998	
1617	Does the facility conduct regular reviews of maternal or newborn deaths or "near-misses"?	YES. .... 1 NO, DOES NOT PARTICIPATE. .... 2	→ 1622
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns?	FOR MOTHERS ONLY. .... 1 FOR NEWBORNS ONLY. .... 2 FOR BOTH MOTHERS AND NEWBORNS. .... 3	→ 1621
1619	How often are reviews of <u>maternal deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. .... 53 DON'T KNOW. .... 98	
1620	<b>CHECK Q1618:</b>  RESPONSE "3" <input type="checkbox"/> CIRCLED	RESPONSE "3" <input type="checkbox"/> NOT CIRCLED	→ 1622
1621	How often are reviews of <u>newborn deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. .... 53 ALWAYS WITH MATERNAL REVIEWS. .... 95 DON'T KNOW. .... 98	

## EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1622	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1 → b	2 → b	3	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1 → b	2 → b	3	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1 → b	2 → b	3	1	2	8
05	SUCTION BULB OR PENGUIN SUCKER	1 → b	2 → b	3	1	2	8
06	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1 → b	2 → b	3	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1 → b	2 → b	3	1	2	8
08	NEWBORN BAG & MASK (AMBU BAG & MASK)	1 → b	2 → b	3	1	2	8
09	THERMOMETER	1 → b	2 → b	3	1	2	8
10	THERMOMETER FOR LOW-BODY TEMPERATURE	1 → b	2 → b	3	1	2	8
11	INFANT SCALE	1 → b	2 → b	3	1	2	8
12	FETAL STETHOSCOPE	1 → b	2 → b	3	1	2	8
13	DIGITAL BLOOD PRESSURE APPARATUS	1 → b	2 → b	3	1	2	8
14	MANUAL BLOOD PRESSURE MACHINE	1 → b	2 → b	3	1	2	8
15	STETHOSCOPE	1 → b	2 → b	3 1623 ↙	1	2	8
1623	Do you have any of the following items? If yes, I would like to see them				OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01*	DELIVERY BED COMPLETE WITH RODS AND STIRRUPS				1	2	3
02	DELIVERY KIT				1	2	3
03	CORD CLAMP/THREAD				1	2	3
04	SPECULUM				1	2	3
05	EPISIOTOMY SCISSORS				1	2	3
06	SCISSORS OR BLADE TO CUT CORD				1	2	3
07	SUTURE MATERIAL WITH NEEDLE				1	2	3
08	NEEDLE HOLDER				1	2	3
09	FORCEPS (LARGE)				1	2	3
10	FORCEPS (MEDIUM)				1	2	3
11	SPONGE HOLDER				1	2	3
12	BLANK PARTOGRAPH				1	2	3
13*	STAIRS (FOR CLIMBING ONTO DELIVERY BED)				1	2	3
1623a*	Does this facility <i>routinely</i> provide active management of third stage labor (AMTSL)?			YES..... 1 NO..... 2			

1624	Does this facility <b>routinely</b> observe any of the following postpartum or newborns related practices?	YES	NO	DON'T KNOW		
01	Delivery to the abdomen (Skin to Skin) (placement of baby to mother's abdomen/chest)	1	2	8		
02	Drying newborns to keep them warm	1	2	8		
03	Initiation of breastfeeding within the first hour	1	2	8		
04	Routine, complete (head-to-toe) examination of newborn before discharge	1	2	8		
06	Suction of the newborn by means of suction bulb or penguin sucker	1	2	8		
07	Weigh the newborn immediately	1	2	8		
08	Administer Vitamin K to newborn	1	2	8		
10	Give full bath (immerse newborn in water) shortly (i.e., within a few minutes/hours) after birth	1	2	8		
11	Give the newborn prelacteal liquids	1	2	8		
14*	Provide maternal Vitamin A	1	2	8		
15*	Chlorhexitine 7.1 percent for cord care	1	2	8		
1625	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them.  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAXONE)	1	2	3	4	5
03	INJECTABLE UTEROTONIC (E.G., OXYTOCIN)	1	2	3	4	5
04	MAGNESIUM SULPHATE	1	2	3	4	5
05	INJECTABLE DIAZEPAM	1	2	3	4	5
06	IV SOLUTION (RINGER LACTATE) WITH INFUSION SET	1	2	3	4	5
07	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE)	1	2	3	4	5
08*	7.1% CHLORHEXIDINE SOLUTION (UMBILICAL CORD CLEANSING)	1	2	3	4	5

## STANDARD PRECAUTIONS

1650	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 TUBERCULOSIS [Q1951]. . . . . 19 NCD [Q2351]. . . . . 22 NOT PREVIOUSLY SEEN. . . . . 31	NEXT SECTION / SERVICE 	
1651	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX/OTHER GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1652	DESCRIBE THE SETTING OF THE DELIVERY SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. . . . . 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				



## SECTION 19: TUBERCULOSIS

1900	<b>CHECK Q102.10</b>	TB SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO TB SERVICES IN FACILITY <input type="checkbox"/>	
		↓	←	
NEXT SECTION OR SERVICE SITE				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1901	How many days in a month are tuberculosis services offered at this facility?  USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS / MONTH	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	

### TB DIAGNOSIS

1902	Do providers in this facility make diagnosis that a client has tuberculosis?	YES..... 1 NO ..... 2	→ 1904
1903	What is the most common method used by providers in this facility for diagnosing TB?  PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY..... 1 X-RAY ONLY..... 2 EITHER SPUTUM OR X-RAY..... 3 BOTH SPUTUM AND X-RAY..... 4 CLINICAL SYMPTOMS ONLY..... 5	
1904	Do providers in this facility ever refer clients outside this facility for TB diagnosis?	YES..... 1 NO ..... 2	→ 1908
1905	Does this facility have an agreement with a referral site for TB test results to be returned to the facility either directly or through the client?	YES..... 1 NO..... 2	
1906	Is there a record/register of clients who are referred for TB diagnosis?	YES ..... 1 REGISTER NOT KEPT. .... 2	→ 1908
1907	May I see the records or register of clients referred for TB testing?  CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER) ..... 1 REGISTER SEEN (ELECTRONIC). .... 2 REGISTER REPORTED, NOT SEEN..... 3	

