Bangladesh

Health Facility Survey 2022



Final Report



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Bangladesh Health Facility Survey 2022

Final Report

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

icddr,b
Dhaka, Bangladesh

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This report presents final findings of the 2022 Bangladesh Health Facility Survey (2022 BHFS), which was implemented by the National Institute of Population Research and Training (NIPORT). icddr,b (International Centre for Diarrhoeal Disease Research, Bangladesh) provided technical assistance at every stages of the survey including monitoring the field work and data collection. Associates for Community and Population Research (ACPR), a private research agency, collected the field survey data. As a part of periodic assessment of health systems and services provided by various health facilities, the 2022 BHFS collected data to monitor and evaluate population, health, and nutrition programs under the Training, Research and Development (TRD) operational plan of the 4th Health, Population, and Nutrition Sector Program (HPNSP). The survey was funded by the government of Bangladesh and the U.S. Agency for International Development (USAID) provided financial support for technical assistance.

Additional information about the 2022 BHFS may be obtained from the NIPORT, 13/1 Sheikh Shaheb Bazar Road, Azimpur, Dhaka -1205 Bangladesh. Telephone: 88-02-5861-1206; Internet: www.niport.gov.bd or from icddr,b, 68 Shaheed Tajuddin Ahmed Sharani Mohakhali, Dhaka 1212 (GPO Box 128, Dhaka 1000) Bangladesh. Telephone: +(880-2) 8860523-32; Email: info@icddrb.org; Internet: http://www.icddrb.org

Cover inspiration: The Community Clinic represents the gateway towards formal healthcare services in Bangladesh which symbolizes promoting healthcare pathways as well as promoting human-centered care and experience regarding selective key health services, including Family Planning Services, Antenatal Care, Delivery and Newborn Care, and Child Health Services. This report systematically outlines these four key health services.

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FOREWORD



Md. Azizur Rahman
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This is my pleasure to congratulate the National Institute of Population Research and Training (NIPORT) on publishing the fifth Bangladesh Health Facility Survey (2022 BHFS) with financial support from the Government of Bangladesh and U.S. Agency for International Development (USAID). International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) provided overall technical assistance. In addition, Data for Impact (D4I) provided support for finalizing the final report.

The 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. Additionally, the survey assessed the functionality of delivery and newborn care services. The survey provides important information for policymakers and program personnel in addressing the monitoring and evaluation needs of the Health, Population and Nutrition Sector Programs (HPNSP) of the Ministry of Health Family Welfare (MOHFW).

The findings of the survey revealed challenges and weakness in facility preparedness that is impeding service delivery. We hope that policymakers and program managers will focus on the major gaps identified in the 2022 BHFS that require prompt action for improving the quality of care. Moreover, there is a dire need for developing a concrete and evidence-based plan, as well as regular surveillance of the service delivery.

We urge all stakeholders to play active roles in implementing national priorities to achieve goal of HPNSP and Sustainable Development Goals (SDGs). I hope that academicians, researchers, and program personnel will conduct further comprehensive analyses of 2022 BHFS data to provide additional in-depth knowledge for the future direction and effective implementation of the sector programs.

I express my sincere gratitude to all those who contributed to the successful completion of the survey. I wish to formally acknowledge the invaluable contributions of the representatives of Stakeholder Advisory Committee (SAC); Technical Working Committee (TWC) members; officials of Directorate General of Health Services (DGHS); Directorate General of Family Planning (DGFP); icddr,b; D4I; ACPR; the field staffs: data processing team and specially survey respondents.

Finally, I would like to thank NIPORT for their leadership in conducting the survey. I appreciate icddr,b, D4I, and ACPR for their collaborative effort. I deeply acknowledge the invaluable financial support provided by the Government of Bangladesh and USAID, which played a crucial role in ensuring the ultimate success of this important national survey.

(Md. Azizur Rahman)

PREFACE



Dr. Ashrafi Ahmad
Director General
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The 2022 Bangladesh Health Facility Survey (BHFS) is the fifth round of nationally representative health facility survey conducted in Bangladesh. The series started in 2009 and was followed by surveys in 2011, 2014, and 2017. The 2022 BHFS was implemented by the National Institute of Population Research and Training (NIPORT). International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) provided overall technical assistance for the survey. Additionally, Data for Impact (D4I) provided support for finalizing the final report. The survey was funded by the Government of Bangladesh and the U.S. Agency for International Development (USAID).

The 2022 BHFS assessed government, non-government, and private healthcare facilities across all eight administrative divisions of Bangladesh. This survey collected data from six types of public facilities, private hospitals with at least 10 beds, and NGO clinics or hospitals, totaling 1,557 health facilities and 6,209 healthcare providers. The 2022 BHFS serves as one of the crucial resources for assessing the performance of the 4th Health, Population, and Nutrition Sector Program (HPNSP) and guiding the development of the 5th HPNSP. The BHFS 2022 provides estimates for four indicators of the Results Framework of the 4th HPNSP. Furthermore, the survey serves as a key data source for tracking the progress of Bangladesh's health system. We hope that the data will support policymakers and program managers in monitoring and developing programs and strategies to enhance health, family planning, and nutrition services in Bangladesh.

This report is a result of relentless effort, dedication, support, and involvement of a large number of institutions and individuals. A Technical Working Committee (TWC)—with representatives from NIPORT; Ministry of Health and Family Welfare (MOHFW); University of Dhaka; icddr,b; D4I; and USAID/Bangladesh provided technical guidance in all aspects to the implementation of the survey. A Stakeholder Advisory Committee (SAC) was formed consisting of experts from governmental, non-governmental, and international entities, along with professionals and researchers working in health, nutrition, and population sectors. Their expert contributions were absolutely vital in significantly improving the quality of the survey. I am immensely grateful to all the dedicated professionals whose tireless efforts led to the successful completion of the survey.

My heartfelt thanks go out to the staff of health facilities who willingly participated and provided the information for this survey. I extend my sincere gratitude to all the organizations that played a vital role in the successful completion of the 2022 BHFS. I would like to commend the professionals of NIPORT's Research Unit for successful completion of the survey. We are indebted to icddr,b for their diligent field monitoring, ensuring the quality of the data collected. I am also thankful to ACPR for completing the data collection in a professional manner. I wish to extend my gratitude to the honorable Secretary of the Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Government of Bangladesh, for their invaluable guidance and support throughout every stage of the survey's implementation. Finally, USAID/Bangladesh deserves special thanks for providing financial support for the survey.

(Dr. Ashrafi Ahmad)

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Medical Education and Family Welfare Division
Ministry of Health and Family Welfare

It is with great pleasure that I announce the publication of the final report of the fifth Bangladesh Health Facility Survey (2022 BHFS). This accomplishment would not have been possible without the collaborative efforts and contributions of all the individuals and organizations involved in this survey. First and foremost, I would like to extend my gratitude to all the professionals at the National Institute of Population Research and Training (NIPORT) for their outstanding leadership in conducting the survey. The constant support and guidance from the Government of Bangladesh were pivotal in achieving the success of this national survey.

I am deeply grateful to the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), for providing comprehensive technical assistance in every aspect of the survey, from questionnaire development to the publication of the final report. I would like to acknowledge their meticulous field monitoring and quality control efforts, which were vital in maintaining the integrity of the data collection. I also wish to express my sincere thanks to Data for Impact (D4I) for their crucial role in finalizing the report.

A Technical Working Committee (TWC) consisting of representatives from NIPORT, Ministry of Health and Family Welfare (MOHFW), University of Dhaka, icddr,b, and USAID/Bangladesh provided comprehensive technical guidance throughout the survey's implementation. Additionally, a Stakeholder Advisory Committee (SAC) comprised of experts from government, non-government, and international organizations, along with researchers, statisticians, epidemiologists, demographers, and health system specialists in the health, nutrition, and population sectors, contributed their valuable insights during the survey. Their expert opinions were crucial in the implementation process and in finalizing the report. I would like to extend my sincere appreciation to all the individual researchers and experts who contributed to the final report of the 2022 BHFS. Special thanks are due to the Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP) for their active involvement and support.

I also wish to express my sincere appreciation to the healthcare providers and staff of the 1,557 health facilities who participated in the survey. Their cooperation and willingness to share information were essential in painting a comprehensive picture of Bangladesh's healthcare system. Additionally, I commend the field staff, data collection teams, quality control officers and all other personnel involved in the survey for their relentless efforts and professionalism.

Finally, I would like to extend my deepest thanks to the Government of Bangladesh and USAID/Bangladesh for their financial support. The findings of the 2022 BHFS will undoubtedly serve as a valuable resource for evaluating and monitoring the Health, Population, and Nutrition Sector Programs (HPNSP) in Bangladesh. I hope these findings will guide policymakers, program managers, and researchers in enhancing health, family planning, and nutrition services in Bangladesh.

(Mohammad Ahsanul Alam)

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ACRONYMS AND ABBREVIATIONS

ACE	Angiotensin-converting Enzyme
ACPR	Associates for Community and Population Research
ADB	Asian Development Bank
AHI	Assistant Health Inspectors
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal care
ARB	Angiotensin receptor Blocked
ARI	Acute Respiratory Infection
BCC	Behavioral Change Communication
BDHS	Bangladesh Demographic and Health Survey
BDR	Border Guard Bangladesh
BEmOC	Basic Emergency Obstetric Care
BENAP	Bangladesh Every Newborn Action Plan
BHFS	Bangladesh Health Facility Survey
BMDC	Bangladesh Medical & Dental Council
BMMS	Bangladesh Maternal Mortality and Health Care Survey
BNC	Bangladesh Nursing Council
BNHA	Bangladesh National Health Accounts
BP	Blood Pressure
BRAC	Bangladesh Rural Advancement Committee
CARE	Cooperative for Assistance and Relief Everywhere
CBHC	Community Based Health Care
CC	Community Clinic
CEmOC	Comprehensive Emergency Obstetric Care
CHCP	Community Health Care Providers
CHX	Chlorhexidine
CPR	Contraceptive Prevalence Rate
C-section	Cesarean Section
CT	Computed Tomography
CVD	Cerebrovascular Disease
D&C	Dilation and Curettage
D4I	Data for Impact
DD-FP	Deputy Director-Family Planning
DDS	Drugs and Dietary Supply
DGDA	Directorate General of Drug Administration
DGFP	Directorate General of Family Planning
DGHED	Directorate General of Health Engineering Department

DGHEU	Directorate General of Health Economics Unit
DGHS	Directorate General of Health Services
DH	District Hospital
DHS	Demographic and Health Survey
DNS	Directorate of Nursing Services
DOTS	Directly Observed Treatment, Short-course
DPT	Diptheria-Partussis-Tetanus
DS	Double Strength
EMO	Emergency Medical Officer
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Immunization Program
ETAT	Emergency Triage Assessment and Treatment
FDC	Fixed-dose Combination
FNAC	Fine Needle Aspiration Cytology
FP	Family Planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GDP	Gross Domestic Product
GK	Gonoshashthaya Kendra
GOB	Government of Bangladesh
HA	Health Assistants
Hb	Hemoglobin
HFS	Health Facility Survey
HI	Health Inspectors
HIV	Human Immunodeficiency Virus
HLD	High Level Disinfection
HPN	Health, Population and Nutrition
HPNSDP	Health, Population and Nutrition Sector Development Programme
HPNSP	Health, Population and Nutrition Sector Programme
HPV	Human Papilloma Virus
HSS	Health System Strengthening
icddr,b	International Center for Diarrhoeal Disease Research, Bangladesh
IHFAN	International Health Facility Assessment Network
IMCI	Integrated Management of Childhood Illness
IMO	Indoor Medical Officer
IMPAC	Integrated Management of Pregnancy and Childbirth
IUCD	Intrauterine Contraceptive Device

KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
LARC/PM	Long-acting Reversible Contraceptives/Permanent Methods
LBW	Low Birth Weight
LED	Light Emitting Diode
LGD	Local Government Division
MA	Medical Assistant
MAM	Moderate Acute Malnutrition
MBBS	Bachelor of Medicine, Bachelor of Surgery
MBDC	Mycobacterium Disease Control
MCH-FP	Maternal, Child Health, and Family Planning
MCHTI	Maternal and child Health Training Institute
MCWC	Mother and Child Welfare Center
MDG	Millennium Development Goal
MDR-TB	Multidrug-Resistant Tuberculosis
MMR	Maternal Mortality Rate
MNC&AH	Maternal, Neonatal, Child, and Adolescent Health
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government, Rural Development and Cooperatives
MSH	Management Science for Health
MUAC	Mid Upper Arm Circumference
MVA	Manual Vacuum Aspiration
NCD	Non-communicable Disease
NEMEW	National Electro-medical & Engineering Workshop
NGO	Non-Governmental Organization
NIPORT	National Institute of Population Research and Training
NMR	Neonatal Mortality Rate
NNHP	National Newborn Health Program
NSF	Newborn Signal Function
NTP	National Tuberculosis Control Program
OBS/GYN	Obstetrics/Gynecology
ORS	Oral Rehydration Solution
PAC	Post-abortion Care
PH	Private Hospital
PHC	Primary Health Care
PMMU-MOHFW	Program Management and Monitoring Unit of Ministry of Health and Family Welfare
PNC	Postnatal care

PPFP	Postpartum Family Planning
PPP	Private Public Partnership
QA	Quality Assurance
QC	Quality Control
RCHCIB	Revitalization of Community Health Care Initiatives in Bangladesh
RD	Rural Dispensary
RDM	Research for Decision Makers
RMO	Resident Medical Officer
RR-TB	Rifampicin-Resistant Tuberculosis
RSE	Relative Standard Error
SAC	Stakeholders Advisory Committee
SACMO	Sub-assistant Community Medical Officer
SAM	Severe Acute Malnutrition
SARA	Service Availability and Readiness Assessment
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SMF	State Medical Faculty
SPA	Service Provisional Assessment
STI	Sexually Transmitted Infection
SVRS	Sample Vital Registration System
TAB	Tablet computer
TB	Tuberculosis
TEMO	Transport and Equipment Maintenance Organization
TLCA	TB leprosy Control Assistant
TRD	Training, Research and Development
TWC	Technical Working Committee
UFPO	Upazila Family Planning Officer
UH&FPO	Upazila Health & Family Planning Officer
UHC	Upazila Health Complex
UHFWC	Union Health & Family Planning Center
ULB	Urban Local Bodies
UPHCP	Urban Primary Health Care Service Project
UPHCSDP	Urban Primary Health Care Services Delivery Project
US	United States
USAID	United States 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 2022 BANGLADESH HEALTH FACILITY SURVEY (BHFS)

The Bangladesh Health Facility Survey (BHFS) 2022 final report is based on approximately 84 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 reader-friendly version features 109 figures that clearly highlight trends, subnational patterns, and background characteristics. The text has been simplified to highlight key points in bullets.

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, 2022 BHFS data users should be comfortable reading and interpreting tables.

The following pages introduce the organization of 2022 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 2022 BHFS tables.

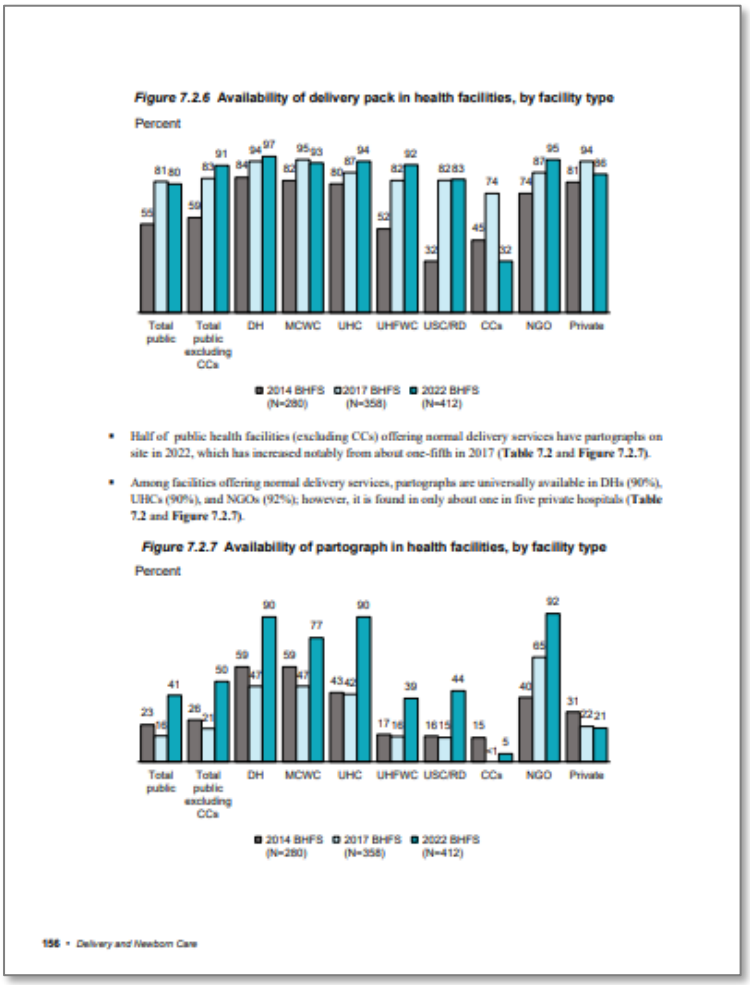


Figure 7.2.6 **Availability of delivery pack in health facilities, by facility type**

Percent

- Half of public health facilities (excluding CCs) offering normal delivery services have partographs on site in 2022, which has increased notably from about one-fifth in 2017 (**Table 7.2** and **Figure 7.2.7**).
- Among facilities offering normal delivery services, partographs are universally available in DHs (90%), UHCs (90%), and NGOs (92%); however, it is found in only about one in five private hospitals (**Table 7.2** and **Figure 7.2.7**).

Figure 7.2.7 **Availability of partograph in health facilities, by facility type**

Percent

156 • *Delivery and Newborn Care*

Example 1: Availability of Basic Client Services

Among all facilities, the percentages offering indicated basic client services and all basic client services, by background characteristics, 2022 BHFS

Table 3.2: Availability of basic client services 1

Among all facilities, the percentages offering the indicated basic client services and all basic client services, by background characteristics, Bangladesh HFS 2022

3 Background characteristic	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[1]	All basic client services without normal delivery	Number of facilities (weighted)	Number of facilities (unweighted)
Facility type										
District and upazila public facilities	**99.1**	**92.9**	**90.9**	**97.1**	**99.8**	**97.4**	**85.1**	**85.8**	**41**	**319**
DH	100.0	98.4	95.2	93.5	100.0	100.0	88.7	88.7	4	62
MCWC	95.1	68.1	57.0	95.1	99.0	87.1	40.1	42.0	7	100
UHC	100.0	98.1	98.5	98.2	100.0	99.5	95.5	96.0	30	157
Union-level public facilities	**95.3**	**74.2**	**79.1**	**83.5**	**98.3**	**49.4**	**32.6**	**52.3**	**310**	**434**
UHFWC	94.2	78.2	79.2	96.0	100.0	59.2	39.2	59.3	225	293
USC/RD	98.1	63.6	79.1	50.3	93.7	23.4	15.2	33.7	85	141
Community clinic (CC)	**94.5**	**92.4**	**97.5**	**82.1**	**99.8**	**4.7**	**3.6**	**70.4**	**994**	**488**
NGO clinic/hospital	**88.4**	**81.9**	**71.9**	**74.8**	**100.0**	**33.5**	**16.6**	**50.5**	**29**	**127**
Private hospital	**56.6**	**22.5**	**3.0**	**25.0**	**72.4**	**89.0**	**1.1**	**1.1**	**183**	**189**
Location										
Urban	65.7	36.9	22.4	38.6	79.3	81.7	11.2	16.2	235	514
Rural	94.6	88.1	92.7	82.6	99.3	16.6	11.6	66.2	1,322	1,043
Division										
Barishal	92.7	87.6	84.5	82.0	98.8	19.2	11.1	63.6	111	152
Chattogram	97.4	87.5	85.1	80.9	97.4	30.6	16.0	71.5	291	244
Dhaka	83.8	75.7	80.0	70.7	95.4	30.1	11.2	49.1	317	264
Khulna	76.7	76.2	70.9	70.3	90.5	30.4	8.8	50.1	210	208
Rajshahi	95.1	73.9	82.5	75.4	97.8	26.4	10.2	55.4	214	212
Rangpur	95.7	84.7	87.3	79.3	97.7	17.1	8.0	64.5	193	190
Sylhet	88.4	82.7	84.0	74.4	98.0	31.6	20.4	59.2	99	136
Mymensingh	94.7	78.8	87.2	78.6	97.5	18.2	7.1	59.3	122	151
Total	90.2	80.4	82.1	75.9	96.3	26.5	11.5	58.7	1,557	1,557
Total excluding CCs	*82.7*	*59.1*	*54.9*	*65.0*	*90.1*	*65.0*	*25.4*	*38.0*	*563*	*1,069*
Total public	*94.8*	*88.2*	*93.1*	*82.9*	*99.5*	*17.8*	*12.8*	*66.7*	*1,345*	*1,241*
Total public excluding CCs	*95.7*	*76.4*	*80.5*	*85.1*	*98.5*	*55.0*	*38.8*	*56.2*	*351*	*753*

4 5

[1] 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 2022 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 ten 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 two last columns, in gray, list the weighted and unweighted numbers of facilities surveyed. The weighted numbers are the denominators, that is, the total number of facilities surveyed for each topic and each background characteristic. In this case, 1,557 facilities were surveyed. Of these 1,557 facilities,

41 are district and upazila level-public facilities (319 unweighted), 310 are union-level public facilities (434 unweighted), 994 are community clinics (488 unweighted), 29 are NGO clinics/hospitals (127 unweighted), and 183 are private hospitals (189 unweighted). For more on weighting, see Example 3.

Step 3: Scan the row headings—the first vertical column highlighted in teal 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 2022 BHFS will be divided into these same categories.

Step 4: Look at the row at the bottom of the table highlighted in red. These figures represent the totals of public facilities, or the percent of public facilities that offer each of the six services, and the percent of public facilities that offer ALL services. This table shows that services for child curative care (94.8%) are widely available in public facilities in Bangladesh, while 12.8% of all public facilities provide ALL six basic client services.

Note that there are three additional rows below the total which present what the total would be if community clinics (CCs) are excluded, total for public facilities, and total for public facilities excluding CCs. The reason for showing the total public excluding CCs is that CCs are the lowest level of facilities that 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.

Step 5: To find out what percent of health facilities in Rangpur division offer any modern methods of family planning, draw two imaginary lines, as shown in the table above in purple. This shows that 79.3% of health facilities in Rangpur division offer any modern methods of family planning.

By looking at patterns by background characteristics, we can see how the provision of basic client services varies across Bangladesh. Knowing how client services vary among different types of health facilities can help program planners and policy makers determine which interventions need to be prioritized where.

*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 child curative care services LEAST widely available?
c) Facilities in which facility type category are most likely to offer ALL six basic client services?

Answers:

a) Urban—81.7% of urban facilities offer normal delivery services, compared to 16.6% of rural facilities.

b) Khulna division—76.7%.

c) District and upazila public facilities—85.1%. Within this category, upazila health complexes (UHC) are most likely to offer all basic client services with normal delivery at 95.5%.

Example 2: Availability of Antenatal Care (ANC) Services
Based on all health facilities and a subset of 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 2022

3 Background characteristic	2 Percentage of facilities that offer ANC	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities offering ANC where ANC services are offered on indicated days[1]		Number of facilities offering ANC (weighted)	Number of facilities offering ANC (unweighted)
				Provides but not every day[1]	Provides every day[1]		
Facility type							
District and upazila public facilities	**99.8**	**41**	**319**	**9.6**	**90.4**	**41**	**318**
DH	100.0	4	62	6.5	93.5	4	62
MCWC	99.0	7	100	22.4	77.6	7	99
UHC	100.0	30	157	7.0	93.0	30	157
Union-level public facilities	**98.0**	**310**	**434**	**35.4**	**64.6**	**305**	**427**
UHFWC	100.0	225	293	35.8	64.2	225	293
USC/RD	93.7	85	141	34.1	65.9	80	134
Community clinic (CC)	**99.8**	**994**	**488**	**16.7**	**83.3**	**992**	**487**
NGO clinic/hospital	**100.0**	**29**	**127**	**3.6**	**96.4**	**29**	**127**
Private hospital	**72.4**	**183**	**189**	**16.1**	**83.9**	**132**	**141**
Location							
Urban	79.3	235	514	13.0	87	187	467
Rural	99.3	1,322	1,043	21.0	79	1,312	1,033
Division							
Barishal	98.8	111	152	13.9	86.1	110	148
Chattogram	97.4	291	244	15.5	84.5	283	238
Dhaka	95.4	317	264	23.3	76.7	303	254
Khulna	90.5	210	108	12.3	86.8	190	197
Rajshahi	97.8	214	212	24.5	75.5	209	205
Rangpur	97.5	193	190	24.6	75.2	189	180
Sylhet	98.0	99	136	22.0	78.0	97	132
Mymensingh	97.5	122	151	21.4	78.6	118	146
Total	96.3	1,557	1,557	20.0	80.0	1,499	1,500
Total excluding CCs	*90.1*	*563*	*1,069*	*26.4*	*73.6*	*507*	*1,013*
Total public	*99.5*	*1,345*	*1,241*	*20.7*	*79.3*	*1,338*	*1,232*
Total public excluding CCs	*98.5*	*351*	*753*	*32.3*	*67.7*	*346*	*745*

4

a b

[1] 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 total for public facilities and denominators for each panel. What percent of public facilities in Bangladesh offer ANC services? It's 99.5%. Now look at the (weighted) denominator for the second panel (b). How many public facilities in Bangladesh surveyed in the 2022 BHFS offer ANC services? It's 1,338, which represents 99.5% of the 1,345 public facilities in the survey sample. The second panel is a subset of the first panel.

When reading and using the 2022 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 79.3% of public facilities provide ANC services every day. It IS correct to say that 79.3% of *public facilities offering ANC services* provide these services every day.

Practice: Use the table in Example 2 above to answer the following questions:

a) What category of health facility is least likely to offer ANC services?
b) What percent of public health facilities offering ANC services provide ANC services but not every day?
c) How many union-level public facilities offer ANC services? (Hint: the weighted gray columns show the denominators, or the number of health facilities in the sample or subsample.)
d) What percent of community clinics (CCs) offering ANC services provide ANC services every day?
e) In which division are ANC services most likely to be provided every day by facilities offering ANC services?

Answers:

a) Private hospitals are least likely to offer ANC services (69.4%).
b) 20.7% of public facilities offering ANC services do not offer these services every day.
c) 305 union-level public facilities offer ANC services.
d) 83.3% of CCs offering ANC services offer these services every day.
e) ANC services are most likely to be offered every day of the week by facilities offering ANC services in Khulna division (86.8%).

Example 3: Understanding Sampling Weights in 2022 BHFS Tables

In the 2022 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 represents facilities in the entire country as well as facilities in subnational areas like divisions.

Table 2.4: Distribution of surveyed facilities, by background characteristics

Percent distribution and number of surveyed facilities, by background characteristics, Bangladesh HFS 2022

Background characteristic	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
District and upazila public facilities	**2.6**	**41**	**319**
DH	0.3	4	62
MCWC	0.4	7	100
UHC	1.9	30	157
Union-level public facilities	**19.9**	**310**	**434**
UHFWC	14.5	225	293
USC/RD	5.4	85	141
Community clinic (CC)	**63.8**	**994**	**488**
NGO clinic/hospital[1]	**1.9**	**29**	**127**
Private hospital	**11.8**	**183**	**189**
Location			
Urban	15.1	235	514
Rural	84.9	1,322	1,043
Division			
Barishal	7.1	111	152
Chattogram	18.7	291	244
Dhaka	20.4	317	264
Khulna	13.5	210	208
Rajshahi	13.7	214	212
Rangpur	12.4	193	190
Sylhet	6.4	99	136
Mymensingh	7.8	122	151
Total	100	1,557	1,557
Total excluding CCs	-	***563***	*1,069*
Total public	-	***1,345***	*1,241*
Total public excluding CCs	-	***351***	*753*

[1]The NGO category includes facilities run by local government.
"-" means not applicable

In the case of the BHFS, researchers also want to know about health 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 community clinics (CCs) sampled to represent all CCs. However, there are many more CCs than DHs in Bangladesh. If we chose a simple random sample of health facilities, we will only get a few DHs but hundreds of CCs. A simple random sample would likely not include enough DHs for meaningful analysis. To solve this problem, some types of health facilities are oversampled.

For example, let's say that we have enough money to visit 1,557 health facilities for a survey and you want to produce results that are representative of health facilities in Bangladesh as a whole and representative of each different type of health facility (as in the table above). The types of health facilities are not evenly distributed: there are many more CCs than DHs, for instance.

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 2022 BHFS, the **teal column (1)** shows the actual number of facilities selected and interviewed in each type, ranging from 62 DHs to 488 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 (1,557). In reality, DHs comprise less than 1% of all health facilities in Bangladesh. On the other hand, 488 CCs were surveyed, which equals 31% of the facilities in the sample. In actuality, about 64% of health facilities in Bangladesh are CCs. Would our survey show the true state of health facilities in Bangladesh if we used this sample distribution? No; this unweighted distribution of facilities does not accurately represent the true state of health facilities.

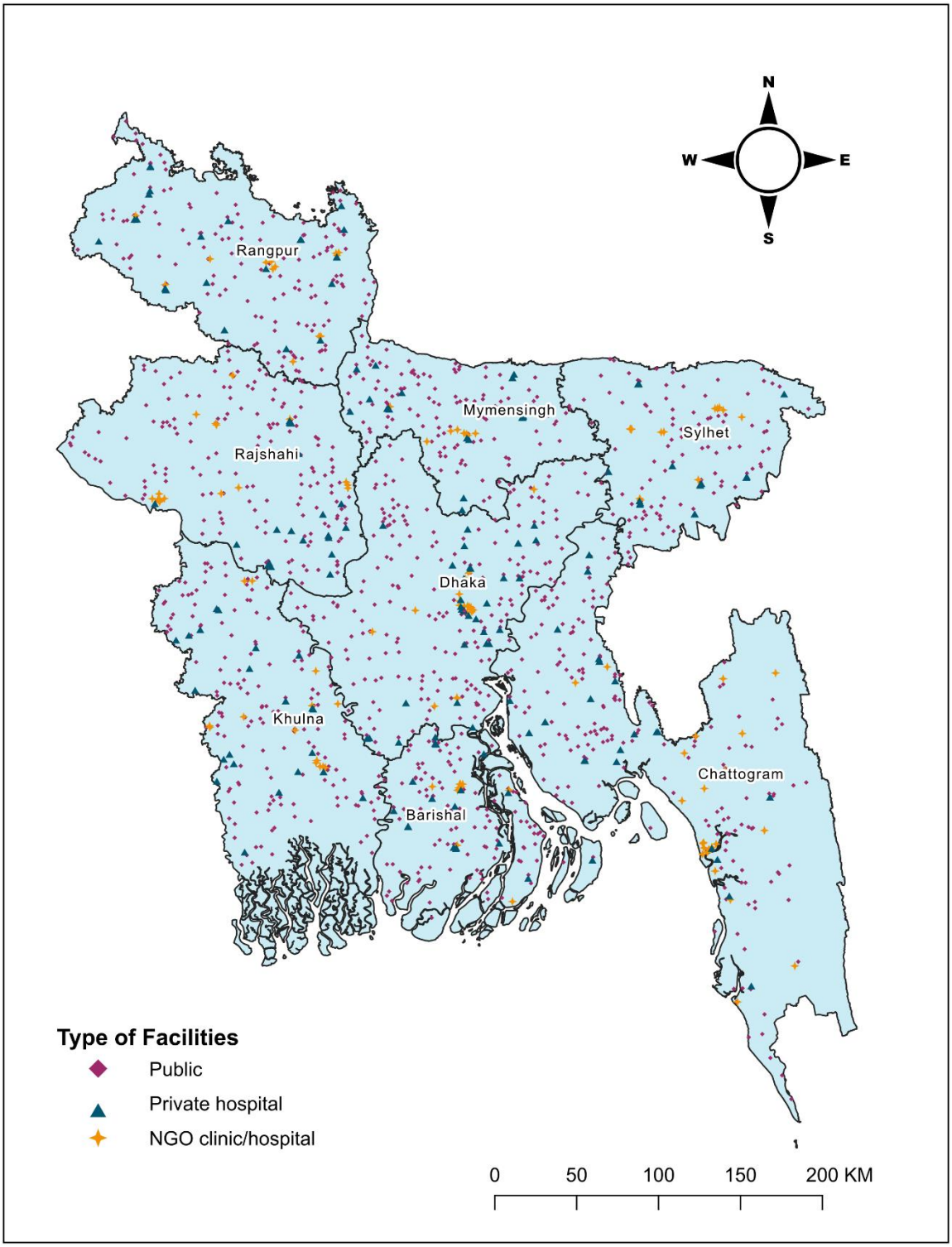
In order to get statistics that are representative of the entire health system in Bangladesh, the distribution of different types of health facilities in our sample needs to resemble the true distribution of health facility types in Bangladesh. DHs, for example, should only contribute a small amount to the national total. Likewise, CCs should contribute much more to the total. Statisticians mathematically calculate a "weight" which is used to adjust the number of health facilities from each facility type, so that each health facility 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" values. The weighted values can be smaller or larger than the unweighted values. The total sample size of 1,557 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 weigh 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 CCs—64% of the facilities in Bangladesh—and how few facilities are DHs—less than 1% of all health facilities in Bangladesh.

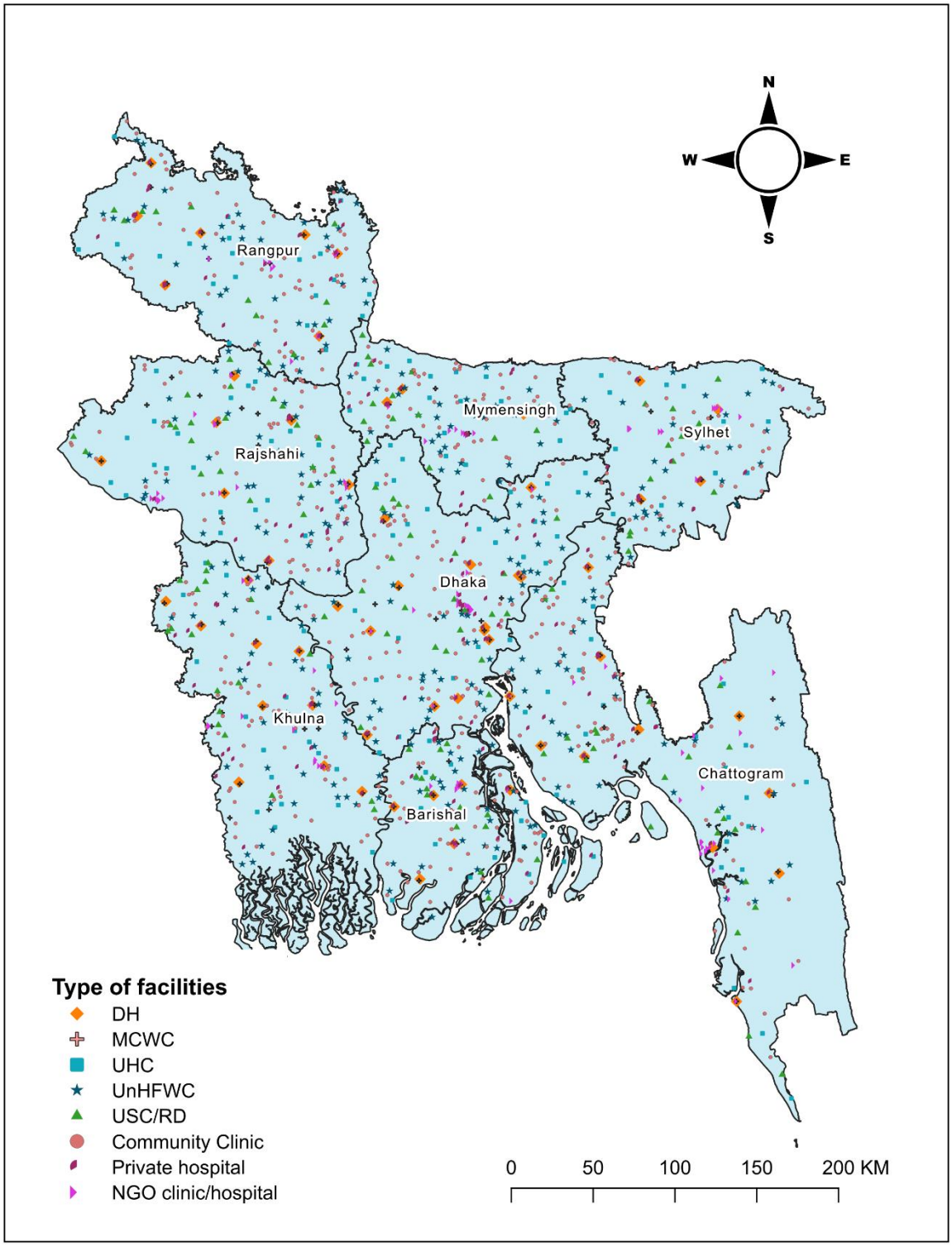
With sampling and weighting, it is possible to survey enough facilities to provide reliable statistics at both the national and division level, without distorting the overall distribution of facilities within the country. Both weighted and unweighted numbers are shown in each of the BHFS tables. Don't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

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 41, the data collected from all 319 of this facility type are 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


N
W
E
S
Rangpur
Rajshahi
Mymensingh
Sylhet
Dhaka
Khulna
Barishal
Chattogram
Type of Facilities
Public
Private hospital
NGO clinic/hospital
0
50
100
150
200 KM

BANGLADESH


N
W
E
S
Rangpur
Rajshahi
Mymensingh
Sylhet
Dhaka
Khulna
Barishal
Chattogram
Type of facilities
DH
MCWC
UHC
UnHFWC
USC/RD
Community Clinic
Private hospital
NGO clinic/hospital
0
50
100
150
200 KM

OVERVIEW OF THE HEALTH SYSTEM IN BANGLADESH 1

1.1 HEALTH STATUS IN BANGLADESH

Bangladesh has made remarkable progress in the health sector over the past decades. Health status has improved substantially in Bangladesh, leading to a reduction in neonatal, infant, and under-five mortality, maternal deaths, and an increase in life expectancy of six years for men and eight years for women between 2005 and 2022 (Sample Vital Registration System [SVRS] 2022). The under-five mortality dropped from 88 deaths per 1,000 live births in 2004 to 31 deaths per 1,000 live births in 2022 (Bangladesh Demographic and Health Survey [BDHS] 2022). Maternal mortality also declined by 52%, from 322 deaths per 100,000 live births to 156 deaths per 100,000 live births between 2001 (BMMS 2001) and 2015 (SVRS 2022). The country has achieved the Millennium Development Goal (MDG) 4 target for under-five mortality (48 deaths per 1,000 live births) and is expected to achieve its Sustainable Development Goal (SDG) 3 targets for under-five mortality (less than 25 deaths per 1,000 live births) and maternal mortality (less than 70 maternal deaths per 1,000 live births) by 2030. The decline in mortality is attributed to changing fertility behavior, which has led to a decrease in the total fertility rate from 3.3 children per woman in 1999-2000 to 2.3 children per woman in 2022 (BDHS 2022).

The country also made significant strides in reducing the burden of communicable diseases, such as tuberculosis, malaria, and HIV/AIDS, and has increased access to essential medicines and vaccines. The country's response to the COVID-19 pandemic has been commendable, with the government taking proactive measures to contain the spread of the virus and ensure access to healthcare services for all.

1.2 HEALTH, POPULATION, AND NUTRITION SECTOR PROGRAM

The 4th Health, Population and Nutrition Sector Program (4th HPNSP) of Bangladesh is a comprehensive health program that aims to improve the health and well-being of all citizens of Bangladesh by expanding access to quality and equitable healthcare in a healthy and safe living environment. This sector program was implemented by Ministry of Health and Family Welfare (MOHFW) in January 2017 and has been extended to June 2024. The program has several objectives, including improving access to and utilization of evidence-based high-impact health, population and nutrition-related services, strengthening systems to support service delivery, and effective stewardship and governance. The program also aims to promote healthy lifestyles and practices at community and facility levels. The program is contributing significantly to the achievement of the SDGs in Bangladesh.

Strategic Priorities for the 4th HPNSP

The 4th HPNSP in Bangladesh has formulated eight strategic objectives 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 outlines 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 healthcare for the population and accelerated progress toward 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

1.3 HEALTH SERVICE DELIVERY SYSTEM OF BANGLADESH

The health service delivery system of Bangladesh is a complex network of public health departments, nongovernmental organizations (NGOs), and private institutions. The MOHFW formulates national policies, plans, and decisions for health care and education. These policies are implemented by authorities at the national and community levels. The MOHFW was divided into two divisions in March 2017: the Health Services Division and the Medical Education and Family Welfare Division. The Health Services Division is responsible for policy making, management, and maintenance of nursing care, health financing, and other health-related matters. The Medical Education and Family Welfare Division is responsible for policies regarding medical education, family planning, medical colleges and universities, and registration of births and deaths.

There are 10 implementing authorities under the MOHFW that deliver HPN services through various operational plans under HPNSDP. Those are the Directorate General of Health Services (DGHS), DGFP, Directorate of Nursing Services (DNS), NIPORT, Directorate General of Drug Administration (DGDA), Directorate General of Health Engineering Department (DGHED), Directorate General of Health Economics Unit (DGHEU), Transport and Equipment Maintenance Organization (TEMO), and the National Electro-medical & Engineering Workshop (NEMEW).

The MOHFW and its relevant regulatory bodies (Bangladesh Medical & Dental Council [BMDC]; Bangladesh Nursing Council [BNC]; 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 by the Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC).

1.3.1 Management Structure and Health Facilities Under DGHS

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

The DGHS in Bangladesh has a six-tier health care infrastructure that includes national, divisional, district, upazila (sub-district), union, and ward levels. The national level has institutions for public health functions, postgraduate medical education/training, and specialized treatment of patients. Each division is governed by a divisional director for health, with assistance from deputy directors and assistant directors. Divisional headquarters have one infectious disease hospital and one or more medical colleges, each with a hospital. Some divisional headquarters also have general hospitals and institutes of health technology, which provide tertiary-level care. The civil surgeon is the district health manager responsible for delivering secondary and primary care services. Each district has a district hospital, most of which are managed by superintendents, while others are headed by civil surgeons. Some district headquarters have medical colleges with attached hospitals, medical assistant training schools, and nursing training institutes. The Upazila Health & Family Planning Officer (UH&FPO) manages all public health programs, including primary health care services in the upazila and the

upazila hospital, which has 30 to 100 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. Each union health facility employs a medical doctor and has sub-assistant community medical officers (SACMOs) who provide health services. Only outpatient services are available at union-level facilities.

The MOHFW in Bangladesh has established 13,948 community clinics (CCs) at the ward level, each serving around 6,000-12,000 people (Health Bulletin 2020). The CCs provide a basic health care package to the community, including 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 attendants (SBAs) and offer services for normal delivery. The CCs are governed by a management committee comprised of 13 to 17-members (of which, at least one-third are female members) selected from the communities served by the CC, including local government representatives. Additionally, community support groups work as unpaid community health volunteers and assist the management committee and community clinics.

The MOHFW in Bangladesh has recruited and trained 13,948 full-time Community Health Care Providers (CHCPs) to operate the CCs and provide quality health care. The CHCPs use internet-connected laptop computers to update local health data in an online database that is used for evidence-based decision making and planning. In addition to the CHCPs, the existing domiciliary staff members of the DGHS and Directorate General of Family Planning (DGFP) provide service to the CCs, with the DGHS staff and DGFP staff alternate their availability in three-day schedules each week. In total, there are 26,538 sanctioned posts of domiciliary workers under DGHS: 20,908 health assistants (HAs), 4,220 assistant health inspectors (AHIs), and 1,410 health inspectors (HIs). As of now, 74.72% posts were filled up (Health Bulletin 2020).

Table 1.1 Secondary and primary health care facilities in public sector

Level	Type of facility	Type of service	No. of facilities
District	District/general hospital	Hospital	59
	Other secondary hospital	Hospital	6
		Total of district-level hospitals	65
	Mother and child welfare center	Hospital	62
Upazila	Upazila health complex (100-bed)	Hospital	3
	Upazila health complex (50-bed)	Hospital	345
	Upazila health complex (31-bed)	Hospital	65
	Upazila health complex (10-bed)	Hospital	11
		Total of upazila health complexes	424
	Hospitals outside health complexes		
	50-bed hospital	Hospital	2
	31-bed hospital	Hospital	7
	30-bed hospital	Hospital	3
	25-bed hospital	Hospital	1
	20-bed hospital	Hospital	38
	10-bed hospital	Hospital	13
	Mother and child welfare center	Hospital	98
Union	*Union-level facilities under DGHS*		
	Union subcenter	Outpatient only	1,312
	Union health and family welfare center	Outpatient only	87
	Union-level facilities under DGFP		
	Mother and child welfare center	Hospital	54
	Union health and family welfare center—upgraded Union health and family welfare center	Hospital Outpatient only	3,924
Ward	Community clinic	Outpatient only	13,948

Source: Health Bulletin 2020; Renovation and Reconstruction plan, DGFP 2023

1.3.2 Management Structure and Health Facilities Under DGFP

The DGFP in Bangladesh implements a Maternal and Child Health/Family Planning (MCH-FP) service delivery system that extends from the district to the community level, with an extensive network of health facilities, satellite clinics, and domiciliary workers. In each district, there is an MCH-FP clinic at the District Sadar Hospital and a separate Mother and Child Welfare Center (MCWC) that delivers MCH-FP services. The MCWCs 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 through medical officer (clinic), family welfare visitors (FWVs), and dai (nurses). 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 responsible for overall management of the MCH-FP program at the district level, while the Divisional Director (FP) 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 an EPI; 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 responsible 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 SACMOs 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 Rural Dispensaries (RDs) under the Directorate General of Health Services (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, which are organized monthly at the community level by FP fieldworkers.

The DGFP operates a network of community-based fieldworkers for domiciliary FP services. The fieldworkers, known as family welfare assistants (FWAs), distribute contraceptives and provide counseling, health education, and referrals for MCH-FP services at the household level. The FWAs also offer services at CCs and EPI outreach sites. The FWAs' activities are supervised by the union-level family planning inspector (FPI), who works under DGFP.

1.3.3 Urban Primary Health Care Services Delivery Project (UPHCSDP)

Bangladesh's urban population is growing at an annual rate of 3.27%. As of 2016, 37.2% of the population lived in urban areas, and this number is expected to increase to 44% by 2030. This rapid expansion has placed significant pressure on health services and facilities in urban areas. Although the country's rural areas are supported by a strong public sector primary health care network, there is a significant lack of similar arrangements in urban areas. The MOHFW is the main player in the health sector, with the mandate for providing primary health care in urban areas falling under the administrative jurisdiction of the Ministry of Local Government, Rural Development, and Cooperatives. To address this issue, the Local Government Division of the Government of Bangladesh has taken the initiative to provide primary health care services to urban people through partnerships between urban local bodies and non-governmental organizations (NGOs), with the financial support of the Asian Development Bank (ADB). Since 1998, the Local Government Division (LGD), with the support of ADB, has been assisting Urban Local Bodies (ULBs) in providing PHC services in urban areas under UPHCP-I and II and UPHCSDP. The UPHCSDP project will continue to provide services until 2023 and has

been extended to June 2024 under UPHCSDP-II covering 11 city corporations and 18 municipalities (17.70 million population) throughout Bangladesh. The key features of this project are: (1) an excellent model of Public Private Partnership (PPP); (2) safety net provision for the economically disadvantaged (at least 30% of services are free of cost); (3) involvement of local government and community; (4) client-friendly health service delivery model; (5) easy accessibility and low cost; (6) adolescent corner for adolescent counseling; (7) satellite clinic services, near to the doorsteps of those in the community; (8) developed capacity of ULBs to respond to emergency health needs; (9) physical infrastructure for future sustainability; and (10) 24-hour ambulance service.

1.3.4 NGO Health Programs

The NGO sector has played a significant role in improving the Bangladesh health sector. The involvement of NGOs in the country's health sector dates back to the pre-independence period. NGOs have been providing quality health services at either reasonable cost or sometimes free-of-charge. Health services provided by NGOs include not only preventive and curative services but also advocacy, research, awareness raising for health-seeking behavior, nutrition, environmental health, behavior change communication (BCC), and others. Notable NGOs that have contributed to the health sector of Bangladesh are BRAC, CARE, the Diabetic Association of Bangladesh, Gonoshasthaya Kendra (GK), Kumudini Welfare Trust, Save the Children, and World Vision. BRAC is currently the hub of the world's largest non-government network of community health workers. Across Bangladesh, this network of 50,000 women are taking essential healthcare to the doorsteps of families and reaching the last mile, standing by for 80 million people each year. The community health workers, known as Shasthya Shebikas, provide health promotion sessions and educate families on nutrition, safe delivery, family planning, immunizations, hygiene, and water and sanitation. They also use this time to sell health products, such as basic medicine, sanitary napkins, and soap. These NGOs have been instrumental in improving the health sector of Bangladesh by providing quality health services to millions of people in Bangladesh. Their contributions have been significant in reducing the burden of disease, improving maternal and child health, and promoting healthy behaviors among the people of Bangladesh.

1.3.5 Private Health Sector

The private health sector in Bangladesh has grown rapidly in recent years and has made significant contributions to the overall health of the country. The country's private health sector comprises large and small commercial companies, professionals, and informal providers. It includes health services provided at hospitals, nursing and maternity homes, clinics, diagnostic facilities, and pharmacies. As of June 2020, there were 16,444 registered private hospitals, clinics, diagnostic centers, and blood banks in Bangladesh. The total number of beds in the registered private hospitals and clinics was 91,537 (Health Bulletin 2020). Local pharmaceutical companies manufacture and distribute most of the targeted products, and the majority of Bangladeshis usually obtain their drugs from the private sector. Even among rural residents and the urban economically disadvantaged , the most common means of obtaining drugs is through direct, out-of-pocket purchases from private sources.

1.4 HEALTH FINANCING

According to Bangladesh National Health Accounts (BNHA), the total health expenditure in 2020 was Taka777 billion, accounting for 2.8% of Gross domestic product (GDP). In the same year, government spending on health was Taka179.74 billion, representing 23% of total health expenditures (0.66% of GDP). The general trend in total health expenditures as a proportion of GDP during 1997–2020 has been rising and averaged around 3%. However, government spending as a share of GDP has fallen and remained around less than one percent (<1%) throughout the period—falling even more sharply in 2020, to 0.66%. This is contrary to the international trend for public expenditures on health to increase as a share of GDP as per capita income rises. It is noteworthy, however, that household spending contributed to increased total health expenditures.

Public health spending as a proportion of GDP was 0.66% in 2020. This was lower than all other South Asian countries, with the exception of Afghanistan which had the lowest figures in the region (5%). Public hospital spending as a proportion of total government health expenditures rose from 42% in 1997 to 49% in 2020. In contrast, public hospital spending as a proportion of total hospital spending declined from 65% in 1997 to 48% in 2020, indicating a growing share of private sector spending (including NGOs).

The proportion of government spending on curative care increased while the share of preventive care decreased between 1997 and 2020. In 1997, the respective share was 36% and 17% of total public health expenditures. In 2020, the share of curative care increased to 47%, while the share of preventive care dropped to 15%. However, it is noteworthy that the share of preventive care as a proportion of public health expenditures was higher between 2003 (39%) and 2015 (33%). In contrast, the share of curative care as a proportion of public health expenditures was lower by comparison, increasing only post-2015 (28%). This trend could be attributed to the government's upscaling of disease control and prevention programs during this period, with a massive upscaling of hospitals and other facilities designated for curative healthcare taking place since 2015.

According to BNHA, the government's share of total health expenditures was on a declining trend from 1997–2020, remaining at less than 1% of GDP throughout the period. Further analysis of health spending revealed that the proportion of government health expenditures on hospitals decreased during the same period. Although preventive care received a higher proportion of public health expenditures between 2003 and 2015, curative healthcare received a higher share post-2015 (Public Expenditure Review 1997-2020).

To increase financial protection for the entire population, while decreasing out-of-pocket 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 economically disadvantaged and vulnerable.
- Enhance efficiency in resource allocation and utilization.

1.5 HEALTH STEWARDSHIP

The government is taking measures to improve the quality and equity of health services, particularly for the poor and disadvantaged. However, further steps are required to make health services more responsive to the population's needs and demands. The governance of the system remains insufficient in terms of providing equitable services, and regulatory mechanisms, especially within the for-profit private sector, must be strengthened. Decentralization of authority and responsibility, combined with proper accountability at all levels, must be institutionalized, given the availability of a functional local government system.

METHODOLOGY 2

2.1 OVERVIEW

Bangladesh 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 two decades, 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) January 2017- June 2024, 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 2022 Bangladesh Health Facility Survey (BHFS) under the Training, Research, and Development (TRD) operational plan of the HPNSP.

The 2022 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[1] and the readiness of health facilities to provide quality services to clients. The 2022 BHFS is the fifth survey of its kind and follows the 2009, 2011, 2014 and 2017 BHFS surveys. As with the 2014 and 2017 surveys, the 2022 BHFS collected information from all types of health facilities managed by the government, NGO clinics and hospitals, and private for-profit hospitals with 10 or more beds in all 64 districts of the country. The 2022 BHFS tools adopted the 2017 BHFS which is based on 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 2022 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. The 2014, 2017, and 2022 BHFS data are not strictly comparable to the 2009 and 2011 survey results because the 2014, 2017, and 2022 BHFS used a different set of questionnaires and defined indicators slightly differently.

The 2022 BHFS provides information on child health, maternal and newborn care, family planning (FP), and services for selected non-communicable diseases (NCDs) (diabetes and cardiovascular diseases) and tuberculosis. The newborn signal function module has been added to the tools for the first time in the 2022 BHFS. For each of these services, the 2022 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. Unlike the 2017 BHFS, the 2022 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.

[1] Basic and essential health care services of interest in the 2022 BHFS included child health, family planning, maternal and newborn care, non-communicable diseases, and tuberculosis.

2.2 Institutional Framework and Objectives of the 2022 BHFS

2.2.1 Institutional Framework

The 2022 BHFS was conducted under the authority of NIPORT. icddr,b provided overall technical assistance under the USAID-funded Research for Decision Makers (RDM) project and Data for Impact (D4I) provided support for finalizing the final report. Associates for Community and Population Research (ACPR), a private research agency, collected the data. Financial support for the survey was provided by the Government of Bangladesh and the United States Agency for International Development (USAID). A Stakeholders Advisory Committee (SAC) and a Technical Working Committee (TWC) oversaw all policy and technical issues related to the survey.

2.2.2 Objectives of the 2022 BHFS

The main objectives of the 2022 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; family planning services; treatment of diabetes, cardiovascular disease, and tuberculosis, measured in terms of the average score of WHO-recommended minimum items required to provide quality services.
- Compare findings among facility types and managing authorities.

2.3 Data Collection Methods

The 2022 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 Android-based tablets.

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 who is 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. This module has 13 sections including specific service areas such as child vaccination, growth monitoring, child curative care, FP, adolescent health, nutrition, antenatal care (ANC), delivery and newborn care, tuberculosis, NCDs, caesarean delivery, blood grouping 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/ training, supervision received, and perceptions of the service delivery environment.

2.4 SURVEY IMPLEMENTATION

2.4.1 Questionnaire Adaptation

The 2022 BHFS questionnaires are based on the 2017 BHFS survey instruments of the SPA core questionnaires developed by The DHS Program. The questionnaires were adapted for 2022 BHFS to focus on Bangladesh health services in consultation with technical specialists and experts from the MOHFW, DGHS, DGFP, and icddr,b. The questionnaire adaptation for the 2022 BHFS took place during July and August 2022 in Dhaka. A series of workshops were conducted with representatives from the MOHFW, NIPORT, DGHS, DGFP, icddr,b, ACPR, Program Management and Monitoring Unit of Ministry of Health and Family Welfare (PMMU-MOHFW), USAID, D4I, University of Dhaka, Jagannath University and other key stakeholders to review and update the questionnaires based on the country context. After being prepared in English, both the Facility Inventory and Health Care Provider Interview questionnaires were translated into Bangla.

Android-based tablets were employed for data collection, using an android application developed with native Java programming. These tablets stored data locally using SQLite database. A central server running SQL server 2019 was used to store and manage the collected data from all tablets. The central service hosted a web application and web services developed with ASP.NET, enabling reliable data synchronization over the internet.

2.4.2 Pre-test

A two-day pretesting was conducted after adaptation and translation of the hardcopy questionnaires and one-day field-testing was completed using the program for Android-based tablets. The pre-test was conducted in master training during August 2022 in non-sampled areas of Dhaka. Eleven medical doctors were recruited (four from icddr,b and seven from ACPR). During the pre-test data collection, health facilities within Dhaka district were surveyed over a 3-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 survey assessment. At the end of the pre-test, 10 of 11 medical doctors who received the 2 weeks of training served as “master trainers” of the training of data collection enumerators. They also served as independent field monitors including interview observation and quality control (QC) during the main survey.

2.4.3 Main Training

The main training for the 2022 BHFS was conducted from September 6-25, 2022, in Dhaka. Eighty enumerators consisting of 40 interviewers [paramedics (medical assistants)] and 40 team leaders [medical doctors] were

recruited for data collection. They received training as interviewers in the application of survey instruments and Android-based data collection apps.

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 two days of field practice using hardcopy of tools on 17 and 18 September 2022 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 third week of training, trainees were introduced to tablet and then transitioned to the use of tablet-based program and instruments for both the Facility Inventory and Health Care Provider Interview questionnaires. Initially, this was done with completed paper questionnaires from the facilities visited during the pre-test. During the fourth training week, the trainees practiced all questionnaire types and tablet-based approaches in teams and pairs. A one-day field practice for interviewers was conducted using tablet-based instruments for familiarization. The training was conducted by master trainers and trainers from NIPORT, icddr,b, and ACPR.

2.4.4 Data Collection

After the training, 40 data collection teams with two interviewers each were formed. One interviewer (medical doctor) from each team was assigned to the role of team leader. Data collection was conducted from 27 September to 8 December 2022. On average, data collection took one day for one interviewer to complete the UH&FWCs, USCs, and CCs. However, it took 2 days for a team (two interviewers) to cover the survey for DHs and UHCs; and took 1 day for a team (two interviewers) to complete MCWC, NGO, and private health facilities.

Fieldwork supervision was led by icddr,b. The medical doctor master trainers and trainers of the master trainer formed the thirteen field supervision teams. The field supervision teams conducted frequent visits to their assigned data collection teams to review work, observe the interview, and conduct QC of data collection. In addition, supervisory teams and professionals from NIPORT and icddr,b periodically conducted field visits to monitor the data collection.

Observation is an essential tool to ensure quality data collection. The approach, methods, and techniques were assessed through observation. A standard observational checklist was established for unbiased and specific observation of the data collectors' approach. Simultaneously, a QC questionnaire tool, shortened, based on the BHFS 2022 inventory questionnaire was established to recheck and compare data by QC monitoring physicians in facilities which were assessed immediately through TAB-based QC tools. The QC physicians provide feedback to the interviewers just after QC observation and interviews are completed. The feedback aimed and was largely focused to improve the day-to-day data collection quality.

2.4.5 Data Management

The data collection team used two tablets for data collection in DHs, UHCs, MCWC, Private hospitals/clinics, and NGOs. Both team members are allowed to collect the data for any of the sections of the Facility Inventory Questionnaire and the Health Care Provider Interview Questionnaire. All tablets were equipped with internet access. When an interviewer syncs their tablet, the paired tablet shows all the collected data by the teammate. Initially, the background colour of all sections in the tablet shows white. When a section's data collection is complete, it shows green. But it is shown in red when the section is not complete. 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 icddr,b server via the internet. However, it shows the message in red during the final submission of the data when an entire section or some of the particular questions of a section are left blank while the facility reportedly offers that specific service. In this case, the team revisited the sections and finally submitted the data to the servers.

Data received from the field were reviewed and checked at icddr,b with the technical assistance of icddr,b experts. If any inconsistencies or errors were identified by the icddr,b experts, 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 October 2022 at the beginning of field work and ended in January 2023 after completing the data collection in the field.

2.4.6 Data Analysis and Report Preparation

The BHFS 2022 tabulation plan is based on the 2017 BHFS tabulation. The preparation of the tables for the report was conducted from February through April 2023. Feedback from NIPORT, the BHFS TWC, and the BHFS SAC members informed revision of the analysis plan.

Two conventions were observed during the analysis of the 2022 BHFS data:

- First, unless otherwise indicated, the 2022 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 professionals from NIPORT, Maternal and Child Health Training Institute (MCHTI), USAID, D4I, and University of Dhaka, Jagannath University, and icddr,b with a continuous technical oversight by icddr,b.

2.5 SAMPLING

2.5.1 Sampling Methodology

The sample for the 2022 BHFS was a stratified random sample of 1,640 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 (**Map 2**).

The sample for the 2022 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 with 10 or more beds.

2.5.2 Sampling Frame

A list of 21,943 registered health facilities, provided by the MOHFW, was used as a sampling frame for sample selection. The allocation of the 2022 BHFS sample took the type of facility and divisional distribution of the health facilities into account. At the same time, other factors such as indicator precision, at the national level (<5% relative standard error) and also at domain level- facility type division (12.5% relative standard error). The distribution of registered health facilities by division and by facility type is presented in **Table 2.1**.

2.5.3 2022 BHFS Sample Size and Sample Allocation

Like previous health facility surveys, the 2022 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 with 10 or more beds. The sample size determination was achieved by controlling the survey precision at the division level and by facility type at the national level. The formula used for the sample size calculation is

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

where ε is the desired survey precision, which is the relative standard error for estimating a proportion p. By controlling the relative standard error (RSE) for an indicator at the 30% level ($p = 0.30$) within 12.5% of relative standard error ($\varepsilon \leq 0.125$) at facility type and division level, and 5% nonresponse rate, a sample of 1,640 health facilities was allocated based on a power allocation between sampling domains (health facility types and divisions). **Table 2.2** presents the allocation of the 1,640 health facilities by division and facility type. All of the 100 MCWCs (All MCWCs at district level and other MCWCs which were found functioning at the time of the listing of facilitates) and 62 DHs were included in the 2022 BHFS survey.

2.5.4 Sample of Health Facilities and Outcomes

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 1,640 sampled health 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. However, the 2022 BHFS also reports the value of each characteristics in 'total public facilities' and 'total public facilities excluding CCs'. The reason for showing the total public excluding CCs is that CCs are the lowest level of facilities that 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 1,640 sampled facilities (a total of 1,557 facilities).

About 5% of sampled facilities could not be interviewed for various reasons, but mainly because some facilities were closed or not operational at the time of the survey. Consequently, BHFS data are available for 1,557 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 2022 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 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 based on interviewed staff versus posted staff during the analysis to account for a particular qualification in a facility type differential from over-sampling or under-sampling of providers.

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 6,209 providers were interviewed, with the highest percentage of interviews conducted in private clinics/hospitals (33%) and UHCs (25%).

METHODOLOGY 2

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	CC	USC/RD	UHFWC	UHC	MCWC	DH	NGO clinic /hospital	PH	Total
Barishal	1,131	48	226	34	10	6	12	96	1,563
Chattogram	2,469	238	654	87	18	11	103	518	4,098
Dhaka	2,650	248	603	77	16	14	131	735	4,474
Khulna	1,706	113	455	51	18	10	46	562	2,961
Mymensingh	1,245	93	229	31	6	3	16	91	1,714
Rajshahi	1,976	194	389	59	16	7	49	322	3,012
Rangpur	1,892	189	410	49	12	7	29	136	2,724
Sylhet	933	73	207	31	6	4	22	121	1,397
Bangladesh	**14,002**	**1,196**	**3,173**	**419**	**102**	**62**	**408**	**2,581**	**21,943**

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	CC	USC/RD	UHFWC	UHC	MCWC	DH	NGO clinic /hospital	PH	Total
Barishal	47	15	29	15	10	6	10	20	152
Chattogram	75	24	41	24	19	11	23	27	244
Dhaka	80	22	49	26	16	14	25	32	264
Khulna	65	20	38	21	17	10	15	22	208
Mymensingh	49	15	31	16	6	3	11	20	151
Rajshahi	66	21	40	21	15	7	17	25	212
Rangpur	62	12	38	20	12	7	13	26	190
Sylhet	44	12	27	14	5	4	13	17	136
Bangladesh	**488**	**141**	**293**	**157**	**100**	**62**	**127**	**189**	**1,557**

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 2022

Background characteristic	Completed	Respondent not available	Refused	Closed/ not yet operational	Other	Total percent	Number of facilities surveyed
Facility type							
District and upazila public facilities	**99.1**	**0.0**	**0.0**	**0.9**	**0.0**	**100.0**	**322**
DH	100.0	0.0	0.0	0.0	0.0	100.0	62
MCWC	97.1	0.0	0.0	2.9	0.0	100.0	103
UHC	100.0	0.0	0.0	0.0	0.0	100.0	157
Union-level public facilities	**94.8**	**0.0**	**0.0**	**5.2**	**0.0**	**100.0**	**458**
UHFWC	97.3	0.0	0.0	2.7	0.0	100.0	301
USC/RD	89.8	0.0	0.0	10.2	0.0	100.0	157
Community clinic (CC)	**99.6**	**0.0**	**0.0**	**0.4**	**0.0**	**100.0**	**490**
NGO clinic/hospital	**79.9**	**0.0**	**0.0**	**20.1**	**0.0**	**100.0**	**159**
Private hospital	**89.6**	**0.0**	**0.0**	**10.4**	**0.0**	**100.0**	**211**
Division							
Barishal	98.7	0.0	0.0	1.3	0.0	100.0	154
Chattogram	94.6	0.0	0.0	5.4	0.0	100.0	258
Dhaka	96.0	0.0	0.0	4.0	0.0	100.0	275
Khulna	92.9	0.0	0.0	7.1	0.0	100.0	224
Rajshahi	96.4	0.0	0.0	3.6	0.0	100.0	220
Rangpur	91.8	0.0	0.0	8.2	0.0	100.0	207
Sylhet	94.4	0.0	0.0	5.6	0.0	100.0	144
Mymensingh	95.6	0.0	0.0	4.4	0.0	100.0	158
Total	94.9	0.0	0.0	5.1	0.0	100.0	1,640
Total excluding CCs	*93.0*	*0.0*	*0.0*	*7.0*	*0.0*	*100.0*	*1,150*
Total public	*97.7*	*0.0*	*0.0*	*2.3*	*0.0*	*100.0*	*1,270*
Total public excluding CCs	*96.6*	*0.0*	*0.0*	*3.4*	*0.0*	*100.0*	*780*

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 2022

Background characteristic	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
District and upazila public facilities	**2.6**	**41**	**319**
DH	0.3	4	62
MCWC	0.4	7	100
UHC	1.9	30	157
Union-level public facilities	**19.9**	**310**	**434**
UHFWC	14.5	225	293
USC/RD	5.4	85	141
Community clinic (CC)	**63.8**	**994**	**488**
NGO clinic/hospital[1]	**1.9**	**29**	**127**
Private hospital	**11.8**	**183**	**189**
Location			
Urban	15.1	235	514
Rural	84.9	1,322	1,043
Division			
Barishal	7.1	111	152
Chattogram	18.7	291	244
Dhaka	20.4	317	264
Khulna	13.5	210	208
Rajshahi	13.7	214	212
Rangpur	12.4	193	190
Sylhet	6.4	99	136
Mymensingh	7.8	122	151
Total	100.0	1,557	1,557
Total excluding CCs	-	*563*	*1,069*
Total public	-	*1,345*	*1,241*
Total public excluding CCs	-	*351*	*753*

[1]The NGO category includes facilities run by local government.
"-" means not applicable

Table 2.5: Distribution of interviewed providers

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, Bangladesh HFS 2022

Background characteristic	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
District and upazila public facilities	**33.6**	**2,080**	**3,410**
DH	7.9	489	896
MCWC	0.5	29	382
UHC	25.2	1,562	2,132
Union-level public facilities	**7.4**	**461**	**794**
UHFWC	5.3	332	515
USC/RD	2.1	129	279
Community clinic (CC)	**22.4**	**1,391**	**756**
NGO clinic/hospital	**3.2**	**201**	**468**
Private hospital	**33.4**	**2,076**	**781**
Location			
Urban	57.3	3,561	3,543
Rural	42.7	2,648	2,666
Division			
Barishal	6.4	398	620
Chattogram	16.7	1,035	948
Dhaka	29.6	1,840	1,143
Khulna	10.2	632	796
Rajshahi	14.3	885	862
Rangpur	10.5	653	774
Sylhet	5.2	322	496
Mymensingh	7.1	444	570
Provider type			
Specialist[1]	1.7	107	211
General practitioner[2]	10.2	635	1,192
Paramedics[3]	9.2	568	1,303
Nurse/midwife[4]	23.5	1,460	1,671
Field supervisors[5]	0.4	26	25
Medical/pharmaceutical technician[6]	22.6	1,399	608
Other health providers[7]	32.4	2,014	1,199
Total	100	6,209	6,209
Total excluding CCs	-	*4,818*	*5,453*
Total public	-	*3,932*	*4,960*
Total public excluding CCs	-	*2,541*	*4,204*

[1] 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
[2] 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), residential medical officer (RMO), regardless of designation or title) or medical officer—anesthetist or dental surgeon
[3] SACMO [(sub-assistant community medical officer/medical assistant (MA)], family welfare visitor (FWV), or paramedics in private/NGO
[4] Nurse/midwife, matron, nursing supervisor, senior staff nurse, assistant nurse/staff nurse in private, midwife, or DAI nurse
[5] Health inspector or assistant health inspector
[6] Medical technologist-laboratory or medical technologist- Expanded Program on Immunization (EPI)
[7] Family welfare assistant (FWA), health assistant, community health care provider (CHCP), TB leprosy control assistant (TLCA), counselor, nutritionist or health educator, other providers
"-" means not applicable

FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, AND SUPPORT 3

Key Findings

- Almost all (≥90%) of public health facilities provide antenatal care, child curative care, child vaccination, postnatal care, adolescent health care, nutrition, and postpartum family planning services. Child growth monitoring (88%) and family planning services (83%) are available in most public facilities (**Table 3.1**).
- More than half (55%) of public facilities excluding CCs provide normal delivery services. About one in five public facilities offer laboratory diagnosis (23%) and non-communicable disease diagnosis or management (23%), and tuberculosis (TB) diagnosis or treatment services (24%). Very few public facilities offer blood grouping and typing (3%) and blood transfusion services (2%) (**Table 3.1**).
- Across all public facilities (excluding CCs), connection to the national electricity grid/polli-biddut is almost universal (97%). The availability of national electricity grid/polli-biddut in public facilities has increased from 57% to 85% between 2017 and 2022 (**Table 3.3** and **Figure 3.2**).
- Among all public facilities, DHs (100%) and UHC (99%) have universal access to a functioning computer/laptop/tablet with internet access. (**Table 3.3** and **Figure 3.6**).
- Overall, about one in ten public facilities and 18% of public facilities excluding CCs have a functioning communication equipment (land-line or mobile phone). Very few CCs (6%), UHFWCs (8%), and USC/RDs (9%) have a functioning communication equipment. But there is some improvement in the availability across public facilities between 2017 and 2022 (**Table 3.3** and **Figure 3.5**).
- Six basic amenities—regular electricity, an improved source of water, privacy during patient consultations, a latrine for clients, communication equipment, and a computer with Internet access—are considered essential for rendering services in health facilities. Overall, the average score for basic amenities for all public facilities is 3.0 (out of 6). District hospitals and private hospitals have the highest average score of basic amenities (5.2 out of 6), whereas CCs and USC/RDs have the lowest average score (<3 out of 6) (**Table 3.3** and **Figure 3.8**).
- The most widely available test is blood glucose, provided by 57% of public facilities (**Table 3.7.1**). The average capacity to conduct five basic diagnostic tests (hemoglobin, blood glucose, urine protein, urine glucose, urine pregnancy test) among public facilities is 1.0 out of 5.0 (1.8 excluding CCs). Across all facility types, availability has gradually increased over the years (**Table 3.7.2** and **Figure 3.10**).
- NGO clinics/hospitals have the highest capacity of diagnostic testing on average (4.4 out 5.0) followed by UHCs (4.3 out 5.0) (**Table 3.7.2** and **Figure 3.10**).
- Functional X-ray machines have increased in DHs and UHCs between 2017 and 2022. Also, functional ultrasonography machine slightly increased in DHs and substantially (three-folds) increased in UHCs during the same time period (**Table 3.7.2** and **Figure 3.11, 3.12**).
- About one-fifth of UHCs (17%) have senior/ junior consultants (surgery) and only 5% have radiologists compared to DHs (79% and 44% respectively) (**Table 3.11.1**).
- Among public facilities, the most widely practiced method of managing sharps waste (36%) and non-sharp (19%) is offsite removal followed by open burning. Urban facilities are more likely to use offsite removal, compared to rural facilities for both types of waste (**Table 3.12.1, 3.12.2** and **Figure 3.14, 3.15**).

3.1 BACKGROUND

In order to improve the health status of the population, a health system requires fundamental inputs and vital support systems that promote efficient and effective provision of health care services. While healthcare services can be delivered in diverse conditions, some common inputs are necessary under all conditions to ensure the quality, acceptability, and utilization of these services. These essential inputs include human resources and equipment as well as pharmaceutical and medical supplies.

This chapter reports results from the 2022 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 **3.8.5** and **Figures 3.1** through **3.12**, 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, essential medicines, medicines of DDS kit and medicine supply in community clinics.
- **Basic management and support:** Section 3.3, including **Tables 3.9** and **3.10** and **Figure 3.13**, 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 **Tables 3.11.1 and 3.11.2** provide 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 3.14** and **3.15**, 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.

- Almost all public facilities (≥90%) in Bangladesh provide antenatal care, child curative care, child vaccination (through the government's Expanded Program on Immunization [EPI], postnatal care, adolescent health care, nutrition, and postpartum family planning services (**Table 3.1**).
- Child growth monitoring (88%) and family planning services (83%) are available in more than four-fifths of public facilities (**Table 3.1**).
- More than one in five public facilities offer services for laboratory diagnosis (23%), non-communicable disease diagnosis or management (23%), and tuberculosis (TB) diagnosis or treatment (24%) (**Table 3.1**).
- Very few public facilities provide blood grouping and typing (3%) and blood transfusion services (2%) (**Table 3.1**).

- About one-fifth of the public facilities provide normal delivery services as compared to about four-fifths (82%) of NGOs and private facilities (**Table 3.1**).

- Most NGOs and private facilities offer laboratory services (85%) followed by cesarean delivery (83%) (**Table 3.1**).

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 and **Figure 3.1** present information on the availability of FP and basic maternal and child health services.

- Almost all of the district and upazila-level facilities (97%) and UHFWCs (96%) offer modern family planning services. Modern family planning service is available in one-fourth of the private hospitals (**Table 3.2**).

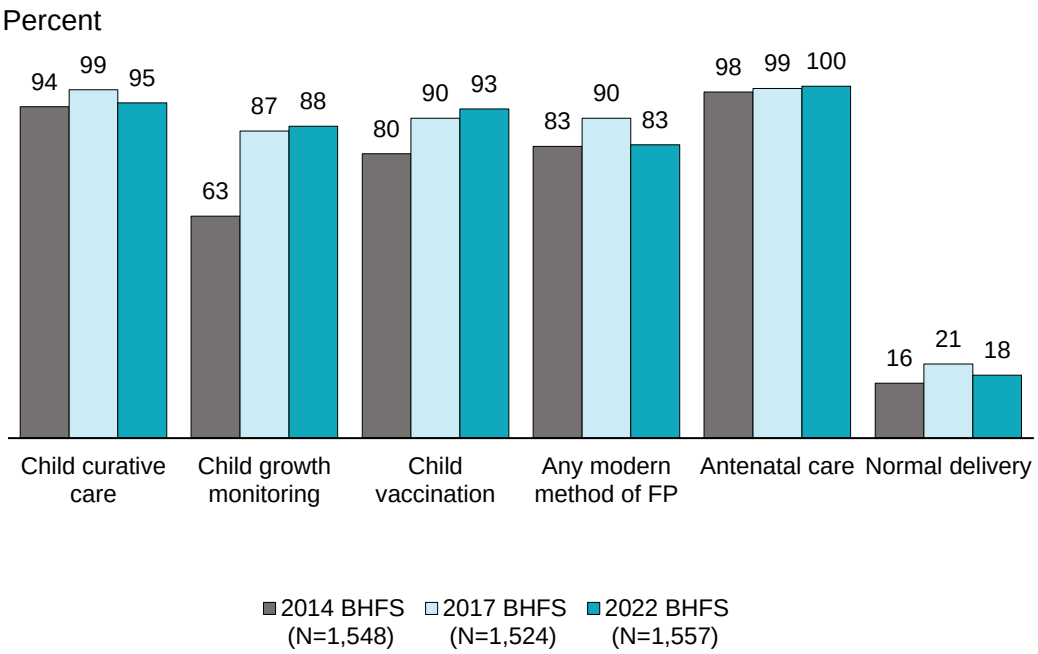
- All DHs (100%), MCWCs (99%), UHCs (100%), UHFWCs (100%), CCs (100%), and NGOs (100%) provide antenatal care services. However, antenatal care service is available in a relatively lower proportion of private facilities (72%) (**Table 3.2**).

- Availability of normal delivery service is universal in DHs (100%) and UHCs (100%). Although most of the MCWCs (87%) and private facilities (89%) offer normal delivery services, the service is available in only one-third of the NGO facilities (34%) (**Table 3.2**).

- Child curative care is available in 100% of the DHs and UHCs, and in more than 90% of MCWCs, UHFWCs, USC/RDs, and CCs. Most NGOs (88%) and more than half of private facilities (57%) offer curative care for sick children (**Table 3.2**).

- Child vaccination service is mainly offered through the EPI program conducted mostly in public health facilities where it is provided universally. However, this service is minimally available at private hospitals (3%) (**Table 3.2**).

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



3.2.3 General Service Preparedness

The 2022 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 2022 BHFS interviewers verified that all components were present in the facility and in working order. The following sections present information from the 2022 BHFS on each of the six components for assessing general service preparedness.

Basic Amenities for Client Services

The components reviewed here are necessary but not 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

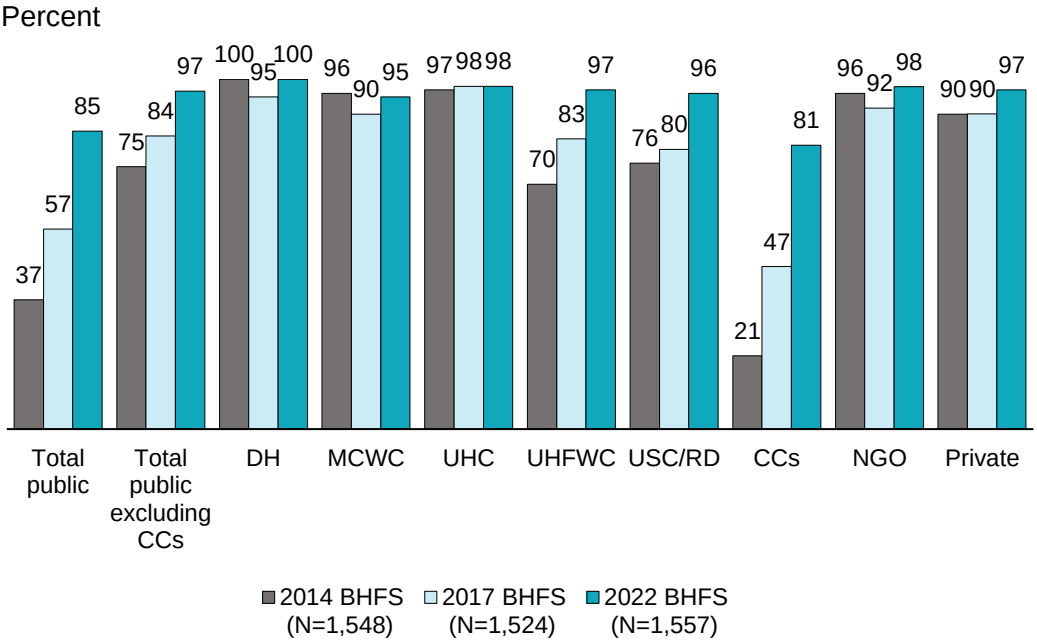
In addition to these basic amenities, the 2022 BHFS considered the availability of emergency transport, another key component of client services. Emergency transport is expected to be available primarily in higher-level facilities; its availability also depends on the services provided by the facility. **Table 3.3** provides information on the availability of basic amenities for client services.

Electricity:

The 2022 BHFS obtained information on the connectivity of facilities with the national electricity grid/polli-biddut and the availability of regular electricity. 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 on the day of the survey, or the facility has back-up solar power.

- Across public facilities excluding CCs, connection to the national electricity grid/polli-biddut is almost universal (97%) (**Table 3.3**).
- Almost all urban facilities (95%) and most rural facilities (85%) are connected to the national electricity grid / polli-biddut (**Table 3.3**).
- In CCs, connection to the national electricity grid/polli-biddut has increased from 47% in 2017 to 81% in 2022 and in UHFWCs from 83% in 2017 to 97% in 2022 (**Figure 3.2**).
- Overall, 85% of all public facilities are connected to national electricity grid/polli-biddut, as compared to 57% in 2017 (**Figure 3.2**).

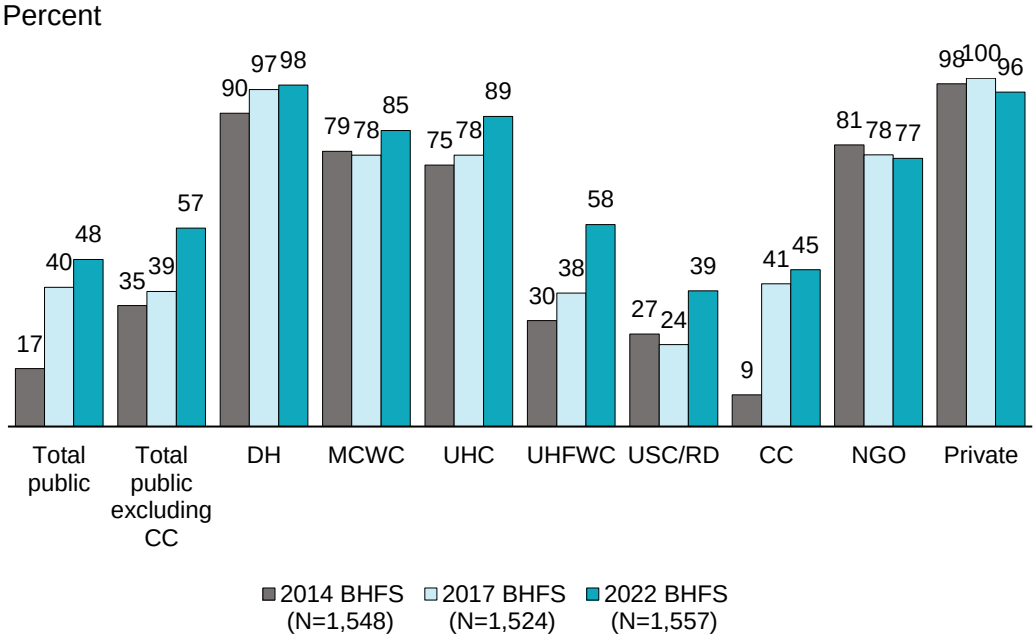
Figure 3.2 **Availability of electricity from national grid/polli-biddut, by facility type**



- Around half (48%) of all public facilities have regular electricity, as compared to 40% of public facilities in 2017 (**Table 3.3** and **Figure 3.3**).

- Almost all of district and upazila level public facilities (90%), 53% of union-level public facilities, 45% of community clinics, 77% of NGO facilities, and 97% of private hospitals have regular electricity (**Table 3.3** and **Figure 3.3**).
- Electricity is available regularly in almost all urban facilities (92%), while nearly half (48%) of rural facilities have consistent regular electricity (**Table 3.3**).
- Since 2017, the availability of regular electricity has increased across all public health facilities (**Figure 3.3**).

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



*regular electricity is considered to be available if facility is considered 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 the facility has a functioning generator, or else facility has back up solar power

Improved water source

- Most public facilities (81%) have an improved water source (**Table 3.3**).
- By facility type, the proportion with an improved water source varies from 77% in CCs to 100% in private hospitals (**Table 3.3**).
- Rural facilities (81%) exhibit lower improved water source, compared to urban facilities (97%). Almost all facilities in Rajshahi (96%) have an improved water source which is higher than other divisions (**Table 3.3**).

Privacy during consultations

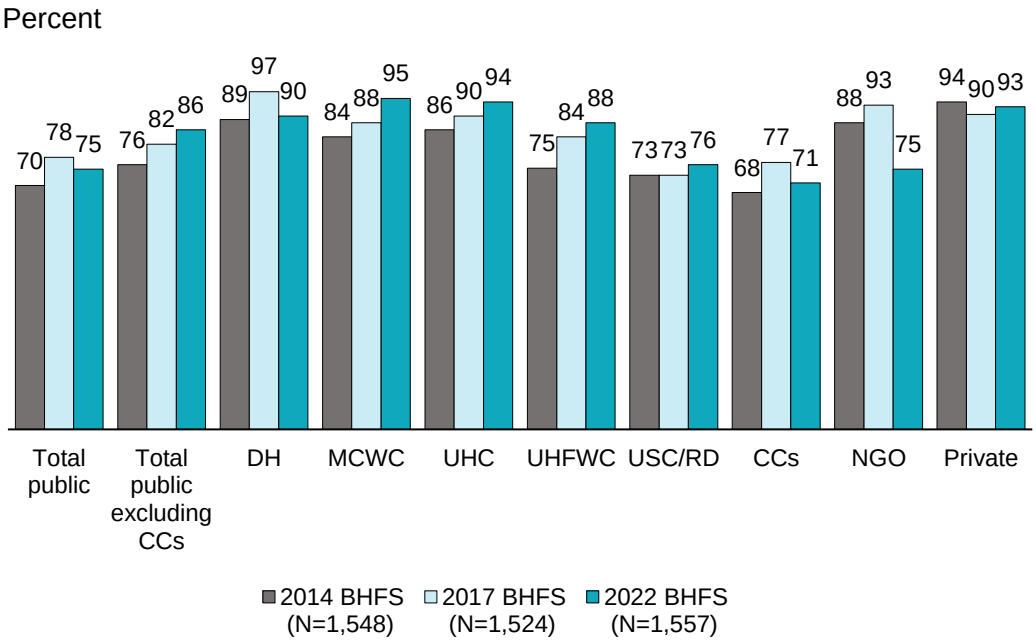
Visual and auditory privacy are important in consultations with health care providers because this allows clients to express their problems without hesitation and in detail.

- Around 40% of public facilities have the capacity to ensure privacy for clients during consultations (**Table 3.3**).
- Most private hospitals (82%) are able to provide visual and auditory privacy (**Table 3.3**).

Client latrine

- Three-quarters of the public facilities (75%) have a functioning client latrine (**Table 3.3**).
- In DHs, MCWCs, UHCs, and private hospitals, the availability of a functional latrine for general outpatient client use is universal (≥90%) (**Figure 3.4**).
- The client latrine is available in 88% UHFWCs, 76% in USC/RDs, and 71% in CCs (**Figure 3.4**).
- Across the total public facilities excluding CCs, the availability of client latrine has increased from 82% in 2017 to 86% in 2022 (**Figure 3.4**).
- Around one-quarter of public facilities excluding CCs have a separate latrine for women (29%), whereas the availability of a separate toilet for women is very low in CCs (8%) (**Table 3.3**).

Figure 3.4 **Availability of client latrine, by facility type**

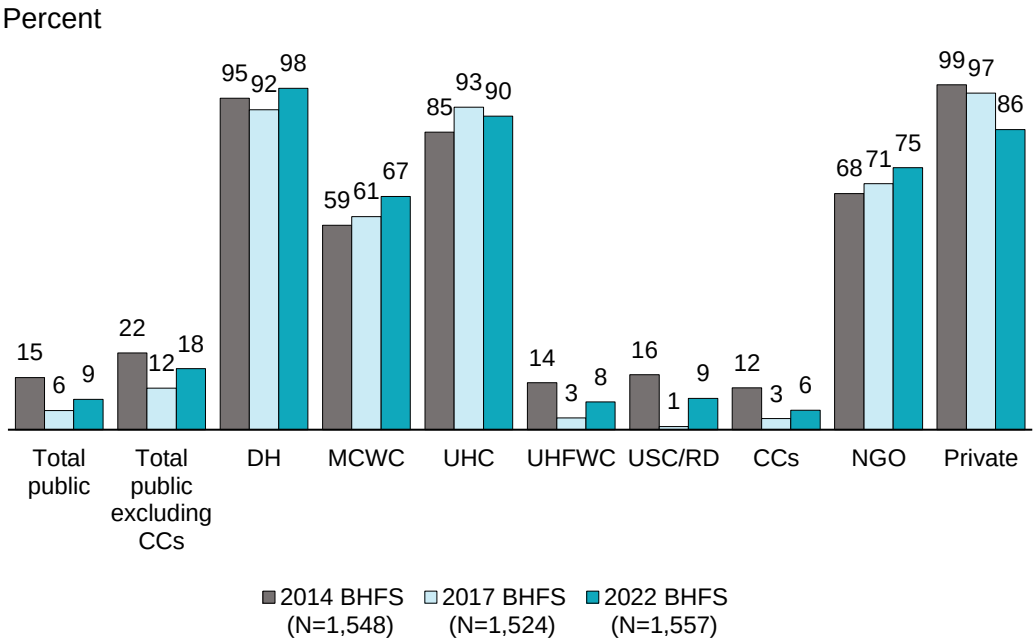


Communication equipment (land-line/mobile phone)

- Almost all DHs (98%), UHCs (90%), most private facilities (86%), and majority of NGO facilities (75%) have communication equipment– a functioning official land phone/mobile phone or private mobile phone reimbursed by the facility. However, communication equipment is less available in CCs (6%), UHFWCs (8%), and USC/RDs (9%) (**Table 3.3** and **Figure 3.5**).
- There has been improvement in the availability of communication equipment across the public facilities between 2017 and 2022 **(Figure 3.5**).

- The availability of communication equipment in NGO facilities has increased from 71% in 2017 to 75% in 2022, whereas it has declined in private hospitals from 97% to 86% (**Figure 3.5**).

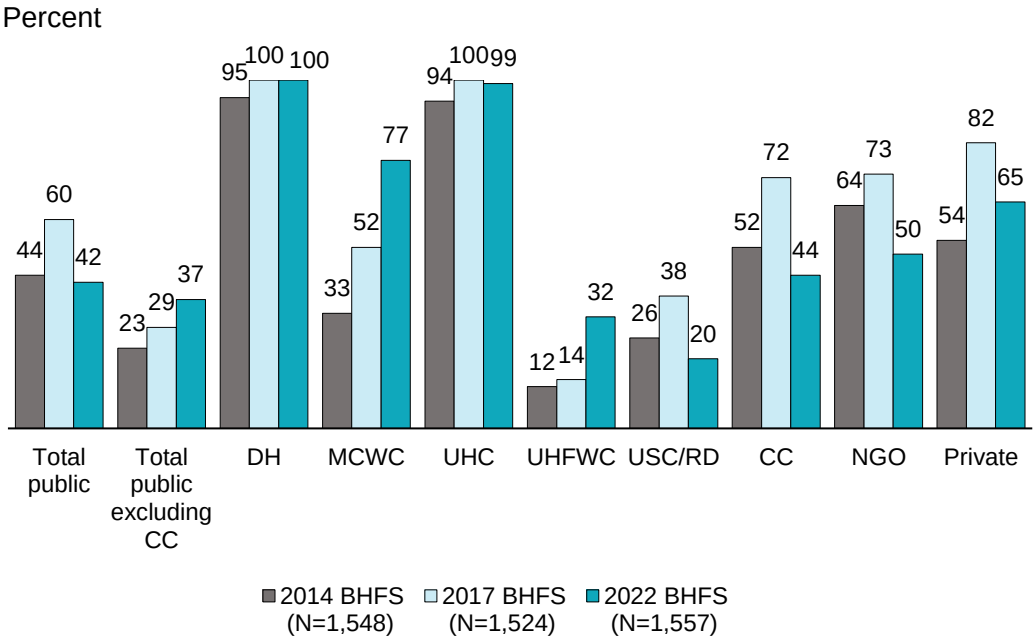
Figure 3.5 **Availability of communication equipment (land-line/mobile phone), by facility type**



Computer with Internet

- DHs (100%) and UHCs (99%) have universal access to a functioning computer/laptop/tablet with internet access (**Table 3.3** and **Figure 3.6**).
- The availability of a functioning computer/laptop/tablet with internet access is 77% in MCWCs and 32% in UHFWCs (**Figure 3.6**).
- Although 86% of the CCs have a computer/laptop/tablet, only 44% of CCs have a functioning device with internet access (**Table 3.3**).
- The availability of functioning computers with internet access has increased in MCWCs and UHFWCs between 2017 and 2022 (**Figure 3.6**).

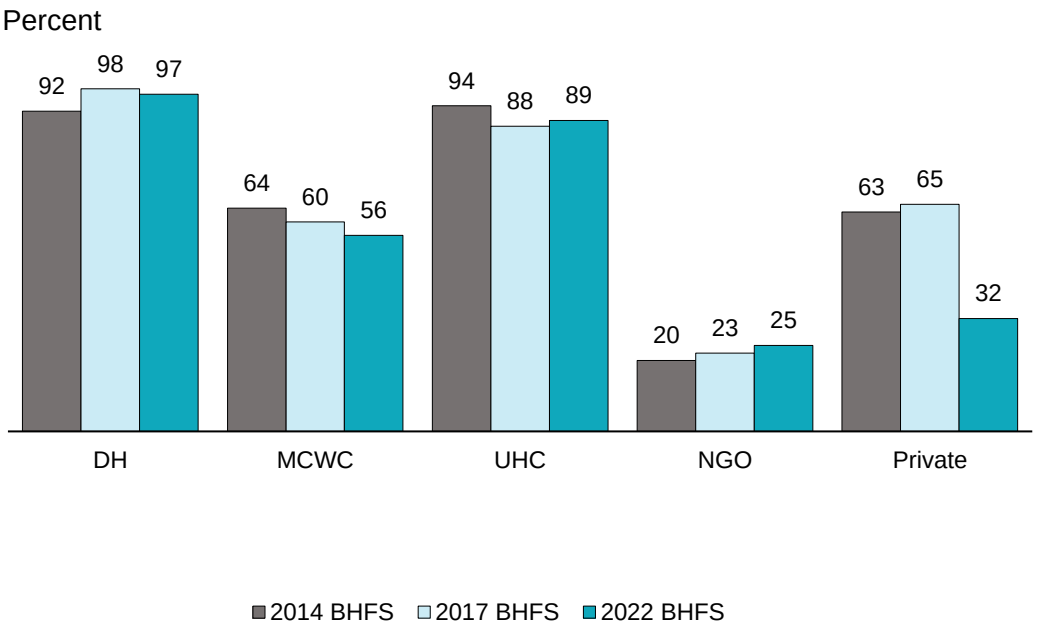
Figure 3.6 **Availability of a functioning computer with Internet, by facility type**



Emergency transport

- Most of district and upazila level public facilities (84%) have functional ambulance or vehicle for emergencies (**Table 3.3**).
- Almost all DHs (97%) and most of the UHCs (89%) have an ambulance or other vehicle for emergency transportation of clients (**Table 3.3** and **Figure 3.7**).
- Majority of the MCWCs (56%) have a functional ambulance or vehicle (**Table 3.3** and **Figure 3.7**).
- Only one-third (32%) of private hospitals have a functional ambulance or vehicle which has decreased from 2017 (65%) (**Table 3.3** and **Figure 3.7**).

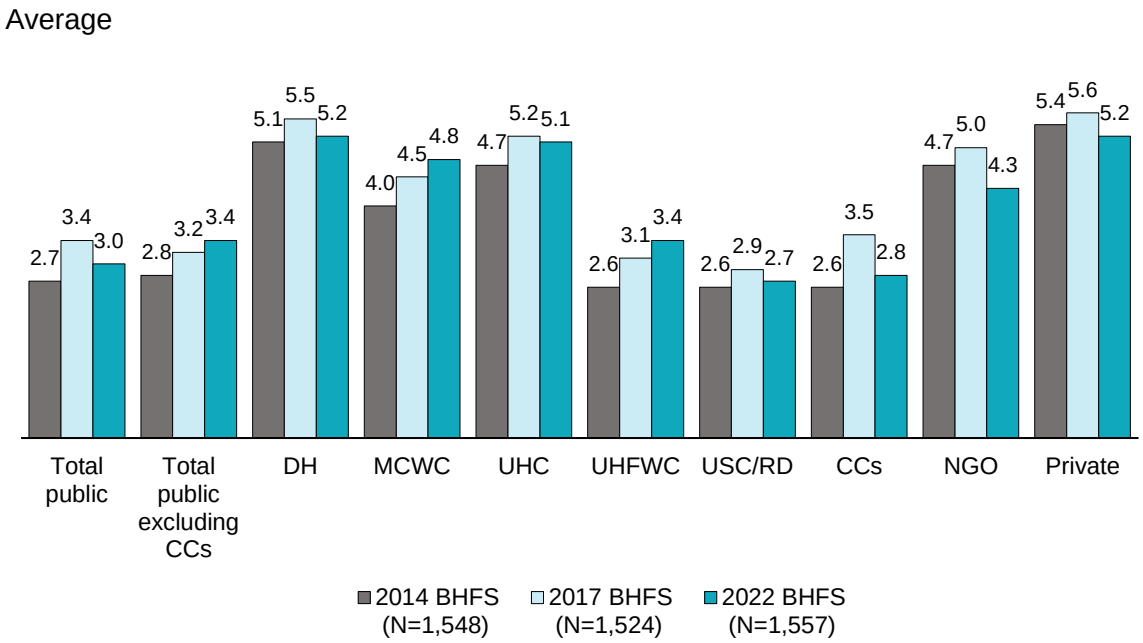
Figure 3.7 **Availability of emergency transport, by facility type**



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 landline/mobile phone, a computer with internet access and emergency transport. **Figure 3.8** presents the average score of amenities (out of 6 amenities) in health facilities in Bangladesh, by facility type.

- The average score for six amenities of total public facilities is 3.0 (out of 6 amenities) which has reduced from 2017 BHFS (3.4) (**Table 3.3** and **Figure 3.8)**.
- DHs and private hospitals have the highest average score of amenities (5.2), whereas USC/RDs have the lowest average score (2.7) (**Table 3.3** and **Figure 3.8**).

Figure 3.8 **Average score of basic amenities (out of 6 amenities), 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 adult scale, child or infant scale, thermometer, stethoscope, blood pressure apparatus and light source. **Table 3.4** provides information on the availability of this basic equipment from the 2022 BHFS.

- Most public facilities have stethoscope (89%), adult weighing scale (83%), blood pressure apparatus (81%), and thermometer (74%) (**Table 3.4)**.
- Nearly two-thirds of public facilities (63%) have an infant or child weighing scale and about three-quarters (76%) have a light source (**Table 3.4**).

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 services. 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.

- Only 9% of public facilities (36% excluding CCs) 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 (**Table 3.5**).
- Sterilization equipment is universally available in DHs (98%), in most of the UHCs (85%), and majority of NGO facilities (70%). CCs generally do not have provision for sterilization equipment, so it is expected that none of these facilities reported having such equipment (**Table 3.5**).

- More than half public facilities (55%) 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. Majority of public facilities (60%) have containers for storage of sharps waste prior to disposal (sharps boxes). Syringes and needles for safely managing injections are available in nearly 54% of public facilities (**Table 3.5**).

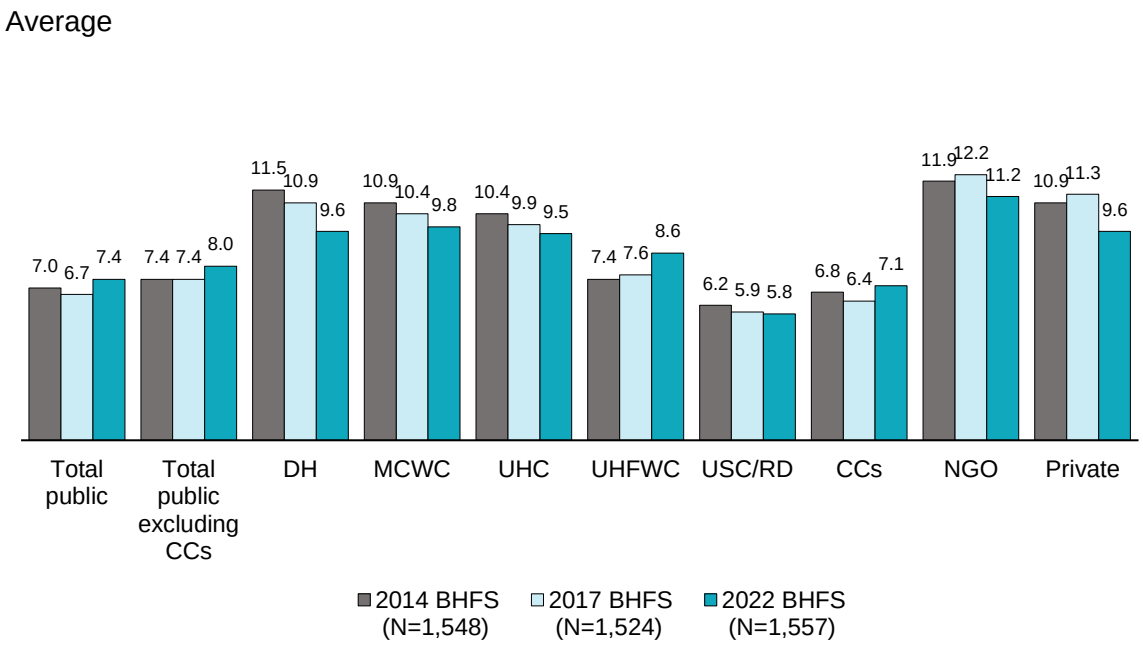
- Disinfectants are available in half of the public facilities (54%). However, disinfectants are available in 73% of DHs, 68% of MCWCs, and 64% of UHCs (**Table 3.5**).

