Health Service Delivery & Healthcare Services and Management System

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Objective

By the end of the session, learners will be able to-

- list the characteristics of good health service delivery
- explain the methods & core indicators of service delivery monitoring system
- describe SARA methodology
- construct opportunities and challenges of health service delivery
- describe healthcare delivery systems in Bangladesh
- illustrate the factors influencing healthcare service quality

Health Service Delivery

- Service delivery is the part of a health system where patients receive the **treatment and supplies** they are entitled to.
- Strengthening service delivery is crucial to the achievement of **the health-related SDGs**.
- Service provision or delivery is an **immediate output** of the inputs into the health system, such as the health workforce, procurement and supplies, and financing.

Health Service Delivery: Key characteristics

Comprehen-siveness	**Accessibility**	**Coverage**	**Continuity**
Quality	**Person-centeredness**	**Coordination**	**Accountability and efficiency**

Health Service Delivery: Key characteristics

- **Comprehensiveness:** Preventative, curative, palliative and rehabilitative and health promotion activities.
- **Accessibility:** Health services are close to the people, with a routine point of entry to the service network.
- **Coverage:** All people in a defined target population are covered.
- **Continuity:** Continuity of care across the network of services, health conditions, levels of care, and over the life-cycle.

Health Service Delivery: Key characteristics

- **Quality:** Effective, safe, centred on the patient's needs and given in a timely fashion.
- **Person-centeredness:** Services are organized around the person, not the disease or the financing.
- **Coordination:** Local area health service networks are actively coordinated.
- **Accountability and efficiency:** Accountable for overall performance and results.

Sources of Information on Health Service Delivery

- **Routine health facility reporting system:** DHIS2
- **Health facility census:** WHO Service Availability and Readiness Assessment (SARA) tool
- **Health facility survey:** Developed by country or state itself. e.g. Balanced scorecard in Afghanistan

Strength and Weakness of Data Collection Method

Method	Strength	Weakness
Routine health facility reporting system	Mandated practice Standard formats	Limited data Often incomplete Covers public sector only
Health facility census	Provides information useful to planners at all levels	Time-consuming and costly Difficult to identify Access to all facilities may be problematic
Health facility survey	More detailed information than in facility census	Time-consuming and costly Requires a complete facility listing for sampling

Core Indicators to Monitor Service Delivery

Core Indicators	Data collection Method
General service availability	
Number and distribution of health facilities per 10 000 population	National database of health facilities (often requiring facility censuses)
Number and distribution of inpatient beds per 10 000 population	National database of health facilities (often requiring facility censuses)
Number of outpatient department visits per 10 000 population per year	Routine health facility reporting system Population-based surveys

Core Indicators to Monitor Service Delivery

Core Indicators	Data collection Method
General service readiness	
General service readiness score for health facilities	Health facility assessments

Core Indicators to Monitor Service Delivery

Core Indicators	Data collection Method
Service-specific availability	
Proportion of health facilities offering specific services	Health facility assessments
Number and distribution of health facilities offering specific services per 10 000 population	Health facility assessments

Core Indicators to Monitor Service Delivery

Core Indicators	Data collection Method
Service-specific readiness	
Specific-services readiness score for health facilities	Health facility assessments

Service Availability and Readiness Assessment (SARA)

- The **service availability and readiness assessment (SARA)** methodology is a standard health facility assessment methodology developed by WHO to assist countries to assess, map and monitor services availability and readiness at health facility levels (including hospitals, health centres, pharmacies and laboratories).

Service Availability and Readiness Assessment (SARA)

There are 3 main focus area of **SARA**:

i. **Service availability:** refers to the physical presence of the delivery of services-health infrastructure, core health personnel and aspects of service utilization.

ii. **General service readiness:** refers to the overall capacity of facilities to provide general health services.

iii. **Service-specific readiness:** refers to the ability of health facilities to offer a specific service.

