The Impact of Transparency on Quality of Health Service Delivery in Bangladesh:

Findings of a Field Survey of Rural and Urban Health Service Organisations

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Abstract- **Bangladesh has gained a glorious achievement in the quantitative reduction of maternal and child mortality in the recent past. But, the quality health service delivery still needs much improvement. This is considered as a big challenge facing the Government of Bangladesh in general and the agencies providing health care services to the people. This study endeavours to explore how organisational management, electronic devices, socio-economic and political factors impact on transparency in delivering good quality health care. This study selects two health service organisations of rural and urban areas for understanding the issues surrounding transparency and quality health service provision. This study used 68 in-depth interviews and five focus group discussions for gathering the required data. The urban health service organisation provides slightly improved transparent health care delivery because of better physical communication, adequate supervision and participative civil society organisation. However, general community has limited participation to both the rural and the urban health service organisations for lack of their education, poverty and bureaucratic mis-management in the organisations. Electronic devices contribute significantly for promoting transparent health service delivery, although resource constraints have posed a big challenge. Inadequate transparency contributes to corruption and absenteeism of health professionals which has an impact on quality health care provision. Participation of local elected representatives through adequate decentralisation and strengthening information management system in health care organisations can improve transparency and quality health service delivery.**

Key words: Transparency, quality health service delivery, accessibility of information, Bangladesh

I. INTRODUCTION

Bangladesh has achieved significant quantitative improvements in maternal and child health over the last decade [7, 12, 11]. For example, between 1980 and 2007, Bangladesh's infant mortality rate (IMR) declined from150 to 52 per 1,000 live births and the total fertility rate (TFR) declined from 5.04 to 2.7 children per woman in her reproductive period. In the same period, the life expectancy at birth increased from 47 to 68.9 years and full immunisation coverage for children aged 12-23 months increased from, 2 percent to 82 per cent[11,7].However, the progress in improving the quality health care[1] has been very limited and unsatisfactory[4]. The World Health Organisation [12] report shows that one of the main causes of poor quality health service delivery is poor management, lack of transparency and inadequate planning. So, among others, transparency is one of the main concerns which are significantly related to quality health service delivery.

Transparency is clear and accurate information about the inside of an organisation. Openness is the core issue of transparency in the organisation which requires access to information, freedom of the press, participation of general community, and access to modern technology for providing essential services to customer/citizens [9, 10]. This study endeavours to examine transparency for understanding quality health service delivery.

II. HEALTH CARE SYSTEM IN BANGLADESH

Primary health Care (PHC) is provided in Bangladesh through a four-tier system of administrative hierarchy of government-owned and government staffed health facilities from the central/regional level (the highest administrative level) to union (lowest administrative level) [11]. Central and district level hospitals provide specialised health services but upazila (sub-district) health complex and their associate organisations are able to provide primary health care, which is essential for the majority of the population in Bangladesh. Primary health care is provided by using the available resources in the UHC, and maintaining close supervision, and monitoring of health activities. Good governance contributes to good managerial activities in the health sector for providing

[1] Quality of health care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge [6]. A number of components: affordability, accessibility, good quality, efficiency, effectiveness and utilisation comprise quality of health service delivery which enables people to achieve desired health outcomes [13, 1].

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good quality of services. The other aspect that makes significant contribution to the provision of good governance is sufficient budget allocation, efficient utilisation and implementation of the health budget. Moreover, participation of budget through electronic process can enhance transparent health care. The percentage of budget for promoting quality of health care are household (47.3%),government revenue(26.6%),donor assistance (24.1%) and the community (2%) through non-government organisations[11]. The donor backed budget can affect transparent health care; therefore more resource mobilisation from internal sources can contribute to quality health service delivery.

In order to enhance the quality health service delivery, the Bangladesh Government adopted a significant number of policies and programs after independence in 1971.Since 44 years of independence, the Government of Bangladesh has implemented 5th five year development plans and currently implements the 6th five year plan, Health, Nutrition and Population Sector Program (HNPSP) and the national health policy for promoting quality health service delivery to all of citizens. Good governance should be very crucial aspect for implementing these policies and programs. Good governance has some normative dimensions: transparency, accountability, efficiency, effectiveness, fairness, participation predictability and ownership [15, 2]. Among these components of good governance, this paper examines transparency which is one of the critical and suitable for understanding quality health service delivery.

