Bangladesh

Health Facility Survey 2022

Preliminary Report

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Bangladesh Health Facility Survey (BHFS) 2022

Preliminary Report

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

icddr,b
Dhaka, Bangladesh

August 2023

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

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

The contents of this report are the sole responsibility of NIPORT and icddr,b and do not necessarily reflect the views of USAID, the United States Government, or other donor agencies.

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

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Director General
National Institute of Population Research and Training (NIPORT)
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FOREWORD

The 2022 Bangladesh Health Facility Survey (2022 BHFS) is the fifth national health facility survey implemented in Bangladesh by the National Institute of Population Research and Training (NIPORT) with technical assistance from icddr,b. The 2022 BHFS is a periodic survey follows earlier surveys of the 2009 BHFS, 2011 BHFS, 2014 BHFS, and 2017 BHFS. The survey is designed to assess public, private, and NGO health care facilities in the formal sector of Bangladesh.

The 2022 BHFS provides information on the availability and readiness of services for maternal, newborn and child health; family planning (FP); tuberculosis; and selected non-communicable diseases, including diabetes and cardiovascular disease. Information was collected from 1,557 health facilities and 6,209 health providers. It covered the country as a whole, eight administrative divisions, six types of public facilities, private hospitals with at least 10 beds, and NGO static clinics and hospitals.

As part of a periodic assessment of health systems and services provided by various health facilities, the National Institute of Population Research and Training (NIPORT) conducted the 2022 BHFS under the Training, Research, and Development (TRD) operational plan of the Health, Population, and Nutrition Sector Program (HPNSP). International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) provided technical assistance and also monitored field data collection. Associates for Community and Population Research (ACPR), a private research agency, collected the data. The Government of Bangladesh funded the survey. The U.S. Agency for International Development (USAID) provided financial support for technical assistance.

This report is a result of synchronized effort, dedication, support, and involvement of a large number of institutions and individuals. I am greatly indebted and thankful to all those who contributed to the 2022 BHFS. I would like to put on record my sincere appreciation for the Technical Working Committee (TWC) members; representatives of the Stakeholder Advisory Committee (SAC); officials of DGFP, DGHS; the field staff; the data processing team; and, in particular, the survey respondents. I am thankful to the Research Unit of NIPORT, icddr,b, ACPR for completing the task professionally. We are deeply indebted and grateful to the Government of Bangladesh (GoB) and USAID for providing financial support.

We are pleased to present the preliminary report of 2022 BHFS with provisional results. A comprehensive report on the survey findings will be published in late 2023. The data in the final report are not expected to differ substantially from the findings presented in this report. The results presented here, however, should be regarded as provisional and may be subject to modification.

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

(Md. Shafiqul Islam)

Director (Research) & Line Director, OP-TRD
National Institute of Population Research and Training (NIPORT)
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PREFACE

The 2022 Bangladesh Health Facility Survey (2022 BHFS) is a nationally representative sample survey. The survey included the government, non-governmental, and private health facilities. The National Institute of Population Research and Training (NIPORT) implemented the survey, and a private research agency, Associates for Community and Population Research (ACPR), was appointed to collect the data. The International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) provided technical assistance. Financial assistance was provided by the Government of Bangladesh for the survey. The U.S. Agency for International Development (USAID) funded for technical assistance.

The 2022 BHFS provides one of the crucial and essential sources in monitoring and evaluating the performance of the 4th Health, Population and Nutrition Sector Program (4thHPNSP), as well as developing the 5thHPNSP. The BHFS provides estimates for four indicators of the Results Framework of the 4thHPNSP. In addition, the BHFS surveys have always been a key reflection of availability of health services, and general preparedness and service-specific readiness of health facilities. We expect that the 2022 survey data will support policymakers and program managers in monitoring and designing programs and strategies for improving maternal, newborn and child health, and family planning services.

A Technical Working Committee (TWC) with representatives from NIPORT, icddr,b, ACPR and USAID/Bangladesh provided technical guidance in all aspects of survey implementation. A Stakeholder Advisory Committee (SAC) which included experts from government, non-government, and international organizations as well as researchers, statisticians, epidemiologists, demographers, and health system experts who work in the health, nutrition, and population sectors contributed their expert opinions during survey implementation. The health, nutrition, and population sectors, contributed their expert opinions during survey implementation and approved the preliminary report for printing. I would like to acknowledge with great appreciation the individual researchers for their contributions to 2022 BHFS preliminary report.

Special thanks go to the field supervisors and enumerators for their tireless efforts in making the fieldwork successful. I am also grateful to all staff of the health facilities who willingly cooperated with the survey team and provided the information that we have analyzed in this report. We are deeply grateful to icddr,b for ensuring the quality of data through extensive field monitoring during field work. I am deeply indebted and grateful to all the professionals of the Research Unit of NIPORT for completing the task competently. I also extend my thanks to ACPR, D4I, and USAID (Bangladesh), for their cooperation and successful completion of the survey. Last, but not the least, I would like to express my special gratitude to the honorable Secretary, Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Government of Bangladesh, for his valuable guidance and direction at every stage of the survey's implementation.

(Mohammad Ahsanul Alam)

1 INTRODUCTION

1.1 BACKGROUND

- The 2022 Bangladesh Health Facility Survey (2022 BHFS) is the fifth nationally representative health facility survey in Bangladesh and follows the 2009, 2011, 2014, and 2017 BHFS. It includes public, private with at least 10 beds, and non-governmental organization (NGO) health care facilities in the formal sector of Bangladesh.
- The survey provides information on service availability and readiness on maternal and newborn health (MNH), child health, family planning (FP), tuberculosis and selected non-communicable diseases, including diabetes and cardiovascular disease.
- As a part of periodic assessment of health systems and health services provided, the National Institute of Population Research and Training (NIPORT) was entrusted with conducting the 2022 BHFS under the Training, Research and Development (TRD) operational plan of the 4th Health, Population, and Nutrition Sector Program (4th HPNSP).
- icddr,b (International Centre for Diarrhoeal Disease Research, Bangladesh) provided technical assistance to the survey, including monitoring of the data collection and analysis. Associates for Community and Population Research (ACPR), a private research agency, collected the data.
- The Government of Bangladesh funded the survey. The U.S. Agency for International Development (USAID) provided financial support for technical assistance.
- A Stakeholder Advisory Committee (SAC), which included experts from government, non-government, and international organizations as well as researchers, statisticians, epidemiologists, demographers, and health system experts who work in the health, nutrition, and population sectors, provided expert opinions during survey implementation.
- A Technical Working Committee (TWC), with representatives from NIPORT, icddr,b, ACPR, and USAID Bangladesh, provided technical guidance in all aspects of survey implementation.
- A series of workshops were conducted with representatives from the Ministry of Health and Family Welfare (MOHFW), Directorate General of Health Services (DGHS), Directorate General of Family Planning Services (DGFP), NIPORT, icddr,b, ACPR, Program Management and Monitoring Unit of Ministry of Health and Family Welfare (PMMU-MOHFW), Data for Impact (D4I), USAID, University of Dhaka and other key stakeholders to review and update the questionnaires based on the country context.
- This report presents preliminary results on the availability, general preparedness, and readiness of health facilities regarding (MNH), child health, family planning (FP) services.
- A comprehensive report on the survey findings will be published in late 2023. The data in the final report are not expected to differ substantially from the findings presented in this preliminary report; however, the results presented here should be regarded as provisional.

1.2 OBJECTIVES

The main objectives of the 2022 BHFS were to:

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

2 SURVEY IMPLEMENTATION

2.1 SAMPLING DESIGN

- The 2022 BHFS is a cross-sectional study with a stratified random sample of 1,640 health facilities, which were selected from all formal-sector health facilities in Bangladesh.
- A list of 21,943 registered health facilities, prepared by NIPORT, served as sampling frame for the 2022 BHFS.
- The sample of the 2022 BHFS was intended to cover all types of registered public hospitals and health facilities, NGO static clinics/hospitals, and private facilities in all eight divisions of the country: Barishal, Chattogram, Dhaka, Khulna, Mymensingh, Rajshahi, Rangpur, and Sylhet.
- All 6 types of public health facilities: District Hospitals (DHs), Mother and Child Welfare Centers (MCWCs), Upazila Health Complexes (UHCs), Union Health and Family Welfare Centers (UHFWCs), Union Sub-centers/Rural Dispensaries (USC/RDs), and Community Clinics (CCs); as well as private facilities with at least 10 beds, and NGO static clinics/hospitals were included in the study. NGO static clinics/hospitals also include health facilities run by local government.
- The sample of 2022 BHFS constituted of complete enumeration of DHs and MCWCs, and random samples from other facility types.
- Sample size was determined to meet the desired precision goal at the national level (<5%) as well as the domain (division and type of facilities) levels (<15%).

2.2 DATA COLLECTION METHODS

- The 2022 BHFS used two types of data collection tools: Facility Inventory questionnaire and Health Care Provider Interview questionnaire.
- The Facility Inventory questionnaire obtained information on the availability, preparedness and readiness of the health facilities to provide each priority service. The questionnaire also collected information on the availability of specific items (including their location and functional status), components of support systems (e.g., logistics, maintenance, and management), and facility infrastructure, including the service delivery environment. The data collectors interviewed the most knowledgeable person/persons about the facility and its services.
- The Health Care Provider Interview questionnaire collected information from a sample of health service providers. The data included qualifications, training, experience, supervision received, and perceptions of the service delivery environment.
- Both the Facility Inventory and Health Care Provider Interview questionnaires were loaded into tablet computers and administered as an android-based program.

2.3 TRAINING AND DATA COLLECTION

- Eleven medical doctors were recruited and received two weeks training of trainers (TOT) to train the data enumerators.
- About 80 enumerators were recruited for data collection (40 interviewers [paramedics (medical assistants)] and 40 team leaders [medical doctors]).
- Three weeks of training for the 2022 BHFS enumerators was conducted from September 6-25, 2022, in Dhaka. They were trained in the application of survey instruments and computer programs.
- Data collection took place from September 27 to December 8, 2022 and completed in four phases.
- The ten trainers served as independent field monitors during data collection. In addition, supervisory teams and professionals from NIPORT and icddr,b periodically conducted field visits to monitor the data collection.

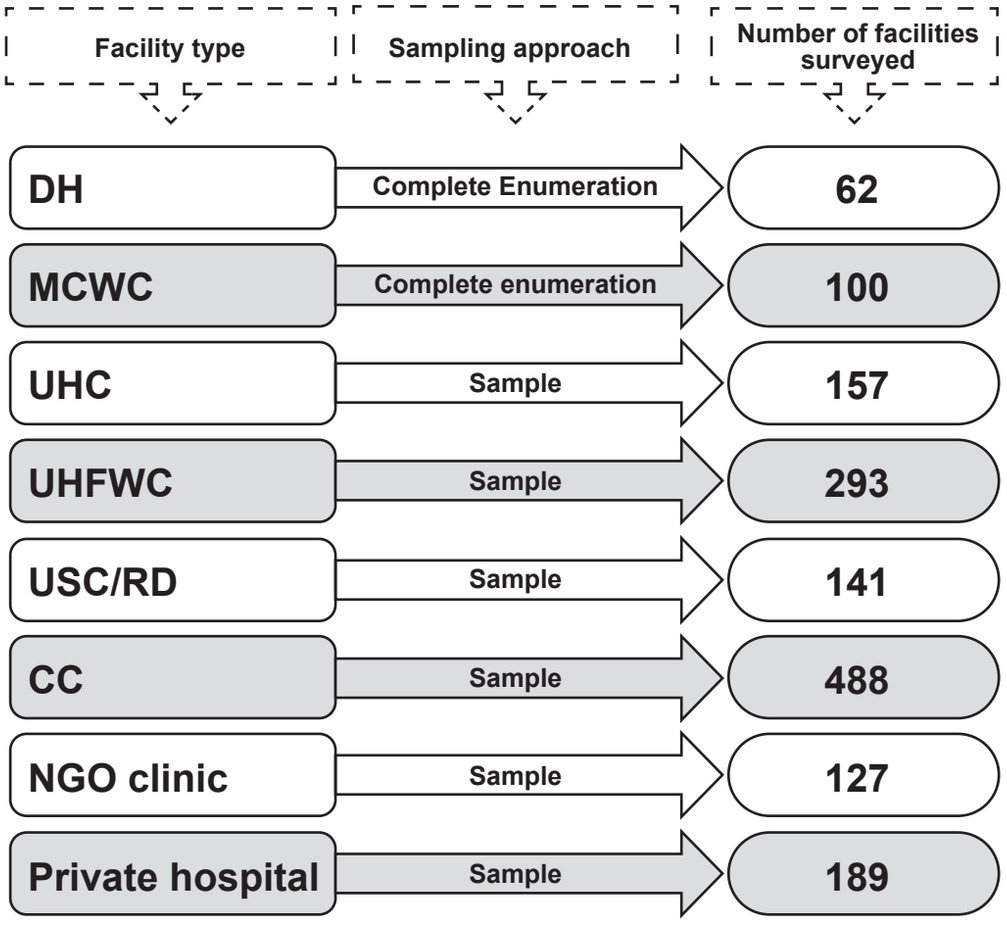
2.4 SAMPLE OF HEALTH FACILITIES AND OUTCOMES

- Data were successfully collected from 1,557 facilities.

2.5 SAMPLE OF HEALTH SERVICE PROVIDERS AND OUTCOMES

- A total of 6,209 providers were interviewed.

Figure 2.1 **Number of health facilities surveyed in 2022 BHFS**



3 HEALTH FACILITY INFRASTRUCTURE, RESOURCES, MANAGEMENT AND SUPPORTINGS

Key Findings

- Across all facility types (except CCs), connection to the national electricity grid/polli-biddut is almost universal **(Figure 3.1).**
- In DHs, MCWCs and UHCs, the availability of a functional latrine for general outpatient client use is almost universal (≥90%) **(Figure 3.2).**
- Very few CCs (6%), UHFWCs (8%) and USC/RDs (9%) have a functioning land/mobile phone. But there are some improvements in the availability across these facilities between 2017 and 2022 **(Figure 3.3).**
- The availability of functioning computer with internet access has increased in MCWCs and UHFWCs between 2017 and 2022 **(Figure 3.4).**
- The availability of transport for emergencies has increased from 82% to 89% in UHCs and from 22% to 25% in NGO facilities between 2017 and 2022 **(Figure 3.5).**
- The provision of blood hemoglobin test is universally available in DHs (94%) and UHCs (92%). The provision of blood hemoglobin test increased in UHCs and MCWCs between 2017 and 2022 **(Figure 3.6).**
- The provision of blood glucose testing with a glucometer significantly increased UHCs and MCWCs between 2017 and 2022. However, the provision decreased in DHs and private hospitals **(Figure 3.7).**
- The provision of testing full blood count by Hematology analyzer increased in all types of facilities except private hospitals between 2017 and 2022 **(Figure 3.8).**
- The provision of urine pregnancy using dipsticks or on site is nearly universal in DHs (90%) and UHCs (88%). The provision of urine pregnancy test increased in MCWCs and UHCs between 2017 and 2022 **(Figure 3.9).**
- The provision of conducting urine glucose test by dipsticks or on site is almost universal in DHs (89%) and UHCs (91%). The provision of urine glucose test increased in MCWCs and UHCs between 2017 and 2022 **(Figure 3.10).**
- The provision of conducting urine protein test by dipsticks or onsite test is nearly universal in DHs (87%). It is 79% in UHCs. The provision of urine protein test increased in MCWCs and UHCs between 2017 and 2022 **(Figure 3.11).**
- The provision of conducing X-ray increased in DHs and UHCs between 2017 and 2022 **(Figure 3.12).**
- The availability of a functional ultrasonography machine slightly increased in DHs and substantially (three-folds) increased in UHCs between 2017 and 2022 **(Figure 3.13).**

3.1 PREPAREDNESS OF FACILITIES: SELECTED AMENITIES

In 2022 BHFS, the provision of health facility is presented with the following amenities:

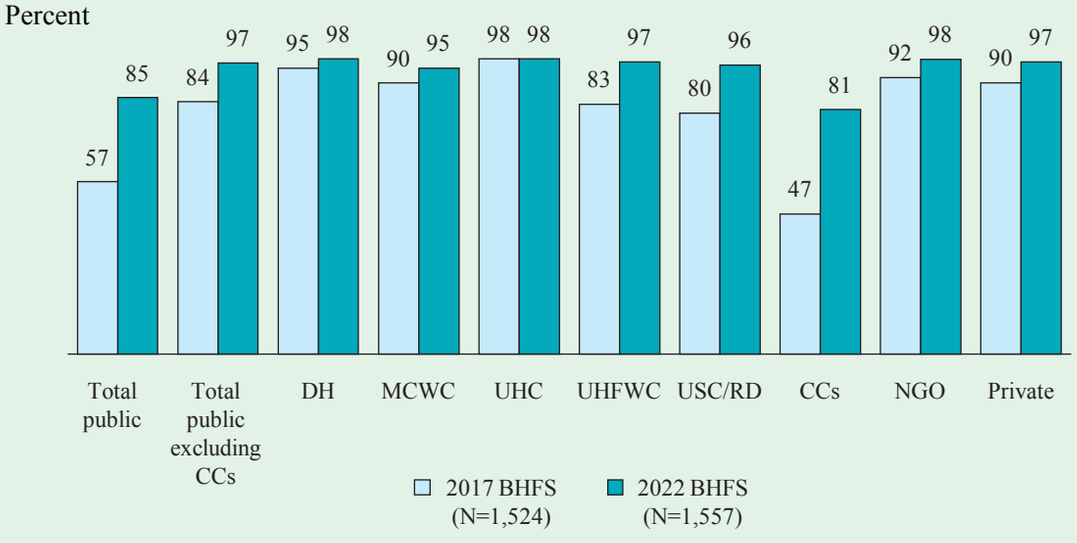
1. Connection to the national electricity grid/polli-biddut
2. A functioning latrine for general outpatient client use
3. A functioning official land phone/mobile phone or private mobile phone reimbursed by the facility
4. A computer/laptop/tablet with internet access
5. A functional ambulance or other vehicle for emergency transportation of clients

3.1.1 Electricity

- Across all facility types (except CCs), connection to the national electricity grid/polli-biddut is almost universal.
- In CCs, connection to the national electricity grid/polli-biddut increased from 47% in 2017 to 81% in 2022.

(Figure 3.1)

Figure 3.1 **Availability of electricity from national grid/polli-biddut, by facility type**

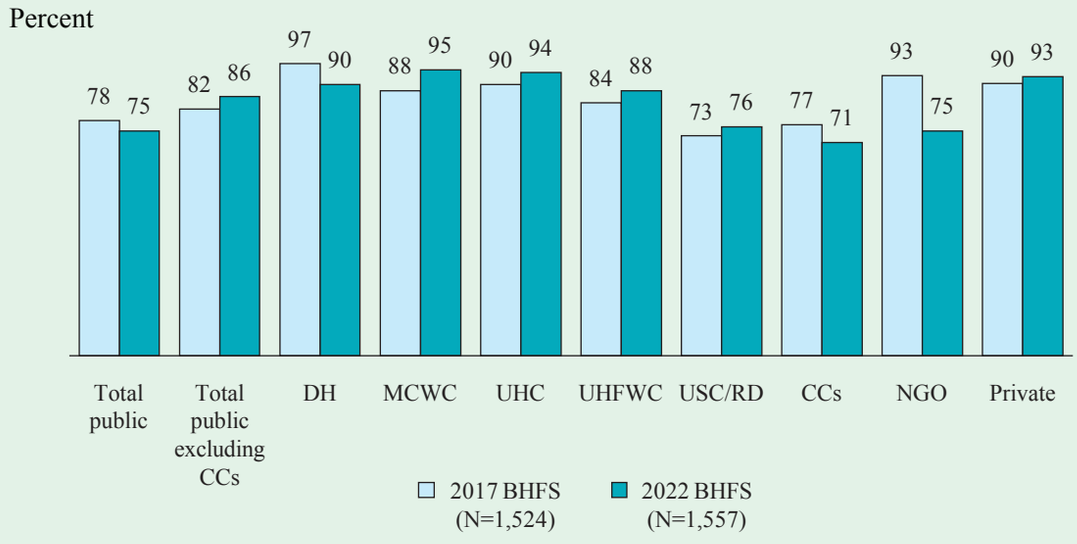


3.1.2 Client Latrine

- In DHs, MCWCs and UHCs, the availability of a functional latrine for general outpatient client use is almost universal (≥90%).
- The availability is 88% in UHFWCs, 76% in USC/RDs and 71% in CCs.

(Figure 3.2)

Figure 3.2 **Availability of client latrine, by facility type**

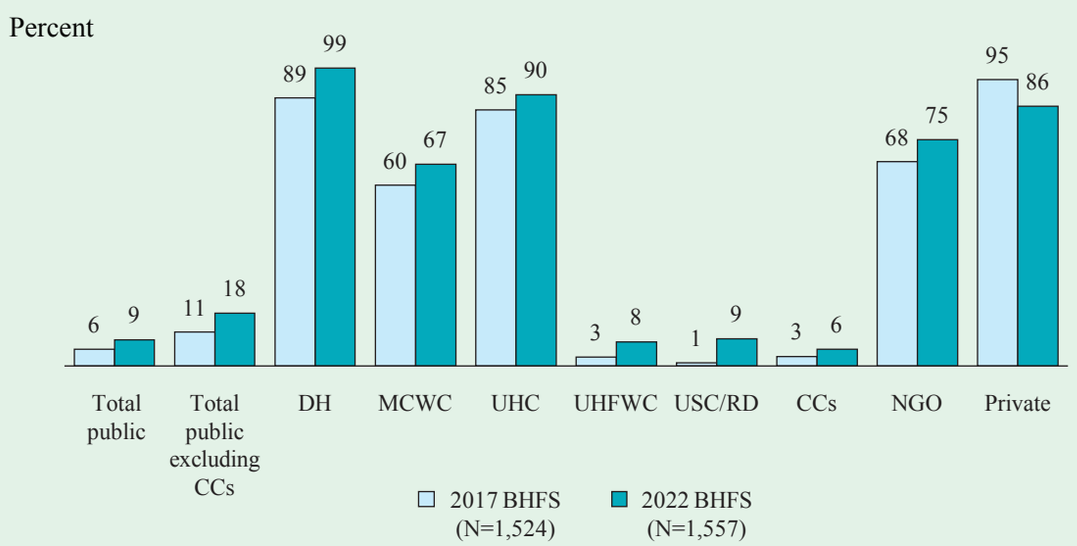


3.1.3 Land phone/Mobile phone

- All DHs (99%), 90% of UHCs, 86% of private facilities, and 75% of NGO facilities have a functioning official land phone/mobile phone or private mobile phone reimbursed by the facility.
- Very few CCs (6%), UHFWCs (8%) and USC/RDs (9%) have a functioning land/mobile phone. But there is some improvement in the availability across these facilities between 2017 and 2022.

(Figure 3.3)

Figure 3.3 **Availability of land/mobile phone, by facility type**

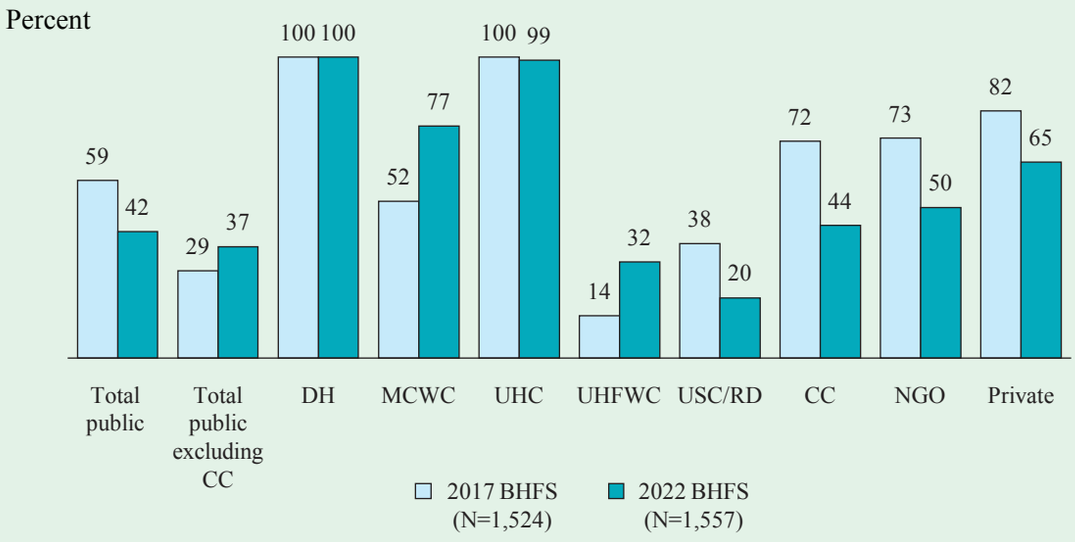


3.1.4 Computer with Internet Access

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

(Figure 3.4)

Figure 3.4 **Availability of a functioning computer with access to internet, by facility type**

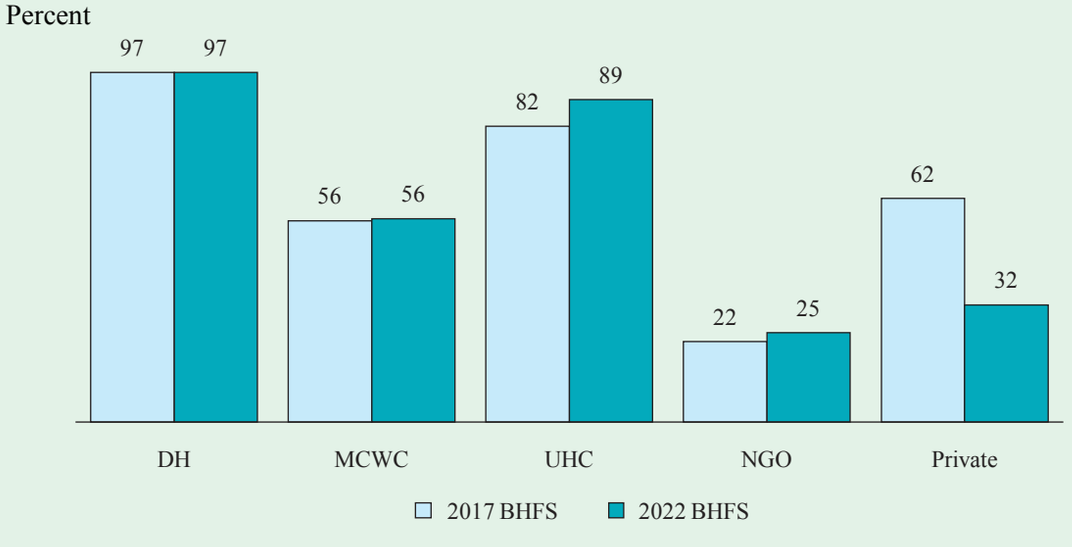


3.1.5 Emergency Transport

- All DHs and UHCs have an ambulance or other vehicle for emergency transportation of clients. But 97% of DHs and 89% of UHCs had a functional ambulance or vehicle on the day of the visit.
- Almost half of the MCWCs (56%) have a functional ambulance or vehicle.
- Only one-third (32%) of private hospitals have a functional ambulance or vehicle.
- The availability of transport for emergencies has increased from 82% to 89% in UHCs and from 22% to 25% in NGO facilities between 2017 and 2022.

(Figure 3.5)

Figure 3.5 **Availability of emergency transport, by facility type**



3.2 PREPAREDNESS OF FACILITIES: DIAGNOSTIC TESTS

In 2022 BHFS, the provision of health facility is presented with the following diagnostic tests:

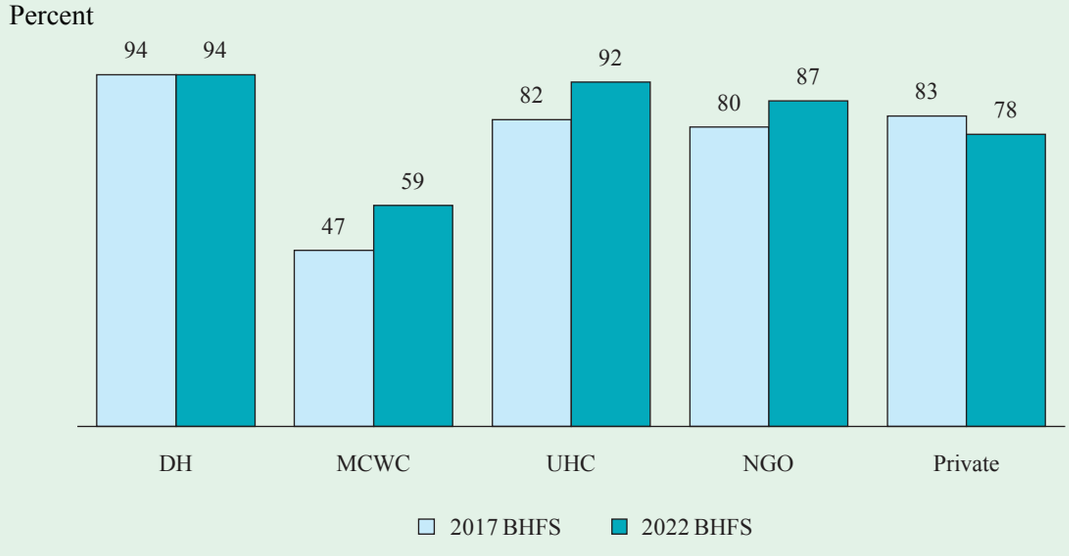
1. Blood hemoglobin (Hematology analyzer, Hemocue, colorimeter, Tallquist paper for hemoglobin)
2. Blood glucose (Glucometer with strip)
3. Blood count (by Hematology analyzer)
4. Urine pregnancy (Dipsticks or on site)
5. Urine glucose (Dipsticks or on site)
6. Urine protein (Dipsticks or on site)
7. Radiology and imaging: X-Ray (Digital X-ray or X-ray machine with unexpired films)
8. Radiology and imaging: Ultrasonography

3.2.1 Blood hemoglobin

- The provision of blood hemoglobin test is universally available in DHs (94%) and UHCs (92%).
- More than half of MCWCs (59%) have the provision of blood hemoglobin test.
- The provision of blood hemoglobin test increased in UHCs and MCWCs between 2017 and 2022.

(Figure 3.6)

Figure 3.6 **Availability of laboratory diagnostic test for blood hemoglobin, by facility type**

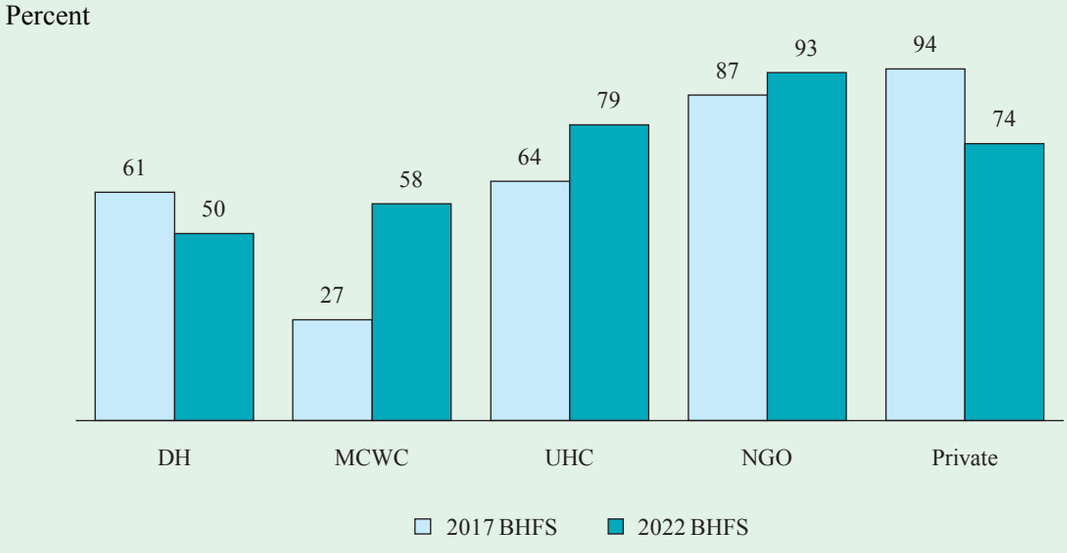


3.2.2 Blood glucose

- Half of DHs (50%) and about four-fifths of UHCs (79%) have a glucometer with strip.
- Nearly three-fifths of MCWCs (58%) have a glucometer with strip.
- The provision of blood glucose testing with a glucometer significantly increased UHCs and MCWCs between 2017 and 2022. However, the provision decreased in DHs and private hospitals.

(Figure 3.7)

Figure 3.7 **Availability of laboratory diagnostic test for blood glucose with a glucometer, by facility type**

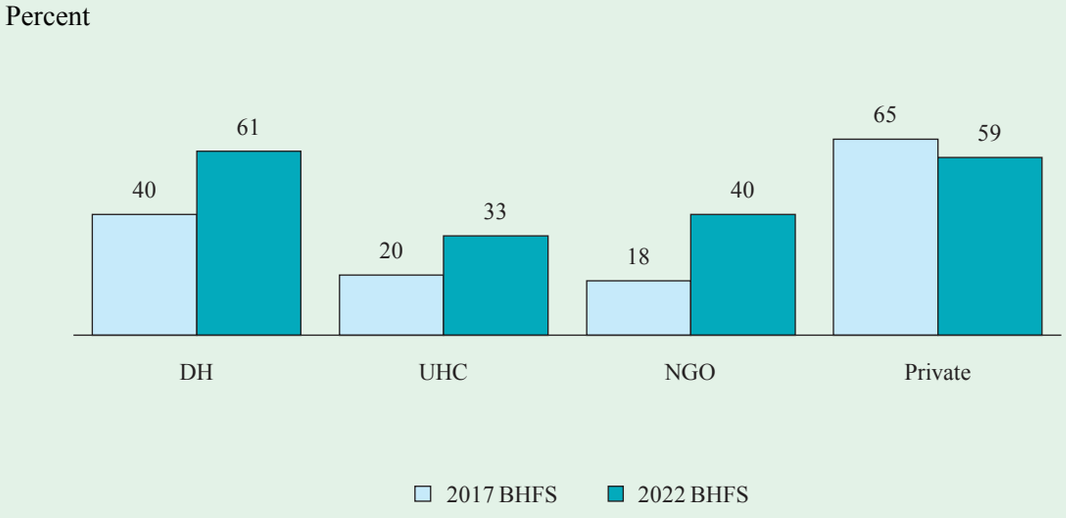


3.2.3 Blood count

- Nearly two-thirds of DHs (61%) and one-third of UHCs (33%) have the provision of testing full blood count by Hematology analyzer.
- The provision of testing full blood count by Hematology analyzer increased in all types of facilities except private hospitals between 2017 and 2022.

(Figure 3.8)

Figure 3.8 **Availability of laboratory diagnostic test for full blood count by Hematology analyzer, by facility type**

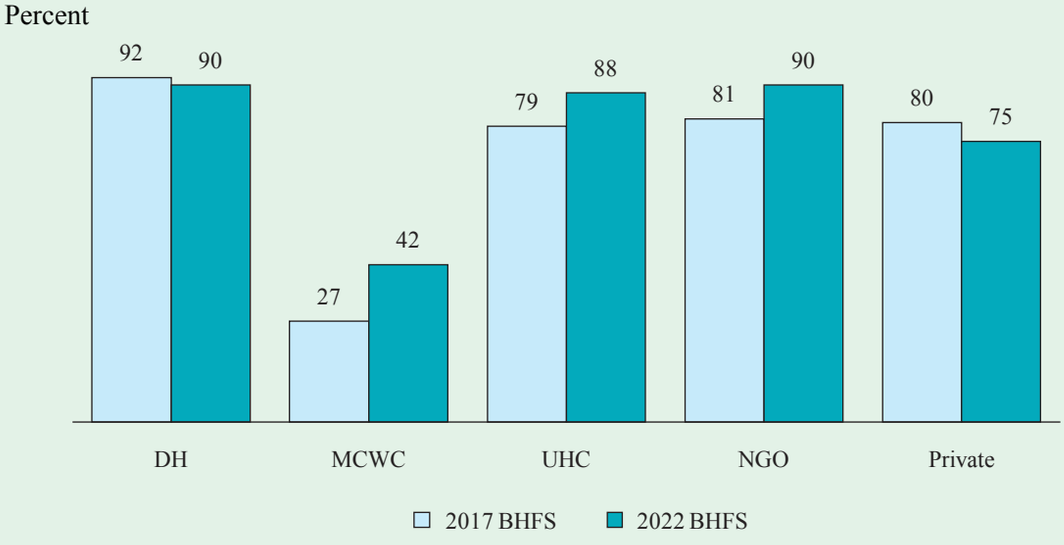


3.2.4 Urine pregnancy

- The provision of urine pregnancy using dipsticks or on site is nearly universal in DHs (90%) and UHCs (88%).
- Around 42% of MCWCs have the provision to conduct urine pregnancy test.
- The provision of urine pregnancy test increased in MCWCs and UHCs between 2017 and 2022.

