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Summary Report
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Bangladesh

Hospital improvement initiative: summary of first cycle results

Hospital improvement initiative: Baseline community-based user survey (April 2000)

Summary of results

The CIET baseline for measuring the effects of the Hospital Improvement Initiative (HII), documents the use and experience of, and satisfaction with, services provided by the four district hospitals and the medical college in the Sylhet division. It also looks at reasons for current community usage patterns, and actionable areas for improvement.

Many of the households chose private medical care in the previous year, especially for outdoor patient (outpatient) services. Only a fifth chose a government health facility. Nearly all the outdoor and indoor patients (inpatients) interviewed came from the same district as the hospital, except for the medical college hospital where about a third of the indoor patients came from outside the district. Most went there directly, without being referred from another facility or doctor.

Less than half of the outdoor patients were satisfied with the service overall. Yet, most outdoor patients were satisfied with the cleanliness of the facilities and the behaviour of the registration clerk. Slightly more than half of the patients were also satisfied with privacy arrangements and the behaviour of the doctor or other health worker. Patient criticisms of the doctor's behaviour included lack of explanation, failure to prescribe medicines and lack of attention. Nearly a third of outdoor patients reported they saw the doctor for one minute or less. Consultation times were rather longer in the medical college hospital: 21% of patients saw the doctor for more than five minutes.

Few outdoor patients reported making unofficial payments to health staff or paid extra registration fees. Yet, a quarter of patients had to borrow money to cover the costs of the hospital visit.

Among indoor patients, 63% reported having to borrow money to cover the expenses of their hospital stay. Most patients paid an admission fee and 60% paid more than the official fee. Some 12% of patients on general wards reported paying daily bed charges and two thirds of patients had to buy medicines from outside the hospital. Focus groups suggested there is a widespread preception that hospital staff treat rich patients better than poor patients.

More than half the indoor patients (52%) were admitted as emergency cases. At least a quarter of indoor patients did not get a bed on the day of admission and some had to wait several days. Almost all indoor patients (89%) were prescribed medicines, but nearly half (46%) did not receive any of the prescribed medicines from the hospital and only 7% received all the prescribed medicines from the hospital.

Household respondents, outdoor patients and indoor patients tended to identify the same problems with services from the hospitals. Commonly cited problems include: lack of medicines, bad attitude of staff, overcrowding and lack of beds. Focus group discussions confirmed that patients would like better privacy arrangements particularly for female patients.

All focus groups condemned bribes and unofficial payments but some thought they were inevitable in order to get a service. Focus groups were divided on the question of increased user fees: about half would support them but only if they are accompanied by a better quality service.

Participants in all the focus groups were in favour of community involvement in district hospital management to improve the quality of service from hospitals. Desired involvement included: giving advice and opinions, participating in supervision and increasing accountability of staff.

Among health service providers, the main concerns of managers included: lack of staff, inadequate materials and equipment, and inadequate supplies of medicines. Suggestions for improvement included:

devolution of budgetary control to hospitals, increasing opportunities for revenue generation (such as user charges), increasing the number of beds, and increasing specialist facilities.

The process of the survey has set the stage for increasing community involvement in the way the hospitals operate. A repeat survey at the end of the HII is planned to assess the impact of the various aspects of the initiative on the use of government hospital facilities by households and on the experience and perceptions of outdoor and indoor patients.