Responsiveness of the Public Healthcare System: A study of the Upazila Health Complex in Bangladesh

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Abstract

This study aimed to assess the responsiveness of the Upazila health complex of Bangladesh, using data collected from the service recipients including patients and attendants and from the service providers including doctors and nurses. Opinions from 155 service recipients and 89 service providers from seven different Upailas were taken through face-to-face interviews conducted with two different sets of structured questions. The respondents were asked about their experiences with healthcare services in terms of seven dimensions of responsiveness: dignity, autonomy, confidentiality and prompt attention, quality of basic amenities, and access to social networks during care, and choice of providers. The findings showed a lower degree of overall responsiveness of the healthcare system in the Upazila level. Specifically the service receivers reported relatively low levels of responsiveness in terms of confidentiality, prompt attention, access to social networks and quality of basic amenities. These findings suggest that there are rooms for improvements in the responsiveness of the public healthcare system in Bangladesh, particularly in these areas. Improving healthcare responsiveness could help to improve health outcomes and overall satisfaction with the healthcare system in Bangladesh. The study recommended several measures for improving the responsiveness status of the Upazila health complex in Bangladesh.

Executive Summary

Background of the Study

Bangladesh is an emerging country in South Asia and one of the most densely populated countries in the world. Health and education levels are relatively low, although the country has improved recently as poverty level has decreased. The public healthcare system in Bangladesh faces various challenges to provide quality healthcare services, particularly in rural areas. The Upazila Health Complexes (UHCs) serve as the primary healthcare facility in the country's rural areas.

Despite the improvements in many sectors, the health sector of this country lacks adequate level of responsiveness. The three intrinsic targets of any health system identified by the World Health Organization (WHO) are: improving population health, fair practices regarding financial matters and raising responsiveness of the healthcare system to the service recipients (Murray and Frenk, 2017; WHO, 2000). This study intends to offer an insight on the performance of public healthcare of the Upazila health complex in Bangladesh regarding responsiveness and the relevant accountability structure.

Objectives of the Study

i. To know the existing responsiveness status of public health care system in the Upazila Health Complex
ii. To know the challenges of responsiveness in the public healthcare system of Upazila Health Complex
iii. To recommends/suggests policy guidelines for ensuring responsiveness of public healthcare system in the Upazila Health Complex

Research Questions

To achieve the research objectives mentioned in the previous section this study aims to answer the following questions:

i. What is the existing responsiveness status of public health care system in the Upazila Health Complex?
ii. What are the challenges of responsiveness in the public healthcare system of Upazila Health Complex?
iii. How to recommends/suggests policy guidelines for ensuring responsiveness of public healthcare system in the Upazila Health Complex?

Conceptual Framework

In this paper, we used the most widely used framework for understanding health systems responsiveness and it was proposed by the WHO. It comprises seven elements against which responsiveness is measured: dignity, autonomy, confidentiality, prompt attention, quality of amenities, access to social support networks and choice of service provider. It covers different aspects of individual's satisfaction with medical and non-medical aspects of healthcare and focuses on self-assessment within each element (Mirzoev, T., & Kane, S. 2017).

Methodology

This study depends on a qualitative case study approach (Bell and Aggleton, 2012). The study was based mainly on the primary data. However, secondary data was also collected. Literatures in the area of public sector accountability and responsiveness of the public hospitals was extensively studied for structuring the theoretical framework as literature review contributes in defining and refining the research questions by implanting those in the wider empirical convention (Marshall and Rossman, 1989).

As this study searches for clarification of a social context, a qualitative method has been selected to conduct this study. Other factors such as, practicability of the research, availability of data, expected outcome of the study also demand a qualitative method for the research. A case study is helpful for achieving the goal in a research that intends to realize the contemporary phenomena in a real-life context (Eriksson and Kovalainen, 2010). As this study also intends to find out the existing accountability status of the public sector healthcare system, we have decided to select a case study approach.

Study Area

In order to cover different socio-economic and political contexts we have selected four districts from the four different parts of the country. Rajshahi district was selected from the western part of the country. Generally, two upazias of Rajshahi district namely Tanore and Godagari is well known as the poverty-stricken areas of the country. Dinajpur district is situated at the north of the country and also known as the border area and poor area of the country. Chirirbandar and Parbatipur Upazila is taken from Dinajpur District. Two upazills are taken from Jamalpur district, which is situated at the north-middle part of the country. Sarishabari of Jamalpur district is taken as the char area and Melandaho is selected randomly. Rangamati is situated at the south-eastern part of the country and well known for hilly region. Kaptai upazila of Rangamati District is randomly selected.

Data Collection

Throughout the research the researchers collected data from both primary and secondary sources. For collecting primary data, semi-structured interviews and FGDs were conducted by the researchers. The service receivers (patients and attendants) and the service providers (doctors, nurses and administrative staffs) of the case study hospitals were interviewed. They also took part in 4 different FGDs. For secondary data the published documents including annual reports and other periodicals of the case hospitals, existing literatures, newspaper articles and periodicals of regulatory authorities were extensively studied.

Closed-ended structured questionnaires was adapted according to the questionnaire used by WHO for studying health care responsiveness (Robone, 2011; WHO, 2018). A closed-ended Likert scale included questions under 7 domains of responsiveness mentioned by the WHO categorized under two themes: respect for clients and client orientation. The set of questions also included 2 questions on beneficiary accountability status, 1 question on sufficiency of human resources and 1 question on overall performance of the hospital under study. Opinions of the both service providers and service recipients have been taken.

Data Analysis

The data have ben analyzed by python and Excel program. Python language has been used to calculate the different mean values and standard deviations. Microsoft Excel programme has

been used to generate different tables and graphs of different data sets. The overall analysis was done thematically.

Findings

The survey involved 155 respondents including 78 female and 77 male respondents. It also shows that among the respondents 116 were patients and 39 were attendants. The survey includes respondents of six different education levels: 13 of them have completed or are taking higher education, 8 have completed higher secondary level, 54 have completed secondary school level, and 32 have completed primary level only. A total of 42 respondents have not received any education while 6 participants were educated in non-traditional ways.

In terms of respect the data are collected in three indicators, such as- autonomy, confidentiality and dignity. Among them respecting patient's dignity obtained the highest score (3.59), whereas confidentiality of the patient's still is matter of concern obtaining the lowest score (3.31) and autonomy is in between these two (score 3.42).

Analysing the situation regarding client orientation 16 questions were asked to know the different indicators of client orientation. Findings shows that clients enjoy minimum social network in hospitals and they enjoys comparatively higher autonomy in choosing their doctors. The clients provided average scores of 3.26, and 3.32 to basic amenities, and prompt attention respectively. These suggest that the patients and their attendants feel that the healthcare providers could do more to address their need in these areas.

In terms of accountability, the upazila level healthcare system scored 3.2 out of 5. This represents a slightly higher score than the mid score of 3. This score represents a low degree of accountability to the stakeholders. Additionally, when the clients were asked about the sufficiency of necessary human resources in the hospitals they provided an average score of 3.03 to this criterion meaning a shortage in human resources in the hospitals under study. However, respondents provided a score of 3.74 on the overall performance of the hospitals.

In terms of gender, female responses give the maximum mean score (4.2) in two upazilas and the lowest score is 3.154 and the responses are deviated significantly in each upazilas. On the other hand, male responses got highest score of 4.00 in two upazilas and the lowest score is 3.143. The scores for males are more widely spread out in comparison with their female counter-part, with some scores deviating significantly from the mean score.

In terms of the education status, it is not followed a homogenous trend always. In Chirirbandar upazila higher educated people give more score in favour of the responsiveness of service providers. On the other hand, Other education background people of Godagari upazila did the same. Surprisingly, in Melandaha upazila, higher educated people give the lowest score in terms of responsiveness.

The result shows that the service receivers provided higher score than the service providers about overall hospital environment, toilet facilities, cordiality of the staffs in information desks, sufficiency of the information received from the information desks, cooperation from the staffs in finding different places and the sufficiency of human resources. Conversely, the service receivers provided lower score than the service providers about sufficiency of location marks, scope of complains, complain mitigation, respect for clients, respect for patients' choices, availability of enough waiting rooms, food quality, impartiality, facilities in the waiting rooms, and mode of reception.

Challenges in Ensuring Responsiveness

The responses of both service receivers and service providers revealed the following challenges:

- Recruit sufficient human resources;
- Train the human resources on client management;
- Establish reception desk in all hospitals;
- Establish information desks in all hospitals;
- Equip the waiting spaces with modern facilities;
- Ensure availability of all required logistics;
- Ensure cleanliness of the toilets;

Recommendations

Mitigating the above-mentioned challenges are the main focus of our policy recommendations. So, the recommendations are same as the challenges.

- Recruit sufficient human resources;
- Train the human resources on client management;

- Establish reception desk in all hospitals;
- Establish information desks in all hospitals;
- Equip the waiting spaces with modern facilities;
- Ensure availability of all required logistics;
- Ensure cleanliness of the toilets.

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List of Abbreviations

CB	Chirirbandar
PP	Parbotipur
GG	Godagari
TN	Tanore
SB	Sarishabari
MD	Melandaho
KT	Kaptai

Chapter 1: Introduction

1. Introduction

1.1 Background of the Study

Bangladesh is an emerging country in South Asia and one of the most densely populated countries in the world. Health and education levels are relatively low, although the country has improved recently as poverty level has decreased. Most Bangladeshis continue to live by subsistence farming in rural villages. Bangladesh faces a number of major challenges including poverty, overpopulation and vulnerability to climate change. However, it has been noted by the international community for its progress on the Human Development Index. Bangladesh has made more notable gains in a number of indicators than some neighboring countries with higher per capita income. The Health, Population, and Nutrition Sector Development Programme (HPNSDP) have contributed to significant improvement in a number of health indicators, including a reduction in under-five mortality, immunization coverage, maternal mortality and total fertility. The country has improved women's education, economic conditions and life expectancy. Despite the improvements mentioned the health sector of this country lacks adequate level of responsiveness. The flawed accountability structure of this sector seems to be liable for this.

However, the three intrinsic targets of any health system identified by the World Health Organization (WHO) are: improving population health, fair practices regarding financial matters and raising responsiveness of the healthcare system to the service recipients (Murray and Frenk, 2017; WHO, 2000). Among these three targets the health system responsiveness (HSR) is comparatively less studied in the middle and low income countries. Thus, this study intends to offer an insight on the performance of public healthcare of the Upazila health complex in Bangladesh regarding responsiveness and the relevant accountability structure.

Understanding health system responsiveness is crucial for ensuring development of public healthcare systems especially the primary healthcare system where most of the patients (95%) have access (Ristea et al., 2018). Responsiveness is the attitude that the patients receive other than the medical curative treatment from the health work force. This is very important to generate confidence among the patients about the facilities they expect from the hospitals. So,

ensuring a proper accountability mechanism for achieving responsiveness of the health system is crucial everywhere in the world. But it is a matter of great regret that the public health sector of Bangladesh lacks this very essential quality. As a result patients lose their confidence and hopes and leaves for private sector and also go for overseas treatment. Both of the two alternatives adversely affect the economy because these i) increase out of pocket costs of the people; ii) decrease savings of the mass; iii) decrease investment; iv) decrease production; and v) decrease foreign currency reserve.

In some cases treatments in the public hospitals are better than that of India or of some other countries or at least of the same level. Instead of this people move for overseas services or for private hospitals inside the country. This is just because of the failure in ensuring proper responsiveness in this sector. The accountability mechanism for ensuring responsiveness is presumed to be problematic. To address this problem more research should be conducted.

1.2 Problem Statement

Studies on the healthcare system responsiveness and the public hospitals' accountability structure for ensuring this responsiveness is essential. However, there is a lack of studies in this area in Bangladesh. Therefore, a complete research is crucial to explore the idea of healthcare responsiveness and the related accountability structure.