- Overall, 76% of public facilities (78% excluding CCs) have soap and running water or else alcohol-based hand disinfectant. Almost all the NGO clinics/hospitals (97%) have soap and running water or alcohol-based hand disinfectant (**Table 3.5**).

- Medical masks are available in most of public facilities (81%). Availability of medical masks is highest in CCs (85%) and lowest in USC/RD (66%) (**Table 3.5**).

- The average score of availability of all infection control items in public facilities is 7.4 (8.0 public facilities excluding CCs) out of 16, which has increased from 6.7 in 2017. The average availability of all infection control items is highest in NGO clinics/ hospital (11.2) and lowest in CCs (7.1) (**Table 3.5** and **Figure 3.9**).

Figure 3.9 **Average score of availability of all infection control items (out of 16), 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.

- About 59% of public facilities excluding CCs have the functioning equipment or items necessary to perform an accepted method of equipment processing (**Table 3.6**).
- Almost half of public facilities excluding CCs (47%) have both functioning equipment and correct knowledge of the processing time (**Table 3.6**).
- One-fourth (24%) of all public facilities excluding CCs have the necessary equipment, knowledge of processing time, and an automatic timer (**Table 3.6**).
- Written guidelines for sterilization or HLD are available in 12% of total public facilities excluding CCs (**Table 3.6**).

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 3.10** present information on the availability and capacity of laboratory diagnostic testing 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).

- Overall, the availability of basic laboratory diagnostic tests in public health facilities except blood glucose test is still limited. Majority of the public facilities (57%) offer blood glucose test (**Table 3.7.1**).
- Although blood glucose test is universally offered by UHCs (98%) (**Table 3.7.1**), less than eighty percent of UHCs (79%) have functioning necessary equipment to conduct blood glucose test (**Table 3.7.2**).
- Urine protein test is available in most of DHs (89%), UHCs (85%), and NGOs (86%), however, only 4% of CCs have this test available (**Table 3.7.1**).

Figure 3.10 presents average score on the diagnostic testing capacity (hemoglobin, blood glucose, urine protein, urine glucose, urine pregnancy test), by facility type.

- The average diagnostic testing capacity among public facilities excluding CCs is 1.8 (out of 5.0). The availability has gradually increased over the years except DHs, CCs, and private hospitals (**Table 3.7.2** and **Figure 3.10**).

- The average capacity to conduct basic diagnostic tests (out of five) is highest in NGO clinics/ hospitals (4.4), followed by UHCs (4.3) (**Table 3.7.2** and **Figure 3.10**).

Figure 3.10 **Average capacity to conduct basic diagnostic tests (out of five), by facility type**

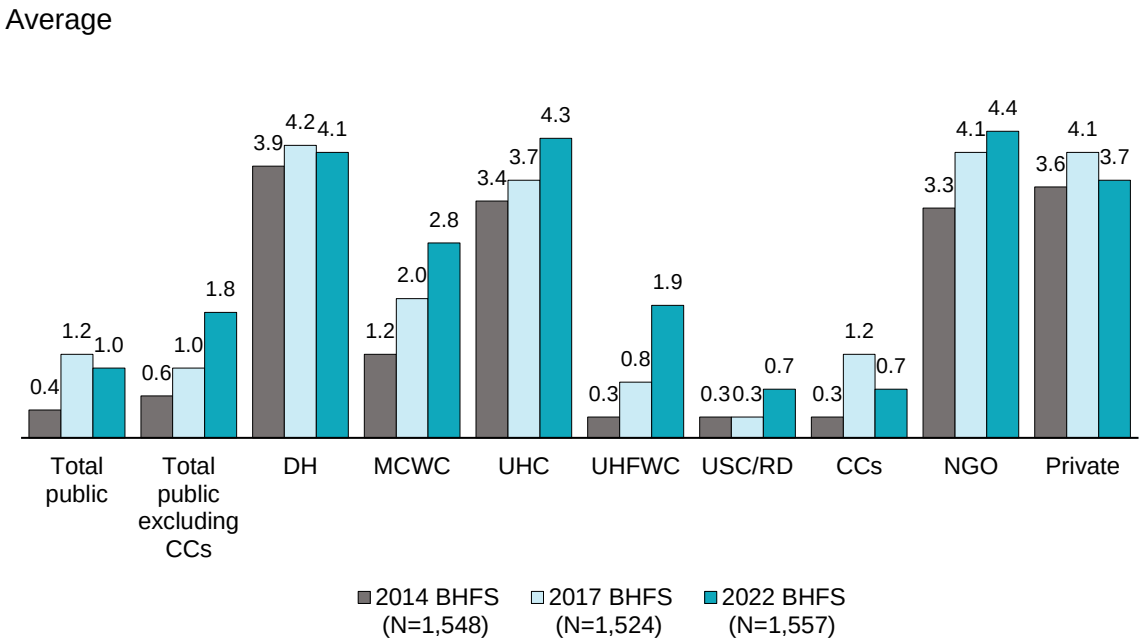
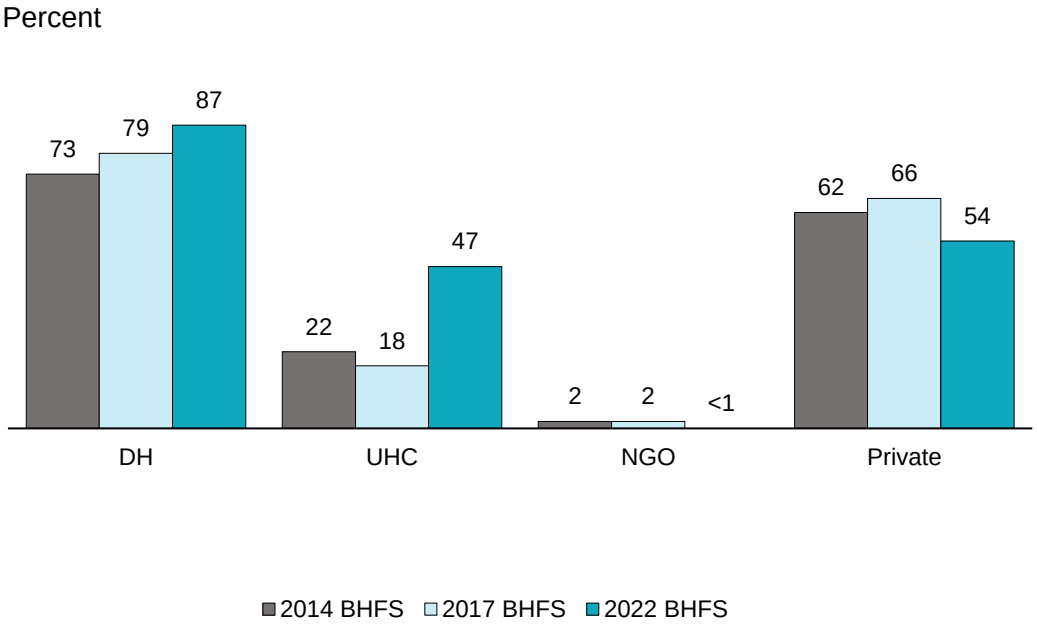


Figure 3.11 and **Table 3.7.1,** shows the availability and **Table 3.7.2** provision of a functional X-ray machine in district and upazila facilities, NGO facilities, and private hospitals.

- Almost all DHs (97%) and majority of UHCs (59%) have an X-ray machine (**Table 3.7.1**). But 87% DHs and only 47% of UHCs have a functioning X-ray machine (**Table 3.7.2** and **Figure 3.11**).
- Functioning X-ray machines have increased in DHs and UHCs between 2017 and 2022 (**Figure 3.11**).
- More than half of private hospitals (54%) have a functioning X-ray machine, but only a very negligible proportion of NGO facilities (<1%) have a functioning X-ray machine (**Table 3.7.2** and **Figure 3.11**).

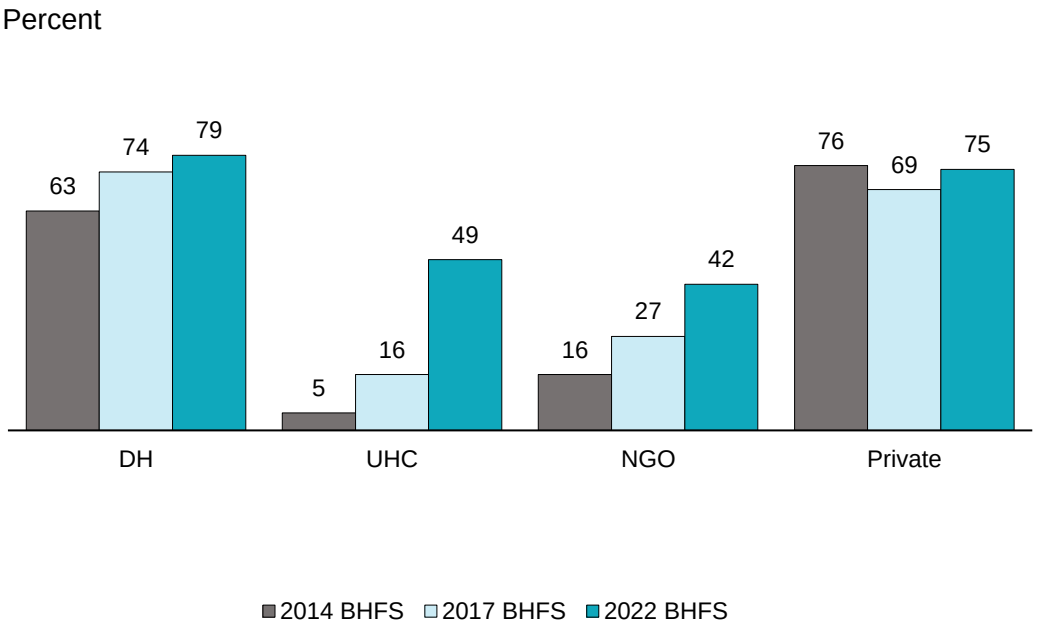
Figure 3.11 **Functioning x-ray machine in health facilities, by facility type**



The BHFS 2022 also obtained information on the availability and provision of functional ultrasound machines.

- Almost all DHs (90%) and more than half (58%) of UHCs have an ultrasonography machine (**Table 3.7.1**). But only four-fifths of DHs (79%) and nearly half (49%) of UHCs have a functioning ultrasonography machine (**Table 3.7.2** and **Figure 3.12**).
- Functioning ultrasonography machine slightly increased in DHs and substantially (three-folds) increased in UHCs between 2017 and 2022 (**Table 3.7.2** and **Figure 3.12**).
- Three-quarters of private hospitals (75%) and 42% of NGO facilities have functioning ultrasound machines (**Table 3.7.2** and **Figure 3.12**).

Figure 3.12 **Functioning ultrasound machines in health facilities, by facility type**



Availability of Essential Medicines

Consistent availability of essential medicines is critical to the delivery of quality health services. The 2022 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** and **3.8.2** present information on the availability of these medicines at health facilities.

- Across all types of facilities, ciprofloxacin tablets/capsules are the most widely available essential medicine followed by omeprazole/cimetidine tablets/capsules. Almost all of public facilities had ciprofloxacin available on the day of the survey. Public facilities (97%) and NGO facilities (91%) are more likely than private hospitals (59%) to have ciprofloxacin tablets/capsules (**Table 3.8.1**).

- Amitriptyline tablets, atenolol tablets, captopril tablets, ceftriaxone injectable, glibenclamide tablets, and simvastatin tablets are the least available, in 10% or less of public facilities. 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 3.8.1**).

- Examining differences by division, ciprofloxacin tablets/capsules, omeprazole/cimetidine tablets/capsules, paracetamol oral suspension, and salbutamol inhaler are the most widely available medicines (81% or more in all divisions) (**Table 3.8.2**).

Availability of medicines supplies in community clinics

The information obtained in the BHFS can be used to assess the availability of nineteen essential medicines supplied in CCs. CCs receive drugs at different intervals from the central warehouse, with the following items including albendazole tablet, amoxicillin capsule, syrup & pediatrics drop, antacid tablet, benzoic and salicylic acid ointment, calcium lactate tablet, chlorpheniramine tablet & syrup, co-trimoxazole tablet (120 & 960 mg), doxycycline capsule, erythromycin tablet & syrup, ferrous fumarate & folic acid tablet, gentian violet, hyoscine-

n-butyl bromide tablet, metronidazole tablet, neomycin and bacitracin skin ointment, paracetamol tablet & syrup, penicillin tablet, salbutamol syrup, vitamin B complex tablet, zinc dispersible tablet.

- The availability of doxycycline capsules is universal (100%) followed by paracetamol tablets and syrup (98%) and metronidazole tablets (97%) (**Table 3.8.3**).

- Erythromycin tablets and syrup are almost unavailable throughout all the CCs (**Table 3.8.3**).

Availability of medicines in drug and dietary supply (DDS) kit

As another measure of the availability of drugs, the information obtained in the BHFS can be used to assess the availability of twenty 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 service providers at MCWCs and UHFWCs for patient management. They receive DDS kits at different intervals from the central warehouse, with the following items including iron and folic acid tablet, folic acid tablet, calcium carbonate tablet, vitamin B complex tablet, albendazole tablet, paracetamol tablet, antacid tablet, drotaverine hydrochloride tablet, pantoprazole tablet, metronidazole tablet, chlorpheniramine maleate tablet, salbutamol tablet, diazepam tablet, cotrimoxazole (120 mg) dispersible, cotrimoxazole DS (960 mg), amoxycillin (500 mg), doxycycline (100 mg) capsule, suspension amoxycillin, cotrimoxazole suspension, paracetamol suspension, and benzoic acid and salicylic acid (Packaging list of DDS kit, DGFP 2022-2023).

- Almost all UHFWCs and MCWCs (more than 90%) have iron and folic acid tablet, vitamin B complex tablet, albendazole tablet, paracetamol tablet, pantoprazole tablet, and metronidazole tablet (**Table 3.8.4**).

- The least available is calcium carbonate tablet (available in 15% of UHFWCs and 18% of MCWCs) (**Table 3.8.4**).

Availability of medicines and equipment of delivery kit

The information obtained in the BHFS can be used to assess the availability of eleven medicines included in the delivery kit. A delivery kit is a box of pre-selected essential drugs and dietary items to be dispensed by service providers at MCWCs and UHFWCs for patient management. They receive delivery kits at different intervals from the central warehouse, with the following items including paracetamol, amoxicillin capsule, infusion 5% dextrose in aqua (500 ml), infusion 5% dextrose in normal saline (500 ml), chlorhexidine cream (60 ml bottle), sterile surgical gloves, cotton ball thread, sterile gauge pack, surgical adhesive tape, 1% lidocaine injection (50 ml), disposable syringe (5 ml).

- The availability of paracetamol, sterile surgical gloves and disposable syringe (5 ml) is universal throughout the MCWCs and UHFWCs, followed by amoxicillin capsule (available in 91% of UHFWCs and 89% of MCWCs) (**Table 3.8.5**).

- However, the availability of surgical adhesive tape is the lowest in UHFWCs (5%). For MCWCs, availability of 1% lidocaine injection (50 ml) is the lowest (50%) (**Table 3.8.5**).

3.3 Basic Management Systems to Support and Maintain Quality Services, and Appropriate Client Utilization

Establishing Basic management and administrative systems are essential for the consistent delivery of health care services at an acceptable level of quality. The 2022 BHFS elicited information on:

- Supportive management practices for providers
- Quality assurance

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 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.

- Most public facilities (89%) have reported receiving external supervision in the 6 months preceding the BHFS (**Table 3.9**).
- Recent external supervision is common across all types of facilities, ranging from 84% among union-level public facilities to 100% in DHs (**Table 3.9**).

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 2022 BHFS assessed whether healthcare 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 the providers at a facility had received such training, the facility was deemed to have routine staff training.

- Overall, 72% of public facilities have routine staff training (**Table 3.9**).
- Routine staff training is less common in private hospitals (16%), compared to other type of facilities (**Table 3.9**).
- Routine training is much more common in rural facilities (73%) than in urban facilities (26%) (**Table 3.9**).
- The proportion of facilities with routine staff training varies considerably by division, from 49% in Khulna to 77% in Mymensingh (**Table 3.9**).

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 strength and weakness and provides appropriate support.

- The 2022 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 public facilities (93%) have at least half of the providers reported receiving personal supervision during the last six months before the survey. About 87% of private facilities and 99% of NGOs have the same personal supervision (**Table 3.9**).

Staff Training and Personal Supervision

The combination of staff training and personal supervision is crucial to achieving competence and sustaining quality health service delivery.

- Majority of public facilities (68%) have both routine staff-training and personal supervision of health workers (**Table 3.9**).
- CCs have the highest percentage (73%) with respect to routine training and personal supervision (**Table 3.9**).
- By division, the percentage of facilities with both training and supervision varies from 47% in Khulna to 72% in Sylhet (**Table 3.9**).

Supportive Management Practices

A facility is 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.

- Majority of public facilities (65%) have supportive management practices (**Table 3.9**).
- Around six in ten NGOs (59%) and only 15% private facilities have supportive management practices (**Table 3.9**).

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:

I. 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.

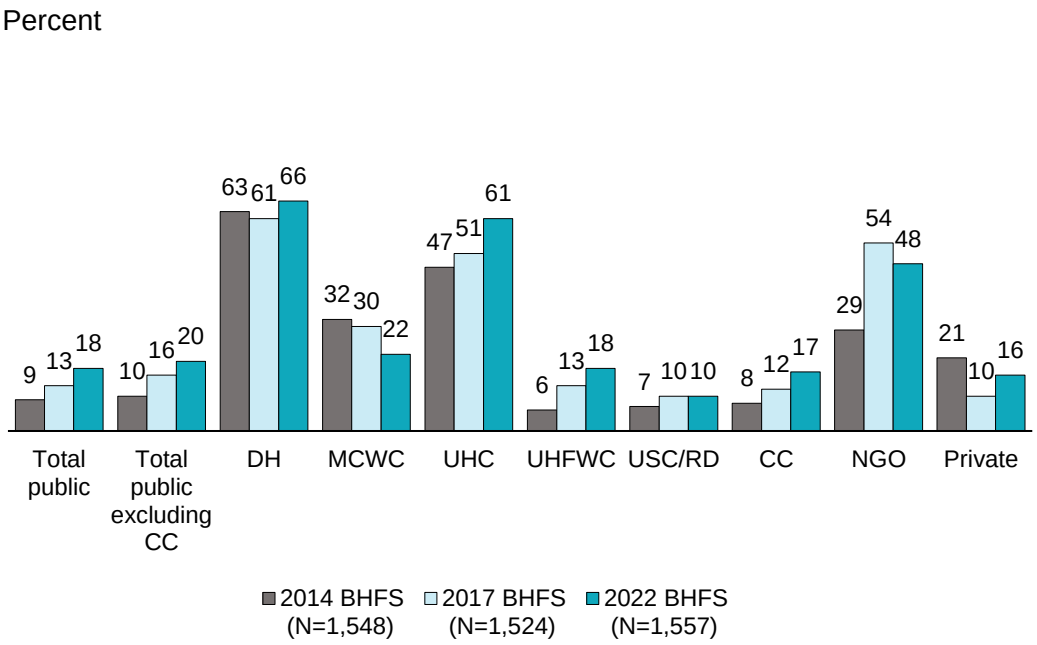
II. A supervisory checklist for health service provision, which verifies specific content in client assessments, treatments, or consultations. This list is often used to document the provision of care.

III. 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.

IV. Audits of medical records or registers, which check medical records for specific items or information and assess adherence to protocols.

- Nearly one in five (18%) public facilities report that they have regular QA activities and have evidence of such activities, an increase from 2017 (13%) (**Table 3.10** and **Figure 3.13**).
- Supportive documentation of QA activities is observed highest in DHs (66%), followed by UHCs (61%), NGOs (48%) and MCWCs (22%) (**Table 3.10** and **Figure 3.13**).
- Only 16% both in union-level facilities and private facilities have documented QA activities (**Table 3.10**).

Figure 3.13 **Quality assurance, by facility type**



3.4 AVAILABILITY OF HUMAN RESOURCES FOR HEALTH

The WHO considers health workforce as one of the key building blocks in any healthcare system. As part of its continuing commitment to improve the provision of health services in the public sector, the Government of Bangladesh is committed to expanding the human resources for health.

As part of the assessment of general preparedness for service delivery, the BHFS collected information on staffing patterns. **Table 3.11.1** shows the percentages of sanctioned healthcare provider posts filled in the surveyed facilities, by provider category and type of facility.

- Senior/junior consultant (anesthesia) are available in almost all DHs (97%) and two-thirds of UHCs (65%) (**Table 3.11.1**).

- Senior/ junior consultant (medicine) are available in 87% of DHs and 32% of UHCs (**Table 3.11.1**).
- Almost eight in ten (79%) DHs have senior/junior consultant (Surgery) assigned in contrast to only about one-fifth of UHCs (17%) (**Table 3.11.1**).
- Radiologist are assigned in 44 % of DHs as compared to 5% of UHCs (**Table 3.11.1**).
- Medical Technologist (lab) are available universally (97%) in DHs and four-fifths of UHCs (83%) (**Table 3.11.1**).
- On average, 21 medical officers are working in a DH as compared with 10 in UHC. Number of medical officer ranges from 4 to 52 among the DHs and from 1 to 22 among the UHCs (**Table 3.11.2**).
- In a DH, 126 nurses are available on an average, as compared with 25 in a UHC. The number of nurse ranges from 5 to 398 among the DHs and from 1 to 37 among the UHCs (**Table 3.11.2**).

3.5 Management of Medical Waste in Health Care Facilities

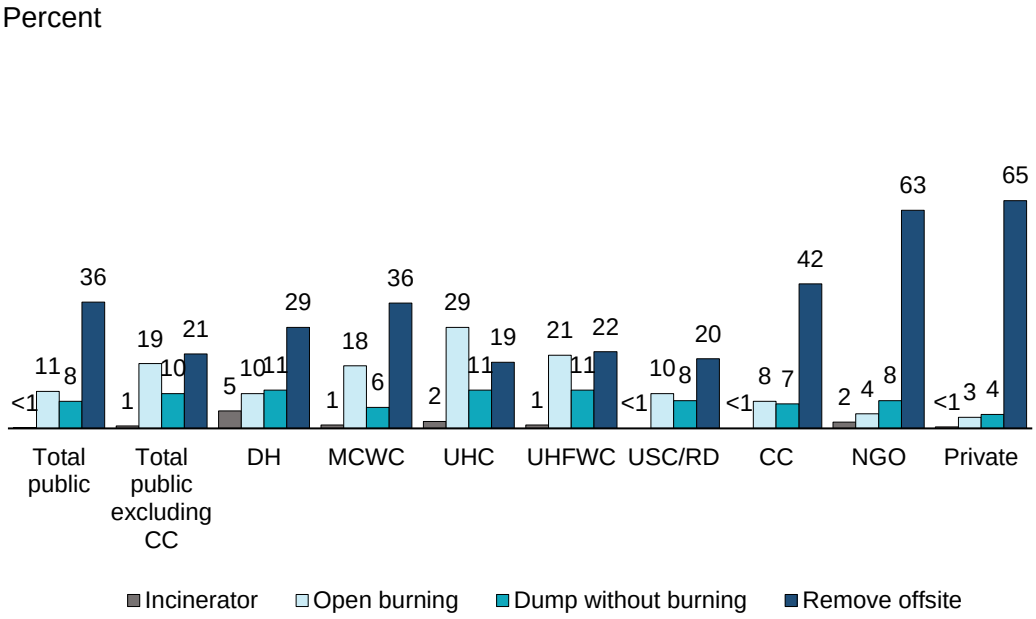
WHO considers poor medical waste management to be one of the key elements posing potential risks of infection, toxic effects, and injuries among health care workers, waste handlers, patients, and the community at large. As part of its continuing effort to control infections in public sector health care 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**-**3.12.2** and **Figure 3.14**-**3.15** 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.

- Only, less than 1% of public facilities use an incinerator to burn their sharps waste (**Table 3.12.1**).
- 11% of public facilities practice open burning (19% excluding CCs), 8% dump waste without burning it (10% excluding CCs), and 36% remove waste offsite (21% excluding CCs) (**Table 3.12.1**).
- The most widely practiced method of managing sharps waste is removal offsite followed by open burning (**Table 3.12.1** and **Figure 3.14**).

Figure 3.14 **Sharps waste management, by facility type**

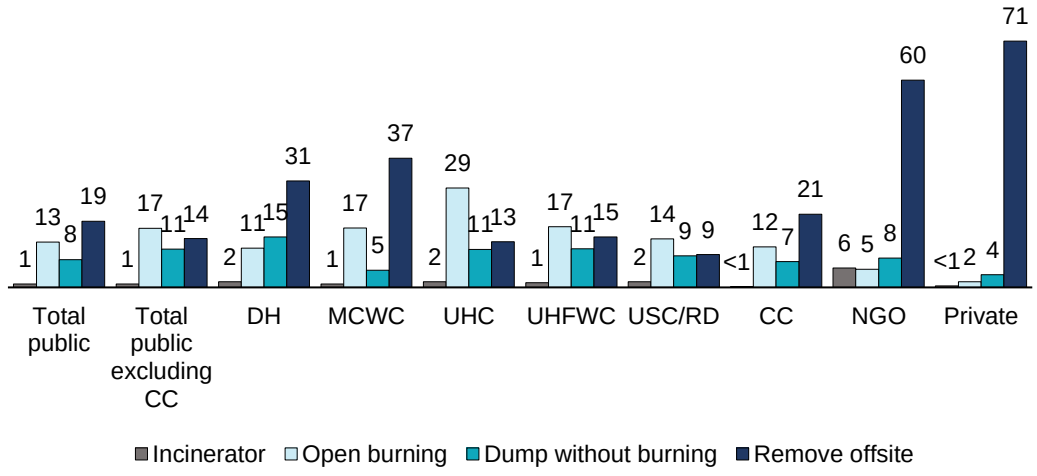


Non-sharps medical waste: According to WHO (2001), non-sharps medical waste includes infectious waste (pathogens), pathological waste (human tissues, body parts, or fluids), pharmaceutical waste, genotoxic waste, chemical waste, and radioactive waste.

- Overall, 13% of public facilities engage in open burning to manage non-sharps waste (**Table 3.12.2**).
- Less than 1% (1% excluding CCs) of public facilities burn their medical waste using an incinerator.
- One-third of DHs (31%), MCWCs (37%), and one-fifth of CCs (21%) practice the remove offsite method, whereas the majority of NGOs (60%) and private facilities (71%) use the remove offsite method (**Table 3.12.2** and **Figure 3.15**).

Figure 3.15 **Non-sharps waste management, by facility type**

Percent



FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, AND SUPPORT 3

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Table 3.1: Availability of specific services

Among all facilities, the percentages and numbers that offer the indicated specific services, Bangladesh HFS 2022

Service provided	Percentage of total public facilities offering service	Percentage of total public facilities excluding CCs offering service	Percentage of NGO and private facilities offering service	Percentage of total facilities offering service	Number of facilities offering service	
					Weighted	Unweighted
Curative care for sick children	94.8	95.7	61.0	90.2	1,404	1,406
Child growth monitoring	88.2	76.4	30.6	80.4	1,251	1,196
Child vaccination (EPI)[1]	93.1	80.5	12.4	82.1	1,278	1,178
Any family planning[2]	82.9	85.1	31.8	75.9	1,182	1,197
Antenatal care	99.5	98.5	76.2	96.3	1,499	1,500
Normal delivery	17.8	55.0	81.5	26.5	412	740
Cesarean delivery[3]	1.7	6.6	82.7	12.7	199	378
TB diagnosis or treatment[4]	23.8	22.2	20.6	23.4	364	455
Non-communicable disease[5]	22.9	29.8	65.1	28.6	446	654
Laboratory diagnostic[6]	23.3	35.8	85.1	31.7	493	735
Blood grouping and typing[7]	2.9	9.4	81.4	13.6	212	487
Blood transfusion[8]	2.2	8.4	67.6	11.1	173	371
Postnatal care[9]	97.3	97.1	78.9	94.8	1,476	1,482
Postpartum family planning[10]	89.7	90.5	52.9	84.7	1,318	1,329
Adolescent health[11]	90.8	89.8	37.8	83.5	1,301	1,281
Nutrition[12]	95.2	91.5	44.3	88.3	1,375	1,335
Total	-	-	-	-	1,557	1,557

[1] Routine series of DPT/pentavalent, polio, and measles vaccinations offered from the facility, excluding any outreach services
[2] 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).
[3] Facility reports that it provides cesarean delivery services at the facility.
[4] 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.
[5] Facility reports that it provides diagnosis or management of non-communicable diseases, especially diabetes and cardiovascular diseases.
[6] Facility reports that it provides laboratory diagnostic services at the facility.
[7] Facility reports that it provides blood grouping and typing services at the facility.
[8] Facility reports that it provides blood transfusion services at the facility.
[9] Facility reports that it provides postnatal care in facility.
[10] Facility reports that it provides postpartum family planning services at the facility.
[11] Facility reports that it provides adolescent health care at the facility.
[12] 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 2022

Background characteristic	Child curative care	Child growth monitoring services	Child vaccination services	Any modern method of family planning	Antenatal care services	Normal delivery	All basic client services[1] with normal delivery	All basic client services without normal delivery	Number of facilities (weighted)	Number of facilities (unweighted)
Facility type										
District and upazila public facilities	**99.1**	**92.9**	**90.9**	**97.1**	**99.8**	**97.4**	**85.1**	**85.8**	**41**	**319**
DH	100.0	98.4	95.2	93.5	100.0	100.0	88.7	88.7	4	62
MCWC	95.1	68.1	57.0	95.1	99.0	87.1	40.1	42.0	7	100
UHC	100.0	98.1	98.5	98.2	100.0	99.5	95.5	96.0	30	157
Union-level public facilities	**95.3**	**74.2**	**79.1**	**83.5**	**98.3**	**49.4**	**32.6**	**52.3**	**310**	**434**
UHFWC	94.2	78.2	79.2	96.0	100.0	59.2	39.2	59.3	225	293
USC/RD	98.1	63.6	79.1	50.3	93.7	23.4	15.2	33.7	85	141
Community clinic (CC)	**94.5**	**92.4**	**97.5**	**82.1**	**99.8**	**4.7**	**3.6**	**70.4**	**994**	**488**
NGO clinic/hospital	**88.4**	**81.9**	**71.9**	**74.8**	**100.0**	**33.5**	**16.6**	**50.5**	**29**	**127**
Private hospital	**56.6**	**22.5**	**3.0**	**25.0**	**72.4**	**89.0**	**1.1**	**1.1**	**183**	**189**
Location										
Urban	65.7	36.9	22.4	38.6	79.3	81.7	11.2	16.2	235	514
Rural	94.6	88.1	92.7	82.6	99.3	16.6	11.6	66.2	1,322	1,043
Division										
Barishal	92.7	87.6	84.5	82.0	98.8	19.2	11.1	63.6	111	152
Chattogram	97.4	87.5	85.1	80.9	97.4	30.6	16.0	71.5	291	244
Dhaka	83.8	75.7	80.0	70.7	95.4	30.1	11.2	49.1	317	264
Khulna	76.7	76.2	70.9	70.3	90.5	30.4	8.8	50.1	210	208
Rajshahi	95.1	73.9	82.5	75.4	97.8	26.4	10.2	55.4	214	212
Rangpur	95.7	84.7	87.3	79.3	97.7	17.1	8.0	64.5	193	190
Sylhet	88.4	82.7	84.0	74.4	98.0	31.6	20.4	59.2	99	136
Mymensingh	94.7	78.8	87.2	78.6	97.5	18.2	7.1	59.3	122	151
Total	90.2	80.4	82.1	75.9	96.3	26.5	11.5	58.7	1,557	1,557
Total excluding CCs	*82.7*	*59.1*	*54.9*	*65.0*	*90.1*	*65.0*	*25.4*	*38.0*	*563*	*1,069*
Total public	*94.8*	*88.2*	*93.1*	*82.9*	*99.5*	*17.8*	*12.8*	*66.7*	*1,345*	*1,241*
Total public excluding CCs	*95.7*	*76.4*	*80.5*	*85.1*	*98.5*	*55.0*	*38.8*	*56.2*	*351*	*753*

[1] 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 2022

Background characteristic	Amenities											Number of facilities (weighted)	Number of facilities (unweighted)
	National electricity grid	Regular electricity[1]	Improved water source[2]	Visual and auditory privacy[3]	Client latrine[4]	Communication equipment[5]	Computer	Computer with Internet[6]	Emergency transport[7]	Separate latrine for female clients	Average basic amenities available (out of 6)[8]		
Facility type													
District and upazila public facilities	**97.5**	**89.5**	**96.2**	**45.6**	**93.9**	**86.9**	**96.3**	**95.2**	**84.3**	**59.1**	**5.1**	**41**	**319**
DH	100.0	98.4	98.4	38.7	90.3	98.4	100.0	100.0	96.8	67.7	5.2	4	62
MCWC	95.1	85.2	99.0	56.8	95.2	66.8	79.1	77.0	56.3	47.4	4.8	7	100
UHC	97.7	89.2	95.2	44.0	94.1	90.1	100.0	98.9	89.3	60.6	5.1	30	157
Union-level public facilities	**96.5**	**52.6**	**89.6**	**53.9**	**84.7**	**8.2**	**49.6**	**28.7**	**1.1**	**24.8**	**3.2**	**310**	**434**
UHFWC	96.5	57.6	92.5	59.0	87.9	8.1	50.7	32.1	1.2	27.6	3.4	225	293
USC/RD	96.4	39.2	82.1	40.2	76.0	8.6	46.7	19.8	0.8	17.2	2.7	85	141
Community clinic (CC)	**81.2**	**45.2**	**77.2**	**36.0**	**70.8**	**5.6**	**85.9**	**44.4**	**0.4**	**8.1**	**2.8**	**994**	**488**
NGO clinic/ hospital	**97.9**	**76.8**	**98.9**	**53.4**	**74.7**	**75.2**	**53.7**	**49.8**	**24.7**	**64.8**	**4.3**	**29**	**127**
Private hospital	**97.0**	**96.6**	**99.8**	**82.2**	**92.6**	**86.2**	**73.7**	**65.2**	**32.4**	**62.6**	**5.2**	**183**	**189**
Location													
Urban	95.2	91.5	97.4	73.8	89.9	83.0	73.5	65.5	36.8	61.2	5.0	235	514
Rural	85.4	47.9	80.7	40.6	74.5	7.7	77.5	41.6	1.7	12.9	2.9	1,322	1,043
Division													
Barishal	83.2	44.2	76.1	48.5	68.7	13.7	76.1	53.8	3.9	14.2	3.1	111	152
Chattogram	75.4	60.4	74.5	45.1	75.1	19.6	79.5	48.6	7.0	20.3	3.2	291	244
Dhaka	89.0	52.3	82.4	48.7	75.2	24.2	70.7	43.3	11.2	25.0	3.3	317	264
Khulna	95.3	67.1	92.0	50.6	85.0	19.6	71.1	36.3	7.5	26.0	3.5	210	208
Rajshahi	98.0	54.3	95.8	43.6	83.9	18.9	76.8	53.6	6.6	19.1	3.5	214	212
Rangpur	85.3	55.0	82.1	39.6	69.4	13.6	88.1	41.2	3.8	13.2	3.0	193	190
Sylhet	87.9	41.3	91.4	68.5	86.0	17.5	83.6	52.0	7.3	25.5	3.6	99	136
Mymensingh	79.5	42.6	70.9	21.7	70.0	19.0	74.3	35.5	3.2	11.7	2.6	122	151
Total	86.9	55.4	83.3	45.6	76.8	19.1	76.9	45.2	7.0	20.2	3.2	1,557	1,557
Total excluding CCs	*96.8*	*70.8*	*93.9*	*62.5*	*87.4*	*42.8*	*61.1*	*46.5*	*18.6*	*41.6*	*4.0*	*563*	*1,069*
Total public	*85.3*	*48.2*	*80.7*	*40.4*	*74.7*	*8.7*	*77.8*	*42.4*	*3.1*	*13.5*	*3.0*	*1,345*	*1,241*
Total public excluding CCs	*96.6*	*56.9*	*90.4*	*52.9*	*85.8*	*17.5*	*55.1*	*36.6*	*10.9*	*28.8*	*3.4*	*351*	*753*

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).

[1] 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 on the day of the survey, or else facility has back-up solar power.

[2] 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.

[3] 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

[4] Facility has a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.

[5] Facility has a functioning land-line telephone, a functioning facility-owned cellular phone, or a private cellular phone that is supported by the facility.

[6] Facility has a functioning computer with access to the Internet, or facility has access to the Internet via a cellular phone inside the facility.

[7] Facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and operates from the facility

[8] Average number of 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 2022

Background characteristic	Equipment							Number of facilities (weighted)	Number of facilities (unweighted)
	Adult scale	Child scale[1] or infant scale[2]	Thermometer	Stethoscope	Blood pressure apparatus[3]	Light source[4]	All basic equipment		
Facility type									
District and upazila public facilities	**91.9**	**86.7**	**88.6**	**98.4**	**96.0**	**92.1**	**72.2**	**41**	**319**
DH	88.7	82.3	80.6	98.4	90.3	91.9	59.7	4	62
MCWC	88.0	76.3	80.8	97.1	97.1	91.1	60.2	7	100
UHC	93.3	89.9	91.7	98.8	96.5	92.3	77.0	30	157
Union-level public facilities	**81.0**	**63.5**	**71.1**	**97.0**	**93.2**	**78.8**	**36.2**	**310**	**434**
UHFWC	87.7	70.1	74.9	98.0	94.7	79.3	40.8	225	293
USC/RD	63.2	46.3	61.1	94.5	89.2	77.5	24.0	85	141
Community clinic (CC)	**83.5**	**61.6**	**73.8**	**86.0**	**76.7**	**74.1**	**27.7**	**994**	**488**
NGO clinic/hospital	**97.7**	**80.9**	**93.9**	**96.6**	**92.0**	**94.8**	**71.3**	**29**	**127**
Private hospital	**85.1**	**77.8**	**84.8**	**91.5**	**90.5**	**92.0**	**70.2**	**183**	**189**
Location									
Urban	87.0	77.7	86.2	93.8	92.2	93.0	68.9	235	514
Rural	83.1	62.7	73.4	88.6	80.7	75.4	30.6	1,322	1,043
Division									
Barishal	73.9	56.5	77.1	84.5	71.5	83.3	28.0	111	152
Chattogram	81.3	60.1	81.2	91.6	83.8	81.6	38.4	291	244
Dhaka	89.0	59.1	73.3	91.2	84.5	82.2	43.5	317	264
Khulna	80.4	71.6	79.0	90.4	78.2	76.7	37.0	210	208
Rajshahi	89.8	71.1	79.9	87.1	83.4	70.6	34.7	214	212
Rangpur	83.1	69.0	67.8	87.8	80.2	67.5	26.6	193	190
Sylhet	86.3	78.7	78.7	87.3	90.1	81.7	50.3	99	136
Mymensingh	78.1	59.3	59.7	89.8	86.7	83.0	26.9	122	151
Total	83.7	64.9	75.3	89.3	82.4	78.0	36.4	1,557	1,557
Total excluding CCs	*84.0*	*70.8*	*78.0*	*95.3*	*92.5*	*84.9*	*51.7*	*563*	*1,069*
Total public	*83.2*	*62.8*	*73.6*	*88.9*	*81.1*	*75.8*	*31.0*	*1,345*	*1,241*
Total public excluding CCs	*82.3*	*66.3*	*73.2*	*97.2*	*93.5*	*80.4*	*40.4*	*351*	*753*

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).

[1] 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

[2] 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

[3] A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area

[4] 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 2022

	Facility type													
Items	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Community clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Sterilization equipment[1]	**84.4**	98.4	74.0	84.8	**29.7**	36.5	11.6	**0.0**	**69.7**	**86.3**	19.6	*54.1*	*9.4*	*36.1*
Equipment for high-level disinfection[2]	**67.0**	82.3	57.4	67.0	**37.7**	43.6	22.1	**6.4**	**58.7**	**53.5**	20.8	*46.0*	*15.5*	*41.1*
Safe final disposal of sharps waste[3]	**60.3**	54.8	61.4	60.9	**49.6**	54.1	37.7	**56.3**	**76.5**	**73.0**	57.4	*59.4*	*54.9*	*50.9*
Safe final disposal of infectious waste[4]	**56.0**	58.1	60.1	54.7	**41.7**	44.6	34.0	**40.3**	**78.7**	**76.2**	45.9	*55.9*	*41.1*	*43.4*
Appropriate storage of sharps waste[5]	**46.1**	40.3	61.2	43.3	**54.8**	63.9	30.6	**62.4**	**68.7**	**31.2**	56.9	*47.2*	*60.1*	*53.8*
Appropriate storage of infectious waste[6]	**68.9**	62.9	62.8	71.3	**54.8**	58.3	45.5	**52.5**	**78.4**	**63.4**	55.2	*59.9*	*53.6*	*56.5*
Disinfectant[7]	**65.6**	72.6	68.1	64.0	**63.3**	68.5	49.5	**50.6**	**80.9**	**67.2**	56.0	*65.6*	*54.0*	*63.6*
Syringes and needles[8]	**58.1**	58.1	76.3	53.6	**71.4**	80.4	47.5	**48.1**	**79.9**	**58.2**	54.8	*66.6*	*53.8*	*69.8*
Soap	**75.5**	75.8	70.1	76.8	**55.0**	59.6	42.8	**55.3**	**88.6**	**75.6**	58.8	*64.9*	*55.9*	*57.4*
Running water[9]	**88.5**	88.7	81.0	90.3	**56.8**	61.2	45.2	**50.8**	**87.9**	**79.9**	57.1	*68.2*	*53.3*	*60.6*
Soap and running water	**74.9**	75.8	70.1	75.9	**49.8**	54.3	37.9	**45.8**	**87.2**	**74.6**	51.5	*61.6*	*47.6*	*52.8*
Alcohol-based hand disinfectant	**85.2**	90.3	77.0	86.4	**65.5**	65.6	65.4	**66.6**	**89.0**	**79.9**	68.9	*72.9*	*67.0*	*67.9*
Soap and running water or else alcohol-based hand disinfectant	**94.0**	96.8	90.0	94.6	**75.8**	77.1	72.4	**75.1**	**96.7**	**86.1**	77.5	*81.6*	*75.9*	*78.0*
Latex gloves/other gloves[10]	**70.2**	62.9	84.0	68.0	**71.7**	80.7	47.9	**59.8**	**84.1**	**74.0**	64.6	*73.0*	*62.9*	*71.6*
Medical masks	**81.5**	82.3	73.2	83.4	**69.9**	71.2	66.3	**84.8**	**83.8**	**75.0**	80.6	*73.1*	*81.3*	*71.3*
Gowns	**23.0**	14.5	38.1	20.6	**31.7**	36.4	19.0	**42.5**	**44.1**	**36.5**	39.2	*33.3*	*39.4*	*30.7*
Eye protection	**18.8**	16.1	24.1	17.8	**18.5**	21.7	9.9	**28.9**	**15.8**	**20.1**	25.3	*18.9*	*26.2*	*18.5*
Guidelines for standard precautions[11]	**9.9**	3.2	12.9	10.1	**8.6**	9.4	6.3	**6.2**	**32.5**	**11.5**	7.9	*10.9*	*6.9*	*8.7*
Average number of the indicated items available	**9.6**	9.6	9.8	9.5	**7.8**	8.6	5.8	**7.1**	**11.2**	**9.6**	7.7	*8.7*	*7.4*	*8.0*
Number of facilities (weighted)	**41**	4	7	30	**310**	225	85	**994**	**29**	**183**	1,557	*563*	*1,345*	*351*
Number of facilities (unweighted)	**319**	62	100	157	**434**	293	141	**488**	**127**	**189**	1,557	*1,069*	*1,241*	*753*

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).

[1] 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.

[2] 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.

[3] The process of sharps waste disposal is incineration and the facility had a functioning incinerator, 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.

[4] The process of infectious waste disposal is incineration and the facility had a functioning incinerator, 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.

[5] Sharps container observed in general outpatient service area

[6] Waste receptacles observed in general outpatient service area

[7] Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

[8] Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

[9] Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

[10] Non-latex equivalent gloves are acceptable

[11] 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 2022

Background characteristic	Percentage of facilities having: Equipment[1]	Equipment and knowledge of process time[2]	Equipment, knowledge of process time, and automatic timer[3]	Written guidelines for sterilization or HLD[4]	Number of facilities (weighted)	Number of facilities (unweighted)
Facility type						
District and upazila public facilities	**93.9**	**89.1**	**69.7**	**22.0**	**41**	**319**
DH	100.0	100.0	88.7	14.5	4	62
MCWC	82.8	74.9	55.0	27.0	7	100
UHC	95.8	90.9	70.5	21.9	30	157
Union-level public facilities	**54.7**	**40.8**	**18.0**	**11.0**	**310**	**434**
UHFWC	64.0	48.3	22.4	14.5	225	293
USC/RD	30.1	20.8	6.3	1.9	85	141
Community clinic (CC)	**11.9**	**4.4**	**0.0**	**1.3**	**994**	**488**
NGO clinic/hospital	**78.2**	**74.5**	**59.1**	**42.6**	**29**	**127**
Private hospital	**92.0**	**85.7**	**53.7**	**4.8**	**183**	**189**
Location						
Urban	**89.5**	**83.7**	**56.3**	**10.3**	**235**	**514**
Rural	**23.3**	**14.3**	**5.1**	**4.0**	**1,322**	**1,043**
Division						
Barishal	25.0	19.5	9.6	1.6	111	152
Chattogram	39.1	28.8	16.9	7.0	291	244
Dhaka	38.2	25.1	16.6	5.9	317	264
Khulna	39.4	30.9	9.0	3.4	210	208
Rajshahi	28.9	25.7	12.6	4.9	214	212
Rangpur	27.8	19.3	8.6	2.5	193	190
Sylhet	29.4	24.3	15.7	7.4	99	136
Mymensingh	23.2	16.4	8.0	5.2	122	151
Total	33.3	24.8	12.9	4.9	1,557	1,557
Total excluding CCs	*70.9*	*60.7*	*35.5*	*11.5*	*563*	*1,069*
Total public	*24.3*	*15.4*	*6.3*	*4.2*	*1,345*	*1,241*
Total public excluding CCs	*59.3*	*46.5*	*24.1*	*12.3*	*351*	*753*

[1] 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.

[2] 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

[3] 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

[4] Handwritten instructions that are pasted on walls and clearly outline the procedures to follow for processing of equipment are acceptable

Table 3.7.1: Availability of laboratory diagnostic testing by facility type

Among all facilities, the percentages with basic and advanced laboratory diagnostic tests in the facility available, by background characteristics, Bangladesh HFS 2022

	Facility type													
Laboratory tests	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Commu-nity clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Basic tests														
Hemoglobin	**89.7**	98.4	58.8	95.9	**24.0**	29.0	10.8	**4.2**	**88.2**	**78.6**	20.7	*49.9*	*11.4*	*31.8*
Blood glucose	**91.5**	100.0	60.7	97.7	**40.9**	45.6	28.3	**61.2**	**96.8**	**90.1**	62.0	*63.5*	*57.4*	*46.8*
Urine protein	**81.3**	88.7	61.4	85.0	**36.2**	45.8	10.8	**3.7**	**86.0**	**73.2**	21.9	*54.1*	*13.6*	*41.5*
Urine glucose	**89.1**	90.3	68.4	94.0	**35.2**	44.6	10.0	**3.7**	**84.9**	**72.9**	21.9	*53.9*	*13.6*	*41.5*
TB microscopy	**37.5**	48.4	0.0	45.0	**0.6**	0.0	2.0	**0.0**	**0.0**	**12.7**	2.6	*7.2*	*1.3*	*4.9*
Syphilis rapid diagnostic test	**50.2**	75.8	14.9	55.0	**9.3**	9.4	8.8	**9.8**	**55.3**	**43.7**	15.6	*25.8*	*10.9*	*14.1*
General microscopy	**65.9**	88.7	5.9	77.2	**0.0**	0.0	0.0	**0.0**	**38.3**	**60.8**	9.6	*26.6*	*2.0*	*7.8*
Urine pregnancy test	**80.4**	90.3	42.4	88.2	**24.4**	11.0	3.0	**3.0**	**90.0**	**75.4**	19.6	*48.0*	*10.3*	*31.0*
Advanced-level diagnostic tests														
Full blood count with differentials	**31.0**	61.3	4.0	33.1	**0.2**	0.2	0.0	**0.0**	**39.8**	**59.5**	8.6	*23.2*	*1.0*	*3.8*
Blood typing and cross matching	**77.4**	100.0	6.9	91.2	**0.3**	0.0	1.1	**0.6**	**93.4**	**79.5**	13.6	*36.5*	*2.9*	*9.4*
Gram stain	**7.9**	8.1	0.0	9.8	**0.0**	0.0	0.0	**0.0**	**5.8**	**15.4**	2.1	*5.9*	*0.2*	*0.9*
Stool microscopy	**49.6**	75.8	0.9	57.5	**0.0**	0.0	0.0	**0.0**	**23.4**	**48.0**	7.4	*20.4*	*1.5*	*5.8*
TB culture	**3.3**	6.5	0.0	3.7	**0.0**	0.0	0.0	**0.0**	**0.0**	**6.3**	0.8	*2.3*	*0.1*	*0.4*
TB rapid diagnostic test	**50.7**	37.1	0.0	65.0	**0.0**	0.0	0.0	**0.0**	**0.0**	**3.9**	1.8	*5.0*	*1.6*	*6.0*
Equipment for diagnostic imaging														
X-ray machine (linked with TB)	**42.5**	58.1	0.0	50.6	**0.0**	0.0	0.0	**0.0**	**0.0**	**16.7**	3.1	*8.6*	*1.3*	*5.0*
X-ray machine	**52.5**	96.8	0.0	58.7	**0.0**	0.0	0.0	**0.0**	**0.3**	**54.9**	7.9	*21.7*	*1.6*	*6.2*
Ultrasonogram	**52.2**	90.3	4.8	58.1	**0.0**	0.0	0.0	**0.0**	**42.9**	**75.9**	11.1	*30.7*	*1.6*	*6.1*
CT scan	**1.5**	14.5	0.0	0.0	**0.0**	0.0	0.0	**0.0**	**0.0**	**2.8**	0.4	*1.0*	*0.0*	*0.2*
Number of facilities (weighted)	**41**	4	7	30	**310**	225	85	**994**	**29**	**83**	1,557	*563*	*1,345*	*351*
Number of facilities (unweighted)	**319**	62	100	157	**434**	293	141	**488**	**127**	**189**	1,557	*1,069*	*1,241*	*753*

CT = Computed tomography

Table 3.7.2: Laboratory diagnostic capacity by facility type

Among all facilities, the percentages with the capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by background characteristics, Bangladesh HFS 2022

	Facility type													
Laboratory tests	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Community clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Basic tests														
Hemoglobin	**86.4**	93.5	58.8	92.0	**23.9**	28.8	10.8	**4.2**	**87.0**	**77.6**	20.5	*49.2*	*11.2*	*31.2*
Blood glucose	**72.2**	50.0	57.8	79.0	**39.3**	44.2	26.1	**58.2**	**93.0**	**74.2**	57.3	*55.8*	*54.3*	*43.1*
Urine protein	**76.6**	87.1	58.4	79.5	**34.6**	43.5	10.8	**2.7**	**84.4**	**73.2**	20.8	*52.8*	*12.3*	*39.5*
Urine glucose	**86.1**	88.7	65.4	90.7	**33.5**	42.4	10.0	**2.9**	**83.3**	**72.9**	20.9	*52.7*	*12.5*	*39.7*
TB microscopy	**15.5**	19.4	0.0	18.7	**0.0**	0.0	0.0	**0.0**	**0.0**	**5.8**	1.1	*3.0*	*0.5*	*1.8*
Syphilis rapid diagnostic test	**50.2**	75.8	14.9	55.0	**9.3**	9.4	8.8	**9.8**	**55.3**	**43.7**	15.6	*25.8*	*10.9*	*14.1*
General microscopy	**61.9**	85.5	5.9	72.0	**0.0**	0.0	0.0	**0.0**	**37.0**	**60.8**	9.5	*26.2*	*1.9*	*7.3*
Urine pregnancy test	**80.4**	90.3	42.4	88.2	**24.4**	29.4	11.0	**3.0**	**90.0**	**75.4**	19.6	*48.5*	*10.3*	*31.0*
Average basic testing capacity[1]	**4.0**	4.1	2.8	4.3	**1.6**	1.9	0.7	**0.7**	**4.4**	**3.7**	1.4	*2.6*	*1.0*	*1.8*
Advanced-level diagnostic tests														
Full blood count with differentials	**31.0**	61.3	4.0	33.1	**0.2**	0.2	0.0	**0.0**	**39.8**	**59.5**	8.6	*23.7*	*1.0*	*3.8*
Blood typing and cross matching	**2.5**	4.8	0.0	2.7	**0.0**	0.0	0.0	**0.0**	**5.0**	**7.4**	1.0	*2.9*	*0.1*	*0.3*
Syphilis serology														
Gram stain	**6.6**	8.1	0.0	8.1	**0.0**	0.0	0.0	**0.0**	**4.7**	**12.4**	1.7	*4.8*	*0.2*	*0.8*
Stool microscopy	**36.9**	61.3	0.9	42.0	**0.0**	0.0	0.0	**0.0**	**14.6**	**36.4**	5.5	*15.3*	*1.1*	*4.3*
TB culture	**1.8**	1.6	0.0	2.3	**0.0**	0.0	0.0	**0.0**	**0.0**	**0.7**	0.1	*0.4*	*0.1*	*0.2*
TB rapid diagnostic test	**35.5**	29.0	0.0	45.1	**0.0**	0.0	0.0	**0.0**	**0.0**	**3.9**	1.4	*3.9*	*1.1*	*4.2*
Equipment for diagnostic imaging														
X-ray machine (linked with TB)	**41.0**	75.8	0.0	45.8	**0.0**	0.0	0.0	**0.0**	**0.0**	**18.4**	3.2	*9.0*	*1.3*	*4.8*
X-ray machine	**42.7**	87.1	0.0	46.5	**0.0**	0.0	0.0	**0.0**	**0.3**	**53.8**	7.5	*20.6*	*1.3*	*5.0*
Ultrasonogram	**44.1**	79.0	4.8	48.5	**0.0**	0.0	0.0	**0.0**	**41.6**	**74.9**	10.8	*29.7*	*1.4*	*5.2*
CT scan	**1.4**	12.9	0.0	0.0	**0.0**	0.0	0.0	**0.0**	**0.0**	**2.8**	0.4	*1.0*	*0.0*	*0.2*
Number of facilities (weighted)	**41**	4	7	30	**310**	225	85	**994**	**29**	**83**	1,557	*563*	*1,345*	*351*
Number of facilities (unweighted)	**319**	62	100	157	**434**	293	141	**488**	**127**	**189**	1,557	*1,069*	*1,241*	*753*

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).

CT = Computed tomography

[1] The capacity to conduct average number of basic diagnostic tests (hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy test)

Table 3.7.3: Laboratory diagnostic capacity by location and division

Among all facilities, the percentages with the capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by background characteristics, Bangladesh HFS 2022

	Location		Division								
Laboratory tests	Urban	Rural	Barishal	Chat-togram	Dhaka	Khulna	Rajshahi	Rangpur	Sylhet	Mymensingh	Total
Basic tests											
Hemoglobin	77.3	10.3	11.4	26.8	26.5	17.3	22.9	10.2	23.7	12.9	20.5
Blood glucose	73.8	54.4	37.9	57.5	63.0	62.5	70.5	46.2	53.9	48.0	57.3
Urine protein	72.3	11.6	12.5	25.6	27.3	17.3	20.6	13.4	26.1	13.6	20.8
Urine glucose	73.3	11.6	13.8	26.9	26.6	16.8	21.0	14.0	27.0	11.3	20.9
TB microscopy	6.0	0.2	1.7	1.4	1.9	0.3	0.9	0.6	1.2	0.2	1.1
Syphilis rapid diagnostic test	45.4	10.3	20.3	11.5	26.0	14.7	14.7	10.5	16.2	4.8	15.6
General microscopy	56.5	1.1	5.9	10.9	12.7	9.4	11.8	5.4	7.7	5.1	9.5
Urine pregnancy test	75.9	9.4	10.5	28.2	25.1	17.5	17.2	14.0	14.0	12.4	19.5
Average basic testing capacity[1]	3.7	1.0	0.9	1.6	1.7	1.3	1.5	1.0	1.4	1.0	1.4
Advanced-level diagnostic tests											
Full blood count with differentials	53.4	0.6	5.6	12.5	12.9	4.2	9.9	3.6	7.7	4.7	8.6
Blood typing and cross matching	6.6	0.0	0.8	0.6	2.3	1.0	0.5	0.8	0.7	0.5	1.0
Syphilis serology											
Gram stain	10.7	0.1	0.7	1.7	5.0	0.3	0.4	0.8	1.5	0.6	1.7
Stool microscopy	34.0	0.5	4.9	7.2	9.0	2.0	6.2	2.8	5.6	2.4	5.5
TB culture	0.8	0.0	0.1	0.6	0.1	0.0	0.0	0.0	0.0	0.0	0.1
TB rapid diagnostic test	6.6	0.5	1.6	2.6	1.0	1.6	0.8	0.9	1.5	1.0	1.4
Equipment for diagnostic imaging											
X-ray machine (linked with TB)	19.2	0.4	1.8	4.9	4.5	1.9	3.2	1.6	3.7	2.1	3.2
X-ray machine	46.3	0.6	5.6	11.0	11.2	4.5	8.3	3.2	4.8	3.5	7.5
Ultrasonogram	66.1	0.9	6.2	13.7	15.6	11.1	11.7	4.5	8.2	5.0	10.8
CT scan	2.4	0.0	0.1	0.0	1.1	0.9	0.1	0.0	0.0	0.0	0.4
Number of facilities (weighted)	235	1,322	111	291	318	210	214	193	99	122	1,557
Number of facilities (unweighted)	319	62	100	157	434	293	141	488	127	189	1,557

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).
CT = Computed tomography
[1] The capacity to conduct average number of basic diagnostic tests (hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy test)

Table 3.8.1: Availability of essential medicines by facility type

Percentages of facilities having the 14 essential medicines available, by background characteristics, Bangladesh HFS 2022

	Facility type													
Essential medicines	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Community clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Amitriptyline tablets/capsules[1]	**7.4**	9.7	0.0	8.9	**0.9**	0.2	2.5	**0.2**	**10.8**	**28.7**	4.1	*10.9*	*0.6*	*1.6*
Amoxicillin tablets/capsules[2]	**86.8**	67.7	89.0	89.0	**89.9**	91.3	86.3	**91.6**	**55.4**	**27.5**	82.9	*67.6*	*91.0*	*90.0*
Atenolol tablets/capsules[3]	**58.1**	37.1	0.9	75.2	**8.9**	0.3	31.7	**0.2**	**12.5**	**25.8**	6.7	*18.2*	*4.0*	*14.7*
Captopril tablets/capsules[4]	**82.4**	96.8	5.9	98.9	**16.9**	2.6	54.7	**0.4**	**43.9**	**55.4**	13.2	*35.6*	*6.8*	*24.6*
Ceftriaxone injectable[5]	**89.2**	95.2	51.1	97.6	**17.0**	20.7	7.2	**4.4**	**34.6**	**60.6**	16.3	*37.4*	*9.9*	*25.5*
Ciprofloxacin tablets/capsules[6]	**99.0**	98.4	95.0	100.0	**97.5**	97.2	98.4	**97.1**	**91.2**	**58.8**	92.6	*84.7*	*97.2*	*97.7*
Cotrimoxazole oral suspension[7]	**86.0**	75.8	93.1	85.8	**84.4**	92.6	62.7	**94.0**	**53.8**	**44.9**	85.3	*70.1*	*91.5*	*84.6*
Diazepam tablets/capsules[8]	**90.5**	64.5	90.3	94.4	**69.7**	82.8	35.2	**3.7**	**35.6**	**46.7**	24.8	*62.0*	*21.6*	*72.2*
Diclofenac tablets/capsules[9]	**96.0**	98.4	80.1	99.5	**65.1**	61.1	75.6	**69.6**	**84.6**	**59.9**	68.6	*66.6*	*69.4*	*68.7*
Glibenclamide tablets/ capsules[10]	**78.3**	91.9	3.0	94.6	**10.8**	1.0	36.8	**0.2**	**16.6**	**40.5**	9.5	*25.7*	*5.1*	*18.8*
Omeprazole/cimetidine tablets/capsules[11]	**97.7**	96.8	93.1	99.0	**91.8**	93.4	87.6	**92.6**	**89.0**	**60.1**	88.7	*81.8*	*92.6*	*92.5*
Paracetamol oral suspension[12]	**86.4**	88.7	85.1	86.3	**83.6**	91.0	64.2	**96.0**	**64.4**	**44.9**	86.7	*70.2*	*93.9*	*84.0*
Salbutamol inhaler[13]	**97.2**	98.4	86.9	99.5	**86.6**	88.3	82.1	**93.8**	**57.1**	**58.7**	87.6	*76.8*	*92.2*	*87.8*
Simvastatin/atorvastatin tablets/capsules[14]	**73.6**	87.1	2.0	89.1	**6.9**	1.5	21.1	**0.0**	**2.6**	**36.5**	7.7	*21.2*	*3.9*	*14.7*
Number of facilities (weighted)	**41**	4	7	30	**310**	225	85	**994**	**29**	**183**	1,557	*563*	*1,345*	*351*
Number of facilities (unweighted)	**319**	62	100	157	**434**	293	141	**488**	**127**	**189**	1,557	*1,069*	1,241	753

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).

[1] For management of depression in adults
[2] First-line antibiotic for adults
[3] Beta blocker for management of angina/hypertension
[4] Vasodilator for management of hypertension
[5] Second-line injectable antibiotic
[6] Second-line oral antibiotic
[7] Oral antibiotic for children
[8] Muscle relaxant for management of anxiety or seizures
[9] Oral analgesic
[10] For management of type 2 diabetes
[11] Proton pump inhibitor for treatment of peptic ulcer disease, dyspepsia, and gastroesophageal reflux disease
[12] Fever reducer and analgesic for children
[13] For management and relief of bronchospasms in conditions such as asthma and chronic obstructive pulmonary disease
[14] For control of elevated cholesterol

Table 3.8.2: Availability of essential medicines by location and division

Percentages of facilities having the 14 essential medicines available, by background characteristics, Bangladesh HFS 2022

	Location		Division								
Essential medicines	Urban	Rural	Barishal	Chattogram	Dhaka	Khulna	Rajshahi	Rangpur	Sylhet	Mymensingh	Total
Amitriptyline tablets/ capsules[1]	24.0	0.5	3.0	6.1	6.0	4.3	2.4	1.9	2.7	2.3	4.1
Amoxicillin tablets/capsules[2]	37.5	91.0	84.4	82.3	81.5	74.8	84.2	86.1	85.3	91.2	82.9
Atenolol tablets/capsules[3]	27.6	3.0	5.1	8.6	9.3	5.5	6.3	4.5	4.6	5.3	6.7
Captopril tablets/capsules[4]	55.8	5.6	8.5	16.7	17.5	13.5	13.2	8.2	8.6	8.8	13.2
Ceftriaxone injectable[5]	59.0	8.7	11.5	19.1	23.5	16.4	11.1	10.3	16.1	14.3	16.3
Ciprofloxacin tablets/ capsules[6]	65.9	97.4	94.5	93.3	93.2	88.2	91.9	93.7	92.4	94.8	92.6
Cotrimoxazole oral suspension[7]	49.2	91.8	89.2	86.7	84.2	81.6	81.1	86.1	89.6	90.7	85.3
Diazepam tablets/capsules[8]	49.5	20.4	25.0	30.2	28.5	21.8	20.2	24.5	23.5	17.3	24.8
Diclofenac tablets/capsules[9]	66.1	69.0	59.9	64.5	69.4	68.7	69.8	74.4	61.8	77.8	68.6
Glibenclamide tablets/ capsules[10]	40.8	3.9	6.2	14.5	13.3	7.8	7.0	3.8	7.9	8.0	9.5
Omeprazole/cimetidine tablets/capsules[11]	66.7	92.6	90.5	84.7	87.2	85.0	90.3	96.1	91.3	90.5	88.7
Paracetamol oral suspension[12]	51.0	93.0	91.0	90.8	88.8	81.0	80.7	84.4	89.6	88.8	86.7
Salbutamol inhaler[13]	63.0	92.0	89.3	88.4	86.3	84.2	87.0	91.2	82.4	92.8	87.6
Simvastatin/atorvastatin tablets/capsules[14]	36.0	2.6	5.6	11.8	11.8	3.6	5.0	4.9	7.0	5.7	7.7
Number of facilities (weighted)	235	1,322	111	291	318	210	214	193	99	122	1,557
Number of facilities (unweighted)	319	62	100	157	434	293	141	488	127	189	1,557

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).

[1] For management of depression in adults
[2] First-line antibiotic for adults
[3] Beta blocker for management of angina/hypertension
[4] Vasodilator for management of hypertension
[5] Second-line injectable antibiotic
[6] Second-line oral antibiotic
[7] Oral antibiotic for children
[8] Muscle relaxant for management of anxiety or seizures
[9] Oral analgesic
[10] For management of type 2 diabetes
[11] Proton pump inhibitor for treatment of peptic ulcer disease, dyspepsia, and gastroesophageal reflux disease
[12] Fever reducer and analgesic for children
[13] For management and relief of bronchospasms in conditions such as asthma and chronic obstructive pulmonary disease
[14] For control of elevated cholesterol

Table 3.8.3: Availability of medicines in community clinics

Percentages of community clinics having the indicated medicines available on the day of survey, Bangladesh HFS 2022

Medicines	Percentage of community clinics
Albendazole tablets[1]	96.6
Amoxicillin capsules, syrup and paediatric drops[2]	95.8
Antacid tablets[3]	92.4
Benzoic and salicylic acid ointment[4]	79.5
Calcium lactate tablets[5]	86.6
Chlorpheniramine tablet and syrup[6]	89.3
Co-trimoxazole tablets (120mg and 960 mg) [7]	87.6
Doxycycline capsule[8]	100.0
Erythromycin tablets and syrup[9]	0.2
Ferrous fumarate & folic acid tablets[10]	81.4
Gentian violet[11]	20.9
Hyoscine-n-butyl bromide tablets[12]	67.6
Metronidazole tablets[13]	97.2
Neomycin and bacitracin skin ointment[14]	71.3
Paracetamol tablets and Syrup[15]	98.2
Penicillin tablets[16]	81.8
Salbutamol syrup[17]	87.0
Vitamin-B complex tablets[18]	97.0
Zinc dispersible tablets[19]	79.8
Number of facilities (weighted)	994
Number of facilities (unweighted)	488

Note: These are the medicines routinely supplied in community clinics for patient management.

[1] Anti-helminthics for the management of worm infestation
[2] Broad-spectrum oral antibiotics
[3] Stomach acid neutralizers to relieve indigestion and heartburn
[4] Ointment for the management of skin infections
[5] Drugs for the management of calcium deficiency
[6] First-generation sedating antihistamine
[7] Combined anti-biotics for the management of bacterial infections
[8] Oral antibiotics of tetra-cyclin group
[9] Oral antibiotics of Macrolides group
[10] Combined supplements to mitigate iron and folic acid deficiency in pregnancy
[11] Antiseptic solution to treat skin infections
[12] Antispasmodics for the treatment of abdominal pain induced by gastrointestinal/genitourinary spasms
[13] Oral anti-protozoal drugs
[14] Combined antibiotic ointment for the management of skin infections
[15] Fever reducer (antipyretic) and analgesic drugs
[16] Broad-spectrum oral antibiotics
[17] Drugs for management and relief of bronchospasms in conditions such as asthma and chronic obstructive pulmonary disease
[18] Combined vitamin B preparations to mitigate vitamin B deficiency
[19] For the management of diarrhea in children

Table 3.8.4: Availability of drug and dietary supply (DDS) kit medicines

Percentages of facilities having the indicated medicines available on the day of survey, Bangladesh HFS 2022

	Facility Type	
Medicines	MCWC	UHFWC
Albendazole tablets[1]	96.0	98.2
Amoxicillin suspension[2]	89.0	91.3
Amoxicillin capsules[2] (500 mg)	89.0	91.3
Antacid tablets[3]	82.8	89.1
Benzoic acid and salicylic acid[4]	80.8	80.8
Calcium carbonate tablets[5]	17.9	15.2
Chlorpheniramine maleate tablets[6]	79.1	79.6
Cotrimoxazole[7] (120 mg) dispersible	80.4	83.9
Cotrimoxazole DS (960 mg)	81.1	83.3
Cotrimoxazole suspension	69.2	66.0
Diazepam tablets[8]	90.3	82.8
Doxycycline (100 mg) capsules[9]	71.7	70.1
Drotaverine hydrochloride tablets[10]	45.7	39.5
Folic acid tablets[11]	96.0	94.5
Iron and folic acid tablets[12]	96.0	98.4
Metronidazole tablets[13]	90.0	90.1
Pantoprazole tablets[14]	90.0	90.1
Paracetamol[15] tablets	91.9	96.2
Paracetamol suspension	84.1	91.0
Salbutamol tablets[16]	84.9	85.8
Vitamin B complex tablets[17]	94.8	94.3
Number of facilities (weighted)	7	225
Number of facilities (unweighted)	100	293

Note: A DDS kit consists of pre-selected essential drugs and dietary items to be dispensed by service providers at MCWCs and UHFWCs for patient management. They receive DDS kits at different intervals from the central warehouse.

[1] Anti-helminthics for the management of worm infestation
[2] Broad-spectrum oral antibiotics
[3] Stomach acid neutralizers to relieve indigestion and heartburn
[4] Ointment for the management of skin infections
[5] Drugs for the management of calcium deficiency
[6] First-generation sedating antihistamine
[7] Combined anti-biotics for the management of bacterial infections
[8] Sedative drugs for management of anxiety or seizures
[9] Oral antibiotics of tetra-cyclin group
[10] Antispasmodics for the treatment of abdominal pain induced by gastrointestinal/genitourinary spasms
[11] Supplements to mitigate iron and folic acid deficiency in pregnancy
[12] Supplements to mitigate folic acid deficiency in pregnancy
[13] Oral anti-protozoal drugs
[14] Proton pump inhibitor for treatment of peptic ulcer disease, dyspepsia, and gastroesophageal reflux disease
[15] Fever reducer (antipyretic) and analgesic drugs
[16] Drugs for management and relief of bronchospasms in conditions such as asthma and chronic obstructive pulmonary disease
[17] Combined vitamin B preparations to mitigate vitamin B deficiency

Table 3.8.5: Availability of medicines and equipment of delivery kit

Percentages of facilities having the indicated medicines and equipment available on the day of survey, Bangladesh HFS 2022

	Facility Type	
Items	MCWC	UHFWC
Paracetamol[1]	91.9	96.2
Amoxicillin capsules[2]	89.0	91.3
Infusion 5% dextrose in aqua[3] (500 ml)	78.3	43.3
Infusion 5% dextrose in normal saline[3] (500 ml)	68.3	38.0
Chlorhexidine[4] cream (60 ml bottle)	84.2	70.5
Sterile surgical gloves	95.0	95.5
Cotton ball thread	96.0	89.9
Sterile gauge pack	92.9	72.3
Surgical adhesive tape	63.4	4.8
1% lidocaine injection[5] (50 ml)	50.1	19.8
Disposable syringe (5ml)	94.9	95.8
Number of facilities (weighted)	7	225
Number of facilities (unweighted)	100	293

Note: A delivery kit comprises essential medicines, infusions, and logistical items necessary for conducting a safe normal delivery. These kits are supplied from the central warehouse and are dispensed by service providers at MCWCs and UHFWCs for patient management.
[1] Fever reducer (antipyretic) and analgesic drugs
[2] Broad-spectrum oral antibiotics
[3] Intravenous solutions for the management of hypovolemia
[4] Antiseptic agents for infection prevention
[5] Local anesthetic agents

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 2022

Background characteristic	Percentage of facilities with supervisory visit during the 6 months before the survey[1]	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities having routine: Staff training[2]	Personal supervision[3]	Training and personal supervision	Percentage of facilities with supportive management practices[4]	Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire (weighted)	Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire (unweighted)
Facility type									
District and upazila public facilities	**97.9**	**41**	**319**	**59.4**	**97.8**	**56.9**	**56.3**	**41**	**308**
DH	100.0	4	62	50.0	96.8	46.8	46.8	4	62
MCWC	94.0	7	100	54.4	96.6	53.3	52.2	7	89
UHC	98.6	30	157	61.9	98.3	59.2	58.6	30	157
Union-level public facilities	**83.9**	**310**	**434**	**66.4**	**92.3**	**58.7**	**54.8**	**171**	**244**
UHFWC	83.9	225	293	68.8	91.9	61.4	57.8	118	156
USC/RD	83.8	85	141	61.0	93.3	52.7	48.1	53	88
Community clinic (CC)	**89.5**	**994**	**488**	**75.8**	**93.5**	**72.7**	**69.9**	**434**	**210**
NGO clinic/hospital	**90.2**	**29**	**127**	**62.2**	**99.2**	**62.2**	**58.9**	**26**	**113**
Private hospital	**84.4**	**183**	**189**	**15.9**	**86.8**	**14.7**	**14.7**	**167**	**117**
Location									
Urban	87.2	235	514	26.0	90.0	25.0	24.8	213	487
Rural	88.2	1,322	1,043	72.6	93.1	68.2	65.1	626	564
Division									
Barishal	80.0	111	152	70.9	93.4	66.2	62.7	49	103
Chattogram	86.2	291	244	63.9	91.9	61.3	59.6	143	158
Dhaka	86.1	318	264	55.7	92.6	52.6	50.9	186	185
Khulna	87.7	210	208	48.9	88.6	47.0	44.4	103	120
Rajshahi	89.8	214	212	57.6	91.6	53.2	50.0	138	160
Rangpur	92.5	193	190	62.1	93.9	58.6	55.7	121	142
Sylhet	93.7	99	136	74.1	96.1	71.5	71.5	39	81
Mymensingh	90.5	122	151	77.2	93.6	68.8	65.7	60	102
Total	88.0	*1,557*	1,557	60.8	92.3	57.2	54.8	839	1,051
Total excluding CCs	*85.4*	*563*	*1,069*	*44.6*	*91.0*	*40.6*	*38.6*	*405*	*841*
Total public	*88.5*	*351*	*1,241*	*72.3*	*93.4*	*68.0*	*65.0*	*646*	*762*
Total public excluding CCs	*85.5*	*1,345*	*753*	*65.0*	*93.4*	*58.4*	*55.1*	*212*	*552*

[1] 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.
[2] 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.
[3] 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.
[4] Facility had an external supervisory visit during the 6 months before the survey, and staff members have received routine training and supervision.

Table 3.10: Quality assurance and client opinion

Among all facilities, the percentages having quality assurance activities and documentation of quality assurance activities, by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of facilities with regular quality assurance activities and observed documentation of quality assurance activities[1]	Number of facilities (weighted)	Number of facilities (unweighted)
Facility type			
District and upazila public facilities	**54.9**	**41**	**319**
DH	66.1	4	62
MCWC	21.8	7	100
UHC	61.3	30	157
Union-level public facilities	**15.6**	**310**	**434**
UHFWC	17.9	225	293
USC/RD	9.5	85	141
Community clinic (CC)	**16.5**	**994**	**488**
NGO clinic/hospital	**48.4**	**29**	**127**
Private hospital	**15.9**	**183**	**189**
Location			
Urban	25.0	235	514
Rural	16.6	1,322	1,043
Division			
Barishal	7.4	112	152
Chattogram	18.5	291	244
Dhaka	14.9	317	264
Khulna	17.9	210	208
Rajshahi	18.5	214	212
Rangpur	14.4	193	190
Sylhet	22.0	99	136
Mymensingh	34.6	122	151
Total	17.8	1,557	*1,557*
Total excluding CCs	20.3	563	*1,069*
Total public	*17.5*	*1,345*	*1,241*
Total public excluding CCs	*20.2*	*351*	*753*

[1] 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.

Table 3.11.1: Staffing pattern in surveyed facilities

Among all facilities, the percentages of facilities having assigned health care providers, by facility type, Bangladesh HFS 2022

	Facility type					
Health care providers	DH	MCWC	UHC	UHFWC	USC/RD	Community clinic (CC)
Senior/junior consultant (medicine)	87.1	-	32.2	-	-	-
Senior/junior consultant (surgery)	79.0	-	16.5	-	-	-
Senior/junior consultant (obs & gyn)	91.9	-	49.0	-	-	-
Senior/junior consultant (pediatric)	88.7	-	30.5	-	-	-
Senior/junior consultant (anesthesia)	96.8	-	64.8	-	-	-
Radiologist	43.6	-	4.9	-	-	-
Medical technologist (Radiology)	82.3	-	52.4	-	-	-
Pathologist	53.2	-	18.6	-	-	-
Medical technologist (Laboratory)	96.8	-	83.0	-	-	-
Midwife	-	-	83.8	-	-	-
Community health care provider (CHCP)	-	-	-	-	-	96.4
Sub assistant community medical officer (SACMO)	-	-	89.6	62.5	79.2	-
Family welfare visitor (FWV)	-	90.0	75.5	80.4	-	-
Number of facilities (weighted)	4	7	30	225	85	994
Number of facilities (unweighted)	62	100	157	293	141	488

Note: Numbers were provided by the facility in-charge.
"-" Means the post is not applicable

Table 3.11.2: Staffing pattern in surveyed facilities (Medical officer and Nurse):

Among all DHs and UHCs, the descriptive statistics (mean and range) of the number of medical officers and nurses, Bangladesh HFS 2022

	Facility Type			
Health care providers	DH (Mean)	UHC (Mean)	DH (Range)	UHC (Range)
Medical Officer[1]	21.3	9.8	(4-52)	(1-22)
Nurse[2]	126.1	25.0	(5-398)	(1-37)

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

[1] 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 (MCH-FP)

[2] Matron, nursing supervisor, senior staff nurse, nurse midwife, staff nurse, assistant nursing attendant

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 2022

Background characteristic	Incinerator	Open burning	Dump without burning	Remove offsite	Number of facilities (weighted)	Number of facilities (unweighted)
Facility type						
District and upazila public facilities	**2.3**	**24.7**	**10.2**	**22.7**	**41**	**319**
DH	4.8	9.7	11.3	29.0	4	62
MCWC	1.0	18.1	6.4	35.9	7	100
UHC	2.2	28.6	11.0	18.6	30	157
Union-level public facilities	**0.5**	**17.7**	**9.9**	**21.2**	**310**	**434**
UHFWC	0.7	20.8	10.7	21.5	225	293
USC/RD	0.0	9.7	7.8	20.2	85	141
Community clinic (CC)	**0.0**	**7.8**	**7.0**	**41.5**	**994**	**488**
NGO clinic/hospital	**1.8**	**4.2**	**8.0**	**62.6**	**29**	**127**
Private hospital	**0.4**	**3.2**	**4.0**	**65.4**	**183**	**189**
Location						
Urban	0.9	5.4	4.5	63.8	235	514
Rural	0.1	10.3	7.8	36.0	1,322	1,043
Division						
Barishal	0.0	7.5	5.7	41.2	111	152
Chattogram	0.0	6.4	6.1	46.1	291	244
Dhaka	0.3	14.5	6.0	40.7	317	264
Khulna	0.2	9.6	7.3	47.1	210	208
Rajshahi	0.5	8.1	9.2	30.1	214	212
Rangpur	0.3	8.3	8.6	42.0	193	190
Sylhet	0.0	15.4	12.1	25.1	99	136
Mymensingh	0.5	6.1	5.9	38.8	122	151
Total	0.2	9.6	7.3	40.2	*1,557*	*1,557*
Total excluding CCs	*0.7*	*12.8*	*7.9*	*37.8*	*563*	*1,069*
Total public	*0.2*	*10.6*	*7.8*	*36.3*	*1,345*	*1,241*
Total public excluding CCs	*0.7*	*18.6*	*9.9*	*21.3*	351	*753*

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 2022

Background characteristic	Incinerator	Open burning	Dump without burning	Remove offsite	Number of facilities (weighted)	Number of facilities (unweighted)
Facility type						
District and upazila public facilities	**1.5**	**24.7**	**10.3**	**19.1**	**41**	**319**
DH	1.6	11.3	14.5	30.6	4	62
MCWC	1.0	17.1	4.9	37.1	7	100
UHC	1.6	28.5	10.9	13.1	30	157
Union-level public facilities	**1.4**	**16.4**	**10.5**	**13.1**	**310**	**434**
UHFWC	1.3	17.4	11.1	14.5	225	293
USC/RD	1.6	13.9	9.1	9.4	85	141
Community clinic (CC)	**0.2**	**11.6**	**7.4**	**21.0**	**994**	**488**
NGO clinic/hospital	**5.6**	**5.2**	**8.4**	**59.5**	**29**	**127**
Private hospital	**0.4**	**1.6**	**3.6**	**70.7**	**183**	**189**
Location						
Urban	1.2	4.4	3.7	66.3	235	514
Rural	0.5	12.9	8.4	18.8	1,322	1,043
Division						
Barishal	0.0	5.6	8.3	23.1	111	152
Chattogram	0.4	9.3	10.6	23.9	291	244
Dhaka	0.4	10.8	4.8	34.3	317	264
Khulna	0.6	10.8	9.5	27.6	210	208
Rajshahi	1.0	13.0	9.6	21.7	214	212
Rangpur	1.3	15.7	5.2	27.4	193	190
Sylhet	0.5	20.6	11.3	20.8	99	136
Mymensingh	0.5	9.7	2.4	18.2	122	151
Total	0.6	11.6	7.7	25.9	1,557	1,557
Total excluding CCs	*1.3*	*11.6*	*8.2*	*34.6*	*563*	*1,069*
Total public	*0.5*	*13.1*	*8.2*	*19.1*	*1,345*	*1,241*
Total public excluding CCs	*1.4*	*17.4*	*10.5*	*13.8*	351	753

Table 3.13: Key indicators for general service preparedness in MCWCs

Among all facilities, the percentages with key indicators, Bangladesh HFS 2022

Indicators	Facility type	
	MCWC (district-level)	MCWC (upazila and union-level)
Basic client services		
Child curative care	98.3	89.8
Child growth monitoring	72.3	61.1
Child vaccination	66.1	42.2
Any modern methods of family planning	96.8	92.2
Antenatal care services	100.0	97.2
Normal delivery	98.5	68.3
Basic Amenities		
Regular electricity[1]	95.2	68.8
Improved water source[2]	98.3	100.0
Visual and auditory privacy[3]	58.7	53.6
Client latrine[4]	95.3	95.1
Communication equipment[5]	87.0	33.7
Computer with Internet[6]	98.5	41.9
Basic equipment		
Adult scale	93.6	78.8
Child scale[7] or infant scale[8]	77.6	74.1
Thermometer	86.9	70.7
Stethoscope	98.4	94.8
Blood pressure apparatus[9]	98.4	94.8
Light source[10]	90.5	92.1
Quality assurance	32.0	5.0
Human resource[11]		
Medical officer (clinic)	79.1	12.8
Family welfare visitor (FWV)	96.8	78.7
Number of facilities (weighted)	5	3
Number of facilities (unweighted)	62	38

[1] 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 on the day of the survey, or else facility has back-up solar power.
[2] 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.
[3] 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
[4] Facility has a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.
[5] Facility has a functioning land-line telephone, a functioning facility-owned cellular phone, or a private cellular phone that is supported by the facility.
[6] Facility has a functioning computer with access to the Internet, or facility has access to the Internet via a cellular phone inside the facility.
[7] 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
[8] 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
[9] A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area
[10] A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area
[11]percentages of MCWCs having the assigned health care providers

CHILD HEALTH SERVICES 4

Key Findings

- Almost all public facilities offer outpatient curative care for sick children (95%). Most public facilities offer child vaccination (93%) and growth monitoring services (88%). (**Table 4.1**).
- Outpatient curative care for sick children is universally available in DHs and UHCs (both 100%), whereas it is available in about nine in ten NGO facilities and in more than half (57%) of the private facilities (**Table 4.1** and **Figure 4.1**).
- Availability of growth monitoring services is the highest in DHs and UHCs (both 98%) and lowest in private facilities (23%). (**Table 4.1** and **Figure 4.1**).
- Availability of child vaccination service is universal in DHs (95%), UHCs (99%), and CCs (97%) (**Table 4.1** and **Figure 4.1**).
- Of the facilities that offer child curative care, half of public facilities (51%) have at least one staff member trained in IMCI, while less than one-fifth (18%) have IMCI guidelines available on site. Since 2017, the percentage of public health facilities having IMCI guidelines has decreased from 42% to 18% (**Table 4.6** and **Figures 4.2–4.3**).
- Around half (46%) of the public health facilities offering outpatient child curative care have a child weighing scale, while most have a stethoscope (92%) available on-site. Thermometers (78%), length or height boards (74%), and growth charts (66%) are observed in the majority of public facilities (**Table 4.2** and **Figures 4.4–4.6**).
- The availability of essential medicines in public health facilities that offer curative care services for children, such as oral rehydration solution (ORS), amoxicillin, and paracetamol, has increased in the last five years. However, the availability of zinc tablets or syrup has slightly decreased in public health facilities (**Table 4.4** and **Figures 4.7–4.10**).
- Almost all public health facilities offering child curative care have ORS (84%), amoxicillin (89%), paracetamol (92%), and albendazole/mebendazole (92%) available on the day of the survey (**Table 4.4** and **Figures 4.10–4.12**).
- The average readiness score (out of 10 items) for facilities providing outpatient child curative care is higher among DHs (6.9), UHCs (7.9), and CCs (7.2). However, the scores are considerably lower in MCWCs (5.6), USC/RDs (4.7), and private facilities (4.3) **(Table 4.6** and **Figure 4.14).**

4.1 BACKGROUND

Each year, millions of under-five children are dying due to preventable causes. It is common for healthcare providers to address a sick child's most evident symptoms without providing a complete assessment of the child's overall health status. For this reason, the World Health Organization (WHO) 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 cause of illness 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 4th Health, Population and Nutrition Sector Program (HPNSP) 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 five 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; and
- Improving child care at the community and household levels in line with key family practices.

The 2022 BHFS examined the availability of necessary services for assessing sick children for main symptoms (fever, cough, or difficulty breathing; diarrhoea; 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 the provision of quality child health services at health facilities:

- **Availability of child health services:** Section 4.2, including **Tables 4.1**–**4.5** and **Figures 4.1**–**4.13**, assesses the availability of child health services and of trained staff, equipment, guidelines, medicines, infection control items, and laboratory diagnostic capacity necessary to provide those services.
- **Service readiness:** Section 4.3, including **Table 4.6** and **Figures 4.14**, addresses the overall readiness of facilities to provide quality child health services.
- **Basic management and administrative systems:** Section 4.4, including **Tables 4.7**–**4.8** and **Figures 4.15**–**4.16**, summarizes two aspects of management and administrative systems that support quality services: personal supervision 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 2022 BHFS assessed the availability of child health services including the availability of curative care services for sick children, child growth monitoring, and child vaccination services.

- Outpatient curative care for sick children is universally available (95%) in public health facilities. Most of the public facilities provide growth monitoring (88%) services, while more than 9 of 10 public facilities (93%) provide child vaccination services (**Table 4.1**).

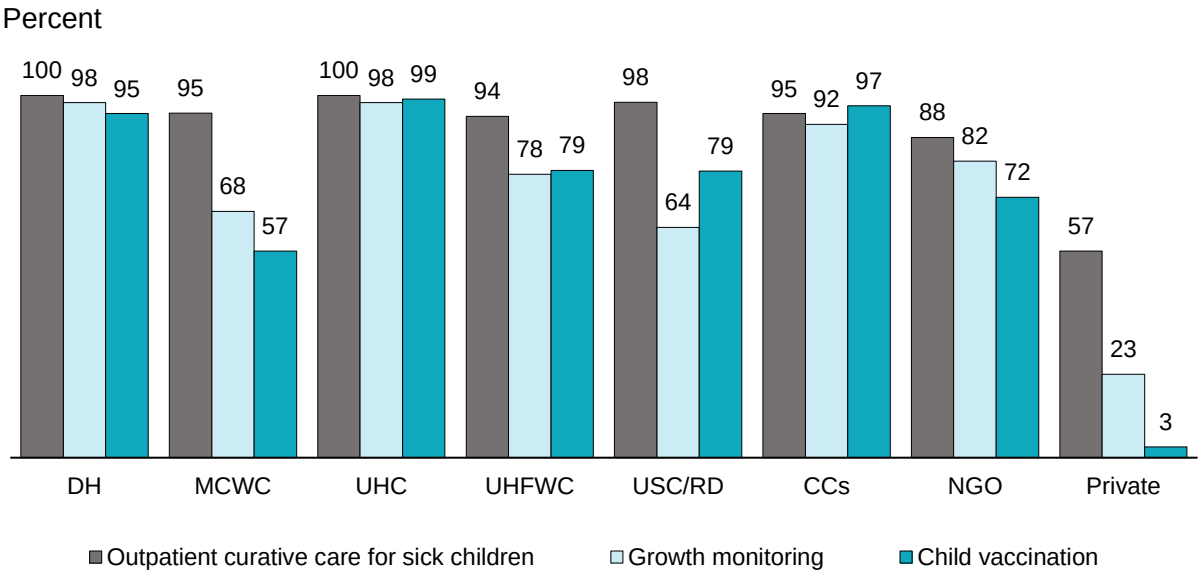
- Child curative care services are universally available in DHs (100%), UHCs (100%), UHFWCs (94%), USC/RDs (98%), MCWCs (95%), and CCs (95%); whereas only 57% of the private facilities provide these services (**Table 4.1** and **Figure 4.1**).

- Growth monitoring services are available in most DHs (98%), UHCs (98%), and CCs (92%). However, only about one-fourth (23%) of the private facilities provide these services (**Table 4.1** and **Figure 4.1**).

- More than 9 in 10 DHs (95%), UHCs (99%), and CCs (97%) provide child vaccination services. However, only 3% of the private facilities provide child vaccination services, which indicates a sharp decline from 57% in 2014 and 23% in 2017 (**Table 4.1** and **Figure 4.1**).

- Most public facilities (88%) provide the service of diagnosis and/or treatment for child nutrition (**Table 4.1**).

Figure 4.1 **Availability of child health services in 2022, by facility type (N=1,557)**



4.2.2 Availability of Guidelines, Trained Staff, and Basic Equipment for Child Health Care

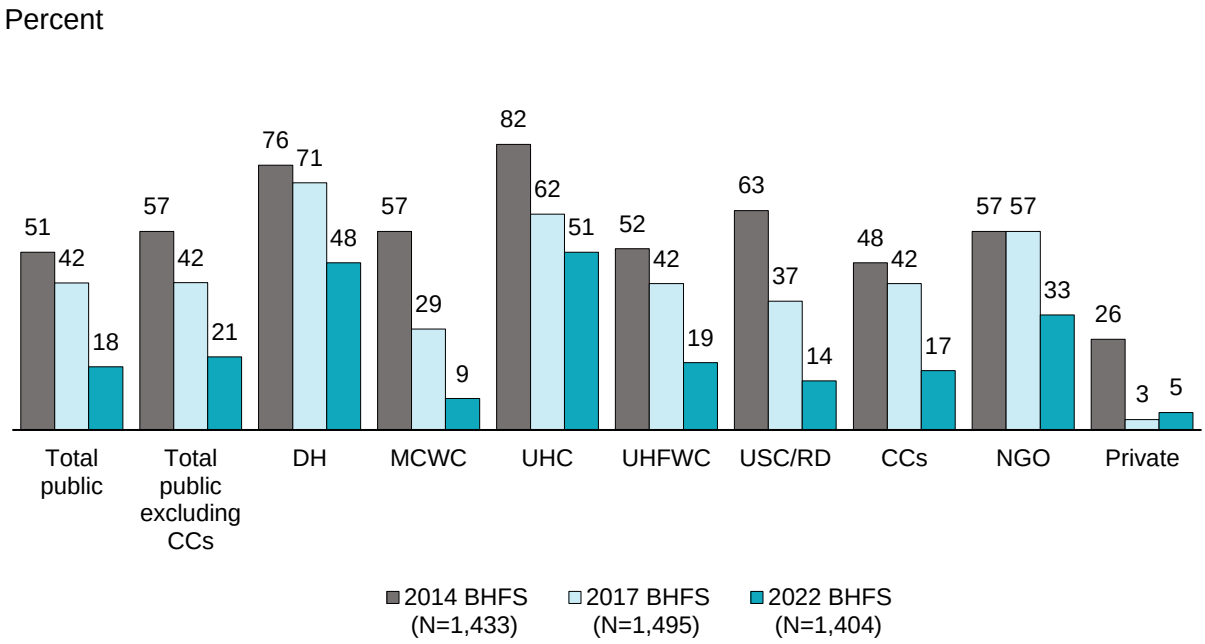
Facilities providing curative care for sick children should have basic equipment, necessary medicines, and trained staff to provide quality services. The 2022 BHFS addressed the availability of these logistics.

- Twenty-one percent of the public facilities (excluding CCs) that offer outpatient curative care for sick children have guidelines for IMCI available on the day of the survey. The availability of IMCI guidelines is highest in UHCs (51%) and lowest in private facilities (5%) (**Table 4.2** and **Figure 4.2**).

- Nearly half of DHs (48%) and UHCs (51%) had IMCI guidelines available on the day of survey (**Table 4.2** and **Figure 4.2**).

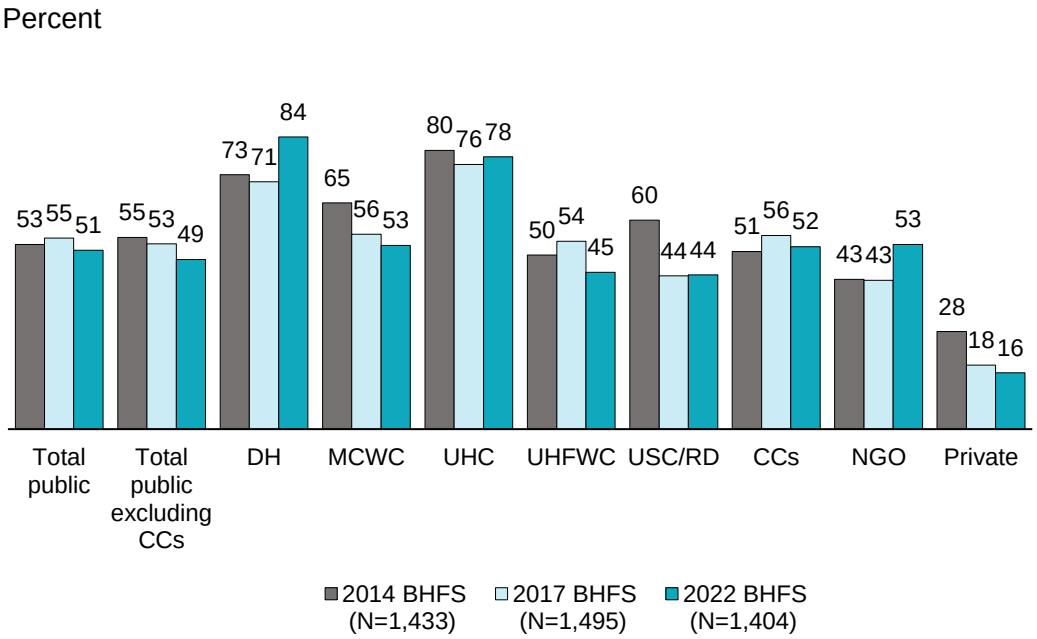
- At the divisional level, Khulna has the lowest availability of IMCI guidelines (10%), while Barishal has the highest percentage (26%) (**Table 4.2**).

Figure 4.2 Availability of IMCI guidelines in health facilities for outpatient child curative care, by facility type



- Half of public facilities (51%) that offer outpatient curative care for sick children have at least one staff member trained at any time in IMCI (**Table 4.3** and **Figure 4.3**).
- The majority of DHs (84%) and UHCs (78%) have at least one provider ever trained in IMCI, while around half of the CCs (52%) and NGOs (53%) offering child curative care have at least one provider ever-trained in IMCI (**Table 4.3** and **Figure 4.3**).
- The percentage of having at least one IMCI ever-trained staff member has decreased gradually in almost all type of facilities except UHFWCs, CCs and NGOs from 2014 and 2017 (**Figure 4.3**).
- The proportion of having at least one IMCI ever-trained staff member is higher in rural regions (51%) compared to urban areas (32%) (**Table 4.3**).
- Among the divisions, 35% of facilities that offer curative care for sick children in Sylhet have at least one ever-trained IMCI provider, compared to 65% in Barishal (**Table 4.3**).

Figure 4.3 **Availability of IMCI trained staff (at any time) in health facilities for outpatient child curative care, by facility type**

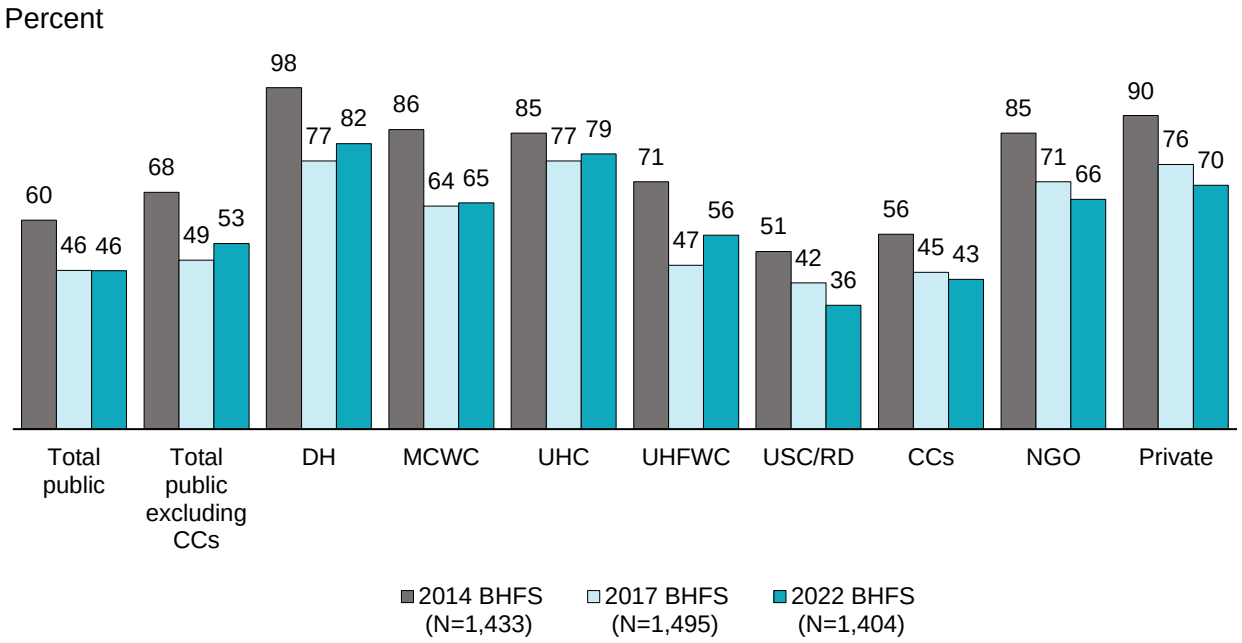


Availability of Equipment for Outpatient Child Curative Care Services

The availability of all necessary equipment for outpatient child curative care service ensures high-quality child curative care. The equipment includes child weighing scale, length or height board, thermometer, stethoscope, infant weighing scale, growth monitoring chart, MUAC tape, timer, and pulse oximeter.

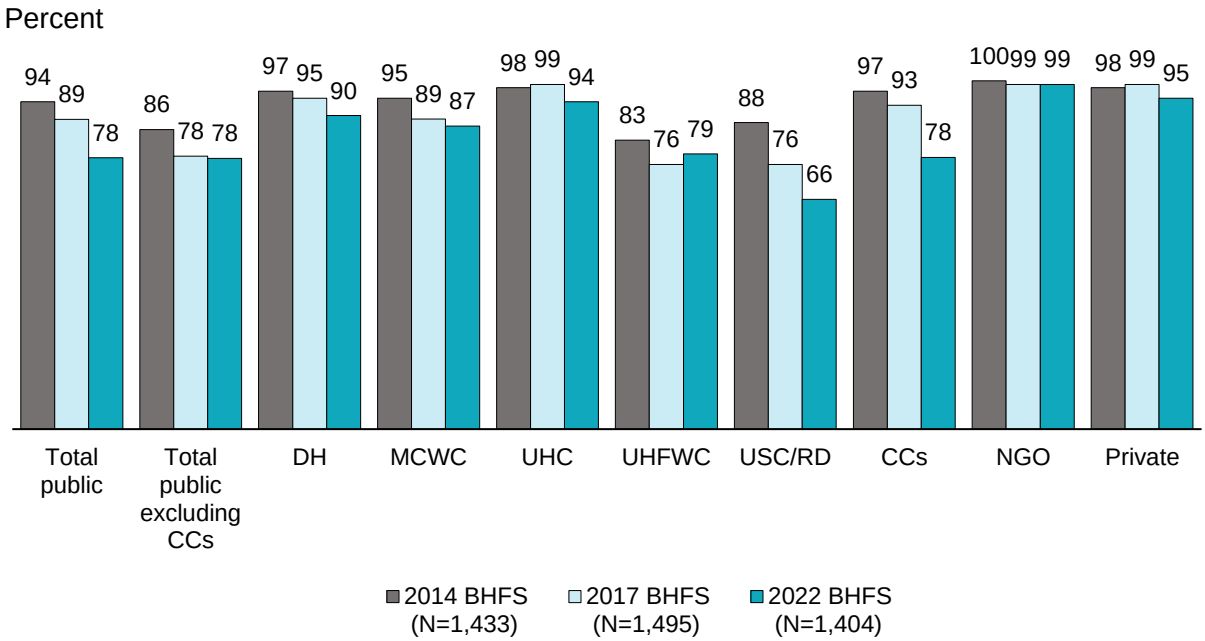
- More than half (53%) of the public facilities (excluding CCs) had a functioning child weighing scale available on the day of the visit (**Table 4.2** and **Figure 4.4**).
- The availability of child weighing scales is relatively higher in DHs (82%), UHCs (79%), NGOs (66%), and private facilities (70%) (**Table 4.2** and **Figure 4.4**).
- Since 2017, the availability of child weighing scales have increased in DHs, UHCs, MCWCs, and UHFWCs (**Figure 4.4**).

