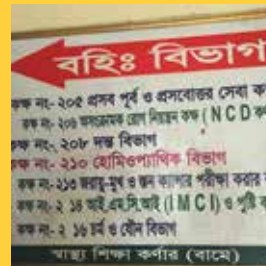




Health Minister's National Award 2017

TECHNICAL BRIEF

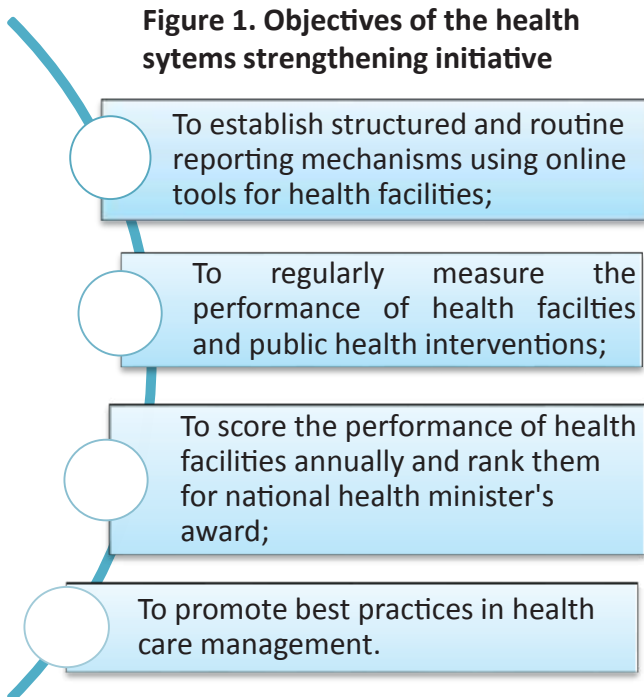
HEALTH SYSTEMS STRENGTHENING INITIATIVE



I. Background

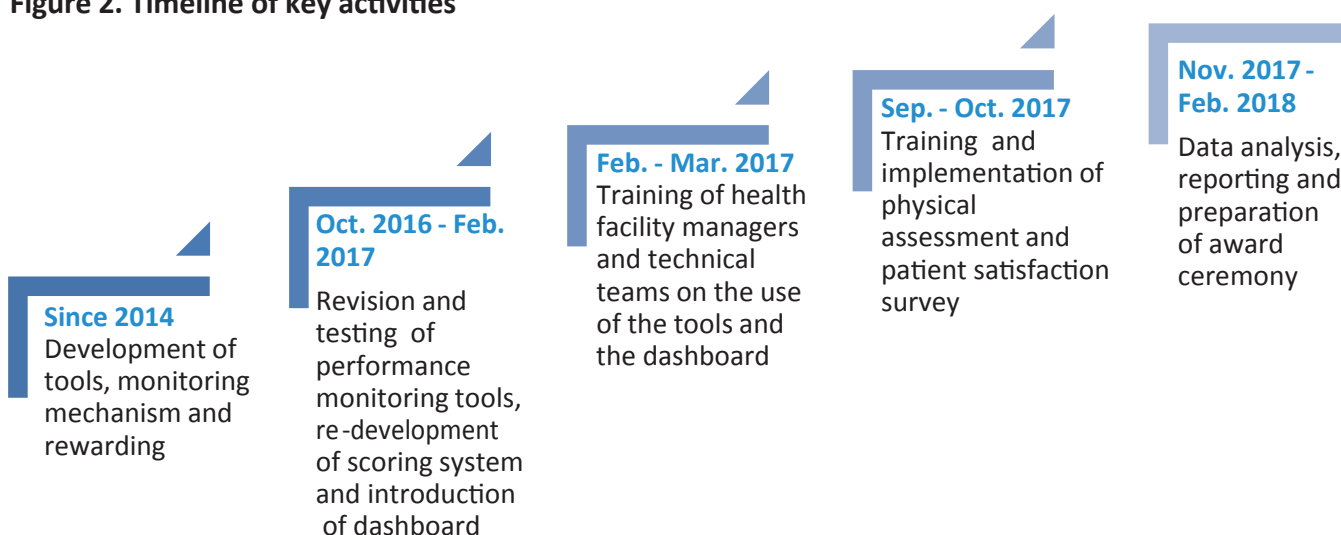
Bangladesh has established an extensive network of health facilities to provide health services to the population. The four different levels of health facilities and their management are complex entities that require continuous interactions among different stakeholders for the delivery of quality services. A robust mechanism is required to measure the performance of these facilities, promote the achievement of better health outcomes and foster accountability.