### TB TREATMENT

1908	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES..... 1 NO..... 2	→ 1910	
1909	What treatment regimen or approach is followed by providers in this facility for <u>newly diagnosed TB</u> ? i.e., for new patients, not for retreatment?  PROBE TO ARRIVE AT CORRECT RESPONSE	2M INTENSIVE PHASE, 4M CONTINUATION PHASE. .... 1 6M INTENSIVE PHASE. .... 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M INTENSIVE PHASE ELSEWHERE. .... 3 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP..... 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE. .... 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP..... 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE. .... 7		
1910	<b>CHECK Q1902 AND Q1908</b>	TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/>	NO TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/>	
		↓	←	
NEXT SECTION OR SERVICE SITE				
1911	Does this facility have a system for testing TB patients for HIV infection?	YES..... 1 NO SYSTEM. .... 2	→ 1913	
1912	May I see the system, or evidence of such a system?  THE SYSTEM MAY BE IN THE FORM OF A REGISTER	SYSTEM OR REGISTER OBSERVED. .... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN. .... 2		

1913	Is HIV rapid diagnostic testing available from this service site?	YES..... 1 NO..... 2	→ 1915
1914	May I see a sample HIV rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4	
1915	Do you have the <b>national guideline/protocol/manual</b> for the diagnosis and treatment of TB available in this service area?	YES..... 1 NO..... 2	→ 1917
1916	May I see the national guideline/protocol/manual?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
1917	Do you have any guideline/protocol/manual for the management of HIV and TB co-infection available in this service area?  THIS MAY BE PART OF OTHER GUIDELINE	YES..... 1 NO..... 2	→ 1919
1918	May I see the guideline/protocol/manual for the management of HIV and TB co-infection?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
1919	Do you have any guideline/protocol/manual related to MDR-TB treatment available in this service area?  THIS MAY BE PART OF OTHER GUIDELINE	YES..... 1 NO..... 2	→ 1921
1920	May I see the guideline/protocol/manual on treatment of MDR-TB?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
1921	<b>CHECK Q1903</b>	RESPONSES 1, 3 OR 4 CIRCLED <input type="checkbox"/>	RESPONSES 1, 3 OR 4 NOT CIRCLED <input type="checkbox"/> → 1950
1922	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES..... 1 NO..... 2	→ 1950
1923	May I see a sputum container?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 NOT AVAILABLE TODAY..... 4	

## STANDARD PRECAUTIONS

1950	<p>ASSESS THE TB ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710] . . . . .</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051] . . . . .</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251] . . . . .</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351] . . . . .</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451] . . . . .</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651] . . . . .</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351] . . . . .</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN . . . . .</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710] . . . . .	11	CHILD VACCINATION [Q1051] . . . . .	12	CHILD CURATIVE CARE [Q1251] . . . . .	13	FAMILY PLANNING [Q1351] . . . . .	14	ANTENATAL CARE [Q1451] . . . . .	15	DELIVERY SERVICES [Q1651] . . . . .	17	NCD [Q2351] . . . . .	22	NOT PREVIOUSLY SEEN . . . . .	31	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 40px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">→1953</p>
GENERAL INFORMATION [Q710] . . . . .	11																		
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DELIVERY SERVICES [Q1651] . . . . .	17																		
NCD [Q2351] . . . . .	22																		
NOT PREVIOUSLY SEEN . . . . .	31																		
1951	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE															
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3															
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3															
03	ALCOHOL-BASED HAND RUB	1	2	3															
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 06↙	2	3															
05	OTHER WASTE RECEPTACLE	1	2	3															
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3															
07	DISPOSABLE LATEX/OTHER GLOVES	1	2	3															
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3															
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3															
10	MEDICAL MASKS	1	2	3															
11	GOWNS	1	2	3															
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3															
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3															
1952	DESCRIBE THE SETTING OF THE ROOM OR AREA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM. . . . .</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . .</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY. . . . .</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY. . . . .</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>		PRIVATE ROOM. . . . .	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . .	2	VISUAL PRIVACY ONLY. . . . .	3	NO PRIVACY. . . . .	4								
PRIVATE ROOM. . . . .	1																		
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . .	2																		
VISUAL PRIVACY ONLY. . . . .	3																		
NO PRIVACY. . . . .	4																		
1953	<p><b>CHECK Q214</b></p> <p>TB MEDS STORED IN OTHER LOCATION OR NOT STOCKED (<b>RESPONSE 1 NOT CIRCLED</b>) <input type="checkbox"/></p>	<p>TB MEDICINES STORED IN TB SERVICE AREA (<b>RESPONSE 1 CIRCLED</b>) <input type="checkbox"/></p>		931															
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																			

## SECTION 23: NON-COMMUNICABLE DISEASES

2300	<b>CHECK Q102.14</b>	CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/>
		NEXT SECTION OR SERVICE SITE ←	

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

### DIABETES

2301	Do providers in this facility diagnose and/or manage <b>diabetes</b> .	YES, DIAGNOSE ONLY. . . . . 1 YES, TREAT ONLY. . . . . 2 YES, DIAGNOSE AND TREAT. . . . . 3 NO. . . . . 4	→ 2310
2302	Do you have the <b>national guidelines</b> for the diagnosis and management of diabetes available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2304
2303	May I see the national guidelines?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	→ 2310
2304	Do you have <b>any other guidelines</b> for the diagnosis and management of diabetes available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2310
2305	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	

### CARDIO-VASCULAR DISEASES/HYPERTENSION

2310*	Do providers in this facility diagnose and/or manage cardio-vascular diseases including coronary heart disease in patients?	YES, DIAGNOSE ONLY. . . . . 1 YES, TREAT ONLY. . . . . 2 YES, DIAGNOSE AND TREAT. . . . . 3 NO. . . . . 4	→ 2315
2311*	Do you have <b>the national guideline/protocol/manual</b> for the diagnosis and management of cadio-vascular disease available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2313
2312*	May I see the national guideline/protocol/manual for the diagnosis and management of cadio-vascular disease?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	→ 2315
2313*	Do you have <b>any other guideline/protocol/manual</b> for the diagnosis and management of cadio-vascular disease available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2315
2314*	May I see the other guideline/protocol/manual ?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	
2315*	Do providers in this facility diagnose and/or manage hypertension patients?	YES, DIAGNOSE ONLY. . . . . 1 YES, TREAT ONLY. . . . . 2 YES, DIAGNOSE AND TREAT. . . . . 3 NO. . . . . 4	→ 2320
2316*	Do you have <b>the national guideline/protocol/manual</b> for the diagnosis and management of hypertension available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2318
2317*	May I see the national guideline/protocol/manual for the diagnosis and management of hypertension?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	→ 2320
2318*	Do you have <b>any other guideline/protocol/manual</b> for the diagnosis and management of hypertension available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2320
2319*	May I see the other guideline/protocol/manual?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	