Figure 4.4 **Availability of functioning child weighing scale for outpatient child curative care, by facility type**



- Almost 8 in 10 public facilities (78%) have thermometers available for outpatient curative care for sick children in 2022 (**Table 4.2** and **Figure 4.5**).
- In 2022, the availability of thermometers is nearly universal in DHs (90%), UHCs (94%), NGOs (99%), and private facilities (95%) (**Table 4.2** and **Figure 4.5**).
- The availability of thermometers has gradually decreased in almost all facility types. However, it slightly increased in UHFWCs (76% in 2017 to 79% in 2022) and remained unchanged in NGO facilities (**Figure 4.5**).

Figure 4.5 **Availability of functioning thermometer for outpatient child curative care, by facility type**

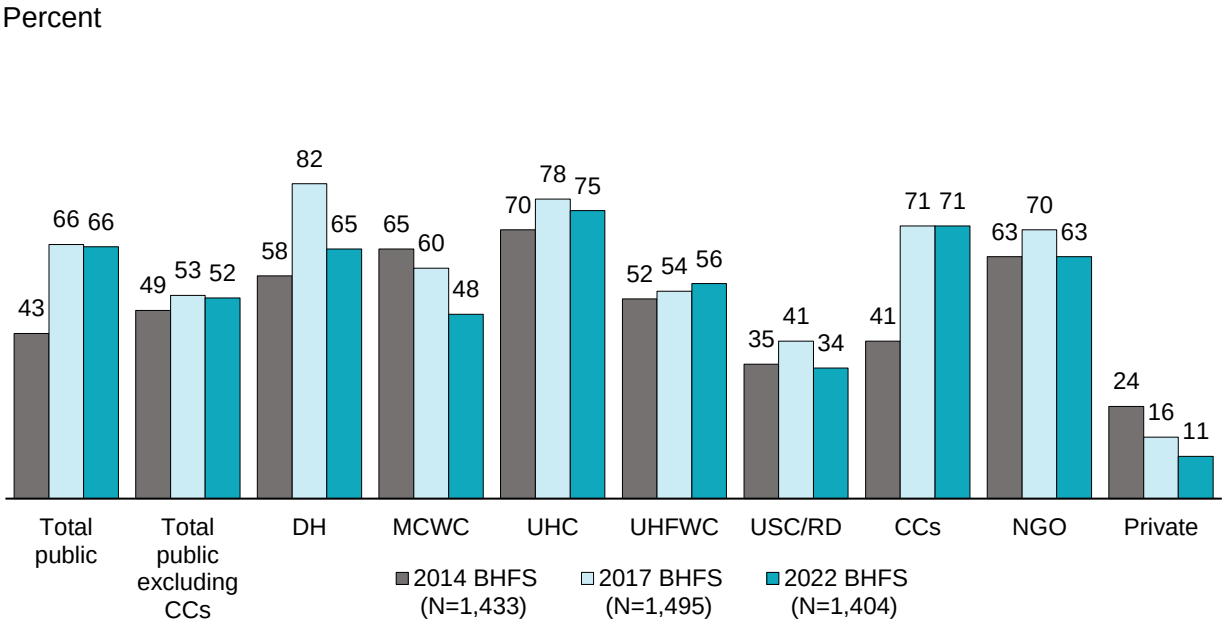


- Two-thirds of the public facilities (66%) offering curative care for sick children had growth monitoring charts available on the day of survey (**Table 4.2, 4.6,** and **Figure 4.6**).

- DHs (65%), UHCs (75%), CCs (71%), and NGOs (63%) are most likely to have growth monitoring charts and private facilities are least likely (11%) on the day of the survey (**Table 4.2, 4.6,** and **Figure 4.6**).

- Nearly all facilities experienced a reduction in the availability of growth monitoring charts, except for UHFWCs (54% in 2017 to 56% in 2022) and CCs (71%), where the situation remained unchanged (**Figure 4.6**).

Figure 4.6 **Availability of growth chart in health facilities for outpatient child curative care, by facility type**

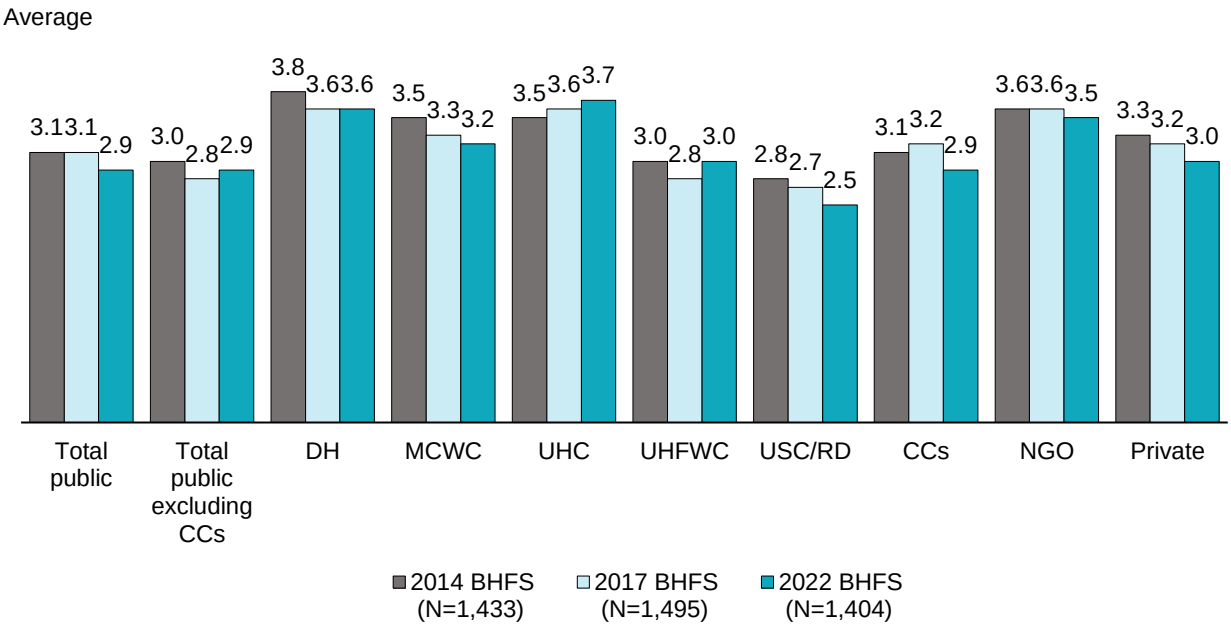


- Three in four public facilities (74%) offering curative care for sick children have a length or height board available in 2022. The availability of length or height boards is higher in DHs (90%), UHCs (94%), and NGOs (82%) and lowest in private facilities (40%) in 2022 (**Table 4.2**).
- Stethoscope is a basic and necessary equipment in providing child curative care services. The availability of a stethoscope is universal (92%) in public health facilities (**Table 4.2**).
- For providing outpatient curative care for sick children, more than half (54%) of public facilities have pulse oximeter. Moreover, over three-quarters of private facilities (77%) have pulse oximeters available on site in 2022 (**Table 4.2**).

The availability of equipment for outpatient curative care for sick children is evaluated by the average equipment score. **Figure 4.7** presents the average score constituted by the mean number of equipment items out of a total of four equipment (child weighing scale, length or height board, thermometer, and stethoscope), that are available on-site on the day of the visit.

- The average equipment score is 2.9 in public facilities (excluding CCs) offering child curative care services, indicating an average presence of three items in the child curative care service corner (**Table 4.2** and **Figure 4.7**).
- The average readiness score of equipment is higher among DHs (3.6), UHCs (3.7), and NGOs (3.5) and lowest among CCs (2.9) and USC/RDs (2.5) (**Figure 4.7**).
- There has been a decline observed in the average readiness score of equipment among the public facilities, from 3.1 in 2017 to 2.9 2022 (**Figure 4.7**).

Figure 4.7 **Average score of equipment (child weighing scale, length or height board, thermometer, and stethoscope) for child curative care, by facility type**



Availability of Equipment for Inpatient Child Curative Care Services

Inpatient curative care is crucial for critically ill children who require continuous monitoring and intensive medical attention by healthcare providers. In Bangladesh, all public facilities at district and upazila level, as well as most private and NGO facilities, operate inpatient department to serve critically ill patients. On the other hand, union-level and public facilities and community clinics are designed only outpatient services. The BHFS 2022 assessed the availability of necessary logistics and equipment for treating sick children in the indoor department.

Table 4.2.1 provides information on the availability of equipment (child weighing scale, infant scale, thermometer, stethoscope, nebulizer, timer, torch, growth chart, height board, pulse oximeter, nasal catheter/cannula, and oxygen) at inpatient child curative care service site, among facilities that offer inpatient curative care for sick children.

- The availability of oxygen (96%) and nebulizer (93%) are universal in public facilities offering inpatient curative care for sick children in 2022. The availability of oxygen in NGO facilities (32%) is remarkably lower than any other facilities that offer inpatient child curative care (**Table 4.2.1**).
- Most public facilities (59%) and private hospitals (69%) have a nasal cannula or catheter available on the day of the survey; it is observed in only 45% of the NGO clinics (**Table 4.2.1**).
- Eight of ten public facilities have pulse oximeters for inpatient child curative care. Pulse oximeters are universally available in private hospitals (90%) (**Table 4.2.1**). Although most of the DHs (83%) and UHCs (81%) have pulse oximeters in child inpatient care departments, it is not available in 41% of the MCWCs (**Table 4.2.1**).

- Stethoscopes (98%), thermometers (96%), and timers for assessing respiratory rate (92%) are universally available in public facilities offering inpatient curative care for children (**Table 4.2.1**).

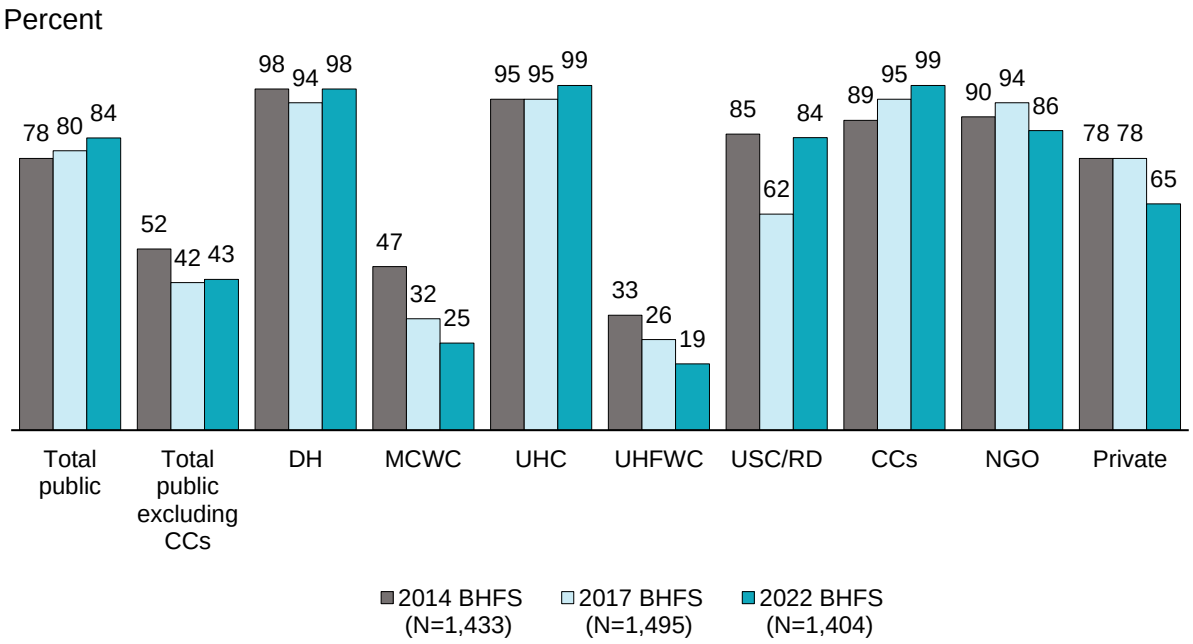
4.2.3 Availability of Medicines and Commodities for Child Health Care

A range of medicines and commodities are essential to provide curative care for sick children. Both the WHO and USAID have proposed a set of essential and priority medicines and commodities that facilities should have available to support the 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.

- Among facilities offering outpatient curative care for sick children, the availability of ORS is universal among DHs (98%), UHCs (99%), and CCs (99%). However, it is comparatively low in private facilities (65%), MCWCs (25%), and UHFWCs (19%) (**Table 4.4** and **Figure 4.8**).

- Between 2017 and 2022, the availability of ORS increased from 80% to 84% among public health facilities (**Figure 4.8**).

Figure 4.8 **Availability of ORS in health facilities for outpatient child curative care, by facility type**

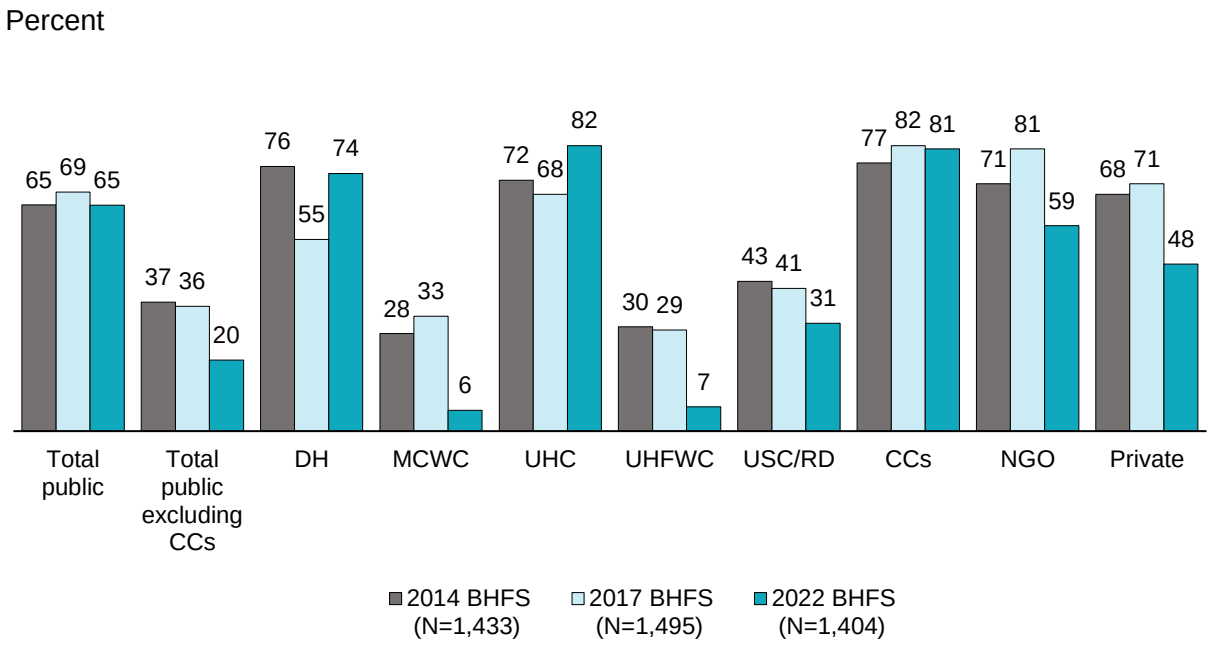


- Two-thirds of the public facilities (65%) offering outpatient curative care for sick children have zinc tablets or syrup available on the day of the survey in 2022 (**Table 4.4** and **Figure 4.9**).

- Most UHCs (82%), CCs (81%), and DHs (74%) have zinc tables or syrup available on the day of the survey; however, the proportion is lower in UHFWCs (7%) and MCWCs (6%) (**Table 4.4** and **Figure 4.9**).

- The availability of zinc tablets or syrup has increased notably in DHs and UHCs, from 2017 to 2022 (**Figure 4.9**).

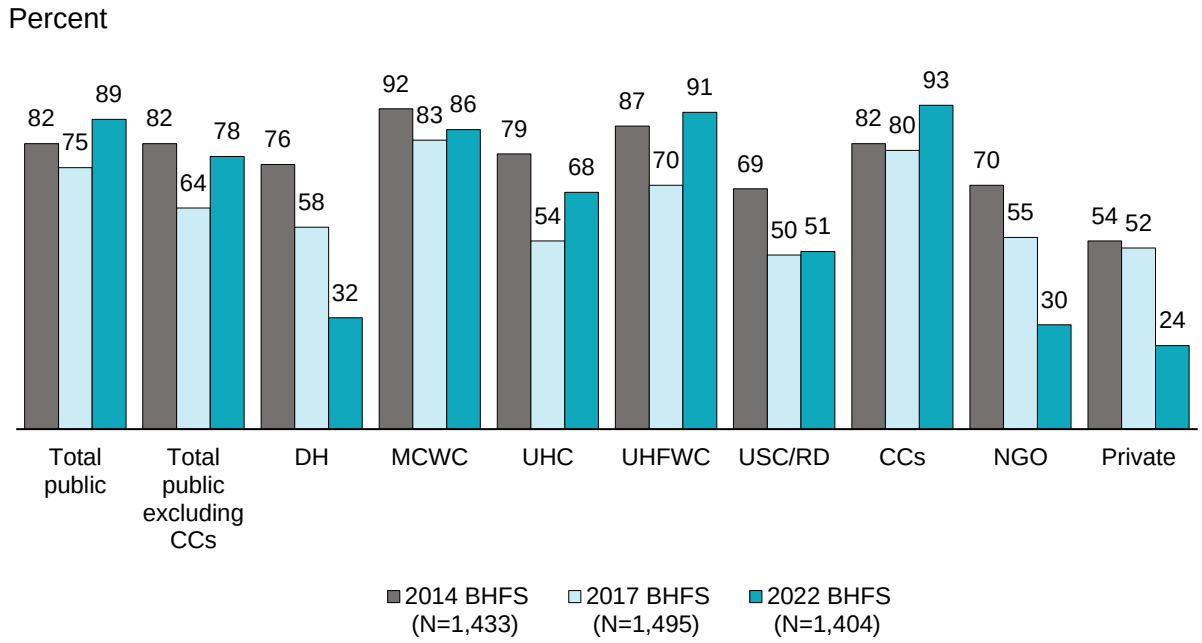
Figure 4.9 **Availability of zinc tablets or syrup in health facilities for outpatient child curative care, by facility type**



- Around 9 in 10 public facilities (89%) offering outpatient curative care services for sick children have amoxicillin syrup, suspension, or dispersible pediatric-dosed tablets available on the day of the survey in 2022 (**Table 4.4** and **Figure 4.10**).

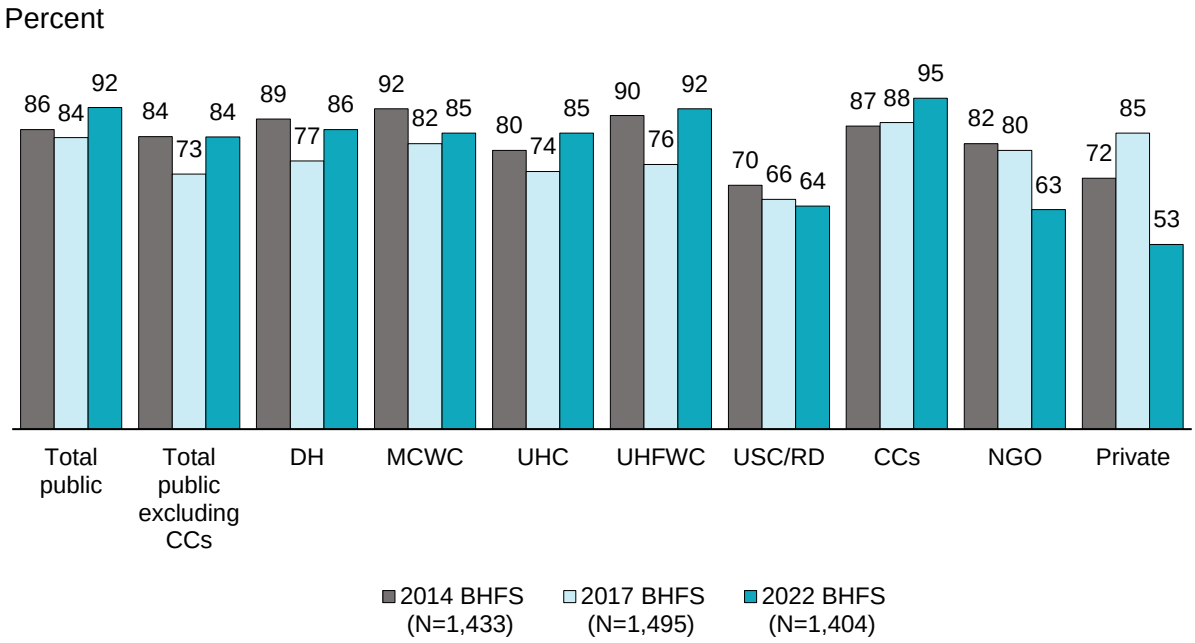
- The availability of oral amoxicillin for children is highest among CCs (93%), which has increased substantially from 80% in 2017. However, the availability is relatively low in DHs (32%), NGO facilities (30%), and private facilities (24%) (**Table 4.4** and **Figure 4.10**).

Figure 4.10 **Availability of amoxicillin in health facilities for outpatient child curative care, by facility type**



- In 2022, almost all (92%) of the public health facilities have paracetamol syrup or suspension available for outpatient child curative care, an increase from 84% in 2017 (**Table 4.4** and **Figure 4.11**)**.**
- The availability of paracetamol for child curative care is more than 80% percent across all types of public health facilities, except USC/RDs (64%).
- Nearly two-thirds of the NGO facilities (63%) and more than half of the private facilities (53%) have paracetamol syrup or suspension available on site (**Table 4.4** and **Figure 4.11**)**.**

Figure 4.11 **Availability of paracetamol syrup or suspension in health facilities for outpatient child curative care, by facility type**

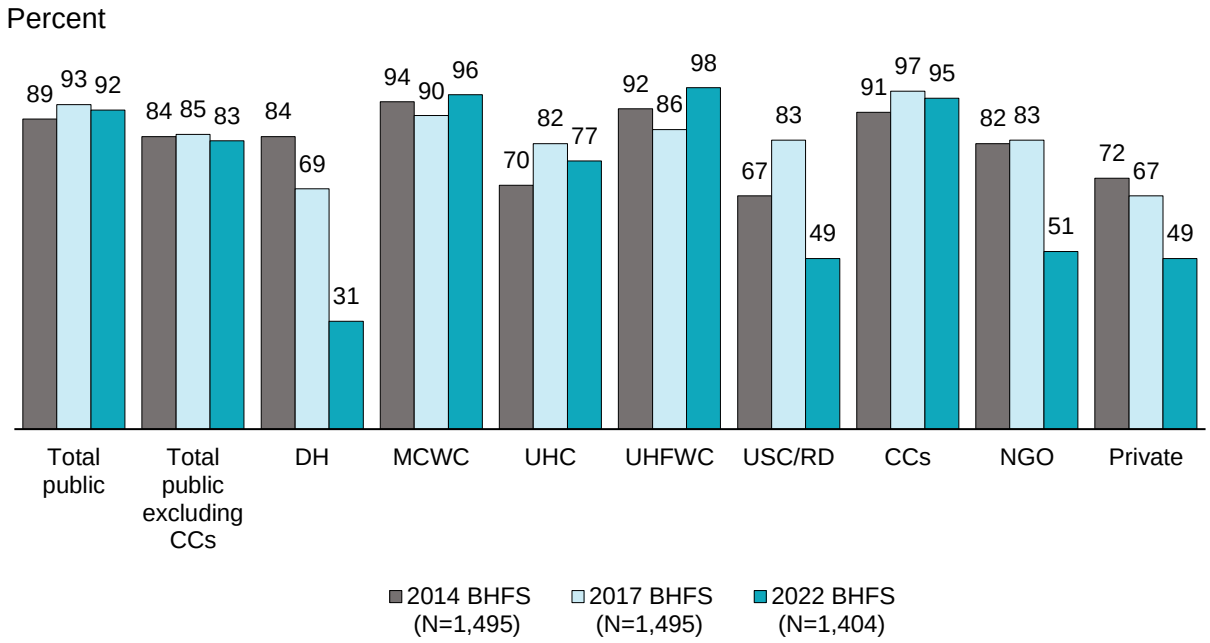


- Almost all public health facilities offering outpatient curative care for sick children (92%) have mebendazole or albendazole tablets available on the day of the survey in 2022 (**Table 4.4** and **Figure 4.12)**.

- On the other hand, only three in ten DHs (31%) and nearly half of the private (49%) and NGO (51%) facilities have mebendazole/albendazole available, decreasing markedly compared to 2017 (**Table 4.4** and **Figure 4.12**).

- The availability of ceftriaxone powder for injection (75%) and gentamicin injection (69%) is comparatively high in district and upazila-level facilities (**Table 4.4**)

Figure 4.12 **Availability of mebendazole/albendazole in health facilities for outpatient child curative care, by facility type**

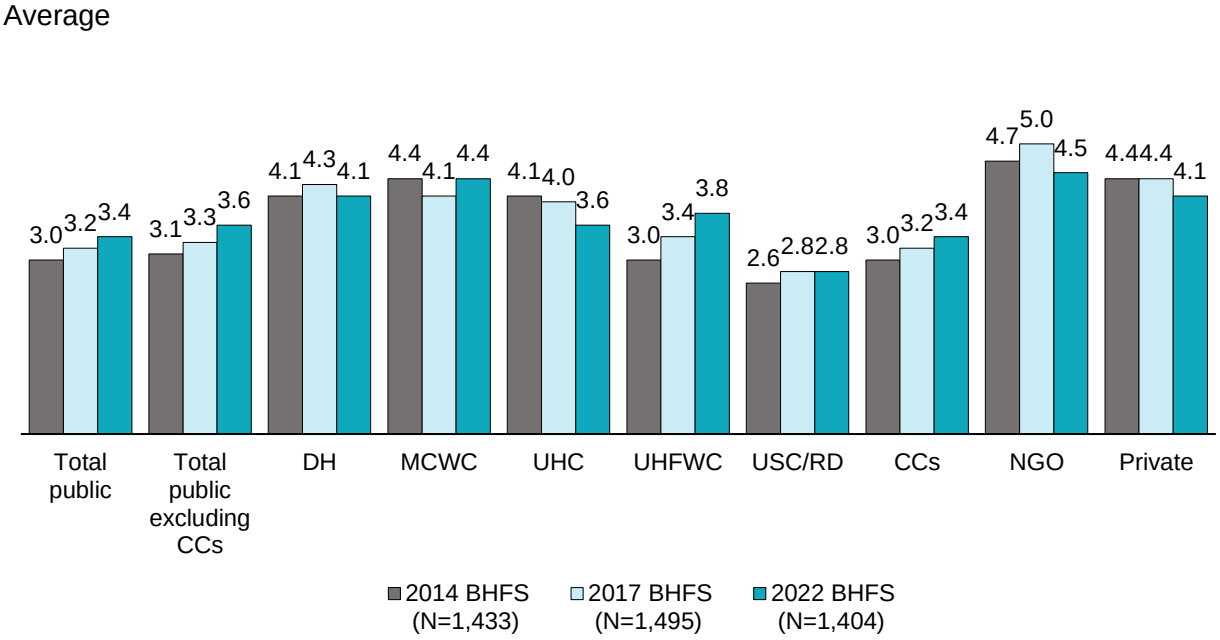


4.2.4 Infection Control in Sick Child Services

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 (soap, running water, alcohol-based disinfectant, latex gloves, sharps containers, and waste receptacles).

- Over half of public facilities offering child curative care services have soap (54%) and running water (52%); on the other hand, about 8 of 10 private and NGO facilities are equipped with soap and running water (**Table 4.5)**.
- The majority of public facilities have alcohol-based hand disinfectant (67%) and latex gloves (60%) available on site (**Table 4.5)**.
- Public facilities have an average of 3.4 items for infection control available at outpatient child curative care service site in 2022, which has increased gradually since 2014 (**Table 4.5** and **Figure 4.13**).
- DHs, MCWCs, NGOs, and private facilities scored higher in the average score for infection control. Nevertheless, there has been a decrease in scores for DHs, UHCs, NGOs, and private facilities from 2017 to 2022 (**Table 4.5** and **Figure 4.13**).

Figure 4.13 **Average score of infection control items (out of 6 items) for child curative care, by facility type**



4.2.5 Laboratory Diagnostic Capacity

The 2022 BFHS gathered information on two laboratory tests that are particularly important in diagnosing conditions among children: hemoglobin testing and stool microscopy.

- Among facilities offering outpatient child curative care for sick children, overall, hemoglobin tests (31%) and stool microscopy (5%) tests are available in a lower proportion of public facilities (excluding CCs). However, union-level public facilities are not designed to conduct stool microscopy (**Table 4.5**).
- Hemoglobin tests are available in almost all of the DHs (94%), UHCs (92%), NGOs (89%), and private facilities (88%) offering outpatient sick child services (**Table 4.5**).
- Stool microscopy is most available in DHs (61%) and least available in NGOs (17%) offering outpatient sick child services (**Table 4.5**).

4.3 Readiness of Health Facilities to Provide Child Curative Care

In assessing the overall readiness of health facilities in Bangladesh to provide child curative care, this report used ten tracer indicators from the WHO Service Availability and Readiness Assessment (SARA) (WHO 2013):

- **IMCI guidelines:**
  - National or other guidelines on IMCI are available at the facility
- **IMCI trained staff:**
  - At least one provider who ever received in-service training on at least some components of IMCI
- **Equipment:**

- Child weighing scale
- Thermometer
- Growth chart

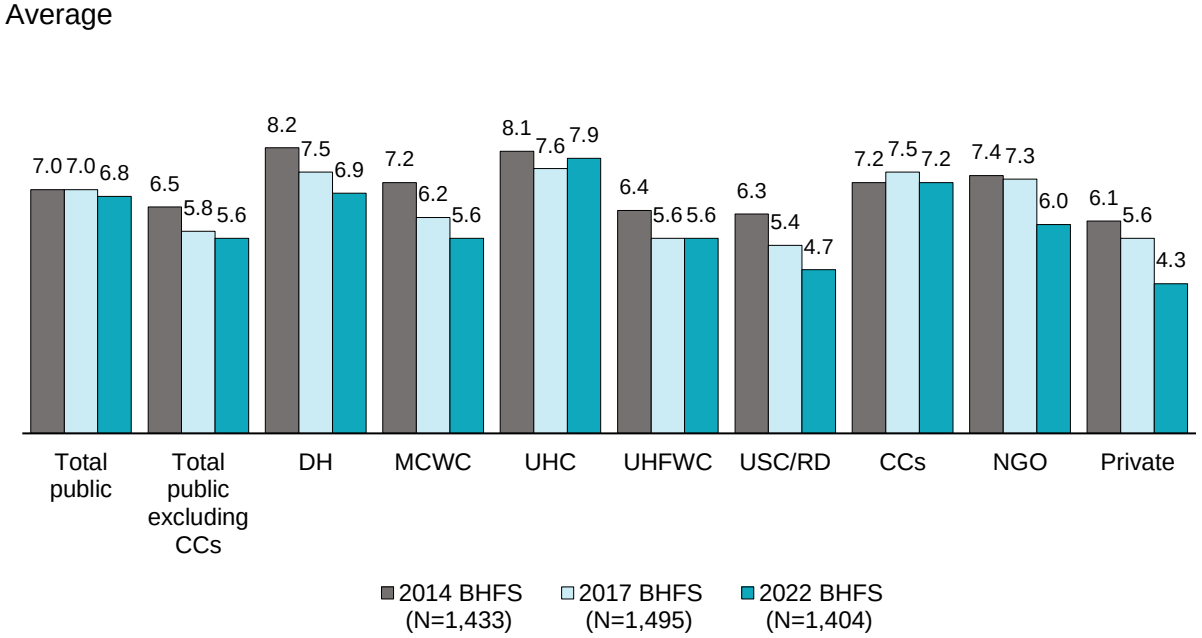
- **Medicines:**
  - ORS
  - Zinc tablets/syrup
  - Amoxicillin syrup/suspension/dispersible tablet
  - Paracetamol syrup/suspension
  - Mebendazole/albendazole

The readiness of facilities to deliver outpatient curative care for sick children is evaluated by the average readiness score. This score is determined by calculating the mean number of items, out of a total of 10 items, that are available on the day of the visit. In essence, it provides insight into the overall capability of the facilities to provide appropriate outpatient care for sick children.

- Among facilities offering sick child services, the highest readiness scores are among DHs (6.9), UHCs (7.9), and CCs (7.2), with an average of nearly seven or more among all ten necessary items to provide outpatient child curative care. Private facilities are less prepared compared to the other facilities, having an average 4.3 items out of ten (**Table 4.6** and **Figure 4.14).**

- The average readiness score has declined in most types of facilities between 2017 and 2022. However, the readiness scores at UHCs has increased and UHFWCs remained unchanged during that time (**Figure 4.14).**

Figure 4.14 **Average readiness score of health facilities (out of 10 items) to provide child curative care, by facility type**



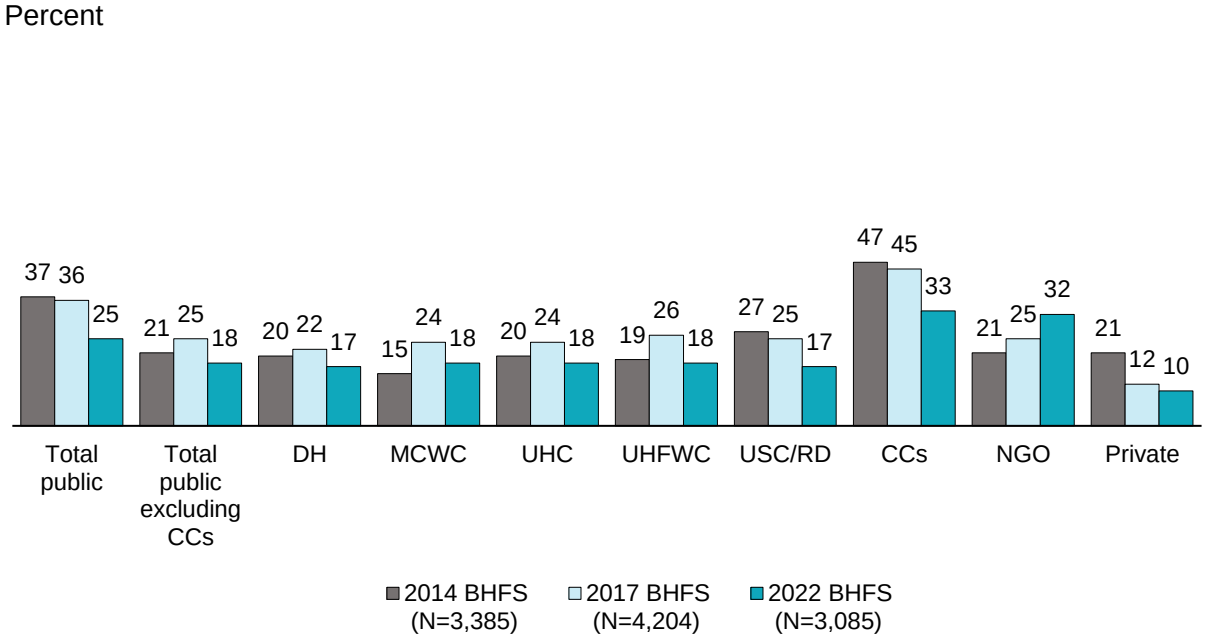
4.4 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEM

4.4.1 Personal Supervision and Training

Training and supervision are essential management functions in building capacity and ensuring the 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 of support and direction. **Table 4.7** provides information on personal supervision and on interviewed providers of child health services who reported receiving in-service training related to child curative care in the 24 months before the assessment.

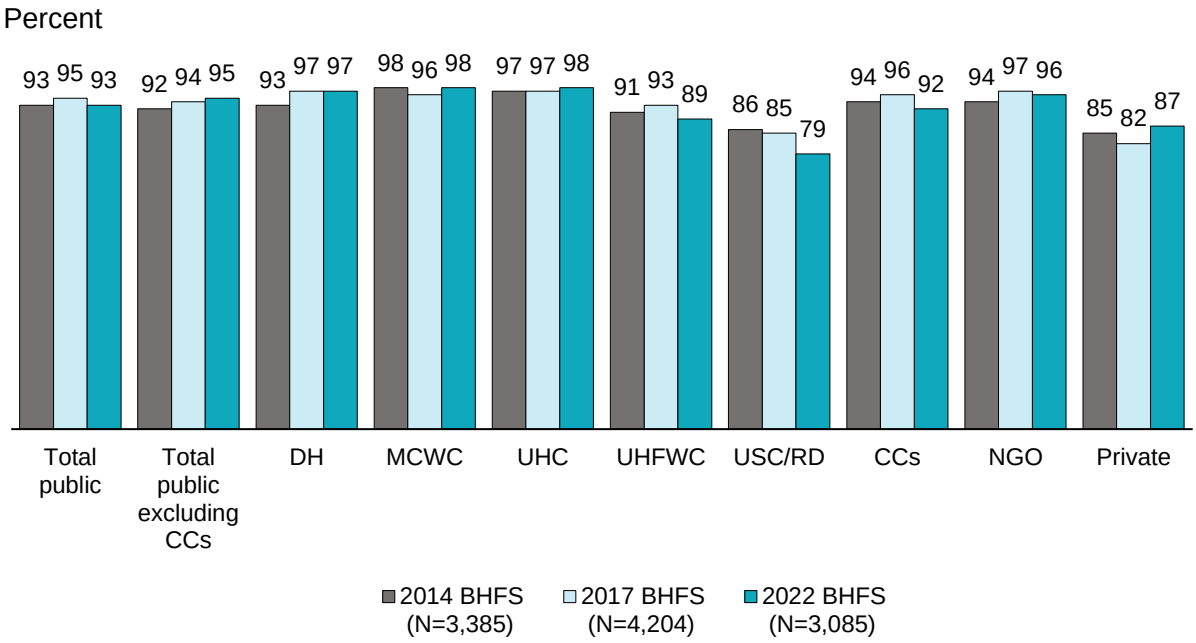
- Training related to child health within the 24 months before the survey has declined from one-third (36%) of providers in public facilities in the 2017 BHFS to one-fourth (25%) of providers in the 2022 BHFS (**Table 4.7** and **Figure 4.15**).
- Among child health service providers, about one in three providers at CCs (33%) and NGOs (32%) received in-service training on child health services in the 24 months preceding the survey, which is higher than any other facility type (**Table 4.7** and **Figure 4.15**).

Figure 4.15 **Provider training on topics related to child health in the last 24 months**



- Almost all child health service providers in public facilities (93%) have received personal supervision during the six months preceding the survey (**Table 4.7** and **Figure 4.16**).
- The proportion of providers who received personal supervision in the 6 months before the survey is universal in DHs (97%), MCWCs (98%), UHCs (98%), CCs (92%), and NGOs (96%) (**Table 4.7** and **Figure 4.16**).

Figure 4.16 **Personal supervision of child health service providers in the six months before the survey**



- Around one-quarter of the child health service providers in public facilities (24%) have received both child health related training in the 24 months before the survey and personal supervision in the six months before the survey (**Table 4.7**).

- The percentage of providers who received both training during the last 24 months and personal supervision during the last six months is the highest in NGOs (32%) and lowest in MCWCs (8%) and private hospitals (6%) in 2022 (**Table 4.7)**.

- Only 14% of all interviewed child health service providers in Barishal have received both training and personal supervision, which is notably lower than Chattogram and Mymensingh divisions (both 28%) (**Table 4.7**).

4.4.2 In-Service Training by Topic

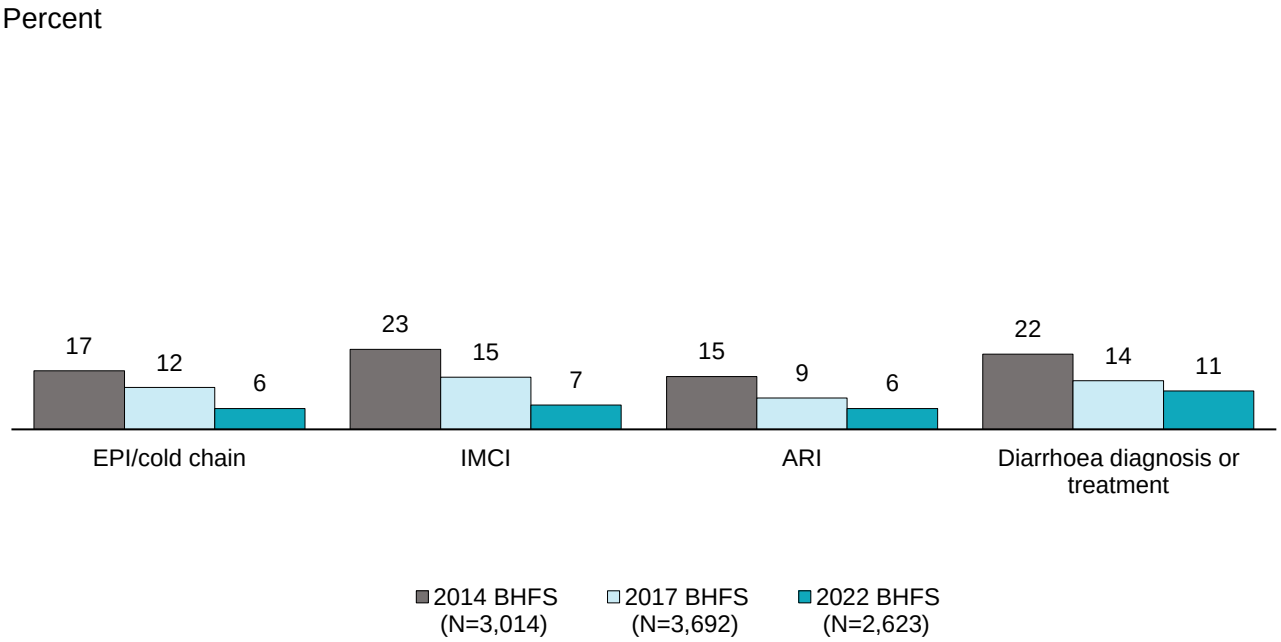
Providers of child health services were asked about in-service training on specific topics related to child health. **Table 4.8** presents the percentage of providers who reported receiving in-service training on EPI/cold chain monitoring, IMCI, acute respiratory infection (ARI), and diarrhoea diagnosis or treatment, among interviewed providers who provide child health services.

- Nearly three of ten providers in public facilities reported that they have received in-service training (at any time) on EPI/cold chain monitoring (30%), IMCI (37%), and ARI (29%). However, only a small proportion of them reported receiving training in the two years before the survey on EPI/cold chain monitoring (6%), IMCI (7%), and ARI (6%) (**Table 4.8** and **Figure 4.17**).

- Nearly six in ten child health service providers at CCs (59%) reported that they have received in-service training on diarrhea diagnosis and treatment at any time, which is remarkably higher than providers from DHs (19%) and UHCs (25%) (**Table 4.8**).

- The percentages of providers in public facilities reported that they received necessary training on child health in the last 24 months preceding the survey, including training on EPI cold chain, IMCI, ARI, and Diarrhoea diagnosis or treatment, have declined since 2017 (**Figure 4.17**).

Figure 4.17 **Provider training on topics related to child health in public health facilities during the last 24 months**



CHILD HEALTH SERVICES 4

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- **Table 4.2 Guidelines and equipment for outpatient child curative care services**
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- **Table 4.8 Training for child health service providers**
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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 2022

Background characteristic	Percentage of facilities that offer: Outpatient curative care for sick children	Growth monitoring	Child vaccination[1]	Diagnosis of and/or treatment for child nutrition	All 3 basic child health services[2]	All 4 basic child health services[3]	Routine vitamin A supplementation	Deworming for children	Number of facilities (weighted)	Number of facilities (unweighted)
Facility type										
District and upazila public facilities	**99.1**	**92.9**	**90.9**	**97.1**	**86.7**	**85.9**	**77.5**	**93.0**	**41**	**319**
DH	100.0	98.4	95.2	100.0	93.5	93.5	83.9	87.1	4	62
MCWC	95.1	68.1	57.0	87.1	42.0	40.9	40.5	90.2	7	100
UHC	100.0	98.1	98.5	99.1	96.6	95.7	85.6	94.6	30	157
Union-level public facilities	**95.3**	**74.2**	**79.1**	**86.4**	**59.1**	**55.2**	**28.0**	**81.5**	**310**	**434**
UHFWC	94.2	78.2	79.2	86.1	61.6	57.3	24.5	81.6	225	293
USC/RD	98.1	63.6	79.1	87.1	52.5	49.8	37.4	81.3	85	141
Community clinic (CC)	**94.5**	**92.4**	**97.1**	**88.5**	**85.2**	**80.2**	**76.3**	**79.3**	**994**	**488**
NGO clinic/hospital	**88.4**	**81.9**	**71.9**	**78.6**	**63.9**	**60.3**	**66.3**	**76.8**	**29**	**127**
Private hospital	**56.6**	**22.5**	**3.0**	**50.1**	**1.9**	**1.9**	**32.0**	**42.0**	**183**	**189**
Location										
Urban	65.7	36.9	22.4	59.7	18.4	18.0	41.8	52.3	235	514
Rural	94.6	88.1	92.7	87.8	79.0	74.3	64.8	79.8	1,322	1,043
Division										
Barishal	92.7	87.6	84.5	85.8	73.9	69.4	68.0	72.7	111	152
Chattogram	97.4	87.5	85.1	92.7	81.0	78.5	66.4	84.2	291	244
Dhaka	83.8	75.7	80.0	78.0	62.1	58.3	58.8	68.3	317	264
Khulna	76.7	76.2	70.9	72.2	60.5	59.5	54.7	64.7	210	208
Rajshahi	95.1	73.9	82.5	86.5	65.3	61.0	69.8	83.1	214	212
Rangpur	95.7	84.7	87.3	88.7	78.0	73.8	61.9	82.4	193	190
Sylhet	88.4	82.7	84.0	79.8	71.8	65.0	54.2	70.8	99	136
Mymensingh	94.7	78.8	87.2	83.7	69.1	59.4	50.6	76.4	122	151
Total	90.2	80.4	82.1	83.6	69.8	65.8	61.3	75.7	1,557	1,557
Total excluding CCs	*82.7*	*59.1*	*54.9*	*75.0*	*42.8*	*40.4*	*34.9*	*69.3*	*563*	*1,069*
Total public	*94.8*	*88.2*	*93.1*	*88.2*	*79.2*	*74.6*	*65.2*	*80.2*	*1,345*	*1,241*
Total public excluding CCs	*95.7*	*76.4*	*80.5*	*87.6*	*62.3*	*58.9*	*33.8*	*82.9*	*351*	*753*

[1] Facility routinely provides DPT/pentavalent, polio, and measles vaccinations to children.
[2] Outpatient curative care for sick children, growth monitoring, and child vaccination.
[3] 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 outpatient 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 2022

Background characteristic	Guidelines		Equipment										Number of facilities offering outpatient curative care for sick children (weighted)	Number of facilities offering outpatient curative care for sick children (unweighted)
	IMCI	Growth monitoring	Child weighing scale[1]	Length or height board	Thermo-meter	Stetho-scope	Average of four equipment items available[2]	Infant weighing scale[3]	Growth chart	MUAC tape	Timer[4]	Pulse oximeter		
Facility type														
District and upazila public facilities	**43.4**	**25.9**	**76.7**	**90.2**	**92.4**	**99.8**	**3.6**	**87.1**	**69.2**	**75.0**	**97.1**	**53.1**	**41**	**314**
DH	48.4	37.1	82.3	90.3	90.3	100.0	3.6	91.9	64.5	90.3	96.8	50.0	4	62
MCWC	9.4	9.4	65.1	75.5	87.2	99.0	3.2	81.3	47.6	28.5	94.7	56.3	7	95
UHC	50.5	28.0	78.6	93.5	93.9	100.0	3.7	87.7	74.9	83.5	97.6	52.8	30	157
Union-level public facilities	**17.9**	**11.2**	**50.0**	**62.8**	**75.7**	**97.9**	**2.9**	**57.4**	**49.9**	**42.4**	**90.8**	**49.2**	**295**	**413**
UHFWC	19.3	13.2	55.7	68.7	79.4	98.6	3.0	62.4	56.3	46.3	90.2	54.9	212	274
USC/RD	14.1	6.1	35.6	47.8	66.3	96.1	2.5	44.7	33.6	32.5	92.4	34.7	83	139
Community clinic (CC)	**17.0**	**25.6**	**42.8**	**76.7**	**77.9**	**89.5**	**2.9**	**50.7**	**70.5**	**78.8**	**84.5**	**55.8**	**939**	**461**
NGO clinic/hospital	**33.1**	**33.3**	**66.1**	**81.5**	**99.2**	**100.0**	**3.5**	**88.2**	**62.8**	**61.6**	**94.9**	**53.6**	**25**	**109**
Private hospital	**4.9**	**0.8**	**69.8**	**39.9**	**94.5**	**100.0**	**3.0**	**85.3**	**10.5**	**10.5**	**91.0**	**76.5**	**104**	**109**
Location														
Urban	15.5	9.7	67.1	53.8	93.7	100.0	3.1	82.9	29.4	29.7	90.7	70.0	154	417
Rural	17.5	22.3	45.3	73.7	77.7	91.6	2.9	53.2	65.5	70.1	86.4	54.1	1,250	989
Division														
Barishal	26.4	17.2	43.0	69.9	78.3	87.3	2.8	40.2	69.3	72.9	94.5	52.6	103	134
Chattogram	20.4	26.0	48.7	67.3	83.9	93.2	2.9	55.6	69.3	71.9	90.1	58.8	283	236
Dhaka	18.5	18.1	45.3	59.5	78.6	95.3	2.8	54.9	59.1	61.4	78.2	60.6	266	234
Khulna	9.8	12.2	43.3	80.6	82.1	96.5	3.0	66.2	73.4	75.0	94.8	60.0	161	177
Rajshahi	14.9	19.2	64.5	67.1	84.5	92.0	3.1	51.4	41.8	44.4	88.0	59.0	203	198
Rangpur	14.5	25.1	40.0	85.1	72.2	89.0	2.9	62.1	61.3	68.8	93.0	54.5	185	169
Sylhet	17.0	24.8	59.6	82.4	84.0	91.4	3.2	60.8	70.3	79.3	82.6	49.7	88	118
Mymensingh	18.5	23.9	35.5	76.4	67.5	90.9	2.7	59.1	53.3	63.0	72.7	36.0	115	140
Total	17.3	20.9	47.7	71.6	79.5	92.5	2.9	56.4	61.6	65.7	86.9	55.8	1,404	1,406
Total excluding CCs	*18.1*	*11.4*	*57.7*	*61.2*	*82.7*	*98.7*	*3.0*	*67.9*	*43.5*	*39.2*	*91.6*	*55.9*	*465*	*945*
Total public	*18.0*	*22.3*	*45.6*	*73.9*	*77.9*	*91.8*	*2.9*	*53.5*	*65.7*	*70.3*	*86.4*	*54.2*	*1,275*	*1,188*
Total public excluding CCs	*21.0*	*13.0*	*53.3*	*66.2*	*77.7*	*98.1*	*2.9*	*61.0*	*52.3*	*46.4*	*91.6*	*49.7*	*336*	*727*

[1] 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.
[2] Average number of four equipment items (child weighing scale, length or height board, thermometer, and stethoscope) available for providing child curative care.
[3] 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.
[4] A functioning timer or watch with seconds hand or the provider has a watch with seconds hand, or other devices (e.g., cell phone) that can measure seconds.

Table 4.2.1: Equipment for inpatient child curative care services

Among facilities that offer inpatient curative care for sick children, the percentages having the indicated equipment at inpatient service area, by background characteristics, Bangladesh HFS 2022

Background characteristic	Equipment												Number of facilities offering inpatient curative care for sick children (weighted)	Number of facilities offering inpatient curative care for sick children (unweighted)
	Child weighing scale[1]	Infant weighing scale[2]	Thermometer	Stethoscope	Nebulizer[3]	Timer[4]	Torch	Growth chart	Height board	Pulse oximeter	Nasal catheter/ cannula[5]	Oxygen		
Facility type														
District and upazila public facilities	**63.4**	**69.5**	**95.8**	**97.6**	**92.6**	**92.0**	**79.5**	**43.7**	**58.4**	**80.7**	**59.0**	**96.4**	**32**	**215**
DH	83.1	78.0	91.5	98.3	93.2	96.6	88.1	54.2	78.0	83.1	67.8	98.3	4	59
MCWC	41.0	70.7	83.0	88.7	30.4	88.7	82.7	53.4	76.7	59.4	36.5	65.4	1	17
UHC	61.4	68.1	97.1	97.9	95.5	91.5	78.0	41.6	54.5	81.3	58.7	97.6	27	139
Union-level public facilities	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0**	**0**
UHFWC	-	-	-	-	-	-	-	-	-	-	-	-	0	0
USC/RD	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Community clinic (CC)	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0**	**0**
NGO clinic/hospital	**64.6**	**77.4**	**100.0**	**100.0**	**54.6**	**67.4**	**70.3**	**72.0**	**70.9**	**51.8**	**44.8**	**32.0**	**1**	**9**
Private hospital	**62.2**	**77.7**	**91.1**	**94.8**	**91.9**	**87.1**	**95.6**	**18.8**	**26.8**	**90.4**	**69.0**	**93.3**	**68**	**61**
Location														
Urban	63.1	75.6	92.1	95.6	91.1	87.8	91.9	26.1	36.5	86.9	66.7	93.3	88	213
Rural	60.1	71.2	97.4	97.1	94.0	92.2	77.3	39.3	47.5	84.0	56.3	93.1	13	72
Division														
Barishal	66.8	86.5	98.3	96.5	88.2	100.0	92.6	66.0	73.7	92.1	57.6	98.3	4	27
Chattogram	64.8	71.0	94.6	100.0	98.8	96.5	87.0	24.5	33.0	88.9	69.9	99.0	33	54
Dhaka	66.1	76.0	87.2	87.2	86.5	79.1	92.9	21.6	37.5	84.2	51.3	88.0	31	58
Khulna	35.4	78.6	96.1	97.2	92.4	94.4	79.8	35.9	46.6	77.1	75.1	94.9	8	35
Rajshahi	58.0	74.6	91.2	100.0	86.8	81.1	98.2	21.2	32.8	88.9	71.9	85.6	11	37
Rangpur	54.8	61.2	100.0	96.0	90.4	96.0	84.4	43.7	47.5	77.1	70.2	96.4	5	28
Sylhet	78.9	97.2	100.0	100.0	82.3	81.7	94.3	40.1	45.8	94.3	79.5	91.5	5	22
Mymensingh	58.2	68.4	92.8	100.0	96.3	86.2	80.4	34.4	28.1	83.8	73.1	96.3	4	24
Total	62.6	75.0	92.8	95.8	91.5	88.4	89.8	28	38.1	86.5	65.3	93.3	101	285
Total excluding CCs	*62.6*	*75.0*	*92.8*	*95.8*	*91.5*	*88.4*	*89.8*	*28*	*38.1*	*86.5*	*65.3*	*93.3*	*101*	*285*
Total public	*63.4*	*69.5*	*95.8*	*97.6*	*92.6*	*92.0*	*79.5*	*43.7*	*58.4*	*80.7*	*59.0*	*96.4*	*32*	*215*
Total public excluding CCs	*63.4*	*69.5*	*95.8*	*97.6*	*92.6*	*92.0*	*79.5*	*43.7*	*58.4*	*80.7*	*59.0*	*96.4*	*32*	*215*

"-" Means facilities do not offer inpatient curative care for sick children

[1] 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.

[2] 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.

[3] A functioning nebulizer to administer medication through inhalation for respiratory conditions

[4] A functioning timer or watch with seconds hand or the provider has watch with seconds hand, or other devices (e.g., cell phone) that can measure seconds.

[5] A nasal cannula or catheter for delivering supplemental oxygen to children with lower oxygen levels

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 2022

Background characteristic	Trained staff				Number of facilities offering outpatient curative care for sick children (weighted)	Number of facilities offering outpatient curative care for sick children (unweighted)
	IMCI[1]		Growth monitoring[2]			
	During the past 24 months	At any time	During the past 24 months	At any time		
Facility type						
District and upazila public facilities	**36.2**	**74.5**	**30.1**	**64.8**	**41**	**314**
DH	35.5	83.9	35.5	75.8	4	62
MCWC	10.5	52.7	8.7	41.9	7	95
UHC	42.2	78.2	34.3	68.4	30	157
Union-level public facilities	**4.0**	**44.8**	**8.1**	**35.1**	**295**	**413**
UHFWC	3.1	45.0	8.7	38.0	212	274
USC/RD	6.3	44.3	6.8	28.0	83	139
Community clinic (CC)	**10.4**	**52.4**	**15.8**	**56.3**	**939**	**461**
NGO clinic/hospital	**23.4**	**53.0**	**13.9**	**42.0**	**25**	**109**
Private hospital	**5.4**	**16.2**	**5.4**	**10.9**	**104**	**109**
Location						
Urban	12.1	31.9	9.9	27.3	154	417
Rural	9.4	50.9	14.3	51.1	1,250	989
Division						
Barishal	10.4	65.0	11.5	58.8	103	134
Chattogram	16.9	49.4	18.3	54.7	283	236
Dhaka	5.7	43.1	10.1	39.6	266	234
Khulna	5.1	58.3	13.7	51.3	161	177
Rajshahi	6.6	41.6	5.1	40.6	203	198
Rangpur	13.4	48.6	14.8	47.2	185	169
Sylhet	7.7	34.8	12.8	47.3	88	118
Mymensingh	7.6	56.4	27.6	57.1	115	140
Total	9.7	48.8	13.8	48.5	1,404	1,406
Total excluding CCs	*8.3*	*41.5*	*9.8*	*32.7*	*465*	*945*
Total public	*9.7*	*51.4*	*14.5*	*51.6*	*1,275*	*1,188*
Total public excluding CCs	*8.0*	*48.7*	*10.9*	*39.0*	*336*	*727*

[1] 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.
[2] At least one provider of child health services in the facility reported receiving in-service training in growth monitoring (SAM and MAM training). 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

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, Bangladesh HFS 2022

	Essential medicines								Priority medicines					
Background characteristic	ORS[1]	Amoxicillin syrup, suspension, or dispersible[1]	Cotrimoxazole syrup, suspension, or dispersible	Paracetamol syrup or suspension[1]	Vitamin A capsules[1]	Mebendazole/ albendazole	Zinc tablets or syrup	All 6 essential medicines available[2]	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamycin for injection	Benzathine benzylpenicillin for injection	Number of facilities offering outpatient curative care for sick children (weighted)	Number of facilities offering outpatient curative care for sick children (unweighted)
Facility type														
District and upazila public facilities	**86.7**	**67.5**	**34.5**	**85.1**	**34.0**	**75.1**	**68.6**	**18.2**	**32.4**	**74.8**	**69.4**	**11.6**	**41**	**314**
DH	98.4	32.3	9.7	85.5	16.1	30.6	74.2	1.6	11.3	91.9	58.1	24.2	4	62
MCWC	24.6	86.3	82.0	85.4	8.2	95.8	6.2	1.0	1.1	28.7	37.1	2.1	7	95
UHC	99.3	68.3	27.2	84.9	42.6	76.9	82.2	24.6	42.8	83.0	78.6	12.0	30	157
Union-level public facilities	**37.3**	**79.8**	**65.6**	**83.7**	**5.8**	**83.8**	**13.7**	**2.4**	**0.6**	**1.4**	**13.5**	**2.0**	**295**	**413**
UHFWC	18.9	91.3	81.2	91.6	5.2	97.7	6.9	1.9	0.3	0.4	18.2	2.2	212	274
USC/RD	84.4	50.6	26.0	63.6	7.3	48.5	31.1	3.4	1.6	3.8	1.5	1.3	83	139
Community clinic (CC)	**98.5**	**92.7**	**24.5**	**95.3**	**83.0**	**94.8**	**81.0**	**64.1**	**0.5**	**0.2**	**0.2**	**2.5**	**939**	**461**
NGO clinic/hospital	**86.4**	**29.6**	**8.2**	**63.0**	**37.6**	**51.1**	**58.9**	**10.7**	**3.2**	**34.8**	**13.3**	**0.8**	**25**	**109**
Private hospital	**65.3**	**24.3**	**11.0**	**52.8**	**28.4**	**48.7**	**47.7**	**12.4**	**10.2**	**66.0**	**50.7**	**10.1**	**104**	**109**
Location														
Urban	73.1	32.9	14.2	59.7	31.4	54.5	52.1	14.5	11.7	60.7	46.0	9.6	154	417
Rural	83.8	89.2	34.3	92.4	64.1	91.8	65.0	48.7	1.0	1.6	4.4	2.4	1,250	989
Division														
Barishal	86.3	87.7	33.5	92.9	66.7	86.9	61.2	44.6	1.5	5.2	5.5	0.8	103	134
Chattogram	86.7	80.1	35.1	90.3	55.4	88.0	65.7	43.6	3.3	10.9	10.3	4.2	283	236
Dhaka	80.8	78.7	32.7	90.0	64.2	86.7	64.5	43.1	3.2	13.4	14.9	5.6	266	234
Khulna	79.2	85.5	34.5	91.3	66.3	89.9	58.6	49.4	0.9	2.9	7.3	1.4	161	177
Rajshahi	78.6	79.9	28.4	83.2	53.9	85.0	58.1	41.9	0.8	8.4	7.0	0.5	203	198
Rangpur	83.4	86.8	32.1	86.5	61.7	88.0	63.9	43.2	2.3	4.8	5.9	3.1	185	169
Sylhet	81.4	88.2	28.5	87.6	60.9	93.4	67.1	48.6	3.5	7.4	8.8	1.7	88	118
Mymensingh	84.9	88.0	28.4	89.9	59.9	87.2	72.0	51.9	1.2	4.9	6.2	6.2	115	140
Total	82.6	83.0	32.1	88.8	60.5	87.7	63.6	45.0	2.2	8.1	9.0	3.2	1,404	1,406
Total excluding CCs	*50.6*	*63.6*	*47.6*	*75.8*	*15.1*	*73.4*	*28.6*	*6.4*	*5.7*	*24.1*	*26.7*	*4.6*	*465*	*945*
Total public	*83.9*	*88.9*	*34.3*	*92.3*	*63.6*	*91.6*	*65.0*	*48.3*	*1.5*	*2.9*	*5.5*	*2.7*	*1,275*	*1,188*
Total public excluding CCs	*43.3*	*78.3*	*61.8*	*83.9*	*9.2*	*82.8*	*20.4*	*4.3*	*4.5*	*10.3*	*20.3*	*3.1*	*336*	*727*

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 the WHO and USAID (WHO, 2012).
ORS = Oral rehydration solution

[1] These medicines and commodities are also in the group of priority medicines for children.
[2] 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 2022

	Items for infection control									Laboratory diagnostic capacity			
Background characteristic	Soap	Running water[1]	Soap and running water	Alcohol-based hand disin-fectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste recep-tacle[3]	Average of 6 items available[4]	Hemo-globin[5]	Stool micro-scopy[6]	Number of facilities offering outpatient curative care for sick children (weighted)	Number of facilities offering outpatient curative care for sick children (unweighted)
Facility type													
District and upazila public facilities	**70.1**	**79.4**	**67.5**	**84.5**	**92.3**	**56.8**	**33.9**	**57.8**	**3.8**	**86.8**	**37.2**	**41**	**314**
DH	75.8	83.9	75.8	90.3	98.4	56.5	38.7	67.7	4.1	93.5	61.3	4	62
MCWC	73.7	83.1	73.7	78.9	89.4	85.2	60.1	58.7	4.4	59.9	-	7	95
UHC	68.5	77.9	64.8	84.9	92.1	50.3	27.1	56.1	3.6	92.0	42.0	30	157
Union-level public facilities	**52.9**	**56.7**	**49.2**	**66.8**	**76.1**	**68.9**	**52.1**	**54.6**	**3.5**	**23.2**	**-**	**295**	**413**
UHFWC	57.2	60.9	54.0	66.0	76.7	77.2	61.2	58.5	3.8	28.0	-	212	274
USC/RD	42.0	46.3	37.0	69.1	74.5	47.9	29.0	44.5	2.8	11.0	-	83	139
Community clinic (CC)	**53.3**	**49.4**	**44.1**	**65.8**	**73.5**	**57.5**	**60.0**	**52.4**	**3.4**	**4.2**	-	**939**	**461**
NGO clinic/hospital	**81.8**	**80.2**	**80.2**	**87.8**	**94.2**	**76.9**	**56.1**	**67.1**	**4.5**	**89.3**	**16.6**	**25**	**109**
Private hospital	**79.1**	**82.0**	**79.1**	**89.2**	**92.7**	**71.4**	**28.1**	**64.6**	**4.1**	**88.3**	**44.2**	**104**	**109**
Location													
Urban	74.3	77.8	74.0	87.2	91.4	69.0	33.2	62.2	4.0	84.8	38.2	154	417
Rural	53.9	52.0	46.0	66.4	74.5	60.3	57.9	53.2	3.4	10.2	0.5	1,250	989
Division													
Barishal	37.9	39.1	35.8	56.8	64.7	60.4	44.1	49.3	2.9	9.2	3.6	103	134
Chattogram	62.3	56.9	52.9	75.7	79.1	60.2	53.5	54.8	3.6	24.8	6.0	283	236
Dhaka	52.3	53.4	48.8	72.2	75.0	66.5	56.2	48.6	3.5	25.6	7.6	266	234
Khulna	62.0	62.8	57.0	72.9	85.5	71.3	50.6	62.8	3.8	11.8	1.5	161	177
Rajshahi	55.5	52.7	46.4	66.6	77.9	52.3	55.5	53.8	3.4	22.2	6.1	203	198
Rangpur	58.0	58.1	50.5	61.2	74.9	54.8	60.2	52.1	3.4	7.5	1.8	185	169
Sylhet	56.6	63.1	51.3	64.0	71.7	72.5	65.3	58.3	3.8	21.3	4.0	88	118
Mymensingh	55.7	47.8	42.3	67.6	73.9	55.7	56.8	58.6	3.4	12.1	2.5	115	140
Total	56.1	54.8	49.1	68.7	76.4	61.2	55.2	54.2	3.5	18.4	4.7	1,404	1,406
Total excluding CCs	*61.8*	*65.7*	*59.2*	*74.5*	*82.2*	*68.8*	*45.4*	*57.8*	*3.7*	*46.9*	*14.0*	*465*	*945*
Total pubic	*53.8*	*52.1*	*46.0*	*66.7*	*74.7*	*60.1*	*57.3*	*53.1*	*3.4*	*11.3*	*1.2*	*1,275*	*1,188*
Total public excluding CCs	*55.0*	*59.5*	*51.4*	*69.0*	*78.1*	*67.4*	*49.9*	*55.0*	*3.6*	*31.0*	*4.5*	*336*	*727*

Note: "-" Means facilities do not have provision of stool microscopy test.
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 the WHO and USAID (WHO, 2012). MCWCs, union-level facilities, and CCs do not provide stool microscopy tests.

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher.
[2] Non-latex equivalent gloves are acceptable.
[3] Waste receptacle with plastic bin liner.
[4] Average number of six items (soap, running water, alcohol-based disinfectant, latex gloves, sharps container, and waste receptacle) available.
[5] Facility had functioning equipment and reagents for hematology analyser, colorimeter, hemoglobinometer, hemoCue, or tallquist paper.
[6] Facility had a functioning microscope with glass slides and formal saline (for concentration method), 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 at any time, basic equipment, and essential medicines available on the day of the survey, and the average readiness score, Bangladesh HFS 2022

Background characteristic	IMCI guidelines	Staff trained in IMCI (at any time)[1]	Child weighing scale[2]	Thermo-meter	Growth chart	Zinc tablets or syrup	ORS	Amoxicillin syrup, suspension or dispersible	Para-cetamol syrup or suspen-sion	Meben-dazole/ albendazole	Average readiness score (out of 10 items)[3]	Number of facilities offering outpatient curative care for sick children (weighted)	Number of facilities offering outpatient curative care for sick children (unweighted)
Facility type													
District and upazila public facilities	**43.4**	**74.5**	**76.7**	**92.4**	**69.2**	**68.6**	**86.7**	**67.5**	**85.1**	**75.1**	**7.4**	**41**	**314**
DH	48.4	83.9	82.3	90.3	64.5	74.2	98.4	32.3	85.5	30.6	6.9	4	62
MCWC	9.4	52.7	65.1	87.2	47.6	6.2	24.6	86.3	85.4	95.8	5.6	7	95
UHC	50.5	78.2	78.6	93.9	74.9	82.2	99.3	68.3	84.9	76.9	7.9	30	157
Union-level public facilities	**17.9**	**44.8**	**50.0**	**75.7**	**49.9**	**13.7**	**37.3**	**79.8**	**83.7**	**83.8**	**5.4**	**295**	**413**
UHFWC	19.3	45.0	55.7	79.4	56.3	6.9	18.9	91.3	91.6	97.7	5.6	212	274
USC/RD	14.1	44.3	35.6	66.3	33.6	31.1	84.4	50.6	63.6	48.5	4.7	83	139
Community clinic (CC)	**17.0**	**52.4**	**42.8**	**77.9**	**70.5**	**81.0**	**98.5**	**92.7**	**95.3**	**94.8**	**7.2**	**939**	**461**
NGO clinic/ hospital	**33.1**	**53.0**	**66.1**	**99.2**	**62.8**	**58.9**	**86.4**	**29.6**	**63.0**	**51.1**	**6.0**	**25**	**109**
Private hospital	**4.9**	**16.2**	**69.8**	**94.5**	**10.5**	**47.7**	**65.3**	**24.3**	**52.8**	**48.7**	**4.3**	**104**	**109**
Location													
Urban	15.5	31.9	67.1	93.7	29.4	52.1	73.1	32.9	59.7	54.5	5.1	154	417
Rural	17.5	50.9	45.3	77.7	65.5	65.0	83.8	89.2	92.4	91.8	6.8	1,250	989
Division													
Barishal	26.4	65.0	43.0	78.3	69.3	61.2	86.3	87.7	92.9	86.9	7.0	103	134
Chattogram	20.4	49.4	48.7	83.9	69.3	65.7	86.7	80.1	90.3	88.0	6.8	283	236
Dhaka	18.5	43.1	45.3	78.6	59.1	64.5	80.8	78.7	90.0	86.7	6.5	266	234
Khulna	9.8	58.3	43.3	82.1	73.4	58.6	79.2	85.5	91.3	89.9	6.7	161	177
Rajshahi	14.9	41.6	64.5	84.5	41.8	58.1	78.6	79.9	83.2	85.0	6.3	203	198
Rangpur	14.5	48.6	40.0	72.2	61.3	63.9	83.4	86.8	86.5	88.0	6.5	185	169
Sylhet	17.0	34.8	59.6	84.0	70.3	67.1	81.4	88.2	87.6	93.4	6.8	88	118
Mymensingh	18.5	56.4	35.5	67.5	53.3	72.0	84.9	88.0	89.9	87.2	6.5	115	140
Total	17.3	48.8	47.7	79.5	61.6	63.6	82.6	83.0	88.8	87.7	6.6	1,404	1,406
Total excluding CCs	*18.1*	*41.5*	*57.7*	*82.7*	*43.5*	*28.6*	*50.6*	*63.6*	*75.8*	*73.4*	*5.4*	*465*	*945*
Total public	*18.0*	*51.4*	*45.6*	*77.9*	*65.7*	*65.0*	*83.9*	*88.9*	*92.3*	*91.6*	*6.8*	*1,275*	*1,188*
Total public excluding CCs	*21.0*	*48.7*	*53.3*	*77.7*	*52.3*	*20.4*	*43.3*	*78.3*	*83.9*	*82.8*	*5.6*	*336*	*727*

Note: ORS = oral rehydration solution.

[1] 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 and does not include individual instruction that a provider might have received during routine supervision.

[2] A scale with gradation of 250 grams, or a digital standing scale with gradation of 250 grams or less where an adult can hold a child to be weighed.

[3] Average readiness score is the average number of 10 items (IMCI guideline, staff trained in IMCI at any time, child weighing scale, thermometer, growth chart, zinc tablets/syrup, ORS, amoxicillin syrup/suspension/dispersible, paracetamol syrup/suspension, and mebendazole/albendazole) available that are necessary for providing outpatient curative care for sick children.

Table 4.7: Supportive management for providers of child health services

Among interviewed child health service providers, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed child health service providers (weighted)	Number of interviewed child health service providers (unweighted)
	Training related to child health during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to child health during the 24 months and personal supervision during the 6 months preceding the survey		
Facility type					
District and upazila public facilities	**18.0**	**97.6**	**17.8**	**960**	**1,968**
DH	17.4	96.8	17.2	219	394
MCWC	8.0	98.0	8.0	18	256
UHC	18.4	97.8	18.2	723	1,318
Union-level public facilities	**17.3**	**86.7**	**13.8**	**355**	**644**
UHFWC	17.5	89.4	14.7	259	434
USC/RD	16.8	79.3	11.3	96	210
Community clinic (CC)	**32.7**	**91.9**	**30.3**	**1,308**	**704**
NGO clinic/hospital	**32.4**	**96.2**	**32.4**	**84**	**289**
Private hospital	**9.5**	**86.6**	**5.8**	**378**	**233**
Location					
Urban	16.2	93.7	14.8	1,099	1,800
Rural	27.6	91.8	25.3	1,986	2,038
Division					
Barishal	18.3	90.5	13.7	246	418
Chattogram	28.6	92.2	27.7	565	629
Dhaka	19.9	94.5	18.7	690	676
Khulna	23.5	90.9	21.8	310	469
Rajshahi	18.1	94.3	16.6	456	516
Rangpur	24.4	92.0	22.8	394.	517
Sylhet	26.8	93.0	24.2	158	277
Mymensingh	33.0	89.3	28.1	266	336
Total	23.5	92.5	21.6	3,085	3,838
Total excluding CCs	*16.7*	*93.0*	*15.1*	*1,777*	*3,134*
Total public	*25.2*	*93.3*	*23.5*	*2,623*	*3,316*
Total public excluding CCs	*17.8*	*94.6*	*16.7*	*1,315*	*2,612*

[1] 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.
[2] 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 2022

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 (weighted)	Number of interviewed child health service providers (unweighted)
	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		
Facility type										
District and upazila public facilities	**4.9**	**20.9**	**5.7**	**22.5**	**5.0**	**21.9**	**5.8**	**23.6**	**960**	**1,968**
DH	4.9	16.3	5.2	21.6	3.5	18.1	5.0	18.6	219	394
MCWC	2.0	24.0	3.4	29.2	3.0	28.7	1.8	27.7	18	256
UHC	5.0	22.2	5.9	22.5	5.5	22.8	6.1	25.0	723	1,318
Union-level public facilities	**4.7**	**29.1**	**2.5**	**31.8**	**2.7**	**29.2**	**3.6**	**35.6**	**355**	**644**
UHFWC	3.4	30.1	2.1	32.2	2.6	29.8	3.4	35.7	259	434
USC/RD	8.2	26.4	3.6	30.8	3.1	27.8	4.0	35.5	96	210
Community clinic (CC)	**6.6**	**37.4**	**8.6**	**48.1**	**7.3**	**34.4**	**16.4**	**59.0**	**1,308**	**704**
NGO clinic/hospital	**23.9**	**43.9**	**10.3**	**31.0**	**12.1**	**30.5**	**10.9**	**28.6**	**84**	**289**
Private hospital	**1.2**	**4.5**	**1.9**	**6.0**	**0.9**	**5.6**	**2.4**	**8.3**	**378**	**233**
Location										
Urban	5.5	17.0	4.5	17.7	3.7	16.0	5.4	18.9	1,099	1,800
Rural	5.7	33.2	7.2	40.9	6.4	31.9	12.1	49.0	1,986	2,038
Division										
Barishal	7.5	30.5	7.3	47.2	7.6	31.6	11.7	48.4	246	418
Chattogram	8.2	31.9	10.0	33.8	9.7	33.3	12.0	39.7	565	629
Dhaka	4.6	20.6	4.5	26.9	3.6	20.2	10.4	29.2	690	676
Khulna	4.6	30.6	2.5	37.3	3.3	24.9	4.8	37.1	310	469
Rajshahi	4.7	28.7	5.5	29.1	3.0	22.8	5.2	36.4	456	516
Rangpur	6.4	25.1	7.2	27.0	6.1	24.8	13.6	38.5	394	517
Sylhet	4.6	20.4	7.7	27.7	7.4	26.9	8.9	37.6	158	277
Mymensingh	3.4	34.7	5.0	43.6	3.1	31.3	9.9	54.1	266	336
Total	5.6	27.4	6.2	32.6	5.4	26.3	9.7	38.3	3,085	3,838
Total excluding CCs	*5.0*	*20.1*	*4.5*	*21.2*	*4.0*	*20.3*	*4.9*	*23.0*	*1,777*	*3,134*
Total public	*5.7*	*30.2*	*6.7*	*36.5*	*5.8*	*29.1*	*10.8*	*42.9*	*2,623*	*3,316*
Total public excluding CCs	*4.8*	*23.1*	*4.8*	*25.0*	*4.4*	*23.9*	*5.2*	*26.9*	*1,315*	*2,612*

Note: EPI = Expanded Program on Immunization; IMCI = Integrated Management of Childhood Illness; ARI = Acute respiratory infection

Table 4.9: Key indicators for child curative care services in MCWCs

Among facilities offering outpatient child curative care for sick children, the percentages with key indicators, Bangladesh HFS 2022

Indicators	Facility type	
	MCWC (district-level)	MCWC (upazila and union-level)
Availability		
Child curative care	98.3	89.8
Child growth monitoring	72.3	61.1
Child vaccination	66.1	42.2
Number of facilities (weighted)	5	3
Number of facilities (unweighted)	62	38
Readiness		
IMCI guidelines	9.8	8.5
Staff trained on IMCI (at any time)[1]	58.9	41.7
Child weighing scale[2]	70.1	56.0
Thermometer	91.7	79.3
Growth chart	49.4	44.4
Zinc tablets/syrup	9.6	0.0
ORS	31.4	12.5
Amoxicillin syrup, suspension or dispersible	90.4	79.0
Paracetamol syrup, suspension	92.0	73.6
Mebendazole/albendazole	98.4	91.1
Average readiness score[3]	6.0	4.9
Number of facilities offering outpatient child curative care (weighted)	4	3
Number of facilities offering outpatient child curative care (unweighted)	61	34

[1] 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 and does not include individual instruction that a provider might have received during routine supervision.
[2] A scale with gradation of 250 grams, or a digital standing scale with gradation of 250 grams or less where an adult can hold a child to be weighed.
[3] Average readiness score is the average number of items (out of 10 items) available that are necessary for providing outpatient curative care for sick children.

FAMILY PLANNING SERVICES 5

Key Findings

- About 8 in 10 public facilities provide at least one modern family planning (FP) method (**Table 5.2** and **Figure 5.1**).
- Modern FP services are universally provided in MCWCs (94%), UHCs (97%), and UHFWCs (92%), but only 10% of private hospitals provide modern FP (**Table 5.2** and **Figure 5.1**).
- The proportion of DHs providing any modern FP services increased remarkably, from 69% in 2017 to 84% in 2022 (**Table 5.2** and **Figure 5.1**).
- Two-thirds of the public facilities, excluding CCs (68%), provide long-acting reversible contraceptives or permanent methods (LARC/PMs) (**Table 5.2**).
- The majority of the DHs (57%), MCWCs (67%), and UHCs (79%) provide male or female sterilization services (**Table 5.2** and **Figure 5.3**).
- More than two-thirds of the public facilities offering any modern FP, excluding CCs (70%), have guidelines available on FP. In most UHCs (89%) guidelines are available, while availability is very low in private facilities (7%) (**Table 5.6** and **Figure 5.9**).
- Almost all MCWCs (95%) and most DHs (81%) and UHCs (87%) offering any modern FP have staff ever trained in FP services. The majority of the public facilities (60%) have staff trained at any time, whereas only one-fifth of them (19%) have staff trained in the preceding 24 months (**Table 5.6**).
- Among facilities offering any modern FP, a blood pressure apparatus is universally available in MCWCs (97%), UHCs (98%), UHFWCs (90%), NGO clinics (97%), and private hospitals (100%) (**Table 5.8** and **Figure 5.11**).
- The availability of the combined or progestin-only oral pills is universal at UHCs (94%) and UHFWCs (95%) among facilities offering any modern FP methods, but this availability is lower in NGO (74%) and private (34%) facilities. Progestin-only injectables are available in most UHCs (94%) and UHFWCs (93%). Nearly 80% of public health facilities, excluding CCs, have intrauterine contraceptive devices (IUCDs) available on the day of the survey (**Table 5.8**).
- The average readiness score for FP services in public health facilities that offer any modern FP methods is 4.4 (out of 8 items) (**Table 5.8**). Comparatively, the readiness score is 6.9 among MCWCs and 7.3 among UHCs. The readiness score has slightly increased in total public health facilities, excluding CCs, from 6.0 in 2017 to 6.1 in 2022 (**Table 5.8** and **Figure 5.13**).

5.1 BACKGROUND

Family 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 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 aimed to increase overall FP use to 75% by 2022 (MOHFW 2012).

Over the past four decades, Bangladesh has made remarkable progress in increasing the utilization of modern FP methods among currently married women. According to the 2022 Bangladesh Demographic and Health Survey (BDHS), the contraceptive prevalence rate (CPR) increased from 56% to 64% between 2007 and 2022. Between 2017–18 and 2022, use of modern contraceptive methods increased from 52% to 55%. The 4th HPNSP aimed to reach 50% use of modern methods in Chattogram and Sylhet by 2022. Since 2014, use of modern methods in Sylhet increased from 41% to 44%; however, there was a slight increase in Chattogram, from 47% to 49% (NIPORT, et al. 2014; NIPORT, et al. 2023). The 4th HPNSP aimed to reach a modern contraceptive use prevalence of 60% in Chattogram and Sylhet by 2022 (Government of Bangladesh 2017).

- **Availability of FP services:** Section 5.2, including **Tables 5.1**–**5.5** and **Figures 5.1**–**5.3**, 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 FP Commodities:** Section 5.3, including **Tables 5.5** and **5.8;** and **Figures 5.4–5.8,** examines the availability of FP commodities. It includes oral pills, injectables, condoms, IUCDs, and implants.
- **Availability of guidelines, trained staff, equipment, and infection control items:** Section 5.4, including **Tables 5.6** and **5.7;** and **Figures 5.9–5.12**, addresses the extent to which facilities that offer FP 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 5.5, including **Table 5.8** and **Figure 5.13**, describes the average readiness score 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:** Section 5.6, including **Tables 5.9** and **5.10**, evaluates aspects of training and supervision that are important to support the delivery of high-quality FP services.

5.2 FAMILY PLANNING SERVICES

FP methods differ in their functions, effectiveness, side effects, and modes 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 safely provide certain methods. 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 2022 BHFS obtained information on the availability of FP services (modern FP methods, long-acting reversible contraceptives or permanent methods [LARC/PMs], 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).

- Eight in ten public health facilities offer (provide, prescribe, or counsel clients) any modern FP (including an emergency contraceptive) in 2022. Almost all DHs (94%), MCWCs (95%), UHCs (98%), and UHFWCs (96%) offer these services, whereas it is offered by only one-fourth of private hospitals. The services are more available at the facilities in rural (83%) areas compared to the facilities in urban areas (39%) (**Table 5.1**).

- Seventy-nine percent of public facilities, excluding CCs, offer long-acting or permanent methods of family planning service. Almost all of the MCWCs (93%), UHCs (97%), and most of the UHFWCs (89%) offer LARC/PMs; however, less than half of USC/RDs (45%) and only one-fourth of the private hospitals (24%) offer these services (**Table 5.1**).

- Twenty-nine percent (34%, excluding CCs) of public health facilities offer male or female sterilization. The majority of MCWCs (77%) and most UHCs (87%) offer male and female sterilization; however, only 17% of private hospitals offer these services (**Table 5.1**).

- Ninety-one percent of public facilities, excluding CCs, offer postpartum family planning (PPFP) services. UHCs (99%), UHFWCs (99%), MCWCs (98%), DH (97%), NGOs (90%), and CCs (89%), universally offer PPFP services; private hospitals (47%) are least likely to offer these services (**Table 5.1**).

- Modern FP services (**with or without stock**) are universally offered by DHs (95%), MCWCs (99%), UHCs (98%), and UHFWCs (100%), whereas it is provided by 54% of USC/RDs and 30% of private hospitals (**Table 5.1**).

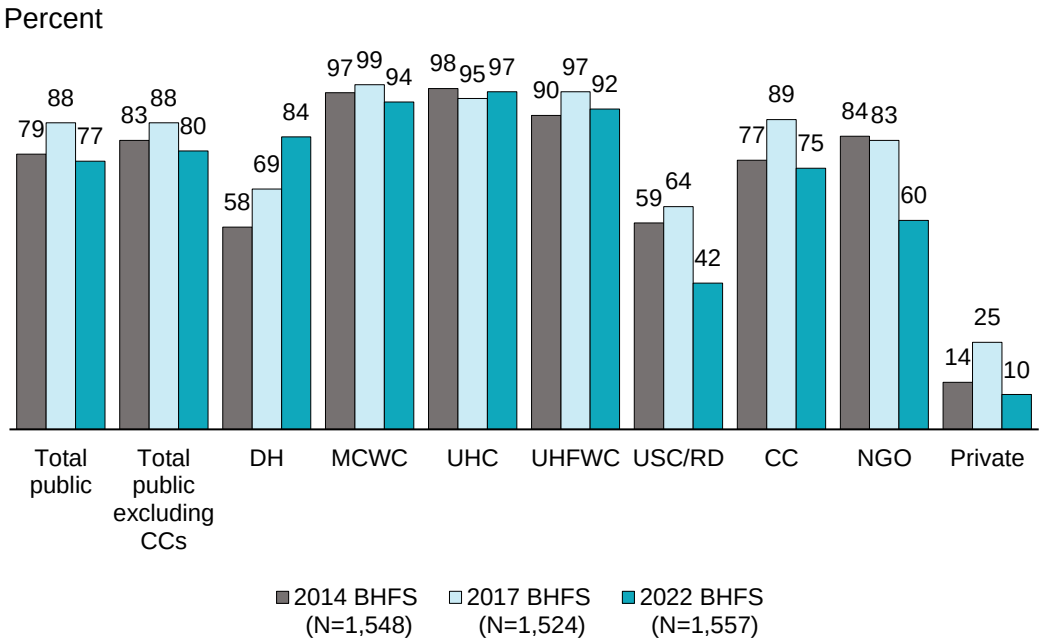
- Modern FP services (**with stock**) are available in almost all MCWCs (94%), UHCs (97%) and UHFWCs (92%). Almost two-thirds of NGOs (60%) have availability, whereas it is available in only 10% of private facilities (**Table 5.1**).

5.2.2 Facilities Providing Modern Family Planning Methods and Services

This section describes the extent to which modern FP methods are provided (i.e., the facility stocks the specific method and makes it available for clients) at different types of facilities (**Table 5.2**).

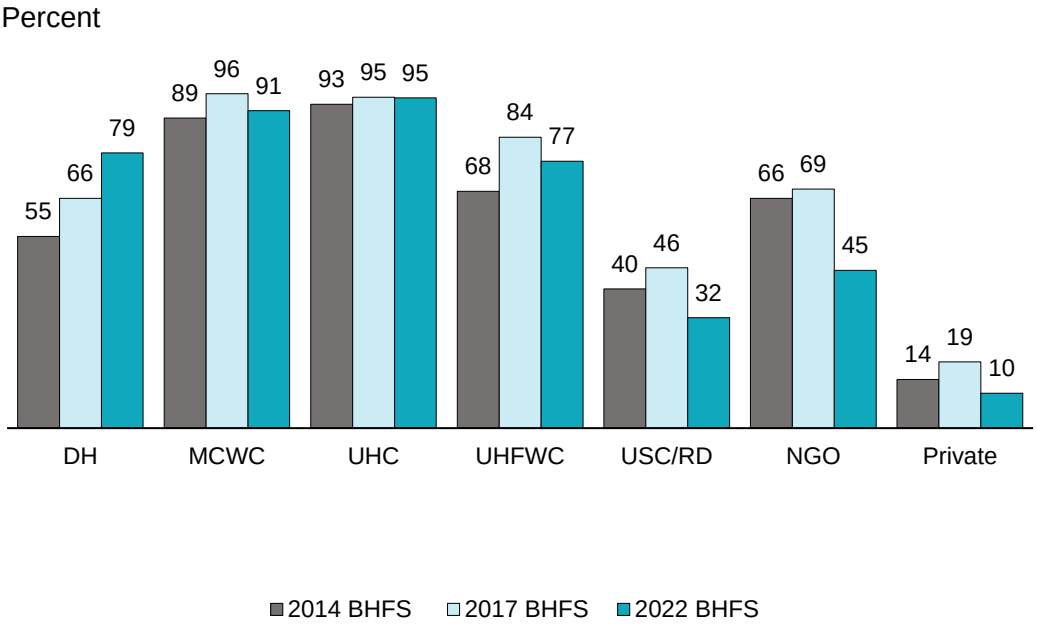
- More than three-quarters of public facilities (77%) provide at least one modern FP method in 2022 (**Table 5.2** and **Figure 5.1**).
- Methods of modern FP are universally provided by MCWCs (94%), UHCs (97%), and UHFWCs (92%). The majority of CCs (75%) and NGO clinics (60%) provide any modern FP methods; however, only one-tenth of private hospitals offer these services (**Table 5.2** and **Figure 5.1**).
- The proportion of public facilities providing any modern FP methods decreased from 88% in 2017 to 77% in 2022. However, availability of modern FP services increased remarkably in DHs, from 69% in 2017 to 84% in 2022 (**Table 5.2** and **Figure 5.1**).
- The percentage of FP service availability varies by location. Urban health facilities provided a lower proportion of modern FP services (26%) than the rural facilities (76%) (**Table 5.2**).

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



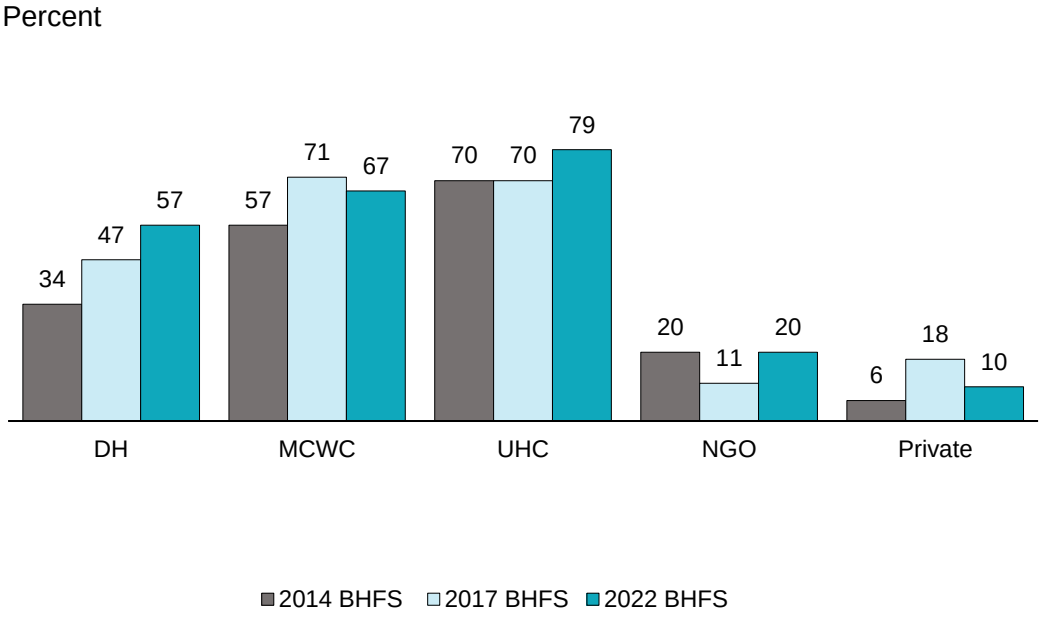
- The majority of the public facilities, excluding CCs, (68%) in Bangladesh provide LARC/PMs (**Table 5.2**).
- About 8 in 10 DHs (79%) and more than ninety percent of the MCWCs (91%) and UHCs (95%) are providing LARC/PM services in 2022 (**Table 5.2** and **Figure 5.2)**.
- The proportion of DHs providing LARC/PMs increased remarkably from 66% in 2017 to 79% in 2022 and remained unchanged in UHCs (95%); however, it decreased notably in USC/RDs and NGO facilities over the past five years (**Figure 5.2**).
- The LARC/PMs are provided more in urban (23%) facilities than rural facilities (18%) (**Table 5.2**).

Figure 5.2 **Facilities providing LARC/PMs, by facility type**



- The majority of the DHs (57%), MCWCs (67%), and UHCs (79%) are providing male or female sterilization services in 2022 (**Table 5.2** and **Figure 5.3**). Since 2017, there have been notable increases in sterilization services in DHs (from 47% in 2017 to 57% in 2022) and UHCs (from 70% in 2017 to 79% in 2022) (**Figure 5.3**).
- The provision of male or female sterilization has markedly increased 23 percentage points in DHs, from 34% in 2014 to 57% in 2022 (**Figure 5.3**).

Figure 5.3 **Facilities providing male or female sterilization services, by facility type**



5.2.3 Frequency of Availability of Family Planning Services

- Fifty-six percent of public facilities reported that they provide FP services every day. Most of the DHs (83%), MCWC (87%), UHCs (84%), private hospitals (86%), and NGOs (92%) that offer FP services provide these services every day (**Table 5.4**).
- However, relatively smaller proportions of union-level facilities (56%) and CCs (55%) offer FP services every day (**Table 5.4**).
- Frequency of FP service availability varies by location. More urban facilities (86%) provide FP services every day than rural facilities (56%) (**Table 5.4**).
- By division, the proportion of all facilities offering FP services every day ranges from 40% in Mymensingh to 74% in Barishal (**Table 5.4**).

5.3 Availability of FP Commodities on the Day of Assessment

Stock-outs of FP methods can put a woman at risk of an unintended pregnancy. To obtain information on stock-outs, the 2022 BHFS assessed the availability on the day of survey of each method reportedly provided. Table 5.5 shows the stock of FP commodities which were observed to be available on the day of survey among facilities that reported that they provide the specific commodity.

- The majority of the public facilities (79%) providing FP commodities (oral pills, injectables, condoms, IUCDs, implants) actually had stock of every method they provide available on the day of survey (**Table 5.5**).

- Nine in ten public health facilities, excluding CCs, (91%) providing FP commodities (oral pills, injectables, condoms, IUCDs, and implants) actually had stock of every method they provide available on the day of the survey (**Table 5.5**).

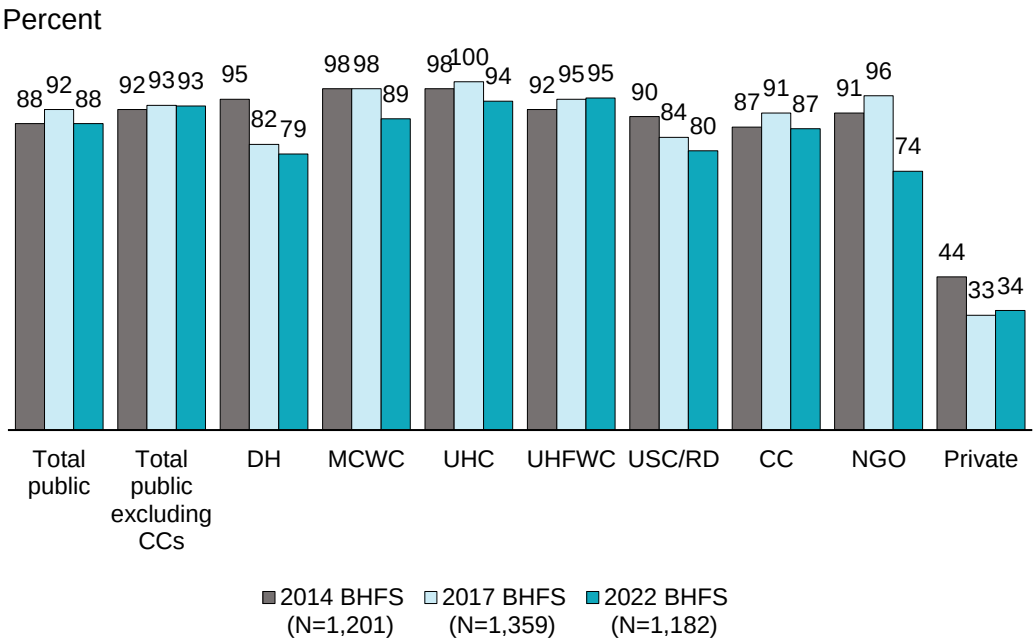
- UHCs are most likely (92%) to have every FP commodity available in stock (**Table 5.5**).

5.3.1 Availability of Oral Pills

- Among facilities that offer (provide, prescribe, or counsel clients) any modern FP methods, the availability of oral pills is universal at UHCs (94%) and UHFWCs (95%). Most of the CCs (87%) have oral pills available on the day of the survey; however, only 34% of private facilities have oral pills, a decrease from 44% in 2014 (**Table 5.8** and **Figure 5.4**).

- Seventy-nine percent of DHs have oral pills available among facilities that reported that they offer any modern family planning methods (**Table 5.8**). Whereas, among facilities providing oral pills, almost all DHs (98%) were observed to have stock of oral pills on the day of the survey (**Table 5.5**).

Figure 5.4 **Availability of oral pills, by facility type**



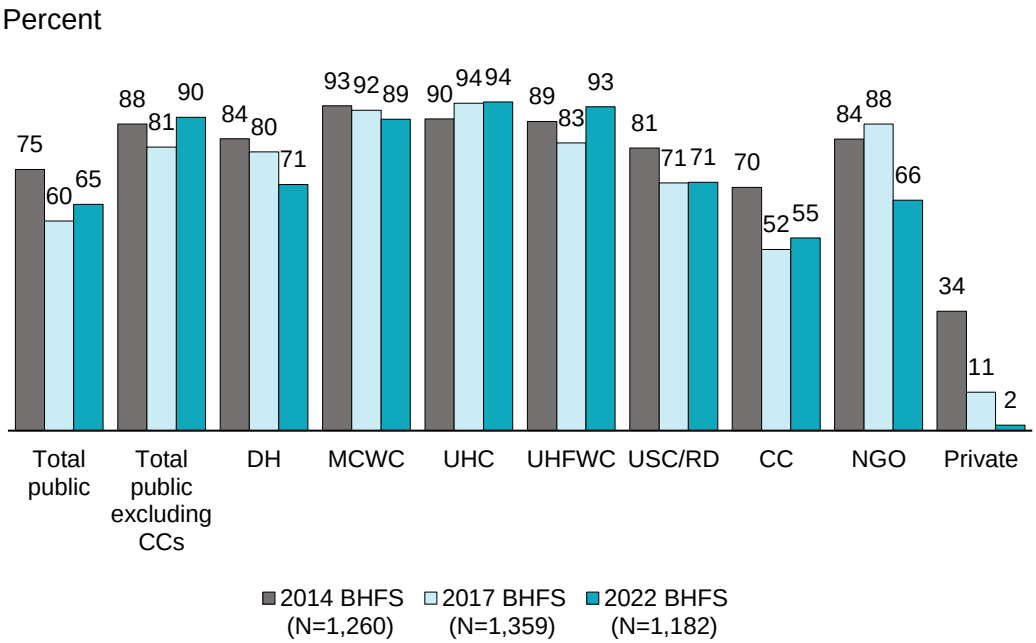
5.3.2 Availability of Injectables

- Ninety percent of public facilities, excluding CCs, had injectables on the day of the survey among facilities that offer (provide, prescribe, or counsel clients) any modern FP methods (**Table 5.8** and **Figure 5.5**).

- Injectables are universally available in UHCs (94%) and UHFWCs (93%). The availability of injectables in NGO facilities has declined twenty-two percentage points, from 88% in 2017 to 66% in 2022 (**Table 5.8** and **Figure 5.5**).

- The availability of injectables in DHs is 71% among facilities offering any modern FP methods (**Table 5.8**); however, stock of injectables was observed on the day of the survey in 89% of the DHs providing injectables (**Table 5.5**).