Figure 1. Objectives of the health systems strengthening initiative



In 2014, the Management Information System (MIS) Unit of the Directorate General of Health Services (DGHS) launched a performance management initiative for improving health services in the public health sector. The initiative is aligned with the six building blocks of health systems WHO¹. It has four objectives (Figure 1) and entails measurement of performance, ranking and rewarding of health facilities, community health services and sub-national health offices. This has incentivised health managers across the country to improve practices within the resources available in the system. The initiative progressively evolved between 2014 and 2018 (Figure 2). Throughout this period, the World Health Organization (WHO) along with Health Information System (HiSP) Bangladesh, icddr,b and UNICEF, have been providing technical assistance to the government to conceptualize and develop this initiative. An online system for measurement and scoring is now publicly accessible through a real time dashboard².

Figure 2. Timeline of key activities



¹ WHO, 2007. Everybody business: strengthening health systems to improve health outcomes : WHO's framework for action. Available at: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

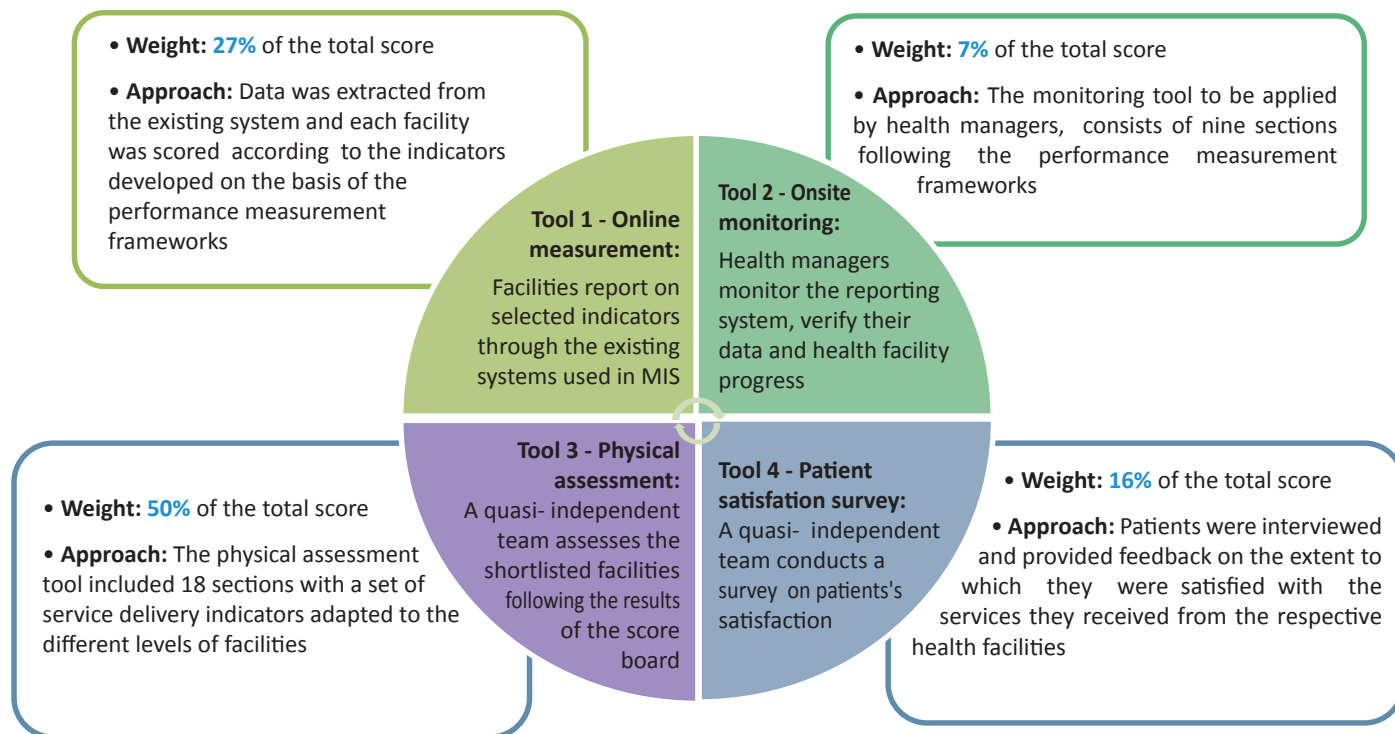
² Available at: http://dashboard.dghs.gov.bd/webportal/pages/hss_menu.php