(Figure 3.9)

Figure 3.9 **Availability of laboratory diagnostic test for urine pregnancy using dipsticks or urine pregnancy test on site, by facility type**

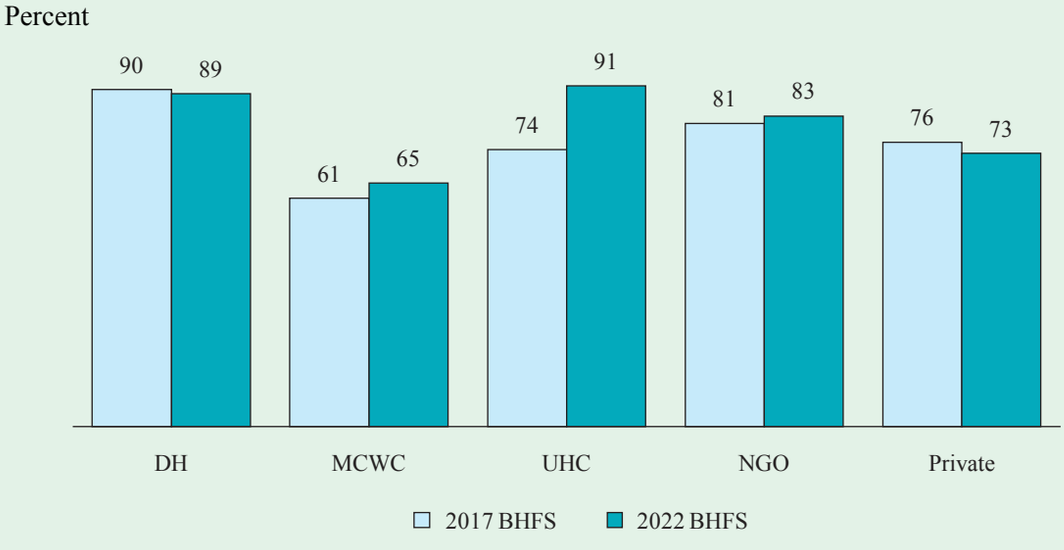


3.2.5 Urine glucose

- The provision of conducting urine glucose test by dipsticks or on site is almost universal in DHs (89%) and UHCs (91%).
- Around two-thirds of MCWCs (65%) have the provision to conduct urine pregnancy test.
- The provision of urine glucose test increased in MCWCs and UHCs between 2017 and 2022.

(Figure 3.10)

Figure 3.10 **Availability of laboratory diagnostic test for urine glucose by dipsticks or on-site test, by facility type**

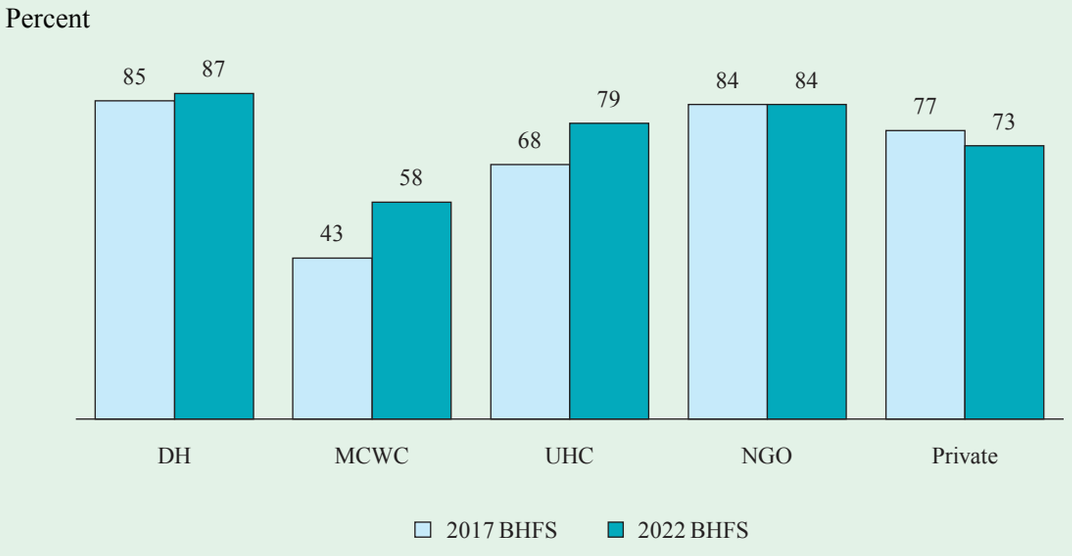


3.2.6 Urine protein

- The provision of conducting urine protein test by dipsticks or on-site test is nearly universal in DHs (87%). It is 79% in UHCs.
- More than half MCWCs (58%) have the provision to conduct urine protein test.
- The provision of urine protein test increased in MCWCs and UHCs between 2017 and 2022.

(Figure 3.11)

Figure 3.11 **Availability of laboratory diagnostic test for urine protein by dipsticks or on-site test, by facility type**

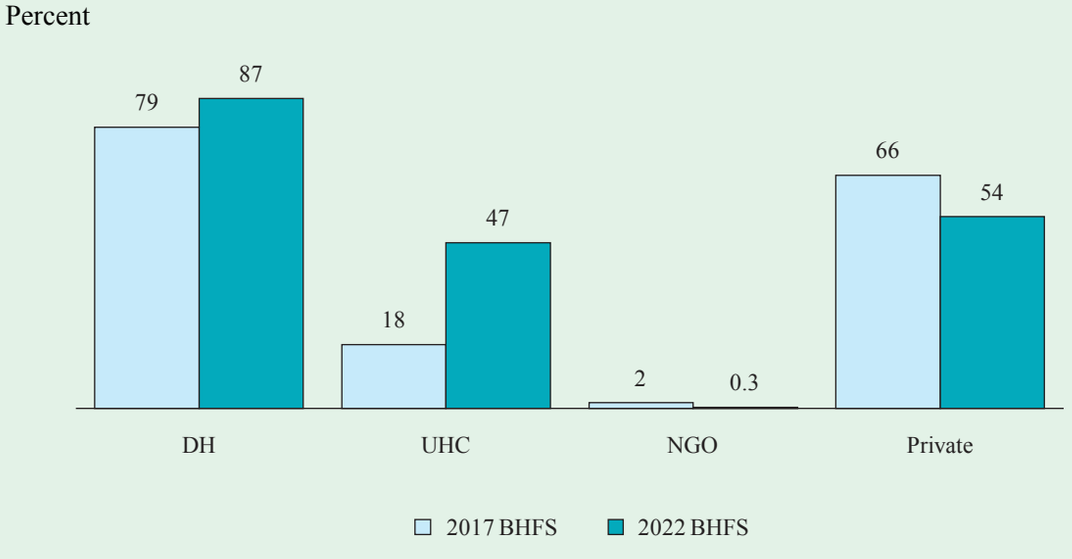


3.2.7 Radiology and imaging: X-ray

- Almost all DHs (97%) and 59% of UHCs have an X-ray machine. But 87% of the X-ray machines in DHs and 47% in UHCs are functioning.
- The provision of conducing X-ray increased in DHs and UHCs between 2017 and 2022.

(Figure 3.12)

Figure 3.12 **Availability of functional x-ray machine in health facilities, by facility type**

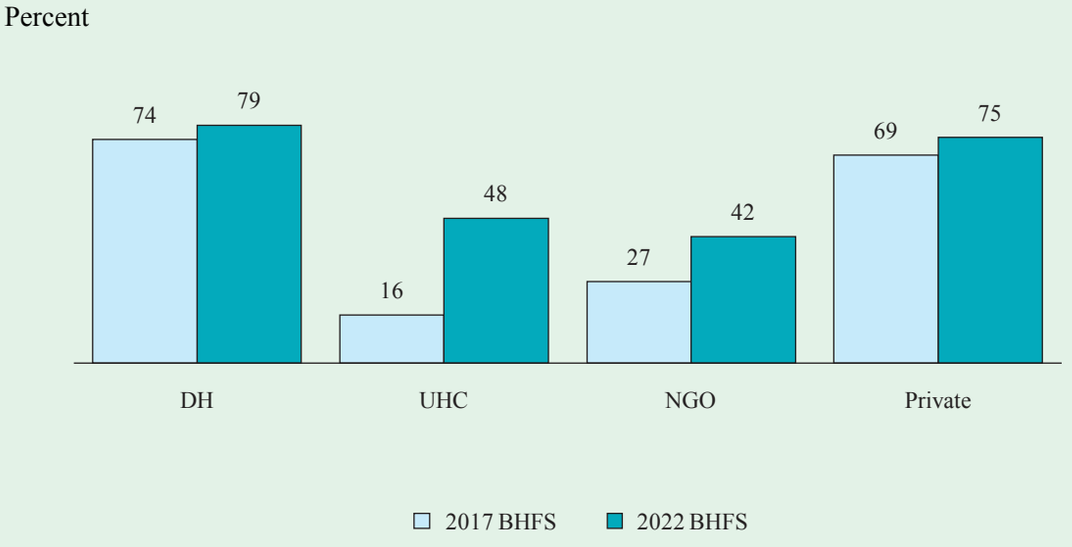


3.2.8 Radiology and imaging: Ultrasonography

- Almost all DHs (94%) and two-thirds (63%) of UHCs have an ultrasonography machine. But only four-fifths of DHs (79%) and nearly half (48%) of UHCs have a functioning ultrasonography machine.
- Around 75% of private hospitals have an ultrasonography machine and almost all of them were functional.
- The availability of a functional ultrasonography machine slightly increased in DHs and substantially (three-folds) increased in UHCs between 2017 and 2022.

(Figure 3.13)

Figure 3.13 **Availability of functional ultrasound machine in health facilities,by facility type**



Child Health Services

4 CHILD HEALTH SERVICES

Key Findings

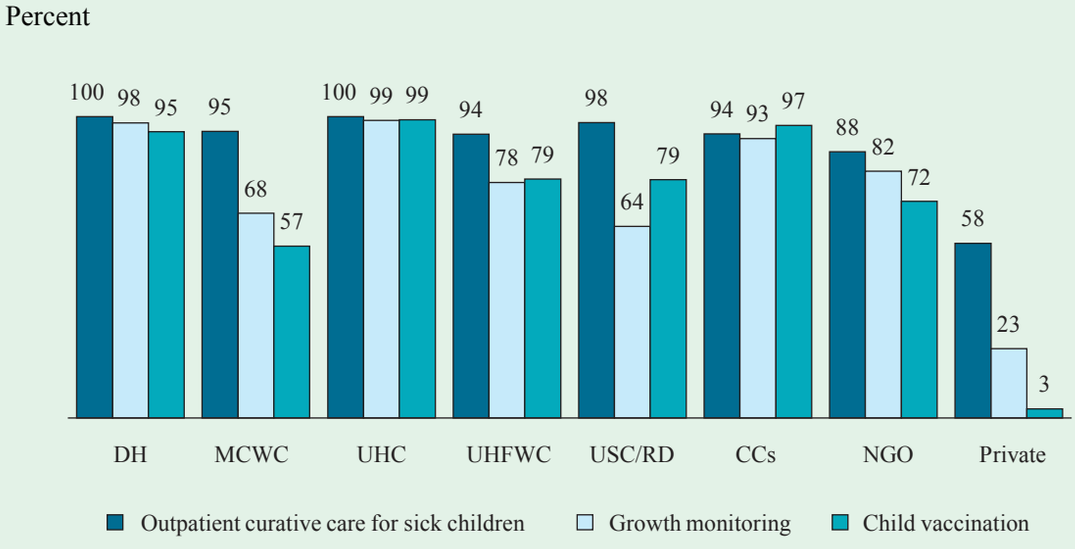
- Most of the public facilities offer outpatient curative care for sick children (95%), child vaccination services (93%), and child growth monitoring (89%) **(Table 4.1).**
- Half of the public facilities have at least one staff trained in IMCI, while less than one-fifth of facilities that offer child curative care have IMCI guidelines on site. In the last five years the percentage of total public health facilities having IMCI guidelines has declined from 42% to 18% **(Table 4.5** and **Figure 4.2-4.3).**
- Nearly half of the public facilities offering child curative care have child weighing scales, while 92% have stethoscopes on site. Seventy-eight percent of the public facilities have thermometers, and seventy-four percent have height boards for outpatient child curative care **(Table 4.2).**
- The availability of essential medicines in public health facilities for child curative care: oral rehydration solution (ORS), amoxicillin, and paracetamol has increased in the last five years **(Figure 4.9, 4.11-4.12).**
- More than eighty percent of the public health facilities offering child curative care had ORS (84%), amoxicillin (89%), paracetamol (92%), and albendazole/ mebendazole (92%) on the day of visit **(Figure 4.9, 4.11-4.13).**
- The average readiness score for providing outpatient child curative care is higher among UHCs, CCs, and DHs (nearly 7 or more). However, the score is considerably lower in USC/RDs and private facilities **(Table 4.5** and **Figure 4.14).**

4.1 AVAILABILITY OF CHILD HEALTH SERVICES

- Outpatient curative care for sick children is available in the majority of health facilities. Almost 90% of public facilities provide growth monitoring services, while nine out of ten public facilities provide child vaccination.
- Child curative care services are universally available in DHs (100%) and UHCs (100%). Whereas, 58% of the private facilities provide the service.
- Though 95% of MCWCs provide child curative care services, child growth monitoring services and child vaccination services are comparatively lower.
- Less than one-fourth of private facilities provide growth monitoring, and only 3% provide child vaccination services.

(Table 4.1 and **Figure 4.1)**

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

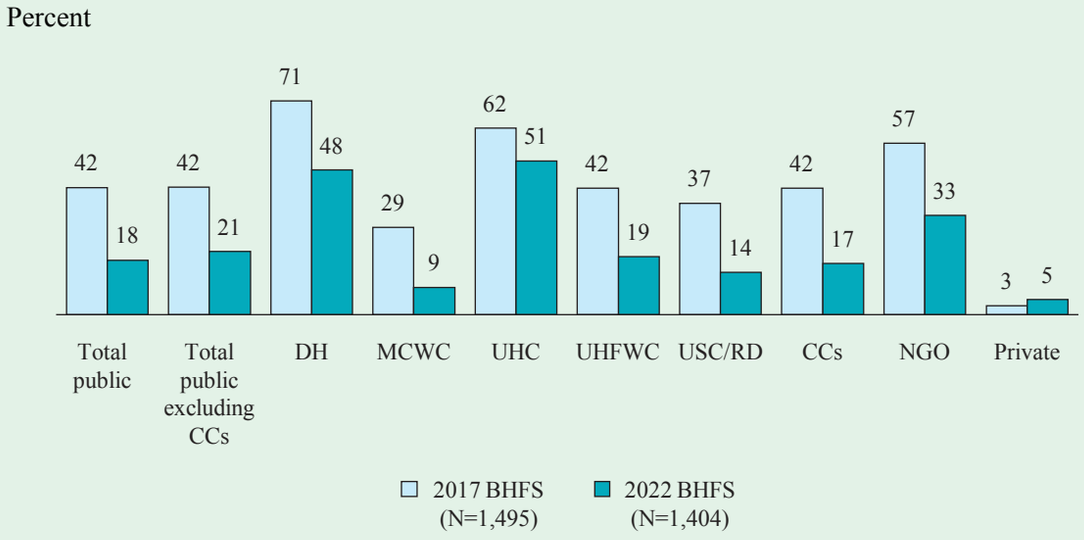


4.2 AVAILABILITY OF GUIDELINES, TRAINED STAFF AND BASIC EQUIPMENT FOR CHILD HEALTH CARE

- Twenty-one percent of the total public facilities excluding CCs, have guidelines for integrated management of childhood illness (IMCI). UHCs are most likely (51%), and private facilities are least likely (5%) to have IMCI guidelines.
- Only 2 out of 10 public facilities have growth monitoring guidelines. DHs (37%), NGO facilities (33%) and UHCs (28%) are most likely to have growth monitoring guidelines and private facilities are least likely (1%) to have growth monitoring guidelines.
- The availability of IMCI guideline has decreased in all health facilities except private facilities.

(Table 4.2 and **Figure 4.2)**

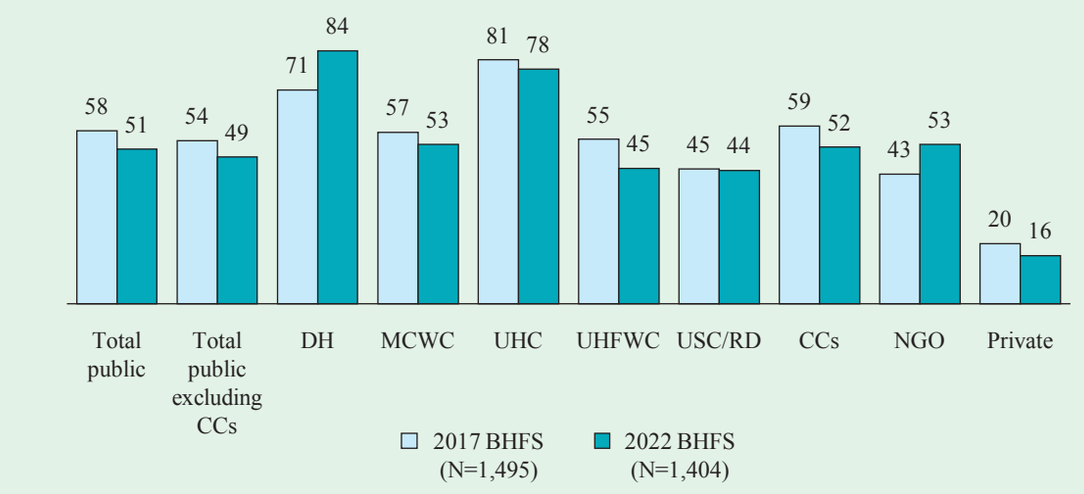
Figure 4.2 **Availability of IMCI guideline in health facilities for outpatient child curative care, by facility type**



- Around half of all facilities have at least one provider trained at any time in IMCI, or growth monitoring.
- Overall, more than half of total public health facilities have at least one staff trained in IMCI in 2022. The percentage having at least one trained staff has increased in DHs and NGO facilities. Private facilities are least likely to have at least one trained staff in IMCI (16%).
- Private facilities are least likely to have recently trained staff in growth monitoring services (5%). The percentage of recently trained staff in IMCI is lowest in union level health facilities (4%).

(Table 4.3 and **Figure 4.3)**

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

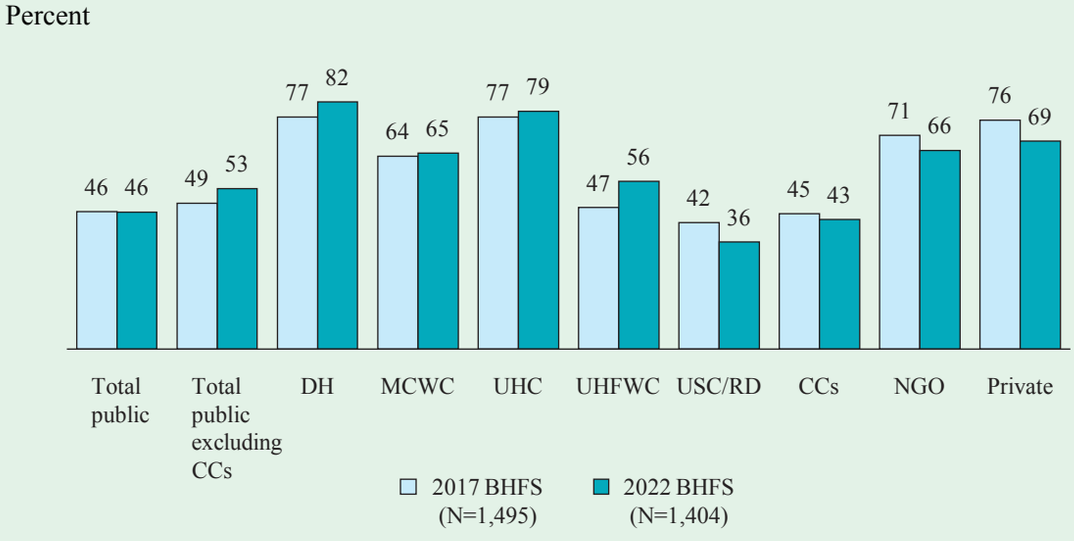


- More than half of the public facilities had infant weighing scale on the day of the visit. Although the availability is relatively high among DHs, UHCs, NGO facilities, and private facilities, the availability of infant weighing scale is 57% in union level public facilities and 51% in CCs.

- On the day of the survey, nearly half of all public health facilities had child weighing scales for outpatient curative care. The availability of child weighing scale is more than 80% in DHs, and 65% or more in MCWCs, private facilities, and NGO facilities. Although, eight out of ten UHCs have child weighing scales, their availability is much lower in UHFWCs (56%), CCs (43%), and USC/RDs (36%).
- Almost two-thirds of the facilities have Mid-Upper Arm Circumference (MUAC) tape. MUAC tapes are abundantly available in DHs, UHCs, and CCs. The availability is relatively low among union level public facilities (42%) and private facilities (10%).

(Table 4.2 and **Figure 4.4)**

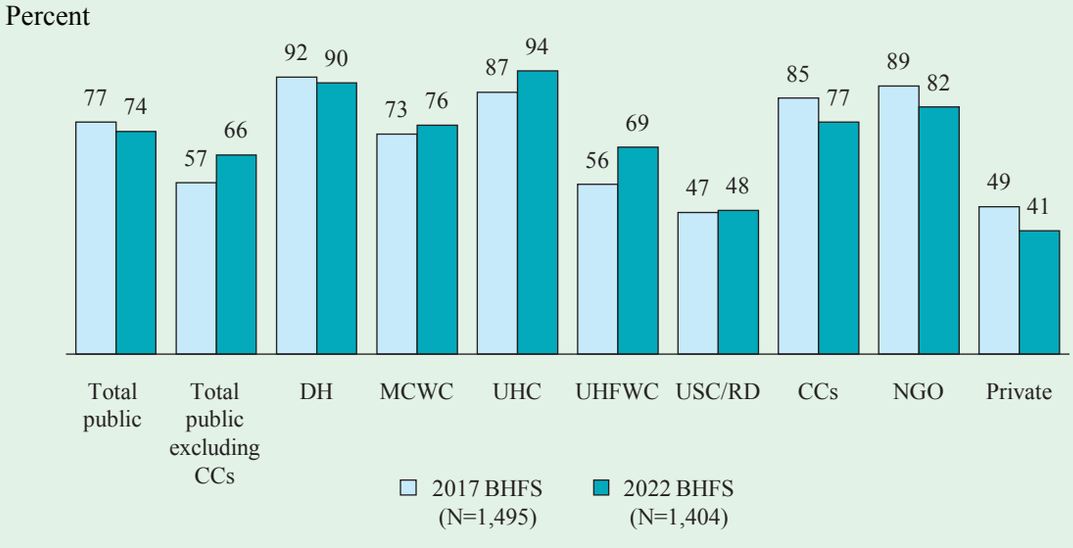
Figure 4.4 **Availability of functioning child weighing scale for outpatient child curative care, by facility type**



- There is an increase (57% to 66%) in the availability of height boards in total public health facilities excluding CCs compared to 2017. Ninety percent or more of the DHs and UHCs have height boards.

(Table 4.2 and **Figure 4.5)**

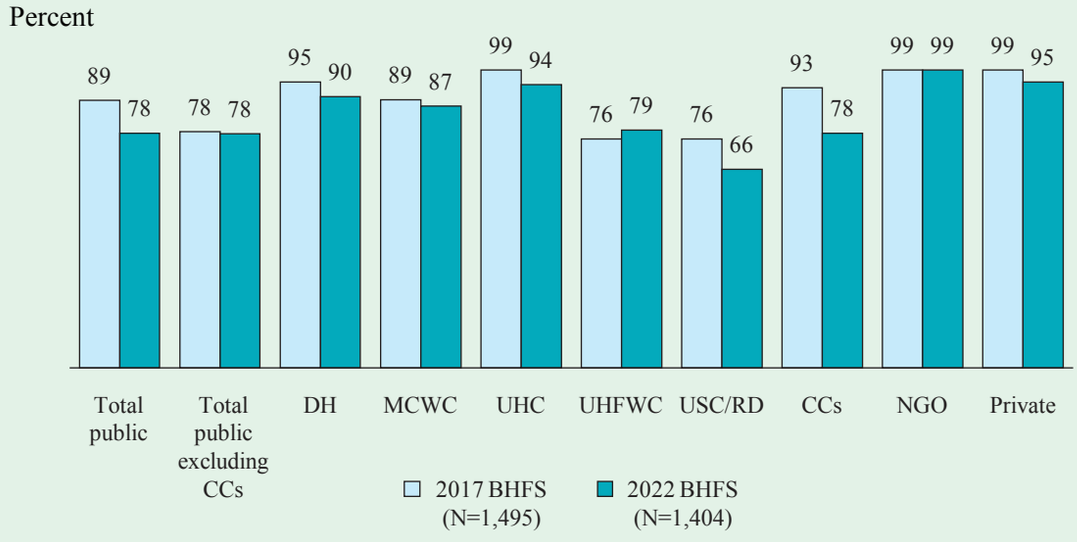
Figure 4.5 **Availability of length or height board for outpatient child curative care, by facility type**



- Almost eight out of ten public facilities reported having thermometers for serving sick children in the outpatient department in 2022. The availability of thermometers has decreased in most types of facilities. However, it has increased in UHFWCs (76% to 79%) and remained unchanged in NGO facilities.

  (Table 4.2 and **Figure 4.6)**

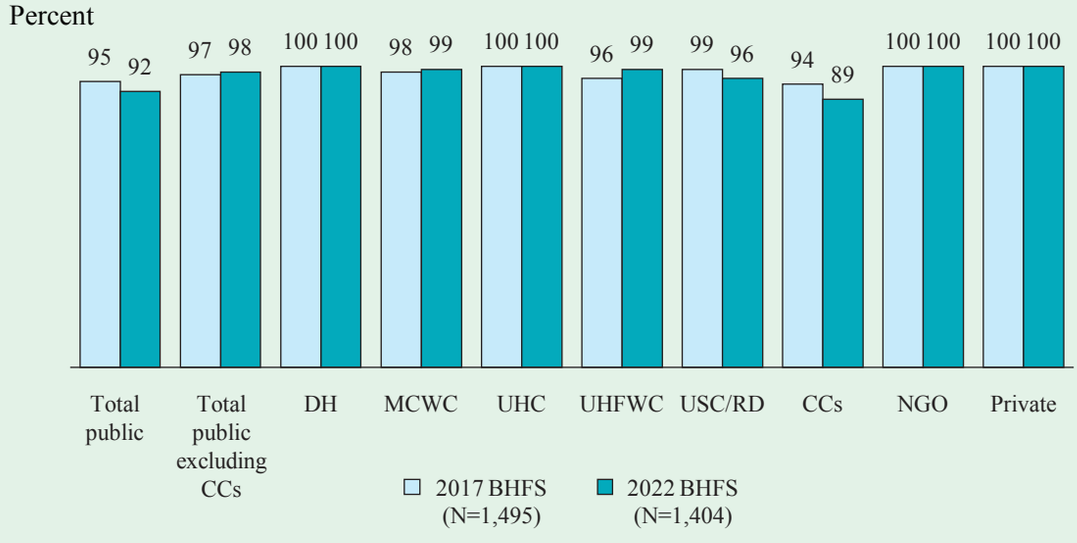
Figure 4.6 **Availability of functioning thermometer for outpatient child curative care, by facility type**



- There is an increase in the availability of stethoscopes in 2022 (98%), compared to 2017 (97%), among public health facilities excluding CCs. More than 98% or more of all types of facilities, except CCs reported having stethoscopes for outpatient child curative care.

  (Table 4.2 and **Figure 4.7)**

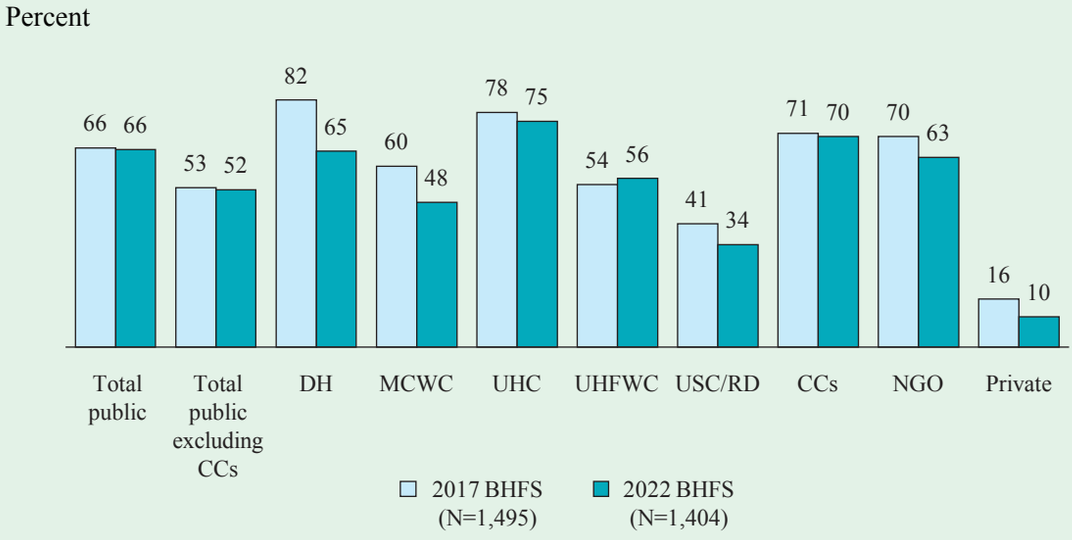
Figure 4.7 **Availability of functioning stethoscope for outpatient child curative care, by facility type**



- More than sixty percent of DHs, UHCs, CCs, and NGO facilities have growth charts available for outpatient child curative care. The availability is much lower in private facilities (10%). Overall, 66% of public health facilities have reported having a growth chart in 2022.

(Table 4.2 and **Figure 4.8)**

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

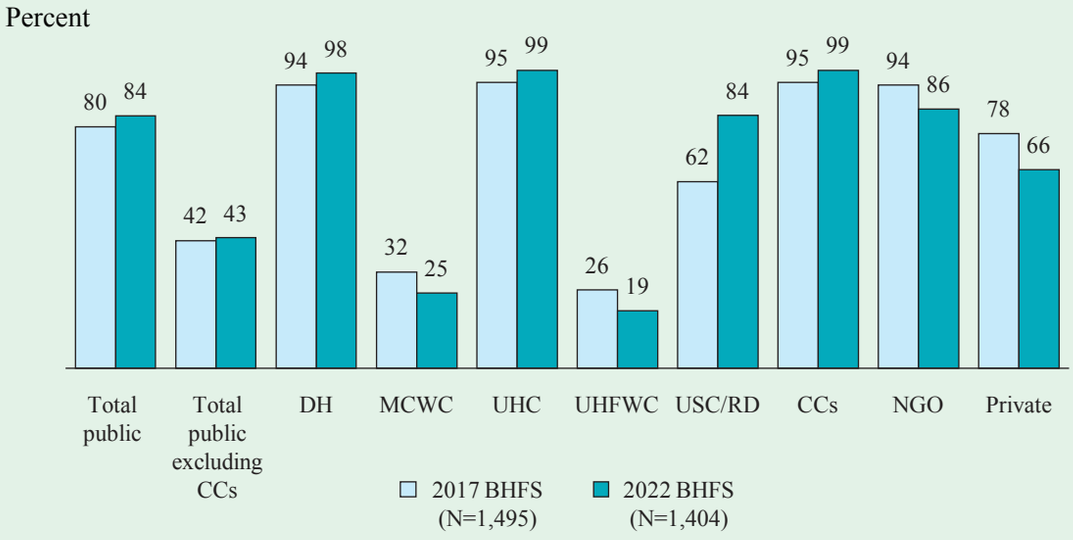


4.3 AVAILABILITY OF MEDICINES AND COMMODITIES FOR CHILD HEALTH CARE

- The availability of ORS is reasonably high (more than 80%) in all types of facilities except private facilities (66%), MCWCs (25%), and UHFWCs (19%). Between 2017 and 2022, the availability of ORS increased from 80% to 84% among public health facilities.

(Table 4.4 and **Figure 4.9)**

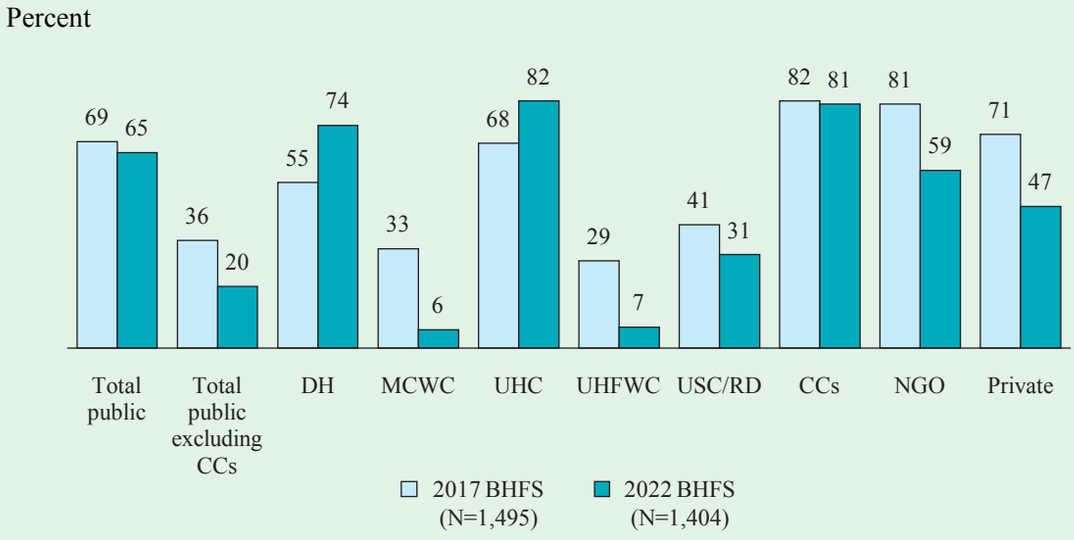
Figure 4.9 **Availability of ORS in health facilities for outpatient child curative care, by facility type**



- The availability of zinc tablets or syrup is 65% among public health facilities. However, only 7% of the UHFWCs and 6% of the MCWCs have zinc tablets or syrup on the day of the visit. The availability has increased notably in DHs and UHCs, from 2017 to 2022.

  (Table 4.4 and **Figure 4.10)**

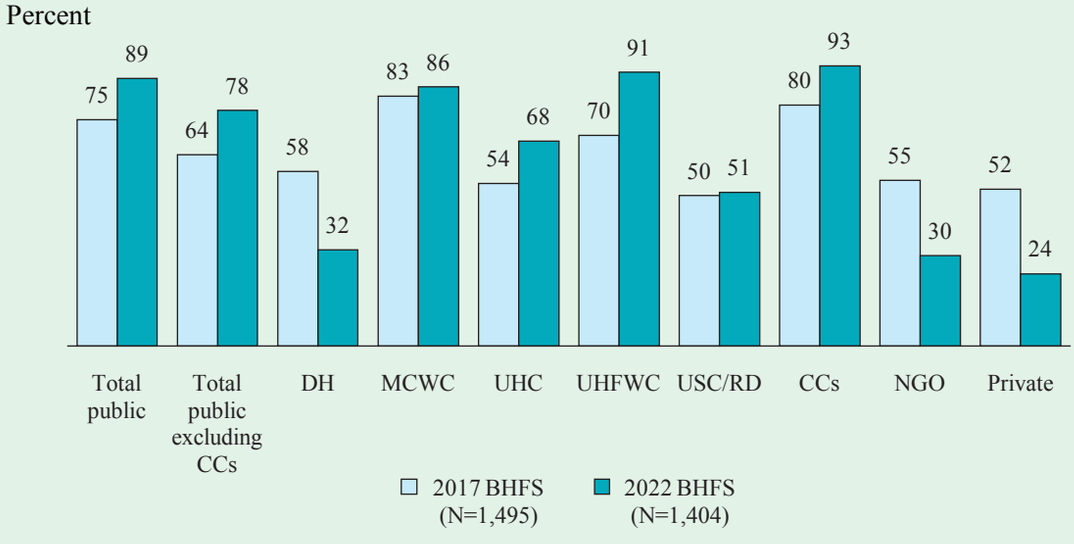
Figure 4.10 **Availability of zinc tablets or syrup in health facilities for outpatient child curative care, by facility type**



- Approximately 9 out of 10 public facilities have amoxicillin, and the availability is highest among CCs (93%), which has increased substantially from 80% in 2017. However, the availability is relatively low in DHs (32%), NGO facilities (30%), and private facilities (24%).

  (Table 4.4 and **Figure 4.11)**

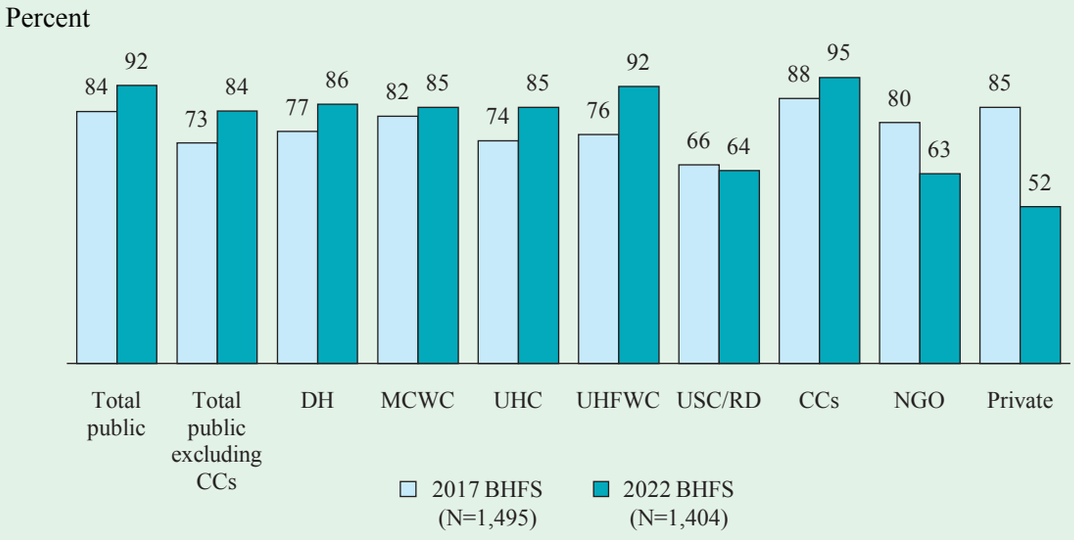
Figure 4.11 **Availability of amoxicillin in health facilities for outpatient child curative care, by facility type**



- The availability of paracetamol in the outpatient department for child curative care is more than eighty percent in all types of facilities, except NGO facilities (63%) and private facilities (52%). In 2022, 92% of total public health facilities reported having paracetamol for outpatient child curative care, an increase from 84% in 2017.