1.3 Objectives of the Study

iv. To know the existing responsiveness status of public health care system in the Upazila Health Complex
v. To know the challenges of responsiveness in the public healthcare system of Upazila Health Complex
vi. To recommends/suggests policy guidelines for ensuring responsiveness of public healthcare system in the Upazila Health Complex

1.4 Research Questions

To achieve the research objectives mentioned in the previous section this study aims to answer the following questions:

iv. What is the existing responsiveness status of public health care system in the Upazila Health Complex?
v. What are the challenges of responsiveness in the public healthcare system of Upazila Health Complex?
vi. How to recommends/suggests policy guidelines for ensuring responsiveness of public healthcare system in the Upazila Health Complex?

1.5 Rationale of the Study

The responsiveness of the health care system is the capacity of the sector to respond to the lawful expectations of the recipient of services about the non-health enhancing aspects of care. This capacity is a prerequisite for making the health system attractive and fruitful to the taxpayers of the country. A complete study is urgent in Bangladesh to provide a guideline to the policy makers about a suitable accountability structure of the public health care system which is suitable for ensuring the expected level of responsiveness. It is also required to find out an optimum practice of responsiveness in the public health care system of Bangladesh. The practitioners in the field will also be benefited by the research.

1.6 Scope of the Study

The health system of Bangladesh is a pluralistic system with four major players that define the structure and function of the system. These players include government, private sector, nongovernmental organizations (NGOs) and donor agencies. This paper will study the government healthcare system in the Upazila health complex of different district through structured and semi structured questionnaire survey and through FGD. This aims to find out the existing responsiveness status and accountability problem of the Upazila Health Complex and finally to suggest policy guidelines for the uplift of the sector's responsiveness.

1.7 Outlines of the paper

The present study contains 5 chapters. ***Chapter 1*** was an introductory chapter. It gives a general background with the statement of the problem followed by objectives and research questions. It also justified the significance of the study and, the scope of the research. ***Chapter 2*** reviews the literature on responsiveness. It concentrates on defining the health system responsiveness and consist a conceptual framework for Healthcare Responsiveness. ***Chapter 3*** discusses methods and techniques of data collection and data sources. ***Chapter 4*** contains results and discussion. Finally, ***Chapter 5*** is one of the main chapters which consists the outcomes of the present study i.e. the conclusion and recommendations for ensuring responsiveness in the Upazila health complex of Bangladesh.

Chapter 2: Literature Review

2. Literature Review

2.1 Responsiveness

The question of responsiveness arises when people come to interact with others. In the case of interacting with the health system it influences their well-being. One pathway to achieve well-being is through improvements in health, but well-being is also influenced by other aspects of people's personal interactions with the health system (Valentine, N. B., et al., 2003).

Responsiveness refers to (to something) the ability to react quickly and in a positive way to something (Oxford Learner's Dictionary). Its the quality of having a reaction to something or someone, especially a quick or positive reaction (Cambridge Dictionary).

In other word it is the willingness to help customers and to provide prompt service. This dimension emphasizes attentiveness and promptness in dealing with customer requests, questions, complaints, and problems (Huque, 2011). Responsive is also implying that institutions and processes serve all stakeholders within a reasonable time frame (Roncarati, 2010). Generally, patients expect hospital staff to respond promptly when needed. They also expect the required equipment to be available, functional and able to provide quick diagnoses of diseases. In addition, patients also expect prescribed drugs to be available and properly administered, as other indicators of responsiveness (Andaleeb et al, 2007).

Responsiveness is an intrinsic goal having the following values: 1) It can be raised without affecting the other intrinsic goals. It is at least partially independent of the other intrinsic goals. 2) There is merit in improving responsiveness even if the other intrinsic goals are not affected. Improvement of the well-being of the person is an important goal of the health system. It is desirable to raise it, in and of itself. Not to raise responsiveness is undesirable (Darby et al., 2001).

Darby et al., (2001) depict that, responsiveness is important for a number of reasons. a) Addressing the legitimate expectations of people is at the heart of the stewardship function of health systems. Consumers are generally in a disadvantaged situation in dealing with the producers of health care system. Free flow of information is an excellent tool for the stewards

of the system to use to address the imbalances that generally exist. Facilitating the effective flow of information between the health system and the population is a key element of responsiveness. b) Responsiveness is fundamental, because it relates to basic human rights. Health systems, education, economic, political and cultural systems share responsiveness as a goal. At the core of this shared responsiveness goal is protecting and enhancing the population's basic human rights. To not address responsiveness within the health system would be denying this shared responsibility. The expectation was that respondents would give much the heaviest weight to health. A survey conducted by the WHO indicated that health should receive 50% of the weight in terms of importance, fair financing 25% and responsiveness 25%. c) A health system can improve some of the elements of responsiveness without large investments. In particular, improving the respect shown for persons in the system may require significant changes in the attitude of health system personnel towards their constituents, but a minimal investment of funds. However, not all changes in responsiveness are low in cost. Addressing the client orientation elements of responsiveness, such as choice of doctor or prompt attention, may require the application of additional resources to be fully realized) Improvements in responsiveness may come before changes in performance on either of the other two intrinsic goals. Because it does not require a major investment and because the results of interventions to improve it may show quick results, responsiveness can be improved much faster than health. In short, the intrinsic goal of responsiveness is important because it deals with basic human rights of individuals, reflects a positive orientation to those the system is designed to serve and holds promise for meaningful improvement to be made in the well-being of the population. Summarily, it could be said, responsiveness may not simply be a matter of the level of health spending: while some elements of responsiveness are likely to be costly (e.g. quality of facilities) other elements are not (e.g. dignity and communication), and may simply require a moderately increased level of training and awareness (World Health Report 2000, Blendon et al. 2001)

Robone et al., (2011) in there paper stated that, Responsiveness relates to a system's ability to respond to the legitimate expectations of potential users about non-health enhancing aspects of care (Murray and Frenk, 2000) and in broad terms can be defined as the way in which individuals are treated and the environment in which they are treated encompassing the notion of an individual's experience of contact with the health system (Valentine et al. 2003a).

2.2 Healthcare System Responsiveness

Darby et al., (2001) depict that responsiveness of the Healthcare System is how well the health system meets the legitimate expectations of the population for the non-health enhancing aspects of the health system. According to their study it includes seven elements in two major components: (a) Respect for Persons (including dignity, confidentiality and autonomy of individuals and families to decide about their own health); and (b) Client Orientation (including prompt attention, access to social support networks during care, quality of basic amenities and choice of provider). According to Mirzoev and Kane (2017) on their review of existing knowledge and conceptual framework for measuring health system responsiveness, a number of frameworks have been proposed by different scholars and institutions. Among them are WHO strategy, framework and tools for health systems responsiveness was voted to be most popular and frequently used tool for measuring health system responsiveness. Responsiveness of the health system may be utilized as a technique for evaluating service quality of the system and it can offer feedback to both implementers and the policy makers. This responsiveness relies primarily on economic and societal development as well as the capability of health system; therefore, a substantial disparity exists between the degree of responsiveness of the healthcare system of developed countries and developing and low income countries (Groenewegen et al., 2019). Health system responsiveness is being considered as a measuring stick for assessing the performance of the health care system all over the globe. Improved degree of responsiveness of the health care system is followed by improvements in other health outcome indicators (Valentine et al., 2017). Experience from the health sector of the middle and low income countries shows that the issue of responsiveness is ignored fully or care about this is not sufficient to fulfill the demands of the patients for non-medical services (Groenewegen et al., 2019). However, currently a trend of evaluating the health sector performance through the level of satisfaction of the patients is observed in the middle and low income countries (Nigel et al., 2012; Dadgar et al., 2018).

To reduce inequalities and improve the situation of the poor, a healthcare system is required possess three inner goals: proper health, justice to the health expenditure, and responsiveness of the system to the needs of the public (WHR, 2000; Fazaeli et al., 2014). A responsive healthcare system values the rights of the citizens, respects the requirements of the minority groups, and ensures legitimate, inclusive, accountable and participatory healthcare services (Askari et al., 2016; Bridges et al., 2019; Rottger et al., 2015). A responsive healthcare system improves the overall healthcare system through enhancing accessibility of services and the

behavior of the service recipients (Abbasi, 1999; Ughasoro et al., 2017). It also supports public participation, state-legitimacy and social cohesion (Anell and Merkur, 2012; Molyneux et al., 2012; Brinkerhoff and Bossert, 2014). The higher degree of responsiveness regarding the non-medical aspects enhances overall achievement of welfare (Silva and Valentine, 2000). A responsive healthcare system also contribute in improving information flow and relevant decision making capacities (Atela, 2013; Lodenstein et al., 2017).

The responsiveness of the healthcare system can be achieved through diversified measurements. For instance, through establishing a strong channel of feedback (MIrzoev and Kaae, 2017; Lodenstein et al., 2016), strengthening information channel, legitimizing the system of complaints, increasing participation of the community and introducing diversified accountability mechanism (Srivastava et al., 2013; Gurung et al., 2017; Falisse et al., 2012). These are called short route measures. There are several long-route measures also. These are: democratic election and macro level initiatives. However, the short-route measures are most the commonly applied measures for ensuring healthcare system responsiveness. For instances, effective feedback improves functions of the health system through valuing the stakeholders' voices in decision making and in formulating strategies (Baldie et al., 2018). On the other hand, this feedback also ensures proper response of the healthcare providers to the stakeholders. Feedback from the stakeholders are usually gathered during the service or after providing the services through report cards, toll-free hotlines and online portals (Bauhoff et al., 2016; Edward et al., 2015; MIrzoev and Kane, 2018).

Responsiveness is also ensured through forming different accountability forums such as community monitoring team, clinic committees and different inter-sectoral health forums (Cleary et al., 2013; George, 2003; Loewenson and Tibazarwa, 2013; Tripathy et al., 2015; George, 2009; Frisancho, 2013; Roussos and Fawcett, 2000). Lack of resources is considered as a very insignificant component in case of responsiveness of healthcare system. Instead ethical infringements, commercial will, inflexible bureaucratic norms and absence of appropriate accountability mechanism play the major roles (George, 2009; Berlan and Shiffman, 2012; Danhoundo et al., 2018; Jones et al., 2011). Disrespect to the patients, abuse, inattention and denial of care are such issues that are not reported through formal mechanisms but contribute in making a healthcare system unresponsive (Abbasi, 1999; :Larson et al., 2019; Magruder et al., 2019; Joarder et al., 2017). Limited or no receptivity of the service providers or policy makers to the issues raised by the patients also affects the responsiveness of the

healthcare system (Lodenstein et al., 2016). Inequitable responses to the feedback of the patients depending on their social and educational background is another reason behind the unresponsiveness of the healthcare system (Frisancho, 2013; van Teefelen and Baud, 2011). However, this inequality has been given minimum importance in analysing the responsiveness of the healthcare system (Andersson et al., 2004; Alavi et al., 2018). Though the issues of good health and just financing have been studied extensively after WHR2000, there has a little studies on healthcare system responsiveness (Lodenstein et al., 2016; Mirzoev and Kane, 2017; Olivier et al., 2020; Olivier et al., 2017).

2.3 Healthcare system responsiveness in the Upazila Health Complexes in Bangladesh

Bangladesh has made significant progress in the healthcare sector in recent years, with the government investing in the development of infrastructure and services. The Upazila Health Complexes are an integral part of the public healthcare system, providing primary healthcare services to rural populations across the country. Rahman et al., 2018 stated that in spite of these initiatives of Government of Bangladesh, the health status of people is not yet very satisfactory due to the lack of effectiveness, efficiency, access, safety, equity, appropriateness, timeliness, acceptability, responsiveness and empathy of care providers, health improvement and continuity of care which may be considered as major consequences of low quality of health care of the country.

Other than this, there are significant differences in health providing agencies in urban and rural areas. A huge disparities seen in the distribution of health service providers between urban and rural areas. A recent study showed that only 16% of qualified doctors practice in rural areas (Rumi, M.H et al., 2021).