II. Methods

A performance measurement framework was developed on the basis of the six health system building blocks of WHO³: (i) health services; (ii) health workforce; (iii) health information system; (iv) medical products, vaccines and technologies; (v) health financing; and (vi) leadership and governance. In addition, a results chain framework⁴ in line with the local context was incorporated and performance indicators were defined at input, output and outcome levels. For facilities and community health services, impact level indicators were also included.

In total, four distinct tools were used (Figure 3), each of which accounts for a specific weighted score up to a total of 100%. The first one is the online measurement tool where facilities, community health services (through the upazila health offices) and sub-national health offices report on selected indicators through the existing systems used in MIS. The second one is onsite monitoring which is used by managers to review and report on the performance of the facilities and community health services under their responsibility. In combination these two tools provide the data for a live dashboard. The dashboard automatically presents the performance of health facilities, community health services and sub-national health offices by pulling the routine data inputted into the national health management information system using DHIS2, the human resource management information system using HRIS, the biometric attendance system for facility based staff and the SMS complaint and suggestion system for patients as well as the results from the onsite monitoring. Only the health facilities that attained 60% of the aggregated score from the online measurement and the onsite monitoring were shortlisted for a physical assessment and a patient satisfaction survey. These were conducted by a quasi-independent team consisting of 34 assessors from government agencies, development partners, NGOs and health facility staff.