## RESPIRATORY

2320*	Do providers in this facility diagnose and/or manage asthma/ <b>chronic obstructive pulmonary diseases (COPD)</b> in patients?	YES, DIAGNOSE ONLY. . . . . 1 YES, TREAT ONLY. . . . . 2 YES, DIAGNOSE AND TREAT. . . . . 3 NO. . . . . 4	→2325
2321*	Do you have <b>the national guideline/protocol/manual</b> for the diagnosis and management of asthma/COPD available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2323
2322*	May I see the national guideline/protocol/manual for the diagnosis and management of asthma/COPD?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	→2325
2323*	Do you have <b>any other</b> guideline/protocol/manual for the diagnosis and/ management of asthma/COPD available in this service area?	YES. . . . . 1 NO. . . . . 2	→2325
2324*	May I see the other guideline/protocol/manual?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	

## CERVICAL CANCER

2325*	Do providers in this facility screen patients for cervical cancer (either through visual inspection with Acetic Acid/Vinegar (VIA), pap smear or Human Papillomavirus (HPV) test)?	YES. . . . . 1 NO. . . . . 2	→2330
2326*	Do you have <b>the national guideline/protocol/manual</b> for cervical cancer screening available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2328
2327*	May I see the national guideline/protocol/manual for cervical cancer screening?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	→2330
2328*	Do you have <b>any other</b> guideline/protocol/manual for cervical cancer screening available in this service area?	YES. . . . . 1 NO. . . . . 2	→ 2330
2329*	May I see the other guideline/protocol/manual?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2	

## BASIC SUPPLIES AND EQUIPMENT

2330	ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW.  IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION SECTION (Q700)..... 1 NOT PREVIOUSLY SEEN..... 2	→ 2350				
2331	I would like to know if the following items are available today in the main service area and are functioning  ASK TO SEE ITEMS.	(A) AVAILABLE	(B) FUNCTIONING				
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 } 02 ←	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 } 03 ←	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 } 04 ←	1	2	8
04	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → b	2 → b	3 } 05 ←	1	2	8
05	MEASURING TAPE [FOR CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3 } 07 ←	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3 } 08 ←	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 } 09 ←	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3 } 10 ←	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCPTABLE)	1 → b	2 → b	3 } 11 ←	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 } 12 ←	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 } 13 ←	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3 } 14 ←	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3 } 16 ←	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3 } 17 ←	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 } 18 ←	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 } 19 ←	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 } 20 ←	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			

## CLIENT EXAMINATION ROOM

2350	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710]. . . . .</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051]. . . . .</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251]. . . . .</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351]. . . . .</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451]. . . . .</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651]. . . . .</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951]. . . . .</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN. . . . .</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710]. . . . .	11	CHILD VACCINATION [Q1051]. . . . .	12	CHILD CURATIVE CARE [Q1251]. . . . .	13	FAMILY PLANNING [Q1351]. . . . .	14	ANTENATAL CARE [Q1451]. . . . .	15	DELIVERY SERVICES [Q1651]. . . . .	17	TUBERCULOSIS [Q1951]. . . . .	19	NOT PREVIOUSLY SEEN. . . . .	31	NEXT SECTION / SERVICE
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ANTENATAL CARE [Q1451]. . . . .	15																		
DELIVERY SERVICES [Q1651]. . . . .	17																		
TUBERCULOSIS [Q1951]. . . . .	19																		
NOT PREVIOUSLY SEEN. . . . .	31																		
2351	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE															
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3															
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3															
03	ALCOHOL-BASED HAND RUB	1	2	3															
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3															
05	OTHER WASTE RECEPTACLE	1	2	3															
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3															
07	DISPOSABLE LATEX GLOVES	1	2	3															
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3															
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3															
10	MEDICAL MASKS	1	2	3															
11	GOWNS	1	2	3															
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3															
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3															
2352	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM. . . . .</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . .</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY. . . . .</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY. . . . .</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>		PRIVATE ROOM. . . . .	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . .	2	VISUAL PRIVACY ONLY. . . . .	3	NO PRIVACY. . . . .	4								
PRIVATE ROOM. . . . .	1																		
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . .	2																		
VISUAL PRIVACY ONLY. . . . .	3																		
NO PRIVACY. . . . .	4																		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																			

## SECTION 25: CESAREAN DELIVERY

2500	<b>CHECK Q102.16</b>	CESAREAN SECTION DONE IN FACILITY <input type="checkbox"/>	CESAREAN DELIVERY NOT DONE IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN DELIVERIES ARE DONE.  
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY.  
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2501	Does the facility have a health worker who can perform Cesarean delivery (section) present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES..... 1 NO..... 2	→ 2504
2502	Is there a duty schedule or call list for 24-hr staff assignment?	YES..... 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED... 2	→ 2504
2503	May I see the duty schedule or call list for 24-HR staff assignment?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED, NOT SEEN..... 2	
2504	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES..... 1 NO..... 2	→ 2507
2505	Is there a duty schedule or call list?	YES..... 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED... 2	→ 2507
2506	May I see the duty schedule or call list?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED, NOT SEEN..... 2	
2507	Have Cesarean deliveries been performed in this facility during the past 3 months?	YES..... 1 NO..... 2	

ASK TO SEE THE ROOM OR AREA WHERE CESAREAN DELIVERIES ARE DONE AND ASK TO SEE THE ITEMS BELOW

2510	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANESTHESIA MACHINE	1 → b →	2 → b	3	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 → b	2 → b	3	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 → b	2 → b	3	1	2	8
04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1 → b	2 → b	3	1	2	8
05	MAGILLS FORCEPS - ADULT	1 → b	2 → b	3	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1 → b	2 → b	3	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1 → b	2 → b	3	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1 → b	2 → b	3	1	2	8
09	INTUBATING STYLET	1 → b	2 → b	3	1	2	8
10	SPINAL NEEDLE	1 → b	2 → b	3	1	2	8
11*	OT TABLE	1 → b	2 → b	3	1	2	8
12*	OT LIGHT	1 → b	2 → b	3	1	2	8
13*	IV STAND	1 → b	2 → b	3	1	2	8
14*	EMERGENCY POWER SUPPLY	1 → b	2 → b	3	1	2	8
15*	INSTRUMENT SET FOR CESAREAN DELIVERY	1	2	3			
16*	AIR CONDITIONER	1 → b	2 → b	3	1	2	8
17*	OXYGEN CYLINDER WITH FLOWMETER	1 → b	2 → b	3	1	2	8
18*	OXYGEN CYLINDER WITHOUT FLOWMETER	1 → b	2 → b	3	1	2	8
19*	STERILE GLOVES	1	2	3			
20*	DISINFECTANT	1	2	3			

