General health service readiness, its facilitators and barriers among the primary level public health facilities of Baitadi: A sequential explanatory mixed method study

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Background

- General Health Service Readiness refers to the **capacity of health facilities** to provide **basic health services efficiently** (1).
- The critical domains of readiness include basic amenities, basic equipment, infection prevention, diagnostic capacity and the availability of essential medicines (1).
- The Sustainable Development Goals (SDGs) created an avenue to push the world toward universal health coverage through ensuring equitable access to health for all (2).
- One of the core component of UHC is not just ensuring access to services but also sustaining a high Quality of Care (QoC) for which health service readiness is most important.

1. World Health Organization. Service availability and readiness assessment (SARA)
2. Ghimire U, Shrestha N, Adhikari B, Mehata S, Pokharel Y, Mishra SR. Health system's readiness. 2020

General objective

To find out the general health service readiness, its facilitators and barriers among the primary level public health facilities of Baitadi

Specific objectives

- To find out the **overall** general health service readiness score of the primary level public health facilities within the district
- To find out the **domain-wise** health services readiness index among the health facilities
- To find out the **factors associated** with general service readiness
- To explore the **facilitators** of general health service readiness in the facilities with high readiness score
- To explore the **barriers** of general health service readiness in the facilities with low readiness score

Methodology

Study Design

Cross-Sectional Study

Method

Sequential Explanatory Mixed Method

Study site

Baitadi district of Sudurpaschim Province, Nepal

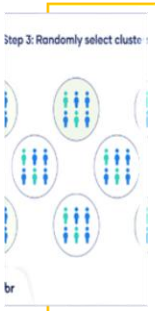
Study Unit

Primary level health facilities

Sample Size

Quantitative: 68

Qualitative: 10 Key Informant Interview



Sampling Technique

Quantitative: Proportionate Stratified

Qualitative: Purposive based on readiness score

Methodology

Data Collection

Quantitative:
Technique: Face-to-face Interview, Observation
Tool: WHO SARA Tools
Qualitative:
Technique: Key Informant Interview
Tool: KII Guideline

