Development Compilation

Bangladesh Institute of Professional Studies
https://bips.bd/journal
ISSN: 2072-3334 (Print), ISSN: 2663-1547 (Online)

Volume 19 | Issue 2 | October 20, 2026 | Page: 214-222 | Article |

Evaluating Public Healthcare Service Delivery in Sylhet City: An Exploratory Qualitative Study Through the Lens of Good Governance

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HOW TO CITE

Jahan, S. N., & Tapadar, S. A. M. (2026). Evaluating public healthcare service delivery in Sylhet City: An exploratory qualitative study through the lens of good governance. *Development Compilation*, *19*(2), 214–222. https://bips.bd/journal

ARTICLE HISTORY

Received: 29 July 2026
Revised: 17 August 2026
Accepted: 20 September 2026
Available online: 20 October 2026

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Abstract

This exploratory qualitative study examines public healthcare service delivery in Sylhet, Bangladesh, through the principles of good governance. Alongside, it draws on semi-structured interviews with five citizens who used public healthcare facilities, including Sylhet MAG Osmani Medical College Hospital, Sylhet Chest Disease Hospital, Golapganj Upazila Health Complex, and related services. The study applies the principles of participation, rule of law, transparency, responsiveness, consensus orientation, equity and inclusiveness, effectiveness and efficiency, and accountability. Also, the findings suggest recurring concerns regarding lengthy waiting times, medicine and diagnostic shortages, non-functional equipment, unofficial intermediaries (dalals), unclear procedures, emergency-care delays, unequal treatment of economically disadvantaged patients, and weak complaint mechanisms. These reported experiences reveal a gap between constitutional and human-rights commitments to medical care and the practical accessibility of healthcare services. The study further argues that healthcare workers require adequate security, resources, staffing, and institutional support to maintain safe and uninterrupted patient care. It recommends digital patient-registration systems, transparent service information, effective grievance-redress mechanisms, decentralised diagnostic capacity, anti-corruption oversight, improved regulation of private providers, and rights-based professional training. The study concludes that healthcare improvement in Sylhet requires not only additional resources but also transparent, equitable, responsive, and accountable governance.

Keywords: Good governance; public healthcare; Sylhet; healthcare accountability; patient rights; Bangladesh.

1. Introduction

Healthcare is a basic human need and an important condition for dignity, equality, and social development. Article 25 of the Universal Declaration of Human Rights recognises everyone's right to an adequate standard

of living for health and well-being, including medical care (United Nations, 1948). Article 15(a) of the Constitution of the People's Republic of Bangladesh similarly identifies medical care as a basic necessity of life (Constitution of the People's Republic of Bangladesh, 1972).

Public healthcare is particularly important in Bangladesh because many citizens cannot afford expensive private treatment. However, formal recognition of healthcare as a public responsibility does not necessarily ensure that patients receive accessible, affordable, timely, respectful, and effective care. Bangladesh continues to experience high household out-of-pocket health expenditure, which can cause financial hardship and restrict access to necessary treatment, particularly for low-income households (World Bank, 2025).

Good governance offers an appropriate framework for assessing public healthcare delivery. It requires institutions to act transparently, accountably, responsively, equitably, efficiently, and in accordance with the rule of law. It also requires public participation in service monitoring and policy implementation (Office of the United Nations High Commissioner for Human Rights [OHCHR], 2007). In a healthcare setting, good governance requires clear procedures, equitable access, ethical treatment, effective complaint mechanisms, transparent fees, appropriate resource management, and accountability for misconduct or negligence.

This study examines public healthcare delivery in Sylhet through the lived experiences of five citizens. It focuses on reported experiences relating to Sylhet MAG Osmani Medical College Hospital, Sylhet Chest Disease Hospital, Golapganj Upazila Health Complex, and associated healthcare services. The research does not claim that five accounts represent all public healthcare users in Sylhet. Rather, it identifies governance-related problems that require broader research, institutional scrutiny, and policy attention.

2. Literature Review

Governance refers to the processes, institutions, rules, and relationships through which public decisions are made, resources are managed, and public services are delivered. Good governance goes further by requiring that these processes uphold participation, transparency, accountability, responsiveness, equity, effectiveness, and the rule of law (OHCHR, 2007).

In healthcare, governance includes policy formulation, service delivery, financial management, hospital administration, professional regulation, public participation, patient protection, and accountability mechanisms. Effective health governance requires institutions to ensure that people can access appropriate treatment without discrimination, exploitation, avoidable delay, or unnecessary financial burden.

