

BANGLADESH QUALITY IMPROVEMENT CONVENTION 2025



Message

From Chief Guest

It is a milestone for us all to host the Bangladesh Quality Improvement Convention bringing in all the partners and stakeholders. This is not only a celebratory moment, it is a pivotal one. It brings together healthcare leaders, providers, partners, and innovators in our collective journey to ensure that health services in Bangladesh are not just accessible, but truly safe, effective, and human-centered.

Bangladesh manages a pluralistic health system, with government, private sector, NGOs, and civil society working together to serve our population. Yet, coordination across ministries and actors particularly on urban health, nutrition, environmental and demographic challenges remain complex. This convention is a crucial step toward building bridges, aligning visions, and placing 'quality' at the heart of every health initiative, across all sectors.

The Ministry of Health and Family Welfare (MOHFW), through its Directorates, regulatory bodies, and the Quality Improvement Secretariat (QIS), has already taken commendable steps over the years by implementing the Bangladesh National Healthcare Quality Strategy (2021–2030). This strategy defines our roadmap and places quality planning, assurance, and continuous improvement at the core of our health systems thinking.

Yet we know strategy alone is not enough, implementation matters. As we reflect on the progress made so far through different interventions and projects, we see that real change is possible. For example, more timely maternal interventions, improved newborn care, and strengthened provider accountability. However, challenges remain, in terms of human resources, budget allocations, patients'

demand versus capacity of service providers, retention of skilled staff, and fragmented oversight between government bodies and autonomous regulatory councils.

MOHFW's stewardship role remains vital. It must continue to work not only through formal regulations and directives but through influence, alignment, and shared governance with actors across the sector including the Bangladesh Medical and Dental Council, Pharmacy Council, Nursing and Midwifery Council, professional bodies, private healthcare service sector and many others. Quality cannot thrive in silos. It needs connected systems, empowered people, and responsive leadership.

Let us be clear, this convention is not the end. It is the beginning of a broader quality movement rooted in evidence, guided by shared values, and driven by collaboration across public and private sectors. It is also a strong political statement that quality of care is a national priority, tied to our goals for Universal Health Coverage and Sustainable Development.

Together, we can move forward with a unified purpose- to build a health system that delivers the right care, to the right people, at the right time, every time.

Let this be our collective commitment.

Thank you.

Professor Dr. Md. Sayedur Rahman
Special Assistant to the Chief Advisor
Ministry of Health and Family Welfare

Message

From Special Guest

It is a great honor for me to be part of the first-ever national Bangladesh Quality Improvement Convention. This gathering marks an important milestone in our nation's journey toward building a resilient, patient-centered, and quality-driven healthcare system.

For many years, when we spoke of “quality” in healthcare, the focus was largely on clinical excellence or operational aspects such as infection control, availability of workforce, cleanliness or availability of services. While these remain critical, we must now expand our lens to recognize that quality is not confined to the provision of care procedures alone. The environment in which care is delivered, the systems that support it, and the dignity and safety of patients are equally vital. Space matters. People matter. Leadership at all levels matters. And most importantly experience of care matters.

Globally, we have seen how patient safety is being prioritized. The World Health Organization's Global Patient Safety Action Plan (2021–2030) offers us a strategic direction. As highlighted in the recent WHA 78 session, while progress is evident, gaps remain, particularly in areas like safety culture, human factors, and patient engagement. Bangladesh, like many countries, must continue advancing not only access to care but safe, equitable, and accountable care for all.

We must acknowledge the unique vulnerabilities of different groups of people who seek healthcare services across the country. If we are to achieve Sustainable Development Goal 3.2 and our Universal Health Care targets, ensuring safety and quality healthcare services from the very beginning of life is non-negotiable.

In this context, our focus must now shift from

fragmented efforts to integrated, system-wide quality improvement. This requires a movement, a shared national commitment that brings together public and private institutions, academia, health and public health professionals, communities, and patients themselves. We must build a culture where quality is not a project but embedded in practice, not a burden but a belief.

I commend the Institute for Healthcare Improvement (IHI), the Directorate General of Health Services, and all our development partners for bringing this vision to life. This convention provides a critical platform to learn from one another, spark innovation, and co-create solutions that work for Bangladesh.

As policymakers, we remain committed to strengthening national quality frameworks, scaling up accreditation and accountability mechanisms, and investing in people-centered care. Let us also ensure that improvements in infrastructure, design, environment and service are embraced not with fear but with foresight. Quality does not always require more resources, it requires better thinking, better coordination, and the courage to question the status quo.

Together, let us make “quality” the heartbeat of our healthcare system. Let this convention be the beginning of a lasting movement rooted in the principle of “first, do no harm” and driven by our shared belief that every person, starting from infancy to old aged in Bangladesh deserves safe, respectful, and high-quality care.

Thank you.

Md. Saidur Rahman

Secretary, Health Services Division
Ministry of Health and Family Welfare



Message

From Special Guest

I am very glad to know that Bangladesh Quality Improvement Convention 2025 is going to be held on August 9, 2025, focusing on improving the quality of healthcare in Bangladesh. The Medical Education and Family Welfare Division plays a vital role in shaping the future of healthcare through teaching, training, regulation and oversight of service delivery. By strengthening the capacity of our workforce and aligning education with real-world service needs, we can bridge the gap between policy and practice.

A key priority moving forward is the future of medical education, which must be grounded in integrating Quality Improvement (QI) capacity development initiatives. This is essential to equip the next generation of health professionals with the tools, mindset, and systems required to build a better healthcare system, one that is people-centered, equitable, and adaptive to evolving challenges.

Bangladesh has a clear vision for improving healthcare quality, but implementation requires more than plans. It calls for collaboration across ministries, institutions, and committees. Whether through timely maternal interventions, client-centered family planning services, or improved provider accountability, quality must be embedded at every level.

We must also ensure that medical education institutions and professional councils continue to uphold and promote quality standards, fostering a culture of learning, equity, and continuous improvement.

Let this convention be a renewed commitment to work together across sectors and systems to deliver the right care, at the right time, to the right people. Together, we can build a more responsive and resilient health system for all.

Thank you.

Dr. Md. Sarwar Bari

Secretary, Medical Education and Family Welfare Division
Ministry of Health and Family Welfare



Message

From The Chair

It is my great privilege to welcome you to the first-ever Bangladesh Quality Improvement Convention 2025. This gathering marks an important moment in our country's ongoing journey towards a healthcare system that is safe, patient-centered, equitable, and resilient.

Quality in healthcare is not a single achievement; it is a continuous process. It requires us to listen to the people we serve, to learn from one another, and to take collective action grounded in evidence and empathy. This Convention is more than just a meeting of professionals; it is a platform where diverse perspectives, experiences, and innovations converge to drive meaningful change.

Over the course of this event, we all will engage in thought-provoking discussions, explore real-world innovations, and connect with colleagues from across the country and beyond. From facility-level solutions to system-wide strategies, each conversation we have here is a step towards embedding quality improvement into the very fabric of healthcare service delivery in Bangladesh.

Our aim is to break silos and foster collaboration between government, private sector, academia, service providers, and communities. In doing so, we create a shared responsibility for ensuring that quality improvement is not an optional add-on but a fundamental expectation of healthcare delivery.

I hope we leave this convention inspired, armed with new ideas, strengthened partnerships, and a renewed commitment to ensuring dignity, safety, and respect for every patient and healthcare worker.