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION



# SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	<b>CHECK Q102.18</b>  BLOOD TYPING SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/>  NEXT SECTION OR SERVICE SITE ←				
2601	Please tell me if any of the following reagents or equipment is available at this services site today. I would like to see them.  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	Anti-A Reagent	1	2	3	4	5
02	Anti-B Reagent	1	2	3	4	5
03	Anti-D Reagent	1	2	3	4	5
04	COOMB'S REAGENT	1	2	3	4	5
05	Anti-A,B Reagent	1	2	3	4	5

## SECTION 27: BLOOD TRANSFUSION SERVICES

2700	<b>CHECK Q102.19</b>	BLOOD TRANSFUSION AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
2701*	What is the source of the blood that is transfused in this facility?  PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD.	MEDICAL COLLEGE HOSPITAL BLOOD BANK      A DISTRICT HOSPITAL BLOOD BANK                      B BLOOD BANK IN THE FACILITY                              C RELATIVES DONATING DIRECTLY. . . . . D RED CRESCENT . . . . . E OTHER _____ X (SPECIFY)	
2702	Has blood transfusion been done in this facility in an obstetric context (i.e., for maternal care) during the past 3 months?	YES . . . . . 1 NO . . . . . 2	
<b>SCREENING FOR INFECTIOUS DISEASES</b>			
2710	Is blood that is transfused in this facility screened, <b><i>either in this facility or externally</i></b> , for any infectious diseases prior to transfusion?	YES . . . . . 1 NO . . . . . 2	→ 2720
2711	Is the blood that is transfused screened only in the facility, only at an external facility, or both?	ONLY IN THIS FACILITY. . . . . 1 ONLY AT AN EXTERNAL FACILITY. . . . . 2 BOTH INTERNALLY AND EXTERNALLY. . . . . 3	
2712	Is the blood that is transfused in the facility screened, <b><i>either in this facility or externally</i></b> , for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?	ALWAYS      SOMETIMES      RARELY      NO	
01	HIV	1                      2                      3                      4	
02	SYPHILIS	1                      2                      3                      4	
03	HEPATITIS B	1                      2                      3                      4	
04	HEPATITIS C	1                      2                      3                      4	
05	MALARIA	1                      2                      3                      4	
2713	Do you ever send blood sample outside the facility for screening for any of the tests mentioned above?	YES . . . . . 1 NO . . . . . 2	→ 2720
2714	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	(A) SEND SPECIMEN OUT      (B) RECORD OF OUTSIDE TEST	
		YES      NO      YES      NO	
01	HIV	1      b                      2 02	1                      2
02	SYPHILIS	1      b                      2 03	1                      2
03	HEPATITIS B	1      b                      2 04	1                      2
04	HEPATITIS C	1      b                      2 05	1                      2
05	MALARIA	1      b                      2 2720	1                      2

## BLOOD STORAGE

2720	Has the facility run out of blood for more than one day anytime during the past 3 months?	YES..... 1 NO..... 2				
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES..... 1 NO..... 2	→ 2724			
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 2724			
2723	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES..... 1 ABOVE +6 DEGREES..... 2 BELOW +2 DEGREES..... 3 THERMOMETER NOT FUNCTIONAL..... 4				
2724	Do you have any guideline/protocol/manual on the appropriate use of blood and safe transfusion practices?	YES..... 1 NO..... 2	→ 2725A			
2725	May I see the guideline/protocol/manual on appropriate use of blood and safe blood transfusion?	OBSERVED..... 1 REPORTED NOT SEEN..... 2				
2725A*	Please tell me if any of the following items is available at this services site today. I would like to see them.  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
		1	2	3	4	5
01	Disposable blood transfusion set	1	2	3	4	5
02	Blood bags	1	2	3	4	5

## SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY	YES	NO					
01	<b>FLOOR:</b> SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2					
02	<b>COUNTERS/TABLES/CHAIRS:</b> WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2					
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2					
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2					
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2					
06	<b>WALLS:</b> SIGNIFICANT DAMAGE	1	2					
07	<b>DOORS:</b> SIGNIFICANT DAMAGE	1	2					
08	<b>CEILING:</b> WATER STAINS OR DAMAGE	1	2					
09*	WASTE SEGREGATED ACCORDING TO COLOR PIN AT THE SOURCE OF WASTE GENERATION?	1	2					
	INTERVIEW END TIME	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				:		
		:						
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.								

**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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**SUPERVISOR'S OBSERVATIONS**

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_



# 2017 BANGLADESH HEALTH FACILITY SURVEY

## HEALTH PROVIDER INTERVIEW

Facility Number:

Provider SERIAL Number:   [FROM STAFF LISTING FORM]

Provider Sex: (1=MALE; 2=FEMALE)

Provider Status: (1=Posted; 2=Attached)

Interviewer Code:

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY. IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED

YES, PREVIOUSLY INTERVIEWED ..... 1

NAME & NUMBER OF FACILITY      → END

NO, NOT PREVIOUSLY INTERVIEWED 2

READ THE FOLLOWING CONSENT FORM

Good day! My name is \_\_\_\_\_. We are here on behalf of the National Institute of Population Research and Training (NIPORT) and the Ministry of Health and Family Welfare conducting a survey of health facilities to assist the government in knowing more about health services in Bangladesh.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.

The information you provide us may be used by NIPORT, the MOHFW, other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Do you have any questions about the study? Do I have your agreement to proceed?

\_\_\_\_\_  
Interviewer's signature

		2	0	1	
DAY	MONTH	YEAR			

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101	May I begin the interview now?	YES..... 1	→ END
		NO..... 2	