A. *A Brief Literature Review*

Bangladesh has made rapidly advancement of much coverage of health interventions including reduction in fertility and rates of maternal, infant and childhood mortality. El Arifeen Shams and others [8] show the role of community and partnerships for understanding successful achievement of reduction of maternal and child mortality. For this, their study addresses three experimentations: community based approach, informal and contractual partnership arrangement and innovative technologies and policies. Their study shows that family planning program has significantly contributed to fertility reduction due to effective role of community health worker. One of the factors to significant success can be effective supervision and intensive follow-up. Secondly, partnerships of government, non-government, donor and civil society have played significant roles in promoting the expanded programme on immunisation (EPI). Besides this, the study shows that the International centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B) has contributed much through research and experimentation, particularly in the development of oral rehydration solution [8].Nevertheless, citizen charter and preservation office document can have effect in enhancing transparency and health service delivery.

Chowdhury and others [5] study shows that Bangladesh has achieved exceptional health achievement in spite of poverty. Their study addresses two social determinants for understanding the health achievement. The positive social determinants of health are women's empowerment, widespread education, and mitigation of the effect of natural disaster that may lead to transparent health care. But, the negative determinants that affect advancement of health care are low gross domestic product; pervasive poverty and persistence of income inequality which also may affect transparency [5].Additionally, corruption affects less transparent health service delivery. But electronic device and the improvement of technology can be effective method for enhancing transparency and health service deliver. Ahmed S. Masud and others [3] identifies four key areas: participatory governance, accountability and regulation, information system, and capacity development for understanding health progress and human development which should be critical for promoting transparency. However, participative role of bureaucracy, management efficiency and professionalism in the health care organisation can have impact in enhancing transparency and health service delivery.

The above studies examine community participation, health policy implementation, role of partnership, impact of resource and management for understanding quality of health care in Bangladesh. None of studies have been explored so far for understanding the impact of transparency on quality health service delivery which is significant. This study endeavours to explore on how management in organisation, electronic devices, and socio-economic condition contribute to transparency and quality health care delivery. Such understanding enables to contribute to enhancing governance and health service delivery. Besides this, this study will assist policy makers and health professionals for promoting quality health service delivery in Bangladesh.

B. *Methodology*

In-depth understandings of social phenomena concerning management, electronic device, politics, and socio-economic conditions and how they contribute to enhancing/limiting transparency can be gained through the use of interpretive qualitative research methods[16].Additionally, Baum[17] argues that examining the effects of transparency through various socio-economic and political factors particularly in public health care are suitable for qualitative case study. A total of 68 in-depth interviews and five focus group discussions were conducted in two areas of rural and urban in Bangladesh. This study especially focused on health service management, social media and socio-economic condition for understanding the impact of transparency on quality health service delivery. The in-depth interviews were used for collecting useful data from the national informants, health professionals, local elected representatives, and the local informants. In addition, five

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focus group discussions have been conducted for collecting the views of service users in order to assess their opinion for understanding the impact of transparency on quality of health service delivery. Besides this, secondary sources of data have been used for understanding the background of the study.

III. FINDINGS AND DISCUSSIONS

A. *Mechanisms in Promoting Transparency*

i) Citizen Charter

Every health service organisation has a citizen charter for letting people about accurate information with regard to health services. Chhatak, a rural based Upazila Health Complex (UHC) and Union Sub Centre (USC) have very old citizen charter which is ineffective and contains inadequate information. Respondents argue that the hospital authority has a negligence to update and implement this citizen charter. But Savar upazila, an urban based UHC has a written signboard which is more visible and updated information on health services. One of the reasons for update information in citizen charter is adequate supervision from the higher authorities. Respondents argue that most of the clients (patients) are uneducated and unable to understand what is written in the charter therefore application of citizen charter is mostly useless and less significant. Local informants argue that health professionals intend to hide information because they cannot impose extra charge to people, if information is available. In addition, part-time private practice will be reduced, if service is available to public hospital. These are the reasons among others which contribute to poor transparent health service delivery.

ii) Site Visiting

Health worker at field level is one of the agents to make information transparent and available for people. Field workers visit house to house which make intimate relationship among field staffs and clients, therefore clients get an opportunity to know adequate information. So, the relationship of health staffs and clients is so close. Health workers also announce updated information through *mike* (microphone) about the maternal and child health program so that information can be available to target people. Another method for making information available is school program. Field workers provide information to school teacher who share with students to inform their parents.

