

Delivery of Services in Government Department : A Study on Health Services in Some Selected Upazilas

Md. Didarul Alam*
S M Zobayer Enamul Karim**

Abstract: This article is an attempt to focus on the extent of "health service delivery" of Bangladesh with special reference to four Upazila Health Complex(UHC). The article is an outcome of a case study undertaken under the third phase project of BPATC. Existing health service delivery system at upazila level has been highlighted in this study. Meaning of services, attributes of services, basic information about sample Upazila, demographic characteristics of the respondents, information about sample Upazila Health Complexes, opinion of the respondents (client/patients), member of the Civil Society and physicians about delivery of services and problems and suggestions identified by the respondents to improve the delivery system of services have mentioned and analyzed in this article. To improve the delivery of service, recommendations have also been made in this article. The mentionable problems identified by the respondents and stakeholders are: Lack of trained/skilled professional manpower, lack of required physical health infrastructure, scarcity of medicine, absence of bill-board mentioning the service available in hospital, lack of accountability of doctors/nurses & other employees of the hospital, excessive frequency of middle-men, lack of supervision by local representatives, insufficient allocation of money, lack of rapid promotional scope of officers, discrimination and lack of proper adjustment & coordination regarding training, career planning and promotion, facility relating services, working environment among the members of different cadre, ignorance of the people, lack of working environment of doctors in the Upazila. On the basis of the findings and suggestions provided by the stakeholders, recommendations have also been made in this article.

Introduction

In our country, citizens are to communicate often with the officers and staff working at different levels in various Ministries/Divisions situated in and outside the Secretariat and also with their Departments, Directorates, Corporations, Autonomous bodies and other offices situated in different parts of Bangladesh. Public service is the only logic for existence of these organizations. But it is an undeniable fact that instead of public service in many cases people experience undesirable sufferings and harassment. In many cases there is no arrangement for accountability of these service-

* Former Director, BPATC, Savar, Dhaka, Bangladesh.

** Deputy Director, BPATC, Savar, Dhaka, Bangladesh.

providing agencies. Lack of accountability in public service is gradually becoming a common practice beginning from the Secretariat -- the highest level to Upazila, Union or Ward the lowest level. The number of manpower and the expenditure of different public service organizations are enhanced with the simple logic of developing their standards and widening their extent of work. But in reality, in many cases, the situation is rather worsening (PARC Report, Vol. 2 p-1). Public agencies have been generally characterized as being rigid, unresponsive inefficient and ineffective pre-occupied with process rather than results, driven by outdated rules and regulations. They are regarded as insensitive to the changing demands of the people. Also in general, public servants have not acted as "servant" of the people, but rather as their "masters"; they are sometimes politically influenced and almost immune from the requirement of accountability and transparency. The concepts of "efficiency", "effectiveness", and "dynamism" seem to be quite remote from their actual practices. Some public officials may be personally cognizant of the changes that have replaced in modern public management, but the environment in which they function has not yet allowed these changes to filter into their administrative behavior and impact on the conduct of public duties in the service of the people. It is therefore necessary to analyze the root causes that have led to the present situation (PARC Report, Vol-1). The general perception is that the members of the public are harassed and humiliated by public officials at different levels of administration. The relationship between public officials and the members of the public has taken the shape of benefactor and beneficiary, although the public servants were meant to provide service to public. People are unaware of how and where to obtain specific services and often fall prey to middlemen and corrupt practices. Cumbersome procedures and slow pace of decisions and service delivery cause suffering to the people and waste public resources and time. It is, therefore, necessary to introduce a citizen's/client's charter to protect their rights. A citizen's charter is basically a document where provisions are made indicating the services available along, with the commitments of the service delivery organizations to provide such services efficiently and accountably, which ensure value for money paid for the services. Past efforts for encouraging public agencies to define the reasons for their very existence and therefore, their mission and functions, required inputs, and expected outputs -- did not lead to positive results. The introduction of citizen's charters will create and nurture the culture of providing services and improve service delivery to clients. (PARC Report, Vol.-1). Considering the above statements this article aims to highlight the present

situation of delivery of services of Upazila health department and to find-out the ways & means to improve the existing situation in this concern. For better understanding of the study, the term service has been defined below:

Meaning of Service

The term service has different dimensions. Most related meaning to the study is as follows :

Service can be denoted as "an act of help or assistance", "work done by one person or group that benefits another" and "a agency or company that performs a public service, subject to government regulations."

In economics and marketing, a service is the non-material equivalent of a good. Service provision has been defined as an economic activity that does not result in ownership, and this is what differentiates it from providing physical goods. It is claimed to be a process that creates benefits to the clientele by the service providers.

Key Attributes of Service

Service can be described in terms of their main attributes.

Intangibility - They cannot be seen, handled, smelled etc. There is no need for storage. Because they are difficult to conceptualize, service marketing requires creative visualizations to effectively make the intangible more concrete. From the customer's point of view, this makes it difficult to evaluate or compare services prior to experiencing the service.

