



# Hospital Management and Administration - A Comparative Study of Government and Private Hospitals in Bangladesh

**Most. Runa Layla**

Senior Staff Nurse

Divisional Police Hospital, Rajshahi, Bangladesh

## ABSTRACT

Despite recent developments in the Bangladesh healthcare sector, there is still great concern about the quality of healthcare services in the country. This study compared the quality of healthcare services by different types of institutions, i.e. public and private hospitals, from the perspective of Bangladeshi patients to identify the relevant areas for development. A survey was conducted among Bangladeshi citizens who were in-patients in public or private hospitals in Dhaka city or in hospitals abroad within the last one year. About 400 exit-interviews were conducted using a structured questionnaire that addressed the probable factors of the quality of healthcare services in 5-point interval scales. The results gave an overview of the perspectives of Bangladeshi patients on the quality of service in three types of hospitals. The quality of service in private hospitals scored higher than that in public hospitals for nursing care, tangible hospital matters, i.e. cleanliness, supply of utilities, and availability of drugs. The overall quality of service was better in the foreign hospitals compared to that in the private hospitals in Bangladesh in all factors, even the 'perceived cost' factor. This paper provides insights into the specific factors of the quality of hospital services that need to be addressed to meet the needs of Bangladeshi patients.

**Keywords:** *Comparative studies; healthcare; Health services; Private Hospitals; Public Hospitals; Quality of services, Bangladesh.*

## INTRODUCTION

Access to health care facilities is a fundamental right for all citizens that is enshrined in our constitution but people are deprived of access to basic health care. Only 30% of the population has access to primary health services and overall health care performance remains unacceptably low by all conventional measurements. Access to health care facilities is a fundamental right for all citizens that is enshrined in our constitution but people are deprived of access to basic health care. Only 30% of the population has access to primary health services and overall health care performance remains unacceptably low by all conventional measurements. Large segments of the population in developing countries are deprived of a fundamental right: access to basic health care. Without an appropriate and adequate health support and delivery system in place, its adverse effects will be felt in all other sectors of the economy. In simple terms, an ailing nation equates to an ailing economy as manifested in lower income earning capacity of households and significant productivity losses in those sectors that sustain the economy. The problem of access to health care is particularly acute in Bangladesh. According to a World Bank (1987) estimate, 'only 30% of the population has access to primary health services and overall health care performance remains unacceptably low by all conventional measurements.' A subsequent study (Sen. and Acharya 1997) notes some improvements but indicates that 'the poor qualities of health services are persistent concerns.' The poor performance of the health care sector was attributed to the following: critical staff are absent, essential supplies are generally unavailable, facilities are inadequate, and the quality of staffing is poor. The problems of supervision and accountability exacerbate the problems; and if corrupt practices are added to the list, it is not difficult to imagine the predicament of the patients. In fact, these conditions and a general perception of poor and unreliable services may explain why those who can afford it have been seeking health care services in other countries. In a country where the population growth rate will place additional demands on the health sector, its

preparedness to serve its constituencies effectively is particularly troubling as the future begins to catch up. With the growth of private health care facilities, especially in Dhaka city, it is important to assess the quality of services delivered by these establishments. In particular, it is important to determine how the quality of services provided by private clinics and hospitals. If quality issues are being compromised by these establishments, it calls for the re-evaluation of policy measures to redefine their role, growth and coverage, and to seek appropriate interventions to ensure that these institutions are more quality-focused and better able to meet the needs of their patients. A search of the literature suggests that such a comparative study has not been undertaken. While anecdotal evidence suggests the existence of serious service-related problems in both sectors, this study was designed to determine and coare the hospital management and administration provided by both private and public hospitals.

## OBJECTIVES

The objectives of the study are as follows:

1. To compare the patient's satisfaction on quality of services provided by public and private hospitals in Bangladesh.
2. Identify the key factors that affect patients' satisfaction.
3. To identify the relevant areas for development.
4. To analyze the level of satisfaction among the respondents with the nursing services with respect to its type.
5. To analyze the level of satisfaction among the respondents with the diagnostic services of the hospitals with respect to its type.
6. To determine how management successes may be replicated in other hospitals and how within existing available resources, management weaknesses may be minimized.
7. To develop guidelines for preparation of hospital/ departmental procedure manuals and policies to be used as functional aid to departmental heads and hospital directors.

## METHODOLOGY

Research means technical and organized search for relevant information on a particular topic. It is defined as an academic activity that involves identifying the research problem, formulating a hypothesis collecting & analyzing data & research specific conclusions in the form of solutions or general theories.

The primary objective of research is to find solutions for problems in a methodical & systematic way. A research depends upon the field in which the research work is performed. Various types of researches can be done for different fields, like fundamental research for identifying the principles of the research fields & applied research for solving an immediate problem.

**Study Area:** Both qualitative and quantitative research methods have been followed in this study. This study was conducted at two public and private hospitals at Dhaka and Rajshahi.

**Study design:** A descriptive as well as analytical form of research has been used to develop the thesis focusing on management and administrative activities among Government and Private hospitals in Bangladesh.

**Sampling method:** Purposive sampling method was used for the study.

**Sample size:** Total 200 respondents were selected for the study. From private hospital 100 respondents were selected and from public hospital 100 respondents were selected. All the respondents were patients.