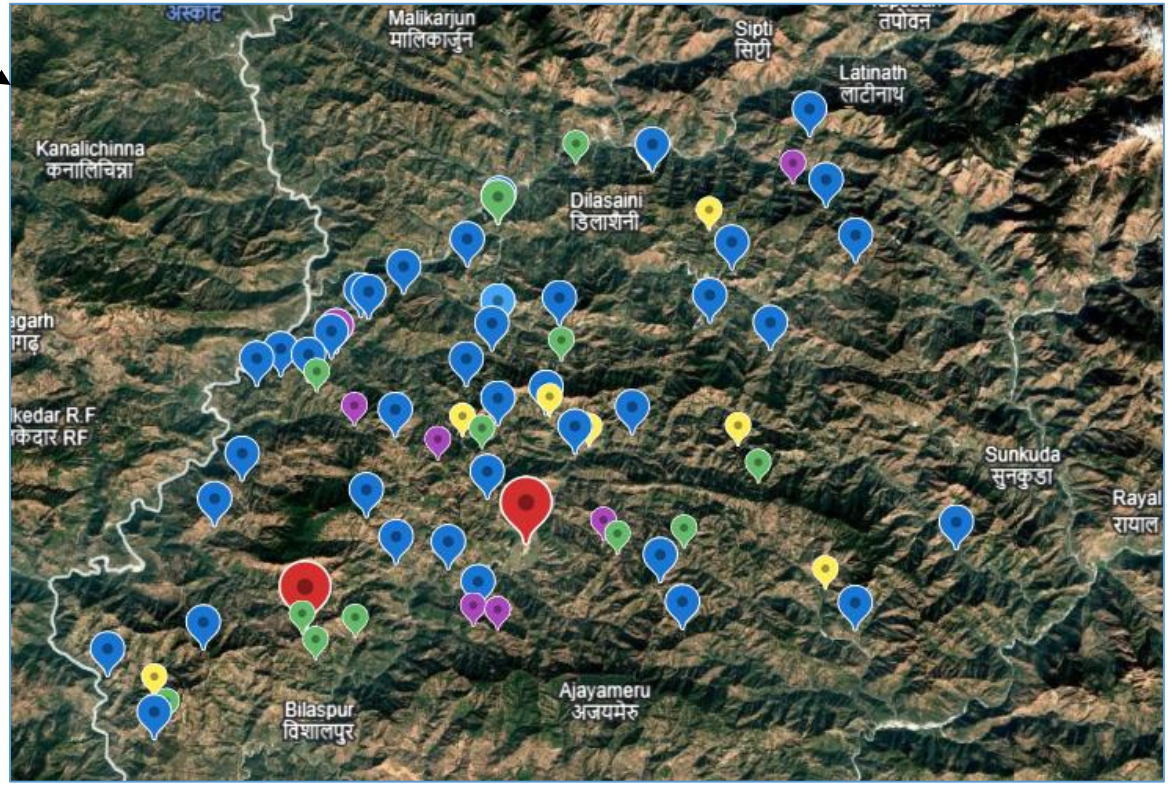
Data Analysis

- **Quantitative:** Descriptive and Inferential statistics using EZR software
- **Qualitative:** Braun and Clarke's Thematic Analysis using RQDA

Ethical Approval

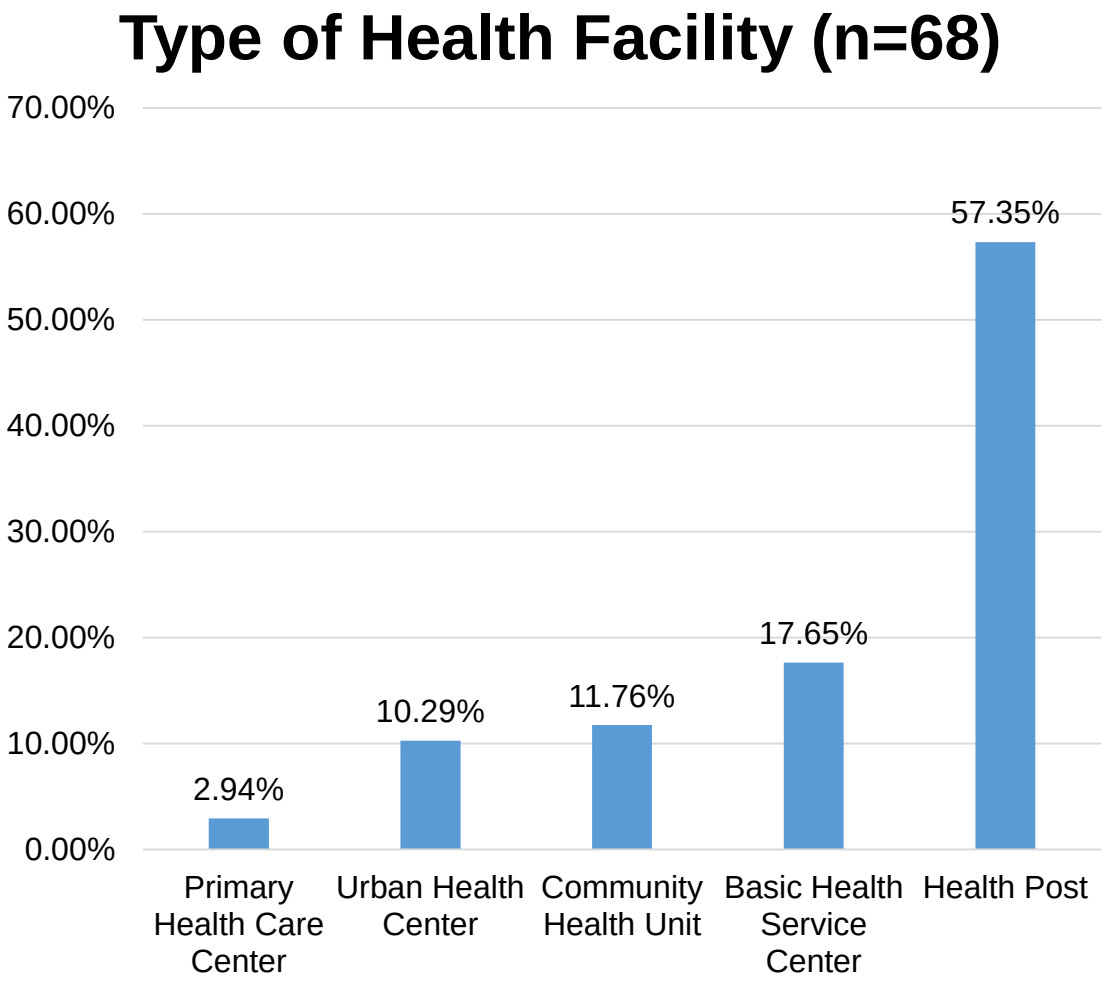
IRC of PAHS (Ref: PHP2409201926)