# 1. EDUCATION AND EXPERIENCE

102	<p>I would like to ask you some questions about your educational background.</p> <p>How many years of education have you completed in total, starting from your primary, secondary and further education?</p>	YEARS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
103	<p>What is your current qualification? For example, Are you a generalist medical doctor or a specialist medical doctor?</p> <p>IN CASE OF NURSE/SACMO/TECHNOLOGISTS/ FP PERSONNELS/NUTRITIONIST , ASK What is your current occupational category?</p> <p>BOTH SENIOR AND JUNIOR CONSULTANTS ARE INCLUDED IN CONSULTANT CATEGORY</p>	SPECIALIST/CONSULTANT MEDICINE [INCLUDING CARDIAC] ..... 01 SPECIALIST/CONSULTANT GENERAL SURGERY ..... 02 SPECIALIST/CONSULTANT OBSTETRICS / GYNECOLOGY ..... 03 SPECIALIST/CONSULTANT PEDIATRICS ..... 04 SPECIALIST/CONSULTANT PSYCHIATRY ..... 05 SPECIALIST/CONSULTANT ANESTHESIA ..... 06 ANY OTHER SPECIALIST/CONSULTANT NOT LISTED ABOVE ..... 07  MEDICAL OFFICER (MBBS) (ANY NON-SPECIALIST DOCTOR, INCLUDING ASSISTANT SURGEON, EMO, IMO, MCH/FP, RMO, REGARDLESS OF DESIGNATION OR TITLE) ..... 08  MEDICAL OFFICER - ANESTHETIST ..... 09 DENTAL SURGEON ..... 10 SACMO / MEDICAL ASSISTANT ..... 11 MATRON ..... 12 NURSING SUPERVISOR ..... 13 SENIOR STAFF NURSE ..... 14 ASSISTANT NURSE / STAFF NURSE (IN PRIVATE) ..... 15 FAMILY WELFARE VISITOR (FWV) ..... 16 FAMILY WELFARE ASSISTANT (FWA) ..... 17 HEALTH ASSISTANT ..... 18 COMMUNITY HEALTH CARE PROVIDER ..... 19 HEALTH INSPECTOR ..... 20 ASSISTANT HEALTH INSPECTOR ..... 21 NUTRITIONIST ..... 22 HEALTH EDUCATOR ..... 23 MEDICAL TECHNOLOGIST - LABORATORY ..... 25 MEDICAL TECHNOLOGIST - EPI ..... 26 MIDWIFE ..... 30 PARAMEDICS (IN PRIVATE/NGO) ..... 31 NURSE MIDWIFE ..... 32 TB LEPROSY CONTROL ASSISTANT (TLCA) ..... 33 OTHER NON-CLINICAL/NON-TECHNICAL STAFF ..... 95 OTHER CLINICAL STAFF NOT LISTED ABOVE ..... 96 (SPECIFY)					
104	<p>What year did you graduate (or complete) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION ASK: What year did you complete any basic training for your current occupational category?</p>	YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr></table>					
105	<p>In what year did you start working in this facility?</p> <p>YOU MAY PROBE BY ASKING "HOW LONG HAVE YOU WORKED IN THIS FACILITY"?</p>	YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr></table>					
108	<p>Are you a manager or in-charge for any clinical services?</p>	YES ..... 1 NO ..... 2					



## 2. GENERAL TRAINING / NON-COMMUNICABLE DISEASES

	<p>I will like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the <b>training, training update or refresher training</b> within the past 24 months or more than 24 months ago?</p>			
		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
200				
01	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?	1	2	3
02	Any specific training related to injection safety practices or safe injection practices?	1	2	3
03	Health Management Information Systems (HMIS) or reporting requirements for any service?	1	2	3
04	Confidentiality and rights to non-discrimination practices for people living with HIV/AIDS	1	2	3
05*	Any specific training related to adolescent health services?	1	2	3
06*	Any specific training related to nutrition services?	1	2	3
07*	Any specific training related to screening for cervical cancer through visual inspection with acetic acid/pap smear/ human papilloma virus (HPV) test	1	2	3

201	<b>CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION</b>  CODE 25 (MEDICAL TECHNOLOGIST LABORATORY) CIRCLED <input type="checkbox"/> → 700  CODE 25 (MEDICAL TECHNOLOGIST LABORATORY) NOT CIRCLED <input type="checkbox"/>	
I will now ask you a few questions about services you <b>personally</b> provide <b>in your current position in this facility</b> and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.		
202	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any services that are designed to be <b>youth or adolescent friendly?</b> i.e., designed with the specific aim to encourage youth or adolescent utilization?	YES..... 1 NO..... 2
203	Have you received any <b>in-service training, training updates or refresher training</b> on topics specific to youth or adolescent friendly services?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. .... 1 YES, OVER 24 MONTHS AGO. .... 2 NO TRAINING OR UPDATES. .... 3

## DIABETES

207	In your <b>current</b> position, and as a part of your work for this facility, do you personally diagnose and/or manage <b>diabetes</b> ?	YES..... 1 NO..... 2
208	Have you received any <b>in-service training, training updates or refresher training</b> on topics specific to the diagnosis and/or management of diabetes?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. .... 1 YES, OVER 24 MONTHS AGO. .... 2 NO TRAINING OR UPDATES. .... 3

## CARDIO-VASCULAR DISEASES

209	In your <b>current</b> position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES..... 1 NO..... 2
210	Have you received any <b>in-service training, training updates or refresher training</b> on the diagnosis and/or management of cardio-vascular diseases?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. .... 1 YES, OVER 24 MONTHS AGO. .... 2 NO TRAINING OR UPDATES. .... 3

## CHRONIC RESPIRATORY DISEASES

211	In your <b>current</b> position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES..... 1 NO..... 2
212	Have you received any <b>in-service training, training updates or refresher training</b> on the diagnosis and/or management of chronic respiratory diseases?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. .... 1 YES, OVER 24 MONTHS AGO. .... 2 NO TRAINING OR UPDATES. .... 3

### 3. CHILD HEALTH SERVICES

300	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>child vaccination</b> services?	YES..... 1 NO..... 2	
301	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>child growth monitoring</b> services?	YES..... 1 NO..... 2	
302	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>child curative care</b> services?	YES..... 1 NO..... 2	
303	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to child health or childhood illnesses?	YES ..... 1 NO ..... 2	→ 400
304	Have you received any <b>in-service training or training updates</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	EPI OR COLD CHAIN MONITORING	1	2
02	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES	1	2
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS	1	2
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA	1	2
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT	1	2
09	BREASTFEEDING	1	2
10	COMPLIMENTARY FEEDING IN INFANTS	1	2
13*	EARLY CHILDHOOD DEVELOPMENT	1	2
14	OTHER TRAINING ON CHILD HEALTH (SPECIFY)_____	1	2
15*	INFANT AND YOUNG CHILD FEEDING TRAINING (IYCF TRAINING)	1	2
16*	SAM and MAM TRAINING	1	2

### 4. FAMILY PLANNING SERVICES

400	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>family planning</b> services?	YES..... 1 NO..... 2	
401	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to family planning?	YES..... 1 NO..... 2	→ 500
403	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	GENERAL COUNSELING FOR FAMILY PLANNING	1	2
02	IUCD INSERTION AND/OR REMOVAL	1	2
03	IMPLANT INSERTION AND/OR REMOVAL	1	2
04	PERFORMING VASECTOMY	1	2
05	PERFORMING TUBAL LIGATION	1	2
06	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS	1	2
07	FAMILY PLANNING FOR HIV POSITIVE WOMEN	1	2
08	POST-PARTUM FAMILY PLANNING	1	2
09*	INJECTABLE CONTRACEPTIVES	1	2
10*	EMERGENCY CONTRACEPTIVE PILL	1	2
11	OTHER TRAINING ON FAMILY PLANNING (SPECIFY)_____	1	2

