

Helpdesk Report: Health Service Standards

Date: 19 April 2011

Query: Find information on where minimum standards of health service delivery have been developed and successfully applied in developing countries, especially in Asia and in secondary care.

Content

1. Overview
2. Key document, minimum standards in Punjab
3. Health standards and reforms in India
4. More resources on healthcare standards
5. Minimum standards for healthcare in emergencies
6. Additional information

1. Overview

Minimum standards in healthcare are often referred to in documents but not expanded on in detail. This report covers the few documents that were found within the scope of this study that expanded on standards for healthcare.

A document outlined on minimum service delivery standards in primary and secondary healthcare in Punjab is outlined in section 2. It discusses methodology, healthcare review results and then outlines specific standards and goals.

Some standards for primary healthcare from the Health Services Ministry in India are publicly available and summarised in section 3. The document gives a detailed list of minimum requirements for service delivery and lists other requirements including infrastructure, human resources, drugs and transport.

Other information found on healthcare standards includes:

- WHO standards for maternal and neonatal care
- Standards for environmental and occupational hygiene in hospitals
- Clinical standards for family planning
- Standards for healthcare in disaster response.

Some information was found on general quality regulation in healthcare which is included in section 4.

2. Key document

Minimum Service Delivery Standards for Primary and Secondary Health Care in Punjab
Punjab Developed Social Services Programme (PDSSP)

http://www.pdssp.gov.pk/downloads/documents/MSDS%20_Health_%20Final.pdf

While designing and proposing Minimum Services Delivery Standards (MSDS), Burden of Disease (BOD) in conjunction with population could be a realistic approach, as it gives a reasonably good estimate of the basic health needs of a population.

Once services are in place, quality of care standards must be defined with two principal objectives. First, they provide a common set of requirements applicable to the whole healthcare system and secondly they provide a framework for continuous improvement in overall quality of care.

The MSDS not only address a minimum services package and standards of care to be made available at all levels, but also envisages mandatory requirements/ system specifications to ensure the delivery of quality healthcare services.

In order to appropriately reflect the diversity of expert opinion and disciplinary perspectives, a systematic, participatory process, based on sound evidence was used in the development of MSDS. A combination of methods was used including the following:

- Literature review to explore best practices in countries with similar contexts.
- Consulting with relevant government departments.
- Four best practicing health facilities were visited to observe the availability of service delivery standards if any.
- Consultative meetings were held with the PDSSP, Health Sector Reforms Programme (HSRP) and the Director General Health Services (DGHS) to share the conceptual basis of the assignment, contents and format of the proposal.
- Based on the gaps identified in the Situation Analysis, the MSDS-Proposal was prepared and presented to experts in a consultative workshop setting.

Results from these reviews are included in the report. Country case studies are also presented on Sri Lanka, India, Bangladesh and DPR Korea. The service delivery packages and standards in these countries include:

- Health and education promotion.
- Maternal and child health including being attended to by trained personnel (during pregnancy and delivery, and as an infant) and immunisation coverage.
- Prevention and control of endemic and common diseases including enhanced surveillance, training of staff, a computerised database and environmental health interventions.
- Improving immunisation coverage.
- Treatment and prevention of non-communicable diseases.

Some specific minimum service levels devised for Punjab include:

Preventive services

- 90% of children aged one should be immunised against 7 diseases and 80% of mothers of child bearing age should receive doses of Tetanus Toxoid.
- 80% of pregnant women should have 3 properly spaced antenatal appointments.
- 66% of deliveries should be conducted by a skilled birth attendant.
- 66% of women should receive postpartum care.
- All patients of reproductive age attending healthcare facilities should be appropriately examined and treated for sexually transmitted infections.
- 60% of couples will be provided with information to make informed family planning decisions.
- Awareness campaigns will be run for major nutrient deficiencies (salt for iodine, vegetable oils for vitamins A & D, wheat for iron and folic acid).

- Counselling, treatment and rehabilitation for all with mental health problems.
- Essential specialists (physician, surgeon paediatrician and gynaecologists) should provide services in rural health centres.

