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## RESEARCH ARTICLE

# SUGGESTED OPINION BY THE CLIENTS FOR IMPROVING STANDARD OF SERVICE ON URBAN PRIMARY HEALTH CARE SERVICES DELIVERY PROJECT WORKING IN SELECTED MUNICIPALITY, BANGLADESH

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## ARTICLE DETAILS

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## ABSTRACT

Good health of the common people is a basic requirement for national development. As Bangladesh is one of the fastest growing economies in South Asia, the health status of its Population is vital for the sustainable of their socio-economic development. Government and NGOs have been providing primary health care through a variety of outlets ranging from satellite clinics through primary health care centers, many new and innovative programs are in operation now. This study aimed to examine suggested opinion by the clients for improving standard of service on Urban Primary Health Care Services Delivery Project working in selected Municipality. This was a cross-sectional study carried out at three urban primary health care centers in Kushtia Municipality, Bangladesh. A sample of 576 patients was selected for this study by random sampling. The data were collected through questionnaires were processed using SPSS statistical software. Suggested opinion regarding improving standard were ensuring availability of doctor/nurse in due time (7.1%), behavior of the clinic staffs would be more friendly (13.0%), increasing lab test facilities (16.0%), improvement overall management (14.8%) and ensuring free treatment for the poor patient (11.6%). Though the overall health care services of the health centers were good, the clients gave some of their opinion to develop the standard of NGO clinic services.

### KEYWORDS

UPHCSDP, Municipality, Standard of services.

## 1. INTRODUCTION

A health care system striving to reduce morbidity and mortality related to pregnancy must focus on maternal and newborn health. The health care that a woman receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and the child. The government of Bangladesh is committed to achieving the target for Millennium Development Goal (MDG) 4 and MDG 5. The BMMS 2010 indicated a substantial reduction in the maternal mortality ratio (MMR), an annual rate of decrease of 5.6 percent (NIPORT, Mitra and Associate and Macro International, 2011). The MMR fell from 322 deaths per 100,000 live births (or between 253 and 391 at 95 percent confidence interval [CI]) in 1998-2001 to 194 deaths per 100,000 live births (149 to 238 at 95 percent CI) in 2007-2010, indicating a degree of success in the health sector (Arifeen et al., 2015).

Moreover, Bangladesh has set targets to achieve the goal of the Health, Population and Nutrition Sector Development Program (HPNSDP) to reduce MMR to less than 143 deaths per 100,000 live births and to reduce the under-five mortality rate from 146 deaths per 1,000 live births in 1990

to 48 deaths per 1,000 live births by 2016. The Ministry of Health and Family Welfare (MOHFW) has a Key Findings (Bangladesh Demographic Health Survey, 2014).

Health care financing issues remain a key agenda in global health policy. The most recent World Health Report puts greater emphasis on the country's health financing mechanisms in order to ensure universal coverage (World Health Organization, 2000). Rising health care costs and the large share of out-of-pocket expenses appear as among major hurdles for the poor to break out of poverty. Consequently, poverty reduction strategies within the purview of the millennium development goals (MDG) necessitate review and a possible reform of health care finance so as to arrest the growing impoverishment on account of health shocks (Hamid et al., 2011).

The Second Urban Primary Health Care Project (UPHCP-II) in Bangladesh started in 2005 with a mandate to extend every component of health service to at least 30% of the poor in catchment areas. Poor were identified through household survey and were provided with free service entitlement cards by the service delivery partners. UPHCP-II started

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service delivery in partnership with contracted non-government organizations (NGO) in 2005 (Biswas et al., 2012). The specific project objectives are to improve (i) access to and use of urban primary health care (PHC) services in the project area, with a particular focus on extending provision to the poorest; (ii) the quality of urban PHC services in the project area; and (iii) the cost-effectiveness, efficiency, and institutional and financial sustainability of PHC to meet the needs of the urban poor (Asian Development Bank, 2011). Community Clinics (CC) were to provide services for around 6000 people, and it was envisaged that their location would make them accessible for 80% of the population within less than 30 minutes walking distance (Norman et al., 2002). So, the goal of the project is to improve the health status of the urban population, especially the poor, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services.

## 2. MATERIALS AND METHODS

This was a comparative cross-sectional study conducted at three urban primary health care centers in Kushtia Municipality, Bangladesh from November 2017 to February 2018. A sample of 576 patients was selected for this study by random sampling. The data were collected by questionnaires. The data were checked, entered and analyzed using the computer program Statistical Package for Social Sciences (SPSS) version 22. The statistical analyses include frequencies and percentage.

## 3. RESULTS

Table 1 showed that about 31.9% of the clients came to these centers for the good quality of treatment. About 18.1% came for availability of treatment without any cost, 24.7% for treatment available with minimum cost, 12.7% for the clinic was near their house, 11.6% for medicine were available with a apposite price and 1.0% came for acquaintance work in the center.

Variables	Frequency (N=576)	Percentage (%)
<b>Reason for choice</b>		
Treatment of this clinic is good	184	31.9
Available treatment without any cost	104	18.1
Treatment available with minimum/affordable cost	142	24.7
The clinic is nearby my home	73	12.7
Medicine are available with a apposite price	67	11.6
One of my acquaintance worked in this clinic	6	1.0

Table 2 showed the opinion on the problems faced seeking services of the clients to the health centers. Table 2 showed that about 37.0% client complained that doctors did not concentrate to the patient statement, 30.6% of the client complained that behavior of the clinic staffs were not satisfactory. Again about 8.2% of the clients complained that nurses were not available in due time or when need.