Field worker has a transparent monthly plan which contains the specific schedule to provide health services (see Box 1.1). Higher authority visits the place according to schedule for ensuring transparency of health care delivery. However, the local government representative argues that field visiting is not transparent. In this regard, elected representative claims that Upazila Health and Family Planning Officer (UHFPO) and medical officer do not visit field level, even the nurses never visit at community clinic. But they provide the information to higher authority in the official record that they have completed field inspection according to government regulation which contributed to lack of transparency. The reasons of poor transparency are poor ethical values of health professionals, bureaucratic mismanagement and poor visiting procedures.

Box1.1: Monthly plan promotes responsibility and transparency of health care worker

> Health workers have an advance monthly plan which indicates how, where and when they will work. One health assistant generally works three villages in a month and submits this monthly plan to office/ UHFPO/ health inspector for making their job transparent to higher authority. Health plan divides into two parts: weekly and daily. Weekly plan covers six working days of every week and daily plan is a part of everyday work. This plan covers information on place, time and patient number for making their responsibility transparent and accountable. [Source: Interview with health assistant, Savar]

iii) Signature in Attendance Sheet

Health professionals confirm their attendance in registered book for making their responsibility transparent so that the higher authority enables to understand that health professionals are working appropriately and accurately. For instance, family planning workers ensure their presence through signing the attendance sheet which ensure counter signature by the field supervisor in order to make the system transparent. In addition, the sub-district family planning worker make a list on medicine and material for delivering family planning service delivery and field supervisor compare this list with the registered book and verify this information at field level for ensuring transparency.

iv) Meeting and Workshop

The department of family planning organises a meeting with elected representatives to exchange their ideas so that they are able to convey message to residents of their locality. Elected representatives also conduct meeting with regard to council activities where health and family planning official participate there and circulate useful information in relation to maternal and child health service delivery. This meeting promotes transparency on health service delivery. Besides, health department also conducts workshop and school program and organises meeting with religious leader of the mosque for circulating information with regard to health and family planning services. In fact, all of these programs aim at providing useful information among the service recipients and make the health services transparent and accessible to people.

In addition, health care providers organise satellite clinic at Union Sub Centre (USC), a remote area so that rural clients get health services easily. The objectives of satellite clinic are to provide health services to all people through providing health services to remote areas. People inform about the satellite clinics from the local health workers.

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v) Record Keeping

The responsible health professionals in UHC maintain office record for promoting transparency (seeFig1).For instance; office accountant maintains a registered book on the basis of departmental income and expenditure which contains serial number of receipt book, issue of date, specific time to use the book etc. Clients pay Tk.3 for each ticket and every ticket has a serial number which is properly recorded to registered book. Accountant keeps this information to registered book that make audit team to understand easily how hospital is delivering services through transparent way.

Figure-1: The method of file management for promoting transparency to Upazila Health Complex

[Source: Prepared by author based on field data]

B. The Role of Electronic Devices in Promoting Transparency

i) Mobile phone

Mobile phone improves communication for promoting transparency which leads to accessibility and affordability health service delivery (see Fig 2). Mobile phone is used for organising health programs and plans. For example, the health inspector uses mobile phone in order to organise micro plan as well as expanded programme on immunisation (EPI programme). Sometime field worker cannot convey information to people of remote location and for such cases mobile phone has played a significant role to inform service users. Field workers have mobile number of registered immunised children which enable them to communicate effectively.