Curative services

- All facilities should have arrangements for basic emergency obstetric and new born care (EmONC).
- All headquarters hospitals (HQHs) should have arrangements for comprehensive EmONC services.
- Scaling up of integrated managements of childhood illness.
- Mortality reviews at district HQHs.
- Free 24 hour emergency services.
- Trauma centres at HQHs.
- Isolation facility for burns patients at district HQHs.

National programmes should be in place for:

- HIV/AIDS prevention and control
- TB control
- Malaria control
- Family planning
- Hepatitis prevention and control
- School health services
- Prevention and control of blindness.

3. Health standards and reforms in India

Indian Public Health Standards (IPHS) For Primary Health Centres, Guidelines

Directorate General of Health Services Ministry of Health & Family Welfare Government of India, 2006

http://mohfw.nic.in/nrhm/Documents/IPHS_for_PHC.pdf

This document gives a detailed list of Minimum Requirements (Assured Services) at a Primary Health Centre. Assured services cover all the essential elements of preventive, promotive, curative and rehabilitative primary healthcare. Requirements are being projected on the basis of 40 patients per doctor per day. A selection of standards include:

- Minimum hours for out-patient department services of 4 hours in the morning and 2 hours in the afternoon/evening.
- 6 beds for in-patient services.
- Registration of pregnancies within the first trimester.
- Minimum of three antenatal check-ups.
- 24-hour delivery services both normal and assisted births.
- 2 postnatal home visits.
- Education on essential new born care.
- Facilities for newborn resuscitation.
- Various standards for care of children.
- Education and provision for contraceptives.
- Counselling and appropriate referral for safe abortion and infertility.
- Medical termination of pregnancies using manual vacuum aspiration technique.
- Education and treatment for Management of Reproductive Tract Infections / Sexually Transmitted Infections.
- Nutrition services coordinated with Integrated Child Development Services.
- Health check-ups at school.
- Counselling and education for adolescent health.

- Disease surveillance and control of epidemics including disinfection of water sources.
- National Health Programmes for TB, disease surveillance, blindness, vector borne diseases, AIDS.
- Various guidelines for referral services and training.
- Basic laboratory services.
- Availability of vasectomy, tubectomy, termination, hydrocelectomy and cataract surgeries.
- Recording and reporting.

A list is provided for essential infrastructure requirements on pages 15-20 of the report. Suggested numbers for human resources are given on pages 20-21.

Other requirements listed are in the following areas:

- Drugs
- Transport facilities
- Laundry and dietary facilities for indoor patients
- Waste management
- Quality assurance
- Monitoring
- Accountability

Indian Public Health Standards (IPHS) For Sub-Centres, Guidelines

Directorate General of Health Services Ministry of Health & Family Welfare Government of India, 2006

http://www.mohfw.nic.in/NRHM/Documents/IPHS_for_SUBCENTRES.pdf

This report lists standards in the same areas as outlined in the previous document.

Fostering Reforms in Public and Private Healthcare in India

IDRC project description

http://www.idrc.ca/es/ev-102561-201-1-DO_TOPIC.html

This project addresses healthcare issues in the state of Maharashtra, in India. There are two sections to this project, one dealing with collecting evidence on the inequities of access to public and private care and the other dealing with establishing standards of care through professional bodies.

The second section of the project addresses the issue of private sector regulation through establishing evidence-based standards of care. The specific objectives are:

- To undertake research to assess the existing standards of healthcare delivery in public and private sectors.
- To develop standards of care and protocols to assess them to facilitate a self-regulation mechanism and setting up of an accreditation system.
- To promote self-regulation, minimum standards for quality care, accreditation and a consensus based regulatory environment for the private medical sector in Maharashtra.
- To document this process and develop sections that could be used for such a process to be undertaken in other states and at the national level.

There are no outputs for this project as yet.

4. More resources on healthcare standards

Standards for Maternal and Neonatal care

Department of Making Pregnancy Safer, WHO, 2006

http://www.who.int/making_pregnancy_safer/publications/standards/en/index.html

The *Standards for Maternal and Neonatal Care* consists of a set of user-friendly leaflets that present World Health Organization (WHO) key recommendations on the delivery of maternal and neonatal care in health facilities, starting from the first level of care.