**Sources of Data:** Data were collected from primary and secondary sources.

**Sources of Primary Data:** Primary Data were collected from the respondents of the study area.

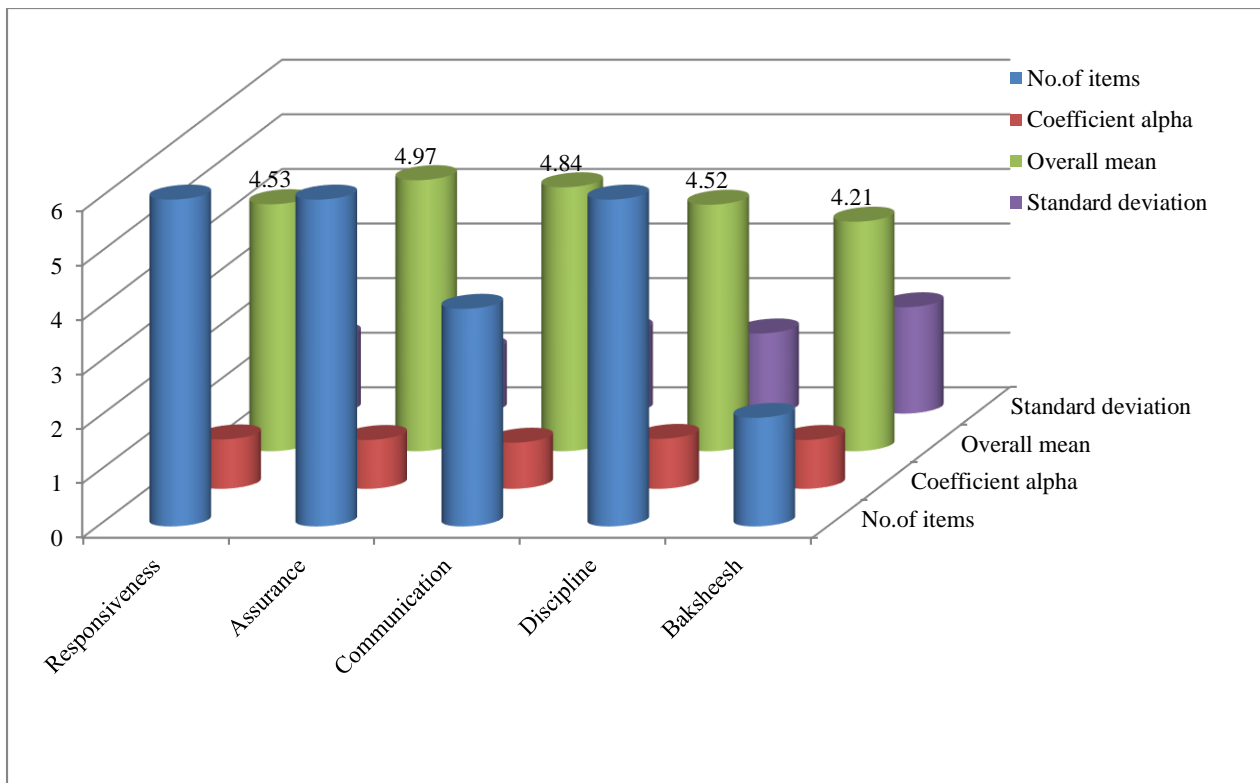
**Sources of Secondary Data:** Secondary Data were collected from Books, Research Reports, Journals, Magazines, Annual Reports of Bangladesh Bureau of Statistics (BBS), Annual Reports of Directorate General of Health (DG Health), Websites of Ministry of Health and Family Planning, Internet etc.

**Tools for Data Collection:** Questionnaire was used for data collection. One sets of Questionnaire was used for the study.

**Method of Data Collection:** Primary Data were collected by face to face interview with the respondents. Secondary data were collected from reviewing of secondary sources.

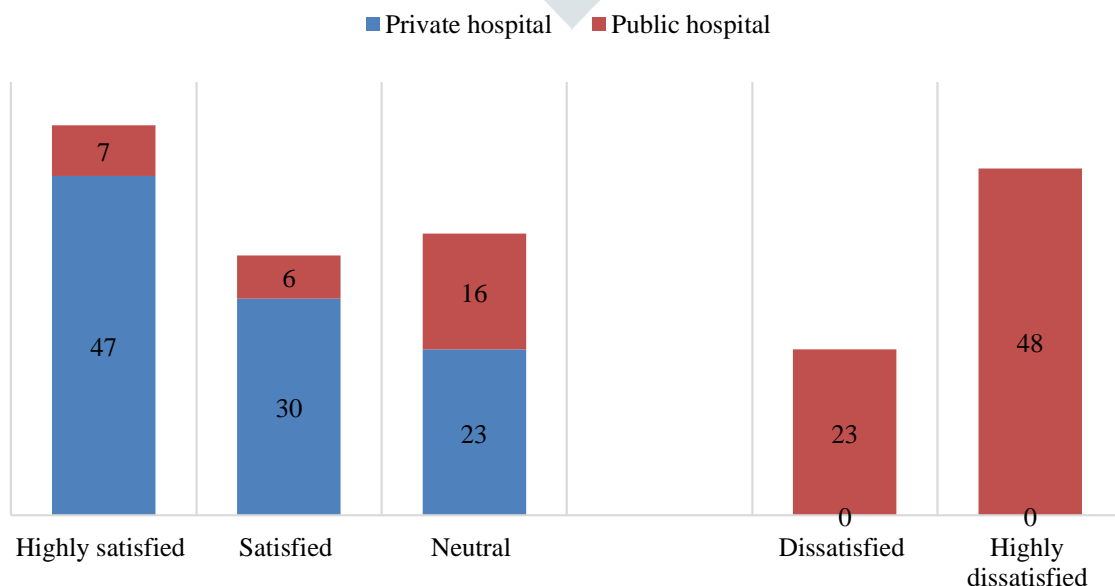
**Analysis of Data:** Collected data were analyzed by using Computer Program Statistical Package for the Social Sciences (SPSS) version 16. Tables, graphs were made by using SPSS.