  (Table 4.4 and **Figure 4.12)**

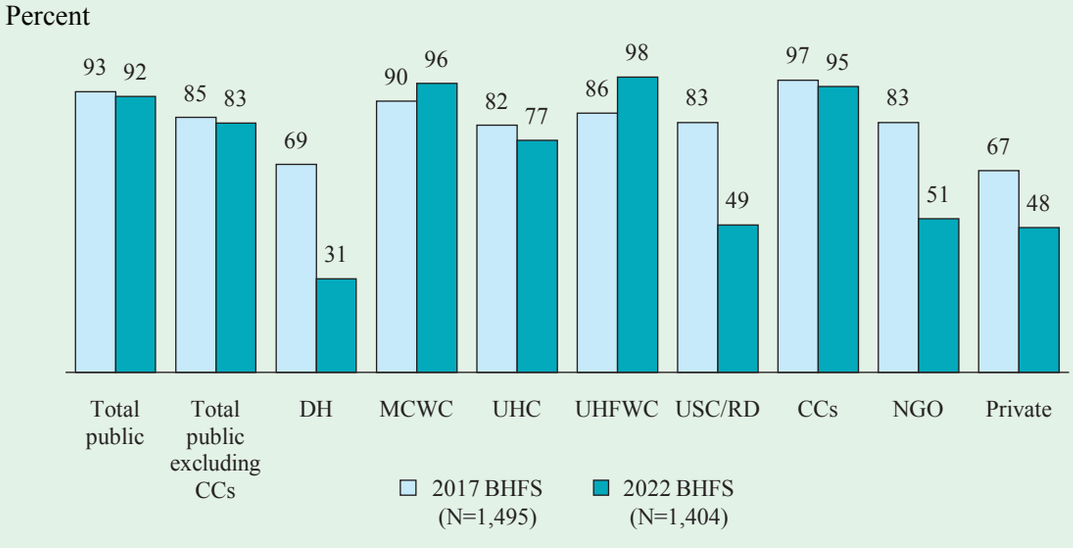
Figure 4.12 **Availability of paracetamol in health facilities for outpatient child curative care, by facility type**



- The availability of mebendazole/albendazole is 92% in public health facilities. However, only 31% of DHs, 51% of NGO facilities, and 48% of private facilities have mebendazole/albendazole on the day of the visit, decreasing markedly compared with 2017.
- Overall, the availability of ceftriaxone powder for injection is 8%, and gentamicin injection is 9% in total facilities.

  (Table 4.4 and **Figure 4.13)**

Figure 4.13 **Availability of mebendazole/albendazole in health facilities for outpatient child curative care, by facility type**



4.4 READINESS OF HEALTH FACILITIES TO PROVIDE CHILD CURATIVE CARE

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

- **IMCI guidelines:**
  -National or other guidelines on IMCI are available at the facility.
- **IMCI trained staff:**
  -At least one provider received in-service training on at least some components of IMCI
- **Equipment:**
  -Child weighing scale
  -Thermometer
  -Growth chart
- **Medicines:**
  -ORS
  -Zinc tablets/syrup
  -Amoxicillin syrup/suspension/dispersible
  -Paracetamol syrup/suspension
  -Mebendazole/Albendazole

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

- DHs, UHCs, and CCs have reported having an average of nearly 7 or more among all ten necessary items to provide outpatient child curative care. Private facilities are less prepared compared to other facilities, having approximately an average of only four items out of ten.
- The average readiness score has declined in most types of facilities between 2017 and 2022. However, the readiness score at UHC and UHFWC has remained nearly unchanged.

(Table 4.5 and **Figure 4.14)**

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

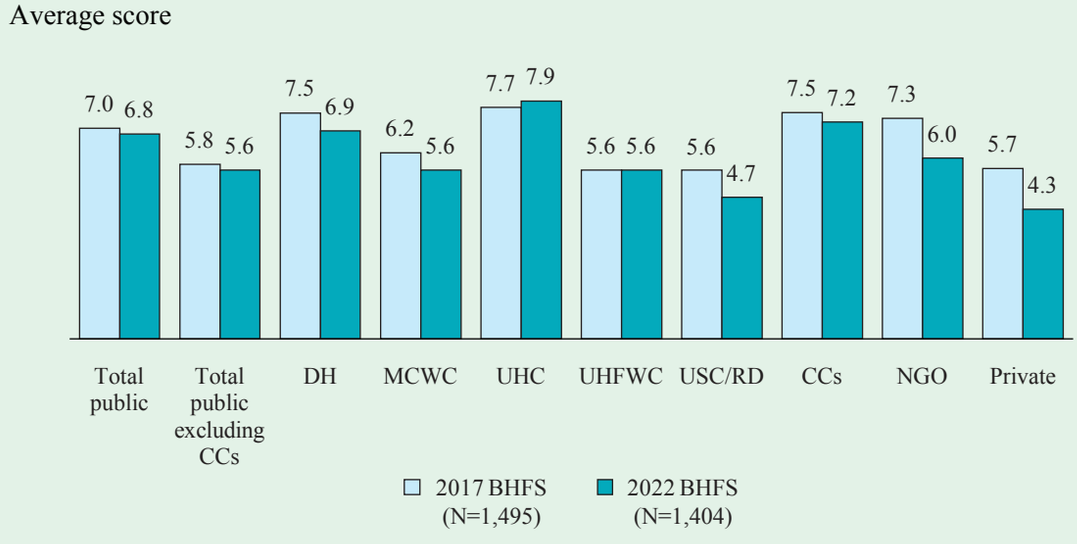


Table 4.1 Availability of child health services

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities that offer:						Number of facilities
	Outpatient curative care for sick children	Growth monitoring	Child vaccination[1]	Diagnose and/or treat child nutrition	Routine vitamin A supplementation	Provide deworming to children	
Facility type							
District and upazila public facilities	**99.1**	**93.4**	**90.9**	**97.1**	**77.5**	**93.0**	**319**
DH	100.0	98.4	95.2	100.0	83.9	87.1	62
MCWC	95.1	68.1	57.0	87.1	40.5	90.2	100
UHC	100.0	98.8	98.5	99.1	85.6	94.6	157
Union level public facilities	**95.3**	**74.2**	**79.1**	**86.4**	**28.0**	**81.5**	**434**
UHFWC	94.2	78.2	79.2	86.1	24.5	81.6	293
USC/RD	98.1	63.6	79.1	87.1	37.4	81.3	141
Community clinic (CC)	**94.3**	**92.8**	**97.1**	**88.5**	**76.3**	**79.3**	**488**
NGO static clinic/hospital	**88.4**	**81.9**	**71.9**	**78.6**	**66.3**	**76.8**	**127**
Private hospital	**57.5**	**23.0**	**3.0**	**50.1**	**32.0**	**42.0**	**189**
Location							
Urban	66.4	37.3	22.4	59.7	41.8	52.3	514
Rural	94.4	88.4	92.4	87.8	64.8	79.8	1043
Division							
Barishal	92.7	87.6	84.5	85.8	68.0	72.7	152
Chattogram	97.4	87.5	85.1	92.7	66.4	84.2	244
Dhaka	84.3	76.5	78.5	78.0	58.8	68.3	264
Khulna	75.9	76.2	70.9	72.2	54.7	64.7	208
Rajshahi	95.1	74.3	82.5	86.5	69.8	83.1	212
Rangpur	95.7	84.7	87.3	88.7	61.9	82.4	190
Sylhet	88.4	84.2	84.0	79.8	54.2	70.8	136
Mymensingh	94.7	78.8	87.2	72.2	50.6	76.4	151
Total	90.2	80.7	81.8	83.6	61.3	75.7	1,557
Total excluding CCs	82.9	59.3	54.9	75.0	34.9	69.3	1069
Total public	94.7	88.5	92.7	88.2	65.2	80.2	1241
Total public excluding CCs	95.7	76.4	80.5	87.6	33.8	82.9	753

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

Table 4.2 Guidelines and equipment for child curative care services

Among facilities that offer outpatient curative care for sick children, the percentages having indicated guidelines and equipment, by background characteristics, 2022 BHFS

Background characteristic	Guidelines			Equipment							Number of facilities offering outpatient curative care for sick children
	IMCI	Growth monitoring	Child weighing scale[1]	Length or height board	Thermometer	Stethoscope	Infant weighing scale[2]	Growth chart	MUAC tape	Timer	
Facility type											
District and upazila public facilities	**43.9**	**25.9**	**76.7**	**90.2**	**92.4**	**99.8**	**87.1**	**69.2**	**75.0**	**97.1**	**314**
DH	48.4	37.1	82.3	90.3	90.3	100.0	91.9	64.5	90.3	96.8	62
MCWC	9.4	9.4	65.1	75.5	87.2	99.0	81.3	47.6	28.5	94.7	95
UHC	51.2	28.0	78.6	93.5	93.9	100.0	87.7	74.9	83.5	97.6	157
Union level public facilities	**17.9**	**11.2**	**50.0**	**62.8**	**75.7**	**97.9**	**57.4**	**49.9**	**42.4**	**90.8**	**413**
UHFWC	19.3	13.2	55.7	68.7	79.4	98.6	62.4	56.3	46.3	90.2	274
USC/RD	14.1	6.1	35.6	47.8	66.3	96.1	44.7	33.6	32.5	92.4	139
Community clinic (CC)	**17.0**	**25.7**	**42.7**	**76.9**	**77.9**	**89.4**	**50.8**	**70.4**	**78.8**	**84.5**	**460**
NGO clinic/hospital	**33.1**	**33.3**	**66.1**	**81.5**	**99.2**	**100.0**	**88.2**	**62.8**	**61.6**	**94.9**	**109**
Private hospital	**4.8**	**0.8**	**68.8**	**40.8**	**94.6**	**100.0**	**85.5**	**10.4**	**10.3**	**91.1**	**110**
Location											
Urban	15.5	9.6	66.4	54.3	93.7	100.0	83.1	29.4	29.4	90.8	418
Rural	17.6	22.3	45.3	73.9	77.7	91.6	53.2	65.4	70.1	86.4	988
Division											
Barishal	26.4	17.2	43.0	69.9	78.3	87.3	40.2	69.3	72.9	94.5	134
Chattogram	20.4	26.0	48.7	67.3	83.9	93.2	55.6	69.3	71.9	90.1	236
Dhaka	18.5	18.0	45.0	59.7	78.8	95.3	55.2	58.8	61.0	78.4	235
Khulna	9.9	12.4	42.6	81.6	81.9	96.5	67.0	73.0	74.7	94.7	176
Rajshahi	14.9	19.2	64.5	67.1	84.5	92.0	51.4	41.8	44.4	88.0	198
Rangpur	14.5	25.1	40.0	85.1	72.2	89.0	62.1	61.3	68.8	93.0	169
Sylhet	17.0	24.8	59.6	82.4	84.0	91.4	60.8	70.3	79.3	82.6	118
Mymensingh	18.5	23.9	35.5	76.4	67.5	90.9	59.1	53.3	63.0	72.7	140
Total	17.3	20.9	47.6	71.7	79.5	92.5	56.6	61.4	65.6	86.9	1,406
Total excluding CCs	18.0	11.4	57.5	61.3	82.7	98.7	68.0	43.4	39.1	91.7	946
Total public	18.1	22.3	45.5	74.0	77.9	91.7	53.5	65.6	70.2	86.4	1,187
Total public excluding CCs	21.0	13.2	53.3	66.2	77.7	98.1	61.0	52.3	46.4	91.6	727

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

[2] A scale with gradation of 100 grams, or a digital standing scale with gradation of 100 grams where an adult can hold an infant to be weighed.

Table 4.3 Trained staff for child curative care services

Among facilities that offer outpatient curative care for sick children, the percentages having trained staff, by background characteristics, 2022 BHFS

Background characteristic	Trained staff				Number of facilities offering outpatient curative care for sick children
	IMCI[1] (During the past 24 months)	IMCI[1] (At any time)	Growth monitoring[2] (During the past 24 months)	Growth monitoring[2] (At any time)	
Facility type					
District and upazila public facilities	**36.2**	**74.5**	**30.1**	**64.8**	**314**
DH	35.5	83.9	35.5	75.8	62
MCWC	10.5	52.7	8.7	41.9	95
UHC	42.2	78.2	34.3	68.4	157
Union level public facilities	**4.0**	**44.8**	**8.1**	**35.1**	**413**
UHFWC	3.1	45.0	8.7	38.0	274
USC/RD	6.3	44.3	6.8	28.0	139
Community clinic (CC)	**10.4**	**52.2**	**15.8**	**56.2**	**460**
NGO static clinic/hospital	**23.4**	**53.0**	**13.9**	**42.0**	**109**
Private hospital	**5.3**	**15.9**	**5.3**	**10.8**	**110**
Location					
Urban	12.0	31.6	9.7	27.0	418
Rural	9.4	50.8	14.3	51.0	988
Division					
Barishal	10.4	65.0	11.5	58.8	134
Chattogram	16.9	49.4	18.3	54.7	236
Dhaka	5.7	42.9	10.1	39.4	235
Khulna	5.1	57.8	13.9	50.7	176
Rajshahi	6.6	41.6	5.1	40.6	198
Rangpur	13.4	48.6	14.8	47.2	169
Sylhet	7.7	34.8	12.8	47.3	118
Mymensingh	7.6	56.4	27.6	57.1	140
Total	9.7	48.7	13.8	48.3	1,406
Total excluding CCs	8.2	41.3	9.8	32.6	946
Total public	9.7	51.3	14.5	51.6	1,187
Total public excluding CCs	8.0	48.7	10.9	39.0	727

[1] At least one provider of child health services in the facility reported receiving in-service training in IMCI. Training refers only to in-service training. The training must have involved structured sessions, and does not include individual instruction a provider might have received during routine supervision.

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

Table 4.4 Availability of essential and priority medicines and commodities

Among facilities offering outpatient curative care services for sick children, the percentages where essential and priority medicines to support care for the sick child were observed to be available in the facility on the day of the survey, by background characteristics, 2022 BHFS

Background characteristic	Essential medicines							Priority medicines				Number of facilities offering outpatient curative care for sick children
	ORS[1]	Amoxicillin syrup, suspension or dispersible[1]	Cotrimoxazole syrup, suspension or dis-persible	Paracetamol syrup or suspension[1]	Vitamin A capsules[1]	Mebendazole/ Albendazole	Zinc tablets or syrup	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamycin injection	Benzathine benzypenicillin for injection	
Facility type												
District and upazila public facilities	**86.7**	**67.5**	**34.4**	**85.1**	**34.0**	**75.1**	**68.6**	**32.4**	**74.8**	**69.4**	**11.6**	**314**
DH	98.4	32.3	9.7	85.5	16.1	30.6	74.2	11.3	91.9	58.1	24.2	62
MCWC	24.6	86.3	82.0	85.4	8.2	95.8	6.2	1.1	28.7	37.1	2.1	95
UHC	99.3	68.3	27.2	84.9	42.6	76.9	82.2	42.8	83.0	78.6	12.0	157
Union level public facilities	**37.3**	**79.8**	**65.6**	**83.7**	**5.8**	**83.7**	**13.7**	**0.6**	**1.4**	**13.5**	**2.0**	**413**
UHFWC	18.9	91.3	81.2	91.6	5.2	97.7	6.9	0.3	0.4	18.2	2.2	274
USC/RD	84.4	50.6	26.0	63.6	7.3	48.5	31.1	1.6	3.8	1.5	1.3	139
Community clinic (CC)	**98.5**	**92.7**	**24.5**	**95.3**	**83.0**	**94.8**	**80.9**	**0.5**	**0.2**	**0.2**	**2.5**	**460**
NGO static clinic/hospital	**86.4**	**29.6**	**8.2**	**63.0**	**37.6**	**51.1**	**58.9**	**3.2**	**34.8**	**13.3**	**0.8**	**109**
Private hospital	**65.8**	**23.9**	**10.8**	**51.9**	**28.0**	**48.0**	**47.0**	**10.1**	**65.0**	**49.9**	**9.9**	**110**
Location												
Urban	73.4	32.6	14.0	59.1	31.1	53.9	51.6	11.6	60.1	45.5	9.5	418
Rural	83.7	89.2	34.4	92.4	64.0	91.8	65.0	1.0	1.6	4.4	2.4	988
Division												
Barishal	86.3	87.7	33.5	92.9	66.7	86.9	61.2	1.5	5.2	5.5	0.8	134
Chattogram	86.7	80.1	35.1	90.3	55.4	88.0	65.7	3.3	10.9	10.3	4.2	236
Dhaka	80.9	78.2	32.5	89.5	63.8	86.2	64.1	3.2	13.3	14.8	5.5	235
Khulna	79.0	85.4	34.9	91.2	65.9	89.8	58.2	1.0	2.9	7.4	1.4	176
Rajshahi	78.6	79.9	28.4	83.2	53.9	85.0	58.1	0.8	8.4	7.0	0.5	198
Rangpur	83.4	86.8	32.1	86.5	61.7	88.0	63.9	2.3	4.8	5.9	3.1	169
Sylhet	81.4	88.2	28.5	87.6	60.9	93.4	67.1	3.5	7.4	8.8	1.7	118
Mymensingh	84.9	88.0	28.4	89.9	59.9	87.2	72.0	1.2	4.9	6.2	6.2	140
Total	82.6	82.9	32.1	88.7	60.4	87.6	63.5	2.2	8.1	9.0	3.2	1,406
Total excluding CCs	50.8	63.4	47.4	75.5	15.0	73.2	28.5	5.7	24.0	26.6	4.5	946
Total public	83.9	88.9	34.4	92.3	63.5	91.6	64.9	1.6	2.9	5.5	2.7	1,187
Total public excluding CCs	43.3	78.3	61.8	83.9	9.2	82.8	20.4	4.5	10.3	20.3	3.1	727

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

Note: ORS = oral rehydration solution

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

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

Among facilities that offer outpatient curative care for sick children, the percentages that possess the IMCI guideline, IMCI staff trained at any time, basic equipment and essential medicines available on the day of the survey and the average readiness score by background characteristics, 2022 BHFS

Background characteristic	IMCI guide line	IMCI (Trained at any time)[1]	Child weighing scale[2]	Thermometer	Growth chart	Zinc tablets or syrup	ORS	Amoxicillin syrup, suspension or dis-persible	Paracetamol syrup or suspension	Mebendazole/ Albendazole	Average readiness score (out of ten)[3]	Number of facilities offering outpatient curative care for sick children
Facility type												
District and upazila public facilities	**43.9**	**74.5**	**76.7**	**92.4**	**69.2**	**68.6**	**86.7**	**67.5**	**85.1**	**75.1**	**7.4**	**314**
DH	48.4	83.9	82.3	90.3	64.5	74.2	98.4	32.3	85.5	30.6	6.9	62
MCWC	9.4	52.7	65.1	87.2	47.6	6.2	24.6	86.3	85.4	95.8	5.6	95
UHC	51.2	78.2	78.6	93.9	74.9	82.2	99.3	68.3	84.9	76.9	7.9	157
Union level public facilities	**17.9**	**44.8**	**50.0**	**75.7**	**49.9**	**13.7**	**37.3**	**79.8**	**83.7**	**83.7**	**5.4**	**413**
UHFWC	19.3	45.0	55.7	79.4	56.3	6.9	18.9	91.3	91.6	97.7	5.6	274
USC/RD	14.1	44.3	35.6	66.3	33.6	31.1	84.4	50.6	63.6	48.5	4.7	139
Community clinic (CC)	**17.0**	**52.2**	**42.7**	**77.9**	**70.4**	**80.9**	**98.5**	**92.7**	**95.3**	**94.8**	**7.2**	**460**
NGO static clinic/hospital	**33.1**	**53.0**	**66.1**	**99.2**	**62.8**	**58.9**	**86.4**	**29.6**	**63.0**	**51.1**	**6.0**	**109**
Private hospital	**4.8**	**15.9**	**68.8**	**94.6**	**10.4**	**47.0**	**65.8**	**23.9**	**51.9**	**48.0**	**4.3**	**110**
Location												
Urban	15.5	31.6	66.4	93.7	29.4	51.6	73.4	32.6	59.1	53.9	5.1	418
Rural	17.6	50.8	45.3	77.7	65.4	65.0	83.7	89.2	92.4	91.8	6.8	988
Division												
Barishal	26.4	65.0	43.0	78.3	69.3	61.2	86.3	87.7	92.9	86.9	7.0	134
Chattogram	20.4	49.4	48.7	83.9	69.3	65.7	86.7	80.1	90.3	88.0	6.8	236
Dhaka	18.5	42.9	45.0	78.8	58.8	64.1	80.9	78.2	89.5	86.2	6.4	235
Khulna	9.9	57.8	42.6	81.9	73.0	58.2	79.0	85.4	91.2	89.8	6.7	176
Rajshahi	14.9	41.6	64.5	84.5	41.8	58.1	78.6	79.9	83.2	85.0	6.3	198
Rangpur	14.5	48.6	40.0	72.2	61.3	63.9	83.4	86.8	86.5	88.0	6.5	169
Sylhet	17.0	34.8	59.6	84.0	70.3	67.1	81.4	88.2	87.6	93.4	6.8	118
Mymensingh	18.5	56.4	35.5	67.5	53.3	72.0	84.9	88.0	89.9	87.2	6.5	140
Total	17.3	48.7	47.6	79.5	61.4	63.5	82.6	82.9	88.7	87.6	6.6	1,406
Total excluding CCs	18.0	41.3	57.5	82.7	43.4	28.5	50.8	63.4	75.5	73.2	5.3	946
Total public	18.1	51.3	45.5	77.9	65.6	64.9	83.9	88.9	92.3	91.6	6.8	1,187
Total public excluding CCs	21.0	48.7	53.3	77.7	52.3	20.4	43.3	78.3	83.9	82.8	5.6	727

Note: ORS = oral rehydration solution.

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

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

[3] Average readiness score is the average number of items (out of 10 items) available for providing outpatient curative care for sick children.

Family Planning Services

5 FAMILY PLANNING SERVICES

Key Findings

- The modern family planning services **(with or without stock)** are universally provided by all types of health facilities except USC/RDs (54%) and private hospitals (29%) **(Figure 5.1a).**
- However, modern family planning services (with stock) are available in 76% of DHs, 85% of MCWCs, 94% of UHCs, 92% of UHFWCs, 42% of USC/RDs, 74% of CCs, 56% of NGO clinics, and 10% of private hospitals **(Figure 5.1b).**
- Between 2017 and 2022, there has been an increase in the availability of LARC/PM in DHs (66% to 69%) **(Table 5.2** and **Figure 5.2).**
- Between 2017 and 2022, there has been an increase in the availability of male or female sterilization in DHs (47% to 48%), UHCs (70% to 75%), and NGO facilities (11% to 16%), whereas it has decreased in private facilities and MCWCs **(Table 5.2** and **Figure 5.3).**
- Most (96%) of the private facilities did not have FP guidelines at the facility. The overall availability of FP guidelines in total public health facilities excluding CCs was 70% in 2022 BHFS **(Table 5.5** and **Figure 5.4).**
- Over half (60%) of the total public facilities offering FP services had staff with in-service FP training at any time before the survey. Availability of trained staff for FP has increased across all facility types except UHCs, UHFWCs, and NGO facilities in the last five years **(Table 5.5** and **Figure 5.5).**
- The availability of blood pressure apparatus in UHCs was highest among public facilities in 2022, which was increased from 94% to 98% over the last five years. However, in 2022, the availability of blood pressure apparatus in private facilities is 100% **(Table 5.5** and **Figure 5.6).**
- The availability of oral pills is higher in the public facilities excluding CCs, in 2022 compared to 2017. However, in 2022, the availability of oral pills in DHs is 84% and in private facilities is 36% **(Table 5.5** and **Figure 5.7).**
- Availability of injectables among public facilities that provide the method is higher in 2022 compared to 2017. However, the availability of male condoms in public facilities has decreased notably in 2022 **(Table 5.5** and **Figure 5.8-5.9).**
- Overall, there has been an improvement in the average readiness score to provide FP services among public health facilities excluding CCs between the 2017 BHFS and the 2022 BHFS. The average readiness score in UHCs (7.5) and MCWCs (7.2) is higher compared to other facility types **(Figure 5.12).**

5.1 AVAILABILITY OF FAMILY PLANNING SERVICES

The 2022 BHFS obtained information on the availability of family planning (FP) services. The availability of modern FP services is defined as: A facility is said to provide family planning services if the facility reports to provide any of the followings: oral pills including emergency contraceptive pills, injectables, condoms, IUDs, implants, male or female sterilization.

5.1.1 Modern FP Method Services

- The modern family planning services (with or without stock) is universally provided by all types of health facilities except USC/RDs (54%) and private hospitals (29%).
- However, modern family planning services (with stock) is available in 76% of DHs, 85% of MCWCs, 94% of UHCs, 92% of UHFWCs, 42% of USC/RDs, 74% of CCs, 56% of NGO clinics, and 10% of private hospitals.
- Although the availability of modern FP services has increased in DHs, it has substantially decreased in USC/RDs between 2017 and 2022. Moreover, the availability has also decreased in private facilities (more than two folds) between 2017 and 2022.

(Figure 5.1a and **Figure 5.1b)**

Figure 5.1a **Facilities providing modern FP methods and services with/without stock**

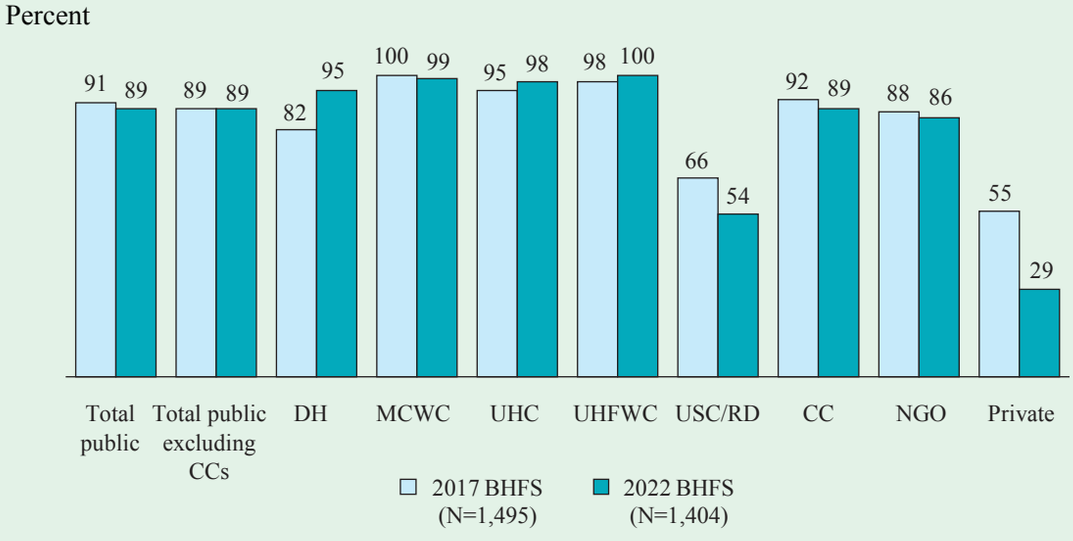
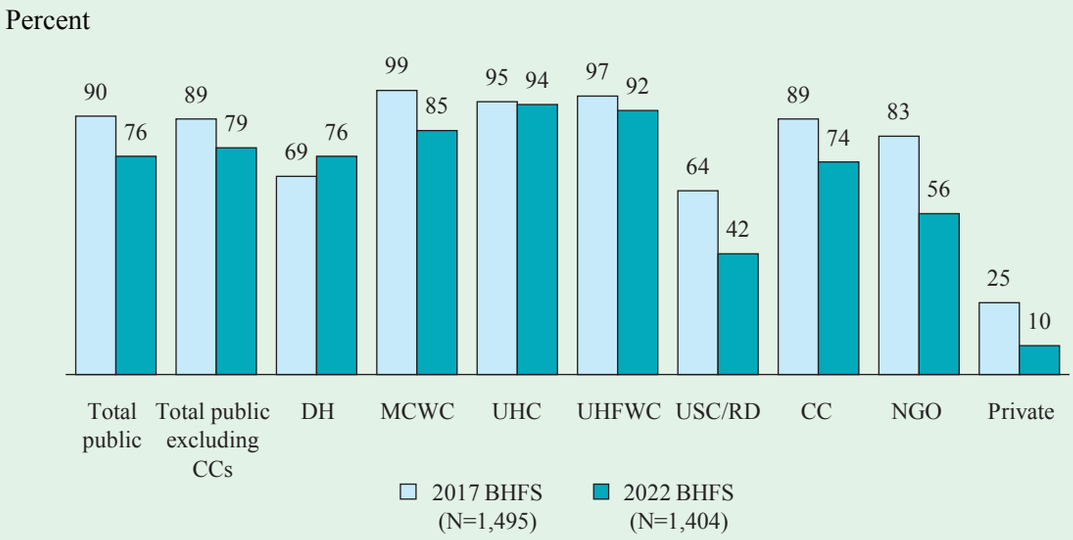


Figure 5.1b **Facilities providing modern FP methods and services with stock**

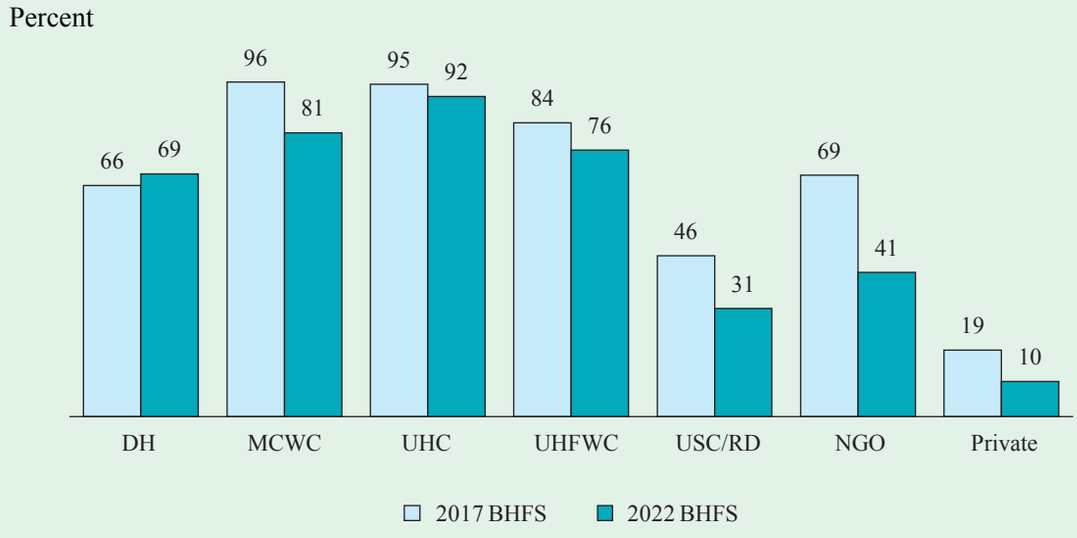


5.1.2 Availability of Any Long-acting, Reversible Contraceptives (LARC)

- Between 2017 and 2022, availability of LARC/PM decreased among all types of facilities, except the DHs.
- Almost one in five public facilities in Bangladesh provides any LARC or PM, that is, IUCDs, implants, male or female sterilization.

(Table 5.2 and **Figure 5.2)**

Figure 5.2 **Percentage of facilities providing LARC/PM**

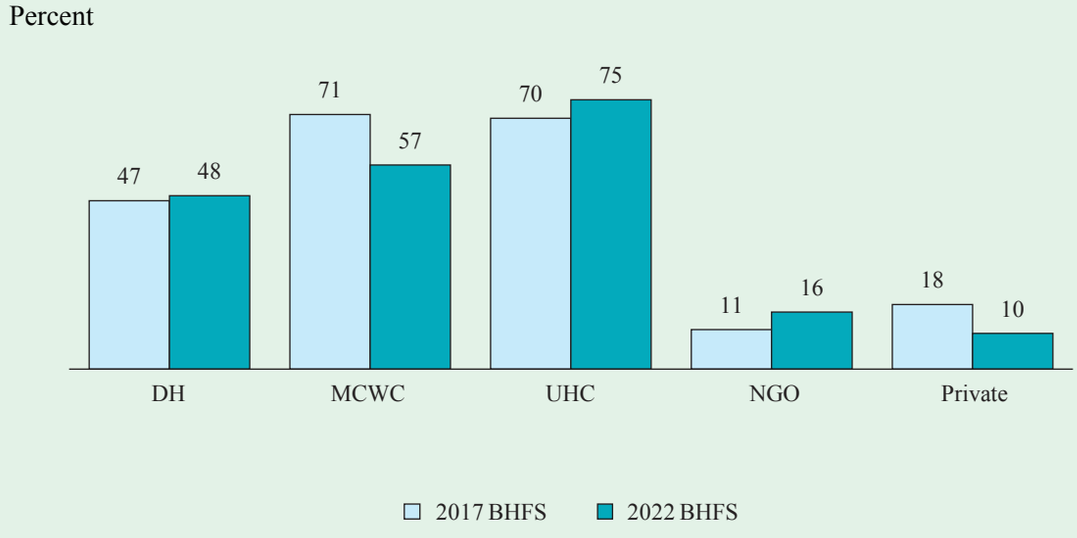


5.1.3 Male or Female Sterilization Services

- Around half of DHs (48%) and MCWCs (57%) provide male and female sterilization services. It is 75% in UHCs.
- Only 10% of the private hospitals provide male and female sterilization services.
- Between 2017 and 2022, there has been an increase in the availability of sterilization in UHCs, and NGO facilities. However, it decreased from 18% in 2017 to 10% in 2022 in private hospitals.

(Table 5.2 and **Figure 5.3)**

Figure 5.3 **Facilities providing male or female sterilization services**



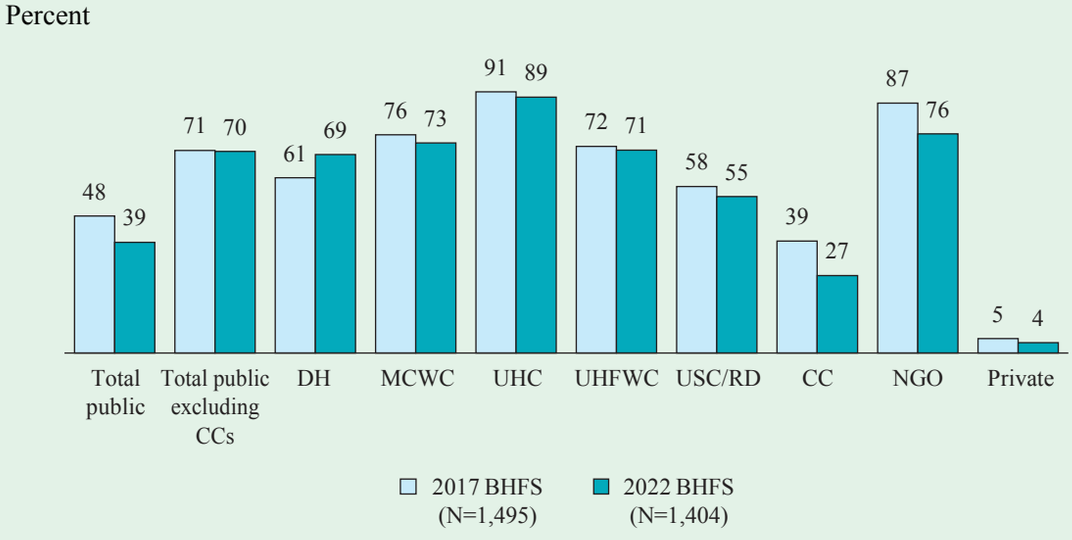
5.2 AVAILABILITY OF FP COMMODITIES ON THE DAY OF ASSESSMENT

Stockouts of FP methods can put a woman at risk of unintended pregnancy. To obtain information on stockouts, the 2022 BHFS assessed the availability of FP methods, equipment, and trained staff that the facility reported providing on the day of survey.

- Thirty-nine percent of the public health facilities providing FP had guidelines available on the day of the survey. UHCs are most likely (9 out of 10) and private facilities are least likely (1 out of 25) to have FP guidelines available in the facility.
- Overall, the availability of FP guidelines in public facilities decreased from 48% to 39% between 2022 and 2017, mainly due to a decrease in the availability of guidelines in CCs and NGO facilities. However, the availability of FP guidelines has increased in DHs by 8 percentage points in the last five years.