Figure 5.5 **Availability of injectables, by facility type**

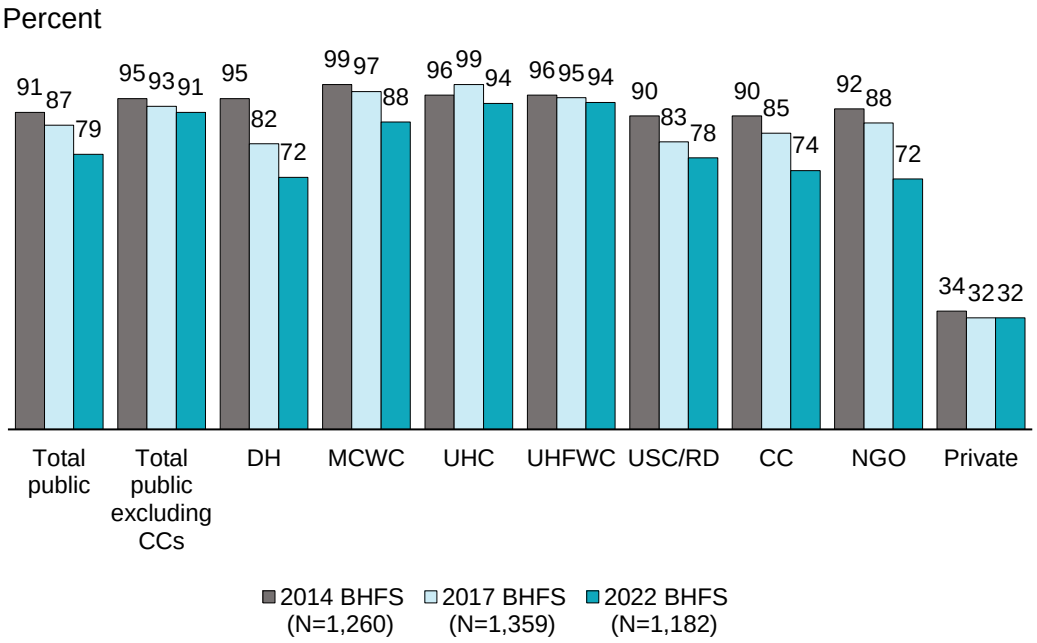


5.3.3 Availability of Condoms

- Although there has been an overall decline in the availability of male condoms in public facilities (from 91% in 2014 to 79% in 2022), they are universally available in UHCs (94%) and UHFWCs (94%) on the day of the survey among facilities that offer (provide, prescribe, or counsel clients) any modern FP methods (**Table 5.8** and **Figure 5.6)**.

- Thirty-two percent of private hospitals have male condoms available among facilities offering any modern FP methods (**Table 5.8** and **Figure 5.6**). However, 96% of the private hospitals were observed to have stock of male condoms on the day of the survey among facilities providing condoms (**Table 5.5**).

Figure 5.6 **Availability of condoms, by facility type**

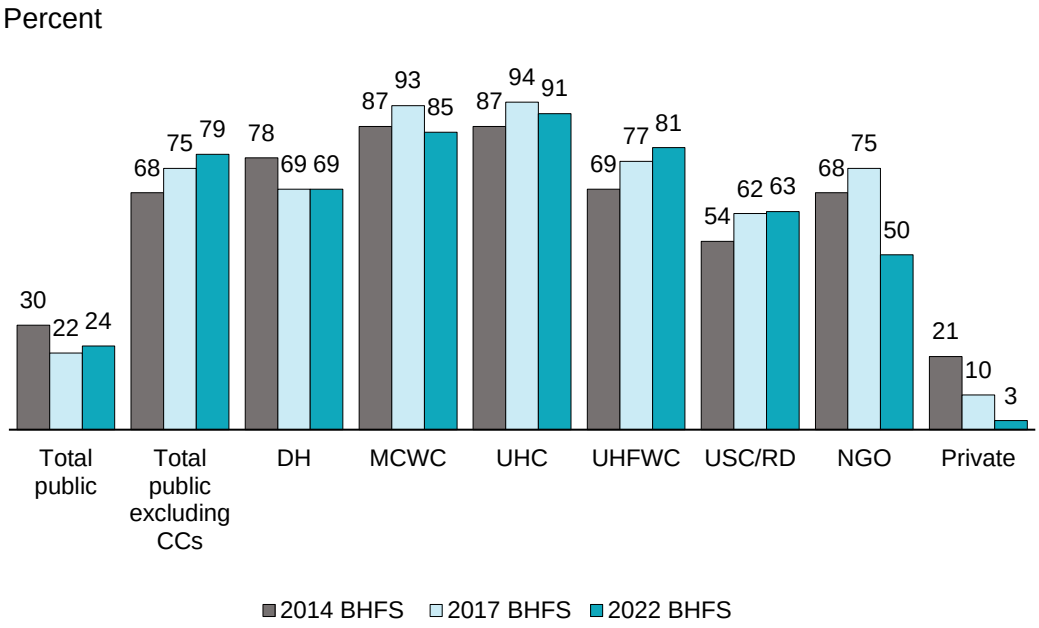


5.3.4 Availability of Intrauterine Contraceptive Devices

- Seventy-nine percent of public health facilities, excluding CCs, have IUCDs available in 2022, an increase from 75% in 2017 among facilities that offer (provide, prescribe, or counsel clients) any modern FP methods. Availability of IUCDs for contraception are lowest in private facilities (3%). More than 9 in 10 UHCs (91%) and 8 in 10 MCWCs (85%) had IUCDs available on the day of visit (**Table 5.8** and **Figure 5.7**).

- The availability of IUCDs in Chattogram division is 24% among facilities offering any modern FP methods **(Table 5.8**). Whereas, stock of IUCDs are observed in 99% of all facilities (including NGOs and private) in Chattogram division among facilities providing any modern FP methods (**Table 5.5**).

Figure 5.7 **Availability of IUCDs, by facility type**

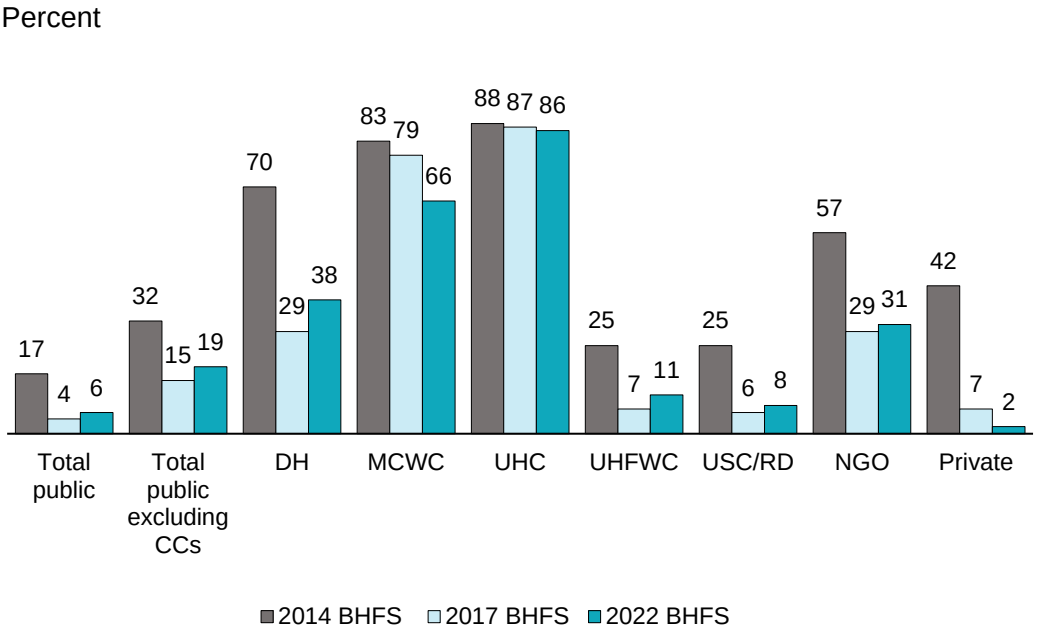


5.3.5 Availability of Implants (One Rod or Two Rod)

- Nineteen percent of public health facilities, excluding CCs, have implants available in 2022, among facilities that offer (provide, prescribe, or counsel clients) any modern FP methods, which increased from 15% in 2017. In the last five years, the availability of implants increased in all types of facilities except MCWCs, UHCs, and private facilities (**Table 5.8** and **Figure 5.8**).

- Two-thirds of MCWCs had implants available on the day of the survey, among facilities offering any modern FP methods (**Table 5.8**). However, almost all MCWCs (94%) were observed to have the stock of implants among facilities providing condoms on the day of survey (**Table 5.5**).

Figure 5.8 **Availability of Implants in health facilities, by facility type**



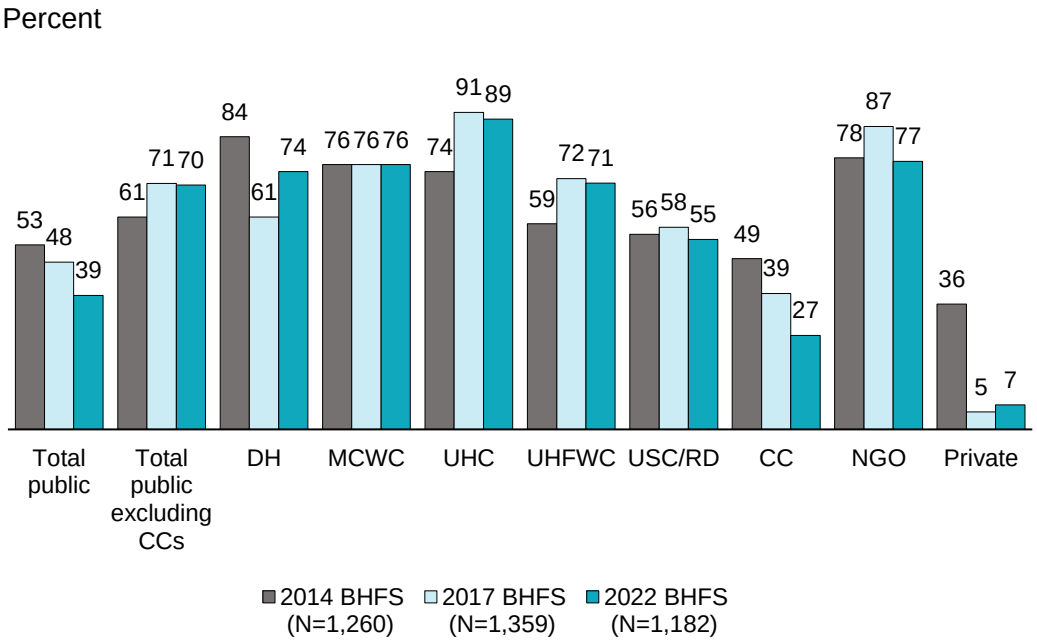
5.4 AVAILABILITY OF SERVICE GUIDELINES, TRAINED STAFF, AND EQUIPMENT

To address the extent to which facilities that offer FP services have the capacity to support quality services, the 2022 BHFS gathered data on the percentage of facilities having guidelines, trained staff, and basic equipment for FP services.

5.4.1 Availability of Guidelines for Family Planning Services

- Almost 39% of public facilities offering FP had guidelines available on the day of the survey. UHCs are most likely (89%) and private hospitals are least likely (7%) to have FP guidelines in 2022 (**Table 5.6** and **Figure 5.9**).
- Between 2017 and 2022, the availability of guidelines at DHs increased sharply (from 61% to 74%), while the percentage of MCWCs with guidelines remained unchanged. UHCs and UHFWCs showed small decreases in the availability of FP guidelines (**Figure 5.9**).
- The overall availability of FP guidelines in public facilities decreased remarkably since 2017 (from 69% to 39%), mainly due to a decrease in the availability at CCs (from 39% to 27%) and NGOs (87% to 77%) (**Figure 5.9**).

Figure 5.9 **Availability of FP guidelines in health facilities, by facility type**



5.4.2 Availability of Trained Staff in Family Planning

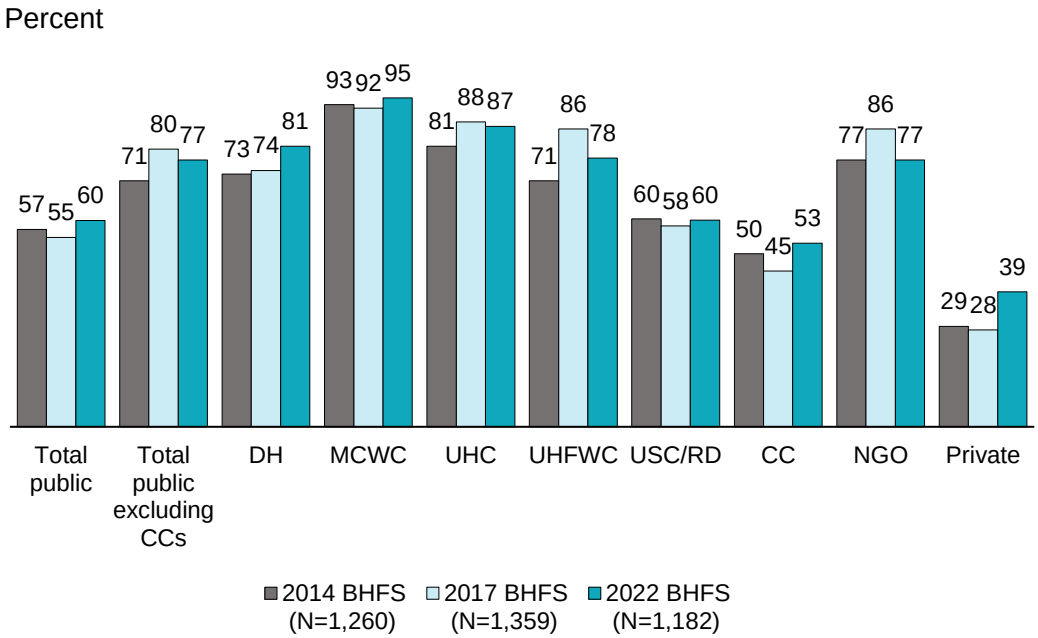
Training is also an important management function to support health care providers. In particular, periodic in-service training can keep providers up to date and help them refresh their knowledge and skills.

- The majority of the public facilities (60%) have staff trained in FP at any time, and 19% have staff trained during the last 24 months. Ninety-five percent of MCWCs and 87% of UHCs have staff trained at any time, but much lower percentages (58% and 39%, respectively) of these facilities have staff trained during the preceding 24 months **(Table 5.6)**.

- Since 2017, the availability of trained staff at any time in public health facilities increased by five percentage points; however, it decreased slightly at UHCs, UHFWCs, and NGO facilities (**Figure 5.10**).

- Private hospitals (39%) and CCs (53%) are the least likely to have ever trained staff members in FP (**Table 5.6**).

Figure 5.10 **Availability of staff trained in FP at any time in health facilities, by facility type**



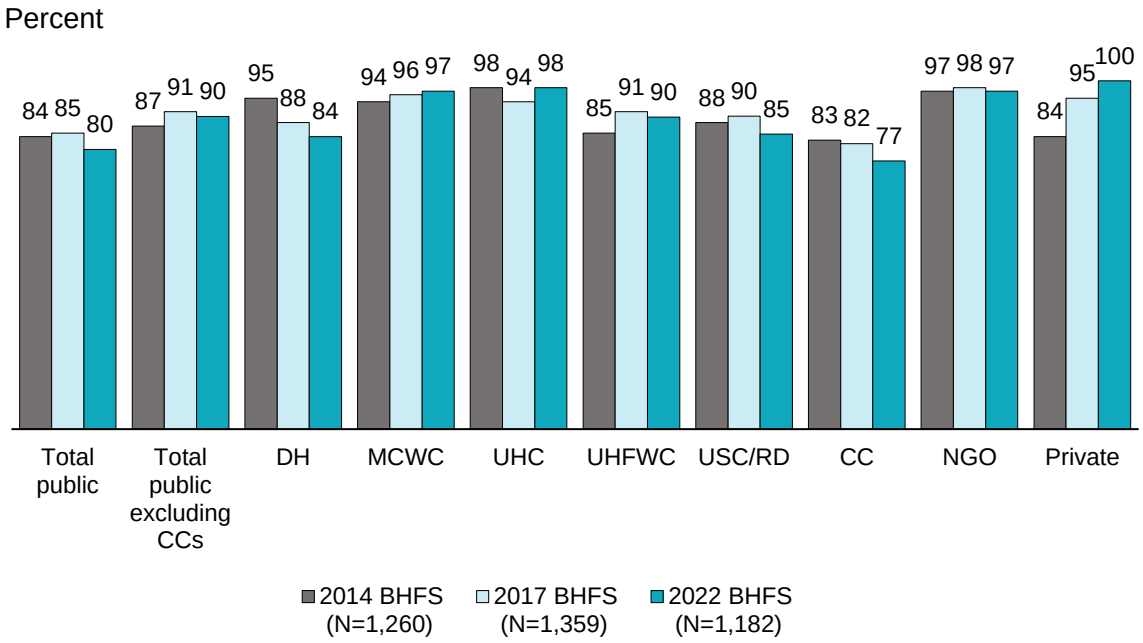
5.4.3 Availability of Equipment for Family Planning Services

- Most public health facilities (80%) offering modern FP methods had a functioning BP apparatus available on the day of the visit. A BP apparatus was universally available at MCWCs (97%), UHCs (98%), UHFWCs (90%), NGOs (97%), and private hospitals (100%) (**Table 5.8** and **Figure 5.11**).

- Overall, 80% of public facilities (90% excluding CCs) have a functioning BP apparatus, while few public facilities have a pelvic model (17%) for IUCD demonstration and a model for showing condom use (18%) (**Table 5.6**).

- Most public facilities, excluding CCs, (85%) have an examination bed or couch, and the majority of public facilities, excluding CCs, (68%) have an examination light (**Table 5.6**).

Figure 5.11 **Availability of functioning blood pressure apparatus in health facilities, by facility type**

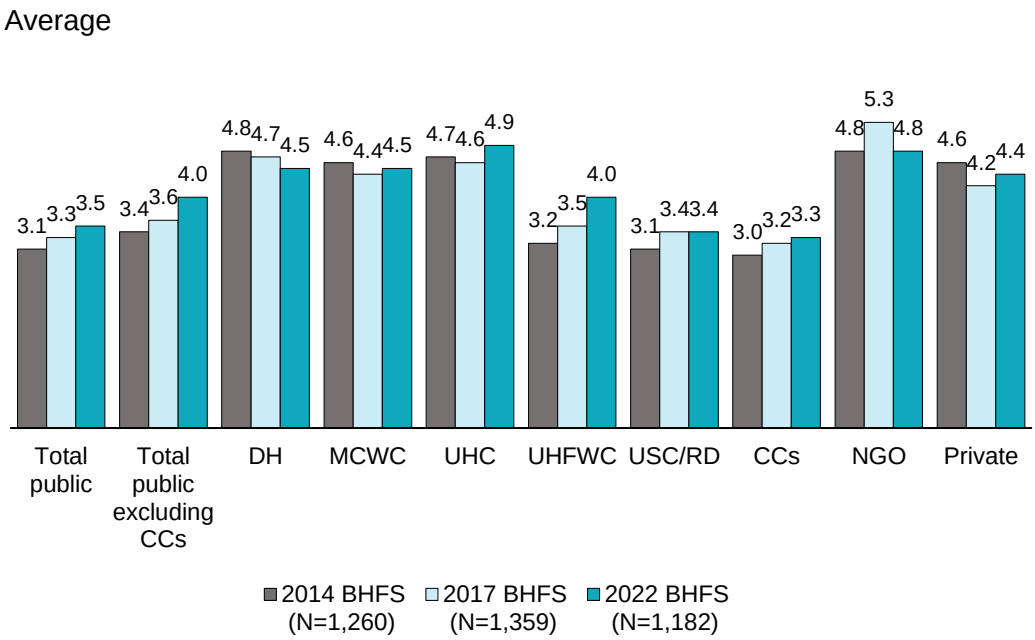


5.4.4 Infection Control During Provision of Family Planning

Infection control is essential in FP procedures such as insertion or removal of IUCDs, injectables, and implants. The 2022 BHFS collected 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.

- The majority of the public health facilities have alcohol-based hand disinfectant (66%), latex gloves (62%), and soap (57%) available at the time of survey (**Table 5.7**).
- The average number of infection control items available at FP service sites in public health facilities is 3.5 out of 6 in 2022. Among public facilities, excluding CCs, the average number of infection control items increased slightly, from 3.6 in 2017 to 4.0 in 2022 (**Table 5.7** and **Figure 5.12**).
- Among facilities offering any modern FP methods, UHCs have the highest average number of items for infection control–4.9 items–in the 2022 BHFS (**Table 5.7** and **Figure 5.12**).

Figure 5.12 **Average number of items (out of six) available for infection control in family planning service areas, by facility type**



5.5 READINESS OF HEALTH FACILITIES TO PROVIDE FAMILY PLANNING SERVICES

The WHO has specified a set of items or tracer indicators that facilities must have to be considered ready to offer FP services (WHO 2013, Service Availability and Readiness Assessment). Data from the 2014, 2017, and 2022 BHFS are used to construct a slightly less restrictive measure of FP service readiness that is appropriate for the Bangladesh context. The following eight items/indicators are included in this measure of the readiness of health facilities to provide FP services:

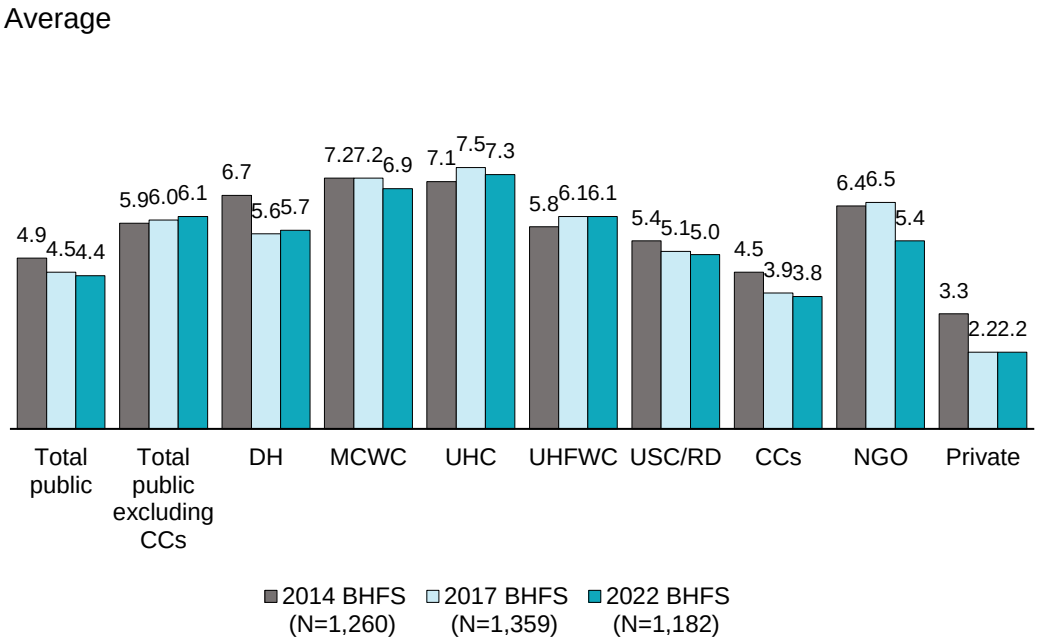
- **Trained staff:**
  - At least one staff person who has ever received in-service FP training
- **Guidelines:**
  - National or any other FP guidelines
- **Equipment:**
  - Blood pressure apparatus
- **Commodities:**
  - Oral pills
  - Injectable
  - Condom
  - IUCD
  - Implant (one rod or two rod)

The readiness of facilities for providing FP services is assessed through an average readiness score. This score represents the mean number of available items or tracer indicators from the set of eight adapted items for FP services on the day of visit.

- The average readiness score for providing FP services in public health facilities is 4.4 in 2022 (Table 5.8). It increased slightly in total public health facilities (excluding CCs), from 6.0 in 2017 to 6.1 in 2022 (**Figure 5.13**).

- Among facilities offering any modern FP, MCWCs (6.9) and UHCs (7.3) have the highest average score for FP services in the 2022 BHFS. However, private facilities have an average of 2.2 items (**Table 5.8** and **Figure 5.13**).

Figure 5.13 **Average readiness score of health facilities (out of 8 items) to provide FP services, by facility type**



5.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

5.6.1 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.

- Eighteen percent of service providers in public facilities (excluding providers at CCs) reported receiving training related to FP services during the two years before the survey (**Table 5.9**).

- More than 9 in 10 providers (93%) at public health facilities received personal supervision during the six months before the survey (**Table 5.9**).

- Overall, 16% of providers at public health facilities received both training (related to FP during the past two years) and personal supervision during the past six months (**Table 5.9**).

- Service providers at MCWCs (28%), NGOs (24%), and DHs (23%) have received more in-service training and supervision, compared to providers at UHCs (14%) and CCs (15%) who are the least likely to have received training and supervision (**Table 5.9**).

5.6.2 In-Service Training for Family Planning Service Providers by Topic

The types of in-service training and the extent of training received by FP service providers 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 (46%) of providers in public health facilities have received training on FP counseling at some point, but only 12% received such training during the past 24 months of the survey (**Table 5.10**).

- Similarly, one-fourth of the providers have received training at any time on FP-related clinical issues in public health facilities, but only 6% received training during the past 24 months (**Table 5.10**).

- The proportion of providers receiving training at any time before the survey on insertion or removal of IUCDs (22%) is almost twice as high as the proportion receiving training on insertion or removal of implants (13%) in public health facilities (**Table 5.10**).

- In public health facilities, nearly 30% of providers have ever received training on postpartum FP, with 7% reporting such training during the last 24 months (**Table 5.10**).

- In general, providers in public health facilities in urban areas are more likely than those in rural areas to have received training during the last 24 months. For example, 8% of urban providers received training on FP-related clinical issues, compared with 5% of rural providers. Similarly, 9% of providers in urban areas reported having training on insertion or removal of IUCDs, compared with 3% in rural areas (**Table 5.10**).

- Six percent of providers in public health facilities in urban areas reported they have been trained on insertion or removal of implants, compared with 3% in rural areas during the last 24 months. The percentages of providers receiving training on postpartum FP in the last 24 months are also higher in urban (11%) than rural areas (6%) (**Table 5.10**).

FAMILY PLANNING SERVICES 5

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Table 5.1: Availability of family planning services

Among all facilities, the percentages that offer — provide, prescribe, or counsel clients — family planning methods, by background characteristics, Bangladesh HFS 2022

Background characteristic	Methods of family planning (FP)						Number of facilities (weighted)	Number of facilities (unweighted)
	Percentage offering any modern FP (including an emergency contraceptive)[1]	Percentage offering any long-acting or permanent methods[2]	Percentage offering male or female sterilization[3]	Percentage offering post-partum FP services[4]	Percentage offering modern FP methods and services with/without stock	Percentage offering modern FP methods and services with stock		
Facility type								
District and upazila public facilities	**97.1**	**95.3**	**84.3**	**98.8**	**98.0**	**95.3**	**41**	**319**
DH	93.5	87.2	79.0	96.8	95.2	83.9	4	62
MCWC	95.1	93.2	76.9	97.9	99.0	94.0	7	100
UHC	98.2	97.0	86.9	99.3	98.2	97.3	30	157
Union-level public facilities	**83.5**	**76.6**	**27.7**	**89.4**	**87.5**	**78.3**	**310**	**434**
UHFWC	96.0	88.8	32.1	98.9	100.0	91.8	225	293
USC/RD	50.3	44.5	16.1	64.2	54.2	42.4	85	141
Community clinic (CC)	**82.1**	**32.7**	**26.8**	**89.4**	**88.7**	**75.3**	**994**	**488**
NGO clinic/hospital	**74.8**	**66.0**	**44.1**	**89.9**	**86.4**	**59.9**	**29**	**127**
Private hospital	**25.0**	**23.6**	**16.9**	**47.1**	**29.5**	**10.3**	**183**	**189**
Location								
Urban	38.6	36.1	27.9	58.7	43.6	26.1	235	514
Rural	82.6	43.8	27.6	89.3	88.5	76.0	1,322	1,043
Division								
Barishal	82.0	45.9	32.4	90.6	90.1	79.3	111	152
Chattogram	80.9	37.0	21.7	88.0	86.2	71.3	291	244
Dhaka	70.7	35.5	22.1	80.3	76.3	65.8	317	264
Khulna	70.3	41.0	25.2	83.4	77.1	63.9	210	208
Rajshahi	75.4	55.2	34.9	85.3	79.6	60.0	214	212
Rangpur	79.3	51.5	41.3	86.9	83.5	73.0	193	190
Sylhet	74.4	36.7	22.4	76.1	78.5	72.7	99	136
Mymensingh	78.6	43.5	26.0	87.0	89.0	71.0	122	151
Total	75.9	42.7	27.6	84.7	81.7	68.5	1,557	1,557
Total excluding CCs	*65.0*	*60.2*	*29.2*	*76.4*	*69.3*	*56.5*	*563*	*1,069*
Total public	*82.9*	*44.8*	*28.8*	*89.7*	*88.7*	*76.6*	*1,345*	*1,241*
Total public excluding CCs	*85.1*	*78.8*	*34.4*	*90.5*	*88.7*	*80.3*	*351*	*753*

Note: 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.

[1] Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (progestin-only), one-rod implant, two-rod implant (zadell), IUCDs, male condoms, female sterilization (tubal ligation) or male sterilization (vasectomy), and emergency contraceptive pills.
[2] Facility provides, prescribes, or counsels clients on any of the following long-term and permanent methods of FP: one-rod implant, two-rod implant, IUCDs, female sterilization (tubal ligation), or male sterilization (vasectomy).
[3] Providers in the facility perform male or female sterilization or counsel clients on male or female sterilization.
[4] Facility provides, prescribes, or counsel clients with postpartum family planning (PPFP) services.

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 2022

Background characteristic	Methods of family planning (FP)			Number of facilities (weighted)	Number of facilities (unweighted)
	Percentage that provide any modern FP (including an emergency contraceptive)[1]	Percentage that provide any long-acting or permanent methods[2]	Percentage that provide male or female sterilization[3]		
Facility type					
District and upazila public facilities	**95.3**	**92.5**	**74.1**	**41**	**319**
DH	83.9	79.0	56.5	4	62
MCWC	94.0	91.1	66.9	7	100
UHC	97.3	94.8	78.5	30	157
Union-level public facilities	**78.3**	**64.3**	**-**	**310**	**434**
UHFWC	91.8	76.6	-	225	293
USC/RD	42.4	31.7	-	85	141
Community clinic (CC)	**75.3**	**-**	**-**	**994**	**488**
NGO clinic/hospital	**59.9**	**45.3**	**20.0**	**29**	**127**
Private hospital	**10.3**	**10.0**	**10.0**	**183**	**189**
Location					
Urban	26.1	22.9	18.3	235	514
Rural	76.0	17.5	2.3	1,322	1,043
Division					
Barishal	79.3	18.7	2.8	111	152
Chattogram	71.3	20.6	5.5	291	244
Dhaka	65.8	21.1	7.8	317	264
Khulna	63.9	17.1	3.3	210	208
Rajshahi	60.0	14.5	2.7	214	212
Rangpur	73.0	16.1	3.9	193	190
Sylhet	72.7	19.8	5.6	99	136
Mymensingh	71.0	16.2	2.9	122	151
Total	68.5	18.3	4.7	1,557	1,557
Total excluding CCs	*56.5*	*47.8*	*11.7*	*563*	*1,069*
Total public	*76.6*	*18.9*	*3.6*	*1,345*	*1,241*
Total public excluding CCs	*80.3*	*67.6*	*11.9*	*351*	*753*

Note: To be considered as providing a specific FP 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 male or female sterilization, the facility reports that providers in the facility perform the procedures.
"-" Means the specific FP methods are not provided at union-level public facilities or at community clinics.

[1] Facility provides any of the following: contraceptive pills (combined or progestin-only), injectables (progestin-only), one-rod implant, two-rod implant (zadell), IUCDs, male condoms, female sterilization (tubal ligation), or male sterilization (vasectomy), and emergency contraceptive pills.
[2] Facility provides any of the following long-term and permanent FP methods: one-rod implant, two-rod implant, IUCDs, female sterilization (tubal ligation), or male sterilization (vasectomy).
[3] Perform male or female sterilization in the facility.

Table 5.3: Methods of family planning provided[1]

Among all facilities, the percentages that provide clients with specific modern family planning methods, by facility type, Bangladesh HFS 2022

	Facility type													
Methods provided	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Commu-nity clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Combined or progestin-only oral pill	**90.3**	74.2	85.0	93.9	**78.0**	91.5	42.4	**73.1**	**53.4**	**6.7**	66.3	*54.5*	*74.7*	*79.5*
Progestin-only injectable	**90.1**	74.2	84.1	93.9	**75.8**	89.5	39.5	**55.1**	**50.6**	**2.0**	53.8	*51.6*	*61.0*	*77.5*
Male condom	**89.9**	71.0	85.0	93.9	**76.7**	90.5	40.3	**69.2**	**51.0**	**6.7**	63.5	*53.6*	*71.5*	*78.3*
Intrauterine contraceptive device	**86.5**	71.0	81.1	90.1	**62.8**	74.5	31.7	**-**	**40.1**	**1.4**	16.2	*43.4*	*17.7*	*65.6*
Implant (one or two rods)	**75.6**	38.7	65.9	83.4	**9.1**	10.1	6.6	**-**	**27.2**	**1.3**	4.7	*12.4*	*4.7*	*17.0*
Tubal ligation	**73.1**	56.5	66.9	77.1	**-**	-	-	**-**	**12.9**	**10.0**	4.3	*10.5*	*2.3*	*10.6*
Vasectomy	**64.5**	6.5	58.9	74.5	**-**	-	-	**-**	**14.3**	**0.7**	2.1	*5.7*	*2.0*	*7.6*
At least 1 modern method	**95.3**	83.9	94.0	97.3	**78.0**	91.5	42.4	**75.3**	**59.2**	**10.3**	68.4	*56.3*	*76.5*	*80.1*
At least 2 temporary modern methods[2]	**90.4**	75.8	85.0	93.9	**77.8**	91.5	41.5	**68.6**	**54.5**	**6.7**	63.5	*54.4*	*71.4*	*79.3*
At least 4 temporary modern methods[2]	**87.1**	67.1	81.1	91.5	**63.0**	75.4	30.3	**0.9**	**37.1**	**1.3**	16.3	*43.4*	*17.9*	*65.9*
Any LAPM	**92.5**	79.0	91.1	94.8	**64.3**	76.6	31.7	**1.6**	**45.3**	**10.0**	18.3	*47.8*	*18.9*	*67.6*
Male or female sterilization	**74.1**	56.5	66.9	78.5	**3.6**	4.7	0.9	**0.7**	**20.0**	**10.0**	4.7	*11.7*	*3.6*	*11.9*
Number of facilities (weighted)	**41**	4	7	30	**310**	225	85	**994**	**29**	**183**	1,557	*563*	*1,345*	*351*
Number of facilities (unweighted)	**319**	62	100	157	434	293	141	**488**	**127**	**189**	1,557	*1,069*	*1,241*	*753*

Note: "-" Means the specific FP methods are not provided at this type of facility.

[1] To be considered as providing a specific FP 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.

[2] Any methods other than male or female sterilization.

Table 5.4: Frequency of availability of family planning services

Among facilities that offer any modern family planning services, the percentages that offer the services every day or less frequently than every day, by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of facilities offering FP services[1] where services are offered on indicated days:		Number of facilities offering any modern FP services (weighted)	Number of facilities offering any modern FP services (unweighted)
	Provides but not every day[2]	Provides every day[2]		
Facility type				
District and upazila public facilities	**15.5**	**84.5**	**40**	**307**
DH	17.2	82.8	4	58
MCWC	12.6	87.4	7	95
UHC	15.9	84.1	29	154
Union-level public facilities	**44.1**	**55.9**	**258**	**350**
UHFWC	42.0	58.0	216	280
USC/RD	55.0	45.0	42	70
Community clinic (CC)	**44.8**	**55.2**	**816**	**400**
NGO clinic/hospital	**7.6**	**92.4**	**22**	**91**
Private hospital	**14.1**	**85.9**	**46**	**49**
Location				
Urban	14.3	85.7	91	334
Rural	44.1	55.9	1,091	863
Division				
Barishal	26.5	73.5	91	120
Chattogram	30.9	69.1	235	201
Dhaka	39.2	60.8	224	203
Khulna	43.6	56.4	148	155
Rajshahi	50.6	49.4	161	161
Rangpur	50.2	49.8	153	143
Sylhet	38.9	61.1	74	103
Mymensingh	60.5	39.5	96	111
Total	41.8	58.2	1,182	1,197
Total excluding CCs	*35.1*	*64.9*	*366*	*797*
Total public	*43.6*	*56.4*	*1,114*	*1,057*
Total public excluding CCs	*40.3*	*59.7*	*298*	*657*

[1] Includes services for contraceptive pills (combined or progestin-only), injectables (progestin-only), implants, IUCDs, male condoms, tubal ligation, vasectomy, and emergency contraceptive pills.
[2] Every day refers to all working days when the facility is open.

Table 5.5: Availability of family planning commodities

Among facilities that provide[1] 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 2022

Background characteristic	Combined or progestin-only oral pills	Progestin-only injectable	Male condom	Intrauterine contraceptive device	Implant (one rod or two rod)	Every method provided by facility was available on day of survey
Facility type						
District and upazila public facilities	**98.8**	**98.1**	**97.8**	**97.4**	**95.7**	**90.5**
DH	97.8	89.1	95.5	88.6	79.2	78.7
MCWC	100.0	100.0	98.8	98.8	93.6	89.2
UHC	98.7	98.7	97.8	98.1	97.2	92.2
Union-level public facilities	**98.4**	**96.6**	**97.8**	**96.2**	**73.2**	**90.9**
UHFWC	98.9	97.6	98.2	96.4	75.5	92.0
USC/RD	95.2	90.8	95.0	94.7	64.1	84.8
Community clinic (CC)	**95.7**	**79.1**	**87.0**	**-**	**-**	**75.0**
NGO clinic/hospital	**97.2**	**94.8**	**97.8**	**91.3**	**85.8**	**76.3**
Private hospital	**100.0**	**19.2**	**95.9**	**34.2**	**30.4**	**71.5**
Location						
Urban	99.6	92.0	98.6	91.5	87.3	83.7
Rural	96.4	84.5	89.8	94.5	73.7	79.0
Division						
Barishal	98.9	96.7	88.0	92.3	98.0	87.9
Chattogram	93.9	90.3	93.6	98.7	90.9	83.0
Dhaka	94.8	86.9	92.1	92.9	69.7	82.1
Khulna	99.7	80.4	93.3	93.5	77.5	78.8
Rajshahi	99.3	79.8	92.2	93.0	98.7	76.9
Rangpur	94.7	82.3	81.2	96.5	83.4	71.0
Sylhet	97.6	83.4	91.8	96.9	76.9	84.1
Mymensingh	97.3	77.9	85.7	83.4	45.2	67.9
Total	96.5	84.9	90.3	94.1	79.2	79.2
Total excluding CCs	*98.4*	*95.7*	*97.7*	*95.5*	*83.3*	*89.3*
Total public	*96.5*	*85.0*	*90.1*	*94.8*	*80.2*	*79.3*
Total public excluding CCs	*98.4*	*96.8*	*97.8*	*96.4*	*85.0*	*90.9*

Note: The denominators for each characteristic method combination are different and are not shown in the table.
"-" Means the specific FP methods are not provided at this type of facility.

[1] To be considered as providing a specific FP 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 combined or progestin-only oral contraceptive pills, injectable contraceptives, and male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide FP 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 expiration date.

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

Among facilities offering any modern family planning methods, the percentages having family planning guidelines, having at least one staff member recently trained on family planning service delivery, and with the indicated equipment observed to be available on the day of the survey, by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of facilities offering any modern family planning and having:			Equipment							Number of facilities offering any modern family planning methods (weighted)	Number of facilities offering any modern family planning methods (unweighted)
	Guidelines on family planning[1]	Staff trained in family planning during past 24 months[2]	Staff trained in family planning at any time[2]	Blood pressure apparatus[3]	Examination light	Examination bed or couch	Samples of family planning methods	Pelvic model for IUCD[4]	Model for showing condom use	Other family planning-specific visual aid[5]		
Facility type												
District and upazila public facilities	**85.0**	**42.3**	**87.8**	**96.7**	**81.3**	**92.8**	**83.7**	**66.1**	**71.7**	**89.8**	**40**	**307**
DH	74.1	43.1	81.0	84.5	60.3	86.2	63.8	20.7	31.0	81.0	4	58
MCWC	75.5	57.8	94.8	96.8	71.5	89.5	80.8	71.6	73.4	87.2	7	95
UHC	88.8	38.6	87.1	98.4	86.6	94.5	87.2	71.3	77.1	91.6	29	154
Union-level public facilities	**68.1**	**24.8**	**74.8**	**88.8**	**66.3**	**83.9**	**65.5**	**52.2**	**50.3**	**68.6**	**258**	**350**
UHFWC	70.8	26.3	77.7	89.6	66.1	86.7	67.3	54.2	52.9	71.1	216	280
USC/RD	54.5	16.9	59.7	84.7	67.4	69.5	56.2	42.4	36.8	56.4	42	70
Community clinic (CC)	**27.2**	**16.2**	**53.4**	**76.7**	**46.4**	**64.1**	**16.9**	**3.3**	**5.1**	**30.9**	**816**	**400**
NGO clinic/hospital	**77.0**	**45.3**	**76.8**	**96.5**	**89.0**	**88.2**	**71.3**	**59.0**	**61.4**	**84.2**	**22**	**91**
Private hospital	**7.0**	**20.4**	**38.7**	**100.0**	**88.7**	**96.2**	**22.4**	**7.9**	**4.3**	**14.1**	**46**	**49**
Location												
Urban	41.4	30.3	60.1	98.5	87.4	91.6	48.7	32.9	34.4	52.6	91	334
Rural	38.3	18.7	59.0	79.8	51.6	69.4	29.6	16.0	16.9	40.6	1,091	863
Division												
Barishal	29.0	13.6	48.7	72.0	38.4	63.8	29.0	11.2	11.2	36.9	91	120
Chattogram	41.6	25.1	65.6	82.5	58.8	64.2	33.3	19.8	15.1	43.9	235	201
Dhaka	45.3	25.2	61.2	86.0	65.4	69.4	35.6	22.4	26.8	41.4	224	203
Khulna	32.8	13.5	54.8	79.0	46.4	78.3	23.6	14.1	14.0	40.0	148	155
Rajshahi	40.4	12.5	55.7	80.5	57.5	81.0	23.5	11.5	12.3	42.1	161	161
Rangpur	32.9	17.1	59.0	76.2	48.2	77.1	35.0	18.9	22.4	41.9	153	143
Sylhet	40.2	18.9	60.9	89.1	62.3	73.3	43.7	19.9	23.0	43.0	74	103
Mymensingh	34.5	24.9	59.0	82.7	43.1	60.1	24.9	15.5	18.7	39.7	96	111
Total	38.3	19.6	59.1	81.3	54.3	71.1	31.0	17.3	18.2	41.5	1,182	1,197
Total excluding CCs	*62.9*	*34.3*	*76.9*	*91.5*	*72.1*	*86.7*	*62.5*	*48.6*	*47.6*	*65.1*	*366*	*797*
Total public	*38.8*	*19.1*	*59.6*	*80.2*	*52.2*	*69.8*	*30.6*	*16.9*	*18.0*	*41.8*	*1,114*	*1,057*
Total public excluding CCs	*70.4*	*27.2*	*76.5*	*89.8*	*68.3*	*85.1*	*67.9*	*54.1*	*53.2*	*71.5*	*298*	*657*

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

[1] National guidelines/manual or any other guidelines/instructions/job aid/checklist on FP.
[2] The facility had at least one interviewed staff member providing the service who reports in-service training in some aspect of FP. The training must involve structured sessions and does not include individual instruction that a provider might have received during routine supervision.
[3] A functioning digital blood pressure apparatus or a manual sphygmomanometer with a stethoscope.
[4] IUCD = intrauterine contraceptive device.
[5] 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 2022

	Percentage of facilities offering any modern family planning methods that have items for infection control										
Background characteristic	Soap	Running water[1]	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	Average items available[4]	Number of facilities offering any modern family planning methods (weighted)	Number of facilities offering any modern family planning methods (unweighted)
Facility type											
District and upazila public facilities	**83.6**	**86.6**	**81.0**	**81.6**	**91.6**	**91.7**	**69.9**	**68.8**	**4.8**	**40**	**307**
DH	77.6	84.5	75.9	81.0	91.4	86.2	56.9	67.2	4.5	4	58
MCWC	74.9	82.1	74.9	72.6	85.2	86.5	67.6	63.0	4.5	7	95
UHC	86.5	88.0	83.2	83.8	93.1	93.7	72.3	70.3	4.9	29	154
Union-level public facilities	**63.0**	**67.9**	**59.4**	**65.3**	**77.5**	**76.9**	**61.6**	**56.7**	**3.9**	**258**	**350**
UHFWC	65.8	70.1	62.2	63.7	76.6	78.5	65.2	58.9	4.0	216	280
USC/RD	48.7	57.0	45.5	73.5	81.6	68.4	43.1	45.9	3.4	42	70
Community clinic (CC)	**53.7**	**49.3**	**44.1**	**65.8**	**73.9**	**55.8**	**61.8**	**48.0**	**3.3**	**816**	**400**
NGO clinic/hospital	**81.7**	**79.1**	**79.1**	**88.0**	**94.4**	**83.8**	**73.2**	**76.0**	**4.8**	**22**	**91**
Private hospital	**83.8**	**85.8**	**79.8**	**93.8**	**95.3**	**81.0**	**26.9**	**69.7**	**4.4**	**46**	**49**
Location											
Urban	79.0	80.2	75.7	89.4	94.3	87.6	51.6	69.6	4.6	91	334
Rural	56.7	54.6	48.7	65.9	75.0	61.1	61.7	50.5	3.5	1,091	863
Division											
Barishal	39.2	41.4	36.9	50.1	60.0	61.4	50.5	39.9	2.8	91	120
Chattogram	64.9	57.3	53.1	78.7	81.4	63.5	60.5	54.7	3.8	235	201
Dhaka	54.7	56.0	51.9	72.0	76.0	73.1	63.3	45.6	3.6	224	203
Khulna	62.0	61.2	56.4	64.8	79.9	66.2	54.4	55.1	3.6	148	155
Rajshahi	63.1	62.0	53.7	74.5	85.3	56.0	61.1	50.5	3.7	161	161
Rangpur	59.1	58.9	50.3	55.0	72.5	56.1	66.9	52.0	3.5	153	143
Sylhet	61.1	65.2	54.2	61.9	68.2	71.9	65.3	65.3	3.9	74	103
Mymensingh	53.5	44.1	39.8	65.5	73.4	52.1	62.7	58.9	3.4	96	111
Total	58.4	56.6	50.8	67.7	76.5	63.1	60.9	52.0	3.6	1,182	1,197
Total excluding CCs	*69.0*	*72.9*	*65.5*	*72.0*	*82.2*	*79.4*	*58.8*	*60.8*	*4.1*	*366*	*797*
Total public	*57.0*	*55.0*	*49.0*	*66.3*	*75.4*	*62.0*	*62.0*	*50.8*	*3.5*	*1,114*	*1,057*
Total public excluding CCs	*65.8*	*70.4*	*62.3*	*67.5*	*79.4*	*78.9*	*62.7*	*58.3*	*4.0*	*298*	*657*

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher.
[2] Non-latex equivalent gloves are acceptable.
[3] Waste receptacle with plastic bin liner.
[4] Average number of items (soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle) available for infection control.

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

Among facilities that offer any modern family planning methods, the percentages with family planning guidelines, with at least one staff member recently trained on family planning services, with the indicated contraceptive commodities available on the day of the survey, and the average readiness score by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of facilities offering any modern family planning and having: Guidelines on family planning[1]	Staff trained in family planning any time[2]	Blood pressure apparatus[3]	Combined or progestin-only oral pills	Progestin-only injectable	Male condom	Intrauterine contraceptive device	Implant (one or two rod)	Average readiness score (out of 8)[4]	Number of facilities offering any modern family planning methods (weighted)	Number of facilities offering any modern family planning methods (unweighted)
Facility type											
District and upazila public facilities	**85.0**	**87.8**	**96.7**	**92.0**	**91.2**	**90.5**	**87.6**	**77.9**	**7.1**	**40**	**307**
DH	74.1	81.0	84.5	79.3	70.7	72.4	69.0	37.9	5.7	4	58
MCWC	75.5	94.8	96.8	89.4	89.4	88.3	85.3	66.1	6.9	7	95
UHC	88.8	87.1	98.4	94.4	94.4	93.6	90.7	86.3	7.3	29	154
Union-level public facilities	**68.1**	**74.8**	**88.8**	**92.8**	**89.4**	**91.2**	**77.9**	**10.3**	**5.9**	**258**	**350**
UHFWC	70.8	77.7	89.6	95.3	93.0	93.9	80.9	10.6	6.1	216	280
USC/RD	54.5	59.7	84.7	80.2	71.3	78.0	62.6	8.4	5.0	42	70
Community clinic (CC)	**27.2**	**53.4**	**76.7**	**86.5**	**55.3**	**74.3**	**-**	**-**	**3.8**	**816**	**400**
NGO clinic/ hospital	**77.0**	**76.8**	**96.5**	**74.3**	**66.2**	**71.9**	**50.2**	**31.1**	**5.4**	**22**	**91**
Private hospital	**7.0**	**38.7**	**100.0**	**34.3**	**1.6**	**32.0**	**2.6**	**1.6**	**2.2**	**46**	**49**
Location											
Urban	41.4	60.1	98.5	61.7	44.6	59.6	38.8	29.3	4.3	91	334
Rural	38.0	59.0	79.8	87.8	63.5	78.3	21.9	3.9	4.3	1,091	863
Division											
Barishal	29.0	48.7	72.0	94.2	76.6	77.0	24.9	3.7	4.3	91	120
Chattogram	41.6	65.6	82.5	83.6	62.7	80.3	23.6	9.3	4.5	235	201
Dhaka	45.3	61.2	86.0	84.8	62.0	79.9	26.6	8.2	4.5	224	203
Khulna	32.8	54.8	79.0	91.5	63.5	82.1	23.8	3.1	4.3	148	155
Rajshahi	40.4	55.7	80.5	78.8	55.9	68.2	20.8	4.2	4.0	161	161
Rangpur	32.9	59.0	76.2	85.1	59.7	69.4	19.1	3.6	4.0	153	143
Sylhet	40.2	60.9	89.1	90.6	62.7	88.0	29.1	7.7	4.7	74	103
Mymensingh	34.5	59.0	82.7	86.0	58.7	71.3	17.7	3.1	4.1	96	111
Total	38.3	59.1	81.3	85.8	62.1	76.9	23.2	5.9	4.3	1,182	1,197
Total excluding CCs	*62.9*	*76.9*	*91.5*	*84.3*	*77.3*	*82.6*	*67.9*	*17.8*	*5.6*	*366*	*797*
Total public	*38.8*	*59.6*	*80.2*	*88.2*	*64.5*	*78.8*	*23.5*	*5.5*	*4.4*	*1,114*	*1,057*
Total public excluding CCs	*70.4*	*76.5*	*89.8*	*92.7*	*89.7*	*91.1*	*79.2*	*19.4*	*6.1*	*298*	*657*

Note: The measures presented in the table on guidelines for FP and staff trained in FP comprise the staff and training domains, and blood pressure apparatus the equipment domain, for assessing readiness to provide FP services within the health facility assessment methodology proposed by WHO and USAID (2012).
"-" Means the specific FP methods are not provided at this type of facility.

[1] National guidelines/manual or any other guidelines/instructions/job aid/checklist on FP.
[2] The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of FP. The training must involve structured sessions and does not include individual instruction that a provider might have received during routine supervision.
[3] A functioning digital blood pressure apparatus or a manual sphygmomanometer with a stethoscope.
[4] Average readiness score is the average number of 8 items (guidelines on FP, staff trained in FP any time, blood pressure apparatus, combined or progestin-only oral pills, progestin-only injectable, male condom, intrauterine contraceptive device, and implant) available for providing FP services.

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 2022

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of family planning services (weighted)	Number of interviewed providers of family planning services (unweighted)
	Training related to family planning during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to family planning during the 24 months and personal supervision during the 6 months preceding the survey		
Facility type					
District and upazila public facilities	**16.7**	**97.5**	**16.4**	**540**	**1,277**
DH	22.5	96.2	22.5	129	219
MCWC	27.6	97.7	27.6	23	314
UHC	14.2	97.9	13.7	388	744
Union-level public facilities	**21.0**	**88.6**	**17.2**	**285**	**506**
UHFWC	21.7	87.9	17.3	244	406
USC/RD	16.6	92.6	16.4	41	100
Community clinic (CC)	**15.4**	**90.9**	**14.6**	**949**	**513**
NGO clinic/hospital	**24.1**	**96.7**	**24.1**	**65**	**229**
Private hospital	**16.6**	**85.1**	**15.7**	**153**	**94**
Location					
Urban	17.6	94.3	17.4	566	1,170
Rural	16.6	91.2	15.3	1,426	1,449
Division					
Barishal	13.0	86.7	11.1	162	272
Chattogram	22.8	93.2	21.8	369	446
Dhaka	23.2	94.2	22.5	414	435
Khulna	8.8	86.8	6.3	215	301
Rajshahi	9.9	91.7	9.9	286	375
Rangpur	11.5	95.0	11.1	265	340
Sylhet	21.1	95.5	20.6	112	226
Mymensingh	20.4	90.0	17.8	169	224
Total	16.9	92.1	15.9	1,992	2,619
Total excluding CCs	*18.3*	*93.2*	*17.0*	*1,043*	*2,106*
Total public	*16.3*	*92.5*	*15.6*	*1,774*	*2,296*
Total public excluding CCs	*18.2*	*94.4*	*16.7*	*825*	*1,783*

[1] 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.
[2] 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 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 2022

Background characteristic	Percentage of providers of FP services who report receiving in-service training on:																		Number of interviewed providers of family planning services (weighted)	Number of interviewed providers of family planning services (unweighted)
	Counseling on FP		FP-related clinical issues[1]		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		
Facility type																				
District and upazila public facilities	**11.5**	**38.0**	**6.4**	**24.5**	**8.5**	**32.4**	**4.7**	**16.4**	**4.3**	**12.3**	**9.6**	**29.8**	**3.3**	**11.4**	**3.4**	**12.0**	**7.2**	**24.2**	**540**	**1,277**
DH	18.1	43.5	9.8	30.9	10.9	40.7	7.2	18.2	7.9	18.4	14.7	39.5	4.9	12.8	4.6	14.2	12.1	33.1	129	219
MCWC	12.2	64.7	11.0	46.2	15.1	62.3	5.3	30.7	4.1	26.1	18.4	63.0	5.2	27.4	5.2	28.4	7.3	51.0	23	314
UHC	9.3	34.5	4.9	21.0	7.3	27.8	3.8	15.0	3.1	9.4	7.3	24.5	2.7	9.9	2.8	10.3	5.6	19.6	388	744
Union-level public facilities	**11.4**	**58.2**	**5.1**	**36.0**	**4.8**	**37.5**	**1.7**	**13.7**	**3.5**	**17.3**	**7.1**	**45.5**	**1.0**	**8.5**	**0.7**	**9.4**	**8.5**	**38.2**	**285**	**506**
UHFWC	11.3	58.6	5.0	37.9	4.6	38.5	1.0	12.8	3.6	18.5	6.7	46.9	0.8	8.1	0.6	9.3	8.9	39.2	244	406
USC/RD	12.3	55.6	5.7	24.4	6.2	31.8	5.3	18.7	3.1	10.4	9.6	37.2	2.2	10.6	1.0	9.6	5.8	32.6	41	100
Community clinic (CC)	**11.9**	**46.3**	**5.3**	**21.8**	**1.7**	**11.5**	**2.2**	**11.2**	**3.5**	**13.7**	**5.8**	**24.6**	**1.6**	**9.5**	**1.6**	**10.2**	**4.4**	**22.6**	**949**	**513**
NGO clinic/hospital	**22.5**	**49.2**	**14.9**	**36.1**	**14.1**	**40.0**	**13.2**	**33.4**	**9.2**	**21.9**	**15.8**	**38.3**	**8.3**	**19.4**	**8.4**	**19.5**	**15.8**	**40.4**	**65**	**229**
Private hospital	**15.6**	**28.9**	**8.9**	**15.0**	**8.8**	**19.0**	**6.1**	**15.4**	**5.7**	**15.1**	**10.0**	**17.3**	**1.2**	**5.0**	**8.6**	**18.7**	**11.3**	**19.1**	**153**	**94**
Location																				
Urban	13.8	37.2	7.9	24.6	9.2	31.5	5.7	18.2	5.3	14.6	10.6	28.6	3.1	10.8	5.1	14.9	8.8	25.4	566	1,170
Rural	11.8	47.4	5.4	24.5	3.3	18.8	2.6	12.3	3.6	14.0	6.4	29.0	1.8	9.4	1.7	10.2	5.8	25.6	1,426	1,449
Division																				
Barishal	7.5	35.3	2.0	13.2	4.0	18.0	0.6	8.6	1.2	8.2	7.0	20.0	0.2	8.1	0.3	8.4	3.0	14.8	162	272
Chattogram	16.8	57.9	9.6	33.8	6.1	29.0	5.0	18.4	6.9	21.7	13.2	36.7	5.4	12.8	5.3	15.0	11.2	34.9	369	446
Dhaka	18.0	42.8	11.8	22.3	7.5	22.1	5.6	13.7	5.1	13.2	9.3	24.2	2.2	6.9	4.4	10.1	9.9	26.3	414	435
Khulna	4.8	36.5	1.9	19.4	2.1	22.1	1.2	10.9	0.8	12.2	3.3	30.5	0.8	6.6	0.9	10.6	4.4	23.5	215	301
Rajshahi	7.4	42.8	1.4	23.9	2.5	20.7	1.7	15.8	1.7	9.0	2.0	29.8	0.2	13.0	0.2	13.0	2.3	23.7	286	375
Rangpur	8.9	38.8	3.7	26.0	2.9	18.7	2.1	10.1	4.2	15.2	5.0	24.9	1.8	10.3	1.8	11.2	4.3	25.7	265	340
Sylhet	18.2	52.3	8.8	29.9	7.2	25.4	4.1	16.3	7.0	19.7	8.5	34.1	2.9	11.4	4.0	12.3	9.4	27.1	112	226
Mymensingh	13.1	44.7	4.0	22.0	6.7	19.8	5.3	15.7	3.9	11.9	10.5	30.6	2.0	9.1	2.1	9.3	4.1	18.1	169	224
Total	12.4	44.5	6.1	24.5	5.0	22.4	3.5	14.0	4.1	14.2	7.6	28.9	2.1	9.8	2.7	11.5	6.6	25.6	1,992	2,619
Total excluding CCs	*12.8*	*42.9*	*6.9*	*26.9*	*7.9*	*32.3*	*4.6*	*16.6*	*4.6*	*14.6*	*9.3*	*32.8*	*2.7*	*10.2*	*3.7*	*12.7*	*8.7*	*28.3*	*1,043*	*2,106*
Total public	*11.7*	*45.7*	*5.6*	*24.9*	*4.3*	*22.0*	*2.9*	*13.2*	*3.7*	*13.8*	*7.1*	*29.5*	*2.0*	*9.9*	*2.0*	*10.6*	*5.9*	*25.6*	*1,774*	*2,296*
Total public excluding CCS	*11.5*	*45.0*	*5.9*	*28.4*	*7.2*	*34.1*	*3.6*	*15.5*	*4.0*	*14.0*	*8.7*	*35.2*	*2.5*	*10.4*	*2.4*	*11.1*	*7.7*	*29.0*	*825*	*1,783*

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

[1] Any training on clinical management of family planning methods, including managing side effects.

Table 5.11: Key indicators for family planning services in MCWCs

Among facilities offering any modern family planning methods, the percentages with key indicators, Bangladesh HFS 2022

Indicators	Facility type	
	MCWC (district-level)	MCWC (upazila and union-level)
Availability		
Provide any modern FP (including an emergency contraceptive)[1]	96.8	89.5
Provide any long-acting and permanent methods[2]	96.8	81.7
Provide male or female sterilization[3]	82.4	41.5
Number of facilities (weighted)	5	3
Number of facilities (unweighted)	62	38
Readiness		
Guideline on family planning[4]	82.9	62.6
Staff trained in family planning at any time[5]	98.5	88.6
Blood pressure apparatus[6]	98.3	94.4
Combined or progestin-only oral pills	86.6	94.2
Progestin-only injectables	86.6	94.2
Male condoms	84.9	94.2
IUCD	86.6	83.0
Implant	84.9	33.7
Average readiness score[7]	7.1	6.4
Number of facilities offering any modern family planning method (weighted)	4	3
Number of facilities offering any modern family planning method (unweighted)	60	35

[1] Facility provides any of the following: contraceptive pills (combined or progestin-only), injectables (progestin-only), one-rod implant, two-rod implant (zadell), IUCDs, male condoms, female sterilization (tubal ligation), or male sterilization (vasectomy), and emergency contraceptive pills.
[2] Facility provides any of the following long-term and permanent FP methods: one-rod implant, two-rod implant, IUCDs, female sterilization (tubal ligation), or male sterilization (vasectomy).
[3] Perform male or female sterilization in the facility.
[4] National guidelines/manual or any other guidelines/instructions/job aid/checklist on FP.
[5] The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of FP. The training must involve structured sessions and does not include individual instruction that a provider might have received during routine supervision.
[6] A functioning digital blood pressure apparatus, or a manual sphygmomanometer with a stethoscope.
[7] Average readiness score is the average number of items (out of 8 items) available for providing FP services.

ANTENATAL CARE SERVICES 6

Key Findings

- The availability of ANC services is universal in public health facilities (100%). All DHs, UHCs, UHFWCs, CCs, and NGOs offer ANC services (100% each), whereas the service is available in seven in ten private facilities (72%) (**Table 6.1** and **Figure 6.1**).
- Overall, the availability of ANC services in public health facilities providing ANC services remained almost unchanged in the last five years. However, the availability of ANC services in private facilities has experienced a notable decrease, dropping 23 percentage points between 2017 and 2022 (**Figure 6.1**).
- One-third (34%) of total public health facilities providing ANC services had guidelines available on the day of survey (**Table 6.2** and **Figure 6.2**).
- Two-thirds (67%) of public health facilities that offer ANC have at least one staff with in-service ANC training at any time, which has increased by 13 percentage points between 2017 and 2022 (**Table 6.2** and **Figure 6.3**).
- Seventeen percent of ANC providers among public facilities received ANC training during the 24 months preceding the survey (**Table 6.7**). Around four in ten providers in public facilities ever received in-service training on ANC counseling (45%), pregnancy complications (42%), and family planning (38%) (**Table 6.8**).
- The availability of blood pressure apparatus is nearly universal in all public health facilities excluding CCs (93%), private (91%), and NGO facilities (99%). Blood pressure apparatus is available in almost all of the DHs (100%), UHCs (99%), and MCWCs (96%) (**Table 6.2** and **Figure 6.4**).
- Among the facilities offering ANC, almost one-third of public facilities excluding CCs have the capacity to conduct tests for hemoglobin (32%), whereas every four in ten have urine protein (40%) and urine glucose (39%) tests available (**Table 6.3**).
- Total hemoglobin testing capacity has increased in public health facilities (excluding CCs) from 23% in 2017 to 32% in 2022. The availability of urine protein test is almost universal in DHs (89%). Moreover, most UHCs (80%), NGOs (84%), and private facilities (80%) have the capacity to perform urine protein test **(Table 6.3** and **Figures 6.6-6.7).**
- Every 9 in 10 public facilities offering ANC services have essential medicines (iron, folic acid, or combined iron and folic acid tablets) for ANC available. The availability of iron or folic acid tablets for ANC is universal (99%) in MCWCs and UHFWCs, whereas it is relatively lower in private facilities (60%) (**Table 6.4** and **Figure 6.9**).
- The average readiness score for ANC items (guidelines, trained staff, blood pressure apparatus, hemoglobin test, urine protein test, and iron or folic acid tablets) in total public facilities is 3.0 (out of 6 items) in 2022. The ANC readiness score is 4.8 for NGOs and 3.4 for private facilities (**Table 6.6** and **Figure 6.11**).

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 2022 Bangladesh Demographic and Health Survey (BDHS) showed almost universal coverage (88%) in the percentage of women age 15-49 with a live birth in the 2 years preceding the survey received at least one ANC visit with a medical provider. It was reported 82% in the 2017 BDHS and 65% in the 2014 BDHS. However, between 2017 and 2022, the proportion of women who had the recommended four or more ANC visits in the 2 years preceding the survey during their most recent pregnancy decreased from 46% to 41%. Therefore, Bangladesh needs more attention to evaluate the situation of the 4th 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], January 2017- June 2024).

Data from the 2022 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 2022 BHFS in the following key areas related to provision of ANC services at health facilities in Bangladesh:

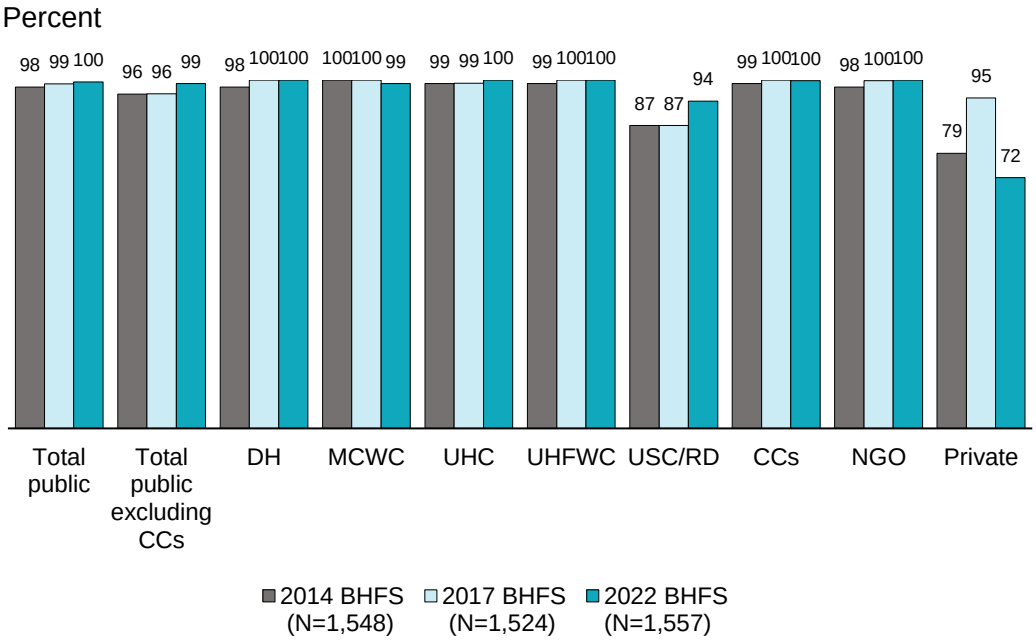
- **Availability of ANC services:** Section 6.2, including **Tables 6.1**–**6.5** and **Figures 6.1**–**6.10**, examines the availability of ANC services at health facilities, including the availability of basic amenities and equipment, diagnostic capacity, essential medicines, and infection control processes.
- **Readiness of health facilities to provide ANC services:** Section 6.3, including **Table 6.6** and **Figure 6.11**, addresses the average readiness score 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 ANTENATAL CARE (ANC) SERVICES

6.2.1 ANC Service Provision

- The availability of ANC services is universal in public health facilities (100%) in 2022 (**Table 6.1** and **Figure 6.1**).
- All of the DHs, UHCs, UHFWCs, CCs, and NGOs offer ANC services (100% each); and the service is available in seven in ten private facilities (72%) (**Table 6.1** and **Figure 6.1**)
- Overall, the availability of ANC services in public health facilities providing ANC services remained almost unchanged in the last five years. However, the availability of ANC services in private facilities has experienced a notable decrease, dropping 23 percentage points between 2017 and 2022 (**Table 6.1** and **Figure 6.1**).
- Eight in ten public facilities offer ANC services during all working days in a week (**Table 6.1**).
- About 94% of DHs, 93% of UHCs, 83% of CCs, 96% of NGO facilities, and 84% of private facilities offer ANC services on all working days. However, 65% of union-level public facilities offer the services every day (**Table 6.1**).

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



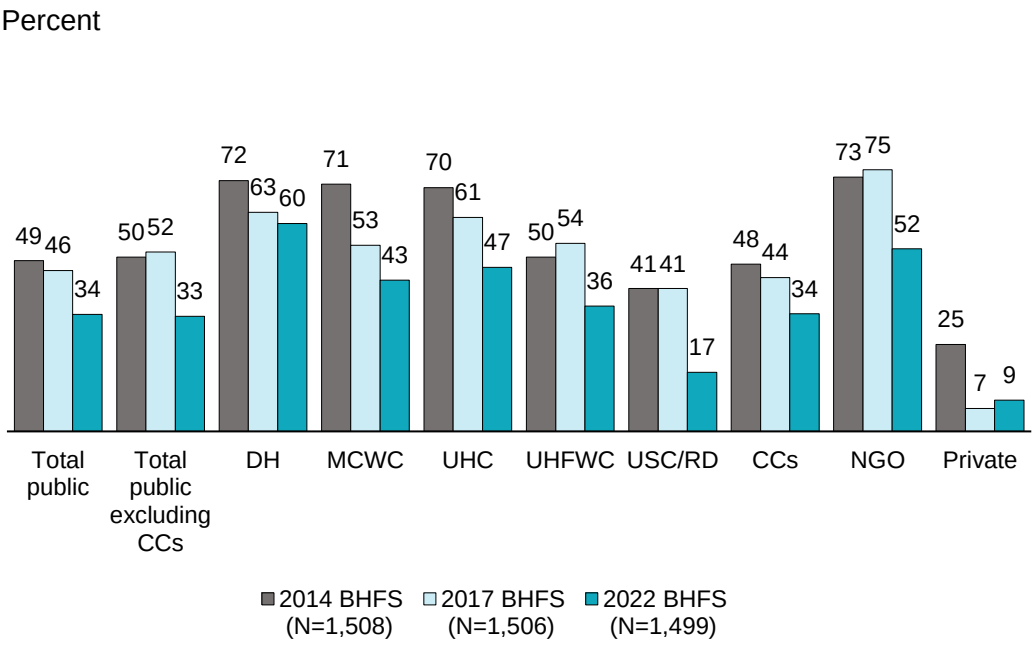
6.2.2 Availability of ANC Guidelines, Trained Staff, and Equipment

The availability of ANC service guidelines, appropriately trained providers, and specific supplies and equipment all support the provision of high-quality services. Moreover, the ability to provide regularly prescribed medications and perform basic tests for diagnosis improves services.

- Around one-third of the public health facilities (34%) providing ANC had guidelines on ANC available on the day of survey. The availability of ANC guidelines is the highest (60%) in DHs, followed by NGOs (52%), while it is the lowest in private (9%) facilities (**Table 6.2** and **Figure 6.2**).

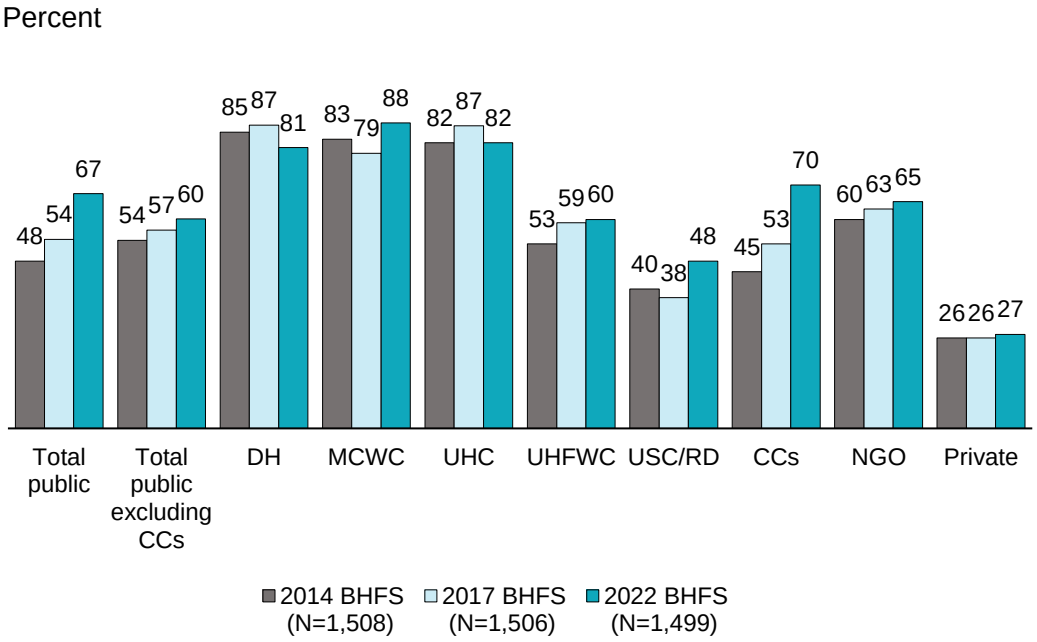
- The availability of ANC guidelines in public health facilities decreased from 49% in 2014 to 34% in 2022. A notable decline has been observed among all facilities in the last eight years regarding the availability of ANC guidelines (**Table 6.2** and **Figure 6.2**).

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



- Two-thirds (67%) of public health facilities that offer ANC have at least one staff with in-service ANC training at any time, an increase of 13 percentage points in the last five years (**Table 6.2** and **Figure 6.3**).
- MCWCs are most likely (88%) to have at least one staff person with training on ANC at any time, and private facilities are least likely (27%) to have at least one trained staff person at any time (**Table 6.2** and **Figure 6.3**).
- The proportion of facilities offering ANC services that have at least one ever trained staff varies by region, from 55% in Sylhet to 71% in Khulna and Mymensingh (**Table 6.2**).
- Only 21% of public facilities, 15% of private facilities, and 37% of NGOs had at least one staff trained within 24 months (**Table 6.2**).

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

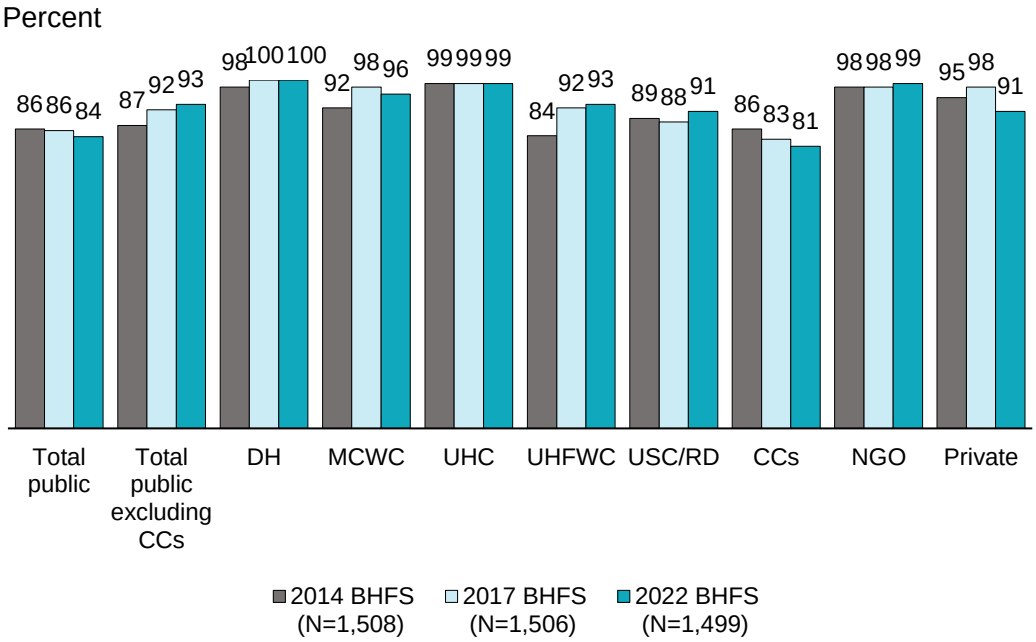


- The availability of blood pressure apparatus is universal in total public health facilities excluding CCs (93%), private hospitals (91%), and NGO facilities (99%). Blood pressure apparatus is available in almost all of the DHs (100%), UHCs (99%), and MCWCs (96%) (**Table 6.2** and **Figure 6.4**).

- Eighty-one percent of the CCs were observed to have a blood pressure (BP) apparatus on the day of survey, which is the lowest among all other facilities (**Table 6.2** and **Figure 6.4**).

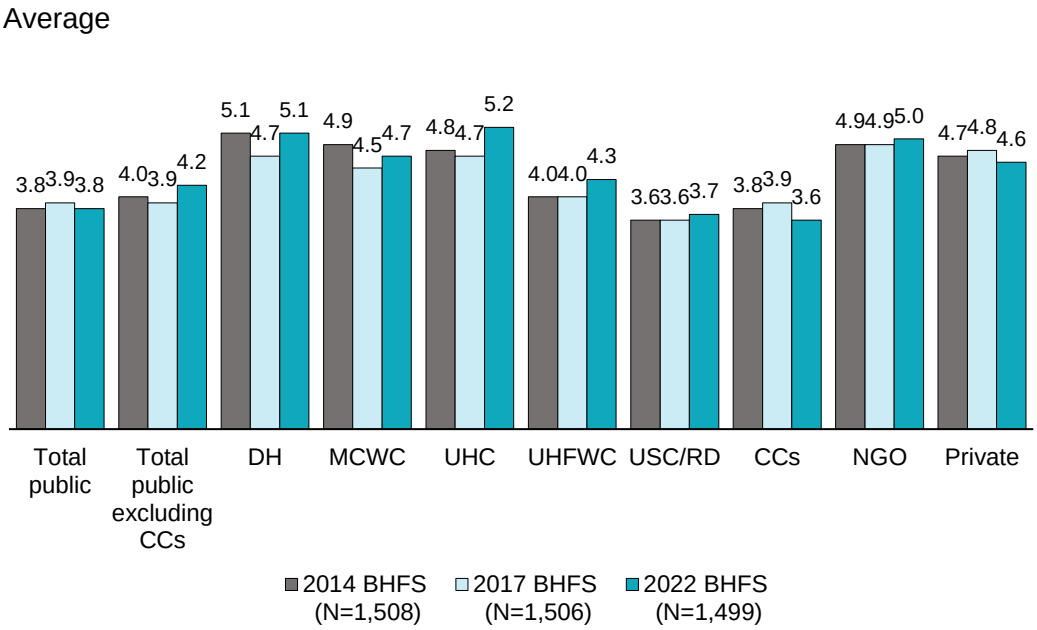
- Among the public facilities offering ANC, 84% have an adult weighing scale, 91% have a stethoscope, and 71% have an examination bed or couch. Forty-one percent of public facilities have measuring tape available and only 7% have a fetal stethoscope (**Table 6.2**).

Figure 6.4 **Availability of blood pressure (BP) apparatus to support ANC services**



- The average score of equipment out of 6 items (blood pressure apparatus, stethoscope, adult weighing scale, fetal stethoscope, measuring tape, and examination bed or couch) is 4.2 in public facilities excluding CCs, while it is 4.6 in private facilities (**Table 6.2** and **Figure 6.5**).
- The average score of equipment is relatively higher in UHCs (5.2), DHs (5.1), and NGO facilities (5.0). The score is lowest in CCs (3.6) and USC/RDs (3.7) (**Table 6.2** and **Figure 6.5**).
- The average score of equipment has increased in all health facilities except CCs and private facilities in the last five years (**Figure 6.5**).

Figure 6.5 **Average score of equipment (out of 6 items) to provide ANC services, by facility type**

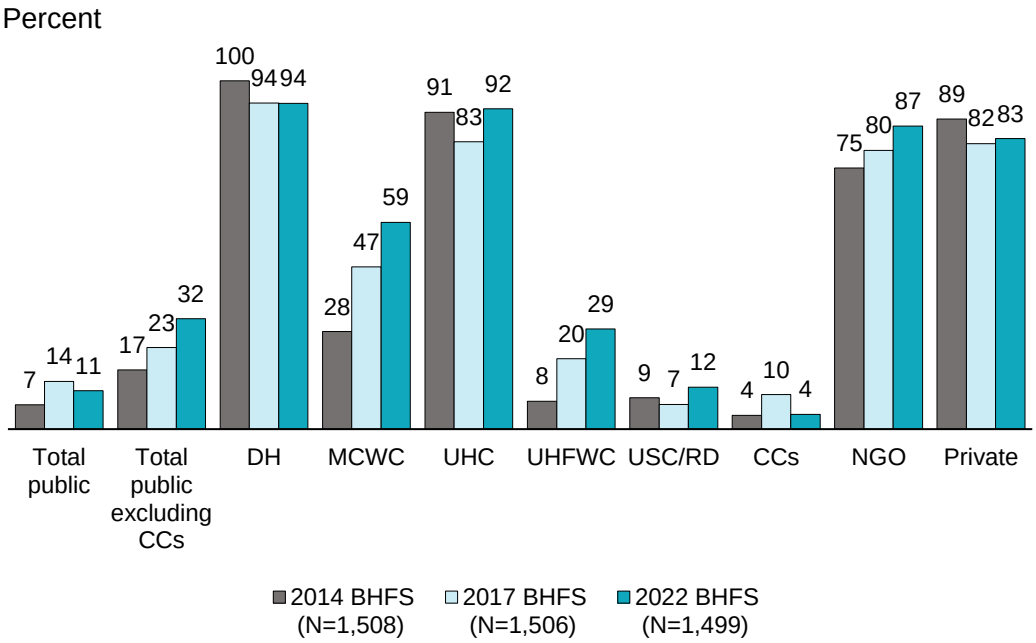


6.2.3 Availability of Laboratory Diagnostic Tests

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.

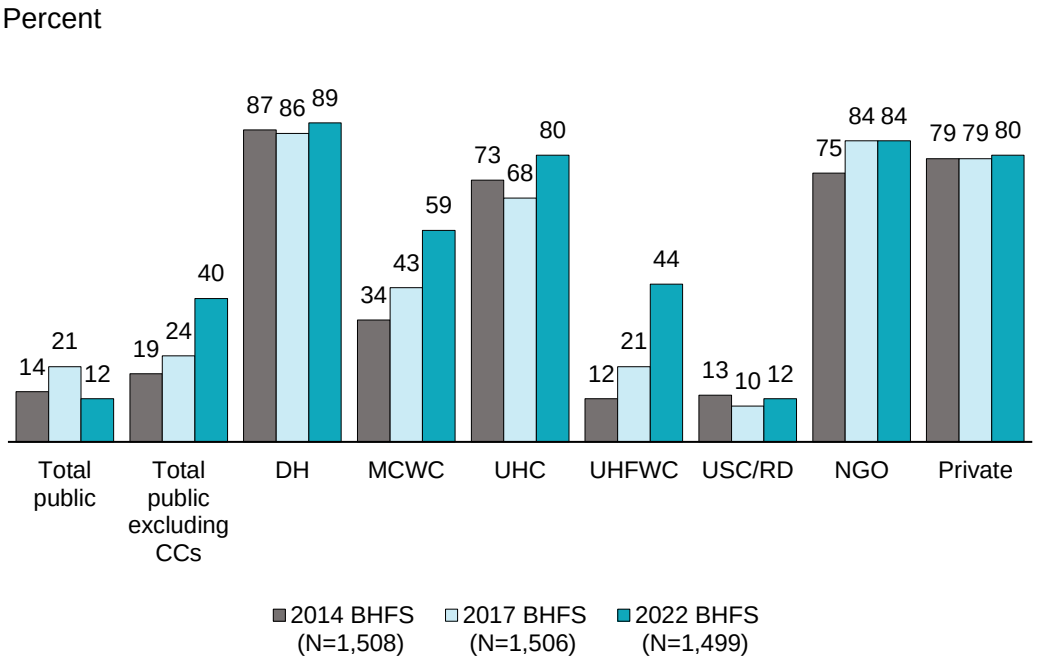
- Among facilities offering ANC services, the hemoglobin test is universally available in DHs (94%) and UHCs (92%). Moreover, most NGOs (87%) and private hospitals (83%) perform hemoglobin test in the facility (**Table 6.3** and **Figure 6.6**).
- Hemoglobin testing capacity has increased in total public health facilities (excluding CCs) from 23% in 2017 to 32% in 2022. Most facilities showed an increase in the capacity to conduct hemoglobin test for ANC services during the same period (**Table 6.3** and **Figure 6.6**).
- Among facilities offering ANC, the availability of urine glucose testing is higher in DHs (86%), UHCs (80%), and NGO facilities (83%) (**Table 6.3**).

Figure 6.6 **Availability of blood hemoglobin (Hb) test in health facilities to provide ANC services, by facility type**



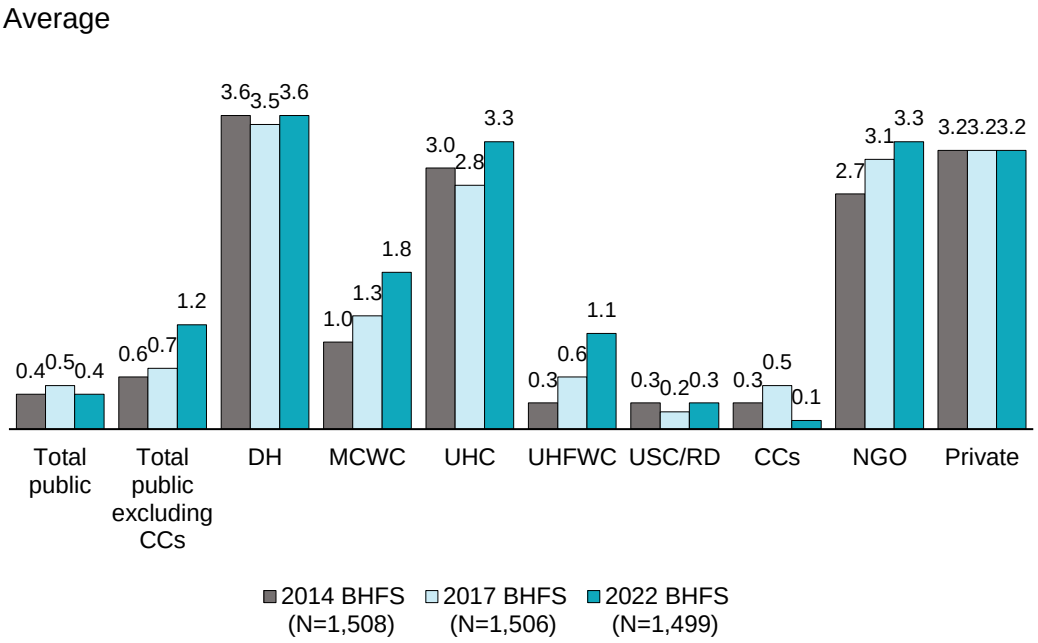
- The availability of urine protein tests is almost universal in DHs (89%). Moreover, most UHCs (80%), NGOs (84%), and private facilities (80%) have the capacity to perform urine protein test (**Table 6.3** and **Figure 6.7**).
- There is a sharp increase (from 24% in 2017 to 40% in 2022) is observed in the availability of urine protein test in public health facilities (excluding CCs) offering ANC (**Table 6.3** and **Figure 6.7**).

Figure 6.7 **Availability of urine protein test in health facilities to provide ANC services, by facility type**



- The average score of laboratory diagnostic tests (hemoglobin, urine protein, urine glucose, and blood grouping and Rhesus factor tests) is 1.2 out of 4 tests in public facilities excluding CCs to provide ANC services (**Table 6.3** and **Figure 6.8**).
- The average score of laboratory diagnostic tests is highest in DHs (3.6), followed by UHCs (3.3) and NGO facilities (3.3) (**Table 6.3** and **Figure 6.8**).
- The average score of laboratory diagnostic tests has remained the same in total public facilities between 2017 and 2022. The average score of laboratory diagnostic tests has increased in all health facilities except CCs in the last five years (**Figure 6.8**).

Figure 6.8 **Average score of laboratory diagnostic tests (out of 4 tests) to provide ANC services, by facility type**



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.

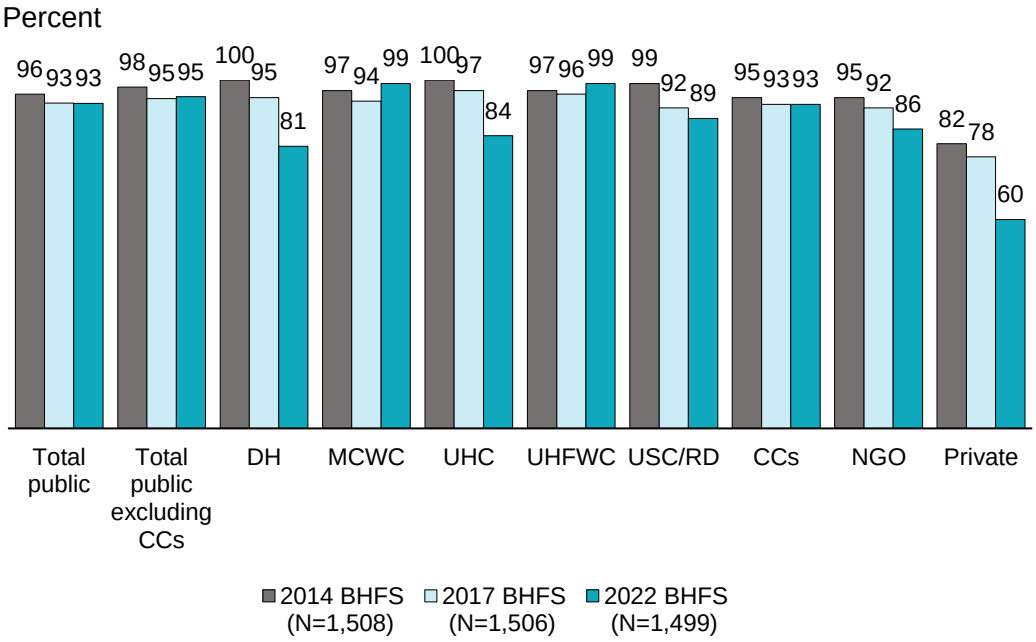
- Every 9 out of 10 public facilities providing ANC services had essential medicines (iron, folic acid, combined iron and folic acid, iron or folic acid tablets) available on the day of the survey. Private facilities are less likely to have these medicines than district and upazila public facilities, union-level public facilities, community clinics, and NGO facilities (**Table 6.4**).

- The availability of iron or folic acid tablets for ANC is universal in MCWCs and UHFWCs (99% each). (**Table 6.4** and **Figure 6.9**).

- The availability of iron or folic acid tablets remains unchanged in total public health facilities since 2017 (both 93%), though the availability has decreased slightly from 2014 (96% to 93%) (**Table 6.4** and **Figure 6.9**).

- Rural facilities are more likely than urban facilities to have medicines for routine ANC. About 94% of rural facilities have iron or folic acid tablets, compared to only 67% of urban facilities (**Table 6.4**).

Figure 6.9 **Availability of iron or folic acid in health facilities to provide ANC services**

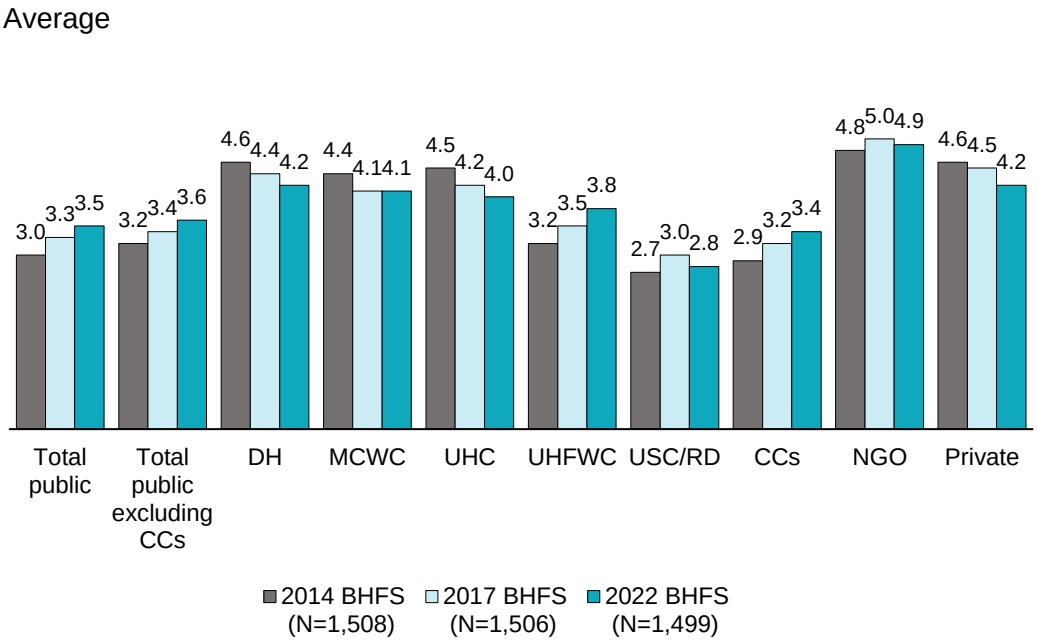


6.2.5 Availability of Infection Control Items

Infection control is very important to ensure the overall quality of ANC services.

- More than half of the public facilities have alcohol-based hand disinfectant (65%), latex gloves (62%), sharps container (60%), soap (55%), running water (53%), and waste receptacle (52%) on ANC service site for infection control (**Table 6.5**).
- The average score of infection control items (soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle) is 3.6 in public facilities excluding CCs (**Table 6.5** and **Figure 6.10**).
- The average score of infection control items is relatively highest in NGO facilities (4.9), followed by DHs and private facilities (4.2), MCHCs (4.1), and UHCs (4.0). The score is lowest in USC/RDs (2.8) (**Table 6.5** and **Figure 6.10**).

Figure 6.10 **Average score of infection control items (out of 6 items) for ANC services, by facility type**



6.3 READINESS OF HEALTH FACILITIES TO PROVIDE ANC SERVICES

The WHO has identified a set of items/tracer indicators that a facility needs in order to offer quality ANC services (WHO 2013, Service Availability and Readiness Assessment [SARA]). Data from the BHFSs were used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO-recommended service readiness measure for ANC.

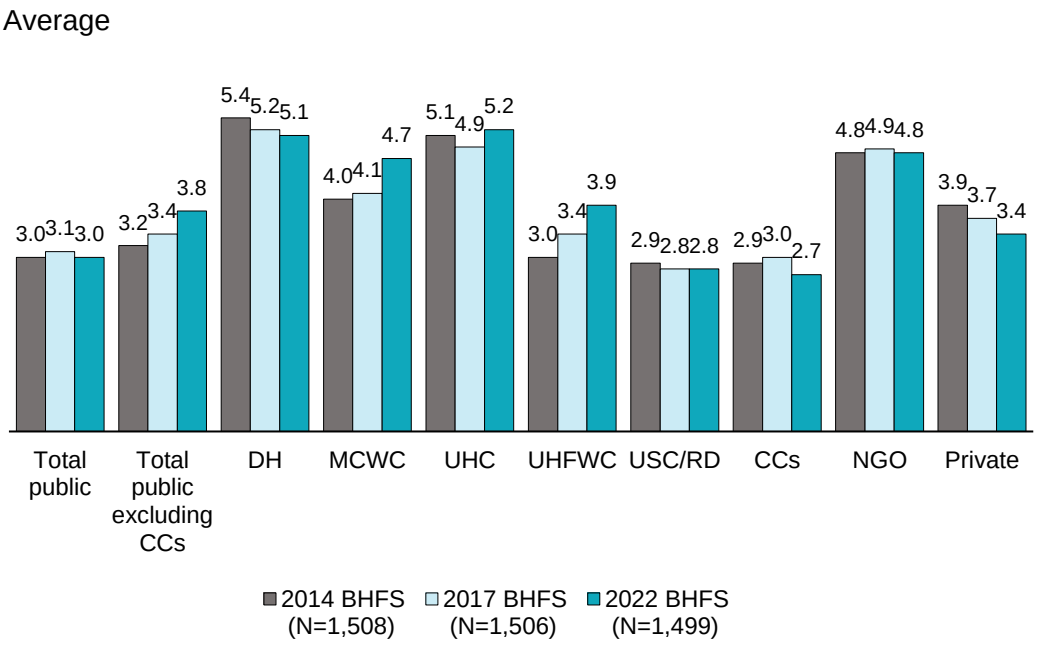
The measure requires the following six items/tracer indicators to be available for a health facility to be considered ready to offer quality ANC service:

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

The assessment of facilities' readiness to provide antenatal care (ANC) services is done based on the average readiness score, which is interpreted as the average number of items or tracer indicators available from the adapted six items for ANC on the day of the visit.

- The average readiness score for public facilities is 3.0 (out of 6) in 2022 (**Table 6.6** and **Figure 6.11**).
- The average readiness score is relatively higher in DHs (5.1), MCWCs (4.7), UHCs (5.2), and NGO facilities (4.8). The score is lowest in USC/RDs (2.8) and CCs (2.7) (**Table 6.6** and **Figure 6.11**).
- The average readiness score for providing ANC services in public facilities (excluding CCs) increased from 3.2 to 3.8 between 2014 and 2022 (**Table 6.6** and **Figure 6.11**).

Figure 6.11 **Average readiness score of health facilities (out of 6 items) to provide ANC services, by facility type**



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.

- Among public facilities, 17% of ANC providers had received ANC training during the 24 months preceding the survey (**Table 6.7**).

- Twenty-two percent of ANC providers at CCs received recent in-service ANC training, along with 16% of providers at NGOs, 13% of providers at district and upazila public facilities, and 9% of providers at both union-level facilities and private hospitals (**Table 6.7**).

- Providers at rural health facilities (18%) are more likely than providers at urban facilities (12%) to have received recent ANC training. This difference can be attributed to the concentration of CCs in rural areas (**Table 6.7**).

- The proportion of providers received ANC training during the 24 months preceding the survey varies by region, from 27% in Mymensingh to 5% in Khulna (**Table 6.7**).

- The great majority of health workers who provide ANC services are supervised on a routine basis. About 9 in 10 providers at public facilities (98% at district and upazila facilities, 86% at union-level public facilities, and 92% at CCs) reported receiving personal supervision during the 6 months preceding the survey (**Table 6.7**).

- Ninety-seven percent of providers at NGO facilities and 90% of providers at private hospitals received recent personal supervision (**Table 6.7**).

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.

- Around four in ten providers at public facilities reported having ever received training on ANC counseling (45%), pregnancy complications (42%), and family planning (38%) (**Table 6.8**).

- One-third of providers (34%) at public facilities have received in-service training on ANC screening at any time (**Table 6.8**).

- Less than one in ten providers (9%) of public facilities have ever received training on sexually transmitted diseases (**Table 6.8**).

- The proportion of providers of ANC services who reported ever receiving training on ANC counseling, ANC screening, complications of pregnancy, family planning, and sexually transmitted infections is relatively higher among union-level public facilities than district and upazila public facilities (**Table 6.8**).

- The percentage of ANC service providers who received any type of ANC in-service training at any time is relatively higher in rural areas than urban areas (**Table 6.8**).