**RESULTS AND DISCUSSION**

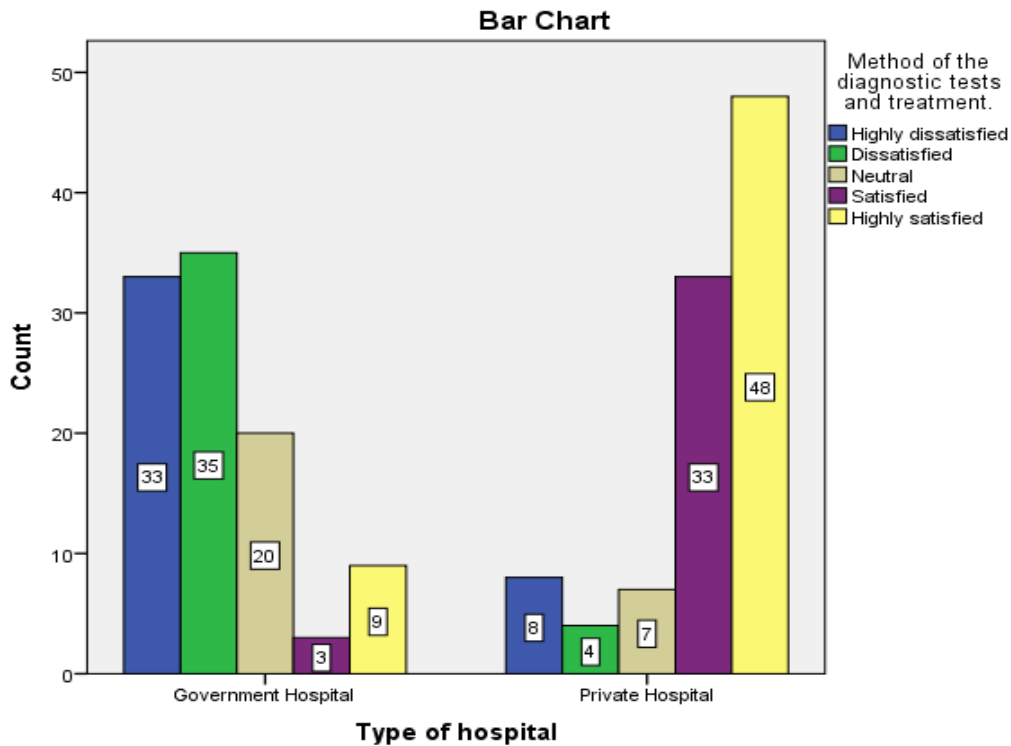


**Figure 1: Descriptive statistics on service quality factors of public and private hospital, Bangladesh**

The mean scores indicate that the service quality ratings of public and private hospitals are generally near the mid-point of the scales. Clearly, patients are not enthused about the services they are receiving; both types of hospitals need to upgrade service quality standards substantially to be perceived as better than average. It is interesting to note that on two factors assurance and baksheesh the ratings for the two groups are not statistically different. The first of these non-significant differences could, perhaps, be explained by the fact that many hospital staff (especially doctors) that works for the public hospitals is also affiliated with private hospitals. Thus, it is not surprising that there are no significant differences on these variables.

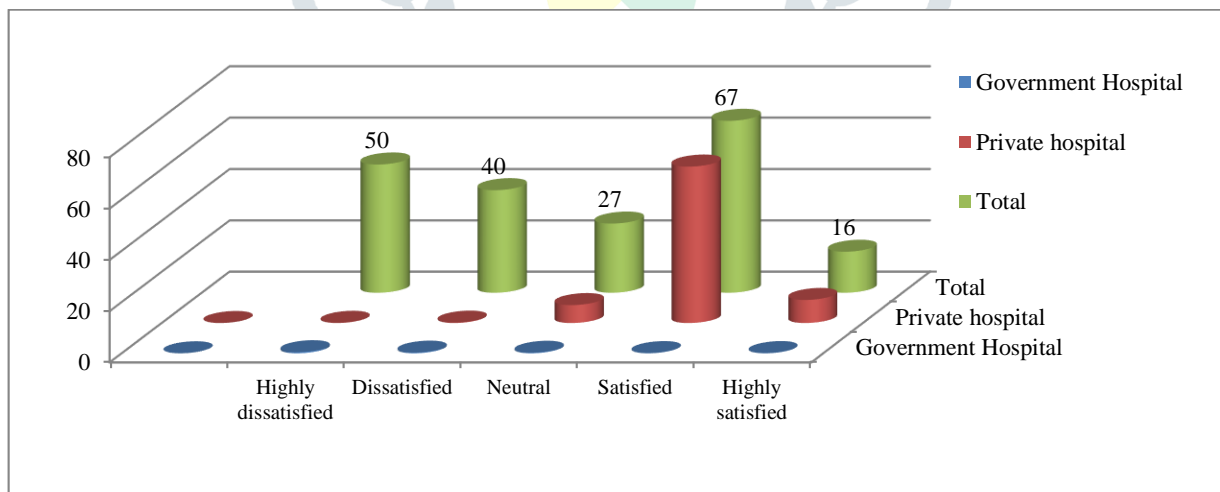


**Figure 2: Doctors listening to patient's queries & explaining condition.**



**Figure 3: Method of the diagnostic tests and treatment**

From the given table, it is observed that, out of 100 respondents from the government hospital, 33 (33.0%) respondents were highly dissatisfied, 35 (35.0%) respondents were dissatisfied, 20 (20.0%) respondents were neutral, 3 (3.0%) respondents were satisfied and 9 (9.0%) respondents were highly satisfied with the method of diagnostic tests and its treatment whereas in case of private hospital, out of 100 respondents, 8 (8.0%) respondents were highly dissatisfied, 4 (4.0%) respondents were dissatisfied, 7 (7.0%) respondents were neutral, 33 (33.0%) respondents were satisfied and 48 (48.0%) respondents were highly satisfied with the method of diagnostic tests and its treatment.