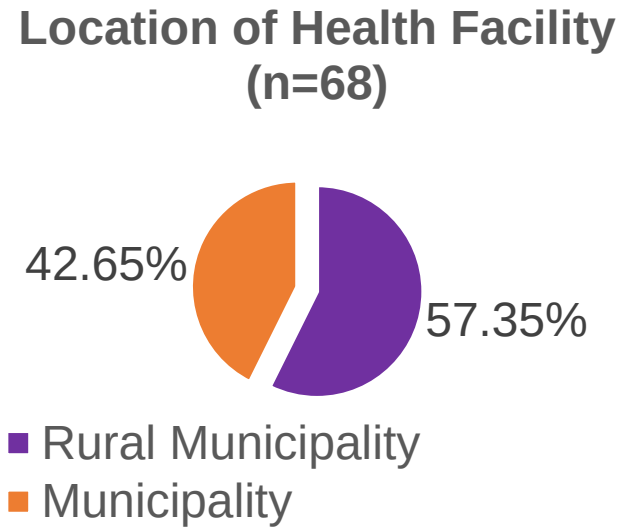
Study site and location of sampled health facility



Indications:
Red: PHCCs
Blue: HPs
Green: BHSCs
Purple: UHC
Yellow: CHU

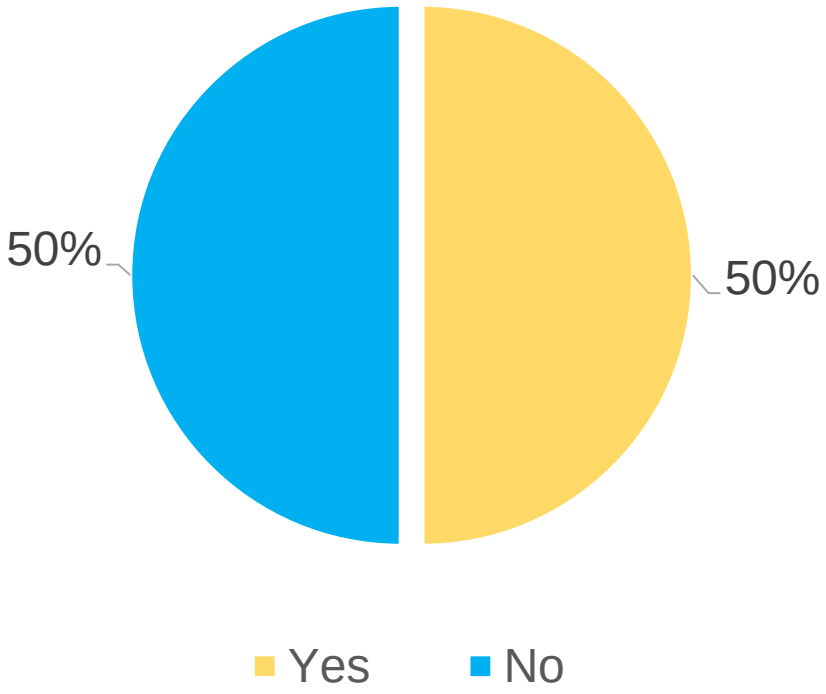
Quantitative findings



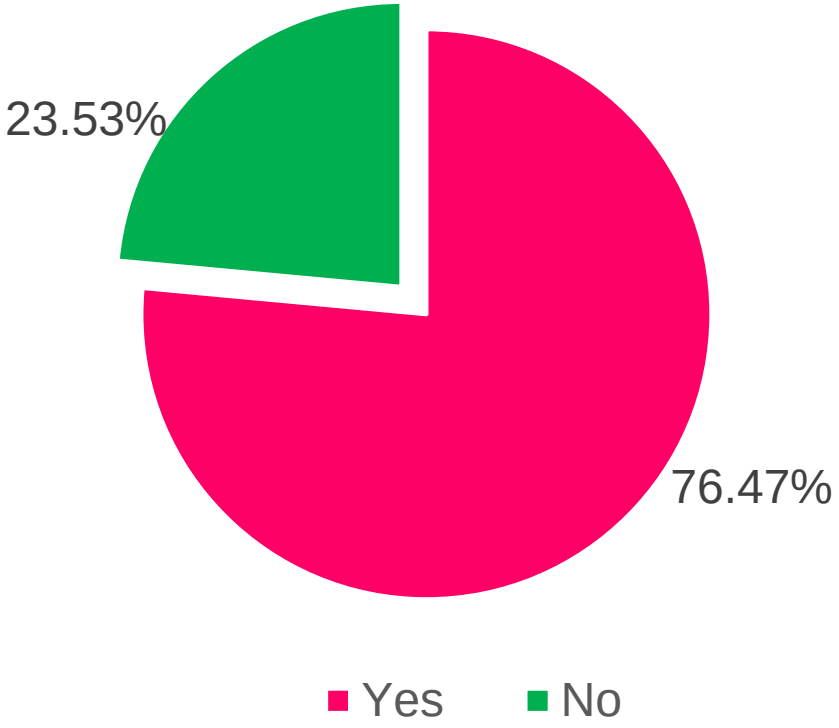


Quantitative findings

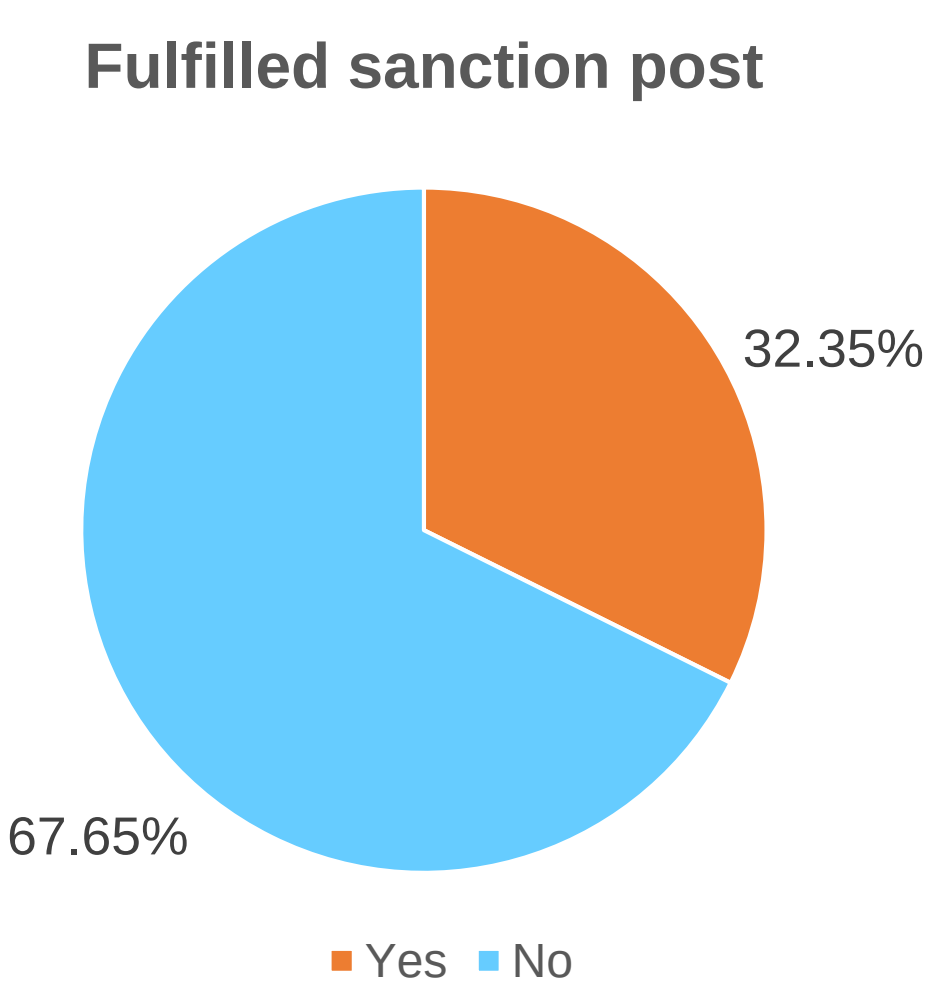
Supervision within 4 months

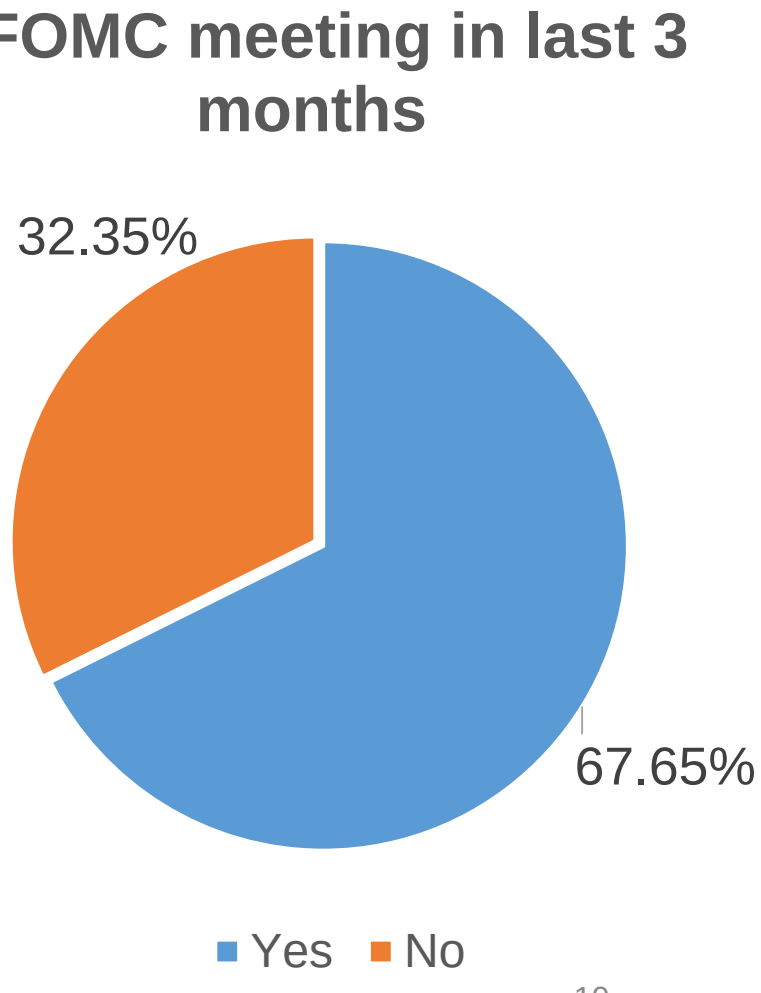


Feedback system



Quantitative findings





Overall and domain-wise readiness

Domains	Number of tracer items	Mean readiness ±SD	Remarks
Basic Amenities	7	0.53 ± 0.20	Not Ready
Basic equipment	6	0.94 ± 0.11	Ready
Standard precautions for infection prevention	9	0.87 ± 0.13	Ready
Diagnostic capacity	8	0.45 ± 0.32	Not Ready
Essential medicines	25	0.52 ± 0.11	Not Ready
Overall Mean Readiness		0.66 ± 0.14	Not Ready