However, it is evident that, the public health care facilities in rural areas are having the lack of quality health care for patients' satisfaction. Generally, illiterate and less educated respondents are the main users of UHC. Responsiveness is highly correlated with the satisfaction of the patients. Where the service providers are responsive, satisfaction level for the patients is high there. The satisfaction score of the male respondents (2.78) is comparatively higher than female (2.71). Findings from the study demonstrate that younger people (16- to 25-year-old) are more satisfied (2.98) than middle-aged and older people. On the contrary, people aged more than 55 years are identified as the most dissatisfied people (2.43). The results confirm that the people from the lower middle class (2.58) are less satisfied than other income group people. It also

explains that a few numbers of higher educated patients (17%) went to UHC, and they are more satisfied (2.87) than people from other education levels. Generally, illiterate and less educated respondents have more interest in UHC, but they possess fewer satisfaction scores. Service providers' attitude and responsiveness to patients' demand are the prime service quality factor at UHC. The current doctor–patient ratio and the doctor–nurse ratio needs to be further narrowed down to provide responsive services. Empathy toward patients and quick responsiveness during medical emergencies are also needed. The findings revealed that, it is very difficult for UHC to provide quality health services with existing human resources and equipment (Rumi, M.H et al., 2021).

In terms of responsiveness a significant difference is seen between public and private sector hospitals. Despite relatively higher level of responsiveness of private sector, neither of the sectors performed optimally. Private physicians scored higher in Friendliness, Respecting and Informing and guiding; while public sector physicians scored higher in other domains. 'Respecting' domain was found as the most important (Joarder T. et al., 2017).

Hossen, M. A. (2016) found that, elderly women has expressed their dissatisfaction about the responsiveness of the doctors. Participants expressed dissatisfaction with the way they were treated by health care providers, especially physicians. Several felt that their concerns received little attention within the health care system; some complained about physicians who would not answer their questions, and to whom the senior's personal identity seemed to be invisible. The common complaints are, 'staffs are very harsh to the patients' (Rahman, M. M.,et al., 2002).

In the above context, the current study aims to fulfill the research gap and help the policy makers have an idea about the existing degree of responsiveness of the public healthcare system through case studies of seven hospitals.

2.4 Conceptual Framework

Responsive health systems anticipate and adapt to existing and future health needs, thus contributing to better health outcomes. Of all the health systems objectives, responsiveness is the least studied, which perhaps reflects lack of comprehensive frameworks that go beyond the normative characteristics of responsive services (Mirzoev, T., & Kane, S. 2017).

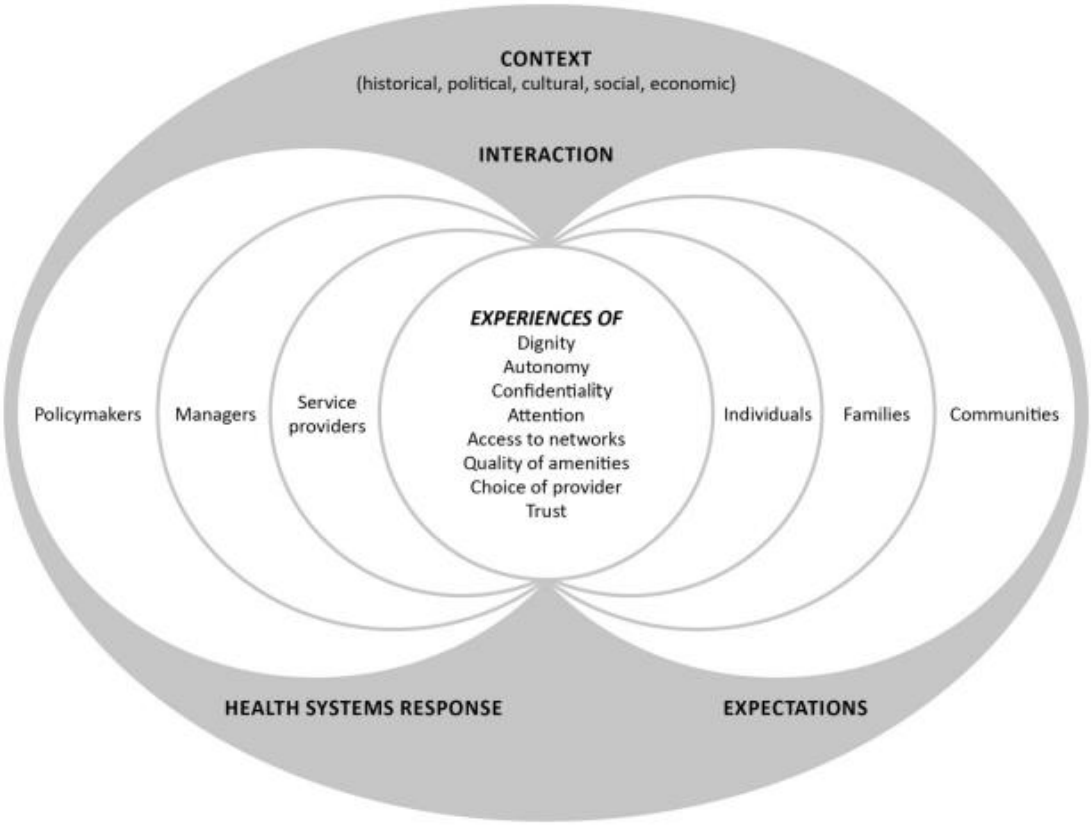


Figure-2.1: Conceptual Framework for Healthcare Responsiveness

Source: Mirzoev, T., & Kane, S. (2017).

In this paper, we used the most widely used framework for understanding health systems responsiveness and it was proposed by the WHO. It comprises seven elements against which responsiveness is measured: dignity, autonomy, confidentiality, prompt attention, quality of amenities, access to social support networks and choice of service provider. It covers different aspects of individual's satisfaction with medical and non-medical aspects of healthcare and focuses on self-assessment within each element (Mirzoev, T., & Kane, S. 2017).

We placed the experience of people's interaction with their health system at the center of health systems responsiveness. This experience is a reflection of interaction between people and service providers at the forefront. At the background, such experience is shaped by the people's expectations and the health systems responses to these expectations (Mirzoev, T., & Kane, S. 2017).

We took the well-accepted seven elements or measures of health systems responsiveness from the WHO framework, by adding trust—encompassing both inter-personal and institutional trust—as the eighth element of health systems responsiveness. These elements are the

indicators of experiences people gathered from the interaction between service provider and them.

Within health systems, three groups of actors can be distinguished. First, service providers, through provision of healthcare, are typically at the forefront of interaction between the people and the health system. Second, elected policy-makers and politicians define the overall direction of systems development through setting key political priorities. Third, managers and administrators (ie, civil servants) attempt to achieve the set priorities, typically through setting the standards and norms and creating processes, for example, guiding service provision (Mirzoev, T., & Kane, S. 2017).

Finally, the importance of the setting or the historical, political, cultural and socioeconomic context of people-system interaction is underlined. Examples of contextual influences include key political priorities, available resources and cultural norms and traditions, welfare system and specific interventions such as advocacy measures. These altogether determine the location, nature and level of services provided, shape the nature of organisational and professional service cultures, inform people's expectations and frame the environment within which social relations and interactions occur between the people and their health systems (Mirzoev, T., & Kane, S. 2017).

Chapter- 3: Methodology of the Study

3.1 Selection of Methods

This research focused on the methods followed by the public sector hospitals to discharge their accountability about their responsiveness. This study will depend on a qualitative case study approach (Bell and Aggleton, 2012). The study will base mainly on the primary data. However, secondary data will also be collected. Literatures in the area of public sector accountability and responsiveness of the public hospitals will be extensively studied for structuring the theoretical framework as literature review contributes in defining and refining the research questions by implanting those in the wider empirical convention (Marshall and Rossman, 1989). Researchers use different methods for collecting data in qualitative researches because all methods bear positive and negative points (Khoda, 2020). Hence, a combination of various methodological techniques will be applied in this research.

As this study searches for clarification of a social context, a qualitative method has been selected to conduct this study. Other factors such as, practicability of the research, availability of data, expected outcome of the study also demand a qualitative method for the research. A case study is helpful for achieving the goal in a research that intends to realize the contemporary phenomena in a real-life context (Eriksson and Kovalainen, 2010). As this study also intends to find out the existing accountability status of the public sector healthcare system, I have decided to select a case study approach.

3.2 Study Area

For the purpose of the present study, primary data were collected from seven (7) Upazila health complexes of four different districts. To get generalized findings, these four districts were purposefully selected from four different divisions namely Rangpur division, Mymensingh division, Rajshahi division and Chittagong division (Study area shown in figure-1).

3.3 Data Collection

Throughout the research the researchers collected data from both primary and secondary sources. For collecting primary data, semi-structured interviews and Focused Group Discussions (FGDs) were conducted by the researchers. The service receivers (patients and attendants) and the service providers (doctors, nurses and administrative staffs) of the case study hospitals were interviewed. They also took part in 5 different FGDs. For secondary data the published documents including annual reports and other periodicals of the case hospitals, existing literatures, newspaper articles and periodicals of regulatory authorities were extensively studied.

Closed-ended structured questionnaires was adapted according to the questionnaire used by WHO for studying health care responsiveness (Robone, 2011; WHO, 2018). A closed-ended Likert scale included questions under 7 domains of responsiveness mentioned by the WHO categorized under two themes: respect for clients and client orientation. The set of questions also included 2 questions on beneficiary accountability status, 1 question on sufficiency of human resources and 1 question on overall performance of the hospital under study. Opinions of the both service providers and service recipients have been taken.

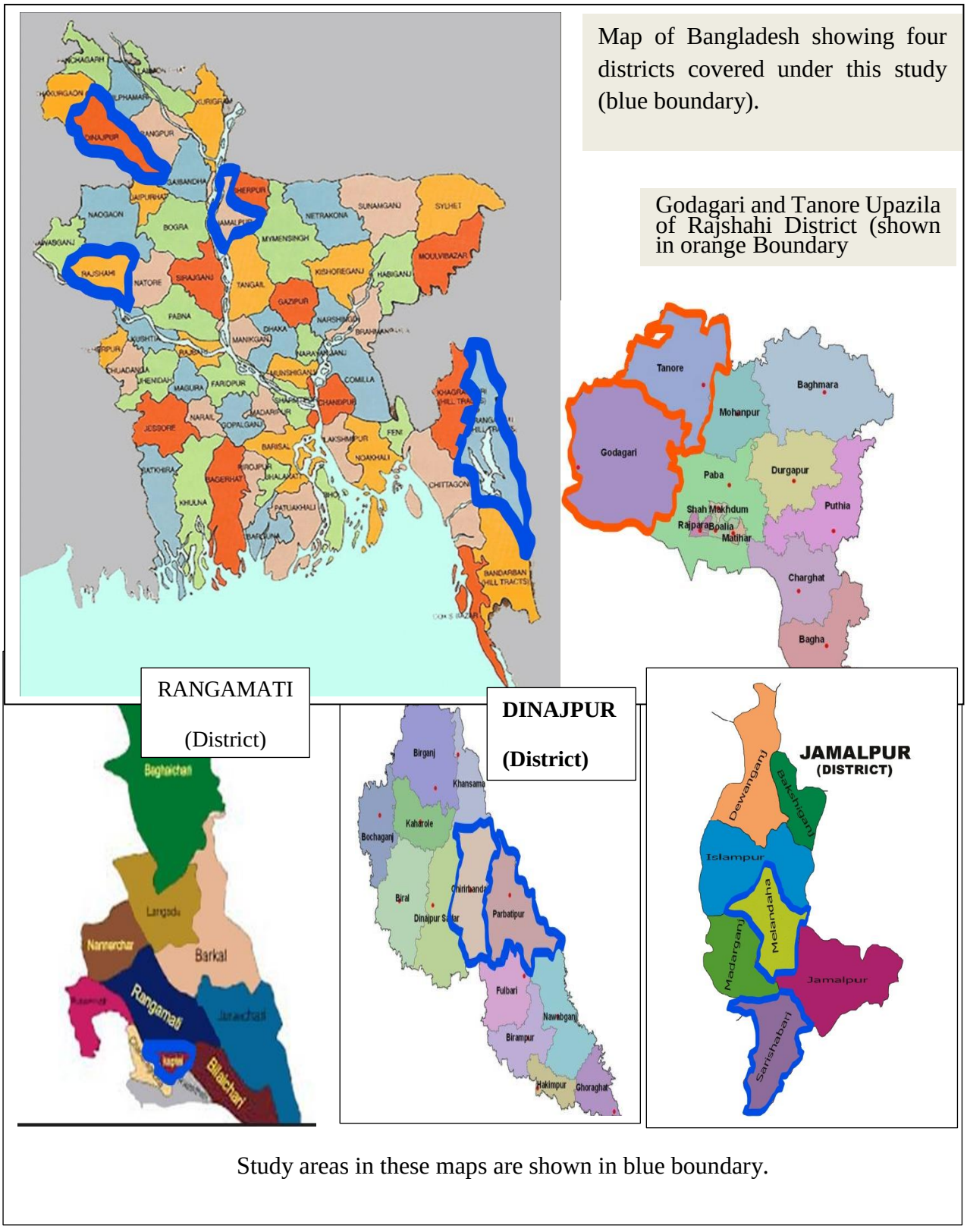


Figure-2.2: Map of the Study area (Rajshahi, Rangamati, Dinajpur and Jamalpur District).