  (Table 5.5 and **Figure 5.4)**

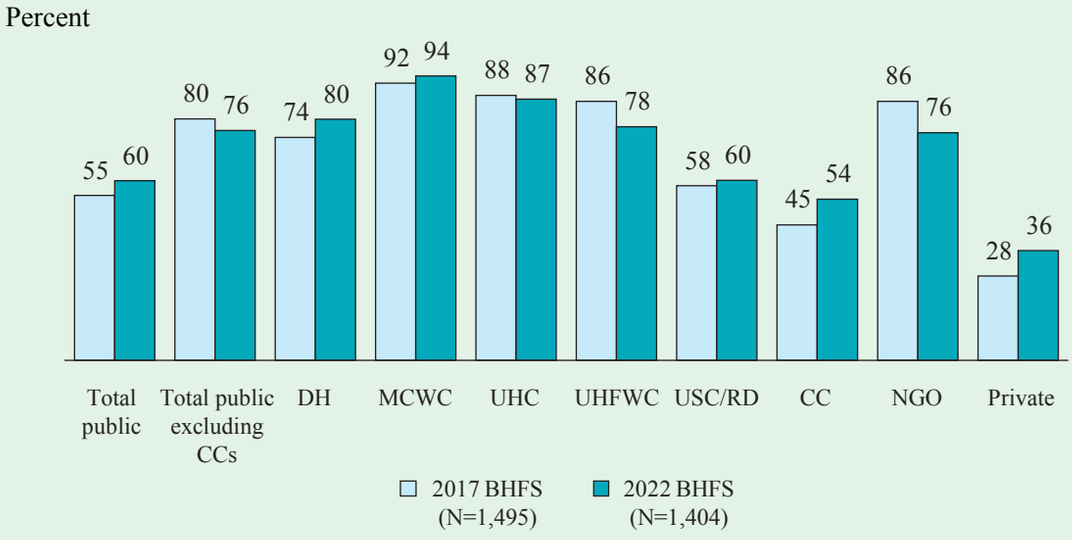
Figure 5.4 **Availability of FP guidelines in health facilities**



- Nearly 6 out of 10 public facilities that offer FP had staff with in-service FP training at any time before the survey. Private facilities are least likely to have staff trained for FP (36%).
- Availability of trained staff for FP has increased in the last five years except UHCs, UHFWCs, and NGO facilities.

  (Table 5.5 and **Figure 5.5)**

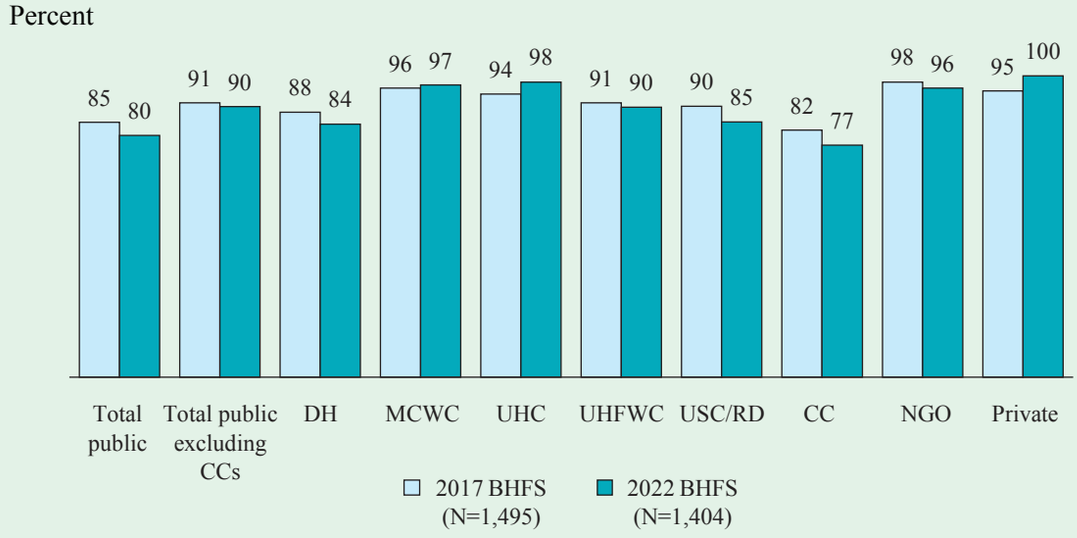
Figure 5.5 **Availability of staff trained for FP anytime in health facilities**



- All private facilities have blood pressure apparatus available on the day of the survey. However, the availability of blood pressure apparatus has decreased in CCs by 5 percentage points in the last five years.
- Overall, the availability of blood pressure apparatus has decreased in the last five years, except MCWCs, UHCs, and private facilities. There is a decrement of 5 percentage points in the proportion of total public health facilities having blood pressure apparatus between 2017 and 2022, due to decreased availability of blood pressure apparatus in CCs.

(Table 5.5 and **Figure 5.6)**

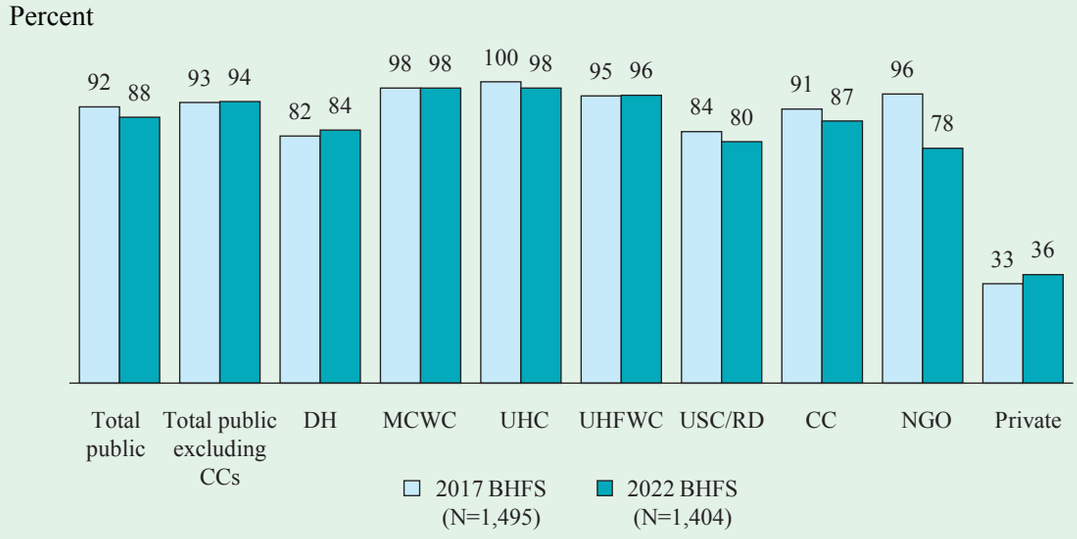
Figure 5.6 **Availability of functioning blood pressure apparatus in health facilities, by facility type**



- Eighty-eight percent of public health facilities offering FP services had oral pills on the day of the 2022 survey.
- Between 2017 and 2022, there has been an increase in the availability of oral pills in DHs and private facilities. Along with this, availability of oral pills in MCWCs remain unchanged in the last 5 years.
- Among NGO facilities, availability of oral pills has decreased remarkably in the last 5 years by 18 percentage points.

(Table 5.5 and **Figure 5.7)**

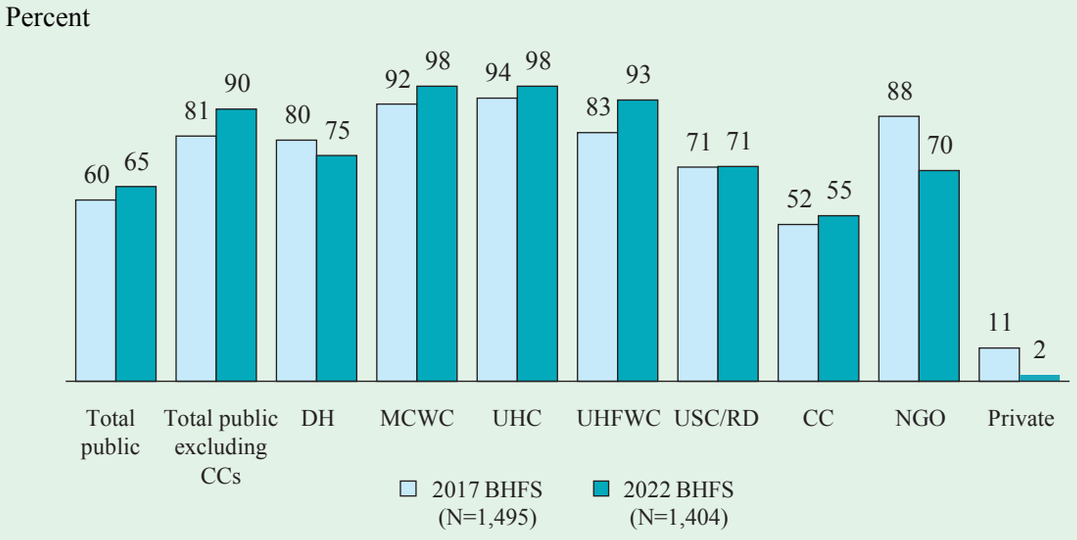
Figure 5.7 **Availability of oral pills in health facilities, by facility type**



- Availability of injectables is highest in MCWCs and UHCs (both 98%). However, only 2% of the private facilities offering any modern family planning services had injectables on site.
- Between 2017 and 2022, there has been an improvement from 60% to 65% in the availability of progestin only injectables among public health facilities.

(Table 5.5 and **Figure 5.8)**

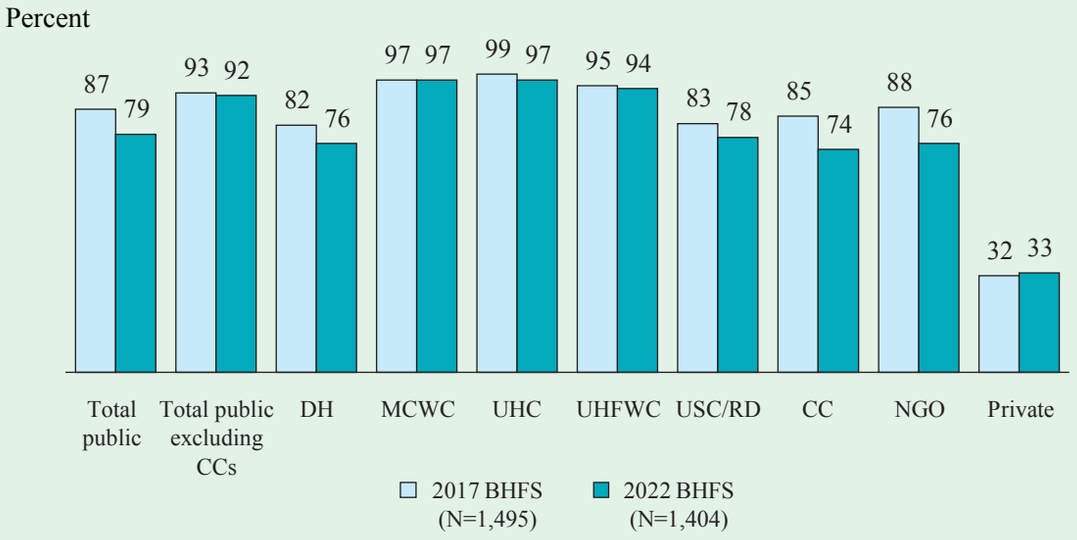
Figure 5.8 **Availability of injectables in health facilities, by facility type**



- The availability of male condoms was 92% on the day of visit in total public facilities excluding CCs.
- More than nine out of ten MCWCs, UHCs, and UHFWCs offering any modern family planning methods reported having condoms on the day of visit.

(Table 5.5 and **Figure 5.9)**

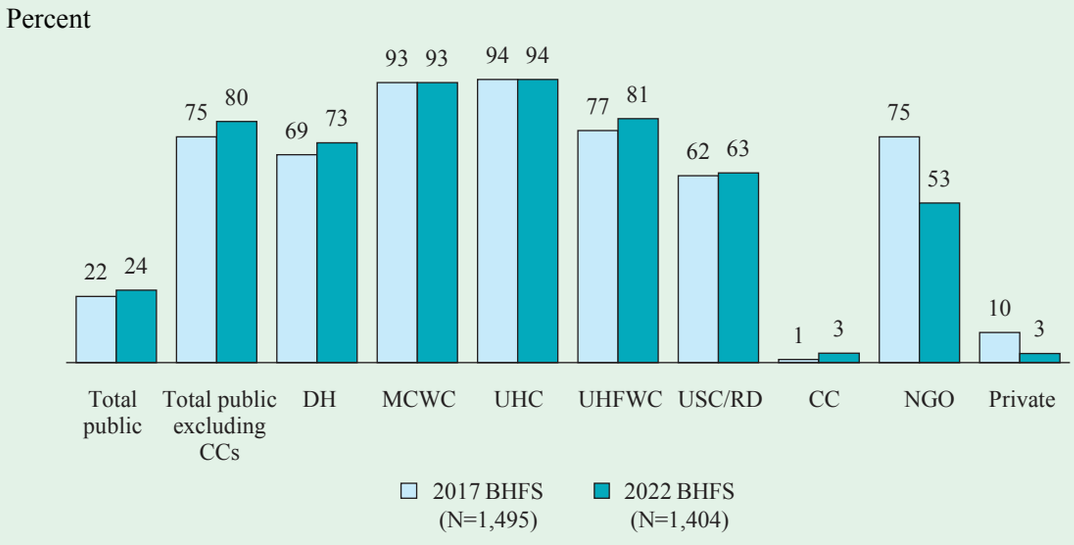
Figure 5.9 **Availability of male condoms in health facilities, by facility type**



- Eighty percent of public health facilities excluding CCs have IUDs available in 2022, an increase from 75% in 2017. CCs and private facilities are least likely to have IUDs available for contraception (both 3%).
- More than nine out of ten UHCs (94%), and MCWCs (93%) had IUDs available on the day of visit.

(Table 5.5 and **Figure 5.10)**

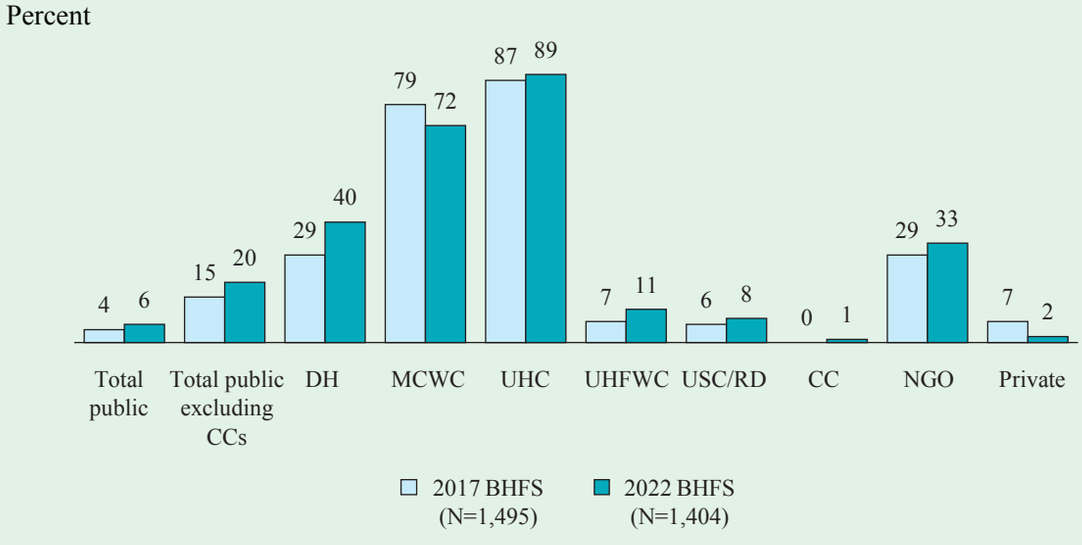
Figure 5.10 **Availability of IUD in health facilities, by facility type**



- Twenty percent of public health facilities excluding CCs have implants available in 2022, an increase from 15% in 2017. In the last five years, the availability of implants has increased in all types of facilities except MCWCs and private facilities.
- The availability of implants has increased from 29% to 40% among DHs from 2017 to 2022.

(Table 5.5 and **Figure 5.11)**

Figure 5.11 **Availability of Implant in health facilities, by facility type**



5.3 READINESS OF HEALTH FACILITIES TO PROVIDE FAMILY PLANNING SERVICES

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

- **Trained staff:**

  -At least one staff person who ever received in-service FP training

- **Guidelines:**

  -National or any other FP guidelines

- **Equipment:**

  -Blood pressure apparatus

- **Commodities:**

  -Oral pills

  -Injectables

  -Condoms

  -IUD

  -Implant

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

- The average readiness score for providing family planning services has slightly increased in total public health facilities excluding CCs from 6.2 in 2017 to 6.4 in 2022.
- MCWCs (7.2) and UHCs (7.5) have a maximum average score for FP services in the 2022 BHFS. However, private facilities have around two items on average.

(Table 5.5 and **Figure 5.12)**

Figure 5.12 **Average readiness score of health facilities (out of 8 items) to provide FP services, by facility type**

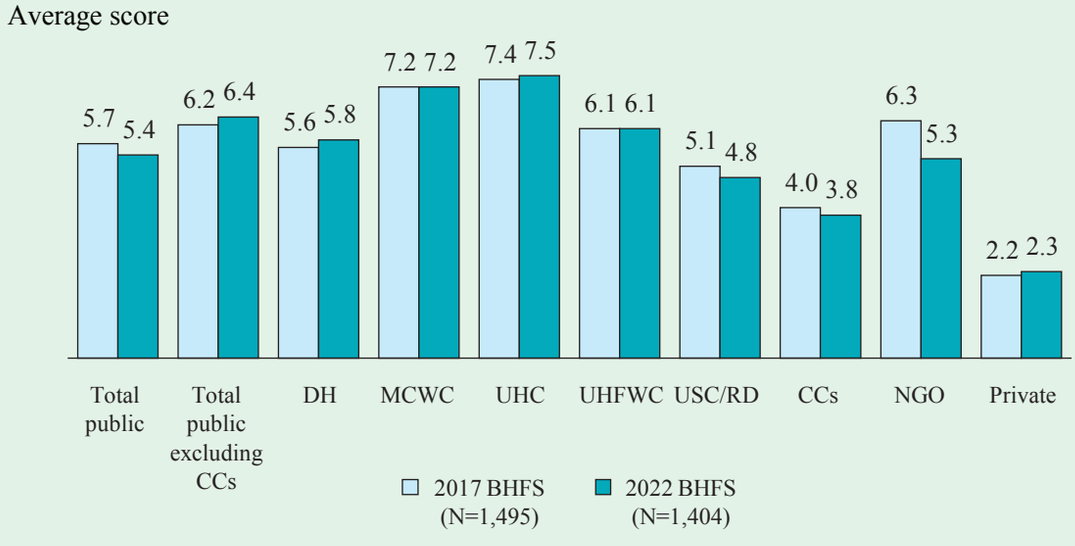


Table 5.1 Availability of family planning services

Among all facilities, the percentages that provide, prescribe, or counsel clients on methods of family planning by background characteristics, the 2022 BHFS

Background characteristic	Methods of family planning (FP)				Number of facilities
	Percentage offering any modern FP (including an emergency contraceptive)[1]	Percentage offering any long-acting and permanent methods[2]	Percentage offering male or female sterilization[3]	Percentage offering postpartum FP services[4]	
Facility type					
District and upazila public facilities	**92.8**	**90.8**	**79.6**	**98.8**	**319**
DH	88.7	80.6	71.0	96.8	62
MCWC	87.1	85.1	68.9	97.9	100
UHC	94.8	93.7	83.5	99.3	157
Union level public facilities	**83.3**	**76.4**	**-**	**89.4**	**434**
UHFWC	95.7	88.4	-	98.9	293
USC/RD	50.3	44.5	-	64.2	141
Community clinic (CC)	**81.9**	**32.7***	**-**	**89.4**	**488**
NGO static clinic/hospital	**71.1**	**62.2**	**39.9**	**89.9**	**127**
Private hospital	**24.1**	**22.7**	**16.9**	**47.1**	**189**
Location					
Urban	37.0	34.5	26.2	58.7	514
Rural	82.3	43.7	27.6	89.3	1043
Division					
Barishal	81.9	45.9	32.3	90.6	152
Chattogram	80.9	37.0	21.7	88.0	244
Dhaka	69.6	34.4	21.6	80.3	264
Khulna	70.2	40.9	25.1	83.4	208
Rajshahi	75.2	55.1	34.8	85.3	212
Rangpur	78.7	50.9	40.7	86.9	190
Sylhet	72.7	36.6	22.1	76.1	136
Mymensingh	78.6	43.4	26.0	87.0	151
Total	75.5	42.3	27.4	84.7	1557
Total excluding CCs	64.1	59.3	28.5	76.4	1069
Total public	82.6	44.6	28.6	89.7	1241
Total public excluding CCs	84.4	78.1	33.6	90.5	753

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

* Among long acting and permanent methods, community clinics only provide injectables.

[1] Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (progestin-only), one-rod implant, two-rod implant (zadell), IUCDs, male condoms, female sterilization (tubal ligation) or male sterilization (vasectomy), and emergency contraceptive.

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

[3] Providers in the facility perform male or female sterilization or counsel clients on male or female sterilization.

[4] Facility provides, prescribes, or counsel clients with postpartum family planning (PPFP) services.

Table 5.2 Methods of family planning provided

Among all facilities, the percentages that provide clients with specific modern family planning methods by background characteristics, the 2022 BHFS

Background characteristic	Methods of family planning (FP)			Number of facilities
	Percentage that provide any modern FP (including an emergency contraceptive) [1]	Percentage that provide any long-acting and permanent methods[2]	Percentage that provide male or female sterilization[3]	
Facility type				
District and upazila public facilities	**90.4**	**87.3**	**69.1**	**319**
DH	75.8	69.4	48.4	62
MCWC	85.0	81.1	56.9	100
UHC	93.9	91.5	75.1	157
Union level public facilities	**77.8**	**63.8**	**-**	**434**
UHFWC	91.5	76.2	-	293
USC/RD	41.5	30.9	-	141
Community clinic (CC)	**74.4**	**0.9***	**-**	**488**
NGO static clinic/hospital	**55.8**	**41.2**	**15.9**	**127**
Private hospital	**10.3**	**10.0**	**10.0**	**189**
Location				
Urban	25.1	21.9	17.3	514
Rural	75.2	16.8	1.6	1043
Division				
Barishal	79.3	18.6	2.7	152
Chattogram	71.0	20.4	5.5	244
Dhaka	63.0	18.3	5.0	264
Khulna	63.8	16.9	3.1	208
Rajshahi	59.8	14.4	2.6	212
Rangpur	72.4	15.5	3.3	190
Sylhet	70.9	19.5	5.3	136
Mymensingh	70.9	16.2	2.9	151
Total	67.6	17.6	4.0	1557
Total excluding CCs	55.7	46.9	11.0	1069
Total public	75.7	18.1	2.9	1241
Total public excluding CCs	79.3	66.6	11.1	753

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

* Among long acting and permanent methods, community clinics only provide injectables.

[1] Facility provides any of the following: contraceptive pills (combined or progestin-only), injectables (progestin-only), one-rod implant, two-rod implant (zadell), IUCDs, male condoms, female sterilization (tubal ligation), or male sterilization (vasectomy), and emergency contraceptive.

[2] Facility provides any of the following long-term and permanent methods of family planning: one-rod implant, two-rod implant, intrauterine contraceptive devices (IUCDs), female sterilization (tubal ligation), or male sterilization (vasectomy).

[3] Providers in the facility perform male or female sterilization.

Table 5.3 Availability of family planning commodities

Among facilities that provide[1] the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by background characteristics, the 2022 BHFS

Background characteristic	Combined or progestin only oral pills	Progestin-only injectable	Male condom	Intrauterine contraceptive device	Implant (one rod or two rod)
Facility type					
District and upazila public facilities	**98.8**	**98.1**	**97.8**	**97.4**	**95.9**
DH	97.8	89.1	95.5	88.4	82.6
MCWC	100.0	100.0	98.8	98.8	93.6
UHC	98.7	98.7	97.8	98.1	97.2
Union level public facilities	**98.4**	**96.6**	**97.8**	**96.2**	**73.2**
UHFWC	98.9	97.6	98.2	96.4	75.5
USC/RD	95.1	90.6	94.9	94.6	64.1
Community clinic (CC)	**95.7**	**79.1**	**87.0**	**46.5**	**-**
NGO static clinic/hospital	**97.2**	**94.8**	**97.8**	**91.3**	**85.8**
Private hospital	**100.0**	**19.2**	**95.9**	**34.2**	**30.4**
Location					
Urban	99.6	92.0	98.6	91.4	87.5
Rural	96.4	84.5	89.8	94.5	73.7
Division					
Barishal	98.9	96.7	88.0	92.3	98.0
Chattogram	93.9	90.2	93.6	98.7	91.2
Dhaka	94.8	86.9	92.1	92.9	69.7
Khulna	99.7	80.4	93.3	93.5	77.5
Rajshahi	99.3	79.8	92.2	93.0	98.7
Rangpur	94.7	82.3	81.2	96.5	83.4
Sylhet	97.5	83.0	91.6	96.9	76.9
Mymensingh	97.3	77.9	85.7	83.4	45.2
Total	96.5	84.9	90.2	94.0	79.3
Total excluding CCs	98.4	95.7	97.7	95.5	83.4
Total public	96.5	85.0	90.0	94.8	80.3
Total public excluding CCs	98.4	96.8	97.8	96.3	85.1

Note: The denominators for each characteristic method combination are different and are not shown in the table.

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

The combined oral contraceptive pills, injectable contraceptives, and male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012). Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid, that is, within expiration date.

[1] The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

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

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

Background characteristic	Percentage of facilities offering any modern family planning and having:			Equipment							Number of facilities offering any modern family planning methods
	Guidelines on family planning[1]	Staff trained in family planning during past 24 months[2]	Staff trained in family planning at any time[2]	Blood pressure apparatus[3]	Examination light	Examination bed or couch	Samples of family planning methods	Pelvic model for IUCD[4]	Model for showing condom use	Other family planning specific visual aid[5]	
Facility type											
District and upazila public facilities	**84.5**	**40.8**	**87.2**	**96.6**	**81.1**	**92.6**	**84.5**	**66.3**	**72.2**	**89.5**	**291**
DH	69.1	40.0	80.0	83.6	58.2	85.5	61.8	20.0	29.1	80.0	55
MCWC	73.2	58.6	94.4	96.6	70.0	89.7	82.5	71.3	74.4	87.2	87
UHC	89.1	37.0	86.7	98.3	86.7	94.3	88.0	71.6	77.6	91.3	149
Union level public facilities	**68.0**	**24.9**	**74.7**	**88.7**	**66.5**	**84.1**	**65.4**	**52.1**	**50.1**	**68.8**	**349**
UHFWC	70.7	26.4	77.6	89.6	66.3	87.0	67.2	54.0	52.8	71.3	279
USC/RD	54.5	16.9	59.7	84.7	67.4	69.5	56.2	42.4	36.8	56.4	70
Community clinic (CC)	**27.0**	**16.2**	**53.5**	**76.8**	**46.4**	**64.3**	**17.0**	**3.3**	**5.1**	**31.0**	**399**
NGO static clinic/hospital	**76.3**	**42.4**	**75.6**	**96.3**	**88.4**	**87.6**	**69.8**	**56.9**	**59.4**	**83.4**	**87**
Private hospital	**3.6**	**17.5**	**36.4**	**100.0**	**88.3**	**96.1**	**19.5**	**4.5**	**0.8**	**11.0**	**48**
Location											
Urban	38.9	27.7	58.4	98.4	87.0	91.3	47.0	30.4	31.9	50.7	317
Rural	37.8	18.7	59.0	79.9	51.7	69.5	29.5	16.0	16.8	40.6	857
Division											
Barishal	28.9	13.5	48.7	72.0	38.3	63.7	28.9	11.1	11.1	36.9	119
Chattogram	40.6	25.1	65.6	82.5	58.8	64.2	33.3	19.8	15.1	43.9	201
Dhaka	44.5	24.1	60.7	85.8	64.9	69.0	34.7	21.4	25.9	40.5	193
Khulna	32.6	13.3	54.8	79.0	46.3	78.2	23.5	14.0	13.9	39.9	153
Rajshahi	40.2	12.4	55.6	80.5	57.4	80.9	23.5	11.4	12.1	42.0	158
Rangpur	32.5	17.2	58.7	76.0	48.5	77.4	34.7	18.4	22.0	42.0	139
Sylhet	40.9	19.2	62.1	90.9	63.5	74.7	44.6	20.2	23.3	43.8	101
Mymensingh	34.4	24.8	59.0	82.7	43.0	60.1	24.8	15.5	18.7	39.7	110
Total	37.9	19.4	59.0	81.3	54.3	71.1	30.8	17.0	17.9	41.4	1174
Total excluding CCs	62.4	26.7	76.2	91.4	71.9	86.7	62.1	48.1	47.0	64.8	775
Total public	38.5	19.0	59.6	80.3	52.3	69.9	30.6	16.8	17.9	41.8	1039
Total public excluding CCs	70.2	27.0	76.3	89.8	68.4	85.2	67.9	53.9	53.0	71.5	640

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

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

[2] The facility had at least one interviewed staff member providing the service who reports in-service training in some aspect of family planning. The training must involve structured sessions and does not include individual instruction that a provider might have received during routine supervision.

[3] A functioning digital blood pressure apparatus or a manual sphygmomanometer with a stethoscope.

[4] IUCD = intrauterine contraceptive device.

[5] Flip charts or leaflets.

Table 5.5 Readiness of health facilities to provide family planning services

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

Background characteristic	Percentage of facilities offering any modern family planning and having:									Number of facilities offering any modern family planning methods
	Guidelines on family planning[1]	Staff trained in family planning any time[2]	Blood pressure apparatus[3]	Combined or progestin only oral pills	Progestin-only injectable	Male condom	Intrauterine contraceptive device	Implant (one rod or two rod)	Average readiness score (out of 8)[4]	
Facility type										
District and upazila public facilities	**84.5**	**87.2**	**96.6**	**96.3**	**95.4**	**94.7**	**91.7**	**81.5**	**7.1**	**291**
DH	69.1	80.0	83.6	83.6	74.5	76.4	72.7	40.0	5.8	55
MCWC	73.2	94.4	96.6	97.7	97.7	96.5	93.2	72.2	7.2	87
UHC	89.1	86.7	98.3	97.8	97.8	96.9	93.9	89.3	7.5	149
Union level public facilities	**68.0**	**74.7**	**88.7**	**93.1**	**89.7**	**91.5**	**78.1**	**10.3**	**5.8**	**349**
UHFWC	70.7	77.6	89.6	95.6	93.4	94.2	81.2	10.7	6.1	279
USC/RD	54.5	59.7	84.7	80.2	71.3	78.0	62.6	8.4	4.8	70
Community clinic (CC)	**27.0**	**53.5**	**76.8**	**86.5**	**55.2**	**74.3**	**3.1**	**0.5**	**3.8**	**399**
NGO clinic/hospital	**76.3**	**75.6**	**96.3**	**78.2**	**69.7**	**75.7**	**52.8**	**32.8**	**5.3**	**87**
Private hospital	**3.6**	**36.4**	**100.0**	**35.5**	**1.6**	**33.2**	**2.6**	**1.6**	**2.3**	**48**
Location										
Urban	38.9	58.4	98.4	64.3	46.5	62.1	40.4	30.6	6.0	317
Rural	37.8	59.0	79.9	87.9	63.6	78.4	22.0	3.9	5.0	857
Division										
Barishal	28.9	48.7	72.0	94.3	76.7	77.1	25.0	3.7	5.3	119
Chattogram	40.6	65.6	82.5	83.6	62.7	80.3	23.6	9.3	5.4	201
Dhaka	44.5	60.7	85.8	86.1	62.9	81.1	26.9	8.3	5.5	193
Khulna	32.6	54.8	79.0	91.7	63.6	82.3	23.9	3.1	5.3	153
Rajshahi	40.2	55.6	80.5	79.0	56.1	68.4	20.8	4.3	5.1	158
Rangpur	32.5	58.7	76.0	85.7	60.1	69.9	19.3	3.6	5.0	139
Sylhet	40.9	62.1	90.9	90.6	62.0	87.9	29.7	7.9	5.5	101
Mymensingh	34.4	59.0	82.7	86.1	58.8	71.3	17.8	3.1	4.9	110
Total	37.9	59.0	81.3	86.2	62.3	77.2	23.3	5.9	5.3	1174
Total excluding CCs	62.4	71.4	91.4	85.6	78.4	83.8	68.9	18.1	6.0	775
Total public	38.5	59.6	80.3	88.3	64.6	79.0	23.6	5.6	5.4	1039
Total public excluding CCs	70.2	76.3	89.8	93.5	90.4	91.9	79.9	19.5	6.4	640

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

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

[2] The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning. The training must involve structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

[3] A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope.

[4] Average readiness score is the average number of items (out of 8 items) available for providing family planning services.

Antenatal Care Services

6 ANTENATAL CARE SERVICES

Key Findings

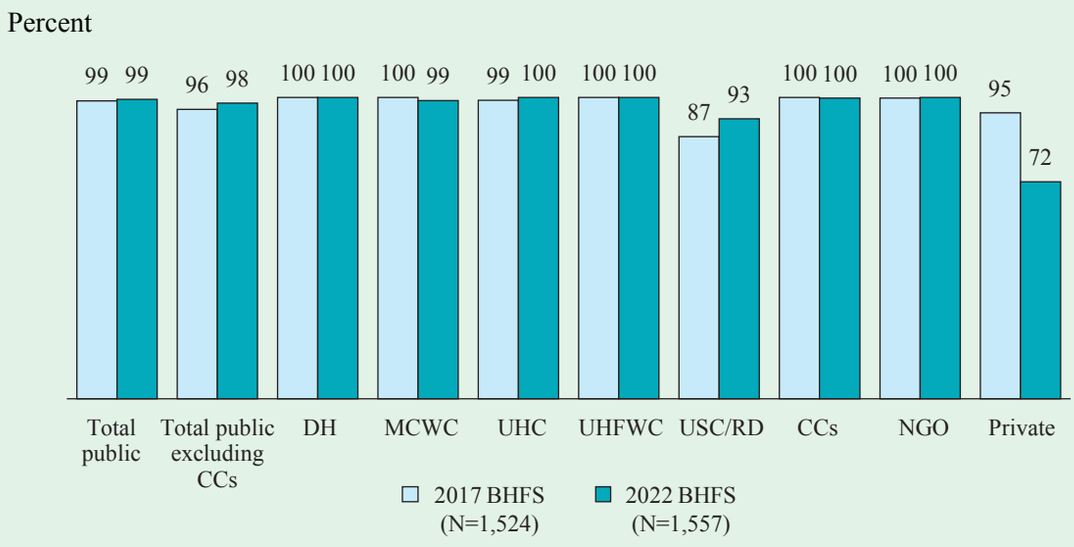
- The availability of ANC services is universal (99%) among public health facilities in the 2022 BHFS **(Table 6.1** and **Figure 6.1).**
- More than one-third of total public health facilities providing ANC services had guidelines available on the day of survey in 2022 BHFS. Sixty-seven percent of public facilities that offer ANC services had at least one staff member who had ever received in-service training related to ANC **(Table 6.2** and **Figure 6.2- 6.3).**
- Private facilities are least likely to have trained staff (29%) and ANC guidelines (10%) **(Table 6.2, 6.5** and **Figure 6.2- 6.3).**
- Between 2017 and 2022, total public facilities having trained staff for ANC increased from 55% to 67%. The availability of ANC guidelines decreased from 46% to 34% in public health facilities **(Figure 6.2** and **6.3).**
- Among the public health facilities offering ANC services, 91% had an adult stethoscope, 84% had blood pressure (BP) apparatus, and 84% had an adult weighing scale. Forty-one percent of total public health facilities had a measuring tape available on the day of survey **(Table 6.2** and **Figure 6.4-6.7).**
- Over the past five years, the availability of measuring tape has grown by 14 percentage points, rising from 34% to 48% in all public facilities excluding CCs. This notable improvement has been observed across DHs and UHCs **(Table 6.2** and **Figure 6.4).**
- The availability of urine protein test and urine glucose test is 12% among the public facilities offering ANC services. Moreover, hemoglobin testing capacity is 10% in public health facilities **(Table 6.3** and **Figure 6.8-6.10).**
- The availability of urine glucose test is higher in DHs (86%), NGO facilities (83%), private facilities (81%), and UHCs (80%). Overall, 39% of total public health facilities excluding CCs reported having a urine glucose test in 2022 **(Table 6.3** and **Figure 6.9).**
- The capacity for urine protein testing has doubled in UHFWCs and increased by 16 percentage points in MCWCs during the last five years. Moreover, hemoglobin testing capacity for antenatal care has increased by 8 percentage points in public health facilities excluding CCs, in the 2022 BHFS compared to the 2017 BHFS **(Table 6.3** and **Figure 6.8, 6.10).**
- The availability of iron or folic acid tablets for ANC is highest in MCWCs (99%) and UHFWCs (99%). However, the availability is relatively lower in private facilities (62%) **(Table 6.4** and **Figure 6.11).**
- Overall, the average readiness score of public health facilities providing ANC services remains unchanged between 2017 BHFS and 2022 BHFS. DHs, UHCs, and NGO facilities scored higher in comparison with other facility types **(Table 6.5** and **Figure 6.12).**

6.1 AVAILABILITY OF ANTENATAL CARE (ANC) SERVICES

- The availability of ANC services with is universal (99%) among public health facilities in the 2022 BHFS.
- Overall, the availability of ANC services in total public health facilities providing ANC services remained unchanged in the last five years, whereas there has been a sharp decline (95% to 72%) in the availability of ANC services in private facilities.