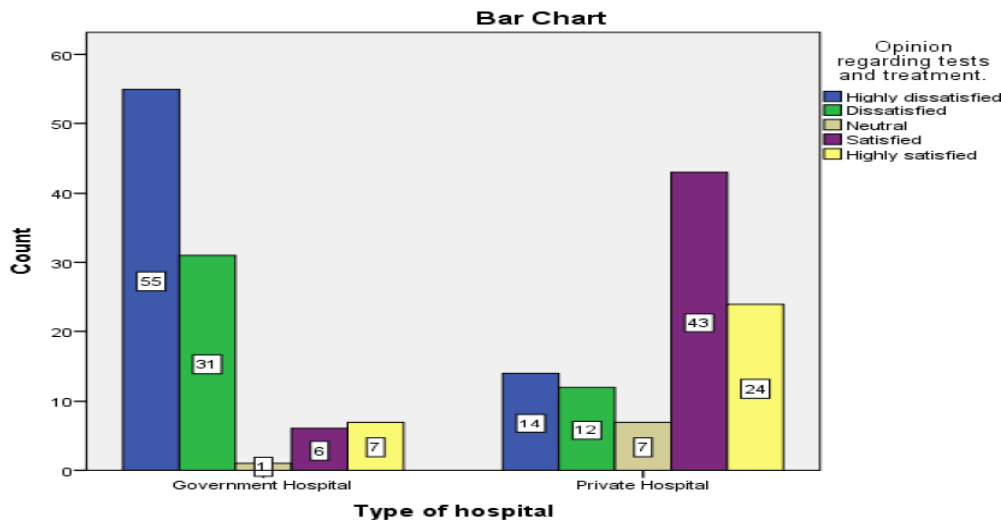


**Figure 4: The courtesy & respect (friendliness, kindness) shown**

From the given table, it is observed that, out of 100 respondents from the government hospital, 42 (42.0%) respondents were highly dissatisfied, 25 (25.0%) respondents were dissatisfied, 20 (20.0%) respondents were neutral, 6 (6.0%) respondents were satisfied and 7 (7.0%) respondents were highly satisfied with the courtesy and respect shown whereas in case of private hospital, out of 100 respondents, 8 (8.0%) respondents were highly dissatisfied, 15 (15.0%) respondents were dissatisfied, 7 (7.0%) respondents were neutral, 61 (61.0%) respondents were satisfied and 9 (9.0%) respondents were highly satisfied with the friendliness and kindness shown by hospital staff.

**Table 1: Opinion regarding tests and treatment**

			Opinion regarding tests and treatment.					Total
			Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied	
Type of hospital	Government Hospital	Count	55	31	1	6	7	100
		% within Type of hospital	55.0%	31.0%	1.0%	6.0%	7.0%	100.0%
Type of hospital	Private Hospital	Count	14	12	7	43	24	100
		% within Type of hospital	14.0%	12.0%	7.0%	43.0%	24.0%	100.0%
Total		Count	69	43	8	49	31	200
		% within Type of hospital	34.5%	21.5%	4.0%	24.5%	15.5%	100.0%

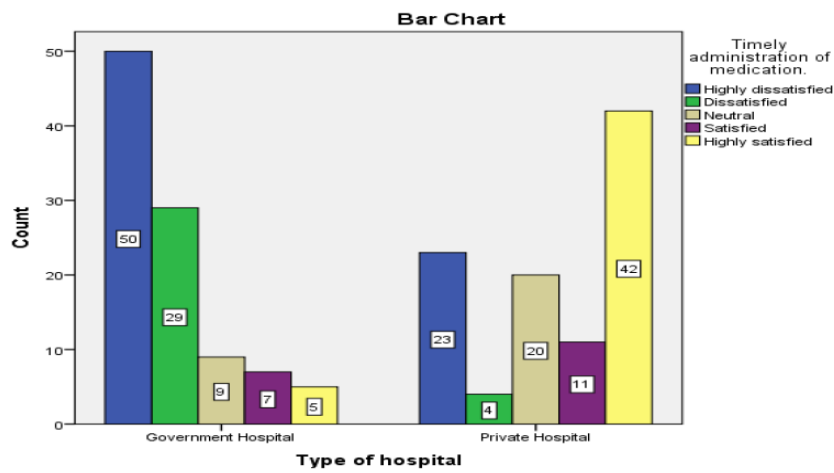


**Figure 5: Opinion regarding tests and treatment**

From the given table, it is observed that, out of 100 respondents from the government hospital, 55 (55.0%) respondents were highly dissatisfied, 31 (31.0%) respondents were dissatisfied, 1 (1.0%) respondents were neutral, 6 (6.0%) respondents were satisfied and 7 (7.0%) respondents were highly satisfied with the opinions regarding tests and treatment while in case of private hospital, out of 100 respondents, 14 (14.0%) respondents were highly dissatisfied, 12 (12.0%) respondents were dissatisfied, 7 (7.0%) respondents were neutral, 43 (43.0%) respondents were satisfied and 24 (24.0%) respondents were highly satisfied from the opinions related to tests and treatment.

**Table 2: Timely administration of medication**

			Timely administration of medication.					Total
			Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied	
Type of hospital	Government Hospital	Count	50	29	9	7	5	100
		% within Type of hospital	50.0%	29.0%	9.0%	7.0%	5.0%	100.0%
Type of hospital	Private Hospital	Count	23	4	20	11	42	100
		% within Type of hospital	23.0%	4.0%	20.0%	11.0%	42.0%	100.0%
Total		Count	73	33	29	18	47	200
		% within Type of hospital	36.5%	16.5%	14.5%	9.0%	23.5%	100.0%