Figure 3. Four tools for performance measurement

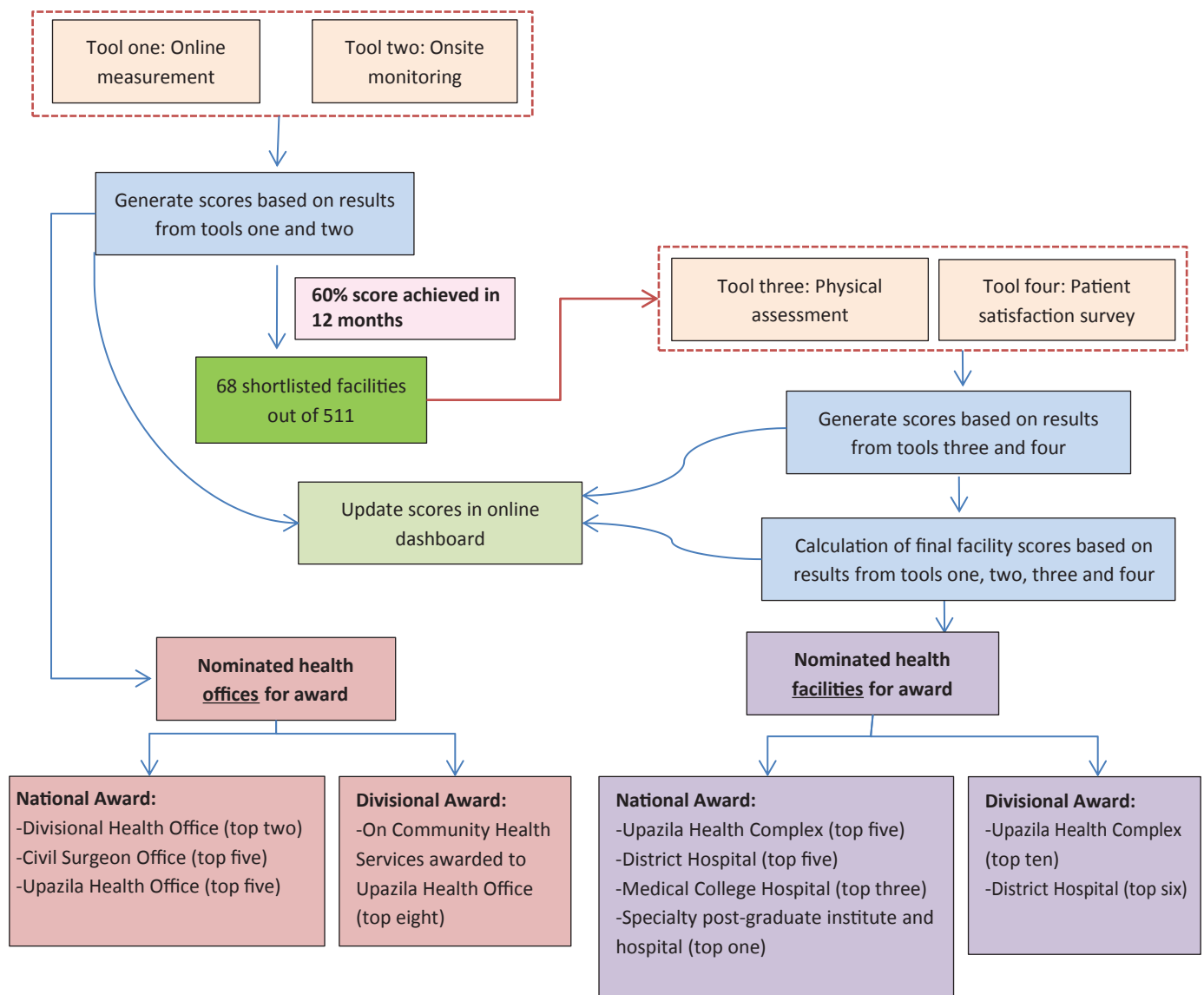


³ WHO, 2007. Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. Available at: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

⁴ WHO, 2010. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Available at: http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf

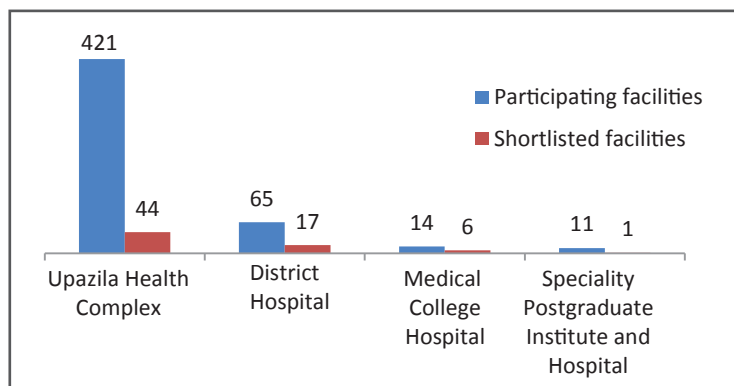
Based on data generated by the four tools the scoring, ranking and awards were calculated (Figure 4). The scores obtained across all tools were aggregated according to their weights. In order to rank the facilities, a rationalized weightage scoring system was allocated for the physical assessment. This was based on a robust process that covered all aspects of health facility services management. Scores for sub-national health offices (civil surgeon offices and divisional health offices) have been calculated by taking the average score from the online measurement tool and from the onsite monitoring tool. Scores for the community health services have been calculated by using the data from community clinics and field level data aggregated at the upazila health offices. The shortlisted facilities and the sub-national health offices were ranked based on their final scores for the Health Minister’s National Award. The purpose of the online measurement was to assess progress along the results chain. The physical assessment was used to assess how much the facility is ready to deliver required services safely. The onsite monitoring was used to assess the quality of the reporting system at facility level and the extent of progress facilities are making over time. The patient satisfaction survey results documented the extent to which the health facility services meet the expectations of the users of the particular health facilities they accessed. All of these provide evidence that will serve as inputs for strengthening the health system in Bangladesh.