3.4 Data Analysis

The data have ben analyzed by python and Excel program. Python language has been used to calculate the different mean values and standard deviations. Microsoft Excel programme has been used to generate different tables and graphs of different data sets. The overall analysis was done thematically.

3.5 Ethical issues

Ethical issues are significant in accomplishing social research about human subjects. Thus the human research subjects (the respondents of the interviewees and participants in FGDs) involved in the primary data collection process of this study have been provided an information sheet. The sheet provided a detail about the purpose of the study and the way how the data will be used. Formal consent for using the data have been taken from the participants. The participants were assured about the preservation of the data and their confindentiality. Different codes and pseudonyms have been used to represent the findings anonymously.

Chapter- 4: Results and Discussion

The aim of this case study was to understand the degree of responsiveness of the public healthcare system of Bangladesh from the perceptions of the patients, attendants, and service providers of different levels. The perceptions of the respondents were explored through structured interviews and FGDs. The researchers asked the respondents specific questions arranged in a Likert scale. Opinions from 155 service recipients and 89 service providers of different capacities were taken and 5FGDs were arranged. The questions in the Likert scale were framed to achieve the research objectives. During the collection of data, the researchers' focus was on the achievement of the research objectives of this study.

The whole data collection process took 3 weeks. The research team conducted structured interviews in 7 different Upazillas of Bangladesh. Data collection teams conducted the structured interviews. The respondents were asked to grade their opinions on different issues regarding healthcare system responsiveness. In all categories the respondents graded from 1 to 5 representing (Strongly disagree, Disagree, Neutral, Agree, Strongly agree).

4.1 Findings from Client Interviews

The following table shows the distribution of respondents in client category according to Upazilas, gender, status (patient/attendant) and education level.

District Name	Upazila Name	Total	Respondents Category				Education Level					
			Female	Male	Patients	Attendants	Higher	Higher	Secondary	Primary	Other	No
Dinajpur	Chirirbandar (CB)	25	15	10	22	3	2	0	12	6	1	5
	Parbotipur (PP)	20	5	15	16	4	3	2	8	3		4
Rajshahi	Godagari (GG)	19	8	11	19	0	3	2	2	3		8
	Tanore (TN)	17	13	4	15	2	2	0	9	5		1
Jamalpur	Sarishabari(SB)	25	13	12	10	15	0	3	14	4	1	3
	Melandaho(MD)	25	11	14	16	9	1	0	3	9	2	10
Rangamati	Kaptai(KT)	24	13	11	18	6	2	1	6	2	2	11
	Total	155	78	77	116	39	13	8	54	32	6	42

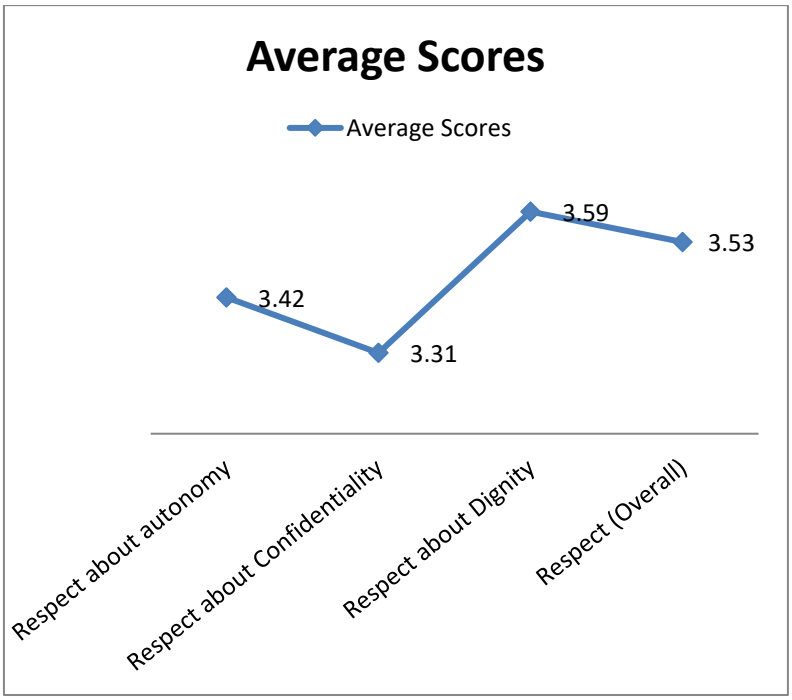
Table 4.1: Details of the respondents (service recipients) in different Upazillas

From the above table, we can see that the survey involved 155 respondents including 78 female and 77 male respondents. It also shows that among the respondents 116 were patients and 39 were attendants. The survey includes respondents of six different education levels: 13 of them have completed or are taking higher education, 8 have completed higher secondary level, 54 have completed secondary school level, and 32 have completed primary level only. A total of 42 respondents have not received any education while 6 participants were educated in non-traditional ways. The table shows that the seven Upazillas covered under the study were given pseudonyms: CB, GG, KT, MD, PP, SB, TN. Highest number of respondents was from CB, MD, and SB (25 each) and the lowest number of respondents were from TN (17). We can also see that CB has the highest number of patient respondents, while SB has the highest number of attendant respondents. Overall, the table shows that there is a fairly even distribution of males and female participants in the study.

Following Darby et al., (2001), 24 of the 28 questions were asked to have idea about the seven individual components of healthcare system responsiveness grouped under two major categories: (i) respect for the clients and (ii) client orientation. 2 questions were asked to have a brief idea about the beneficiary accountability of the healthcare system. Other two questions were asked to get overall perceptions of the respondents about the performance of Upazilla level public healthcare system of Bangladesh.

4.1.1 Respect

To measure the level of respect for the clients, the respondents were asked three questions: on autonomy, confidentiality and dignity.



Graph-4.1: Responses of the clients about their autonomy, confidentiality and dignity during receiving services from the health complex.

Based on the above data, it appears that the healthcare system is performing comparatively well in terms of respecting patients' autonomy, with an average score of 3.42. However, there is space for improvement when it comes to respecting confidentiality of the patients, with an average score of 3.31. The graph also shows that the hospitals under study are doing comparatively well in terms of respecting patients' dignity, with an average score of 3.59. The overall responsiveness in terms of respect scores is 3.53. This suggests that there is also enough space for improvement in all categories of respect as overall average score is not much above the mid score of 3.00.

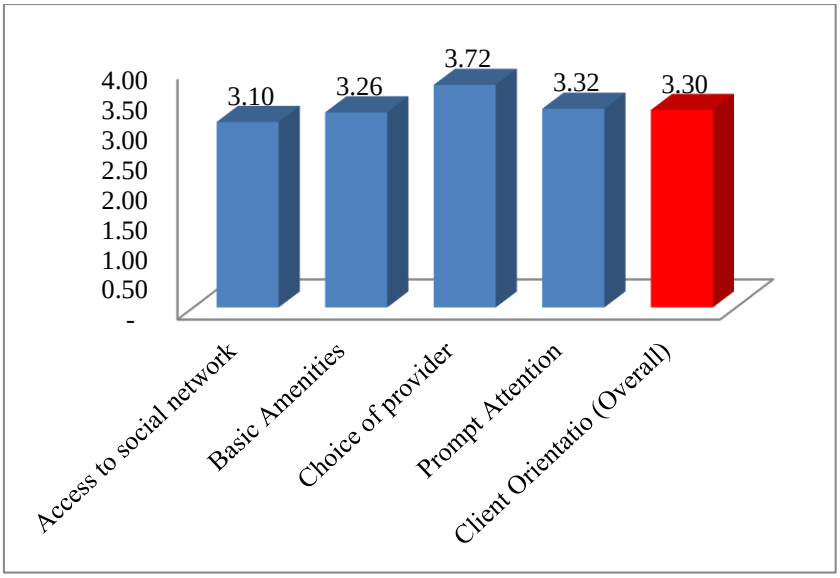
It is recommended to look closely at the feedback provided to identify specific areas that need attention and take corrective measures to enhance the overall score for responsiveness.

4.1.2 Client Orientation

Client orientation refers to the system's focus on fulfilling customers' needs, interests and expectations and on providing the appropriate individualized services. In the healthcare system, where patients are clients, it represents the capacity of the healthcare system to align their services with the expectations and needs of the patients (Daniel and Darby, 1997). The term has been analyzed in two different ways: (i) as a personal attitude which refers to the tendency of the employees to satisfy needs of the clients (Brown et al, 2002; Miao and Wang, 2016); (ii) as a combination of organizational conducts (Saxe and Weitz, 1982;).

Healthcare system is a complex and challenging due to various factors such as unpredictable situations, demanding clients, heavy workload, and complex organizational structures. To improve the quality of healthcare services, it is essential to view patients as active clients who take an active role in their health issues rather than passive users. By adopting a customer-oriented approach, the healthcare organizations can enhance their service effectiveness. A cultural perspective to customer orientation emphasizes the importance of creating a culture that value and prioritizes the needs and preferences of patients.

For measuring the level of client orientation in the Upazila health complex of Bangladesh the research team asked total 16 questions. Among them one question (Q-4) was asked to gather idea about access to Social Network, eight questions (Q-2, Q-3, Q-13 to 16, Q-27, Q-28) were asked to have ideas about basic amenities, one question (Q-11) was asked to gather idea about choice of provider, and six questions (Q-1, Q-3, Q-17, Q-18, Q-19, Q-26) to get idea about level of prompt attention that the clients experience from the service providers.



Graph 4.2: Responses of clients about client orientation

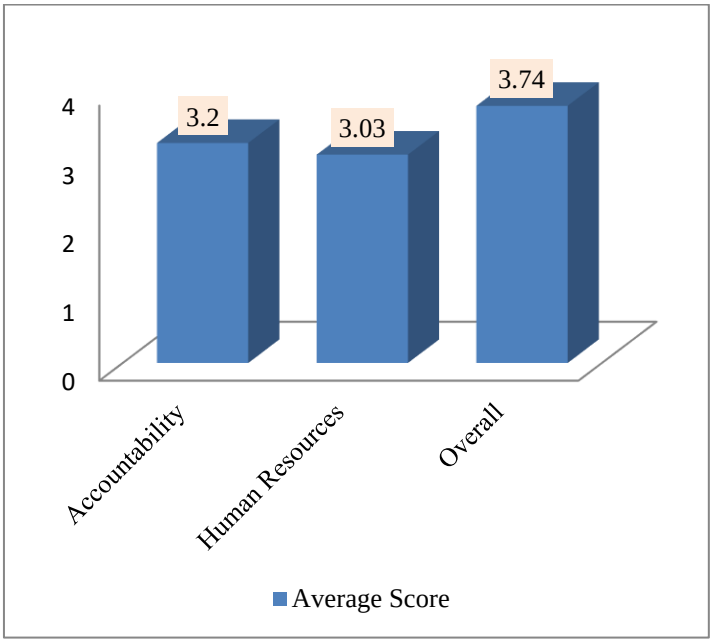
The above diagram presents four criteria of the client orientation in the healthcare system responsiveness and the scores provided by the service receivers to different criteria. The figure shows that the clients provided a minimum average score of 3.10 to access to social network while they provided the highest average score to choice of service provider (doctors) criterion which is 3.72. These mean that clients enjoy minimum social network in hospitals and they enjoys comparatively higher autonomy in choosing their doctors. The clients provided average scores of 3.26, and 3.32 to basic amenities, and prompt attention respectively. These suggest that the patients and their attendants feel that the healthcare providers could do more to address their need in these areas.