(Table 6.1 and **Figure 6.1)**

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

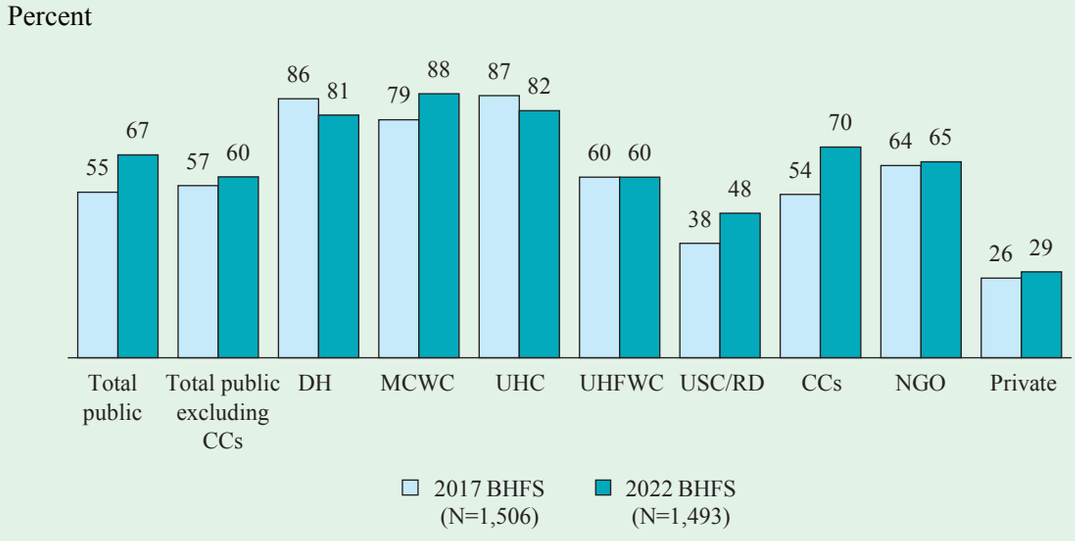


6.2 AVAILABILITY OF ANC GUIDELINES, TRAINED STAFF, AND EQUIPMENT

- Sixty-seven percent of public health facilities that offer ANC have at least one staff with in-service ANC training at any time, which has increased by 12 percentage points in the last five years. Overall, some increments are observed in most of the facilities having at least one trained staff between 2017 and 2022.

(Table 6.2 and **Figure 6.2)**

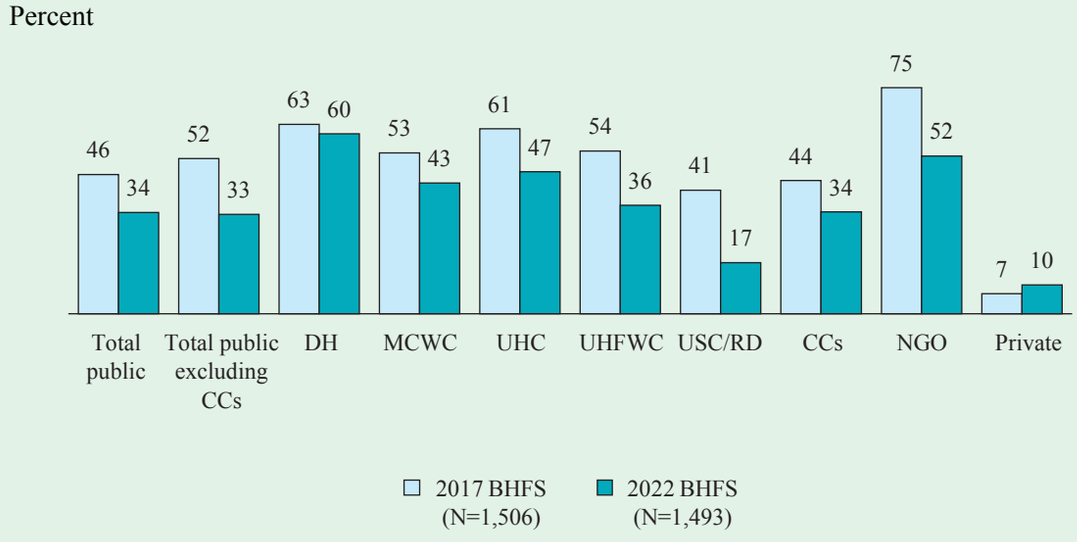
Figure 6.2 **Availability of staff trained for ANC anytime, by facility type**



- More than one-third of the public health facilities providing ANC had guidelines on ANC available on the day of the 2022 survey. DHs are most likely to have ANC guidelines (60%), while private facilities are least likely to have them (10%).
- The availability of ANC guidelines in public health facilities decreased from 46% to 34% between the 2017 BHFS and the 2022 BHFS. A notable decline was observed among all facilities except private facilities.

(Table 6.2 and **Figure 6.3)**

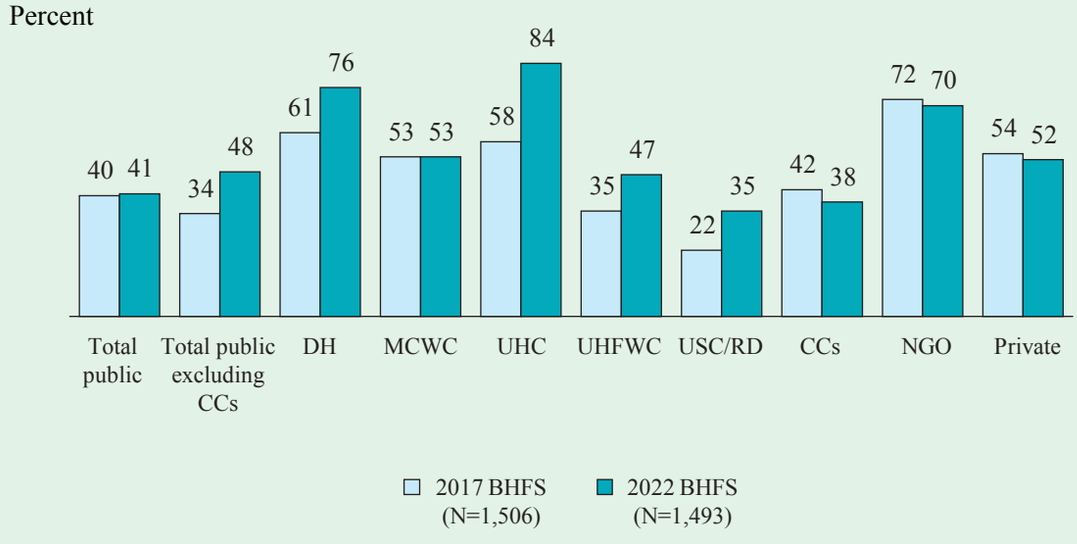
***Figure 6.3* Availability of ANC guidelines, by facility type**



- Between 2017 and 2022, the availability of measuring tape for providing antenatal care have increased from 34% to 48% among all public health facilities excluding CCs.
- The availability of measuring tape has sharply increased in UHCs (58% to 84%), DHs (61% to 76%), UHFWCs (35% to 47%), and USC/RDs (22% to 35%) from 2017 to 2022.

(Table 6.2 and **Figure 6.4)**

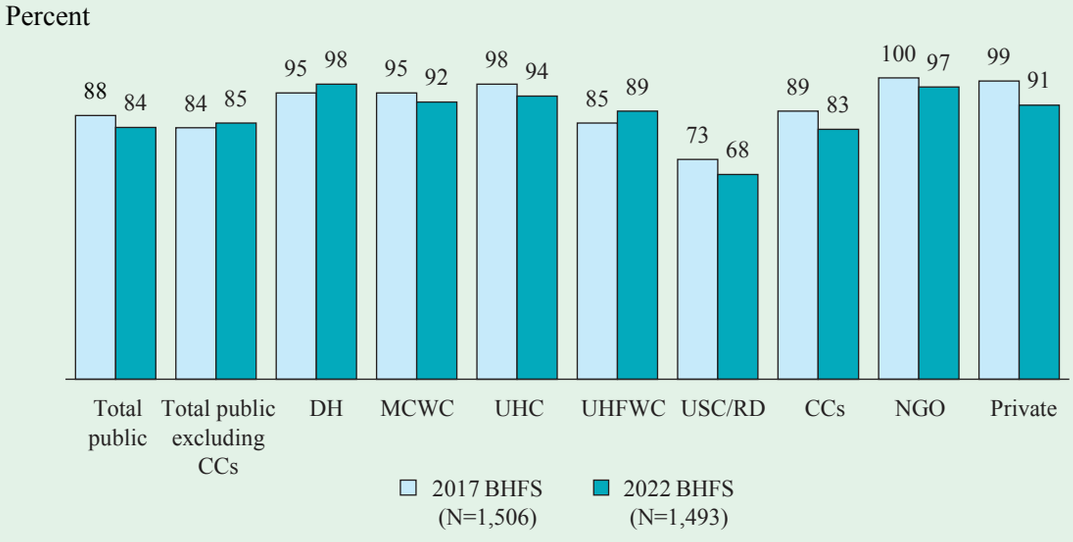
***Figure 6.4* Availability of measuring tape for ANC services, by facility type**



- The availability of adult weighing scale is more than ninety percent in DHs (98%), NGO facilities (97%), UHCs (94%), MCWCs (92%), and private facilities (91%).
- There is a slight increase in the availability of adult weighing scale among public health facilities excluding CCs over the last five years. However, availability of adult weighing scale has decreased in MCWCs, UHCs, USC/RDs, CCs, NGO and private facilities over the same period of time.

(Table 6.2 and **Figure 6.5)**

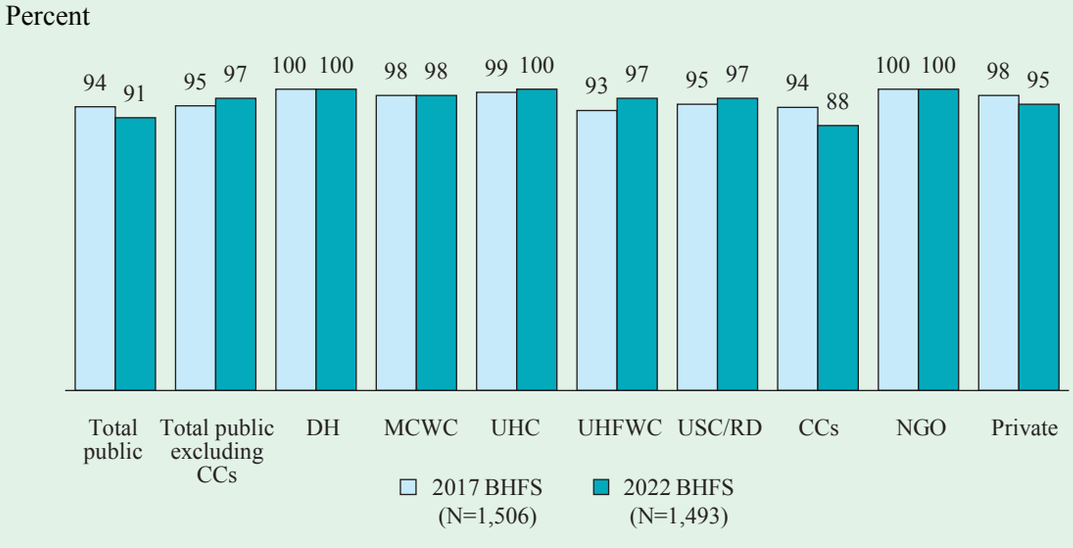
Figure 6.5 **Availability of functioning adult weighing scale for ANC services, by facility type**



- The availability of stethoscope for supporting ANC services is universal (100%) in DHs, UHCs, and NGO facilities.
- There has been an increase in total public health facilities excluding CCs, having available stethoscope from 95% to 97% in the last five years. This increment can be attributed to an increase in the availability of stethoscope among UHCs, UHFWCs, and USC/RDs.

(Table 6.2 and **Figure 6.6)**

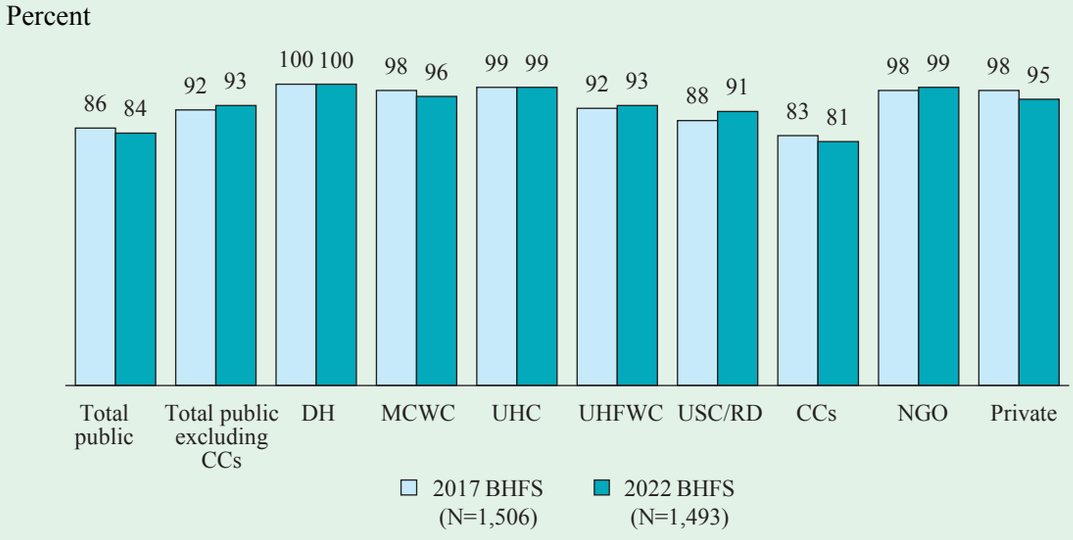
Figure 6.6 **Availability of functioning stethoscope for ANC services, by facility type**



- The availability of blood pressure apparatus is over 80% among all public health facilities in 2022. Blood pressure apparatus is available universally in DHs (100%), UHCs, and NGO facilities (both 99%).
- Eighty-one percent of the CCs reported having BP apparatus on the day of the survey, which is the lowest among all other facilities.

(Table 6.2 and **Figure 6.7)**

Figure 6.7 **Availability of functioning blood pressure (BP) apparatus for ANC services, by facility type**

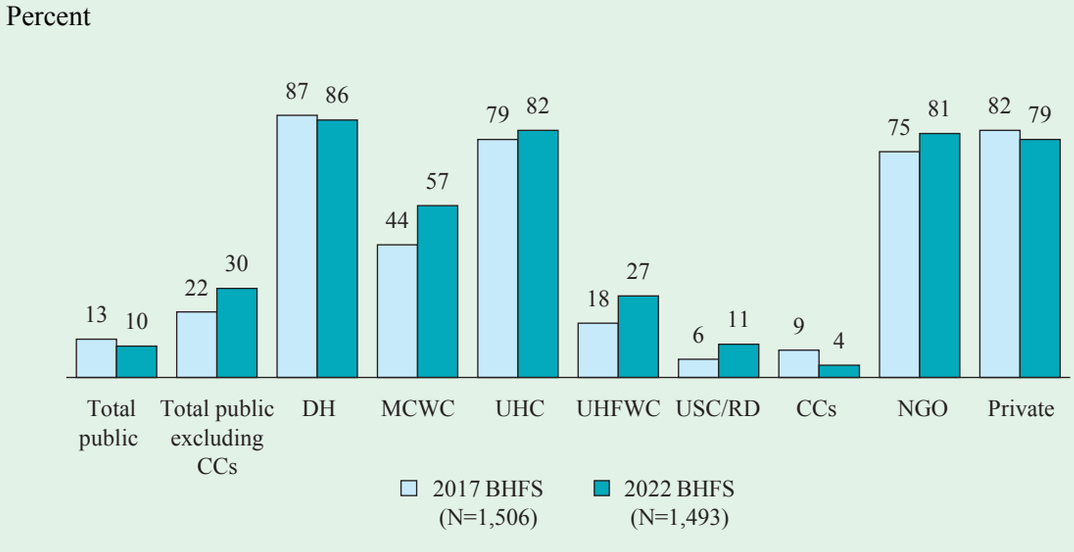


6.3 LABORATORY DIAGNOSTIC TESTS

- The availability of hemoglobin test for offering ANC is highest in DHs (86%) and lowest in CCs (4%). Total hemoglobin testing capacity has increased in total public health facilities excluding CCs in 2022.
- Most of the facilities showed an increase in the capacity to conduct hemoglobin test for ANC services, while it remained nearly unchanged in DHs (86%); and decreased in CCs (4%) and private facilities (79%).

(Table 6.3 and **Figure 6.8)**

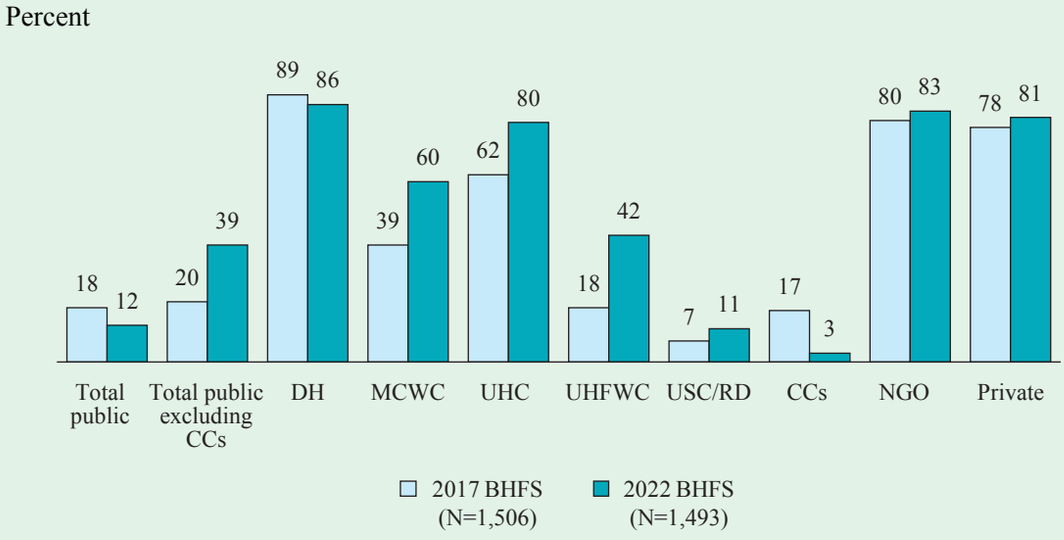
Figure 6.8 **Availability of blood hemoglobin (Hb) test in health facilities to provide ANC services, by facility type**



- The availability of urine glucose test is higher in DHs (86%), NGO facilities (83%), private facilities (81%), and UHCs (80%). Overall, 39% of total public health facilities excluding CCs reported having a urine glucose test in 2022.

  (Table 6.3 and **Figure 6.9)**

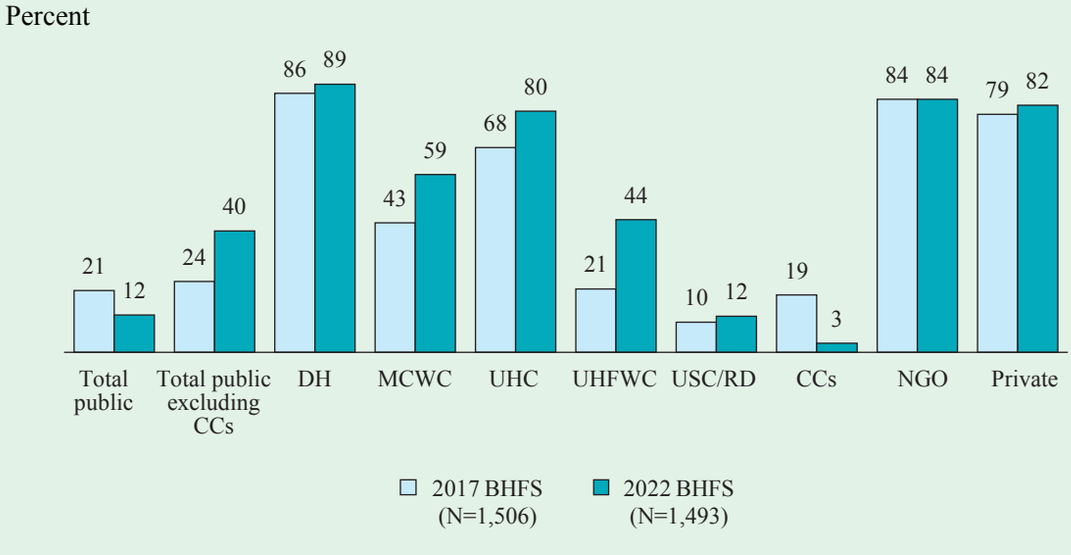
Figure 6.9 **Availability of urine glucose testing in health facilities to provide ANC services, by facility type**



- The availability of urine protein test is higher in DHs (89%), NGO facilities (84%), and private facilities (82%).
- The capacity for urine protein testing has doubled in UHFWCs and increased by 16 percentage points in MCWCs during the last five years, whereas it has dropped from 19% to 3% in CCs.
- Overall, 40% of total public health facilities excluding CCs reported having urine protein test in 2022, increasing from 24% in 2017.

  (Table 6.3 and **Figure 6.10)**

Figure 6.10 **Availability of urine protein testing in health facilities to provide ANC services, by facility type**

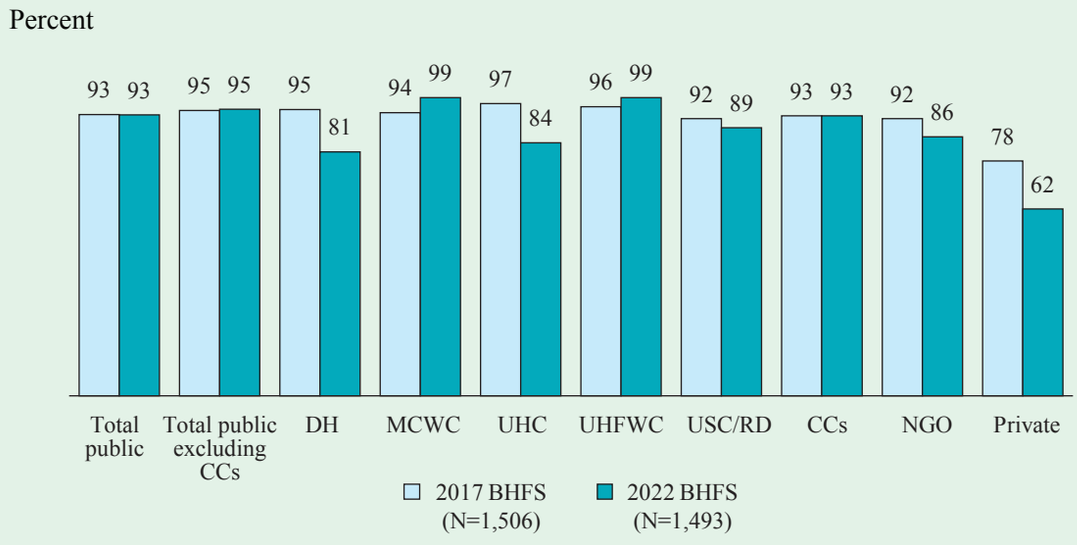


6.4 MEDICINES

- The availability of iron or folic acid tablets for ANC is highest in MCWCs (99%) and UHFWCs (99%). However, the availability is relatively lower in private facilities (62%).
- The availability of iron or folic acid tablets remained unchanged in total public health facilities on the day of survey in 2022 compared to 2017.

(Table 6.4 and **Figure 6.11)**

Figure 6.11 **Availability of iron or folic acid in health facilities to provide ANC services**



6.5 READINESS OF HEALTH FACILITIES TO PROVIDE ANC SERVICES

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

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

- **Trained staff:**

  -At least one provider ever received in-service ANC training
- **Guidelines:**

  -National or other ANC guidelines at the facility
- **Equipment:**

  -Blood pressure apparatus
- **Diagnostic capacity:**

  -Hemoglobin test

  -Urine protein test
- **Medicines:**

  -Iron or folic acid tablets

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

- The average readiness score is relatively higher in DHs (5.0), UHCs (4.7), and NGO facilities (4.6). The score is lowest in USC/RDs (2.7) and CCs (2.8).

(Table 6.5 and **Figure 6.12)**

Figure 6.12 **Average readiness score of health facilities (out of 6 items) to provide ANC services, by facility type**

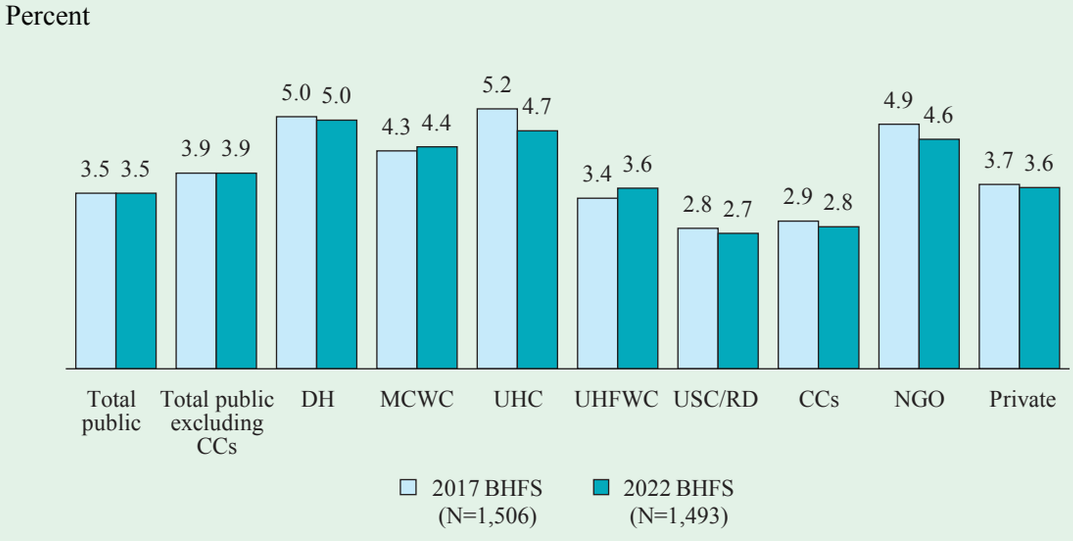


Table 6.1 Availability of antenatal care services

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities that offer ANC	Number of facilities
Facility type		
District and upazila public facilities	**99.8**	**319**
DH	100.0	62
MCWC	99.0	100
UHC	100.0	157
Union level public facilities	**98.0**	**434**
UHFWC	100.0	293
USC/RD	92.8	141
Community clinic (CC)	**99.8**	**488**
NGO static clinic/hospital	**100.0**	**127**
Private hospital	**72.4**	**189**
Location		
Urban	79.3	514
Rural	99.3	1,043
Division		
Barishal	98.8	152
Chattogram	97.2	244
Dhaka	95.4	264
Khulna	90.5	208
Rajshahi	97.8	212
Rangpur	97.7	190
Sylhet	98.0	136
Mymensingh	97.5	151
Total	96.2	1,557
Total excluding CCs	89.9	1,069
Total public	99.4	1,241
Total public excluding CCs	98.2	753

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

Among facilities offering antenatal care (ANC) services, the percentage having guidelines, at least one staff member recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities offering ANC that have:			Equipment				Number of facilities offering ANC
	Guidelines on ANC[1]	Staff trained for ANC during the past 24 months[2]	Staff trained for ANC at anytime[2]	Blood pressure apparatus[3]	Stethos-cope	Adult weighing scale	Measuring tape[4]	
Facility type								
District and upazila public facilities	**47.8**	**42.0**	**82.8**	**98.7**	**99.7**	**94.5**	**77.6**	**318**
DH	59.7	43.5	80.6	100.0	100.0	98.4	75.8	62
MCWC	43.4	32.2	87.7	96.0	98.0	92.1	52.8	99
UHC	47.1	44.1	82.0	99.1	100.0	94.4	83.8	157
Union level public facilities	**31.0**	**11.2**	**57.1**	**92.2**	**96.7**	**83.7**	**44.0**	**426**
UHFWC	35.8	10.6	60.4	92.6	96.7	89.3	47.1	293
USC/RD	17.2	13.1	47.6	90.9	96.7	67.6	35.3	133
Community clinic (CC)	**33.8**	**22.4**	**69.9**	**80.6**	**88.4**	**83.1**	**38.2**	**487**
NGO static clinic/hospital	**52.4**	**37.2**	**65.1**	**98.6**	**99.7**	**96.8**	**69.5**	**127**
Private hospital	**9.6**	**15.3**	**28.5**	**95.0**	**95.0**	**91.0**	**51.6**	**137**
Location								
Urban	20.2	21.1	42.2	96.4	96.4	91.2	56.4	463
Rural	33.5	20.3	67.0	83.4	90.5	83.6	40.3	1,032
Division								
Barishal	25.1	21.9	67.5	78.1	89.5	78.9	37.6	148
Chattogram	36.1	23.1	67.7	83.3	89.7	82.0	42.8	237
Dhaka	32.3	17.5	58.1	88.6	95.5	87.1	47.9	252
Khulna	27.3	13.2	71.2	85.6	93.1	85.4	41.5	196
Rajshahi	32.1	15.3	58.2	88.9	91.2	90.8	37.2	205
Rangpur	24.1	24.5	65.7	79.7	87.7	84.8	39.4	179
Sylhet	37.5	20.0	55.2	87.6	90.7	87.4	53.9	132
Mymensingh	41.5	32.3	70.6	85.1	88.1	73.6	35.6	146
Total	31.9	20.4	64.0	85.0	91.2	84.5	42.2	1495
Total excluding CCs	28.2	16.3	52.4	93.8	96.7	87.2	50.2	1008
Total public	33.6	20.5	67.4	83.8	90.6	83.6	40.7	1,231
Total public excluding CCs	33.0	14.9	60.1	93.0	97.0	85.0	48.0	744

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

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

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

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

[4] For measuring fundal height.

Table 6.3 Diagnostic capacity

Among facilities offering antenatal care (ANC) services, the percentage having the capacity to conduct the indicated tests in the facility, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities offering ANC that have the indicated tests				Number of facilities offering ANC
	Blood Hemoglobin[1]	Urine protein[2]	Urine glucose[3]	Ultrasonography	
Facility type					
District and upazila public facilities	**78.1**	**76.9**	**76.8**	**10.7**	**318**
DH	85.5	88.7	85.5	16.1	62
MCWC	57.4	59.0	59.9	4.0	99
UHC	82.0	79.5	79.5	11.5	157
Union level public facilities	23.0	35.3	33.6	0.0	426
UHFWC	27.3	43.5	41.6	0.0	293
USC/RD	10.6	11.6	10.7	0.0	133
Community clinic (CC)	**3.7**	**2.7**	**2.9**	**0.0**	**487**
NGO static clinic/hospital	**81.2**	**84.4**	**83.3**	**15.2**	**127**
Private hospital	**79.4**	**82.0**	**81.2**	**17.9**	**137**
Location					
Urban	76.1	78.4	77.9	16.4	463
Rural	9.6	11.6	11.3	0.1	1,032
Division					
Barishal	10.4	12.1	13.0	0.5	148
Chattogram	23.5	24.4	24.9	3.1	237
Dhaka	22.5	25.7	24.2	3.7	252
Khulna	11.3	15.5	15.6	0.3	196
Rajshahi	21.7	20.2	20.3	2.2	205
Rangpur	8.4	12.4	12.5	0.6	179
Sylhet	22.5	24.6	25.3	3.3	132
Mymensingh	12.0	13.7	10.9	1.2	146
Total	17.7	19.7	19.4	2.1	1495
Total excluding CCs	45.2	53.4	52.1	6.3	1008
Total public	10.4	12.4	12.2	0.3	1,231
Total public excluding CCs	29.6	40.3	38.8	1.3	744

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

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

[2] Dip sticks for urine protein

[3] Dip sticks for urine glucose

Table 6.4 Availability of medicines for routine antenatal care

Among facilities offering antenatal care (ANC) services, percentages with essential medicines for ANC observed to be available on the day of the survey, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities offering ANC that have indicated medicines				Number of facilities offering ANC
	Iron tablets	Folic acid tablets	Combined iron and folic acid	Iron or folic acid tablets	
Facility type					
District and upazila public facilities	**85.4**	**85.2**	**80.2**	**86.3**	**318**
DH	79.0	75.8	69.4	80.6	62
MCWC	94.7	98.0	87.5	99.0	99
UHC	84.1	83.6	80.1	84.1	157
Union level public facilities	**94.2**	**96.0**	**90.6**	**96.4**	**426**
UHFWC	96.0	98.9	91.8	98.9	293
USC/RD	89.1	87.5	87.0	89.1	133
Community clinic (CC)	**91.6**	**92.4**	**89.4**	**92.6**	**487**
NGO static clinic/hospital	**82.0**	**84.2**	**78.7**	**85.5**	**127**
Private hospital	**52.0**	**61.6**	**51.7**	**61.6**	**137**
Location					
Urban	60.4	67.5	58.9	67.8	463
Rural	92.3	93.3	89.7	93.6	1,032
Division					
Barishal	98.4	98.3	95.8	98.4	148
Chattogram	88.0	91.5	88.0	91.6	237
Dhaka	86.9	88.3	84.7	88.7	252
Khulna	88.4	89.6	87.4	89.6	196
Rajshahi	81.2	85.3	74.8	85.3	205
Rangpur	90.2	90.1	86.8	90.2	179
Sylhet	90.2	91.4	87.1	91.8	132
Mymensingh	92.5	92.8	90.3	94.4	146
Total	88.4	90.2	86.0	90.4	1495
Total excluding CCs	82.1	85.7	79.2	86.1	1008
Total public	92.0	93.0	89.4	93.3	1,231
Total public excluding CCs	93.2	94.7	89.3	95.2	744

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

Table 6.5 Readiness of health facilities to provide antenatal care services

Among facilities that offer antenatal care (ANC) services, the percentages with the indicated items considered important for the provision of quality ANC services, and the average readiness score by background characteristics, 2022 BHFS

Background characteristic	Guidelines on ANC[1]	Staff trained for ANC any time[2]	Blood pressure apparatus[3]	Hemo-globin testing capacity	Urine protein testing capacity	Iron or folic acid tables	Average readiness score[4]	Ultra-sono-graphy	Number of facilities offering ANC
Facility type									
District and upazila public facilities	**47.8**	**82.8**	**98.7**	**78.1**	**76.9**	**86.3**	**4.7**	**10.7**	**318**
DH	59.7	80.6	100.0	85.5	88.7	80.6	5.0	16.1	62
MCWC	43.4	87.7	96.0	57.4	59.0	99.0	4.4	4.0	99
UHC	47.1	82.0	99.1	82.0	79.5	84.1	4.7	11.5	157
Union level public facilities	**31.0**	**57.1**	**92.2**	**23.0**	**35.3**	**96.4**	**3.3**	**0.0**	**426**
UHFWC	35.8	60.4	92.6	27.3	43.5	98.9	3.6	0.0	293
USC/RD	17.2	47.6	90.9	10.6	11.6	89.1	2.7	0.0	133
Community clinic (CC)	**33.8**	**69.9**	**80.6**	**3.7**	**2.7**	**92.6**	**2.8**	**0.0**	**487**
NGO static clinic/hospital	**52.4**	**65.1**	**98.6**	**81.2**	**84.4**	**85.5**	**4.6**	**15.2**	**127**
Private hospital	**9.6**	**28.5**	**95.0**	**79.4**	**82.0**	**61.6**	**3.6**	**17.9**	**137**
Location									
Urban	20.2	42.2	96.4	76.1	78.4	67.8	4.3	16.4	463
Rural	33.5	67.0	83.4	9.6	11.6	93.6	3.2	0.1	1,032
Division									
Barishal	25.1	67.5	78.1	10.4	12.1	98.4	3.4	0.5	148
Chattogram	36.1	67.7	83.3	23.5	24.4	91.6	3.8	3.1	237
Dhaka	32.3	58.1	88.6	22.5	25.7	88.7	3.8	3.7	252
Khulna	27.3	71.2	85.6	11.3	15.5	89.6	3.3	0.3	196
Rajshahi	32.1	58.2	88.9	21.7	20.2	85.3	3.5	2.2	205
Rangpur	24.1	65.7	79.7	8.4	12.4	90.2	3.3	0.6	179
Sylhet	37.5	55.2	87.6	22.5	24.6	91.8	3.9	3.3	132
Mymensingh	41.5	70.6	85.1	12.0	13.7	94.4	3.6	1.2	146
Total	31.9	64.0	85.0	17.7	19.7	90.4	3.6	2.1	1495
Total excluding CCs	28.2	52.4	93.8	45.2	53.4	86.1	3.9	6.3	1008
Total public	33.6	67.4	83.8	10.4	12.4	93.3	3.5	0.3	1,231
Total public excluding CCs	33.0	60.1	93.0	29.6	40.3	95.2	3.9	1.3	744

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

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

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

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

[4] Average readiness score is the average number of items (out of 6 items) available for providing antenatal care services.