Figure 4. Flow chart of scoring, ranking and award calculation



III. Results & awards

Figure 5. Number of participating and shortlisted facilities



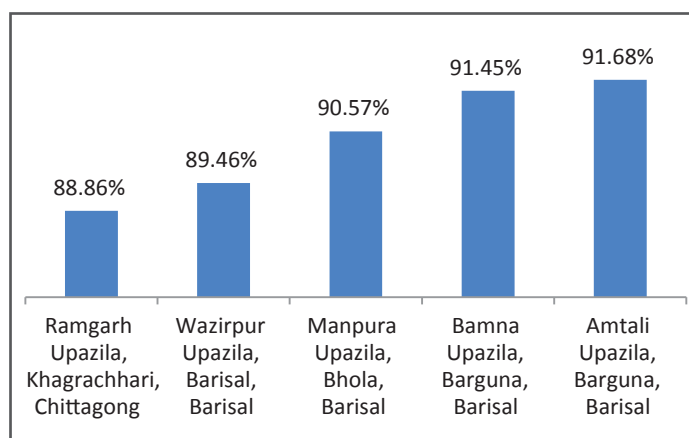
Out of the 511 participating health facilities, 68 were shortlisted for the physical assessment and patient satisfaction survey (Figure 5): 44 upazila health complexes (UHC), 17 district hospitals (DH), six medical college hospitals (MCH) and one specialty post-graduate institute and hospital (SpH). In total there were 50 awards; 26 national awards and 24 divisional awards. Among the 26 national awards, there were 14 awards for health facilities.

At the national level, five Upazila health complexes and five district hospitals were awarded, plus three medical college hospitals and one specialty post-graduate institute and hospital. In addition, five awards were distributed for best community health services (CHS), five awards for best civil surgeon office (CSO) and two awards for best divisional health office (DHO).

Figure 6. National awards of different facilities by division



Figure 7. National award: top 5 Upazila for CHS



For more details of the rankings of the national awards by the different levels of facilities and offices, please refer to Figure 7 to Figure 9.

Figure 8. National award: top 2 DHOs and top 5 CSOs

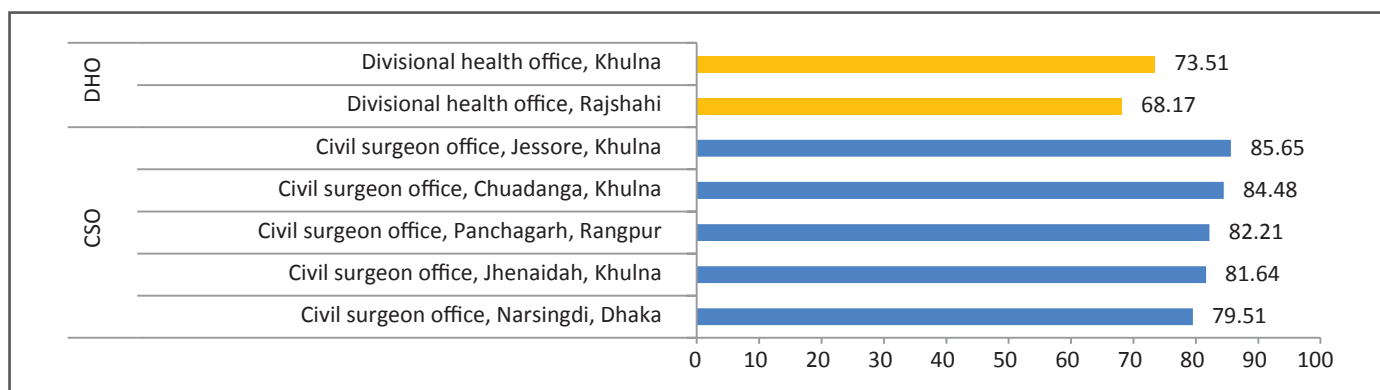
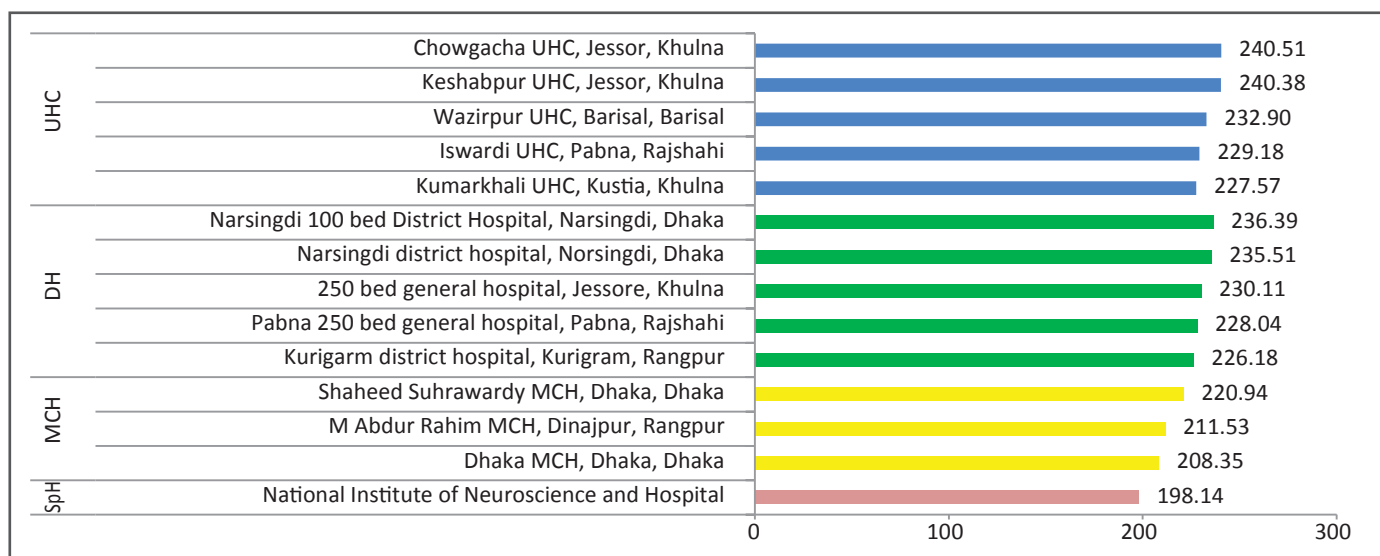


