BANGLADESH

Health Facility Survey 2017

Preliminary Report

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Bangladesh Health Facility Survey 2017

Preliminary Report

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

Associates for Community and Population Research (ACPR)
Dhaka, Bangladesh

ICF
Rockville, Maryland, USA

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

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

Information about The DHS Program can be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA. Telephone: 301-407-6500; Fax: 301-407-6501; Email: reports@DHSprogram.com; Internet: www.DHSprogram.com.

Cover photos: Left: A pregnant woman receives an antenatal check-up at an Upazila Health Complex serving a remote area of Bangladesh. © 2013 Ismail Ferdous, Courtesy of Photoshare.

Right: In Bangladesh, community health worker Bobita Akter (42), at right, arranges for a rickshaw van to transport a pregnant woman to the nearest health center. © 2012 Sumon Yusuf, Courtesy of Photoshare.

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

FOREWORD

The 2017 Bangladesh Health Facility Survey (BHFS) is the fourth nationally representative health facility survey in Bangladesh and follows earlier surveys in 2009, 2011, and 2014. The focus is on formal health sector facilities: public, private (at least 20 beds), and nongovernmental.

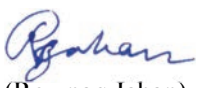
The 2017 BHFS provides information on the availability and readiness of services for maternal, newborn, and child health; family planning services; selected non-communicable diseases, including diabetes and cardiovascular disease; and tuberculosis. Information was collected from 1,524 health facilities and 5,400 health providers.

As part of a periodic assessment of health systems and services provided by various health facilities, the National Institute of Population Research and Training (NIPORT) conducted the 2017 BHFS under the Training, Research, and Development (TRD) operational plan of the Health, Population, and Nutrition Sector Program (HPNSP). ICF, under The DHS Program (formerly MEASURE DHS), and icddr,b provided technical assistance and also monitored field data collection. Associates for Community and Population Research (ACPR), a private research agency, collected the data. The Government of Bangladesh and the U.S. Agency for International Development (USAID) provided financial support.

This report is a result of synchronized effort, dedication, support, and involvement of a large number of institutions and individuals. I am greatly indebted and thankful to all those who contributed to the 2017 BHFS. I would like to put on record my sincere appreciation for the Technical Working Group (TWG) members; representatives of the Stakeholder Advisory Committee (SAC); officials of DGFP, DGHS, Save the Children, and MSH; the field staff; the data processing team; and, in particular, the survey respondents. I am thankful to the Research Unit of NIPORT, ACPR, ICF, and USAID/Dhaka for completing the task professionally. We are deeply indebted and grateful to the Government of Bangladesh (GOB) and USAID for providing financial support.

We are pleased to present the preliminary report of 2017 BHFS with provisional results. A comprehensive report on the survey findings will be published in late 2018. The data in the final report are not expected to differ substantially from the findings presented in this report. The results presented here, however, should be regarded as provisional and may be subject to modification.

We believe that the results of this report are important for monitoring the performance of the health care system and identifying areas to improve the quality of family planning, maternal health, and child health services provided to clients.



(Rownaq Jahan)

1 INTRODUCTION

1.1 BACKGROUND

- The 2017 Bangladesh Health Facility Survey (BHFS) is the fourth nationally representative health facility survey in Bangladesh and follows earlier surveys in 2009, 2011, and 2014. The survey assessed public facilities, private facilities with at least 20 beds, and nongovernmental (NGO) health care facilities in the formal sector of Bangladesh. Formal-sector facilities are those that maintain widely accepted licensing, training, and policy standards.

- The survey provides information on the availability and readiness of services for maternal, newborn, and child health; family planning; selected noncommunicable diseases, including diabetes and cardiovascular disease; and tuberculosis.

- As a part of periodic assessment of health systems and services provided by various health facilities, the National Institute of Population Research and Training (NIPORT) has conducted the 2017 BHFS under the Training, Research and Development (TRD) operational plan of the fourth Health, Population, and Nutrition Sector Development Program (HPNSP).

- ICF, under The DHS Program (formerly MEASURE DHS), provided technical assistance and the International Center for Diarrhoeal Disease Research (icddr,b) monitored the field data collection. Associates for Community and Population Research (ACPR), a private research agency, collected the data.

- The Government of Bangladesh and the U.S. Agency for International Development (USAID) provided the financial support for the survey.

- A Stakeholder Advisory Committee (SAC)—which included experts from government, non-government, and international organizations as well as researchers and professionals who work in the health, nutrition, and population sectors—contributed their expert opinions during survey implementation.

- A Technical Working Group (TWG)—with representatives from NIPORT, ICF, ACPR, icddr,b, USAID/Bangladesh—provided technical guidance in all aspects of survey implementation.

- A series of workshops to review and update questionnaires were conducted with representatives from the Ministry of Health and Family Welfare (MOHFW), Directorate General of Health Services (DGHS), Directorate General of Family Planning Services (DGFP), icddr,b, Save the Children, Management Sciences for Health (MSH), and other key stakeholders.

- The report presents initial results on the availability, general preparedness, and readiness of health facilities to provide services in maternal, newborn, and child health; family planning; and tuberculosis diagnosis or treatment based on information collected from the facilities.

- A comprehensive report on the survey findings will be published in late 2018. The data in the final report are not expected to differ substantially from the findings in this preliminary report; however, the results presented here should be regarded as provisional and may be modified.

1.2 OBJECTIVES OF THE 2017 BHFS

The main objectives of the 2017 BHFS were to

- Assess the availability of health services, including maternal and child health, family planning, 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.
- Assess service-specific readiness of health facilities to provide maternal, newborn, and child health care; family planning services; and treatment of diabetes, cardiovascular disease, and tuberculosis, measured in terms of the WHO recommended minimum conditions required to provide quality services.
- Compare findings among facility types and managing authorities.

2 SURVEY IMPLEMENTATION

2.1 SAMPLING DESIGN

- A list of 19,811 registered health facilities in Bangladesh served as the sampling frame for the 2017 BHFS. This list was prepared by the National Institute of Population Research and Training (NIPORT) and the Ministry of Health and Family Welfare (MOHFW).

- A stratified random sample of 1,600 health facilities was selected from the sampling frame for cross-sectional analysis. These public, private, and nongovernmental (NGO) facilities were drawn from all eight divisions of the country: Barishal, Chattogram, Dhaka, Khulna, Mymensingh, Rajshahi, Rangpur, and Sylhet.

- There were six types of public health facilities: community clinics (CCs), union sub-centers/rural dispensaries (USCs/RDs), union health and family welfare centers (UHFWCs), upazila health complexes (UHCs), mother and child welfare centers (MCWCs), and district hospitals (DHs). Other types of facilities were private hospitals with at least 20 beds and NGO static clinics/hospitals in addition to some NGO facilities run by local government.

- The sample size for the 2017 BHFS was determined by a combination of census (for DHs and MCWCs) and random samples (for other facility types).

2.2 DATA COLLECTION METHODS

- The 2017 BHFS used two types of data collection tools: a Facility Inventory Questionnaire and a Health Care Provider Interview Questionnaire.

- The Facility Inventory Questionnaire obtained information on the availability and preparedness of the facilities to provide each priority service. The questionnaire also collected information on the availability of specific items (including their location and functional status), components of support systems (for example, logistics, maintenance, and management), and facility infrastructure, including the service delivery environment. The data collectors interviewed the people most knowledgeable about the facility and its services.

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

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

2.3 TRAINING AND DATA COLLECTION

- Fourteen medical doctors were recruited (eight from International Center for Diarrhoeal Disease Research [icddr,b]) and six from Associates for Community and Population Research [ACPR]) and received 3 weeks of training to serve as “master trainers” for training data collection enumerators.

- About 80 enumerators were recruited for data collection (40 interviewers [sub-assistant community medical officers] and 40 team leaders [medical doctors]).

- Three weeks of training for the 2017 BHFS enumerators took place July 9-27, 2017, in Dhaka. They were trained in the application of survey instruments and computer programs.

- Data collection took place July 30 to October 19, 2017, and was completed in four phases. On average, data collection took 1 day for each health facility.

- Eight master trainers from icddr,b served as independent field monitors during data collection. In addition, supervisory teams and professionals from NIPORT periodically and simultaneously visited and monitored the data collection exercise.

2.4 SAMPLE OF HEALTH FACILITIES AND OUTCOMES

- Data were successfully collected from 1,524 facilities (95% of the 1,600 sampled facilities).

- Interviewers were not able to survey about 5% of sampled facilities for various reasons, but mainly because some facilities were closed or not operational at the time of the survey.

2.5 SAMPLE OF HEALTH SERVICE PROVIDERS AND OUTCOMES

- A total of 5,400 providers were interviewed, with most interviews conducted in CCs (40%).

Table 2.1 Result of facility contact, by background characteristics

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

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

Notes: 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 sub-center/rural dispensary, CC = community clinic.

Table 2.2 Distribution of surveyed facilities, by background characteristics

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

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

[1] The NGO category includes facilities run by local government.
na = Not applicable

Table 2.3 Distribution of interviewed providers

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

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

[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/medical assistant, 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.
na = Not applicable

3 HEALTH FACILITY INFRASTRUCTURE, RESOURCES, MANAGEMENT, AND SUPPORT

Key Findings

- Nearly all health facilities in Bangladesh offer antenatal and postnatal care for women, care for sick children, health care for adolescents, and nutrition services. About 90% provide family planning. More than 85% offer child vaccination services. Less common services are for noncommunicable disease diagnosis or management, tuberculosis diagnosis or treatment (about one-third of facilities), and normal delivery care (about one-quarter of facilities). Caesarean deliveries are available at only 4% of facilities (**Table 3.1**).
- Almost three-quarters of health facilities offer basic client services, namely, outpatient care for sick children, child growth monitoring, child vaccinations, modern methods of family planning, and antenatal care. Availability of these services has increased from only 44% in the 2014 survey to 72% in the 2017 survey. If normal delivery care is added to the basic services package, however, only 16% of facilities qualify as full providers (**Table 3.2** and **Figure 3.1**).
- Six basic amenities—regular electricity, an improved source of water, privacy during patient consulting, a latrine for clients, a land or mobile phone, and a computer with internet access—are considered essential for rendering services in health facilities. Between the 2014 and 2017 surveys, notable improvements occurred in the availability of regular electricity (up from 22% to 43%), privacy during patient consultation (39% to 70%), a client latrine (72% to 79%), a computer with internet access (37% to 58%), and an improved water source (87% to 90%). Availability of only one basic amenity, a functional land/mobile phone, declined—from 20% to 11% during the same period **Table 3.3** and **Figures 3.2-3.9**).
- Overall, transport for emergencies is available from only 5% of facilities (15% if CCs are excluded), and has not improved since the 2014 survey (**Table 3.3** and **Figure 3.10**).
- In the recent survey, 28% of facilities had all six basic items of equipment for providing quality services (stethoscope, thermometer, blood pressure apparatus, adult scale, child or infant scale, and light source), compared with 26% in 2014 (**Table 3.4)**.
- The capacity of health facilities to conduct basic diagnostic tests is still very limited. The most widely available test is blood glucose, which only 20% provide. Only 4% offer all five basic diagnostic tests (hemoglobin, blood glucose, urine protein, urine glucose, and urine pregnancy test). Among the public facilities, only 14% of district and upazila facilities, and a negligible proportion of union-level facilities and community clinics, provided all five basic lab diagnostic tests. More than half of private hospitals and 40% of nongovernmental facilities offered these tests (**Table 3.4** and **Figure 3.12-3.13)**.
- The majority of district hospitals and private hospitals have functional x-ray machines, and their availability has improved. Availability at district- and upazila-level public facilities is comparatively low (22%), however, and has declined slightly in the last 3 years (**Table 3.5** and **Figure 3.14**).

3.1 AVAILABILITY OF SPECIFIC SERVICES

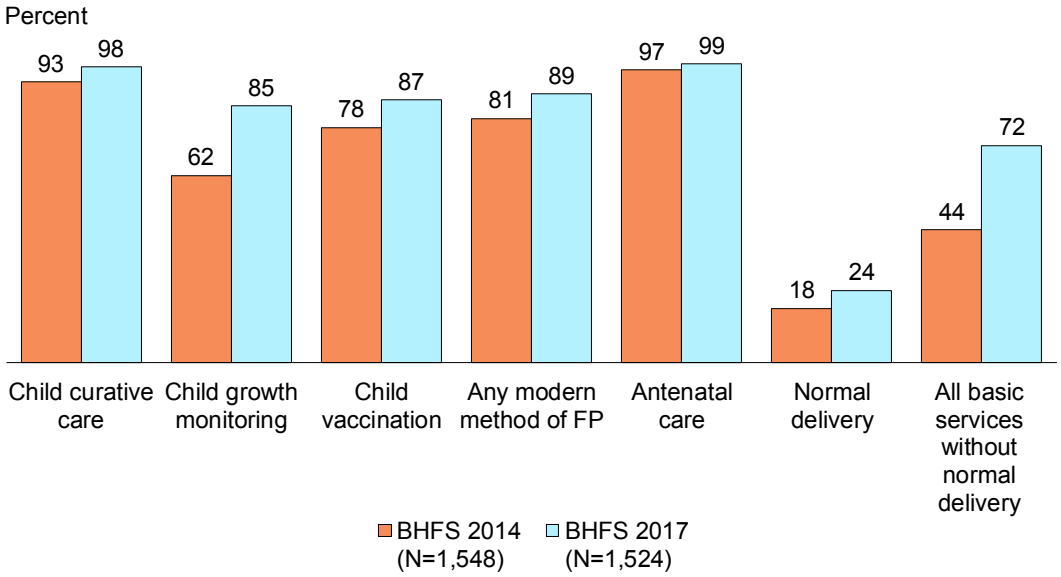
- Nearly all health facilities in Bangladesh offer antenatal care (99%), child curative care (98%), adolescent health care (98%), postnatal care (96%), and nutrition services (96%) (**Table 3.1**).

- The majority of the health facilities offer postpartum family planning (91%) and modern family planning services (89%).
- More than 85% of health facilities offer child vaccination services, most with the assistance of an expanded program on immunization (EPI) program.
- One-third of health facilities offer services for laboratory diagnosis (35%), non-communicable disease diagnosis or management (33%), and tuberculosis (TB) diagnosis or treatment (30%).
- Nearly one-quarter of health facilities provide normal delivery services; however, cesarean delivery is available in only 4%.
- Blood grouping and typing (8%) and blood transfusion services (4%) are not commonly available.

3.2 AVAILABILITY OF BASIC CLIENT SERVICES

- The BHFS defines a full package of basic client services as the following: outpatient curative care for sick children, child growth monitoring services, child vaccination services, provision of any modern method of family planning, antenatal care (ANC), and normal delivery care.
- Among facility types, upazila health complexes (UHCs) are most likely to provide the full range of basic client services including normal delivery (92%), followed by district hospitals (71%), mother and child welfare centers (MCWCs) (59%), and union health and family welfare centers (UHFWCs) (44%). Private hospitals (4%), community clinics (CCs) (6%), NGO/clinic hospitals (15%), and union subcenter/rural dispensaries USC/RDs (16%) are less likely to provide all of the basic services (**Table 3.2**).
- In 2017, 16% of all facilities were providing the full package of basic services, including normal delivery, compared with 8% in 2014. All CCs are not mandated to provide normal delivery. Excluding the CCs, one in three health facilities (34%) provides the full package of basic health services, including normal delivery (**Figure 3.1**, **Table 3.2**).

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



- More than 70% of facilities offer all basic services without normal delivery care, and the proportion offering the services has increased from 44% in the 2014 survey to 72% in the 2017 survey.

- Availability of each of the basic health services has increased between the 2014 and 2017 surveys.

3.3 GENERAL SERVICE READINESS

3.3.1 Basic Amenities

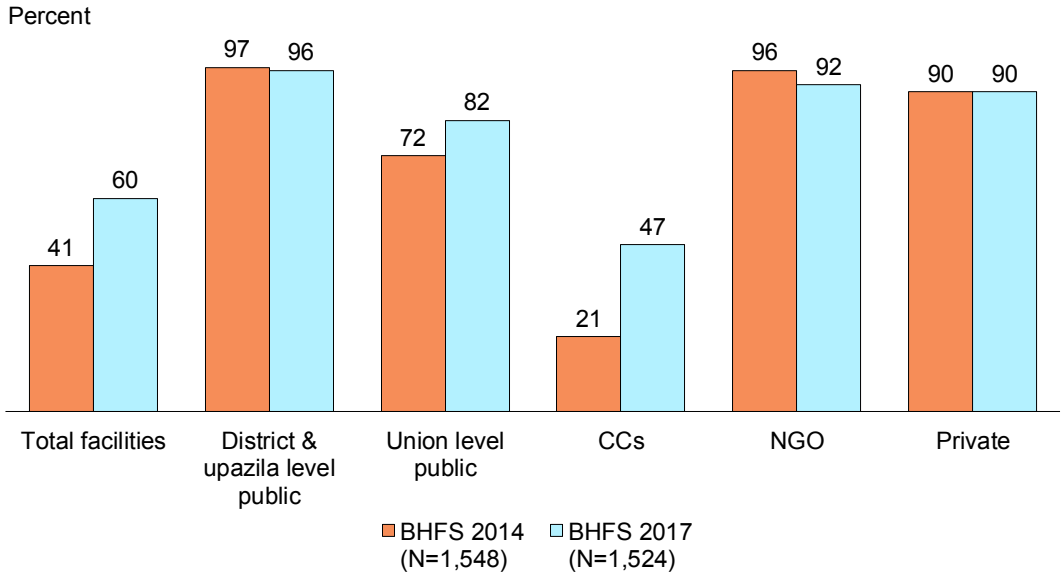
BHFS assessed the availability of basic amenities such as regular electricity, an improved water source, privacy during consultation, a client latrine, communication equipment (land/mobile phone), and a computer with internet access. These basic amenities are assumed to contribute to clients' satisfaction with the health services rendered at a facility.

3.3.2 Availability of Electricity

BHFS assessed the availability of electricity at a facility in two ways: first, by assessing whether a facility is connected with the national electricity grid line; second, by assessing the availability of regular electricity in the facility. A facility is considered to have regular electricity if the facility is connected to a central power grid, and if 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; or if the facility has a functioning generator with fuel available on the day of the survey; or if the facility has back-up solar power.

- Six of ten health facilities now are connected to the national electricity grid, compared to four out of ten health facilities, 3 years ago. Most district and upazila-level public, NGO, and private facilities are connected to the national electricity grid (**Table 3.3**, **Figure 3.2**).

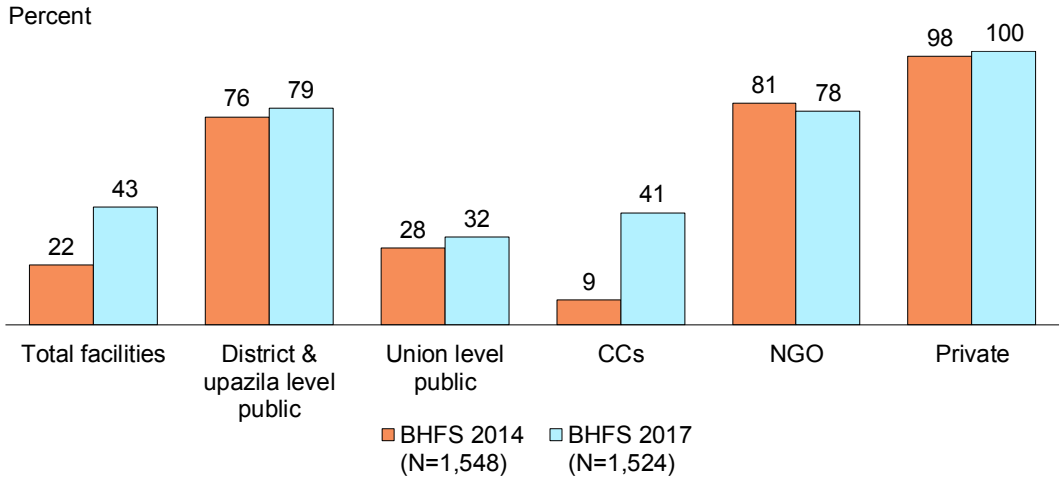
Figure 3.2 **Availability of electricity from national electricity grid, by facility type**



- The availability of regular electricity in union-level public facilities and CCs has increased between 2014 and 2017 (from 28% to 32% in union-level facilities; from 9% to 41% in CCs).

- Forty-three % of facilities now have regular electricity, compared to 22% of health facilities in 2014 (**Table 3.3**, **Figure 3.3**).

Figure 3.3 Availability of regular electricity*, by facility type



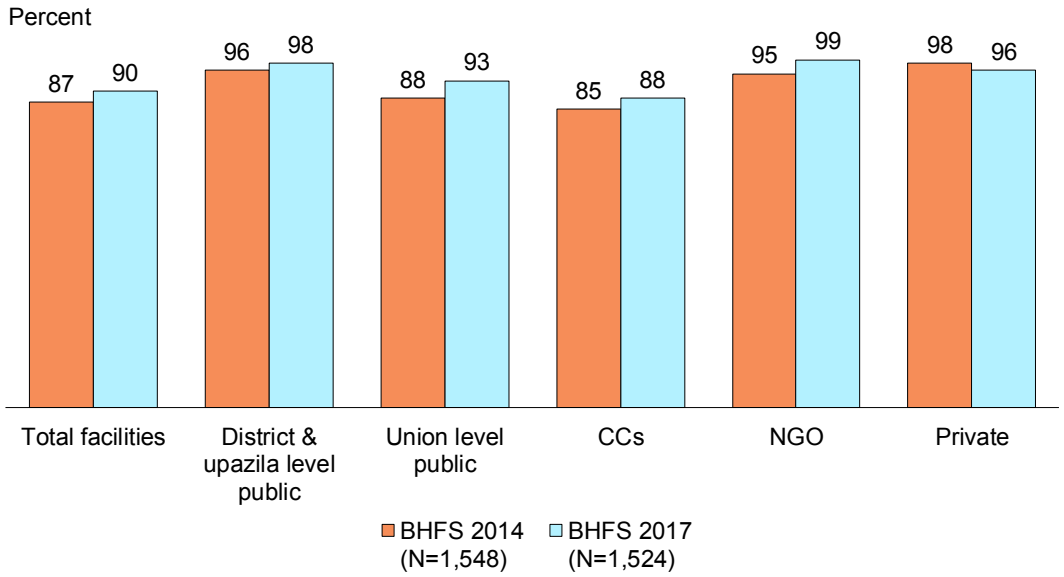
* Regular electricity is considered to be available if facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey, or facility has a functioning generator with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

- Seventy-nine percent of district and upazila public facilities, 78% of NGO facilities, and 100% of private hospitals have regular electricity.
- Four out of ten CCs now have regular electricity, compared with 1 of 10 CCs, 3 years ago.

3.3.3 *Improved Water Source*

- Ninety percent of all health facilities in 2017 have an improved water source in the facility, compared with 87% of health facilities in 2014 (**Table 3.3**, **Figure 3.4**).