Different requirements are specified for the following standards in each chapter:

- All women giving birth and their newborn babies should be protected against tetanus.
- All women seen during pregnancy, childbirth and the postnatal period should be given appropriate information on the prevention and recognition of sexually transmitted infections (STIs) and reproductive tract infections (RTIs). They should be assessed for STIs/RTIs and, when required, provided with prompt and effective treatment for themselves and, in the case of STIs, their partners.
- All pregnant women should be screened for syphilis at the first antenatal visit within the first trimester and again in late pregnancy. At delivery, women who for some reason do not have test results should be tested/retested. Women testing positive should be treated and informed of the importance of being tested for HIV infection. Their partners should also be treated and plans should be made to treat their infants at birth.
- In countries where the rubella vaccine is included in the national immunisation programme, women should be immunised against rubella before they become pregnant. In all countries, pregnant women with suspected rubella or exposure to rubella should be followed up and reported. In all countries, infants with suspected congenital rubella syndrome (CRS) should be assessed and reported.
- All women, from the moment they begin trying to conceive until 12 weeks of gestation, should take a folic acid supplement. Women who have had a fetus diagnosed as affected by a neural tube defect (NTD) or have given birth to a baby with NTD should receive information on the risk of recurrence, be advised on the protective effect of periconceptional folate supplementation and be offered high-dose supplementation.
- All pregnant women should have at least four antenatal care (ANC) assessments by or under the supervision of a skilled attendant. These should, as a minimum, include all the interventions outlined in the new WHO antenatal care model and be spaced at regular intervals throughout pregnancy, commencing as early as possible in the first trimester.
- In malarious areas, all pregnant women should sleep under an insecticide-treated bednet (ITN). In addition, in areas of stable transmission of falciparum malaria, all pregnant women should be given intermittent preventive treatment (IPT). Pregnant women suspected of having malaria should be assessed and treated in accordance with national protocols. In the postnatal period, both the mother and the baby should sleep under an insecticide-treated bednet.
- All pregnant women in areas of high prevalence of malnutrition should routinely receive iron and folate supplements, together with appropriate dietary advice, to prevent anaemia. Where the prevalence of anaemia in pregnant women is high (40% or more), supplementation should continue for three months in the postpartum period.
- All pregnant women should have a written plan for birth and for dealing with unexpected adverse events, such as complications or emergencies, that may occur during pregnancy, childbirth or the immediate postnatal period, and should discuss

and review this plan with a skilled attendant at each antenatal assessment and at least one month prior to the expected date of birth.

The chapters also include information on applying the standard, auditing and rationale.

Norms and Standards for Environmental Health and Occupational Hygiene at District Hospital

Environmental Health Research Unit, 2002
<http://www.hst.org.za/uploads/files/normstd.pdf>

Norms and Standards for South Africa are outlined in the following activity areas:

- Physical features
- Building requirements
- Food service unit
- Water
- Laundry facility
- Mortuary facility
- Hospital waste management
- Incinerator facility
- Occupational Hygiene Standards in the hospital work environment
- Infection control
- Environmental pollution control
- Pest control
- Management.

The Philippine Clinical Standards Manual on Family Planning

Philippine Department of Health, 2006
http://www.k4health.org/system/files/Philippines%20Clinical%20Standards%20Manual%20on%20FP_2006.pdf

This document outlines clinical standards for client counselling and assessment, and different family planning methods.

5. Healthcare quality regulation and strengthening

Approaches to Healthcare Quality Regulation in Latin America and the Caribbean: Regional Experiences and Challenges

Zeribi, K. A. & Marquez, L., *LAHSR*, 2005
<http://www.lachsr.org/documents/approaches-to-healthcare-quality-regulation-in-latin-america-and-the-caribbean-regional-expe-EN.pdf>

This paper was commissioned to examine experiences in the region with the regulation of the quality of care of healthcare providers and facilities, to derive lessons and implications for future policy development, programming, and research. The research was carried out through a literature review and interviews with key informants. While this research is certainly not exhaustive of this extensive subject area, it aims to provide insights into the challenges facing current initiatives in healthcare quality regulation and provide direction for the future.

Three main approaches to quality regulation have been used by governments and professional bodies to ensure, maintain, and improve the quality of healthcare: licensing, certification, and accreditation.