Delivery And Newborn Care

7 DELIVERY AND NEWBORN CARE

Key Findings

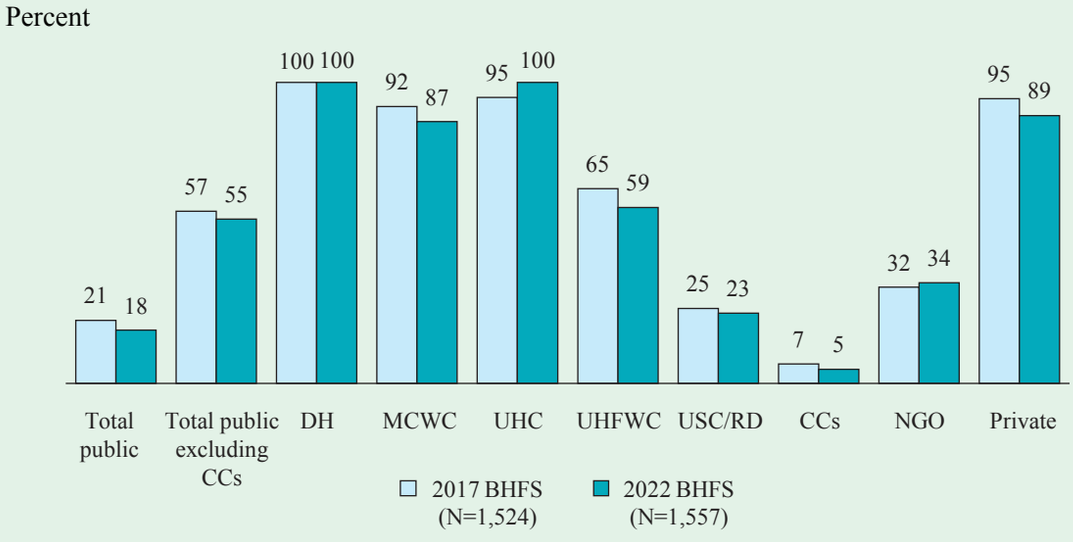
- Fifty-five percent of all public health facilities excluding CCs offer normal delivery service. All of the DHs (100%) and UHCs (100%), and most of the private hospitals (89%), and MCWCs (87%) offer the service **(Table 7.1** and **Figure 7.1).**
- The availability of normal delivery services in UHCs has increased from 95% in BHFS 2017 to 100% in BHFS 2022 **(Table 7.1** and **Figure 7.1).**
- All of the DHs and more than 50% of the UHCs offer cesarean delivery services, whereas only one-fifth of NGOs offer this service **(Table 7.1** and **Figure 7.2).**
- Around 46% of the public health facilities have at least one staff trained in delivery care; 10% have guidelines related to BEmOC and CEmOC; 80% have a delivery pack; and 41% have partographs on the day of the visit **(Table 7.7** and **Figure 7.3, 7.4, 7.7, 7.8).**
- Availability of oxytocin (23% to 40%), injectable antibiotics (9% to 15%), and magnesium sulphate (8% to 20%) among public facilities has increased notably from 2017 to 2022 **(Table 7.7** and **Figure 7.10-7.12).**
- Nearly half of the DHs performed all seven signal functions (BEmOC) in the last three months, whereas 26% of the UHCs and 15% of the MCWCs performed all seven signal functions (BEmOC) during that period **(Table 7.5** and **Figure 7.16).**
- Fourty-four percent of the DHs and more than one-fourth of the private hospitals performed all nine signal functions (CEmOC) in the last three months, in contrast, almost all of the DHs and private facilities reported having conducted deliveries through cesarean sections **(Table 7.5** and **Figure 7.17).**
- The availability of equipment: infant weighing scale (37% to 76%), functioning timer (33% to 86%), bag and mask (49% to 72%), and suction apparatus (20% to 32%) in public health facilities has increased markedly over the last five years **(Table 7.10** and **Figure 7.20- 7.23).**
- The primary nine newborn signal functions are performed in half of the public facilities excluding CCs offering normal delivery services. Eighty-two percent of DHs, 79% of UHCs, and 76% of NGO hospitals performed all nine primary newborn signal functions. However, only 15% of CCs provided all nine primary newborn signal functions in the last three months **(Table 7.6** and **Figure 7.28).**
- Thirty-six percent of providers in public facilities have received in-service training on newborn resuscitation using bag and mask at any time. Around 34% of providers in public facilities are reported to have training on umbilical cord care (use of 7.1% chlorhexidine) **(Table 7.8).**
- Overall, the average readiness score of the public facilities excluding CCs for providing normal delivery services is 6.4 among the WHO-specified 13 items. From 2017 to 2022, the average readiness score increased in all types of facilities except CCs **(Table 7.7** and **Figure 7.15).**

7.1 AVAILABILITY OF MATERNAL HEALTH SERVICES

- More than half of the public facilities excluding CCs offer normal delivery service.
- Normal delivery service is universally available in DHs and UHCs. Moreover, this service is available at 89% in private facilities, 87% of the MCWCs and 34% in NGO facilities. Around 5% of the CCs provide normal delivery service. Upazila health complexes showed as increase from 95% to 100% over the last five years.

(Table 7.1 and **Figure 7.1)**

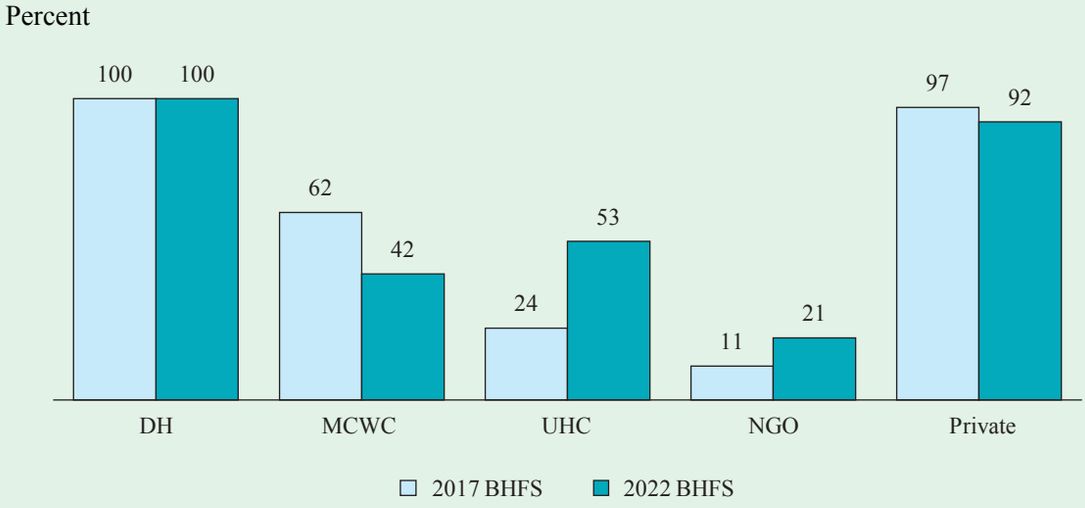
Figure 7.1 **Availability of normal delivery services in health facilities, by facility type**



- Availability of cesarean delivery services is universal in DHs, 92% in private facilities 53% in UHCs, 42% in MCWCs, and 21% in NGO facilities.
- Availability of cesarean delivery services has increased in total public health excluding CCs, from 2% to 7%, mainly due to remarkable increment in UHCs and NGO hospitals.

(Table 7.1 and **Figure 7.2)**

Figure 7.2 **Availability of cesarean delivery services in health facilities, by facility type**



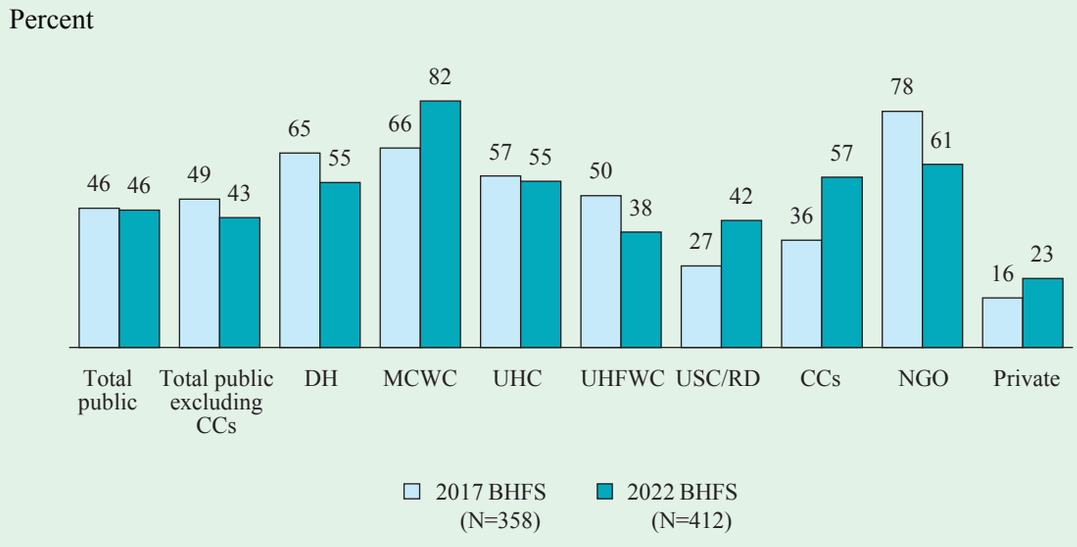
7.2 TRAINED STAFF, GUIDELINES, AND EQUIPMENT FOR DELIVERY SERVICES

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

- The availability of trained staff in delivery care is 46% in total public health facilities in 2022. The availability of trained staff has increased notably in MCWCs (66% to 82%), USC/RDs (27% to 42%), CCs (36% to 57%), and private hospitals (16% to 23%) from 2017 to 2022.

  (Table 7.2 and **Figure 7.3)**

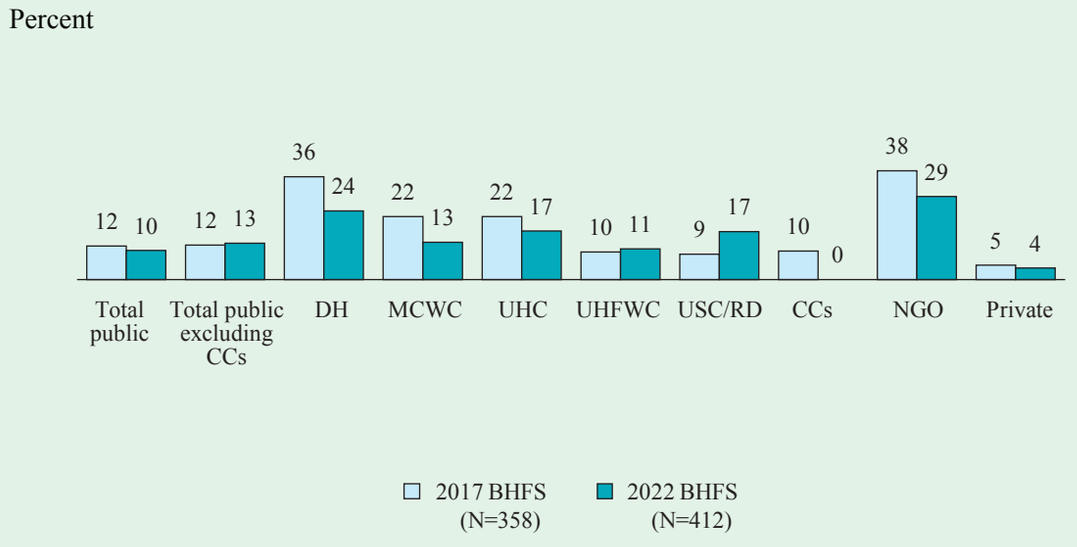
***Figure 7.3* Availability of staff trained in delivery care (at any time) in health facilities, by facility type**



- Overall, 13% of public health facilities excluding CCs offering normal delivery services have any guidelines related to BEmOC and CEmOC. NGO hospitals are most likely (29%), while the CCs are least likely (0%) to have the guidelines on site.

  (Table 7.2 and **Figure 7.4)**

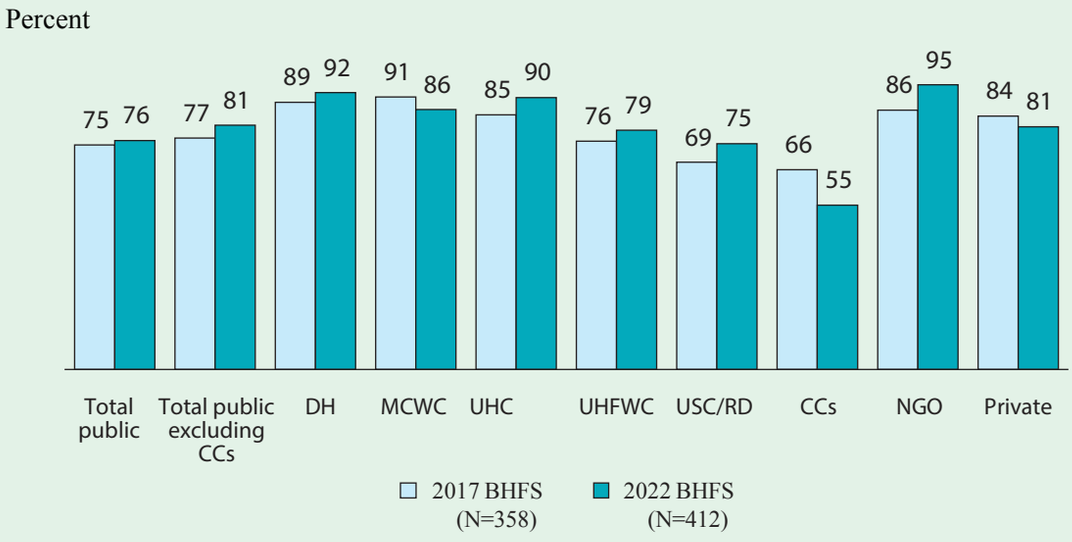
***Figure 7.4* Availability of guidelines on maternal health in health facilities, by facility type**



- The availability of delivery bed is more than 80% in total public health facilities excluding CCs in 2022.
- The availability of delivery bed has increased notably from 86% to 95% from 2017 BHFS to 2022 BHFS in NGOs.

(Table 7.2 and **Figure 7.5)**

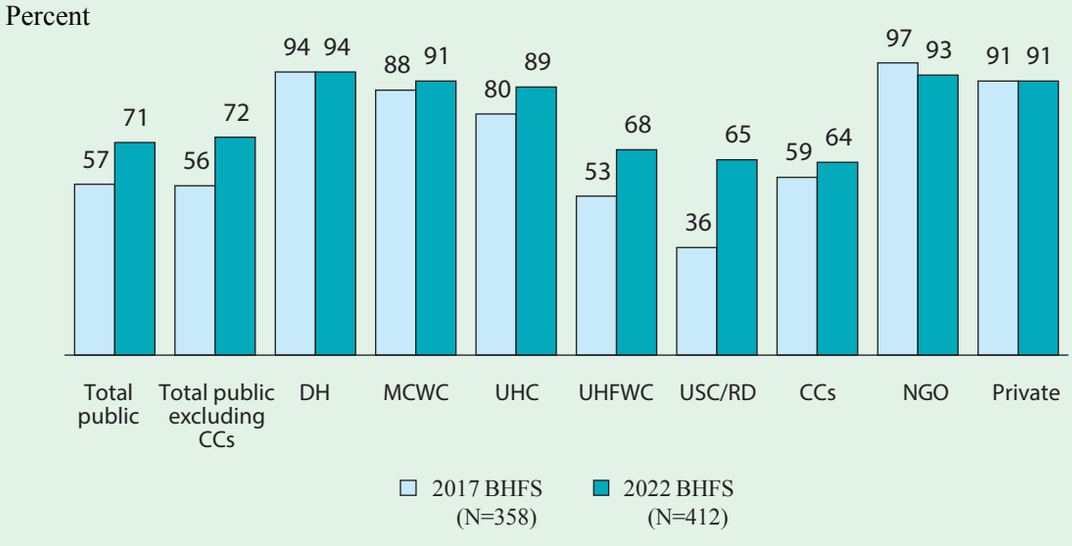
Figure 7.5 **Availability of delivery bed in health facilities, by facility type**



- Overall availability of functioning examination light in public health facilities has increased from 57% to 71% in the last five years. Around 72% of public health facilities excluding CCs that offer normal delivery services have an examination light on the day of the visit. DHs, MCWCs, NGO clinics, and private facilities have near universal availability (more than 90%) of an examination light.

(Table 7.2 and **Figure 7.6)**

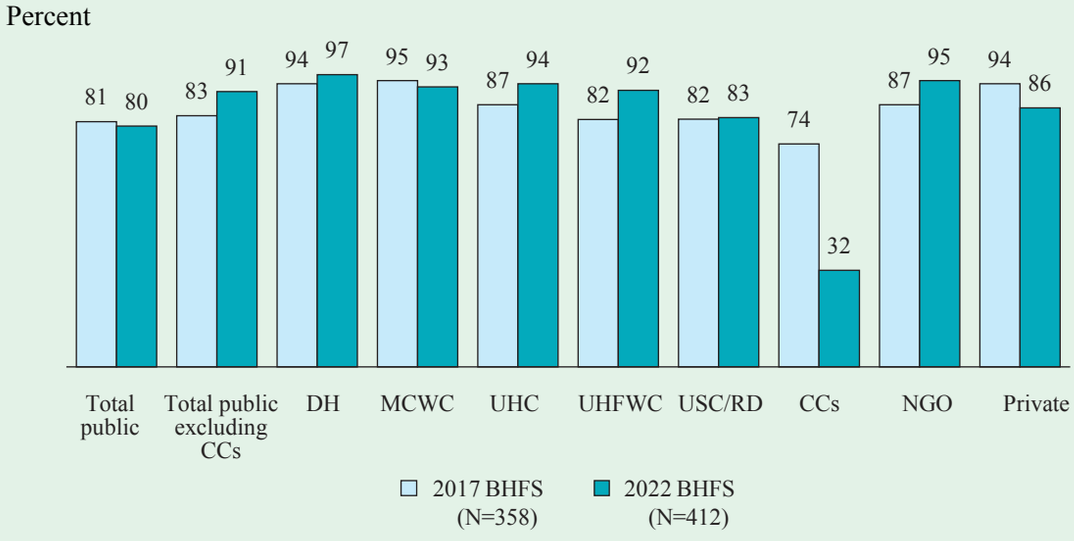
Figure 7.6 **Availability of functioning examination light in health facilities, by facility type**



- There is an increase in the availability of delivery pack from 83% to 91% in total public health facilities excluding CCs on the day of the survey. Availability of delivery pack means either the facility has a sterile delivery pack available at the delivery site or all the following individual equipment must be present: cord clamp, episiotomy scissors, scissors/blade to cut cord, suture material with needle, and needle holder.

  (Table 7.2 and **Figure 7.7)**

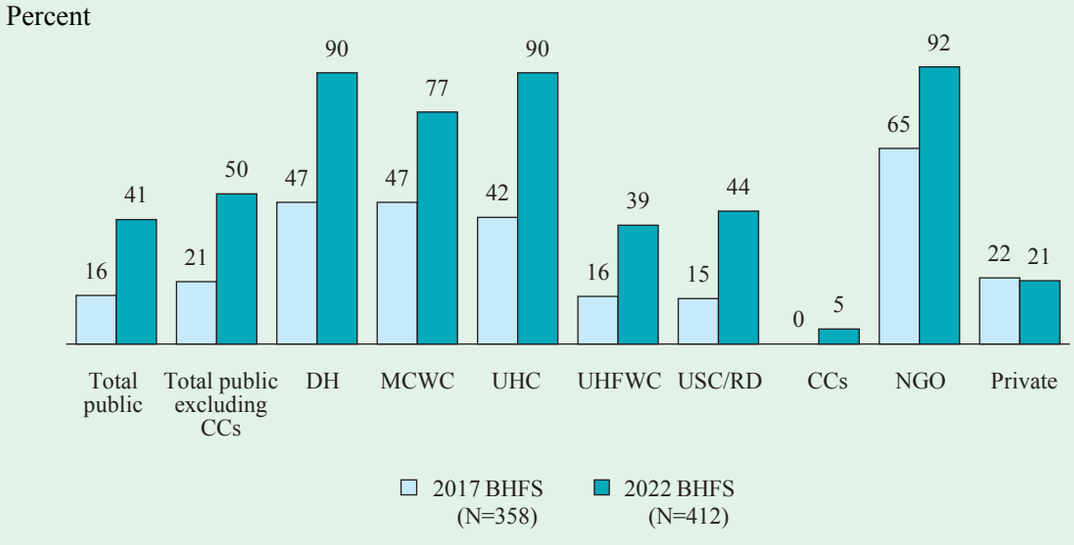
Figure 7.7 **Availability of delivery pack in health facilities, by facility type**



- Half of the total public health facilities excluding CCs offer partographs, which is higher among NGO clinics (92%), followed by DHs and UHCs (both 90%).

  (Table 7.2 and **Figure 7.8)**

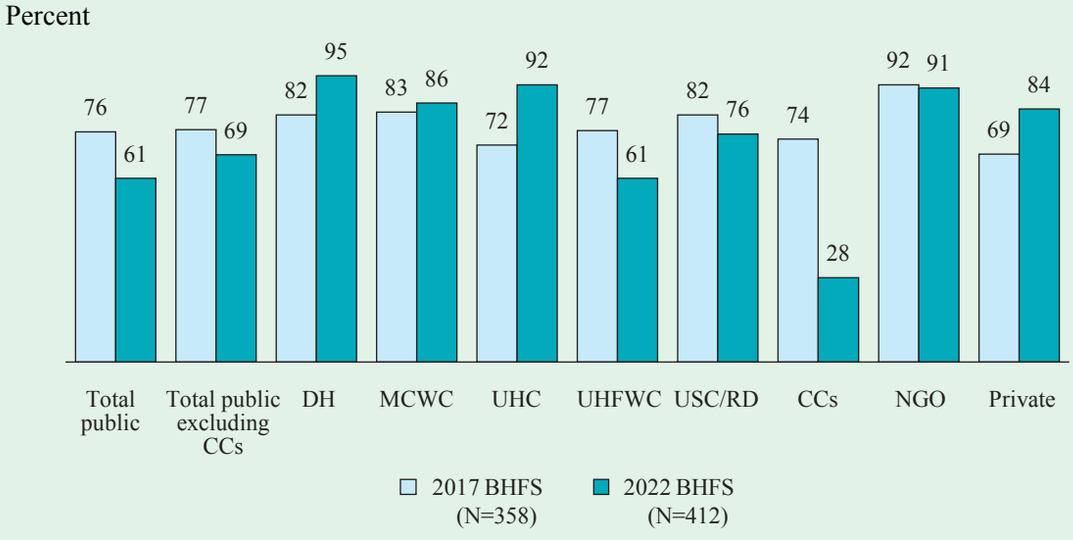
Figure 7.8 **Availability of partograph in health facilities, by facility type**



- Availability of gloves has increased in DHs (82% to 95%), MCWCs (83% to 86%), UHCs (72% to 92%) and private facilities (69% to 84%) from 2017 to 2022. CCs are least likely (28%) to have gloves.

  (Table 7.2 and **Figure 7.9)**

Figure 7.9 **Availability of gloves in health facilities, by facility type**



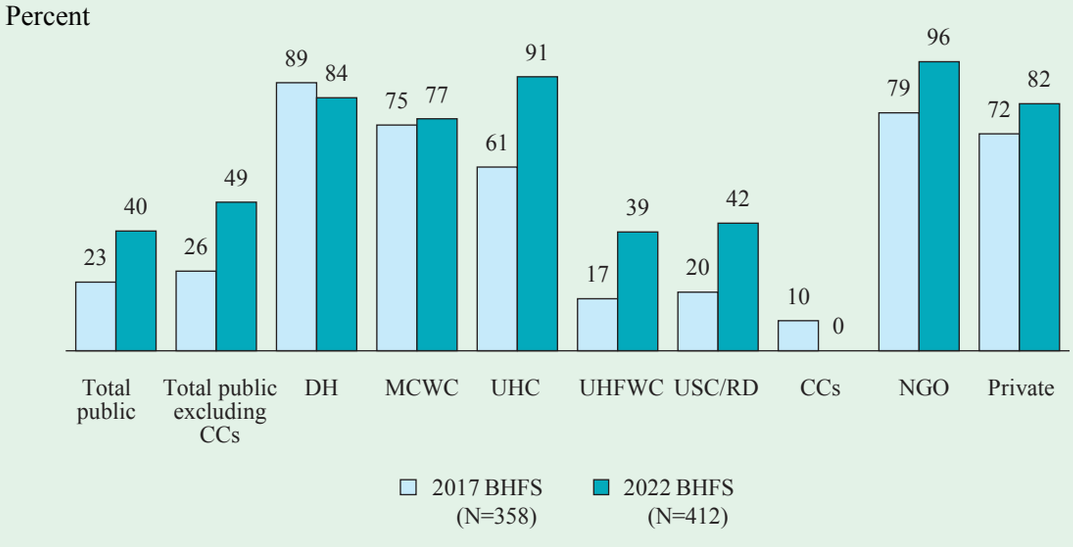
7.3 MEDICINES AND COMMODITIES FOR DELIVERY

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

- Nearly half of the total public facilities excluding CCs offer normal delivery services have injectable uterotonics (oxytocin) which is required for active management of the third stage of the labor and management of postpartum hemorrhage. The availability of oxytocin is relatively higher among NGOs (96%), followed by UHCs (91%), DHs (84%), and private facilities (82%) on the day of the visit. The availability of injectable uterotonics is least in CCs (0%) that offer normal delivery services.

  (Table 7.3 and **Figure 7.10)**

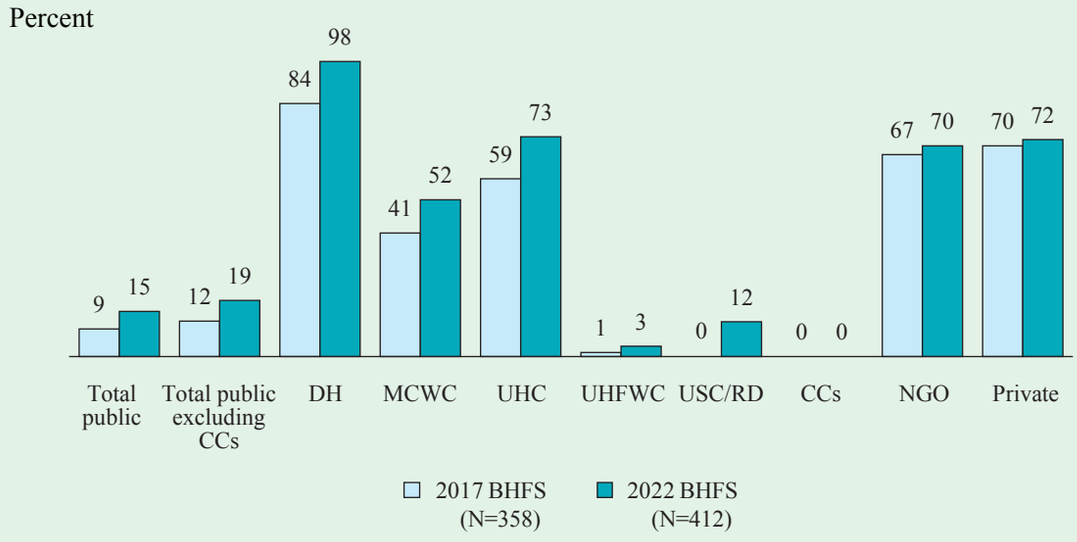
Figure 7.10 **Availability of oxytocin in health facilities, by facility type**



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

  (Table 7.3 and **Figure 7.11)**

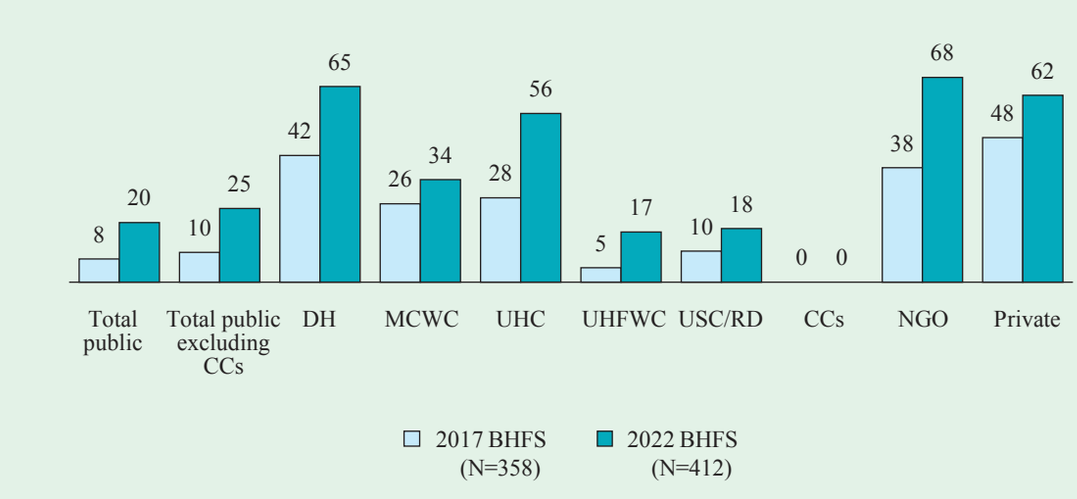
Figure 7.11 **Availability of injectable antibiotic in health facilities, by facility type**



- Among essential medicines, total public facilities excluding CCs have injectable magnesium sulphate (25%) which is essential for the management of eclampsia. Sixty-five percent of DHs, 62% of private facilities, 34% of MCWCs, and 56% of UHCs have injectable magnesium sulphate. The availability in this category is highest in NGO hospitals (68%). None of the community clinics have injectable magnesium sulphate for management or pre-referral management of eclampsia.

  (Table 7.3 and **Figure 7.12)**

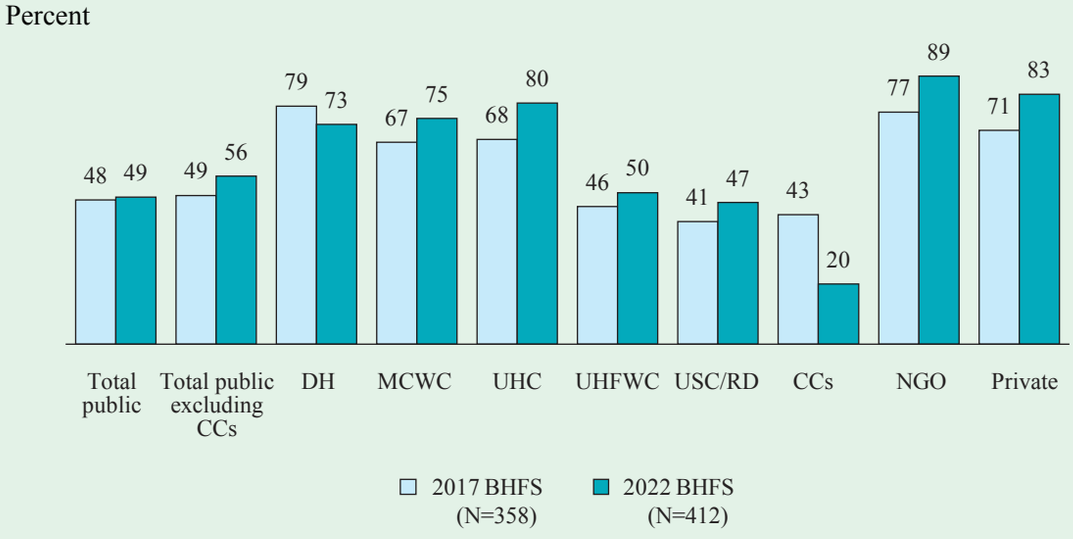
Figure 7.12 **Availability of magnesium sulphate in health facilities, by facility type**



- The availability of skin disinfectant which is essential for infection prevention, has increased from 49% to 56% among public health facilities excluding CCs between 2017 and 2022. Availability of this essential medicine is relatively higher in NGO facilities (89%), followed by private facilities (83%), and UHCs (80%) in comparison with other types of facilities on the day of the visit. The availability of skin disinfectant is least among CCs (20%) that offer normal delivery services.

  (Table 7.3 and **Figure 7.13)**

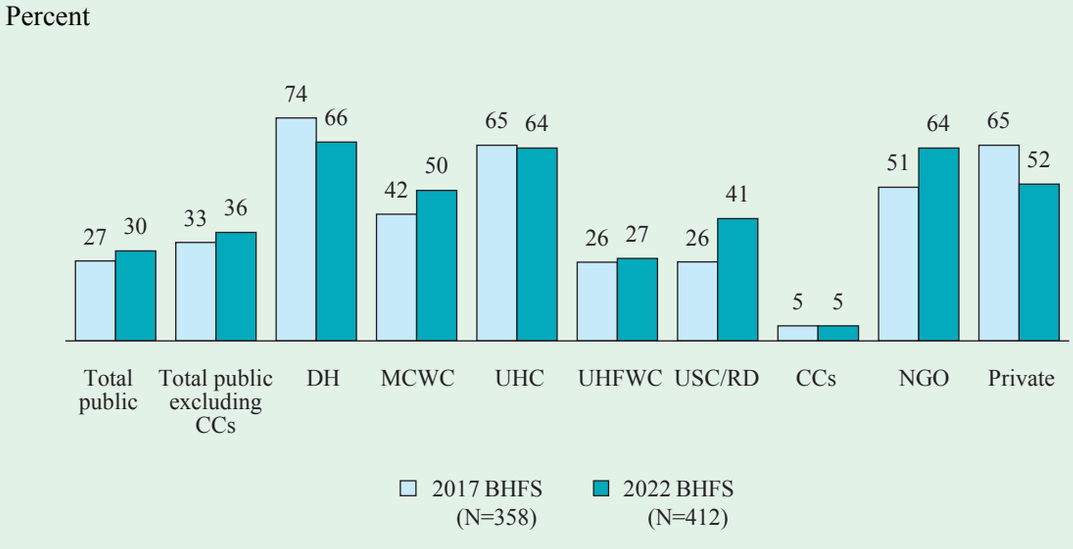
Figure 7.13 **Availability of skin disinfectant in health facilities, by facility type**



- More than one-third of the public health facilities excluding CCs have intravenous fluids with infusion set which is also essential for the of management of severe postpartum hemorrhage. The availability is highest among the DHs (66%). Almost two-thirds of the UHCs and half of the MCWCs have intravenous fluids with infusion set.

  (Table 7.3 and **Figure 7.14)**

Figure 7.14 **Availability of intravenous fluids with infusion set in health facilities, by facility type**



7.4 READINESS OF HEALTH FACILITIES TO PROVIDE NORMAL DELIVERY SERVICES

The WHO assesses service readiness for normal delivery based on the availability of specific items/tracer indicators in health facilities. In this section of the report, data from the 2022 BFHS are used to construct a slightly less restrictive and Bangladesh-context-appropriate version of the WHO measure. The measure of readiness to provide normal delivery services includes the following 13 items/tracer indicators:

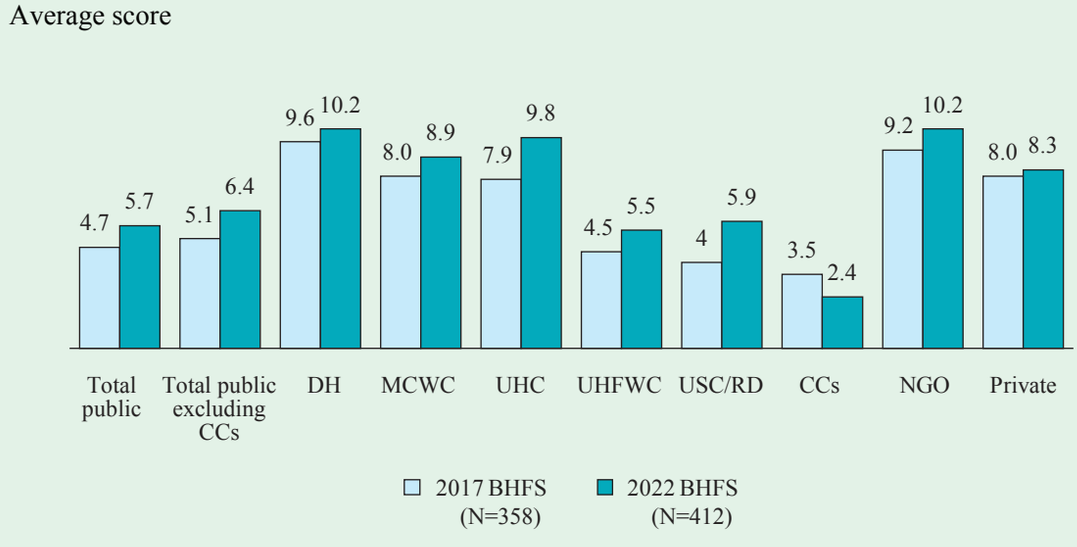
- **Trained staff:**
  -At least one provider ever trained in delivery care at any time
- **Guidelines:**
  -National or other BEmOC or CEmOC guideline available at the facility
- **Equipment:**
  -Examination light
  -Delivery pack
  -Suction apparatus
  -Neonatal bag and mask
  -Partograph
  -Gloves
- **Medicines and commodities:**
  -Injectable oxytocin
  -Injectable antibiotic
  -Magnesium sulphate
  -Skin disinfectant
  -Intravenous solution with infusion set

Table 7.7 and **Figure 7.15** shows the average readiness score of thirteen items/ tracer indicators to assess a health facility's readiness for normal delivery services.