Perishability - Unsold service time is "lost", that is, it cannot be regained. It is a lost economic opportunity. For example a doctor that is booked for only two hours a day cannot later work those hours - she has lost her economic opportunity. Other service examples are airplane seats (once the plane departs, those empty seats cannot be sold) and other seats (sales end at a certain point).

Lack of transportability - Service must be consumed at the point of "production".

Lack of homogeneity - Service are typically modified for each client or each new situation (customized). Mass production of service is very

difficult. This can be seen as a problem of inconsistent quality. Both inputs and outputs to the processes involved providing service are highly variable, as are the relationships between these processes, making it difficult to maintain consistent quality.

Human intensity - Services usually involve considerable human activity, rather than precisely determined process. Human resource management is important. The human factors is often the key success factor in service delivery.

Demand Fluctuations - It is very difficult to estimate demand. Demand can vary by season, time of day, business cycle, etc.

Service Delivery

The delivery of a service typically involves five factors:

- * The service providers;
- * Equipment used to provide the service (e.g. vehicles, machine, cash registers);
- * The physical facilities (e.g. building, parking, waiting rooms etc.)
- * The client;
- * Other customers at the service delivery location.

Objectives of the Study

This study highlights the following objectives: (i) to examine the organizational structure, manpower situation and service delivery system of health department of Upazila level, (ii) to identify the existing provisions and problems/constraints of service delivery of Upazila health department and (iii) to make some specific recommendations to improve the existing service delivery system.

Methodology

This is an evaluative as well as case study type of research. This study was undertaken in selected four Upazila Health Complex-viz. Hathazari of Chittagong, Savar of Dhaka, Rampal of Bagerhat and Paba of Rajshahi district of Bangladesh. Thirty Physicians, one hundred client (patient) who visited the UHC for treatment, forty members of the civil society-who knew about the status of service delivery of the Upazila Health Complex (UHC) were the respondents of the study. Random & purposive sampling was followed to collect data from different levels of

respondents. Three sets of interview schedule were administered for collection of primary data. Information not covered in the schedules had been collected with the help of suitably prepared checklist to reach the aims of the study. Apart from interview schedules and checklist, the researchers in respect of service delivery of the sample areas had made observations. Data were collected from January to February 2005. Details about the location of sample area and number of respondents may be seen in table-1.

Table-1 : Location of the Sample Area and Corresponding Respondents

Sample Area			Number of Respondents			
Division	District	Upazila	Concerned Physicians/Doctors of UHC	Clientele (Patients) /guardian of Patients	Members of Civil Society	Total
Dhaka	Dhaka	Savar	9	25	10	44(25.88)
Chittagonj	Chittagonj	Hathazari	8	25	10	43(25.29)
Rajshahi	Rajshahi	Paba	6	25	10	41(24.12)
Khulna	Bagerhat	Rampal	7	25	10	42(24.71)
Total			30	100	40	170(100.00)

Basic Information about the Sample Upazilas

It is revealed that Savar thana is the biggest Upazila in terms of population having 5.80 lakhs population of which 52.51 percent are male and 47.49 percent are female followed by 51.99% and 48.01% male and female respectively in Hathazari Upazila comprising about 4.0 lakhs population. Among the sample Upazila Rampal Upazila of Bagerhat is the smaller one having 1,73,660 population. The male and female distribution rate of the four Upazilas is almost uniform in nature. It is noticed that density of population is highest in Savar (2055). Where as in Rampal Upazila this figure is the lowest per sq. kilometer (548). The number of Union, average family size, literacy rate, health and sanitation facility and per capita income may be shown in Table-2.

Table-2 : Basic Information about the Sample Upazila

Basic Information	Upazila			
	Hathazari	Paba	Rampal	Savar
Population:	3,99,635(100.00)	2,65,160(100.00)	1,73,660(100.00)	5,80,516
a. Male	2,07,772(51.99)	1,35,231(51.00)	88,275(50.83)	3,04,812(52.51)
b. Female	1,91,863(47.01)	1,29,929(49.00)	85,385(49.17)	2,75,704(47.49)
Density of Population (per sq.km.)	1,474	1,145	548	2,055
Average family size	6.10	4.90	5.10	5.40
No. of Union	15	09	10	12
Literacy rate	63%	58%	47.5%	62.5%
Distance from District head quarter (in km.)	20	10	22	25
Health Facility:				
a. No. of Govt. hospital	01	01	01	01
b. Union sub-centre	05	02	01	02
c. Private hospital/clinic	02	07	04	28
Sanitation & drinking water:				
a. No. of household having drinking water facility	51,798	34,487	13,714	58,890
b. No. of tubewell	3,952	2,746	1,091	4,875
c. No. of Sanitary latrine	6,343	4,345	3,857	8,545
d. Kacha latrine	22,136	13,998	8,560	20,455
Yearly household income (In Tk.)	4,930(102.70)	4,780(99.58)	5,640(17.50)	5,058(105.37)

(N.B.: Figures in the parenthesis indicate per capita monthly income of the patient)

Data Analysis

Demographic Characteristics

In this section an attempt has been made to highlight the demographic characteristics- age, education and occupation etc. of the respondents (the client/patients) and the members of the civil society.