ANTENATAL CARE SERVICES 6

LIST OF TABLES

- **Table 6.1 Availability of antenatal care services**
- **Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services**
- **Table 6.3 Diagnostic capacity**
- **Table 6.4 Availability of medicines for routine antenatal care**
- **Table 6.5 Items for infection control during provision of antenatal care**
- **Table 6.6 Readiness of health facilities to provide antenatal care services**
- **Table 6.7 Supportive management for providers of antenatal care services**
- **Table 6.8 Training for antenatal care service providers**
- **Table 6.9 Key indicators for antenatal care services in MCWCs**

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 percentages offering the service on the indicated number of days per week, by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of facilities that offer ANC	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities offering ANC where ANC services are offered on indicated days[1]		Number of facilities offering ANC (weighted)	Number of facilities offering ANC (unweighted)
				Provides but not every day[1]	Provides every day[1]		
Facility type							
District and upazila public facilities	**99.8**	**41**	**319**	**9.6**	**90.4**	**41**	**318**
DH	100.0	4	62	6.5	93.5	4	62
MCWC	99.0	7	100	22.4	77.6	7	99
UHC	100.0	30	157	7.0	93.0	30	157
Union-level public facilities	**98.3**	**310**	**434**	**35.4**	**64.6**	**305**	**427**
UHFWC	100.0	225	293	35.8	64.2	225	293
USC/RD	93.7	85	141	34.1	65.9	80	134
Community clinic (CC)	**99.8**	**994**	**488**	**16.7**	**83.3**	**992**	**487**
NGO clinic/hospital	**100.0**	**29**	**127**	**3.6**	**96.4**	**29**	**127**
Private hospital	**72.4**	**183**	**189**	**16.1**	**83.9**	**132**	**141**
Location							
Urban	79.3	235	514	13.0	87.0	187	467
Rural	99.3	1,322	1,043	21.0	79.0	1,312	1,033
Division							
Barishal	98.8	111	152	13.9	86.1	110	148
Chattogram	97.4	291	244	15.5	84.5	283	238
Dhaka	95.4	317	264	23.3	76.7	303	254
Khulna	90.5	210	108	12.3	86.8	190	197
Rajshahi	97.8	214	212	24.5	75.5	209	205
Rangpur	97.7	193	190	24.6	75.2	189	180
Sylhet	98.0	99	136	22.0	78.0	97	132
Mymensingh	97.5	122	151	21.4	78.6	118	146
Total	96.3	1,557	1,557	20.0	80.0	1,499	1,500
Total excluding CCs	*90.1*	*563*	*1,069*	*26.4*	*73.6*	*507*	*1,013*
Total public	*99.5*	*1,345*	*1,241*	*20.7*	*79.3*	*1,338*	*1,232*
Total public excluding CCs	*98.5*	*351*	*753*	*32.3*	*67.7*	*346*	*745*

[1] 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 trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of facilities offering ANC that have:			Equipment								
	Guidelines on ANC[1]	Staff trained for ANC during the past 24 months[2]	Staff trained for ANC at any time[2]	Blood pressure apparatus[3]	Stetho-scope	Adult weighing scale	Fetal stetho-scope	Measuring tape[4]	Exami-nation bed or couch	Average equipment score (out of 6)[5]	Number of facilities offering ANC (weighted)	Number of facilities offering ANC (unweighted)
Facility type												
District and upazila public facilities	**47.8**	**42.0**	**82.8**	**98.7**	**99.7**	**94.5**	**45.3**	**77.6**	**98.3**	**5.1**	**41**	**318**
DH	59.7	43.5	80.6	100.0	100.0	98.4	33.9	75.8	98.4	5.1	4	62
MCWC	43.4	32.2	87.7	96.0	98.0	92.1	39.1	52.8	95.0	4.7	7	99
UHC	47.1	44.1	82.0	99.1	100.0	94.4	48.4	83.8	99.1	5.2	30	157
Union-level public facilities	**30.9**	**11.2**	**57.2**	**92.2**	**96.7**	**83.7**	**14.0**	**43.9**	**82.4**	**4.1**	**305**	**427**
UHFWC	35.8	10.6	60.4	92.6	96.7	89.3	16.0	47.1	86.7	4.3	225	293
USC/RD	17.0	13.0	48.1	91.0	96.7	67.9	8.1	35.0	70.2	3.7	80	134
Community clinic (CC)	**33.8**	**22.4**	**69.9**	**80.6**	**88.4**	**83.1**	**3.7**	**38.2**	**66.7**	**3.6**	**992**	**487**
NGO clinic/hospital	**52.4**	**37.2**	**65.1**	**98.6**	**99.7**	**96.8**	**43.1**	**69.5**	**96.1**	**5.0**	**29**	**127**
Private hospital	**9.2**	**14.6**	**27.4**	**91.1**	**91.1**	**87.2**	**49.3**	**49.5**	**92.4**	**4.6**	**132**	**141**
Location												
Urban	19.6	20.5	41.0	93.6	93.6	88.5	45.3	54.8	93.0	4.7	187	467
Rural	33.5	20.2	67.1	83.5	90.5	83.6	7.0	40.2	70.9	3.8	1,312	1,033
Division												
Barishal	25.1	21.9	67.5	78.1	89.5	78.9	10.7	37.6	67.4	3.6	110	148
Chattogram	36.0	23.6	67.8	83.4	89.7	82.1	16.9	42.7	66.5	3.8	283	238
Dhaka	32.0	17.3	57.5	87.6	94.5	86.2	13.3	47.4	70.2	3.9	303	254
Khulna	27.1	13.0	70.5	84.8	92.2	84.6	8.0	41.1	84.0	3.9	190	197
Rajshahi	32.1	15.3	58.2	88.9	91.2	90.8	11.4	37.2	81.4	4.0	209	205
Rangpur	24.1	24.5	65.5	79.5	87.5	84.6	7.4	39.3	79.8	3.8	189	180
Sylhet	37.5	20.0	55.2	87.6	90.7	87.4	13.5	53.9	79.2	4.1	97	132
Mymensingh	41.5	32.3	70.6	85.1	88.1	73.6	8.2	35.6	60.4	3.5	118	146
Total	31.8	20.3	63.8	84.7	90.9	84.2	11.7	42.0	73.6	3.9	1,499	1,500
Total excluding CCs	*27.8*	*16.1*	*51.9*	*92.8*	*95.6*	*86.3*	*27.4*	*49.6*	*87.1*	*4.4*	*507*	*1,013*
Total public	*33.5*	*20.5*	*67.4*	*83.8*	*90.6*	*83.6*	*7.3*	*40.7*	*71.3*	*3.8*	*1,338*	*1,232*
Total public excluding CCs	*32.9*	*14.9*	*60.2*	*93.0*	*97.0*	*85.0*	*17.7*	*47.9*	*84.3*	*4.2*	*346*	*745*

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).

[1] National ANC guidelines/protocol/manual or other guidelines/protocol/manual relevant to ANC

[2] Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in any of the following: ANC screening, counseling, nutritional assessment of pregnant women, management of pre-eclampsia/eclampsia, and antenatal corticosteroid for threatened preterm labor. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

[3] Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope

[4] For measuring fundal height

[5] Average number of equipment (blood pressure apparatus, stethoscope, adult weighing scale, fetal stethoscope, measuring tape, examination bed or couch) available for offering ANC services

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 2022

Background characteristic	Percentage of facilities offering ANC that have the indicated tests				Average number of tests available (out of 4)[5]	Number of facilities offering ANC (weighted)	Number of facilities offering ANC (unweighted)
	Hemoglobin[1]	Urine protein[2]	Urine glucose[3]	Blood grouping and Rhesus factor[4]			
Facility type							
District and upazila public facilities	**86.5**	**76.9**	**76.8**	**69.3**	**3.1**	**41**	**318**
DH	93.5	88.7	85.5	97.8	3.6	4	62
MCWC	59.4	59.0	59.9	6.0	1.8	7	99
UHC	92.0	79.5	79.5	80.5	3.3	30	157
Union-level public facilities	**24.3**	**35.2**	**33.5**	**-**	**0.9**	**305**	**427**
UHFWC	28.8	43.5	41.6	-	1.1	225	293
USC/RD	11.5	11.5	10.6	-	0.3	80	134
Community clinic (CC)	**4.2**	**2.7**	**2.9**	**-**	**0.1**	**992**	**487**
NGO clinic/hospital	**87.0**	**84.4**	**83.3**	**77.3**	**3.3**	**29**	**127**
Private hospital	**83.4**	**80.1**	**79.4**	**79.4**	**3.2**	**133**	**141**
Location							
Urban	81.5	77.2	76.7	74.8	3.1	187	467
Rural	10.3	11.6	11.3	1.3	0.3	1,313	1,033
Division							
Barishal	10.9	12.1	13.0	7.1	0.4	110	148
Chattogram	25.1	24.3	24.8	14.0	0.9	283	238
Dhaka	24.5	25.9	24.5	15.3	0.9	303	254
Khulna	14.4	15.4	15.5	8.1	0.5	190	197
Rajshahi	23.0	20.2	20.3	12.0	0.8	209	205
Rangpur	9.2	12.6	12.6	5.0	0.4	189	180
Sylhet	22.7	24.6	25.3	7.3	0.8	97	132
Mymensingh	12.7	13.7	10.9	5.4	0.4	118	146
Total	19.1	19.7	19.5	10.5	0.7	1,499	1,500
Total excluding CCs	*48.4*	*53.1*	*51.9*	*30.9*	*1.8*	*507*	*1,013*
Total public	*11.3*	*12.4*	*12.1*	*2.2*	*0.4*	*1,338*	*1,232*
Total public excluding CCs	*31.7*	*40.2*	*38.7*	*8.5*	*1.2*	*346*	*745*

"-" The tests are not offered at union-level public facilities or at 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).

[1] Capacity to conduct any hemoglobin test in the facility

[2] Dip sticks for urine protein

[3] Dip sticks for urine glucose

[4] Anti-A, anti-B, and anti-D reagents; and glass slides

[5] Average number of tests (hemoglobin, urine protein, urine glucose, and blood grouping and Rhesus factor) available for offering ANC services

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 2022

Background characteristic	Percentage of facilities offering ANC that have indicated medicines				Number of facilities offering ANC (weighted)	Number of facilities offering ANC (unweighted)
	Iron tablets	Folic acid tablets	Combined iron and folic acid	Iron or folic acid tablets		
Facility type						
District and upazila public facilities	**85.4**	**85.2**	**80.2**	**86.3**	**41**	**318**
DH	79.0	75.8	69.4	80.6	4	62
MCWC	94.7	98.0	87.5	99.0	7	99
UHC	84.1	83.6	80.1	84.1	30	157
Union-level public facilities	**94.3**	**96.0**	**90.6**	**96.4**	**305**	**427**
UHFWC	96.0	98.9	91.8	98.9	225	293
USC/RD	89.2	87.7	87.1	89.2	80	134
Community clinic (CC)	**91.6**	**92.5**	**89.4**	**92.6**	**992**	**487**
NGO clinic/hospital	**82.0**	**84.2**	**78.7**	**85.5**	**29**	**127**
Private hospital	**51.1**	**60.3**	**50.8**	**60.3**	**133**	**141**
Location						
Urban	59.5	66.4	58.0	66.7	187	467
Rural	92.3	93.3	89.7	93.6	1,313	1,033
Division						
Barishal	98.4	98.3	95.8	98.4	110	148
Chattogram	88.1	91.6	88.0	91.6	283	238
Dhaka	86.5	87.8	84.3	88.3	303	254
Khulna	87.5	88.8	86.5	88.8	190	197
Rajshahi	81.2	85.3	74.8	85.3	209	205
Rangpur	90.0	90.0	86.6	90.0	189	180
Sylhet	90.2	91.4	87.1	91.8	97	132
Mymensingh	92.5	92.8	90.3	94.4	118	146
Total	88.2	90.0	85.8	90.2	1,499	1,500
Total excluding CCs	*81.6*	*85.1*	*78.7*	*85.5*	*507*	*1,013*
Total public	*92.0*	*93.0*	*89.4*	*93.3*	*1,338*	*1,232*
Total public excluding CCs	*93.2*	*94.7*	*89.3*	*95.2*	*346*	*745*

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 2022

	Percentage of facilities offering ANC that have items for infection control										
Background characteristic	Soap	Running water[1]	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	Average items available (out of 6)[4]	Number of facilities offering ANC (weighted)	Number of facilities offering ANC (unweighted)
Facility type											
District and upazila public facilities	**71.8**	**80.2**	**69.2**	**83.5**	**91.3**	**74.5**	**34.5**	**61.0**	**4.1**	**41**	**318318**
DH	77.4	79.0	75.8	88.7	95.2	72.6	35.5	62.9	4.2	4	62
MCWC	68.7	78.6	66.6	72.6	82.8	80.9	57.0	55.7	4.1	7	99
UHC	71.7	80.8	68.8	85.3	92.7	73.2	29.0	62.0	4.0	30	157
Union-level public facilities	**54.2**	**58.1**	**50.8**	**63.8**	**74.2**	**72.3**	**56.4**	**52.2**	**3.6**	**305**	**427427**
UHFWC	59.9	62.6	56.1	62.0	74.2	79.5	62.8	56.8	3.8	225	293
USC/RD	37.9	45.4	35.7	68.9	74.1	52.1	38.2	39.2	2.8	80	134
Community clinic (CC)	**54.1**	**50.2**	**45.2**	**65.1**	**73.5**	**58.4**	**61.7**	**51.0**	**3.4**	**992**	**487**
NGO clinic/hospital	**84.7**	**83.2**	**82.5**	**89.3**	**94.4**	**87.0**	**64.8**	**76.4**	**4.9**	**29**	**127**
Private hospital	**79.7**	**83.7**	**78.7**	**82.6**	**89.2**	**78.1**	**32.4**	**62.2**	**4.2**	**133**	**141**
Location											
Urban	76.6	80.1	75.2	82.8	89.0	80.4	39.5	62.5	4.2	187	467
Rural	54.7	52.8	47.2	65.1	74.1	61.7	59.8	51.6	3.5	1,313	1,033
Division											
Barishal	38.9	39.8	36.9	56.4	63.0	63.7	49.3	48.8	2.9	110	148
Chattogram	62.2	56.2	52.1	75.9	79.2	66.1	56.4	54.1	3.7	283	238
Dhaka	55.5	57.1	52.8	70.1	74.9	68.2	58.4	46.6	3.6	303	254
Khulna	63.2	64.9	58.4	66.2	81.9	66.4	52.4	58.6	3.7	190	197
Rajshahi	56.2	55.1	47.9	65.7	78.2	55.3	58.5	49.0	3.4	209	205
Rangpur	58.7	57.1	51.2	62.4	75.4	59.1	60.2	52.8	3.5	189	180
Sylhet	60.2	66.4	55.2	64.5	71.9	74.2	66.6	59.7	3.9	97	132
Mymensingh	56.9	47.4	42.4	64.5	73.2	59.6	57.7	62.7	3.5	118	146
Total	57.4	56.2	50.7	67.3	75.9	64.0	57.3	53.0	3.6	1,499	1,500
Total excluding CCs	*64.0*	*68.0*	*61.4*	*71.8*	*80.6*	*74.8*	*48.8*	*56.9*	*3.8*	*507*	*1,0131,013*
Total public	*54.6*	*52.9*	*47.2*	*65.3*	*74.2*	*62.1*	*59.6*	*51.6*	*3.5*	*1,338*	*1,232*
Total public excluding CCs	*56.3*	*60.7*	*53.0*	*66.1*	*76.2*	*72.6*	*53.8*	*53.3*	*3.6*	*346*	*745745*

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher
[2] Non-latex equivalent gloves are acceptable
[3] Waste receptacle with plastic bin liner
[4] Average number of items (Soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle) available for infection control

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, and the average readiness score by background characteristics, Bangladesh HFS 2022

Background characteristics	Guidelines on ANC[1]	Staff trained for ANC any time[2]	Blood pressure apparatus[3]	Hemoglobin testing capacity	Urine protein testing capacity	Iron or folic acid tablets	Average readiness score (out of 6)[4]	Ultrasono-graphy	Number of facilities offering ANC (weighted)	Number of facilities offering ANC (unweighted)
Facility type										
District and upazila public facilities	**47.8**	**82.8**	**98.7**	**86.5**	**76.9**	**86.3**	**5.1**	**10.7**	**41**	**318**
DH	59.7	80.6	100.0	93.5	88.7	80.6	5.1	16.1	4	62
MCWC	43.4	87.7	96.0	59.4	59.0	99.0	4.7	4.0	7	99
UHC	47.1	82.0	99.1	92.0	79.5	84.1	5.2	11.5	30	157
Union level public facilities	**30.9**	**57.2**	**92.2**	**24.3**	**35.2**	**96.4**	**3.6**	**-**	**305**	**427**
UHFWC	35.8	60.4	92.6	28.8	43.5	98.9	3.9	-	225	293
USC/RD	17.0	48.1	91.0	11.5	11.5	89.2	2.8	-	80	134
Community clinic (CC)	**33.8**	**69.9**	**80.6**	**4.2**	**2.7**	**92.6**	**2.7**	**-**	**992**	**487**
NGO clinic/hospital	**52.4**	**65.1**	**98.6**	**87.0**	**84.4**	**85.5**	**4.8**	**15.2**	**29**	**127**
Private hospital	**9.2**	**27.4**	**91.1**	**83.4**	**80.1**	**60.3**	**3.4**	**17.2**	**133**	**141**
Location										
Urban	19.6	41.0	93.6	81.5	77.2	66.7	3.8	16.0	187	467
Rural	33.5	67.1	83.5	10.3	11.6	93.6	3.0	0.1	1,313	1,033
Division										
Barishal	25.1	67.5	78.1	10.9	12.1	98.4	2.9	0.5	110	148
Chattogram	36.0	67.8	83.4	25.1	24.3	91.6	3.3	3.1	283	238
Dhaka	32.0	57.5	87.6	24.5	25.9	88.3	3.2	3.7	303	254
Khulna	27.1	70.5	84.8	14.4	15.4	88.8	3.0	0.3	190	197
Rajshahi	32.1	58.2	88.9	23.0	20.2	85.3	3.1	2.2	209	205
Rangpur	24.1	65.5	79.5	9.2	12.6	90.0	2.8	0.6	189	180
Sylhet	37.5	55.2	87.6	22.7	24.6	91.8	3.1	3.3	97	132
Mymensingh	41.5	70.6	85.1	12.7	13.7	94.4	3.0	1.2	118	146
Total	31.8	63.8	84.7	19.1	19.7	90.2	3.1	2.1	1,499	1,500
Total excluding CCs	*27.8*	*51.9*	*92.8*	*48.7*	*53.1*	*85.5*	*3.8*	*6.2*	*507*	*1,013*
Total public	*33.5*	*67.4*	*83.8*	*11.3*	*12.4*	*93.3*	*3.0*	*2.3*	*1,338*	*1,232*
Total public excluding CCs	*32.9*	*60.2*	*93.0*	*31.7*	*40.2*	*95.2*	*3.8*	*1.3*	*346*	*745*

"-" The tests are not offered at union-level facilities and community clinics

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).

[1] National ANC guidelines or other guidelines relevant to ANC

[2] Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in any of the following: ANC screening, counseling, nutritional assessment of pregnant women, management of pre-eclampsia/eclampsia, and antenatal corticosteroid for threatened preterm labor. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision

[3] Functioning digital blood pressure apparatus or a functioning manual sphygmomanometer and a stethoscope

[4] Average readiness score is the average number of 6 items (guidelines on ANC, staff trained for ANC any time, blood pressure apparatus, hemoglobin testing capacity, urine protein testing capacity, and iron or folic acid tablets) available for providing antenatal care services

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 2022

Background characteristic	Percentage of interviewed providers who received: Training related to ANC during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to ANC during the 24 months and personal supervision during the 6 months preceding the survey	Number of interviewed ANC service providers (weighted)	Number of interviewed ANC service providers (unweighted)
Facility type					
District and upazila public facilities	**12.7**	**97.8**	**12.3**	**813**	**1,833**
DH	15.5	97.4	14.3	206	334
MCWC	15.3	98.5	15.3	25	335
UHC	11.6	97.9	11.5	582	1,164
Union-level public facilities	**9.4**	**86.4**	**8.5**	**342**	**638**
UHFWC	9.2	88.8	7.9	247	429
USC/RD	10.0	80.3	9.9	95	209
Community clinic (CC)	**22.3**	**92.2**	**20.9**	**1,276**	**681**
NGO clinic/hospital	**16.2**	**96.5**	**16.2**	**96**	**326**
Private hospital	**8.9**	**90.0**	**8.0**	**614**	**338**
Location					
Urban	11.5	94.4	10.8	1,253	1,857
Rural	18.4	91.7	17.2	1,888	1,959
Division					
Barishal	13.0	91.1	12.5	233	404
Chattogram	23.2	93.3	22.3	530	623
Dhaka	11.9	94.4	11.3	785	666
Khulna	5.3	88.4	4.7	339	461
Rajshahi	10.9	94.3	9.8	454	513
Rangpur	18.7	92.6	18.0	393	511
Sylhet	22.8	94.4	20.6	162	304
Mymensingh	26.8	89.4	24.7	245	334
Total	15.6	92.7	14.7	3,141	3,816
Total excluding CCs	*11.0*	*93.1*	*10.4*	*1,865*	*3,135*
Total public	*17.3*	*93.3*	*16.3*	*2,431*	*3,152*
Total public excluding CCs	*11.7*	*94.4*	*11.2*	*1,155*	*2,471*

[1] 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

[2] 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 2022

Background characteristic	Percentage of interviewed providers of ANC who reported receiving in-service training on:										Number of interviewed ANC service providers (weighted)	Number of interviewed ANC service providers (unweighted)
	ANC counseling		ANC screening		Complications of pregnancy		Family planning[1]		Sexually transmitted infections[2]			
	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		
Facility type												
District and upazila public facilities	**8.3**	**26.9**	**6.8**	**22.9**	**6.6**	**24.4**	**10.4**	**27.4**	**1.0**	**8.8**	**813**	**1,833**
DH	9.7	34.3	6.7	28.4	6.6	28.4	13.6	31.8	0.7	8.2	206	334
MCWC	9.8	47.3	6.1	41.0	8.0	45.6	24.4	72.9	2.0	18.7	25	335
UHC	7.7	23.4	6.9	20.2	6.5	22.0	8.7	23.9	1.0	8.6	582	1,164
Union-level public facilities	**5.8**	**41.2**	**3.8**	**33.0**	**5.6**	**37.8**	**16.2**	**53.5**	**1.8**	**14.3**	**342**	**638**
UHFWC	5.5	45.6	2.8	36.3	5.1	41.6	19.5	63.9	2.0	15.6	247	429
USC/RD	6.6	29.6	6.5	24.5	7.2	28.0	7.9	26.7	1.3	10.9	95	209
Community clinic (CC)	**13.3**	**57.3**	**9.0**	**40.9**	**11.7**	**54.2**	**14.7**	**41.2**	**1.0**	**7.5**	**1,276**	**681**
NGO clinic/hospital	**12.9**	**30.2**	**8.9**	**24.0**	**12.6**	**28.0**	**16.5**	**40.9**	**4.6**	**18.6**	**96**	**326**
Private hospital	**5.2**	**8.6**	**6.1**	**9.2**	**4.9**	**10.7**	**6.0**	**10.3**	**1.7**	**3.7**	**614**	**338**
Location												
Urban	7.1	18.5	6.4	16.3	5.8	17.8	8.6	20.5	1.6	7.2	1,253	1,857
Rural	11.3	49.8	7.9	36.9	10.2	47.1	14.4	41.1	1.1	8.8	1,888	1,959
Division												
Barishal	10.1	41.4	9.1	35.3	9.7	39.4	8.4	28.5	2.2	6.6	233	404
Chattogram	16.1	46.4	10.9	35.6	11.7	41.2	20.4	44.0	1.8	9.8	530	623
Dhaka	7.1	25.6	5.8	21.7	6.4	28.0	13.9	27.9	0.9	5.2	785	666
Khulna	3.7	38.0	2.3	29.6	2.1	33.1	6.7	32.2	0.5	11.4	339	461
Rajshahi	4.7	35.1	3.0	25.1	4.3	31.9	5.8	28.6	0.9	6.3	454	513
Rangpur	10.9	34.7	9.9	26.6	11.3	33.6	7.4	28.7	1.9	12.4	393	511
Sylhet	18.2	44.6	13.9	37.7	18.3	41.2	18.0	42.2	3.2	6.4	162	304
Mymensingh	12.4	54.1	8.8	32.2	11.5	51.6	14.7	38.8	0.2	9.1	245	334
Total	9.6	37.3	7.3	28.7	8.4	35.4	12.1	32.9	1.3	8.2	3,141	3,816
Total excluding CCs	*7.1*	*23.6*	*6.1*	*20.3*	*6.1*	*22.5*	*10.3*	*27.2*	*1.5*	*8.6*	*1,865*	*3,135*
Total public	*10.6*	*44.9*	*7.5*	*33.8*	*9.1*	*41.9*	*13.5*	*38.3*	*1.1*	*8.9*	*2,116*	*3,152*
Total public excluding CCs	*7.5*	*31.1*	*5.9*	*25.9*	*6.3*	*28.4*	*12.1*	*35.1*	*1.2*	*10.4*	*719*	*2,471*

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.

[1] 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

[2] 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

Table 6.9: Key indicators for antenatal care services in MCWCs

Among facilities offering antenatal care (ANC) services, the percentages with key indicators, Bangladesh HFS 2022

Indicators	Facility type	
	MCWC (district-level)	MCWC (upazila and union-level)
Availability		
Antenatal care (ANC)	100.0	97.2
Number of facilities (weighted)	5	3
Number of facilities (unweighted)	62	38
Readiness		
Guideline on ANC[1]	48.2	35.4
Staff trained for ANC at any time[2]	93.4	78.1
Blood pressure apparatus[3]	98.3	92.0
Hemoglobin testing capacity	67.6	45.7
Urine protein testing capacity	66.4	46.5
Iron or folic acid tablets	100.0	97.2
Average readiness score[4]	4.7	3.9
Number of facilities offering ANC services (weighted)	5	3
Number of facilities offering ANC services (unweighted)	62	37

[1] National ANC guidelines or other guidelines relevant to ANC
[2] Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in any of the following: ANC screening, counseling, nutritional assessment of pregnant women, management of pre-eclampsia/eclampsia, and antenatal corticosteroid for threatened preterm labor. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision
[3] Functioning digital blood pressure apparatus or a functioning manual sphygmomanometer and a stethoscope
[4] Average readiness score is the average number of items (out of 6 items) available for providing antenatal care services

DELIVERY AND NEWBORN CARE 7

Key Findings

Delivery Care Services

- More than half (55%) of the public facilities (excluding CCs) offer normal delivery services (**Table 7.1** and **Figure 7.1.1)**
- Normal delivery service is universally available in DHs (100%) and UHCs (100%). Moreover, 89% of the private facilities, 87% of the MCWCs, and 5% of the CCs offer normal delivery services. Additionally, 34% of the NGO facilities provide normal delivery services (**Table 7.1** and **Figure 7.1.1)**
- Almost all of the DHs (100%) and private facilities (93%), and about half of the UHCs (53%), perform cesarean section, while only one-fifth of the NGOs (21%) offer this service (**Table 7.1** and **Figure 7.1.2**).
- About half of public health facilities have at least one staff member trained in delivery care (46%) and one in ten have guidelines related to BEmOC and CEmOC (10%). Most of these facilities have a delivery pack on site (80%) (**Table 7.2** and **Figures 7.2.1, 7.2.2,** and **7.2.6**).
- About one-fourth of public facilities have at least one staff member trained in integrated management of pregnancy and childbirth (IMPAC) and post-abortion care (PAC). Less than half of public facilities have a staff member trained in routine labor and delivery care or active management of the third stage of labor (AMTSL) (**Table 7.3**).
- Since 2017, the availability of essential medicines among public facilities offering normal delivery services has increased— including oxytocin (23% to 40%), injectable antibiotics (9% to 15%), and magnesium sulphate (8% to 20%) (**Table 7.4** and **Figures 7.3.1–7.3.3**).
- Most public facilities (excluding CCs) offering normal delivery services have delivery packs (91%), gloves (88%), and delivery beds (81%) available (**Table 7.2**). Partograph and examination light availability increased markedly between 2017 and 2022 (**Figure 7.2.5**).
- Overall, the average readiness score of public facilities (excluding CCs) for providing normal delivery services is 6.6 (among the WHO-specified 13 items). The average readiness score increased in almost all types of facilities from 2017 to 2022; nevertheless, the CCs experienced a decrease (**Table 7.7** and **Figure 7.6**).
- Nearly half of the DHs performed all seven signal functions (BEmOC) in the last three months, whereas about one-fourth of the UHCs (26%) and one in seven MCWCs (15%) performed all seven signal functions (BEmOC) during that period (**Table 7.6** and **Figure 7.4**).
- CEmOC signal functions (all nine) are performed in less than half of the DHs (44%); and less than one-third of NGOs (28%) and private hospitals (27%) (**Table 7.6** and **Figure 7.5)**.

Newborn Care Services

- Nearly one-third of the providers in public facilities (36%) have received in-service training on newborn resuscitation using a neonatal bag and mask at any time. Around one in three providers in public facilities (34%) reported that they received training on umbilical cord care (use of 7.1% chlorhexidine) (**Table 7.13**).
- The availability of equipment in public health facilities has increased markedly from 2017 to 2022: infant weighing scale (37% to 76%), functioning fetal stethoscope (6% to 28%), neonatal bag and mask (49% to 72%), and suction apparatus (20% to 32%) (**Table 7.10** and **Figure 7.8.1–7.8.4**).

- The primary nine newborn signal functions are performed in half of the public facilities (excluding CCs) offering normal delivery services (**Table 7.10.1**).
- The majority of DHs (82%), UHCs (79%), NGOs (76%), and private facilities (51%) performed all nine primary newborn signal functions. However, less than one-fifth of CCs (15%) provided all nine primary newborn signal functions in the last three months (**Table 7.10.1** and **Figure 7.9.1**).

7.1 BACKGROUND

Bangladesh showed remarkable progress in reducing the maternal mortality rate (MMR) and the neonatal mortality rate (NMR) in the era of the Millennium Development Goals (MDGs). In accordance with the Sustainable Development Goals (SDGs), the Government of Bangladesh had 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 Program (HPNSP), with an emphasis on maternal and newborn care. The MMR decreased from 322 per 100,000 live births in 2001 to 156 per 100,000 live births in 2022 (SVRS 2022), and the NMR fell from 87 per 1,000 live births in 1990 to 20 per 1,000 live births in 2022 (NIPORT 2022).

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 are 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 in Bangladesh. 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 and Health Care Survey (BMMS) 2016 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 BMMS (194 maternal deaths per 100,000 live births) and 2016 BMMS (196 maternal deaths per 100,000 live births). However, the MMR has declined notably to 156 maternal deaths per 100,000 live births according to SVRS 2022. Only 41% of pregnant women had four or more antenatal care (ANC) visits as recommended by WHO (NIPORT 2022). Nearly two-thirds of births occurred at health facilities and were attended by medically-trained providers. It is important to note that 45% of births were cesarean section (C-section) (NIPORT 2022). 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% (NIPORT 2016).

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 two 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, pneumonia/infections, and intrapartum complications such as birth asphyxia. These preventable deaths can 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 HPNSP are examples of the Bangladesh government's continuous efforts to reduce the country's NMR.

Bangladesh has also reviewed its Maternal, Neonatal, Child, and Adolescent Health (MNC&AH) operational plan under the 4th HPNSP. The HPNSP 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 HNPSP 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 7.1–7.5** and **Figures 7.1.1**–**7.3.6**, 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 and Figures 7.4**–**7.5**, explores the extent to which facilities that provide normal delivery care performed nine signal functions at least once during the three months before the survey.
- **Readiness of health facilities to provide normal delivery services:** Section 7.4, including **Table 7.7** and **Figure 7.6**, provides information on the readiness of health facilities to provide normal delivery services according to the WHO criteria, and average readiness score to provide normal delivery services.
- **Newborn care practices:** Section 7.5, including **Tables 7.8**–**7.10** and **Figures 7.7.1**–**7.8.5**, provides information on routine newborn care practices in health facilities and the availability of essential medicines for newborns.
- **Newborn signal functions:** Section 7.6, including **Table 7.10.1** and **Figures 7.9.1**– **7.9.4**, explores the extent to which facilities that provide delivery care performed 20 newborn signal functions at least once during the three months before the survey.
- **Basic management and administrative systems:** Section 7.7, including **Tables 7.11–7.13** and **Figures 7.10.1–7.10.2**, 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

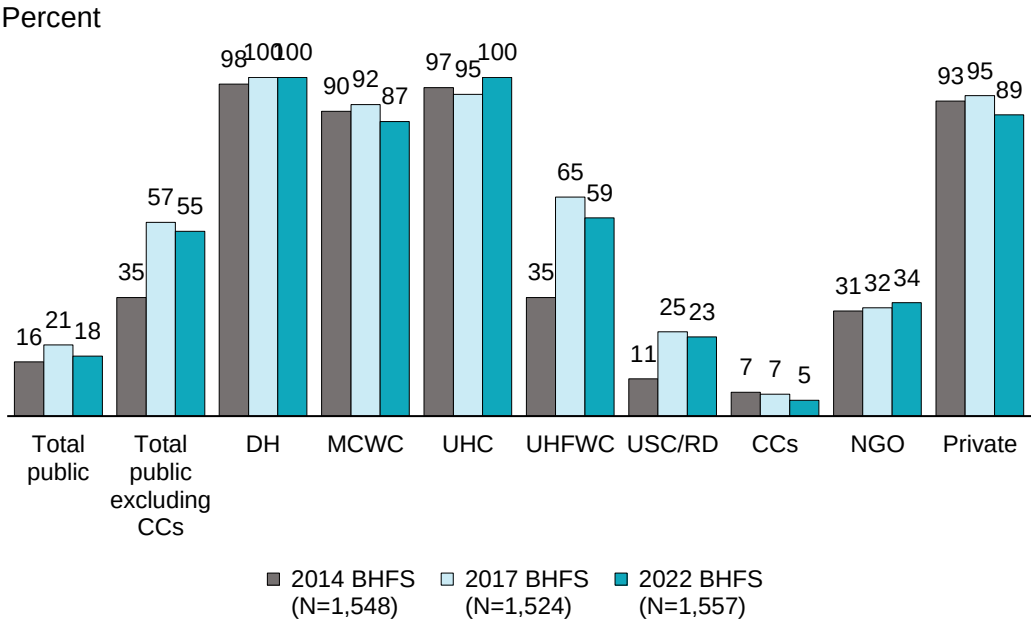
7.2.1 Service Provision

Table 7.1 and **Figures 7.1.1–7.1.2** provide information on the availability of various maternal health services. Although ANC and PNC are offered universally across all types of public and NGO health facilities, they are comparatively lower in the private health facilities (**Table 7.1**).

- More than half (55%) of the public facilities (excluding CCs) offer normal delivery services.
- Normal delivery services are universally available in DHs (100%) and UHCs (100%). Moreover, 89% of the private facilities, 87% of the MCWCs, and 34% of the NGO facilities offer normal delivery services. Additionally, around 5% of the CCs provide normal delivery services (**Table 7.1** and **Figure 7.1.1**).

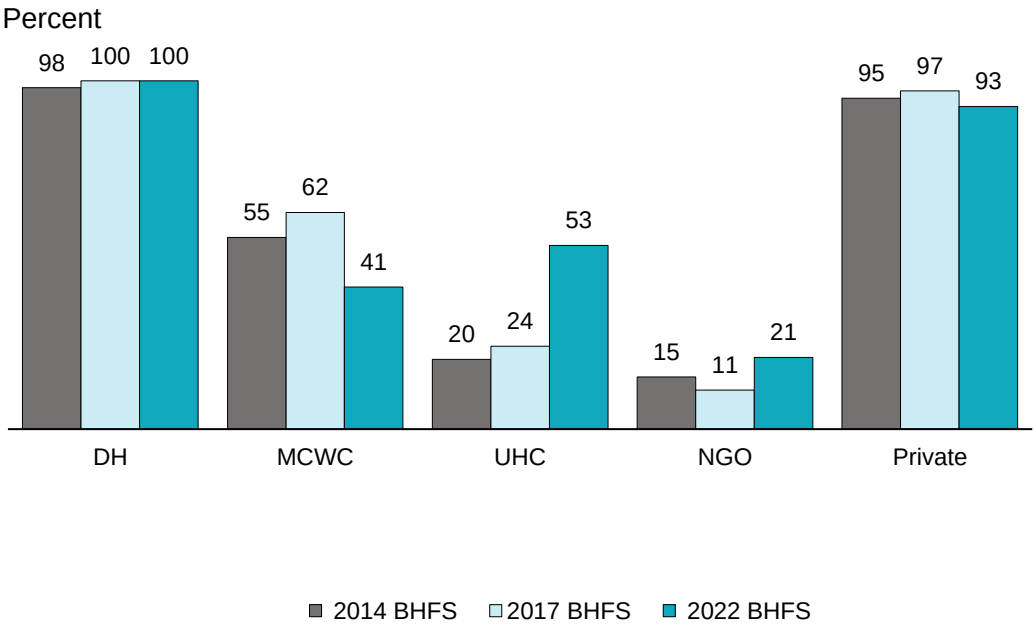
- The availability of normal delivery services in UHCs reached 100% in 2022, an increase from 95% in 2017 (**Figure 7.1.1**).
- Normal delivery service availability is five times higher in urban areas (82%), compared to rural areas (17%) (**Table 7.1**).

Figure 7.1.1 **Availability of normal delivery services in health facilities, by facility type**



- Availability of cesarean delivery services is universal in DHs (100%), and over 9 in 10 private facilities (93%) are offering the service in 2022 (**Table 7.1** and **Figure 7.1.2)**.
- Cesarean deliveries are available in more than half of the UHCs (53%); and one in five NGOs (21%), which has nearly doubled since 2017 (**Figure 7.1.2**).
- Eighty percent of urban facilities perform cesarean deliveries, whereas the service is available in 1% of rural facilities (**Table 7.1**).

Figure 7.1.2 **Availability of cesarean delivery services in health facilities, by facility type**

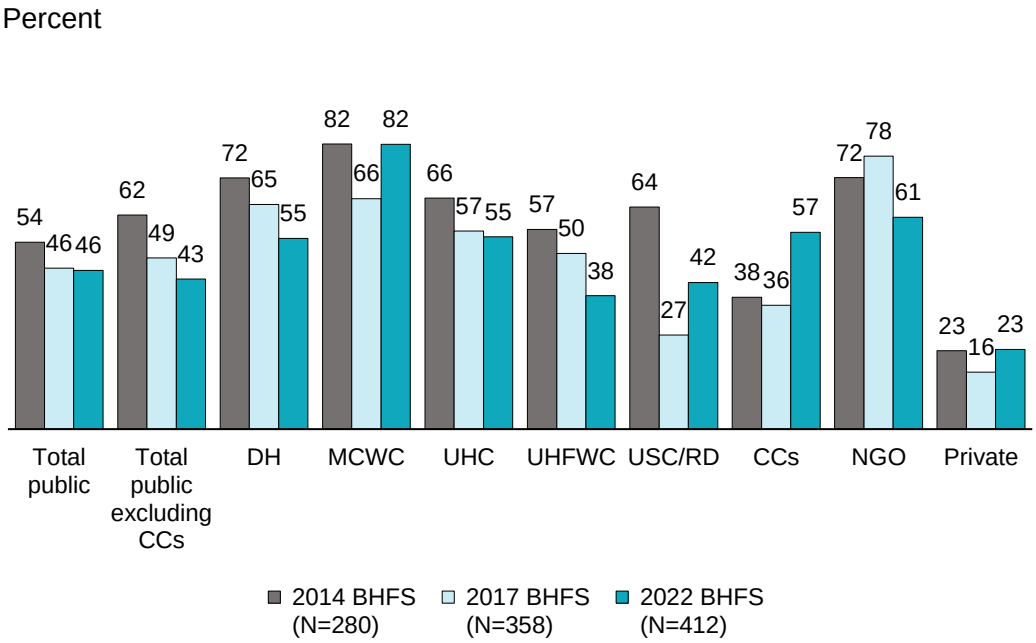


7.2.2 Trained Staff, Guidelines, and Equipment for Delivery Services

The availability of service trained staff, guidelines, and certain basic equipment are the key elements in the provision of quality delivery services. **Table 7.2** reports the extent to which these items were available on the day of the survey in facilities that offer normal delivery services.

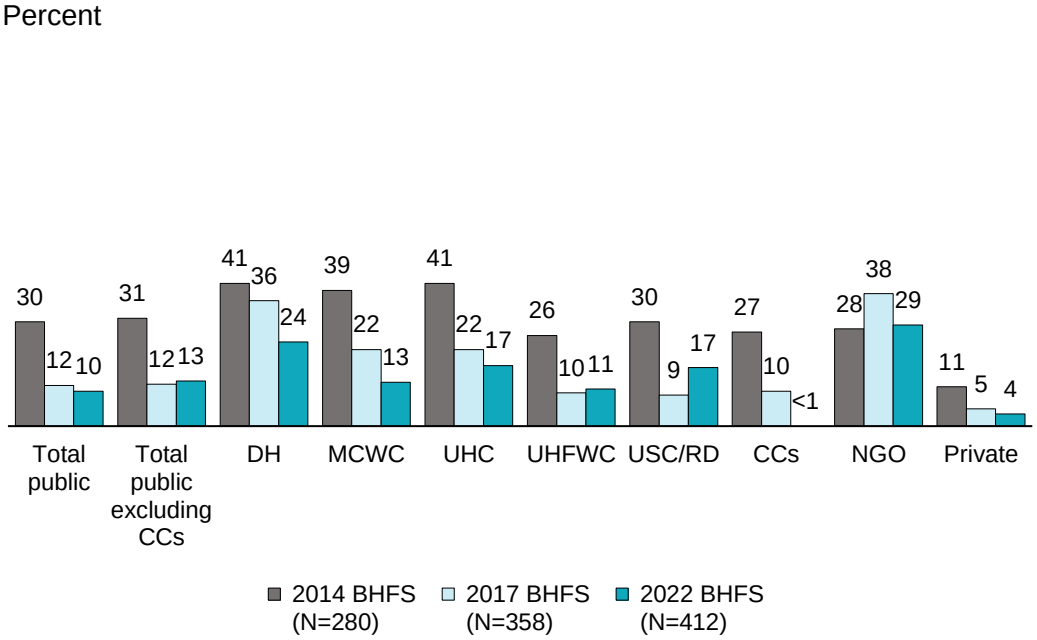
- The availability of trained staff at any time in delivery care is nearly half (46%) in public health facilities offering normal delivery services (**Table 7.2**).
- The availability of trained staff at any time has increased markedly from 2017 to 2022 in MCWCs (66% to 82%), USC/RDs (27% to 42%), CCs (36% to 57%), and private hospitals (16% to 23%) (**Figure 7.2.1)**.

Figure 7.2.1 **Availability of trained staff in delivery care (at any time) in health facilities, by facility type**



- Overall, 13% of public health facilities (excluding CCs) offering normal delivery services have any guidelines related to BEmOC and CemOC (**Table 7.2** and **Figure 7.2.2)**.
- The availability of guidelines on BemOC and CemOC on site is highest in NGOs (29%), in comparison with other types of facilities (**Figure 7.2.2)**.
- Rural facilities (9%) are more likely than urban facilities (7%) to have any of the guidelines for BemOC or CemOC (**Table 7.2**).

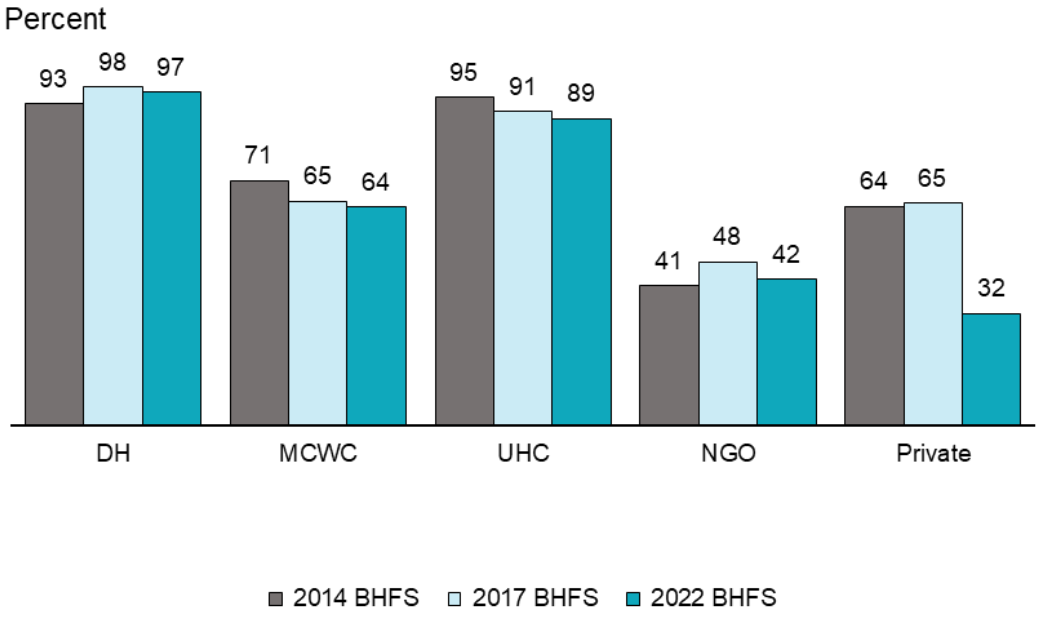
Figure 7.2.2 **Availability of guidelines on maternal health in health facilities, by facility type**



- Emergency transport may be critical if a woman needs to be referred to another facility for more specialized care. Among facilities offering normal delivery services, district and upazila level public facilities (86%) are more likely to have emergency transport compared to NGOs (42%) and private (32%) health facilities (**Table 7.2**).

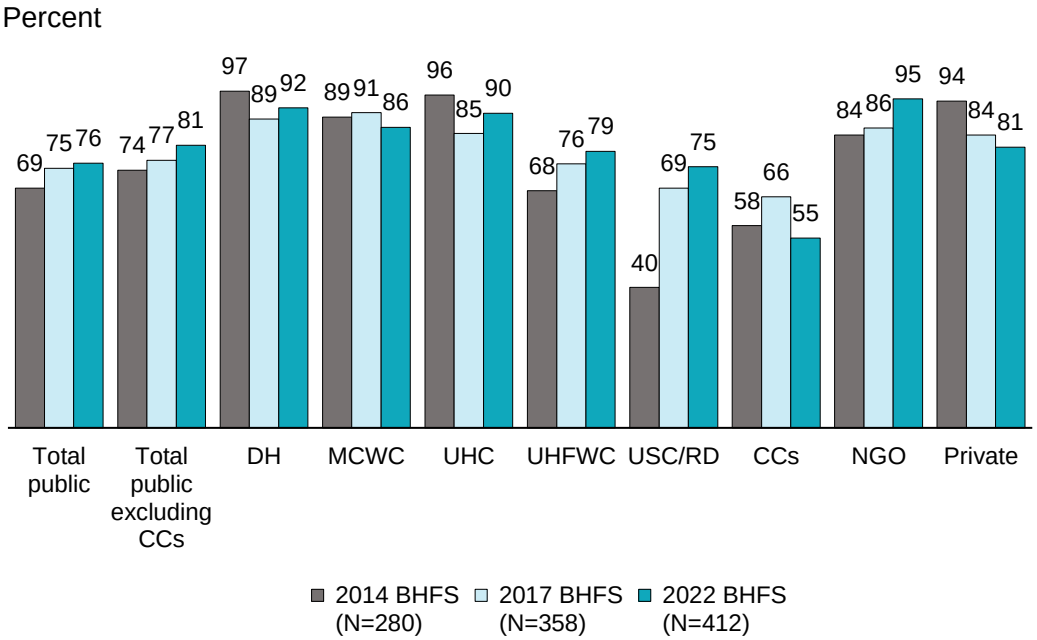
- Almost all of the DHs (97%) and UHCs (89%) that offer normal delivery services universally have emergency transportation (**Table 7.2 and Figure 7.2.3**).

Figure 7.2.3 **Availability of emergency transport in health facilities that offer normal delivery services, by facility type**



- The availability of delivery beds is more than 80% in public health facilities (excluding CCs) in 2022, which has increased gradually from 74% in the 2014 BHFS (**Table 7.2** and **Figure 7.2.4)**.
- NGO clinics/hospitals have shown a rise in the availability of delivery beds, from 84% in the 2014 BHFS to 95% in the 2022 BHFS (**Figure 7.2.4)**.

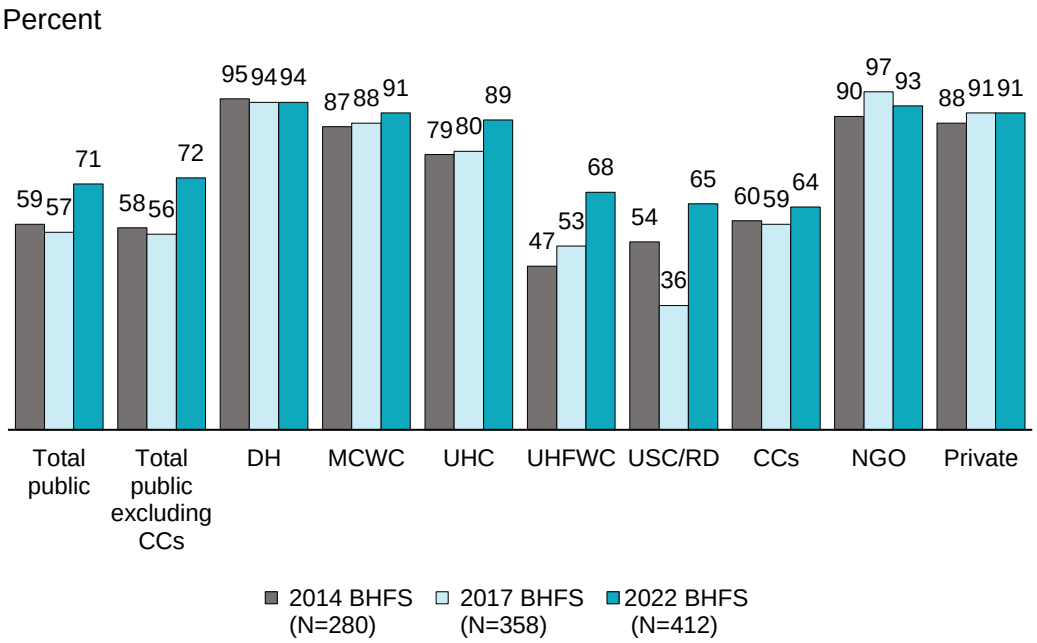
Figure 7.2.4 **Availability of delivery beds in health facilities, by facility type**



- Overall, the availability of functioning examination lights in public health facilities offering normal delivery services increased from 57% in 2017 to 71% in 2022 **(Figure 7.2.5)**.

- More than 90% of DHs (94%), MCWCs (91%), NGO clinics (93%), and private facilities (91%) offering normal delivery services have an examination light (**Table 7.2** and **Figure 7.2.5)**.

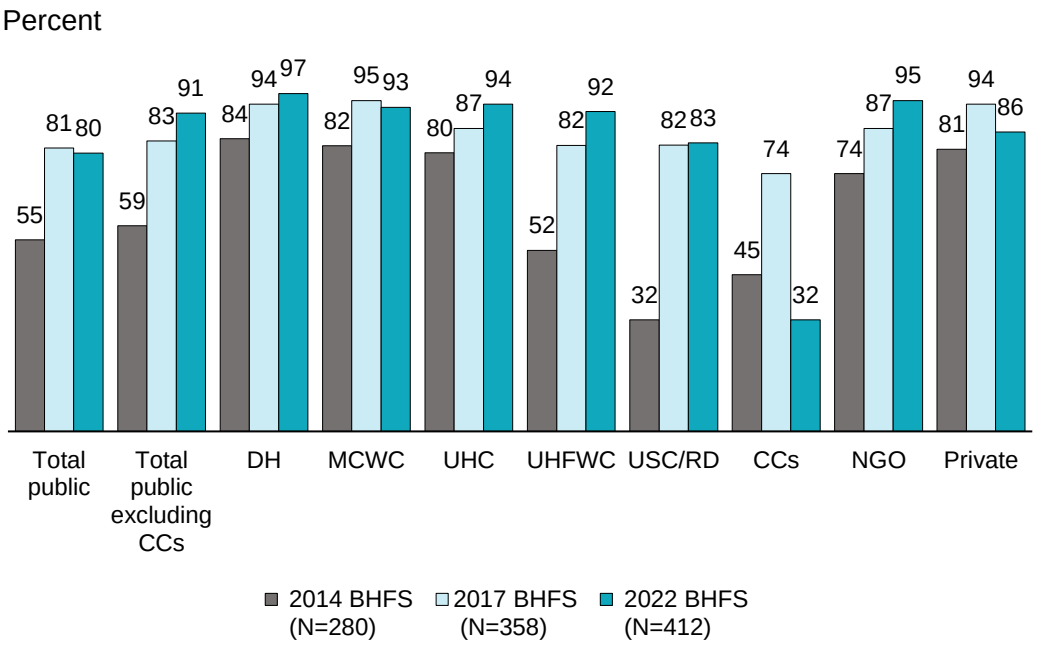
Figure 7.2.5 **Availability of functioning examination light in health facilities, by facility type**



- Since 2014, there has been a 32-percentage point increase in the availability of delivery packs (from 59% to 91%) in public health facilities (excluding CCs) offering normal delivery services (**Figure 7.2.6**). Availability of delivery packs means either the facility has a sterile delivery pack available at the delivery site or all the following individual equipment must be present: cord clamp, episiotomy scissors, scissors/blade to cut cord, suture material with needle, and needle holder.

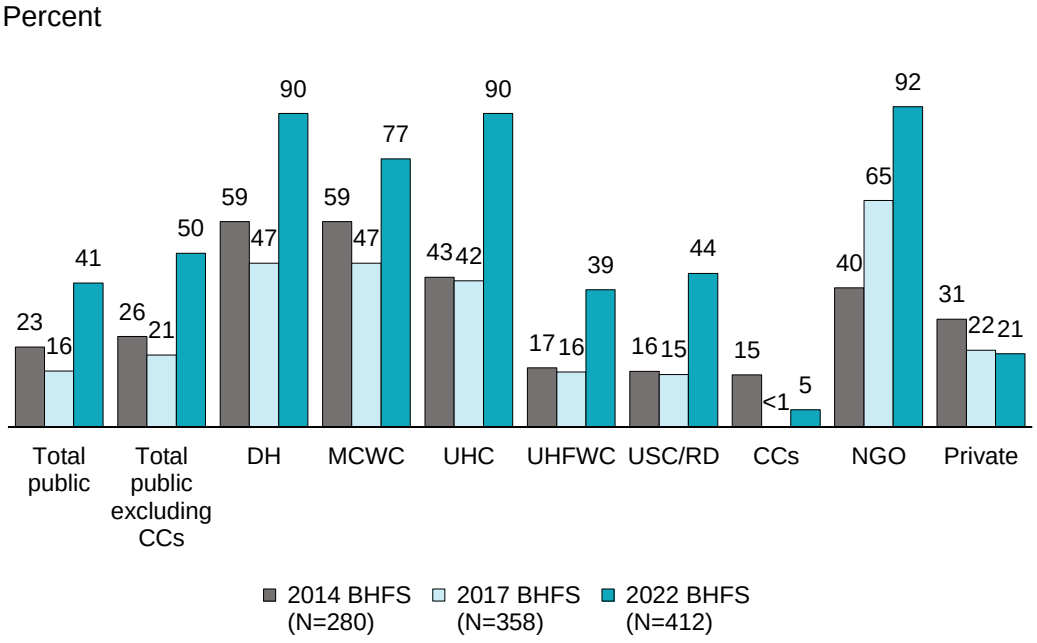
- Most of the facilities offering normal delivery services have delivery packs; however, only one-third of the CCs that perform normal deliveries had delivery packs available on the day of survey (**Table 7.2** and **Figure 7.2.6)**.

Figure 7.2.6 Availability of delivery pack in health facilities, by facility type



- Half of public health facilities (excluding CCs) offering normal delivery services have partographs on site in 2022, which has increased notably from about one-fifth in 2017 (**Table 7.2** and **Figure 7.2.7)**.
- Among facilities offering normal delivery services, partographs are universally available in DHs (90%), UHCs (90%), and NGOs (92%); however, it is found in only about one in five private hospitals (**Table 7.2** and **Figure 7.2.7)**.

Figure 7.2.7 Availability of partograph in health facilities, by facility type



- Among facilities offering normal delivery services, most public facilities (85%) have gloves available in labor rooms. Gloves are available at 100% of the NGOs and 93% of the private hospitals. CCs are least likely (71%) to have gloves (**Table 7.2** and **Figure 7.2.8)**.

- Availability of gloves in facilities offering normal delivery services increased in DHs (82% to 98%), MCWCs (83% to 95%), UHCs (72% to 95%), and private facilities (69% to 93%) from 2017 to 2022 (**Figure 7.2.8**).

Figure 7.2.8 **Availability of gloves in health facilities, by facility type**

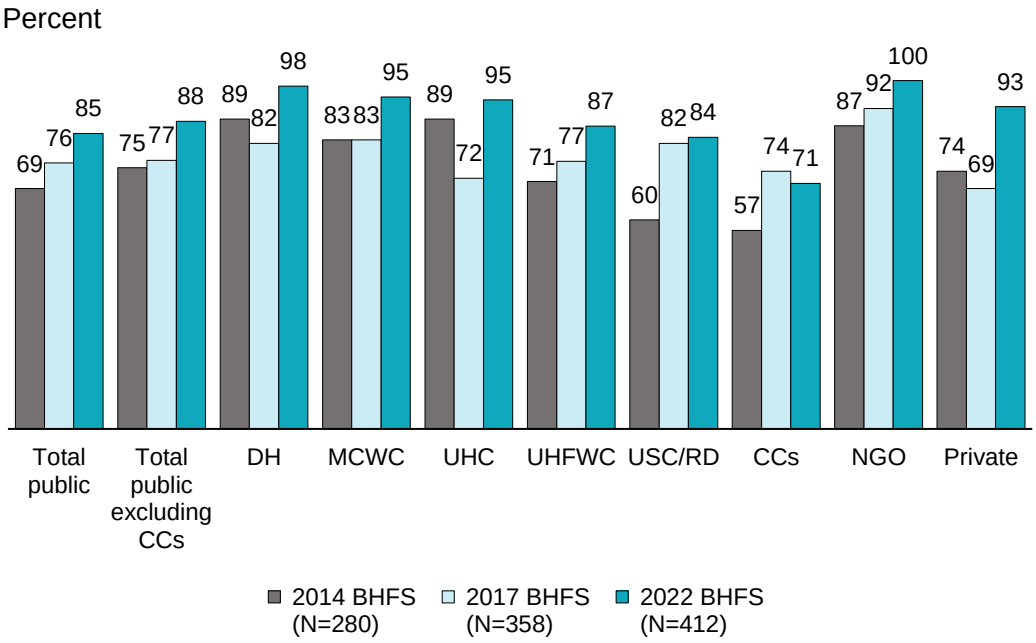


Table 7.3 presents information on the availability of staff with in-service training in areas related to delivery or newborn care. The table considers staff who ever received in-service training and staff who have received training within the 24 months before the survey, among facilities offering normal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

- Only 5% of the public facilities (excluding CCs) 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; however, 24% of all public facilities have at least one provider who has ever received in-service training in IMPAC (**Table 7.3**).

- Only 8% of the total public and private facilities have providers who had received in-service training on routine care for labor and delivery during the past 24 months; however, 43% of the public facilities and 26% of private facilities have at least one provider who has ever received in-service training (**Table 7.3)**.

- Fifty-nine percent of public facilities reported having at least one staff member who had ever received in-service training in neonatal resuscitation, but only 18% of public facilities have at least one staff member with recent (past 24 months) in-service training on this topic (**Table 7.3**).

- Most of the NGO facilities (80%) and less than three in every ten private hospitals (28%) have at least one provider ever trained in neonatal resuscitation (**Table 7.3**).

- Thirty-eight percent of the public facilities have a staff member who has ever received in-service training in active management of the third stage of labor (AMTSL) (**Table 7.3**).

- Even fewer facilities have staff with in-service training in post-abortion care or emergency obstetric care at any time. Only one-fourth of the public facilities have at least one staff member who has ever received training in post-abortion care, while 22% of the public facilities (excluding CCs) have at least one staff member who has received training in emergency obstetric care (**Table 7.3)**.

7.2.3 Medicines and Commodities for Delivery Care

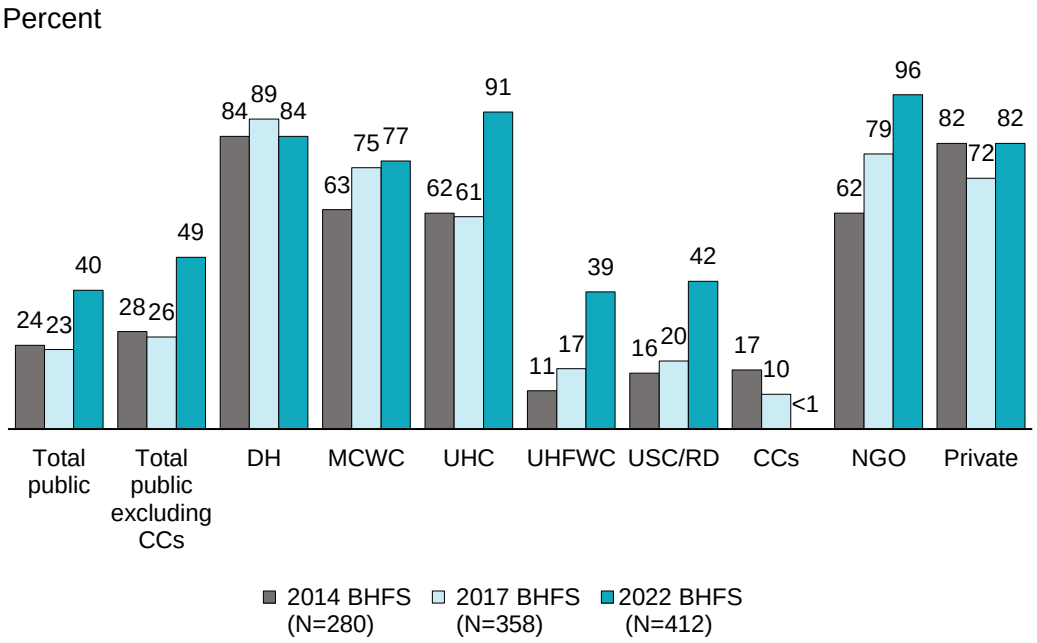
Table 7.4 describes the availability of essential medicines and commodities for delivery. The table also provides information on the availability of priority medicines for mothers, as defined by the WHO.

Essential Medicines for Delivery

- Nearly half (49%) of the public facilities (excluding CCs) that offer normal delivery services have injectable uterotonics (oxytocin) which is required for active management of the third stage of labor and management of postpartum hemorrhage (**Table 7.4** and **Figure 7.3.1**).

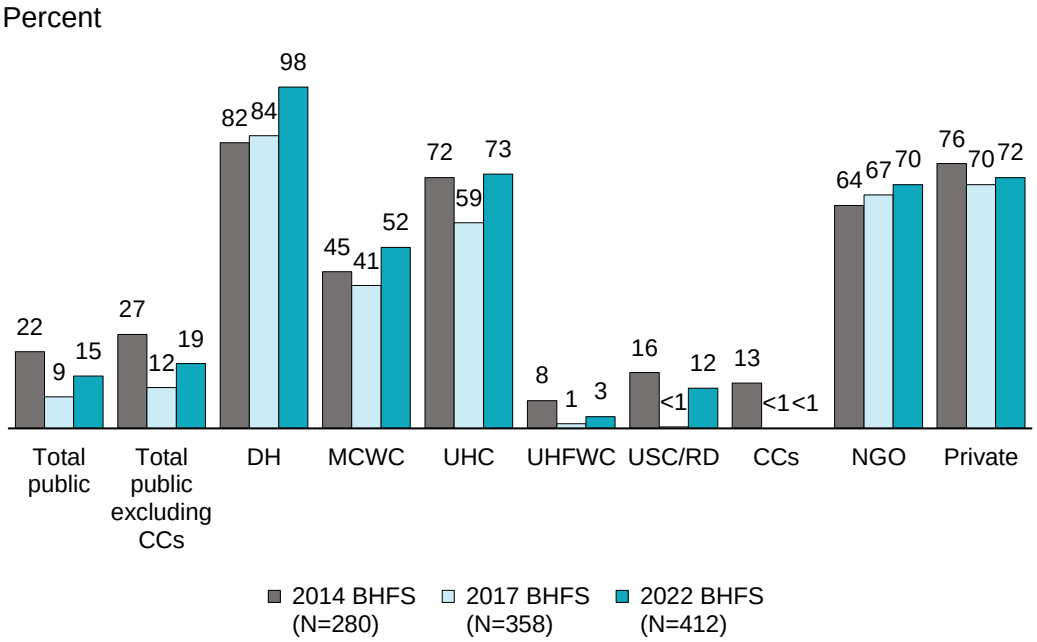
- The availability of oxytocin is relatively higher among NGOs (96%), followed by UHCs (91%), DHs (84%), and private facilities (82%). The availability of injectable uterotonics is lowest among CCs (<1%), where normal delivery service is available (**Table 7.4** and **Figure 7.3.1**).

Figure 7.3.1 **Availability of oxytocin in health facilities, by facility type**



- Injectable antibiotics are required for the management of puerperal sepsis. The availability of injectable antibiotics (injectable penicillin, injectable gentamicin, injectable ampicillin, or injectable ceftriaxone) is highest in DHs (98%). More than two-thirds of the NGO clinics (70%) and private facilities (72%) have injectable antibiotics (**Table 7.4** and **Figure 7.3.2**).

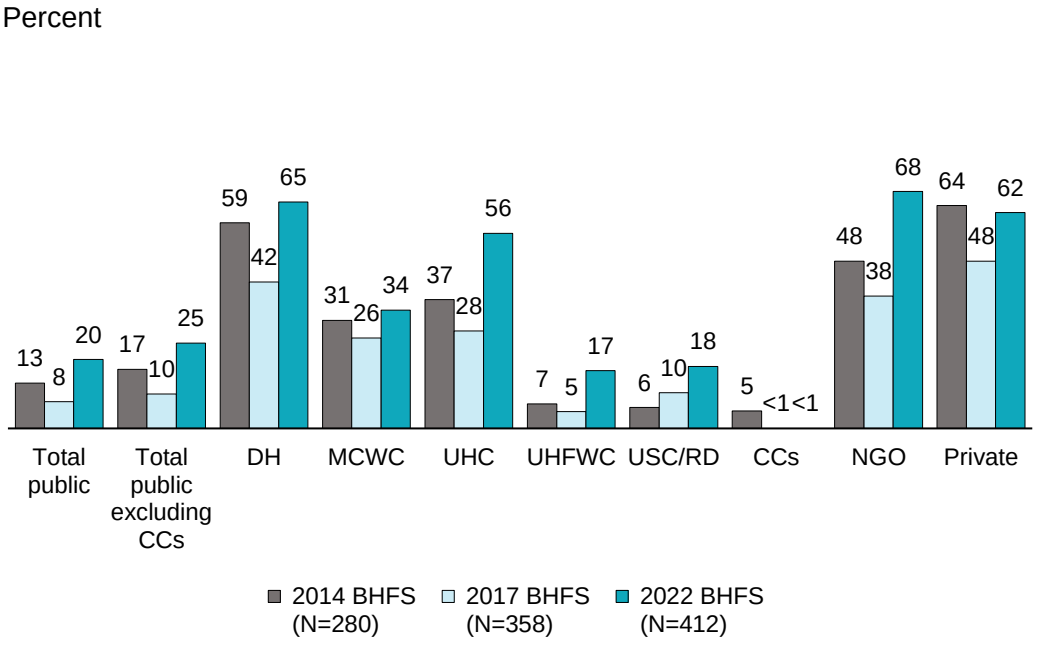
Figure 7.3.2 **Availability of injectable antibiotics in health facilities, by facility type**



- One in four public facilities (excluding CCs) have injectable magnesium sulphate, which is essential for the management of eclampsia. Sixty-five percent of DHs, 62% of private facilities, 34% of MCWCs, and 56% of UHCs have injectable magnesium sulphate available on site (**Table 7.4** and **Figure 7.3.3**).

- The availability of magnesium sulphate is the highest in NGO hospitals (68%). However, less than 1% of CCs have injectable magnesium sulphate for the management or pre-referral management of eclampsia (**Table 7.4** and **Figure 7.3.3**).

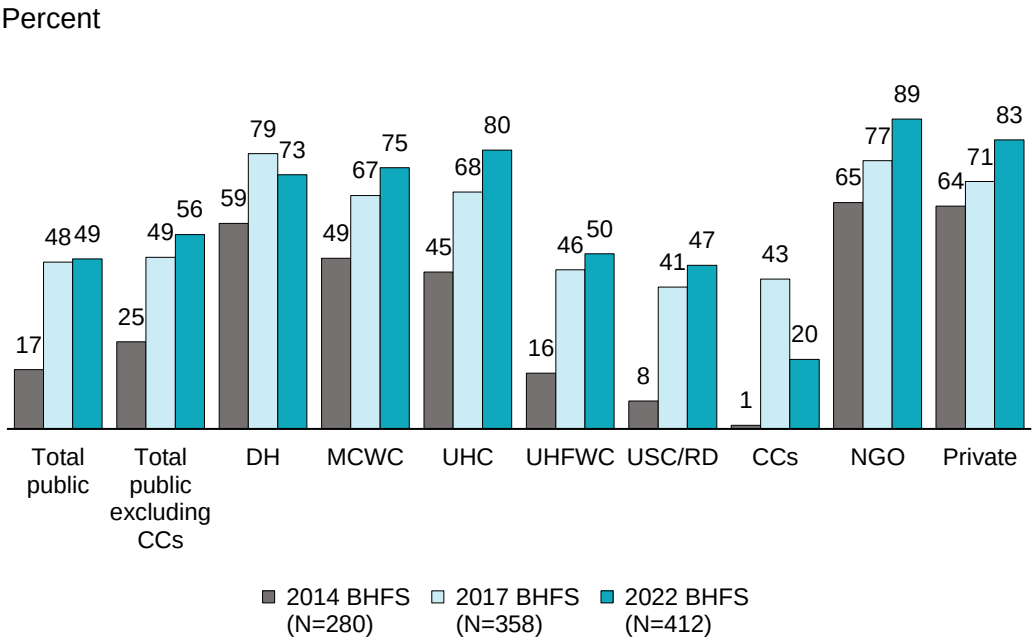
Figure 7.3.3 **Availability of magnesium sulphate in health facilities, by facility type**



- Skin disinfectant is available in 56% of the public health facilities (excluding CCs) in 2022, which increased from 49% in 2017 (**Table 7.4** and **Figure 7.3.4**).

- The availability of skin disinfectant is relatively higher in NGO facilities (89%), followed by private facilities (83%) and UHCs (80%), in comparison with other types of facilities. The availability of skin disinfectant is the least common among CCs (20%) that offer normal delivery services (**Table 7.4** and **Figure 7.3.4**).

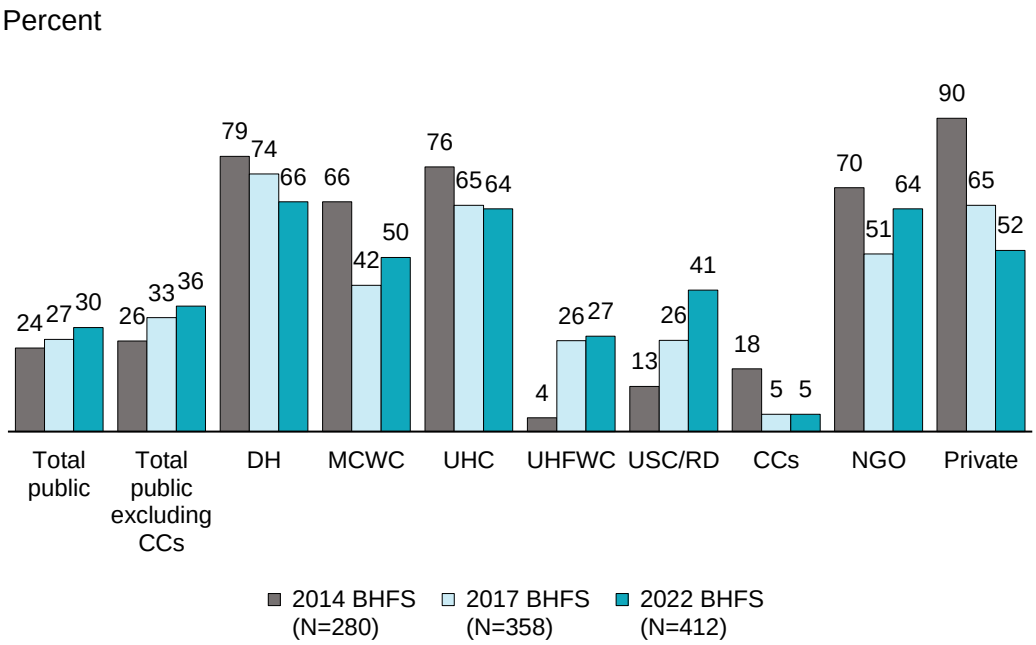
Figure 7.3.4 **Availability of skin disinfectant in health facilities, by facility type**



- More than one-third of the public health facilities (excluding CCs) offering normal delivery services have intravenous fluids with infusion set (**Table 7.4** and **Figure 7.3.5**).

- Among facilities offering normal delivery services, the availability of IV fluids with infusion set is higher among the DHs (66%), UHCs (64%), NGOs (64%), and private hospitals (52%) (**Table 7.4** and **Figure 7.3.5**).

Figure 7.3.5 **Availability of intravenous fluids with infusion set in health facilities, by facility type**



Priority Medicines for Mothers

- **Table 7.4** also provides information on availability of the WHO-defined priority medicines for mothers on the day of the survey. In general, these priority medicines are not widely available, and they are much more likely to be available in higher-level than in lower-level facilities. Moreover, even among higher-level facilities, there was considerable variation in priority medicine availability. Sodium chloride injectable solution is one of the widely available (51%) priority medicines in public facilities (excluding CCs) offering normal delivery services; 73% of NGOs and 60% of private hospitals, reported having this medication (**Table 7.4**).

- Sixty-seven percent of public facilities offering normal delivery services have misoprostol capsules or tablets, which are important for the management of postpartum hemorrhage. About three-fourths (74%) of union-level facilities have misoprostol capsules or tablets. They are available at 48% of DHs and 62% of UHCs, and also in around three-fourths of NGO clinics (77%) and half of the private hospitals (51%) (**Table 7.4**).

7.2.4 Items for Infection Control during Provision of Delivery Care

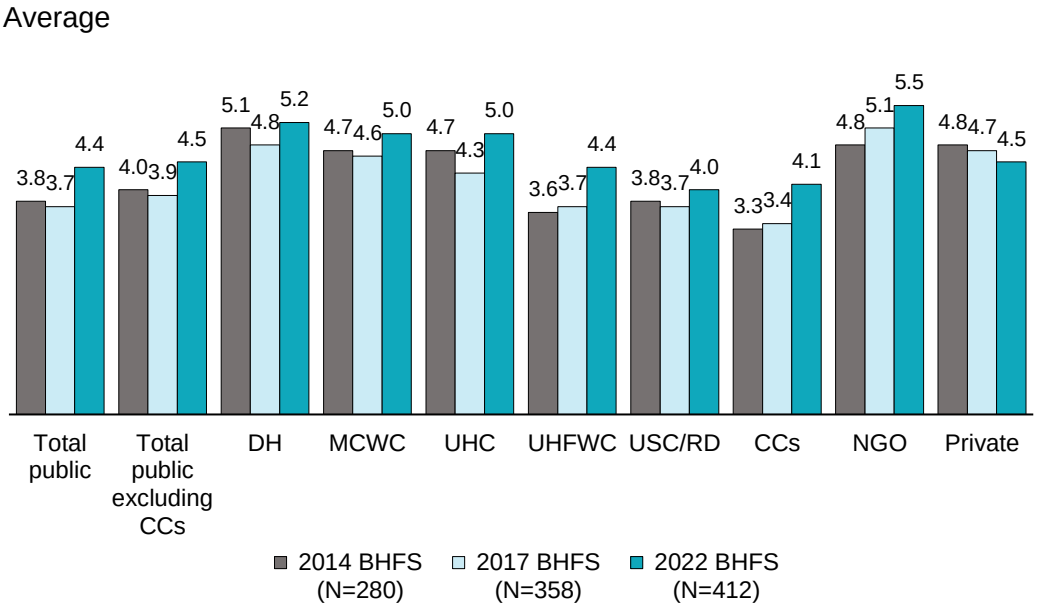
Infection control is vital during delivery care. The basic items for infection control in the delivery service area are soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle. **Table 7.5** shows the proportion of facilities that had the indicated items and the average number of items considered important for infection control available at the service site on the day of the survey visit.

- Overall, almost all public facilities (87%) that offer normal delivery services have either soap and running water or alcohol-based hand disinfectant. The availability of these items is almost universal in DHs, MCWCs, UHCs, NGO clinics, and private hospitals (**Table 7.5**).

- Latex gloves (85%), sharps containers (61%), and waste receptacles (70%) are observed in the majority of public facilities (**Table 7.5**).

- Between 2017 and 2022, the average number of items available in public facilities (excluding CCs) offering normal delivery services for infection control has improved from 3.9 to 4.5. All types of facilities have seen an increase in the overall score for the average items related to infection control, except private facilities (**Figure 7.3.6**).

Figure 7.3.6 **Average Items available (out of six) for infection control in delivery service area**



7.3 SIGNAL FUNCTIONS FOR EMERGENCY OBSTETRIC CARE

Complications of labor and delivery can be expected to occur in a certain percentage of deliveries. It is estimated that approximately 15% of mothers develop life-threatening complications at the time of delivery, even if the mothers are otherwise healthy during the antenatal period. In such situations, facilities must be equipped to provide Emergency Obstetric and Neonatal Care (EmOC). Within EmOC, there are nine signal functions, layered in three levels: Obstetric first aid, Basic Emergency Obstetric and Neonatal Care (BEmOC), and Comprehensive Emergency Obstetric and Neonatal Care (CEmOC). Facilities are considered as BEmOC facilities if they perform the first seven signal functions over the designated three-month period. The facilities are considered as CEmOC facilities if they perform all nine signal functions over a designated three-month period. Each of the facilities that provide normal delivery care were asked whether they had performed any number of the nine signal functions at least once during the three months preceding the survey.

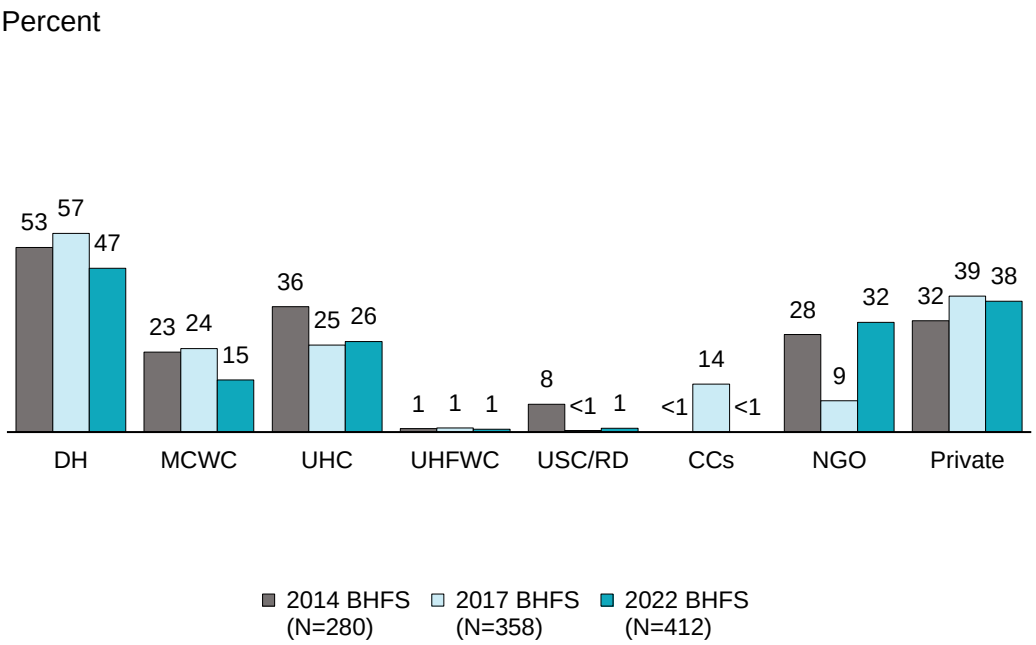
- Among public facilities that offer normal delivery services, only 5% performed seven signal functions (BEmOC) in the last three months. Nearly half of the DHs (47%) performed the basic seven signal functions. The estimates are much lower in MCWCs (15%) and UHCs (26%) (**Table 7.6**).

- Only 1% of union level facilities and less than 1% of CCs performed the seven basic signal functions in the last three months. Basic signal function availability is 38% in private facilities and 32% in NGO

clinics that offer normal delivery services (**Table 7.6**). A notable increase is observed in NGO clinics, from 9% in 2017 to 32% in 2022(**Figure 7.4**).

- Urban facilities (37%) are more likely than rural facilities (2%) to perform the basic seven signal functions for emergency obstetric care (**Table 7.6**).

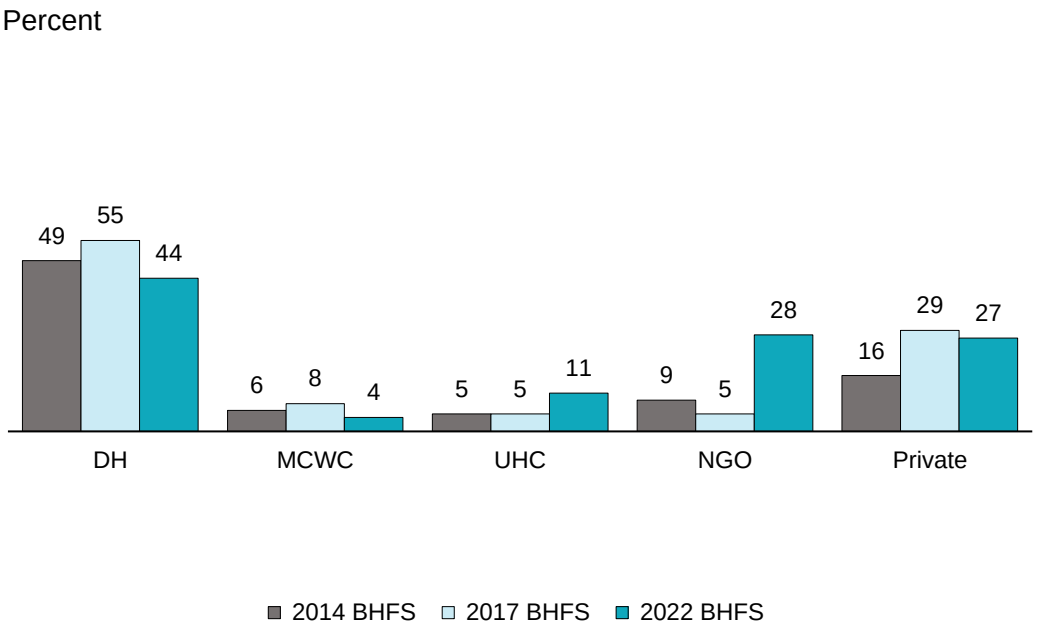
Figure 7.4 Trends in BEmOC signal functions by facility type



- Less than half of DHs (44%) and about one-quarter of the private facilities (27%) have performed all nine signal functions (CEmOC) during the past three months. However, only 11% of UHCs and 4% of MCWCs performed all CEmOC signal functions **(Table 7.6** and **Figure 7.5**) during that time.

- The proportion of facilities that performed all nine signal functions increased notably from 2014 to 2022 among NGO clinics (9% to 28%), UHCs (5% to 11%), and private facilities (16% to 27%), and slightly decreased in MCWCs (6% to 4%) **(Figure 7.5**).

Figure 7.5 **Trends in CEmOC signal functions by facility type**



7.4 READINESS OF HEALTH FACILITIES TO PROVIDE NORMAL DELIVERY SERVICES

The WHO assesses service readiness for normal delivery based on the availability of specific items/tracer indicators in health facilities. In this section of the report, data from the 2022 BFHS are used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO measures. The 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:

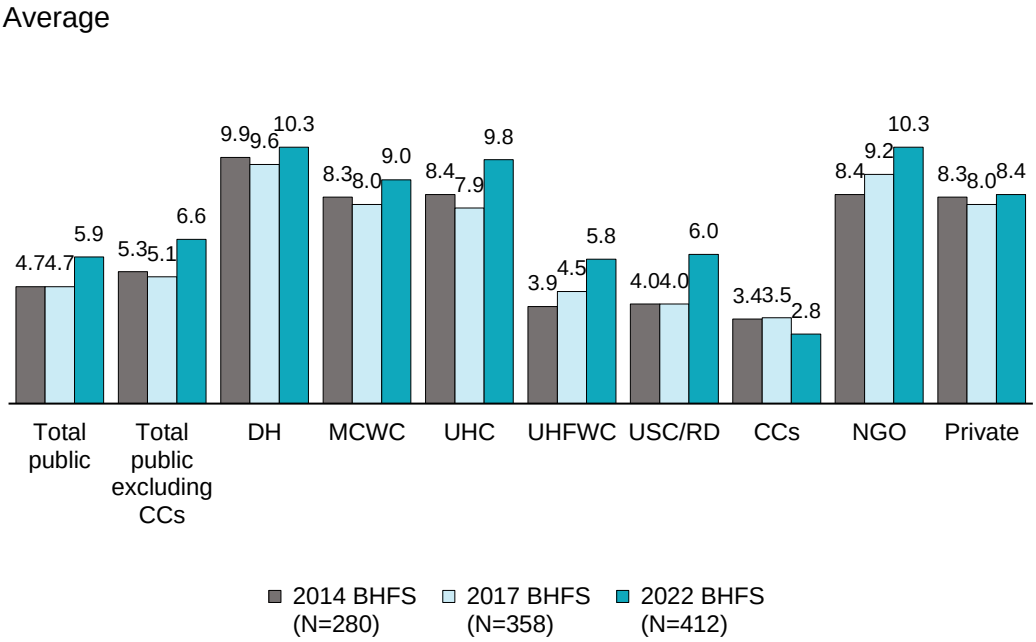
- Injectable oxytocin
- Injectable antibiotic

- Magnesium sulphate
- Skin disinfectant
- Intravenous solution with infusion set

Table 7.7 and **Figure 7.6** show the average readiness score of thirteen items/tracer indicators to assess a health facility's readiness for normal delivery services.

- Among all public health facilities, the average readiness score for normal delivery services increased from 4.7 in 2014 to 5.9 in 2022 (**Figure 7.6**).
- DHs and NGO facilities have an average of 10.3 items necessary for normal delivery, the highest of all facilities (**Table 7.7** and **Figure 7.6)**.
- Except in CCs, the average readiness score improved in all facility types since 2014. The readiness score declined in CCs from 3.4 in 2014 to 2.8 in 2022 (**Figure 7.6**).

Figure 7.6 **Average readiness score of health facilities (out of 13 items) 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 newborn care practices at facilities offering normal delivery services.

- Almost all types of public facilities (93%) offering normal delivery services engage in routine newborn practices such as routine complete (head-to-toe) examination of newborns before discharge (**Table 7.8**).

- Weighing the newborn immediately upon delivery is nearly universal at DHs, MCWCs, UHCs, NGOs, and private clinics/hospitals offering normal delivery services (**Table 7.8**).

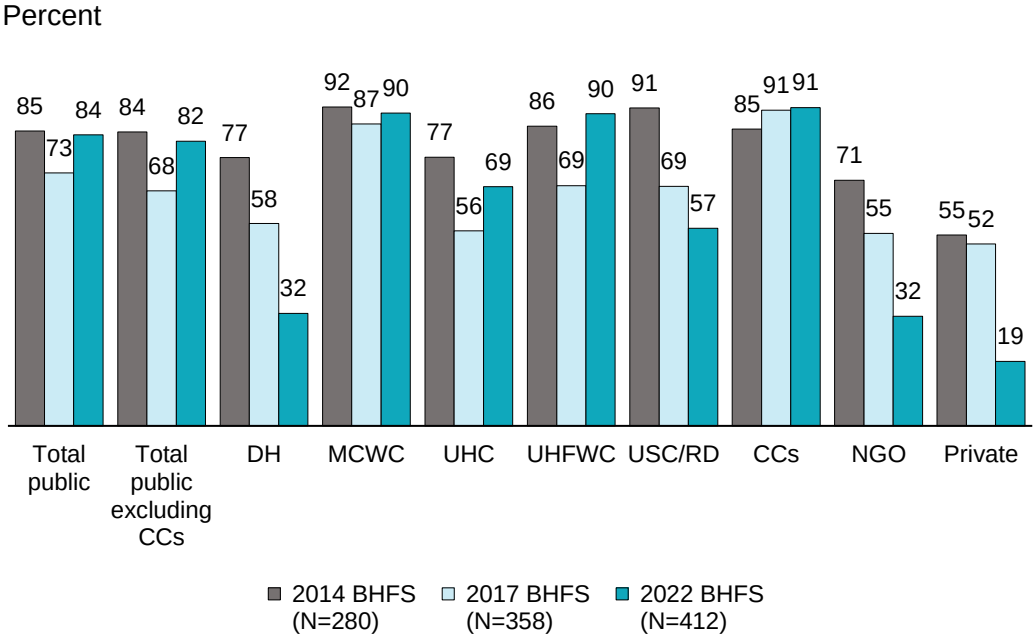
- There are strong differences in the administration of vitamin K to newborns among facilities offering normal delivery services. Half of the union-level public facilities (50%) administer vitamin K, whereas this service is universal in DHs (97%), UHCs (97%), and private facilities (99%), and widely available in MCWCs (80%) and NGO clinics (88%) (**Table 7.8**).

7.5.2 Essential Medicines for Newborn Care

- Eighty-four percent of public health facilities that offer normal delivery services had amoxicillin syrup or suspension available on the day of the visit. The availability of amoxicillin is the highest among CCs (91%), UHFWCs (90%), and MCWCs (90%). Around one-third of the NGO facilities (32%) and one-fifth of the private facilities (19%) had amoxicillin available on the day of the visit (**Table 7.9** and **Figure 7.7.1**).

- The availability of amoxicillin declined from 71% to 32% in NGO facilities and 55% to 19% in private facilities from 2014 to 2022. USC/RDs and DHs also noted sharp declines (**Figure 7.7.1**).

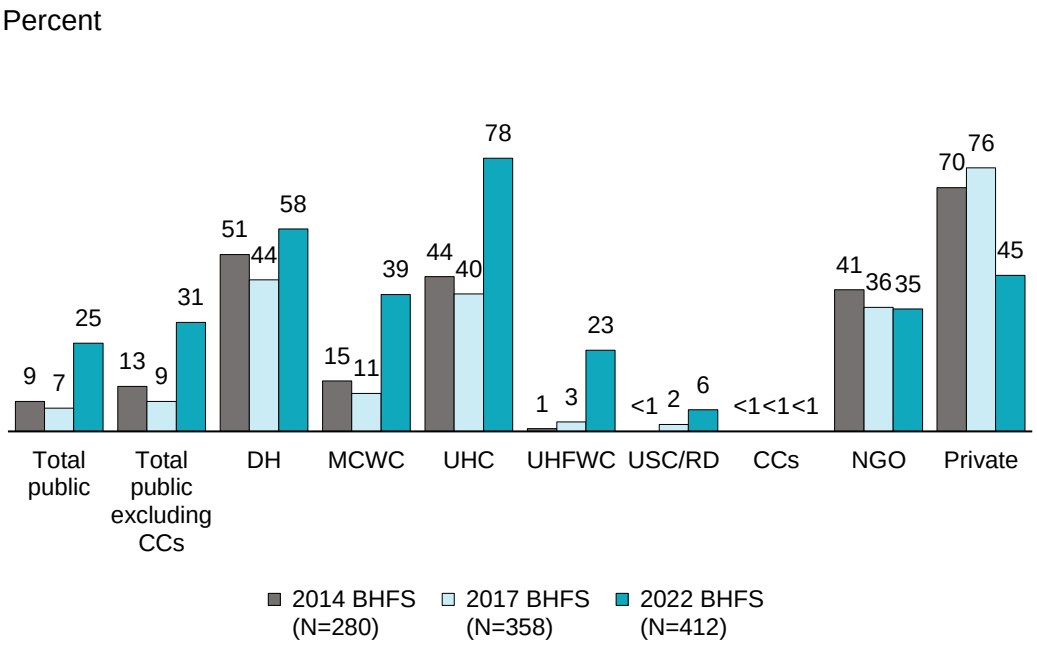
Figure 7.7.1 **Availability of amoxicillin in health facilities, by facility type**



- Injectable gentamicin is available in about one-third of public health facilities (31%), excluding CCs, in 2022—an increase from 9% in 2017 (**Table 7.9** and **Figure 7.7.2**).

- The availability of gentamicin among facilities offering normal delivery services is highest in UHCs (78%), increasing nearly two-fold from 2017. Less than two-thirds of the DHs (58%), 45% of private facilities, and 39% of MCWCs had valid gentamicin available on the day of the visit. Gentamicin is available in only about one-fourth of the UHFWCs (23%) (**Table 7.9** and **Figure 7.7.2**).

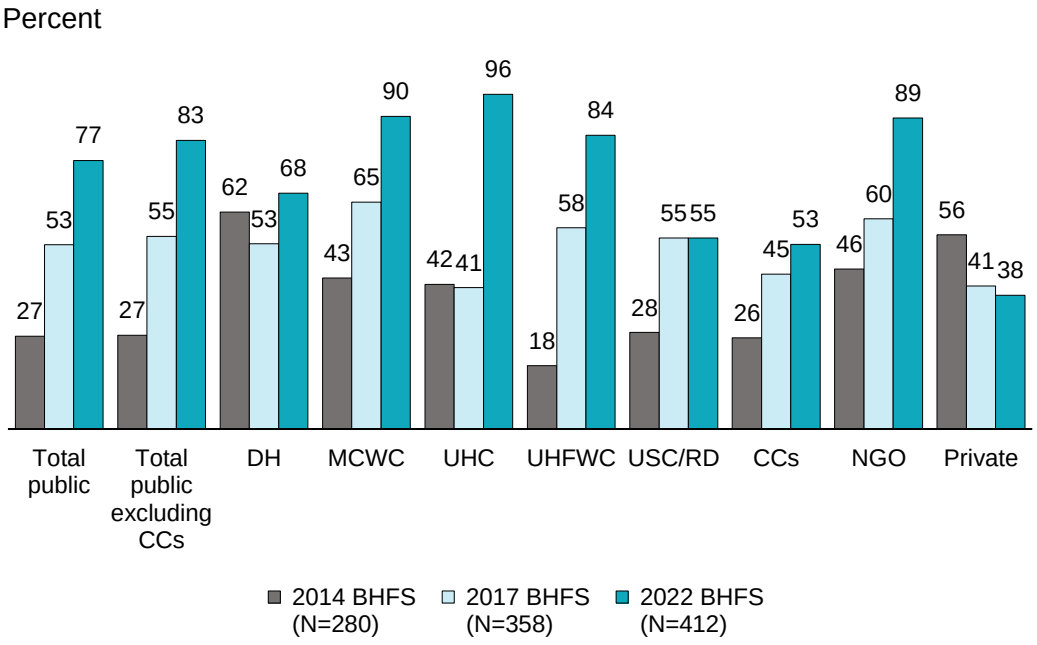
Figure 7.7.2 Availability of gentamicin in health facilities, by facility type



- Most public health facilities (excluding CCs) offering normal delivery services (83%) had 7.1% chlorhexidine available on the day of the visit. The availability is highest in UHCs (96%) and lowest in private facilities (38%) (**Table 7.9** and **Figure 7.7.3**).

- The availability of 7.1% chlorhexidine has increased in both public health facilities (from 27% in 2014 to 77% in 2022) and NGO facilities (from 46% in 2014 to 89% in 2022) (**Figure 7.7.3**).

Figure 7.7.3 Availability of 7.1% chlorhexidine in health facilities, by facility type



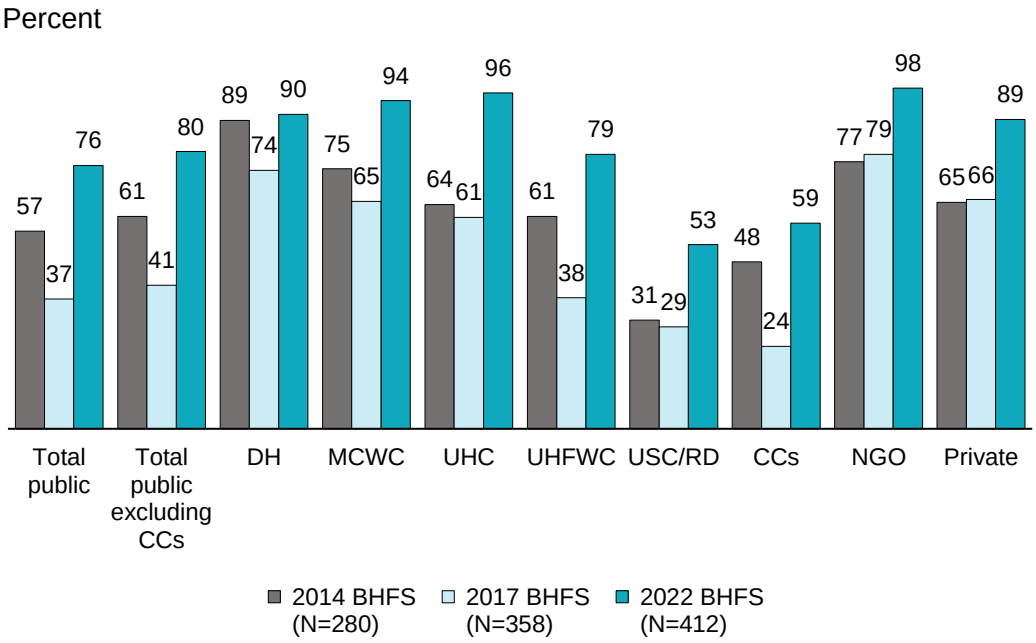
7.5.3 Availability of Equipment for Newborn Care Services

Table 7.10 provides information on the availability of equipment for newborn care services among facilities that offer normal delivery services.

- Overall, the availability of various types of equipment for newborn care services among facilities that offer normal delivery services is higher in urban areas in comparison with rural areas (**Table 7.10**). This includes incubator, suction apparatus with catheter, suction bulb or penguin sucker, newborn bag and mask, infant scale, fetal stethoscope, thermometer, and thermometer for low body temperature.

- Eighty percent of public health facilities (excluding CCs) offering delivery services have functioning infant weighing scales in 2022, nearly a two-fold increase from 41% in 2017. The availability of an infant scale is almost universal among NGO clinics (98%), followed by UHCs (96%), MCWCs (94%), DHs (90%), and private facilities (89%). Nearly six in ten CCs (59%) have an infant weighing scale observed on site (**Table 7.10** and **Figure 7.8.1**).

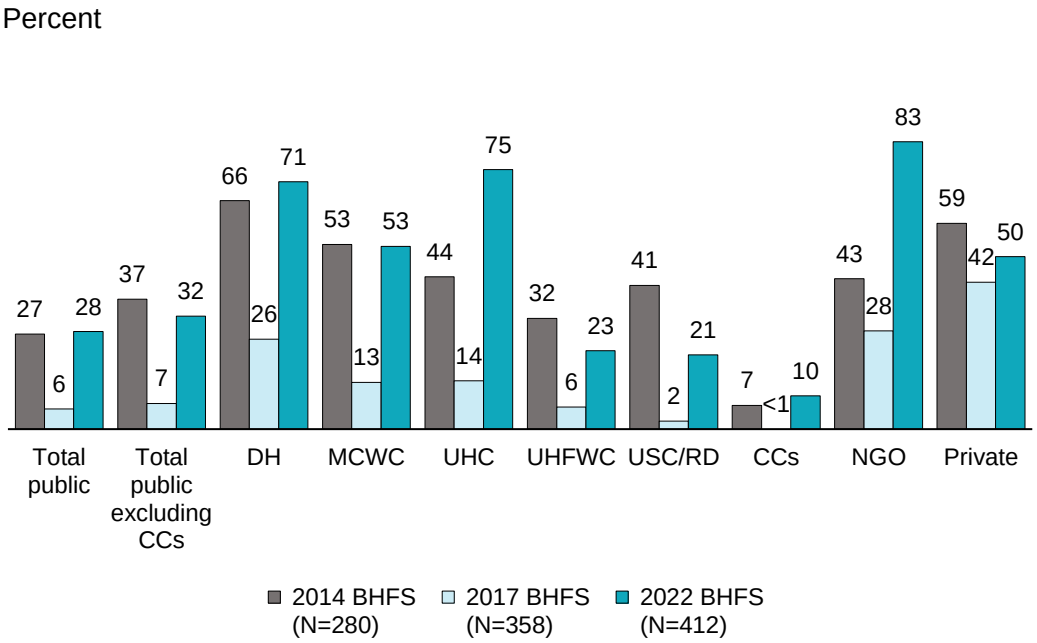
Figure 7.8.1 **Availability of functioning infant weighing scale for newborn care services, by facility type**



- More than one-quarter (28%) of public health facilities (28%) offering normal delivery services have a functioning fetal stethoscope in 2022, which has increased markedly from 6% in 2017 (**Table 7.10** and **Figure 7.8.2**).

- The majority of NGOs (83%), UHCs (75%), and DHs (71%) offering normal delivery services had functional fetal stethoscopes on the day of visit (**Table 7.10** and **Figure 7.8.2**).

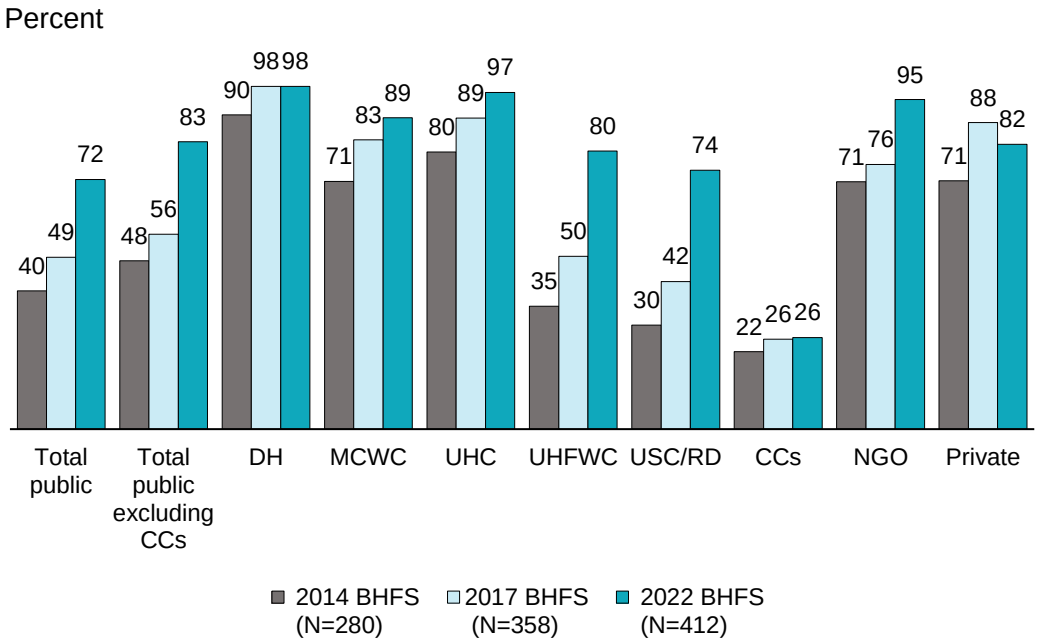
Figure 7.8.2 **Availability of functioning fetal stethoscope for newborn care services, by facility type**



- Most public health facilities (excluding CCs) that offer normal delivery services (83%) have a functioning newborn bag and mask available in 2022 (**Table 7.10**), compared to 56% in 2017 (**Figure 7.8.3**).