Service Availability and Readiness Assessment (SARA)

Service availability

- **Health infrastructure:**
  Number of health facilities/10000 population,
  Number of inpatient beds/10000 population and
  Number of maternity beds/1000 pregnant women
- **Health workforce:**
  Number of health workers /10000 population
- **Service utilization:**
  Outpatient visits per capita per year,
  Hospital discharges/100 population

Service Availability and Readiness Assessment (SARA)

General service readiness

- **Basic amenities:** Mean availability of 7 basic amenities items
- **Basic equipment:** Mean availability 6 basic equipment items
- **Standard precautions for infection prevention:** Mean availability 9 standard precautions items
- **Diagnostic capacity:** Mean availability 8 laboratory tests
- **Essential medicines:** Mean availability 25 essential medicines

Service Availability and Readiness Assessment (SARA)

Service-specific readiness

For each service, the readiness score is computed as the mean availability of service-specific tracer items in **four** domains:

- **Staff and training,**
- **Equipment,**
- **Diagnostics, and**
- **Medicines and commodities**

Health System of Bangladesh

- An intricate web of **health facilities for service delivery**, **educational institutions, and administrative units** constitute the health system of Bangladesh.
- This system includes **regulatory bodies, implementing agencies, and care facilities** spread throughout the country–from community clinics in rural areas to tertiary-level hospitals mostly in urban areas.
- The Ministry of Health and Family Welfare (MOHFW) **formulates policies and plans**.
- Private sector and NGO facilities are also regulated by the MOHFW.

Health System of Bangladesh

- In March 2017, the **MOHFW** was divided into **two parts: the Health Services Division (HSD) and the Medical Education and Family Welfare Division (MEFWD)**.
- The **HSD** focuses on **health policies, nursing care, and health financing**.
- The **MEFWD** deals with **medical education, family planning, and birth and death registrations**.
- The **Directorate General of Health Services (DGHS)** is the **largest agency** under the MOHFW.
- The DGHS operates at **six levels**: national, divisional, district, upazila (sub-district), union, and ward.

Health System of Bangladesh

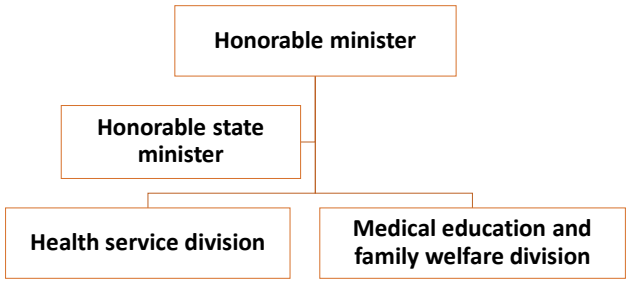


Fig: Division of the MOHFW

Health System of Bangladesh

- Secretary
- Additional secretary
- Joint secretary
- Deputy secretary
- Senior assistant secretary
- Assistant secretary

Fig: Hierarchy of personnel in the MOHFW

Health System of Bangladesh

- DGHS
- DGME
- DGDA
- DGHEU
- NEMEW
- TEMO
- DGFP
- DGHED
- DGNM
- NIPORT

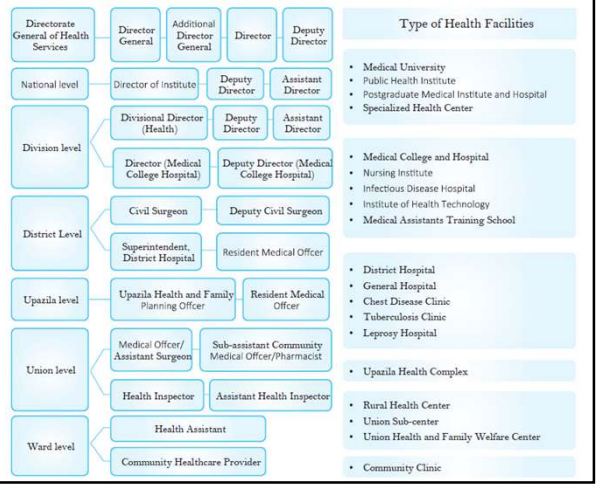
Fig: Implementing authorities under the MOHFW

Health System of Bangladesh

- Bangladesh Medical and Dental Council (BMDC)
- Bangladesh Nursing Council (BNC)
- State Medical Faculty (SMF)
- Homeo, Unani and Ayurvedic Board
- Bangladesh Pharmacy Council (BPC)