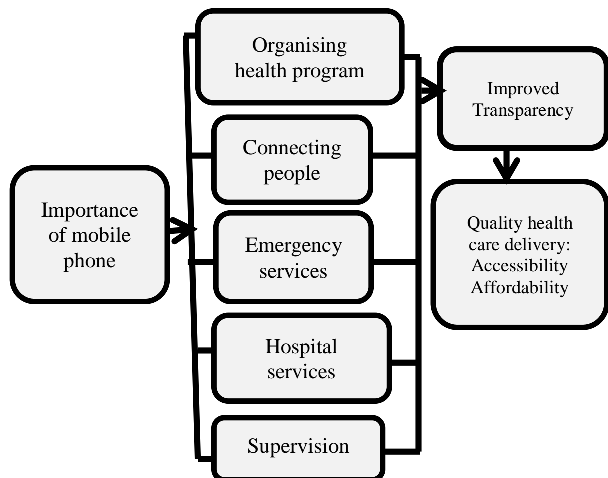
Health staff enables to connect with service users easily and rapidly via mobile phone. One of assistant health inspector points out that mobile phone is one of the easiest ways to connect people and clients. Health care providers can connect clients through providing message rapidly. One of field workers argues that mobile phone is an easy way to contact health staff for getting health service delivery quickly. Field workers also claim that they can provide adequate service and advice using mobile phone.

Field health workers refer patients to hospital in emergency cases via mobile phone. Local reporter of Chhatak argues that mobile phone can be used for remote area to reduce maternal and child mortality. Mobile phone is used to communicate with community health worker. This mobile is used for emergency health care for bringing people from rural to urban locality in order to provide quality health care delivery. Mobile phone assists health worker to provide emergency services consequently maternal and child mortality have reduced in rural areas.

Besides this, government provides a mobile phone to every UHC for enhancing supervision consequently accountability of health professionals has improved. As well, mobile phone improves doctor's presence to hospital through follow up their duties as a result patient's health care accessibility has enriched.

Additionally, UHC provides medical services via mobile phone. A mobile number is available to hospital and clients have access this number for getting health services. A doctor, who is on duty, carries this mobile phone and provides health advice as client's request. In addition, community health workers enable to communicate with service users who live at the end of village and have difficulty to access hospital. Mobile phone enables the health workers to provide useful suggestion on medicine and health services.

Figure 2: Impact of mobile phone on transparency and quality health care delivery



[Source: Prepared by author based on field data]

Some of allowance from government can improve usage of mobile phone for promoting health care delivery. One of family planning inspectors argues that every of employees have mobile phone and government should pay some mobile bill for promoting communication. For example, health workers have mandatory duty to preserve mobile number of pregnant women to know update information. But, for this, some allowance require for contacting women patients. One of the barriers of mobile phone is social. Women would not like to provide mobile number to community health worker because they think that their mobile number might be misused by others. Besides this, sometime mobile phone makes disturbance to doctor's duty when they have engaged with emergency services.

ii) Television and Radio

Electronic media such as television provides useful information to people at handy way that enhances

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transparency to health service delivery. One of the electronic media is television that broadcasts health activities in order to expand advertisement on health program. Such advertisement contributes to enhance public awareness subsequently people can know health service information quickly. For example, *channel i* of private television and Bangladesh television broadcast family planning activities including other maternal and child health programs, consequently awareness of family planning has improved significantly among the service users. Besides this, radio channels broadcast some small drama to motivate people in order to promote awareness on health education and family planning activities.

C. Organisation and Management

Service users argue that graduate doctors are mostly remain absent to upazila hospital, which adversely affect quality health service delivery. Likewise, national respondents argue that none of graduate doctors are visible to rural UHC during at night which is an example of power abusing and negligence on responsibility.

Doctor's presence to health service organisation of Savar is quite adequate. People get medical officer for 24 hours because the organisational rules are maintained very strictly, therefore every doctors are bound to work within the premise of hospital. Doctors are also sincere and responsible. Besides, strong supervision of higher authority to health service organisation makes the health professionals transparent to do work appropriately. One of health care worker reported:

> "Savar UHC consists of 50 beds and it is near to Dhaka city so doctors have more present and accessible to this organisation. Some rural health organisation has almost similar manpower but doctors' presence is very limited. Higher authorities such as district commissioner, civil surgeon visit UHC frequently and supervise the hospital. In addition, patients flow is also higher to this hospital that ensures presence of doctor".