Overall, the average of all categories is 3.30. Like the individual criteria this is also just above the mid score of 3.00. All of these indicate that the hospitals under the current study still have rooms for improvements to be considered as adequately responsive.

4.1.3 Other Criteria

Beside respect and client orientation categories the respondents were asked 4 more questions (Q-6, 23, 24, 25) to get an idea about accountability status towards beneficiaries, human

resources and respondents' overall perception about the overall performance of the hospitals. The research team found the result shown in the following graph.



Graph 4.3: Responses of clients on other criteria

The above graph shows that in terms of accountability, the Upazila health complex scored 3.2 out of 5. This represents a slightly higher score than the mid score of 3. This score represents a low degree of accountability to the stakeholders. Additionally, when the clients were asked about the sufficiency of necessary human resources in the hospitals they provided an average score of 3.03 to this criterion meaning a shortage in human resources in the hospitals under study. However, respondents provided a score of 3.74 on the overall performance of the hospitals while answering Q-25 about overall performance.

4.1.4 Clients' Responses as per Upazila and Gender

The following table presents the distribution of clients' responses according Upazila and Gender with corresponding standard deviations.

District	Upazila	Gender	Mean	Std	Max	Min
Dinajpur	Chirir Bandar (CB)	F	4.200	0.414	5	4
		M	4.000	0.667	5	3
	Parbatipur (PB)	F	4.200	0.447	5	4
		M	3.600	1.121	5	2
Rajshahi	Godagari (GG)	F	4.000	-	4	4
		M	4.000	-	4	4
	Tanore (TN)	F	3.462	0.877	5	2
		M	3.750	0.500	4	3
Jamalpur	Sarishabari (SB)	F	3.154	1.068	4	1
		M	3.750	0.452	4	3
	Melandaho (MD)	F	3.909	0.540	5	3
		M	3.143	1.167	5	1
Rangamati	Kaptai (KT)	F	3.846	0.555	4	2
		M	3.818	0.751	5	2

Table: 4.2 Distribution of clients' responses according Upazila and Gender with corresponding standard deviations.

From the above table, we can see that the female respondents from both CB and PP Upazila have given the highest mean score of 4.200. However, the standard deviations for these two groups are different. Standard deviation of the scores of the female respondents of CB Upazila 0.414 while the standard deviation of the scores of the female respondents of PP Upazila is 0.447. This means that the scores for females in CB Upazila are relatively consistent, with most scores falling within 0.414 points of the mean score. Contrarily, the scores for the female respondents in PP Upazila are relatively inconsistent.

On the other hand, male respondents of MD Upazila have the lowest mean score of 3.143. However, this group has the highest standard deviation which is 1.167. This indicates that the scores for males of MD Upazila are more widely spread out, with some scores deviating significantly from the mean score. In GG Upazila, both female and male respondents provided the same score of 4.000 with no standard deviations. This means that in this Upazila the respondents' responses were absolutely consistent.

4.1.5 Overall Average Score

The matrix below shows the distribution clients' average scores categorized according to Upazilas and educational backgrounds.

Education/Upazila	CB	GG	KT	MD	PP	SB	TN
Higher Education (HE)	**3.857**	3.440	3.268	**2.297**	3.224		2.970
High School (HS)		3.411	3.357		3.559	3.369	
Secondary Education (SE)	3.498	3.375	3.440	3.096	3.476	3.090	3.491
Primary Education (PR)	3.716	3.250	3.518	3.234	3.155	3.161	3.241
Other Education (OT)		**3.893**	3.393	3.733		3.714	
No Education (NE)	3.700	3.304	3.383	3.300	3.467	3.304	3.498

Table 4.3 Responses of the clients of different Upazilas categorized according to educational backgrounds

The above table shows average scores provided by the respondents of different Upazila according to their educational level. From the matrix it is evident that the respondents of GG Upazila with other education background have given the highest average score (3.893) about the overall responsiveness of the hospital. This was followed the second highest average score (3.857) provided by the respondents of higher education background of CB Upazila. On the other hand, the respondents of the higher education category of MD Upazila have given the lowest average score (2.297). The table also shows that the respondents of NE, HS and PR education backgrounds have given comparatively consistent scores. The respondents from CB Upazila have given comparatively higher average scores while the respondents of KT and PP Upazilas have given more consistent scores than the respondents of other Upazilas.

4.2 Findings from Interviews of Service Providers

The research team interviewed a total of 47 doctors and 29 nurses from the Upazila level public hospitals under study. Some other people including office assistants, medical technologists, pharmacists and accountants were also interviewed. Considering their insignificant numbers and low level of relevance, their responses were excluded from individual analysis. However,

their opinions were taken into consideration in calculating the average scores of the service providers.

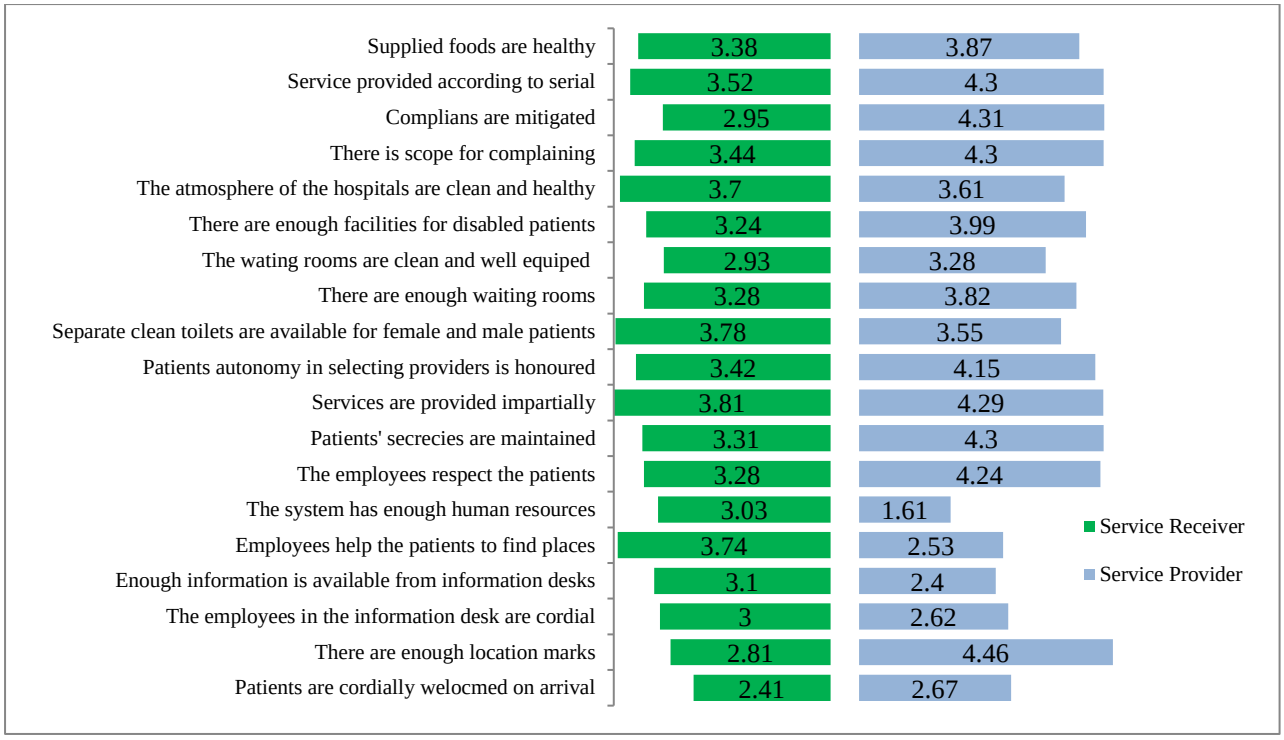
Upazila	Doctors	Nurses
Chirir Bandar (CB)	8	4
Parbatipur (PP)	6	10
Sarisabari (SB)	9	-
Melandhoho (MD)	3	-
Tanore (TN)	5	2
Godagari (GG)	3	2
Kaptai (KT)	13	11
Total	47	29

Table 4.4: Numbers of respondents (Service providers)

The table shows that doctors from all of the 7 hospitals were interviewed. However, interviews in two Upazilas namely SB and MD did not cover interviews of the nurses.

4.3 Findings from Comparisons of Responses

Following table represents comparative analysis of the average score provided by the respondents categorized into two major groups: service receivers and service providers. A total of 19 common questions were asked to both of the two groups. The scores of the service recipients ranged from 2.41 on welcoming to the highest 3.81 on impartiality in providing services. While the scores given by the service providers ranged from 1.61 on sufficiency of human resources to the highest of 4.46 on location marks category.

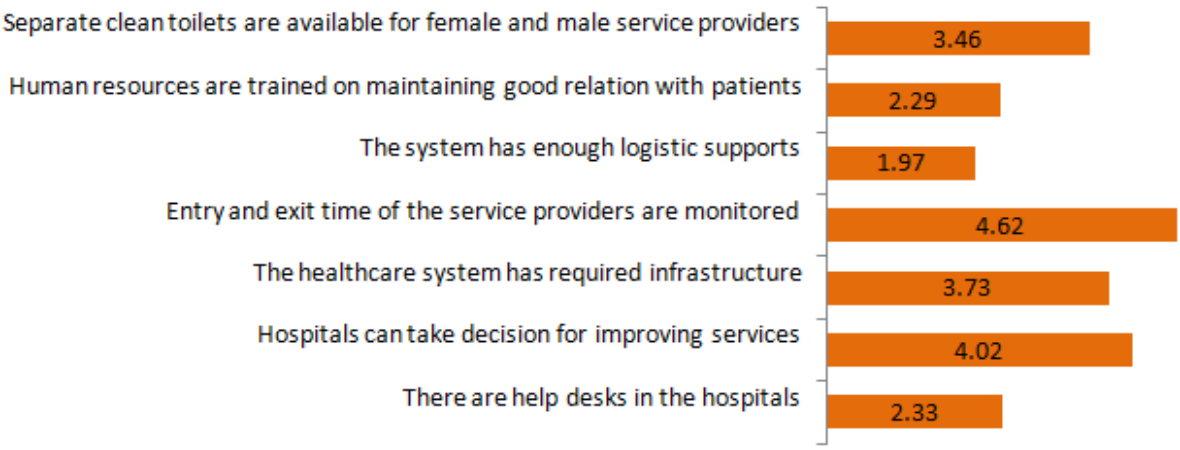


Graph-4.4: Comparative score of service receivers and service providers on common questions.

The above 19 questions were asked to both service providers and service receivers. The result shows that the service receivers provided higher score than the service Providers about overall hospital environment, toilet facilities and cordiality of the staffs in information desks, sufficiency of the information received from the information desks, cooperation from the staffs in finding different places and the sufficiency of human resources. Conversely, the service receivers provided lower score than the service providers about sufficiency of location marks, scope of complains, complain mitigation, respect for clients, respect for patients' choices, availability of enough waiting rooms, food quality, impartiality, facilities in the waiting rooms, and mode of reception.

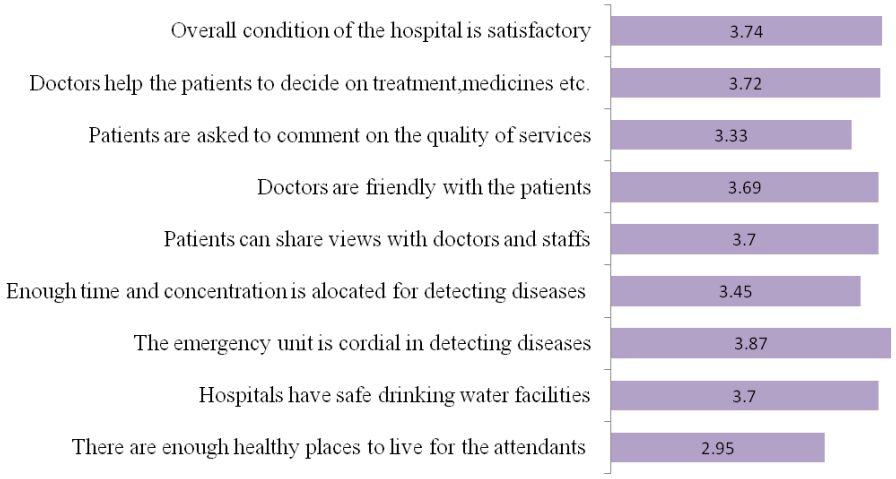
The following 7 questions (Graph 4.5) were asked only to the service providers. The service providers gave very low scores on availability of logistic supports (1.97), sufficiency of training on patient management (2.29), and help desks facilities (2.33). These scores represent that it requires immediate and necessary measures to achieve improvements in these categories. They provided moderate scores about toilet facilities for service providers (3.46), and infrastructures (3.73).