The World Health Organization has long identified governance, health financing, service delivery, workforce capacity, access to medicines, and information systems as core components of a functioning health system (World Health Organization [WHO], 2015). Bangladesh has made notable progress in health outcomes and service coverage, but system-level challenges remain,

including high out-of-pocket expenditure, uneven access to services, shortages of resources, and financial barriers to healthcare utilisation (WHO, 2015; World Bank, 2025).

Recent policy analysis has emphasised that households in Bangladesh continue to bear a substantial portion of healthcare costs directly. Such expenditure is especially harmful to poor and marginalised households because it may delay treatment, increase indebtedness, or push families into financial hardship (Centre for Policy Dialogue, 2025; World Bank, 2025). These financing pressures can undermine the principle of equity and inclusiveness, particularly where patients must buy medicines, saline, diagnostic tests, or emergency supplies outside public facilities.

Governance failures in Bangladesh's healthcare sector have also been associated with corruption, weak regulation, poor institutional oversight, informal payments, limited accountability, and the influence of

unauthorised intermediaries or brokers. A review of health-sector governance in Bangladesh identified concerns relating to provider performance, health-facility management, corruption, informal payments, and citizen accountability (World Bank, 2011). More recent scholarship has similarly found that weak regulatory environments and governance failures can create conditions conducive to corruption in frontline healthcare delivery in South and South-East Asian low- and middle-income countries, including Bangladesh (Naher et al., 2020).

Research on the COVID-19 period also highlighted governance vulnerabilities in Bangladesh's health sector, including alleged irregularities, weak accountability, and corruption-related risks in public health administration and procurement (Hossain et al., 2023). Such evidence shows that improving public healthcare requires not only increased expenditure but also institutional reforms that promote transparency, ethical conduct, citizen participation, and enforceable accountability.

3. Research Questions

1. How do citizens experience public healthcare service delivery in Sylhet through the lens of good governance?
2. What governance-related barriers affect accessibility, equity, transparency, and accountability in public healthcare?
3. What institutional and policy reforms could strengthen good governance in healthcare delivery in Sylhet?

4. Research Objectives

The study has three objectives:

- To examine citizens' lived experiences of public healthcare services in Sylhet.
- To analyse healthcare delivery through the eight principles of good governance.
- To recommend institutional and policy reforms for improving transparency, equity, responsiveness, and accountability in public healthcare.

5. Methodology

This study adopts a qualitative and exploratory research design. Primary data were collected through semi-structured interviews with five citizens who had personal experiences of receiving, seeking, or accompanying relatives for public healthcare services in Sylhet and surrounding areas. The participants were selected purposely because they had direct experience of healthcare facilities relevant to the research topic. They represented different socioeconomic backgrounds and occupations, including a day labourer, a slum resident, a CNG driver, a street hawker, and a domestic worker. Their reported experiences included treatment at Sylhet MAG Osmani Medical College Hospital, Sylhet Chest Disease Hospital, Golapganj Upazila Health Complex, and other related facilities.

The study also used secondary sources, including constitutional provisions, international human-rights documents, WHO publications, World Bank reports, peer-reviewed scholarship, and Bangladesh-focused policy research. These sources were used to develop the conceptual framework and contextualise the interview findings.

Thematic analysis was used to interpret the interview data. Responses were grouped under the eight principles of good governance:

1. Participation
2. Rule of law

3. Transparency
4. Responsiveness
5. Consensus orientation
6. Equity and inclusiveness
7. Effectiveness and efficiency
8. Accountability

The study treats participants' statements as reported experiences and perceptions. Allegations relating to bribery, negligence, corruption, misconduct, or institutional failure are not presented as legally proven facts. Formal confirmation of such allegations would require access to hospital records, independent investigation, witness testimony, and due process.

6. Analysis and Findings

1.Transparency

The interview findings suggest that some patients lack clear information about hospital procedures, official charges, medicine availability, diagnostic facilities, admissions, referrals, and complaint mechanisms. Unclear information can create confusion and may make patients dependent on unauthorised intermediaries.

The reported presence of dalals or brokers is a serious governance concern. When patients depend on unofficial persons to obtain tickets, admission, diagnostic services, or referrals, public healthcare may become less transparent and less equitable. Earlier research and policy analysis in Bangladesh have similarly identified informal payments, weak oversight, and intermediary influence as governance concerns within healthcare delivery (Sattar, 2021; World Bank, 2011).

2.Responsiveness

Several reported experiences indicate long waiting periods, delayed consultations, referrals to larger facilities, and difficulty obtaining timely emergency care. A day labourer described waiting from morning until evening before his wife could consult a doctor. Other participants reported uncertainty regarding beds, emergency services, and access to appropriate treatment.