## 5. MATERNAL HEALTH SERVICES

### ANC - PNC

500	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>antenatal care or postnatal care</b> services?  IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED	YES, ANTENATAL..... 1 YES, POSTNATAL..... 2 YES, BOTH..... 3 NO, NEITHER..... 4		
501	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to antenatal care or postnatal care?	YES..... 1 NO..... 2	→ 503	
502	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	ANC screening (e.g., blood pressure, sugar&albumin, anemia)?	1	2	3
02	Counseling for ANC (e.g., nutrition,birth planning, FP and newborn care)?	1	2	3
03	Complications of pregnancy and their management?	1	2	3
04	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation and Mid-Upper Arm circumference measurement?	1	2	3
06*	Postnatal care (PNC) (blood pressure checkup, examine perineum and abdomen, test urine for albumin)	1	2	3
07*	Postnatal care counselling (breast feeding, nutrition, FP, anemia)	1	2	3
08*	Management of pre-eclampsia/eclampsia	1	2	3
09*	Antenatal corticosteroids for threatened preterm labor	1	2	3
10*	Prevalence of postpartum hemorrhage (management of PPH)	1	2	3
503	Do you <b>personally</b> provide any services that are specifically geared toward preventing mother-to-child transmission of HIV?  IF YES, ASK: Which specific services do you provide?  INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?	PREVENTIVE COUNSELING..... A HIV TEST COUNSELING..... B CONDUCT HIV TEST..... C PROVIDE ARV TO MOTHER..... D PROVIDE ARV TO INFANT..... E NO PMTCT SERVICES..... Y		
504*	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to maternal and/or newborn health?	YES..... 1 NO..... 2	→ 506	
505	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
02	Newborn nutrition counseling of mother with HIV?	1	2	3
03	Infant and young child feeding	1	2	3
04	Modified obstetric practices as relates to HIV (e.g., not rupturing membranes)?	1	2	3

## DELIVERY SERVICES

506	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide <b>delivery services</b> ? By that I mean conducting the actual delivery of newborns?	YES..... 1 NO..... 2	→ 509				
507	During the past 6 months, approximately how many deliveries have you conducted as the <b>main provider (include deliveries conducted for private practice and for facility)</b> ?	TOTAL DELIVERIES	<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 33px;"></td> <td style="width: 33px;"></td> <td style="width: 33px;"></td> </tr> </table>				
508	When was the last time you used a partograph?	NEVER..... 0 WITHIN PAST WEEK..... 1 WITHIN PAST MONTH..... 2 WITHIN PAST 6 MONTHS..... 3 OVER 6 MONTHS AGO..... 4					
509	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to delivery care?	YES..... 1 NO..... 2	→ 511				
510	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES			
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	1	2	3			
02	Comprehensive Emergency Obstetric Care (CEmOC)?	1	2	3			
03	Routine care for labor and normal vaginal delivery?	1	2	3			
04	Active Management of Third Stage of Labor (AMTSL)?	1	2	3			
05	Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general?	1	2	3			
06	Post abortion care?	1	2	3			
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	1	2	3			

## NEWBORN CARE SERVICES

511	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES..... 1 NO..... 2		
512	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to newborn care?	YES..... 1 NO..... 2	→ 600	
513	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Neonatal resuscitation using bag and mask (Helping Babies Breath, HBB)	1	2	3
02	<i>Early and exclusive</i> breastfeeding	1	2	3
03	Newborn infection management (including injectable antibiotics)	1	2	3
04	Thermal care (including immediate drying and skin-to-skin care)	1	2	3
05	Sterile cord cutting and appropriate cord care	1	2	3
06	Kangaroo Mother Care (KMC) for low birth weight babies	1	2	3
08*	Essential Newborn Care	1	2	3
09*	Umbilical cord care (use of 7.1% chlorhexidine)	1	2	3
10*	Emergency triage assessment training (ETAT)	1	2	3
11*	IMCI guidelines (0-59 days)	1	2	3
12*	Special care newborn unit (SCANU)	1	2	3
13*	Comprehensive on newborn care	1	2	3

## 6. SEXUALLY TRANSMITTED INFECTIONS - TB

### SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES..... 1 NO..... 2	
601	Have you received any <i>in-service training, training updates or refresher training</i> on topics related to STI services?	YES..... 1 NO..... 2	→603
602	Have you received any <i>in-service training, training updates or refresher training</i> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2
02	The syndromic management for STIs	1	2
03	Drug resistance to STI treatment medications	1	2

### TUBERCULOSIS

603	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i>  READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]?		Have you received training or training update on [SERVICE]?		
		(a)		(b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests using AFB Smear Microscopy	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms or TB Diagnostic Algorithm	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of MDR-TB or identification and referral of MDR-TB suspects	1	2	1	2	3

## 7. DIAGNOSTIC SERVICES

700	In your <b>current</b> position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES..... 1 NO..... 2	→ 800	
701	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO	
01	Microscopic examining of sputum for diagnosing tuberculosis	1	2	
02	HIV rapid testing	1	2	
04	Hematology testing, such as anemia testing	1	2	
06	Malaria microscopy	1	2	
07	Malaria rapid diagnostic test (mRDT)	1	2	
702	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to the different diagnostic tests you conduct?	YES..... 1 NO..... 2	→ 800	
703	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	3
02	HIV testing	1	2	3
04	Blood screening for HIV prior to transfusion?	1	2	3
05	Blood screening for Hepatitis B prior to transfusion?	1	2	3
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2	3
07	Malaria microscopy	1	2	3
08	Malaria rapid diagnostic test (mRDT)	1	2	3