The service providers' scores were higher about their autonomy in decision making about improving services (4.02) and entry and exit time monitoring (4.62). These scores indicate that the managers of the individual hospitals have enough autonomy in making decisions about improving quality of their services. From this it may be inferred that the hospital managers in the grass-root levels can also be brought under strict monitoring for achieving high quality services.



Graph 4.5: Questions asked solely to the service providers

The following questions (Graph-4.6) were asked solely to the service receivers. The clients of the healthcare system under this study showed the lowest score on living spaces for the attendants (2.95), while they scored the highest on emergency unit's cordiality in diagnosing diseases. They scored moderate scores about doctors' helpfulness (3.72), overall condition of the hospitals, service providers' friendliness, scopes sharing views with the doctors, and drinking water facilities. These scores represent that there are enough spaces for improvements in these categories.



Graph 4.6: Questions asked solely to the clients (Service recipients)

4.4 Discussions

4.4.1 Respect

The study findings indicate that the overall degree of respect is good. The findings show that the clients enjoy moderately good degree of autonomy in choosing doctors and medicines. The responses of the service receivers show that their confidentiality is not well maintained. This may be the result of extra pressure of the long queues of the clients in front of any doctors providing services and insufficiency of number of doctors and availability of enough consultation rooms. From the observation of the outdoor services it was revealed that the doctors have to allow several clients together in their rooms during consultation. This violates confidentiality. From the observation of the indoor services it was found that the patients staying in the wards do not have facilities for maintaining confidentiality. This is because there are no curtains between the beds of different patients. Therefore, they have to consult with the visiting doctors and nurses in front of the other patients and their attendants occupying the surrounding beds. As a result the patients experience discomfort in the time of disclosing their individual health problems with doctors and nurses. Therefore, doctors' office infrastructure needs to be developed to provide space for one to one communication between the doctors and their patients for achieving improvements in the degree of confidentiality.

A total of six questions were asked to the patients and attendants to have idea about the respect for the clients' dignity. The study measured the respect for dignity through asking questions about helpfulness of the staffs, personal respect for the clients, and impartiality of the service providers, friendliness and hearing from the clients and respect for the opinions of the patients about overall quality. The answers reflect that the respondents are comparatively more satisfied with impartiality of the doctors in providing services and helpfulness of the hospital staffs in finding different places within the hospitals. While the respondents were found to be less satisfied about the direct respect they receive from the staffs and doctors and about how the doctors and staffs respect their opinions about the improvement hospital services. The findings also show that the doctors are moderately friendly with the patients and they hear from the patients about their problems. However, the overall average score provided by respondents in service receiver category about the "respect for dignity" component of responsiveness (3.59) show just a moderate degree of respect for the clients of the healthcare system under study.
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4.4.2 Client Orientation

The overall score of 3.30, just exceeding the average score of 3.00, provided by the respondents in services recipients category represent that the client orientation component of the healthcare system responsiveness is not at a satisfactory level. However, though the service receivers did not provide a score equal or above 4 in the sub components of client orientation component, they provided a comparatively better score in choice of provider (3.72). This means that the service recipients are comparatively comfortable in choosing service providers (doctors). On the other hand, they provided the lowest score (3.10) when they were asked about the degree of the access to social network. This represent that they are dissatisfied in this category. Their score in basic amenities and prompt attention showed a slightly better condition than their satisfaction level about access to social network. These two categories included questions about location marks, waiting room facilities, facilities for disabled patients, cleanliness, quality of foods and housing facilities for the patients and their attendants.

The service recipients showed the highest degree of dissatisfaction about the warmth of reception in the hospital. This represents that there is much rooms for improvement in this area. A trained team of staffs may be employed in the entry area of the hospitals to receive the patients cordially in the hospitals. Additionally, trainings may be arranged for the existing

emergency unit staffs along with all other staffs. These will contribute in increasing the level of responsiveness of the healthcare system. The respondents showed the highest degree of satisfaction to the promptness of the emergency unit services under promptness sub-component. However, the findings show that enough time is not allocated to detect diseases.

Scores against the questions on basic amenities reveals some week points of the public healthcare system in Upazila level. For instances, the study reveals the lowest scores about the location marks, facilities in the waiting rooms and sufficiency of accommodation for the attendants. However, through physical observation the research team found sufficient location marks in the Upazila level hospitals. The clients' opinions reveal that there are sufficient separate clean toilets for male and female clients. However, close observation by the research team reveals enough but mostly unclean toilets for the male and female clients of the hospitals. The respondents provided slightly higher scores than the mid score on sufficiency of waiting spaces, facilities for disabled patients, quality of the supplied foods to the indoor patients. These represent that the customers are not sufficiently satisfied about these components. .

4.5 Challenges in Ensuring Responsiveness

The responses of both service receivers and service providers revealed the following challenges:

4.5.1 Recruit sufficient human resources

The service receivers scored 3.03 on the availability of human resources which is one of the lowest score provided by the receivers. Simultaneously, the service providers provided the lowest score (1.61) in this component. This represents that ensuring recruitment of sufficient human resources is a crucial need. However, as the recruitment is a centralized and long procedure, this is a big challenge for the Upazila level hospitals to ensure availability of enough human resources.

4.5.2 Train the human resources on client management

The service providers' and receivers' respective low scores to reception (2.67, 2.41), helpfulness of the staffs (2.53, 3.74), cordiality of the staffs in help desks (2.62, 3.00) and service providers' score about sufficiency of training (2.29) represent that human resources lack adequate training on client management. However, in Bangladesh most of the trainings

are arranged centrally in the national level and the individual hospitals do not have adequate funds for arranging such trainings. Therefore, training the staffs on client management is a challenge for the hospitals. However, since the hospital managements think that they can take necessary decisions about service improvements (reflected by their score about their autonomy in decision making: 4.02), the hospital authority may take initiatives for arranging in-house training programmes for the staffs of hospitals involving limited expenditure. This might contribute in improving status of responsiveness of the hospitals in the grass-root level.

4.5.3 Establish help desks

The establishments of help desks in all hospitals in Upazila level of Bangladesh may be an essential step towards ensuring healthcare system responsiveness. The provision of accurate, relevant and timely information is crucial for both patients and healthcare providers. Both the clients and the service providers provided low scores on the sufficiency of information available in the help desks and on the cordiality of the staffs in the help desks (receivers: 3.1, 3.0; providers: 2.4, 2.62). On the other hand, there are several challenges in establishing help desks in hospitals in Upazila level in Bangladesh. One of the main challenges is the lack of resources. Hospitals in the Upazila level in Bangladesh are already struggling with limited resources and facilities. The installation of a help desk requires additional space, equipment and staffs. The cost of setting up such facilities is a significant challenge, particularly in low-resource settings. Another challenge is the shortage of qualified personnel. Help desk personnel must have the necessary skills and knowledge to provide accurate and timely information to patients and their attendants. However, there is a shortage of qualified staff in many hospitals in Upazila level in Bangladesh.

4.5.4 Equip the waiting spaces with modern facilities

Both service receivers and service providers provided low scores about the facilities in the waiting spaces (2.93 and 3.28). These show that the waiting zones of the Upazila level hospitals in Bangladesh lack modern facilities in the waiting spaces. Since, increasing facilities in the waiting rooms requires huge budget allocation it is a big challenge for the Upazila level public hospitals to ensure modern facilities in the waiting zones. This is a critical issue as patients and their families spend considerable time in these waiting areas, and the quality of facilities can impact their overall experience and satisfaction. The challenge of ensuring modern facilities in waiting spaces of hospitals is also important for increasing healthcare system responsiveness.

Another challenge is the lack of space in waiting areas. In case of the Upazila level hospitals, the waiting zones are overcrowded, which makes it difficult to provide modern facilities such as comfortable seating and proper ventilation. This may lead to frustration and discomfort among patients and attendants and impact their overall experience negatively. To address this challenge, there is a need for a comprehensive approach involving different stakeholders including government, healthcare providers and the community. The government needs to invest for increasing spaces in the waiting area and for equipping the space with modern amenities. Proper designing of the waiting areas is another challenge. The healthcare providers need to ensure that the waiting areas are properly designed to provide maximum comforts to patients and their families. This includes comfortable seating, proper ventilation, and access to modern facilities. In conclusion, the challenge of ensuring the waiting zones equipped with modern amenities in Upazila level hospitals is critical. Addressing this challenge requires a comprehensive approach that involves investment in infrastructure and facilities and designing waiting areas for maximum comfort.

4.5.5 Ensure availability of all required logistics

Access to all required logistics is a crucial factor in ensuring healthcare system responsiveness in Upazila level public hospital in Bangladesh. However, there are several challenges associated with maintaining an adequate supply of logistics, including medicines, medical equipments, and other essential supplies. One of the main challenges is the lack of funding and resources. Hospitals in the Upazila level do not receive adequate funding to procure necessary medicines and equipment. As a result, these hospitals struggle to provide basic healthcare services to patients. To address this challenge, it is important to increase funding from government and from other sources. Inadequate infrastructure is also a significant challenge. To address this challenge, hospitals need to invest in building and maintaining infrastructure. Finally, there is a lack of skilled personnel. The hospitals lack trained pharmacists, laboratory technicians, and other healthcare sector employees. To address this challenge the hospitals must spend monies for training and capacity building programs for healthcare workers. By addressing these challenges, the Upazila level hospitals can improve their responsiveness.

4.5.6 Ensure cleanliness of the toilets

Constructing healthy toilets and maintaining cleanliness of those toilets is a big challenge for the Upazila level hospitals in Bangladesh. This is a critical issue as proper sanitation and

hygiene are crucial in preventing the spread of infectious diseases and ensuring good health outcomes. The cleanliness of the toilets needs to get immediate attention to increase healthcare system responsiveness. One of the key challenges in ensuring the cleanliness of toilets in Upazila health complexes is lack of proper infrastructure. Though enough toilets are available in the Upazila level hospitals at present these lack cleanliness and hygiene. Additionally, these toilets often lack adequate water supply and sewage management systems. Another challenge regarding this is the lack of awareness and training among healthcare workers and the patients on the importance of proper sanitation and hygiene. In many cases, healthcare workers are not properly trained on how to clean and maintain the toilets. On the other hand, the patients and their attendants are also ignorant about the proper way of using the toilets. To address these challenges, training should be arranged for the respective healthcare workers on toilet management. Moreover, initiatives are to be taken to hang instruction sheets for the users on the doors of the toilets.

4.5.7 Ensuring effective grievance redress system

As there are evidences that complains mitigation process is not duly active and effective in the upazilla health complexes, an effective complain management system is necessary. Online as well as offline grievance redress system is required to ensure all the complains are duly answered. A transparent complain box could be a better alternative here. It is a pre-requisite of ensuring all grievances are duly entertained by the managers of these hospitals to ensure effective grievance redress system.

4.5.8 Ensuring enough location marks

The service recipients' responses revealed that hospitals didn't have enough location marks to guide service providers to find their desired places. On the contrary service providers said that there are enough location marks. The reality is there were location marks but sometimes they were not too much visible or there were no supporting stuffs to guide them. Ensuring visibility of these marks or making them self-sufficient to guide visitors is still a challenge.