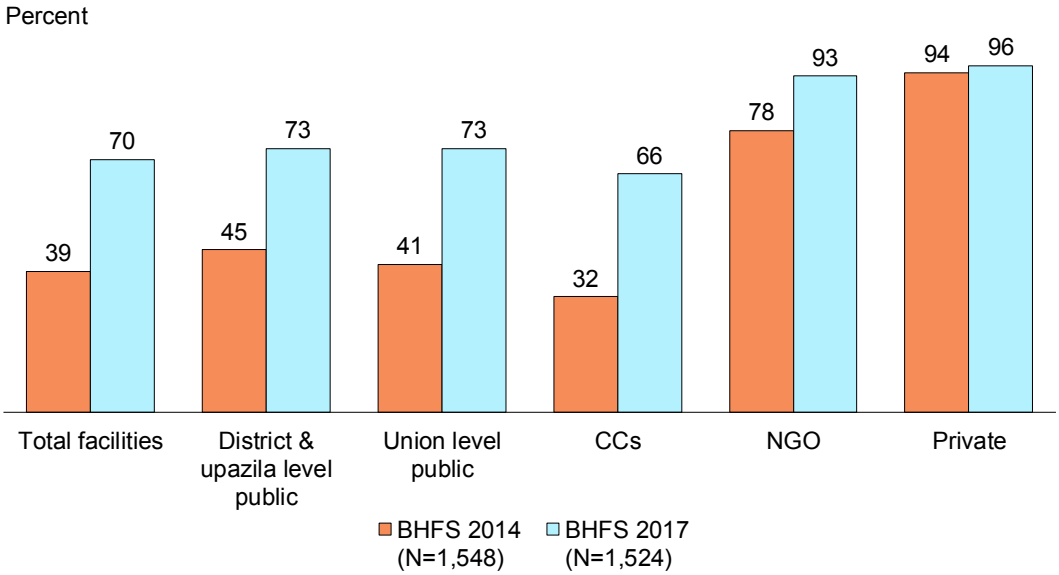
Figure 3.4 Availability of improved water source, by facility type, BHFS 2014 and BHFS 2017



3.3.4 *Privacy During Consultation*

- Seven out of ten health facilities have the capacity to assure privacy for clients during a consultation, compared with 4 of 10 facilities, 3 years ago (**Table 3.3** and **Figure 3.5**).

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

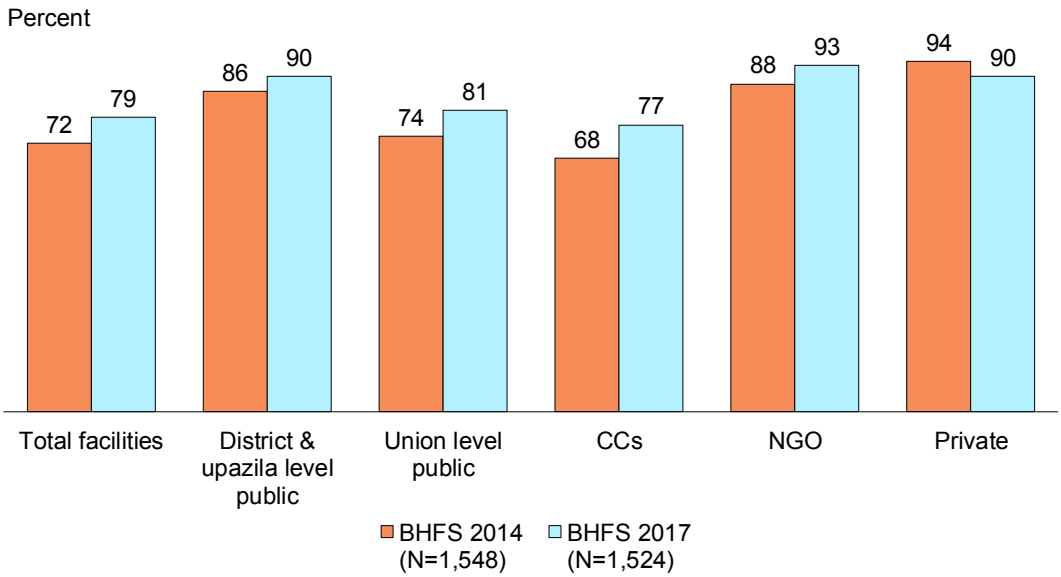


- Private and NGO facilities are more likely to assure privacy for clients during a consultation compared with the public sector facilities The proportion with an assurance of privacy for clients during a consultation has improved between 2014 and 2017 for all types of health facilities.

3.3.5 *Client Latrine*

- In 2017, overall 79% of health facilities had a functioning client latrine. Nine out of ten facilities at district- and upazila-level public, NGO, and private sector facilities have a functioning latrine for clients (**Table 3.3** and **Figure 3.6**).

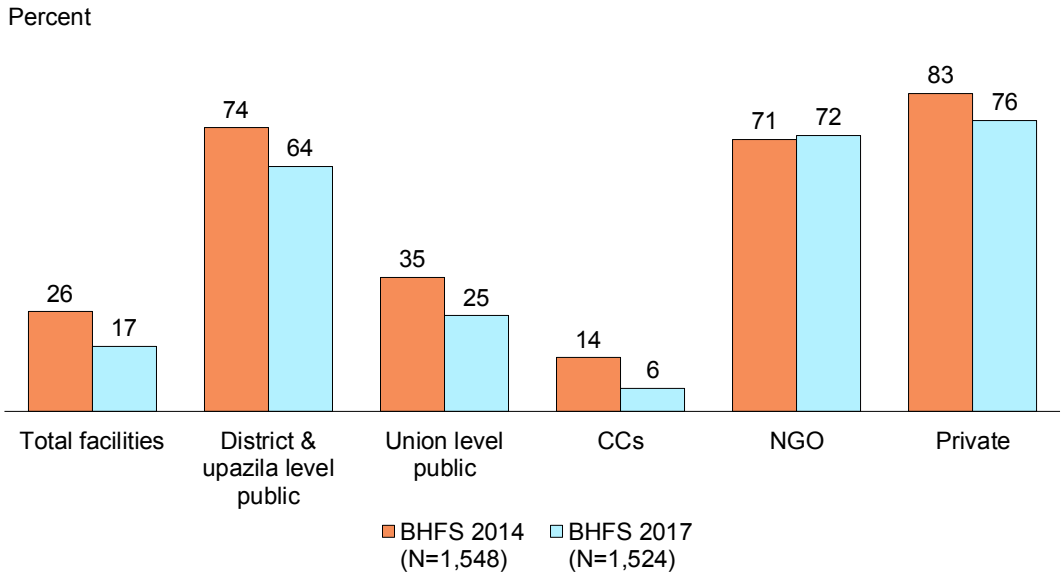
Figure 3.6 **Availability of client latrine, by facility type**



- Availability of a client latrine improved between 2014 and 2017.

- Availability of an improved female toilet implies availability of a separate female toilet with a functional water source. Only 17 % of facilities have a separate and improved latrine for women and girls (**Table 3.3** and **Figure 3.7**).

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



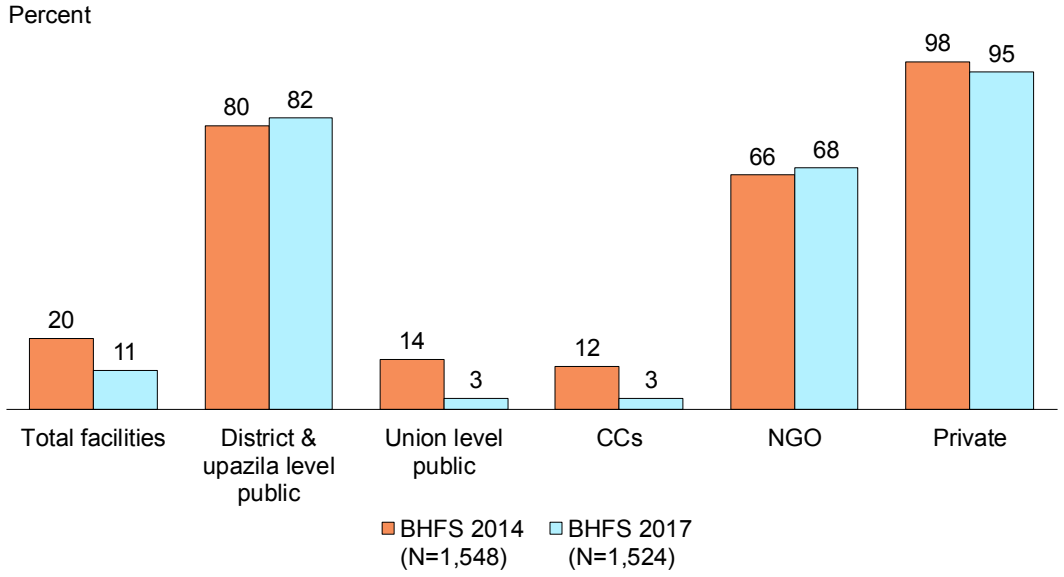
- NGO and private clinics are more likely to have a functional separate latrine for females (72% and 76% respectively), compared with public health facilities.

- The availability of a separate toilet for women and girls has declined from 26% in 2014 to 17% in 2017. This decline was observed across all types of facilities except the NGO clinics.

3.3.6 Communication Equipment (Land/Mobile Phone)

- About 1 in 10 facilities has a functional land/mobile phone (**Table 3.3** and **Figure 3.8**).

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



- Availability of land/mobile phone varies widely by types of facilities, from 95% in private, 82% in district- and upazila-level public facilities, and 68% in NGO facilities to 3% in union-level facilities and CCs. There is typically no provision for land or mobile phones at CCs, but CC providers may use their private mobile phones with the cost supported by the facility in some cases.

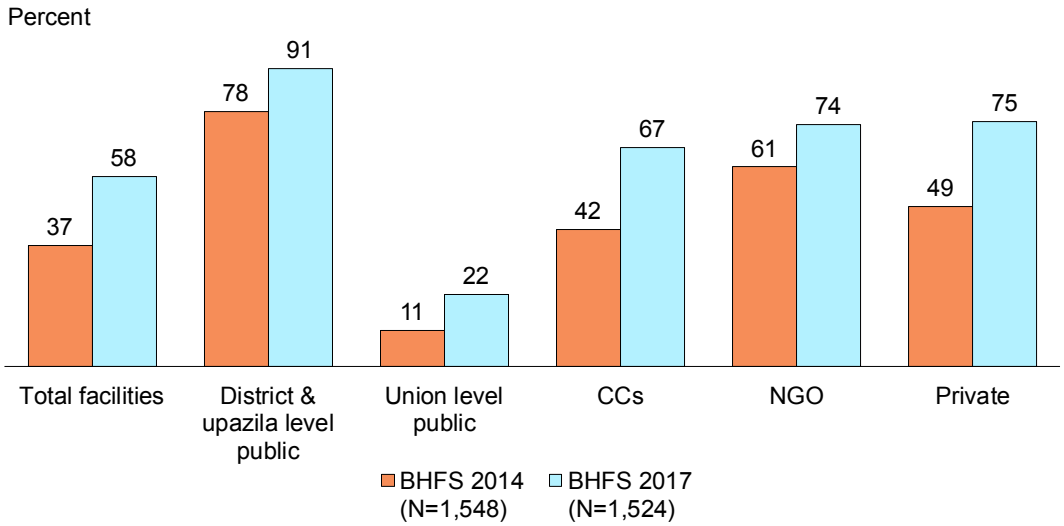
- Availability of land/mobile phones in health facilities has decreased between the 2014 BHFS and 2017 BHFS (from 20% to 11%) due to a decline in its availability in union-level public facilities and CCs.

3.3.7 Computer with Internet Access

- Nearly 60% of health facilities have a functioning computer with internet access. Union-level public facilities are least likely to have a functioning computer with internet connection (22%) (**Table 3.3** and **Figure 3.9**).

- Between 2014 and 2017, availability of a computer with internet connection has increased notably across all types of facilities.

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

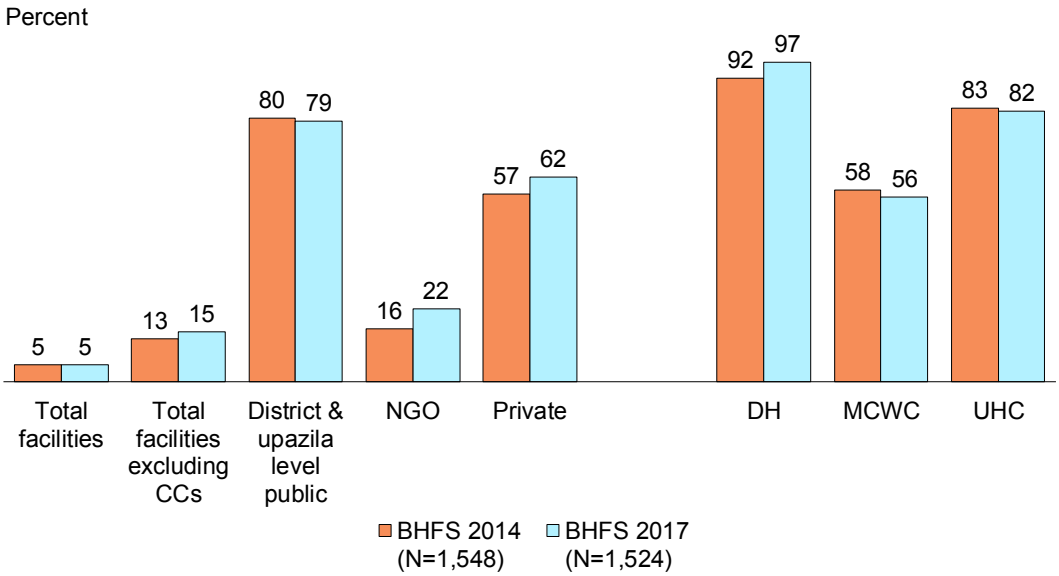


* The facility has a functioning computer with access to the internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the internet via a cellular phone inside the facility.

3.3.8 Emergency Transport

- Overall, transport for emergencies is available at only 5% of all facilities (**Table 3.3** and **Figure 3.10**). District- and upazila-level public facilities (79%) and private hospitals (62%) are much more likely than NGO facilities (22%) to have transport for emergencies.

Figure 3.10 Availability of emergency transport, by facility type



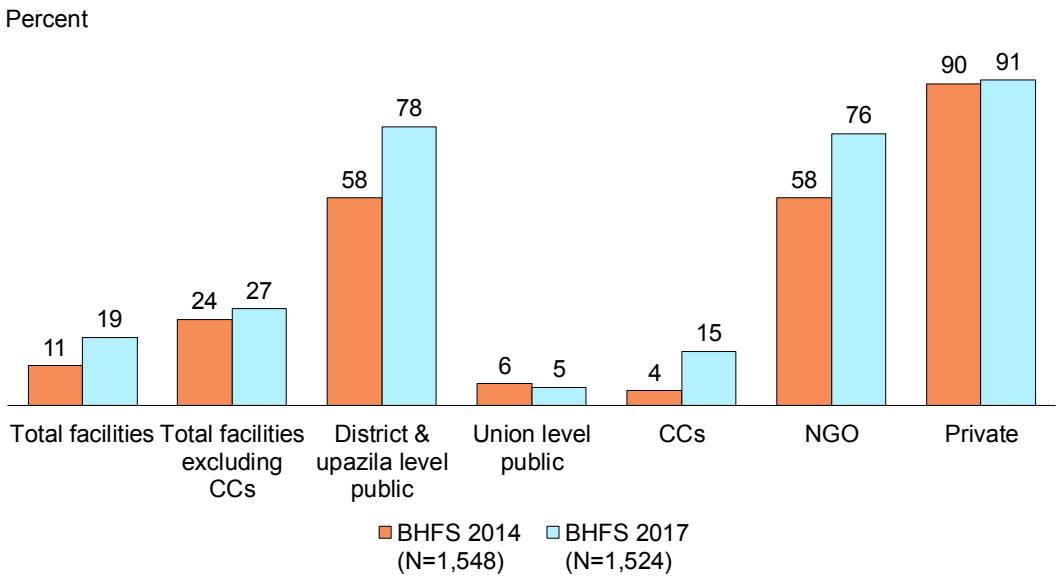
- The availability of transport for emergencies in public facilities has not improved between the 2014 BHFS and 2017 BHFS.

3.3.9 *Availability of at Least Five out of Six Basic Amenities in Health Facilities*

In summary, the ideal facility should have a safe and welcoming environment with regular electricity, an improved water source, privacy during consultation, a client latrine, a land/mobile phone, and a computer with internet access.

Figure 3.11 presents information on the availability of at least five out of these six amenities in health facilities in Bangladesh, by facility type.

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



- Overall, more than 75% of district and upazila public facilities, private hospitals, and NGO clinics, have at least five of the six specified amenities considered basic to the provision of client services (**Figure 3.11**).

- In sharp contrast, 15% of CCs and only 5% of union-level public facilities have at least five basic amenities. The low proportion is primarily due to limited availability of computers with internet at union-level facilities, and unavailability of regular electricity in most CCs.

- The availability of at least five basic amenities in health facilities has improved between 2014 and 2017 (from 11% to 19%, **Figure 3.11**). The improvement has occurred in all public health facilities except the union-level facilities.

3.3.10 Basic Equipment to Support Quality Health Services

- A stethoscope, found in 94% of facilities, is the most commonly available basic equipment, followed by a thermometer or adult weighing scale (86% each), and a blood pressure apparatus (85%, **Table 3.4**).

- More than half of facilities have an infant or child weighing scale (62%) and a light source (52%).

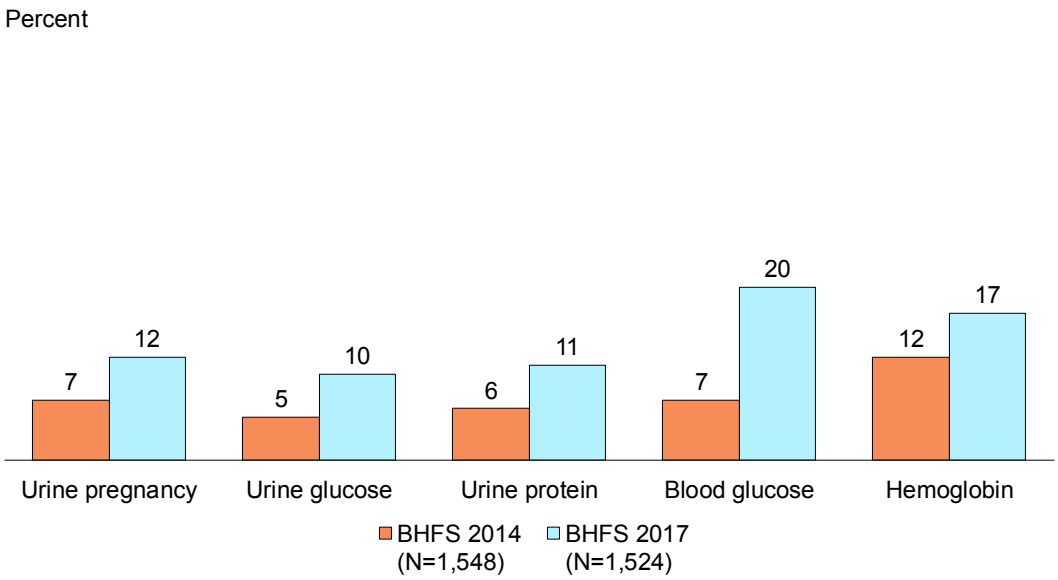
- Overall, 28% of facilities now have all six equipment items considered basic to providing quality client services; this compares to 26% in 2014.

3.3.11 Diagnostic Capacity

- Overall, the capacity of health facilities to perform basic laboratory diagnostic tests is still very limited (**Table 3.5**).

- The most widely available test is to measure blood glucose, which only one in five health facilities have the capacity to test (**Figure 3.12**).

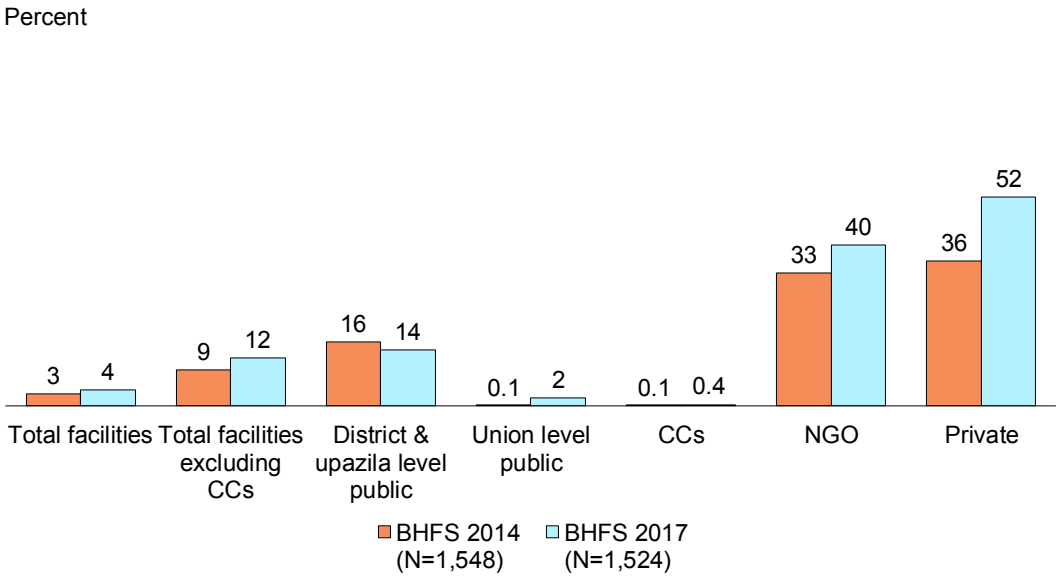
Figure 3.12 **Capacity to conduct basic laboratory diagnostic tests in health facilities**



- Between 2014 and 2017, the capacity to perform each of the following five basic tests has increased: hemoglobin (from 12% to 17%), blood glucose (from 7% to 20%), urine protein (from 6% to 11%), urine glucose (from 5% to 10%), and urine pregnancy test (from 7% to 12%).

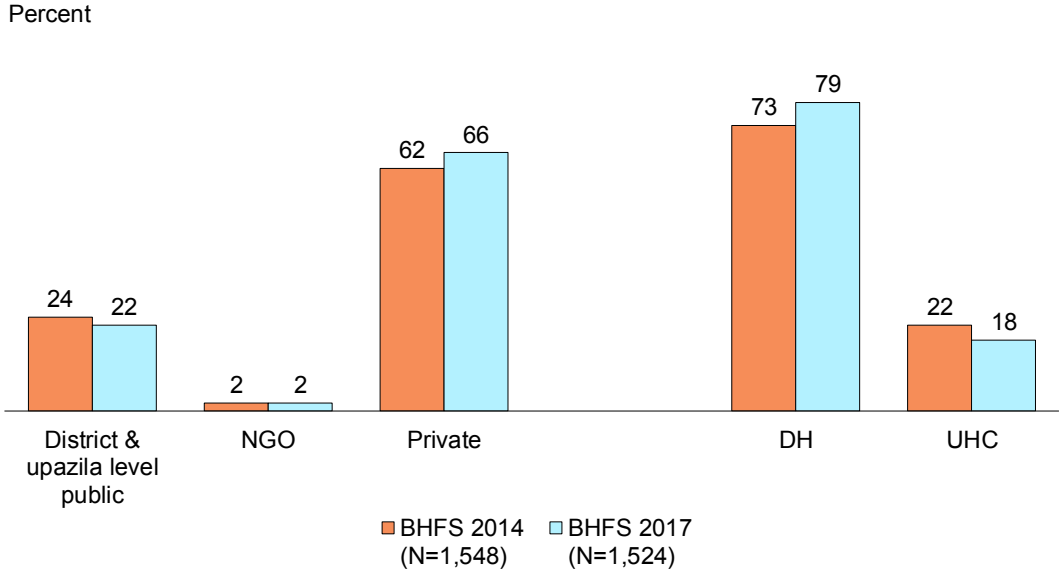
- Only 4% of facilities perform all these basic diagnostic tests (**Table 3.5** and **Figure 3.13**).

Figure 3.13 Availability of all five basic laboratory diagnostic tests in health facilities, by facility type



- Among the public facilities, only 14% of district and upazila facilities provided all of the basic tests, while more than half of private hospitals and 40% of NGO facilities provided these tests.
- As expected, since they generally do not have provision to offer the tests, only a negligible proportion of union level facilities and CCs carried out all five basic laboratory tests in the facility.
- **Table 3.5** and **Figure 3.14** show the availability of a functional x-ray machine in district- and upazila-level facilities, NGO facilities, and private hospitals.