Regional efforts to effectively regulate the quality of care of health facilities and practitioners face a number of challenges. A major weakness in most countries is the lack of enforcement of sanctions or consequences for loss or reversal of quality evaluation status. This includes procedures for disciplinary action against licensees who fail to maintain the conditions of licensing as well as procedures for reporting and handling impaired or incompetent providers and facilities. A related problem is the lack of ongoing inspection of facilities or periodic review of provider competence to ensure that desired performance is sustained over time. Licensing and certification only at the point of entry into the healthcare market are insufficient to provide assurance to the public and to health sector institutions that providers maintain competency throughout the span of their careers. Time-limited licenses and certificates and clear requirements for renewal are essential to create an impetus for providers to remain current through continuing education and for organisations to maintain physical infrastructure and capacity.

Toolkit on Monitoring Health Systems Strengthening, Service Delivery

WHO, 2008

http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_ServiceDelivery.pdf

This report discusses different data collection methods:

- Facility reports
- District key informant survey
- Facility census
- Facility survey.

Indicators for standards are suggested for service: availability, capacity, utilisation, and quality.

Designing National Quality Reforms: a Framework for Action

Leatherman, S. & Sutherland, K., *International Journal for Quality Healthcare*, 2007

<http://intqhc.oxfordjournals.org/content/19/6/334.full>

Healthcare systems worldwide strive to improve the quality of care they provide. Securing predictable systemic improvement is, however, a complex task. The imperative to be evidence-based is often constrained by the literature, which is of uneven scientific rigour and neither well-synthesised nor contextualised. This article provides a conceptual framework to guide the translation of the available evidence into policy and managerial decisions for improving quality. The framework has three aspects: a taxonomy to organise the available evidence of potential quality-enhancing interventions; a multi-tier approach to selecting and implementing interventions in a healthcare system; and a model to guide the adoption of professional, governmental and market levers for change.

6. Minimum standards for healthcare in emergencies

Minimum Standards in Health Services

In *Humanitarian Charter and Minimum Standards in Disaster Response*, The Sphere Project, 1997

http://www.sphereproject.org/dmdocuments/handbook/hdbkpdf/hdbk_c5.pdf

This chapter is divided into three main sections: Health Systems and Infrastructure; Control of Communicable Diseases; and Control of Non-Communicable Diseases. The organisation of the chapter promotes a systems approach to the design, implementation, monitoring and evaluation of health services during a disaster. This is the most reliable means of ensuring that priority health needs are identified and met in an efficient and effective manner.

Principles such as supporting national and local health systems, coordination and standardisation are stressed throughout. The organisation of the chapter promotes a systems approach to the design, implementation, monitoring and evaluation of health services during a disaster. This is the most reliable means of ensuring that priority health needs are identified and met in an efficient and effective manner. Principles such as supporting national and local health systems, coordination and standardisation are stressed throughout.

The minimum standards included in each section are qualitative in nature and specify the minimum levels to be attained in the provision of health services.

Ensuring Minimum Standards in Reproductive Health Care

Krause, S., *FMR*, 2005

<http://www.fmreview.org/FMRpdfs/Tsunami/10.pdf>

This document discusses the Minimum Initial Services Package (MISP) and its use after the 2005 Tsunami. MISP is a set of reproductive health activities and services to prevent and manage the consequences of sexual violence, reduce HIV transmission, prevent excess neonatal and maternal illness and mortality and plan for the provision of comprehensive reproductive health services once a crisis situation stabilises.

7. Additional information

Author

This query response was prepared by **Laura Bolton** l.bolton@ids.ac.uk

About Helpdesk reports: The HDRC Helpdesk is funded by the DFID Human Development Group. Helpdesk Reports are based on up to 2 days of desk-based research per query and are designed to provide a brief overview of the key issues, and a summary of some of the best literature available. Experts may be contacted during the course of the research, and those able to provide input within the short time-frame are acknowledged.

For any further request or enquiry about consultancy or helpdesk services please contact just-ask@dfidhdc.org

Disclaimer

The DFID Human Development Resource Centre (HDRC) provides technical assistance and information to the British Government's Department for International Development (DFID) and its partners in support of pro-poor programmes in education and health, including nutrition and AIDS. The HDRC services are provided by three organisations: Cambridge Education, HLSP (both part of the Mott MacDonald Group) and the Institute of Development Studies. The views in this report do not necessarily reflect those of DFID or any other contributing organisation.