Responsiveness is particularly important in emergency care because avoidable delays can endanger life and worsen health outcomes. A well-governed hospital should have effective triage, emergency referral, bed-management, and communication systems. Delays may result from overcrowding, staff shortages, limited infrastructure, weak coordination, or administrative inefficiency.

3.Equity and Inclusiveness

The evidence suggests that poor patients face greater barriers than wealthier patients. Participants described having to purchase medicines, saline, sutures, diagnostic tests, and other essential items from outside healthcare facilities. These expenses are particularly burdensome for citizens with unstable or low incomes.

High out-of-pocket expenditure remains a major obstacle to equitable healthcare access in Bangladesh. World Bank data, drawing on WHO health-expenditure information, show that out-of-pocket spending remains a substantial component of healthcare financing in Bangladesh (World Bank, 2025). Policy analysis further indicates that high direct expenditure disproportionately burdens low-income and marginalised households (Centre for Policy Dialogue, 2025).

Equity also includes respectful treatment. A participant reported feeling that poor patients sometimes received

disrespectful behaviour from health personnel. Such treatment undermines human dignity and contradicts the ethical obligation to provide care without discrimination.

4.Effectiveness and Efficiency

Participants reported shortages of medicines, limited beds, unavailable diagnostic tests, malfunctioning equipment, and repeated referrals to larger hospitals. In particular, the reported lack of functional diagnostic capacity at an Upazila-level health complex may compel patients to travel long distances or seek costly private tests.

These findings indicate possible weaknesses in resource allocation, maintenance, procurement, staffing, and referral management. When lower-level facilities cannot provide basic diagnostics or stabilisation, tertiary hospitals may become overcrowded. Strengthening local-level healthcare capacity could reduce unnecessary referrals and improve the efficiency of the wider health system.

5.Accountability and Rule of Law

The interviews raise concerns about unofficial payments, administrative delays, poor treatment, and limited mechanisms for patients to report grievances. If patients do not know how to complain, cannot submit complaints safely, or do not receive timely responses, accountability becomes weak.

Accountability requires hospitals and regulatory authorities to investigate credible complaints, maintain records, impose appropriate sanctions where wrongdoing is established, and provide remedies to patients. Rule of law requires that services be delivered through official procedures rather than informal payments, personal connections, or broker networks.

6.Participation and Consensus Orientation

The study indicates that poor and vulnerable citizens may have limited opportunities to participate in hospital decision-making or provide meaningful feedback. Some patients may fear harassment, lack confidence, or be unaware of available complaint procedures.

Consensus orientation requires hospitals and policymakers to consider the interests of patients, healthcare workers, administrators, local communities, and government authorities. Healthcare reforms are more likely to be effective when these stakeholders are consulted and when institutional decisions reflect patients' real experiences.

7.Healthcare Workers' Protection

Good governance should protect healthcare workers as well as patients. Doctors, nurses, interns, and support staff may face staff shortages, heavy workloads, inadequate supplies, security threats, and professional pressure. Unsafe conditions can affect morale, service quality, and continuity of care.

Hospitals should protect healthcare workers from violence and harassment while ensuring that patients continue to receive essential services during disputes or work stoppages. A rights-based healthcare system must balance the safety and dignity of healthcare personnel with patients' right to timely and continuous care.

7. Discussion

The findings indicate that healthcare problems in Sylhet should not be understood only as a resource shortage. They are also governance problems. Shortages of medicines, beds, diagnostic equipment, and staff can be aggravated by weak information systems, poor supervision, unclear procedures, corruption risks, inadequate complaint mechanisms, and insufficient accountability.

The good-governance framework shows how these problems overlap. Lack of transparent service information can make patients dependent on brokers. Delayed treatment weakens responsiveness. Out-of-pocket expenditure undermines equity. Equipment failures and unnecessary referrals reduce efficiency. Weak complaint mechanisms limit participation and accountability.

The consequences are more severe for poor patients because they have fewer alternatives. Higher-income patients may be able to pay for private treatment, diagnostic services, transport, or personal connections. However, low-income patients may delay care, borrow money, forgo treatment, or remain dependent on overburdened public hospitals.

This finding is consistent with Bangladesh-wide evidence concerning financial hardship arising from direct household healthcare expenditure. High out-of-pocket costs can reduce access to care

and increase the risk of financial catastrophe, particularly among poor and disadvantaged households (World Bank, 2024, 2025).

The study also highlights the importance of distinguishing between individual and institutional responsibility. Doctors and nurses may work under difficult conditions, including high patient loads and inadequate resources. Therefore, reform should not unfairly blame individual healthcare workers for every system failure. Instead, accountability should address institutional management, staffing, resource allocation, professional conduct, oversight, and legal compliance.