In respect of age distribution it was found that the highest percentage (35.00%) of the respondents belonged to the age group of 40-49 years followed by the 30-39 and 50-59 years age group (17.86% & 12.14%).

The Table-3 shows that 84.29% of the respondents belonged to the active age group of 15 to 59 years and remaining 15.71% belonged to the age group of 60 and above years. The table also indicates that most of the patients (83%) belonged to the age group of 30 to 69 years. Detailed are shown in Table-3.

Table-3: Age Distribution of the Respondent (Client/patients) and Member of the Civil Society

Age (in year)	Client (patients)		Member of the Civil Society		Total	
	Number	Percent	Number	Percent	Number	Percent
15 - 19	06	6.00	2	5.00	08	5.71
20 - 29	07	7.00	4	10.00	11	7.86
30 - 39	13	13.00	12	30.00	25	17.86
40 - 49	32	32.00	17	42.50	49	35.00
50 - 59	22	22.00	3	7.50	25	17.86
60 - 69	16	16.00	1	2.50	17	12.14
70+	4	4.00	1	2.00	5	3.57
Total	100	100.00	40	100.00	140	100.00

Levels of education of the respondents (patients and members of the Civil Society) have been presented in table-4. The table shows that 17.14% respondents could sign only. It is showed that majority of the client (52%) respondents belonged to the illiterate to primary level of education followed by 17% junior high school and 14% secondary level and only 5% of the patients were bachelor degree holder. On the other hand, 27.50% of the members of the civil society have higher secondary school certificate followed by 17.50% and 15.00% secondary and junior high and bachelor level of education respectively.

Table-4: Distribution of the Respondents (Patients & Members of the Civil Society) by Education

Level of Education	Client (patients)		Member of the Civil Society		Total	
	Number	Percent	Number	Percent	Number	Percent
Illiterate	18	18.00	-	-	18	12.86
Can sing only	21	21.00	3	7.50	24	17.14
Primary	13	13.00	5	12.50	18	12.86
Junior High School	17	17.00	6	15.00	23	16.43
Secondary	14	14.00	7	17.50	21	15.00
Higher Secondary	10	10.00	11	27.50	21	15.00
Bachelor	5	5.00	6	15.00	11	7.86
Master	2	2.00	2	5.00	4	2.85
Total	100	100.00	40	100.00	140	100.00

In respect to occupation of the client (patient) it is observed that 19% and 16% of them had the agriculture day-labour and agriculture farming as the principal occupation, i.e. 35% patients was directly related to agriculture followed by small business (24%). On the other hand, it is noticed that 22.50% of the members of the civil society had the small business as principal occupation followed by social worker (20.00%). Third (17.50%), fourth (15.00%) and fifth (12.50%) largest occupation are teaching, service and agriculture farming respectively (Table-5).

Table-5: Distribution of the Respondents (Client and Member of the Civil Society) by Occupation

Occupation	Clientele (Patient)		Members of the Civil Society	
	Number	Percent	Number	Percent
Agriculture day-labour	19	19.00	1	2.50
Agriculture Farming	16	16.00	5	12.50
Rickshaw/Van Pulling	7	7.00	-	-
Fishing	3	3.00	2	5.00
Small Business	24	24.00	9	22.50
Service	6	6.00	6	15.00
Teaching	9	9.00	7	17.50
Social Worker	6	6.00	8	20.00
House Work	7	7.00	1	2.50
Lawyer	-	-	1	2.50
Disability	3	3.00	-	-
Total	100	100.00	40	100.00

Information about Sample Upazila Health Complexes

For this study a checklist was prepared and administered to know about the existing manpower, physical infrastructure, medicine available and other logistics of Upazila Health Complexes which are required to render services for the people. These have been reflected in Table-6,7,8 and 9. For realizing the actual problems, the concerned Upazila Health and Family Planning Officers (UH&FPO) and Residential Medical Officer (RMO) were asked to inform the problems and opinions in these aspects.

Table-6 : Statement of Manpower (Human Resource) of the Sample Upazila Health Complex

Level of Manpower	Sanctioned Post					Actual Manpower (upto 31-12-2004)				
	Hathazari	Paba	Rampal	Savar	Total	Hathazari	Paba	Rampal	Savar	Total
Class-I (doctor)	09	09	09	09	36	07	08	06	09	30 (16.67)
Class-II	-	-	-	-	-	-	-	-	-	-
Class-III	101	77	85	113	376	84	74	67	96	321 (14.63)
Class-IV	21	20	21	22	84	8	17	17	21	73 (13.09)

N.B.: Figures in the parenthesis indicate the percentage of the vacant post.

As for physical infrastructures of UHCs, 100% respondents informed that office room & furniture and residential accommodation for staffs were insufficient (table-7). 50% of the respondents viewed operation theatre and bed for patients were sufficient.