Readiness by health facility type

Type of Health Facility	Mean Readiness	Remarks
Primary Health Care Centers	0.93	Ready
Health Posts	0.72	Ready
Basic Health Service Centers	0.61	Not Ready
Urban Health Centers	0.53	Not Ready
Community Health Units	0.53	Not Ready

Readiness by local level

Name of Local level	Mean Readiness	Readiness Index (Ready/Not ready)
Dashrathchand Municipality	0.64	Not Ready
Patan Municipality	0.71	Ready
Melauli Municipality	0.65	Not Ready
Purchaudi Municipality	0.65	Not Ready
Surnaya RM	0.65	Not Ready
Dogadakedar RM	0.67	Not Ready
Shibnath RM	0.69	Not Ready
Dilasaini RM	0.63	Not Ready
Pancheswor RM	0.71	Ready
Sigas RM	0.66	Not Ready
Total	**0.66**	**Not Ready**

Predictors of health service readiness

Variables	cOR (95% CI)	p-value	aOR (95% CI)	p-value
Supervision within 4 months				
Yes	3.25 (1.15-9.19)	0.02*	7.24 (1.32-39.80)	**0.02***
No	Ref		Ref	
Feedback system				
Yes	12.9 (1.58-105.0)	0.02*	5.55 (0.40-76.20)	0.20
No	Ref		Ref	
HFOMC Meeting with 3 months				
Yes	2.62 (0.82-8.30)	0.10	3.66 (0.62-21.50)	0.15
No	Ref		Ref	
HFOMC Guidelines				
Observed	8.53 (2.38-30.7)	0.001*	6.95 (1.23-39.20)	**0.03***
Reported, but not seen	2.37 (0.55-10.3)	0.24	1.21 (0.21-6.94)	0.83
Not available	Ref		Ref	
Citizen Charter				
Yes, clearly readable	8.73 (2.06-37.0)	0.003*	3.24 (0.48-21.70)	0.23
Yes, but not clearly readable	1.33 (0.26-6.94)	0.73	0.31 (0.04-2.46)	0.27
No	Ref		Ref	
Fulfilled Sanction post				
Yes	4.09 (1.40-12.0)	0.01*	0.78 (0.18-3.49)	0.74
No	Ref		Ref	
MSS assessment in last fiscal year				
Yes	7.52 (1.57-36.1)	0.01*	1.04 (0.09-11.20)	0.98
No	Ref			