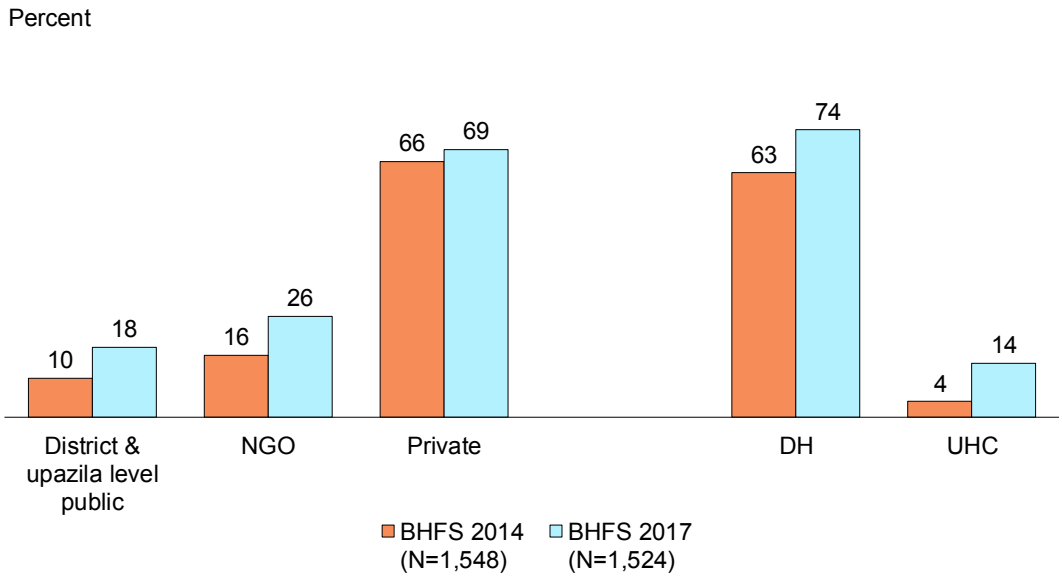
Figure 3.14 Availability of functional x-ray machine in health facilities, by facility type



- In the public sector, the majority of DHs (79%) have functional x-ray machines, and the availability has improved slightly in the past 3 years.
- Only 18% of UHCs have functional x-ray machines, and availability has decreased between the 2014 BHFS and 2017 BHFS.

- More than 65% of private hospitals have functional x-ray machines, but only a negligible proportion (2%) of NGO facilities have a working x-ray machine.
- Seventy-four percent of DHs and 14% of UHCs now have a functional ultrasound machine, compared with 63% of DHs and 4% of UHCs, 3 years ago (**Table 3.5** and **Figure 3.15**).

Figure 3.15 Availability of functional ultrasound machine in health facilities, by facility type



- More than two-thirds of private hospitals have ultrasound machines, as compared with 26% of NGO facilities. The availability of ultrasound machines at private hospitals and NGO facilities has also increased over the past 3 years.

Table 3.1 Availability of specific services

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

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Curative care for sick children	98.1	1,495	1,487
Child growth monitoring	85.3	1,300	1,285
Child vaccination (EPI)[1]	87.2	1,328	1,176
Any family planning[2]	89.2	1,359	1,334
Antenatal care	98.8	1,506	1,495
Normal delivery	23.5	358	818
Cesarean delivery[3]	4.3	66	271
TB diagnosis or treatment[4]	30.1	459	522
Non-communicable disease[5]	33.4	509	711
Laboratory diagnostic[6]	34.5	526	723
Blood grouping and typing[7]	7.7	117	356
Blood transfusion[8]	3.7	57	231
Postnatal care[9]	95.8	1,460	1,465
Postpartum family planning[10]	90.8	1,384	1,370
Adolescent health[11]	98.2	1,497	1,483
Nutrition[12]	95.7	1,459	1,430
Total	-	1,524	1,524

[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, IUCDs, male condoms, female sterilization (tubal ligation), male sterilization (vasectomy), or lactational amenorrhea method (LAM).
[3] Facility reports that it provides caesarean delivery services in 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 postnatal care.
[7] Facility reports that it provides laboratory diagnostic services.
[8] Facility reports that it provides blood grouping and typing services.
[9] Facility reports that it provides blood transfusion services.
[10] Facility reports that it provides postpartum family planning.
[11] Facility reports that it provides adolescent health care.
[12] Facility reports that it provides nutrition services.

Table 3.2 Availability of basic client services

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

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

[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 2017

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

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

"-" Means facilities below district level do not have the provisions to provide emergency transport.

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

[2] Water is piped into facility or piped onto facility grounds, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, or bottled water and the outlet from this source is within 500 meters of the facility.

[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] The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or composting toilet.

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

[6] The facility had a functioning computer with access to the internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the internet via a cellular phone inside the facility.

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

[8] All six basic amenities include regular electricity, improved water source, visual and auditory privacy, client latrine, communication equipment, and computer with internet.

Table 3.4 Availability of basic equipment

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

Background characteristic	Equipment							Number of facilities
	Adult scale	Child scale[1] or Infant scale[2]	Thermo-meter	Stethoscope	Blood pressure apparatus[3]	Light source[4]	All 6 types of equipment available	
Facility type								
District and upazila public facilities	**87.8**	**79.9**	**90.4**	**97.8**	**97.3**	**79.7**	**60.9**	**44**
DH	90.3	80.6	88.7	98.4	96.8	87.1	66.1	5
MCWC	93.4	75.6	85.6	96.7	94.5	74.4	56.6	7
UHC	86.2	80.8	91.7	98.0	98.0	79.8	61.0	32
Union level public facilities	**75.2**	**56.3**	**67.5**	**95.5**	**89.8**	**50.4**	**23.0**	**361**
UHFWC	80.4	58.1	67.9	94.6	90.6	52.7	25.1	250
USC/RD	63.5	52.2	66.5	97.5	87.9	45.1	18.3	111
Public community clinic (CC)	**88.2**	**60.0**	**91.6**	**93.0**	**82.0**	**46.8**	**22.8**	**1,012**
NGO clinic/hospital	**98.9**	**86.0**	**98.1**	**99.2**	**98.1**	**94.1**	**79.5**	**64**
Private hospital	**98.5**	**89.7**	**97.4**	**100.0**	**100.0**	**92.8**	**82.8**	**43**
Location								
Urban	94.2	88.2	96.1	99.3	99.1	92.5	79.3	108
Rural	85.2	59.6	85.5	93.8	84.4	48.8	24.1	1,416
Division								
Barishal	87.3	75.7	89.3	94.6	81.3	54.8	31.1	113
Chattogram	79.3	61.8	84.0	94.8	86.4	43.6	20.6	288
Dhaka	87.1	45.1	83.4	91.6	78.3	42.5	18.5	304
Khulna	90.7	59.7	87.5	95.7	82.6	68.7	33.7	187
Rajshahi	90.9	60.6	88.6	93.0	86.9	58.6	36.9	220
Rangpur	87.4	68.2	88.9	98.2	98.2	51.9	27.2	193
Sylhet	90.6	79.1	89.5	93.6	84.9	60.1	44.9	96
Mymensingh	74.6	69.5	82.8	92.9	86.7	47.7	29.3	123
Total	85.9	61.6	86.3	94.2	85.4	51.9	28.0	1,524
Total excluding CCs	81.2	64.8	75.7	96.6	92.3	61.9	38.3	512

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

[1] A scale with 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 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 Laboratory diagnostic capacity

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

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

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).
"-" Means facilities do not have the provision to provide the specific laboratory diagnostic tests.
Note: CSF = cerebrospinal fluid; CT = computed tomography
[1] Hemoglobin, Blood glucose, Urine protein, Urine glucose, Urine pregnancy test.

4 CHILD HEALTH SERVICES

Key Findings

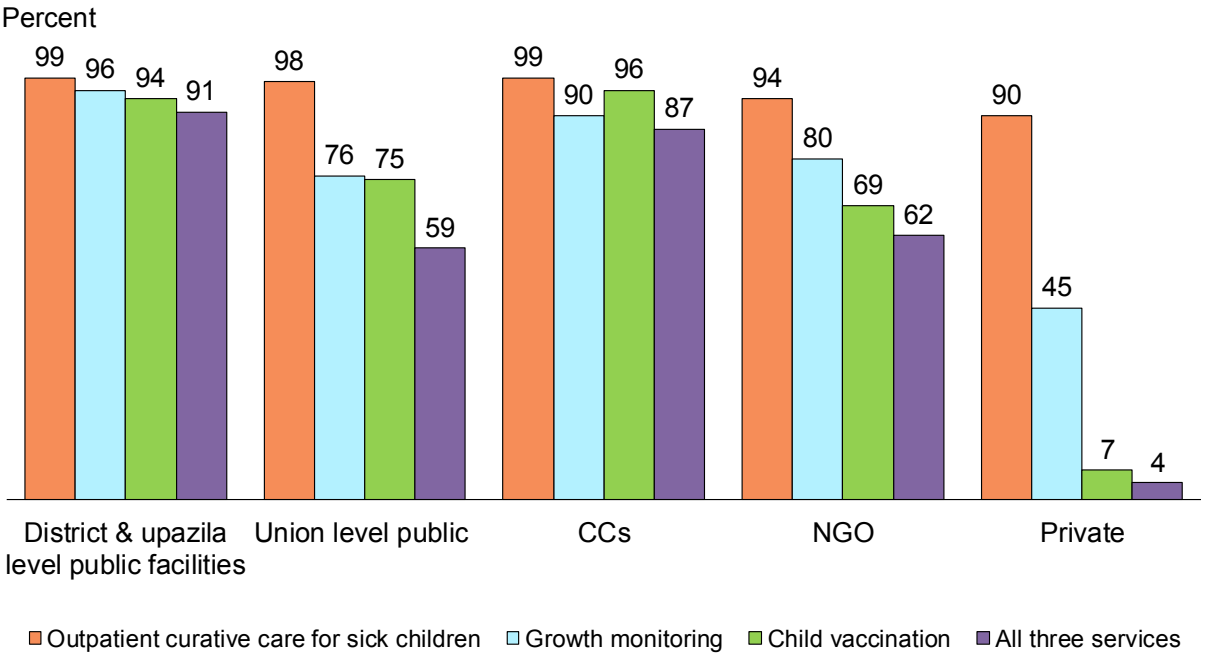
- Most facilities offer outpatient curative care for sick children (98%), child vaccination services (87%), and child growth monitoring (85%) (**Table 4.1** and **Figure 4.1**)
- The availability of all three basic child health services (outpatient curative care, growth monitoring, and vaccination) has increased from 52% in the 2014 BHFS to 77% in the 2017 BHFS (**Figure 4.2**).
- Only 38% of health facilities offering outpatient curative care for sick children had four basic items of equipment (child scale, length or height board, thermometer, and stethoscope) available on the day of the survey (**Table 4.2** and **Figure 4.3**).
- Availability of basic equipment in facilities has not improved between 2014 (42%) and 2017 (38%) (**Table 4.2** and **Figure 4.3**).
- More than 40% of facilities that offer child curative care have integrated management of childhood Illness (IMCI) guidelines on site, while almost 60% have at least one staff person trained in IMCI. In the last 3 years the percentage of facilities having IMCI guidelines has declined from 51% to 42% (**Table 4.5** and **Figure 4.4**).
- One-third of facilities had all six medicines considered essential to child health care (oral rehydration solution (ORS), amoxicillin syrup, paracetamol syrup/suspension, vitamin A capsules, mebendazole/albendazole, and zinc tablets) on the day of the survey. The availability of these essential medicines has diminished from 42% in 2014 to 33% in 2017 (**Table 4.4**).
- Only 1 in 20 health facilities that treat sick children have all the WHO recommended tracer indicators (guidelines, trained staff, drugs, and equipment) on site. Service readiness of health facilities for child curative care did not improve between 2014 and 2017 (**Table 4.5** and **Figure 4.5**).

4.1 AVAILABILITY OF CHILD HEALTH SERVICES

- Outpatient curative care for sick children is available in almost all facilities. More than 85% of facilities provide growth monitoring services; while almost 90% provide or assist in child vaccinations (**Table 4.1**).

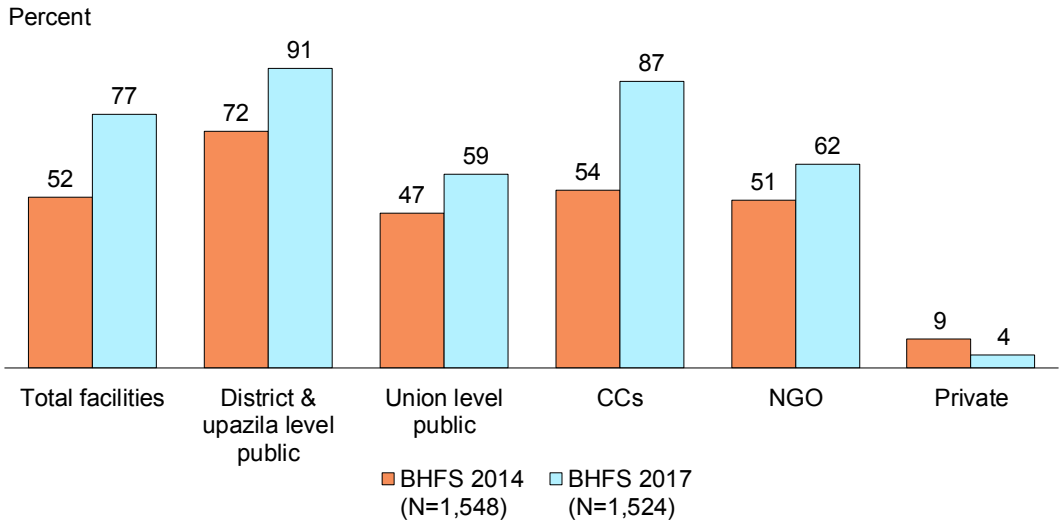
- District and upazila health facilities (91%) and CCs (87%) are most likely to provide all three basic child health services. Six out of ten union-level public facilities and nongovernmental organizations (NGOs) have all three services available at their sites. Fewer than half of private facilities provide growth monitoring, and only about 7% provide or assist in child vaccination (**Table 4.1**, **Figure 4.1**).

Figure 4.1 Availability of child health services by type of facilities (N=1,524)



- Overall, the proportion of health facilities providing all three basic child services increased from 52% to 77% between BHFS 2014 and BHFS 2017. With the exception of private hospitals/clinics, availability of the three basic child services increased in all types of facilities (**Figure 4.2**).

Figure 4.2 Availability of three basic child health services*, BHFS 2014 and BHFS 2017



* Three basic child health services include: outpatient curative care for sick children, child growth monitoring, and child vaccination.

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

- Overall, 42% of all facilities have guidelines for integrated management of childhood illness (IMCI). The DHs are most likely (71%) and private hospitals are least likely (3%) to have IMCI guidelines (**Table 4.2**).

- Nearly 4 out of 10 facilities have growth monitoring guidelines. The NGO facilities are most likely (62%) to have growth monitoring guidelines, and private hospitals are least likely (8%) to have growth monitoring guidelines.

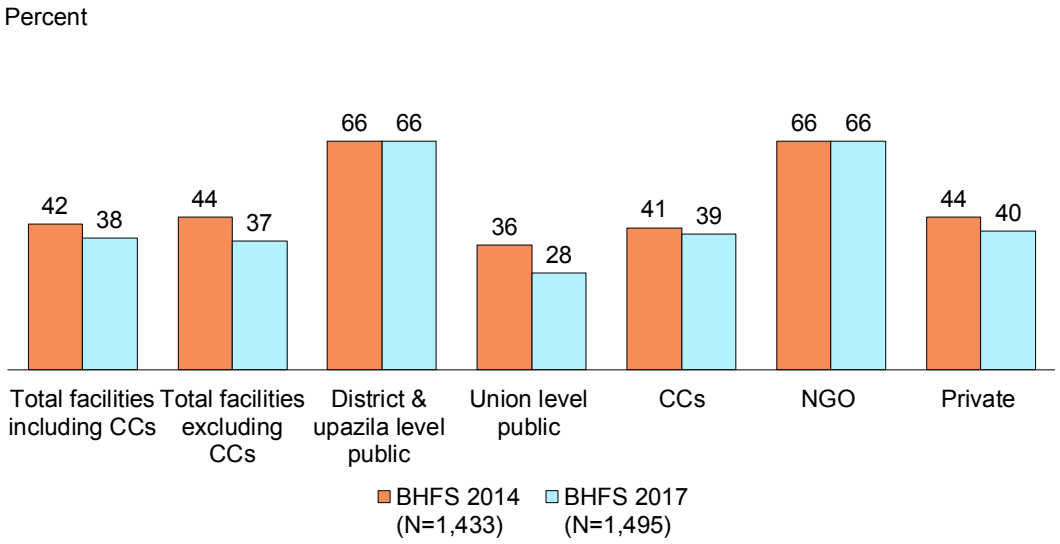
- The availability of growth monitoring guidelines has increased between 2014 and 2017; however, in the same period the availability of IMCI guidelines declined substantially.

- Fewer than half of the facilities had an infant scale on the day of the visit. Although availability is relatively high among district- and upazila-level public facilities, NGO clinics, and private hospitals (more than 75% each); an infant scale was available in less than half of the union-level public facilities and public community clinics (CCs). The overall availability of infant scales has increased substantially between 2014 and 2017 (growing from 34% to 47%). The gain is primarily due to the increase of availability in CCs.

- Almost two-thirds of the facilities have mid-upper arm circumference (MUAC) tape (43% excluding CCs). The availability is relatively low among union-level public facilities (39%) and private hospitals (19%).

- Availability of four basic items of health equipment needed for child health services (child scale, height board, thermometer, and stethoscope) among facilities is only 38%. Availability of all four items of equipment has declined slightly in the last 3 years (**Figure 4.3**).

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



* All four equipment items include: child scale, length or height board, thermometer, and stethoscope.

- Around half of all facilities have at least one provider trained in IMCI or growth monitoring. However, the availability of facilities having one staff with recent training (in the past 24 months) in these areas was much lower (21% and 26%) (**Table 4.3**).

- Private hospitals are least likely (about 20%) to have trained staff in IMCI and growth monitoring.

- No notable change was observed between 2014 and 2017 regarding the availability of trained staff for child health services.

4.3 AVAILABILITY OF MEDICINES AND COMMODITIES FOR CHILD HEALTH CARE

- One-third of all facilities had all six essential medicines (oral rehydration solution, amoxicillin syrup, paracetamol syrup/suspension, Vitamin A capsules, mebendazole/albendazole, and zinc tablets) on the day of the survey (**Table 4.4**). The availability of six essential medicines on the day of the survey has dropped from 42% in 2014 to 33% in 2017.

- The availability of oral rehydration salts (ORS) was reasonably high (more than 80%) in all types of facilities except union-level facilities (37%) and MCWCs (32%).

- Nearly three-fourths of the facilities have amoxicillin. However, the availability is relatively low (around half) in district and upazila-level public facilities, NGO clinics, and private hospitals.

- The availability of zinc tablets or syrup is 69% among all facilities. However, only one-third of the union-level facilities and MCWCs had zinc tablets or syrup on the day of the visit.

- The availability of ampicillin powder for injection, ceftriaxone powder for injection, and gentamycin for injection was 7%, 43%, and 34%, respectively, in district and upazila-level public facilities. The availability was relatively higher in private facilities.

4.4 READINESS OF HEALTH FACILITIES TO PROVIDE CHILD CURATIVE CARE

In assessing the overall readiness of Bangladesh facilities to provide child curative care, this report used 10 items from the list of WHO tracer indicators (Service Availability and Readiness Assessment [SARA]), (WHO 2013):

IMCI guidelines: National or other guidelines on IMCI available at facility.

IMCI trained staff: At least one provider received in-service training on at least some components of IMCI.

Equipment: Child scale, thermometer, and growth chart.

Medicines: ORS, zinc tablets/syrup, amoxicillin syrup/suspension/dispersible, paracetamol syrup/suspension, and mebendazole/albendazole.

- Overall, only 5% of all facilities that offer child curative care have all of the 10 items considered by WHO as necessary for a facility to be ready to provide child curative care (**Table 4.5**, **Figure 4.5**).

- The overall readiness has declined substantially in all types of facilities between 2014 and 2017. The availability of the IMCI guideline, child scale, and amoxicillin have declined in that period, which may have contributed to the decline in overall readiness (**Figures 4.4** and **4.5**).

Figure 4.4 **Availability of items (tracer indicators) in health facilities for readiness to provide child curative care**

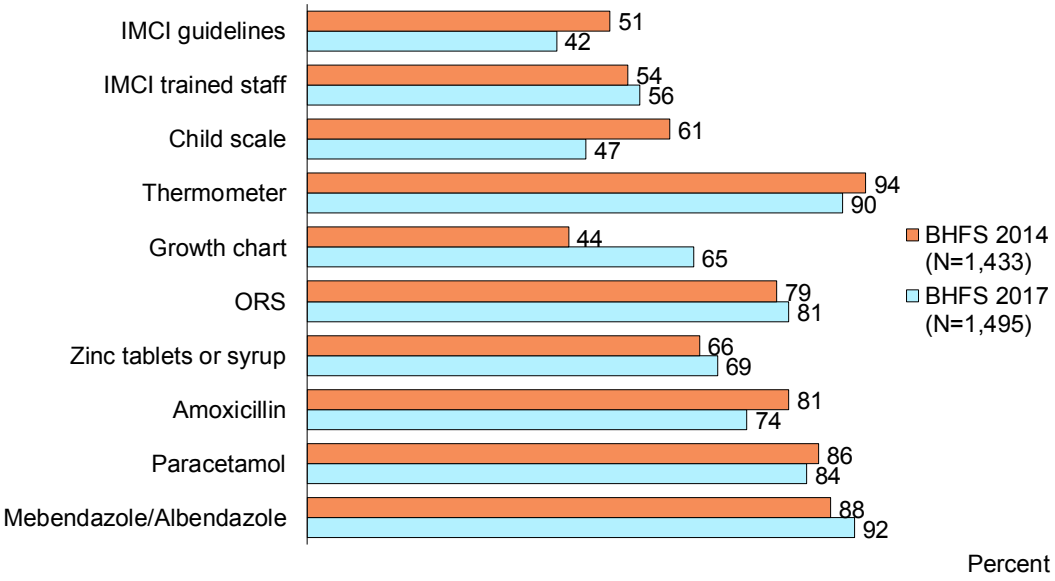


Figure 4.5 **Readiness of health facilities (all 10 items) to provide child curative care, by facility type**

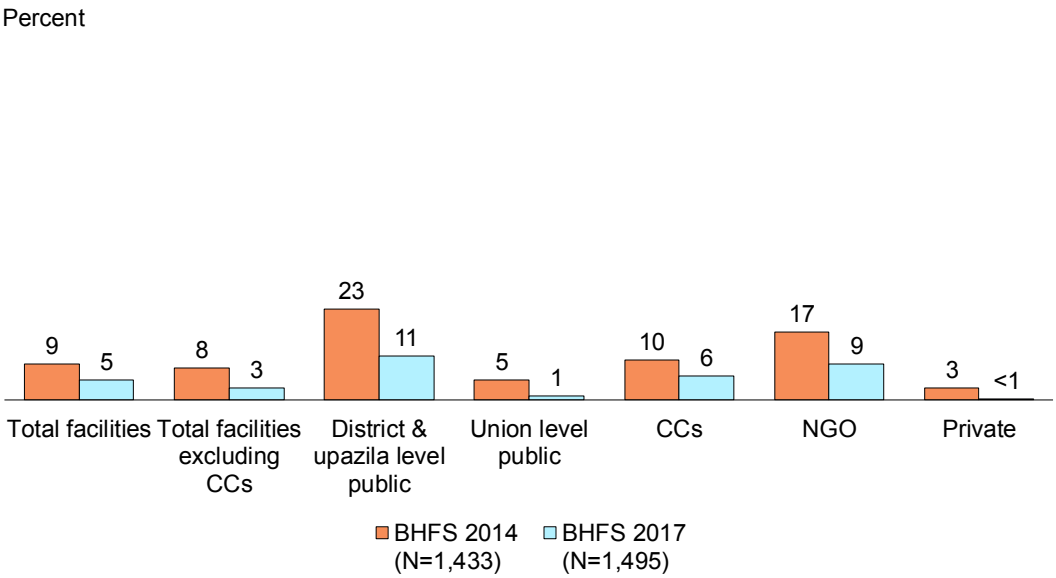


Table 4.1 Availability of child health services

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

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

[1] Routine provision of DPT/pentavalent, polio, and measles vaccination in the facility to children.