Fig: Regulatory bodies under the MOHFW

Health System of Bangladesh



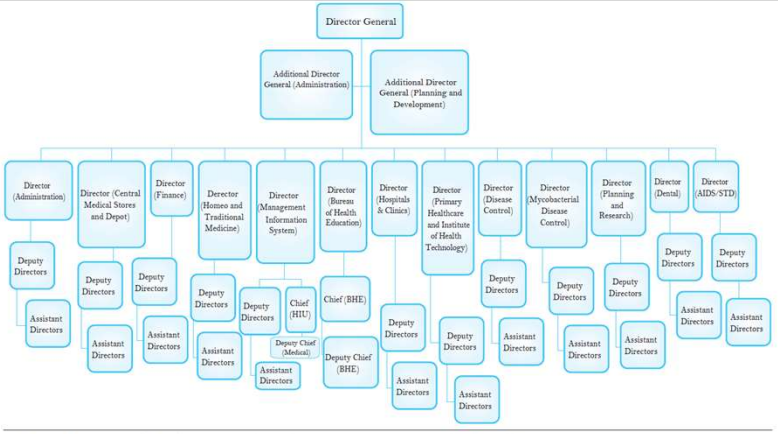


Figure 2.6. Hierarchy of Personnel in the Directorate General of Health Services

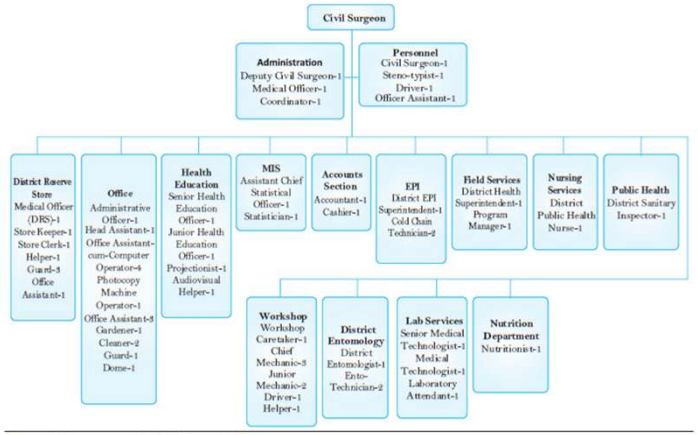


Figure 2.8. Organogram of the Civil Surgeon's office

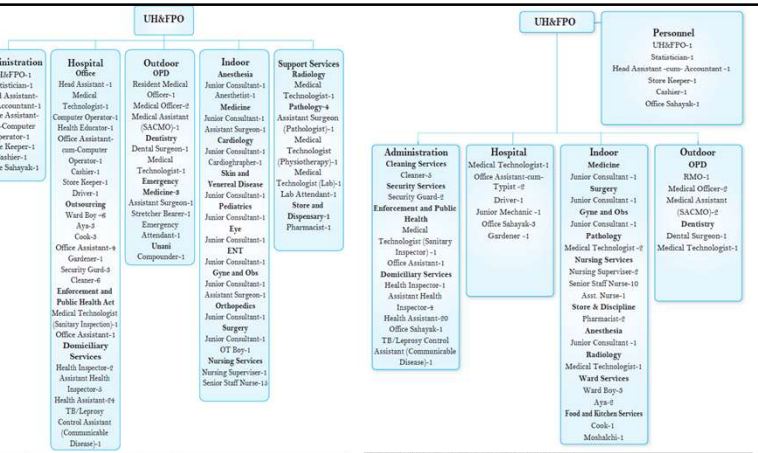


Figure 2.11. Placement of personnel in 50-Bed Hospitals

Figure 2.12. Placement of personnel in 31-Bed Hospitals

Health System of Bangladesh

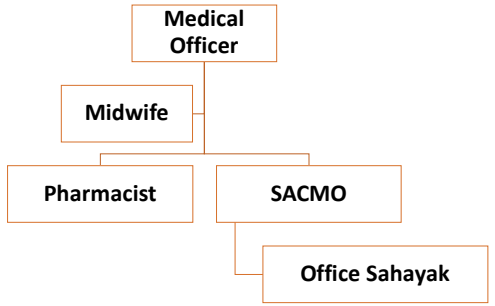


Fig: Personnel in union sub-center

Health System of Bangladesh

- **Community Health Care Provider (CHCP)**
- **Health Assistant (HA)**
- **Family Welfare Assistant (FWA)**