Qualitative findings: facilitators

Effective Coordination and Supportive Leadership

Routine meeting and staff motivation

Healthcare infrastructure and Resource

Geographical accessibility and Support of I/NGO

Staff Capacity Building and regular supervision

Qualitative findings: facilitators

Good coordination is essential. It is not enough for health workers to work hard alone. The availability of essential medicines, equipment, and other resources depends on coordination. Our coordination with the municipality and ward is excellent. They have been very supportive in all aspects.

23 years, KII_3

Qualitative findings: facilitators

Municipality has provided the necessary equipment and resources as per the standards which helped in enhancing the readiness.

38 years, KII_4

We receive **regular supervision** from the municipality and health office. If there is an issue with the cold chain, infection prevention, or materials, they supervise and guide us on how to address it. We implement the feedback provided through supervision and also request them to continue regular supervision as it helps us move forward.

42 years, KII_1

Qualitative findings: facilitators

We hold **staff meetings** every month to **review** the work done in the previous month and **plan** for the upcoming month. We discuss our weaknesses and areas for improvement.

33 years, KII_5

Being **close to the municipality** and the **road** has made it easier to transport medicines whenever needed. The proximity to the road also **facilitates regular supervision visits**.

33 years, KII_5

Qualitative findings: barriers

Geographical barriers and Supply chain issues

Financial limitations and poor coordination

Insufficient infrastructure and Resource gap

Inadequate capacity building opportunities and supervision

Qualitative findings: barriers

Delays in medicine **procurement** are major reasons. Whether this is due to political reasons or staff inefficiency, we are not sure. Our responsibility is to communicate with the concerned section. The supply of medicines here is insufficient.

40 years, KII_6

The **physical infrastructure is inadequate**. This health facility is in a dilapidated (जिर्ण) state, lacking space for various equipment.

42 years, KII_1

Qualitative findings: barriers

We need **three dustbins**, but we don't even have one. We are currently using an **empty bucket** instead. Addressing such issues will help us enhance our readiness.

40 years, KII_6

One problem is the **network connectivity**. At times, we cannot even make a call when needed. The network works a bit when there is sunny day, but **once the sun sets, it goes off**. Even on cloudy days, there is no network.

33 years, KII_9

Qualitative findings: barriers

Leaders at all levels understand health issues but don't act promptly. Budget constraints or busy schedules often come up as excuses. Leadership knows everything, but ultimately, it all comes down to **budget limitations**.

52 years, KII_8

We hold monthly meetings. We discuss issues during the meetings, and we **coordinate** with health section for what's lacking. But, they respond by saying - It will happen next time - but it doesn't.

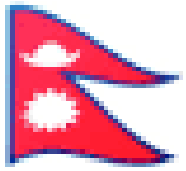
52 years, KII_8

Conclusion

- The average general health service readiness score among the primary level public health facilities in Baitadi district was found only **0.66**, with significant gaps in basic amenities, diagnostics and essential medicines.
- A multifaceted approach including **infrastructure development, improved coordination, regular supervision and frequent need based training programs** is necessary to enhance the general health service readiness.
- Investing in dedicated buildings, essential equipment, and improved transportation facilities will enhance the service readiness and service delivery, while ensuring **timely procurement processes** and **budget allocations** can mitigate supply chain inefficiencies
- Recognition through **incentives and awards can motivate staff** and municipalities to sustain high performance, ultimately improving general health service readiness.

Readiness isn’t just a word; its commitment to serve”

THANK YOU!



I am a public health student currently pursuing a Master in Public Health (MPH) at Patan Academy of Health Sciences, Lalitpur, Nepal. I also serve as a central committee member at the Nepal Public Health Association. My research interests include health system, nutrition, and sexual and reproductive health.

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