Table-7 : Information about Physical Infrastructure of Sample Upazila Health Complex

Item	Response	
	Sufficient	Insufficient
General Office Room	-	4(100.00)
Operation Theater	2(50.00)	2(50.00)
Bed of Patients	2(50.00)	2(50.00)
Residential accommodation for Officers	1(25.00)	3(75.00)
Residential accommodation for staffs	-	4(100.00)
Office Furniture	-	4(100.00)

The UH&FPOs were asked to inform about the availability of medicine and logistics against requirement. These may be seen in table-8. It is noticed that as percentage of total annual requirement, only 38.75% of the medicine was available in each UHC. In respect of the availability logistics, the response was quite same (38.75%). The authority of UHCs informed that annual allocation was only 40% out of the total requirements in respect to medicine and other logistics they required.

Table-8 : Information about the Medicine Receives and other Logistics Available at he UHCs

Item	In percentage
Medicine received as percentage of total annual requirement	38.75
Availability of logistics to serve the general patients	38.75
Annual allocation out of total requirement	40.00

A gloomy picture was revealed about the average value of medicine distributed among the patients attended at the studied hospitals. It is revealed from the table-9 that average cost incurred per patient attended at the hospital over the years was only Tk. 7.72. And for the year 2001-

02, 2002-03 and 2003-04, this figure was Tk. 6.92, 7.90 and 8.35 respectively. An important finding of the study was, the total number of population in four selected upazila was 14, 18,971 and in 2003-04 total value of the distributed medicine of four upazila HC was Tk. 19,11,154; hence it was revealed that average expenditure per person in four upazila was only tk. 1.35 per annum.

Table-9 : Information about the Number of Patient Received Treatment and Corresponding Value of Medicine in the four sample UHCs.

Year	No. of patient received treatment (out door & indoor)	Value of Medicine (in Tk.)	Average cost incurred per patient attended (in Tk.)	Total No. of population in 4 Upazilas	Average cost budgeted per person (in Tk.)
2003-2004	2,28,758	19,11,154	8.35	14,18,971 Savar	1.35
2002-2003	2,43,563	19,23,525	7.90	-	-
2001-2002	2,76,344	19,12,541	6.92	-	-
	Average expenditure per patient		7.72	-	-

Opinion of the Respondents (Clients/Patients), Members of the Civil Society and Physicians about the Delivery of Services

The clients (patients) were asked to provide their opinion about the expected services and satisfaction they received from the hospital. Table-10 showed that the client received 27.20% services and satisfaction out of their total expectations. And they received only 10.25% medicine out of their total requirements.

Table-10 : Opinion of the Client (Patient) about the Expected Service and Satisfaction Received from the Hospital

(n=100)

Area	Responses in percentage
Rate of the services received out of the expectation	27.20
Medicine received out of the total requirements	10.25

Table-11 shows the service available and the development of quality service delivery system in Upazila Health Complex. 58% respondents opined that they did not receive proper treatment while 42% opined that they received proper treatment. On the other hand 88% respondents expressed their dissatisfaction on the fact that they did not receive required medicine, which indicates that supply of necessary medicine in Upazila Health Complex is not sufficient. Although 57% respondents have no allegation against Medicare services but 60% respondents have

allegation about harassment by middlemen. It is observed that only 40% respondents were deprived of the service due to complex procedures on the other hand 55% respondents could not avail of the service as to their expectation. Due to lack of logistic support, anesthesia and medicine day to day business of 67% respondents was disrupted. In order to activate the service delivery system to the expectation of the clientele 67% respondents opined that the public representatives should be involved in day to day monitoring of the health service.

Table-11 : Opinion of the Respondents (patient/clientele) about the Existing Service Available & Development of Quality Service Delivery
(n=100)

Opinion	Response (in %)	
	Yes	No
Receives proper treatment	38	58
Receives required medicine	12	88
Have allegation about Medicare service	43	57
Services are disposed within stipulated time	63	37
Harasses by middlemen	60	40
Received necessary medicine as well as treatment	30	70
Service are delayed	50	50
Deprived on account of complex procedures	40	60
Avail the opportunity into hospital, as and when expected	45	55
Disruption of day to day business due to lack of logistic support (OT, anesthesia, medicine etc.)	67	33
Day to day monitoring should be made by public representatives	58	42

Table-12 shows the opinion of the respondents regarding availability of medicine along with the satisfaction level of the respondents. The rate of medicine received by the patients according to the respondents was 24.23% in average while the patients' satisfaction was 34.79%. On the other hand, the satisfaction level of the doctors regarding their own performance is 48%. It is evident that satisfaction level of the entire respondents group is comparatively low.