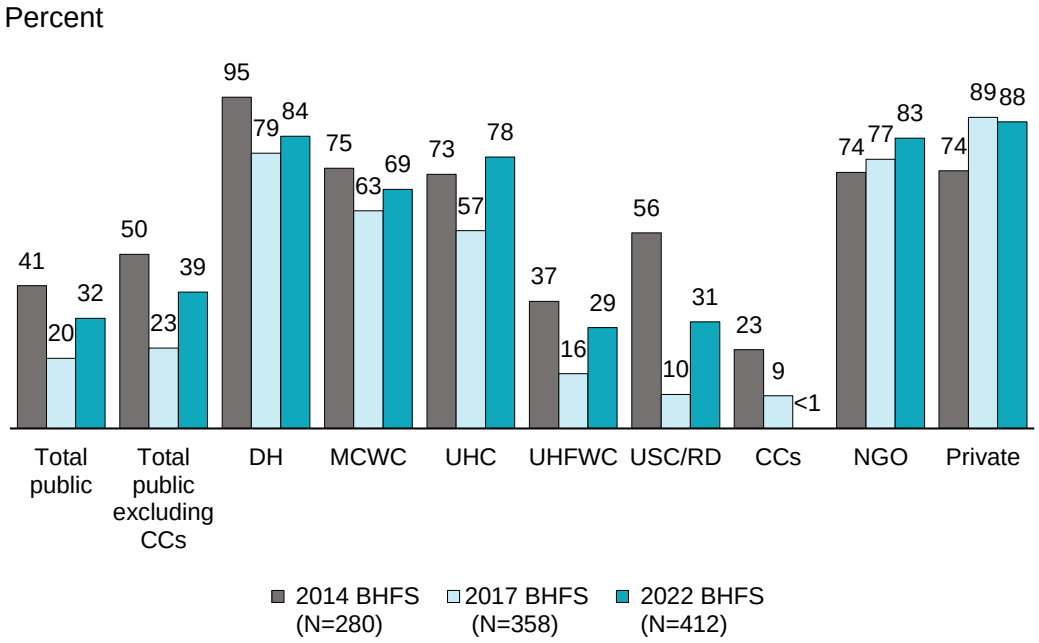
- Newborn bags and masks are almost universally available in DHs (98%), UHCs (97%), and NGO facilities (95%). The availability of newborn bags and masks for newborn care services is also reasonably high in private facilities (82%). Newborn bags and masks are available in around one-quarter of the CCs (26%) (**Table 7.10** and **Figure 7.8.3**).

Figure 7.8.3 **Availability of functioning newborn bag and mask for newborn care services, by facility type**



- Four in ten (39%) public health facilities (excluding CCs) that offer normal delivery services reported having suction apparatus with catheter to conduct delivery on the day of the survey (**Table 7.10**). There is a marked increase in UHCs (from 57% in 2017 to 78% in 2022); however, the availability of functioning suction apparatus with catheter increased in all types of facilities except CCs and private facilities in the last five years (**Figure 7.8.4**).

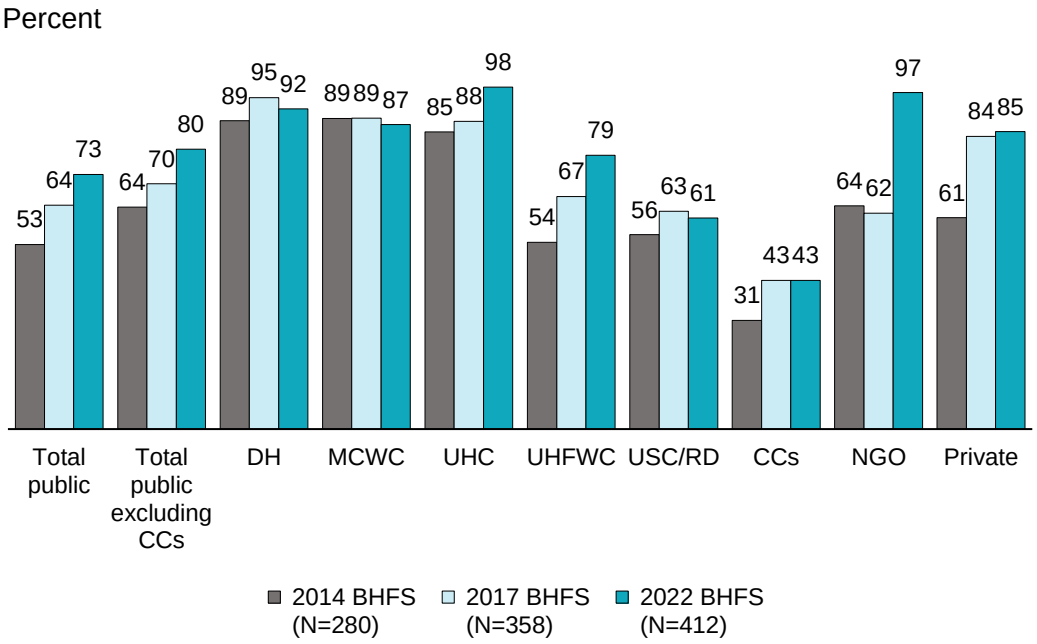
Figure 7.8.4 **Availability of functioning suction apparatus with catheter in health facilities, by facility type**



- The availability of functioning suction bulb or penguin sucker for newborn care services in facilities that offer normal delivery services increased from 64% to 73% among public health facilities from 2017 to 2022 (**Figure 7.8.5**).

- A suction bulb or penguin sucker is universally available among UHCs (98%), NGO clinics (97%), and DHs (92%). More than four in five private facilities (85%) have functioning suction bulbs or penguin suckers (**Table 7.10** and **Figure 7.8.5**).

Figure 7.8.5 **Availability of functioning suction bulb or penguin sucker for newborn care services, by facility type**



7.6 NEWBORN SIGNAL FUNCTIONS

Reduction of the neonatal mortality rate stands as an important target of the sustainable development goals (SDGs). To achieve this, all health facilities should be adequately prepared for providing high-quality delivery care during childbirth and effectively limiting preventable neonatal deaths, thereby reducing the overall neonatal mortality rate. Service availability and readiness of health facilities for delivering newborn services can be measured through a set of newborn signal functions. The 2022 BHFS incorporated a comprehensive set of newborn signal functions for the assessment of health facilities in this regard. Each of facility providing normal delivery care was asked whether they had performed the newborn signal functions ever and, if so, whether they had carried those out at least once during the three months preceding the survey.

The newborn signal functions are categorized into primary, basic, comprehensive, and advanced newborn signal functions based on their necessity and importance in preventing neonatal deaths.

Primary newborn signal functions (NSF): Iron and folic acid supplementation in pregnant women; hand wash each time before touching the baby; drying of the baby immediately after birth; delayed umbilical cord clamping;

clean cord cutting sterile blade; single application of 7.1% chlorhexidine (CHX); neonatal resuscitation; perform skin-to-skin care immediately after birth; and early initiation of breast feeding.

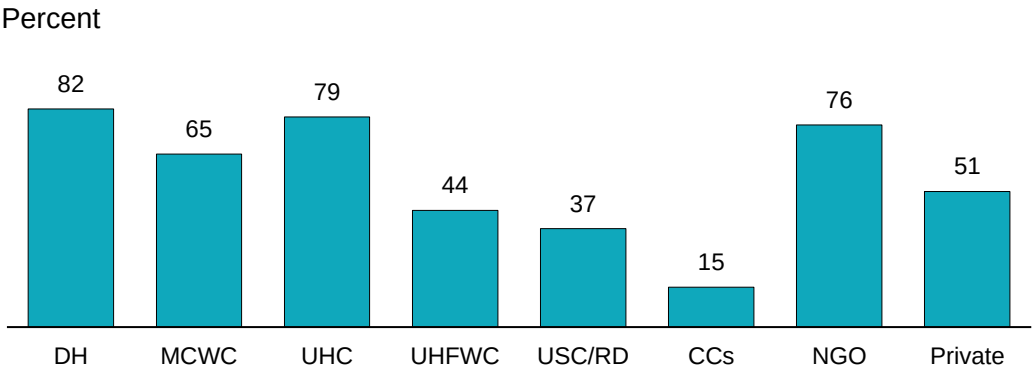
Basic newborn signal functions: Primary newborn signal functions and immunize patients with tetanus toxoid, administer oral antibiotic, administer intramuscular antibiotic, and newborn airway suction.

Comprehensive newborn signal functions: Basic newborn signal functions and administer intravenous antibiotic; administer antibiotic for premature rupture of membrane; oxygen therapy for management of newborn infection and respiratory problems; KMC for preterm or LBW newborn; and phototherapy for term or preterm with hyperbilirubinemia.

Advanced newborn signal function: Comprehensive newborn signal function and incubator support for sick term baby, pre-term baby, or if the baby receiving KMC becomes sick; and corticosteroids for pre-term labor.

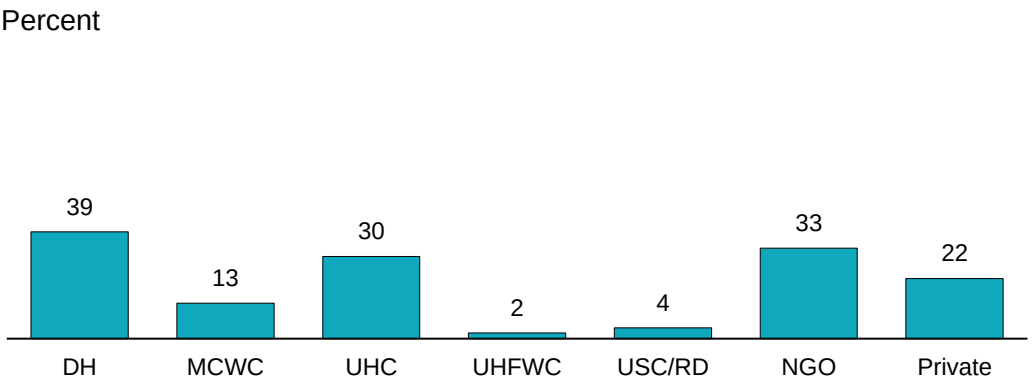
- The primary nine newborn signal functions are performed in half of the public facilities (excluding CCs) offering normal delivery services (**Table 7.10.1**).
- Most of the DHs (82%), UHCs (79%), and NGOs (76%) performed all nine primary newborn signal functions during the last three months preceding the survey. Primary newborn signal functions are performed in two-thirds of MCWCs (65%) and more than half of private hospitals (51%). However, only 15% of CCs offering normal delivery services provided all nine primary newborn signal functions in the last three months (**Table 7.10.1** and **Figure 7.9.1**).

Figure 7.9.1 **Primary newborn signal functions, by facility type, 2022 BHFS**



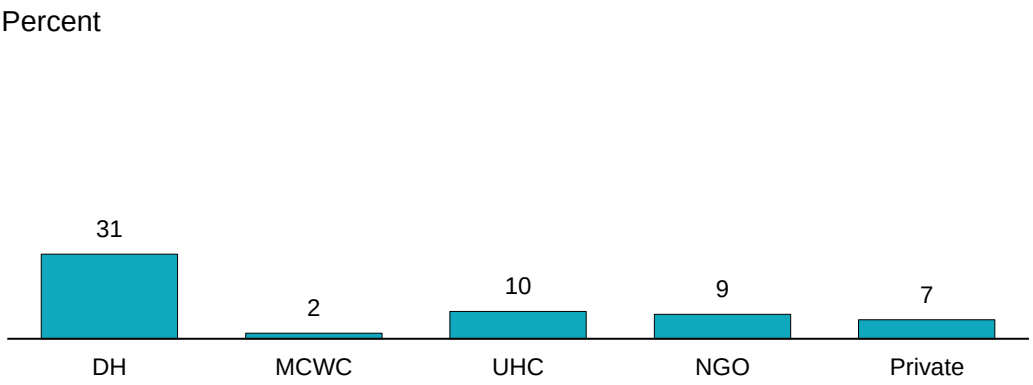
- Nearly four in ten DHs, three in ten NGOs, and two in ten private hospitals performed all 13 basic newborn signal functions in the last three months (**Table 7.10.1** and **Figure 7.9.2**).
- Thirteen percent of MCWCs perform the basic newborn signal functions (**Table 7.10.1** and **Figure 7.9.2**).

Figure 7.9.2 Basic newborn signal functions, by facility type, 2022 BHFS



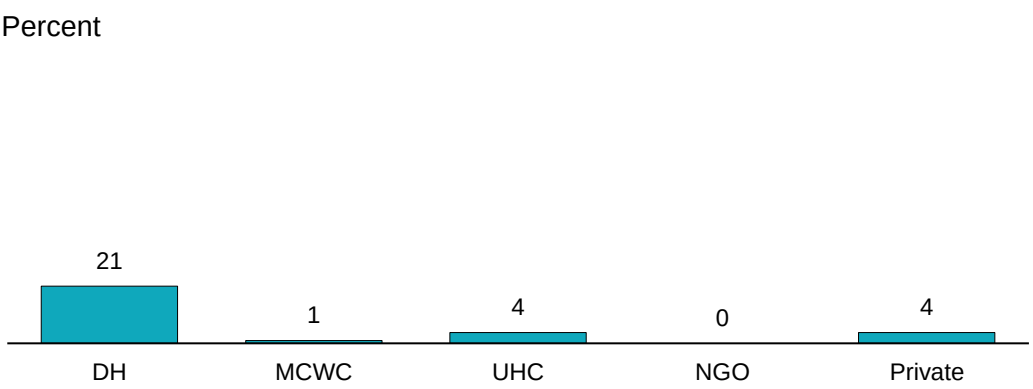
- Among all facilities offering delivery services, performance of the 18 comprehensive signal functions in the three months before the survey is very low. DHs have the highest (31%) performance of comprehensive newborn signal functions during the three months before the survey (**Table 7.10.1** and **Figure 7.9.3**).
- About one in ten UHCs and NGOs perform the 18 comprehensive newborn signal functions (**Table 7.10.1** and **Figure 7.9.3**).

Figure 7.9.3 Comprehensive newborn signal functions, by facility type, 2022 BHFS



- Around one-fifth of the DHs (21%) reported performance of all 20 advanced newborn signal functions within the last three months before the survey (**Table 7.10.1** and **Figure 7.9.4**).
- The practice of performing all 20 advanced newborn signal functions is very low in UHCs (4%) and private (4%) facilities (**Table 7.10.1** and **Figure 7.9.4)**.

Figure 7.9.4 **Advanced newborn signal functions, by facility type, 2022 BHFS**



7.7 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

7.7.1 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 also enhances their skills. **Table 7.11** presents information on specific in-service training reported by providers of normal delivery or newborn care services within six months or 24 months of the survey.

- About one-fifth of providers in public facilities received training related to delivery care and/or newborn care during the 24 months preceding the 2022 BHFS, as compared with about one-fourth of providers at NGO facilities and one-tenth of providers at private hospitals (**Table 7.11**).
- Supportive supervision helps to sustain providers' knowledge and skills. Almost all providers in public and NGO facilities have universally reported that they received personal supervision during the six months preceding the survey, except those in private facilities (88%) (**Table 7.11**).
- More than 90% of providers at rural facilities (95%) and urban facilities (93%) report receiving personal supervision (**Table 7.11**).

7.7.2 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.

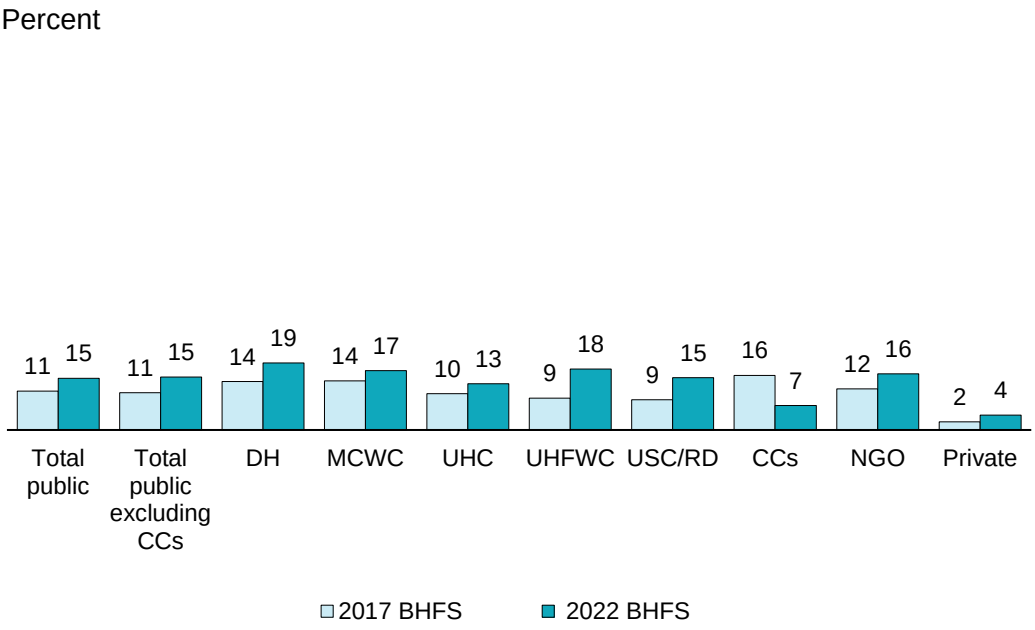
- Around 10% of the providers of delivery care or newborn services in public facilities received training on early and exclusive breastfeeding, thermal care, sterile cord cutting and care, and kangaroo mother care for low-birth-weight babies during the 24 months preceding the survey (**Table 7.12)**.
- The proportion of providers who reported ever receiving training in these areas is more than three times higher than those 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 7.12**).

In-service training in delivery and newborn care services not only improves the knowledge of providers but also their skills. **Table 7.13** presents information on specific in-service training reported by interviewed providers of normal delivery or newborn care services. This includes training that they reported receiving either at any prior point or within 24 months of the survey.

- More than one-third of the providers of normal delivery and newborn care services in public facilities had received training on newborn resuscitation at any time. However, only 10% reported receiving such training in the past 24 months. Thirteen percent of the providers at private hospitals and 39% at NGO clinics had ever received training on resuscitation (**Table 7.13**).
- Around one-third of providers in public facilities had ever received in-service training on application of 7.1% chlorhexidine (for umbilical cord care), but only 10% reported receiving such training in the past 24 months. One in ten providers at private hospitals and around four in ten of those in NGO facilities had training on chlorhexidine application (**Table 7.13**).
- Around 15% of providers from public facilities had received in service training on emergency triage assessment (ETAT) at any time. The percentage of providers with ETAT training increased in all types

of facilities, with the exception of CCs. Only 7% of providers in CCs and 4% of providers in private facilities have staff trained on ETAT (**Table 7.13** and **Figure 7.10.1**).

Figure 7.10.1 **Training on emergency triage assessment for newborn care services, by facility type**



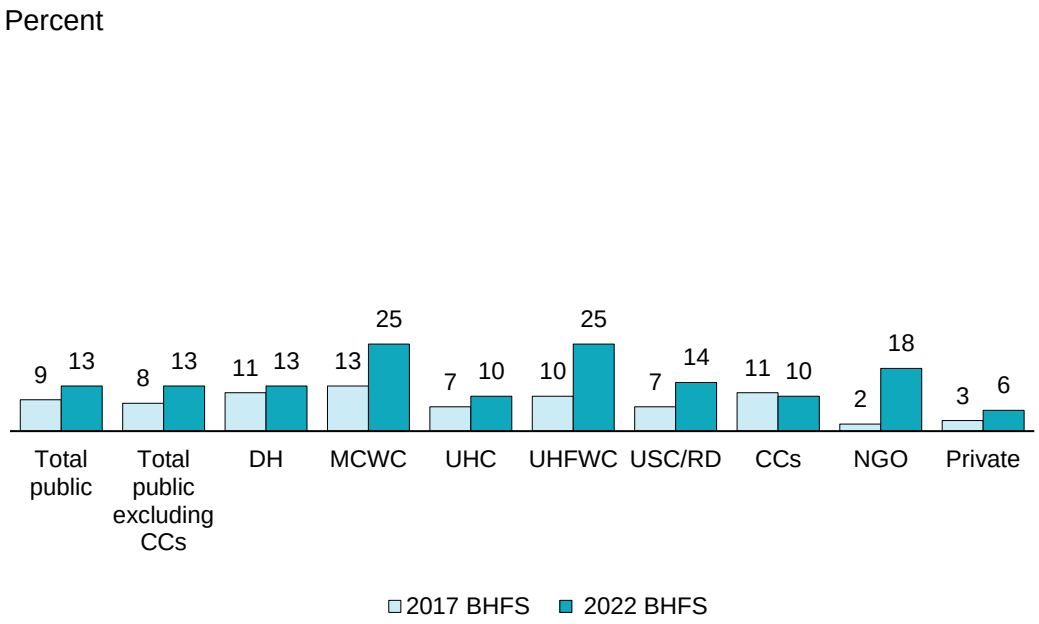
- Only 27% of providers in public facilities had ever received training in essential newborn care, and only 19% have training in comprehensive newborn care (**Table 7.13**).

- Less than 20% of the providers had been trained in integrated management of childhood illness (IMCI) at any time, and only 5% had received such training in the past 24 months. One-fourth of the providers at NGO facilities and a small percentage of providers at private hospitals (4%) had ever been trained in IMCI (**Table 7.13**).

- Providers in rural areas reported receiving all trainings in immediate newborn care more than their counterparts in urban areas (**Table 7.13**).

- In-service training on different services is presented in **Figure 7.10.2**. These services include newborn resuscitation, essential newborn care, umbilical cord care, and comprehensive newborn care package. Thirteen percent of all providers in public health facilities have training on all the services. The percentage of providers having such training is highest in MCWCs (25%) and UHFWCs (25%); and lowest in private facilities (6%) (**Table 7.13** and **Figure 7.10.2**).

Figure 7.10.2 **In-service training on different services* for newborn care, by facility type**



*Services: Newborn resuscitation, essential newborn care, umbilical cord care, comprehensive newborn care

DELIVERY AND NEWBORN CARE 7

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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 2022

Background characteristic	Percentage of facilities offering:								Number of facilities (weighted)	Number of facilities (un-weighted)	Percentage of facilities offering normal delivery services that have:		Number of facilities offering normal delivery services (weighted)	Number of facilities offering normal delivery services (un-weighted)
	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		
Facility type														
District and upazila public facilities	**99.8**	**97.4**	**55.6**	**99.6**	**97.4**	**55.6**	**97.4**	**55.6**	**41**	**319**	**86.5**	**98.8**	**40**	**305**
DH	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	4	62	82.3	98.4	4	62
MCWC	99.0	87.1	40.8	97.9	87.1	40.8	87.1	40.8	7	100	80.3	95.5	6	87
UHC	100.0	99.5	52.7	100.0	99.5	52.7	99.5	52.7	30	157	88.5	99.5	30	156
Union-level public facilities	**98.3**	**49.4**	**-**	**96.8**	**49.4**	**-**	**49.2**	**-**	**310**	**434**	**36.7**	**86.1**	**153**	**206**
UHFWC	100.0	59.2	-	99.0	59.2	-	58.9	-	225	293	37.7	87.7	133	170
USC/RD	93.7	23.4	-	90.9	23.4	-	23.4	-	85	141	29.5	75.6	20	36
Community clinic (CC)	**99.8**	**4.7**	**-**	**97.4**	**4.7**	**-**	**4.7**	**-**	**994**	**488**	**30.0**	**52.1**	**46**	**24**
NGO clinic/hospital	**100.0**	**33.5**	**20.6**	**98.1**	**33.5**	**20.6**	**33.5**	**20.6**	**29**	**127**	**87.6**	**100.0**	**10**	**39**
Private hospital	**72.4**	**89.0**	**92.6**	**75.9**	**68.9**	**67.3**	**65.9**	**64.2**	**183**	**189**	**55.2**	**96.2**	**163**	**166**
Location														
Urban	79.3	81.7	80.3	80.9	66.9	61.4	64.5	59.0	235	514	60.7	96.3	192	409
Rural	99.3	16.6	0.7	97.3	16.5	0.6	16.5	0.6	1,322	1,043	39.4	80.5	220	331
Division														
Barishal	98.8	19.2	6.4	91.9	18.2	5.2	18.2	5.2	111	152	48.6	85.4	21	73
Chattogram	97.4	30.6	13.5	96.6	28.2	10.7	27.8	10.2	291	244	56.8	95.2	89	124
Dhaka	95.4	30.1	17.8	94.7	27.5	14.7	27.0	14.2	317	264	56.1	90.6	96	133
Khulna	90.5	30.4	20.8	90.5	23.5	11.4	22.6	10.5	210	208	40.6	92.2	64	92
Rajshahi	97.8	26.4	12.2	96.3	25.1	10.9	24.8	10.9	214	212	43.0	86.5	56	102
Rangpur	97.7	17.1	5.9	97.4	15.8	4.2	15.4	3.8	193	190	53.3	78.5	33	84
Sylhet	98.0	31.6	6.9	93.4	31.6	6.9	31.6	6.9	99	136	36.8	67.4	31	69
Mymensingh	97.5	18.2	6.3	95.5	17.4	5.5	17.4	5.5	122	151	43.9	82.1	22	63
Total	96.3	26.5	12.7	94.8	24.1	9.8	23.7	9.4	1,557	1,557	49.3	87.8	412	740
Total excluding CCs	*90.1*	*65.0*	*35.2*	*90.3*	*58.4*	*27.0*	*57.3*	*26.0*	*563*	*1,069*	*51.8*	*92.4*	*366*	*716*
Total public	*99.5*	*17.8*	*1.7*	*97.3*	*17.8*	*1.7*	*17.8*	*1.7*	*1,345*	*1,241*	*43.8*	*81.7*	*239*	*535*
Total public excluding CCs	*98.5*	*55.0*	*6.5*	*97.1*	*55.0*	*6.5*	*54.8*	*6.5*	*351*	*753*	*47.1*	*88.8*	*193*	*511*

Note: "-" 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 2022

Background characteristic	Percentage of facilities offering normal delivery services that have:			Equipment											Number of facilities offering normal delivery services (weighted)	Number of facilities offering normal delivery services (unweighted)
	Guidelines on BEmOC or CEmOC[1]	Staff trained in delivery care during the past 24 months[2]	Staff trained in delivery care at any time[2]	Emergency transport[3]	Examination light[4]	Delivery pack[5]	Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit[6]	Neonatal bag and mask	Partograph[7]	Gloves[8]	Delivery bed	Sterilization equipment[9]		
Facility type																
District and upazila public facilities	**17.4**	**20.7**	**59.3**	**86.0**	**89.8**	**94.4**	**77.1**	**27.3**	**40.2**	**95.7**	**87.8**	**95.0**	**89.9**	**86.6**	**40**	**305**
DH	24.2	12.9	54.8	96.8	93.5	96.8	83.9	38.7	43.5	98.4	90.3	98.4	91.9	98.4	4	62
MCWC	12.6	19.4	81.8	63.5	90.7	93.1	68.7	28.6	40.5	89.4	77.3	95.3	86.3	85.0	6	87
UHC	17.4	22.1	55.2	89.2	89.1	94.4	77.9	25.4	39.7	96.7	89.6	94.5	90.3	85.3	30	156
Union-level public facilities	**11.5**	**6.6**	**38.8**	**1.7**	**67.7**	**90.6**	**29.2**	**19.7**	**16.6**	**79.1**	**40.0**	**86.5**	**78.8**	**48.4**	**153**	**206**
UHFWC	10.7	5.9	38.3	1.5	68.2	91.8	29.0	19.8	16.4	79.8	39.4	86.9	79.4	49.3	133	170
USC/RD	16.8	11.1	42.1	3.6	64.9	82.8	30.6	19.1	17.8	74.3	44.1	83.7	75.0	42.4	20	36
Community clinic (CC)	**0.0**	**9.6**	**56.5**	**3.3**	**63.6**	**31.8**	**0.0**	**4.7**	**0.0**	**26.3**	**5.1**	**70.5**	**54.5**	**0.0**	**46**	**24**
NGO clinic/ hospital	**29.0**	**21.9**	**60.8**	**42.4**	**92.9**	**94.6**	**83.4**	**45.4**	**56.3**	**94.6**	**91.5**	**100.0**	**94.5**	**85.7**	**10**	**39**
Private hospital	**3.5**	**7.7**	**22.9**	**32.4**	**91.2**	**86.3**	**88.0**	**32.5**	**53.8**	**81.8**	**20.7**	**92.5**	**80.6**	**89.5**	**163**	**166**
Location																
Urban	6.5	9.7	27.7	40.0	91.2	87.3	86.2	32.8	52.1	84.3	31.5	92.9	82.1	89.9	192	409
Rural	9.3	8.6	45.1	8.5	68.9	78.9	28.0	17.1	15.7	69.1	36.8	84.2	74.8	41.0	220	331
Division																
Barishal	7.4	10.4	44.0	17.5	79.7	80.4	45.4	17.0	27.9	79.6	36.6	95.0	62.7	54.5	21	73
Chattogram	16.2	15.2	45.9	22.5	74.3	91.8	62.2	29.3	30.4	77.9	33.5	90.5	89.8	72.0	89	124
Dhaka	8.3	6.3	33.6	31.3	80.4	90.2	61.2	29.2	47.5	82.4	45.7	87.1	71.1	71.8	96	133
Khulna	3.3	4.0	31.1	23.9	70.7	70.1	55.2	13.1	19.3	60.9	17.9	81.8	83.8	64.7	64	92
Rajshahi	2.1	8.8	25.3	17.8	87.8	73.2	49.7	25.7	38.0	78.5	20.1	89.7	74.5	58.0	56	102
Rangpur	5.1	5.6	44.5	18.1	81.6	96.1	46.9	31.9	23.9	86.6	47.9	88.9	78.0	51.5	33	84
Sylhet	8.5	15.8	34.9	22.4	89.6	73.0	51.5	24.6	28.5	67.2	51.4	93.8	76.5	61.1	31	69
Mymensingh	7.4	6.9	47.7	17.6	78.6	71.6	40.6	9.3	26.2	75.0	25.7	83.8	73.9	40.1	22	63
Total	8.0	9.1	37.0	23.2	79.3	82.8	55.1	24.4	32.7	76.2	34.3	88.2	78.2	63.8	412	740
Total excluding CCs	*9.0*	*9.0*	*34.6*	*25.8*	*81.3*	*89.2*	*62.1*	*26.9*	*36.8*	*82.5*	*38.0*	*90.5*	*81.2*	*71.9*	*366*	*716*
Total public	*10.2*	*9.5*	*45.6*	*16.2*	*70.6*	*79.9*	*31.6*	*18.1*	*17.3*	*71.7*	*41.3*	*84.8*	*76.0*	*45.5*	*239*	*535*
Total public excluding CCs	*12.7*	*9.5*	*43.1*	*19.3*	*72.3*	*91.4*	*39.2*	*21.3*	*21.5*	*82.5*	*49.9*	*88.3*	*81.1*	*56.4*	*193*	*511*

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 the WHO and USAID (2012).

[1] Basic emergency obstetric care (BEmOC) guidelines or comprehensive emergency obstetric care (CEmOC) guidelines.

[2] 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.

[3] Facility has a functioning ambulance or other vehicle for emergency transport that is stationed at and operates from the facility.

[4] A functioning flashlight is acceptable.

[5] Either the facility has a sterile delivery pack available at the delivery site or all of the following individual equipment must be present: cord clamp/thread, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder.

[6] Facility has a functioning vacuum aspirator or else a dilation and curettage (D&C) kit available.

[7] A blank partograph is available at the service site.

[8] Disposable latex gloves or equivalent are available at the service site.

[9] 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 2022

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 (weighted)	Number of facilities offering normal delivery services (unweighted)
	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		
Facility type														
District and upazila public facilities	**11.0**	**43.3**	**17.4**	**61.2**	**17.1**	**64.1**	**12.3**	**47.2**	**13.4**	**51.9**	**51.1**	**84.7**	**40**	**305**
DH	8.1	43.5	19.4	61.3	14.5	66.1	12.9	58.1	16.1	62.9	46.8	83.9	4	62
MCWC	9.0	54.0	13.7	76.1	13.7	72.5	11.2	61.9	13.6	65.6	34.5	84.1	6	87
UHC	11.9	40.9	18.0	58.0	18.2	62.0	12.4	42.5	12.9	47.3	55.3	84.9	30	156
Union-level public facilities	**2.9**	**19.1**	**5.3**	**35.5**	**3.8**	**32.1**	**1.8**	**15.6**	**3.1**	**19.1**	**13.3**	**55.0**	**153**	**206**
UHFWC	2.8	19.7	4.3	34.7	3.3	32.3	1.5	14.7	2.7	19.1	12.9	56.2	133	170
USC/RD	3.5	15.4	12.3	41.1	7.1	30.7	3.5	21.6	5.8	19.3	16.3	46.7	20	36
Community clinic (CC)	**0.0**	**24.9**	**9.6**	**51.8**	**0.0**	**34.2**	**0.0**	**16.9**	**0.0**	**20.9**	**4.6**	**48.4**	**46**	**24**
NGO clinic/hospital	**16.4**	**40.2**	**18.6**	**57.6**	**18.6**	**55.0**	**18.6**	**33.2**	**13.1**	**29.6**	**49.9**	**79.7**	**10**	**39**
Private hospital	**5.7**	**16.4**	**7.6**	**26.1**	**5.9**	**22.0**	**3.4**	**17.9**	**5.5**	**19.9**	**10.3**	**27.8**	**163**	**166**
Location														
Urban	6.6	20.1	9.4	31.3	7.9	27.6	4.9	21.9	7.1	25.1	16.7	37.1	192	409
Rural	3.2	22.8	7.2	41.3	4.1	35.9	2.5	18.6	3.0	21.2	14.8	55.6	220	331
Division														
Barishal	4.7	14.8	10.7	44.7	7.8	42.5	6.3	21.4	11.9	25.5	14.6	54.9	21	73
Chattogram	10.5	30.2	15.3	45.9	9.5	40.2	8.3	25.4	7.2	30.5	16.2	46.3	89	124
Dhaka	1.7	12.4	6.1	31.6	3.4	26.6	3.0	18.2	4.1	15.9	16.3	41.6	96	133
Khulna	3.6	26.0	3.4	32.6	3.3	29.6	0.3	20.7	0.7	22.3	13.2	43.9	64	92
Rajshahi	3.7	13.1	7.7	25.5	3.0	19.3	0.3	9.0	2.1	12.4	15.5	37.9	56	102
Rangpur	2.5	32.2	4.6	43.6	4.6	41.7	1.2	27.0	3.0	31.6	20.5	63.6	33	84
Sylhet	7.1	26.6	10.4	36.2	12.0	33.9	7.3	21.9	12.2	31.9	15.1	58.5	31	69
Mymensingh	1.2	18.9	3.6	43.4	7.5	34.8	1.6	20.4	4.0	25.7	13.7	56.2	22	63
Total	4.8	21.6	8.2	36.6	5.8	32.0	3.6	20.1	4.9	23.0	15.7	47.0	412	740
Total excluding CCs	*5.4*	*21.1*	*8.0*	*34.7*	*6.6*	*31.7*	*4.1*	*20.5*	*5.5*	*23.3*	*17.1*	*46.8*	*366*	*716*
Total public	*3.7*	*24.3*	*8.2*	*43.0*	*5.3*	*37.9*	*3.2*	*21.1*	*4.2*	*24.9*	*18.0*	*58.7*	*239*	*535*
Total public excluding CCs	*4.6*	*24.2*	*7.8*	*40.9*	*6.5*	*38.8*	*4.0*	*22.2*	*5.2*	*25.9*	*21.2*	*61.2*	*193*	*511*

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 2022

	Facility type													
Medicines	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Community clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Essential medicines for delivery[1]														
Injectable uterotonic (oxytocin)[2]	**87.9**	83.9	77.1	90.8	**39.2**	38.7	42.4	**0.0**	**96.1**	**82.0**	57.8	*65.1*	*39.8*	*49.3*
Injectable antibiotic[3]	**72.5**	98.4	51.7	73.1	**4.4**	3.4	11.5	**0.0**	**69.7**	**72.2**	38.9	*43.8*	*15.0*	*18.6*
Injectable magnesium sulphate[2]	**53.7**	64.5	33.6	56.4	**16.8**	16.6	17.8	**0.0**	**68.3**	**61.9**	37.5	*42.3*	*19.8*	*24.5*
Injectable diazepam	**65.1**	72.6	41.3	69.0	**8.6**	8.7	8.2	**0.0**	**56.1**	**77.0**	41.3	*46.5*	*16.4*	*20.4*
Skin disinfectant	**78.4**	72.6	74.8	80.0	**49.9**	50.3	47.0	**19.6**	**89.2**	**82.5**	63.1	*68.6*	*48.8*	*55.8*
Intravenous fluids with infusion set[4]	**62.0**	66.1	50.3	63.9	**29.1**	27.4	40.6	**4.7**	**63.8**	**51.9**	39.4	*43.8*	*29.9*	*36.0*
Priority medicines for mothers[5]														
Sodium chloride injectable solution	**88.8**	85.5	59.8	95.5	**40.8**	40.8	40.9	**0.0**	**73.3**	**60.4**	49.5	*55.7*	*41.0*	*50.8*
Injectable calcium gluconate	**3.4**	9.7	4.4	2.3	**5.4**	5.1	7.1	**0.0**	**29.7**	**31.2**	15.4	*17.3*	*4.0*	*5.0*
Ampicillin powder for injection	**33.0**	11.3	1.2	43.1	**0.8**	0.4	3.5	**0.0**	**3.4**	**9.3**	7.3	*8.2*	*6.1*	*7.5*
Injectable metronidazole	**63.1**	56.5	28.7	71.4	**1.5**	1.4	2.2	**0.0**	**51.5**	**56.7**	30.4	*34.2*	*11.6*	*14.4*
Misoprostol capsules or tablets	**63.4**	48.4	79.3	62.2	**73.7**	76.3	56.2	**48.8**	**76.5**	**50.8**	60.9	*62.4*	*67.1*	*71.5*
Azithromycin capsules or tablets or oral liquid	**82.5**	95.2	9.3	96.3	**6.0**	1.2	38.1	**3.9**	**74.9**	**49.7**	32.1	*35.7*	*18.4*	*21.9*
Cefixime capsules or tablets	**69.3**	87.1	16.5	78.0	**2.0**	0.0	15.2	**0.0**	**68.8**	**55.3**	31.0	*34.9*	*12.9*	*16.0*
Benzathine benzyl penicillin powder for injection	**11.7**	24.2	1.1	12.0	**2.9**	2.9	3.4	**7.8**	**0.9**	**6.6**	5.7	*5.5*	*5.3*	*4.8*
Injectable betamethasone/ dexamethasone	**67.3**	71.0	27.5	75.3	**2.0**	0.4	13.1	**0.0**	**53.5**	**53.4**	29.7	*33.5*	*12.6*	*15.6*
Nifedipine capsules or tablets	**4.4**	6.5	3.5	4.4	**0.1**	0.0	1.1	**0.0**	**11.5**	**21.1**	9.1	*10.3*	*0.8*	*1.0*
Number of facilities offering normal delivery services (weighted)	**40**	4	6	30	**153**	133	20	**46**	**10**	**163**	412	*366*	*239*	*193*
Number of facilities offering normal delivery services (unweighted)	**305**	62	87	156	**206**	170	36	**24**	**39**	**166**	740	*716*	*535*	*511*

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 the WHO and USAID (2012).

[1] All essential medicines for delivery were assessed and must be available at the service delivery site.

[2] Injectable uterotonic (e.g., oxytocin) and injectable magnesium sulphate are also classified as essential medicines for mothers.

[3] Injectable penicillin, injectable gentamicin, injectable ampicillin, or injectable ceftriaxone.

[4] Normal saline solution, lactated Ringer's solution, or 5% dextrose solution.

[5] The priority medicines for mothers are defined by the WHO; the list is published at https://www.who.int/publications/i/item/WHO_EMP_MAR_2011.1

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 2022

	Percentage of facilities offering normal delivery services that have items for infection control										
Background characteristic	Soap	Running water[1]	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	Average items available (out of 6)[4]	Number of facilities offering normal delivery services (weighted)	Number of facilities offering normal delivery services (unweighted)
Facility type											
District and upazila public facilities	**84.5**	**93.6**	**82.7**	**90.8**	**96.2**	**95.0**	**54.0**	**83.1**	**5.0**	**40**	**305**
DH	88.7	93.5	88.7	95.2	98.4	98.4	56.5	88.7	5.2	4	62
MCWC	90.7	95.3	89.5	86.3	95.4	95.3	60.9	75.8	5.0	6	87
UHC	82.5	93.2	80.4	91.1	96.1	94.5	52.2	83.8	5.0	30	156
Union-level public facilities	**73.8**	**77.6**	**70.9**	**71.3**	**86.3**	**86.5**	**60.1**	**68.2**	**4.4**	**153**	**206**
UHFWC	74.7	78.2	71.3	71.3	87.7	86.9	62.0	69.5	4.4	133	170
USC/RD	67.9	73.4	67.9	71.8	77.0	83.7	47.4	59.5	4.0	20	36
Community clinic (CC)	**65.9**	**69.9**	**65.9**	**74.9**	**79.6**	**70.5**	**71.6**	**62.2**	**4.1**	**46**	**24**
NGO clinic/hospital	**93.0**	**95.1**	**93.0**	**95.1**	**100.0**	**100.0**	**75.5**	**91.3**	**5.5**	**10**	**39**
Private hospital	**84.3**	**86.6**	**83.2**	**86.0**	**90.2**	**92.5**	**35.2**	**65.2**	**4.5**	**163**	**166**
Location											
Urban	84.5	88.0	83.6	87.4	92.0	92.9	40.3	68.7	4.6	192	409
Rural	73.3	77.2	71.0	73.5	85.2	84.2	61.0	68.0	4.4	220	331
Division											
Barishal	81.7	84.8	79.1	78.8	87.4	95.0	43.7	78.0	4.6	21	73
Chattogram	78.8	87.6	78.5	90.1	93.1	90.5	56.8	70.2	4.7	89	124
Dhaka	78.8	79.5	77.0	81.3	85.9	87.1	51.4	70.7	4.5	96	133
Khulna	68.3	69.0	63.8	63.3	79.4	81.8	32.0	47.0	3.6	64	92
Rajshahi	78.8	83.8	78.3	83.0	91.3	89.7	49.8	72.8	4.6	56	102
Rangpur	87.7	89.0	85.4	73.6	94.9	88.9	66.1	75.5	4.8	33	84
Sylhet	89.3	91.4	87.6	89.9	95.1	93.8	77.0	74.1	5.2	31	69
Mymensingh	73.6	81.6	73.6	70.9	80.4	83.8	37.2	73.1	4.2	22	63
Total	78.6	82.2	76.9	80.0	88.4	88.2	51.3	68.4	4.5	412	740
Total excluding CCs	*80.2*	*83.8*	*78.3*	*80.6*	*89.5*	*90.5*	*48.8*	*69.1*	*4.5*	*366*	*716*
Total public	*74.1*	*78.8*	*71.9*	*75.3*	*86.7*	*84.8*	*61.3*	*69.6*	*4.4*	*239*	*535*
Total public excluding CCs	*76.0*	*80.9*	*73.4*	*75.4*	*88.4*	*88.3*	*58.8*	*71.3*	*4.5*	*193*	*511*

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher.
[2] Non-latex equivalent gloves are acceptable.
[3] Waste receptacle with plastic bin liner.
[4] Average number of items (soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle) available for infection control at the service site on the day of the survey.

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 three months before the survey, by background characteristics, Bangladesh HFS 2022

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 (weighted)	Number of facilities offering normal delivery services (unweighted)
	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[1]	Seven signal functions[2]	All 9 signal functions[3]		
Facility type														
District and upazila public facilities	**90.6**	**96.8**	**58.8**	**53.6**	**94.5**	**82.0**	**90.4**	**60.0**	**57.0**	**55.9**	**26.7**	**13.3**	**40**	**305**
DH	98.4	98.4	95.2	56.5	95.2	98.4	93.5	93.5	98.4	93.5	46.8	43.5	4	62
MCWC	65.4	89.9	31.2	57.5	84.9	72.3	74.2	22.7	46.8	27.7	14.8	4.4	6	87
UHC	94.9	98.0	59.3	52.3	96.4	81.7	93.4	63.0	53.0	56.2	26.3	10.7	30	156
Union-level public facilities	**29.8**	**60.2**	**9.7**	**37.8**	**64.5**	**38.3**	**50.1**	**-**	**-**	**5.2**	**0.9**	**-**	**153**	**206**
UHFWC	30.0	59.3	10.9	38.5	65.5	38.2	49.6	-	-	5.8	0.8	-	133	170
USC/RD	29.1	66.6	1.1	33.3	57.6	39.0	52.8	-	-	1.1	1.1	-	20	36
Community clinic (CC)	**0.0**	**31.8**	**0.0**	**17.2**	**57.2**	**36.0**	**29.7**	**-**	**-**	**0.0**	**0.0**	**-**	**46**	**24**
NGO clinic/ hospital	**90.2**	**100.0**	**49.3**	**64.1**	**90.3**	**75.3**	**86.6**	**55.0**	**61.5**	**46.0**	**31.5**	**27.7**	**10**	**39**
Private hospital	**89.7**	**93.5**	**64.2**	**57.0**	**80.2**	**64.7**	**80.9**	**70.1**	**96.6**	**61.6**	**37.6**	**26.8**	**163**	**166**
Location														
Urban	90.8	94.0	63.8	58.2	82.4	69.0	82.1	68.5	92.0	61.1	37.2	26.3	192	409
Rural	28.4	57.9	11.4	33.9	65.6	40.2	49.6	5.5	4.3	8.1	2.2	0.6	220	331
Division														
Barishal	69.9	76.5	41.9	50.8	93.7	48.1	78.2	32.6	32.0	38.6	21.1	9.8	21	73
Chattogram	57.3	82.6	38.2	58.7	78.1	64.9	67.1	36.0	44.2	35.2	21.1	14.2	89	124
Dhaka	64.2	75.0	50.5	54.2	70.4	60.6	67.2	49.7	55.5	46.6	26.5	21.9	96	133
Khulna	61.0	68.4	20.2	26.5	56.1	26.8	54.1	35.3	57.2	20.0	7.9	7.7	64	92
Rajshahi	50.7	69.4	32.6	42.4	75.4	49.0	62.3	27.6	46.2	28.1	20.0	7.8	56	102
Rangpur	52.5	79.9	27.9	34.1	82.1	63.7	50.7	23.2	32.1	27.9	12.5	8.3	33	84
Sylhet	48.7	67.7	36.8	43.5	81.6	64.0	73.7	18.6	21.8	31.3	20.8	10.9	31	69
Mymensingh	44.6	74.1	21.3	27.3	69.0	43.1	77.4	25.8	33.2	17.5	4.5	3.2	22	63
Total	57.5	74.7	35.9	45.2	73.4	53.6	64.8	34.9	45.2	32.8	18.6	12.5	412	740
Total excluding CCs	*64.8*	*80.1*	*40.4*	*48.8*	*75.5*	*55.9*	*69.2*	*39.3*	*50.9*	*37.0*	*20.9*	*14.1*	*366*	*716*
Total public	*34.3*	*60.9*	*16.1*	*36.5*	*68.1*	*45.2*	*52.9*	*10.1*	*9.6*	*12.7*	*5.0*	*2.2*	*239*	*535*
Total public excluding CCs	*42.5*	*67.9*	*19.9*	*41.1*	*70.8*	*47.4*	*58.5*	*12.5*	*11.9*	*15.7*	*6.2*	*2.8*	*193*	*511*

Note: "-" Means blood transfusion and cesarean delivery services are not provided at union-level public facilities or at community clinics.
MVA = Manual vacuum aspiration.
[1] Antibiotics, oxytocin, and anticonvulsants.
[2] Antibiotics, oxytocin, anticonvulsants, assisted vaginal delivery, manual removal of placenta, removal of retained products of conception, and neonatal resuscitation.
[3] 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 and the average readiness score, by background characteristics, Bangladesh HFS 2022

Background characteristic	Guide-lines on BEmOC[1] or CEmOC[1]	Staff trained in delivery care at any time[2]	Exami-nation light[3]	Delivery pack[4]	Suction appa-ratus	Neonatal bag and mask	Parto-graph[5]	Gloves[6]	Injectable uterotonic oxytocin	Injectable antibiotic	Mag-nesium sulphate	Skin dis-infectant	Intra-venous fluids with infusion set	Average readiness score (out of 13)[7]	Number of facilities offering normal delivery services (weighted)	Number of facilities offering normal delivery services (un-weighted)
Facility type																
District and upazila public facilities	**17.4**	**59.3**	**89.8**	**94.4**	**77.1**	**95.7**	**87.8**	**95.0**	**87.9**	**72.5**	**53.7**	**78.4**	**62.0**	**9.7**	**40**	**305**
DH	24.2	54.8	93.5	96.8	83.9	98.4	90.3	98.4	83.9	98.4	64.5	72.6	66.1	10.3	4	62
MCWC	12.6	81.8	90.7	93.1	68.7	89.4	77.3	95.3	77.1	51.7	33.6	74.8	50.3	9.0	6	87
UHC	17.4	55.2	89.1	94.4	77.9	96.7	89.6	94.5	90.8	73.1	56.4	80.0	63.9	9.8	30	156
Union-level public facilities	**11.5**	**38.8**	**67.7**	**90.6**	**29.2**	**79.1**	**40.0**	**86.5**	**39.2**	**4.4**	**16.8**	**49.9**	**29.1**	**5.8**	**153**	**206**
UHFWC	10.7	38.3	68.2	91.8	29.0	79.8	39.4	86.9	38.7	3.4	16.6	50.3	27.4	5.8	133	170
USC/RD	16.8	42.1	64.9	82.8	30.6	74.3	44.1	83.7	42.4	11.5	17.8	47.0	40.6	6.0	20	36
Community clinic (CC)	**0.0**	**56.5**	**63.6**	**31.8**	**0.0**	**26.3**	**5.1**	**70.5**	**0.0**	**0.0**	**0.0**	**19.6**	**4.7**	**2.8**	**46**	**24**
NGO clinic/ hospital	**29.0**	**60.8**	**92.9**	**94.6**	**83.4**	**94.6**	**91.5**	**100.0**	**96.1**	**69.7**	**68.3**	**89.2**	**63.8**	**10.3**	**8**	**39**
Private hospital	**3.5**	**22.9**	**91.2**	**86.3**	**88.0**	**81.8**	**20.7**	**92.5**	**82.0**	**72.2**	**61.9**	**82.5**	**51.9**	**8.4**	**163**	**166**
Location																
Urban	6.5	27.7	91.2	87.3	86.2	84.3	31.5	92.9	82.6	71.9	60.7	81.7	53.1	8.6	192	409
Rural	9.3	45.1	68.9	78.9	28.0	69.1	36.8	84.2	36.2	10.1	17.3	46.8	27.4	5.6	220	331
Division																
Barishal	7.4	44.0	79.7	80.4	45.4	79.6	36.6	95.0	62.4	38.7	33.1	63.2	41.4	7.1	21	73
Chattogram	16.2	45.9	74.3	91.8	62.2	77.9	33.5	90.5	65.1	39.1	39.3	67.5	48.6	7.5	89	124
Dhaka	8.3	33.6	80.4	90.2	61.2	82.4	45.7	87.1	65.9	48.5	42.1	64.5	53.4	7.6	96	133
Khulna	3.3	31.1	70.7	70.1	55.2	60.9	17.9	81.8	60.1	48.4	45.3	75.6	26.2	6.5	64	92
Rajshahi	2.1	25.3	87.8	73.2	49.7	78.5	20.1	89.7	40.1	25.1	24.0	50.1	20.1	5.9	56	102
Rangpur	5.1	44.5	81.6	96.1	46.9	86.6	47.9	88.9	48.9	27.6	30.1	57.9	36.9	7.0	33	84
Sylhet	8.5	34.9	89.6	73.0	51.5	67.2	51.4	93.8	49.9	26.3	38.5	59.4	28.6	6.7	31	69
Mymensingh	7.4	47.7	78.6	71.6	40.6	75.0	25.7	83.8	52.7	39.1	37.1	49.3	46.2	6.5	22	63
Total	8.0	37.0	79.3	82.8	55.1	76.2	34.3	88.2	57.8	38.9	37.5	63.1	39.4	7.0	412	740
Total excluding CCs	*9.0*	*34.6*	*81.3*	*89.2*	*62.1*	*82.5*	*38.0*	*90.5*	*65.1*	*43.8*	*42.3*	*68.6*	*43.8*	*7.5*	*366*	*716*
Total public	*10.2*	*45.6*	*70.6*	*79.9*	*31.6*	*71.7*	*41.3*	*84.8*	*39.8*	*15.0*	*19.8*	*48.8*	*29.9*	*5.9*	*239*	*535*
Total excluding CCs	*12.7*	*43.1*	*72.3*	*91.4*	*39.2*	*82.5*	*49.9*	*88.3*	*49.3*	*18.6*	*24.5*	*55.8*	*36.0*	*6.6*	*193*	*511*

[1] Basic emergency obstetric care (BEmOC) guidelines or comprehensive emergency obstetric care (CEmOC) guidelines.
[2] 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.
[3] A functioning flashlight is acceptable.
[4] Either the facility has 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.
[5] A blank partograph is available at the service site.
[6] Disposable latex gloves or equivalent are available at the service site.
[7] Average readiness score is the average number of 13 items (guidelines on BEmOC or CEmOC, staff trained in delivery care any time, examination light, delivery pack, suction apparatus, neonatal bag and mask, partograph, gloves, oxytocin, injectable antibiotic, magnesium sulphate, skin disinfectant, and intravenous fluid with infusion set) available for providing normal delivery services.

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 2022

	Facility type													
Newborn care practices	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Commu-nity clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Routine complete (head-to-toe) examination of newborns before discharge	**99.1**	100.0	96.3	99.5	**94.0**	94.2	93.2	**85.2**	**98.8**	**92.0**	92.8	*93.8*	*93.2*	*95.1*
Weighing the newborn immediately upon delivery	**99.2**	100.0	97.6	99.5	**81.9**	85.4	58.7	**50.5**	**100.0**	**96.1**	86.1	*90.6*	*78.8*	*85.5*
Administration of vitamin K to newborn	**94.1**	96.8	79.6	96.8	**50.3**	50.3	50.7	**31.6**	**88.4**	**99.0**	72.6	*77.8*	*54.1*	*59.5*
Number of facilities offering normal delivery services (weighted)	**40**	4	6	30	**153**	133	20	**46**	**10**	**163**	412	*366*	*239*	*193*
Number of facilities offering normal delivery services (unweighted)	**305**	62	87	156	**206**	170	36	**24**	**39**	**166**	740	*716*	*535*	*511*

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 2022

	Facility type													
Essential medicines for newborn care	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Commu-nity clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Antibiotic eye ointment for newborn	**63.3**	64.5	4.8	75.6	**9.7**	6.3	32.6	**88.9**	**2.8**	**15.8**	26.1	*18.1*	*34.0*	*20.9*
Injectable gentamicin	**70.1**	58.1	39.3	78.4	**21.1**	23.3	6.2	**0.0**	**35.2**	**44.8**	33.2	*37.4*	*25.3*	*31.3*
Injectable ceftriaxone	**86.2**	100.0	52.9	91.3	**4.6**	3.4	12.7	**0.0**	**75.8**	**81.6**	44.1	*49.7*	*17.4*	*21.6*
Amoxicillin syrup/ suspension	**68.0**	32.3	89.8	68.7	**85.3**	89.6	56.7	**91.4**	**31.5**	**18.5**	56.6	*52.2*	*83.6*	*81.7*
Ampicillin injection	**33.0**	11.3	1.2	43.1	**0.8**	0.4	3.5	**0.0**	**3.4**	**9.3**	7.3	*8.2*	*6.1*	*7.5*
7.1% chlorhexidine solution	**92.0**	67.7	89.8	96.1	**80.5**	84.3	54.8	**53.0**	**89.3**	**38.4**	62.1	*63.2*	*77.1*	*82.9*
Number of facilities offering normal delivery services (weighted)	**40**	4	6	30	**153**	133	20	**46**	**10**	**163**	412	*366*	*239*	*193*
Number of facilities offering normal delivery services (unweighted)	**305**	62	87	156	**206**	170	36	**24**	**39**	**166**	740	*716*	*535*	*511*

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 the 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 2022

Background characteristic	Incubator	Suction apparatus with catheter	Suction bulb or penguin sucker	Newborn bag and mask	Timer	Infant scale	Fetal stetho-scope	Thermo-meter	Thermo-meter for low body temper-ature	Number of facilities offering normal delivery services (weighted)	Number of facilities offering normal delivery services (unweighted)
Facility type											
District and upazila public facilities	**10.0**	**77.1**	**95.9**	**95.7**	**96.6**	**95.4**	**70.6**	**79.1**	**19.4**	**40**	**305**
DH	27.4	83.9	91.9	98.4	96.8	90.3	71.0	77.4	25.8	4	62
MCWC	2.3	68.7	87.4	89.4	92.0	94.2	52.5	78.1	18.1	6	87
UHC	9.1	77.9	98.2	96.7	97.6	96.4	74.5	79.6	18.7	30	156
Union-level public facilities	**1.4**	**29.2**	**76.3**	**79.1**	**83.7**	**75.4**	**22.3**	**75.4**	**18.6**	**153**	**206**
UHFWC	1.5	29.0	78.6	79.8	83.1	78.8	22.5	76.4	18.0	133	170
USC/RD	1.1	30.6	60.6	74.3	87.6	52.9	21.3	68.5	22.5	20	36
Community clinic (CC)	**0.0**	**0.0**	**42.7**	**26.3**	**84.0**	**59.0**	**9.6**	**65.9**	**20.7**	**46**	**24**
NGO clinic/hospital	**10.4**	**83.4**	**96.6**	**94.6**	**88.7**	**97.8**	**82.5**	**88.4**	**16.6**	**8**	**39**
Private hospital	**13.4**	**88.0**	**85.4**	**81.8**	**56.0**	**88.8**	**49.5**	**83.8**	**29.8**	**163**	**166**
Location											
Urban	13.0	86.2	86.4	84.3	62.7	89.5	54.1	83.1	28.9	192	409
Rural	1.8	28.0	71.6	69.1	84.1	74.2	23.5	74.2	18.4	220	331
Division											
Barishal	8.0	45.4	74.2	79.6	73.3	81.2	42.6	86.4	17.7	21	73
Chattogram	10.8	62.2	76.6	77.9	81.2	77.4	47.5	85.1	34.0	89	124
Dhaka	9.8	61.2	76.7	82.4	72.6	83.5	49.2	83.8	22.9	96	133
Khulna	1.8	55.2	86.7	60.9	51.7	78.3	11.4	55.8	14.4	64	92
Rajshahi	2.6	49.7	78.0	78.5	81.2	92.2	36.7	80.1	26.7	56	102
Rangpur	4.7	46.9	80.6	86.6	81.9	82.7	34.0	83.6	14.1	33	84
Sylhet	10.5	51.5	67.1	67.2	76.4	79.5	32.0	84.1	25.0	31	69
Mymensingh	4.2	40.6	89.5	75.0	85.6	69.9	37.5	64.3	15.4	22	63
Total	7.0	55.1	78.5	76.2	74.2	81.4	37.8	78.3	23.3	412	740
Total excluding CCs	*7.9*	*62.1*	*83.1*	*82.5*	*72.9*	*84.2*	*41.3*	*79.9*	*23.6*	*366*	*716*
Total public	*2.6*	*31.6*	*73.1*	*71.7*	*85.9*	*75.6*	*28.0*	*74.2*	*19.2*	*239*	*535*
Total public excluding CCs	*3.2*	*39.2*	*80.4*	*82.5*	*86.4*	*79.6*	*32.4*	*76.2*	*18.8*	*193*	*511*

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 the WHO and USAID (2012).

Table 7.10.1: Newborn signal functions

Among facilities offering normal delivery services, the percentages reporting that they performed the newborn signal functions at least once during the three months before the survey, by background characteristics, Bangladesh HFS 2022

	Facility type													
Newborn signal functions	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Commu-nity clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	*Total excluding CCs*	*Total public*	*Total public excluding CCs*
Iron and folic acid supplementation in pregnant women	**96.0**	95.2	94.2	96.5	**88.3**	86.9	98.0	**87.0**	**92.9**	**73.7**	83.3	*82.8*	*89.4*	*89.9*
Hand wash each time before touching the baby	**98.8**	100.0	97.7	98.8	**83.2**	83.9	78.5	**70.1**	**96.7**	**97.6**	89.3	*91.7*	*83.3*	*86.5*
Drying of the baby immediately after birth	**98.4**	100.0	96.5	98.6	**84.3**	84.2	84.8	**70.1**	**96.7**	**97.8**	89.7	*92.2*	*83.9*	*87.2*
Delayed umbilical cord clamping	**97.9**	100.0	97.7	97.6	**83.3**	84.6	75.1	**54.6**	**96.7**	**91.3**	85.0	*88.8*	*80.2*	*86.4*
Clean cord cutting with sterile blade	**94.5**	93.5	96.6	94.3	**83.2**	83.5	81.3	**66.2**	**96.7**	**90.9**	85.8	*88.2*	*81.8*	*85.6*
Single application of 7.1% CHX	**98.4**	98.4	94.0	99.3	**86.0**	86.3	83.6	**70.1**	**100.0**	**88.5**	86.7	*88.8*	*85.0*	*88.6*
Neonatal resuscitation	**90.4**	93.6	74.2	93.4	**50.1**	49.6	52.8	**29.7**	**86.6**	**80.9**	64.8	*69.2*	*52.9*	*58.5*
Perform skin to skin care immediately after birth	**99.1**	98.4	98.8	99.3	**85.3**	86.2	79.1	**65.1**	**96.7**	**95.3**	88.6	*91.6*	*83.7*	*88.2*
Early initiation of breast feeding	**99.0**	98.4	98.8	99.1	**83.8**	83.7	84.8	**70.1**	**96.7**	**97.6**	89.5	*92.0*	*83.7*	*87.0*
Immunize patient with tetanus toxoid	**71.2**	69.4	52.8	75.3	**40.6**	37.9	58.6	**48.8**	**68.0**	**51.6**	49.5	*49.6*	*47.3*	*47.0*
Administer oral antibiotic	**58.8**	77.4	55.2	56.7	**28.3**	27.3	34.9	**7.8**	**66.6**	**63.7**	43.9	*48.4*	*29.4*	*34.6*
Administer intramuscular antibiotic	**54.5**	71.0	29.0	57.5	**8.4**	8.2	9.9	**4.6**	**45.7**	**59.7**	33.6	*37.3*	*15.4*	*18.0*
Suction of airway of newborn	**90.4**	98.4	81.3	91.2	**57.0**	57.3	55.2	**26.8**	**88.3**	**89.1**	70.3	*75.8*	*56.8*	*64.0*
Administer intravenous antibiotic	**64.9**	85.5	28.9	69.4	**-**	-	-	**-**	**42.2**	**71.7**	69.1	-	*64.9*	-
Administer antibiotic for premature rupture of membrane	**82.2**	98.4	63.1	83.9	**-**	-	-	**-**	**67.0**	**71.1**	73.0	-	*82.2*	-
Oxygen therapy for management of newborn infection and respiratory problem	**93.0**	100.0	68.8	97.1	**-**	-	-	**-**	**85.6**	**86.8**	87.9	-	*93.0*	-
KMC for preterm or LBW newborn	**64.0**	83.9	33.5	67.5	**-**	-	-	**-**	**41.8**	**29.5**	36.6	-	*64.0*	-
Phototherapy for term or preterm with hyperbilirubinemia	**24.0**	80.6	4.4	19.7	**-**	-	-	**-**	**18.6**	**25.3**	24.7	-	*24.0*	-
Incubator support for sick term baby, preterm baby or if the baby receiving KMC becomes sick	**14.6**	56.5	4.5	10.5	**-**	-	-	**-**	**3.3**	**16.8**	15.8	-	*14.6*	-
Corticosteroids for pre-term labor	**64.8**	91.9	40.2	66.0	**-**	-	-	**-**	**59.1**	**68.3**	67.2	-	*64.8*	-
Primary NSFs[1]	**77.0**	82.3	64.9	78.8	**43.0**	43.9	37.0	**15.0**	**76.2**	**50.7**	47.0	*51.1*	*43.3*	*50.1*
Basic NSFs [2]	**27.9**	38.7	12.9	29.5	**2.4**	2.1	4.0	**-**	**33.0**	**21.5**	14.5	-	*7.7*	-
Comprehensive NSFs[3]	**10.7**	30.7	2.3	9.5	**-**	-	-	**-**	**8.6**	**6.9**	7.7	-	*10.7*	-
Advanced NSFs[4]	**5.3**	21.0	1.1	3.8	**-**	-	-	**-**	**0.0**	**3.8**	3.9	-	*5.3*	-
Number of facilities offering normal delivery services (weighted)	**40**	4	6	30	**153**	133	20	**46**	**10**	**163**	412	*366*	*239*	*193*
Number of facilities offering normal delivery services (unweighted)	**305**	62	87	156	**206**	170	36	**24**	**39**	**166**	740	*716*	*535*	*511*

Note: "-" Means facilities do not have the provision to perform the indicated newborn signal function.
The facilities that do not have the provision to perform the indicated newborn signal function are excluded from the denominator.
NSF= newborn signal function.

[1] Primary newborn signal functions (all 9 NSFs): Iron and folic acid supplementation in pregnant women, hand wash each time before touching the baby, drying of the baby immediately after birth, delayed umbilical cord clamping, clean cord cutting sterile blade, single application of 7.5% CHX, neonatal resuscitation, perform skin-to-skin care immediately after birth, and early initiation of breast feeding.
[2] Basic newborn signal functions (all 13 NSFs): Primary newborn signal functions and Immunize patient with tetanus toxoid, administer oral antibiotic, administer intramuscular antibiotic, and suction of airway of newborn.
[3] Comprehensive newborn signal function (all 18 NSFs): Basic newborn signal functions and administer intravenous antibiotic, administer antibiotic for premature rupture of membrane, oxygen therapy for management of newborn infection and respiratory problem, KMC for pre-term of LBW newborn, phototherapy for term or pre-term with hyperbilirubinemia.
[4] Advanced newborn signal function (all 20 NSFs): Comprehensive newborn signal functions and incubator support for sick term baby, pre-term baby or if the baby receiving KMC becomes sick, and corticosteroids for pre-term labor.

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 2022

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of normal delivery or newborn care services (weighted)	Number of interviewed providers of normal delivery or newborn care services (unweighted)
	Training related to delivery and/or newborn care during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to delivery and/or newborn care during the 24 months and personal supervision during the 6 months preceding the survey		
Facility type					
District and upazila public facilities	**20.9**	**97.3**	**20.6**	**963**	**2,114**
DH	16.6	96.5	16.5	237	420
MCWC	24.0	97.1	23.3	25	328
UHC	22.3	97.5	21.9	701	1,366
Union-level public facilities	**18.6**	**93.6**	**17.5**	**179**	**334**
UHFWC	18.8	93.1	17.5	154	267
USC/RD	17.3	97.0	17.3	25	67
Community clinic (CC)	**22.4**	**100.0**	**22.4**	**60**	**30**
NGO clinic/hospital	**25.8**	**98.0**	**25.3**	**59**	**147**
Private hospital	**10.4**	**88.4**	**9.2**	**823**	**427**
Location					
Urban	15.3	93.1	14.6	1,514	1,993
Rural	20.5	94.6	19.8	570	1,059
Division					
Barishal	12.0	96.6	12.0	125	352
Chattogram	20.3	91.4	20.1	403	533
Dhaka	12.1	94.6	11.3	605	542
Khulna	10.3	89.1	9.3	234	352
Rajshahi	17.2	96.8	15.9	270	376
Rangpur	23.9	89.6	23.4	215	391
Sylhet	31.2	98.3	30.6	108	243
Mymensingh	18.3	95.9	17.0	124	263
Total	16.7	93.5	16.0	2,084	3,052
Total excluding CCs	*16.6*	*93.3*	*15.8*	*2,024*	*3,022*
Total public	*20.7*	*96.9*	*20.2*	*1,202*	*2,478*
Total excluding CCs	*20.6*	*96.7*	*20.1*	*1,142*	*2,448*

[1] 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.
[2] 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 and at any time, by background characteristics, Bangladesh HFS 2022

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 (weighted)	Number of interviewed providers of normal delivery or newborn care services (unweighted)
	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		
Facility type												
District and upazila public facilities	**9.1**	**32.9**	**4.6**	**15.2**	**8.4**	**25.8**	**8.1**	**28.9**	**11.4**	**31.0**	**963**	**2,114**
DH	7.7	34.1	3.4	16.6	6.2	26.3	5.8	29.4	8.4	30.3	237	420
MCWC	9.5	58.5	5.1	23.8	9.8	46.5	9.5	52.1	13.9	53.0	25	328
UHC	9.6	31.6	4.9	14.5	9.1	25.0	8.8	27.8	12.4	30.5	701	1,366
Union-level public facilities	**10.1**	**48.9**	**6.3**	**23.4**	**10.3**	**43.9**	**11.7**	**48.3**	**10.4**	**45.8**	**179**	**334**
UHFWC	10.1	52.0	6.3	25.1	10.4	47.8	11.8	51.6	11.0	49.8	154	267
USC/RD	9.8	29.6	6.1	12.9	9.7	19.4	11.0	28.2	6.1	21.1	25	67
Community clinic (CC)	**17.9**	**66.7**	**0.0**	**6.0**	**15.7**	**63.0**	**2.1**	**52.5**	**13.4**	**62.2**	**60**	**30**
NGO clinic/hospital	**17.6**	**39.0**	**10.2**	**23.4**	**16.2**	**32.6**	**19.2**	**37.5**	**17.3**	**37.3**	**59**	**147**
Private hospital	**6.8**	**15.9**	**4.5**	**12.1**	**3.7**	**13.3**	**3.2**	**14.1**	**5.1**	**11.1**	**823**	**427**
Location												
Urban	8.5	24.6	4.6	13.8	6.1	19.8	5.6	22.0	7.8	20.9	1,514	1,993
Rural	9.6	39.6	4.9	17.1	9.8	34.0	9.3	35.4	12.5	37.7	570	1,059
Division												
Barishal	4.6	24.5	2.4	10.9	4.0	20.9	3.6	21.5	6.6	23.7	125	352
Chattogram	12.4	32.2	5.6	16.8	11.7	27.1	10.1	28.7	12.3	29.6	403	533
Dhaka	8.2	19.9	5.8	12.1	4.7	13.7	5.0	17.7	5.3	16.0	605	542
Khulna	4.1	33.4	1.8	19.8	2.5	30.8	3.5	33.3	5.5	31.8	234	352
Rajshahi	7.8	31.0	2.1	11.8	6.8	28.5	5.5	28.4	10.2	24.9	270	376
Rangpur	8.2	29.9	5.1	14.0	10.2	24.8	8.0	24.8	13.8	30.8	215	391
Sylhet	14.7	44.4	7.8	22.8	10.0	35.0	11.0	37.8	14.3	36.5	108	243
Mymensingh	11.2	35.0	6.6	14.6	9.0	28.9	8.8	29.1	11.0	30.8	124	263
Total	8.8	28.7	4.7	14.7	7.1	23.7	6.6	25.6	9.1	25.5	2,084	3,052
Total excluding CCs	*8.5*	*27.6*	*4.8*	*14.9*	*6.9*	*22.6*	*6.7*	*24.8*	*8.9*	*24.4*	*2,024*	*3,022*
Total public	*9.7*	*36.9*	*4.6*	*16.0*	*9.1*	*30.4*	*8.4*	*32.9*	*11.4*	*34.8*	*1,202*	*2,478*
Total excluding CCs	*9.3*	*35.4*	*4.9*	*16.5*	*8.7*	*28.7*	*8.7*	*31.9*	*11.3*	*33.4*	*1,142*	*2,448*

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 and at any time, by background characteristics, Bangladesh HFS 2022

	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:														
	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		Training on different services[1]	Number of interviewed providers of normal delivery or newborn care services (weighted)	Number of interviewed providers of normal delivery or newborn care services (unweighted)
Background characteristic	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	At any time		
Facility type															
District and upazila public facilities	**10.7**	**33.8**	**8.5**	**24.4**	**8.7**	**29.4**	**4.8**	**14.8**	**4.4**	**16.3**	**6.1**	**14.9**	**10.9**	**963**	**2,114**
DH	8.5	38.3	7.2	26.9	5.8	31.6	6.3	19.2	5.1	14.1	6.1	15.2	12.5	237	420
MCWC	11.4	56.2	8.4	44.8	8.8	51.3	4.6	17.0	3.3	22.8	7.2	35.0	24.7	25	328
UHC	11.4	31.5	8.9	22.9	9.7	27.9	4.3	13.3	4.3	16.8	6.0	14.1	9.9	701	1,366
Union-level public facilities	**10.4**	**47.8**	**10.0**	**40.6**	**12.1**	**51.2**	**4.7**	**17.1**	**3.6**	**26.5**	**9.1**	**35.9**	**23.3**	**179**	**334**
UHFWC	10.3	50.6	10.3	43.1	12.2	54.8	4.6	17.5	3.5	28.3	10.0	38.8	24.8	154	267
USC/RD	11.1	30.9	8.1	25.0	11.3	29.0	5.6	15.0	4.7	15.7	3.4	17.7	14.2	25	67
Community clinic (CC)	**2.1**	**37.3**	**0.0**	**17.8**	**13.9**	**62.2**	**0.0**	**7.0**	**9.4**	**25.1**	**2.2**	**29.6**	**9.5**	**60**	**30**
NGO clinic/ hospital	**21.3**	**38.5**	**17.7**	**36.1**	**19.5**	**36.9**	**7.6**	**16.1**	**11.6**	**25.2**	**9.1**	**19.5**	**18.1**	**59**	**147**
Private hospital	**4.6**	**13.0**	**3.7**	**8.7**	**3.4**	**9.9**	**1.7**	**4.3**	**1.4**	**3.8**	**1.7**	**7.0**	**5.9**	**823**	**427**
Location															
Urban	7.8	23.7	6.5	17.6	6.2	19.8	3.5	10.2	3.1	10.0	4.1	11.4	9.1	1,514	1,993
Rural	9.8	35.7	7.5	25.5	10.3	37.9	3.4	12.0	4.7	19.9	5.7	21.4	13.0	570	1,059
Division															
Barishal	4.5	26.5	3.6	17.6	3.3	20.8	1.6	10.4	0.8	14.2	2.3	10.8	8.6	125	352
Chattogram	8.8	26.8	9.7	23.5	10.3	29.3	6.4	15.3	6.1	14.5	4.8	15.7	11.9	403	533
Dhaka	6.9	18.9	4.5	14.7	5.6	17.2	3.2	6.7	3.6	9.0	3.9	10.7	8.9	605	542
Khulna	6.4	34.5	3.8	21.9	4.1	30.7	2.6	13.8	2.3	16.0	2.7	17.3	12.9	234	352
Rajshahi	8.8	30.9	7.2	18.0	7.2	22.8	1.8	8.5	3.0	13.6	5.2	13.1	8.3	270	376
Rangpur	11.0	30.6	8.6	23.6	8.9	26.6	3.6	12.5	2.8	12.5	7.0	15.5	10.5	215	391
Sylhet	13.9	38.1	10.5	30.1	10.8	34.7	4.1	13.6	3.2	14.6	5.3	17.5	10.1	108	243
Mymensingh	10.7	29.8	9.3	18.6	11.0	31.4	2.4	8.9	2.6	14.0	6.3	20.0	10.8	124	263
Total	8.3	27.0	6.7	19.8	7.3	24.7	3.5	10.7	3.5	12.7	4.6	14.1	10.2	2,084	3,052
Total excluding CCs	*8.5*	*26.7*	*6.9*	*19.8*	*7.1*	*23.6*	*3.6*	*10.8*	*3.4*	*12.4*	*4.6*	*13.7*	*10.2*	*2,024*	*3,022*
Total public	*10.2*	*36.1*	*8.3*	*26.5*	*9.5*	*34.3*	*4.5*	*14.8*	*4.6*	*18.2*	*6.3*	*18.8*	*12.7*	*1,202*	*2,478*
Total excluding CCs	*10.7*	*36.0*	*8.7*	*27.0*	*9.2*	*32.8*	*4.8*	*15.2*	*4.3*	*17.9*	*6.5*	*18.2*	*12.9*	*1,142*	*2,448*

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.

[1] Training on Newborn resuscitation, essential newborn care, umbilical cord care, and comprehensive newborn care

Table 7.14: Key indicators for delivery and newborn care services in MCWCs

Among facilities offering normal delivery services, the percentages with key indicators, Bangladesh HFS 2022

Indicators	Facility type	
	MCWC (district-level)	MCWC (upazila and union-level)
Availability		
Normal delivery service	98.5	68.3
Number of facilities (weighted)	5	3
Number of facilities (unweighted)	62	38
Readiness		
Guidelines on BEmOC[1] or CEmOC[1]	13.2	11.4
Staff trained in delivery care at any time[2]	86.9	69.8
Examination light[3]	95.0	80.4
Delivery pack[4]	98.4	80.5
Suction apparatus	76.8	49.6
Neonatal bag and mask	95	76.2
Partograph[5]	90.3	46.5
Gloves[6]	95.0	96.0
Injectable uterotonic oxytocin	85.4	57.5
Injectable antibiotic	63.8	23.3
Magnesium sulphate	39.8	19.0
Skin disinfectant	78.9	64.9
Intravenous fluids with infusion set	49.2	52.9
Average readiness score[7]	9.7	7.3
Functionality		
BEMOC signal function	17.9	7.4
CEMOC signal function	6.3	0.0
Primary signal function	70.2	52.3
Basic signal function	18.3	0.0
Comprehensive signal function	3.2	0.0
Advance signal function	1.6	0.0
Number of facilities offering normal delivery services (weighted)	4	2
Number of facilities offering normal delivery services (unweighted)	61	26

[1] Basic emergency obstetric care (BEmOC) guidelines or comprehensive emergency obstetric care (CEmOC) guidelines.
[2] 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.
[3] A functioning flashlight is acceptable
[4] Either the facility has 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.
[5] A blank partograph available at the service site.
[6] Disposable latex gloves or equivalent available at the service site.
[7] Average readiness score is the average number of items (out of 13 items) available for providing normal delivery services.

NON-COMMUNICABLE DISEASES 8

Key Findings

Diabetes

- Forty-five percent of public health facilities offer services related to diabetes, including the diagnosis, prescription of treatment, and management of patients with diabetes (**Table 8.1** and **Figure 8.1**).
- Diabetes services are near universal in DHs (98%) and UHCs (99%), whereas in union-level facilities their provision is considerably lower (38%). Approximately two-thirds of the NGO clinics (78%) and private hospitals (70%) offer diabetes services (**Table 8.1** and **Figure 8.1**).
- Among facilities offering diabetes services, more than eight in 10 public facilities (85%) have a blood pressure apparatus and functional adult weighing scale (86%) (**Table 8.1** and **Figure 8.2**).
- Among facilities offering both diagnosis and treatment services for diabetes 21% have blood glucose diagnostic capacity, and about one-third have both urine protein and urine glucose diagnostic capacity (**Table 8.2** and **Figure 8.3**).
- Among facilities offering both diagnosis and treatment services for diabetes, 37% of public facilities have Metformin available—an increase of 18 percentage points from 2017. A similar increase was observed for injectable insulins in public facilities, from 17% in 2017 to 37% in 2022. (**Table 8.2** and **Figure 8.3**).

Cardiovascular Diseases

- One-fourth of public facilities offer services for cardiovascular diseases (CVDs). This service is universally available among DHs (98%) and UHCs (97%), while 26% of union-level facilities offer these services. Additionally, 59% of NGO clinics and 67% of private hospitals offer CVD services (**Table 8.3** and **Figure 8.4**).
- Among the public facilities that offer CVD services, 12% have guidelines for the diagnosis and management of CVDs and 22% have staff with recent training in CVD services (**Table 8.3** and **Figure 8.5**).
- Ninety-three percent of the public facilities that offer CVD services have a stethoscope, 89% have a functioning blood pressure apparatus, and 86% have a functioning adult weighing scale (**Table 8.3** and **Figure 8.5**).
- The availability of essential medicines in public health facilities offering CVD services increased from 2017 to 2022, with aspirin rising from 13% to 46%, beta blockers from 16% to 43%, and calcium channel blockers rising from 20% to 40% (**Table 8.4** and **Figure 8.6**).
- Among facilities offering CVD services, 52% of DHs, 54% of UHCs, and 76% of private hospitals have oxygen available (**Table 8.4**).

Chronic Respiratory Diseases

- Fifty-one percent of public facilities provide services for chronic respiratory diseases (**Table 8.5** and **Figure 8.7**).
- Ninety-eight percent of both DHs and UHCs offer services for chronic respiratory diseases, while 48% of union-level facilities provide these services. Additionally, 64% of

NGO clinics and 66% of private hospitals offer services related to chronic respiratory diseases (**Table 8.5** and **Figure 8.7**).

- Among the public facilities providing services for chronic respiratory diseases, 15% have guidelines for diagnosis and management of chronic respiratory diseases and 19% have staff with recent training related to chronic respiratory diseases (**Table 8.5** and **Figure 8.8**).
- Ninety percent of public facilities that offer services for chronic respiratory diseases have a stethoscope. The availability of peak flow meters and spacers for inhalers is low at district and upazila-level public facilities (6% and 10%, respectively); however, it is much higher among private facilities (24%) (**Table 8.5** and **Figure 8.8**).
- Among the essential medicines for treatment of chronic respiratory diseases, salbutamol inhalers/tablets are widely available (92%) in public facilities that provide services for chronic respiratory diseases (**Table 8.6** and **Figure 8.9**).
- Forty-nine percent of DHs, 54% of UHCs, and 76% of private hospitals have oxygen available (**Table 8.6**).

Hypertension

- Fifty-four percent of public facilities offer hypertension-related services (**Table 8.7** and **Figure 8.10**).
- Ninety-seven percent of DHs and 99% of UHCs are offering services related to hypertension, while only 50% of union-level facilities offer these services. Additionally, 75% of NGO clinics and 70% of private hospitals offer hypertension-related services (**Table 8.7** and **Figure 8.10**).
- Seventeen percent of public facilities that provide services related to hypertension have guidelines for hypertension, and only 20% have staff with recent training in hypertension (**Table 8.7** and **Figure 8.11**).
- Ninety-one percent of public facilities that offer hypertension-related services have a stethoscope, 88% have a blood pressure apparatus, and only 84% have an adult weighing scale (**Table 8.7** and **Figure 8.11**).
- Angiotensin receptor blockers and calcium channel blockers are widely available in DHs (88% and 70%), UHCs (91% and 71%), and private hospitals (48% and 54%) (**Table 8.8**).

Cervical Cancer

- Overall, 4% of public facilities in Bangladesh offer diagnosis/screening services for cervical cancer (**Table 8.9** and **Figure 8.13**).
- Eighty-six percent of DHs and 89% of UHCs offer diagnosis/screening services for cervical cancer, while only 1% of union-level facilities offer these services. Additionally, 21% of NGO clinics and 10% of private hospitals offer diagnosis/screening services for cervical cancer (**Table 8.9** and **Figure 8.13**).
- Among the public facilities that offer cervical cancer services, 26% have guidelines available for screening and 49% have staff with recent training in cervical cancer diagnosis/screening services (**Table 8.9** and **Figure 8.14**).

8.1 BACKGROUND

Noncommunicable diseases (NCDs), also known as chronic diseases, encompass a cluster of diseases or health conditions that tend to be of long duration. They arise from a combination of genetic, physiological, environmental, and behavioral factors. The main types of NCDs are cardiovascular diseases (such as heart attack and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes (WHO 2023).

NCDs have a disproportionate impact on people living in low- and middle-income countries, such as Bangladesh, where more than three-quarters of global annual NCD deaths (31.4 million) occur. There is a common misconception that NCDs affect only older populations. However, evidence suggests that each year, 17 million NCD-related deaths occur globally before the age of 70 years (IHME n.d.).

Risk factors contributing to NCDs, such as unhealthy diets, physical inactivity, exposure to tobacco smoke, alcohol abuse, or air pollution, affect people from all walks of life, making them particularly vulnerable to NCD-related conditions. Forces such as rapid unplanned urbanization, the globalization of unhealthy lifestyles, and an aging population are all factors driving growth of these diseases. Elevated blood pressure and blood lipids, increased blood glucose, and obesity may occur in individuals as a result of unhealthy diets and inadequate physical activity. These are referred to as metabolic risk factors and can contribute to the development of cardiovascular disease, ultimately resulting in NCDs and leading to premature deaths (WHO 2023).

Each year, Bangladesh experiences 580,000 deaths from NCDs, which accounts for 67% of the total number of deaths in the country. This is a significant social and economic development issue. NCDs can result in the loss of the primary income earner within families, potentially resulting in both poverty and the withdrawal of family members from employment and educational opportunities to care for affected loved ones. The continuing care, and often expensive treatment interventions, required for these diseases can result in immense pressure on the health system and potentially catastrophic costs to families as a result of out-of-pocket expenditures. From 2011–2025, total global economic losses among low- and middle-income countries stemming from the four major NCDs (heart disease, cancer, chronic respiratory disease, and diabetes) are estimated at US$7 trillion. It is vital to prevent and reduce morbidity and mortality from NCDs to attain sustainable development (DGHS 2018).

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 (World Bank 2011). However, the health system is not prepared to tackle this challenge. For example, Bangladesh had an estimated 7.7 qualified health care providers (Ahmed 2011) per 10,000 population, whereas the WHO recommends 25.0 per 10,000 population. In addition, physicians and nurses account for only 5% of all health care providers, as most of these individuals in these roles receive only informal training and serve the needs of the majority, particularly the economically disadvantaged (MOHFW and WHO Bangladesh 2021). Until recently, few health workers received training in NCD prevention and management, though the number has increased since 2013 (Kabir 2022).

The growing burden of NCDs compounds increases the burden on already stressed health systems, disproportionately affecting the most impoverished populations and hindering the social and economic development of countries (Islam et al. 2014). Addressing NCDs and improving health outcomes are essential for interventions to sustainably impact development and to achieve the targets outlined in the Sustainable Development Goals (SDGs). Failure to address these issues could compound existing health challenges and affect the overall development of countries, including those with emerging economies like Bangladesh (Pullar et al. 2018). According to a new report by the WHO, the world's most economically challenged countries have the potential to gain US$350 billion by 2030 through scaled up investments in the prevention and treatment of

chronic diseases, such as heart disease and cancer, with an additional cost of only US$1.27 per person annually. Such actions would result in more than 8 million lives saved over the same period (WHO 2018).

Using the information in the 2022 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**–**8.2** and **Figures 8.1**–**8.3**, presents information on the availability of diabetes diagnostic and treatment services.
- **Cardiovascular diseases:** Section 8.3, including **Tables 8.3**–**8.4** and **Figures 8.4**–**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**–**8.6** and **Figures 8.7**–**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**–**8.8** and **Figures 8.10**–**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**–**8.14** presents information on the availability of cervical cancer screening services.

8.2 Availability of Services for Diabetes

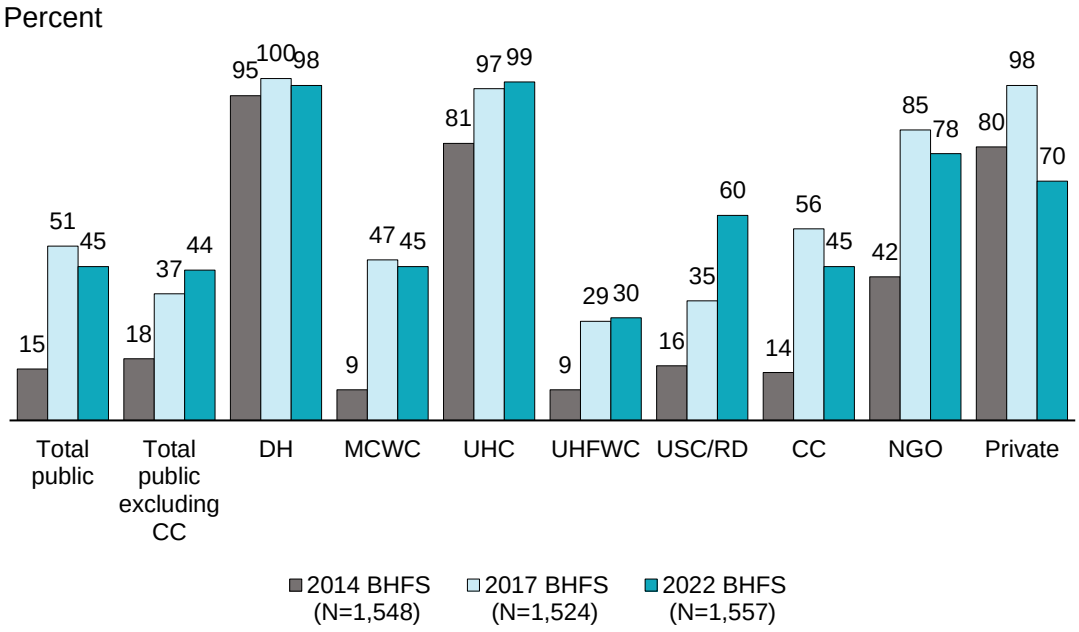
8.2.1 Service Provision

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.

Availability of Services for Diabetes

- Forty-five percent of public facilities in Bangladesh (44% excluding CCs) offer diabetes services. Ninety-eight percent of DHs, 99% of UHCs, 78% of NGOs, and 70% private facilities offer diabetes services (**Table 8.1** and **Figure 8.1**).
- Ninety-five percent of DHs and 91% of UHCs offer both diagnosis and treatment services for diabetes. However, only 63% of private facilities offer these services (**Table 8.1**).
- Forty five percent of CCs offer any services for diabetes (**Table 8.1** and **Figure 8.1)**.
- Seventy-two percent of urban facilities offer services for diabetes, compared to 44% of rural facilities (**Table 8.1**).
- The availability of diabetes services ranges from a high of 55% of facilities in Chattogram division to a low of 35% of facilities in Barishal (**Table 8.1**).

Figure 8.1 **Availability of diabetes services in health facilities, by facility type**



Service Guidelines

- Among the public facilities that offered diabetes services, only 8% (6% excluding CCs) had guidelines for the diagnosis and management of diabetes on the day of survey. This was a decrease from 16% in 2017 (**Table 8.1** and **Figure 8.2**).

Trained Staff

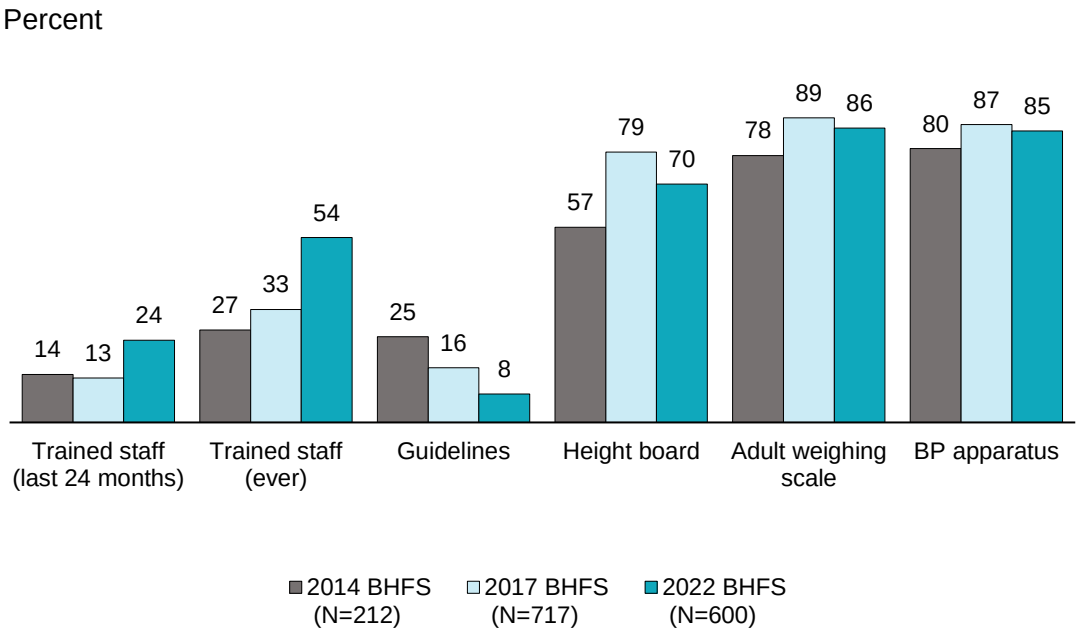
- Twenty-four percent of public facilities (26% excluding CCs) offering diabetes services have at least one staff member who received in-service training in diabetes services during the 24 months before the survey (**Table 8.1** and **Figure 8.2**), an increase from 13% in 2017.
- Forty-three percent of DHs, 79% of UHCs, and 23% of CCs (which mainly provide diabetes screening services), have staff members recently trained in diabetes services (**Table 8.1**).
- One-fifth of urban facilities (20%) and rural facilities (22%) have staff trained in the last 24 months (**Table 8.1**).
- Facilities in Sylhet are most likely to have staff with recent training in diabetes services (36%), while facilities in Rajshahi are least likely to have recently trained staff (13%) (**Table 8.1**).
- The percentage of all public facilities with staff who had ever received any relevant in-service training (54%) is higher than the proportion of facilities with staff who had received recent training (24%) (**Table 8.1**).

Equipment

- Availability of equipment for diabetes services has slightly declined since 2017 among public facilities offering diabetes services—e.g., blood pressure (BP) apparatus availability declined from 87% to 85%,

availability of an adult weighing scale declined from 89% to 86%, and access to a height board declined from 79% to 70% (**Table 8.1** and **Figure 8.2**).

Figure 8.2 **Trained staff, guidelines, and basic equipment to provide diabetes services in public facilities**



8.2.2 Availability of Diagnostic Capacity and Medicines for Diabetes

Diagnostic Capacity

- Blood glucose diagnostic capacity among the public facilities offering diabetes diagnosis and treatment services has decreased since 2017, from 26% in 2017 to 21% in 2022. However, an incremental increase was observed in the capacity to test for urine protein (from 20% in 2017 to 30% in 2022) and urine glucose (from 18% in 2017 to 30% in 2022) (**Table 8.2** and **Figure 8.3**).
- Private hospitals and NGO facilities are more likely than district and upazila public facilities to have the capacity to conduct all three tests (blood glucose, urine protein, and urine glucose) (**Table 8.2**).
- Urban facilities are much more likely than rural facilities to offer these diagnostic tests. Division-level results have shown that, overall, Dhaka and Chattagram division has the highest proportion of facilities providing the three diagnostic services (**Table 8.2**).

Medicines

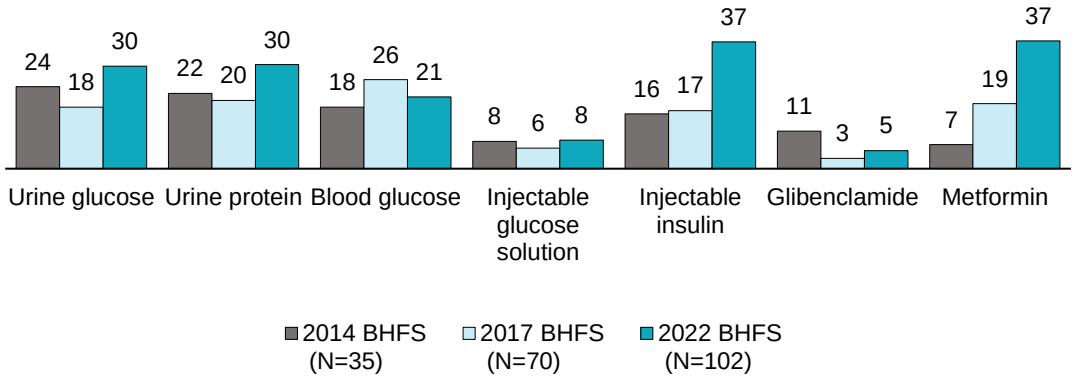
- Since 2017, the availability of medicines among the public facilities offering diabetes diagnosis and treatment services has increased. Specifically, metformin availability rose from 19% to 37%, glibenclamide rose from 3% to 5%, injectable insulin rose from 17% to 37%, and availability of injectable glucose solution rose from 6% to 8% on the day of the survey (**Table 8.2** and **Figure 8.3**).
- Medicines for diabetes require a prescription from a physician, and thus MCWCs, UHFWCs, and CCs generally have very limited capacity to offer these medicines. Among other facility types, DHs, UHCs,

and private hospitals are more likely to have medicines for the management of diabetes than USC/RDs and NGO facilities (**Table 8.2**).

- Urban facilities are more likely to be equipped with essential medicines than rural facilities (**Table 8.2**).

Figure 8.3 **Diagnostic capacity and medicines to provide diabetes services in public facilities**

Percent



8.3 AVAILABILITY OF SERVICES FOR CARDIOVASCULAR DISEASE

8.3.1 Service Provision

Table 8.3 and **Figures 8.4** & **8.5** provide information on the availability of services related to cardiovascular disease. **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.

Availability of Services for Cardiovascular Disease

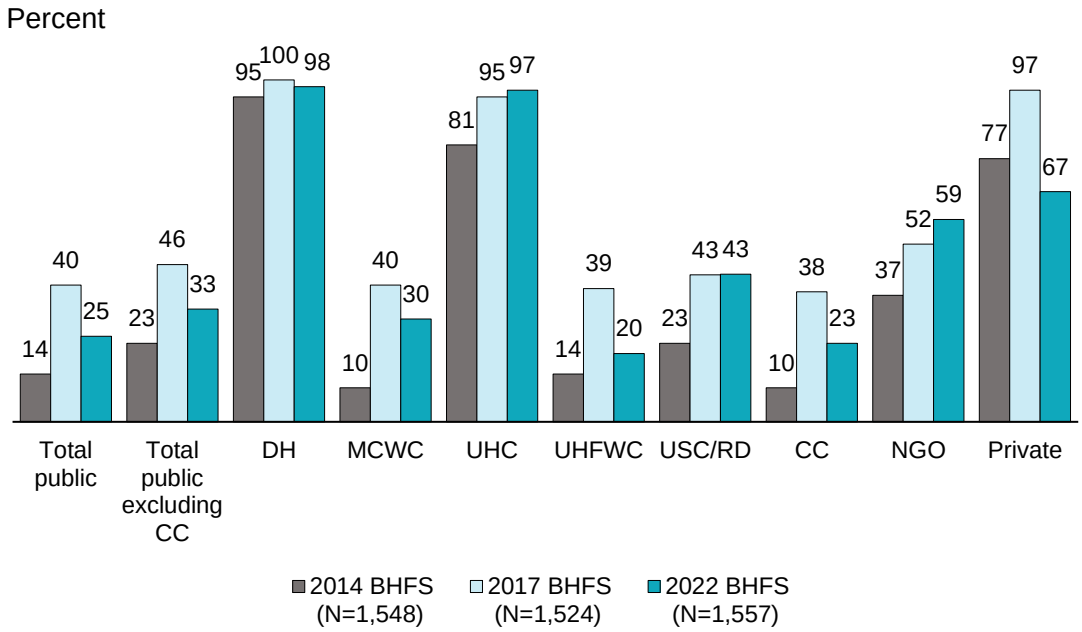
- Twenty-five percent (33% excluding CCs) of public facilities in Bangladesh offer cardiovascular disease services, a decrease from 40% in 2017 (**Table 8.3** and **Figure 8.4**).

- Cardiovascular disease services are universally available in DHs (98%) and UHCs (97%). While the majority of NGOs (59%) and private hospitals (67%) offer these services, cardiovascular disease services are available in only 23% of CCs in 2022.

- Ninety percent of DHs and 87% of UHCs offer both diagnostic and treatment services for cardiovascular disease in 2022. However, greater than half of the private facilities (57%) offer both diagnostic and treatment services in 2022 (**Table 8.3**).

- Sixty-eight percent of urban facilities provide any services related to cardiovascular disease, compared to 24% of rural facilities (**Table 8.3**).
- Facilities in Dhaka (39%) are most likely to offer services related to cardiovascular disease, whereas facilities in Mymensingh (24%) are least likely to offer such services (**Table 8.3**).

Figure 8.4 **Availability of cardiovascular disease services in health facilities, by facility type**



Service Guidelines

- Among public facilities offering cardiovascular disease services, 12% have guidelines available for the diagnosis and management of cardiovascular diseases (**Table 8.3** and **Figure 8.5**).

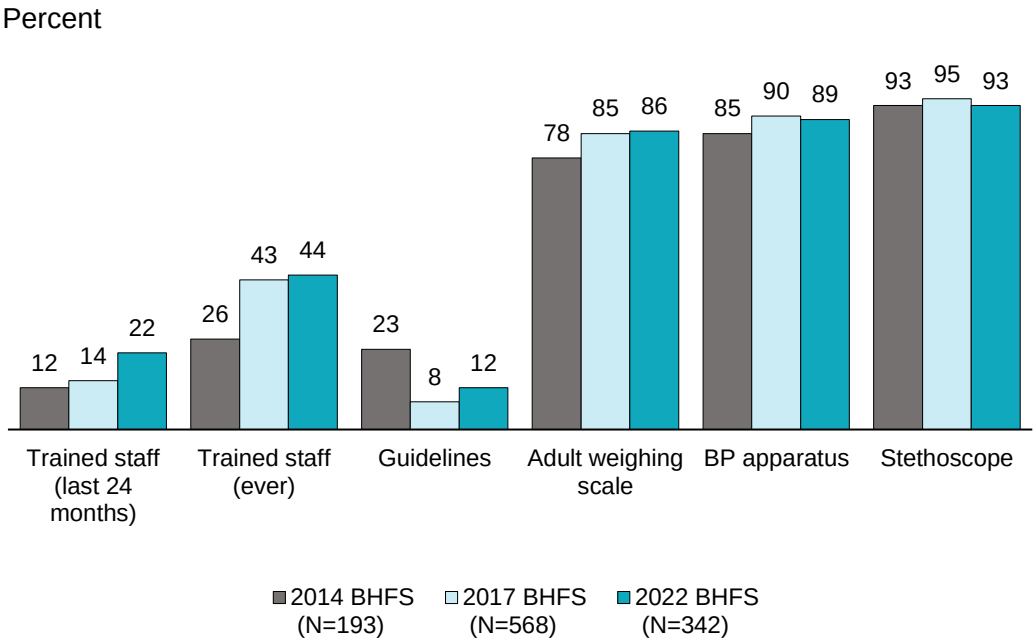
Trained Staff

- Twenty-two percent (31% excluding CCs) of public facilities offering cardiovascular disease services have at least one staff member who received in-service training in cardiovascular disease-related services during the 24 months before the survey (**Table 8.3)**. In 2017, this proportion was 14% (**Figure 8.5**).
- Forty-three percent of DHs, 79% of UHCs, and 17% of CCs (which mainly provide cardiovascular disease screening services) had staff with recent training on the day of survey (**Table 8.3**).
- Less than one-fifth of urban (16%) and rural (19%) facilities that offer CVD services have recently trained staff (**Table 8.3**).
- Facilities in Barishal are most likely to have staff with recent in-service training (31%), while facilities in Mymensingh and Rajshahi (both 8%) are least likely to have staff with recent training (**Table 8.3**).
- The proportion of facilities with staff who had ever received any relevant in-service training (44%) is higher than that of staff who had received recent training (22%) (**Table 8.3**).