Table 4.2 Guidelines and equipment for child curative care services

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

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

[1] 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
[2] Child scale, length or height board, thermometer, and stethoscope
[3] A scale with gradation of 100 grams, or a digital standing scale with gradation of 100 grams where an adult can hold an infant to be weighed

Table 4.3 Trained staff for child curative care services

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

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

[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 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. 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.

Table 4.4 Availability of essential and priority medicines and commodities

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

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

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

Note: ORS = oral rehydration salts

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

[2] All six essential medicines include oral rehydration solution (ORS), amoxicillin syrup/suspension or dispersible, paracetamol syrup/suspension, vitamin A capsules, mebendazole/albendazole, and zinc tablets or syrup.

Table 4.5 Readiness of health facilities to provide child curative care services

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

Background characteristic	IMCI guideline	IMCI (trained at any time)[1]	Child scale[2]	Thermo-meter	Growth chart	Zinc tablets or syrup	ORS	Amoxicillin syrup, suspension or dis-persible	Para-cetamol syrup or suspension	Meben-dazole/ Alben-dazole	Having all 10 items	Number of facilities offering outpatient curative care for sick children
Facility type												
District and upazila public facilities	**57.9**	**75.9**	**74.9**	**97.1**	**75.7**	**60.8**	**84.8**	**58.8**	**75.5**	**81.6**	**11.1**	**44**
DH	71.0	71.0	77.4	95.2	82.3	54.8	93.5	58.1	77.4	69.4	4.8	5
MCWC	28.6	57.0	63.7	88.7	60.2	33.0	31.9	82.9	81.7	89.6	1.2	7
UHC	62.2	80.6	77.0	99.2	78.0	67.7	94.8	53.8	73.9	81.8	14.1	32
Union level public facilities	**40.4**	**51.6**	**45.3**	**76.1**	**50.1**	**32.7**	**37.2**	**64.0**	**73.0**	**85.0**	**1.3**	**353**
UHFWC	41.9	54.6	46.6	76.0	54.4	28.8	25.8	70.4	76.2	86.0	1.6	243
USC/RD	36.9	44.8	42.3	76.4	40.6	41.2	62.4	50.1	65.8	82.9	0.8	110
Public community clinic (CC)	**42.2**	**58.8**	**44.5**	**93.1**	**71.4**	**81.6**	**95.2**	**79.7**	**87.9**	**96.6**	**6.2**	**1,000**
NGO clinic/hospital	**56.6**	**43.4**	**70.6**	**98.8**	**70.2**	**81.0**	**93.5**	**54.9**	**79.7**	**83.2**	**9.0**	**60**
Private hospital	**3.4**	**19.7**	**75.6**	**99.3**	**16.0**	**70.5**	**77.7**	**51.7**	**84.9**	**66.6**	**0.2**	**39**
Location												
Urban	41.6	47.7	75.7	98.2	54.5	73.2	82.5	54.6	78.6	77.3	6.9	100
Rural	41.8	56.6	45.4	89.0	65.8	68.9	80.5	75.0	83.9	93.1	5.0	1,396
Division												
Barishal	50.3	65.2	42.3	91.4	73.8	76.1	83.5	79.6	89.1	92.2	9.9	112
Chattogram	40.8	48.6	49.7	86.8	61.8	72.0	76.0	78.0	83.8	93.6	5.2	277
Dhaka	43.4	59.8	38.6	85.3	72.3	66.5	80.0	67.6	75.8	86.5	2.0	298
Khulna	48.1	58.2	50.9	92.5	61.9	62.9	83.3	64.9	79.8	92.8	7.6	185
Rajshahi	36.9	56.7	43.4	94.4	51.8	66.3	79.9	75.9	84.1	95.5	5.7	212
Rangpur	38.2	49.8	52.7	91.3	64.0	64.5	86.8	73.6	87.7	94.5	5.7	193
Sylhet	36.1	52.6	64.9	95.1	66.7	75.6	79.0	78.2	89.0	92.4	1.1	96
Mymensingh	41.6	62.6	47.9	84.6	75.0	79.5	79.2	79.4	91.2	91.1	6.3	122
Total	41.8	56.0	47.4	89.6	65.1	69.1	80.7	73.7	83.6	92.1	5.2	1,495
Total excluding CCs	41.0	50.2	53.3	82.5	52.1	43.9	51.4	61.5	74.9	83.1	3.0	495

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

5 FAMILY PLANNING SERVICES

Key Finding:

- Eighty-six percent of health facilities provide modern family planning (FP) services, including a choice of methods. In 2017, the proportion of health facilities that offered family planning methods and services showed an increase over 78% in 2014 (**Table 5.2** and **Figure 5.1**).
- Although availability of modern FP methods in district hospitals and private clinics increased notably from 2014 to 2017, 31% of district hospitals (DHs) and 75% of private facilities are still not providing family planning methods (**Figure 5.1**).
- Only one-quarter of health facilities provide long-acting, reversible contraceptives or permanent methods, while few provide male/female sterilization services (**Table 5.2k** and **Figure 5.2-5.3**).
- In the last 3 years, availability of long-acting, reversible or permanent methods has increased substantially among all facilities except community clinics (**Table 5.2** and **Figure 5.2**).
- Family planning methods were in stock at 78% of facilities on the day of the 2017 survey, less than reported in the 2014 survey (87%) (**Table 5.3** and **Figure 5.4**).
- Nearly half of facilities providing FP had guidelines at the service site. Most private hospitals/clinics (95%) did not have FP guidelines. Overall availability of FP guidelines in health facilities decreased slightly, from 54% to 49%, between the 2014 and 2017 surveys (**Table 5.5** and **Figure 5.5**).
- Over half (56%) of the facilities that offered FP had staff who received in-service FP training before the survey. The proportion of facilities with trained staff did not change between surveys (**Table 5.5** and **Figure 5.6**).
- Availability of injectables among facilities that provide them was much lower in 2017 than in 2014. In 2017, only 61% of facilities that reported providing injectables had the method in the facility; in 2014, 79% had injectables available (**Table 5.5** and **Figure 5.7**).
- Only 22% of facilities that provide FP services have readiness to provide them. That is, the facility is equipped with FP guidelines, at least one trained staff person, a blood pressure apparatus, and three modern contraceptive methods: an oral pill, injectables, or condoms (**Table 5.5** and **Figure 5.8**).
- The readiness to provide FP services improved substantially among UHCs, UHFWCs, and NGOs between 2014 and 2017. However, overall readiness among all facilities did not improve during the same period (**Figure 5.8**).

5.1 AVAILABILITY OF FAMILY PLANNING SERVICES

The 2017 BHFS obtained information on the availability of family planning (FP) services (modern FP methods, longer-acting permanent methods (LAPM), and male or female sterilization) at each of the public, private, and nongovernmental (NGO) health facilities in the survey sample. Availability of FP services is defined as follows:

- A facility is said to **offer** FP services if the facility reports that it provides, prescribes the method for clients to obtain elsewhere, or counsels clients on the method. Facilities in this category do not necessarily provide a FP method to the client.

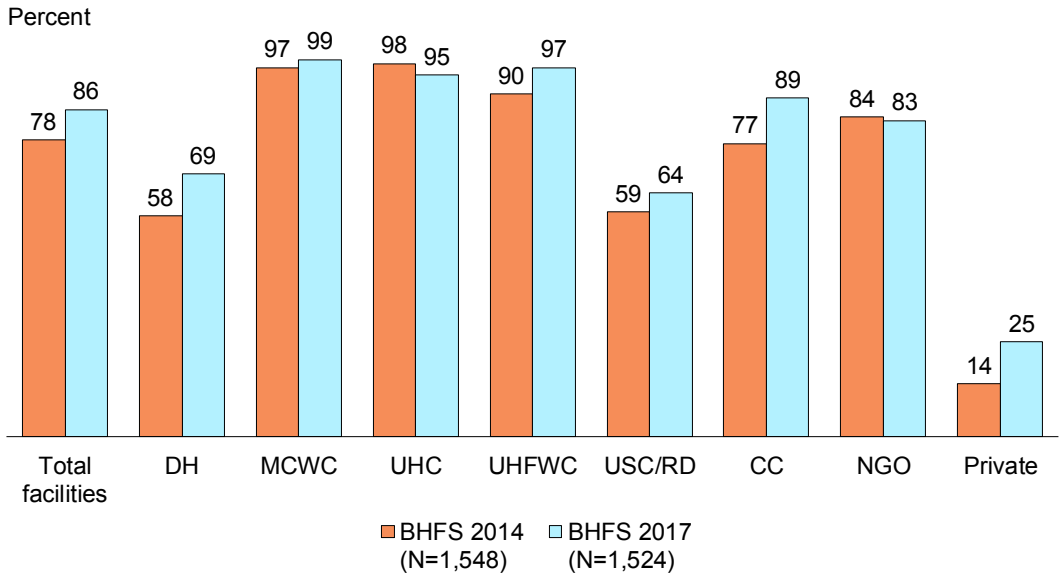
- A facility is said to **provide** FP services if the facility reports that it stocks the method and make it available to clients when they visit the facility. Facilities in this category do at least provide an FP method to the client.

5.1.1 Modern FP Method Services

- Eighty-six percent of all health facilities provide at least one modern FP method and service (**Table 5.2**).

- Between 2014 and 2017, FP method and service availability increased. The increase is more than 10 percentage points at district hospitals (DHs), community centers (CCs), and private facilities. Yet modern family planning methods are still not available from 31% of district hospitals and 75% of private hospitals (**Figure 5.1**).

Figure 5.1 **Facilities providing modern FP methods and services**

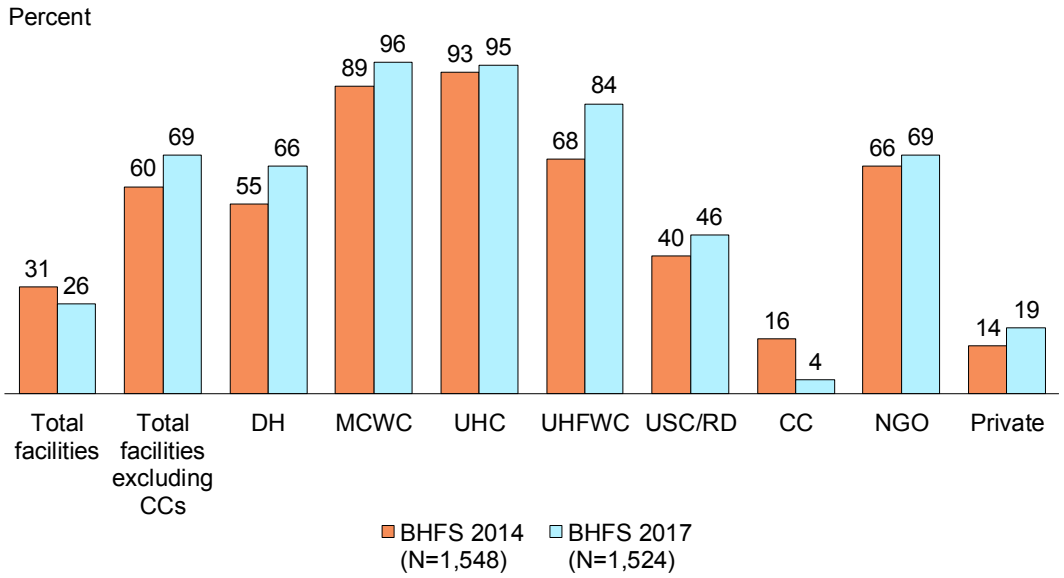


5.1.2 Availability of Any Long-acting, Reversible Contraceptives or Permanent Methods (LARC/PM)

- One-quarter of facilities in Bangladesh provide any LARC or PM, that is, IUCDs, implants, and male or female sterilization (**Table 5.2**).

- Between 2014 and 2017, availability of LARC/PM increased among all types of facilities, except the CCs (**Figure 5.2**).

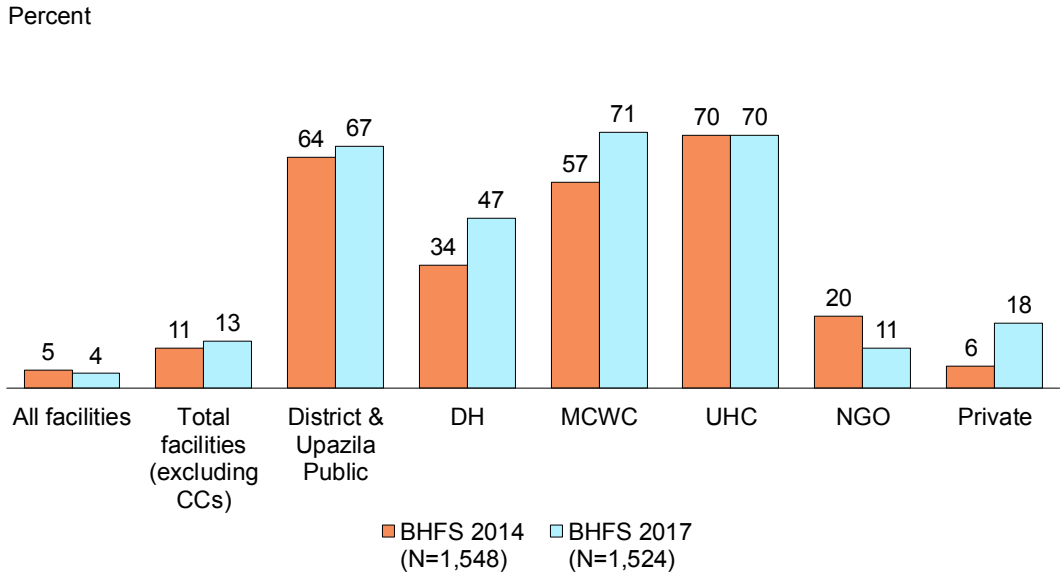
Figure 5.2 Percentage providing LARC/PM



5.1.3 *Male or Female Sterilization Services*

- Less than 5% of all facilities provide (**Table 5.2**) male or female sterilization.
- Between 2014 and 2017, there has been notable increase in availability of sterilization from DHs and MCWCs (**Figure 5.3**).
- Among private facilities availability of male or female sterilization has increased notably in the last three years, although the proportion providing the service is still quite low.

Figure 5.3 Facilities providing of male or female sterilization services

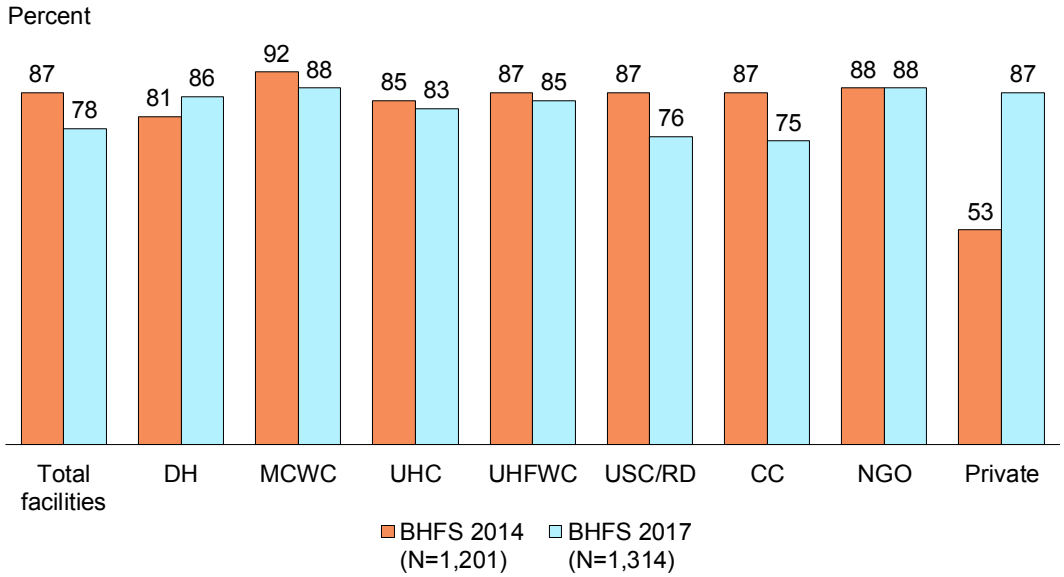


5.1.4 *Availability of FP Commodities on the Day of Assessment*

- Stock outs of FP methods can put a woman at risk of unintended pregnancy, To obtain information on stock outs, the 2017 BHFS assessed the availability of each method that the facility reported to be providing on the day of the survey.

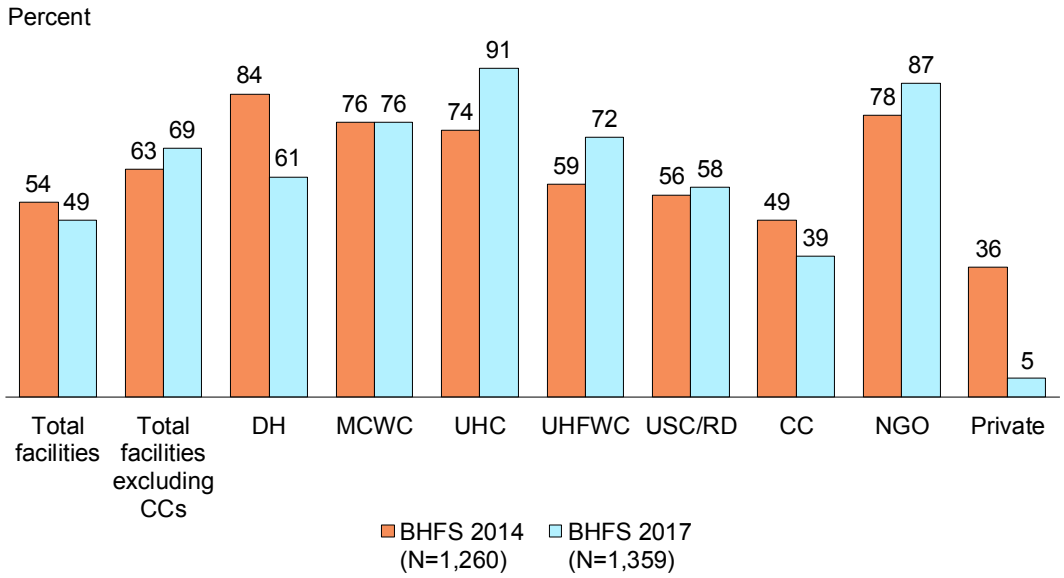
- Seventy-eight percent of the health facilities providing FP commodities (oral pills, injectables, condoms, IUCDs, and implants) had the methods on hand on the day of the 2017 survey. A higher proportion of facilities had stock outs on the day of the survey in 2017 than in 2014 (**Table 5.3**, **Figure 5.4**).

Figure 5.4 Percentage of facilities with FP commodities (oral pills, injectables, condoms, IUCDs, and implants) available on the day of the survey



- In 2017, FP commodity stock outs were notably higher in CCs and USC/RDs than in 2014.
- Among private facilities, almost 90% had FP commodities in stock. In 2014, only 53% of the private hospitals/clinics had the FP commodities provided.
- Nearly half of facilities (49%) providing FP had guidelines available on the day of the survey. The UHCs are most likely (9 out of 10) and private hospitals are least likely (1 out of 20) to have FP guidelines in the facility (**Table 5.5**).
- Overall, availability of FP guidelines in health facilities decreased slightly from 54% to 49% between BHFS 2014 and BHFS 2017, mainly due to a decrease in availability of guidelines in CCs and USC/RDs (**Figure 5.5**).

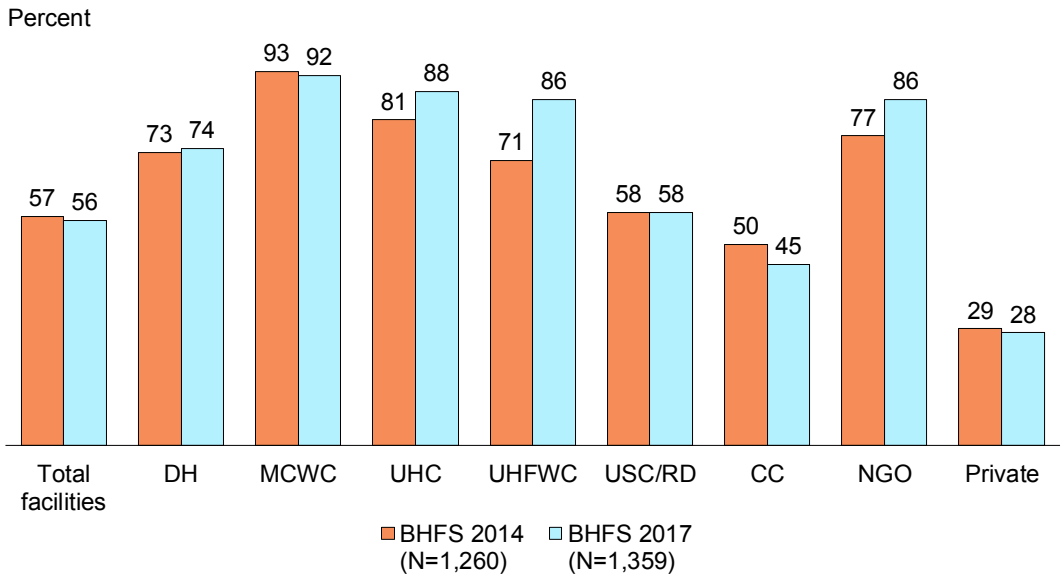
Figure 5.5 Availability of FP guidelines in health facilities



- Over half (56%) of the facilities that offer FP had staff with in-service FP training at any time before the survey. Private facilities are least likely to have staff trained for FP (28%).

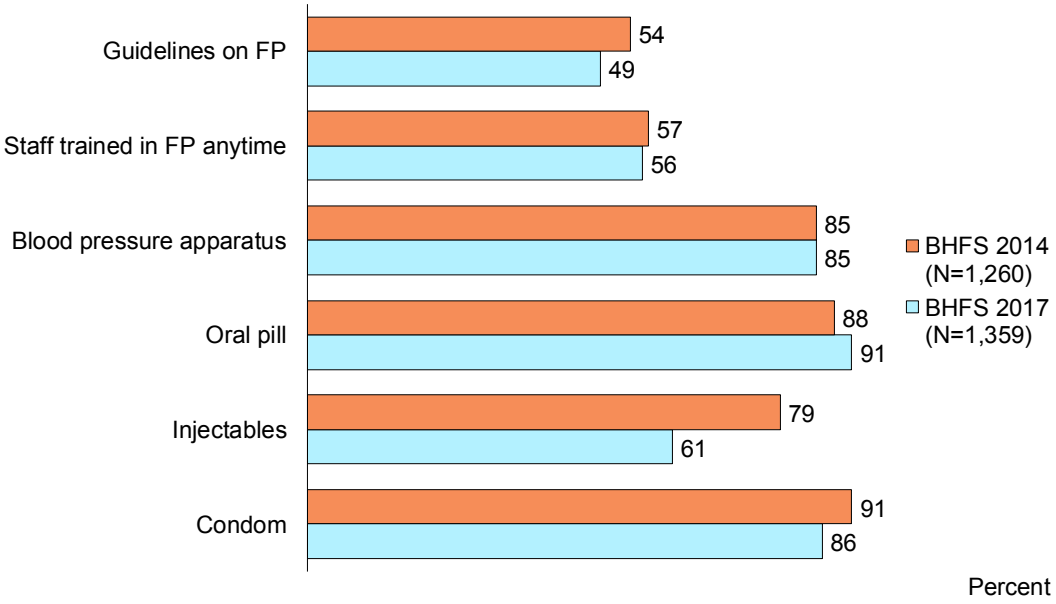
- Availability of trained staff for FP has increased in the last 3 years in UHCs, UHFWCs, and NGOs. However, overall there is almost no change in the proportion of facilities having trained staff for FP between 2014 and 2017 (**Figure 5.6**).

Figure 5.6 Availability of staff trained for FP anytime in health facilities



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); (**Figure 5.7**).

Figure 5.7 **Availability of items (tracer indicators) in health facilities for readiness to provide FP services**



Data from the 2014 BHFS and 2017 BHFS were used to construct a slightly less restrictive and a Bangladesh context-appropriate measure of FP service readiness.