Table-12: Opinion about the Availability of Medicine & the Rate of Satisfaction of the Respondents (Physicians & Members of Civil Society)

Opinion	Responses (in %)		
	Physicians (doctor) (n=30)	Members of the Civil Society (n=40)	Average
Patients receive necessary medicine	32.50	15.95	24.23
Patients are satisfied with the service	51.25	18.32	34.79
Physicians are satisfied with their service performance	48.00		48.00

Table-13 shows the opinion of the respondents about the promotion of service delivery on different aspects. The respondents were the physicians and members of the Civil Society. 90% of the physicians and 92.5% of the members of the Civil Society opined in favour of the proposal to display the bill-board in the health complex showing the various services offered by the concerned health complex. It indicates that no such bill-board is displayed in the health complex. It is observed that 60% of the physicians and 87.50% of the members of Civil Society feel that there should be a mechanism to inform the clientele about the process and methods of service delivery although 40% of the physicians do not feel the necessity to inform about the process. It is observed that the bulk of the clientele of the Upazila Health Complex, mostly illiterate and rural people are not aware of the system and methods of the service delivery system. 93% of the physicians and 95% of the members of Civil Society opined that there should be a system to accept the allegation although no complaint book was found in the respective health complex. 76.5% of the physicians and 67% of the members of the Civil Society think that the patients are given proper treatment as per the ability of the hospital. In general the facilities in these health complexes were found to be insufficient.

In the health service delivery system the middlemen harass the recipient of the service. 66.67% of the physicians and 62.50% of the members of the Civil Society recognize the negative role played by the middlemen. When the clientele were asked as to whether they get the necessary medicine along with proper treatment 53.33% and 57.50% of the physicians and members of Civil Society respectively gave their negative opinion. The physicians as well as the members of Civil Society did not agree that service were delayed. They even did not agree that patients were deprived of the service delivery due to complex process. But the opinion seems to be value oriented. 51.25% of doctors consider that patients are 100% satisfied with the service delivery while 70% of the members of Civil Society did not endorse the view. Again 51.33% physicians are satisfied with the service they provide to the clientele. The opinion of the members of Civil Society was not available in this respect. 86.67% doctors consider patients could avail of the opportunity to admit themselves in the hospital as and when necessary while 60% of the members of the Civil Society endorsed the view of the doctors. Fact remains that the facility to give treatment to the critical patients were limited in the Upazila Hospital. 63.33% of the physicians and 82.50% of the members of the Civil Society consider that the day to day business of

the hospitals are disrupted in the absence of necessary logistic support but 83.33% doctors did not agree that it was due to dearth of trained or skilled professionals. 80% of the doctors did not want supervision of public representatives while 82.50% of the members of the Civil Society wanted supervision of the health service delivery system by the public representatives. Maximum doctors and members of the Civil Society consider that the existing administrative system of the hospital negatively affect the service delivery system. It is evident from the above analysis that the opinions are not value-free although the physicians as well as the members of the Civil Society agree on the fact that the resources are limited, process is complex and satisfaction level of the clientele is low.

Table-13: Opinion of the Respondents (concerned Physicians and Members of the Civil Society) about the Existing System/Pattern for Promoting Service Delivery

Opinion	Responses (in %)			
	Physicians (doctor) n=30		Member of the Civil Society n=40	
	Yes	No	Yes	No
Existence of Bill-Board indicating the availability of offering various services should be displayed in the public/open places	90.00	10.00	92.50	07.50
Mechanism to inform about the process of rendering service to the patient-so that they may follow the specific process & methods to avail services from hospital	60.00	40.00	87.50	12.50
The authority should honour and accept the allegation of the clientele about services offers	93.33	06.67	95.00	05.00
Patients are given proper treatment as per ability of hospital	76.67	23.33	67.50	32.50
Clientele are being harassed by middlemen	66.67	33.33	62.50	37.50
Clientele are receiving necessary medicine as well as proper treatment	46.67	53.33	42.50	57.50
Service are delayed	13.33	86.67	35.00	65.00
Patients are being deprived due to complexity of the process for service	16.67	83.33	27.50	72.50
Patients are 100% satisfied with the service received	51.25	48.75	30.00	70.00
The physicians are 100% satisfied with the services they rendered	51.33	48.67	-	-
Patients avail the opportunity of admitting themselves in the hospital, as and when expected	86.67	13.33	60.00	40.00
The day to day business of hospital are disrupted on account of required logistic support (OT, medicine, anesthesia etc.)	63.33	36.67	82.50	17.50
Services are disrupted due to trained/skilled/professional person	16.67	83.33	50.00	50.00
Day to day supervision should be made by public representatives	20.00	80.00	82.50	17.50
Existing administrative system of hospital negatively affect the public service	13.33	86.67	15.00	85.00

Problems and Suggestions Identified by the Respondents for Improvement of the Service Delivery System