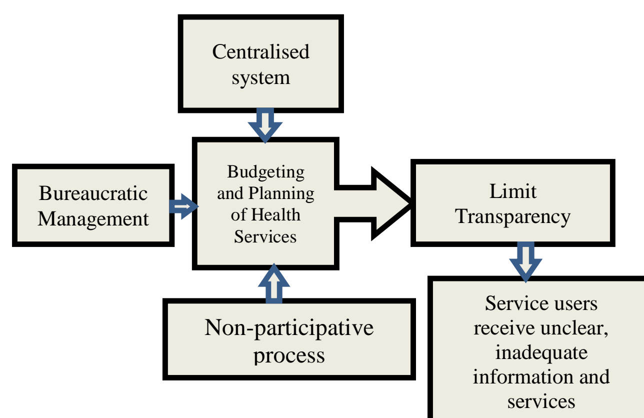
Surprisingly, doctors are not available at rural health centre even UHC but health assistants are highly available and visible to village level. Service users argue that field workers have frequent visit to rural areas at least two times in a month at each area and provide advice and useful health care that ensure accessibility and affordability of health service delivery. One of local informants argues that good doctors and their regular presence to hospital improve transparency and accessibility of health service delivery. This availability of doctors also enhances confidentiality, trust and concentration of service users to health service organisations.

i) Bureaucratic Culture

Health service budget is prepared by top level officials through bureaucratic process. Field officials have no space to participate or to modify budget on health service delivery. They only provide information on necessary demand regarding medicines and materials to higher authority. Family planning department prepares budget based on opinion of office subordinates. Similarly, health service department prepares budget through collecting information from every section in the department.

In practice, top-down method is followed as an instruction for preparing budget. Local officials argue that such procedure does not reflect the demand of field organisations. As well, the procedure is not transparent because every of local officials as well as community are unable to share opinion on preparation of health service budget (see Fig 3). Subsequently, local official's demands bottom-up budget in order to meet the requirement of local organisations and people's expectations. Besides this, such mechanism will ensure transparency. But this is not possible for bureaucratic management as well as for resource limitation in the organisation.

Figure 3: The impact of bureaucratic culture to budgeting and planning on transparency and health services



[Source: Field data]

On the other hand, planning procedure is highly bureaucratic and centralised, where none of field opinion accommodate to shaping health service planning. An official in planning commission (PC) argues that 6th five year plan has made based on some of criteria in accordance to bureaucratic procedure without consultation of field organisation. This plan gives priority on community clinic, promotion of capacity of hospital bed, and geographical conditions of the locality instead of considering population density and the variation of rural-urban health service organisations. Besides this, politics has no direct involvement, but politician picks up health problems of their concerned locality and takes initiatives to implement for improving health service quality. Therefore, the procedure of planning is not clear because neither local health professionals nor local people have participation to planning process.

ii) Corruption

Sub-district health service organisation has corruption because of the lack of transparency in administrative activities. One of the causes of corruption is mis-management of official procedure in health service delivery. Respondents argue that civil surgeon of

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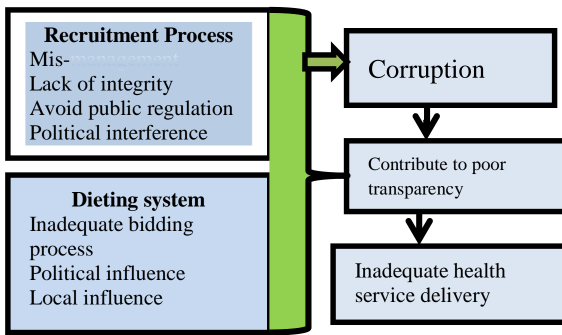
Sunamganj district has lack of integrity for the process of recruitment; therefore he accused many of complaints with regard to recruitment (seeFig1.4). Another way, the recruitment of 3rd and 4th class employees has government quota system so that disadvantaged group in the society can avail public opportunity to promote their living hood. But quota system was not maintained appropriately due to keeping up non-transparent procedure.

Besides, political interference makes the recruitment process non-transparent. One of local informants of Chhatak argues that 4th class employees of UHC and community care providers for CC have been recruited through political consideration. All these negative factors influence corruption which contribute to poor transparency and inadequate health service delivery (see Fig 4).