The following six 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 ever received in-service FP training.
Guidelines. National or any other FP guidelines
Equipment. Blood pressure apparatus
Commodities. Oral pill, injectables, and condom.

- Only 22% of all facilities are ready, according to the World Health Organization (WHO) criteria, to provide quality FP services (**Figure 5.8**).
- Overall, FP service readiness among health facilities declined slightly from 25 to 22% between BHFS 2014 and BHFS 2017, due to a decrease in availability of FP guidelines and FP commodities (mainly injectables).
- While readiness of DHs, CCs, and private facilities decreased in the last 3 years, for all other public and NGO health facilities, service readiness for FP increased notably.

Figure 5.8 Readiness of health facilities to provide FP services, by facility, BHFS 2014 and 2017

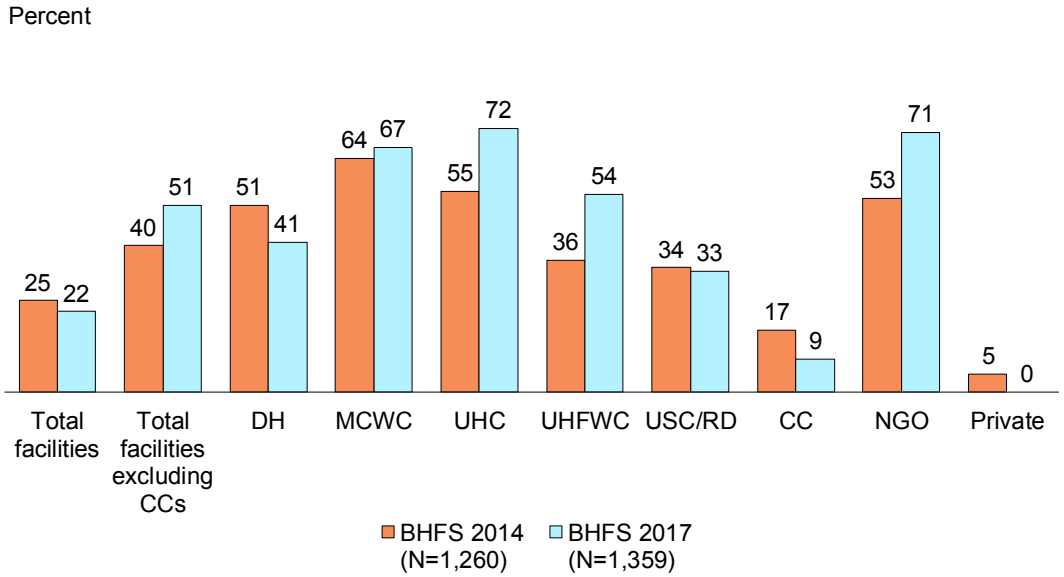


Table 5.1 Availability of family planning services

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

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

"-" Male or female sterilization is not offered at union-level public facilities or at public community clinics.

* The only long-acting and permanent methods that community clinics provide are injectables.

[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), intrauterine contraceptive devices (IUCDs), male condoms, female sterilization (tubal ligation) or male sterilization (vasectomy), and emergency contraceptive.

[2] Facility provides, prescribes, or counsels clients on any of the following long-term and permanent methods of family planning: one-rod implant, two-rod implants, intrauterine contraceptive devices (IUCDs), female sterilization (tubal ligation), and 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 counsels 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 2017

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

"-" Means male or female sterilization is not offered at union level public facilities or at public community clinics.
* Among long acting and permanent methods, community clinics only provide injectables.
[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), emergency contraceptive.
[2] Facility provides any of the following long-term and permanent methods of family planning: one rod implant, two rods implants, intrauterine contraceptive devices (IUCDs), female sterilization (tubal ligation), or male sterilization (vasectomy).
[3] Providers in the facility perform male or female sterilization.

Table 5.3 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 2017

Background characteristic	Combined or progestin only oral pills	Progestin-only injectable	Male condom	Intrauterine contraceptive device	One-rod Implant	Two-rod implant	Every method provided by facility was available on day of survey
Facility type							
District and upazila public facilities	**99.4**	**98.0**	**98.5**	**95.0**	**97.4**	**70.3**	**84.3**
DH	97.6	97.5	97.6	91.9	81.3	66.7	85.7
MCWC	97.7	98.7	97.7	96.5	97.2	81.9	87.6
UHC	100.0	97.9	98.8	94.9	98.2	67.8	83.4
Union-level public facilities	**94.5**	**91.7**	**93.8**	**89.7**	**56.1**	**37.7**	**82.7**
UHFWC	96.2	93.5	95.8	89.8	62.2	36.8	84.7
USC/RD	88.8	85.5	87.1	89.1	40.5	40.2	75.7
Public community clinic (CC)	**94.9**	**72.6**	**89.0**	**20.4**	**-**	**-**	**75.0**
NGO clinic/hospital	**100.0**	**98.6**	**97.3**	**93.8**	**84.6**	**57.7**	**87.5**
Private hospital	**98.7**	**88.6**	**95.6**	**78.9**	**75.6**	**64.1**	**87.1**
Location							
Urban	98.8	98.3	97.4	94.8	90.8	66.8	87.1
Rural	95.0	78.9	90.5	82.0	63.0	41.3	77.2
Division							
Barishal	96.6	86.3	88.5	82.4	76.5	64.0	78.2
Chattogram	96.7	84.4	90.3	89.8	78.0	43.1	80.4
Dhaka	99.2	85.8	95.6	89.2	76.8	57.3	83.9
Khulna	95.4	78.9	95.3	92.0	80.3	38.8	78.0
Rajshahi	89.5	75.8	81.6	70.2	78.7	78.3	71.0
Rangpur	90.3	69.7	89.8	83.3	95.2	73.7	69.7
Sylhet	99.8	91.6	97.2	98.8	93.4	74.5	93.5
Mymensingh	94.0	70.7	89.6	70.0	42.0	23.2	65.5
Total	95.2	80.1	90.8	84.0	75.6	52.9	77.7
Total excluding CCs	95.8	93.3	94.8	90.7	77.5	56.7	83.6

Notes: The denominators for each characteristic method combination are different and are not shown in the table.
"-" Means the specific family planning methods are not provided at this type of facilities.
The combined oral contraceptive pills, injectable contraceptives, and male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012). Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid, that is, within expiration date.
[1] The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

Table 5.4 Guidelines, trained staff, and basic equipment for family planning services

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

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

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

[1] National guidelines/manual or any other guidelines/instructions/job aid/checklist on family planning.

[2] The facility had at least one interviewed staff member providing the service who reports in-service training in some aspect of family planning. The training must 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 5.5 Readiness of health facilities to provide family planning services

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

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

Note: The measures presented in the table on guidelines for family planning and staff trained in FP comprise the staff and training domains, and blood pressure apparatus the equipment domain, for assessing readiness to provide family planning 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 family planning

[2] The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning. The training must 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 else a manual sphygmomanometer with a stethoscope

6 ANTENATAL CARE SERVICES

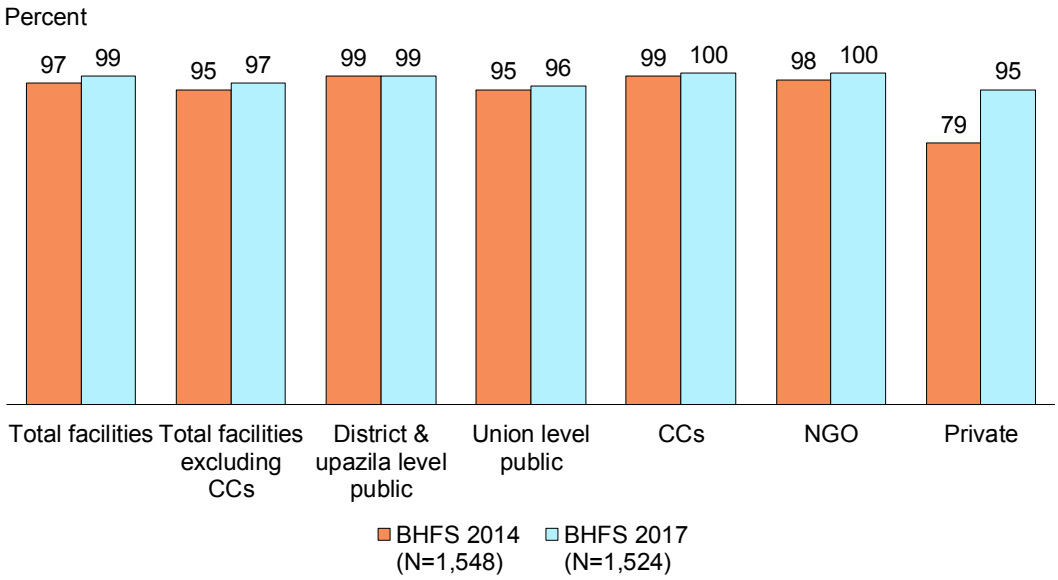
Key Findings

- Almost all facilities reported offering antenatal care (ANC) services (**Table 6.1** and **Figure 6.1**).
- Fewer than half of the facilities that offer ANC service had ANC guidelines available on the day of the survey. Over half of the facilities that offer ANC services had at least one staff member who received in-service training related to ANC (**Tables 6.2** and **6.5**).
- Private facilities are least likely to have trained staff (26%) and ANC guidelines (7%) (**Tables 6.2** and **6.5**).
- Between 2014 and 2017, facilities with trained staff for ANC increased from 49% to 55%. The availability of ANC guidelines decreased slightly, from 50% to 46% (**Figures 6.2**, **6.3**, and **6.6**).
- Among facilities that offer ANC, 25% can test for urine protein, 22% for urine glucose, and 17% for hemoglobin. Although testing capacities remain low, testing for three basic elements (urine protein, urine glucose, and hemoglobin) has improved in the last 3 years, mainly due to increased capacity among public sector union-level facilities and CCs (**Table 6.3** and **Figure 6.5**).
- Nine in 10 health facilities had all medicines essential for routine ANC services (iron tablets, folic acid tablets, and combined iron and folic acid tablets) available for clients (**Table 6.4**).
- Only 4% of all facilities (11% of facilities, excluding CCs) are ready to provide quality ANC services, according to World Health Organization (WHO) criteria. The public sector district hospitals are most likely (45%), while CCs (1%) and private hospitals/clinics (2%) are least likely to be ready for ANC (**Table 6.5** and **Figure 6.7**).
- Overall, there was no improvement in service readiness to provide ANC between 2014 and 2017 surveys. Service readiness increased only among union-level facilities, from 3% to 7% (**Table 6.5** and **Figure 6.7**).

6.1 AVAILABILITY OF ANTENATAL CARE (ANC) SERVICES

- Almost all health facilities (99%) in Bangladesh offer ANC services (**Table 6.1** and **Figure 6.1**).
- Nine out of ten facilities offer ANC services on all working days in a week. Union-level public facilities are least likely (80%) to provide ANC services on all working days.
- Overall availability of ANC from facilities increased slightly in the last 3 years; availability had previously been extensive among all types of facilities except private clinics. Between 2014 and 2017, availability of ANC has increased most among private hospitals, from 79% to 95%.

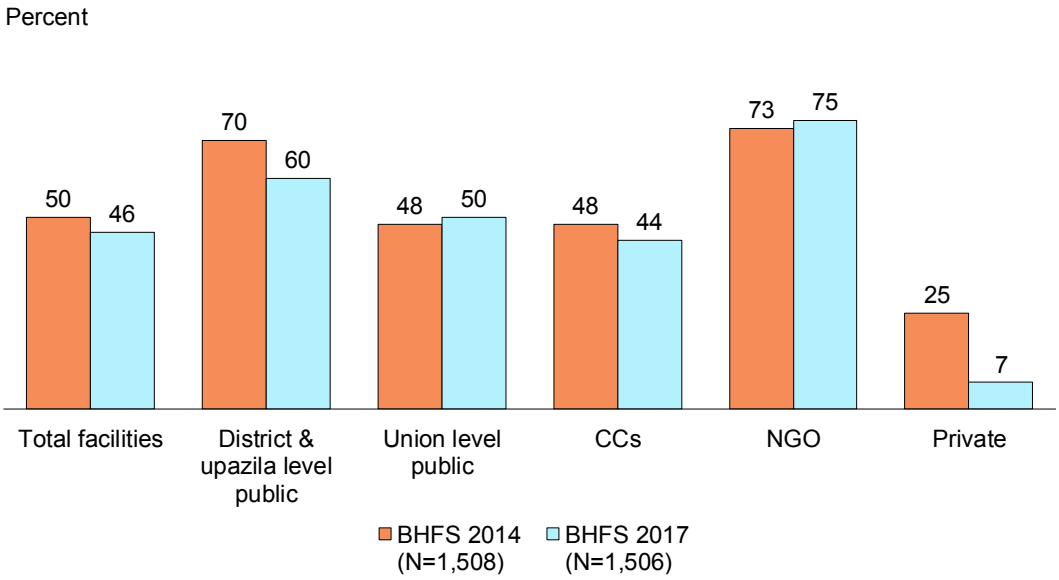
Figure 6.1 Availability of ANC services in health facilities, by facility type, BHFS 2017 and 2014



6.2 AVAILABILITY OF ANC GUIDELINES, TRAINED STAFF, AND EQUIPMENT

- Less than half of facilities (46%) providing ANC had guidelines on ANC available on the day of the survey. NGO facilities are most likely to have ANC guidelines (75%), while private facilities are least likely to have them (7%) (**Table 6.2** and **Figure 6.2**).

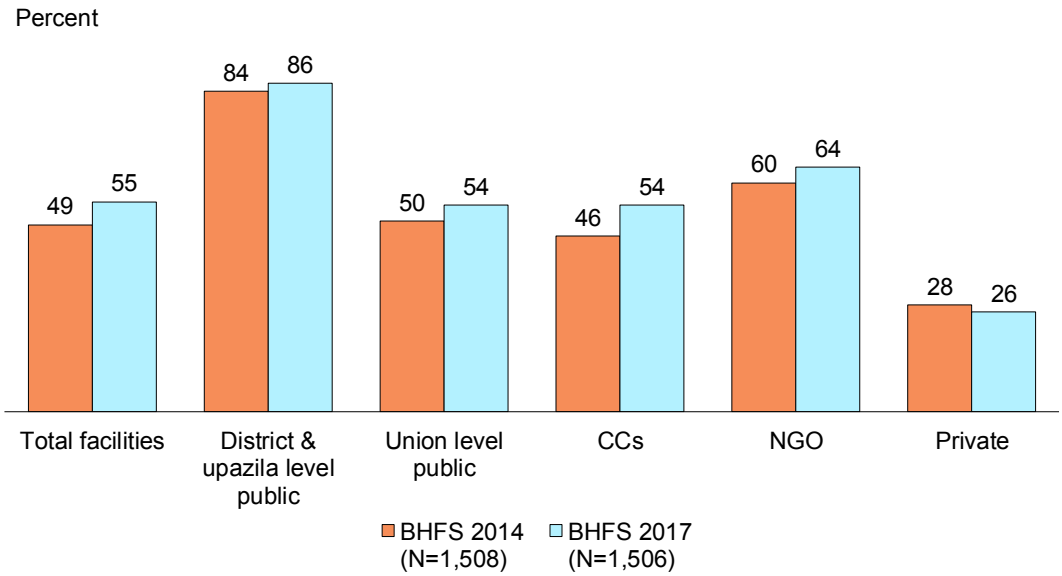
Figure 6.2 Availability of ANC guidelines in health facilities



- Availability of ANC guidelines in health facilities decreased from 50% to 46% between the 2014 and 2017 surveys. The most notable decline was among private facilities, from 25% to 7%, and among district- and upazila-level public health facilities, from 70% to 60%.

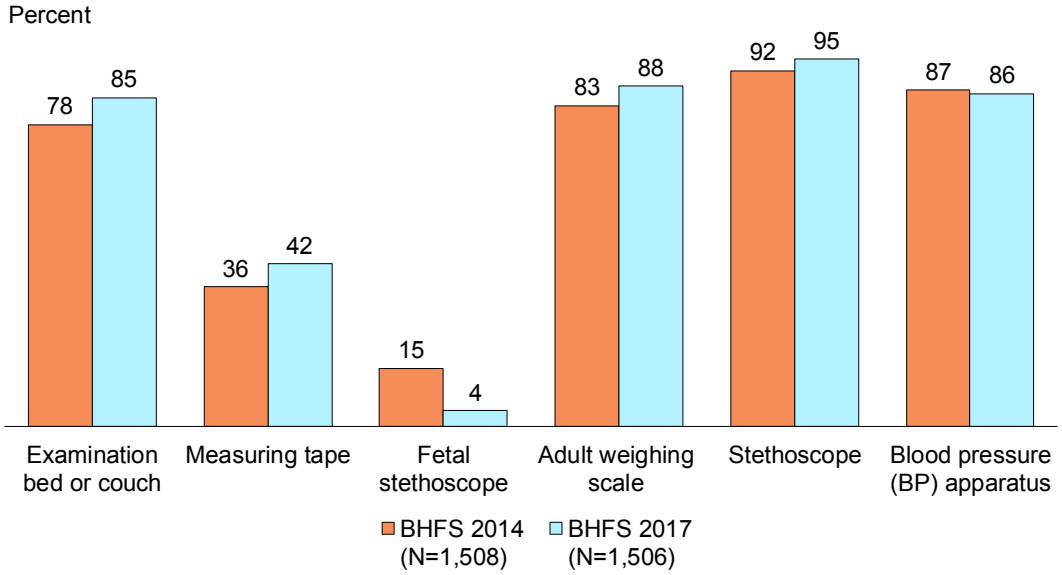
- Over half (55%) of the facilities that offer ANC had at least one staff person with in-service ANC training at any time. But only 27% of facilities had at least one staff person with recent training (**Table 6.2** and **Figure 6.3**).

Figure 6.3 Availability of staff trained for ANC anytime in health facilities



- District and upazila-level public facilities are most likely (86%) and private facilities are least likely (26%) to have at least one staff person with training on ANC at any time.
- Between 2014 and 2017, overall availability of trained staff for ANC increased from 49% to 55%. Availability of trained staff for ANC increased among all facilities except private facilities.
- Among the facilities offering ANC, 95% had an adult stethoscope, 86% had a blood pressure (BP) apparatus, 88% had an adult weighing scale, and 85% had an examination bed or couch on the day of the survey. Fort- two percent of facilities had a measuring tape, and only 4% had a fetal stethoscope available on the day of survey (**Table 6.2** and **Figure 6.4**).

Figure 6.4 Availability of equipment to support ANC services

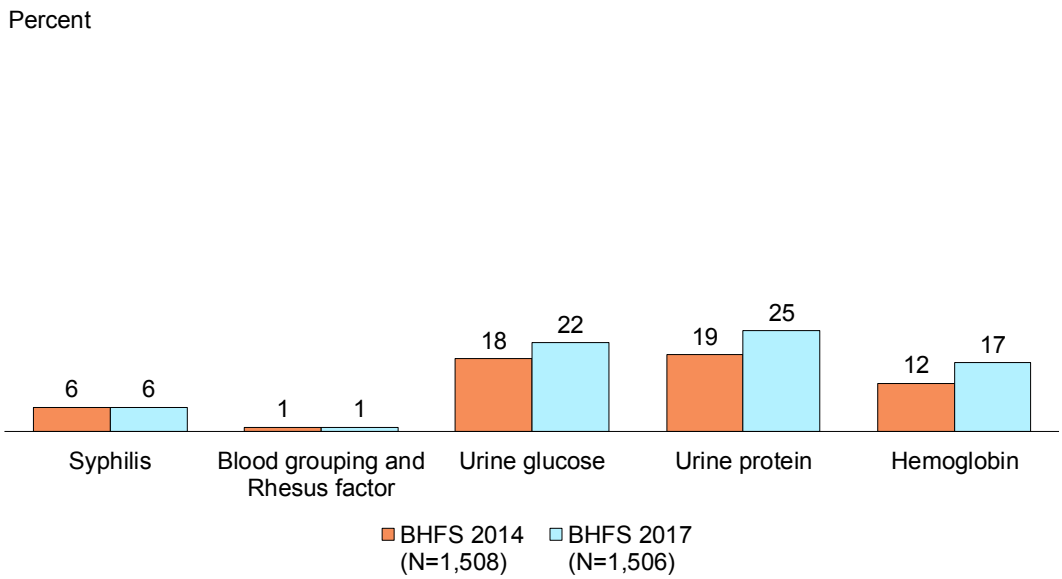


- Availability of most of the equipment (adult stethoscope, adult weighing scale, measuring tape, examination bed or couch, blood pressure apparatus) that are necessary during a physical examination in health facilities has improved slightly in the past 3 years, but the availability of a fetal stethoscope has declined notably from 15% in 2014 to only 4% in 2017.

6.3 AVAILABILITY OF LABORATORY DIAGNOSTIC TESTS

- Among the facilities offering ANC, 25% can test for urine protein, 22% for urine glucose, and 17% for hemoglobin (**Table 6.3**, **Figure 6.5**).

Figure 6.5 Availability of laboratory diagnostic tests to support ANC services



- Blood grouping and Rhesus factor tests are scarce (1%) in facilities. Only 23% of district public hospitals, 13% of private facilities and 6% NGO offer the service.

- Although health facilities' testing capacities remain low, there has been some improvement in testing capacities for these three basic elements (urine protein, urine glucose, and hemoglobin) in the last 3 years.

6.4 AVAILABILITY OF MEDICINES FOR ROUTINE ANC

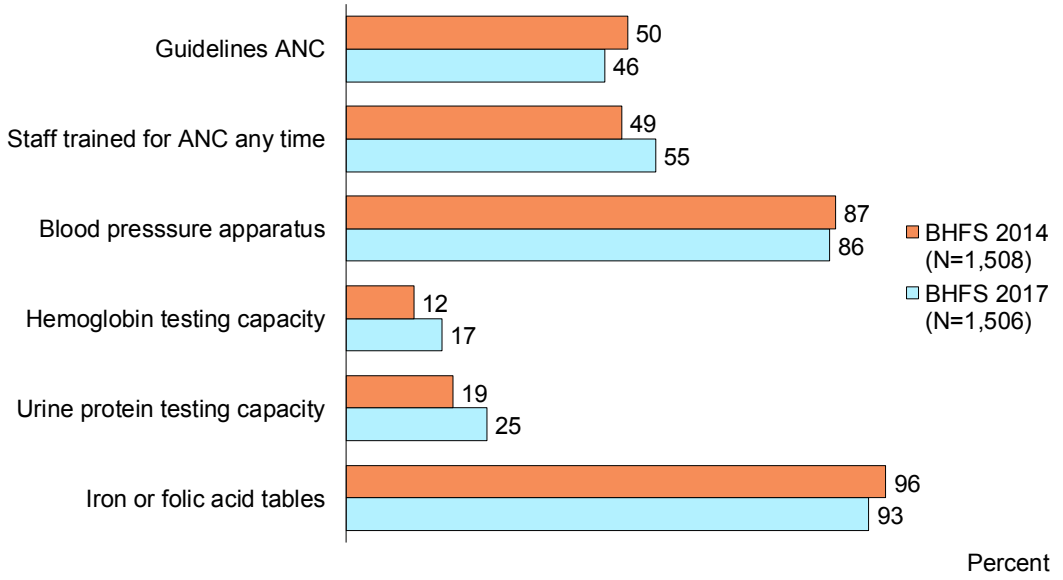
- More than ninety% of health facilities had all essential ANC medicines (combined iron and folic acid tablets) available for ANC clients (**Table 6.4**).