Table-14 shows the problems identified by the three groups of respondents physicians, the members of the Civil Society and the clientele who are recipient of service delivery. When asked whether the poor service delivery was due to lack of trained or skilled professional manpower only 13.33% of the physicians considered it to be a cause of poor service delivery while 37.50% of the members of Civil Society and 47% of the clientele gave their opinion in favour. So it appears from the response that it is not the dearth of professional manpower which stands on the way of speedy delivery of service. The average 67.05% respondents considered that lack of physical infrastructure were one of the major causes which hindered the speedy service delivery system. The most common problem identified by the respondents is the scarcity of medicine supply. 90.33% respondents in average told about the insufficient medicine supply from the Upazila Health Complex. About 50% respondents opined that poor service delivery was due to insufficient ambulance service. Only 40.44% respondents considered the complex rules and procedures to be responsible to speed up health service delivery system while 71.83% respondents in average opined that absence of billboard mentioning the service facilities was one of the many causes of poor health service delivery. 67% of the clientele who are the stakeholders of service delivery system made the accountability of doctors, nurses and other employees of the hospitals directly responsible for poor service delivery, which has only been agreed by 30% doctors. The maximum number of clientele from respective clientele group told about the administrative complexity and lack of coordination at local level. According to 59.55% respondents from three groups agreed that existence of middle-men stands on the way to speed-up delivery system. 77.50% of the members of the Civil Society are in favour of supervision by local representatives while only 23.33% of the physicians think that lack of supervision by local representatives is the cause of poor delivery system. Apparently it seems that the doctors are not in favour of any supervision to be made by local representatives. 49% of the clientele consider that the absence of remedial measures of the allegation of the clientele is one of the causes of poor service delivery system. In fact no established system of making allegation was found in Upazila Health Complex. 25% of the respondents in average considered the absence of individual responsibility of the officials as one of the barriers to speeding up service delivery. In fact no such individual accountability was found in Upazila Health Complex which might be conducive to speed up

delivery of health services. The members of all respondents group unanimously agreed on the fact that insufficient allocation of money hinders smooth delivery of health services in upazila. It is no denying the fact that sufficient budgetary allocation is a prerequisite for ensuring and enhancing the quality of service to the rural clientele group. 57% of respondents from clientele group thought that procedural lacking of ensuring the standard of service quality reduced the speedy delivery service while only 16.67% doctors endorsed the view. Average 79.83% of the respondents in general and 100% of the doctors in particular opined that lack of rapid promotion scope of doctors adversely affected the service delivery system. In fact the scope of higher mobility in the health service is comparatively limited which tells upon overall service delivery system. 100% of the doctors and 86.17% of the respondents in general opined that discrimination among the members of different cadres as well as absence of career planning had negative impact on service delivery. Lack of availability of computer had been identified by 100% doctors to be the cause of poor quality of service. While 74.44% of respondents in general made the ignorance of the people responsible for not being able to speed up delivery of health services. Among other factors 86.67% of the doctors opined that lack of working environment in upazila adversely affected the speedy service delivery.

Table-14: Problems/Limitations Detected by the Respondents to Speed-up Delivery of Health Services

Problems/Flaws	Responses			
	Physicians (n=30)	Members of the Civil Society (n=40)	Clientele (n=100)	Average
Lack of trained/skilled professional manpower	13.33	37.50	47.00	32.61
Lack of required physical health infrastructure	86.67	62.50	52.00	67.05
Scarcity of medicine	80.00	95.00	96.00	90.33
Insufficient ambulance	50.00	47.50	50.00	49.17
Complex Govt. rules/procedures	43.33	30.00	48.00	40.44
Absence of bill-board mentioning the service available in hospital	60.00	77.50	78.00	71.83
Lack of accountability of doctors/nurses & other employees of hospital	30.00	57.50	67.00	51.50
Administrative complexity and lack of coordination at local level	56.67	65.00	63.00	61.55
Excessive frequency of middle-men	56.67	60.00	62.00	59.55
Lack of supervision by local representative	23.33	77.50	65.00	54.94
Absence of remedial measures of the allegation of the clientele	16.67	37.50	49.00	34.39
Absence of individual responsibility of the officials	10.00	30.00	35.00	25.00
Insufficient allocation of money	100.00	100.00	100.00	100.00

Problems/Flaws	Responses			
	Physicians (n=30)	Members of the Civil Society (n=40)	Clientele (n=100)	Average
Procedural Lacking of ensuring the standard of quality of the service	16.67	32.50	57.00	35.39
Lack of rapid promotional scope of officers	100.00	72.50	67.00	79.83
Discrimination and lack of proper adjustment & coordination regarding training, career planning promotion, facility relating services, working environment among the members of different cadres	100.00	87.50	71.00	86.17
Lack of availability of computer & IT	100.00	100.00	90.00	96.67
Ignorance of the people	93.33	70.00	60.00	74.44
Negative attitude of officers & staffs	23.33	77.50	74.00	58.28
Lack of necessary supervision & monitoring of the activities	20.00	65.00	52.00	45.67
Lack of opportunity having final decision making	56.67	52.50	50.00	53.06
Lack of working environment of doctors in the Upazila	86.67	57.50	63.00	69.06
Out dated rules and regulations	53.33	50.00	48.00	50.44