Fig: Personnel in community clinic

Different Health Tier in Bangladesh

Primary level care level

- **Ward:** Community Clinic
- **Union:** Union Sub-centre, Union health & Family Welfare Centre
- **Upazila:** Upazila Health Complex

Secondary level care level

- **District:** District hospital, General hospital, Infectious disease hospital, Chest disease hospitals

Tertiary level care level

- **District/Division:** Medical college hospitals
- **Division:** Specialized hospital (NICVD, NIKDU, NIMH, NINS)

Community clinic: Background

1 July 1998	To ensure door-to-door service to community people, decision was taken to establish 1 community clinic for every 6000 people and total 18000 community clinics around the country
26 April 2000	First community clinic was inaugurated at Gimadanga of Patgati Union in Tungipara Upazila, Gopalganj.
8 October 2018	The Community Clinic Health Assistance Act, 2018 was published as Gazette
31 December 2024	Total 14,200 community clinic has been in action and another 67 is under construction

Community clinic: Service Provider

- **Community health care provider (CHCP):** CHCP is the principal service provider of Community Clinic.
- **Health assistant (HA):** HA will provide service in 2-3 days a week in community clinic besides domiciliary service.
- **Family welfare assistant (FWA):** FWA will provide service in 2-3 days a week in community clinic besides domiciliary service.
- **Multi-purpose health volunteer (MHV):** The purpose of the MHV is to assist the government community health care program.

Community clinic: Local Management

- Community Clinic is one of the best example of **Public-Private Partnership (PPP).**
- CC is established on the **land given by community people** and Government provides medicine and equipment.
- To ensure community engagement 1 group has been formed in each community clinic which is called **Community Group (CG).**
- To help Community Group in community engagement activity another 3 groups have been formed which are called **Community Support Group (CSG).**
- Members of CG and CSG: **13 to 17 (at least 05 are female).**

Community clinic: Local Management

Members of CG:

- **President (01):** Local Govt. representative (Member of the Union Parishad)
- **Members:** From different sectors of people i.e. Poor, Landless, Freedom Fighters, Social workers, Religious leaders, Adolescents , Retired Govt. officials & others
- **Member Secretary: CHCP** is the member secretary
- **Land donor** is lifetime member
- Concerned union parishad Chairman (Local Govt.) is the chief patron of all CCs.

Community clinic: Activities

- Maternal and neonatal health care services
- Integrated management of childhood illness **(IMCI)**
- Reproductive health and family planning services **(FP)**
- Expanded program on immunization **(EPI)**
- Acute respiratory tract infection **(ARI)** and chronic diarrhoeal disease
- Registration and documentation
- Nutritional education and micronutrient supplementation
- Health education and counselling

Community clinic: Activities

- Identification of severe illness
- Treatment for minor ailments
- Disease surveillance and referral
- Referral linkage
- Supply of **30 different types** of medicine and family planning materials **(27 types of medicine and 3 types of family planning materials)**

Factors Influencing Healthcare Service Quality

- **Patient related factors:** Patient socio-demographic variables, Patient cooperation, Type of patient illness
- **Provider related factors:** Provider socio-demographic variables, Provider competency, Provider motivation and satisfaction
- **Environmental factors:** Healthcare system, Resources and facilities, Leadership and management, Collaboration and partnership development

Challenges of Health Service Delivery in Bangladesh

- **Limited** public health service delivery facilities
- **Compromised access** to facilities
- **Lack** of essential commodities
- **Limitation** of health workforce
- **Lack of devolution** or decentralization
- **Lack** of local level planning
- **Misuse or misappropriation** of resources

Challenges of Health Service Delivery in Bangladesh

- **Lack of community empowerment** at local level
- **Lack of public health and management expertise** at the district and upazila levels
- Growing and continuing **inequity**
- **Inadequate** financial resources
- **Lack of political commitment**
- **Weak health information system**

Opportunities of Health Service Delivery in Bangladesh

- Public private partnership **(PPP)**
- **Telemedicine service**
- **Community clinic** and community health workers
- **Innovative technology**
- Health education and awareness program
- International aid and investment

Opportunities of Health Service Delivery in Bangladesh

- **ANC, PNC, IMCI, NCD corners** at Upazila Level
- Disease control programs
- Policy reforms
- Research and development
- Training and capacity building

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