Chapter- 5: Conclusions and Recommendations

5.1 Conclusions

The main objectives of the research were to: investigate the status of responsiveness of the Upazila level healthcare system of Bangladesh and to find out the challenges regarding the responsiveness. The study endeavored to measure the responsiveness of the public healthcare system at Upazila levels of Bangladesh primarily on the basis of the seven elements of healthcare system responsiveness determined by WHO. Throughout the study both the service recipients and the service providers were asked to grade Upazila level hospitals' responsiveness on the basis of different elements of healthcare system responsiveness. The study found mixed results. The two parties graded different elements differently. Overall, the two parties provided nearly similar grades (3.36 and 3.49). However, the grades of the two groups were significantly different on different individual elements of responsiveness. Moreover, high standard deviations were observed in the grades provided by the service receivers in some categories. Which means that the scoring by the service recipients regarding those criteria are less dependable. Overall scores (slightly above the mid value of 3) provided by both groups indicate a moderate degree of responsiveness. The study shows that there are a lot of spaces for improvements. The next section includes the recommendations about improvements.

5.2 Recommendations

5.2.1 Recruitment of sufficient human resources is necessary

Since there is a lack of human resources including doctors, nurses, and supporting staffs, the healthcare system should recruit sufficient human resources in different departments and sections. Without sufficient number of human resource it is impossible to achieve expected degree of responsiveness. This human resources work as the key ingredient for ensuring responsiveness.

5.2.2 Proper Training of the human resources on client management is a must

Since the existing staffs were found to be less respecting, less helpful and less efficient, the healthcare system should arrange enough trainings on professional etiquette, client management and their respective jobs. This will contribute in improving the responsiveness of the healthcare system. This type of training may contribute to change the behavior of the service providers and could make proactive in receiving and helping clients. The hospital authority may take initiatives for arranging in-house training programmes for the staffs of hospitals involving limited expenditure.

5.2.3 Establishment of help desks with sufficient information should be ensured

Help desks play important role in increasing the responsiveness of hospitals through satisfying the clients' need at the entry point of the hospitals through receiving the clients cordially with warm words. Relevant, adequate and timely information provided by the help desk staffs also represents higher degree of responsiveness of the health complexes. Therefore, the government needs to take initiatives for establishing help desks in all hospitals equipped with adequate number of well trained and motivated staffs, and other necessary facilities.

5.2.4 The waiting spaces should be equipped with modern facilities

Environment of waiting spaces provides comforts to the patients and their attendants. This represents a basic amenity on which the clients judge the quality of a hospital system. Therefore, all the waiting areas of hospitals should be made properly designed, sufficiently spacious, adequately cleaned and well ventilated. The waiting areas should also have comfortable seating arrangements. The waiting spaces must also be backed up by other

facilities like clean toilets for both female and male clients, and safe drinking water facilities. There is a need for a comprehensive approach involving different stakeholders including government, healthcare providers and the community.

5.2.5 Cleanliness of the toilets need to be ensured

The hospitals should employ more human resources with proper sense of hygiene. Moreover, to reduce the pressure on limited number of toilets the authority should also take initiatives to build more separate toilets for female and male clients. Adequate flow of water should be maintained in the toilets. To address the challenge of ensuring cleanliness trainings should be arranged for the respective healthcare workers on toilet management. Moreover, initiatives are to be taken to hang instruction sheets for the users on the doors of the toilets.

5.2.6 Employee commitments should be increased

Absence of adequate degree of helpfulness among the staffs of the hospitals and low score in complaint mitigation may show an inadequate level of employee commitment in the Upazila health complexes. Therefore, the authority should ensure necessary measures to improve employee commitments.

5.2.7 An effective grievance redress system should be introduced

As there are evidences that complains mitigation process is not duly active and effective in the upazilla health complexes, an effective complain management system should be introduced. Online as well as offline grievance redress system is necessary. A transparent complain box could be a better alternative here. The complains submitted by the aggrieved should be duly entertained by the managers of these hospitals.

5.2.8 Enough Location Marks should be ensured

The hospitals should have enough location marks to guide service providers to find their desired places. These location marks should be in an open place and must be visible to others.

5.3.1 Limitations of the Study

The Study only covers the lowest tier of the public healthcare systems commonly known as upazilla health complex. The other tiers such as district hospitals, divisional hospitals or medical colleges were out of the scope. This may not represent the actual responsiveness scenario of the public healthcare system. The covered study area may not also be representative

as it only covers 7 upazillas of 4 different districts. Sample size could be bigger and might cover few more categories respondents such as-the district and divisional level officials responsible for providing healthcare services. A few KIIs could be conducted with the policy makers such as ministry/division level officials as well as political counterparts. Some types of statistical analysis could be done in order to get better insights of the findings. A rigorous and in-depth regression analysis might focus on some issues that could be helpful to formulate new policies regarding healthcare responsiveness.

5.3.2 Further Scope of the Study

This study only focuses on the health system responsiveness in the upazilla health complexes of Bangladesh. Similar study could be conducted for district level and national level public hospitals as well as public medical colleges. A comprehensive comparative analysis could be done to compare the responsiveness status between public hospitals and private hospitals to know the gaps between them and how the public hospitals' responsiveness status could be improved. There are some significant differences among the responses between service providers and service recipients in some particular issues. A few study could be conducted on why these differences are seen and how a satisfactory environment could be ensured in public healthcare system.

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Appendix-I

Client Orientation	Access to social network	4	Enough information is available from information desks
Client Orientation	Basic Amenities	2	There are enough location marks
Client Orientation	Basic Amenities	12	Separate clean toilets are available for female and male patients
Client Orientation	Basic Amenities	13	There are waiting rooms
Client Orientation	Basic Amenities	14	The waiting rooms are clean and well equipped
Client Orientation	Basic Amenities	15	There are enough facilities for disabled patients
Client Orientation	Basic Amenities	16	The atmosphere of the hospitals are clean and healthy
Client Orientation	Basic Amenities	27	There are enough healthy places to live for the attendants
Client Orientation	Basic Amenities	28	Supplied foods are healthy
Client Orientation	Choice of provider	11	Doctors help the patients to decide on treatment, medicines etc.

Client Orientation	Prompt Attention	1	Patients are cordially welcomed on arrival
Client Orientation	Prompt Attention	3	The employees in the information desk are cordial
Client Orientation	Prompt Attention	17	Hospitals have safe drinking water facilities
Client Orientation	Prompt Attention	18	The emergency unit is cordial in detecting diseases
Client Orientation	Prompt Attention	19	Enough time and concentration is allocated for detecting diseases
Client Orientation	Prompt Attention	26	Service provided according to serial
Others	Human resources	6	The system has enough human resources
Others	Accountability	23	There is scope for complaining
Others	Accountability	24	Complains are mitigated
Others	Overall	25	Overall condition of the hospital is satisfactory
Respect	Autonomy	10	Patients autonomy in selecting providers is honoured
Respect	Confidentiality	8	Patients' secrecies are maintained
Respect	Dignity	5	Employees help the patients to find places
Respect	Dignity	7	The employees respect the patients

Respect	Dignity	9	Services are provided impartially
Respect	Dignity	20	Patients can share views with doctors and staffs
Respect	Dignity	21	Doctors are friendly with the patients
Respect	Dignity	22	Patients are asked to comment on the quality of services

Access to social network	4	Enough information is available from information desks	3.1
Basic Amenities	2	There are enough location marks	2.81
Basic Amenities	12	Separate clean toilets are available for female and male patients	3.78
Basic Amenities	13	There are waiting rooms	3.28
Basic Amenities	14	The waiting rooms are clean and well equipped	2.93
Basic Amenities	15	There are enough facilities for disabled patients	3.24
Basic Amenities	16	The atmosphere of the hospitals are clean and healthy	3.7
Basic Amenities	27	There are enough healthy places to live for the attendants	2.95
Basic Amenities	28	Supplied foods are healthy	3.38
Choice of provider	11	Doctors help the patients to decide on treatment, medicines etc.	3.72
Prompt Attention	1	Patients are cordially welcomed on arrival	2.41
Prompt Attention	3	The employees in the information desk are cordial	3
Prompt Attention	17	Hospitals have safe drinking water facilities	3.7

Prompt Attention	18	The emergency unit is cordial in detecting diseases	3.87
Prompt Attention	19	Enough time and concentration is allocated for detecting diseases	3.45
Prompt Attention	26	Service provided according to serial	3.52

Client Orientation	Access to social network	4	Enough information is available from information desks	3.1
Client Orientation	Basic Amenities	2	There are enough location marks	2.81
Client Orientation	Basic Amenities	12	Separate clean toilets are available for female and mail patients	3.78
Client Orientation	Basic Amenities	13	There are waiting rooms	3.28
Client Orientation	Basic Amenities	14	The waiting rooms are clean and well equipped	2.93
Client Orientation	Basic Amenities	15	There are enough facilities for disabled patients	3.24
Client Orientation	Basic Amenities	16	The atmosphere of the hospitals are clean and healthy	3.7
Client Orientation	Basic Amenities	27	There are enough healthy places to live for the attendants	2.95
Client Orientation	Basic Amenities	28	Supplied foods are healthy	3.38
Client Orientation	Choice of provider	11	Doctors help the patients to decide on treatment, medicines etc.	3.72
Client Orientation	Prompt Attention	1	Patients are cordially welcomed on arrival	2.41

Client Orientation	Prompt Attention	3	The employees in the information desk are cordial	3
Client Orientation	Prompt Attention	17	Hospitals have safe drinking water facilities	3.7
Client Orientation	Prompt Attention	18	The emergency unit is cordial in detecting diseases	3.87
Client Orientation	Prompt Attention	19	Enough time and concentration is allocated for detecting diseases	3.45
Client Orientation	Prompt Attention	26	Service provided according to serial	3.52
Others	Human resources	6	The system has enough human resources	3.03
Others	Accountability	23	There is scope for complaining	3.44
Others	Accountability	24	Complains are mitigated	2.95
Others	Overall	25	Overall condition of the hospital is satisfactory	3.74
Respect	Autonomy	10	Patients autonomy in selecting providers is honoured	3.42
Respect	Confidentiality	8	Patients' secrecies are maintained	3.31
Respect	Dignity	5	Employees help the patients to find places	3.74
Respect	Dignity	7	The employees respect the patients	3.28
Respect	Dignity	9	Services are provided impartially	3.81
Respect	Dignity	20	Patients can share views with doctors and staffs	3.7
Respect	Dignity	21	Doctors are friendly with the patients	3.69
Respect	Dignity	22	Patients are asked to comment on the quality of services	3.33

Appendix-II

Responsiveness of the Public Healthcare System: A study of the Upazila Health Complex in Bangladesh

[প্রিয় উত্তরদাতা, এ প্রশ্নমালার ভিত্তিতে প্রাপ্ত উত্তরসমূহ একটি গবেষণার কাজে ব্যবহার করা হবে । এ গবেষণার উদ্দেশ্য হচ্ছে জনবান্ধবতার নিরিখে বাংলাদেশের জনস্বাস্থ্য সেবা পদ্ধতি পর্যালোচনা করে একটি জবাবদিহি মুলক রেস্পন্সিভ জনস্বাস্থ্য সেবা পদ্ধতির জন্য নীতিমালা (Policy guidelines) সুপারিশ করা।

আপনার আন্তরিক সহযোগিতা এ গবেষণাটি সম্পন্ন করতে সহায়তা করবে । আপনার দেয়া উত্তরসমূহ শুধুই গবেষণার কাজে ব্যবহার করা হবে এবং আপনার নাম ও পরিচয় গোপন রাখা হবে । আপনার সহযোগিতার জন্য আন্তরিক ধন্যবাদ ।]

Consent Form (সম্মতি পত্র)

আমি এই গবেষণার লক্ষ্য ও উদ্দেশ্যের সাথে একমত পোষণ করছি এবং স্বেচ্ছায় এ প্রশ্নমালার উত্তর প্রদান করছি। আমার প্রদত্ত জবাব বা উত্তর রেকর্ড করা হলে কিংবা গবেষণার কাজে ব্যবহার করা হলে আমার কোন আপত্তি থাকবে না।