Table-15 shows the suggestions given by the respondents. The respondents were the doctors, the members of the civil society and the general public, the recipient of health services. Although the employment of professional manpower has not been suggested by the respondents but 62.50% of the respondents suggested ensuring necessary physical infrastructure in Upazila health complex. In order to improve health services in Upazila health complex 75.83% of respondents suggested increasing supply of medicine. On the other hand, display of bill-board showing the services available in the hospital have been suggested by 58.55% of the respondents. 55.11% of the respondents suggested to device mechanism of coordination at local level. The clientele are the worst sufferers of the evil role played by the middlemen. So 55.11% of the respondents suggested to punish the middle-men. 62% of the respondents from clientele group suggested making provision of supervision by local representatives. 77.50% of the respondents from the members of civil society also endorsed the view. But only 23.33% of the doctors want supervision by the local representatives, which means maximum physicians do not want any external control. 95.88% of the respondents suggested to enhance monetary allocation. 81.17% of the respondents in general and 100% of the doctors suggested rapid promotion scope to be undertaken which they believed to have positive effect on improvement of quality service. On the other hand 80.50% of the respondents suggested to formulate appropriate policy, regarding

training, career planning, promotion, working environment, etc. 82.67% of the respondents suggested to introduce IT facilities and 73.83% of the respondents proposed to improve working environment at the Upazila level.

Table-15: Suggestions given by the Respondents to speed-up Delivery of Health Services

Suggestions	Responses			
	Physicians (n=30)	Members of the Civil Society (n=40)	Clientele (n=100)	Average
Provision of trained/skilled professional manpower	10.00	30.00	49.00	29.67
Ensure required physical health infrastructure	80.00	57.50	50.00	62.50
Available Supply of medicine	60.00	77.50	90.00	75.83
Ensure ambulance service	30.00	60.00	67.00	52.53
Simplify Govt. rules/procedures	23.33	30.00	45.00	32.78
Display of bill-board mentioning the service available in hospital	56.67	60.00	59.00	58.55
Ensure accountability of doctors/nurses & other employees of hospital	23.33	47.50	63.00	44.61
Device mechanism of coordination at local level	43.33	60.00	62.00	55.11
Middle-men should be punished	50.00	62.50	61.00	57.83
Provision of supervision by local representatives	23.33	77.50	62.00	54.27
Allegation of the client should be treated appropriately	13.33	30.00	52.00	31.78
Individual responsibility of the officials should be ensured	10.00	37.50	38.00	28.50
Sufficient allocation of money/medicine should be ensured/given	83.33	95.00	95.00	95.88
Standar of quality of the service should be ensured	20.00	32.50	50.00	34.17
Rapid promotional scope of officers should be well taken	100.00	72.50	71.00	81.17
Proper policy launch for adjustment & coordination regarding training, career planning promotion, facility relating services, working environment among the members of different cadre	90.00	77.50	74.00	80.50
Introduction computer & IT	90.00	70.00	88.00	82.67
People should realize the actual problems	93.33	65.00	63.00	73.78
Positive attitude of officers & staffs	23.33	65.00	73.00	53.77
Frequent supervision & monitoring of the activities	20.00	57.50	50.00	42.50
Improve working environment of doctors at the Upazila	86.67	72.50	63.00	73.83

Findings of the Study

The following findings have been summarized upon the basis of the data analysis :

1. It was found that density of population per sq.km. in Rampal Upazila of Bagerhat District is the lowest (548) among the four sample upazila. This may be due to scarce of homestead land due to shrimp cultivation (table-2).
2. It was evident that per capita monthly income of the clientele (patient) of Hathazari, Paba, Rampal and Savar upazila was only Tk. 102.70, 99.58, 117.50 and 105.37 respectively. This amount reflects the inability of purchasing medicine by the patients (table-2).
3. It was found that about 17% of the class-I sanctioned post in sample UHCs was lying vacant. And this figure for class-III & IV employees was 14.63 and 13.09 percent respectively. These shortages of manpower caused the low speed of service delivery (table-6).
4. Patients are not receiving expected services from the UHCs. They opined that 27.20% of their expectation was fulfilled (table-10).
5. It was opined by 58% patients that they did not receive proper treatment from the doctor (table-11). However, doctors opined that they themselves are satisfied to their service performance at the rate of 48% (table-12).
6. The doctors assigned to financial administration at the Upazila Health Complexes opined that only 40% of the total requirement of budget allocation was received by them.
7. Majority of the physicians responded that staff accommodation as well as office room shortage were prevailing in the premises of UHCs.
8. From data and information and analysis thereon it is observed that the patients in Upazila Health Complex do not get medicine as per their requirement. It is evident that supply of medicine in Upazila Health Complex is meager which does not fulfill the requirement of general patients.
9. There is existence of middle-men in Upazila Health Complex who disrupt the normal service delivery system. Although the nature of harassment has not been depicted it is generally believed that the patients are diverted by the middle-men to physicians of own choice

and thereby the patients are deprived of the facilities provided by the Government.