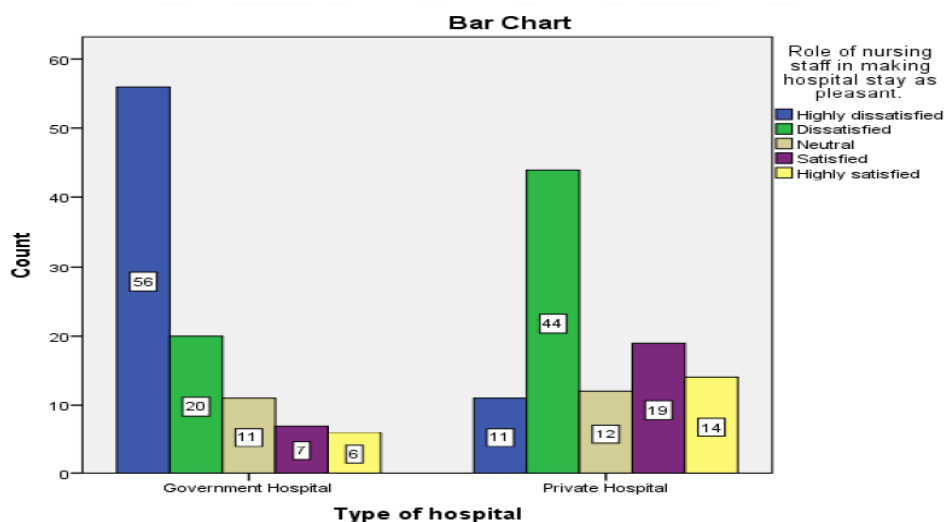


**Figure 6: Timely administration of medication**

From the given table, it is observed that, out of 100 respondents from the government hospital, 50 (50.0%) respondents were highly dissatisfied, 29 (29.0%) respondents were dissatisfied, 9 (9.0%) respondents were neutral, 7 (7.0%) respondents were satisfied and 5 (5.0%) respondents were highly satisfied with the timely administration of medication while in case of private hospital, out of 100 respondents, 23 (23.0%) respondents were highly dissatisfied, 4 (4.0%) respondents were dissatisfied, 20 (20.0%) respondents were neutral, 11 (11.0%) respondents were satisfied and 42 (42.0%) respondents were highly satisfied from the timely administration of medication.

**Table 3: Role of nursing staff in making hospital stays as pleasant**

			Role of nursing staff in making hospital stay as pleasant.					Total
			Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied	
Type of hospital	Government Hospital	Count	56	20	11	7	6	100
		% within Type of hospital	56.0%	20.0%	11.0%	7.0%	6.0%	100.0%
Private Hospital		Count	11	44	12	19	14	100
		% within Type of hospital	11.0%	44.0%	12.0%	19.0%	14.0%	100.0%
Total		Count	67	64	23	26	20	200
		% within Type of hospital	33.5%	32.0%	11.5%	13.0%	10.0%	100.0%



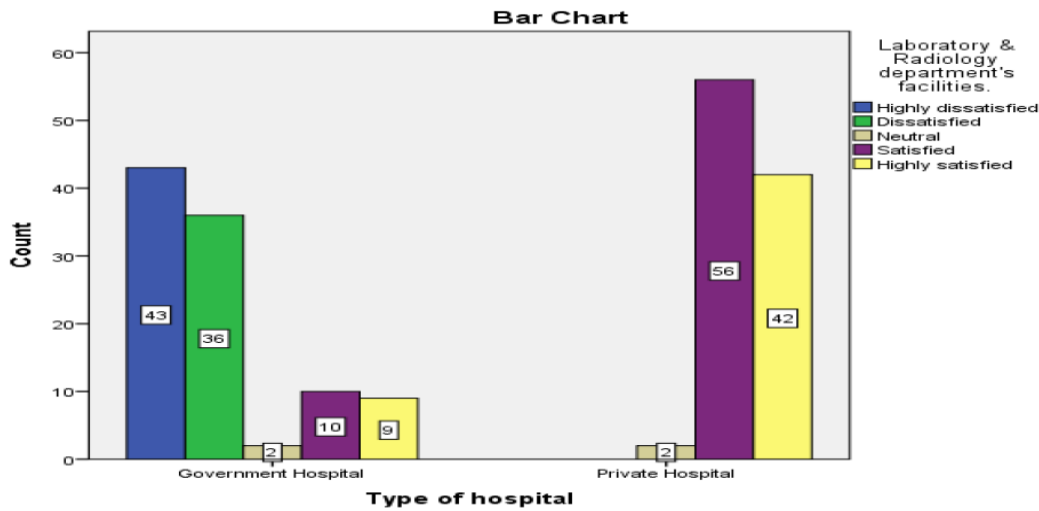
**Figure 7: Role of nursing staff in making hospital stays as pleasant**

From the given table, it is observed that, out of 100 respondents from the government hospital, 56 (56.0%) respondents were highly dissatisfied, 20 (20.0%) respondents were dissatisfied, 11 (11.0%) respondents were neutral, 7 (7.0%) respondents were satisfied and 6 (6.0%) respondents were highly satisfied with the role played by the nursing staff in making the hospital stay as pleasant whereas in case of private hospital, out of 100 respondents, 11 (11.0%) respondents were highly dissatisfied, 44 (44.0%) respondents were dissatisfied, 12 (12.0%) respondents were neutral, 19 (19.0%) respondents were satisfied and 14 (14.0%)

respondents were highly satisfied with the role of nursing staff in making the hospital stay as pleasant and satisfactory.

**Table 4: Laboratory & Radiology department's facilities**

			Laboratory & Radiology department's facilities.					Total
			Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied	
Type of hospital	Government Hospital	Count	43	36	2	10	9	100
		% within Type of hospital	43.0%	36.0%	2.0%	10.0%	9.0%	100.0%
Type of hospital	Private Hospital	Count	0	0	2	56	42	100
		% within Type of hospital	0.0%	0.0%	2.0%	56.0%	42.0%	100.0%
Total		Count	43	36	4	66	51	200
		% within Type of hospital	21.5%	18.0%	2.0%	33.0%	25.5%	100.0%