6.5 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 all of the following six items/tracer indicators to be available for a health facility to be considered ready to offer quality ANC service (**Figure 6.6**):

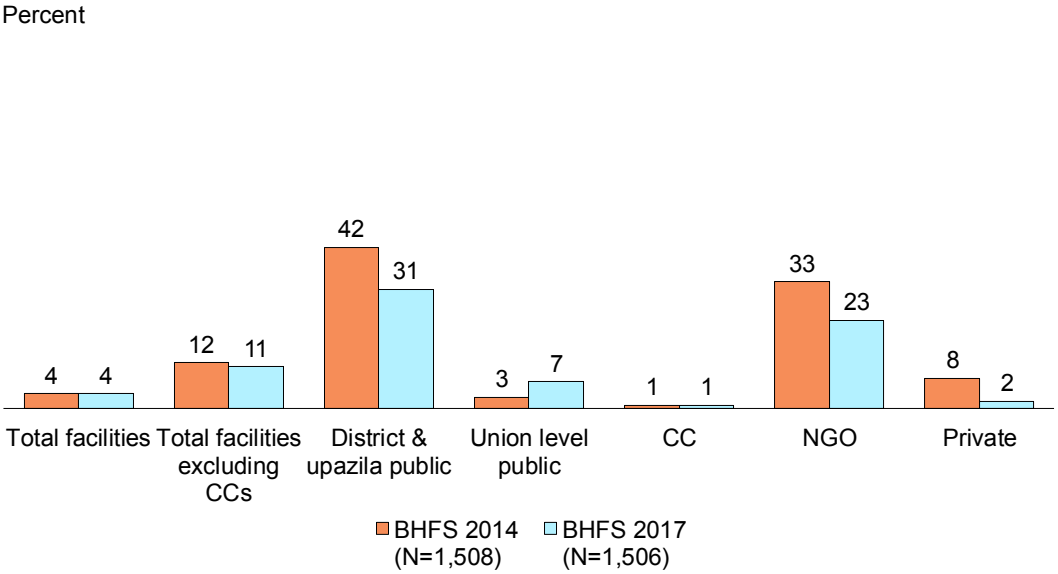
Trained staff. At least one provider of ANC ever receiving in-service ANC training
Guidelines. National or other ANC guidelines at the facility
Equipment. Blood pressure apparatus
Diagnostic capacity. Hemoglobin test, urine protein test
Medicines. Iron or folic acid tablets

Figure 6.6 Availability of items (tracer indicators) in health facilities for readiness to provide ANC services



- Only 4% of all facilities are ready, according to the World Health Organization (WHO) criteria, to provide quality ANC services (**Table 6.5** and **Figure 6.7**). Readiness is highest among district and upazila level public hospitals (31%) and lowest among private hospitals (2%) and community clinics (1%). CCs' lack of capacity to conduct testing for hemoglobin and urine protein results in low readiness for ANC among these facilities. On the other hand, unavailability of ANC guidelines and trained staff impact readiness of private hospitals/clinics to provide quality ANC.

Figure 6.7 Readiness of health facilities to provide ANC services, by facility, BHFS 2014 and 2017



- Overall, there was no improvement in service readiness to provide quality ANC between BHFS 2014 and BHFS 2017. In the last 3 years, service readiness increased only among union level facilities from 3% to 7%; while for all other public, NGO, and private health facilities' service readiness of ANC declined noticeably.

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 2017

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

[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 recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, Bangladesh HFS 2017

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

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

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

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

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

[4] For measuring fundal height

Table 6.3 Diagnostic capacity

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

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

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, plus an incubator, Coomb's reagent, and glass slides all present
[5] Rapid test for syphilis or Venereal Disease Research Laboratory (VDRL) test or polymerase chain reaction (PCR) or rapid plasma reagin (RPR)

Table 6.4 Availability of medicines for routine antenatal care

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

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

Note: The medicines and vaccine 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 Readiness of health facilities to provide antenatal care services

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

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 tables	All six items	Ultrasono-graphy	Number of facilities offering ANC
Facility type									
District and upazila public facilities	**60.3**	**85.5**	**98.8**	**74.4**	**66.1**	**96.1**	**30.9**	**4.0**	**44**
DH	62.9	85.5	100.0	87.1	85.5	95.2	45.2	17.7	5
MCWC	53.4	79.0	97.8	44.4	43.3	94.4	15.6	1.1	7
UHC	61.4	86.9	98.9	79.1	68.3	96.6	32.1	2.6	32
Union-level public facilities	**50.4**	**53.5**	**90.6**	**15.0**	**18.1**	**94.5**	**6.6**	**0.0**	**346**
UHFWC	53.9	59.7	91.5	18.4	21.3	95.5	8.5	0.0	249
USC/RD	41.4	37.5	88.0	6.4	10.0	92.1	1.8	0.0	97
Public community clinic (CC)	**44.2**	**54.2**	**83.2**	**9.2**	**19.4**	**92.8**	**1.2**	**0.0**	**1,012**
NGO clinic/hospital	**75.1**	**63.8**	**98.0**	**74.8**	**83.7**	**91.5**	**22.9**	**12.3**	**63**
Private hospital	**6.6**	**26.4**	**97.7**	**81.6**	**79.3**	**78.0**	**2.0**	**7.9**	**41**
Location									
Urban	46.6	57.8	97.4	80.8	78.6	88.1	23.4	9.1	105
Rural	46.3	54.4	85.5	12.4	20.7	93.2	2.8	0.2	1,401
Division									
Barishl	51.8	51.3	80.0	18.2	22.0	92.2	6.0	0.1	112
Chattogram	55.8	57.3	86.2	25.3	27.7	82.8	5.2	0.1	284
Dhaka	35.1	52.8	81.0	19.5	25.1	93.6	3.0	2.5	300
Khulna	66.0	56.9	86.6	11.0	23.8	96.2	3.4	0.2	185
Rajshahi	37.8	57.1	87.4	13.5	30.2	97.5	5.2	1.2	214
Rangpur	48.7	39.7	98.4	5.8	7.3	99.7	2.4	0.4	192
Sylhet	30.3	63.3	85.0	31.2	39.4	85.3	6.6	0.5	96
Mymensingh	41.2	64.6	85.7	14.2	27.5	97.2	4.1	0.5	122
Total	46.4	54.6	86.4	17.2	24.8	92.9	4.3	0.8	1,506
Total excluding CCs	50.9	55.4	92.8	33.5	35.9	92.9	10.5	2.6	494

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

[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 some aspect of ANC. 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.

7 DELIVERY AND NEWBORN CARE

Key Findings

- Six out of 10 health facilities (excluding CCs) offer normal delivery services. Almost all DHs, MCWCs, and UHCs, as well as private hospitals, do (**Table 7.1** and **Figure 7.1a**).
- Only half of the union-level public facilities, one-third of the NGO clinics, and less than one-tenth of the CCs provide normal delivery services (**Table 7.1** and **Figure 7.1a**).
- The availability of normal delivery services has increased from 18% in 2014 to 24% in 2017, mainly due to increased availability of this service at union-level public health facilities (**Table 7.1** and **Figure 7.1a**).
- Cesarean delivery services are available in all DHs and private hospitals. However, they are offered by only two-thirds of MCWCs and one-fourth of UHCs (**Table 7.1** and **Figure 7.1b**).
- WHO specified 13 essential items (equipment, medicines, and trained staff) required for a health facility to become a provider of normal delivery services. Overall, only 1% of facilities have all of the WHO-specified 13 items (**Table 7.6**).
- Around 45% of facilities have at least one staff person trained in delivery care, 12% have guidelines related to basic emergency obstetric care (BEmOC) and comprehensive emergency obstetric care (CEmOC), 83% have a delivery pack, and 20% have partographs for the day of the visit (**Table 7.6** and **Figure 7.5**).
- Essential life-saving drugs and commodities are often not available in facilities providing delivery care. For example, intravenous fluids with an infusion set and misoprostal, essential items for management of severe postpartum hemorrhage, are available in 32% and 14% of facilities, respectively; injectable magnesium sulphate needed for management of eclampsia is available in 14% of facilities; and injectable antibiotics required to manage puerperal sepsis is available in 20% of facilities (**Table 7.3**).
- Availability in health facilities of some tracer items like guidelines, a suction apparatus, a partograph, antibiotics, and magnesium sulphate decreased markedly between 2014 and 2017 (**Table 7.6** and **Figure 7.5**).
- In contrast, the availability of trained staff; a delivery pack, neonatal bag, and mask; and skin disinfectant have increased substantially (**Table 7.6** and **Figure 7.5**).
- The availability of an examination light, gloves, oxytocin, and intravenous solution has remained the same between these periods. There was no notable difference regarding the overall readiness between BHFS 2014 and BHFS 2017 (2% and 1% respectively) (**Table 7.6** and **Figure 7.5**).
- Among facilities that offer normal delivery services, only one-tenth (excluding CCs) performed all seven signal functions (BEmONC) in the last 3 months (**Figure 7.3**).
- Only half of the DHs and one-third of the private hospitals performed all nine signal functions (CEmONC) in the last 3 months, whereas all of them reported having conducted deliveries through Cesarean section (**Figure 7.4**).
- Around one-third of providers have received in-service training on newborn resuscitation at any time. Around two-thirds of the facilities offering normal delivery service (excluding CCs) have a newborn bag and mask available for management of birth asphyxia. (**Table 7.7**).

- Measurement of birth weight is fundamental to identifying low birth weight babies and for providing optimum care. Only 43% of facilities offering normal delivery services have an infant scale (**Table 7.9** and **Figure 7.7**) .
- Only 66% of facilities offering normal delivery services have penguin suckers, and 55% have a bag and masks that are required for management of birth asphyxia. However, both penguin suckers and a neonatal bag and masks are almost universally available in district and upazila-level pubic facilities (**Table 7.9** and **Figure 7.7**).

7.1 AVAILABILITY OF MATERNAL HEALTH SERVICES

- ANC and PNC services are almost universally offered across all types of facilities (**Table 7.1**).
- Six out of 10 health facilities (excluding CCs) offer normal delivery service. Normal delivery service is universally available in all DHs, MCWCs, UHCs, and private hospitals. However, this service is available in 65% of UHFWCs, 25% of USC/RDs, and one-third of the NGO clinics. in only half of the union-level public facilities and only one-third of the NGO clinics. Around 7% of community clinics also provide normal delivery service.
- Around 56% of facilities (excluding CCs) offer ANC, normal delivery, and PNC services together.
- All district hospitals, two-thirds (62%) of MCWCs, and one-fourth (24%) of UHCs offer cesarean delivery services. The service is available in 97% of private hospitals and 11% of NGO facilities.
- Among facilities that offer normal delivery services (excluding CCs) nearly 72% reported having a provider on-site or on-call 24 hours/day for delivery care. However, only 35% of facilities (excluding CCs) could show the supporting duty schedule on the day of the visit. The district hospitals (92%) and UHCs (85%) are more likely than other facilities to have providers on-site or on-call 24 hours/day, and to have a 24-hour duty schedule. All private hospitals offering normal delivery service have providers on-site or on-call 24 hours/day, but only about three-fourths could show the supporting duty schedule.
- Availability of normal delivery services has increased significantly in the last 3 years across all types of facilities. The gain has been particularly substantial in union-level public facilities (**Figure 7.1a**).

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

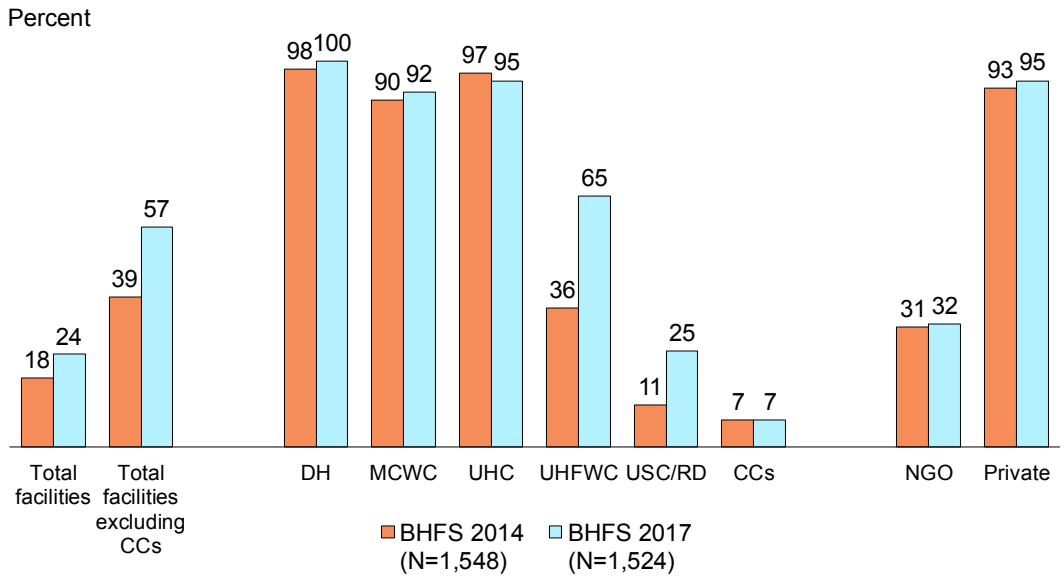
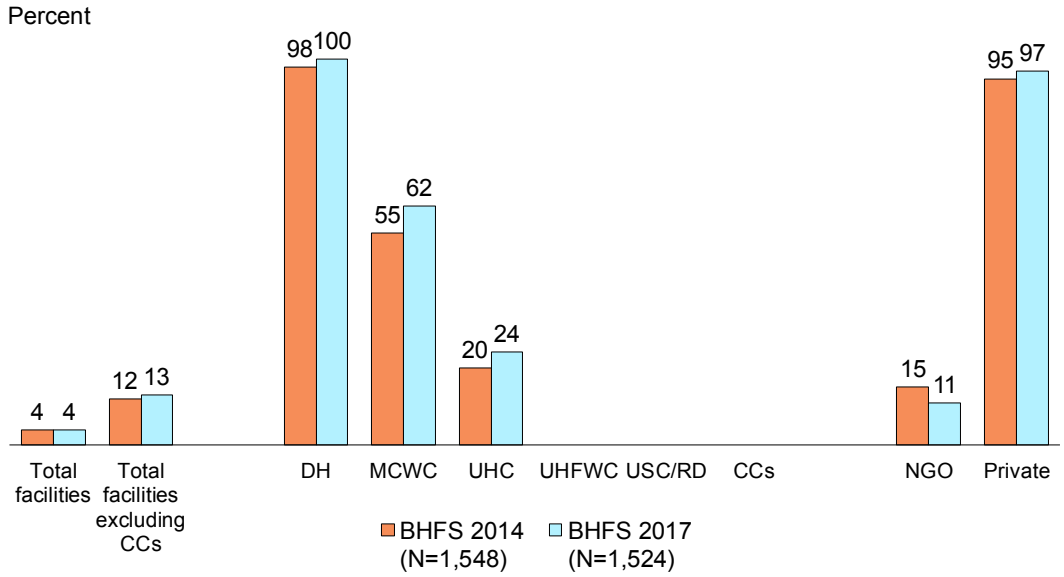


Figure 7.1b **Availability of caesarean delivery services in health facilities by facility type**



- Almost all of the District Hospitals and private hospitals offer Caesarean sections services. But only one-fourth of the UHCs offer C-section services. Being the primary care referral facility, the availability caesarean section services among UHCs should be strategically increased.
- No notable change has been observed in the availability of C-Section services across different type of facilities between 2014 and 2017. Availability of cesarean sections has increased from 12% in BHFS 2014 to 13% in BHFS 2017 among facilities (excluding CCs).

7.2 GUIDELINES, TRAINED STAFF, AND EQUIPMENT FOR DELIVERY SERVICES

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

- The quality of delivery services depends partly on the availability of guidelines, staff with up-to date training, and certain basic equipment.

- Only 12% of the facilities offering normal delivery services have any guidelines related to basic emergency obstetric care (BEmOC) or comprehensive emergency obstetric care (CEmOC). District hospitals are most likely (36%) to have guidelines on site, while private hospitals are least likely (5%) to have guidelines on site (**Table 7.2**). Nearly 45% of facilities that offer normal delivery services have at least one staff person trained in delivery care at any time. The availability is only 16% among private clinics/hospitals.

- Around three-fourths of the facilities have a delivery bed. The availability is around 86% in district- and upazila-level public facilities, 75% in union-level facilities, and 66% in community clinics. The availability is more than 80% among NGO clinics and private hospitals.

- Around 63% facilities that offer normal delivery services have an examination light on the day of the visit. District hospitals, NGO clinics, and private hospitals have near universal availability (more than 90 percent) of an examination light. However, it is available in only half of the union-level facilities.

- Around 83% of facilities have a delivery pack (or all of the individual equipment needed for a normal delivery) available on the day of the survey visit.

- A suction apparatus (mucus extractor) is less widely available, with only 31% facilities that offer delivery services having one available at the service site on the day of the survey visit.

- A neonatal bag and a mask are available in 55% of facilities. The availability is almost universal in district hospitals (98%) and relatively high in UHCs (89%), MCWCs (84%), and private hospitals (88%). In contrast, only half of the union-level facilities and one quarter of the community clinics have a bag and mask.

- Only 20% of facilities have partographs, which is the highest percentage among NGO clinics (65%). The availability is less than half in district hospitals, MCWCs and UHCs.

- Around 30% of facilities (34% excluding CCs) have an emergency transport. The district hospitals (97%) and UHCs (86%) are more likely than MCWCs (65%) to have an emergency transport. It is available in 84% of private hospitals and 73% of NGO clinics. Only 10% of the union-level facilities and community clinics have or have access to a vehicle for emergency transport.

7.3 MEDICINES AND COMMODITIES FOR DELIVERY

Table 7.3 describes the availability of essential medicines and commodities for delivery and **Table 7.4** the availability of priority medicines for mothers, as defined by WHO.

- Only around one-third of the facilities offering normal delivery services have injectable uterotonics required for active management of the third stage of labor and postpartum hemorrhage. Although the availability of injectable uterotonics is relatively high among district hospitals (89%) and MCWCs (75%), only 61% of UHCs have this essential medicine on the day of the visit. The availability was less than one-fifth (18%) among union-level facilities and one-tenth (10%) among community clinics that offer normal delivery services (**Table 7.3**).

- Among essential medicines, facilities are least likely to have injectable magnesium sulphate (14 %) which is essential for management of eclampsia. Only 42% of district hospitals, 27% of MCWCs, and 28% of UHCs have injectable magnesium sulphate. The availability in this category is highest among private hospitals (48%). Only 6% of union-level facilities and none of the

community clinics have injectable magnesium sulphate for management or pre-referral management of eclampsia.

- Nearly 60% of district and upazila-level public facilities have injectable antibiotics required for management of peurperal sepsis. Availability is relatively high among district hospitals (84%) in comparison with MCWCs (41 percent) and UHCs (60 percent). Around two-thirds of the NGO clinics and private hospitals have injectable antibiotics.

- Only one-third of the facilities (38% excluding CCs) have intravenous fluids with an infusion set which is also essential management for severe postpartum hemorrhage. The availability was the highest among the district hospitals (74%). Only two-thirds of the UHCs and less than half of the MCWCs have this.

- Misoprostol is another important drug for management of postpartum hemorrhage. Around 57% of facilities offering normal delivery service have misoprostol capsules or tablets. Although around two-thirds of the union-level facilities (61%) have misoprostol, the availability is less than 40% in district hospitals and UHCs. Misoprostol is available in around two-thirds of the NGO clinics and private hospitals.

7.4 ITEMS FOR INFECTION CONTROL DURING PROVISION OF DELIVERY CARE

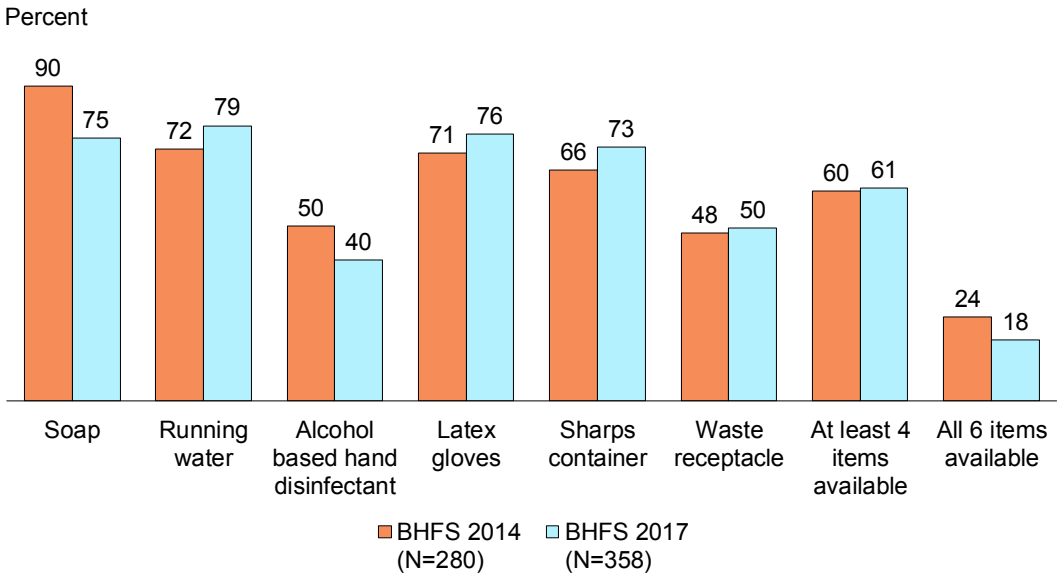
- Nearly 72% of facilities offering normal delivery service have either soap and running water or alcohol-based hand disinfectant. The availability is almost universal in district hospitals, MCWCs, NGO clinics, and private hospitals. However, less than half of the CCs and three-fourths of the union-level facilities have such availability (**Table 7.4**).

- Among facilities that offer delivery services, 18% of facilities (19% excluding CCs) have all six items for infection control and 61% (65% excluding CCs) have at least four items for infection control.

- Most district hospitals (86%), MCWCs (77%), private hospitals (75%), and NGO facilities (90%) have at least four items for infection control while only 43% of CCs have at least four items for infection control.

- Between BHFS 2014 and BHFS 2017, there has been no improvement in having items available for infection control. In 2014, 24% of health facilities had all six items for infection control available on site; by 2017 this proportion had declined to 18%, mainly due to a decrease in availability of soap and/or alcohol-based hand disinfectant. The percentage of facilities that have at least four items for infection control has remained almost the same, around 60% in 2014 and 2017 (**Figure 7.2**).

Figure 7.2 Items for infection control in delivery service area, BHFS 2014 and BHFS 2017



- There was a decrease in availability of all six items from BHFS 2014 (24 percent) to BHFS 2017 (18%) (**Table 7.4**).
- There was no significant difference in availability of at least four items and a waste receptacle between the two surveys.
- Availability of a sharps container, latex gloves, and running water increased from BHFS 2014 to BHFS 2017.
- Availability of soap decreased by 15% from BHFS 2014 to BHFS 2017.
- There was a 10% decrease in alcohol-based hand disinfectant from BHFS 2014 to BHFS 2017.

7.5 SIGNAL FUNCTIONS FOR EMERGENCY OBSTETRIC CARE

Complications of labor and delivery can be expected to occur. About 15% of mothers develop life-threatening complications at the time of delivery, even if the mothers are otherwise normal during the antenatal period. In such situations, facilities must be equipped to provide emergency obstetric and neonatal care (EmONC). Within EmONC, there are nine signal functions layered in three levels: obstetric first aid, basic emergency obstetric and neonatal care (BEmONC), and comprehensive emergency obstetric and neonatal care (CEmONC). Facilities were considered to be BEmONC facilities if they performed the first seven signal functions over the designated 3-month period. Facilities were considered to be CEmONC facilities if they performed all nine signal functions over a designated 3-month period.

Each of the facilities that provided normal delivery care was asked whether they had performed any number of the nine signal functions at least once during the 3 months preceding the survey.