10. There is strong opinion to display the bill-board showing the services, given procedure to be followed and facilities available in respective Upazila Health Complex. It will ensure transparency and accountability in upazila health service delivery system.
11. There is neither established system of receiving allegation from the patients, nor any formal system to resolve the patients allegations. Hence the patients are helpless in case where they have definite allegation against the actions and performance of the concerned officials.
12. The physical facilities as well as the logistic support are poor. Operation theatre equipped with modern facilities, necessary ambulance service, transport facilities are not available in most upazilas which hinders the day to day service facility.
13. Budgetary allocation is insufficient in Upazila Health Complexes which adversely affect the smooth service delivery system. The authority cannot meet contingency expenditure out of the poor allocation at upazila level. The average annual expenditure per patient is Tk. 7.72 only, and per person average expenditure counted for Tk. 1.35 only (Table-9).
14. There is problem of coordination at local level. The public representatives have no assignment to coordinate or control the local health service delivery system. The physicians employed in Upazila Health Complex denounce any such coordination or control. There is no effective monitoring system at upazila which encourages the physicians to develop a self-styled rotatory system of attendance in their job duty.
15. The career prospect in the health service is limited. The prospect of higher mobility is low in comparison with other services. Hence the members of the service are frustrated and they suggest to create sufficient room for promotional facility.
16. It has been reported by some of the patients that the physicians during their duty period gives prescription in their own pad and receives money in lieu of. The private practice during duty period is highly objectionable and tantamount to bribery.

Recommendations and Conclusion

Recommendations

On the basis of the analysis and findings, the following recommendations have been made to achieve the objectives of the study:

1. In order to speed up delivery of service of the Upazila Health Complexes the Government should recruit personnel against to sanctioned posts. The vacant posts may be filled up immediately so that shortage of manpower may not hamper the service delivery system.
2. The satisfaction level of the patients is low in Upazila Health Complex. The general patients think that they do not get proper treatment from the doctor. Hence an evaluation and monitoring system may be developed by the concerned authority to meet the expectation of general patients.
3. Government may undertake special measure to increase supply of medicine at upazila hospitals. It should also be ensured that the medicine supplied at present is rendered to the rural poor patients. Any linkage may strictly be monitored.
4. Extreme measure may be taken against harassment by the middle-men. Legal and administrative actions may be taken against the middle-men who are engaged in unholy practices.
5. An established system of grievance handling may be introduced in Upazila Health Complex. There should be a complaint book in the office of the UHFPO so that the recipient of Medicare Services may lodge their complaints in a formal procedure.
6. The physical facilities specially the logistic facilities may be improved. Operation theatre equipped with modern facilities, ambulance service, transport facilities, pathological facilities may be provided to enhance capacity of quality service delivery.
7. Any implementation strategy to ensure better service quality depends on the amount of money allocated in Upazila Health Complex Office. So allocation of budget may be increased to meet minimum requirement of the Upazila Health Complex.
8. In order to improve the service delivery system public representatives may be involved in the process. A strong committee represented by public representatives, local elites, govt. officials may be formed to monitor the functioning of Upazila Health Complex.

9. There should be an inspectorial service under the administrative control of the Directorate of Health, which will ensure regular attendance of the physicians at the working place. Punitive action may be initiated against the shirkers.
10. Appropriate measures may be taken regarding career prospect. A study group may be formed by the Ministry of Health to formulate career planning of the doctors and necessary financial and promotional prospects may be created for the members of Health Service.
11. Private practice on duty may be strictly prohibited. Special measure may be taken so that the doctors cannot take money from the patients at the time when they are on duty. Any allegation received in this respect may be severely dealt with under existing rules.
12. The data management system in Upazila Health Complex may be computerized. So in order to develop MIS in upazila health service delivery system a project may be undertaken to supply computers in Upazila Health Complex.

Conclusion

The aftermath of newly independent countries of Afro-Asian region is termed as period of mass-disillusionment. People, in general, in these countries expect more effective service from govt. agencies. But the service given by these agencies are neither effective nor transparent and accountable. Consequently people are frustrated, develop a sense of deprivation and no confidence on the public service. In order to extinguish the sense of 'social exclusion' of general people it is therefore necessary to build up a pro-people and pro-active public service delivery system.

Bibliography

- Government of the People's Republic of Bangladesh, Report of the Public Administration Refform Commission - Volume-I,II&III, June 2000."
- Centre for Policy Dialogue, Crisis in Governance, Dhaka: UPL, 1997.
- Government of Bangladesh, Constitution of the People's Republic of Bangladesh, 1972.
- Government of Bangladesh, Matin Committee Report, Dhaka, 1989.
- Government of Bangladesh, Oli Ahmed Committee Report, Dhaka, 1995.
- Government of Bangladesh, Pay and Services Commission, Dhaka, 1976.
- Government of Bangladesh, Public Administration Efficiency Study, Ministry of Establishment, Dhaka, 1989.
- Government of Bangladesh, Report of Administrative Reorganization Committee Letter of Transmittal, Dhaka, 1996.
- Government of Bangladesh, Report of the Administrative and Service Reorganization Committee, Dhaka, 1973.
- Government of Bangladesh, Towards Better Government in Bangladesh, Dhaka, 1993.
- Khan M.M., Administrative Reform in Bangladesh, Dhaka, UPL, 1998.
- Ministry of Establishment, Public Administration Efficiency Study, (funded by the USAID), Dhaka, 1989.
- The World Bank, Government that Works: Reforming the Public Sector, Dhaka, UPL, 1996.
- UNDP, Reform on the Public Administration Sector Study in Bangladesh, 1993.