- Among total public health facilities, the average readiness score for normal delivery services has increased from 4.7 in 2017 to 5.7 in 2022.
- The average readiness score of private facilities has remained almost the same since 2017 and has improved in DHs, MCWCs, UHCs, NGO facilities and union-level public facilities. However, the readiness score has declined in CCs.

  (Table 7.7 and **Figure 7.15)**

Figure 7.15 **Average readiness score of health facilities (out of 13 items) to provide normal delivery services by facility type**



7.5 SIGNAL FUNCTIONS FOR EMERGENCY OBSTETRIC CARE

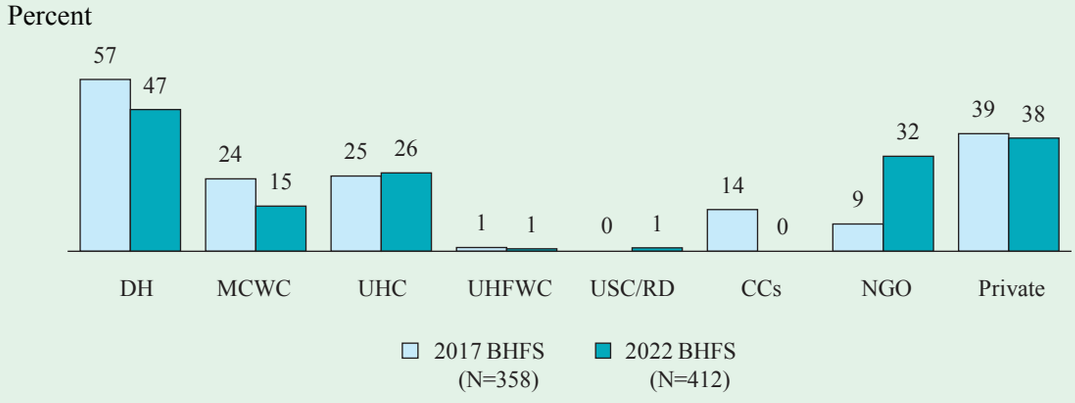
Complications of labor and delivery can be expected to occur in a certain percentage of deliveries. It is estimated that approximately 15% of mothers develop life-threatening complications at the time of delivery, even if the mothers are otherwise normal during the antenatal period. In such situations,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

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

- Among public facilities that offer normal delivery services, only 5% performed all seven signal functions (BEmOC) in the last three months. Out of all DHs, only 47% performed the basic seven signal functions **(Table 7.5).** The estimates are much lower among MCWCs (15%) and UHCs (26%). Only 1% of union level facilities and 0% of CCs performed the seven basic signal functions in the last three months. Basic signal function availability was 38% in private facilities and 32% in NGO clinics that offer normal delivery service. A notable increment from 9% to 32% is observed in NGO clinics in the last five years.

  (Table 7.5 and **Figure 7.16)**

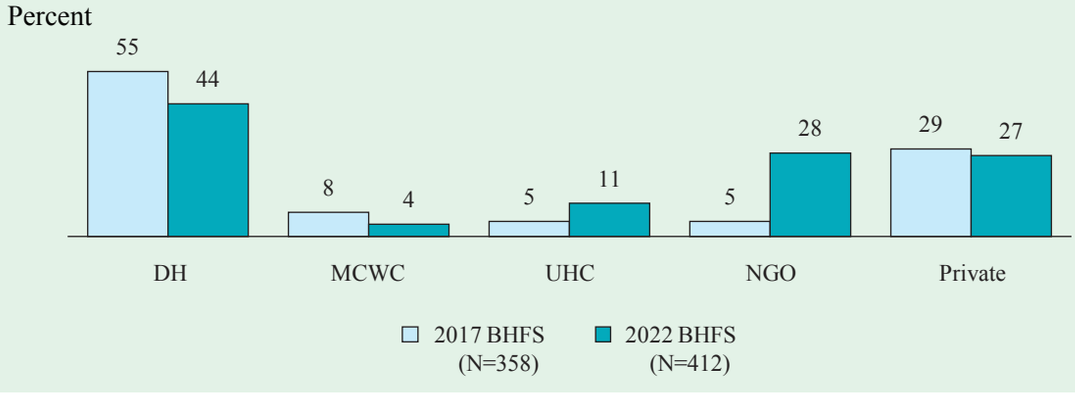
Figure 7.16 **BEmOC signal functions by facility type, 2017 BHFS and 2022 BHFS**



- Forty-four percent of DHs and twenty-seven percent of the private facilities have performed the nine signal functions (CEmOC) during past three months in 2022. However, only 11% of UHCs and 4% of MCWCs have performed all nine signal functions.
- The proportion of facilities who performed all 9 signal functions increased notably among NGO clinics (5% to 28%), UHCs (5% to 11%), and slightly decreased in MCWCs (8% to 4%) and in private facilities (29% to 27%) in the last five years.

  (Table 7.5 and **Figure 7.17)**

Figure 7.17 **CEmOC signal functions by facility type, 2017 BHFS and 2022 BHFS**



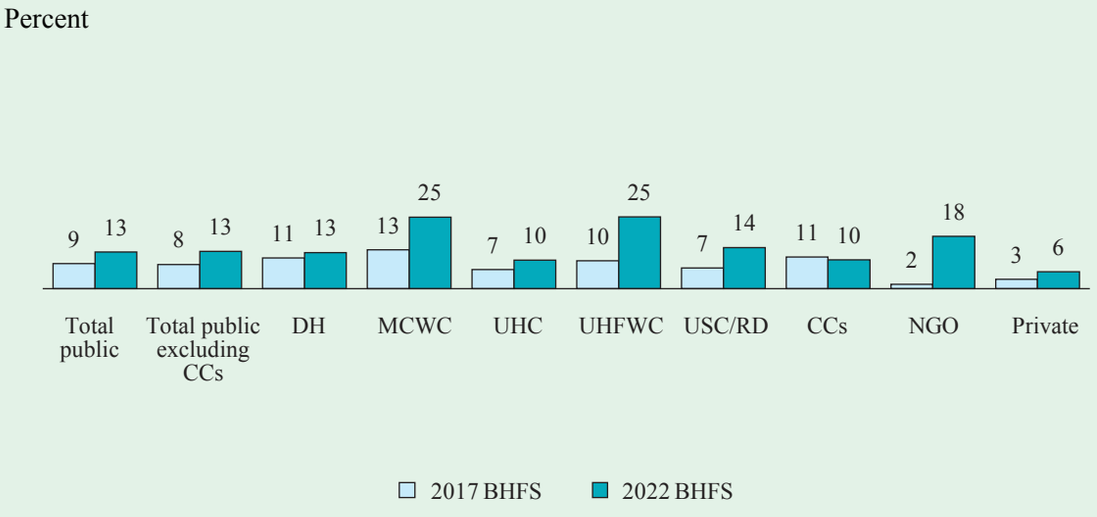
7.6 TRAINED STAFF AND EQUIPMENT FOR NEWBORN CARE SERVICES

In-service training in delivery and newborn care services not only improves the knowledge of providers but also their skills. **Table 7.8** presents information on specific in-service training that interviewed providers of normal delivery or newborn care services reported that they ever received, or received within 24 months of the survey.

- In service training on different services is presented in **Figure 7.18.** Services include newborn resuscitation, essential newborn care, umbilical cord care and comprehensive newborn care package. 13% providers in total public health facilities have training on all these services. Percentage of providers to have such training is highest in MCWCs (25%) and UHFWCs (25%); and lowest in private facilities (6%).

  (Table 7.8 and **Figure 7.18)**

Figure 7.18 **In-service training on different services* for newborn care services, by facility type**

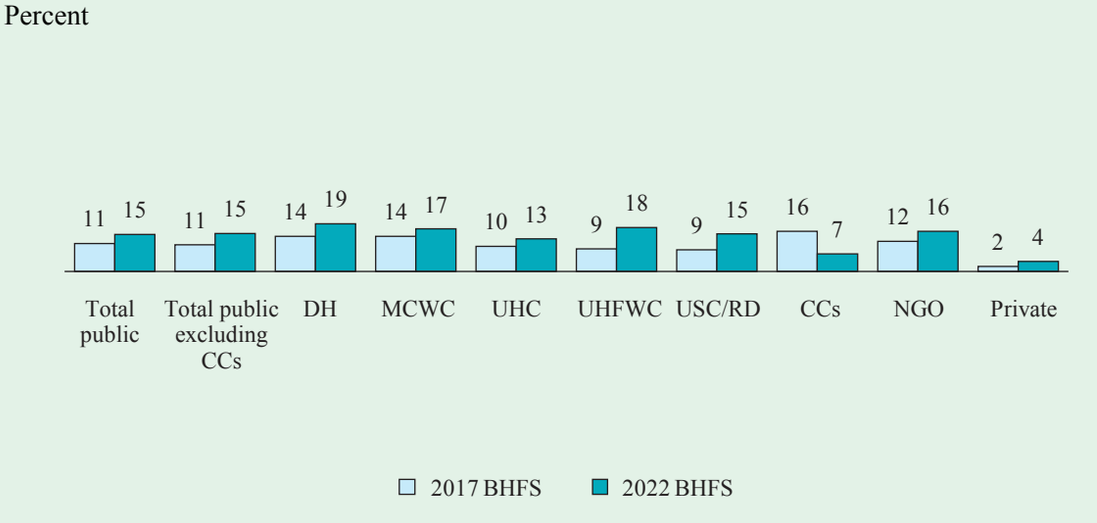


*Services: Newborn resuscitation, essential newborn care, umbilical cord care, comprehensive on newborn care

- Around 15% providers in 2022 from public facilities have received in service training on emergency triage assessment (ETAT) at any time. Percentage of providers with ETAT training has increased in all types of facilities except CCs. Only 7% providers in CCs and 4% providers in private facilities have staff trained on ETAT.

  (Table 7.8 and **Figure 7.19)**

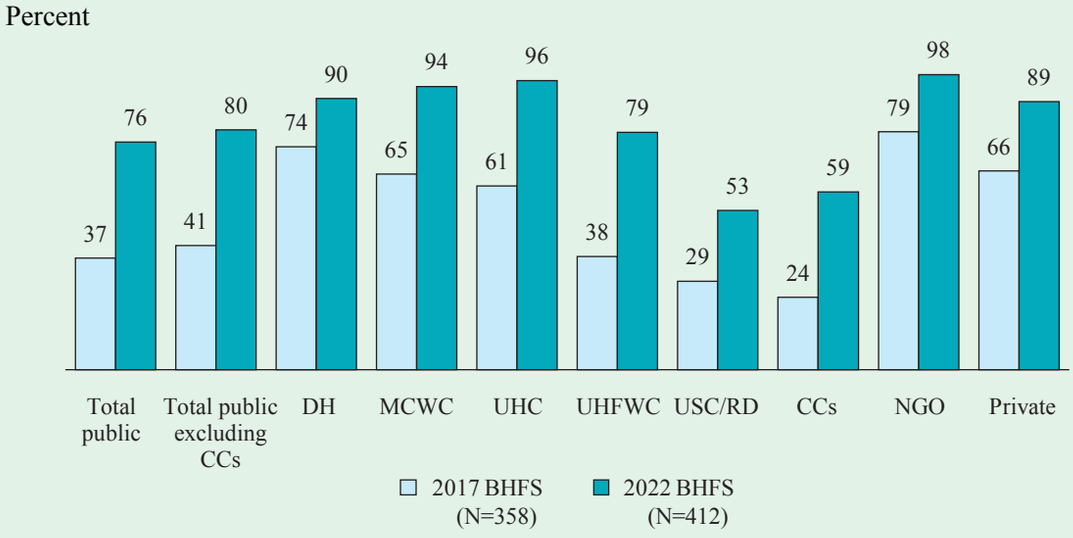
Figure 7.19 **Training on emergency triage assessment for newborn care services, at any time by facility type**



- Eighty percent of the total public health facilities excluding CCs offering delivery services have functioning infant weighing scale in 2022, whereas it was only 41% in 2017. The availability was highest among NGO clinics (98%), followed by UHCs (96%), MCWCs (94%), DHs (90%), and private facilities (89%). Six out of ten CCs (59%) have a functioning infant weighing scale.

  (Table 7.10 and **Figure 7.20)**

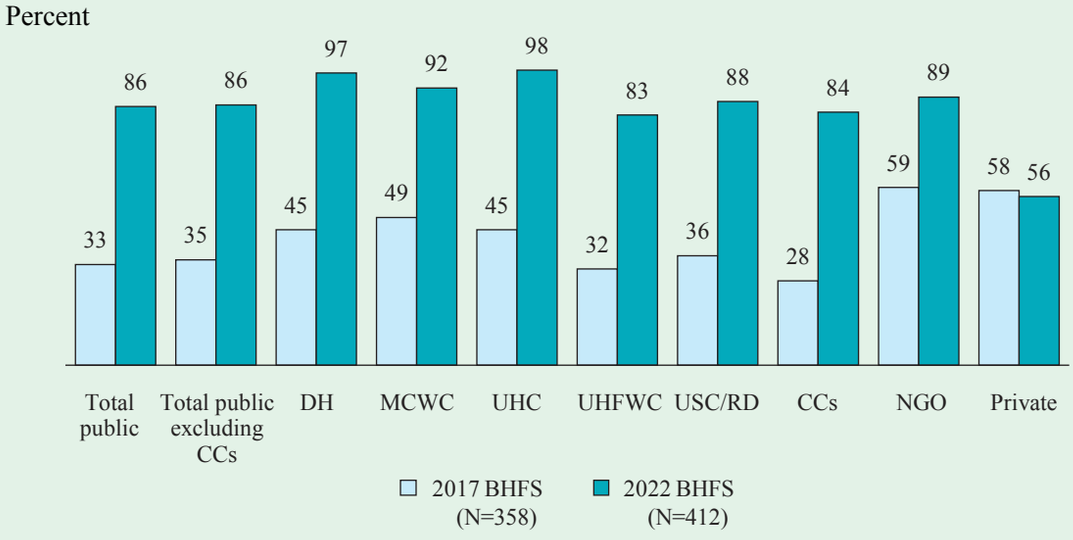
Figure 7.20 **Availability of functioning infant weighing scale for newborn care services, by facility type**



- Eighty-six percent of total public health facilities have a functioning timer for assessing respiratory rate in 2022, increased remarkably from 2017 and it is available in almost all of the district and sub-district level public facilities. The availability is more than 80% in CCs and NGO facilities. However, the percentage is relatively low in private facilities (56%).

  (Table 7.10 and **Figure 7.21)**

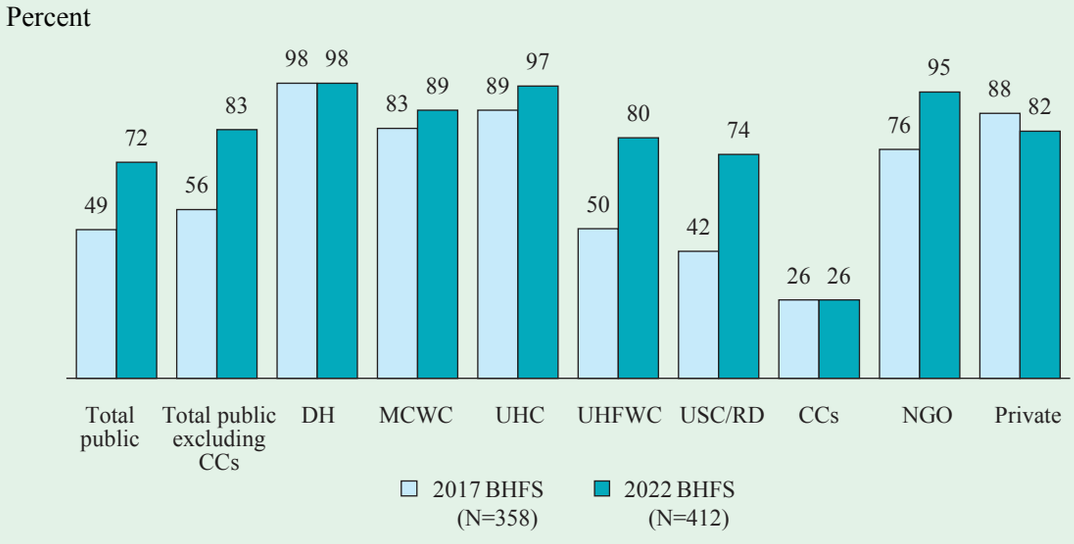
Figure 7.21 **Availability of functioning timer for newborn care services, by facility type**



- Eighty-three percent of the total public health facilities excluding CCs have functioning bag and mask available on the day of the visit in 2022, compared to 56% in 2017.
- Bag and masks are almost universally available in DHs, UHCs and NGO facilities. The availability was also reasonably high in private facilities (82%). It is available in around one-quarter of the CCs.

(Table 7.10 and **Figure 7.22)**

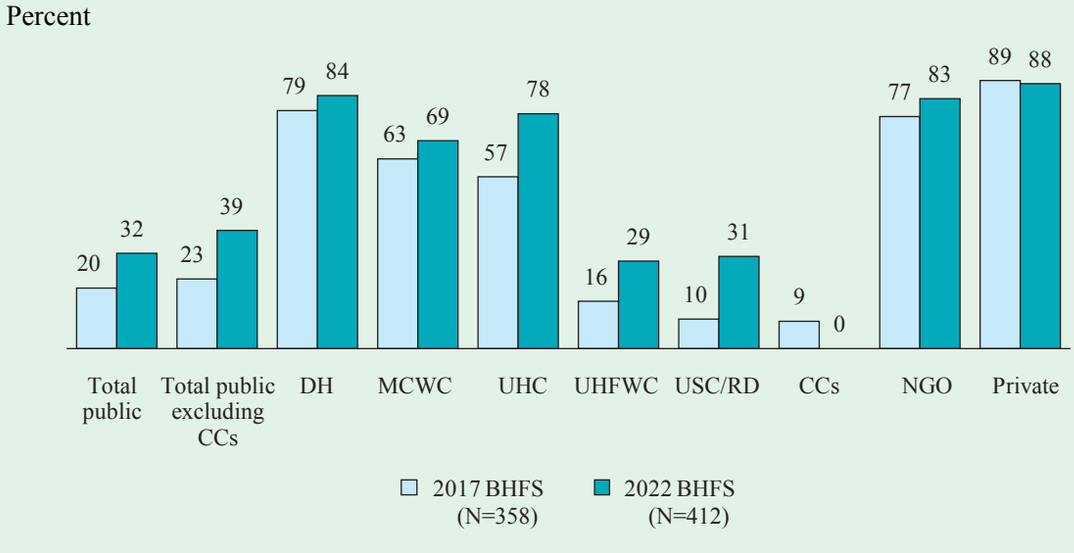
Figure 7.22 **Availability of functioning bag and mask for newborn care services, by facility type**



- Thirty-nine percent of total public health facilities excluding CCs reported having suction apparatus to conduct delivery on the day of the survey. There is a remarkable increase in UHCs (57% to 78%). However, in the last five years, functioning suction apparatus availability has increased in all types of facilities except CCs and private facilities.

(Table 7.10 and **Figure 7.23)**

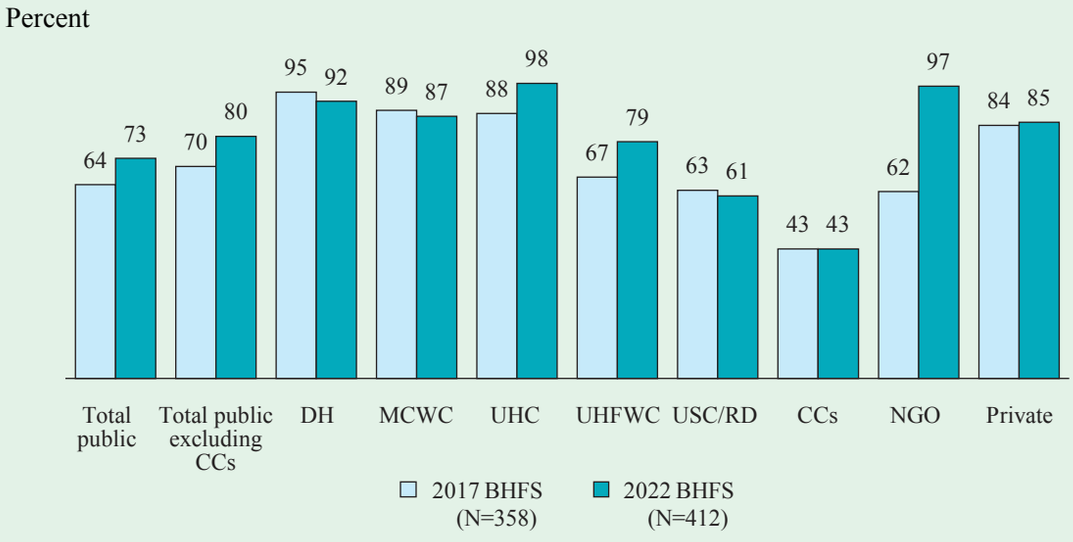
Figure 7.23 **Availability of functioning suction apparatus in health facilities, by facility type**



- The availability of functioning suction bulb for newborn care services has increased from 64% to 73% among public health facilities from 2017 to 2022.
- Suction bulb or penguin sucker is universally available among UHCs (98%), NGO clinics (97%), and DHs (92%). More than four-fifths of the private facilities have functioning suction bulb or penguin sucker.

(Table 7.10 and **Figure 7.24)**

***Figure 7.24* Availability of functioning suction bulb for newborn care services, by facility type**

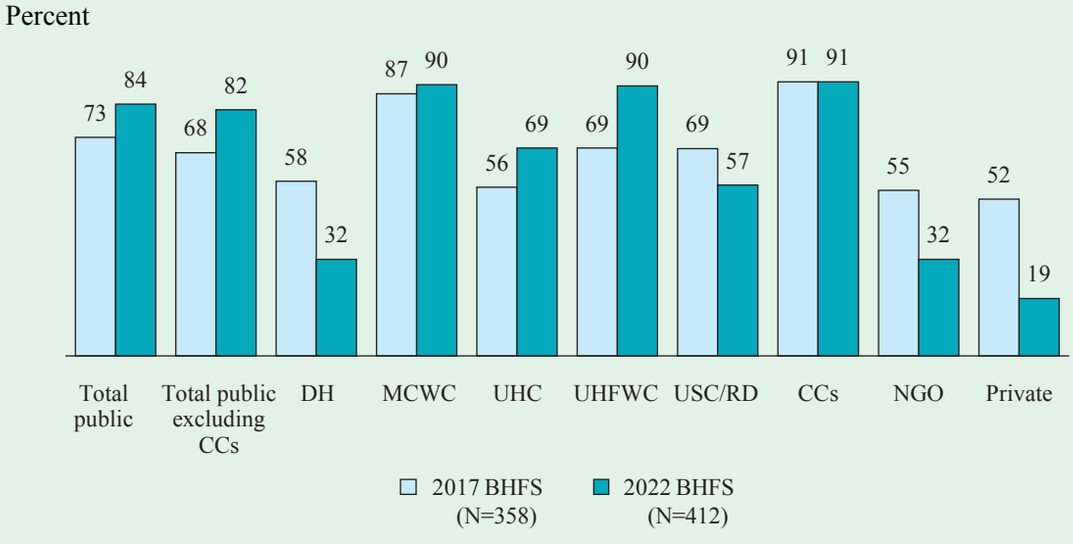


7.7 ESSENTIAL MEDICINES FOR NEWBORN CARE

- Eighty-four percent of total public health facilities have amoxicillin syrup or suspension available on the day of the visit. The availability of amoxicillin is the highest among CCs (91%), UHFWCs (90%), and MCWCs (90%). Around one-third of the NGO facilities (32%) and one-fifth of the private facilities (19%) have amoxicillin available on the day of the visit.

(Table 7.9 and **Figure 7.25)**

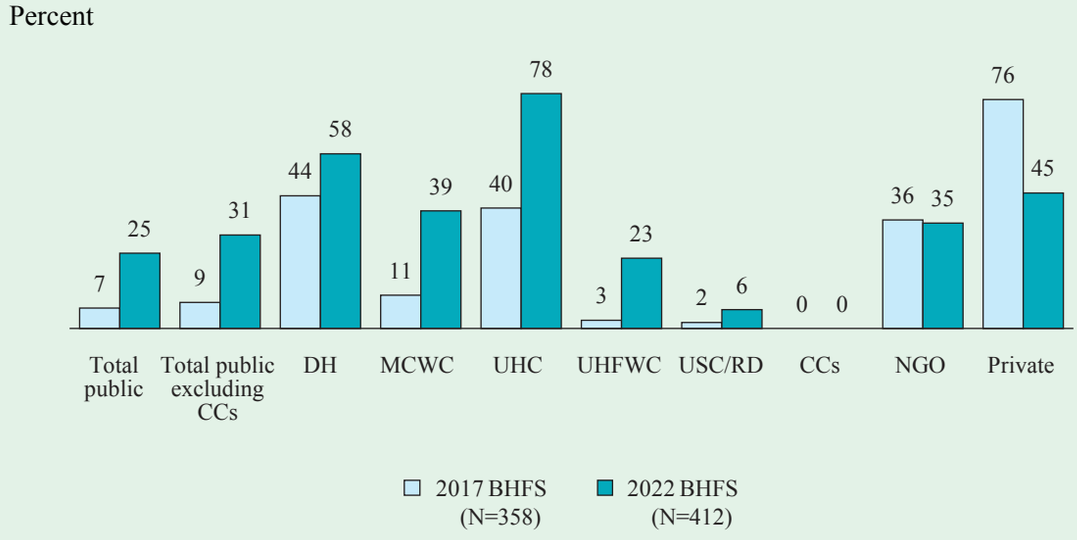
***Figure 7.25* Availability of amoxicillin in health facilities**



- Injectable gentamicin is available in 31% of public health facilities excluding CCs in 2022, increased from only 9% in 2017. The availability is the highest in UHCs (78%). Less than three-fifths of the DHs (58%), private facilities (45%), and MCWCs (39%) have gentamicin on the day of the visit. Gentamicin is available in only 23% of UHFWCs.

  (Table 7.9 and **Figure 7.26)**

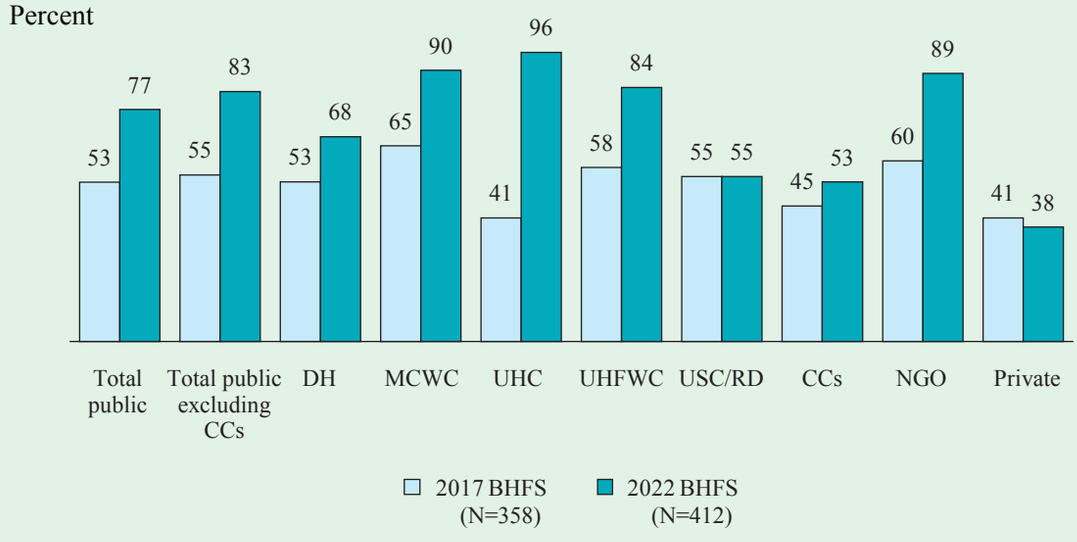
***Figure 7.26* Availability of gentamicin in health facilities**



- More than 80% of the total public health facilities excluding CCs had 7.1% chlorhexidine on the day of the visit. The availability is highest in UHCs (96%) and lowest in private facilities (38%). In 2022, the availability of 7.1% chlorhexidine on the day of the visit has increased in total public health facilities from 53% to 77%.

  (Table 7.9 and **Figure 7.27)**

***Figure 7.27* Availability of 7.1% chlorhexidine in health facilities**



7.8 NEWBORN SIGNAL FUNCTIONS

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

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

Primary newborn signal functions: Iron and folic acid supplementation in pregnant women, hand wash each time before touching the baby, drying of the baby immediately after birth, delayed umbilical cord clamping, clean cord cutting sterile blade, single application of 7.1% chlorhexidine (CHX), neonatal resuscitation, perform skin to skin care immediately after birth and early initiation of breast feeding.

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

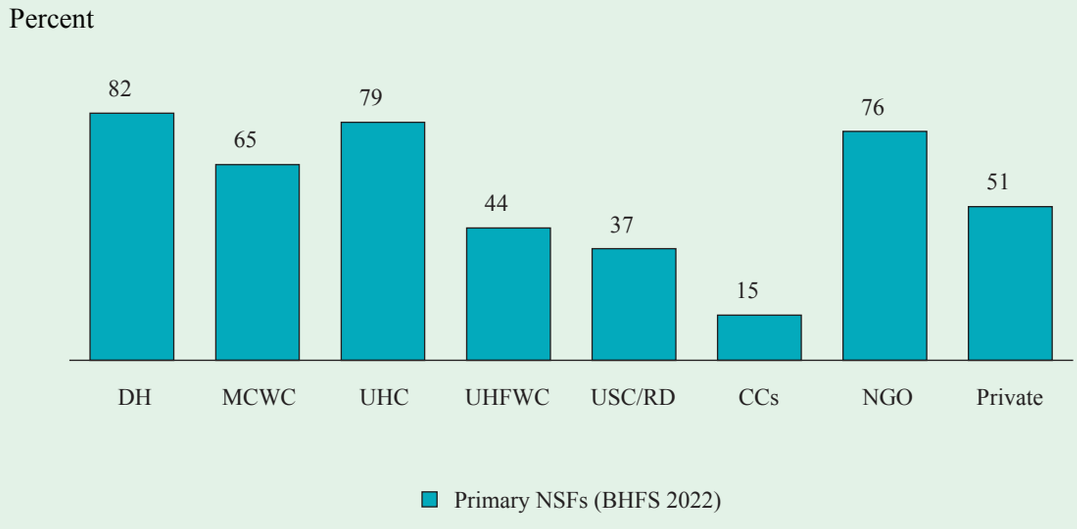
Comprehensive newborn signal functions: Basic newborn signal functions and administer intravenous antibiotic, administer antibiotic for premature rupture of membrane, oxygen therapy for management of newborn infection and respiratory problem, KMC for preterm or LBW newborn, phototherapy for term or preterm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

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

- Eighty-two percent of DHs, 79% of UHCs and 76% of NGO hospitals performed all nine primary newborn signal functions. However, only 15% of CCs provided all nine primary newborn signal functions in the last three months.

  (Table 7.6 and **Figure 7.28)**

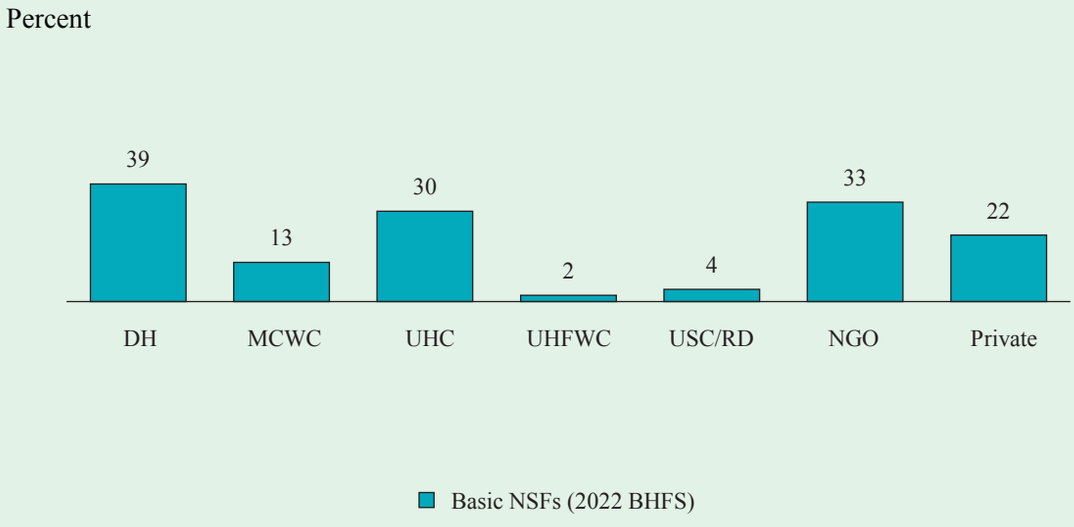
Figure 7.28 **Primary newborn signal functions, by facility type**



- Nearly 4 in 10 DHs, 3 in 10 NGOs, and 2 in 10 private hospitals performed all 13 basic newborn signal functions in the last three months.
- Thirteen percent of MCWCs is performed the basic newborn signal functions.

(Table 7.6 and **Figure 7.29)**

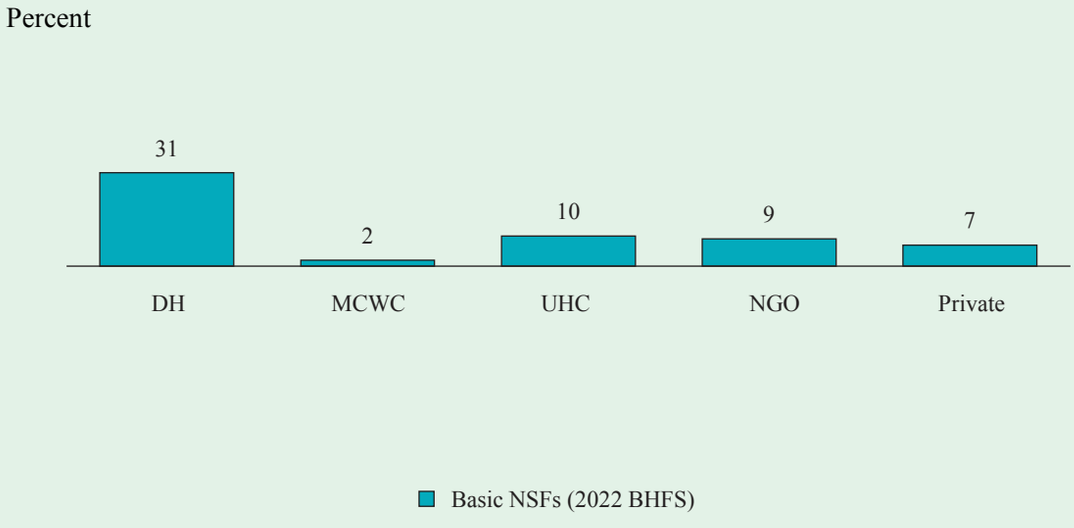
Figure 7.29 **Basic newborn signal functions, by facility type**



- Percentage of facilities who performed all comprehensive 18 signal functions is very low in all types of facilities. DHs are the highest (31%) in performing comprehensive newborn signal functions.

(Table 7.6 and **Figure 7.30)**

Figure 7.30 **Basic newborn signal functions, by facility type**



- Only 5% of all public facilities offering normal delivery services have all 20 advanced signal functions. This percentage is highest in district hospitals (21%).