Figure-4: Understanding transparency and corruption of health service delivery of UHC



[Source: Field data]

Dieting system involves lack of transparency which contributes to low quality of food. Some of factors are responsible for making this inadequate transparency. One of the reasons is inadequate bidding process because none of transparent method is followed where all of expected bidders have participation. Mostly the local MP appoints contractor through political consideration through manipulation public process by dint of excessive political influence (see Fig 4).

iii) Accessibility of Medicine Information

Information on medicine is not available to people. People are not well informed about how much medicine is allocated for the health service organisations and how it is used by the health professionals. A limited health professional e.g., store keeper, pharmacist and the health service manager who work on management of medicine only know the accurate information on allocation, distribution and preservation of medicine. Store keeper also argues that he provides certain amount of medicine each day because if he provides optimum amount of medicine in a day, later on, people will do shouting because they will not get any medicine. Medicine has been distributed through a balance way. We are unable to understand people that we have deficiency of medicine. So, there is a gap between the demand of people and the availability of supply of medicine. Moreover, the system to access information is so rigid that people have no scope to know about medicine information.

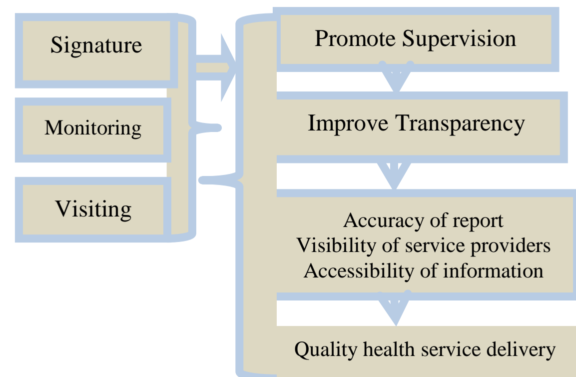
iv) Participation

Limited participation is one of the reasons of poor transparency of health service organisations. Elected officials participate to local meeting as official decorum but they have no authority to look into health official's activities, job responsibility, and decision making. Similarly, subordinate officials have limited space to participate in decision making on budgeting process including official activities. Principally, office maintains formulation of budget through bureaucratic management which limits participation of various stakeholders to health service organisations. Respondents also argue that poverty generates poor participation to health program that contributes to poor accessibility to information that leads to inadequate transparent health services.

v) Supervision

Monitoring field worker's performance by the immediate supervisors is one of the important mechanisms to enhance supervision and transparency. This makes close relationships in between superior and subordinate that enables one to understand how health workers perform their job responsibility for enhancing quality health service delivery. The other mechanism is confirmation of signature by the elected representative which improves accuracy of reporting system. In addition, UHFPO of Savar UHC does friendly supervision because he provides advice to field workers and looks into performance report to ensure accuracy and quality of health service delivery in the report. Similarly, family planning officer follows up responsibility of field worker every day to make health service delivery accountable and transparent (see Fig 5).

Figure-5: Mechanisms of Supervision and their impact on Transparency and health services



[Source: Field Data]

Moreover, the elected representative particularly vice-chairman (woman) of Savar visits hospital regularly to reduce absenteeism, minimise irregularities and mis-management that contribute to transparent health care delivery. The visiting of elected representative to UHC

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promotes sincerity, responsibility and visibility of health care providers to hospital.

vi) Purchasing Committee

District health service organisation has a purchasing committee in order to purchase medicines and materials for the UHC and the union sub centres under the hospital. This committee consists of 7-9 members including district civil surgeon (CS) who is the chairman in the committee. UHFPO is one of the members of the purchasing committee. This committee organises tender process in order to purchase medicines and instruments. As a member of this committee, UHFPO has minor responsibility, but chairman of the committee has a major responsibility to justify the quality of medicines and materials.

UHFPO of Savar argues that generally, the UHC gets quality of medicine but quality of machineries and instruments e.g, machine for blood pressure and machine for weigh measurement are poor and not perfectly usable. The UHFPO also argues that sometime, the committee forcefully allocates some of medicines which have neither a high demand and nor a significantly useful for clients; however the committee does it to meet budgetary requirement. In addition, the responsibility of tender committee is so unclear, non-transparent and non-participative that contributes to poor quality product. Medical representative of Chhatak reported:

> "The government supplies medicine through tender process. They supply low quality medicine from a low standard of Medicine Company. Consequently, patients are not cured on time. The tender committee takes illegal money from the medicine company and they supply poor quality medicine."

With reference to quality product, one of national respondents argues that tender committee has political influence, limited accountability and inadequate transparency; consequently this committee is unable to purchase quality product. Alternatively, medical representative argues that politics is not the major factor; the chairman including the government officials of tender committee generally did this work for involving corruption.