Variables	Frequency (N=576)	Percentage (%)
<b>Problems faced by the patient</b>		
Doctors are not available in due time or when need	83	14.4
Doctors do not concentrate to patients statement	213	37.0
Nurses are not available in due time or when need	47	8.2
Behaviour of the doctors/nurses are not satisfactory	45	7.7
Behaviour of the clinic staffs are not satisfactory	176	30.6
No services are available in the clinic without money	12	2.1

Table 3 showed the opinion on the service standard of the centers. Table 3 showed that most of the client thought that behavior of the doctors (75.8%) and clinic staffs (58.3%) were good. The cleanliness of the clinic (62.7%), confidentiality of the treatment (52.6%) and availability or presence of the service provider (46.9%) was good. Also waiting time of the clients for service (41.1%), availability of the medicine (41.1%) and treatment equipment (53.0%) in centers were moderate on standard.

Service standard indicator	Standard Level of the services (%)				
	Very Good	Good	Moderate	Bad	Very Bad
Behavior of the Doctor/Service provider	12.2	75.8	8.0	3.0	1.0
Behavior of the staffs of the clinic	3.0	58.3	32.8	4.9	1.0
Cleanliness of the clinic	17.0	62.7	12.2	5.0	3.1
Confidentiality of the treatment	8.2	52.6	36.1	2.1	1.0
Waiting time for services	10.6	39.1	41.1	5.2	4.0
Availability/presence of the service provider	9.2	46.9	32.8	7.1	4.0
Availability of Medicine	3.1	37.9	41.1	14.9	3.0
Availability of treatment equipment	1.0	37.8	53.0	6.3	1.9

Table 4 showed the suggested opinion to develop the standard of NGO clinic services by the clients. These were the ensuring availability of doctor/nurse in due time/when need (7.1%), ensuring the concentration/attention of the doctors on patient (10.1%), behavior of the doctors/nurses/clinic staffs would be more friendly (13.0%), increasing lab test facilities (16.0), involving specialized doctor in the clinic/try to involve female specialized (3.1%), opening indoor facility or increasing number of bed in the indoor (6.1%), increasing cleanliness of waiting room, toilet (4.8%), improvement overall management (14.8%), reducing treatment cost (13.4%) and ensuring free treatment for the poor patient (11.6%).

Variables	Frequency (N=576)	Percentage (%)
<b>Suggested opinion</b>		
Ensure availability of Doctor/Nurse in due time/when need	41	7.1
Ensure to concentration/attention of the Doctors on Patient	58	10.1
Behavior of the Doctors/Nurses/Clinic staffs would be more friendly	75	13.0
Increase lab test facilities	92	16.0
Involve specialized Doctor in the clinic/Try to involve female specialized	18	3.1
Open indoor facility/Increase number of bed in the indoor	35	6.1
Increase cleanliness of waiting room, toilet	28	4.8
Improve overall management	85	14.8
Reduce treatment cost	77	13.4
Ensure free treatment for the poor patient	67	11.6

## 4. DISCUSSION

Study showed that the overall health care services of the health care centers were good. Services provided to the nearest patient surrounding place of the centers were with minimum or affordable cost. Most of the client thought that behavior of the doctors and clinic staffs were good. The

cleanliness of the clinic, confidentiality of the treatment and availability of presence of the service provider were good. Also waiting time of the clients for service, availability of the medicine and treatment equipment in clinic is moderate on standard. The clients came to these centers for the good quality of treatment. About 18.1% came for availability of treatment without any cost, 24.7% came for treatment available with minimum cost, 12.7% came for the clinic was near their house, 11.6% came for medicine were available with a apposite price and 1.0% came for acquaintance worked in the clinic.

The clients gave some of their opinion on the problems seeking services of the clients come to the health centers. About 37.0% client complained that doctors did not concentrate to the patient statement, 30.6% of the client complained that behavior of the clinic staffs were not satisfactory. Again about 8.2% of the clients complained that nurses were not available in due time or when need. For this reason they also gave some opinion to develop the standard of NGO clinic services. These were the ensuring availability of doctor/nurse in due time/when need (7.1%), ensuring the concentration/attention of the doctors on patient (10.1%), behavior of the doctors/nurses/clinic staffs would be more friendly (13.0%), increasing lab test facilities (16.0), involving specialized doctor in the clinic/try to involve female specialized (3.1%), opening indoor facility or increasing number of bed in the indoor (6.1%), increasing cleanliness of waiting room, toilet (4.8%), improvement overall management (14.8%), reducing treatment cost (13.4%) and ensuring free treatment for the poor patient (11.6%).

## 5. CONCLUSION

Based on the findings of the study, it could be concluded that the service providing scenario of Urban Primary Health Care Services Delivery Project in Kushtia Municipality was satisfactory. The clients gave some opinion to develop the standard of NGO clinic services. These were the ensuring availability of doctor/nurse in due time/when need, ensuring the concentration/attention of the doctors on patient, behavior of the doctors/nurses/clinic staffs would be more friendly, increasing lab test facilities, involving specialized doctor in the clinic/try to involve female specialized, opening indoor facility or increasing number of bed in the indoor, increasing cleanliness of waiting room, toilet, improvement overall management, reducing treatment cost and ensuring free treatment for the poor patient.

## RECOMMENDATIONS

- Governmental and non-governmental organizations should take necessary initiatives to increase the knowledge of healthful living of the urban poor people and clients surrounding areas of clinics.

- Health workers both of NGOs and governmental should visit the area progressively more to make the women aware about their health care need especially reproductive health and a general healthful living.
- Government should ensure the health services of poor people especially women's and child in the governmental hospital and the UPHCSDP clinics by providing more resources to the clinics.
- Primary healthcare awareness raising activities should be extended exigently.
- Community based support (CBS) groups can be developed focusing on health, nutrition and hygiene awareness-raising activities along with specific information about affordable service providers from NGO clinics in the study areas.

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