  (Table 7.6 and **Figure 7.31)**

Figure 7.31 **Advanced newborn signal functions, by facility type**

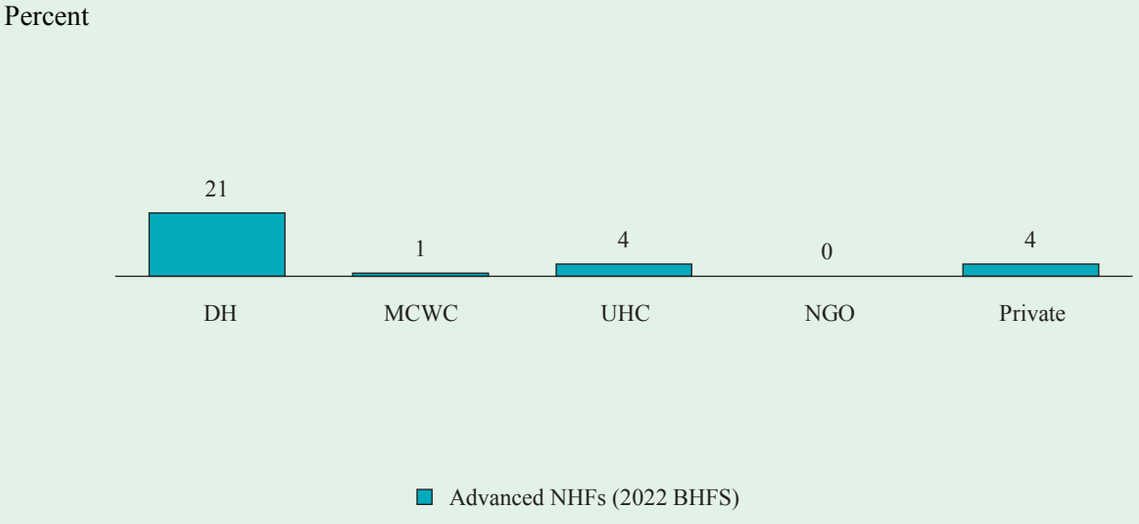


Table 7.1 Availability of maternal health services

Among all facilities, the percentages offering specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentages having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities offering:				Number of facilities	Percentage of facilities offering normal delivery services that have:		Number of facilities offering normal delivery services
	Antenatal care (ANC)	Normal delivery service	Cesarean delivery	Postnatal care (PNC)		Provider of delivery care available on site or on-call 24 hours/ day, with observed duty schedule	Provider of delivery care available on site or on all 24 hours/ day, with or without observed duty schedule	
Facility type								
District and upazila public facilities	**99.8**	**97.4**	**55.8**	**99.6**	**319**	**86.5**	**98.8**	**305**
DH	100.0	100.0	100.0	100.0	62	82.3	98.4	62
MCWC	99.0	87.1	41.8	97.9	100	80.3	95.5	87
UHC	100.0	99.5	52.7	100.0	157	88.5	99.5	156
Union level public facilities	**98.0**	**48.9**	**-**	**96.5**	**434**	**36.7**	**86.1**	**206**
UHFWC	100.0	58.5	-	99.0	293	37.7	87.7	170
USC/RD	92.8	23.4	-	90.1	141	29.5	75.6	36
Community clinic (CC)	**99.8**	**4.7**	**-**	**96.9**	**488**	**30.0**	**52.1**	**24**
NGO static clinic/hospital	**100.0**	**33.5**	**20.6**	**98.1**	**127**	**87.6**	**100.0**	**39**
Private hospital	**72.4**	**89.0**	**92.3**	**78.9**	**189**	**55.2**	**97.2**	**166**
Location								
Urban	79.3	81.7	80.1	83.2	514	60.7	97.1	409
Rural	99.3	16.5	0.7	96.9	1043	39.4	80.5	331
Division								
Barishal	98.8	18.7	6.4	91.9	152	48.6	85.4	73
Chattogram	97.2	30.6	14.0	95.5	244	56.8	95.2	124
Dhaka	95.4	29.8	17.8	94.9	264	56.1	92.3	133
Khulna	90.5	30.4	20.0	91.3	208	40.6	92.2	92
Rajshahi	97.8	26.4	12.2	96.3	212	43.0	86.5	102
Rangpur	97.7	17.1	5.9	97.6	190	53.3	78.5	84
Sylhet	98.0	31.6	6.9	93.4	136	36.8	67.4	69
Mymensingh	97.5	18.2	6.3	95.5	151	43.9	82.1	63
Total	96.2	26.4	12.7	94.8	1557	49.3	88.2	740
Total excluding CCs	89.9	64.7	35.2	91.1	1069	51.8	92.8	716
Total public	99.4	17.7	1.7	96.9	1241	43.8	81.7	535
Total public excluding CCs	98.2	54.6	6.6	96.9	753	47.1	88.8	511

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

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

Among facilities that offer normal delivery services, the percentages with guidelines, at least one staff member recently trained in delivery care, and basic equipment for routine delivery available in the facility on the day of the survey, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities offering normal delivery service that have:			Equipment									Number of facilities offering normal delivery services
	Guidelines on maternal health	Staff trained in delivery care during thepast 24 months[1]	Staff trained in delivery care at any time[1]	Emergency transport[2]	Examination light[3]	Delivery pack[4]	Manual vacuum extractor	Vacuum aspirator or D & C kit [5]	Partograph[6]	Gloves [7]	Delivery bed	Sterilization equipment[8]	
Facility type													
District and upazila public facilities	**17.4**	**20.7**	**59.3**	**86.0**	**89.8**	**94.4**	**27.3**	**40.2**	**87.8**	**91.4**	**89.9**	**86.6**	**305**
DH	24.2	12.9	54.8	96.8	93.5	96.8	38.7	43.5	90.3	95.2	91.9	98.4	62
MCWC	12.6	19.4	81.8	63.5	90.7	93.1	28.6	40.5	77.3	85.9	86.3	85.0	87
UHC	17.4	22.1	55.2	89.2	89.1	94.4	25.4	39.7	89.6	92.0	90.3	85.3	156
Union level public facilities	**11.5**	**6.6**	**38.8**	**1.7**	**67.7**	**90.6**	**19.7**	**16.6**	**40.0**	**62.9**	**78.8**	**48.4**	**206**
UHFWC	10.7	5.9	38.3	1.5	68.2	91.8	19.8	16.4	39.4	61.0	79.4	49.3	170
USC/RD	16.8	11.2	42.1	3.5	64.9	82.8	19.1	17.8	44.1	75.7	75.0	42.4	36
Community clinic (CC)	**0.0**	**9.6**	**56.5**	**3.3**	**63.6**	**31.8**	**4.7**	**0.0**	**5.1**	**28.4**	**54.5**	**0.0**	**24**
NGO static clinic/hospital	**29.0**	**21.9**	**60.8**	**42.4**	**92.9**	**94.6**	**45.4**	**56.3**	**91.5**	**90.8**	**94.5**	**85.7**	**39**
Private hospital	**3.5**	**7.7**	**22.9**	**32.4**	**91.2**	**86.3**	**32.5**	**53.8**	**20.7**	**84.1**	**80.6**	**89.5**	**166**
Location													
Urban	6.5	9.7	27.7	40.0	91.2	87.3	32.8	52.1	31.5	85.7	82.1	89.9	409
Rural	9.3	8.6	45.1	8.6	68.9	78.9	17.1	15.7	36.8	57.8	74.8	41.0	331
Division													
Barishal	7.4	10.4	44.0	17.4	79.7	80.4	17.0	27.9	36.6	79.3	62.7	54.5	73
Chattogram	16.2	15.2	45.9	22.5	74.3	91.8	29.3	30.4	33.5	81.3	89.8	72.0	124
Dhaka	8.3	6.3	33.6	31.3	80.4	90.2	29.2	47.5	45.7	67.2	71.1	71.8	133
Khulna	3.3	4.0	31.1	23.9	70.7	70.1	13.1	19.3	17.9	70.7	83.8	64.7	92
Rajshahi	2.1	8.8	25.3	17.8	87.8	73.2	25.7	38	20.1	62.6	74.5	58.0	102
Rangpur	5.1	5.6	44.5	18.1	81.6	96.1	31.9	23.9	47.9	64.9	78	51.5	84
Sylhet	8.5	15.8	34.9	22.4	89.6	73.0	24.6	28.5	51.4	67.2	76.5	61.1	69
Mymensingh	7.4	6.9	47.7	17.6	78.6	71.6	9.3	26.2	25.7	71.8	73.9	40.1	63
Total	8.0	9.1	37.0	23.2	79.3	82.8	24.4	32.7	34.3	70.8	78.2	63.8	740
Total excluding CCs	9.0	9.0	34.6	25.8	81.3	89.2	26.9	36.8	38.0	76.2	81.2	71.9	716
Total public	10.2	9.5	45.6	16.2	70.6	79.9	18.1	17.3	41.3	61.0	76.0	45.5	535
Total public excluding CCs	12.7	9.5	43.1	19.3	72.3	91.4	21.3	21.5	49.9	68.8	81.1	56.4	511

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

[1] Facility having at least one interviewed staff member providing the service who reports receiving in-service training in delivery care. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

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

[3] A functioning flashlight is acceptable.

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

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

[6] A blank partograph at the service site.

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

[8] Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.

Table 7.3 Medicines and commodities for delivery

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, and priority medicines for mothers observed to be available on the day of the survey, by background characteristics, 2022 BHFS

Medicines	Facility type										Total	Total excluding CCs	Total public	Total public excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union level public facilities	UHFWC	USC/RD	Community clinic (CC)	NGO static clinic/ hospital	Private hospital				
Essential medicines for delivery[1]														
Injectable uterotonic (oxytocin)[2]	**87.9**	83.9	77.1	90.8	**39.2**	38.7	42.4	**0.0**	**96.1**	**82.0**	57.8	65.1	39.8	49.3
Injectable antibiotic[3]	**72.5**	98.4	51.7	73.1	**4.4**	3.4	11.5	**0.0**	**69.7**	**72.2**	38.9	43.8	15.0	18.6
Injectable magnesium sulphate[2]	**53.7**	64.5	33.6	56.4	**16.8**	16.6	17.8	**0.0**	**68.3**	**61.9**	37.5	42.3	19.8	24.5
Injectable diazepam	**65.1**	72.6	41.3	69.0	**8.6**	8.7	8.2	**0.0**	**56.1**	**77.0**	41.3	46.5	16.4	20.4
Skin disinfectant	**78.4**	72.6	74.8	80.0	**49.9**	50.3	47.0	**19.6**	**89.2**	**82.5**	63.1	68.6	48.8	55.8
Intravenous fluids with infusion set[4]	**62.0**	66.1	50.3	63.9	**29.1**	27.4	40.6	**4.7**	**63.8**	**51.9**	39.4	43.8	29.9	36.0
Priority medicines for mothers[5]														
Sodium chloride injectable solution	**88.8**	85.5	59.8	95.5	**40.8**	40.8	40.9	**0.0**	**73.3**	**60.4**	49.5	55.7	41.0	50.8
Injectable Calcium gluconate	**3.4**	9.7	4.4	2.3	**5.4**	5.1	7.1	**0.0**	**29.7**	**31.2**	15.4	17.3	4.0	5.0
Ampicillin powder for injection	**33.0**	11.3	1.2	43.1	**0.8**	0.4	3.5	**0.0**	**3.4**	**9.3**	7.3	8.2	6.1	7.5
Injectable metronidazole	**63.1**	56.5	28.7	71.4	**1.5**	1.4	2.2	**0.0**	**51.5**	**56.7**	30.4	34.2	11.6	14.4
Misoprostol capsules or tablets	**63.4**	48.4	79.3	62.2	**73.7**	76.3	56.2	**48.8**	**76.5**	**50.8**	60.9	62.4	67.1	71.5
Azithromycin capsules or tablets or oral liquid	**82.5**	95.2	9.3	96.3	**6.0**	1.2	38.1	**3.9**	**74.9**	**49.7**	32.1	35.7	18.4	21.9
Cefixime capsules or tablets	**69.3**	87.1	16.5	78.0	**2.0**	0.0	15.2	**0.0**	**68.8**	**55.3**	31.0	34.9	12.9	16.0
Benzathine benzyl penicillin powder for injection	**11.7**	24.2	1.1	12.0	**2.9**	2.9	3.4	**7.8**	**0.9**	**6.6**	5.7	5.5	5.3	4.8
Injectable betamethasone/ dexamethasone	**67.9**	71.0	27.5	75.3	**2.0**	0.4	13.1	**0.0**	**53.5**	**53.4**	29.7	33.5	12.6	15.6
Nifedipine capsules or tablets	**4.4**	6.5	3.5	4.4	**0.1**	0.0	1.1	**0.0**	**11.5**	**21.1**	9.1	10.3	0.8	1.0
Number of facilities offering normal delivery services	**305**	62	87	156	**206**	170	36	**24**	**39**	**166**	740	716	535	511

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

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

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

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

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

[5] The priority medicines for mothers are defined by WHO; the list is published at http://www.who.int/medicines/publications/A4prioritymedicines.pdf

Table 7.4 Items for infection control during provision of delivery care

Among facilities offering normal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities offering normal delivery services that have items for infection control								
	Soap	Running water[1]	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	Number of facilities offering normal delivery services
Facility type									
District and upazila public facilities	**81.2**	**90.3**	**79.4**	**87.3**	**92.4**	**91.4**	**51.1**	**80.9**	**305**
DH	87.1	91.9	87.1	93.5	95.2	95.2	56.5	88.7	62
MCWC	82.4	87.0	81.2	76.8	84.7	85.9	53.8	70.9	87
UHC	80.0	90.7	77.9	88.6	93.6	92.0	49.7	81.9	156
Union level public facilities	**55.6**	**58.5**	**53.9**	**52.4**	**62.7**	**62.9**	**40.2**	**49.7**	**206**
UHFWC	54.3	57.3	52.3	50.1	61.1	61.0	39.8	49.0	170
USC/RD	64.4	66.6	64.4	68.3	73.4	75.7	42.7	54.8	36
Community clinic (CC)	**31.6**	**31.6**	**31.6**	**31.6**	**31.6**	**28.4**	**28.4**	**25.1**	**24**
NGO static clinic/hospital	**83.7**	**85.9**	**83.7**	**85.9**	**90.8**	**90.8**	**66.2**	**84.1**	**39**
Private hospital	**77.1**	**79.4**	**76.0**	**78.3**	**82.0**	**84.1**	**29.8**	**58.0**	**166**
Location									
Urban	78.6	82.1	77.6	81.0	85.1	85.7	34.9	62.9	409
Rural	52.3	54.7	50.8	50.1	57.6	57.8	37.8	46.4	331
Division									
Barishal	69.6	72.7	67.0	66.8	75.3	79.3	36.4	63.0	73
Chattogram	68.3	75.8	68.0	77.1	80.1	81.3	46.3	62.3	124
Dhaka	65.0	66.6	64.1	62.4	66.1	67.2	39.3	57.0	133
Khulna	60.0	59.1	56.8	53.3	66.7	70.7	19.3	38.6	92
Rajshahi	59.1	63.0	58.6	60.0	64.1	62.6	25.6	51.5	102
Rangpur	63.2	62.1	60.9	57.7	67.8	64.9	40.2	53.2	84
Sylhet	68.1	68.5	66.4	70.2	72.0	67.2	52.3	49.9	69
Mymensingh	67.4	75.4	67.4	67.1	74.2	71.8	33.4	58.8	63
Total	64.6	67.5	63.3	64.5	70.4	70.8	36.4	54.1	740
Total excluding CCs	68.7	72.0	67.3	68.7	75.3	76.2	37.5	57.8	716
Total public	55.3	58.7	53.9	54.3	61.7	61.0	39.7	50.2	535
Total public excluding CCs	61.0	65.1	59.2	59.7	68.9	68.8	42.5	56.2	511

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

[2] Non-latex equivalent gloves are acceptable.

[3] Waste receptacles with plastic bin liner.

Table 7.5 Signal functions for emergency obstetric care

Among facilities offering normal delivery services, percentages reporting that they performed the signal functions for emergency obstetric care at least once during the three months before the survey, by background characteristics, 2022 BHFS

Background characteristic	Percentage of facilities that applied parenteral:			Percentage of facilities that carried out:								Number of facilities offering normal delivery services
	Anti-biotics	Oxy-tocic	Anticonvulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation	Blood transfusion	Cesarean delivery	All 7 BEmOC signal functions [1]	All 9 CEmOCsignal functions [2]	
Facility type												
District and upazila public facilities	**90.6**	**96.8**	**58.8**	**53.6**	**94.5**	**82.0**	**90.4**	**60.0**	**57.0**	**26.7**	**13.3**	**305**
DH	98.4	98.4	95.2	56.5	95.2	98.4	93.5	93.5	98.4	46.8	43.5	62
MCWC	65.4	89.9	31.2	57.5	84.9	72.3	74.2	22.7	46.8	14.8	4.4	87
UHC	94.9	98.0	59.3	52.3	96.4	81.7	93.4	63.0	53.0	26.3	10.7	156
Union level public facilities	**29.8**	**60.2**	**9.7**	**37.8**	**64.5**	**38.3**	**50.1**	**-**	**-**	**0.9**	**-**	**206**
UHFWC	30.0	59.3	10.9	38.5	65.5	38.2	49.6	-	-	0.8	-	170
USC/RD	29.1	66.6	1.1	33.3	57.6	39.0	52.8	-	-	1.1	-	36
Community clinic (CC)	**0.0**	**31.8**	**0.0**	**17.2**	**57.2**	**36.0**	**29.7**	**-**	**-**	**0.0**	**-**	**24**
NGO static clinic/hospital	**90.2**	**100.0**	**49.3**	**64.1**	**90.3**	**75.3**	**86.6**	**55.0**	**61.5**	**31.5**	**27.7**	**39**
Private hospital	**89.7**	**93.5**	**64.2**	**57.0**	**80.2**	**64.7**	**80.9**	**70.1**	**96.6**	**37.6**	**26.8**	**166**
Location												
Urban	90.8	94.0	63.8	58.2	82.4	69.0	82.1	68.5	92.0	37.2	26.3	409
Rural	28.4	57.9	11.4	33.9	65.6	40.2	49.6	5.5	4.3	2.2	0.6	331
Division												
Barishal	69.9	76.5	41.9	50.8	93.7	48.1	78.2	32.6	32.0	21.1	9.8	73
Chattogram	57.3	82.6	38.2	58.7	78.1	64.9	67.1	36.0	44.2	21.1	14.2	124
Dhaka	64.2	75.0	50.5	54.2	70.4	60.6	67.2	49.7	55.5	26.5	21.9	133
Khulna	61	68.4	20.2	26.5	56.1	26.7	54.1	35.3	57.2	7.9	7.7	92
Rajshahi	50.7	69.4	32.6	42.4	75.4	49.0	62.3	27.6	46.2	20.0	7.8	102
Rangpur	52.5	79.9	27.9	34.1	82.1	63.7	50.7	23.2	32.1	12.5	8.3	84
Sylhet	48.7	67.7	36.8	43.5	81.6	64	73.7	18.6	21.8	20.8	10.9	69
Mymensingh	44.6	74.1	21.3	27.3	69.0	43.1	77.4	25.8	33.2	4.5	3.2	63
Total	57.5	74.7	35.9	45.2	73.4	53.6	64.8	34.9	45.2	18.6	12.5	740
Total excluding CCs	64.8	80.1	40.4	48.8	75.5	55.9	69.2	39.3	50.9	20.9	14.1	716
Total public	34.3	60.9	16.1	36.5	68.1	45.2	52.9	10.1	9.6	5.0	2.2	535
Total public excluding CCs	42.5	67.9	19.9	41.1	70.8	47.4	58.5	12.5	11.9	6.2	2.8	511

Note: MVA = Manual vacuum aspiration

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

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

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

Table 7.6 Newborn Signal Functions

Among facilities offering normal delivery services, the percentages reporting that they performed the newborn signal functions at least once during the 3 months before the survey, by background characteristics, 2022 BHFS

Newborn signal functions	Facility type										Total	Total excluding CCs	Total public	Total public excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union level public facilities	UHFWC	USC/RD	Community clinic (CC)	NGO static clinic/ hospital	Private hospital				
Iron and folic acid supplementation in pregnant women	**96.0**	95.2	94.2	96.5	**88.3**	86.9	98.0	**87.0**	**92.9**	**73.7**	83.3	82.8	89.4	89.9
Hand wash each time before touching the baby	**98.8**	100.0	97.7	98.8	**83.2**	83.9	78.5	**70.1**	**96.7**	**97.6**	89.3	91.7	83.3	86.5
Drying of the baby immediately after birth	**98.4**	100.0	96.5	98.6	**84.3**	84.2	84.8	**70.1**	**96.7**	**97.8**	89.7	92.2	83.9	87.2
Delayed umbilical cord clamping	**97.9**	100.0	97.7	97.6	**83.3**	84.6	75.1	**54.6**	**96.7**	**91.3**	85.0	88.8	80.2	86.4
Clean cord cutting sterile blade	**94.5**	93.5	96.6	94.3	**83.2**	83.5	81.3	**66.2**	**96.7**	**90.9**	85.8	88.2	81.8	85.6
Single application of 7.1% CHX	**98.4**	98.4	94.0	99.3	**86.0**	86.3	83.6	**70.1**	**100.0**	**88.5**	86.7	88.8	85.0	88.6
Neonatal resuscitation	**90.4**	93.6	74.2	93.4	**50.1**	49.6	52.8	**29.8**	**86.6**	**80.9**	64.8	69.2	52.9	58.5
Perform skin to skin care immediately after birth	**99.1**	98.4	98.8	99.3	**85.3**	86.2	79.1	**65.1**	**96.7**	**95.3**	88.6	91.6	83.7	88.2
Early initiation of breast feeding	**99.0**	98.4	99.1	98.8	**83.8**	83.7	84.8	**70.1**	**96.7**	**97.6**	89.5	92.0	83.7	87.0
Immunize patient with tetanus toxoid	**71.2**	69.4	52.8	75.3	**40.6**	37.9	58.6	**48.8**	**68.0**	**51.6**	49.5	49.6	47.3	47.0
Administer oral antibiotic	**58.8**	77.4	55.2	56.7	**28.3**	27.3	34.9	**7.8**	**66.6**	**63.7**	43.9	48.4	29.4	34.6
Administer intramuscular antibiotic	**54.5**	71.0	29.0	57.5	**8.4**	8.2	9.9	**-**	**45.7**	**59.7**	37.3	-	18.0	-
Suction of airway of newborn	**90.4**	98.4	81.3	91.2	**57.0**	57.3	55.2	**26.8**	**88.3**	**89.1**	70.3	75.8	56.8	64.0
Administer intravenous antibiotic	**64.9**	85.5	28.9	69.4	**-**	-	-	**-**	**42.2**	**71.7**	69.1	-	64.9	-
Administer antibiotic for premature rupture of membrane	**82.2**	98.4	63.1	83.9	**-**	-	-	**-**	**67.0**	**71.1**	73.0	-	82.2	-
Oxygen therapy for management of newborn infection and respiratory problem	**93.0**	100.0	68.8	97.1	**-**	-	-	**-**	**85.6**	**86.8**	87.9	-	93.0	-
KMC for preterm or LBW newborn	**64.0**	83.9	33.5	67.5	**-**	-	-	**-**	**41.8**	**29.5**	36.6	-	64.0	-
Phototherapy for term or preterm with hyperbilirubinemia	**24.0**	18.6	4.4	19.7	**-**	-	-	**-**	**18.6**	**25.3**	24.7	-	24.0	-
Incubator support for sick term baby, preterm baby or if the baby receiving KMC becomes sick	**14.6**	56.5	4.5	10.5	**-**	-	-	**-**	**3.3**	**16.8**	15.8	-	14.6	-
Corticosteroids for pre-term labor	**64.8**	91.9	40.2	66.0	**-**	-	-	**-**	**59.1**	**68.3**	67.2	-	64.8	-
All primary 9 NSFs[1]	**77.0**	82.3	64.9	78.8	**43.0**	43.9	37.0	**15.0**	**76.2**	**50.7**	47.0	51.1	43.3	50.1
All basic 13 NSFs [2]	**27.9**	38.7	12.9	29.5	**2.4**	2.1	4.0	**-**	**33.0**	**21.5**	14.5	-	7.7	-
All comprehensive 18 NSFs[3]	**10.7**	30.7	2.3	9.5	**-**	-	-	**-**	**8.6**	**6.9**	7.7	-	10.7	-
All advanced 20 NSFs[4]	**5.3**	21.0	1.1	3.8	**-**	-	-	**-**	**0.0**	**3.8**	3.9	-	5.3	-
Number of facilities offering normal delivery services	**305**	62	87	156	**206**	170	36	**24**	**39**	**166**	740	716	535	511

[1]Primary newborn signal functions: Iron and folic acid supplementation in pregnant women, hand wash each time before touching the baby, drying of the baby immediately after birth, delayed umbilical cord clamping, clean cord cutting sterile blade, single application of 7.5% CHX, neonatal resuscitation, perform skin to skin care immediately after birth, early initiation of breast feeding.

[2]Basic newborn signal functions: Primary newborn signal functions and Immunize patient with tetanus toxoid, administer oral antibiotic, administer intramuscular antibiotic, suction of airway of newborn.

[3]Comprehensive newborn signal function: Basic newborn signal functions and administer intravenous antibiotic, administer antibiotic for premature rupture of membrane, oxygen therapy for management of newborn infection and respiratory problem, KMC for preterm of LBW newborn, phototherapy for term or preterm with hyperbilirubinemia.

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

"-" Means facilities do not have the provision to provide the indicated newborn signal function.

Table 7.7 Readiness of health facilities to provide normal delivery service

Among facilities that offer normal delivery services, the percentages with 13 readiness items and average readiness score by background characteristics, 2022 BHFS

Background characteristic	Guidelines on maternal health	Staff trained in delivery care at any time[1]	Examination light[2]	Delivery pack[3]	Suction apparatus	Neonatal bag and mask	Partograph[4]	Gloves[5]	Injectable uterotonic oxytocin	Injectable antibiotic	Magnesium sulphate	Skin disinfectant	Intravenous fluids with infusion set	Average readiness score (out of 13)[6]	Number of facilities offering normal delivery services
Facility type															
District and upazila public facilities	**17.4**	**59.3**	**89.8**	**94.4**	**77.1**	**95.7**	**87.8**	**91.4**	**87.9**	**72.5**	**53.7**	**78.4**	**62.0**	**9.7**	**305**
DH	24.2	54.8	93.5	96.8	83.9	98.4	90.3	95.2	83.9	98.4	64.5	72.6	66.1	10.2	62
MCWC	12.6	81.8	90.7	93.1	68.7	89.4	77.3	85.9	77.1	51.7	33.6	74.8	50.3	8.9	87
UHC	17.4	55.2	89.1	94.4	77.9	96.7	89.6	92.0	90.8	73.1	56.4	80.0	63.9	9.8	156
Union level public facilities	**11.5**	**38.8**	**67.7**	**90.6**	**29.2**	**79.1**	**40.0**	**62.9**	**39.2**	**4.4**	**16.8**	**49.9**	**29.1**	**5.6**	**206**
UHFWC	10.7	38.3	68.2	91.8	29.0	79.8	39.4	61.0	38.7	3.4	16.6	50.3	27.4	5.5	170
USC/RD	16.8	42.1	64.9	82.8	30.6	74.3	44.1	75.7	42.4	11.5	17.8	47.0	40.6	5.9	36
Community clinic (CC)	**0.0**	**56.5**	**63.6**	**31.8**	**0.0**	**26.3**	**5.1**	**28.4**	**0.0**	**0.0**	**0.0**	**19.6**	**4.7**	**2.4**	**24**
NGO static clinic/hospital	**29.0**	**60.8**	**92.9**	**94.6**	**83.4**	**94.6**	**91.5**	**90.8**	**96.1**	**69.7**	**68.3**	**89.2**	**63.8**	**10.2**	**39**
Private hospital	**3.5**	**22.9**	**91.2**	**86.3**	**88.0**	**81.8**	**20.7**	**84.1**	**82.0**	**72.2**	**61.9**	**82.5**	**51.9**	**8.3**	**166**
Location															
Urban	6.5	27.7	91.2	87.3	86.2	84.3	31.5	85.7	82.6	71.9	60.7	81.7	53.1	8.5	409
Rural	9.3	45.1	68.9	78.9	28.0	69.1	36.8	57.8	36.2	10.1	21.9	46.8	27.4	5.3	331
Division															
Barishal	7.4	44.0	79.7	80.4	45.4	79.6	36.6	79.3	62.4	38.7	33.1	63.2	41.4	6.9	73
Chattogram	16.2	45.9	74.3	91.8	62.2	77.9	33.5	81.3	65.1	39.1	39.3	67.5	48.6	7.4	124
Dhaka	8.3	33.6	80.4	90.2	61.2	82.4	45.7	67.2	65.9	48.5	42.1	64.5	53.4	7.4	133
Khulna	3.3	31.1	70.7	70.1	55.2	60.9	17.9	70.7	60.1	48.4	45.3	75.6	26.2	6.4	92
Rajshahi	2.1	25.3	87.8	73.2	49.7	78.5	20.1	62.6	40.1	25.1	24.0	50.1	20.1	5.6	102
Rangpur	5.1	44.5	81.6	96.1	46.9	86.6	47.9	64.9	48.9	27.6	30.1	57.9	36.9	6.8	84
Sylhet	8.5	34.9	89.6	73.0	51.5	67.2	51.4	67.2	49.9	26.3	38.5	59.4	28.6	6.5	69
Mymensingh	7.4	47.7	78.6	71.6	40.6	75.0	25.7	71.8	52.7	39.1	37.1	49.3	46.2	6.4	63
Total	8.0	37.0	79.3	82.8	55.1	76.1	34.3	70.8	57.8	38.9	37.5	63.1	39.4	6.8	740
Total excluding CCs	9.0	34.6	81.3	89.2	62.1	82.5	38.0	76.2	65.1	43.8	42.3	68.6	43.8	7.4	716
Total public	10.2	45.6	70.6	79.9	31.6	71.7	41.3	61.0	39.8	15.0	19.8	48.8	29.9	5.7	535
Total public excluding CCs	12.7	43.1	72.3	91.4	39.2	82.5	49.9	68.8	49.3	18.6	24.5	55.8	36.0	6.4	511

[1] Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

[2] A functioning flashlight is acceptable.

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

[4] A blank partograph at the service site.

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

[6] Average readiness score is the average number of items (out of 13 items) available for providing normal delivery services.

Table 7.8 Training for providers on normal delivery services and immediate newborn care

Among interviewed providers of normal delivery or newborn care services, percentages who report receiving in-service training on topics related to delivery and newborn care during the 24 months preceding the survey, by background characteristics, 2022 BHFS

Background characteristic	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:												Number of interviewed providers of normal delivery or newborn care services
	Newborn resuscitation using bag and mask		Essential newborn care		Umbilical cord care (use of 7.1% chlorhexidine)		Emergency triage assessment training (ETAT)		IMCI guidelines (0-59) days		Comprehensive on new born care		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
District and upazila public facilities	**10.7**	**33.8**	**8.5**	**24.4**	**8.7**	**29.4**	**4.8**	**14.8**	**4.4**	**16.3**	**6.1**	**14.9**	**2,114**
DH	8.5	38.3	7.2	26.9	5.8	31.6	6.3	19.2	5.1	14.1	6.1	15.2	420
MCWC	11.4	56.2	8.4	44.8	8.8	51.3	4.6	17.0	3.3	22.8	7.2	35.0	328
UHC	11.4	31.5	8.9	22.9	9.7	27.9	4.3	13.3	4.3	16.8	6.0	14.1	1,366
Union level public facilities	**10.4**	**47.8**	**10.0**	**40.6**	**12.1**	**51.2**	**4.7**	**17.1**	**3.6**	**26.5**	**9.1**	**35.9**	**334**
UHFWC	10.3	50.6	10.3	43.1	12.2	54.8	4.6	17.5	3.5	28.3	10.0	38.8	267
USC/RD	11.1	30.9	8.1	25.0	11.3	29.0	5.6	15.0	4.7	15.7	3.4	17.7	67
Community clinic (CC)	**2.1**	**37.3**	**0.0**	**17.8**	**13.9**	**62.2**	**0.0**	**7.0**	**9.4**	**25.1**	**2.2**	**29.6**	**30**
NGO static clinic/hospital	**21.3**	**38.5**	**17.7**	**36.1**	**19.5**	**36.9**	**7.6**	**16.1**	**11.6**	**25.2**	**9.1**	**19.5**	**147**
Private hospital	**4.6**	**13.0**	**3.7**	**8.7**	**3.4**	**9.9**	**1.7**	**4.3**	**1.4**	**3.8**	**1.7**	**7.0**	**427**
Location													
Urban	7.8	23.7	6.5	17.6	6.2	19.8	3.5	10.2	3.1	10.0	4.1	11.4	1,993
Rural	9.8	35.7	7.5	25.5	10.3	37.9	3.4	12.0	4.7	19.9	5.7	21.4	1,059
Division													
Barishal	4.5	26.5	3.6	17.6	3.3	20.8	1.6	10.4	0.8	14.2	2.3	10.8	352
Chattogram	8.8	26.8	9.7	23.5	10.3	29.3	6.4	15.3	6.1	14.5	4.8	15.7	533
Dhaka	6.9	18.9	4.5	14.7	5.6	17.2	3.2	6.7	3.6	9.0	3.9	10.7	542
Khulna	6.4	34.5	3.8	21.9	4.1	30.7	2.6	13.8	2.3	16.0	2.7	17.3	352
Rajshahi	8.8	30.9	7.2	18.0	7.2	22.8	1.8	8.5	3.0	13.6	5.2	13.1	376
Rangpur	11.0	30.6	8.6	23.6	8.9	26.6	3.6	12.5	2.8	12.5	7.0	15.5	391
Sylhet	13.9	38.1	10.5	30.1	10.8	34.7	4.1	13.6	3.2	14.6	5.3	17.5	243
Mymensingh	10.7	29.8	9.3	18.6	11.0	31.4	2.4	8.9	2.6	14.0	6.3	20.0	263
Total	8.3	27.0	6.7	19.8	7.3	24.7	3.5	10.7	3.5	12.7	4.6	14.1	3,052
Total excluding CCs	8.5	26.7	6.9	19.8	7.1	23.6	3.6	10.8	3.4	12.4	4.6	13.7	3,022
Total public	10.2	36.1	8.3	26.5	9.5	34.3	4.5	14.8	4.6	18.2	6.3	18.8	2,478
Total public excluding CCs	10.7	36.0	8.7	27.0	9.2	32.8	4.8	15.2	4.3	17.9	6.5	18.2	2,448

Table 7.9 Essential Medicines for newborn care

Among facilities that offer normal delivery services, the percentages with essential medicines for newborns observed to be available on the day of the survey, by facility type, 2022 BHFS

Essential medicines for newborn care	Facility type										Total	Total excluding CCs	Total public	Total public excluding CCs
	District and upazila public facilities	DH	MCWC	UHC	Union level public facilities	UHFWC	USC/RD	Community clinic (CC)	NGO static clinic/ hospital	Private hospital				
Essential medicines for newborns														
Antibiotic eye ointment for newborn	**63.3**	64.5	4.8	75.6	**9.7**	6.3	32.6	**88.9**	**2.8**	**15.8**	26.1	18.1	34.0	20.9
Injectable gentamicin	**70.1**	58.1	39.3	78.4	**21.1**	23.3	6.2	**0.0**	**35.2**	**44.8**	33.2	37.4	25.3	31.3
Amoxicillin syrup/ suspension	**68.0**	32.3	89.8	68.7	**85.3**	89.6	56.7	**91.4**	**31.5**	**18.5**	56.6	52.2	83.6	81.7
Ampicillin injection	**33.0**	11.3	1.2	43.1	**0.8**	0.4	3.5	**0.0**	**3.4**	**9.3**	7.3	8.2	6.1	7.5
7.1% Chlorhexidine solution	**92.0**	67.7	89.8	96.1	**80.5**	84.3	54.8	**53.0**	**89.3**	**38.4**	62.1	63.2	77.1	82.9
Number of facilities offering normal delivery services	**305**	62	87	156	**206**	170	36	**24**	**39**	**166**	740	716	535	511

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

Table 7.10 Availability of equipment for newborn care services

Among facilities that offer normal delivery services, the percentages having indicated equipment, by background characteristics, 2022 BHFS

Background characteristic	Incubator	Suction apparatus with catheter	Suction bulb or penguin sucker	Newborn bag and mask	Timer	Infant scale	Fetal stethoscope	Thermometer	Number of facilities offering normal delivery services
Facility type									
District and upazila public facilities	**10.0**	**77.1**	**95.9**	**95.7**	**96.6**	**95.4**	**70.6**	**79.1**	**305**
DH	27.4	83.9	91.9	98.4	96.8	90.3	71.0	77.4	62
MCWC	2.3	68.7	87.4	89.4	92.0	94.2	52.5	78.1	87
UHC	9.1	77.9	98.2	96.7	97.6	96.4	74.5	79.6	156
Union level public facilities	**-**	**29.2**	**76.3**	**79.1**	**83.7**	**75.4**	**22.3**	**75.4**	**206**
UHFWC	-	29.0	78.6	79.8	83.1	78.8	22.5	76.4	170
USC/RD	-	30.6	60.6	74.3	87.6	52.9	21.3	68.5	36
Community clinic (CC)	**-**	**0.0**	**42.7**	**26.3**	**84.0**	**59.0**	**9.6**	**65.9**	**24**
NGO static clinic/hospital	**10.4**	**83.4**	**96.6**	**94.6**	**88.7**	**97.8**	**82.5**	**88.4**	**39**
Private hospital	**13.4**	**88.0**	**85.4**	**81.8**	**56.0**	**88.8**	**49.5**	**83.8**	**166**
Location									
Urban	13.0	0.0	86.4	84.3	62.7	89.5	54.1	83.1	409
Rural	1.8	83.4	71.6	69.1	84.1	74.2	23.5	74.2	331
Division									
Barishal	8.0	45.4	74.2	79.6	73.3	81.2	42.6	86.4	73
Chattogram	10.8	62.2	76.6	77.9	81.2	77.4	47.5	85.1	124
Dhaka	9.8	61.2	76.7	82.4	72.6	83.5	49.2	83.8	133
Khulna	1.8	55.2	86.7	60.9	51.7	78.3	11.4	55.8	92
Rajshahi	2.6	49.7	78.0	78.5	81.2	92.2	36.7	80.1	102
Rangpur	4.7	46.9	80.6	86.6	81.9	82.7	34.0	83.6	84
Sylhet	10.5	51.5	67.1	67.2	76.4	79.5	32.0	84.1	69
Mymensingh	4.2	40.6	89.5	75.0	85.6	69.9	37.5	64.3	63
Total	7.0	55.1	78.5	76.2	74.2	81.4	37.8	78.3	740
Total excluding CCs	7.9	62.1	83.1	82.5	72.9	84.2	41.3	79.9	716
Total public	2.6	31.6	73.1	71.7	85.9	75.6	28.0	74.2	535
Total public excluding CCs	3.2	39.2	80.4	82.5	86.4	79.6	32.4	76.2	511

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

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