On behalf of the organizing committee, I thank you for being part of this milestone initiative. Together, we have the opportunity to shape the future of healthcare in Bangladesh, one improvement at a time.

Thank you.

Prof. Dr. Md. Abu Jafor
Director General
Directorate General of Health Services
Ministry of Health and Family Welfare

Message

From The Institute for Healthcare Improvement

It is a privilege to join you all at the first-ever national level convention on Quality Improvement (QI) in Bangladesh. This moment marks a bold and much-needed step forward in our collective commitment to transforming the health system not just in terms of access, but in the quality, safety, and dignity of care that every person in Bangladesh deserves.

Over the years, our focus on quality has often centered around critical areas such as clinical excellence, availability of services, and health workforce challenges. While these remain essential, we must now broaden our understanding of what “quality” truly means. It is not only about clinical standards, but also about the full experience of care. The way a patient is welcomed, the design of the space, the safety of the environment, and the strength of communication between providers and patients- these too define quality.

This convention is timely. It comes at a juncture when the global community, through the WHO’s Global Patient Safety Action Plan and SDG 3.8, is calling for systems that are not only accessible, but also safe, equitable, and people-centered. Bangladesh is ready to answer that call.

We must recognize that the responsibility for quality does not rest solely with doctors or hospital managers. It requires a whole-of-system approach, where policymakers, health administrators, frontline workers, communities, and patients themselves are engaged in co-creating better care. Quality must be everyone’s business.

I commend the Directorate General of Health Services, the Institute for Healthcare Improvement (IHI), and all our partners for leading this important movement. It is through platforms like this convention that we can share best practices, confront challenges, and build momentum for lasting change.

As Country Director, I remain committed to supporting efforts that strengthen quality standards, drive innovation, and foster collaboration across all levels of the health system. Let us be ambitious but grounded. Let us aim for transformation but with inclusion. And let us be relentless in our pursuit of care that not only treats, but truly heals.

Let this convention be a catalyst not just for dialogue, but for decisive action. Because quality is not an aspiration, it is a right.

Thank you.

Dr. AFM Rafiqul Islam
Country Director
IHI Bangladesh



About the Convention

Bangladesh has made significant strides in enhancing healthcare quality through various Quality Improvement (QI) initiatives. The establishment of the Quality Improvement Secretariat (QIS) in 2015 by the Ministry of Health and Family Welfare (MOHFW) has been pivotal in coordinating nationwide QI activities and aligning efforts with national health priorities. Key frameworks, such as the *Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Quality Improvement Framework (2019)* and the *National Health Care Quality Strategy (2021-2030)*, have enhanced service delivery and laid the groundwork for systemic improvements across Bangladesh's healthcare landscape. Initiatives like the *Point of Care Quality Improvement (POCQI)* model have trained nearly 1,000 healthcare providers and launched over 200 QI projects, demonstrating tangible improvements in patient care and operational efficiency. The integration of Infection Prevention and Control (IPC) and Water, Sanitation, and Hygiene (WASH) into QI processes, alongside the development of a *National Patient Safety Strategic Plan*, underscores Bangladesh's commitment to minimizing healthcare-associated risks and fostering a culture of quality and safety.

However, despite these commendable efforts, Bangladesh still requires a dedicated platform for stakeholders to collaboratively learn from and share best practices on QI initiatives. A centralized forum will enable opportunities for scaling successful interventions, fostering innovation, and ensuring consistent quality standards across healthcare facilities. To build on the progress made to date, the Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, in collaboration with the Institute for Healthcare Improvement (IHI) have convened stakeholders for a national-level convention titled **Bangladesh Quality Improvement Convention 2025**. This platform will facilitate collaboration, enable knowledge exchange, and the scaling of best practices to drive sustained improvements across Bangladesh's healthcare sector.

The event will bring together delegates from NGOs, INGOs, funders, professional bodies, academia (clinical and non-clinical students, faculties and researchers), technical experts, service providers, health service industry, private health sector and government stakeholders with a shared interest in improving healthcare quality.



Together, it aims to achieve the following

- To create a **common platform** for stakeholders
- To **learn** about current QI activities and **practices in the country**
- **Embed QI** as part of healthcare service delivery
- **Enhanced patient safety**
- Enhanced **drug administration and medication safety through QI**
- Understand the **relationship between the physical environment and QI**
- **Motivate the health system** for accreditation and certification
- Create an **engaging environment for policy dialogue on healthcare Quality Improvement**
- Provide recommendations for **future improvements across the healthcare system**

Program Schedule

TIME	PROGRAM
09:00 AM – 09:30 AM	REGISTRATION
09:30 AM – 10:30 AM	INAUGURAL SESSION
10:30 AM – 11:00 AM	KEYNOTE PRESENTATION
11:00 AM – 11:15 AM	BREAK
11:15 AM – 01:15 PM	PANEL DISCUSSIONS Panel 1: National Quality Framework – Strategy To Implementation Panel 2: Quality At Point Of Care – Facility-Level Innovations Panel 3: Patient Safety, People-Centered And Safe Care Panel 4: Health Financing Panel 5: Private Sector And Ppp In Quality Panel 6: Family Centered And Respectful Physical Environment For Healthcare Space
01:15 PM – 02:00 PM	LUNCH AND NETWORKING
02:00 PM – 02:40 PM	POSTER PRESENTATION AND DELEGATE WALKTHROUGH
02:40 PM – 03:50 PM	BREAKOUT SESSIONS Breakout 1: Digital Health And Ai For Qi Breakout 2: Qi In Priority Programs – Mnch, Ncds, Urban Health Breakout 3: Qi Methods, Tools And Approaches
03:50 PM – 04:30 PM	AWARD AND RECOGNITION
04:30 PM – 05:30 PM	CLOSING SESSION

Overview of Key Partners



Institute for Healthcare Improvement

The Institute for Healthcare Improvement (IHI) is a leading, globally recognized not-for-profit health care improvement organization that has been applying evidence-based quality improvement methods to meet current and future health care challenges for more than 30 years. IHI provides millions of people in health care with methods, tools, and resources to make care better, safer, and more equitable; convenes experts to enable knowledge sharing and peer-learning; and advises health systems and hospitals of all sizes in improving their systems and outcomes at scale. IHI's mission is to innovate and lead transformational improvement in health and health care worldwide.

Since 2018, the Institute for Healthcare Improvement (IHI) has played a pivotal role in redesigning and strengthening maternal and newborn health (MNH) service delivery in Bangladesh. Through a Human-Centered Design (HCD) approach, IHI has developed widely tested, implemented, and trusted tools and evidence-based packages to improve MNH care nationwide. From 2018 to 2023, IHI led major Quality Improvement (QI) and Quality Assurance (QA) initiatives, supporting policy and implementation from national to district levels. These efforts produced 17 MNHQI Bundles implemented across 13 districts and 232 facilities, benefiting 21.5 million people. In partnership with the Ministry of Health and Family Welfare (MOH&FW) and its directorates, IHI has trained over 6,500 healthcare providers, with the government integrating this training into its operational plan and expanding it to additional districts. IHI also supported the development and approval of the Bangladesh National Healthcare Quality Strategy and its implementation plan, integrated Quality, Equity, and Dignity (QED) indicators into DHIS2, and produced eight guidelines/manuals and four training videos. Beyond project areas, 27 public health facilities have been scaled up by QI cells, and an MNH Service Accreditation Manual has been developed and approved by the Directorate General of Health Services (DGHS), MOH&FW.