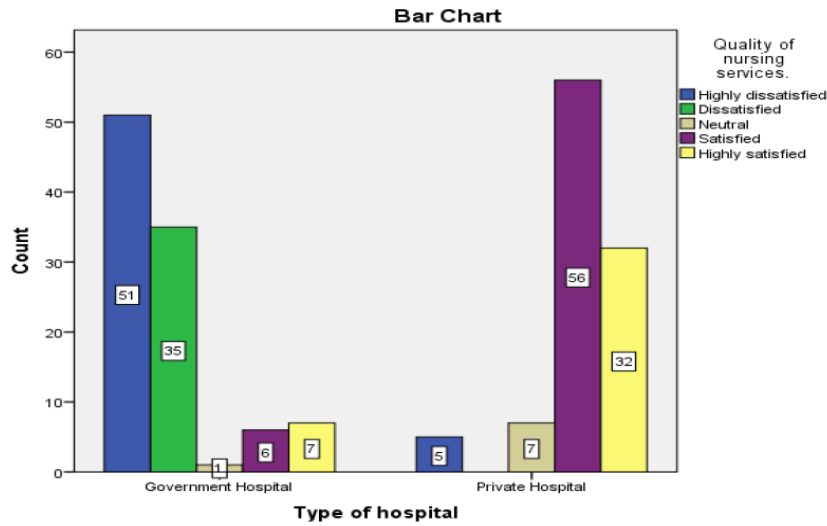


**Figure 8: Laboratory & Radiology department's facilities**

From the given table, it is observed that, out of 100 respondents from the government hospital, 43 (43.0%) respondents were highly dissatisfied, 36 (36.0%) respondents were dissatisfied, 2 (2.0%) respondents were neutral, 10 (10.0%) respondents were satisfied and 9 (9.0%) respondents were highly satisfied from the laboratory and radiology department's facilities whereas in case of private hospital, out of 100 respondents, 0 (0.0%) respondents were highly dissatisfied, 0 (0.0%) respondents were dissatisfied, 2 (2.0%) respondents were neutral, 56 (56.0%) respondents were satisfied and 42 (42.0%) respondents were highly satisfied from the facilities provided by laboratory and radiology department.

**Table 9: Quality of nursing services**

			Quality of nursing services.					Total
			Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied	
Type of hospital	Government Hospital	Count	51	35	1	6	7	100
		% within Type of hospital	51.0%	35.0%	1.0%	6.0%	7.0%	100.0%
Type of hospital	Private Hospital	Count	5	0	7	56	32	100
		% within Type of hospital	5.0%	0.0%	7.0%	56.0%	32.0%	100.0%
Total		Count	56	35	8	62	39	200
		% within Type of hospital	28.0%	17.5%	4.0%	31.0%	19.5%	100.0%

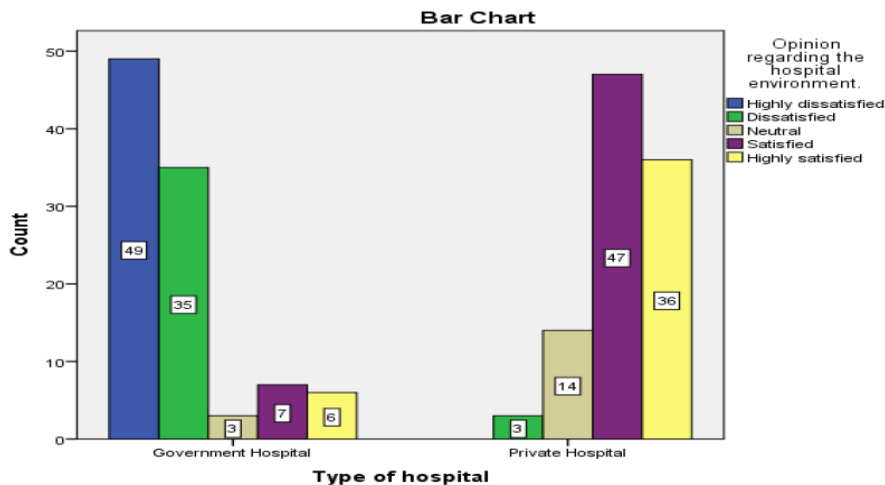


**Figure 9: Quality of nursing services**

From the given table, it is observed that, out of 100 respondents from the government hospital, 51 (51.0%) respondents were highly dissatisfied, 35 (35.0%) respondents were dissatisfied, 1 (1.0%) respondents were neutral, 6 (6.0%) respondents were satisfied and 7 (7.0%) respondents were highly satisfied from the quality of nursing services while in case of private hospital, out of 100 respondents, 5 (5.0%) respondents were highly dissatisfied, 0 (0.0%) respondents were dissatisfied, 7 (7.0%) respondents were neutral, 56 (56.0%) respondents were satisfied and 32 (32.0%) respondents were highly satisfied from the quality of nursing services.

**Table 4: Opinion regarding the hospital environment**

			Opinion regarding the hospital environment.					Total
			Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied	
Type of hospital	Government Hospital	Count	49	35	3	7	6	100
		% within Type of hospital	49.0%	35.0%	3.0%	7.0%	6.0%	100.0%
Private Hospital		Count	0	3	14	47	36	100
		% within Type of hospital	0.0%	3.0%	14.0%	47.0%	36.0%	100.0%
Total		Count	49	38	17	54	42	200
		% within Type of hospital	24.5%	19.0%	8.5%	27.0%	21.0%	100.0%



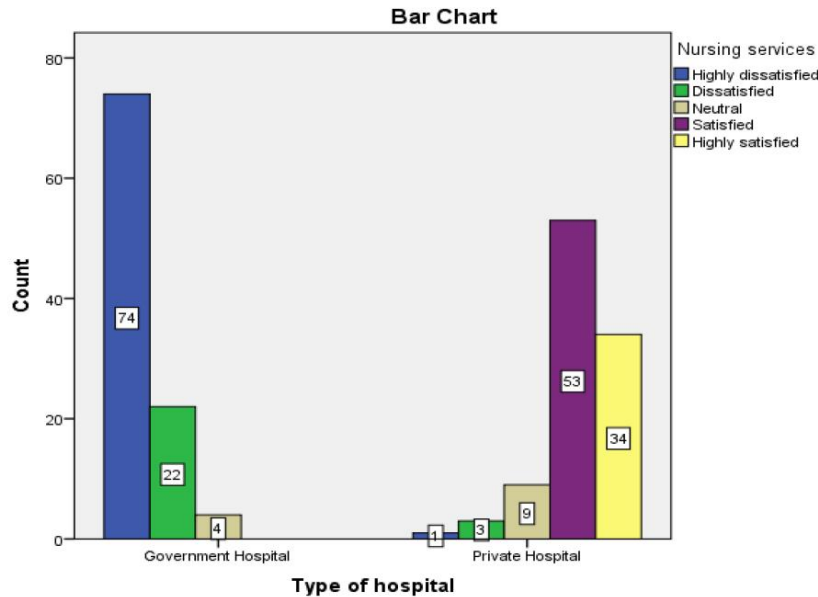
**Figure 10: Opinion regarding the hospital environment**