নাম : _____

স্বাক্ষর: _____

তারিখ: _____

Appendix-III

সেবাগ্রহিতাদের জন্য প্রশ্নমালা

আপনার নামঃ পেশাঃ

শিক্ষাগত যোগ্যতাঃ .....বয়সঃ .....
লিঙ্গঃ .....
ঠিকানাঃ .....
মোবাইল নম্বরঃ .....
হাসপাতালে আসার কারণঃ

রোগী হিসেবে		রোগীর সহযোগী হিসেবে	

লাইকার্ট স্কেলঃ (টিক)

ক্র. নং	প্রশ্ন	খুবই সহমত	একমত	মতামত নেই	একমত নয়	একেবারেই একমত নয়
	ইনডোর এবং আউটডোর রোগীদের জন্য					
১	রোগীরা হাসপাতালে আসার সাথে সাথে তাদেরকে আন্তরিকভাবে অভ্যর্থনা জানানো হয়					
২	হাসপাতালে বিভিন্ন স্থান/দিক নির্দেশক পর্যাপ্ত চিহ্ন আছে					
৩	তথ্য কেন্দ্রের (Help Desk)তথ্য সরবরাহকারীগণ আন্তরিক					
৪	হাসপাতালের তথ্য কেন্দ্র (Help Desk) হতে বিভিন্ন সেবা ও ব্যবস্থা সম্পর্কে বিস্তারিত তথ্য পাওয়া যায়					
৫	হাসপাতালের কর্মচারীগণ রোগীদেরকে বিভিন্ন স্থান খুঁজে পেতে সহায়তা করেন					
৬	হাসপাতালে পর্যাপ্ত ডাক্তার এবং সহায়ক জনবল আছে					
৭	হাসপাতালের ডাক্তার/নার্স/কর্মচারীরা রোগীদেরকে তাদের প্রাপ্য সম্মান দেয়					
৮	হাসপাতালে রোগীদের রোগ সম্পর্কিত তথ্যের গোপনীয়তা রক্ষার ব্যবস্থা ভালো					
৯	সেবা প্রদানের ক্ষেত্রে নিরপেক্ষতা বজায় রাখা হয়					
১০	সেবা গ্রহণের সময় মতামত/ইচ্ছা-অনিচ্ছা (যেমনঃ ডক্টর সিলেকশন, ঔষধ নির্বাচন, নিজের রোগ সম্পর্কে আরও প্রশ্ন করার সুযোগ ইত্যাদি) প্রকাশের সুযোগ পাওয়া যায়					

১১	হাসপাতাল থেকে সেবা গ্রহনের সময় পর্যাপ্ত তথ্য দিয়ে চিকিৎসা, চিকিৎসক ও ঔষধ সম্পর্কে সিদ্ধান্ত নিতে সহায়তা করা হয়					
১২	পুরুষ ও মহিলা রোগীদের জন্য পর্যাপ্ত পরিচ্ছন্ন পৃথক টয়লেট আছে					
১৩	হাসপাতালে আগত সেবা গ্রহিতাদের অপেক্ষমান সময়ে বসার জায়গা/স্থান আছে					
১৪	হাসপাতালে রোগীদের অপেক্ষমান সময়ে বসার ব্যবস্থাটি পর্যাপ্ত সুযোগসুবিধা সম্বলিত					
১৫	গুরুতর বা পঙ্গু রোগীদের চলাচলের জন্য পর্যাপ্ত ব্যবস্থা রয়েছে					
১৬	হাসপাতালের পরিবেশ পরিচ্ছন্ন ও স্বাস্থ্যসম্মত					
১৭	হাসপাতালে পর্যাপ্ত পানীয় জলের ব্যবস্থা আছে					
১৮	হাসপাতালের জরুরি বিভাগ প্রাথমিক রোগ নির্ণয়ে এবং পরামর্শ প্রদানে আন্তরিক					
১৯	রোগ নির্ণয়কালে পর্যাপ্ত সময় এবং মনোযোগ দেয়া হয়					
২০	ডাক্তার এবং স্টাফদের সাথে সহজে তথ্য আদান-প্রদান করা যায়					
২১	হাসপাতালের ডাক্তারগণ রোগীদের সাথে বন্ধুভাবাপন্ন					
২২	হাসপাতালের সেবার মান সম্পর্কে রোগী এবং তাদের সহযোগীদের মতামত নেয়া হয়					
২৩	কোন অযত্ন বা অবহেলা হলে তার বিরুদ্ধে অভিযোগ দাখিলের ব্যবস্থা আছে					
২৪	কোন বিষয়ে অভিযোগ দাখিল করলে তা সমাধানে প্রয়োজনীয় ব্যবস্থা নেয়া হয়					
২৫	এই হাসপাতালের সার্বিক সেবা প্রদান ব্যবস্থা সন্তোষজনক					
	শুধুমাত্র আউটডোর রোগীদের জন্য					
২৬	সেবা প্রাপ্তির জন্য লাইনে দাঁড়ানো রোগীদেরকে সিরিয়াল অনুযায়ী সেবাপ্রাপ্তি নিশ্চিত করা হয়					
	শুধুমাত্র ইনডোর রোগীদের জন্য					
২৭	হাসপাতালে ভর্তিকৃত রোগী ও তার সহযোগীর থাকার পর্যাপ্ত স্বাস্থ্যসম্মত ব্যবস্থা আছে					
২৮	হাসপাতালে পরিবেশিত খাবার স্বাস্থ্যসম্মত					

Appendix-IV

সেবা প্রদানকারীদের জন্য প্রশ্নমালা

১। আপনার নামঃ **পদবীঃ**

মোট চাকরিকালঃ **আপনার বর্তমান দায়িত্বঃ**

কর্মস্থলঃ **জেলাঃ**

লাইকার্ট স্কেলঃ (টিক)

ক্র. নং	প্রশ্ন	একান্তভাবে সহমত	সহমত	নিরপেক্ষ	অসহমত	একান্তভাবে অসহমত
১	সেবা প্রদানের জন্য বিদ্যামান অবকাঠামো (যেমনঃ বিল্ডিং, ডক্টর নার্সদের বসার রুম, শৌচাগার, বেড, ল্যাবরেটরী ইত্যাদি) প্রয়োজন মাফিক পর্যাপ্ত আছে					
২	সেবাগ্রহীতাদেরকে সন্তুষ্ট করার জন্য অর্গানোগ্রাম অনুযায়ী যে পরিমাণ লোকবল থাকার কথা তা বিদ্যমান আছে					
৩	হাসপাতালে আগত সেবা প্রার্থীদের সাথে সু-সম্পর্ক বজায় রাখার কৌশল নিয়ে প্রশিক্ষণ প্রদান করা হয়					
৪	সেবা প্রদান পদ্বতির উন্নয়নে সিদ্বান্ত গ্রহন করার এখতিয়ার এই হাসপাতাল কর্তৃপক্ষের আছে					
৫	হাসপাতালে আগত সেবা গ্রহিতাদেরকে মান সম্মত সেবা প্রদানের জন্য পর্যাপ্ত লজিস্টিক সাপোর্ট (যেমন ঔষধ, পরীক্ষার যন্ত্রপাতি, দক্ষ ডক্টার, নার্স বা স্টাফ ইত্যাদি) সব সময় মজুদ থাকে					
৬	হাসপাতালের কর্মকর্তা/কর্মচারীদের নির্ধারিত সময়ে অফিসে আসা নিশ্চিতকরণের পদ্বতি আছে					
৭	রোগীরা হাসপাতালে আসার সাথে সাথে তাদেরকে আন্তরিকভাবে অভ্যর্থনা জানানো হয়					
৮	হাসপাতালে বিভিন্ন স্থান/দিক নির্দেশক পর্যাপ্ত চিহ্ন আছে					
৯	হাসপাতালে তথ্য কেন্দ্র/সহায়তা কেন্দ্র/Help Desk আছে					
১০	হাসপাতালে পৌঁছার পর তথ্য কেন্দ্র হতে বিভিন্ন সেবা ও ব্যবস্থা সম্পর্কে বিস্তারিত তথ্য পাওয়া যায়					
১১	প্রয়োজন হলে হাসপাতালের তথ্যকেন্দ্রের কর্মচারীগণ রোগীদেরকে বিভিন্ন স্থান খুঁজে পেতে সহায়তা করে					
১২	তথ্য কেন্দ্রের তথ্য সরবরাহকারীগণ আন্তরিক					

১৩	সেবা প্রাপ্তির জন্য বিভিন্ন লাইনে দাঁড়ানো রোগীদেরকে সিরিয়াল অনুযায়ী সেবাপ্রাপ্তি নিশ্চিত করা হয়					
১৪	হাসপাতালের কর্মচারীরা রোগীদেরকে তাদের প্রাপ্য সম্মান দেয়					
১৫	হাসপাতালে আগত রোগীদের রোগ সম্পর্কিত তথ্যের গোপনীয়তা রক্ষার ব্যবস্থা ভালো					
১৬	সেবা প্রদানের ক্ষেত্রে নিরপেক্ষতা বজায় রাখা হয়					
১৭	সেবা গ্রহীতাগণ আপনার হাসপাতাল থেকে সেবা গ্রহণের সময় তাদের মতামত/ইচ্ছা-অনিচ্ছা (ডক্টর সিলেকশন, ঔষধ নির্বাচন, নিজের রোগ সম্পর্কে আরও প্রশ্ন করার সুযোগ ইত্যাদি) প্রকাশের সুযোগ পায়					
১৮	পুরুষ ও মহিলা রোগীদের জন্য পর্যাপ্ত পরিচ্ছন্ন পৃথক টয়লেট আছে					
১৯	হাসপাতালের ডাক্তার, নার্স এবং স্টাফদের জন্য পর্যাপ্ত পরিচ্ছন্ন পৃথক টয়লেট আছে					
২০	আপনার হাসপাতালে আগত সেবা গ্রহিতাদের অপেক্ষমান সময়ে বসার ঘর আছে					
২১	হাসপাতালে রোগীদের অপেক্ষমান সময়ে বসার ঘরটি পর্যাপ্ত সুযোগসুবিধা সম্বলিত					
২২	গুরুতর বা পঙ্গু রোগীদের চলাচলের জন্য পর্যাপ্ত সহনশীল ব্যবস্থা রয়েছে					
২৩	হাসপাতালের পরিবেশ পরিচ্ছন্ন ও স্বাস্থ্যসম্মত					
২৪	হাসপাতালে পরিবেশিত খাবার স্বাস্থ্যসম্মত					
২৫	কোন বিষয়ে অযত্ন বা অবহেলা হলে তার বিরুদ্ধে অভিযোগ দাখিলের ব্যবস্থা আছে					
২৬	কোন বিষয়ে অভিযোগ দাখিল করলে তা সমাধানে প্রয়োজনীয় ব্যবস্থা নেয়া হয়					

Appendix-V

ফোকাসড গ্রুপ ডিসকাশন এর জন্য সম্ভাব্য প্রশ্নমালাঃ

১) আপনাদের হাসপাতালে একসাথে কতজন রোগীকে আবাসিক চিকিৎসা দেওয়ার সুযোগ আছে?

২) প্রতিদিন গড়ে কতজন রোগী আবাসিক চিকিৎসা সেবা নিয়ে থাকেন?

৩) আউটডোরে প্রতিদিন গড়ে কতজন রোগী আবাসিক চিকিৎসা সেবা নিয়ে থাকেন?

৪) সেবাগ্রহীতা বা তাদের সহযোগীদের কোন বিষয়গুলো আপনাদের জন্য বিব্রতকর বা আপনাদের কাজে বিঘ্ন ঘটায়?

৫) স্বাধীনভাবে সেবা প্রদানের ক্ষেত্রে কোন কোন বিষয় গুলো আপনাদের কাজে বিঘ্ন ঘটায়?

৬) আপনাদের হাসপাতালে যারা চিকিৎসা নিতে আসেন তাদেরকে অন্য কোথাও রেফারড করার প্রয়োজন হলে সাধারাণত কোথায় কোথায় বা কোন হাসপাতালে রেফারড করা হয়?

৭) প্রতিমাসে আনুমানিক কি পরিমান রোগীকে অন্যত্র রেফারড করা হয়ে থাকে?