The Delivering More Project

This is a key initiative of IHI implemented in partnership with MASS Design Group to improve maternal and newborn healthcare facility designs in Bangladesh and selected African countries. Delivering More is setting new standards in maternal and newborn care by designing healthcare spaces that prioritize safety, dignity, and efficiency. The project focuses on understanding environmental barriers, identifying how facility design impacts care quality and develops solutions using Human-Centered Design (HCD) tools to reimagine maternity spaces. Interventions include dedicated labor, delivery, and postpartum zones, improved nurse station visibility, Kangaroo Mother Care (KMC) and resuscitation areas, private spaces for alternative birth positions, spacious family waiting areas, prayer rooms, and hygiene-focused facility upgrades. By strengthening facility layouts, patient flow, and service efficiency, the project optimizes design for safer, more respectful, and culturally inclusive care. Building on work in district and sub-district hospitals, and informed by insights from peripheral primary healthcare facilities, Delivering More is co-developing adaptable design principles that set scalable standards for high-quality maternity care and contribute to global goods. Through continued dissemination of best practices, it is paving the way for lasting improvements in maternal and newborn health. The Delivering More Toolkit provides guidance on how well-designed spaces are a crucial component of high-quality maternal-newborn health care. It is also an open-source guide for anyone around the world who wants to learn how to adapt the design of their local health facility to meet their community's unique needs.

To learn more, visit: deliveringmore.org



BRAC

The BRAC Health Programme (BHP) is Bangladesh's flagship community-based primary healthcare initiative, delivering climate-resilient, data-driven services since 1972. With over 100,000 trained female Community Health Workers (CHWs), BHP brings preventive, curative, and rehabilitative care to even the most hard-to-reach areas. In 2024 alone, it reached nearly 8 million people—118 million to date.

Quality Highlights

- Integrated primary healthcare in rural and urban areas
- Geo-mapping to target climate- and health-vulnerable zones
- Redesigned primary healthcare centers in underserved urban locations
- Household visits, health camps, and referral pathways
- Skilled teams: CHWs, paramedics, and registered physicians
- Facility-based and outreach models including satellite clinics

Key Service Areas

Maternal & Child Health: 353K+ antenatal and 55K+ postnatal services; 2.3M women reached with family planning and immunizations

Mental Health: CHWs screen pregnant women; awareness raising and referrals to public and academic care

Non-Communicable Diseases: 685K+ people screened for hypertension and diabetes; mobile tools support referral and follow-up

Eye Care: 569K+ presbyopia and 17.7K cataract cases identified; affordable glasses provided

Tuberculosis: 227K+ TB cases treated 72% of national total; 95% treatment success rate (2023)

Malaria: 10.9K cases treated in endemic districts; malaria deaths dropped 96.1%

Disability Services: 5.7K assistive devices provided to 4.3K people at 50% subsidy, including physiotherapy and mobility support

Climate-Responsive Care: Tackling heat illness, dengue, diarrheal disease, TB, and malaria through geo-mapping and local awareness campaign.

Looking Ahead

BRAC's mission centers on community-driven healthcare in Bangladesh, delivering essential services grounded in quality, accessibility, and affordability. Challenges like remoteness and poor sanitation are met with integrated strategies emphasizing early diagnosis and prevention of malaria, tuberculosis, and COVID-19. Key priorities include strengthening health systems, advancing mental health, reducing maternal and child mortality, and promoting reproductive health and nutrition counseling. By combining innovation, equity, and grassroots leadership, BRAC Health Programme is redefining quality community-based care—for Bangladesh and beyond.





Social Marketing Company (SMC)

SMC is committed to improving family planning, maternal and child health, and nutrition through affordable, high-quality products and services. Quality Improvement (QI) is embedded across its operations from product procurement to frontline service delivery to drive better health outcomes.

Assuring Quality in the Star Network

SMC's private provider networks, Blue, Green, Rose, Pink, and Gold Star, adhere to a robust Quality Assurance (QA) system. SMC ensures logistics at every outlet to offer quality services. Providers are regularly assessed on technical skills, safety, informed choice, privacy, and continuity of care. QA teams conduct routine field visits to offer on-site coaching and feedback.

Community-Level Quality Care

Through the SMC Shastha Seba Kendra, trained paramedics deliver pregnancy care, growth monitoring, and NCD services. Community mobilization teams and partner NGOs monitor these centers using SOPs and checklists to ensure consistent service quality in Gold Star Community areas.

Product Quality Assurance

SMC's own and outsourced products meet rigorous international standards (WHO-GMP, ISO, DGDA). Its manufacturing plants implement strict QA protocols, including batch testing, sample retention, and both in-house and third-party verifications to maintain product integrity.

Clinic-Based Services

SMC clinics follow national SOPs and international hygiene and infection prevention standards. A central QA team, composed of qualified medical professionals, conducts regular audits to ensure compliance and continuous service improvement.

Digital Tools for Quality Monitoring

SMC leverages digital platforms for real-time monitoring, data verification, and tele-counseling. Insights gathered from Star providers inform quality enhancements and are shared network-wide via SMS.

Looking Ahead

SMC is scaling its QI framework with a focus on digital innovation, capacity building, and data-driven decision-making. By strengthening systems and partnerships, SMC aims to deepen its impact and continue delivering safe, equitable, and people-centered health solutions across Bangladesh.



Noora Health

Since 2020, Noora Health has partnered with the Government of Bangladesh to strengthen access to caregiver education for the patients and family members across the public health system and to transform care beyond hospital walls. Through the Care Companion Program (CCP), frontline health workers equip patients and families with the knowledge and confidence to provide safe, dignified care at home- turning family caregivers into champions of health.

Noora Health Model

The Care Companion Program (CCP) provides scalable caregiving education by using a train-the-trainer model, within the established healthcare system. It provides content, training, and mobile-based technologies to support caregivers of patients.

Through the CCP, it provides basic yet vital care knowledge, supporting caregivers through trusted healthcare providers to -

- Identify priority family care practices.
- Develop engaging materials.
- Support effective training delivery.
- Support through tech-enabled continued care

Key Achievements

Over 1.2 million mothers, patients and family caregivers trained, empowering families across Bangladesh.

COVID-19 Response: Reached 1 million+ with prevention messages and supported 100,000 families via tele-education.