Figure 9. National awards: top 5 UHCs, top 5 DHs, top 3 MCHs and 1 SpH



At the divisional level, eight upazila health complexes were awarded for community health services with one from each of the eight divisions (Figure 10) and 10 upazila health complexes and six district hospitals won divisional awards (Figure 11).

Figure 10. Divisional award: top 8 upazila for CHS

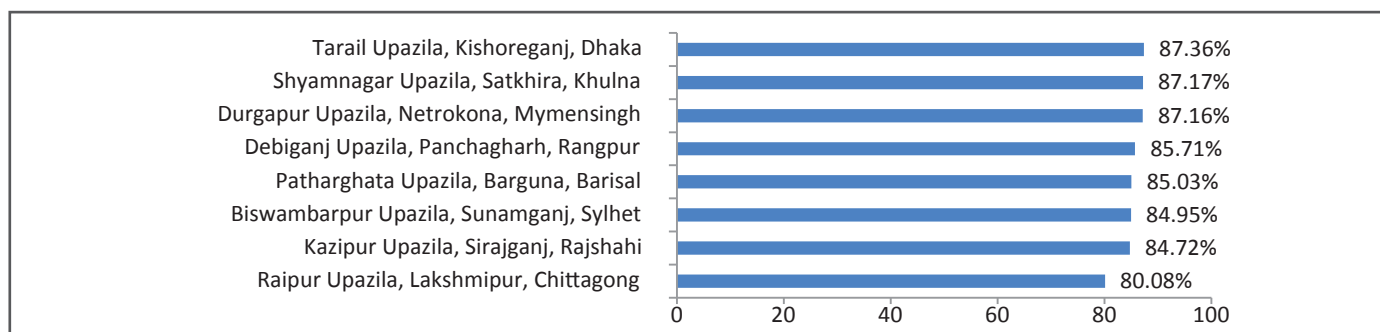
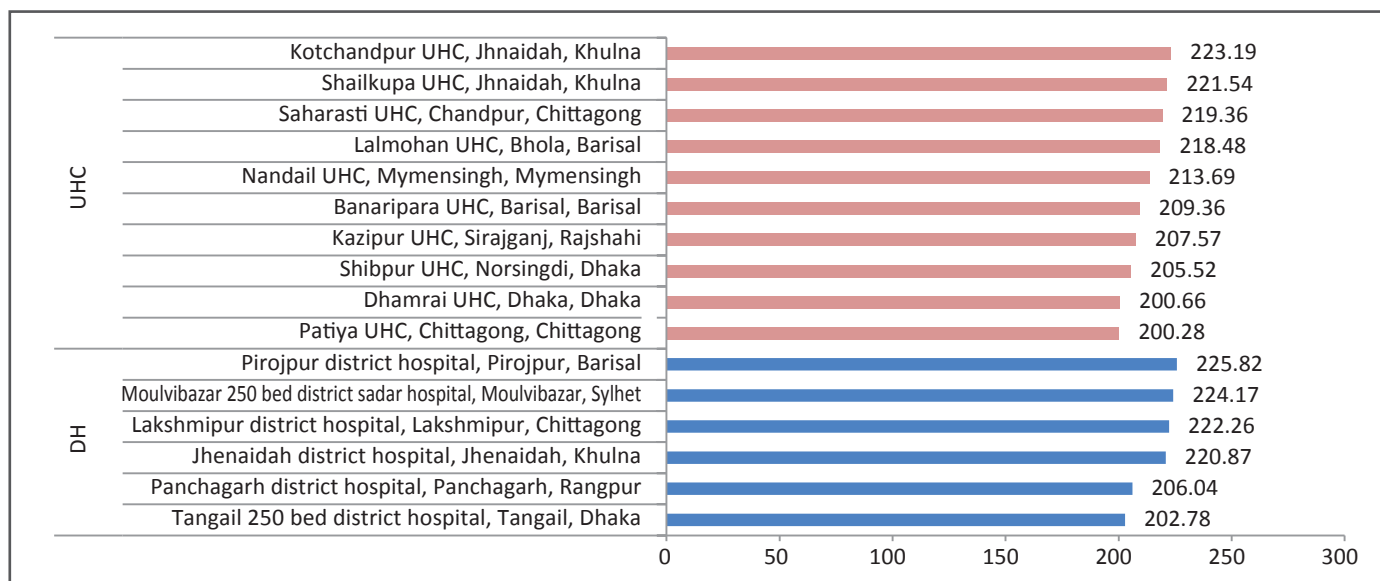