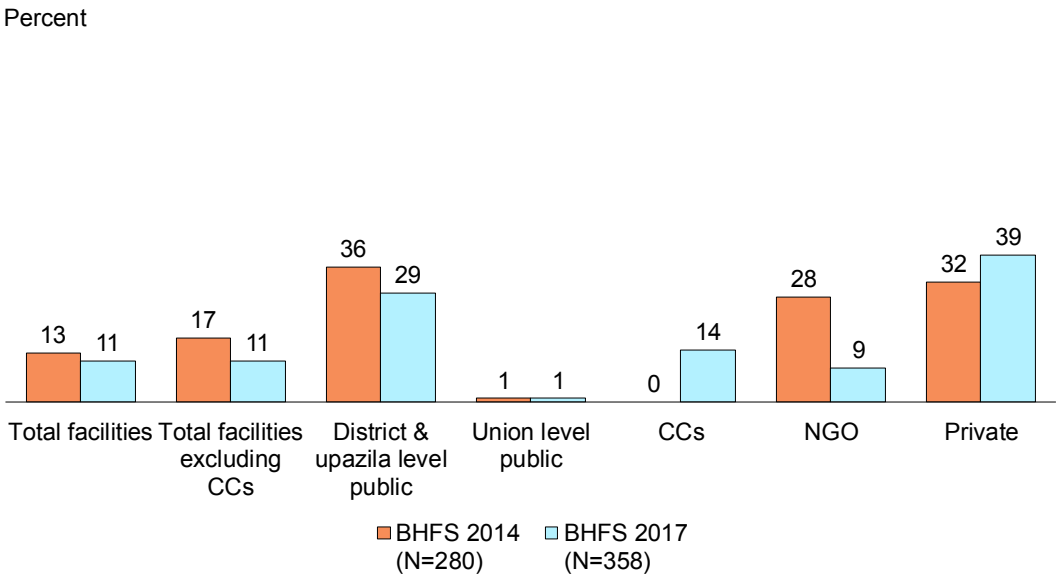
- Among facilities that offer normal delivery services, only 11% (10.8% excluding CCs) performed all seven signal functions (BEmONC) in the last 3 months. Out of all district hospitals, only 57% performed the basic seven signal functions. The estimates are much lower among MCWCs (24%) and UHCs (25%). Only 1% of union-level facilities and 14% of CCs had performed the seven basic signal functions in the last 3 months. Basic signal function readiness was 39% among private hospitals and only 9% among NGO clinics that offer normal delivery services.

- All of the DCs and private hospitals offering normal delivery services had performed cesarean sections in the past 3 months. Around two-thirds of the MCWCs and one-fourth of the UHCs performed cesarean sections during that period.

- Only 5% of facilities (6% excluding CCs) that offer normal delivery services performed all nine signal functions (CEmONC) in the past 3 months. Although all of the DCs and private hospitals performed cesarean sections in the past 3 months, only 55% of DCs and 29% of the private hospitals had performed the nine signal functions (CEmONC) during that period. Only 8% of MCWCs and 5% of UHCs performed all nine signal functions.

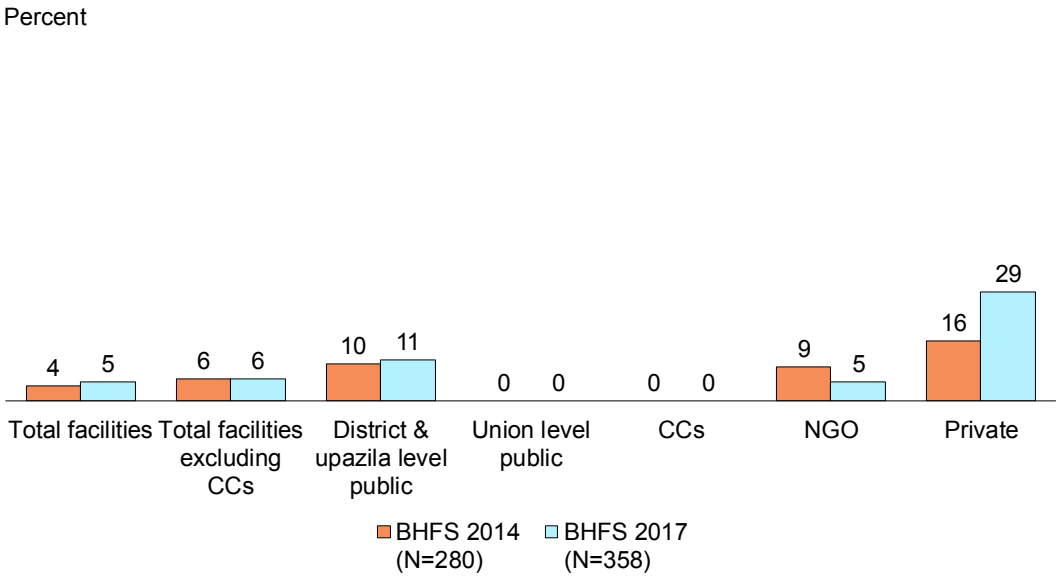
- Between 2014 and 2017, the percentage of facilities offering normal delivery that performed all seven signal functions declined slightly. It is encouraging that higher proportions of CCs and private hospitals reported performing all seven signal functions in BHFS 2017 than in BHFS 2014 (**Figure 7.3**).

Figure 7.3 BEmONC signal functions by facility type, BHFS 2014 and BHFS 2017



- The proportion of facilities that performed all nine signal functions increased notably among private clinics (from 16% to 29%), and declined among NGO clinics (from 9% to 5%) in the last 3 years (**Figure 7.4**).

Figure 7.4 CEmONC signal functions by facility type, BHFS 2014 and BHFS 2017



7.6 READINESS OF HEALTH FACILITIES TO PROVIDE NORMAL DELIVERY SERVICES

The WHO assesses service readiness for normal delivery on the availability of specific items/tracer indicators in health facilities. In this section of the report, data from the 2017 BFHS are used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO measure. The measure of the readiness to provide normal delivery services includes the following 13 items/tracer indicators:

- **Trained staff:** At least one provider ever trained in delivery care at any time
- **Guidelines:**National or other BEmOC or CEmOC guideline 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 7.6 and **Figure 7.6** show the availability of each of items/tracer indicators for assessing a health facility's readiness for normal delivery.

- Less than 1% of facilities that offer normal delivery services have all 13 items which are considered to be essential by WHO to provide BEmONC and CEmONC services. Around 5% of

the district hospitals and NGO clinics have all 13 items. Availability of these items was less on 1% among the rest of the facilities (**Table 7.6** and **Figure 7.6**).

- Among all facilities, the availability of guidelines, suction apparatus, partograph, antibiotic and magnesium sulphate have decreased markedly between BHFS 2014 and BHFS 2017. On the contrary, the availability of trained staff, delivery pack, neonatal bag and mask and skin disinfectant have increased substantially. The availability of examination light, gloves, oxytocin and IV solution has remained the same between these periods (**Figure 7.5**).

- The availability of 13 essential items for conducting normal deliveries decreased across all types of facilities between BHFS 2014 and BHFS 2017 although the estimates were already very low in BHFS 2014 (**Figure 7.6**).

Figure 7.5 Availability of readiness items/tracer indicators in health facilities

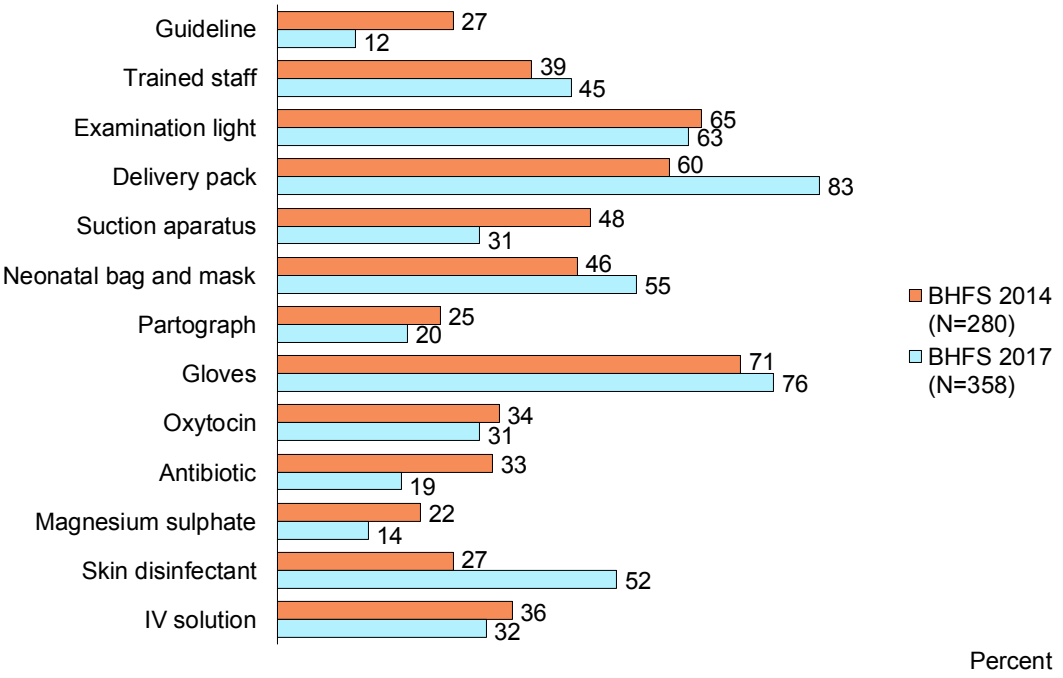
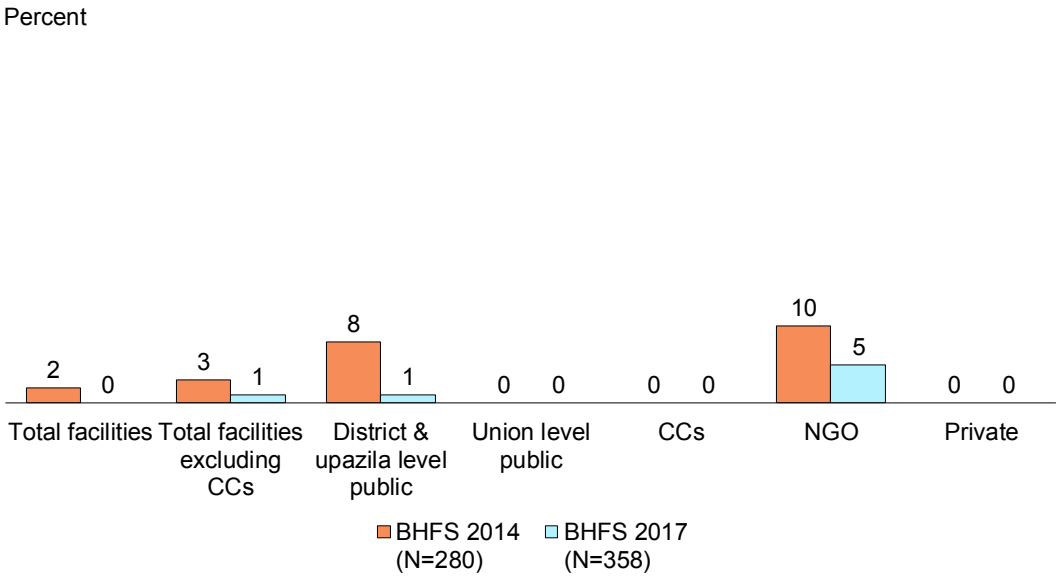


Figure 7.6 Readiness of health facilities to provide normal delivery services by facility type



7.7 IN-SERVICE TRAINING IN DELIVERY AND NEWBORN CARE BY TOPIC

In-service training in delivery and newborn care services not only improves the knowledge of providers but also improves their skill. **Table 7.7** presents information on specific in-service training that providers of normal delivery or newborn care services reported that they ever received, or received within 24 months of the survey.

- Around 33% of providers have received in-service training on newborn resuscitation. However, only 14% reported receiving such training in the past 24 months. Around 11% of providers at private hospitals and 22% of those at NGO clinics have training on resuscitation at any time.
- Around 33% of providers have received in-service training on application of 7.1% chlorhexidine for umbilical cord care at any time. However, only 15% reported receiving such training in the past 24 months. Less than 10% of providers at private hospitals have training on chlorhexidine application at any time.
- Around 17% of providers have received in-service training on emergency triage assessment (ETAT) and sick newborn care; only 10% of providers had received previous training in comprehensive newborn care (CNC).
- Less than 20% of the facilities have a staff trained in IMCI at any time, and this decreases to 5% for those trained in the past 24 months. Around one-quarter of the union-level facilities and one-fifth of the district and sub-district public facilities have a staff person trained in IMCI at any time. The percentage was extremely low among private hospitals (5%) and NGO clinics (13%).

7.8 ESSENTIAL MEDICINES FOR NEWBORN CARE

- Nearly 70% of facilities had amoxicillin syrup or suspension available on the day of the visit. The availability is the highest among community clinics (91%), followed by MCWCs (87%). Around half of the district hospitals (58%), UHCs (56%), NGO clinics (55%), and private hospitals (52%) had amoxicillin available on the day of the visit **Table 7.8**.
- Injectable gentamicin is available in only 16% of facilities offering normal delivery services. The availability is the highest in private hospitals (76%). Less than half of the district hospitals (43%)

and UHCs (39%) have gentamicin on the day of the visit. Gentamicin is available in only 10% of MCWCs and less than 3% of union-level public facilities.

- Availability of ceftriaxone (third-generation antibiotics) is relatively high among DHs and private hospitals (89%). It is available in about two-thirds of the UHCs and three-fourths of the NGO clinics.

- Around half of the facilities offering normal delivery services had 7.1% chlorhexidine present on the day of the visit. The availability was the highest in union-level facilities (58%) and the lowest in UHCs (40%). About 41% of private hospitals had 7.1% chlorhexidine on the day of the visit.

7.9 AVAILABILITY OF EQUIPMENT FOR NEWBORN CARE SERVICES

- Around half of the DHs, one-fifth of the UHCs, and two-fifths of private hospitals have incubators for newborns (**Table 7.9**).

- Thirty-three percent of facilities in urban areas have incubators compared with 3% in rural areas.

- A suction bulb or penguin sucker was universally available among district and upazila-level public facilities (89%). However, the availability was around two-thirds among union-level public facilities and NGO clinics. More than four-fifths of the private hospitals have a bulb or penguin sucker.

- A neonatal bag and mask are almost universally available in district and upazila-level pubic facilities (around 90%). They are available in half of the union-level public facilities and one-quarter of the CCs. The availability was reasonably high among NGO clinics (76%) and private hospitals (88%).

- Nearly 38% of facilities have a timer for assessing respiratory rate. It is available in around half of the district and subdistrict-level public facilities and NGO clinics and private hospitals, in around one-third of the union-level public facilities and one-quarter of the CCs.

- Fewer than half of the facilities offering delivery services have an infant scale. The availability was highest among NGO clinics (79%). Around two-thirds of the district and upazila-level public facilities and private hospitals, one-third of the union-level public facilities, and a quarter of the CCs have an infant scale.

Figure 7.7 Availability of equipment for newwborn care services in health facilities

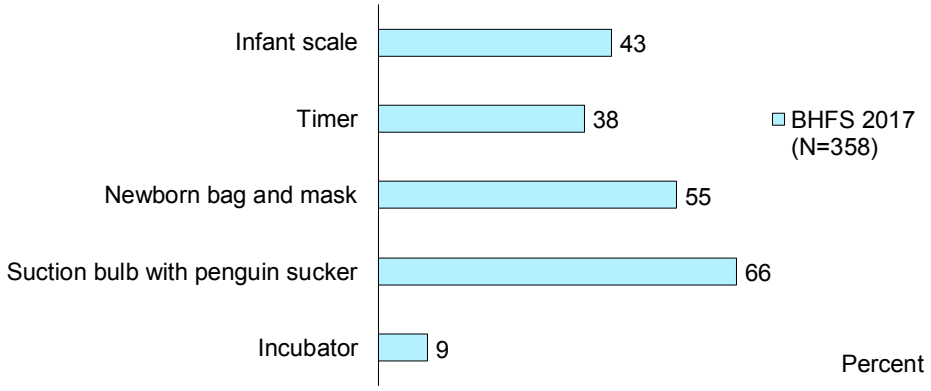


Table 7.1 Availability of maternal health services

Among all facilities, the percentages offering specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentages having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Bangladesh HFS 2017

	Percentage of facilities offering:									Percentage of facilities offering normal delivery services that have:		
Background characteristic	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 postnatal care	ANC, normal delivery, postnatal care and cesarean delivery	Number of facilities	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	Number of facilities offering normal delivery services
Facility type												
District and upazila public facilities	**99.4**	**95.4**	**38.1**	**98.4**	**95.4**	**38.1**	**94.6**	**37.3**	**44**	**83.5**	**95.7**	**42**
DH	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	5	91.9	98.4	5
MCWC	100.0	92.2	62.2	97.7	92.2	62.2	91.1	61.1	7	71.2	89.3	6
UHC	99.1	95.4	23.8	98.3	95.4	23.8	94.5	22.9	32	84.7	96.6	31
Union-level public facilities	**95.7**	**52.5**	**-**	**93.1**	**52.5**	**-**	**51.8**	**0.0**	**361**	**12.5**	**60.0**	**190**
UHFWC	99.5	64.7	-	98.4	64.7	-	64.2	0.0	250	11.6	63.3	162
USC/RD	87.2	24.9	-	81.2	24.9	-	23.8	0.0	111	17.7	40.8	28
Public community clinic (CC)	**100.0**	**6.5**	**-**	**96.4**	**6.5**	**-**	**6.3**	**-**	**1,012**	**0.0**	**6.6**	**66**
NGO clinic/hospital	**99.8**	**32.0**	**11.2**	**98.7**	**32.0**	**11.2**	**32.0**	**11.2**	**64**	**60.6**	**75.4**	**20**
Private hospital	**94.9**	**94.6**	**97.1**	**95.5**	**92.4**	**92.4**	**90.7**	**90.7**	**43**	**78.2**	**100.0**	**41**
Location												
Urban	97.6	72.0	56.8	97.6	71.2	54.9	70.4	54.2	108	76.9	98.5	78
Rural	98.9	19.8	0.3	95.6	19.8	0.3	19.5	0.3	1,416	15.3	49.0	281
Division												
Barishal	99.6	29.0	2.3	95.9	28.9	2.2	27.1	2.2	113	17.9	54.4	33
Chattogram	98.5	27.6	5.3	95.7	27.4	5.1	27.2	4.9	288	29.0	64.1	80
Dhaka	98.9	25.8	7.4	98.2	25.8	7.4	25.8	7.4	304	35.0	71.6	78
Khulna	98.6	19.0	3.8	93.3	19.0	3.3	19.0	3.3	187	31.3	50.6	36
Rajshahi	97.6	24.7	3.1	94.9	24.7	3.0	23.6	3.0	220	19.0	52.5	54
Rangpur	99.1	19.5	3.0	94.4	19.3	2.9	19.2	2.7	193	32.8	39.2	38
Sylhet	99.7	19.4	3.7	95.3	19.4	3.7	19.2	3.6	96	36.4	70.0	19
Mymensingh	99.9	17.5	1.6	98.0	17.5	1.6	17.5	1.6	123	27.5	69.3	21
Total	98.8	23.5	4.3	95.8	23.4	4.2	23.1	4.1	1,524	28.7	59.8	358
Total excluding CCs	96.5	57.2	12.8	94.5	57.0	12.4	56.3	12.2	512	35.2	71.7	292

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

Table 7.2 Guidelines, trained staff, and equipment for delivery services

Among facilities that offer normal delivery services, the percentages with guidelines, at least one staff member recently trained in delivery care, and basic equipment for routine delivery available in the facility on the day of the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities offering normal delivery service that have:			Equipment											Number of facilities offering normal delivery services
	Guide-lines on BEmOC[1] or CEmOC[1]	Staff trained in delivery care during the past 24 months[2]	Staff trained in delivery care at any time[2]	Emer-gency trans-port[3]	Exami-nation light[4]	Delivery pack[5]	Suction appa-ratus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit[6]	Neonatal bag and mask	Parto-graph[7]	Gloves[8]	Delivery bed	Sterili-zation equip-ment[9]	
Facility type															
District and upazila public facilities	23.2	21.6	59.2	84.4	82.9	89.1	60.2	38.6	53.4	89.3	43.2	74.7	85.9	74.5	42
DH	35.5	21.0	64.5	96.8	93.5	93.5	79.0	59.7	74.2	98.4	46.8	82.3	88.7	93.5	5
MCWC	21.8	21.6	66.2	65.3	87.9	95.1	62.5	34.0	56.8	83.1	46.9	83.0	90.5	78.5	6
UHC	21.5	21.7	56.9	86.4	80.2	87.1	56.8	36.3	49.4	89.3	41.9	71.8	84.5	70.7	31
Union-level public facilities	9.5	10.7	47.0	9.1	50.3	82.1	14.9	10.5	9.8	48.6	15.7	77.6	74.8	22.8	190
UHFWC	9.6	12.0	50.4	10.0	52.8	82.1	15.7	10.8	10.1	49.6	15.8	76.8	75.8	25.1	162
USC/RD	8.9	2.8	27.0	4.1	35.7	82.2	9.8	8.5	8.5	42.4	15.1	82.0	68.8	9.7	28
Public community clinic (CC)	10.4	0.0	35.6	10.8	58.6	74.2	9.4	20.0	15.2	25.8	0.0	73.9	66.3	0.0	66
NGO clinic/hospital	37.5	36.4	78.4	73.3	97.1	87.4	77.3	24.5	28.0	76.0	64.6	91.5	86.1	79.9	20
Private hospital	4.5	9.1	16.4	83.6	91.2	93.7	89.3	44.2	73.8	88.0	21.5	69.0	84.1	87.3	41
Location															
Urban	16.8	18.2	40.9	82.9	89.5	92.6	75.3	39.1	60.4	86.7	36.4	73.3	85.4	80.4	78
Rural	11.1	9.4	45.7	15.8	55.6	80.4	18.9	14.9	14.2	46.5	14.8	77.2	73.7	22.7	281
Division															
Barishal	4.1	7.2	34.3	21.0	52.8	79.5	26.5	9.4	20.0	49.9	16.1	72.8	80.4	24.5	33
Chattogram	15.2	13.7	52.7	28.0	58.8	78.2	29.4	16.1	28.8	59.0	24.2	77.7	68.1	34.1	80
Dhaka	7.5	20.5	55.4	36.6	67.5	80.6	39.5	17.9	27.1	58.3	16.1	77.0	80.4	44.5	78
Khulna	27.8	5.7	42.4	34.7	67.8	81.3	28.8	27.7	24.3	55.5	17.5	70.1	76.5	38.5	36
Rajshahi	12.3	7.1	38.3	33.7	60.4	88.9	37.7	22.6	12.0	52.9	12.7	75.8	74.6	34.1	54
Rangpur	14.7	0.9	34.5	30.2	80.2	94.5	22.8	40.9	37.0	40.4	21.5	88.4	81.9	25.7	38
Sylhet	9.6	13.9	37.9	26.9	63.3	81.6	32.0	8.5	16.2	71.1	29.5	70.6	75.2	40.9	19
Mymensingh	4.3	10.5	35.1	17.5	44.4	85.2	15.1	15.1	18.0	55.1	27.9	70.6	79.7	31.3	21
Total	12.3	11.3	44.7	30.3	62.9	83.1	31.1	20.2	24.2	55.2	19.5	76.4	76.2	35.2	358
Total excluding CCs	12.7	13.8	46.7	34.7	63.9	85.1	36.0	20.2	26.2	61.8	23.9	76.9	78.5	43.2	292

Note: The indicators presented in this table comprise the staff training and equipment domains for assessing readiness to provide delivery care within the health facility assessment methodology proposed by WHO and USAID (2012).

[1] BEmOC (basic emergency obstetric care) guidelines, or CEmOC (comprehensive emergency obstetric care) guidelines

[2] Facility has at least one interviewed staff member providing the service who reports receiving in-service training in deliver care. The training must have involved structured sessions and 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 stationed at the facility and has fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

[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, 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 dilatation and curettage (D&C) kit available.