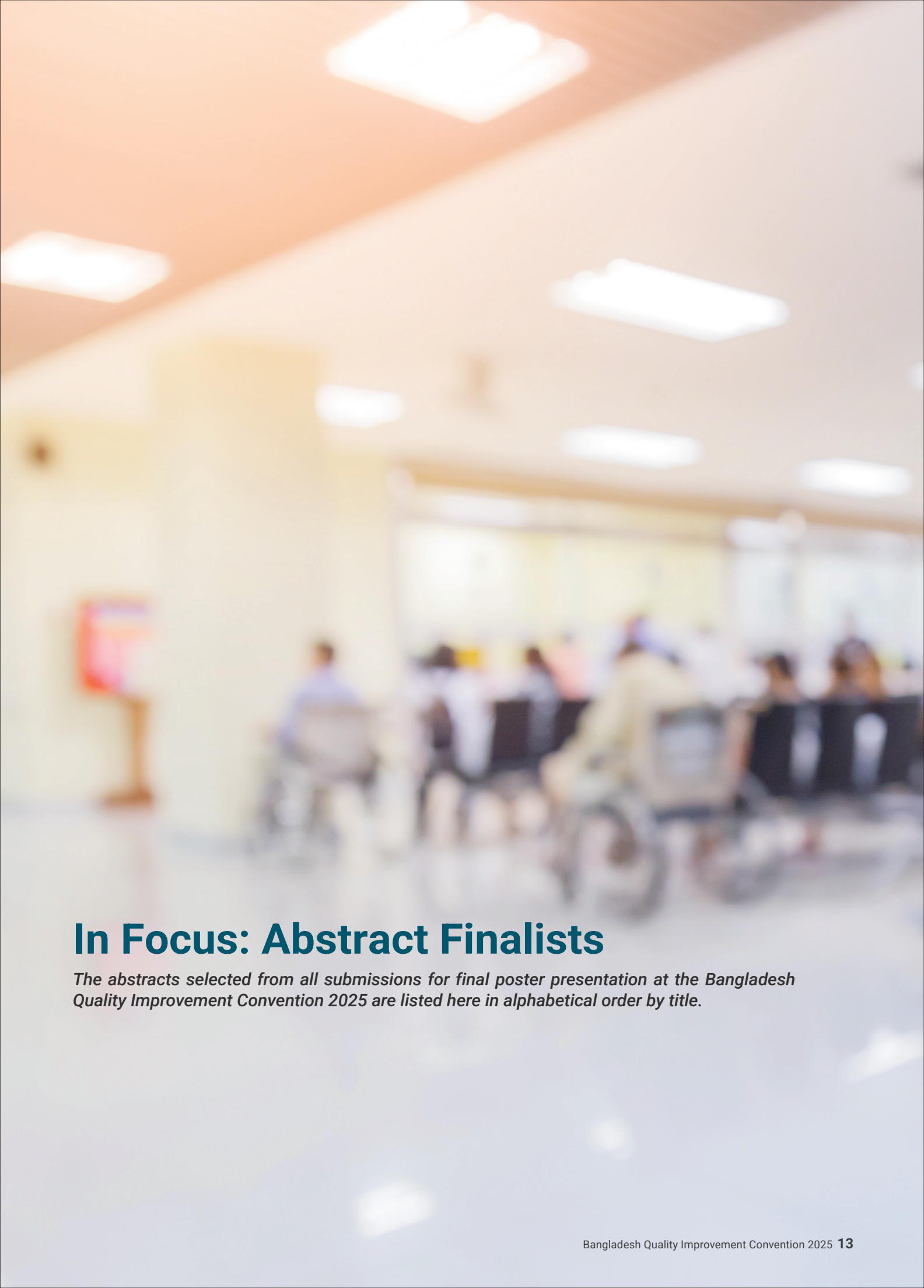
In Special Care Newborn Units (SCANU), recent impact includes 2.25 times increase in exclusive breastfeeding awareness, a 54% reduction in newborn readmissions, and a 2.05 times improvement in cord care practices.

Empowering Providers

2240+ senior staff nurses, midwives, and FWVs are trained as the Master Trainers. CCP operates in over 560 facilities. Nurses and midwives report higher confidence, job satisfaction, and stronger communication skills. Group sessions boost efficiency, foster peer learning, and formal recognition drives ongoing excellence.

Looking Ahead

By 2027, Noora Health aims to expand CCP to 1,000 hospitals, train 10,000+ providers, and reach 9 million mothers, patients, and family caregivers, reshaping family-centered care across Bangladesh.



In Focus: Abstract Finalists

The abstracts selected from all submissions for final poster presentation at the Bangladesh Quality Improvement Convention 2025 are listed here in alphabetical order by title.

A 3-Tier Healthcare Model for Delivering Primary Health Care for Hard-to Reach Communities in the Chars

Authors: Mosamat Umma Kulsum, Dr. Kazi Golam Rasul, Rafi Abul Hasnath Siddique, Dr. A.T.M. Sanaul Bashar, Dr. Mohammad Atiqullah Sayeed, Dr. Naheed Nazrul

Presenting Author: Mosamat Umma Kulsum, Friendship Bangladesh

Background:

Survival is an everyday struggle in the river island areas of Bangladesh, where communities live in poverty isolated from the mainland, surrounded by water and without access to the most basic services. Friendship introduces floating hospitals to serve the Northern people of Bangladesh.

Method:

To address the most unaddressed issue of the most hard-to-reach communities, Friendship developed a 3-tier model which helps to serve basic healthcare. The first tier includes floating hospitals where a medical team provides primary healthcare services debilitating conditions found in remote areas. The second tier includes static and satellite clinics. Static Clinics are built to provide medical services by paramedics. In satellite clinics, paramedics provide services in the doorsteps of the community. Satellite clinics are mobile medical teams that carry out regular visits to isolated communities. The third tier represents the Friendship Community Medic-Aids (FCMs). They maintain a vital link within the community and play a strong role in the healthcare model. The FCMs can diagnose common conditions before they become life-threatening and identify those that need advanced medical attention. FCMs are always available. Their roles include health education sessions, basic primary healthcare services, ensuring referral, supporting EPI programs, organizing nutrition demonstrations and assisting in organizing satellite clinics.

Result:

The healthcare model enables Friendship to help poor and marginalized people in remote and unaddressed communities in Bangladesh. Recognizing the broader goal of enabling these communities to improve their living conditions and gain control over their lives enables them to restore hope and dignity. The same model was replicated in the Rohingya camps and Bhasan Char. It also enables us to recognize a path to incorporate new components to provide holistic integrated services.

Conclusion:

Working in regions that are deprived of basic services, the first commitment of Friendship is saving lives. Friendship began its journey with a hospital ship, which was the most urgent need of the hour when the organization first started working in the riverine areas. The model made the accessibility and affordability of primary healthcare. Access to healthcare is a fundamental human right, and Friendship has built over the years a 3-tier model that makes healthcare available to all.

An Analysis of Effective Quality Communication of HCPs in Bangladesh as it relates to best practices in the USA

Author and Presenting Author: Prof. Dr. Wasif Alam, American International University Bangladesh

This comparative analysis examines healthcare communication practices between Bangladesh and the United States, identifying both shared principles and critical differences. Both countries recognize the importance of effective communication in improving patient outcomes, compliance, and satisfaction. Commonalities include increasing emphasis on empathy, cultural sensitivity, and a shift toward patient-centered care supported by technology. However, stark contrasts emerge in communication style, training, infrastructure, and patient empowerment. In Bangladesh, interactions are often hierarchical, with limited time per patient and low health literacy, especially in rural areas. In contrast, the U.S. promotes more egalitarian doctor-patient relationships, standardized communication protocols, and legal safeguards such as informed consent and HIPAA. Legal and ethical frameworks are stronger in the U.S., offering structured rights and protocols. While the U.S. benefits from multilingual support and structured feedback systems, Bangladesh struggles with overburdened public hospitals, inconsistent communication training, and limited patient advocacy. Patients are subject to fear of refusal of treatment or inadequate care by the caregivers upsetting them by asking questions about other treatment alternatives or second opinions to name a few. The notion that a harsh and short-tempered caregiver is more qualified and knowledgeable is sometimes perceived by patients and clients. The analysis underscores the urgent need to strengthen communication frameworks in Bangladesh to foster trust, enhance understanding, and improve healthcare delivery especially

for underserved populations using public healthcare facilities. Integrating communication training into medical education, leveraging mobile health tools, and developing culturally appropriate educational materials are essential in improving quality healthcare. Bridging these gaps could significantly enhance the quality and equity of care in the Bangladeshi healthcare system.