Figure 11. Divisional award: top 10 UHCs and top 6 DHs



IV. Limitations

In reviewing the process of implementation of the initiative, while a number of positive aspects have been identified, further improvements are also needed.

It was found that there are no national benchmarks set for indicators and geographical areas and separate targets have not been set for individual health facilities. Documentation of how improvements were decided upon and took place is inadequate. There is insufficient understanding and or commitment among health managers on the relevance of this initiative and lack of full ownership of it. Entry forms or fields for measuring some important indicators such as health financing ones are still lacking. Available data is by and large not disaggregated as per the various stratifiers (e.g. by sex and age) which would be valuable in providing evidence for addressing inequities as per the country's commitment under the sustainable development goals. Furthermore, a specific mechanism to support improvement of low performance facilities is absent. There is insufficient attention paid to the validation of the data at the facility level. Lack of reporting completeness is also a concern as shown by: 57.53% health facilities not reporting through the onsite monitoring by health managers; and 81.82% specialty post-graduate institutes and hospitals under-reporting in the health information system. There is irregularity of timely reporting by health facilities. Finally, there is insufficient number of staff with programming skills for management of the information system and the dashboard in MIS-DGHS and at divisional and district levels.

V. Conclusion and recommendations

The health system is a set of interconnected parts that must function synergistically to secure more equitable and sustained progress towards intermediate (e.g. access and quality) as well as ultimate goals (such as responsiveness and improved health)⁵. The health systems strengthening initiative, through the cycle of measurement, ranking and finally recognition is an attempt to effectively strengthen the interactions between the six health system building blocks, to incentivize health facilities to make better use of existing resources to deliver improved quality of services and ultimately to promote improved health, efficiency, responsiveness as well as financial risk protection.

As the initiative evolves, the challenges described above will need to be addressed. Importantly, the initiative should be institutionalized within the government system to ensure its sustainability and further development. The measurement system will need to be further adjusted to respond to changing needs; new health indicators can be incorporated while keeping the system manageable and focused on set priorities for instance in the Essential Service Package. Critically, this initiative needs to go beyond measurement and develop mechanisms to support interventions that will lead to concrete service quality improvements. These will help the government in ensuring that Bangladesh is on the path to achieving universal health coverage by 2030.

⁵ WHO, 2007. Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. Available at: http://www.who.int/healthsystems/strategy/everybodys_business.pdf



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Health Systems Strengthening Initiative

Management Information System, Directorate General of Health Services

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh

<http://www.dghs.gov.bd>