Equipment

- Among public facilities that offer CVD services, 93% had a stethoscope and 89% had a blood pressure apparatus available on the day of survey, a slight decrease from 2017. The availability of adult weighing scales among facilities offering CVD services has remained unchanged (85% in 2017 to 86% in 2022) (**Table 8.3** and **Figure 8.5**).

Figure 8.5 **Availability of trained staff, guidelines, and basic equipment to provide cardiovascular disease services in public facilities**



8.3.2 Availability of Medicines and Commodities Related to Cardiovascular Disease

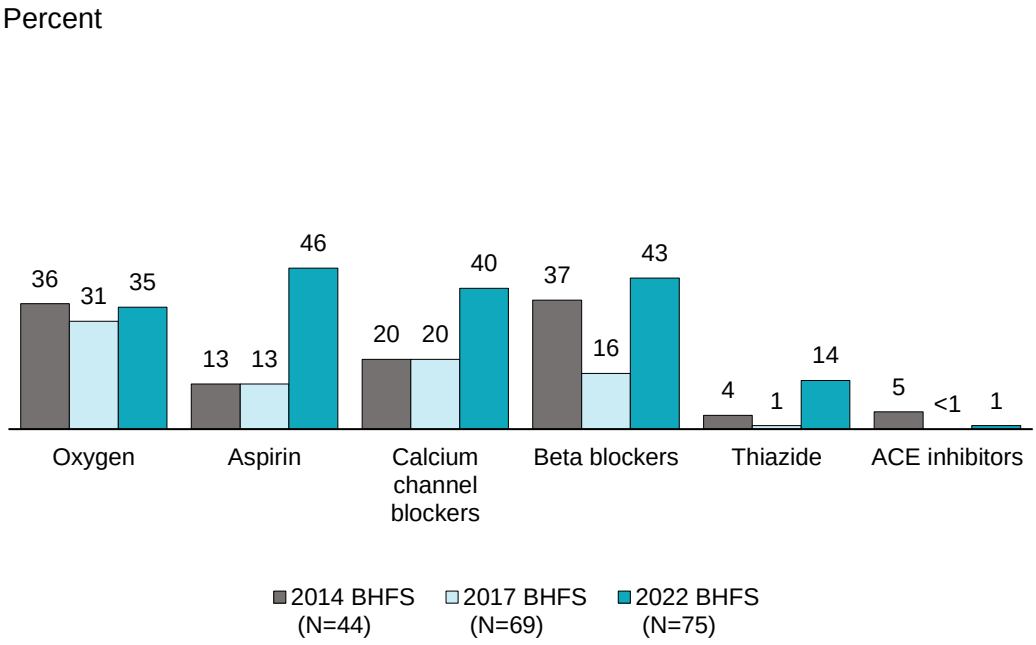
The 2022 BHFS collected data on the availability of essential medicines and commodities to support treatment of patients with cardiovascular disease. **Table 8.4** and **Figure 8.6** show that aspirin, beta blockers, and calcium channel blockers (amlodipine/nifedipine) are the most available medicines in public facilities.

- Among public facilities offering cardiovascular disease-related services, 43% (50% excluding CCs) had beta blockers available on the day of the survey visit and 40% (47% excluding CCs) had calcium channel blockers. By comparison, 46% (53% excluding CCs) of public facilities had aspirin, 14% (16% excluding CCs) had thiazide diuretics, and only 1% (the same percentage excluding CCs) had angiotensin-converting enzyme (ACE) inhibitors (enalapril) available.

- Thirty-five percent (40% excluding CCs) of public facilities had oxygen, in either cylinders or concentrators, or an oxygen distribution system on the day of survey.

- With the exception of ACE inhibitors, district and upazila level public facilities were more likely than other facility types to have all essential medicines available. Among public facilities, UHCs were most likely to have the essential medicines and commodities. Because a prescription is required from a physician, CCs are not able to offer these necessary medications; however, some union-level facilities had essential medicines and commodities available on the day of survey (**Table 8.4**).

Figure 8.6 **Availability of commodities and medicines to provide cardiovascular disease services in public facilities**



8.4 AVAILABILITY OF SERVICES FOR CHRONIC RESPIRATORY DISEASES

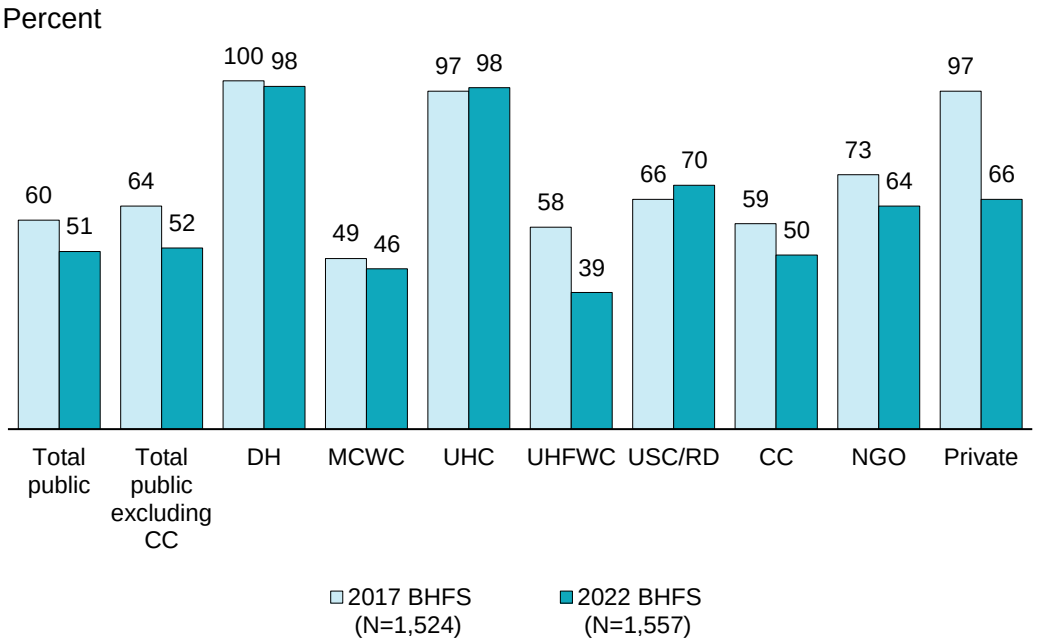
8.4.1 Service Provision

Table 8.5 and **Figures 8.7** & **8.8** provide information from the 2022 BHFS on the availability of services for chronic respiratory diseases. **Figures 8.7** & **8.8** also present information on the availability of service guidelines, trained staff, and equipment that support the provision of quality services related to respiratory diseases.

Availability of Services for Chronic Respiratory Diseases

- Fifty-one percent (52% excluding CCs) of all public facilities can diagnose, prescribe treatment, or manage patients with chronic respiratory diseases (**Table 8.5** and **Figure 8.7**).
- DHs (98%), UHCs (98%), USC/RDs (70%), and private hospitals (66%) are more likely to provide services for chronic respiratory diseases than other facilities.
- Ninety-two percent of DHs and 91% of UHCs offer both diagnosis and treatment services for chronic respiratory diseases in 2022. By contrast, only 60% of private facilities offer both of these services (**Table 8.5**).
- Sixty-eight percent of urban facilities provide any services related to chronic respiratory diseases, compared to 50% of rural facilities (**Table 8.5**).
- Facilities in Rangpur (63%) are most likely to offer services related to chronic respiratory diseases, while facilities in Barishal (35%) are least likely to offer such services (**Table 8.5**).

***Figure 8.7* Availability of chronic respiratory disease services in health facilities, by facility type**



Service Guidelines

- Fifteen percent (8% excluding CCs) of public facilities offering services for chronic 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**).
- UHCs (26%) and CCs (17%) are more likely to have guidelines available at the service site than other facility types (**Table 8.5**).

Trained Staff

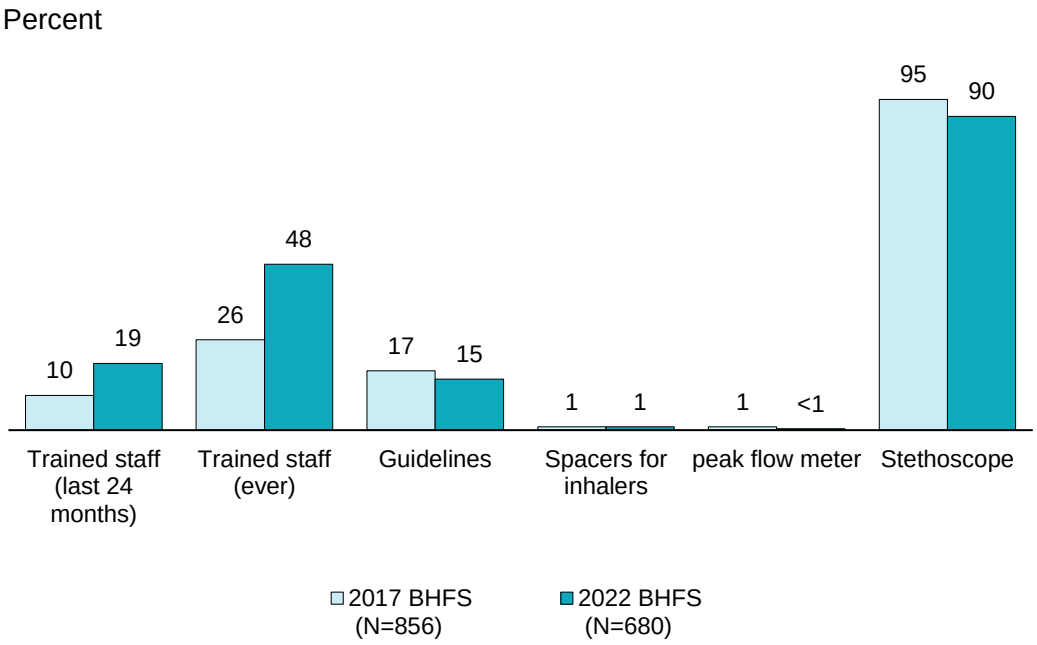
- Among public facilities that offer services related to chronic respiratory diseases, 19% (20% excluding CCs) have at least one staff member who had received in-service training in chronic respiratory diseases during the 24 months before the survey in 2022 (**Table 8.5** and **Figure 8.8**).
- UHCs (67%) and DHs (36%) are more likely than CCs (19%), NGO facilities (17%), and private hospitals (11%) to have at least one staff member with recent training (**Table 8.5**).
- Facilities in Sylhet (33%) are most likely to have staff with recent in-service training, while facilities in Rajshahi (12%) are least likely to have staff with recent training in chronic respiratory diseases (**Table 8.5**).
- The proportion of public facilities with staff who had ever received any relevant in-service training (48%) is higher than that of staff who had received recent training (19%).

Equipment

- Overall, 90% (98% excluding CCs) of public facilities offering services related to respiratory diseases have a stethoscope and 1% (4% excluding CCs) have spacers for inhalers available at the relevant service sites (**Table 8.5** and **Figure 8.8**).

- In 2022, 11% of NGOs and 24% of private facilities have functioning peak flow meters. Ten percent of NGOs and 25% of private facilities have spacers for inhalers available in 2022. The percentages for both of these equipment's availability in DHs and UHCs are relatively low (**Table 8.5**).

Figure 8.8 **Availability of trained staff, guidelines, and basic equipment to provide chronic respiratory disease-related services among public facilities**



8.4.2 Availability of Medicines and Commodities for Chronic Respiratory Diseases

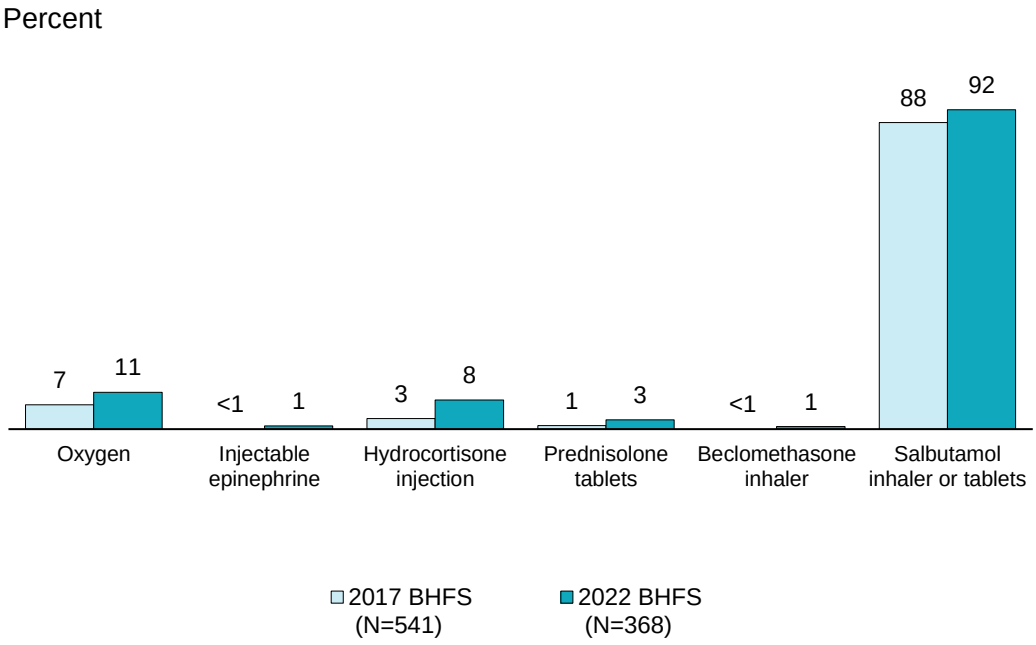
Table 8.6 and **Figure 8.9** show that salbutamol inhalers or tablets are the most widely available (92% in public facilities) of the medicines considered essential for the treatment of chronic respiratory diseases.

- Among public facilities that offer both diagnosis and treatment services for chronic respiratory diseases, 1% (2% excluding CCs) had beclomethasone inhalers, 3% (7% excluding CCs) had prednisolone tablets, 8% (25% excluding CCs) provided hydrocortisone injections, and 1% (3% excluding CCs) had injectable epinephrine available on the day of survey (**Table 8.6** and **Figure 8.9**).

- Eleven percent (30% excluding CCs) of public facilities that offer both diagnosis and treatment services for chronic respiratory diseases have oxygen in either cylinders or concentrators or an oxygen distribution system (**Table 8.6** and **Figure 8.9**).

- Overall, private hospitals are more likely to have the essential medicines and commodities than other types of facilities that offer both diagnosis and treatment for chronic respiratory diseases. Among public facilities, DHs are generally most likely to have these medicines and commodities (**Table 8.6**).

Figure 8.9 **Availability of commodities and medicines to provide chronic respiratory disease services among public facilities**



8.5 AVAILABILITY OF SERVICES FOR HYPERTENSION

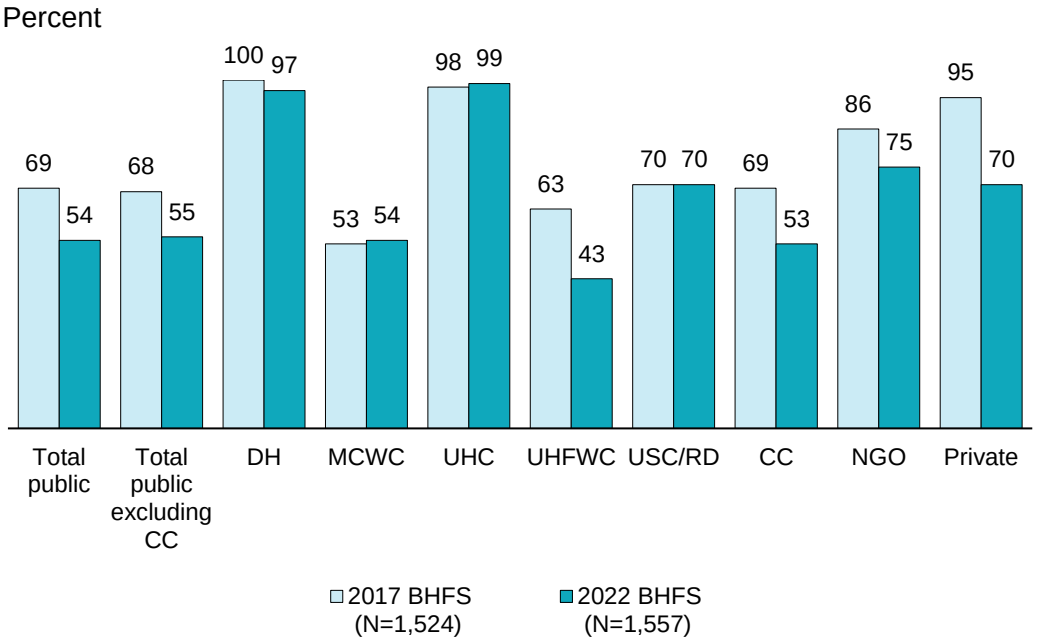
8.5.1 Service Provision

Table 8.7 and **Figures 8.10** & **8.11** provide information from the 2022 BHFS on the availability of services for hypertension. **Figures 8.10** & **8.11** also present 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

- Fifty-four percent (55% excluding CCs) of public health facilities can diagnose, prescribe treatment, or manage patients with hypertension (**Table 8.7** and **Figure 8.10**).
- DHs (97%), UHCs (99%), NGO clinics (75%), and private hospitals (70%) are more likely to provide services for hypertension than other facilities (**Table 8.7** and **Figure 8.10)**.
- Ninety-two percent of DHs and UHCs offer both diagnosis and treatment services for hypertension in 2022. However, only 65% of private hospitals offer both of these services together (**Table 8.7**).
- Seventy-two percent of urban facilities provide services for hypertension, compared to 53% of rural facilities (**Table 8.7**).
- Mymensingh (64%) has the highest percentage of facilities providing hypertension services, while Barishal (39%) has the lowest proportion (**Table 8.7**).

Figure 8.10 **Availability of hypertension services in health facilities, by facility type**



Service Guidelines

- Seventeen percent (11% excluding CCs) of public 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**).
- UHCs (39%), CCs (20%), NGO facilities (12%), and DHs (13%), were most likely to have guidelines available on the day of survey.

Trained Staff

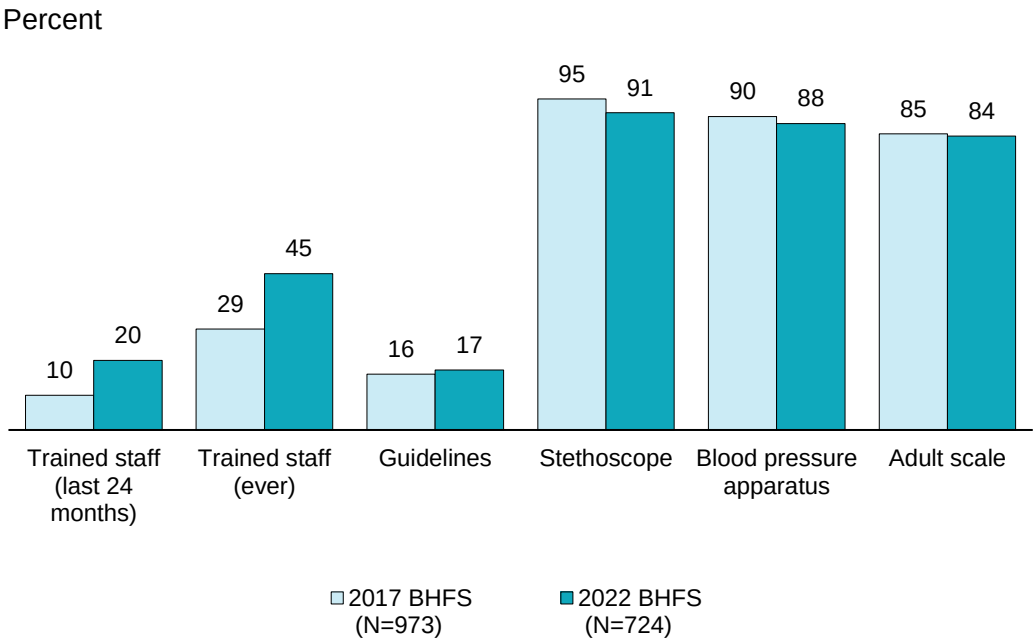
- Among public facilities that offer services for hypertension, 20% (22% excluding CCs) have at least one staff member who had received in-service training in hypertension during the 24 months before the survey (**Table 8.7** and **Figure 8.11**).
- UHCs (79%), DHs (43%), and CCs (20%) are more likely than other facilities to have at least one staff member with recent training (**Table 8.7**).
- Facilities in Sylhet (37%) are most likely and those in Rajshahi (9%) are least likely to have staff with recent training compared to facilities in other divisions (**Table 8.7**).
- The percentage of public facilities with staff who had ever received any relevant in-service training (45%) is higher than that of staff who received recent training (20%).

Equipment

- Overall, 91% (98% excluding CCs) of public facilities that offer services for hypertension have a stethoscope available at the relevant service sites (**Table 8.7** and **Figure 8.11**).

- The proportion of public facilities having blood pressure apparatus is high across all facility types (**Table 8.7**).

Figure 8.11 **Availability of trained staff, guidelines, and basic equipment to provide hypertension services among public facilities**



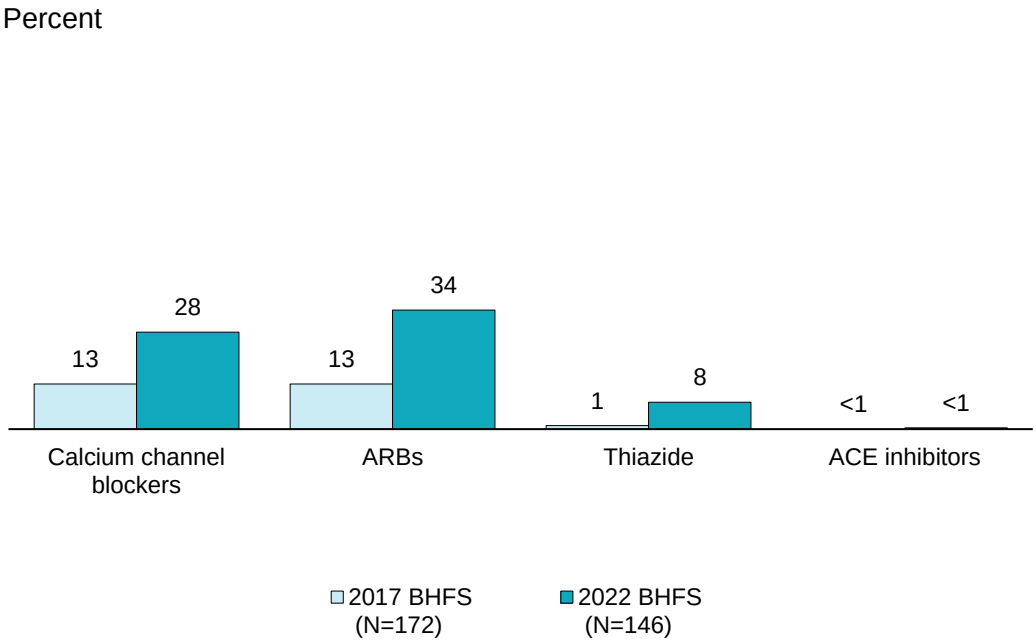
8.5.2 Availability of Medicines and Commodities for Hypertension

- Among facilities offering services for hypertension, 34% of public facilities (46% excluding CCs) had angiotensin receptor blockers (ARBs) and 28% (38% excluding CCs) had calcium channel blockers available on the day of the survey visit (**Table 8.8** and **Figure 8.12**). However, only 8% (10% excluding CCs) had thiazide available on the day of the survey visit.

- ARBs and calcium channel blockers are more available in DHs (88% and 70%, respectively), UHCs (91% and 71%, respectively), and private hospitals (48% and 54%, respectively) (**Table 8.8**).

- Urban facilities are more likely to have ARBs and calcium channel blockers (49% and 54%, respectively) than their rural counterparts (27% and 21%, respectively) (**Table 8.8**).

Figure 8.12 **Availability of medicines to provide services for hypertension among public facilities**



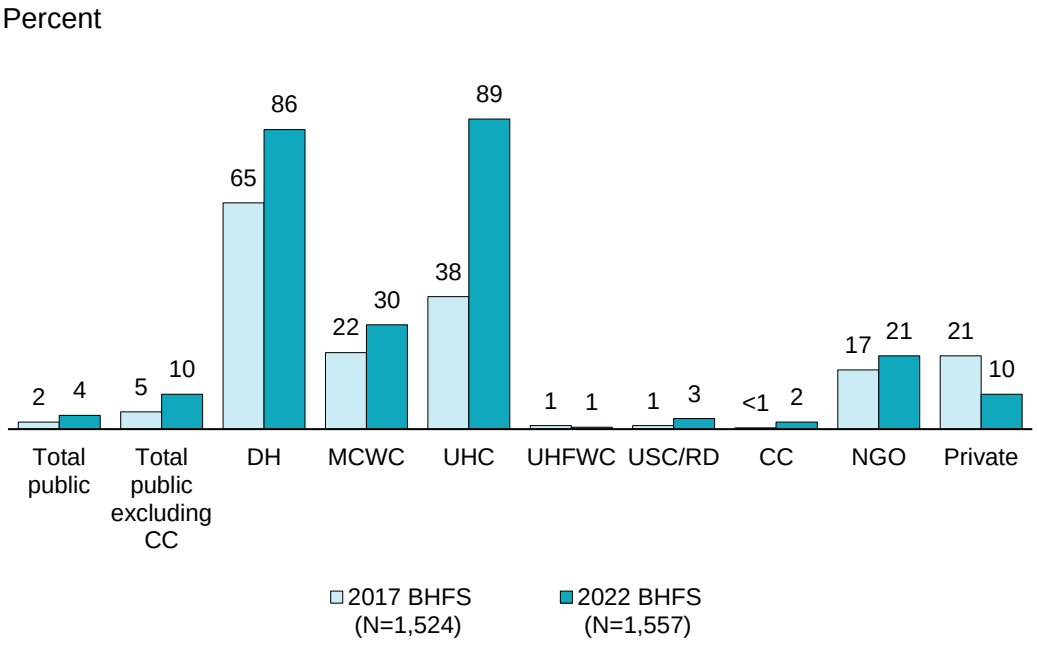
8.6 AVAILABILITY OF SERVICES FOR CERVICAL CANCER

Table 8.9 and **Figures 8.13 & 8.14** provide information from the 2022 BHFS on the availability of services for cervical cancer. **Figures 8.13** & **8.14** also present information on the availability of service guidelines, trained staff, and equipment that support the provision of quality services for cervical cancer.

8.6.1 Availability of Screening Services for Cervical Cancer

- Four percent (10% excluding CCs) of public facilities provide diagnosis/screening services for cervical cancer (**Table 8.9** and **Figure 8.13**).
- DHs (86%), UHCs (89%), MCWCs (30%), and NGO clinics (21%) are more likely to provide diagnosis/screening services for cervical cancer than other facilities (**Table 8.9**).
- Twenty-one percent of NGOs offer diagnosis/screening services for cervical cancer. However, only 10% of private hospitals offer these services.
- Eighteen percent of urban facilities provide diagnosis/screening services for cervical cancer, compared to only 3% of rural facilities (**Table 8.9**).
- Overall, the availability of cervical cancer diagnosis/screening services is lower than 10% across all divisions (**Table 8.9**).

Figure 8.13 **Availability of cervical cancer screening/diagnosis services in health facilities, by facility type**



8.6.2 Service Guidelines

- Twenty-six percent (39% excluding CCs) of public facilities that offer diagnosis/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**).
- Among facilities offering diagnosis/screening services for cervical cancer, DHs (47%), UHCs (41%), and NGOs (30%) were most likely to have guidelines for screening cervical cancer available on the day of survey (**Table 8.9**).

8.6.3 Trained Staff

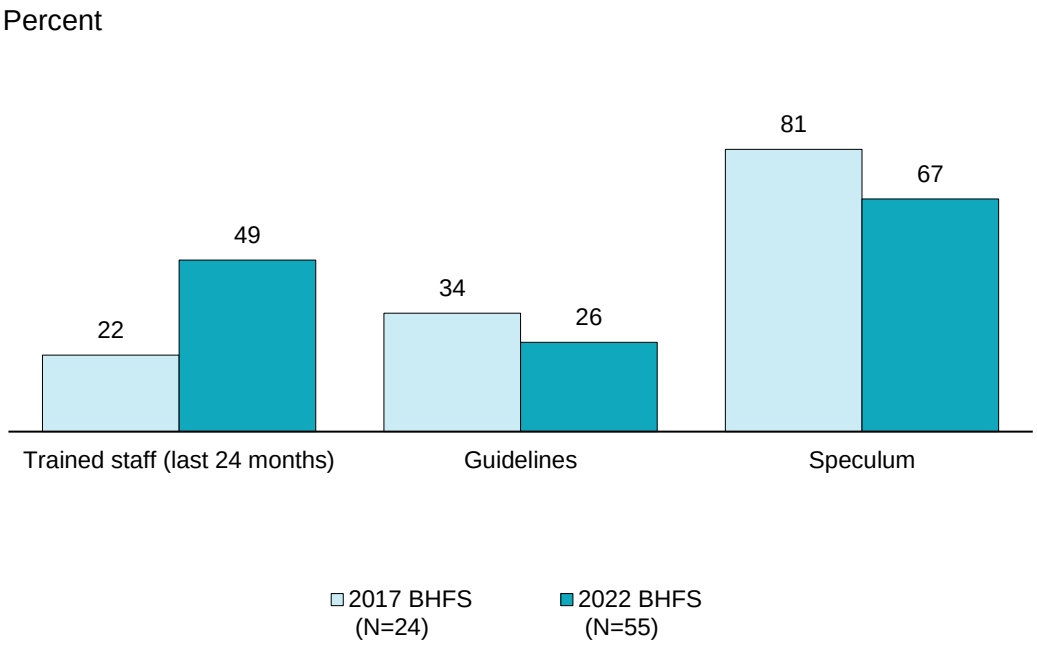
- Among public facilities offering diagnosis/screening services for cervical cancer, 49% (46% excluding CCs) have at least one staff member who had received any in-service training related to observation of acetic acid, pap smear, or Human Papilloma Virus (HPV) test for screening of cervical cancer during the 24 months before the survey (**Table 8.9** and **Figure 8.14**).
- Among facilities offering diagnosis/screening services for cervical cancer, UHCs (52%), DHs (45%), and CCs (56%) are more likely than other facilities to have at least one staff member with recent training available on the day of survey (**Table 8.9**).
- Facilities offering diagnosis/screening services in Mymensingh (60%) and Rangpur (51%) are more likely than facilities in other divisions to have staff with recent cervical cancer training (**Table 8.9**).

8.6.4 Equipment

- Overall, 67% (97% excluding CCs) of public facilities that offer screening services for cervical cancer have a speculum available at the relevant service site (**Table 8.9** and **Figure 8.14.**).

- Speculum availability is nearly universal in DHs, MCWCs, UHCs, union-level facilities, and private hospitals offering diagnosis/screening services for cervical cancer (**Table 8.9**).
- Urban facilities offering diagnosis/screening services for cervical cancer are nearly two times more likely to have a speculum than rural facilities (94% and 50%) (**Table 8.9**).
- All facilities offering diagnosis/screening services for cervical cancer in Barishal have a speculum, and availability is high in most other divisions with the exception of Mymensingh (**Table 8.9**).

Figure 8.14 **Availability of trained staff, guidelines, and basic equipment to diagnose/screen cervical cancer in public facilities**



NON-COMMUNICABLE DISEASES 8

LIST OF TABLES

- **Table 8.1 Availability of diabetes services and guidelines, trained staff, and equipment**
- **Table 8.2 Diagnostic capacity and essential medicines for diabetes**
- **Table 8.3 Availability of cardiovascular disease services and guidelines, trained staff, and equipment**
- **Table 8.4 Availability of essential medicines and commodities for cardiovascular disease**
- **Table 8.5 Availability of chronic respiratory disease services and guidelines, trained staff, and equipment**
- **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**
- **Table 8.8 Availability of essential medicines and commodities for hypertension**
- **Table 8.9 Availability of cervical cancer diagnosis/screening services and guidelines, trained staff, and equipment**

Table 8.1: Availability of diabetes services and guidelines, trained staff, and equipment

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 2022

Background characteristic	Percentage of facilities offering both diagnosis and treatment services for diabetes	Percentage of facilities offering any services for diabetes[1]	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities offering services for diabetes that have:			Equipment			Number of facilities offering services for diabetes (weighted)	Number of facilities offering services for diabetes (unweighted)
					Guidelines for the diagnosis and management of diabetes	Trained staff (last 24 months)[2]	Trained staff (ever)[3]	Blood pressure apparatus[4]	Adult weighing scale	Height board or stadiometer		
Facility type												
District and upazila public facilities	**79.1**	**89.3**	**41**	**319**	**32.2**	**68.3**	**84.2**	**95.9**	**80.7**	**64.9**	**36**	**261**
DH	95.2	98.4	4	62	16.4	42.6	88.5	91.8	75.4	52.5	4	61
MCWC	22.7	44.9	7	100	6.6	4.4	34.6	97.8	88.8	66.4	3	45
UHC	90.5	98.8	30	157	37.4	79.2	89.0	96.3	80.6	66.6	29	155
Union-level public facilities	**15.0**	**37.9**	**310**	**434**	**6.9**	**13.0**	**29.5**	**97.0**	**79.1**	**53.8**	**118**	**177**
UHFWC	9.5	29.7	225	293	7.0	1.3	13.4	99.2	90.8	59.8	67	85
USC/RD	29.7	59.8	85	141	6.8	28.4	50.6	94.2	63.6	45.8	51	92
Community clinic (CC)	**2.2**	**44.9**	**994**	**488**	**20.5**	**23.1**	**57.5**	**81.3**	**88.2**	**74.1**	**446**	**217**
NGO clinic/hospital	**61.7**	**78.4**	**29**	**127**	**14.6**	**12.9**	**26.8**	**90.8**	**98.0**	**67.7**	**23**	**103**
Private hospital	**62.9**	**70.3**	**183**	**189**	**9.4**	**12.9**	**32.9**	**98.3**	**94.6**	**31.7**	**129**	**139**
Location												
Urban	62.6	72.4	235	514	13.2	19.5	40.4	97.1	92.9	40.1	170	402
Rural	6.6	44.0	1,322	1,043	18.0	22.3	51.9	84.9	86.3	69.7	582	495
Division												
Barishal	13.2	35.1	111	152	11.3	33.1	54.5	72.9	80.7	60.4	39	79
Chattogram	20.5	55.2	291	244	19.8	26.8	55.7	86.5	87.1	66.6	161	155
Dhaka	17.3	51.8	317	264	16.7	17.6	40.0	89.0	88.5	47.0	164	153
Khulna	12.4	48.6	210	208	16.8	20.1	50.4	88.1	88.2	64.4	102	120
Rajshahi	13.3	50.7	214	212	12.7	13.3	43.7	88.5	89.5	60.9	109	123
Rangpur	9.9	39.0	193	190	7.0	18.8	48.9	85.5	91.3	75.0	75	102
Sylhet	16.2	40.7	99	136	20.8	35.9	53.4	99.7	83.0	77.7	40	76
Mymensingh	13.2	51.2	122	151	30.6	23.6	59.6	89.0	87.4	75.1	62	89
Total	15.1	48.3	1,557	1,557	16.9	21.7	49.3	87.7	87.8	63.0	752	897
Total excluding CCs	*37.7*	*54.3*	*563*	*1,069*	*11.6*	*19.6*	*37.3*	*97.0*	*87.2*	*46.9*	*306*	*680*
Total public	*7.6*	*44.7*	*1,345*	*1,241*	*8.3*	*23.9*	*53.6*	*85.2*	*86.0*	*69.6*	*600*	*655*
Total public excluding CCs	*22.6*	*44.0*	*351*	*753*	*5.7*	*26.2*	*42.5*	*96.8*	*79.4*	*56.4*	*154*	*438*

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 the WHO and USAID (2012).

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes.

[2] 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.

[3] 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.

[4] Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope.

Table 8.2: Diagnostic capacity and essential medicines for diabetes

Among facilities offering both diagnosis 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 2022

	Diagnostic capacity			Medicines				Number of facilities offering both diagnosis and treatment services for diabetes (weighted)	Number of facilities offering both diagnosis and treatment services for diabetes (unweighted)
Background characteristic	Blood glucose[1]	Urine protein[2]	Urine glucose[3]	Metformin	Gliben-clamide	Injectable insulin	Injectable glucose solution		
Facility type									
District and upazila public facilities	**37.6**	**66.7**	**67.2**	**83.1**	**14.3**	**84.6**	**23.8**	**33**	**225**
DH	20.3	78.0	78.0	81.4	11.9	83.1	30.5	4	59
MCWC	38.8	43.1	43.1	4.1	0.0	0.0	0.0	2	23
UHC	40.2	66.4	67.0	88.1	15.6	90.0	24.2	27	143
Union-level public facilities	**19.4**	**19.5**	**18.0**	**23.4**	**1.5**	**21.5**	**1.5**	**47**	**72**
UHFWC	28.1	34.8	34.8	4.1	0.0	0.0	0.0	22	26
USC/RD	12.1	6.5	3.7	39.8	2.8	39.8	2.8	25	46
Community clinic (CC)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**22**	**12**
NGO clinic/hospital	**77.7**	**79.1**	**76.6**	**13.2**	**4.7**	**12.1**	**4.8**	**18**	**80**
Private hospital	**53.6**	**83.9**	**87.0**	**46.1**	**11.6**	**52.3**	**27.7**	**115**	**126**
Location									
Urban	52.5	80.5	83.0	46.2	11.8	52.2	24.8	148	343
Rural	22.5	26.4	25.2	29.1	2.6	26.5	5.5	87	172
Division									
Barishal	30.3	45.2	44.6	36.8	5.1	35.2	13.6	15	55
Chattogram	59.4	68.9	70.9	47.2	7.7	51.9	27.6	60	96
Dhaka	53.5	72.4	72.4	50.3	10.2	55.7	22.3	55	82
Khulna	27.8	46.4	46.4	27.7	11.1	27.3	12.8	26	62
Rajshahi	32.9	65.5	68.0	30.0	12.0	31.9	12.6	28	63
Rangpur	28.7	49.8	49.1	27.4	4.1	29.2	10.5	19	63
Sylhet	14.8	40.7	43.8	40.2	8.5	38.5	5.0	16	43
Mymensingh	21.3	47.9	49.9	31.2	1.5	34.0	6.1	16	51
Total	41.3	60.4	61.5	39.9	8.4	42.6	17.6	235	515
Total excluding CCs	45.7	66.7	67.9	44.1	9.2	47.1	19.4	213	503
Total public	*21.0*	*30.4*	*29.9*	*37.4*	*5.3*	*37.1*	*8.4*	*102*	*309*
Total public excluding CCs	*26.9*	*39.0*	*38.3*	*48.0*	*6.8*	*47.5*	*10.7*	*80*	*297*

Note: The indicators presented in this table comprise the diagnostics, medicines, and commodities domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by the WHO and USAID (2012).
[1] Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the survey.
[2] Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the survey.
[3] 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

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 disease, at least one staff member ever trained on cardiovascular disease, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Bangladesh HFS 2022

Background characteristic	Percentage of facilities offering both diagnosis and treatment services for cardiovascular diseases	Percentage of facilities offering any services for cardiovascular diseases[1]	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities offering services for cardiovascular diseases that have:			Equipment			Number of facilities offering services for cardio-vascular diseases (weighted)	Number of facilities offering services for cardiovascular diseases (unweighted)
					Guidelines for diagnosis and management of cardiovascular diseases	Trained staff (last 24 months)[2]	Trained staff (ever)[3]	Stethoscope	Blood pressure apparatus[4]	Adult weighing scale		
Facility type												
District and upazila public facilities	**75.0**	**85.1**	**41**	**319**	**25.1**	**69.9**	**84.3**	**94.9**	**95.7**	**81.0**	**35**	**243**
DH	90.3	98.4	4	62	13.1	42.6	86.9	96.7	91.8	75.4	4	61
MCWC	17.9	30.1	7	100	6.4	3.5	26.4	96.7	96.7	93.5	2	30
UHC	86.6	96.6	30	157	28.4	79.1	88.3	94.4	96.2	80.9	29	152
Union-level public facilities	**10.9**	**26.1**	**310**	**434**	**6.8**	**14.4**	**29.8**	**98.5**	**96.7**	**81.4**	**81**	**123**
UHFWC	5.2	19.7	225	293	6.1	4.5	16.0	98.8	98.8	94.5	44	57
USC/RD	25.9	43.2	85	141	7.7	26.3	46.3	98.2	94.2	65.6	37	66
Community clinic (CC)	**1.0**	**22.7**	**994**	**488**	**11.6**	**16.8**	**43.2**	**90.1**	**85.2**	**87.9**	**226**	**109**
NGO clinic/hospital	**43.6**	**59.2**	**29**	**127**	**10.8**	**9.6**	**17.3**	**96.1**	**89.6**	**97.3**	**17**	**76**
Private hospital	**57.3**	**67.3**	**183**	**189**	**4.9**	**8.5**	**24.5**	**98.5**	**98.3**	**93.2**	**123**	**134**
Location												
Urban	56.6	67.8	235	514	8.4	16.2	32.0	98.0	96.9	91.7	160	365
Rural	4.5	24.4	1,322	1,043	10.8	18.8	41.4	92.4	88.7	86.2	322	320
Division												
Barishal	11.7	30.2	111	152	11.8	31.0	45.7	88.4	78.7	88.7	34	74
Chattogram	16.5	34.5	291	244	9.4	25.5	44.7	97.3	92.6	88.8	100	115
Dhaka	13.8	39.1	318	264	11.7	13.4	25.5	93.9	91.1	91.9	124	126
Khulna	11.1	24.9	210	208	13.9	20.3	40.3	96.3	95.4	88.3	52	77
Rajshahi	12.7	29.5	214	212	6.1	8.3	38.7	92.0	90.2	87.7	63	93
Rangpur	8.3	27.3	193	190	0.8	16.8	52.0	95.9	91.6	87.1	53	79
Sylhet	9.6	26.8	99	136	10.7	24.5	35.9	92.5	99.5	74.1	27	58
Mymensingh	9.0	24.0	122	151	20.8	8.3	34.6	91.6	90.5	82.5	29	63
Total	12.3	31.0	1,557	1,557	10.0	17.9	38.3	94.2	91.4	88.0	482	685
Total excluding CCs	*32.3*	*45.5*	*563*	*1,069*	*8.7*	*18.9*	*33.9*	*97.9*	*96.8*	*88.1*	*256*	*576*
Total public	*5.5*	*25.4*	*1,345*	*1,241*	*11.8*	*21.7*	*44.3*	*92.6*	*89.0*	*85.7.*	*342*	*475*
Total public excluding CCs	*18.4*	*33.2*	*351*	*753*	*12.4*	*31.2*	*46.3*	*97.4*	*96.4*	*81.3*	*116*	*366*

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 the WHO and USAID (2012).

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.

[2] 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.

[3] 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.

[4] Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope.

Table 8.4: Availability of essential medicines and commodities for cardiovascular disease

Among facilities offering both diagnosis and treatment services for cardiovascular disease, 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 2022

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 disease (weighted)	Number of facilities offering both diagnosis and treatment services for cardiovascular disease (unweighted)
	ACE inhibitors (enalapril)	Thiazide	Beta blockers (atenolol)	Calcium channel blockers (amlodipine/ nifedipine)	Aspirin	Oxygen[1]		
Facility type								
District and upazila public facilities	**2.1**	**26.8**	**69.5**	**67.9**	**81.4**	**54.1**	**31**	**211**
DH	3.6	10.7	35.7	66.1	67.9	51.8	4	56
MCWC	0.0	0.0	5.2	0.0	0.0	60.6	1	18
UHC	2.0	30.7	78.0	71.6	87.5	54.2	26	137
Union-level public facilities	**0.0**	**5.4**	**32.1**	**27.0**	**27.2**	**27.4**	**34**	**56**
UHFWC	0.0	0.0	0.0	0.0	0.0	28.5	12	15
USC/RD	0.0	8.3	49.2	41.3	41.7	26.7	22	41
Community clinic (CC)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**10**	**5**
NGO clinic/hospital	**0.8**	**4.4**	**16.6**	**37.5**	**11.9**	**35.6**	**12**	**56**
Private hospital	**6.2**	**16.3**	**36.3**	**52.2**	**39.1**	**75.8**	**105**	**116**
Location								
Urban	5.0	15.7	38.8	53.4	41.9	69.1	133	309
Rural	0.9	11.7	35.6	31.5	35.7	30.6	59	135
Division								
Barishal	5.2	17.8	37.8	46.7	31.2	56.4	13	54
Chattogram	0.1	11.7	39.5	53.0	45.0	67.0	48	76
Dhaka	7.4	23.9	49.4	61.9	45.8	68.2	44	71
Khulna	0.0	10.4	32.0	35.2	31.1	41.9	23	54
Rajshahi	7.5	10.5	29.6	33.2	29.0	45.0	27	61
Rangpur	2.7	5.4	23.0	22.5	27.9	53.5	16	51
Sylhet	3.3	21.2	28.6	37.4	42.2	41.5	10	32
Mymensingh	3.9	11.4	46.1	59.1	67.7	54.4	11	45
Total	3.8	14.5	37.8	46.7	40.0	57.3	192	444
Total excluding CCs	*4.0*	*15.3*	*39.8*	*49.2*	*42.2*	*60.4*	*182*	*439*
Total public	*0.9*	*13.6*	*43.4*	*40.4*	*46.2*	*34.9*	*75*	*472*
Total public excluding CCs	*1.0*	*15.7*	*50.1*	*46.6*	*53.2*	*40.2*	*65*	*267*

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 the WHO and USAID (2012).
[1] In cylinders or concentrators or an oxygen distribution system.

Table 8.5: Availability of chronic respiratory disease services and guidelines, trained staff, and equipment

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 2022

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[1]	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities offering services for chronic respiratory diseases that have:			Equipment			Number of facilities offering services for chronic respiratory diseases (weighted)	Number of facilities offering services for chronic respiratory diseases (unweighted)
					Guidelines for diagnosis and management of chronic respiratory diseases	Trained staff (last 24 months)[2]	Trained staff (ever)[3]	Stethoscope[4]	Peak flow meter[5]	Spacers for inhalers		
Facility type												
District and upazila public facilities	**80.7**	**88.7**	**41**	**319**	**22.1**	**57.2**	**75.9**	**95.7**	**6.0**	**9.5**	**36**	**260**
DH	91.9	98.4	4	62	9.8	36.1	78.7	96.7	4.9	9.8	4	61
MCWC	33.7	45.9	7	100	6.4	0.0	23.8	95.7	2.1	2.1	3	46
UHC	90.5	97.7	30	157	25.7	66.9	81.4	95.6	6.6	10.4	29	153
Union-level public facilities	**29.8**	**47.6**	**310**	**434**	**5.0**	**10.4**	**32.7**	**97.9**	**0.4**	**2.0**	**147**	**220**
UHFWC	22.1	39.2	225	293	4.8	4.9	22.8	99.4	0.6	0.0	88	115
USC/RD	50.3	70.0	85	141	5.4	18.6	47.5	95.6	0.0	5.1	59	105
Community clinic (CC)	**24.5**	**50.0**	**994**	**488**	**17.0**	**19.0**	**49.9**	**87.4**	**0.0**	**0.0**	**497**	**241**
NGO clinic/hospital	**45.6**	**63.9**	**29**	**127**	**9.6**	**17.2**	**23.5**	**94.7**	**11.4**	**10.4**	**19**	**83**
Private hospital	**60.4**	**66.0**	**183**	**189**	**2.5**	**10.8**	**26.7**	**98.5**	**23.9**	**24.5**	**121**	**134**
Location												
Urban	60.3	68.0	235	514	5.8	17.5	33.6	98.2	20.3	21.3	160	380
Rural	26.6	49.9	1,322	1,043	14.5	18.0	46.5	89.9	0.2	0.6	660	558
Division												
Barishal	18.8	34.8	112	152	14.3	26.3	49.5	90.3	2.0	1.1	39	80
Chattogram	33	54.2	291	244	13.2	19.6	43.1	93.2	6.1	10.4	157	150
Dhaka	24.8	52.1	318	264	7.0	14.1	32.8	93.5	7.0	7.3	165	156
Khulna	23.2	46.1	210	208	11.3	22.8	55.5	96.1	1.9	0.3	97	120
Rajshahi	41	57.6	214	212	14.3	11.7	45.7	90.7	3.2	2.9	123	132
Rangpur	43.8	62.9	193	190	13.4	15.7	42.6	89.3	1.7	1.4	122	126
Sylhet	31.8	44.3	99	136	12.0	33.1	53.2	85.6	5.0	5.4	44	71
Mymensingh	37.3	60.1	122	151	23.0	16.9	46.6	86.2	2.5	1.8	73	103
Total	31.7	52.7	1,557	1,557	12.8	17.9	43.9	91.5	4.1	4.6	820	938
Total excluding CCs	*44.3*	*57.4*	*563*	*1,069*	*6.3*	*16.2*	*34.9*	*97.7*	*10.4*	*11.8*	*323*	*697*
Total public	*27.5*	*50.6*	*1,345*	*1,241*	*14.7*	*19.2*	*47.6*	*90.1*	*0.4*	*1.0*	*680*	*721*
Total public excluding	*35.8*	*52.4*	*351*	*753*	*8.4*	*19.7*	*41.3*	*97.5*	*1.5*	*3.5*	*183*	*480*

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with respiratory disease.
[2] 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.
[3] 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.
[4] Functioning stethoscope available at the service site on the day of the survey.
[5] Functioning peak flow meter available at the service site on the day of the survey.

Table 8.6: Availability of essential medicines and commodities for chronic respiratory diseases

Among facilities offering both diagnosis and treatment 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 2022

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 (weighted)	Number of facilities offering both diagnosis and treatment services for chronic respiratory diseases (unweighted)
	Salbutamol inhaler or tablets	Beclometh-asone inhaler	Prednisolone tablets	Hydro-cortisone injection	Injectable epinephrine	Oxygen[1]		
Facility type								
District and upazila public facilities	**89.6**	**7.7**	**19.3**	**78.3**	**9.6**	**53.2**	**33**	**233**
DH	71.9	10.5	29.8	73.7	7.0	49.1	4	57
MCWC	87.8	0.0	0.0	14.9	2.9	49.9	2	34
UHC	92.5	8.0	19.4	84.8	10.5	54.1	27	142
Union-level public facilities	**81.6**	**0.0**	**1.9**	**5.3**	**0.0**	**21.0**	**92**	**142**
UHFWC	88.1	0.0	2.8	4.0	0.0	27.2	50	68
USC/RD	74.0	0.0	0.9	6.8	0.0	13.8	42	74
Community clinic (CC)	**95.8**	**0.0**	**0.7**	**0.0**	**0.0**	**0.9**	**243**	**119**
NGO clinic/hospital	**21.1**	**2.8**	**7.2**	**29.6**	**3.4**	**34.1**	**13**	**63**
Private hospital	**42.7**	**18.8**	**40.1**	**55.3**	**13.5**	**75.5**	**112**	**125**
Location								
Urban	48.3	15.0	33.4	55.2	12.2	67.5	142	334
Rural	91.2	0.7	2.2	5.1	0.4	9.0	351	348
Division								
Barishal	79.6	5.7	21.5	31.0	3.7	33.7	21	63
Chattogram	84.7	4.8	17.2	27.2	3.8	37.0	96	113
Dhaka	76.9	13.6	24.1	32.9	11.8	41.0	79	90
Khulna	57.4	3.7	9.1	15.5	0.4	20.2	49	76
Rajshahi	78.5	1.7	4.7	16.3	2.5	19.3	87	105
Rangpur	79.3	1.4	1.0	9.1	0.9	16.2	85	101
Sylhet	84.9	5.8	12.5	9.0	3.3	16.8	31	56
Mymensingh	87.9	2.3	4.4	11.9	1.4	15.0	45	78
Total	78.8	4.8	11.2	19.5	3.8	25.8	493	682
Total excluding CCs	*62.3*	*9.5*	*21.5*	*38.5*	*7.4*	*50.1*	*250*	*563*
Total public	*91.7*	*0.7*	*2.7*	*8.4*	*0.9*	*10.6*	*368*	*494*
Total public excluding CCs	*83.7*	*2.1*	*6.5*	*24.7*	*2.5*	*29.5*	*125*	*375*

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 the WHO and USAID (2012).
[1] 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 2022

Background characteristic	Percentage of facilities offering both diagnosis and treatment services for hypertension	Percentage of facilities offering any services for hypertension[1]	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities offering services for hypertension that have:			Equipment			Number of facilities offering services for hypertension (weighted)	Number of facilities offering services for hypertension (unweighted)
					Guidelines for diagnosis and management of hypertension	Trained staff (last 24 months)[2]	Trained staff (ever)[3]	Stethoscope[4]	Blood pressure apparatus[5]	Adult weighing scale		
Facility type												
District and upazila public facilities	**81.3**	**90.7**	**41**	**319**	**32.8**	**67.1**	**81.9**	**95.0**	**96.4**	**81.0**	**37**	**269**
DH	91.9	96.8	4	62	13.3	43.3	86.7	96.7	91.7	75.0	4	60
MCWC	30.7	54.0	7	100	5.5	3.7	27.2	96.4	98.2	90.7	4	54
UHC	92.0	98.8	30	157	39.3	78.9	88.5	94.6	96.8	80.6	29	155
Union-level public facilities	**24.1**	**50.2**	**310**	**434**	**5.4**	**10.5**	**28.2**	**98.4**	**95.6**	**80.8**	**156**	**230**
UHFWC	11.5	42.6	225	293	4.4	3.8	17.3	99.5	97.2	91.7	96	124
USC/RD	57.4	70.4	85	141	7.0	21.3	45.8	96.8	93.1	63.2	60	106
Community clinic (CC)	**3.8**	**53.4**	**994**	**488**	**19.6**	**19.5**	**47.1**	**88.7**	**85.4**	**85.7**	**531**	**258**
NGO clinic/hospital	**65.1**	**75.4**	**29**	**127**	**11.6**	**10.3**	**16.3**	**95.5**	**92.8**	**97.9**	**22**	**98**
Private hospital	**64.6**	**69.5**	**183**	**189**	**3.1**	**8.2**	**24.4**	**98.6**	**99.8**	**93.4**	**127**	**139**
Location												
Urban	65.5	72.1	235	514	7.8	15.7	31.7	98.1	98.2	92.1	170	404
Rural	9.8	53.2	1,322	1,043	16.8	18.6	43.5	90.9	88.0	84.6	703	590
Division												
Barishal	13.5	38.6	111	152	13.6	24.8	44.6	82.9	70.6	80.3	43	84
Chattogram	24.6	60.1	291	244	15.5	21.7	45.4	92.9	91.8	84.3	175	165
Dhaka	20.8	57.6	318	264	11.5	15.5	31.6	92.8	89.2	89.3	183	170
Khulna	14.5	50.7	210	208	12.5	23.4	43.0	96.4	90.0	87.0	106	127
Rajshahi	15.9	59.9	214	212	17.7	9.2	43.8	94.4	93.5	87.2	128	138
Rangpur	13.6	57.8	193	190	8.4	15.7	43.7	92.2	89.5	89.2	112	123
Sylhet	19.6	48.1	99	136	22.7	36.5	53.4	86.4	96.6	76.2	48	80
Mymensingh	17.0	64.2	122	151	26.9	11.1	34.5	89.4	88.9	84.1	78	107
Total	18.2	56.0	1,557	1,557	15.0	18	41.2	92.3	89.9	86.1	873	994
Total excluding CCs	*43.6*	*60.7*	*563*	*1,069*	*8.0*	*15.9*	*31.9*	*97.9*	*97.0*	*86.6*	*342*	*736*
Total public	*10.9*	*53.8*	*1,345*	*1,241*	*17.2*	*20.0*	*44.9*	*91.1*	*88.1*	*84.4*	*724*	*757*
Total public excluding CCs	*30.8*	*55.0*	*351*	*753*	*10.8*	*21.5*	*38.7*	*97.8*	*95.7*	*80.8*	*193*	*499*

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with hypertension.
[2] 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.
[3] 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.
[4] Functioning stethoscope available at the service site on the day of the survey.
[5] Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope available at the service site on the day of the survey.

Table 8.8: Availability of essential medicines and commodities for hypertension

Among facilities offering both diagnosis and treatment 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 2022

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 (weighted)	Number of facilities offering both diagnosis and treatment services for hypertension (unweighted)
	ACE inhibitors (enalapril)	Thiazide	Angiotensin receptor blockers (losartan)	Calcium channe blockers (amlodipine/ nifedipine)		
Facility type						
District and upazila public facilities	**1.9**	**25.8**	**84.4**	**66.3**	**33**	**233**
DH	3.5	10.5	87.7	70.2	4	57
MCWC	0.0	0.0	3.0	0.0	2	31
UHC	1.9	30.1	90.5	71.1	27	145
Union-level public facilities	**0.0**	**3.4**	**29.0**	**24.5**	**75**	**120**
UHFWC	0.0	0.0	0.0	0.0	26	35
USC/RD	0.0	5.3	44.5	37.6	49	85
Community clinic (CC)	**0.0**	**0.0**	**0.0**	**0.0**	**38**	**19**
NGO clinic/hospital	**0.5**	**2.9**	**20.1**	**37.9**	**19**	**85**
Private hospital	**5.5**	**14.5**	**48.3**	**53.7**	**118**	**130**
Location						
Urban	4.4	13.8	49.4	54.4	154	362
Rural	0.4	5.9	26.9	21.2	129	225
Division						
Barishal	4.5	15.4	45.6	39.4	15	56
Chattogram	0.1	8.8	47.7	46.1	72	108
Dhaka	4.9	15.9	43.7	54.1	66	91
Khulna	0.0	7.2	30.9	28.7	30	73
Rajshahi	6.0	8.3	36.4	27.1	34	75
Rangpur	1.7	4.0	22.3	21.7	26	70
Sylhet	1.6	12.6	32.7	29.5	19	50
Mymensingh	2.1	6.1	34.4	35.1	21	64
Total	2.5	10.2	39.2	39.2	283	587
Total excluding CCs	*2.9*	*11.8*	*45.2*	*45.3*	*245*	*568*
Total public	*0.4*	*7.7*	*34.2*	*27.8*	*146*	*372*
Total public excluding CCs	*0.6*	*10.4*	*46.2*	*37.5*	*108*	*353*

Table 8.9: Availability of cervical cancer diagnosis/screening services and guidelines, trained staff, and equipment

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 2022

Background characteristic	Percentage of facilities offering diagnosis/ screening services for cervical cancer[1]	Number of facilities (weighted)	Number of facilities (unweighted)	Percentage of facilities offering diagnosis/screening services for cervical cancer that have:		Equipment	Number of facilities offering diagnosis/ screening services for cervical cancer (weighted)	Number of facilities offering diagnosis/ screening services for cervical cancer (unweighted)
				Guidelines for screening of cervical cancer	Trained staff[2]	Speculum		
Facility type								
District and upazila public facilities	**78.4**	**41**	**319**	**41.3**	**49.2**	**97.1**	**33**	**223**
DH	85.5	4	62	47.2	45.3	98.1	4	53
MCWC	29.5	7	100	29.9	16.5	100.0	2	30
UHC	89.3	30	157	41.4	52.4	96.7	27	140
Union-level public facilities	**1.2**	**310**	**434**	**18.3**	**18.3**	**100.0**	**3**	**6**
UHFWC	0.6	225	293	0.0	0.0	100.0	2	2
USC/RD	2.9	85	141	28.9	28.9	100.0	1	4
Community clinic (CC)	**1.9**	**994**	**488**	**0.0**	**55.7**	**8.0**	**19**	**9**
NGO clinic/hospital	**20.6**	**29**	**127**	**30.3**	**37.2**	**67.7**	**6**	**26**
Private hospital	**9.7**	**183**	**189**	**20.3**	**26.2**	**97.2**	**18**	**18**
Location								
Urban	18.1	239	514	30.1	38.0	94.2	43	195
Rural	2.7	1,318	1,043	18.4	49.2	49.6	36	87
Division								
Barishal	3.5	111	152	25.0	38.5	100.0	4	25
Chattogram	6.0	291	244	30.5	44.3	69.4	17	52
Dhaka	7.6	318	264	26.5	37.7	78.0	24	55
Khulna	2.9	210	208	16.0	48.5	58.1	6	31
Rajshahi	3.3	122	212	22.5	39.7	97.1	7	34
Rangpur	4.9	214	190	23.6	50.8	53.0	10	39
Sylhet	6.9	193	136	12.9	40.8	88.6	7	27
Mymensingh	3.4	99	151	28.7	59.5	47.3	4	19
Total	5.1	1,557	1,557	24.7	43.2	73.7	79	282
Total excluding CCs	*10.6*	*563*	*1,069*	*32.5*	*39.2*	*94.4*	*60*	*273*
Total public	*4.1*	*1,345*	*1,241*	*25.6*	*49.3*	*66.8*	*55*	*238*
Total public excluding CCs	*10.3*	*351*	*753*	*38.8*	*45.9*	*97.4*	*36*	*229*

[1] Providers in the facility diagnose/screen for cervical cancer.
[2] At least one interviewed provider of cervical cancer diagnosis/screening disease 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.

TUBERCULOSIS 9

Key Findings

- One in four of the public facilities (24%) provides tuberculosis (TB) diagnostic, treatment, and/or treatment follow-up services (**Table 9.1** and **Figure 9.1**).
- TB services are available in almost all DHs (92%) and UHCs (99%). About a quarter of private hospitals (23%) and a small percentage of NGO facilities (3%) offer TB services (**Table 9.1** and **Figure 9.1**).
- The availability of TB services in public facilities has notably increased (from 7% to 24%) between 2017 and 2022. This can be due to the sharp increment in the availability of TB service in CCs (surging from 4% to 25%) and USC/RDs (rising from 8% to 29%) **(Table 9.1** and **Figure 9.1**).
- Among facilities offering any TB services, the majority of DHs (79%) and UHCs (77%) have any guidelines for TB services. However, only 1% of private hospitals have guidelines for TB services (**Table 9.3** and **Figure 9.2**).
- Three out of five public facilities (61%) offering any TB service have at least one staff member who has ever received in-service training on TB. Nearly half of the private hospitals (44%) and a quarter of the NGOs (26%) offering TB services have staff ever trained on TB (**Table 9.3** and **Figure 9.3**).
- About six in ten DHs (58%) and UHCs (57%) that provide any TB services have the capacity to perform TB diagnostic smear microscopy on the day of the survey. However, among public facilities offering the service, only 6% have TB smear microscopy diagnostic capacity (**Table 9.3** and **Figure 9.4**).
- Among facilities offering any TB service, four in five DHs (83%), private hospitals (78%), and around half (46%) of the UHCs have TB X-ray machines (**Table 9.2**).
- The majority of DHs (72%), UHCs (95%), and almost half of USC/RDs (43%) that offer any TB services have first-line medicines for treating TB. However, first-line TB medications are available in 2% of private facilities (**Table 9.3** and **Figure 9.5**).
- The availability of first-line TB treatment in public facilities has dropped by more than half from 41% in 2017 to 16% in 2022 (**Table 9.3** and **Figure 9.5**).
- The average readiness score of total public health facilities (excluding CCs) for providing TB services is 1.8 out of 4. This score is relatively higher at DHs (3.0) and UHCs (3.1) (**Table 9.3** and **Figure 9.6**)**.**

9.1 BACKGROUND

Bangladesh is identified as one of the 30 high-burden countries for tuberculosis (TB) according to the World Health Organization (WHO). The estimated incidence rate for all forms of TB in Bangladesh is 221 per 100,000 population, as per the WHO Global Tuberculosis Report 2022, with a case notification rate of 181 per 100,000 population. In 2021, the estimated number of incident cases of multidrug-resistant TB (MDR-TB)/rifampicin-resistant TB (RR-TB) in Bangladesh was 4.5 thousand per year. The trend in the estimated absolute number (in thousands) of TB deaths (including both HIV-positive and HIV-negative TB) in Bangladesh has shown a decline, decreasing from 92,000 deaths in 2000 to 43,000 in 2021.

The effort to combat TB was integrated into the Millennium Development Goals (MDGs), and in the Sustainable Development Goals (SDGs), it has been positioned within health-related targets to mitigate the TB epidemic (United Nations n.d.). The target set is to reduce TB incidence by 90% and TB-related deaths by 95%, by the year 2035 compared to the levels in 2015 (WHO Tuberculosis Fact Sheet 2016).

The Mycobacterium Disease Control (MBDC) unit, under the DGHS and a part of the Bangladesh MOHFW, is responsible for overseeing the National Tuberculosis Control Program (NTP). Collaborating with 44 national and international NGOs, the MBDC implements the NTP. The primary development partners in TB initiatives in Bangladesh are the Global Fund, USAID, and WHO. These partners provide support to the Bangladesh government through various implementing agencies, including the Bangladesh Rural Development Committee (BRAC); icddr,b; the Damien Foundation; and Management Science for Health (MSH). Each organization fulfills distinct roles in the overall process—BRAC, for instance, supports TB service delivery through directly observed treatment, short-course (DOTS) centers.

Through 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 UHCs and DHs, 44 chest disease clinics, 8 chest disease hospitals linked to these clinics, 4 divisional chest disease hospitals, DOTS centers within public and private medical college hospitals, workplaces, prisons, combined military hospitals, and other defense hospitals run by Border Guard Bangladesh (BDR), the Bangladesh Police, and the Bangladesh Ansar (Bangladesh Bureau of Statistics et al. 2016). 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 facilities or 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 1,145 microscopy centers and 230 GeneXpert machines in operation under NTP to detect and confirm TB cases (National Strategic Plan for TB Control 2021–2025).

The DOTS strategy was introduced by the NTP in 1993, and in 2014, the MOHFW mandated the notification of TB. The NTP has been actively implementing the Stop TB Strategy since 2006 (Annual TB Report of 2017). DOTS services have been accessible in all UHCs since 1998, and a 100% DOTS coverage milestone was achieved in 2007 (Annual TB Report 2017). The DOTS strategy encompasses the following:

- 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 secondary and primary health care facilities in Bangladesh 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 9.1–9.2** and **Figures 9.1–9.5** 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 **Figure 9.6** provides information on availability of the WHO-recommended items/tracer indicators necessary to offer quality TB services.

9.2 AVAILABILITY OF TB SERVICES

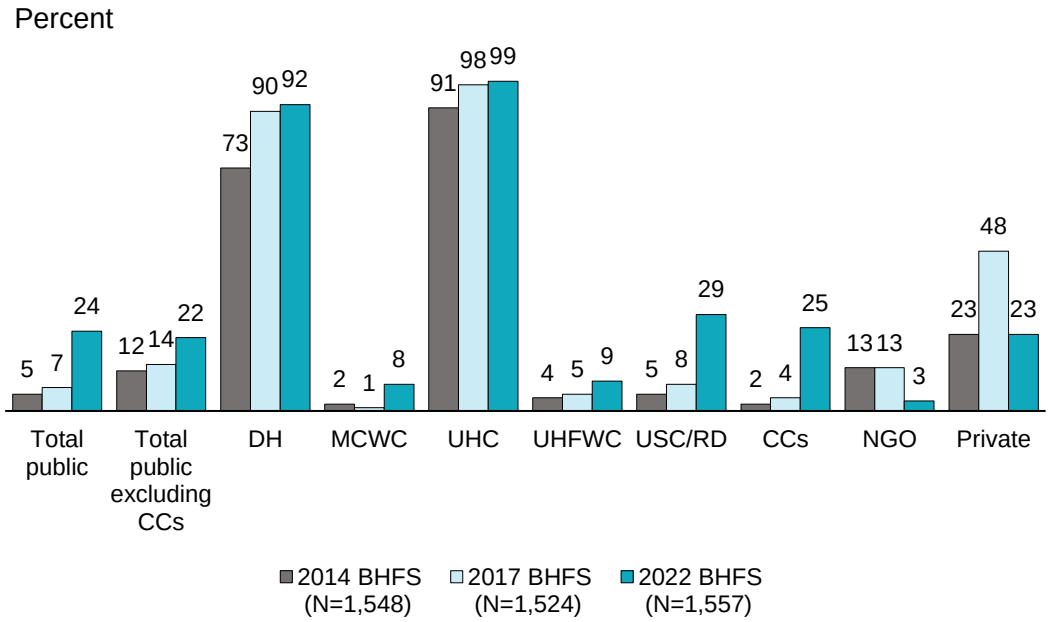
9.2.1 Service Provision

Achieving effective control of TB demands collaborative endeavors across all tiers. **Table 9.1** and **Figure 9.1** present data sourced from the 2022 BHFS, highlighting various essential indicators assessing the readiness of primary and secondary health facilities providing TB diagnostic, treatment, and follow-up services.

Availability of TB Services

- Nearly one-fourth (24%) of all public health facilities offer TB diagnostic, treatment, and follow-up services **(Table 9.1** and **Figure 9.1)**.
- Among the public sectors, DHs and UHCs have higher availability than other facility types to provide TB services. Almost all DHs (92%) and UHCs (99%) offer TB diagnostic, treatment, and/or treatment follow-up services **(Table 9.1** and **Figure 9.1)**.
- Only one-fourth of the CCs (25%), 23% of private hospitals, and a small proportion of NGO facilities (3%) are offering TB services **(Table 9.1** and **Figure 9.1)**.
- Despite not being specifically assigned for TB services, 14% of union-level facilities (9% of UHFWCs and 29% of USC/RDs) offer TB services **(Table 9.1** and **Figure 9.1)**.

Figure 9.1 **Availability of TB services (TB diagnostic, treatment, and/or treatment follow-up services), by facility type**



- Mymensingh (34%), Dhaka (28%), and Rajshahi (25%) divisions have higher percentages of facilities providing TB services compared to other divisions **(Table 9.1)**.
- Fourteen percent of all public health facilities (7% when excluding CCs) provide referrals for TB diagnosis **(Table 9.1)**.
- TB diagnostic services are available in 21% of public health facilities (excluding CCs). DHs (90%) and UHCs (98%) are the main providers of diagnostic services. Some of the USC/RDs (27%) and private hospitals (23%) also provide diagnostic services **(Table 9.1)**.
- TB treatment and/or treatment follow-up services are offered by 13% of public health facilities (excluding CCs). The availability is higher in DHs (77%) and UHCs (93%) compared to the other facilities. Only 2% of private hospitals provide these services. TB treatment or treatment follow-up services are not available at all in NGOs **(Table 9.1)**.

Guidelines

Guidelines for diagnosis and treatment of TB:

- National guidelines for TB diagnosis and treatment are expected at all TB service sites. TB diagnosis and treatment guidelines are available in 41% of health facilities offering any TB services (excluding CCs). The percentage of facilities with TB diagnosis and treatment guidelines available is 77% for DHs and 75% for UHCs in 2022. However, only 13% of NGO facilities and 1% of private facilities have TB diagnosis and treatment guidelines **(Table 9.1)**.

Guidelines for multidrug-resistant TB (MDR-TB):

- MDR-TB diagnosis and treatment guidelines are available in 27% of public facilities offering TB services (excluding CCs). Less than half of DHs (44%) and six in ten UHCs (58%) have MDR-TB diagnosis and treatment guidelines in 2022. However, the availability of MDR-TB guidelines is lower in NGOs (13%) and private (1%) facilities **(Table 9.1)**.

Guidelines for HIV and TB co-infection management:

- In general, HIV and TB co-infection management guidelines are available in only about one-fifth (21%) of the public facilities (excluding CCs) offering TB services. These *guidelines are present in nearly four in ten DHs and UHCs; however, only 13% of the NGO clinics and 1% of the private hospitals have guidelines for managing HIV and TB co-infection (***Table 9.1***)*.

Guidelines for TB infection control:

- Overall, 10% public facilities (excluding CCs) offering any TB services had TB infection control guidelines available at the time of the survey visit.

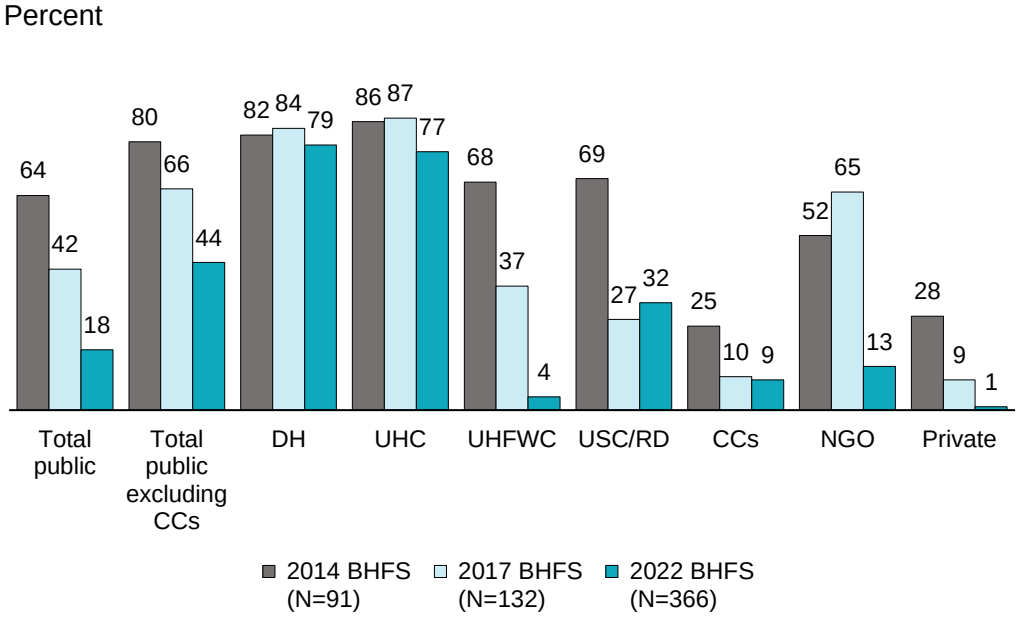
- Fourteen percent of the DHs, 16% of UHCs, 39% of NGO facilities, and 8% of private facilities have TB infection control guidelines in 2022 **(Table 9.1)**.

Availability of any guidelines for TB services:

- Nearly half of the public facilities excluding CCs (44%) have any guidelines for TB services in 2022. Most of the DHs (79%) and UHCs (77%) and around one-third of the USC/RDs (32%) offering TB services have any guidelines on TB services **(Table 9.3** and **Figure 9.2)**.

- The availability of TB guidelines is lower in UHFWCs (4%), CCs (9%), NGOs (13%), and private facilities (1%) **(Figure 9.2)**.

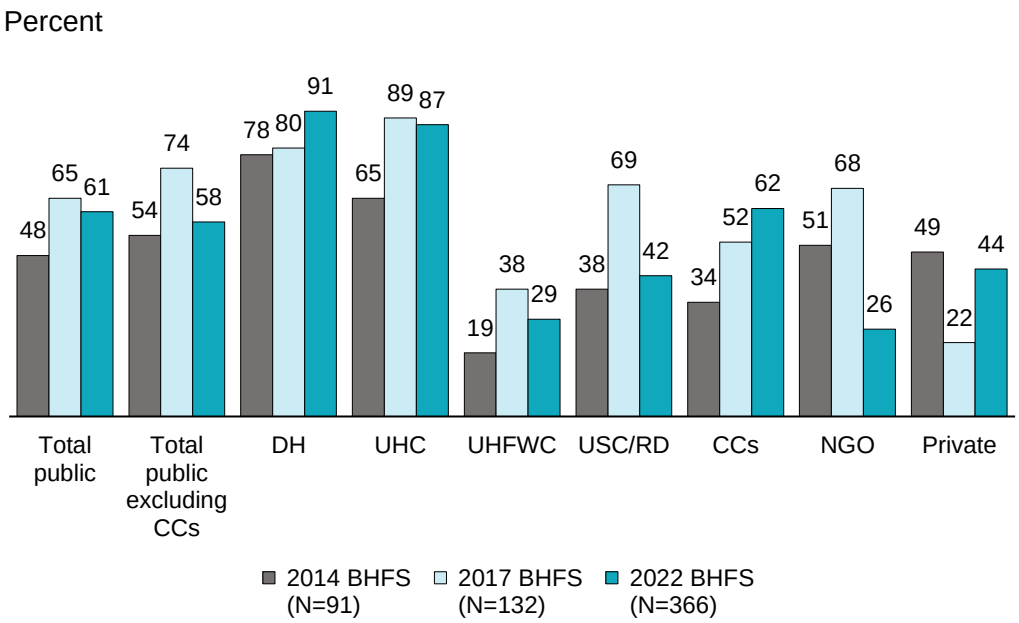
Figure 9.2 **Availability of any guideline for TB services, by facility type**



Trained Staff

- Nearly one-third of public facilities (31%) offering TB services have at least one provider trained in TB services within the previous 24 months **(Table 9.1)**. However, 6 in 10 public facilities (61%) offering TB services have staff trained at any time (**Table 9.3** and **Figure 9.3)**.
- The majority of the DHs (61%) and UHCs (54%) have staff trained recently (within 24 months) in TB services **(Table 9.1)**.
- Recently trained staff (within 24 months preceding the survey) are present in over one-quarter of the NGOs (26%) and one in five private facilities (19%) (**Table 9.1**).
- Around nine in ten DHs (91%) and UHCs (87%) have staff trained at any time in TB services. Moreover, 36% percent of the union-level facilities, 62% of CCs, and 26% of the NGO facilities have ever-trained staff (**Table 9.3** and **Figure 9.3**).
- The availability of staff trained at any time in TB services in private hospitals has sharply increased from 22% in 2017 to 44% in 2022 **(Table 9.3** and **Figure 9.3)**.

Figure 9.3 **Availability of staff trained at any time for TB services, by facility type**



9.2.2 Availability of Diagnostic Capacity and Medicines for TB Treatment

There are two types of TB: pulmonary TB (impacting the lungs) and extrapulmonary TB (affecting other body parts alongside the lungs). The primary focus of TB control services lies in identifying and effectively treating individuals with pulmonary TB. The most efficient and cost-effective method for screening pulmonary TB is through sputum microscopy using the Ziehl-Neelsen method. Additionally, sputum examination stands out as the most dependable means of diagnosing pulmonary TB. The 2022 BHFS evaluated the availability of TB diagnostic capabilities and medications for TB treatment in facilities providing any TB services. The findings from these evaluations are presented in **Table 9.2**.

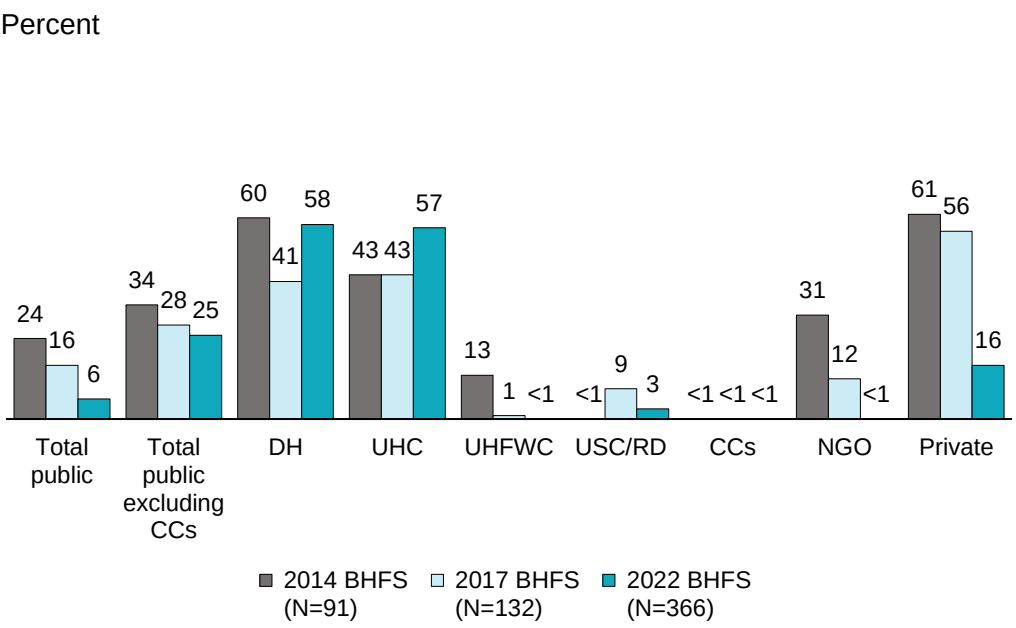
Diagnostic Capacity

Early case detection is critical for TB control. The National Tuberculosis Control Program (NTP) has increased the number of TB service facilities with adequate diagnostic tools and equipment in recent years. Different types of diagnostic tools for TB include: microscopy examination of a patient's sputum (the most common and cost-effective), chest X-ray (radiological examination of the lungs), Gene Xpert, tuberculin skin tests (Mantoux tuberculin skin test), cultures of TB bacilli, molecular tests, fine needle aspiration cytology (FNAC), and biopsies.

In the 2022 BHFS, the assessment of TB diagnosis capacity or diagnosis of smear microscopy services included an observed functioning microscope, slides, and stains for Ziehl-Neelson tests or a fluorescence-LED microscope with all required stains.

- Considering the overall availability of TB diagnostic services, diagnostic smear microscopy is available in 25% of all public facilities (excluding CCs) offering TB services (**Table 9.2** and **Figure 9.4**).
- Between 2017 and 2022, the availability of TB diagnostic smear microscopies increased in DHs (41% to 58%) and UHCs (43% to 57%). Conversely, availability declined in NGO facilities and private hospitals (**Table 9.2** and **Figure 9.4**).

Figure 9.4 **Availability of TB microscopy in health facilities, by facility type**



- Among facilities offering any TB services, TB rapid diagnostic test kits are available in 19% of the public facilities (excluding CCs). The kits are observed in 32% of DHs, 45% of UHCs, and 7% of private hospitals in 2022 **(Table 9.2)**.
- TB X-ray equipment is available in 22% of the public facilities (excluding CCs) that offer any TB services. Eighty-three percent of DHs, 46% of UHCs and 78% of private hospitals have the capacity to conduct TB X-rays, among facilities that offer any TB services **(Table 9.2)**.

- Union and lower-level health facilities that offer any TB services lack the capacity to provide most of the TB diagnostic services **(Table 9.2)**.

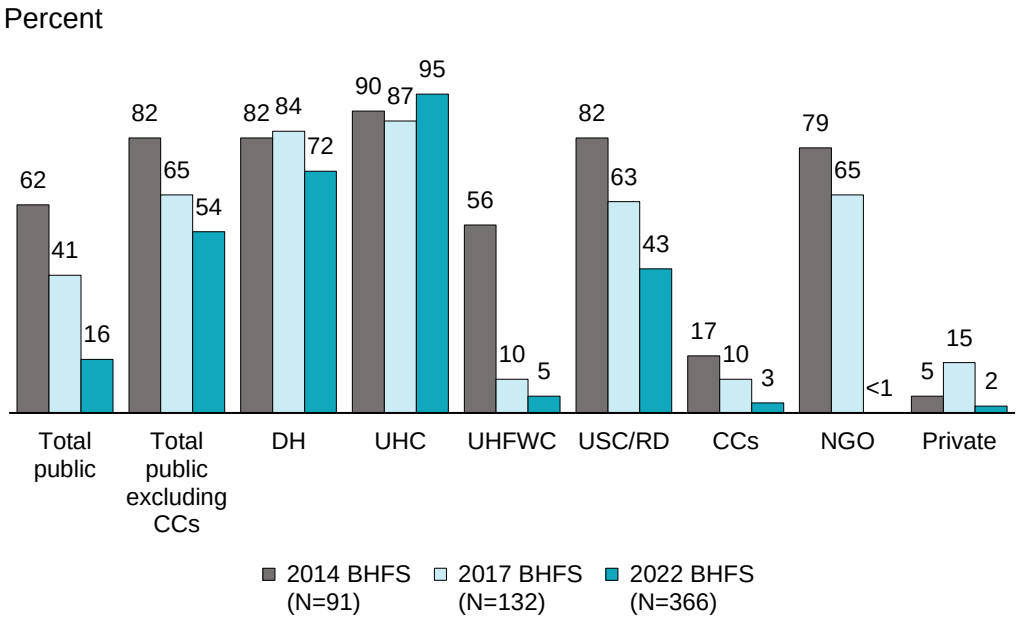
Medicine

- More than half (54%) of the public facilities (excluding CCs) offering TB services had first-line treatment medications available on the day of survey (**Table 9.2** and **Figure 9.5**).

- First-line TB medications were observed in 72% of DHs and 95% of UHCs that offer any TB services on the day of survey. However, only 3% of CCs and less than 1% of the NGO facilities have first-line TB medication available in 2022 (**Table 9.2** and **Figure 9.5**).

- Among facilities offering any TB services, injectable streptomycin is available in some of the DHs (4%), UHCs (3%), and private hospitals/clinics (1%) (**Table 9.2**).

Figure 9.5 **Availability of first-line TB medications in health facilities, by facility type**



9.3 READINESS OF HEALTH FACILITIES TO PROVIDE TB SERVICES

The 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 2022 BHFS are used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO measures. The measures include the following four items/tracer indicators:

- **Guidelines:**
  - Any guidelines for TB (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)

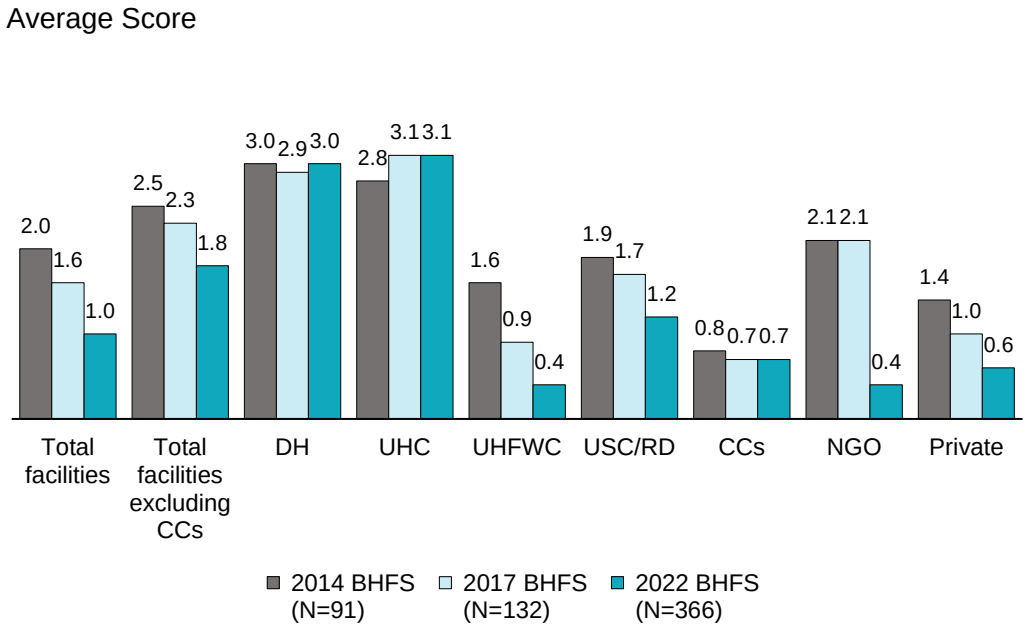
- **Trained staff:**
  - At least one provider ever receiving in-service training on TB
- **Diagnostic capacity:**
  - TB microscopy
- **Medicines:**
  - First-line TB medicines

Average Readiness Score of the Health Facilities

The readiness scores are presented on a scale of 0–4, indicating the facility's preparedness to provide TB services. The lower scores in 2022 suggest a potential decrease in readiness compared to previous years**.**

- Among public health facilities (excluding CCs), the average readiness score for providing TB services is 1.8 in 2022 **(Table 9.2** and **Figure 9.6)**.
- DHs (3.0) and UHCs (3.1) maintained a comparatively higher level of readiness than the other facilities. However, the readiness scores declined in UHFWCs, USC/RDs, NGOs, and private facilities. The average readiness score of CCs has remained unchanged (<1.0) since 2017 **(Figure 9.6)**.

Figure 9.6 **Average readiness score (out of 4) of health facilities for providing TB services**



TUBERCULOSIS 9

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- **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 2022

	Percentage of all facilities offering:							Percentage of facilities offering any TB services that have guidelines for:						
Background characteristic	Any referral for TB diagnosis[1]	Any TB diagnostic services[2]	Any TB diagnostic or referral services	Any TB treatment and/or treatment follow-up services[3]	Any TB diagnostic, treatment, and/or treatment follow-up services	Number of facilities (weighted)	Number of facilities (unweighted)	Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Manage-ment of HIV and TB co-infection	TB infection control	Trained staff[4]	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services (weighted)	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services (unweighted)
Facility type														
District and upazila public facilities	**32.3**	**81.5**	**82.0**	**75.3**	**82.2**	**41**	**319**	**74.0**	**55.5**	**39.1**	**16.3**	**54.2**	**34**	**220**
DH	45.2	90.3	91.9	77.4	91.9	4	62	77.2	43.9	40.4	14.0	61.4	4	57
MCWC	0.0	7.9	7.9	0.0	7.9	7	100	-	-	-	-	-	-	-
UHC	38.2	98.1	98.6	93.3	98.8	30	157	75.0	58.2	39.7	16.4	54.0	29	155
Union-level public facilities	**3.7**	**13.3**	**14.2**	**4.3**	**14.2**	**310**	**434**	**16.4**	**5.1**	**6.5**	**4.5**	**4.0**	**44**	**65**
UHFWC	1.6	8.1	9.0	1.2	8.5	225	293	4.0	0.0	4.0	10.4	0.0	19	23
USC/RD	9.3	26.8	27.9	12.6	29.3	85	141	25.9	9.0	8.4	0.0	7.0	25	42
Community clinic (CC)	**17.0**	**22.0**	**31.4**	**4.7**	**24.5**	**994**	**488**	**6.6**	**1.5**	**2.3**	**9.5**	**32.4**	**244**	**119**
NGO clinic/hospital	**0.8**	**2.7**	**3.1**	**0.0**	**2.7**	**29**	**127**	**13.2**	**13.2**	**13.2**	**39.3**	**26.1**	**1**	**4**
Private hospital	**2.7**	**23.4**	**23.4**	**1.6**	**23.4**	**183**	**189**	**0.9**	**0.9**	**0.9**	**8.4**	**19.2**	**43**	**48**
Location														
Urban	6.2	28.0	28.1	9.0	28.0	235	514	26.8	17.9	12.7	11.5	28.6	66	197
Rural	14.0	20.5	27.8	5.5	22.7	1,322	1,043	10.4	4.5	4.6	9.0	29.6	300	259
Division														
Barishal	8.0	16.4	20.3	6.9	16.4	111	152	30.0	8.3	5.2	4.8	25.8	18	40
Chattogram	9.3	21.1	25.3	4.8	21.8	291	244	12.6	6.3	8.1	18.2	25.1	64	71
Dhaka	14.0	24.0	30.2	7.5	28.0	317	264	11.5	4.7	4.0	11.0	32.2	89	89
Khulna	10.7	20.7	26.9	2.9	21.6	210	208	6.9	8.6	8.0	1.5	13.3	45	59
Rajshahi	18.3	24.4	34.4	5.3	25.4	214	212	19.3	5.9	3.1	1.1	34.0	54	59
Rangpur	9.4	17.8	21.2	4.9	19.0	193	190	13.2	7.2	7.2	7.5	29.8	37	52
Sylhet	12.0	17.5	25.7	2.9	17.5	99	136	23.7	11.3	15.4	13.6	20.8	17	36
Mymensingh	22.4	28.2	37.1	15.2	34.1	122	151	6.3	9.4	5.0	14.3	46.7	42	50
Total	12.8	21.7	27.8	6.0	23.5	1,557	1,557	13.3	6.9	6.1	9.5	29.4	366	456
Total excluding CCs	*5.3*	*21.0*	*21.6*	*8.4*	*21.6*	*563*	*1,069*	*27.0*	*17.7*	*13.6*	*9.4*	*23.5*	*122*	*337*
Total public	*14.4*	*21.8*	*29.0*	*6.7*	*23.9*	*1,345*	*1,241*	*15.0*	*7.7*	*6.8*	*9.5*	*30.8*	*322*	*404*
Total public excluding CCs	*7.1*	*21.3*	*22.2*	*12.7*	*22.2*	*351*	*753*	*41.1*	*27.0*	*20.7*	*9.7*	*25.8*	*78*	*285*

Note: 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 the WHO and USAID (2012); MDR-TB = multidrug-resistant tuberculosis; "-" means facilities do not have provision of TB services.

[1] 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.

[2] 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.

[3] Facility reports that it adheres to one of the following TB treatment regimens or approaches: Directly observe for two months and follow up for four months; directly observe for six months; follow up clients only after the first two 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.

[4] 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 based on sputum tests using AFB smear microscopy; TB diagnosis based on clinical symptoms or TB diagnostic algorithm; treatment prescription for TB; treatment follow-up services for TB; direct observation treatment short-course (DOTS) strategy; management of HIV and TB co-infection; MDR-TB treatment and identification of need for referral. 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 2022

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 (weighted)	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services (unweighted)
	Microscope[1]	TB smear microscopy[2]	Culture medium[3]	TB rapid diagnostic test kits	TB X-ray	HIV diagnostic capacity[4]	System for diagnosing HIV among TB clients[5]	First-line treatment for TB[6]	Injectable streptomycin		
Facility type											
District and upazila public facilities	**87.0**	**55.7**	**2.2**	**42.7**	**49.9**	**32.0**	**52.6**	**90.5**	**2.6**	**34**	**220**
DH	96.5	57.9	1.8	31.6	82.5	36.8	36.8	71.9	3.5	4	57
MCWC	-	-	-	-	-	-	-	-	-	-	-
UHC	87.2	56.5	2.3	45.1	46.4	31.9	55.8	94.8	2.5	29	155
Union-level public facilities	**2.5**	**1.6**	**0.0**	**0.0**	**0.0**	**1.8**	**11.2**	**26.3**	**0.0**	**44**	**65**
UHFWC	0.0	0.0	0.0	0.0	0.0	0.0	8.5	4.5	0.0	19	23
USC/RD	4.4	2.8	0.0	0.0	0.0	3.2	13.3	43.0	0.0	25	**42**
Community clinic (CC)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**3.1**	**0.0**	**244**	**119**
NGO clinic/hospital	**59.5**	**0.0**	**0.0**	**0.0**	**0.0**	**13.2**	**13.2**	**0.0**	**0.0**	**1**	**4**
Private hospital	**95.3**	**16.2**	**3.2**	**7.0**	**78.3**	**34.4**	**9.0**	**1.6**	**0.9**	**43**	**48**
Location											
Urban	90.2	27.4	2.9	17.5	68.4	32.1	21.2	28.1	1.4	66	197
Rural	4.2	2.8	0.1	2.0	1.8	1.8	5.0	10.7	0.1	300	259
Division											
Barishal	20.6	10.0	0.4	8.8	10.7	2.7	3.4	25.4	1.3	18	40
Chattogram	28.4	11.5	2.5	5.6	22.6	10.0	15.0	13.5	0.4	64	71
Dhaka	23.2	6.0	0.5	3.4	15.9	11.1	7.2	13.1	0.1	89	89
Khulna	12.2	4.8	0.0	7.2	8.7	3.1	5.1	9.2	0.0	45	59
Rajshahi	16.6	6.9	0.0	3.0	12.5	5.1	5.7	8.8	0.0	54	59
Rangpur	14.9	7.7	0.0	4.8	8.5	6.8	9.3	18.0	1.0	37	52
Sylhet	29.3	11.2	0.0	8.8	21.4	14.3	12.3	16.0	1.8	17	36
Mymensingh	11.2	3.6	0.0	2.9	6.2	1.7	4.0	18.1	0.0	42	50
Total	19.7	7.3	0.6	4.8	13.8	7.3	8.0	13.9	0.3	366	456
Total excluding CCs	*59.2*	*21.8*	*1.7*	*14.4*	*41.5*	*21.8*	*22.0*	*35.3*	*1.0*	*122*	*337*
Total public	*9.5*	*6.1*	*0.2*	*4.5*	*5.3*	*3.6*	*7.8*	*15.5*	*0.3*	*322*	*404*
Total public excluding CCs	*39.3*	*25.2*	*1.0*	*18.6*	*21.7*	*14.9*	*29.2*	*54.2*	*1.1*	*78*	*285*

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); "-" means facilities do not have provision of TB services.

[1] Functioning light microscope or fluorescence-LED microscope available on the day of visit.

[2] Functioning microscopes, slides, and all stains for Ziehl-Neelsen 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.

[3] Solid or liquid culture medium (e.g., MGIT 960).

[4] HIV rapid diagnostic test kits available in TB service area.

[5] Record or register indicating TB clients who had been tested for HIV.

[6] 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, and the average readiness score, by background characteristics, Bangladesh HFS 2022

Background characteristic	Any guidelines for TB[1]	Trained staff at any time[2]	TB microscopy[3]	First-line TB medications[4]	Average readiness score (out of 4)[5]	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services (weighted)	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services (unweighted)
Facility type							
District and upazila public facilities	**75.7**	**86.2**	**55.7**	**90.5**	**3.1**	**34**	**220**
DH	78.9	91.2	57.9	71.9	3.0	4	57
MCWC	-	-	-	-	-	-	-
UHC	76.7	86.7	56.5	94.8	3.1	29	155
Union-level public facilities	**19.9**	**36.2**	**1.6**	**26.3**	**0.8**	**44**	**65**
UHFWC	4.0	28.7	0.0	4.5	0.4	19	23
USC/RD	32.1	42.0	2.8	43.0	1.2	25	42
Community clinic (CC)	**9.0**	**62.1**	**0.0**	**3.1**	**0.7**	**244**	**119**
NGO clinic/hospital	**13.2**	**26.1**	**0.0**	**0.0**	**0.4**	**1**	**4**
Private hospital	**0.9**	**43.5**	**16.2**	**1.6**	**0.6**	**43**	**48**
Location							
Urban	27.7	55.0	27.4	28.1	1.4	66	197
Rural	12.9	59.8	2.8	10.7	0.9	300	259
Division							
Barishal	30.9	64.1	10.0	25.4	1.3	18	40
Chattogram	17.4	47.2	11.5	13.5	0.9	64	71
Dhaka	11.6	65.2	6.0	13.1	1.0	89	89
Khulna	12.6	48.1	4.8	9.2	0.7	45	59
Rajshahi	19.3	66.8	6.9	8.8	1.0	54	59
Rangpur	13.2	57.4	7.7	18.0	1.0	37	52
Sylhet	23.7	45.0	11.2	16.0	1.0	17	36
Mymensingh	11.7	70.0	3.6	18.1	1.0	42	50
Total	15.6	59.0	7.3	13.9	1.0	366	456
Total excluding CCs	*28.7*	*52.7*	*21.8*	*35.3*	*1.4*	*122*	*337*
Total public	*17.5*	*61.1*	*6.1*	*15.5*	*1.0*	*322*	*404*
Total public excluding CCs	*44.2*	*58.0*	*25.2*	*54.2*	*1.8*	*78*	*285*

Note: "-" Means facilities do not have provision of TB services.

[1] 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.

[2] At least one interviewed provider of any of the following TB services reported receiving in-service training relevant to the particular TB service at any time: TB diagnosis based on sputum tests using AFB smear microscopy; TB diagnosis based on clinical symptoms or TB diagnostic algorithm; treatment prescription for TB; treatment follow-up services for TB; direct observation treatment short-course (DOTS) strategy; management of HIV and TB co-infection; MDR-TB treatment and identification of need for referral. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[3] Functioning microscopes, slides, and all stains for Ziehl-Neelsen 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.

[4] 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.

[5]Average readiness score is the average number of items (out of 4 items) available for providing TB diagnostic, treatment, and/or treatment follow-up services.