Assessment of the Level of Satisfaction with Women-Friendly Health Care Provision among Pregnant Women: A Cross-sectional Hospital-Based Study

Authors: Dr. Md. Golam Rafi, MPH, Prof. Dr. Fariha Haseen, PhD

Presenting author: Dr. Md. Golam Rafi, Health Economics Unit, MOH&FW

Background:

Patient satisfaction is a key indicator of quality of healthcare services and plays a vital role in achieving Universal Health Coverage. The quality of maternity care is a crucial factor in assessing the performance of any hospital. However, access to quality health services is uncertain for many women. Poorly perceived quality of women-friendly care in facility-based childbirth often acts as a barrier to current and future utilization of services in government hospitals.

Objective:

This study aimed to assess the level of satisfaction with women-friendly healthcare provision and identify the challenges among pregnant women in the indoor and outdoor departments of a secondary-level district hospital.

Methods:

This study was a descriptive cross-sectional study conducted in the indoor (Obstetric Ward) and outdoor (ANC Corner) departments of a 250-bed district hospital in Bagerhat. Data were collected from 410 pregnant women using purposive sampling, following approval from the Institutional Review Board of Bangladesh Medical University. A pre-tested, modified semi-structured questionnaire was used for data collection. The structured patient satisfaction survey questionnaire was adapted from the Quality Improvement Secretariat, Health Economics Unit, Ministry of Health & Family Welfare where 25 verification criteria were used to assess the level of satisfaction on a Likert scale.

Results:

Out of all participants, 283(69%) samples were collected from Ante-natal Care Corner (Outdoor) while 127(31%) samples were collected from the Labor Ward (Indoor). The majority 78.4% outdoor and 74% indoor pregnant women were satisfied but 21.6% outdoor and 26% indoor pregnant women were dissatisfied with maternal health services. The level of satisfaction with women-friendly healthcare provision was better in indoor (63%) than outdoor (59.89%). Provider and facility-related variables such as appointment, interpersonal manner, communication and time given by healthcare provider, infrastructure of hospital, technical quality of care, financial aspect and general satisfaction were found significantly associated with the level of satisfaction with women-friendly healthcare provision in both outdoor and indoor as $P < 0.05$.

Conclusion:

The level of satisfaction with women-friendly health services among pregnant women is found satisfactory. However, some gaps were identified where pregnant women were dissatisfied during their hospital visit.

Care Companion Program: Embedding Patient-Centered Care through Caregiver Education across Multiple Health Conditions in Bangladesh

Authors: Jesmin Akter, Ehsanuzzaman Surid, Dr. Arefin Amal Islam

Presenting Author: Jesmin Akter, Noora Health Bangladesh

Background:

Noora Health, in partnership with the Directorate General of Health Services, Bangladesh, has been implementing family caregiver training programs known as the Care Companion Program (CCP) since April 2022.

Objectives:

To build the capacity of healthcare staff to implement the CCP through the delivery of structured, skills-based health education aimed at empowering caregivers and promoting patient-centered care practices.

Methods:

Aligning with national health priorities, Noora Health selects health condition areas and conducts needs assessments to understand facility needs and health behaviors, to inform content prioritization. Complex medical information is transformed into engaging, patient-centric, and culturally contextualized health education materials delivered in hospitals and to families' phones. Noora Health trains healthcare workers to conduct CCP sessions with the help of program tools, visual presentations, adequate demonstration, and active participation of the family members within health facilities. Families can also sign up to receive health information digitally through their phones from pre-recorded voice messages specific to their health condition. A mobile-based Care Companion App is used by nurses to document session details as part of a quality monitoring and accountability system. Evaluations across different condition areas are also conducted to assess the CCP's impact on health awareness and behaviors. Since 2022, the CCP has trained approximately 1.14 million family members through 2,742 nurses in 563 hospitals across 64 districts.

Results:

Findings from a quasi-experimental study were conducted among 3,485 postnatal mothers (1,665 control; 1,820 intervention) across 13 tertiary and district-level facilities before and after the CCP program launch showed a likelihood of improvement in key awareness and practices, adjusted for demographic factors: burping baby practice (OR=1.77), skin-to-skin care awareness (OR=4.97) and practice (OR=2.52), exclusive breastfeeding awareness (OR=2.25) and practice (OR=1.26), and cord care practice (OR=2.05) in the intervention group as compared with the control group. Lower odds of reported readmissions for newborns [OR=0.46, 95% CI (0.35-0.59)] were lower in the intervention group.

Conclusion:

The Care Companion Program integrates caregiver education into public health service delivery, bridging facility-based care with home caregiving. By enhancing service delivery across diverse health condition areas, CCP fosters more patient-centered, participatory, and resilient health systems in Bangladesh.

Digital Health and Innovation

Author and Presenting Author: Brig. Gen. (Rtd.) Prof. Dr. Md. Abdul Aleem, Labaid Cancer Hospital and Super Specialty Centre

Background:

The healthcare sector in Bangladesh faces significant challenges, including limited access to quality medical services, inadequate healthcare infrastructure, and insufficient training opportunities for medical professionals. Traditional healthcare delivery systems often lack integration and fail to provide comprehensive solutions for patients, healthcare providers, and medical students simultaneously.

Objectives:

This abstract presents the development and implementation of Lifeplus Bangladesh, a comprehensive healthcare mobile application designed to provide a 360-degree digital health solution that enhances healthcare accessibility, improves service delivery, and advances medical education through cutting-edge technology integration.

Method:

The multidisciplinary approach which combines mobile application development, artificial intelligence integration, and augmented/virtual reality implementation.

Result:

The application encompasses extensive healthcare services including on-demand 24/7 video/audio consultations with emergency, priority, specialized, and foreign doctors, doctor appointment support, e-prescription services, 24/7 call center and ambulance services, fast medicine delivery ecosystem, blood bank information, nation-wide corporate executive health checkup programs, on-demand pathology sample collection, medicine reminders, health monitoring tools, preventive awareness notifications, health awareness blogs, mental health programs, and disease-wise awareness programs. Advanced AI algorithms provide intelligent symptom analysis, medication and dosage guidance, comprehensive clinical analysis, cancer screening capabilities, personalized care plans, lifestyle recommendations, and prescription analysis for both doctors and patients. AR/VR technology enhances medical students' practical experience through immersive training modules and realistic surgery simulation environments to improve healthcare education quality. The implementation of Lifeplus Bangladesh demonstrates significant potential for transforming healthcare delivery across Bangladesh's urban-rural divide. Initial results show improved patient satisfaction rates, reduced diagnosis time, enhanced clinical decision-making accuracy, and streamlined healthcare service delivery.

Conclusion:

The integrated AI system "Labaid GPT" successfully bridges the healthcare gap between urban and rural Bangladesh by providing intelligent healthcare support to both doctors and patients, enabling rural healthcare providers to access advanced diagnostic capabilities and treatment recommendations. User engagement metrics indicate high adoption rates among healthcare professionals and patients from Dhaka to remote rural areas. The platform addresses critical healthcare gaps by offering comprehensive services within a single application, thereby improving healthcare accessibility and quality while providing a scalable model for healthcare transformation.