From the given table, it is observed that, out of 100 respondents from the government hospital, 49 (49.0%) respondents were highly dissatisfied, 35 (35.0%) respondents were dissatisfied, 3 (3.0%) respondents were neutral, 7 (7.0%) respondents were satisfied and 6 (6.0%) respondents were highly satisfied from the hospital's environment whereas in case of private hospital, out of 100 respondents, 0 (0.0%) respondents were highly dissatisfied, 3 (3.0%) respondents were dissatisfied, 14 (14.0%) respondents were neutral, 47 (47.0%) respondents were satisfied and 36 (36.0%) respondents were highly satisfied with the hospital's environment.



**Table 5: Nursing services**

			Nursing services					Total
			Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied	
Type of hospital	Government Hospital	Count	74	22	4	0	0	100
		% within Type of hospital	74.0%	22.0%	4.0%	0.0%	0.0%	100.0%
Private Hospital	Count	1	3	9	53	34	100	
	% within Type of hospital	1.0%	3.0%	9.0%	53.0%	34.0%	100.0%	
Total	Count	75	25	13	53	34	200	
	% within Type of hospital	37.5%	12.5%	6.5%	26.5%	17.0%	100.0%	



**Figure 11: Nursing services**

From the given table, it is observed that, out of 100 respondents from the government hospital, 74 (74.0%) respondents were highly dissatisfied, 22 (22.0%) respondents were dissatisfied, 4 (4.0%) respondents were neutral, 0 (0.0%) respondents were satisfied and 0 (0.0%) respondents were highly satisfied from the nursing services while in case of private hospital, out of 100 respondents, 1 (1.0%) respondents were highly dissatisfied, 3 (3.0%) respondents were dissatisfied, 9 (9.0%) respondents were neutral, 53 (53.0%) respondents were satisfied and 34 (34.0%) respondents were highly satisfied from the nursing services.

**FINDINGS AND DISCUSSION**

Health is a significant factor in the configuration of human resources development which will take part in playing a vital role in recovering the qualities of human beings, who are the energetic agents of economic progress. So, any assessment of development achievements in a country must have an effect on the state of private wealth in the nation. Superior wealth would add to improving the economic status of the underprivileged and for expanding total output. This demands good management of a hospital.

A Hospital services all along with dealing and treatment of people is extremely valuable for community health. Presently efficient and better hospital services assist in more rapid revitalization of diseases. As the populations are escalating governmental efforts are not that much adequate, consequently, private hospitals and health providers can come and involve themselves in recuperating health management and services. Bangladesh is both types of sector are working collectively and many more are going to be expanded. People are conscious of that and they prefer both public and private services. In a number of cases government services are superior and in other, private sector is superior. This research study is exploration of both sides; their shortcomings and implications to make them enhanced in scrutiny of superior public health. This study was carried out by keeping in mind the attitude of the patients and their families towards the private as well govt. Hospitals. Private hospitals are always better than the govt. Hospitals but they have high charges which are sometimes unaffordable to the low income group of people. There were many independent variables like income, occupation etc. But they have not been taken into account instead general perception of the respondents availing the services of both kinds of hospital have been taken into account and following findings came into light.

1. It was found from the study that respondents were having positive perception towards attitude of the physicians who were working in private hospitals.
2. Nursing services of private hospital were found to be more satisfactory as per the respondents.
3. Respondents did not found the diagnostic services of Govt. Hospitals as satisfactory. They were more satisfied with private hospital in this.
4. Even the ICU services of private hospitals were more satisfactory as per the respondents.
5. Accommodation and physical facilities of the govt. Hospital were poorer than private hospitals. People were having positive opinion regarding private hospitals.
6. Also respondents showed higher satisfaction with the private hospital regarding various departments, hospital personnel and various services offered by different hospitals.

## CONCLUSION

From the study, findings support that the private sector is usually more efficient, accountable, or medically effective than the public sector; however, the public sector appears frequently to lack timeliness and hospitality towards patients. To be precise, the difference between private hospitals and public hospitals lies with the authority of the hospital. The services provided in a private and public hospital are more or less the identical. But, from a customer's point of view, or for that matter the most differentiation between private hospitals and public hospitals is the amenities and the concern given to a patient. It cannot be denied that the additional facilities and he'd come at a price.

It has been observed that most of the citizens go for private hospitals and they have a inclination for them more than any other substitute. This might be as a consequence of the amenities provided and the discernment that all the apparatus used are dependable, of fine quality, and improved. However, the information that private hospitals being much more high-priced and costly can as well not be denied. The number of facilities and the category of personal care and thought given to the patient in a private hospital is indisputable. These modest however highly paying services provided in a private hospital makes it the primary choice for any patient who can manage to pay for the price. Since no one wants to danger their lives and get into additional dilemma caused by even the slightest of negligence on the part of treatment, private hospitals remain to be popular. A public hospital, on the other hand, is completely and entirely run by the government's funding and money. Everything from the construction to the fees of the doctors to the equipment, medicines is based on the government budget.

A public hospital is considered to be a preferable option for the lot of people who are not too rich, despite acute illness, cannot afford the heavy fees of a private hospital. It is very sarcastic to notice that a hospital that is governed by the government, which has apparently supplementary funds than a group of people or one person alone, is not willing to offer that level of service that can be well be admired. However, this can be because of the fact that a government has a restricted budget allocation to health care as it has countless things to do such as education, economy, defense etc.