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PERSONS INVOLVED IN THE SURVEY

Appendix **A**

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Mr. Md. Abu Bakkar Siddique	Assistant Scientist
Dr. Shafiqul Ameen	Assistant Scientist
Dr. Twaha Mansurun Haque	Program Manager
Dr. Md. Rakibul Hasan	Study Physician
Dr. Sabit Saad Shafiq	Study Physician
Dr. Sadman Sowmik Sarkar	Study Physician
Dr. Ashiquzzaman	Project Research Physician
Ms. Anindita Saha	Statistical Officer

D4I

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Mr. A P M Shafiur Rahman	Co-team Leader
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Ms. Ilmul Jahan Tani	IT Specialist
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Dr. Md. Ishtiak Anam Nobel
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Mr. Md. Imram Hossain
Mr. Md. Imranul Islam
Mr. Md. Mahbub Hasan
Mr. Md. Nazmul Haq Nannu
Mr. Md. Nazmul Hossen
Mr. Md. Nur Nobi Miah
Mr. Md. Raihan Sheikh
Mr. Md. Raisul Islam Refat
Mr. Md. Saidur Rahman
Mr. Md. Sajid Hossain
Mr. Md. Sazzad Islam
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Mr. Md. Shakil Ahmed
Mr. Md. Shamim Sohag
Mr. Md. Soleman Hossin
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Mr. Md. Zamin Hossain
Mr. Milon Paramanik
Mr. Monirul Islam Tamim
Mr. Mostafijur Rahman Rana
Mr. Rasel Hossan
Mr. Sheikh Eakub Ali
Mr. Sk. Moin Hossen
Mr. Subrata Chandra Paul
Mr. Tanvir Ahammad Showmik
Mr. Younus Mia
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Ms. Sanjida Sultana Ripa
Ms. Shrabony Khan Jui

BANGLADESH HEALTH FACILITY SURVEY (BHFS) SUMMARY INDICATORS *Appendix* **B**

Indicator	BHFS 2014	BHFS 2017	BHFS 2022
AVAILABILITY OF BASIC CLIENT SERVICES	%	%	%
Child curative care (All public facilities)	94	99	95
Child growth monitoring (All public facilities)	63	87	88
Child vaccination (All public facilities)[1]	80	90	93
Any modern method of family planning (All public facilities)[2]	83	90	83
Antenatal care service (All public facilities)	98	99	100
Normal delivery (All public facilities)	16	21	18
Availability of all basic client services[3]			
All public facilities	08	16	13
All public facilities excluding CCs	20	41	39
NGO clinic/hospital	14	15	17
Private hospital	08	04	01
All basic client services excluding normal delivery care			
All public facilities	45	74	67
All public facilities excluding CCs	46	58	56
NGO clinic/hospital	48	60	51
Private hospital	08	04	01
Availability of electricity from national electricity grid line			
All public facilities	37	57	85
All public facilities excluding CCs	75	84	97
District and upazila public facilities	97	96	98
Union-level public facilities	72	82	97
Community Clinic	21	47	81
NGO clinic/hospital	96	92	98
Private hospital	90	90	97
Availability of regular electricity[4]			
All public facilities	17	40	48
All public facilities excluding CCs	35	39	57
District and upazila public facilities	76	79	90
Union-level public facilities	28	32	53
Community Clinic	09	41	45
NGO clinic/hospital	81	78	77
Private hospital	98	100	97
Availability of client latrine[5]			
All public facilities	70	78	75
All public facilities excluding CCs	76	82	86
District and upazila public facilities	86	90	94
Union-level public facilities	74	81	85
Community Clinic	68	77	71
NGO clinic/hospital	88	93	75
Private hospital	94	90	93
Availability of average basic amenities[6]	Score (out of 6)	Score (out of 6)	Score (out of 6)
All public facilities	2.7	3.4	3.0
All public facilities excluding CCs	2.8	3.2	3.4
NGO clinic/hospital	4.7	5.0	4.3
Private hospital	5.4	5.6	5.2
Transport for emergencies[7]			
All public facilities	03	03	03
All public facilities excluding CCs	10	10	11
District Hospital	92	98	97
Upazila Health Complex	94	88	89

Continued…

Indicator	BHFS 2014	BHFS 2017	BHFS 2022
NGO clinic/hospital	20	23	25
Private hospital	63	65	32
Average basic diagnostic testing capacity[8]	Score (out of 5)	Score (out of 5)	Score (out of 5)
All public facilities	0.4	1.2	1.0
All public facilities excluding CCs	0.6	1.0	1.8
NGO clinic/hospital	3.3	4.1	4.4
Private hospital	3.6	4.1	3.7
Availability of functional x-ray machines			
District Hospital	73	79	87
Upazila Health Complex	22	18	47
NGO clinic/hospital	02	02	00
Private hospital	62	66	54
Availability of ultrasound machine			
District Hospital	63	74	79
Upazila Health Complex	05	16	49
NGO clinic/hospital	16	27	42
Private hospital	76	69	75
Availability of essential medicines[9]			
All public facilities	69	60	72
All public facilities excluding CCs	70	45	54
NGO clinic/hospital	60	47	11
Private hospital	45	40	10
% of service provider positions functionally vacant in			
Physicians in district and upazila-level public facilities	38	40	26
Nurse/midwife in district and upazila-level public facilities	19	18	11
At least one staff trained in IMPAC[10] in the last 24 months			
% of public health facilities	07	08	04
CHILD HEALTH SERVICES	%	%	%
Availability of child curative care services			
All public facilities	94	99	95
All public facilities excluding CCs	96	98	96
NGO clinic/hospital	83	94	88
Private hospital	68	90	57
Availability of child growth monitoring services			
All public facilities	63	87	88
All public facilities excluding CCs	68	79	76
NGO clinic/hospital	69	80	82
Private hospital	20	45	23
Availability of child vaccination services			
All public facilities	80	90	93
All public facilities excluding CCs	68	77	81
NGO clinic/hospital	71	69	72
Private hospital	16	07	03
Average readiness score[11] of facilities to provide child curative care	Score (out of 10)	Score (out of 10)	Score (out of 10)
All public facilities	7.0	7.0	6.8
All public facilities excluding CCs	6.5	5.8	5.6
NGO clinic/hospital	7.4	7.3	6.0
Private hospital	6.1	5.6	4.3
FACILLITIES PROVIDING FAMILY PLANNING (FP) SERVICES	%	%	%
Any modern FP methods[12]			
All public facilities	79	88	77
All public facilities excluding CCs	83	88	80
NGO clinic/hospital	84	83	60
Private hospital	14	25	10
Long-acting, reversible contraceptives or permanent methods[13]			
All public facilities	30	24	19

Continued…

Indicator	BHFS 2014	BHFS 2017	BHFS 2022
All public facilities excluding CCs	63	74	68
NGO clinic/hospital	66	69	45
Private hospital	14	19	10
Male/female sterilization services[14]			
All public facilities	04	04	04
All public facilities excluding CCs	10	13	12
NGO clinic/hospital	20	11	20
Private hospital	06	18	10
Average readiness score [15] to provide family planning (FP) services	Score (out of 8)	Score (out of 8)	Score (out of 8)
All public facilities	4.9	4.5	4.4
All public facilities excluding CCs	5.9	6.0	6.1
NGO clinic/hospital	6.4	6.5	5.4
Private hospital	3.3	2.2	2.2
ANTENATAL CARE SERVICES	%	%	%
Availability of antenatal care services			
All public facilities	98	99	100
All public facilities excluding CCs	96	96	99
NGO clinic/hospital	98	100	100
Private hospital	79	95	72
Average readiness score [16] of health facilities to provide ANC services	Score (out of 6)	Score (out of 6)	Score (out of 6)
All public facilities	3.0	3.1	3.0
All public facilities excluding CCs	3.2	3.4	3.8
NGO clinic/hospital	4.8	4.9	4.8
Private hospital	3.9	3.7	3.4
DELIVERY AND NEWBORN CARE	%	%	%
Availability of normal delivery services			
All public facilities	16	21	18
All public facilities excluding CCs	35	57	55
NGO clinic/hospital	31	32	34
Private hospital	93	95	89
Availability of cesarean delivery services			
All public facilities	01	01	02
All public facilities excluding CCs	04	04	07
NGO clinic/hospital	15	11	21
Private hospital	95	97	93
Average readiness score [17] to provide normal delivery services	Score (out of 13)	Score (out of 13)	Score (out of 13)
All public facilities	4.7	4.7	5.9
All public facilities excluding CCs	5.3	5.1	6.6
NGO clinic/hospital	8.4	9.2	10.3
Private hospital	8.3	8.0	8.4
NEWBORN SIGNAL FUNCTIONS	%	%	%
Primary newborn signal functions[18]			
All public facilities	-	-	43
All public facilities excluding CCs	-	-	50
NGO clinic/hospital	-	-	76
Private hospital	-	-	51
Basic newborn signal functions[19]			
All public facilities	-	-	08
NGO clinic/hospital	-	-	33
Private hospital	-	-	22
Comprehensive newborn signal functions[20]			
All public facilities	-	-	11
NGO clinic/hospital	-	-	09
Private hospital	-	-	07
Advanced newborn signal functions[21]			

Continued…

Indicator	BHFS 2014	BHFS 2017	BHFS 2022
All public facilities	-	-	05
NGO clinic/hospital	-	-	00
Private hospital	-	-	04

[1] Facility routinely provides DPT/pentavalent, polio, and measles vaccinations offered from the facility, excluding any outreach services
[2] Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (progestin-only), one-rod implant, two-rod implant (zadell), IUCDs, male condoms, female sterilization (tubal ligation) or male sterilization (vasectomy), and emergency contraceptive pills.
[3] 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.
[4] 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 on the day of the survey, or else facility has back-up solar power.
[5] Facility has a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.
[6] Average number of basic amenities include regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, and a computer with Internet.
[7] Facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and operates from the facility.
[8] The capacity to conduct average number of basic diagnostic tests (hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy test).
[9] 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.
[10] IMPAC stands for integrated management of pregnancy and childbirth.
[11] Average readiness score is the average number of 10 items (IMCI guideline, staff trained in IMCI at any time, child weighing scale, thermometer, growth chart, zinc tablets/syrup, ORS, amoxicillin syrup/suspension/dispersible, paracetamol syrup/suspension, and mebendazole/albendazole) available that are necessary for providing outpatient curative care for sick children.
[12] Facility provides any of the following: contraceptive pills (combined or progestin-only), injectables (progestin-only), one-rod implant, two-rod implant (zadell), IUCDs, male condoms, female sterilization (tubal ligation), or male sterilization (vasectomy), and emergency contraceptive pills.
[13] Facility provides any of the following long-term and permanent FP methods: one-rod implant, two-rod implant, IUCDs, female sterilization (tubal ligation), or male sterilization (vasectomy).
[14] Perform male or female sterilization in the facility.
[15] Average readiness score is the average number of 8 items (guidelines on FP, staff trained in FP any time, blood pressure apparatus, combined or progestin-only oral pills, progestin-only injectable, male condom, intrauterine contraceptive device, and implant) available for providing FP services.
[16] Average readiness score is the average number of 6 items (guidelines on ANC, staff trained for ANC any time, blood pressure apparatus, hemoglobin testing capacity, urine protein testing capacity, and iron or folic acid tablets) available for providing antenatal care services.
[17] Average readiness score is the average number of 13 items (guidelines on BEmOC or CEmOC, staff trained in delivery care any time, examination light, delivery pack, suction apparatus, neonatal bag and mask, partograph, gloves, oxytocin, injectable antibiotic, magnesium sulphate, skin disinfectant, and intravenous fluid with infusion set) available for providing normal delivery services.
[18] Primary newborn signal functions (all 9 NSFs): Iron and folic acid supplementation in pregnant women, hand wash each time before touching the baby, drying of the baby immediately after birth, delayed umbilical cord clamping, clean cord cutting sterile blade, single application of 7.5% CHX, neonatal resuscitation, perform skin-to-skin care immediately after birth, and early initiation of breast feeding.
[19] Basic newborn signal functions (all 13 NSFs): Basic NSF practices include primary newborn signal functions and Immunize patient with tetanus toxoid, administer oral antibiotic, administer intramuscular antibiotic, and suction of airway of newborn. Community clinics don't have the provision to perform all basic newborn signal functions
[20] Comprehensive newborn signal function (all 18 NSFs): Comprehensive NSF practices include basic newborn signal functions and administer intravenous antibiotic, administer antibiotic for premature rupture of membrane, oxygen therapy for management of newborn infection and respiratory problem, KMC for pre-term of LBW newborn, phototherapy for term or pre-term with hyperbilirubinemia. Community clinics and union level facilities are not designated to perform all comprehensive newborn signal functions.
[21] Advanced newborn signal function (all 20 NSFs): Advanced NSF practices include comprehensive newborn signal functions and incubator support for sick term baby, pre-term baby or if the baby receiving KMC becomes sick, and corticosteroids for pre-term labor. Community clinics and union level facilities are not designated to perform all advanced newborn signal functions.

QUESTIONNAIRES

Appendix **C**

2022 BANGLADESH HEALTH FACILITY SURVEY

INVENTORY QUESTIONNAIRE

FACILITY IDENTIFICATION

001 NAME OF FACILITY_____

001A ADDRESS: _____

002 DIVISION: _____ ☐

003 DISTRICT (ZILA): _____ ☐☐

004 UPAZILA/THANA: _____ ☐☐

005 UNION/WARD: _____ ☐☐

006 FACILITY NUMBER: _____ ☐☐☐☐☐

007 TYPE OF FACILITY COUNTRY SPECIFIC:

DISTRICT HOSPITAL (DH)	01
UPAZILA HEALTH COMPLEX (UHC)	02
MATERNAL AND CHILD WELFARE CENTER (MCWC)	03
UNION HEALTH AND FAMILY WELFARE CENTER (UnHFWC)	04
UNION SUBCENTER (USC) /RURAL DISPENSARY	06
COMMUNITY CLINIC	08
NGO CLINIC/HOSPITAL	09
PRIVATE HOSPITAL	10

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 ☐☐
				MONTH ☐☐
INTERVIEWER'S NAME	_____	_____	_____	YEAR ☐☐☐☐
				INTV. CODE NUMBER ☐☐
RESULT*	_____	_____	_____	RESULT

*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 INTERVIEWED

TOTAL NUMBER OF PROVIDERS INTERVIEWED ……..	☐☐

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
10. WRITE ELEVATION [ALTITUDE]

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

008	WAYPOINT NAME (FACILITY NAME) _____	FACILITY NUMBER ☐☐☐☐☐
009	LATITUDE	N/S..... a ☐ DEGREES/DECIM..b ☐☐ _˚c ☐☐☐☐☐
010	LONGITUDE	E/W ..... a ☐ DEGREES/DECIM..b ☐☐ _˚c ☐☐☐☐☐

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), Medical Education & Family Welfare Division (ME&FWD) 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 Day Month Year

100	May I begin the interview?	Yes..... 1 No ..... 2 →	**Stop**
101	**INTERVIEW START TIME**	☐☐ ☐☐ 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.

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEDING 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.	1	2	☐
02	Growth monitoring services.	1	2	☐
03	Curative care services for children under age 5.	1	2	☐
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	☐
05	Antenatal care (ANC) services	1	2	☐
07	Normal delivery	1	2	☐
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	☐
14	Diagnosis or management of non-communicable diseases, specifically diabetes, cardiovascular diseases and chronic respiratory conditions, cervical cancer in adults.	1	2	☐
16	Cesarean delivery (Cesarean section)	1	2	☐
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	☐
18	Blood grouping and typing services	1	2	☐
19	Blood transfusion services	1	2	☐
20	Postnatal care (PNC) services	1	2	☐
21	Postpartum family planning (PPFP) services	1	2	
22	Adolescent health services	1	2	☐
23	Nutrition services	1	2	☐
24‡	Care and/or referral services for victims of gender-based violence (GBV)	1	2	
25‡	Post abortion care (PAC) services	1	2	
26‡	Services for disability	1	2	
27‡	COVID-19 services	1	2	☐

INPATIENT (INDOOR) SERVICES

110	Does this facility routinely provide in-patient care?	YES ..... 1 → 112 NO..... 2	
111	Does this facility have beds for overnight observation?	YES ..... 1 NO..... 2 → 200	
112	Excluding any delivery and/or maternity beds, how many (overnight) or (in-patient) beds in total does this facility have, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS. ☐☐☐ DON'T KNOW..... 998	
113	How many beds in total does this facility have according to GOB circular/license?	☐☐☐ # OF BEDS DON'T KNOW..... 998	
114	Current number of beds with budget allocation?	☐☐☐ # OF BEDS DON'T KNOW..... 998	

Section 2: GENERAL FILTER QUESTIONS

PROCESSING OF INSTRUMENTS

200	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 areas processed (i.e., sterilized or high-level disinfected) for re-use?	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	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 to clients when a provider prescribes them from outpatient departments? PROBE	YES ..... 1 Facilities Stocks No Medicine ..... 2 →	300
211	**CHECK Q102.04** Family Planning services Available ☐ ↓ No Family Planning Services ☐ →		**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 Medicine ..... 2 FP Commodities not Stored 3	
213	**CHECK Q102.10** **TUBERCULOSIS SERVICES AVAILABLE** ☐ ↓ **NO TUBERCULOSIS SERVICES** ☐ →		**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 Medicine ..... 2 TB medicine not stocked 3	

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: 24-HOUR STAFF COVERAGE – INFRASTRUCTURE

EXTERNAL SUPERVISION - USER FEES

24 HOURS 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-Hour Staff. ..... 1 No, 24-Hour Staff..... 2	

COMMUNICATION

310	Does this facility have an official land line or cellular phone that is available to call outside at all times outpatient services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES.....1 NO .....2 →	313
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES.....1 NO 2	
313	Does this facility have a private cellular phone that is reimbursed by the facility?	YES.....1 NO .....2 →	319
315	Is it functioning? **ACCEPT REPORTED RESPONSE**	Yes.....1 No.....2	
319	Does this facility have a computer (Desktop/Laptop)/or a Tablet for outpatient services?	YES.....1 NO .....2 →	322
321	Is it functioning? ACCEPT REPORTED RESPONSE	Yes.....1 No 2	
321a‡	Does this facility use service provision software?	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 at least 2 hours on days that services are offered? ACCEPT REPORTED RESPONSE.	YES .....1 NO.....2	

SOURCE OF WATER

330	What is the most commonly used source of water for the facility at this time? 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.	Piped into Facility. ..... 01 Piped onto Facility grounds ..... 02 → 340 Public Tap/Stand Pipe ..... 03 Tube well/Borehole ..... 04 Protected Dug Well ..... 05 Unprotected Dug Well ..... 06 Protected Spring ..... 07 Unprotected Spring ..... 08 Rain Water ..... 09 Bottled Water ..... 10 CART W/SMALL TANK/DRUM ..... 11 → 340 TANKER TRUCK ..... 12 SURFACE WATER ..... 13 (RIVER/DAM/LAKE/POND) Other _____ ..... 96 (SPECIFY) Don't Know ..... 98 → 340 No water source ..... 00 → 340	
331	Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility? REPORTED RESPONSE IS ACCEPTABLE	ONSITE ..... 1 WITHIN 500M OF FACILITY ..... 2 BEYOND 500M OF FACILITY 3	

POWER SUPPLY

340	Is this facility connected to the national electricity grid? (including palli biddut)	YES ..... 1 NO ..... 2 → 342 DON'T KNOW. 8	
341	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 for more than 2 hours at a time? **CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERUPTED FOR LESS THAN 2 HOURS AT A TIME.**	ALWAYS AVAILABLE ..... 1 SOMETIMES INTERRUPTED ..... 2 DON'T KNOW. 8	
342	Does this facility have other sources of electricity such as a generator or solar system?	Yes ..... 1 No other source ..... 2 → 350	
343	What other sources of electricity does this facility have? PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY	FUEL-OPERATED GENERATOR ..... A BATTERY-OPERATED GENERATOR. ..... B SOLAR SYSTEM. ..... C OTHER(SPECIFY) _____ X	

344	CHECK Q343 GENERATOR OR SOLAR USED (EITHER 'A' OR 'B' OR 'C' CIRCLED)	GENERATOR OR SOLAR NOT USED (NEITHER 'A' OR 'B' OR 'C' CIRCLED)	350
345	Is the generator or solar system functional? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES, GENERATOR IS FUNCTIONAL ..... 1 YES, SOLAR SYSTEM IS FUNCTIONAL..... 2 BOTH ARE FUNCTIONING ..... 3 NO ..... 4 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 → 360	
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 → 360	
351A	During the past 6 months, how many supervisory visits has this facility received from an upper level office/higher authority?	# OF SUPERVISORY VISITS ..... ☐☐ DON'T KNOW. 98	

352	The last time during the past 6 months that a supervisor from outside the facility or from relevant department 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	

USER FEES

360	Does this facility have any routine user-fees or charges 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 →	400
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	
17*	TICKET AND ADMISSION FEES	1	2	
18*	BED/CABIN CHARGE	1	2	
19*	CLIENT VOLUNTARY CONTRIBUTION	1	2	
13	LABORATORY TESTS	1	2	

363	Are the official fees posted or displayed so that the client can easily see them?	YES .....1 NO POSTED FEES.....2 →	400
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	

SECTION 4: STAFFING - MANAGEMENT –
QUALITY ASSURANCE - TRANSPORT - HMIS

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 based on sanctioned and write down the number. Remember to count health care providers who are (attached out) in other facilities. However, if a health care provider is (deputed out) from the facility then we have to minus that number from (posted). If some healthcare provider come from other facility (deputed in) or (attached in) then we will not be recognized them as posted
b2)	For each qualification / occupational category, how many are 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 (EXPECTED)	(b1) POSTED	(b2) ATTACHMENT/ DEPUTED-IN	(b3) DEPUTED-OUT	(C) PART TIME
01	SUPERINTENDANT					
02	DIRECTOR/MANAGER/ COORDINATOR					
03	UH&FPO					
04	SENIOR CONSULTANT(MEDICINE)					
05	SENIOR CONSULTANT(SURGERY)					
06	SENIOR CONSULTANT(OBS.&GYN.)					
07	SENIORCONSULTANT (PEDIATRICS)					
08	SENIOR CONSULTANT (ORTHOPEDIC SURGURY)					
09	SENIOR CONSULTANT (EYE)					
10	SENIOR CONSULTANT (ANESTHESIA)					
11	CONSULTANT (RADIOLOGY AND IMAGING)					
12	CONSULTANT (PATHOLOGIST)					
13	SENIOR CONSULTANT (ENT)					
14	SENIOR CONSULTANT (SKIN & VD)					
15	SENIOR CONSULTANT (CARDIOLOGY)					
16	JUNIOR CONSULTANT(MEDICINE)					
17	JUNIOR CONSULTANT(SURGERY)					
18	JUNIOR CONSULTANT(OBS.&GYN.)					
19	JUNIOR CONSULTANT (PEDIATRICS)					
20	JUNIOR CONSULTANT (ORTHOPEDIC SURGURY)					
21	JUNIOR CONSULTANT (EYE)					

	Qualification/ Occupational Category	(a)	(b1)	(b2)	(b3)	(C)
		SANCTIONED (EXPECTED)	POSTED	ATTACHMENT/ DEPUTED-IN	DEPUTED-OUT	PART TIME
22	JUNIOR CONSULTANT (ANESTHESIA)					
23	JUNIOR CONSULTANT (RADIOLOGY)					
24	JUNIOR CONSULTANT (PATHOLOGIST)					
25	JUNIOR CONSULTANT(ENT)					
26	JUNIOR CONSULTANT (SKIN & VD)					
27	JUNIOR CONSULTANT(CARDIOLOGY)					
28	RESIDENTIAL MEDICAL OFFICER (RMO)					
29	MEDICAL OFFICER (MO)/PHYSICIAN					
30	RADIOLOGIST					
31	PATHOLOGIST					
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) (PAEDIATRIC)					
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)					

	Qualification/ Occupational Category	(a)	(b1)	(b2)	(b3)	(C)
		SANCTIONED (EXPECTED)	POSTED	ATTACHMENT/ DEPUTED-IN	DEPUTED-OUT	PART TIME
52	MEDICAL OFFICER (MCH-FP)					
53	ASSIST UPAZILA FP OFFICER (AUFPO)					
54	ASSIST FAMILY WELFARE OFFICER, MCH-FP(AFWO)					
55	SACMO					
56	FAMILY WELFARE VISITOR (FWV)					
57	MATRON					
58	NURSING SUPERVISOR					
59	SENIOR STAFF NURSE					
60	NURSE MIDWIFE					
61	STAFF NURSE					
62	ASSISTANT NURSE					
63	MIDWIFE					
64	PARAMEDIC					
65	PHARMACIST					
66	MEDICAL TECHNOLOGIST (LAB)					
67	MEDICAL TECHNOLOGIST (BLOOD TRANSFUSION)					
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					

	Qualification/ Occupational Category	(a)	(b1)	(b2)	(b3)	(C)
		SANCTIONED (EXPECTED)	POSTED	ATTACHMENT/ DEPUTED-IN	DEPUTED-OUT	PART TIME
82	FEMALE MEDICAL ATTENDANT					
83	WARD MASTER					
84	ATTENDANT (OT/LAB/DISPENSARY /WARD BOY/EMERGENCY)					
85	COMMUNITY HEALTH CARE PROVIDER (CHCP)					
86	HEALTH ASSISTANT					
87	FAMILY WELFARE ASSISTANT (FWA)					
88	COUNSELOR					
89	COMMUNITY MOBILIZER/SERVICE PROMOTER					
90	STORE KEEPER					
91	STATISTICIAN/STATISTICAL OFFICER/STATISTICAL ASSISTANT					
92	OFF ASSITANT CUM DATA ENTRY OPERATOR					
93	UPAZILA FAMILY PLANNING ASSISTANT (UFPA)					
94‡	FAMILY PLANNING INSPECTOR (FPI)					
95‡	HEALTH INSPECTOR					
96‡	ASSISTANT HEALTH INSPECTOR					
97	OTHER-1					
98	OTHER-2					
99	**TOTAL**					

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	→ 445
441	Is there an official record of any quality assurance activities carried out during the past year?	YES ..... 1 NO, RECORDS NOT MAINTAINED 2	→ 445
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

445*	Does this facility have any vehicles including ambulance, rickshaw, boat, three-wheeler?	YES ..... 1 NO 2	→ 460
446*	For each type of vehicles, please tell me: How many of this type of vehicle the facility currently owns, rents or has full time access to?	Ambulance ☐☐ Engine boat ☐☐ Rickshaw/ Van ☐☐ Speed boat ☐☐ Boat ☐☐ Auto/ Three Wheelers ☐☐	
450	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?	YES ..... 1 NO 2	

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, THERE IS A DEDICATED PERSON ..... 1 NO DEDICATED PERSON 2	→ 500

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	→ 500
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	

SECTION 5: PROCESSING OF INSTRUMENTS

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	**CHECK 201:** ARE ANY EQUIPMENT PROCESSED IN THE FACILITY? **YES** **(CODES "1" OR "2" CIRCLED)** ☐ →	**NO (CODE "3" CIRCLED)** ☐ ← **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?"

	ITEM	(a) USE AND AVAILABILITY			(b) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT USED	YES	NO	DON'T KNOW
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 → 02	1	2	8
02	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 → 03	1	2	8
03	ELECTRIC DRY HEAT STERILIZER	1 → b	2 → b	3 → 04	1	2	8
04	ELECTRIC BOILER OR STEAMER (NO PRESSURE)	1 → b	2 → b	3 → 05	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 → 07	1	2	8
07	AUTOMATIC TIMER (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 → 08	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.

		(1) AUTOCLAVE (Steam with pressure)	(2) DRY HEAT STERILIZATION	(3) BOILING (HLD)	(4) STEAM HIGH LEVEL DISINFECTION (HLD)	(5) CHEMICAL HIGH LEVEL DISINFECTION (HLD)
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 USED ..... 2 → 503
B	Temperature (centigrade)	Temperature ☐☐☐ AUTOMATIC ..... 666 DON'T KNOW 998	Temperature ☐☐☐ AUTOMATIC ..... 666 DON'T KNOW..... 998			
C	Pressure	Pressure ☐☐☐ AUTOMATIC ..... 666 DON'T KNOW 998				
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM.....1				

		ATM PRESSURE.....2 KILOPASCAL (LB/IN²) 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 ☐☐☐ AUTOMATIC ..... 666 NOT USED.....995 DON'T KNOW 998	MINUTES ☐☐☐ AUTOMATIC ..... 666 DON'T KNOW 998	MINUTES ☐☐☐ AUTOMATIC ..... 666 DON'T KNOW 998	MINUTES ☐☐☐ AUTOMATIC..... 666 DON'T KNOW 998	MINUTES ☐☐☐ AUTOMATIC.....666 DON'T KNOW 998
F	What is the duration in minutes when instrument is wrapped in cloth for autoclave?	MINUTES ☐☐☐ AUTOMATIC .....666 NOT USED.....995 DON'T KNOW 998				
G	Chemical disinfectant used					ALCOHOL .....1 BETADINE.....2 CHLORINE .....3 CIDEX .....4 FORMALDEHYDE .....5 GLUTERALDEHYDE .....6 LYSOL .....7 DON'T KNOW 98

503	Does this facility have any guidelines on final processing or sterilization of surgical instruments?	YES ..... 1 NO ..... 2 →	**Next section**
504	May I see the guidelines 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	Now I would like to ask you a few questions about waste management practices for sharps waste such as needles or blades. How does this facility ***finally*** dispose of ***sharps waste*** (e.g., filled sharps boxes)? PROBE TO ARRIVE AT CORRECT RESPONSE **NOTE!** IF ANY OF THE RESPONSE 02-09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFF SITE"	**BURN IN INCINERATOR** 2-CHAMBER INDUSTRIAL (800-1000+°C).....02 1-CHAMBER DRUM/BRICK .....03 **OPEN BURNING** FLAT GROUND-NO PROTECTION.....04 PIT OR PROTECTED FLAT GROUND .....05 **DUMP WITHOUT BURNING** FLAT GROUND-NO- PROTECTION. .....06 COVERED PIT OR PIT LATRINE .....07 OPEN PIT-NO PROTECTION .....08 PROTECTED GROUND OR PIT .....09 **REMOVE OFF SITE** STORED IN COVERED CONTAINER. .....10 STORED IN OTHER PROTECTED ENVIRONMENT.....11 STORED UNPROTECTED.....12 OTHER_____ .....96 (specify) NEVER HAVE SHARPS WASTE 95	
601	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages How does this facility ***finally*** dispose of ***medical waste*** other than sharps boxes? PROBE TO ARRIVE AT CORRECT RESPONSE **NOTE!** IF ANY OF THE RESPONSES 02-09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFF SITE"	SAME AS FOR SHARP ITEMS..... 01 **BURN IN INCINERATOR** 2-CHAMBER INDUSTRIAL (800-1000+°C)..... 02 1-CHAMBER DRUM/BRICK ..... 03 **OPEN BURNING** FLAT GROUND-NO PROTECTION..... 04 PIT OR PROTECTED FLAT GROUND ..... 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO- PROTECTION..... 06 COVERED PIT ORPIT LATRINE 07	

		OPEN PIT-NO PROTECTION ..... 08 PROTECTED GROUND OR PIT..... 09 **REMOVE OFF SITE** STORED IN COVERED CONTAINER. ..... 10 STORED IN OTHER PROTECTED ENVIRONMENT. ..... 11 STORED UNPROTECTED..... 12 OTHER_____ ..... 96 (SPECIFY) NEVER HAVE SHARPS WASTE..... 95	
602	**CHECK Q.600** FACILITY-BASED WASTED DISPOSAL OR WASTE REMOVED OFFSITE **(ANY CODE OTHER THAN"95"CIRCLED)** ☐ ↓ NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFF SITE **(CODE "95"CIRCLED)** ☐ → 604		
603	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 INSPTECTED, CIRCLE '8'.	NO WASTE VISIBLE.....1 WASTE VISIBLE, BUT PROTECTED AREA .....2 WASTE VISIBLE, ***NOT*** PROTECTED.....3 WASTE SITE NOT INSPECTED.....8	
604	**CHECK Q.601** FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO"96"CIRCLED) ☐ ↓ NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95"CIRCLED) ☐ → 606		
605	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 INSPTECTED, CIRCLE '8'.	NO WASTE VISIBLE .....1 WASTE VISIBLE, BUTPROTECTED AREA.....2 WASTE VISIBLE, ***NOT*** PROTECTED .....3 WASTE SITE NOT INSPECTED.....8	
606	**CHECK Q.600 and/or, Q.601** INCINERATOR USED (EITHER "2" OR "3" CIRCLED) ☐ ↓ INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) ☐ → 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 functioning condition 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.	**FLUSH OR POUR FLUSH TOILET** 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 **PIT LATRINE** 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 TOILET ..... 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.	**PRIVACY** UNLOCKED DOOR WHEN NOT IN USE ..... A CAN BE LOCKED FROM INSIDE WHEN USE ..... B TOILET STALL HAVE WALLS WITHOUT MAJOR HOLES. ..... C **FUNCTION** WATER AVAILABLE ..... D SOAP AVAILABLE ..... E NO CRACK OR LEAK IN THE TOILET STRUCTURE. ..... F HOLE OR PIT IS NOT BLOCKED. ..... G	
620B	Is there a separate sanitary toilet/latrine facility for the use of female clients?	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 CLIE NT 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 OUTPATIENTAREA.

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 → 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	2	3			
05	MEASURING TAPE (FOR HEAD CIRCUMFERENCE)	1 → b	2 → b	3 → 06	1	2	8
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 ACCEPTABLE)	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	NEBULIZER	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 WITH FLOW METER	1 → b	2 → b	3 → 19	1	2	8
19	FILLED OXYGEN CYLINDER WITHOUT FLOW METER	1 → b	2 → b	3 → 20	1	2	8
20	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 → 21	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 → 24	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	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	**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 CLIENT EXAMINATION 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 are protected from the sun and rain? ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE	YES.....1 NO PROTECTED CLIENT WAITING AREA 2	

	WAITING AREA IN THE MAIN OUTPATIENT SERVICE AREA.		

SECTION 8: DIAGNOSTICS

800	**CHECK Q.102.17** DIAGNOSTIC SERVICE AVAILABLE IN FACILITY ↓ NO DIAGNOSTIC SERVIVCES → GO TO NEXT SECTION OR SERVICESITE	

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 the following testing on site, i.e. in the facility?	YES.....1 NO .....2 →	830

802	Please tell me if:	(a)		(b)			(c)		
a)	Any of the following hemoglobin test equipment is used in this facility,	USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE			IS THE ITEM IN WORKING ORDER?		
b)	All items needed for the test are available, and	YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
c)	Equipment is in working order								
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→03	1→c	2→c	3→03	1	2	8
03	Microcuvette (with valid expiration date)	1→b	2→04	1	2	3→04			
04	Colorimeter or hemoglobinometer	1→b	2→05	1→c	2→c	3→05	1	2	8
05	Drabkin's solution (for colorimeter and hemoglobinometer)	1→b	2→06	1	2	3→06			
06	Pipette (for measuring blood volume)	1→b	2→07	1	2	3→07			
07	Tallquist paper for hemoglobin test (with valid expiration date)	1→b	2→**830**	1	2	3			

CLINICAL CHEMISTRY

830	Does this facility do any blood glucose testing in the facility?	YES.....1 NO .....2 →	836

831	Please tell me if:	(a)		(b)			(c)		
a)	Any of the following blood glucose test equipment is used in this facility	USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE			IS THE ITEM IN WORKING ORDER?		
b)	Equipment is available, and	YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
c)	Equipment is in working order								
01	Equipment is in working order	1→b	2→836	1→c	2→c	3→836	1	2	8
02	Glucometer test strips			1→c	2→c	3→836	1	2	8

836	Does this facility do any urine chemistry testing using	YES 1	

	dipsticks and/or urine pregnancy test on site?	NO.....2 → 840					
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	A) USED		(B) OBSERVED AVAILABLE			
		YES	NO	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED NOT SEEN	NORMALLY AVAILABLE BUT 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 → 840	1	2	3	4

PARASITOLOGY/BACTERIOLOGY

840	Please tell me if:	(a)		(b)			(c)		
a)	Any of the following EQUIPMENT is used in the facility	EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?		
b)	Is available, and	YES	NO	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
c)	Equipment is functioning								
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 → 07			
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 GRAM STAINING?	YES..... 1 NO ..... 2 → 850

849	Please tell me if the following are used and are available today. IF USED ASK TO SEE IT	(a)		(b)		
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		
		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 →	1	2	3

			04				
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 *Gram staining, India Ink staining* 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 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 STOOL MICROSCOPY?	YES.....1 NO.....2	→861

853	Please tell me if the following are used and are available today.	(a) USED		(b) 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 → 861	1	2	3

TUBERCULOSIS

861	Does this facility do any TB tests on site?	YES.....1 NO.....2	→865

862	Please tell me if:	(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
a)	Any of the following TB tests or equipment is used in the facility								
b)	All items needed for the test are available,	YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
c)	Equipment is functioning								
01	Ziehl-Neelson test for AFB	1	2 → 02						
02	Carbol-Fuchsin	1→b	2 → 03	1	2	3			
03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol or Hydrochloric Acid (HCl)	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→09	1	2	3			
09‡	Binocular / Monocular Light Microscope	1→b	2→863	1→c	2→c	3→863	1	2	8

863	Do you use TB rapid diagnostic test (such as GeneXpert) 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 (Such as GeneXpert Cartridge)? 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 AVAILABLE, 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 smear microscopy 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 _____ ..... 6 (SPECIFY)	
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)		(b)			(c)		
a)	Any of the following imaging EQUIPMENT is used in the facility	EQUIPMENT USED		EQUIPMENT AVAILABLE?			IS THE ITEM IN WORKING ORDER?		
b)	if it is available today, and	YES	NO	OBSERVED	REPORTED,	NORMALLY	YES	NO	DON'T

c)	if it is functioning today				NOT SEEN	AVAILABLE NOT TODAY			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 → 03	1 → c	2 → c	3 → 03	1	2	8
03	UNEXPIRED FILM FOR X-RAY	1 → b	2 → 04	1 → c	2 → c	3 → 04	1	2	8
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 → NEXT SECTIO	2 → NEXT SECTION	8 → 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	**CHECK Q210** FACILITY STORES MEDICINES ☐ → FACILITY STORES NO MEDICINES ☐ → **GO TO NEXT SECTION**	

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 antibiotics 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 BENZYLPENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAXONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET (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 OINTMENT1%	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
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
39‡	Nalidixic Acid	1	2	3	4	5
40‡	Gentamycin Eye Drop	1	2	3	4	5
41‡	Gentamicin + Hydrocortisone	1	2	3	4	5

MEDICINES FOR WORM INFESTATION

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
902	Are any of the following medicines for the treatment of **worm infestations** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	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

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
903	Are any of the following medicines for the treatment of ***non-communicable diseases*** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	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	1	2	3	4	5

	pressure)					
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. HYDROXIDE)	1	2	3	4	5
31*	DIAZEPAM 5MG TABLETS	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*	ESOMEPRAZOLE Tablet 20 mg, 40 mg / Injection 40 mg	1	2	3	4	5
38*	ATORVASTATIN 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*	SALBUTAMOL RESPIRATORY SOLUTION	1	2	3	4	5
44*	MANNITOL 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 POWDER	1	2	3	4	5

ANTI-FUNGAL MEDICINES

904	Are any of the following anti-fungal medicines 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	1	2	3	4	5
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 **maternal health** 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	VITAMIIN 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
28‡	Tab. Cotrimoxazole 120 mg dispersible	1	2	3	4	5
29‡	Tab. Cotrimoxazole DS 960mg	1	2	3	4	5
30‡	Cotrimoxazole suspension 60 ml	1	2	3	4	5
31‡	Inj. Corticosteroid 100mg (Amp)	1	2	3	4	5

INTRAVENOUS FLUIDS

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
907	Are any of the following **intravenous fluids** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	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	0.9 % DEXTROSE IN NORMAL SALINE (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

07‡	Water for Injection (sterile/pyrogen free)	1	2	3	4	5

FEVER REDUCING AND PAIN MEDICINES

908	Are any of the following **OTHER medicines** 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
09*	IBUPROFEN TABLET 200 mg, 400mg/syrup	1	2	3	4	5
10*	NAPROXEN SODIUM 250mg, 500mg	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*	KETOROLAC 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 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 METHYL 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 THE 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 OFEXPIRATION ("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	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	

	OBSERVATION	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	**CHECK Q212** CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) CONTRACEPTIVES STORED IN FP SERVICE MEDICINES **(RESPONSE 1 OR 3 CIRCLED)** PROCEED TO NEXT SECTION (TB MEDS?)	

		(A) OBSERVED AVAILABLE		**(B) NOT OBSERVED**		
921	Are any of the following CONTRACEPTIVE commodities available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED, AVAILABLE NOT SEEN	NOT AVAILABLE/TO DAY/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. 8	
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 (SPECIFY)..... 6	
925	**PRESENTLY INTERVIEWING IN PHARMACY** **PROCEED TO NEXT SECTION OR SERVICE SITE**	**PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA** **THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE**	

SECTION 9.3: ANTI-TB DRUGS

930	**CHECK Q214** **ANTI-TB MEDICINES STORED WITH OTHER MEDICINESIN COMMON LOCATION (RESPONSE 2 CIRCLED)** ☐ ↓ **ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED)** ☐ ↓ **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)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED, AVAILABLE NOT SEEN	NOT AVAILABLE/TO DAY/DK	NEVER AVAILABLE
01	ETHAMBUTOL TABS (E)	1	2	3	4	5
02	ISONIAZID TABS (INH, H)	1	2	3	4	5
03	PYRAZINAMIDE (Z)	1	2	3	4	5
04	RIFAMPICIN (R)	1	2	3	4	5
05	RIFAMPICIN+ISONIAZID- RH 75/50 mg-(2FDC) Child	1	2	3	4	5
06	RIFAMPICIN + ISONIAZID -RH 150/75 mg-2FDC Adult	1	2	3	4	5
07	RIFAMPICIN + ISONIAZID + PYRAZINAMIDE (RHZ)- 75/50/150 mg- 3FDC Child	1	2	3	4	5
08	RIFAMPICIN + ISONIAZID + ETHAMBUTOL (RHE)- 150/75/275- 3FDC Adult	1	2	3	4	5
09	RIFAMPICIN + ISONIAZID+ PYRAZINAMIDE + ETHAMBUTOL (RHZE)- 150/75/400/275- 4FDC Adult	1	2	3	4	5
10	STREPTOMYCIN (S 1000) INJECTABLE	1	2	3	4	5
11‡	LEVOFLOXACIN 250MG TABLET	1	2	3	4	5

935	**PRESENTLY INTERVIEWING IN PHARMACY** ☐ ↓ **PROCEED TO NEXT SECTION OR SERVICE SITE** **PRESENTLY INTERVIEWING IN TB SERVICE AREA** ☐ ↓ **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	**CHECK Q102.01** CHILD VACCINATION SERVICES AVAILABLE ☐ → NO CHILD VACCINATION SERVICES ☐ → **NEXT SECTION OR SERVICE SITE**	

ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD 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, how many days per month the service is provided at the facility.

	CHILD VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY
01	Routine DPT+HepB+Hib (i.e., pentavalent)	☐☐ # OF DAYS ..... 00=NO SERVICE
02	Routine polio vaccination (i.e., OPV)	☐☐ # OF DAYS ..... 00=NO SERVICE
03	Routine measles vaccination (i.e., Measles - Rubella)	☐☐ # OF DAYS ..... 00=NO SERVICE
04	BCG vaccination	☐☐ # OF DAYS ..... 00=NO SERVICE
05*	Inactivated polio vaccination (i.e., IPV)	☐☐ # OF DAYS ..... 00=NO SERVICE
06*	Pneumococcal vaccination (i.e., PCV)	☐☐ # OF DAYS ..... 00=NO SERVICE

1002	Do you have the national guidelines 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 any other guidelines 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	

	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
1006				
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 →	1050

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				
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 FROZEN))	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		ATLEAST 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 POLIO 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				

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 SITE

1051	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	ANY 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*	**CHECK Q102.02** GROWTH MONITORING SERVICES AVAILABLE ☐ ↓ NO GROWTH MONITORING SERVICES ☐ → **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. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	
01	Child growth monitoring	☐☐ # OF DAYS	
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? (family health card)	OBSERVED ..... 1 REPORTED, NOT SEEN 2	
1103A	Do you have any guidelines for SAM and MAM available in this service area today?	YES. ..... 1 NO ..... 2 →	1104
1103B	May I see the other guidelines? (family health card)	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 (250 GRAM 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			
07	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	**CHECK Q102.03** CURATIVE CARE SERVICES AVAILABLE ☐ ↓ NO CURATIVE CARE SERVICES ☐ → **NEXT SERVICE SITE/ Q1253***	

ASK TO BE SHOWN THE LOCATIONS 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. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY
01	Consultation or curative care services for sick children	☐☐ # OF DAYS .....

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 INJECATABLE ANTIBIOTIC TO CHILDREN	1	2
12	PROVIDE SCANU SUPPORT TO SEVERELY ILL NEWBORN	1	2
13‡	PROVIDE DIARROHEA MANAGEMENT TO CHILDREN	1	2
14‡	PROVIDE PNEUMONIA MANAGEMENT TO CHILDREN	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 *IMCI guidelines* (chart booklet) 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 guidelines?	OBSERVED ..... 1 REPORTED, NOT SEEN 2	
1206	Do you have *any (other) guidelines* 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 guidelines?	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	YES. ..... 1 NO ..... 2 →	1210

	TAKE PLACE BEFORE THE CONSULTATION				
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 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. (Outpatient department)	(a) AVAILABLE			(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250 GRAM 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			
12‡	Pulse oximeter	1	2	3 → 13	1	2	8
13‡	Torches	1	2	3 → 14	1	2	8
14‡	Measuring tape	1	2	3			
15‡	Growth monitoring chart	1	2	3			
16‡	Height measuring board	1	2	3			
17‡	Tape for Mid-upper Arm Circumference (MUAC)	1	2	3			

18‡	Tongue depressor (wooden/metallic)	1	2	3
`19‡	Syringe (5ml)	1	2	3
20‡	Insulin syringe	1	2	3
21‡	Alcohol based hand rub	1	2	3
22‡	Cotton ball	1	2	3
23‡	Disposable latex/other gloves	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 →	1214‡
1213	May I see an unused copy of the individual records?	YES. ..... 1 NO 2	

1214‡ **Ask if the health facility have paediatric Inpatient department**

YES (Inpatient department) ☐ → NO (Inpatient department) ☐ → **Q.1250**

1214A‡	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. (Inpatient department)	(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	Nebulizer	1→b	2→b	3 → 07	1	2	8
07	Spacers for inhalers	1→b	2→b	3 → 08	1	2	8
08	Peak flow meters	1→b	2→b	3 → 09	1	2	8
09	OXYGEN CONCENTRATORS	1→b	2→b	3 → 10	1	2	8

10	FILLED OXYGEN CYLINDER WITH FLOW METER	1 → b	2 → b	3 → 11	1	2	8
11	FILLED OXYGEN CYLINDER WITHOUT FLOW METER	1 → b	2 → b	3 → 12	1	2	8
12	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 → 13	1	2	8
13	RADIANT WARMER	1 → b	2 → b	3 → 14	1	2	8
14	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1	2	3			
15	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
16	Cup and spoon	1	2	3			
17	ORS PACKETS OR SACHETS	1	2	3			
18	At least 3 buckets (for cleaning used cups)	1	2	3			
20	Examination bed or couch	1	2	3			
21	DIGITAL BP APPARATUS	1 → b	2 → b	3 → 22	1	2	8
22	MANUAL BP APPARATUS	1 → b	2 → b	3 → 23	1	2	8
23	Pulse oximeter	1 → b	2 → b	3 → 24	1	2	8
24	Diagnostic set or otoscope	1 → b	2 → b	3 → 25	1	2	8
25	Vision testing chart	1	2	3			
26	Torches	1 → b	2 → b	3 → 28	1	2	8
27	Measuring tape	1	2	3			
28	Growth monitoring chart	1	2	3			
29	Height measuring board	1	2	3			
30	Drip Stand	1	2	3			
31	Syringe (5ml)	1	2	3			
32	Insulin syringe	1	2	3			
33	Cannula for administering IV fluids	1	2	3			
34	Infusion set for IV solution	1	2	3			
35	Alcohol based hand rub	1	2	3			
36	Cotton ball	1	2	3			
37	Nasogastric tube	1	2	3			
38	Disposable latex/other gloves	1	2	3			
39	Micropore tape	1	2	3			
40	Gauze	1	2	3			
41	Nasal catheter	1	2	3			
42	Nasal cannula	1	2	3			
1214B‡	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
01	KMC register	1	2	3			

02	NSU/SCANU register	1	2	3	
03	Paediatric inpatient register	1	2	3	

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] ..... 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 SITE

1251	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	ANY 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*	**CHECK Q102.22** ADOLESCENT HEALTH SERVICE PROVIDED ☐	ADOLESCENT HEALTH SERVICE NOT PROVIDED ☐ →	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?	# OF DAYS ..... ☐ LESS OFTEN THAN ONCE/WEEK 0	
1257	Do you have the adolescent health guidelines/manual available in this service area today?	YES. ..... 1 NO ..... 2 →	1259
1258	May I see the adolescent guidelines/manual? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED ..... 1 → REPORTED, NOT SEEN 2	1260a
1259	Do you have any other adolescent health guidelines/job aid available in this service area today?	YES. ..... 1 NO ..... 2 →	1260a
1260	May I see the other guidelines/job aid?	OBSERVED ..... 1 REPORTED, NOT SEEN 2	
1260a‡	Does this corner have sitting arrangement for adolescent?	YES. ..... 1 NO 2	
1260b‡	Does this corner have safe drinking water for adolescent?	YES. ..... 1 NO 2	
1260c‡	Does this corner have 7 adolescent health related drugs?	YES. ..... 1 NO ..... 2 →	1016

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
1260d‡	Are any of the following **adolescent health related drugs** available in the location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE/TO DAY/DK	NEVER AVAILABLE
01	Tab iron and Folic acid (Ferrous Fumarate 200mg+Folic acid 400mg)	1	2	3	4	5
02	Cap. Doxycycline (100 mg)	1	2	3	4	5
03	Tab. Metronidazole 400 mg	1	2	3	4	5
04*	Tab. Ciprofloxacin (500 mg)	1	2	3	4	5
05*	Tab. Naproxen (250 mg)	1	2	3	4	5
06*	Tab. Pantoprazole (20 mg)	1	2	3	4	5
07	Tab. Albendazole	1	2	3	4	5

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, how many days per month the service is provided at the facility, if any.	
	ADOLESCENT VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY

01	TT vaccine	# OF DAYS..... ☐☐ 00=NO SERVICE	
1017*	Do you have the national guidelines for adolescent vaccinations available in this service area today?	YES. ..... 1 NO ..... 2 →	1019
1018*	May I see the guidelines?	OBSERVED ..... 1 → REPORTED, NOT SEEN..... 2	1021*
1019*	Do you have any other guidelines for adolescent vaccinations available in this service area today?	YES. ..... 1 NO ..... 2 →	1021*
1020*	May I see the other guidelines?	OBSERVED ..... 1 REPORTED, NOT SEEN..... 2	

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
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))	ATLEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	TT vaccine	1	2	3	4	5

NUTRITION SERVICES

1261*	**CHECK Q102.23** NUTRITION SERVICES PROVIDED ☐ NUTRITION SERVICES NOT PROVIDED ☐ →		1300
1262*	Is there a dedicated room/area for nutrition services?	YES..... 1 NO ..... 2 →	1264
1263*	DESCRIBE THE SETTING OF THE NUTRITION SERVICE 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 service available at this facility?	# OF DAYS ..... ☐ LESS OFTEN THAN ONCE/WEEK..... 0	
1265*	Do you have the SAM/MAM guidelines available in this service area today?	YES..... 1 NO ..... 2 →	1267
1266*	May I see the SAM/MAM guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED..... 1 → REPORTED, NOT SEEN..... 2	1300
1267*	Do you have any other nutrition guidelines available in this service area today?	YES..... 1 NO ..... 2 →	1300
1268*	May I see the other nutrition guidelines/job aid?	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	**CHECK Q102.04** FAMILY PLANNING SERVICES ☐ NO FAMILY PLANNING SERVICES ☐ →	

	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	# OF DAYS ..... ☐☐	

		PROVIDE (STOCK THE COMODITY)	PRESCRIBE/COUNSEL, OR REFER	NO
1302	Does this facility provide (i.e., stock the commodity) or *prescribe, counsel or refer clients for* any of the following modern methods of family planning?			
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) / Cu-T- 380A	1	2	3
08	ONE ROD IMPLANT	1	2	3
09	TWO RODS IMPLANT	1	2	3
10	EMERGENCY CONTRACEPTIVE PILLS (ECP) (e.g., PROSTINOL 2)	1	2	3
12	No Scalpel VASECTOMY (NSV) (MALE STERILIZATION)	1	2	3
13	TUBAL LIGATION /Tubectomy (FEMALE STERILIZATION)	1	2	3
15	COUNSEL CLIENTS ON LACTATIONAL AMENORRHEA METHOD (LAM)		2	3

1303	Do you have the *family planning guidelines/ manual* 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 →	1305
1304a‡	Please observe the last publishing year of the family planning guideline/manual	Year ..... ☐☐☐☐ →	1307
1305	Do you have *any other guidelines/instructions/ job aid/checklist* on family planning available at this service area today?	YES. ..... 1 NO ..... 2 →	1307
1306	May I see the other guidelines/instructions/ job aid/ checklist? (e.g., IUCD card, IMPLANT card, Sthayi Paddhati Grahita Form consent 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, Sthayi Paddhati Grahita Form 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

1308a‡	List	YES	NO	
	IUCD Card	1	2	
	Implant Card	1	2	
	Injectable Client Card	1	2	
	Sthayi Paddhati Grahita Form (Male/female)	1	2	

1309	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the	YES. ..... 1 NO ..... 2 →	1311

	consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.				
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 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 DIAGNOSIS & 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? OBSERVED	(a) AVAILABLE? REPORTED, NOT SEEN	(a) AVAILABLE? NOT AVAILABLE	(b) FUNCTIONING YES	(b) FUNCTIONING NO	(b) FUNCTIONING 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/ SPOT LIGHT	1→b	2→b	3 → 05	1	2	8
05	EXAMINATION BED OR COUCH	1→b	2→b	3			
06	SAMPLE OF FP METHODS/ COUNSELLING KIT	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [e.g., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD COUNSELLING	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			

1315	**CHECK Q1302.07 & Q1302.08. &09** IUCD OR IMPLANT PROVIDED IN FACILITY ☐	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY ☐ → 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	**CHECK Q1302.07** IUCD PROVIDED IN FACILITY ↓		IUCD NOT PROVIDED IN FACILITY →		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	TENACULAM/ VOLSELLUM FORCEPS	1	2	3	
05	UTERINE SOUND	1	2	3	
06	STRAIGHT ARTERY FORCEPS (LONG)	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 for PPIUCD	1	2	3	
1319	**CHECK Q 1302.08, 1302.09** IMPLANT PROVIDED IN FACILITY ↓		IMPLANT NOT PROVIDED IN FACILITY →		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% LIDOCAINE)	1	2	3	
02	STERILE SYRINGE AND NEEDLE	1	2	3	
03	CANNULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3	
04	SEALED IMPLANT PACK	1	2	3	
05	SCALPEL 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 speculam 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 BOIL OR STEAM .....C WASH WITH SOAP AND WATER..... D SOAK IN OTHER CHEMICAL SOLUTION .....E			

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			→ 'NEXT SECTION / SERVICE SIT/ 1353
1351	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT		OBSERVED	REPORTED	NO/ NOT

	EXAMINATION		NOT SEEN	AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	ANY 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	CHECK Q212 FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) →	'FP COMMODITIES STORED IN FP 'SERVICE AREA (RESPONSE 1 CIRCLED) →	921

No Scalpel VASECTOMY (NSV) AND TUBAL LIGATION (TUBECTOMY)

1353A	**CHECK Q1302.12** NSV PROVIDED IN FACILITY →	NSV NOT PROVIDED IN FACILITY →	1353F

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NSV SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NSV 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.		
	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 → 1353D ROOM/AREA NOT PREVIOUSLY ASSESSED 31	

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 → 02	1	2	8
02*	OPERATING THEATRE LIGHT	1→b	2→b	3 → 03	1	2	8
03*	INSTRUMENT TROLLEY	1→b	2→b	3 → 04	1	2	8
04*	STERILIZER DRUM	1→b	2→b	3 → 05	1	2	8
05*	BIG CURVE SCISSORS FOR CUTTING GAUZE OR BANDAGE	1→b	2→b	3 → 06	1	2	8
06*	SCISSORS FOR CUTTING CLOTH	1→b	2→b	3 → 07	1	2	8
07*	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*	STETHOSCOPE	1→b	2→b	3 → 11	1	2	8
11*	WEIGHING SCALE (ADULT)	1→b	2→b	3 → 12	1	2	8
12*	GALLIPOT OR CUP FOR ANTISEPTIC SOLUTION	1	2	3			
13*	KIDNEY TRAY	1	2	3			
15*	LIFTER AND LIFTER JAR	1	2	3			
16*	DRESSING JAR WITH LID/COVER	1	2	3			
18*	TALQUEST BOOK	1	2	3			
19*	IRON COT	1	2	3			
20*	THERMOMETER	1→b	2→b	3 → 21	1	2	8
21*	GOWN FOR CLIENTS	1	2	3			
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			
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	1	2	3			

1353C		(a) AVAILABLE?			(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
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 AVAILABLE	YES	NO	DON'T KNOW
1*	NON-SURGICAL VASECTOMY KIT	1	2	3			
2*	RING FORCEPS***	1→b	2→b	3 → 03	1	2	8
3*	VAS DISECTING FORCEPS***	1→b	2→b	3 → 04	1	2	8
4*	SMALL SURGICAL SCISSORS***	1→b	2→b	3 → 05	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	**CHECK Q1302.13**	
	TUBAL LIGATION (TUBECTOMY) PROVIDED IN FACILITY ☐ ↓	TUBAL LIGATION (TUBECTOMY) NOT PROVIDED IN FACILITY ☐ → 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 THEITEMS 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 → 1353I ROOM / AREA NOT PREVIOUSLY ASSESSED 31	

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 → 02	1	2	8
02*	OPERATING THEATRE LIGHT	1→b	2→b	3 →	1	2	8

				03			
03*	INSTRUMENT TROLLEY	1→b	2→b	3 → 04	1	2	8
04*	STERILIZER DRUM	1→b	2→b	3 → 05	1	2	8
05*	BIG CURVE SCISSORS FOR CUTTING GAUZE OR BANDAGE	1→b	2→b	3 → 06	1	2	8
06*	SCISSORS FOR CUTTING CLOTH	1→b	2→b	3 → 07	1	2	8
07*	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*	STETHOSCOPE	1→b	2→b	3 → 11	1	2	8
11*	WEIGHING SCALE (ADULT)	1→b	2→b	3 → 12	1	2	8
12*	GALLIPOT OR CUP FOR ANTISEPTIC SOLUTION	1	2	3			
13*	KIDNEY TRAY	1	2	3			
15*	LIFTER AND LIFTER JAR	1	2	3			
16*	DRESSING JAR WITH LID/COVER	1	2	3			
18*	TALQUEST BOOK	1	2	3			
19*	IRON COT	1	2	3			
20*	THERMOMETER	1→b	2→b	3 → 21	1	2	8
21*	GOWN FOR CLIENTS	1	2	3			
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			
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→b	2→b	3 → 02	1	2	8
02*	BP HANDLE***	1→b	2→b	3 → 03	1	2	8
03*	NEEDLE HOLDER***	1→b	2→b	3 → 04	1	2	8
04*	BABCOCK TISSUE FORCEP***	1→b	2→b	3 → 05	1	2	8
05*	LONG STRAIGHT ARTERY FORCEP (MEDIUM)***	1→b	2→b	3 → 06	1	2	8
06*	CURVED MOSQUITO ARTERY FORCEP***	1→b	2→b	3 → 07	1	2	8
07*	ALICE TISSUE FORCEP***	1→b	2→b	3 → 08	1	2	8
08*	PLAIN DISSECTING FORCEP***	1→b	2→b	3 → 09	1	2	8
09*	TOOTH DISSECTING FORCEP***	1→b	2→b	3 → 10	1	2	8
10*	MAYO SCISSORS***	1→b	2→b	3 → 11	1	2	8
11*	SPONGE HOLDING FORCEP***	1→b	2→b	3 → 12	1	2	8
18‡	VICRYL	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.	(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 PENTAZOSIN (30MG/ML)	1	2	3	4	5
05*	INJECTION LIGNOCAINE (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	CHECK Q102.05	
	ANC SERVICES AVAILABLE IN FACILITY ☐	ANC SERVICES NOT AVAILABLE IN FACILITY ☐ **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	# OF DAYS PER MONTH..... ☐☐	

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	
06‡	ANC Counselling	1	2	
06a‡	Post-partum Family Planning (PPFP) counselling	1	2	
07‡	BP measurement	1	2	
08‡	Antenatal Corticosteroid administration	1	2	
09‡	Weight monitoring	1	2	
10‡	Height monitoring	1	2	

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
1406	Do ANC providers in this facility provide any of the following **tests** 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	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	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 DIAGNOSIS & TREATMENT .....3 REFER OUTSIDE FACILITY FOR DIAGNOSIS & TREATMENT.....4 NO DIAGNOSIS / TREATMENT / REFERRAL 5	
1409	Do you have the ***ANC guideline/protocol/ manual*** 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 → 1415 REPORTED NOT SEEN 2	

1411	Do you have ***any other ANC guideline/ protocol/manual*** 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 (ANC service register) for ANC clients maintained at this service site?	YES ..... 1 NO ..... 2 →	1419
1418	May I see a blank copy of the client records (ANC service register) 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 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/ FETAL DOPPLER	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			
09‡	Thermometer	1→b	2→b	3 → 10	1	2	8
10‡	Glucometer with strip	1→b	2→b	3 → 1422	1	2	8

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
08‡	CORTICOSTEROIDS FOR PRE-TERM LABOR	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, how many days per month the service is provided at the facility, if any.		
	MOTHER VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH VACCINATION SERVICE IS PROVIDE TO THE MOTHERS AT THIS FACILITY	
01	TT vaccine	# OF DAYS..... ☐☐ 00=NO SERVICE	
1023*	Do you have the *national guidelines* for mother vaccinations available in this service area today?	YES. ..... 1 NO ..... 2 →	1025
1024*	May I see the guidelines?	OBSERVED ..... 1 → REPORTED, NOT SEEN 2	1027
1025*	Do you have *any other guidelines* for mother vaccinations available in this service area today?	YES. ..... 1 NO ..... 2 →	1027
1026*	May I see the other guidelines?	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		
		ATLEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	TT vaccine	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 SITE/

1451	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED NOT SEEN	NO/ NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	ANY 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 ↓	PNC SERVICE NOT PROVIDED →	1600
1454	Is there a dedicated room/area for postnatal care (PNC) examination?	YES .....1 NO.....2 →	1455a
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	
1455a‡	Is postnatal care (PNC) provided to mother	YES .....1 NO.....2	

1455b‡	Is postnatal care (PNC) provided to newborn	YES .....1 NO.....2	
1456*	How many days each week are PNC service available at this facility?	DAYS PER WEEK ..... ☐ LESS OFTEN THAN ONCE/WEEK..... 0	
1457*	Do you have the ***PNC guideline/protocol/manual*** 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	1461
1459*	Do you have ***any other PNC guideline/protocol/ manual*** 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 ***the postpartum family planning*** guideline/protocol/manual available in this service area today?	YES .....1 NO.....2 →	1463
1462	May I see the postpartum family planning guideline/protocol/manual?	OBSERVED.....1 REPORTED NOT SEEN 2	
1463‡	Are individual client cards or records (PNC service register) for PNC clients maintained at this service site?	YES .....1 NO.....2 →	1600
1464‡	May I see a blank copy of the client records (PNC service register) or cards?	OBSERVED.....1 REPORTED NOT SEEN 2	

SECTION 16: DELIVERY AND NEWBORN CARE

1600	**CHECK Q102.07** NORMAL DELIVERY AVAILABLE ☐ → NORMAL DELIVERY NOT AVAILABLE ☐ → **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 FOLLOWIQUESTIONS.		
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	

EmONC SIGNAL FUNCTION

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	DON'T KNOW	YES	NO	DON'T KNOW
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 CONCEPTAION	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 **NOTE: THIS IS NOT A SIGNAL FUNCTION**	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 CEmONC? ACCEPTABLE IF PART OF ANOTHER GUIDELINE	YES .....1 NO .....2 →	1608a‡

1608	May I see the national guideline/protocol/manual for CEmONC?	OBSERVED.....1 REPORTED NOT SEEN 2	
1608a‡	Please tell me if you have any of the following materials. IF YES, ASK TO SEE	(A) AVAILABLE OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE	
01	EmONC Register	1 / 2 / 3 → 02	
02	Do you have delivery Register?	1 / 2 / 3 → 1608b‡	
1608b‡	Do you maintain documentation of the patient who are referred outside the facility?	YES .....1 NO.....2 → 1608e‡	
1608c‡	Do you write diagnosis in the documentation of the patient who are referred outside the facility?	YES .....1 NO.....2	
1608d‡	May I see the documentation of the patient who are referred outside the facility?	OBSERVED.....1 REPORTED NOT SEEN 2	

NEWBORN SIGNAL FUNCTION

1608e‡	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	DON'T KNOW	YES	NO	DON'T KNOW
01	IRON AND FOLIC ACID SUPPLIMENTATION IN PREGNANT WOMEN	1 → b	2 → 02	8 → 02	1	2	8
02	HAND WASH EACH TIME BEFORE TOUCHING THE BABY	1 → b	2 → 03	8 → 03	1	2	8
03	DRYING OF THE BABY IMMEDITELY AFTER BIRTH	1 → b	2 → 04	8 → 04	1	2	8
04	DELAYED UMBILICAL CORD CLAMPING APPROXIMATELY 1-3 MINUTES AFTER BIRTH	1 → b	2 → 05	8 → 05	1	2	8
05	CLEAN CORD CUTTING STERILE BLADE/SCISSOR	1 → b	2 → 06	8 → 06	1	2	8
06	SINGLE APPLICATON OF CHX 7.1% TO UMBILICAL CORD FOLLOWED BY DRY CORD CARE	1 → b	2 → 07	8 → 07	1	2	8
07	PERFORM SKIN TO SKIN CARE IMMEDIATELY AFTER BIRTH FOR HOURS	1 → b	2 → 08	8 → 08	1	2	8
08	EARLY INITIATION OF BREAST FEEDING WITHIN ONE HOUR OF BIRTH	1 → b	2 → 09	8 → 09	1	2	8
09	IMMUNIZE PREGNANT AGAINST TETANUS TOXOID TO PREVENT TETANUS FOR BOTH MOTHER AND NEWBORN	1 → b	2 → 10	8 → 10	1	2	8
10	ADMINISTER ORAL ANTIBIOTIC FOR PREVENTION OF INFECTION IN NEWBORN	1 → b	2 → 11	8 → 11	1	2	8
11	ADMINISTER INTRAMASCULAR ANTIBIOTICS FOR PREVENTION OF INFECTION IN NEWBORN	1 → b	2 → 12	8 → 12	1	2	8
12	ADMINISTER INTRAVENOUS ANTIBIOTICS FOR PREVENTION OF INFECTION IN NEWBORN	1 → b	2 → 13	8 → 13	1	2	8
13	SUCTION OF AIRWAY OF NEWBORN IF SECRETION OR MECONIUM PRESENT	1 → b	2	8	1	2	8

			14	14			
14	ADMINISTER ANTIBIOTICS FOR PRE-MATURE RUPTURE OF MEMBRANE (PROM)	1 → b	2 → 15	8 → 15	1	2	8
15	OXYGEN THERAPY FOR MANAGEMENT OF NEWBORN INFECTION AND RESPIRATORY PROBLEMS	1 → b	2 → 16	8 → 16	1	2	8
16	KMC FOR PRETERM OR LBW NEWBORN	1 → b	2 → 17	8 → 17	1	2	8
17	PHOTOTHERAPY FOR TERM AND PRETERM WITH HYPERBILIRUBINAEMIA	1 → b	2 → 18	8 → 18	1	2	8
18	INCUBATOR SUPPORT FOR SICK TERM BABY, PRETERM BABY OR IF THE BABY RECEIVING KMC BECOMES SICK	1 → b	2 → 1608f‡	8 → 1608f‡	1	2	8

1608f‡	Do you have the national guideline for newborn sepsis management?	YES.....1 NO.....2 → 1608h‡	
1608g‡	May I see the guideline for newborn sepsis management?	OBSERVED.....1 REPORTED NOT SEEN.....2	
1608h‡	Do you have the national guideline on application of 7.1% chlorhexidine?	YES.....1 NO.....2 → 1608j‡	
1608i‡	May I see the national guideline on application of 7.1% chlorhexidine?	OBSERVED.....1 REPORTED NOT SEEN.....2	
1608j‡	Do you have the national guideline on Antenatal corticosteroid?	YES.....1 NO.....2 → 1609	
1608k‡	May I see the national guideline on Antenatal corticosteroid?	OBSERVED.....1 REPORTED NOT SEEN.....2	
1609	Do you have guideline/protocol/manual on management of pre-term labor?	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 MATERNITY BEDs..... DON'T KNOW.....998	
1616	How many dedicated delivery beds are available in this facility?	☐☐☐ # OF DEDICATED DELIVERY BEDs..... # OF ADJUSTABLE DELIVERY BEDs ..... ☐☐☐ 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	1620

1619	How often are reviews of <u>maternal deaths</u> or <u>"near misses"</u> carried out?	☐☐ EVERY ..... WEEKS ONLY WHEN CASE OCCURS.....53 DON'T KNOW.....98	
1620	**CHECK Q1618** RESPONSE "3" CIRCLED ☐ ↓ RESPONSE "3" NOT CIRCLED ☐ →		1622
1621	How often are reviews of <u>newborn deaths</u> or <u>"near misses"</u> carried out?	☐☐ EVERY ..... WEEKS ONLY WHEN CASE OCCURS..... 53 ALWAYS WITH MATERNAL REVIEWS ..... 95 DON'T KNOW..... 98	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES AND NEWBORN CARE

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 → 02	1	2	8
02	OTHER EXTERNAL HEAT SOURCE/ LED Phototherapy machine	1→b	2→b	3 → 03	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1→b	2→b	3 → 04	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1→b	2→b	3 → 05	1	2	8
05	SUCTION BULB OR PENGUIN SUCKER	1→b	2→b	3 → 06	1	2	8
06	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1→b	2→b	3 → 07	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1→b	2→b	3 → 08	1	2	8
08	NEWBORN BAG & MASK (AMBU BAG & MASK)	1→b	2→b	3 → 09	1	2	8
09	THERMOMETER	1→b	2→b	3 → 10	1	2	8
10	THERMOMETER FOR LOW-BODY TEMPERATURE	1→b	2→b	3 → 11	1	2	8
11	INFANT WEIGHING SCALE	1→b	2→b	3 → 12	1	2	8

12	FETAL STETHOSCOPE/ FETAL DOPPLER	1→b	2→b	3 → 13	1	2	8
13	DIGITAL BLOOD PRESSURE APPARATUS	1→b	2→b	3 → 14	1	2	8
14	MANUAL BLOOD PRESSURE MACHINE	1→b	2→b	3 → 15	1	2	8
15	STETHOSCOPE	1→b	2→b	3 → 16	1	2	8
16‡	Drip stand	1→b	2→b	3 → 17	1	2	8
17‡	Suture, dressing set (forceps, scissors)	1→b	2→b	3 → 18	1	2	8
18‡	Pulse oximeter	1→b	2→b	3 → 19	1	2	8
20‡	Oxygen cylinder with flowmeter for newborn	1	2→b	3 → 21	1	2	8
21‡	Nasal catheter	1	2→b	3			
22‡	Nasal Cannula	1→b	2→b	3			
23‡	Fluorescent tube	1→b	2→b	3 → 24	1	2	8
24‡	Nasogastric tube	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
1	DELIVERY BED COMPLETE WITH RODS AND STIRRUPS	1	2	3
2	DELIVERY KIT	1	2	3
3	CORD CLAMP/THREAD	1	2	3
4	SPECULUM	1	2	3
5	EPISIOTOMY SCISSORS	1	2	3
6	SCISSORS OR BLADE TO CUT CORD	1	2	3
7	SUTURE MATERIAL WITH NEEDLE	1	2	3
8	NEEDLE HOLDER	1	2	3
9	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
14‡	TWO OR MORE PIECES OF WARM CLOTH FOR DRYING	1	2	3
15‡	STERILE CLOTH FOR WRAPPING	1	2	3

1623a	Does this facility ***routinely*** provide active management of third stage labor (AMTSL)?	YES.....1 NO.....2	

1624	Does this facility ***routinely*** observe any of the following postpartum or newborns related practices?	YES	NO	DON'T KNOW
04	Routine, complete (head-to-toe) examination of newborn before discharge	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

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 SITE

1651	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED NOT SEEN	NO
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	ANY 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	**CHECK Q102.10** TB SERVICE OFFERED IN FACILITY ☐ →	NO TB SERVICE OFFERED IN FACILITY ☐ → **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	☐☐ # OF DAYS /MONTH	

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. MULTIPLE RESPONSE POSSIBLE	SPUTUM SMEAR MICROSCOPY ..... A X-RAY ..... B CLINICAL SYMPTOM ..... C GeneXpert ..... D	
1903a‡	Is there a record/register of clients who are tested for TB diagnosis?	YES .....1 REGISTER NOT KEPT .....2 → 1904	
1903b‡	May I see the records or register of clients having tested for TB? CHECK THE RECORDS TO SEE TB TEST RESULTS ARE RECORDED	REGISTER SEEN (PAPER) .....1 REGISTER SEEN (ELECTRONIC) .....2 REGISTER REPORTED, NOT SEEN 3	
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 at this facility prescribe treatment for TB or manage patients who are on TB treatment	YES .....1 NO .....2 → 1910	
1908a‡	Do providers in this facility follow DOTS strategy for treatment of TB patients?	YES .....1 NO .....2 → 1910	
1909	What treatment regimen or approach is followed by providers in this facility for *newly diagnosed TB* ? i.e., for new patients, not for retreatment? PROBE TO ARRIVE AT CORRECT RESPONSE	2M INTENSIVE PHASE, 4M CONTINUATION PHASE .....1 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	**CHECK Q1902 AND Q1908** TB DIAGNOSIS OR TREATMENT IN FACILITY NO TB DIAGNOSIS OR TREATMENT IN FACILITY → **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 → 1914a	
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	
1914a‡	Is follow up sputum microscopy conducted in the facility?	YES ..... 1 NO ..... 2 → 1915	
1914b‡	May I see the microscope used for follow up sputum test?	OBSERVED ..... 1 REPORTED NOT SEEN 2	
1915	Do you have the ***national guideline/protocol/manual*** 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 → 1920a	
1920	May I see the guideline/protocol/manual on treatment of MDR-TB?	OBSERVED ..... 1 REPORTED NOT SEEN 2	
1920a‡	Is there a record/register of clients who receive TB treatment?	YES ..... 1 REGISTER NOT KEPT ..... 2 → 1920c	
1920b‡	May I see the records or register of clients who receive TB treatment? CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER) ..... 1 REGISTER SEEN (ELECTRONIC) ..... 2 REGISTER REPORTED, NOT SEEN 3	

1920c‡	Does this facility report TB-10?	YES.....1 NO.....2 →	1920e
1920d‡	May I see the last report that was submitted?	OBSERVED.....1 REPORTED NOT SEEN.....2	
1920e‡	Does this facility report TB-11?	YES.....1 NO.....2 →	1920g
1920f‡	May I see the last report that was submitted?	OBSERVED.....1 REPORTED NOT SEEN.....2	
1920g‡	Does this facility report TB-12?	YES.....1 NO.....2 →	1921
1920h‡	May I see the last report that was submitted?	OBSERVED.....1 REPORTED NOT SEEN.....2	
1921	**CHECK Q1903** RESPONSE A OR D CIRCLED ↓ RESPONSE A, OR D NOT CIRCLED →		1950
1922	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES.....1 NO.....2 →	1923a
1923	May I see a sputum container?	OBSERVED.....1 REPORTED NOT SEEN.....2 NOT AVAILABLE TODAY.....4	
1923a‡	Where the medicines for the treatment of TB generally stored in this facility?	IN FREEZER.....1 IN AIR CONDITIONED ROOM.....2 NEITHER IN FREEZER NOR IN AIR CONDITIONED ROOM.....3	
1923b‡	May I see the place where medicines for the treatment of TB generally stored	OBSERVED.....1 REPORTED NOT SEEN.....2	

STANDARD PRECAUTIONS

1950	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. 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 DELIVERY SERVICES [Q1651].....17 NCD [Q2351].....22 → NOT PREVIOUSLY SEEN.....31	'NEXT SECTION / SERVICE SITE/1953

1951	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED NOT SEEN	NO/ NOT AVAILABLR
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	ANY 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	PRIVATE ROOM .....1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY .....2 VISUAL PRIVACY ONLY.....3 NO PRIVACY.....4	
1953	**CHECK Q214** TB MEDS STORED IN OTHER LOCATION OR NOT STOCKED **(RESPONSE 1 NOT CIRCLED)** → TB MEDICINES STORED IN TB SERVICE AREA (RESPONSE 1 CIRCLED) → 931		

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 23: NON-COMMUNICABLE DISEASES

2300	**CHECK Q102.14** CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY **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 **diabetes.**	YES, DIAGNOSE ONLY ..... 1 YES, TREAT ONLY ..... 2 YES, DIAGNOSE AND TREAT ..... 3 NO 4	→ 2310
2302	Do you have the ***national guidelines*** 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 ***any other guidelines*** 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 ***the national guideline/protocol/manual*** for the diagnosis and management of cardio-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 cardio-vascular disease?	OBSERVED ..... 1 REPORTED, NOT SEEN 2	→ 2315
2313*	Do you have ***any other guideline/protocol/manual*** for the diagnosis and management of cardio-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 ***the national guideline/protocol/manual*** 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 ***any other guideline/protocol/manual*** 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/**chronic obstructive pulmonary diseases (COPD)** in patients?	YES, DIAGNOSE ONLY .....1 YES, TREAT ONLY .....2 YES, DIAGNOSE AND TREAT .....3 NO .....4 →	2325
2321*	Do you have ***the national guideline/protocol/manual*** for the diagno 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 ***any other*** 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 ***the national guideline/protocol/manual*** 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 ***any other*** 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 EQUIPMEMENT

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

		(a) AVAILABLE?			(b) FUNCTIONING		
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.	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			
22‡	Examination table	1	2	3			
23‡	Glucometer with strip	1→b	2→b	3 → 2350	1	2	8

STANDARD PRECAUTIONS

2350	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 DELIVERY SERVICES [Q1651] .....17 TUBERCULOSIS [Q1951].....19 NOT PREVIOUSLY SEEN.....31	'NEXT SECTION / SERVICE SITE

2351	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED NOT SEEN	NO/ NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	ANY 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

2352	DESCRIBE THE SETTING OF THE 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 24: COVID-19

2400‡	**CHECK Q102. 27‡** COVID-19 SERVICES DONE IN FACILITY COVID-19 SERVICES NOT DONE IN FACILITY **NEXT SECTION OR SERVICE SITE**		
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE COVID-19 SERVICES 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.		
2401‡	Does this facility provide counselling regarding COVID-19?	YES .....1 NO .....2 →	2403
2402‡	What are the counselling this facility provides regarding COVID-19?	Keeping Social Distance..... A Maintaining Respiratory- Cough Etiquette..... B Use of Soap-water or, Alcohol based Hand Rub for Hand Washing ..... C Not Touching Eyes-Nose- Mouth by hands..... D Using Medical Masks ..... E Environmental Disinfection ..... F Waste Management ..... G	
2403‡	Does the facility collect sample for COVID-19 cases?	YES .....1 NO 2	
2404‡	Does the facility do test for COVID-19?	YES .....1 NO .....2 →	2406
2405‡	What are the types of test this facility do for COVID-19?	RT PCR .....1 RAPID ANTIGEN TEST .....2 BOTH RT PCR & RAPID ANTIGEN TEST 3	
2406‡	Does this facility manage COVID-19 patient?	YES .....1 NO .....2 →	2500
2407‡	Does this facility have separate room/corner for COVID-19 patient?	YES .....1 NO 2	
2408‡	Does this service area have Oxygen Provision for COVID-19 patient?	YES .....1 NO .....2 →	2410
2409‡	What kind of Oxygen Provision does this service area have?	OXYGEN CYLINDER ..... A OXYGEN CONCENTRETOR .....B CENTRAL OXYGEN SYSTEM .....C BPAP..... D CPAP.....E HIGH FLOW NASAL CANULA.....F MECHANICAL VENTILATOR..... G	

2410‡	I would like to know if the following items are available in this COVID-19 service area and are functioning.	(a) AVAILABLE?			(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	NASAL CANNULA	1	2	3			
02	OXYGEN MASK	1	2	3			
03	PPE	1	2	3			
04	PULSE OXIMETER	1→b	2→b	3 → 2411	1	2	8

2411‡	Do you have ***the clinical case management guideline/protocol/manual*** for COVID-19 in this service area?	YES.....1 NO.....2 →	2413
2412‡	May I see the ***clinical case management guideline/protocol/manual*** for COVID-19?	OBSERVED.....1 REPORTED, NOT SEEN.....2	
2413‡	Do you have ***the IPC guideline/protocol/manual*** for COVID-19 in this service area?	YES.....1 NO.....2 →	2415
2414‡	May I see the ***IPC guideline/protocol/manual*** for COVID-19?	OBSERVED.....1 REPORTED, NOT SEEN.....2	
2415‡	Do you have ***the "How to Run COVID-19 Hospital" guideline/protocol/manual*** in this service area?	YES.....1 NO.....2 →	2500
2416‡	May I see the ***"How to Run COVID-19 Hospital" guideline/protocol/manual***?	OBSERVED.....1 REPORTED, NOT SEEN.....2	

SECTION 25: CESAREAN DELIVERY

2500	**CHECK Q102.16** CESAREAN SECTION DONE IN FACILITY CESAREAN DELIVERY NOT DONE IN FACILITY **NEXT SECTION OR SERVICE SITE**	

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	

		(a) AVAILABLE			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
2507a‡	Please tell me if you have any of the following materials. IF YES, ASK TO SEE				
01	EmONC Register	1	2	3 → 02	
02	Do you have Operation Register?	1	2	3 → 2507b‡	

2507b‡	Do you maintain documentation of the patient who are referred outside the facility?	YES .....1 NO .....2 →	2510
2507c‡	Do you write diagnosis in the documentation of the patient who are referred outside the facility?	YES .....1 NO 2	
2507d‡	May I see the documentation of the patient who are referred outside the facility?	OBSERVED .....1 REPORTED NOT SEEN 2	

ASK TO SEE THE ROOM OR AREA WHERE CESAREAN DELIVERIES ARE DONE AND ASK TO SEE THE ITEMS BELOW

		(A) AVAILABLE?			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
2510	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them						
01	ANESTHESIA MACHINE	1 → b	2 → b	3 → 02	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 → b	2 → b	3 → 03	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 → b	2 → b	3 → 04	1	2	8

04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1→b	2→b	3 → 05	1	2	8
05	MAGILLS FORCEPS - ADULT	1→b	2→b	3 → 06	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1→b	2→b	3 → 07	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1→b	2→b	3 → 08	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1→b	2→b	3 → 09	1	2	8
09	INTUBATING STYLET	1→b	2→b	3 → 10	1	2	8
10	SPINAL NEEDLE	1→b	2→b	3 → 11	1	2	8
11*	OT TABLE	1→b	2→b	3 → 12	1	2	8
12*	OT LIGHT	1→b	2→b	3 → 13	1	2	8
13*	IV STAND	1→b	2→b	3 → 14	1	2	8
14*	EMERGENCY POWER SUPPLY	1→b	2→b	3 → 15	1	2	8
15*	INSTRUMENT SET FOR CESAREAN DELIVERY	1	2	3			
16*	AIR CONDITIONER	1→b	2→b	3 → 17	1	2	8
17*	OXYGEN CYLINDER WITH FLOWMETER	1→b	2→b	3 → 18	1	2	8
18*	OXYGEN CYLINDER WITHOUT FLOWMETER	1→b	2→b	3 → 18a	1	2	8
18a	OXYGEN CONCENTRATORS	1→b	2→b	3 → 18b	1	2	8
18b	OXYGEN DISTRIBUTION SYSTEM	1→b	2→b	3 → 19	1	2	8
19*	STERILE GLOVES	1	2	3			
20*	DISINFECTANT	1	2	3			
21‡	Electro-surgical unit	1→b	2→b	3 → 22	1	2	8
22‡	Laparotomy set	1→b	2→b	3 → 23	1	2	8
23‡	Laryngoscopes	1→b	2→b	3 → 24	1	2	8
24‡	Pulse Oximeter	1→b	2→b	3 → 25	1	2	8
25‡	Adult Resuscitation Trolley (Ambu with adult mask)	1→b	2→b	3 → 26	1	2	8
26‡	Coagulating Cautery	1→b	2→b	3 → 27	1	2	8
27‡	Suction machine manual/electric	1→b	2→b	3 → 28	1	2	8

28‡	Trolleys	1 → b	2 → b	3 → 29	1	2	8
29‡	Suture, dressing set (forceps, scissors)	1 → b	2 → b	3 → 2600	1	2	8

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	**CHECK Q102.18** BLOOD TYPING SERVICES AVAILABLE FROM FACILITY BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY **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	NO, OR 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	**CHECK Q102.19** BLOOD TRANSFUSION AVAILABLE FROM FACILITY ↓ BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY → **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 _____ (SPECIFY) X	
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	
2702a‡	Is there any register/record maintained for pregnant women who required blood transfusion?	YES ..... 1 NO ..... 2 → 2710	
2702b‡	May I see that register/record?	OBSERVED ..... 1 REPORTED, NOT SEEN 2	

SCREENING FOR INFECTIOUS DISEASES

2710	Is blood that is transfused in this facility screened, ***either in this facility or externally,*** 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	

		ALWAYS	SOMETIMES	RARELY	NO
2712	Is the blood that is transfused in the facility screened, ***either in this facility or externally,*** for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?				
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	

		(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST	
2714	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	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 →	1	2

			04		
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	NO, OR NEVER AVAILABLE
01	Disposable blood transfusion set	1	2	3	4	5
02	Blood bags	1	2	3	4	5

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

3000	**ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY**	**YES**	**NO**
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	**COUNTERS/TABLES/CHAIRS:** 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	**WALLS:** SIGNIFICANT DAMAGE	1	2
07	**DOORS:** SIGNIFICANT DAMAGE	1	2
08	**CEILING:** WATER STAINS OR DAMAGE	1	2
09	WASTE SEGREGATED ACCORDING TO COLOR BIN AT THE SOURCE OF WASTE GENERATION?	1	2
	INTERVIEW END TIME	☐☐ Hours	☐☐ Minutes

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:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

2022 BANGLADESH HEALTH FACILITY SURVEY

HEALTH PROVIDER QUESTIONNAIRE

HEALTH PROVIDER INTERVIEW

FACILITY NUMBER.....	☐☐☐☐☐
PROVIDER SERIAL NUMBER	☐☐
PROVIDER SEX **(1= MALE, 2= Female)**	☐
PROVIDER Status (**1=Assigned; 2=Seconded/deputed)**	☐
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 AND NUMBER OF FACILITY No, Not Previously Interviewed.....2

TOTAL NUMBER OF PROVIDER INTERVIEWS

TOTAL NUMBER OF PROVIDERS INTERVIEWED……..	☐

READ THE FOLLOWING CONSENT

Good day! My name is _____. We are here on behalf of the National Institute of Population Research and Training (NIPORT), Medical Education Family Welfare Division (ME&FWD) and the Ministry of Health and Family Welfare conducting a survey of health facilities to assists the Government in Knowing more about the 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, or other organizations or researchers, for planning service improvement 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 data set or 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 Day Month Year

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT PROVIDED

100	May I begin the interview?	Yes..... 1 No..... 2 →	**END**
101	**INTERVIEW START TIME**	☐☐ ☐☐ Hours Minutes	

1. EDUCATION AND EXPERIENCE

102.	I would like to ask you some questions about your educational background How many years of education have you completed in total starting from your primary, secondary and further education?	YEARS ..... ☐☐ MONTHS ..... ☐☐	
102a.	What professional degree/ basic training obtained? (please mention degree/course name) Multiple Answer can be obtained	Bachelor of Medicine, Bachelor of Surgery (MBBS)…… A Fellow of College of Physicians and Surgeons (FCPS)…….. B MD/MS…….. C Masters of Public Health…… D B.Sc in Nursing (4years)…….. E Diploma in Nursing Science and Midwifery (3 years)…….. F B.Sc in Midwifery (post basic-2years)…….. G Diploma course in Medical Laboratory Tecnology (3 years)…….. H Medical Assistant Training Courses…….. I Basic Training for FWV (18 months)…… J Diploma in Medical Technology (BCG-EPI)…….. K CHCP basic training)…….. L Community Paramedic course (2years)…… M Others (Specify) …….. N	
103.	What is your current occupational category? BOTH SENIOR AND JUNIOR CONSULTANTS ARE INCLUDED IN CONSULTANTS CTEGORY	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 (CHCP) .....19 HEALTH INSPECTOR .....20 ASSISTANT HEALTH INSPECTOR .....21 NUTRITIONIST .....22 HEALTH EDUCATOR .....23 MEDICAL TECHNOLOGIST - LABORATORY .....25 MEDICAL TECHNOLOGIST - EPI .....26 MIDWIFE .....30 PARAMEDICS .....31 NURSE/MIDWIFE .....32 TB LEPROSY CONTROL ASSISTANT (TLCA) .....33 Other non-clinical/technical staff .....95 OTHER CLINICAL STAFF NOT LISTED ABOVE_____ .....96 (Specify)	
104.	What year did you graduate (or complete) with the qualification? IF NO TECHNICAL QUALIFICATION ASK What year did you complete any basic training for your current occupational category?	YEAR ..... ☐☐☐☐	
105.	In what year did you start working in this facility? **YOU MAY PROBE BY ASKING "HOW LONG HAVE YOU WORKED IN THIS FACILITY"?**	YEAR ..... ☐☐☐☐	
108.	Are you a manager or in-charge for any clinical services?	Yes ..... 1 No 2	

2. GENERAL TRAINING/NON-COMMUNICABLE DISEASES

200	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 standalone trainings, or they may have been covered under another training topic. Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES, ASK: 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	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 observation of acetic acid/pap smear/Human Papolloma Virus (HPV) test for screening of cervical cancer?	1	2	3

201	CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION CODE 25 (MEDICAL TECHNOLOGIST LABORATORY) CIRCLED → 700 CODE 25 (MEDICAL TECHNILOGIST LABORATORY) NOT CIRCLED ↓	

I will now ask you a few questions about services you personally provide in your current position in this facility 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 **current** position, and as a part of your work for this facility, do you personally provide any services that are designed to be ***youth or adolescent friendly?*** i.e., designed with the specific aim to encourage youth or adolescent utilization?	YES..... 1 NO 2	
203.	Have you received any ***in-service training, training updates or refresher training*** 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 IN SERVICE TRAINING OR UPDATES 3	

DIABETES

207.	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes?	YES ..... 1 NO 2	
208.	Have you received any in-service training, training updates or refresher training 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 IN SERVICE TRAINING OR UPDATES 3	

CARDIO-VASCULAR DISEASES

209.	In your current 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 in-service training, trainin updates or refresher training on the diagnosis and/or management of cardio-vascular diseases? **IF YES:** Was the training, training update o 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 IN SERVICE TRAINING OR UPDATES 3	

CHRONIC RESPIRATORY DISEASES

211.	In your **current** 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 ***in-service training, training updates or refresher training*** 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 IN SERVICE TRAINING OR UPDATES 3	

3. CHILD HEALTH SERVICES

300.	In your **current** position, and as a part of your work for this facility, do you personally provide any **child vaccination** services?	YES ..... 1 NO 2	
301.	In your **current** position, and as a part of your work for this facility, do you personally provide any **child growth monitoring** services?	YES ..... 1 NO 2	
302.	In your **current** position, and as a part of your work for this facility, do you personally provide any **child curative care** services?	YES ..... 1 NO 2	
303.	Have you received any ***in-service training, training updates or refresher training*** on topics related to child health or childhood illnesses?	YES ..... 1 NO ..... 2 →	**400**

304.	Have you received any ***in-service training or training updates*** 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	EPI OR COLD CHAIN MONITORING	1	2	3
02	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES	1	2	3
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS	1	2	3
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA	1	2	3
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT	1	2	3
09	BREASTFEEDING	1	2	3
10	COMPLIMENTARY FEEDING IN INFANTS	1	2	3
13*	EARLY CHILDHOOD DEVELOPMENT	1	2	3
14	INFANT AND YOUNG CHILD FEEDING TRAINING (IYCF TRAINING)	1	2	3
15	SAM and MAM TRAINING	1	2	3
16	OTHER TRAINING ON CHILD HEALTH(SPECIFY)_____	1	2	3

4. FAMILY PLANNING SERVICES

400.	In your **current** position, and as a part of your work for this facility, do you personally provide any **family planning** services?	YES ..... 1 NO 2	
401.	Have you received any ***in-service training, training updates or refresher training*** on topics related to family planning?	YES ..... 1 NO ..... 2 → **500**	

403.	Have you received any ***in-service training or training updates*** 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	GENERAL COUNSELING FOR FAMILY PLANNING	1	2	3
02	IUCD INSERTION AND/OR REMOVAL	1	2	3
03	IMPLANT INSERTION AND/OR REMOVAL	1	2	3
04	PERFORMING VASECTOMY	1	2	3
05	PERFORMING TUBAL LIGATION	1	2	3
06	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS	1	2	3
07	FAMILY PLANNING FOR HIV POSITIVE WOMEN	1	2	3
08	POST-PARTUM FAMILY PLANNING	1	2	3
09	INJECTABLE CONTRACEPTIVES	1	2	3
10	EMERGENCY CONTRACEPTIVE PILL	1	2	3
11	Post Abortion/ MR	1	2	3
12	OTHER TRAINING ON FAMILY PLANNING (SPECIFY)_____	1	2	3

5. MATERNAL HEALTH SERVICES

ANC - PNC

500.	In your **current** position, and as a part of your work for this facility, do you personally provide any **antenatal care or postnatal care** 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 ***in-service training, training updates or refresher training*** on topics related to antenatal care or postnatal care?	YES.....1 NO.....2 → **503**	

502.	Have you received any ***in-service training or training updates*** 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 ***personally*** 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 ***in-service training, training updates or refresher training*** on topics related to maternal and/or newborn health?	YES.....1 NO.....2 → **506**	

505.	Have you received any ***in-service training or training updates*** 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 **current** position, and as a part of your work for this facility, do you personally provide **delivery services**? 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 ***main provider (include deliveries conducted for private practice and for facility)?***	Total deliveries ..... ☐☐☐	
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 ***in-service training, training updates or refresher training*** on topics related to delivery care?	YES ..... 1 NO 2	**511** →

510.	Have you received any ***in-service training or training updates*** 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 **current** 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 ***in-service training, training updates or refresher training*** on topics related to newborn care?	YES ..... 1 NO..... 2 →	**600**

513.	Have you received any ***in-service training or training updates*** 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	*Early* and e*xclusive* 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*	Umblical cord care (use of 7.1% chlorhexidine)	1	2	3
10*	Emergency traige 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 - COVID

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 ***in-service training, training updates or refresher training*** on topics related to STI services?	YES ..... 1 NO ..... 2 → **603**	

602.	Have you received any ***in-service training or training updates*** 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	Diagnosing and treating sexually transmitted infections (STIs)	1	2	3
02	The syndromic management for STIs	1	2	3
03	Drug resistance to STI treatment medications	1	2	3

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 in-service training, training updates or refresher training READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over?		
		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

COVID-19

604.ǂ	Now I will ask if you have obtained these Covid-19 regarded in-service training, training updates or refresher training or not.	Have you received this _____ (state the training name) training or training update? IF YES, within 24 months or over?		
		YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
1.	ADVANCED **COVID-19** CLINICAL MANAGEMENT CERTIFICATION COURSE for BANGLADESH	1	2	3
2.	IPC trainings on COVID-19 management	1	2	3
3.	WASH (water, sanitation and hygiene) training	1	2	3
4.	Comprehensive Training Course on COVID-19 for Doctors	1	2	3
5.	COVID-19 Awareness and Prevention	1	2	3

6.	COVID-19: Special Course for Informal Healthcare Providers	1	2	3
7.	Online Course on COVID-19 for Doctors	1	2	3
8.	Training Course on COVID-19 for Healthcare Providers	1	2	3
9.	Training Course on COVID-19 and Diabetes	1	2	3
10.	Training on Clinical case management of Covid-19	1	2	3
11.	Training on 'How to Run COVID-19 Hospital'	1	2	3

7. DIAGNOSTIC SERVICES

700.	In your **current** 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	
08‡	RT-PCR test for COVID-19	1	2	
09‡	Antigen test for COVID-19	1	2	
702.	Have you received any ***in-service training, training updates or refresher training*** on topics related to the different diagnostic tests you conduct?	YES .....1 NO.....2		~~800~~

703.	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	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
09‡	Specimen collection for diagnosing COVID-19 test	1	2	3
10‡	RT-PCR Test for diagnosing COVID-19 test	1	2	3
11‡	Antigen Test for diagnosing COVID-19 test	1	2	3

8. WORKING CONDITIONS IN FACILITY

800.	Now I want to ask you a few more questions about your work in this facility 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	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY..... ☐☐	
801.	Now I would like to ask you some questions about	YES, IN THE PAST 3 MONTHS 1	

	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? IF YES, ASK: When was the most recent time?		YES, IN THE PAST 4-6 MONTHS ..... 2 YES, IN THE PAST 7-12 MONTHS ..... 3 YES, MORE THAN 12 MONTHS AGO..... 4 NO 5			→ 804
802.	How many times in the past six months has your work been supervised?		NUMBER OF TIMES ..... ☐☐ EVERY DAY 96			
803.	The last time you were personally supervised, did your supervisor do any of the following: [READ TOPIC]		YES	NO	DON'T KNOW	
01	Check your records or reports?	CHECKED RECORD	1	2	8	
02	Observe your work?	OBSERVED WORK	1	2	8	
03	Provide any feedback (either positive or negative)	FEEDBACK	1	2 → 05	8 → 05	
04	Give you verbal or written feedback that you were doing your work well?	VERBAL PRAISE	1	2	8	
05	Provide updates on administrative or technical issues related to your work?	PROVIDED UPDATES	1	2	8	
06	Discuss problems you have encountered?	DISCUSSED PROBLEMS	1	2	8	
804.	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?		YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3			
805.	Are there any opportunities for promotion in your current job?		YES ..... 1 NO ..... 2 UNCERTAIN/DON'T KNOW 8			
806.	Which type(s) of salary supplement do you receive, if any? PROBE: Anything else?		MONTHLY OR DAILY SALARY SUPPLEMENT ..... A PERDIEM WHEN ATTENDING TRAINING ..... B DUTY ALLOWANCE ..... C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED) ..... D OTHER _____ (SPECIFY) ..... X NONE ..... Y			
807.	In your current position, what non-monetary incentives have you received for the work you do, if any? PROBE BY ASKING: Anything else? Any other options?		TIME OFF / VACATIONS ..... A UNIFORMS, BACKPACKS< CAPS, etc. ..... B DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc ..... C TRAINING ..... D FOOD RATION / MEALS ..... E SUBSIDIZED HOUSING ..... F HEALTH INSURANCE ..... G OTHER _____ (SPECIFY) ..... X NONE ..... Y			
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		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			Ranking ☐☐☐

	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	TRANSPORTATION FOR REFERRAL PATIENTS ..... H PROVIDING ART ..... I PROVIDING PEP ..... J INCREASED SECURITY ..... K BETTER FACILITY INFRASTRUCTURE ..... L MORE AUTONOMY / INDEPENDENCE ..... M STAFF (COUNSELING / SOCIAL ACTIVITIES) ..... N OTHER_____ ..... X (SPECIFY) NONE ..... Y
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. COMPILE 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)
	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	Gender	SERVICES PROVIDED IN FACILITY															INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
				PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT					ANTENATAL CARE	PMTCT	DELIVERY	FAMILY PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TEST	OTHER CLIENT SERVICES		
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
1																			1	1
2																			2	2
3																			3	3
4																			4	4
5																			5	5
6																			6	6
7																			7	7
8																			8	8
9																			9	9
10																			10	10

PROVIDER QUALIFICATION CATEGORY

SPECIALIST/CONSULTANT MEDICINE (INCLUDING CARDIOLOGY)..... 01
SPECIALIST /CONSULTANT GENERAL SURGERY..... 02
SPECIALIST/CONSULTANT OBSTETRICS / GYNOCOLOGY..... 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 SURGON..... 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 (INPRIVATE/NON).....31
NURSE MIDWIFE.....32
TB LEPROSY CONTROL ASSISTANT(TLC).....33
OTHER CLINICAL STAFF NOT LISTED ABOVE _____ 96
(SPECIFY)

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

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						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
11																			11	11
12																			12	12
13																			13	13
14																			14	14
15																			15	15
16																			16	16
17																			17	17
18																			18	18
19																			19	19
20																			20	20

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						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
21																			21	21
22																			22	22
23																			23	23
24																			24	24
25																			25	25
26																			26	26
27																			27	27
28																			28	28
29																			29	29
30																			30	30

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				PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT: HIV/AIDS RELATED	DIAGNOSIS/TREATMENT: MALARIA	DIAGNOSIS/TREATMENT: TB	DIAGNOSIS/TREATMENT: STI	DIAGNOSIS/TREATMENT: NCD	ANTENATAL CARE	PMTCT	DELIVERY	FAMILY PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TEST	OTHER CLIENT SERVICES		
31																			**31**	**31**
32																			**32**	**32**
33																			**33**	**33**
34																			**34**	**34**
35																			**35**	**35**
36																			**36**	**36**
37																			**37**	**37**
38																			**38**	**38**
39																			**39**	**39**
40																			**40**	**40**

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						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
41																			41	41
42																			42	42
43																			43	43
44																			44	44
45																			45	45
46																			46	46
47																			47	47
48																			48	48
49																			49	49
50																			50	50

PROVIDER QUALIFICATION CATEGORY

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(SPECIFY)


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