Frequent Monitoring of High-Alert Medications After Administration: A Quality Improvement Initiative in a NABH-Accredited Hospital

Author & Presenting Author: Sayma Hossain, Labaid Cardiac Hospital & Labaid Specialized Hospital

Background:

High-Alert Medications are drugs that bear a heightened risk of causing significant patient harm when used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. That's why frequent monitoring of patients after the administration of high-alert medications is crucial to ensure their safety and detect any potential adverse effects promptly.

Objectives:

The objective of frequent monitoring of patients after the administration of High-Alert Medication is to ensure patient safety, early detection of adverse effects, prevention of complications, and optimization of therapy.

Methods:

A chart was developed named High Alert Medication Monitoring Chart. If an IPD patient receives any high-alert medication, the allocated nurse monitors the patient for at least 2 hours (at 30-minute intervals) post-administration. The nurse documents the drug name, dose, and time of administration. If no complications occur within 2 hours, 'No' is marked in the chart; if complications arise, 'Yes' is marked along with onset time and remarks. All relevant nursing staff received training on this monitoring process. After the training, 100 IPD patient files were reviewed to measure compliance.

Results:

Initially, it was found that patients were receiving high-alert medications, but the monitoring chart remained blank in some cases. Following daily monitoring and training, the compliance rate improved. In March 2025, the compliance rate was 70.30%. After re-audit in May 2025, the compliance rate increased to 91.28%.

Conclusion:

With the initiation of this QIP on high-alert medication frequent monitoring, the compliance rate improved from 70.30% to 91.28%. Although significant improvement has been made, ongoing follow-up, counseling, training, and regular audits are essential to achieving even higher compliance, ultimately ensuring patient safety.

Gaps, Readiness and Quality of Maternal, Newborn, Child Health and Family Planning Services: A Health Facility Assessment Conducted in Selected Areas of Rangpur Division

Authors: Uzzal Kumar Roy, Md. Atikur Rahman, Golam Mothabbir

Presenting Author: Uzzal Kumar Roy, Save the Children Bangladesh

Background:

Bangladesh has an extensive health infrastructure to provide maternal, newborn, and child health (MNCH), and family planning (FP) as well as essential healthcare services. Despite this setup, there are still gaps between accessibility and availability of services along with ensuring quality is still an area of concern. This assessment serves the purpose of understanding the existing status of five types of facilities.

Objectives:

The study aimed to assess readiness, gaps and quality status of MNCH-FP services in selected public health facilities of Rangpur and Lalmonirhat districts.

Methodology:

The structured facility assessment tools (Inventory Questionnaire), based on the Bangladesh Health Facility Survey (BHFS) 2022 tools, utilized in the data collection process. The data was collected from January to February 2024.

Findings:

84% facilities were ready to offer ANC and PNC whereas FP and NVD services at 68% of facilities. 86% facilities were connected to regular electricity, improved water source (93%), and functioning latrine (88%). Only 46% of health facilities have all basic client services. Only 21% of facilities have the capacity to ensure privacy for clients and transport for emergencies is available in only 28% of facilities. The average readiness score for basic emergency obstetric and newborn care (BEmONC) was found 6.0 in DH, 5.1 in UHCs, 3.3 in MCWCs, and 2.0 in UHFWCs (total score =7). Whereas comprehensive emergency obstetric and newborn care (CEmONC) was found 8.0 in DH, 6.1 in UHCs, 4.0 in MCWCs, and 2.0 in UHFWCs (total score = 9). Zero facility performed 18 comprehensive newborns signal functions and 20 advanced signal functions. Regarding the child health services, 53% of the facilities provide all three basic child health services.

Conclusion:

Overall, the study explored a wider landscape of availability, accessibility and readiness of healthcare services in public health facilities in Rangpur and Lalmonirhat districts which would be instrumental for Policymakers to address the needs of the division.

Improved Nursing Handovers for Patient Safety

Authors: Azizun Nahar, Dr. Samina Sagar Shirke, Anoop Kumar Eettimoottil Bhaskaran

Presenting Author: Dr. Samina Sagar Shirke, Evercare Hospital Dhaka

Background:

During regular clinical rounds, it was observed that many patients were unaware of their assigned nurses, their treatment plans, and key safety measures such as hand hygiene and fall prevention. Investigation revealed poor compliance with bedside handovers, with a baseline compliance rate of only 26%. Contributing factors included high nursing attrition, inexperienced new nurses, staff overload in high-turnover areas, and a general lack of knowledge, skills, and attitude.

Objectives:

The objective was to increase compliance of bedside nursing handovers using the ISBAR tool, aiming to raise the compliance rate from 26% to 80% within 5 months, thereby enhancing communication and patient safety.

Methods:

A multidisciplinary team was formed to lead the project. Targeted training sessions on effective communication and bedside handover practices were conducted. Nurses were trained, supervised, and monitored continuously. ISBAR compliance and bedside handover accuracy were evaluated, and patient involvement in handover was encouraged.

Results:

- Patient awareness of medical diagnosis and treatment increased from 86% to 96%.
- Incidents of missed/incorrect information regarding treatment or medication decreased from 15 to 5 cases per month.
- Patient satisfaction with nursing care improved by 10%.
- Effective communication score improved from 89% to 94%.
- Communication breakdowns and background noise disruptions were significantly reduced.
- Unnecessary duplicate procedures and tests decreased to 0.47%.

Conclusion:

Implementation of structured bedside nursing handovers led to improved communication, greater patient awareness and participation, reduced medical errors, and enhanced overall patient satisfaction. This approach promotes a culture of safety and continuous improvement in nursing practice.

Improved Access to Health Sector Response to Gender Based Violence for the Survivors of Sexual Violence at Upazila Health Complexes: A Way to Contribute Universal Health Coverage

Authors: Dr. Rahat Ara Nur, Dr. Abu Sayed Hasan, Dr. Mohammad Shawkat Hossain Khan

Presenting Author: Dr. Rahat Ara Nur, Bangladesh Country Coordinating Mechanism (BCCM)

Background:

Sexual and gender-based violence is most devastating human rights violation resulting in physical injury, psychological trauma and social exclusion. Access to quality clinical management of rape (CMR) at the nearby health facilities are basic human rights. In Bangladesh, 27.3% of married women experience sexual violence in their lifetime. CMR services were not available at the Upazila Health Complexes (UHCs) and the survivors are referred to District Hospital (DH). Survivors face discrimination, loss of dignity and confidentiality to travel a long distance to receive CMR services.

Objective:

To establish and improve access to CMR services to the sexual and gender based violence (SGBV) survivors.

Methodology:

Program Managers, health-care-providers of 7 UHCs and DH received training on National Protocol on Health Sector Response to GBV and developed their knowledge, skills, being accountable, and responsible to provide CMR (clinical, medicolegal, psychosocial care) services. Survivor Register, Medical Report and Examination Forms, Consent form, Referral Slip, Survivor Kits and mentoring support were provided. An anonymous registration system, pathway inside facility, survivor room, MIS and multi-sectoral referral system were established. Survivor-centered confidential, respectful, non-discriminatory services ensured with physical security. RMO assigned as GBV focal person. Community awareness done through SBCC activities and materials.

Results:

All UHCs started providing SGBV response services from January 2022. There was a sharp rise of CMR services in the 7 UHCs from 0 in 2021 to 302 in 2024, approximately 24% increase in service delivery. On the other hand, 32% of total SGBV survivors (2,540) in Cox's Bazar received CMR services and 28% less SGBV survivors received response services from DH from 7 UHCs during this reporting period indicated UHCs shared the case load of DH, provided quick and quality services, while reducing the hassle but uplifting confidentiality, dignity and physical safety of the SGBV survivors without discrimination.