## RECOMMENDATIONS

1. Respondents were more satisfied with private hospitals; hence suggestions are mostly for the services in different areas in govt. Hospitals. Although Govt. gives many subsidies to the poor still they do not get the good services.
2. The major difference between a private hospital and a public hospital is the possession. A private hospital is one which is owned and governed by an individual or numerous people who are managing the complete finances on their own. A public hospital, the other hand, is absolutely and exclusively run on the government's financial support and money.
3. The charges of a private hospital are advanced than that of a public hospital. It should be distinguished that most of the time public hospitals suggest their services without charge for reduced rates.
4. In a public hospital, ever since the services are mostly free, waiting time is very long and cumbersome. For certain operations patients have to kill time for years in anticipation of getting their place. In a private hospital, waiting time is a reduced.
5. Private hospitals have the as a rule modern equipment and the equipment last longer too. Public hospitals have good equipment, but due to the excessive use they can get smashed more often than those in a private hospital.
6. 6 .Number of patients per doctor is more in public hospitals. It is not fine as the interest and attention is too much separated. It is also fatiguing for the doctor.

7. Since private hospitals are a sort of a business they receive a profit like any other business. However, that is not the case with a public hospital. Governments manage public hospitals for the health of their people, and not to produce a profit.
8. Govt. Hospitals need to correct the attitude of the physicians in terms of their availability and time affordability to the patient's needs.
9. Nursing services of govt. Hospitals should also be improved.
10. Machinery and equipments in ICU of Govt. Hospitals and their inefficiency may prove to be harmful for the reputation of govt. Hospitals which needs to be greatly improved.
11. As far as accommodation is concerned the cleanliness and infrastructure of private hospitals is better than govt. Hospitals. Hence, this needs to be improved too.

## REFERENCES

1. Ahmed, Sayed Masud and Alam Bushra Binte and Anwar, Iqbal and Begum, Tahmina and Huque, Rumana Khan and AM Jahangir, Nababan and Herfina, Osman and Arfina Ferdous, 2015. Bangladesh Health System Review. Vol.5 No.3, Asia Pacific Observatory on Public Health Systems and Policies. Manila, Philippines.
2. Ahmed, SM and Islam, QS, 2012. Availability and rational use of drugs in primary health-care facilities following the national drug policy of 1982: is Bangladesh on right track? Journal of health, population, and nutrition. 30(1): 99.
3. Ahmed, SM Hossain MA and Chowdhury, MR, 2009. Informal sector providers in Bangladesh: how equipped are they to provide rational health care? Health Policy and Planning. czp037.
4. Andaleeb, Saad Syed and Siddiqui Nazlee and Khandakar Shahjahan, 2007, Patient satisfaction with health services in Bangladesh, Advance Access Publication.
5. Asenso- Okyere WK et al., 1998. Cost recovery in Ghana: are there any changes in health care seeking behaviour? Health Policy Plan 1998; 13: 181–188.
6. Babar, T. Shaikh and Juanita Hatcher, 2004, Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers, Journal of Public Health, Vol. 27, No. 1, pp. 49–54, Advance Access Publication, doi:10.1093/pubmed/fdh207
7. Background Paper on Health Strategy for preparation of 7<sup>th</sup> Five Year Plan, December 2014 version Bangladesh Economic Survey-2015
8. Blendon, Robert J., and Catherine Desroches, 2003. "Future Health Care Challenges." Issues in Science and Technology, the Harvard School of Public Health, Boston, Massachusetts.
9. BRAC, 2012. Bangladesh Health Watch 2011: Moving towards Universal Health Coverage. Dhaka.
10. Chowdhury, Rabi. 2004. Bangladesh's Crusade for Millennium Development Goals One: Important without Basic Healthcare for the Poor. American International School: Dhaka
11. Cichon M. 1999, Modeling in health care finance. International Labor Office, Geneva. [15]. Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol. 2003. Handbook for Parliamentarians, Inter-Parliamentary Union, United Nations,
12. Convention on the Rights of the Child, 1989 (Article 24) Adopted an opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49. United Nations
13. Dan Kaseje, MD, 2006, Health Care in Africa: Challenges, Opportunities and an Emerging Model for improvement. Presented at the Woodrow Wilson International Center for Scholars.
14. David Lewis. 2012. Reality Check Reflection Report. Embassy of Sweden. Dhaka
15. Directorate General of Health Services (DGHS), 2012. Health Bulletin 2012. Azad AK. Dhaka: Ministry of Health and Family welfare.
16. Ministry of Health and Family Welfare, 2011. The People's Republic of Bangladesh, Bangladesh Health Policy, 2011,
17. Ministry of Health and Family Welfare, 2012. Bangladesh National Health Policy 2011: Good Health is a Means of Development. Dhaka
18. Ministry Of Health and Family Welfare, 2012. Health Bulletin. Management Information System, DGHS.
19. Ministry of Health and Family Welfare, 2014. Bangladesh National Nutrition Policy 2014: Nutrition as the Foundation of Development. Dhaka
20. Ministry of Law, Justice and Parliamentary Affairs, the People's Republic of Bangladesh, The Constitution of Bangladesh, 2014 (Article 15/a, 18/a)
21. MOHFW, 2011. Health, Population and Nutrition Sector Development Program (2011–2016) Program Implementation Plan. Dhaka.
22. MOHFW, 2012. Health Bulletin. Management Information System, DGFS. Dhaka

23. Transparency International Bangladesh, 2010. Problems of Governance in Bangladesh: Way Out (Bangladesh e shushashoner shomoshaya: Uttoron er upay). Dhaka, TIB.
24. Transparency International Bangladesh, 2014. Governance Challenges in the Health Sector and the Way Out. Banani, Dhaka-1213
25. Uchudi, JM, 2001. Covariates of child mortality in Malawi: does the health seeking behavior of the mother matter? *J Biosoc Sci* 2001; 33: 33–54.
26. World Bank, 2003. Private sector assessment for health, nutrition and population (HNP) in Bangladesh. Report No. 27005-BD. Washington, DC: World Bank, pp. 6–7.
27. World Bank, 2015. Global Monitoring Report; Development Goals in an Era of Demographic Change. Washington, USA, [www.worldbank.org/gmr](http://www.worldbank.org/gmr). Retrieved on 05/03/2016