## 8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY</p> <div style="text-align: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>																												
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE PAST 3 MONTHS..... 1</p> <p>YES, IN THE PAST 4-6 MONTHS..... 2</p> <p>YES, IN THE PAST 7-12 MONTHS..... 3</p> <p>YES, MORE THAN 12 MONTHS AGO..... 4</p> <p>NO..... 5</p> <div style="text-align: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>																												
802	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES.....</p> <div style="text-align: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <p>EVERY DAY..... '96</p>																												
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>01 Check your records or reports?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Observe your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Provide any feedback (either positive or negative) on your performance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>04 Give you verbal or written feedback that you were doing your work well?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Provide updates on administrative or technical issues related to your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Discuss problems you have encountered?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	01 Check your records or reports?	1	2	8	02 Observe your work?	1	2	8	03 Provide any feedback (either positive or negative) on your performance?	1	2	8	04 Give you verbal or written feedback that you were doing your work well?	1	2	8	05 Provide updates on administrative or technical issues related to your work?	1	2	8	06 Discuss problems you have encountered?	1	2	8
	YES	NO	DK																											
01 Check your records or reports?	1	2	8																											
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06 Discuss problems you have encountered?	1	2	8																											
804	<p>Do you have a written job description of your current job or position in this facility?</p> <p>IF YES, ASK: May I see it?</p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>																												
805	<p>Are there any opportunities for promotion in your current job?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>UNCERTAIN/DONT KNOW..... 8</p>																												
806	<p>Which type(s) of salary supplement do you receive, if any?</p> <p>PROBE: Anything else?</p>	<p>MONTHLY OR DAILY SALARY SUPPLEMENT..... A</p> <p>PERDIEM WHEN ATTENDING TRAINING..... B</p> <p>DUTY ALLOWANCE..... C</p> <p>PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED)..... D</p> <p>OTHER..... X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NONE..... Y</p>																												
807	<p>In your current position, what non-monetary incentives have you received for the work you do, if any?</p> <p>PROBE BY ASKING: Anything else? Any other options?</p>	<p>TIME OFF / VACATIONS..... A</p> <p>UNIFORMS, BACKPACKS, CAPS, etc..... B</p> <p>DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc..... C</p> <p>TRAINING..... D</p> <p>FOOD RATION / MEALS..... E</p> <p>SUBSIDIZED HOUSING..... F</p> <p>HEALTH INSURANCE..... G</p> <p>OTHER:..... X</p> <p>NONE..... Y</p>																												



808

Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important.

ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.

IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS PUT CODE "Y" IN THE REMAINING BOX OR BOXES.

DO NOT READ CHOICES TO YOUR RESPONDENT

- MORE SUPPORT FROM SUPERVISOR. .... A
- MORE KNOWLEDGE / UPDATES TRAINING. .... B
- MORE SUPPLIES/STOCK. .... C
- BETTER QUALITY EQUIPMENT/ SUPPLIES. .... D
- LESS WORKLOAD (i.e. MORE STAFF). .... E
- BETTER WORKING HOURS / FLEXIBLE TIMES. .... F
- MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS). .... G
- TRANSPORTATION FOR REFERRAL PATIENTS. .... H
- PROVIDING ART. .... I
- PROVIDING PEP. .... J
- INCREASED SECURITY. .... K
- BETTER FACILITY INFRASTRUCTURE. .... L
- MORE AUTONOMY / INDEPENDENCE. .... M
- EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES). .... N
- OTHER (SPECIFY) ..... X
- NO PROBLEM. .... Y

RANKING		

THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT



**STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT**

FACILITY NUMBER

**TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS**

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW" CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)											(6)	(7)			
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER 1-M 2-F	SERVICES PROVIDED IN FACILITY											INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW			
				PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANTENATAL CARE	PMTCT	DELIVERY	FAM PLANNING			CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS
01																	01	01	
02																		02	02
03																		03	03
04																		04	04
05																		05	05
06																		06	06
07																		07	07
08																		08	08
09																		09	09
10																		10	10
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16																		16	16
17																		17	17
18																		18	18
19																		19	19
20																		20	20

PROVIDER QUALIFICATION CATEGORY:

SPECIALIST/CONSULTANT MEDICINE [INCLUDING CARDIOLOGY]..... 01  
 SPECIALIST/CONSULTANT GENERAL SURGERY..... 02  
 SPECIALIST/CONSULTANT OBSTETRICS / GYNECOLOGY..... 03  
 SPECIALIST/CONSULTANT PEDIATRICS..... 04  
 SPECIALIST/CONSULTANT PSYCHIATRY..... 05  
 SPECIALIST/CONSULTANT ANESTHESIA..... 06  
 ANY OTHER SPECIALIST/CONSULTANT NOT LISTED ABOVE..... 07  
 MEDICAL OFFICER (MBBS) (ANY NON-SPECIALIST  
 DOCTOR, INCLUDING ASSISTANT SURGEON, EMO, ..... 08  
 IMO, MCH/FP, RMO, REGARDLESS OF  
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 MEDICAL OFFICER - ANESTHETIST..... 09  
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 HEALTH INSPECTOR..... 20  
 ASSISTANT HEALTH INSPECTOR..... 21  
 NUTRITIONIST..... 22  
 HEALTH EDUCATOR..... 23  
 MEDICAL TECHNOLOGIST - LABORATORY..... 25  
 MEDICAL TECHNOLOGIST - EPI..... 26  
 MIDWIFE..... 30  
 PARAMEDICS (IN PRIVATE/NGO)..... 31  
 NURSE MIDWIFE..... 32  
 TB LEPROSY CONTROL ASSISTANT (TLC)..... 33  
 OTHER NON-CLINICAL/NON-TECHNICAL STAFF..... 95  
 OTHER CLINICAL STAFF NOT LISTED ABOVE..... 96  
 (SPECIFY)

**STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT**

--	--	--	--

INTERVIEWER CODE

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FACILITY NUMBER

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39																				39	39
40																				40	40

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56																			56	56
57																			57	57
58																			58	58
59																			59	59
60																			60	60

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**STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT**

FACILITY NUMBER	INTERVIEWER CODE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS</b>	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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76																			76	76
77																			77	77
78																			78	78
79																			79	79
80																			80	80

PROVIDER QUALIFICATION CATEGORY:

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 OTHER CLINICAL STAFF NOT LISTED ABOVE..... 96

(SPECIFY)

**STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT**

<b>FACILITY NUMBER</b>	<input style="width: 90%;" type="text"/>	<b>TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS</b>	<input style="width: 90%;" type="text"/>	<b>INTERVIEWER CODE</b>	<input style="width: 90%;" type="text"/>
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81																		81	81	
82																			82	82
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96																			96	96
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98																			98	98
99																			99	99

PROVIDER QUALIFICATION CATEGORY:

SPECIALIST/CONSULTANT MEDICINE [INCLUDING CARDIOLOGY].....	01
SPECIALIST/CONSULTANT GENERAL SURGERY.....	02
SPECIALIST/CONSULTANT OBSTETRICS / GYNECOLOGY.....	03
SPECIALIST/CONSULTANT PEDIATRICS.....	04
SPECIALIST/CONSULTANT PSYCHIATRY.....	05
SPECIALIST/CONSULTANT ANESTHESIA.....	06
ANY OTHER SPECIALIST/CONSULTANT NOT LISTED ABOVE.....	07
MEDICAL OFFICER (MBBS) (ANY NON-SPECIALIST DOCTOR, INCLUDING ASSISTANT SURGEON, EMO, . . . . . IMO, MCH/FP, RMO, REGARDLESS OF DESIGNATION OR TITLE)	08
MEDICAL OFFICER - ANESTHETIST.....	09
DENTAL SURGEON.....	10
SACMO / MEDICAL ASSISTANT.....	11