Conclusion:

If properly equipped with training, supplies, logistics and mentoring support to the health managers and health-care-providers, the UHCs are capable to provide quality SGBV response services. Demand generation through SBCC is crucial to increase service utilization from nearby UHCs.

Lessons from Loss: A Retrospective Mortality Audit to Improve In-Hospital Care in a Tertiary Hospital in Bangladesh

Authors: Dr. Purnota Saha, Dr. Sabrina Monsur, Dr.Z.U.M. Wahid, Dr. Riaz Rounak Ayon

Presenting Author: Dr. Purnota Saha, Dhaka Medical College

Background:

Mortality audits play a pivotal role in evaluating in-hospital deaths, identifying preventable factors and guiding quality improvement in hospital care. We conducted this study to shed light on the contributing factors and systemic gaps in hospital deaths at Dhaka Medical College Hospital for overall improvement of the healthcare system.

Methods:

A retrospective review was conducted using a structured mortality audit form for all patient deaths from 15th March-15th April. Data included patient demographics, primary diagnosis, comorbidities, DNR status, diagnosis or treatment delays, hospital -acquired-infections, standard protocols adherence and communication with families. Descriptive statistics were used to summarize findings and cases were assessed for preventability.

Results:

A total of 292 deaths were audited. Highest mortality was reported from the Medicine department (140

cases-47.94%) with surgery (22.23%) and gynecology (3.76%) following it. Some other wards (Pediatrics, CCU, ICU, OSEC, HDU) also reported varying numbers of fatalities reflecting the widespread nature of mortality across the hospital. Primary diagnostic categories were dominated by septic cause (78 cases) closely followed by respiratory failure (73 cases) and neurological disorder (35). Cardiogenic (27) and nephrogenic (15) causes were less frequent, still contributed significantly. Some notable cases presented with multiorgan involvement and couldn't be conformed to a single diagnostic category. Mortality peaked among middle and elderly people (97 deaths in 41-60 years of age and 82 in 61-80 years of age), with comparatively marginal participation of children and the extremely old. Gender distribution was nearly equal (50.7% male, 49.31% female). Prevalent contributing factors behind the deaths were presence of comorbidities, delayed treatment, lack of staff or equipment, hospital-acquired infections. 48.97% of deceased had at least one comorbidity. DM is the most prevalent one, especially in septic causes, while HTN appears across various cases, notably in neurological causes.

Conclusion:

The audit exposed significant critical gaps in the healthcare system. Comprehensive improvements including patient and family education, early detection and management of sepsis, improvement of chronic disease management protocols to prevent complications, availability of specialized medical services (dialysis centers, ICU), implementation of regular mortality audits can reduce preventable deaths and elevate the hospital's standard as a center of excellence in medical care.

Patients' Level of Satisfaction and its Determinants Regarding the Healthcare Services of Community Clinics in Rural Satkhira

Authors: Mohammad Amanat Ullah, Muhammad Bayezid Ullah, Israt Jaman

Presenting Author: Dr Mohammad Amanat Ullah, WHO Bangladesh

Background:

The healthcare system in Bangladesh persistently faces challenges, including access to quality healthcare services, especially in rural areas. As part of the government's flagship healthcare initiative, Community Clinics (CCs) aim to improve primary healthcare service delivery in rural and underserved communities. This study assessed patient satisfaction with healthcare services provided by Community Health Care Providers (CHCPs) at CCs in Satkhira district and explored key determinants influencing satisfaction levels.

Objectives:

This study aimed to assess the level of patient satisfaction with healthcare services at CCs in rural Satkhira, identify the factors influencing this satisfaction and provide actionable insights to improve healthcare delivery.

Methods:

A cross-sectional survey was conducted among 377 patients attending 14 CCs across seven Upazilas of Satkhira. The Patient Satisfaction Questionnaire (PSQ-18) was used to collect data on satisfaction across seven subscales: general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with healthcare providers and accessibility. Data were analyzed using descriptive statistics and multiple regression analysis to identify key determinants of satisfaction.

Results:

The results revealed that 76.4% of patients were satisfied with the healthcare services, while 17% expressed dissatisfaction. The most common concerns were the non-availability of free medicines and issues related to the technical quality of CHCPs. Key demographic factors such as gender, age and education were found to significantly influence satisfaction levels. Female patients, younger individuals and those with lower levels of education reported higher satisfaction.

Conclusion:

While the majority of patients expressed satisfaction with the services provided by Community Clinics (CCs), significant areas for improvement remain, particularly in the technical quality of care and the availability of essential medicines. The study underscores the importance of addressing these issues to enhance service delivery and patient satisfaction. These findings can inform policy recommendations aimed at strengthening the role of CCs in delivering equitable and quality primary healthcare services.

PDCA Project: Kangaroo Mother Care (KMC)

Author and Presenting Author: Rezaul Karim, Public Health Informatics Foundation (PHIF)

Background:

The Ministry of Health and Family Welfare (MOHFW), with UNICEF's support, implemented the Mother-Baby Friendly Facility Initiative to improve maternal and newborn care in Jamalpur. A 2020 baseline found only 10% of KMC babies received a 1st follow-up visit in SCANU. Jamalpur District Hospital aimed to raise this to 70% in 3 months. Using a quality improvement approach, the Work Improvement Team (WIT) increased it to 67% in 5 months and sustained 60% at 8 months.

Objectives:

The WIT at SCANU implemented a PDCA cycle to boost first follow-up rates for KMC babies. Their Quality Improvement (QI) initiative was spearheaded by a medical officer, supported by dedicated nurses managing data collection, inter-personnel coordination, and record-keeping. Utilizing a Fishbone analysis, the team identified key reasons for low follow-up. These included parents' lack of interest in hospital returns, challenges posed by long distances, and inadequate, unestablished counseling methods for mothers. To track progress towards their 70% coverage target, the team set a crucial process indicator: the percentage of babies attending their first KMC follow-up. This was calculated monthly by comparing the number of babies who returned for their first visit against those who initiated KMC in SCANU.

Methods:

The WIT began by refining counseling methods for mothers and providing KMC follow-up cards upon discharge. Initial follow-up increased to 29% (1 month). They then introduced hotline numbers for reminders, and crucially, offered iron/vitamin supplements as an incentive for attendance, boosting rates to 35% (2 months). Overall, these combined efforts raised follow-up to 51% (3 months), with sustainability planned through continued counseling, reminders, and supplement provision.

Results:

The WIT at SCANU, Jamalpur District Hospital, increased 1st follow-up KMC rates: 29% (1 month), 35% (2 months), 51% (3 months), 53% (4 months), 67% (5 months), then fluctuating to 63%, 53%, 60% (8 months), and 54% (9 months), with efforts to sustain.

Conclusion and Implications:

Counseling mothers and encouraging parents for follow-up have been incorporated into routine practices at SCANU, Jamalpur District Hospital. The WIT continues to discuss problems and address them in a timely and effective manner.