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

[8] Disposable latex gloves or the 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 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 background characteristics, Bangladesh HFS 2017

	Facility type											
Medicines	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Public commu-nity clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	Total excluding CCs
Essential medicines for delivery[1]												
Injectable uterotonic (oxytocin)[2]	**66.2**	88.7	74.8	60.9	**17.6**	17.3	19.5	**9.9**	**78.8**	**71.5**	31.4	36.3
Injectable antibiotic[3]	**59.3**	83.9	41.0	59.4	**1.1**	1.3	0.4	**0.0**	**66.9**	**70.3**	19.3	23.7
Injectable magnesium sulphate[2]	**29.1**	41.9	26.4	27.7	**5.6**	4.8	10.3	**0.0**	**37.7**	**47.9**	13.9	17.1
Injectable diazepam	**50.1**	77.4	45.8	46.8	**3.1**	3.4	0.9	**0.0**	**67.6**	**72.9**	19.6	24.0
Skin disinfectant	**68.8**	79.0	67.4	67.6	**45.0**	45.7	40.7	**42.7**	**77.3**	**71.4**	52.2	54.3
Intravenous fluids with infusion set[4]	**62.3**	74.2	42.3	64.6	**26.1**	26.1	26.2	**4.6**	**50.9**	**64.5**	32.2	38.4
Priority medicines for mothers[5]												
Sodium chloride injectable solution	**75.5**	82.3	53.2	79.1	**26.7**	27.4	22.7	**6.3**	**75.5**	**84.2**	38.0	45.1
Injectable calcium gluconate	**12.8**	8.1	4.9	15.2	**3.6**	3.3	5.9	**0.0**	**28.1**	**63.1**	12.2	14.9
Ampicillin powder for injection	**7.8**	11.3	2.5	8.3	**0.0**	0.0	0.0	**0.0**	**26.0**	**41.5**	7.1	8.7
Injectable metronidazole	**28.9**	46.8	24.1	27.2	**0.9**	1.0	0.0	**0.0**	**39.1**	**78.4**	14.9	18.3
Misoprostol capsules or tablets	**42.9**	35.5	66.4	39.2	**61.4**	62.9	52.7	**49.3**	**63.5**	**63.5**	57.4	59.2
Azithromycin capsules or tablets or oral liquid	**61.4**	82.3	12.2	68.5	**1.6**	0.9	5.6	**0.0**	**74.5**	**79.1**	21.2	26.0
Cefixime capsules or tablets	**35.2**	58.1	7.3	37.4	**0.6**	0.2	2.7	**0.0**	**82.9**	**82.1**	18.4	22.6
Benzathine benzyl penicillin powder for injection	**8.6**	11.3	1.2	9.7	**0.5**	0.5	0.6	**6.0**	**12.3**	**19.2**	5.2	5.1
Injectable bethamethasone/ dexamethasone	**43.0**	66.1	8.4	46.6	**2.0**	1.1	7.1	**4.6**	**37.2**	**76.4**	17.7	20.7
Nifedipine capsules or tablets	**3.6**	9.7	0.0	3.4	**0.0**	0.0	0.0	**0.0**	**25.7**	**56.4**	8.3	10.1
Number of facilities offering normal delivery services	**42**	5	6	31	**190**	162	28	**66**	**20**	**41**	358	292

Note: The essential medicines presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2012).

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

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

[3] Injectable penicillin, injectable gentamycin, 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 WHO; the list is published at http://www.who.int/medicines/publications/A4prioritymedicines.pdf.

Table 7.4 Items for infection control during provision of delivery care

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

Background characteristic	Percentage of facilities offering normal delivery services that have items for infection control										Number of facilities offering normal delivery services
	Soap	Running water[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]	All 6 items available*	At least 4 items available	
Facility type											
District and upazila public facilities	**77.9**	**97.1**	**76.8**	**60.6**	**83.7**	**74.7**	**75.0**	**58.1**	**28.3**	**73.6**	**42**
DH	90.3	96.8	90.3	58.1	93.5	82.3	82.3	66.1	35.5	85.5	5
MCWC	84.2	95.2	83.0	62.8	89.2	83.0	76.8	57.7	33.6	77.1	6
UHC	74.7	97.5	73.4	60.5	81.0	71.8	73.4	56.9	26.1	71.0	31
Union-level public facilities	**73.9**	**77.2**	**65.5**	**31.5**	**70.1**	**77.6**	**72.7**	**39.6**	**10.0**	**58.2**	**190**
UHFWC	74.5	77.6	66.4	33.2	71.8	76.8	70.5	40.7	10.1	57.9	162
USC/RD	70.5	75.0	60.2	21.7	60.6	82.0	85.2	33.0	9.6	60.1	28
Public community clinic (CC)	**60.6**	**55.8**	**46.8**	**23.7**	**46.8**	**73.9**	**77.7**	**46.1**	**12.8**	**43.2**	**66**
NGO clinic/hospital	**97.4**	**100.0**	**97.4**	**61.4**	**98.2**	**91.5**	**87.2**	**69.6**	**37.3**	**89.6**	**20**
Private hospital	**90.6**	**93.9**	**88.5**	**76.5**	**93.0**	**69.0**	**54.3**	**82.2**	**39.8**	**74.7**	**41**
Location											
Urban	87.6	94.6	84.9	66.0	89.6	73.3	65.8	73.3	35.2	75.0	78
Rural	71.7	74.4	63.0	33.1	66.6	77.2	74.5	42.8	12.7	57.0	281
Division											
Barishal	66.0	72.3	55.0	27.7	57.9	72.8	74.2	63.0	14.8	60.3	33
Chattogram	75.1	80.3	67.7	42.5	75.5	77.7	69.7	54.3	15.5	64.3	80
Dhaka	77.2	85.2	73.0	28.5	76.0	77.0	71.1	42.9	13.2	57.4	78
Khulna	79.1	77.8	69.6	35.7	71.3	70.1	79.3	53.3	14.5	58.3	36
Rajshahi	77.8	68.3	62.4	43.2	65.4	75.8	72.9	51.9	18.9	64.6	54
Rangpur	77.7	81.7	77.5	61.4	79.2	88.4	80.7	50.4	35.4	67.2	38
Sylhet	65.2	70.9	55.1	41.9	60.5	70.6	71.2	38.3	15.6	50.4	19
Mymensingh	73.2	89.6	73.2	55.9	74.4	70.6	61.6	30.6	17.6	55.0	21
Total	75.2	78.8	67.8	40.3	71.6	76.4	72.6	49.5	17.6	60.9	358
Total excluding CCs	78.5	84.0	72.5	44.0	77.2	76.9	71.5	50.2	18.7	64.9	292

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher
[2] Nonlatex equivalent gloves are acceptable.
[3] Waste receptacle with plastic bin liner
* The facility has the following six infection-control items: soap, running water, alcohol-based hand disinfectant, latex gloves, sharps container, and waste receptacle.

Table 7.5 Signal functions for emergency obstetric care

Among facilities offering normal delivery services, percentages reporting that they performed the signal functions for emergency obstetric care at least once during the 3 months before the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of facilities that applied parenteral:			Percentage of facilities that carried out:						Percentage of facilities that carried out:			Number of facilities offering normal delivery services
	Antibiotics	Oxytocic	Anticon-vulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of concep-tion (MVA)	Neonatal resusci-tation	Blood trans-fusion	Cesarean delivery	Three signal functions[1]	Seven signal functions[2]	All nine signal functions[3]	
Facility type													
District and upazila public facilities	**85.2**	**92.1**	**52.8**	**61.7**	**80.3**	**65.7**	**75.9**	**41.1**	**39.2**	**49.5**	**28.5**	**11.4**	**42**
DH	96.8	95.2	88.7	75.8	96.8	90.3	93.5	98.4	100.0	82.3	56.5	54.8	5
MCWC	77.1	84.3	42.3	67.6	82.1	65.2	77.3	19.2	65.1	39.9	24.2	8.3	6
UHC	85.1	93.2	49.5	58.4	77.4	62.0	72.9	36.8	24.3	46.5	25.1	5.4	31
Union-level public facilities	**16.7**	**41.9**	**3.8**	**42.5**	**55.9**	**35.8**	**46.0**	**-**	**-**	**2.4**	**1.1**	**-**	**190**
UHFWC	16.7	42.6	4.0	41.8	55.0	35.9	45.6	-	-	2.6	1.2	-	162
USC/RD	16.8	38.1	2.5	47.2	61.8	35.5	48.6	-	-	1.4	0.4	-	28
Public community clinic (CC)	**23.2**	**46.5**	**13.8**	**47.3**	**50.6**	**35.3**	**49.0**	**-**	**-**	**13.8**	**13.8**	**-**	**66**
NGO clinic/hospital	**74.7**	**74.1**	**42.7**	**51.9**	**60.4**	**41.4**	**64.7**	**23.1**	**28.9**	**35.8**	**9.0**	**5.1**	**20**
Private hospital	**98.8**	**100.0**	**63.0**	**83.8**	**87.2**	**75.5**	**90.8**	**61.7**	**100.0**	**62.4**	**39.0**	**29.3**	**41**
Location													
Urban	89.9	92.9	57.3	71.5	81.2	66.8	83.1	53.4	75.5	56.0	33.5	22.0	78
Rural	24.3	47.1	10.1	45.1	56.2	37.7	48.7	2.0	1.5	8.4	5.2	0.2	281
Division													
Barishal	35.7	49.5	10.4	45.0	60.5	46.8	49.6	7.5	7.7	9.3	6.1	1.6	33
Chattogram	36.6	67.9	21.7	58.9	52.1	37.2	63.1	18.5	19.1	19.7	9.5	7.4	80
Dhaka	38.6	51.7	20.3	46.5	50.4	45.7	45.0	12.3	26.9	17.0	9.6	3.8	78
Khulna	38.0	56.1	18.4	42.1	79.0	44.0	48.2	16.2	17.6	16.9	10.3	7.0	36
Rajshahi	37.9	56.9	11.3	51.4	68.5	43.9	66.3	9.6	12.1	10.8	5.5	4.4	54
Rangpur	54.2	61.0	47.9	81.6	82.0	68.7	72.5	15.6	15.3	47.9	40.6	8.3	38
Sylhet	36.6	53.5	16.9	27.4	65.3	38.4	57.0	9.4	18.6	14.7	3.4	0.4	19
Mymensingh	26.4	46.5	11.1	25.7	54.1	21.1	39.8	7.4	9.2	11.1	5.5	1.0	21
Total	38.5	57.1	20.3	50.9	61.6	44.0	56.2	13.1	17.5	18.7	11.4	4.9	358
Total excluding CCs	42.0	59.4	21.8	51.7	64.1	46.0	57.8	16.1	21.5	19.8	10.8	6.1	292

Note: MVA = Manual vacuum aspiration

"-" Means that blood transfusion and cesarean delivery services are not provided at this type of facility.

[1] Antibiotics, oxytocin, anticonvulsant

[2] Antibiotics, oxytocin, anticonvulsant, assisted vaginal delivery, manual removal of placenta, removal of retained product of conception, and neonatal resuscitation

[3] Antibiotics, oxytocin, anticonvulsant, assisted vaginal delivery, manual removal of placenta, removal of retained product of conception, neonatal resuscitation, blood transfusion, and cesarean delivery

Table 7.6 Readiness of health facilities to provide normal delivery service

Among facilities that offer normal delivery services, the percentages with 13 readiness items by background characteristics, Bangladesh HFS 2017

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]	Inject-able utero-tonic oxytocin	Inject-able antibiotic	Magne-sium sulphate	Skin dis-infectant	Intra-venous fluids with infusion set	Percent-age having 13 items[7]	Number of facilities offering normal delivery services
Facility type															
District and upazila public facilities	**23.2**	**59.2**	**82.9**	**89.1**	**60.2**	**89.3**	**43.2**	**74.7**	**66.2**	**59.3**	**29.1**	**68.8**	**62.3**	**0.7**	**42**
DH	35.5	64.5	93.5	93.5	79.0	98.4	46.8	82.3	88.7	83.9	41.9	79.0	74.2	4.8	5
MCWC	21.8	66.2	87.9	95.1	62.5	83.1	46.9	83.0	74.8	41.0	26.4	67.4	42.3	1.2	6
UHC	21.5	56.9	80.2	87.1	56.8	89.3	41.9	71.8	60.9	59.4	27.7	67.6	64.6	0.0	31
Union level public facilities	**9.5**	**47.0**	**50.3**	**82.1**	**14.9**	**48.6**	**15.7**	**77.6**	**17.6**	**1.1**	**5.6**	**45.0**	**26.1**	**0.0**	**190**
UHFWC	9.6	50.4	52.8	82.1	15.7	49.6	15.8	76.8	17.3	1.3	4.8	45.7	26.1	0.0	162
USC/RD	8.9	27.0	35.7	82.2	9.8	42.4	15.1	82.0	19.5	0.4	10.3	40.7	26.2	0.0	28
Public community clinic (CC)	**10.4**	**35.6**	**58.6**	**74.2**	**9.4**	**25.8**	**0.0**	**73.9**	**9.9**	**0.0**	**0.0**	**42.7**	**4.6**	**0.0**	**66**
NGO clinic/hospital	**37.5**	**78.4**	**97.1**	**87.4**	**77.3**	**76.0**	**64.6**	**91.5**	**78.8**	**66.9**	**37.7**	**77.3**	**50.9**	**5.1**	**20**
Private hospital	**4.5**	**16.4**	**91.2**	**93.7**	**89.3**	**88.0**	**21.5**	**69.0**	**71.5**	**70.3**	**47.9**	**71.4**	**64.5**	**0.0**	**41**
Location															
Urban	16.8	40.9	89.5	92.6	75.3	86.7	36.4	73.3	69.4	66.8	38.9	71.1	61.9	1.2	78
Rural	11.1	45.7	55.6	80.4	18.9	46.5	14.8	77.2	20.9	6.1	7.0	46.9	23.9	0.1	281
Division															
Barishal	4.1	34.3	52.8	79.5	26.5	49.9	16.1	72.8	18.7	10.7	8.1	32.7	22.1	0.0	33
Chattogram	15.2	52.7	58.8	78.2	29.4	59.0	24.2	77.7	36.1	25.0	22.8	53.6	28.4	0.1	80
Dhaka	7.5	55.4	67.5	80.6	39.5	58.3	16.1	77.0	35.7	22.8	11.2	46.6	37.5	0.4	78
Khulna	27.8	42.4	67.8	81.3	28.8	55.5	17.5	70.1	26.3	18.3	8.7	57.8	36.3	0.0	36
Rajshahi	12.3	38.3	60.4	88.9	37.7	52.9	12.7	75.8	28.1	12.7	9.8	49.0	26.9	0.9	54
Rangpur	14.7	34.5	80.2	94.5	22.8	40.4	21.5	88.4	24.9	20.0	17.2	73.0	39.8	1.1	38
Sylhet	9.6	37.9	63.3	81.6	32.0	71.1	29.5	70.6	39.0	18.9	20.6	50.0	35.5	0.4	19
Mymensingh	4.3	35.1	44.4	85.2	15.1	55.1	27.9	70.6	39.9	16.1	7.5	61.0	32.5	0.0	21
Total	12.3	44.7	62.9	83.1	31.1	55.2	19.5	76.4	31.4	19.3	13.9	52.2	32.2	0.4	358
Total excluding CCs	12.7	46.7	63.9	85.1	36.0	61.8	23.9	76.9	36.3	23.7	17.1	54.3	38.4	0.5	292

[1] BEmOC (basic emergency obstetric care) guidelines, or CEmOC (comprehensive emergency obstetric care) guidelines.
[2] Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC. The training must have involved structured sessions, and 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 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 at the service site.
[6] Disposable latex gloves or equivalent available at the service site.
[7] (1) guideline on BEmOC or CEmOC (2) at least one staff ever trained in IMPAC at any time (3) examination light (4) delivery pack (5) suction apparatus (6) neonatal bag and mask (7) partograph (8) gloves (9) injectable uterotonic oxytocin (10) injectable antibiotic (11) magnesium sulphate (12) xkin disinfectant (13) intravenous fluids with infusion set

Table 7.7 Training for providers of normal delivery services: immediate newborn care

Among interviewed providers of normal delivery or newborn care services, percentages who report receiving in-service training on topics related to delivery and newborn care during the 24 months preceding the survey, by background characteristics, Bangladesh HFS 2017

Background characteristic	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:												Number of interviewed providers of normal delivery or newborn care services
	Newborn resuscitation using bag and mask		Essential newborn care		Umbilical cord care (use of 7.1% chlorhexidine)		Emergency triage assessment training (ETAT)		IMCI guidelines (0-59) days		Comprehensive or newborn care		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
District and upazila public facilities	**18.1**	**38.0**	**10.4**	**21.9**	**18.6**	**35.9**	**4.1**	**11.6**	**5.2**	**18.3**	**5.0**	**10.6**	**917**
DH	23.0	40.9	14.3	27.9	21.3	37.6	4.8	13.9	4.1	16.4	5.6	14.0	249
MCWC	19.4	44.8	13.2	33.9	18.8	44.9	3.4	14.1	3.1	17.9	4.6	14.2	46
UHC	16.1	36.2	8.6	18.6	17.5	34.6	3.9	10.4	5.8	19.2	4.8	8.9	622
Union-level public facilities	**12.4**	**40.3**	**9.0**	**24.9**	**19.4**	**42.0**	**2.2**	**9.0**	**5.5**	**23.6**	**4.7**	**14.3**	**453**
UHFWC	12.7	41.8	9.6	25.6	19.2	41.0	2.5	9.1	5.5	23.4	4.3	13.2	382
USC/RD	10.4	32.3	5.6	21.2	20.6	47.2	0.5	8.7	5.6	24.9	7.0	20.5	70
Public community clinic (CC)	**14.9**	**35.1**	**5.1**	**30.2**	**5.1**	**43.6**	**0.0**	**15.7**	**9.4**	**22.7**	**6.4**	**10.9**	**152**
NGO clinic/hospital	**6.7**	**22.0**	**6.7**	**14.8**	**13.3**	**22.5**	**4.4**	**11.8**	**7.0**	**13.6**	**1.1**	**5.7**	**115**
Private hospital	**4.8**	**10.5**	**4.3**	**7.8**	**5.1**	**9.8**	**0.4**	**2.3**	**1.9**	**4.2**	**2.1**	**5.6**	**344**
Location													
Urban	15.2	31.1	9.7	20.0	15.6	29.2	3.4	10.5	4.9	14.9	4.6	10.1	1,009
Rural	11.9	34.2	7.0	20.8	14.5	36.2	2.0	8.9	5.4	19.5	4.0	10.5	971
Division													
Barishal	16.3	37.2	11.3	25.4	19.0	37.8	6.3	10.5	3.0	19.5	3.1	7.8	141
Chattogram	10.3	26.5	7.5	16.9	10.2	25.2	2.9	7.5	4.2	12.9	3.8	9.2	403
Dhaka	19.7	34.0	11.6	21.8	20.6	31.3	2.9	10.0	7.1	17.3	5.8	12.4	509
Khulna	16.2	35.9	8.0	17.6	17.2	40.0	2.7	7.7	4.0	12.8	2.1	4.3	230
Rajshahi	10.2	37.1	7.2	24.1	16.2	39.9	2.8	14.6	7.1	22.9	6.2	14.4	277
Rangpur	9.9	31.8	4.3	18.5	8.9	32.4	1.2	5.7	2.9	18.0	2.1	6.5	207
Sylhet	12.4	34.0	8.7	23.6	14.3	27.0	0.6	11.4	6.2	20.7	6.0	18.2	107
Mymensingh	4.9	24.3	4.2	16.8	8.0	31.2	1.9	13.4	2.3	18.8	3.0	9.5	107
Total	13.6	32.6	8.4	20.4	15.1	32.6	2.7	9.7	5.1	17.2	4.3	10.3	1,980
Total excluding CCs	13.5	32.4	8.7	19.5	15.9	31.7	3.0	9.2	4.8	16.7	4.1	10.3	1,828

Table 7.8 Essential Medicines for newborn care

Among facilities that offer normal delivery services, the percentages with essential medicines for newborns observed to be available on the day of the survey, by facility type, Bangladesh HFS 2017

	Facility type											
Essential medicines for newborn care	**District and upazila public facilities**	DH	MCWC	UHC	**Union-level public facilities**	UHFWC	USC/RD	**Public com-munity clinic (CC)**	**NGO clinic/ hospital**	**Private hospital**	Total	Total excluding CCs
Essential medicines for newborns												
Antibiotic eye ointment for newborn	**45.5**	56.5	10.8	51.1	**10.5**	7.2	30.0	**67.5**	**45.0**	**48.9**	31.4	23.3
Injectable gentamicin	**35.6**	43.5	10.9	39.5	**2.6**	2.7	2.0	**0.0**	**35.6**	**75.7**	16.1	19.7
Injectable ceftriaxone	**67.5**	88.7	43.4	69.3	**1.1**	1.3	0.4	**0.0**	**75.5**	**88.7**	22.9	28.0
Amoxicillin syrup/ suspension	**60.9**	58.1	86.7	56.0	**68.9**	69.0	68.8	**90.6**	**55.3**	**52.2**	69.3	64.5
Ampicillin injection	**7.8**	11.3	2.5	8.3	**0.0**	0.0	0.0	**0.0**	**26.0**	**41.5**	7.1	8.7
7.1% chlorhexidine solution	**45.8**	53.2	65.1	40.6	**57.4**	57.8	54.8	**44.5**	**60.4**	**41.1**	52.0	53.7
Number of facilities offering normal delivery services	**42**	5	6	31	**190**	162	28	**66**	**20**	**41**	358	292

Note: The essential medicines and antibiotic eye ointment for children presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2012).

Table 7.9 Availability of equipment for newborn care services

Among facilities that offer normal delivery services, the percentages having indicated equipment, by background characteristics, Bangladesh HFS 2017

Background characteristic	Incubator	Suction apparatus with catheter	Suction bulb or penguin sucker	Newborn bag and mask	Timer	Infant scale	Fetal stetho-scope	Thermo-meter	Thermo-meter for low body tempera-ture	Number of facilities offering normal delivery services
Facility type										
District and upazila public facilities	**21.5**	**60.2**	**89.3**	**89.3**	**45.8**	**63.0**	**15.2**	**95.3**	**12.4**	**42**
DH	50.0	79.0	95.2	98.4	45.2	74.2	25.8	95.2	25.8	5
MCWC	10.8	62.5	89.3	83.1	49.2	65.3	13.4	87.9	15.9	6
UHC	19.4	56.8	88.4	89.3	45.2	60.7	13.9	96.9	9.6	31
Union-level public facilities	**-**	**14.9**	**66.2**	**48.6**	**32.6**	**36.4**	**5.7**	**78.3**	**5.2**	**190**
UHFWC	-	15.7	66.8	49.6	31.9	37.6	6.3	79.4	6.0	162
USC/RD	-	9.8	62.5	42.4	36.3	29.3	2.3	71.9	0.4	28
Public community clinic (CC)	**0.0**	**9.4**	**42.7**	**25.8**	**27.7**	**23.7**	**0.0**	**97.1**	**6.0**	**66**
NGO clinic/hospital	**17.5**	**77.3**	**62.0**	**76.0**	**58.5**	**78.8**	**28.2**	**100.0**	**12.5**	**20**
Private hospital	**41.3**	**89.3**	**84.0**	**88.0**	**57.6**	**65.8**	**42.2**	**96.0**	**16.3**	**41**
Location										
Urban	33.2	75.3	82.3	86.7	56.3	65.9	28.9	95.8	16.1	78
Rural	2.5	18.9	62.0	46.5	32.3	36.5	6.2	84.5	5.6	281
Division										
Barishal	5.8	26.5	76.0	49.9	29.9	33.7	8.1	89.3	1.9	33
Chattogram	13.0	29.4	59.3	59.0	52.4	38.8	13.2	89.4	10.2	80
Dhaka	13.2	39.5	59.6	58.3	35.0	36.1	18.7	81.5	8.8	78
Khulna	6.0	28.8	66.4	55.5	29.5	52.4	5.5	90.0	17.1	36
Rajshahi	8.4	37.7	70.1	52.9	30.4	43.1	8.1	93.2	6.4	54
Rangpur	6.5	22.8	81.7	40.4	37.6	57.4	8.8	87.6	3.7	38
Sylhet	1.7	32.0	66.2	71.1	40.6	50.7	9.7	78.0	5.1	19
Mymensingh	3.8	15.1	66.4	55.1	31.8	48.6	3.4	80.9	2.6	21
Total	9.2	31.1	66.4	55.2	37.5	42.9	11.2	87.0	7.8	358
Total excluding CCs	11.3	36.0	71.7	61.8	39.7	47.2	13.7	84.7	8.3	292

"-" Means that incubator services are not provided at this type of facility.

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