8. Recommendations

1. Establish digital registration and queue systems. Hospitals should introduce digital ticketing, online appointments, queue displays, and SMS-based appointment information to reduce confusion and dependence on unofficial intermediaries.
2. Display official service information. Hospitals should visibly display official fees, free services, medicine availability, diagnostic services, visiting hours, emergency procedures, patients' rights, and complaint channels in Bangla.
3. Create an independent grievance-redress mechanism. Hospitals should establish complaint desks, confidential telephone lines, online reporting systems, and time-bound investigation procedures. Every complaint should receive a tracking number.
4. Strengthen anti-corruption monitoring. Hospital authorities should use CCTV monitoring, staff identification cards, transparent admission procedures, internal audits, and disciplinary action to prevent unauthorised broker activity and informal payments.
5. Improve emergency-care capacity. Public hospitals should ensure functional triage systems, emergency beds, oxygen, blood availability, neonatal facilities, trauma supplies, and clearly coordinated referral procedures.
6. Strengthen Upazila-level facilities. Facilities such as Golapganj Upazila Health Complex should receive adequate staffing, medicine stocks, functioning diagnostic equipment, maintenance budgets, and emergency stabilisation capacity.
7. Ensure medicine and diagnostic availability. Hospitals should improve procurement, stock monitoring, equipment maintenance, and public reporting of medicine and diagnostic availability.
8. Regulate private healthcare providers. Private hospitals and clinics should be regularly inspected for licensing compliance, transparent billing, emergency-care standards, informed consent, professional ethics, and patient-safety requirements.
9. Train healthcare workers in patient rights. Medical and nursing education should include patient dignity, communication, informed consent, non-discrimination, medical ethics, and human-rights principles.

10. Protect healthcare workers. Hospitals should provide adequate security, staffing, protective systems, mental-health support, and mechanisms to address violence against healthcare professionals.
11. Publish hospital performance reports. Public hospitals should regularly disclose data on waiting times, bed availability, medicine stocks, equipment functionality, complaint outcomes, referral rates, and emergency response indicators.

9. Limitations and Future Work

This study has important limitations. First, it is based on interviews with only five participants and therefore cannot represent all patients in Sylhet. Second, the purposive selection of participants may create selection bias. Third, the study relies mainly on self-reported experiences and does not independently verify individual allegations through hospital records, medical reports, official investigations, or court decisions.

Fourth, the research does not include interviews with hospital administrators, physicians, nurses, policymakers, private healthcare providers, or regulatory bodies. Fifth, the study does not include quantitative indicators such as average waiting time, frequency of informal payments, medicine stock-outs, referral rates, equipment downtime, or complaint-resolution outcomes.

Future studies should use mixed methods, including large-scale patient surveys, hospital observations, service audits, administrative-data analysis, interviews with healthcare workers, and comparative research across multiple districts. Researchers should also examine healthcare access from the perspectives of gender, disability, age, rural residence, income, and digital literacy.

10. Ethical Considerations

Participation in the study should be voluntary and based on informed consent. Participants should be informed about the purpose of the research, how their information will be used, and their right to withdraw without consequences. The identities of participants should be protected through pseudonyms or anonymised descriptions where disclosure may expose them to social, legal, professional, or institutional risks. Sensitive medical and personal information should not be disclosed without consent.

The researcher should present allegations of corruption, negligence, misconduct, or poor treatment as participants' reported experiences rather than legally proven facts. The study should avoid exaggeration, fabrication, selective reporting, or personal attacks against individuals or institutions.

All interview data should be stored securely and used only for academic purposes. The researcher should also disclose any personal or family connection to healthcare services, as such experiences may influence interpretation.

11. Conclusion

This exploratory study identifies significant governance-related concerns in public healthcare service delivery in Sylhet. The interview findings suggest problems involving long waiting times, medicine and equipment shortages, inadequate diagnostic services, unofficial intermediaries, emergency-care delays, unequal treatment, unclear information, and weak accountability.

The study demonstrates that healthcare reform requires more than new buildings, additional beds, or increased financial allocation. It also requires transparent procedures, accountable management, effective complaint mechanisms, equitable access, reliable emergency services, anti-corruption measures, and respectful treatment of all patients.

Healthcare workers must also receive protection, adequate resources, and institutional support. Patients' rights and healthcare workers' rights should be treated as mutually reinforcing parts of a functioning public health system.

Ultimately, good governance in healthcare means that every person regardless of income, occupation, gender, location, or social status can obtain timely, respectful, affordable, and accountable healthcare. The interviewed citizens' experiences should therefore be treated as a call for stronger institutional investigation, broader empirical research, and practical reform in Sylhet's healthcare system.

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