Shifting the Paradigm-Casualty to Real

Authors: Dr. Rezina Ahmed, Dr. Arif Mahmud, Dr. Muhammad Hasan Andalib

Presenting Author: Dr. Rezina Ahmed, Evercare Hospital Dhaka

Background:

Initially the emergency unit of Evercare hospital was not as efficient as expected. There were multiple factors which significantly impact patient satisfaction and potentially compromise the quality of care provided. It was evident that:

- Patient satisfaction rate of emergency unit was between 64% - 67%
- TAT of Emergency Room stay average was 148 minutes
- Number of patients attending to emergency was less than 10%
- Patients leaving the hospital against medical advice > 15%
- Patient complaint regarding delay in Emergency Services increased

Goal:

The goal of the study was-

- Emergency room length of stay reduced from 148 minutes to 99 minutes for patients requiring admission
- Number of patients attending emergency increased more than 15%
- Patients leaving against medical advice reduced by 10%

Activities:

- Patients benefitted with initiation of dialysis in the emergency room
- Introducing an isolation room for infectious patients to prevent air borne infections
- Counseling room was created to brief agitated and grieved attendants. Financial counseling is also a part of counseling in Emergency to inform patients about estimated cost
- The emergency theater was equipped for minor procedures
- Renovation of two existing cubicles for Pediatric emergency with child friendly environment to relieve the anxiety of parents and children
- Nurse station remodeling was done for privacy and confidentiality
- The practice of biometric attendance was adopted for operating theater to track the consultant entry time to the theater.
- Soft skill training for physicians and customer care officers at different touch points to stay focused and to be flexible.

Result:

The data collected related to the project was verified and analyzed by the quality department.

- Patient's emergency bill was reduced from BDT 8000 to BDT 10,000 to BDT 5000- BDT 6000 requiring admission.
- Emergency room length of stay was reduced from 148 minutes to 99 minutes for patients requiring admission.
- The number of patients attending emergency services increased by 19%
- 10% reduction of patients leaving against medical advice.

Closing Argument:

Emergency units are equipped to handle a wide range of critical situations, ensuring patients receive timely treatment and potentially preventing serious complications.

Strengthening Primary Maternal Mental Health Services During Crisis: A Youth-Led Assessment of Service Gaps and Patient-Centered Needs in Bangladesh's 2024 Unrest

Authors: Dr. Iftekhar Ahmed Sakib, Nishad Tasnim, Sharif Mohammed Sadat, Raad Wrik Hasan, Salsabil Tarannum, Shahjalal Hossain Sium

Presenting Authors: Dr. Iftekhar Ahmed Sakib, Nishad Tasnim; Bangladesh Medical Student's Society

Introduction:

Maternal mental health remains critically underprioritized in low- and middle-income countries (LMICs) like Bangladesh, despite its fundamental role in ensuring equitable and effective primary healthcare. During the July–August 2024 sociopolitical unrest, essential health services—particularly antenatal care—were severely disrupted. This study investigates how these disruptions affected the mental health and care-seeking behaviors of young pregnant women, aiming to inform quality improvement strategies that ensure patient-centered and resilient service delivery in emergency contexts.

Objectives:

- Assess impact of 2024 unrest on antenatal and primary care affecting mental health of pregnant women (18–30) in Bangladesh.
- Identify gaps in service delivery and mental health integration.
- Explore patient experiences and coping strategies.
- Provide evidence to strengthen women-centered, crisis-responsive primary healthcare.

Methodology:

A retrospective cross-sectional mixed-methods study was conducted on 447 postpartum women (aged 18–30) from all eight divisions of Bangladesh. Data were collected from April–May 2025 across 11 government medical college hospitals using standardized tools (DASS-21, PSS, PRAQ-R2) and open-ended questions in culturally adapted bilingual format. Ethical approval was secured from UNESCO. Participants were selected via quota sampling and interviewed by trained female medical students. Data were analyzed using Excel for thematic and quantitative insights. Confidentiality, trauma-informed protocols, and data

protection were strictly maintained. The study emphasized ethical rigor, cultural sensitivity, and youth-led design amid crisis conditions.

Result:

The study reflects most were in their first trimester during the July–August 2024 unrest. Over 60% lived in rural areas. High psychological distress was observed: 60.85% had anxiety, 48.77% had depression, and 91.5% reported pregnancy-related anxiety. Antenatal care was inadequate—over 50% had fewer than four visits, and 83.22% had cesarean deliveries. Despite 76.28% recognizing the importance of maternal mental health, only 29.75% sought support. Digital exclusion affected 24.16%. Narratives revealed fears, disrupted care, financial strain, and reliance on faith and informal support. Findings stress the need for integrated, accessible maternal mental health services during crises.

Conclusion:

This study underscores a pressing need to integrate maternal mental health into routine antenatal services and strengthen crisis-responsive, patient-centered primary care in Bangladesh. The high burden of psychological distress, combined with disrupted access, digital exclusion, and overmedicalization, reveals critical weaknesses in the current system. To achieve equitable, resilient universal health coverage, maternal care must be holistic, inclusive, and responsive to crisis realities. Youth-led insights offer a powerful blueprint for reimagining service delivery with dignity, empathy, and systemic accountability at its core.

The Toll of Toilet Avoidance on Female Medical Students

Authors: Dr. Sabrina Monsur, Al Maruf, Oishee Sultan, Maraea Quibtaea, Nazia Faiza, Junaid Ahsan Atonu, Al Amin

Presenting Author: Dr. Sabrina Monsur, Dhaka Medical College Hospital

Introduction:

Toilet avoidance among female medical students has grown as a significant concern due to its implications that extend beyond mere convenience. This phenomenon during clinical rotation and academic setting is influenced by a complex interplay of curricular burden, socio-cognitive, environmental and physiological factors. These issues in women remain overlooked in low- and middle-income countries like Bangladesh with fragile healthcare infrastructure. The study aims to assess the prevalence, associated factors, behavioral patterns and health impacts of toilet avoidance among female medical students.

Method:

An epidemiological cross-sectional study was conducted among 206 female medical students across different academic years from 10 government medical colleges. Data were collected through face-to-face interviews and phone calls using a structured questionnaire focusing on toilet usage frequency, reasons for avoidance, and self-reported health outcomes. Likert scale was used to evaluate the impact of the factors. Chi-square test was used to analyze associations.

Results:

Among 206 participants, 201 individuals reported toilet avoidance ranging from 1 hour to more than 6 hours with most reporting duration of 4-6 hours (44.8%). The common reasons were perceived lack of cleanliness (85.02%) and fear of contracting infections (44.92%) indicating environmental and socio-cognitive influences. Discomfort or pain (62.8%) and difficulty concentrating (45.89%) were observed as the immediate outcomes. The delayed implications were UTI (24.63%), digestive issues (18.84%) and anxiety (39.61%). About 48.79% individuals intentionally reduced water intake to avoid use of toilets which further led to dehydration (38.64%). A statistically significant relationship was found between the year of study and reported difficulty concentrating ($X^2 = 28.84$, $p = 0.004$), with 5th-year students reporting the highest levels. Cleanliness concerns were strongly associated with both stress/anxiety ($X^2 = 23.38$, $p = 0.037$) and difficulty concentrating ($X^2 = 35.27$, $p = 0.001$). Moreover, 83 individuals (40.09%) reported that toilet avoidance has affected their academic performance.

Conclusion:

This study recommends adoption of clean women-only toilets with improved facilities, sanitary product changing and disposal facilities, flexible scheduling which allows for regular breaks, arrangement of awareness and education programs that address these issues, establishment of social support groups or counselling services to discuss their experience and seek help. By implementing these recommendations, a supportive educational environment can be created which will elevate the physical and mental health to accelerate academic excellence of female medical students.

Acknowledgements

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