MATRON.....	12
NURSING SUPERVISOR.....	13
SENIOR STAFF NURSE.....	14
ASSISTANT NURSE / STAFF NURSE (IN PRIVATE).....	15
FAMILY WELFARE VISITOR (FWV).....	16
FAMILY WELFARE ASSISTANT (FWA).....	17
HEALTH ASSISTANT.....	18
COMMUNITY HEALTH CARE PROVIDER.....	19
HEALTH INSPECTOR.....	20
ASSISTANT HEALTH INSPECTOR.....	21
NUTRITIONIST.....	22
HEALTH EDUCATOR.....	23
MEDICAL TECHNOLOGIST - LABORATORY.....	25
MEDICAL TECHNOLOGIST - EPI.....	26
MIDWIFE.....	30
PARAMEDICS (IN PRIVATE/NGO).....	31
NURSE MIDWIFE.....	32
TB LEPROSY CONTROL ASSISTANT (TLC).....	33
OTHER NON-CLINICAL/NON-TECHNICAL STAFF.....	95
OTHER CLINICAL STAFF NOT LISTED ABOVE.....	96

(SPECIFY)

**STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT**

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
পরিকল্পনা মন্ত্রণালয়  
বাংলাদেশ পরিসংখ্যান ব্যুরো (বিবিএস)  
সেঞ্চাস উইং  
www.bbs.gov.bd

ফরম-২

স্মারক নম্বর: ৫২.০১.০০০০.৪০৩.১৮.০৩৭.১৭.৩২৪

তারিখ: ১৯ শ্রাবণ, ১৪২৪

০৩ আগস্ট, ২০১৭

বিষয়: নিপোর্ট কর্তৃক 'বাংলাদেশ হেলথ ফ্যাসিলিটি সার্ভে ২০১৭' পরিচালনার মাধ্যমে  
পরিসংখ্যান প্রস্তুত ও প্রকাশের জন্য বাংলাদেশ পরিসংখ্যান ব্যুরোর অনাপত্তি।

সূত্র: নিপোর্ট/গবেষণা-১০০৭/বিএইচএফএস-২০১৭/২০১৭/৯১১ তারিখ: ২৪/০৪/২০১৭  
খ্রি.।

পরিসংখ্যান আইন, ২০১৩ (২০১৩ সনের ১২ নং আইন)-এর ধারা ১১-এর উদ্দেশ্য পূরণকল্পে উক্ত আইন  
এবং এতদসংক্রান্ত বিধি ও নীতিমালা অনুযায়ী নিম্নবর্ণিত শর্তসাপেক্ষে নিপোর্ট কর্তৃক 'বাংলাদেশ হেলথ  
ফ্যাসিলিটি সার্ভে ২০১৭' পরিচালনায় অনাপত্তি প্রদান করা হলো:

শর্তসমূহ:

- (১) জরিপের প্রশ্নপত্রে বিবিএস কর্তৃক প্রণীত Geo-code ও Bangladesh Standard Classification of Occupation (BSCO) code ব্যবহার নিশ্চিত করতে হবে;
- (২) জরিপে ব্যবহৃত Concepts & Definitions সমূহ যথাসম্ভব বিবিএস-এর সাথে Harmonize করতে হবে;
- (৩) তথ্য সংগ্রহের পূর্বে তথ্য সংগ্রহকারীদের যথাযথ প্রশিক্ষণ প্রদান নিশ্চিত করতে হবে এবং প্রশিক্ষণসহ মাঠ পর্যায়ে তথ্য সংগ্রহ কার্যক্রম পরিবীক্ষণে বিবিএস-এর সম্পৃক্তকরণ নিশ্চিত করতে হবে;
- (৪) 'সংস্থা কর্তৃক পরিসংখ্যান প্রস্তুত ও প্রকাশ নীতিমালা, ২০১৬'-এর অনুচ্ছেদ-৪, ৫ ও ৭-এর নির্দেশনাসমূহ যথাযথভাবে প্রতিপালন করতে হবে;
- (৫) প্রকাশিত জরিপ প্রতিবেদনের সাথে বিবিএস-এর অনাপত্তিপত্র সংযুক্ত করতে হবে এবং বিবিএসকে প্রকাশনার ১০ (দশ) টি কপি সরবরাহ করতে হবে।



২০১৭-০৮-৩

মোঃ আমীর হোসেন  
মহাপরিচালক

মহাপরিচালক, জাতীয় জনসংখ্যা গবেষণা ও প্রশিক্ষণ  
ইন্সটিটিউট (নিপোর্ট)

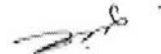
স্মারক নম্বর: ৫২.০১.০০০০.৪০৩.১৮.০৩৭.১৭.৩২৪/১(২)

তারিখ: ১৯ শ্রাবণ, ১৪২৪

০৩ আগস্ট, ২০১৭

সদয় অবগতি ও কার্যার্থে প্রেরণ করা হল,

- ১) সচিবের একান্ত সচিব, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ।
- ২) সচিবের একান্ত সচিব, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য মন্ত্রণালয়, ঢাকা।



















২০১৭-০৮-৩

মো. জাহিদুল হক সরদার  
পরিচালক

## ADDITIONAL DHS PROGRAM RESOURCES

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<b>The DHS Program Website</b> – Download free DHS reports, standard documentation, key indicator data, and training tools, and view announcements.	DHSprogram.com		
<b>STATcompiler</b> – Build custom tables, graphs, and maps with data from 90 countries and thousands of indicators.	Statcompiler.com		
<b>DHS Program Mobile App</b> – Access key DHS indicators for 90 countries on your mobile device (Apple, Android, or Windows).	Search DHS Program in your iTunes or Google Play store		
<b>DHS Program User Forum</b> – Post questions about DHS data, and search our archive of FAQs.	userforum.DHSprogram.com		
<b>Tutorial Videos</b> – Watch interviews with experts and learn DHS basics, such as sampling and weighting, downloading datasets, and how to read DHS tables.	www.youtube.com/DHSProgram		
<b>Datasets</b> – Download DHS datasets for analysis.	DHSprogram.com/Data		
<b>Spatial Data Repository</b> – Download geographically-linked health and demographic data for mapping in a geographic information system (GIS).	spatialdata.DHSprogram.com		
<b>Social Media</b> – Follow The DHS Program and join the conversation. Stay up to date through:			
 <b>Facebook</b> www.facebook.com/DHSprogram		 <b>LinkedIn</b> www.linkedin.com/company/dhs-program	
 <b>YouTube</b> www.youtube.com/DHSprogram		 <b>Blog</b> Blog.DHSprogram.com	
 <b>Twitter</b> www.twitter.com/DHSprogram	