D. Factors of Socio-economic and Politics

i) Education

Education enhances awareness that enables people to know the reasons of inequality of access to health care delivery and also enables people to protest against mis-management in health service delivery. Family planning officer of Chhatak argues that education rate is lower at Chhatak sub district which is one of the reasons of religious superstition that contributes to poor family planning service delivery. Besides, rural women have lack of education and have poor communication facilities that contribute to inadequate transparency which lead to poor accessibility of health service delivery. However, education rate in Savar is improved that enhances moderately the availability of information and transparency of health service organisation.

ii) Physical Communication

Respondents argue that Chhatak has poor road communication particularly in remote areas that make health care providers less transparent to health service organisations. Respondents points out mainly three effects of poor communication: firstly, poor accessibility of health service providers or late presence to work place. Secondly, service users cannot visit to UHC quickly or on time. Thirdly, poor communication increases cost of health service expenditure which is a threat to affordability particularly to rural poor people. Therefore, the obstacles of communication affect not only accessibility but also affordability of health service delivery.

iii) Population

Savar upazila is more populous than Chhatak upazila, but both of upazilas have inadequate health worker as required that make their job too burden to complete efficiently. Some of health workers argued that the population is too high to provide adequate health service delivery. The health worker also said that high density of population reduces the amount of time to patients that affect quality health service delivery. For instance, a health worker in Savar argues that she is able to provide services efficiently to a small size of population (e.g., six thousand). But she cannot serve frequently to all people because of huge number of population in Savar that affect quality health service delivery.

iv) Community Organisation

Community organisations have significant role for enhancing transparency and promoting quality health care delivery. The committee of concerned citizens (CCC), a civil society organisation in Savar works under the Transparency International Bangladesh (TIB) for reduction of corruption to promote transparency. This organisation conducts meeting with UHC and is able to raise many of public complaints, mis-management, and weakness of health care delivery.

Respondents argue that civil society organisation has some constraints that affect transparent health care delivery. Firstly, civil society is not adequate responsible and aware to create pressure on health care authority for promoting health service delivery. Besides this, civil society organisation has lack of initiative for collective action to protest against mis-management.

v) Politics

Politics is one of the challenges for improving transparency and health service delivery. Some of doctors have connection in politics and they work in private health service organisations during office hour. The local people including elected officials know such information but they are silence and are unable to protest these misdeeds,

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because the doctor has high political influence. One of UP chairman argues that local elected representatives have no participation to government activities including health services because the MP does all the activities through his political leaders and supporters.

Similarly, another elected representative of Savar argues that as part of political culture opposition political supporter has silence voice to government activities because everything considers through party politics. The voices of opposition political party make people to understand what is happening to organisation that enable people to promote transparency.

Politics is highly influential that make unable health professionals to disclose true evidence. Health professionals scare of politics that affect their independency and freedom to work in the organisations. So, health professionals have to be so loyal to local political leader that contribute to poor accessibility of information. One of health professionals reported:

> "I am not able to say anything about the official order of my organisation. This order comes from higher authority through political influence. I am not aware of any official order though I am the chief of this health service organisation. I know the true evidence how it happens but I cannot disclose this because it will affect my career".

IV. CONCLUSION

This study enables us to understand how the actors (health professionals, elected representatives and general community) and the factors (socio-economic, politic and bureaucratic management) contribute to enhancing/limiting transparency and quality health service delivery. In addition, this study provides a valuable insight why transparency is a challenge to UHC. For this, the study is very important for promoting quality health service delivery. The understanding of this study will contribute to improving health policy in Bangladesh including developing countries with similar socio-economic environment. In addition, the knowledge and understanding of this study contribute to enhancing health service delivery which will benefit the general community. As well, understanding transparency will assist health professionals to improve quality health service delivery.

Based on evidence of above findings, some suggestions can improve transparency and health service quality. Firstly, information management should be improved through introducing modern technology for promoting transparency. Secondly, promoting management and budgetary allocation can contribute to transparent health service delivery. Thirdly, professionalism of health professionals requires for promoting transparency and health service delivery. Finally, transparency in health service delivery can be improved through decentralisation and participation of elected officials in health system.

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