Key Informant Interview 3

Challenge:

We have not yet been able to provide outdoor services to cardholders. Providing outdoor services to the poorest of the poor is very difficult. The people of our country are not that educated. There was a time when I first came here, I would see that patients would leave with their treatment sheets. It was very difficult to hold on to them. Now, no one can go outside with a treatment sheet. Documentation is actually a very tough matter; it would be very good if it could be computerized. Without computerization, preparing these documents is very tough. But there isn't the manpower for that goal. Due to the lack of manpower, we are preserving these documents in the same way we do for other patients. Furthermore, there are some issues regarding claim settlement; the claim settlement that is happening here is not regular. If I were to say now, from last April to September, no claim settlement has taken place. If claim settlement doesn't happen, we have appointed contractors to supply medicine, we have appointed a pharmacy—you know that there is an SSK pharmacy within our hospital premises—this pharmacy works here under many terms and conditions. If we cannot properly ensure the availability of his medicine from the contractor, if we cannot pay him, then it is a huge challenge. As a manager, I face many problems; I have to be accountable in many places. It is often seen that the Contractor does not want to supply medicine due to a lack of money. This sometimes creates many problems for me here. This is actually extra work. These patients require more time and attention than other patients; everything has to be monitored. In the beginning, our understanding was that we would pay the service providers. There was a discussion similar to other projects, that we would pay the service providers. When we started this, we began with a declaration from SSK. But to this day, the program has been running for a year, close to one and a half years, and to this day, we have not been able to give a single taka to the service providers. Because of this, the sisters sometimes express reluctance. "Sir, you wanted to give money, but you didn't." Now, if we could implement this national-level commitment, then we could increase their involvement even more. There is definitely extra work here. Compared to other patients, I mentioned, their care, their diet, their medicine—there isn't a single thing like this; for other patients, we can say that the medicine supply is not available, you can buy it from outside. But not in the case of this patient; in this patient's case, until the sister brings the medicine from the contractor, she cannot even go on leave. This has to be arranged for her to go. There is some pressure here. It is seen that she has to stay in the hospital for an extra hour or an hour and a half beyond her duty time. Because she is dealing with that patient. She has to deal with that patient and dispose of that patient from here, and then she can go home. The main problem in claim settlement is the shortage of manpower. A huge problem is that, as you are aware, every upazila health complex is supposed to have 21 doctors, and every union sub-center is supposed to have one doctor. In comparison, here in my hospital, the posts for 4 Medical Officers and 3 Consultants have been vacant for the past year, and at the sub-centers, 5 doctor posts are vacant, due to which I am struggling with a doctor shortage. Moreover, a post like Medicine Consultant—if there is no Medicine Consultant in my hospital, I myself don't know how much service can be provided. If these are not filled, I am always held accountable to the public. On the other hand, if we talk about it, there are some instrument problems. To this day, the ancient X-ray machine was supposed to be changed and converted into a digital X-ray machine. For which, for the past year, the room with air conditioning is ready, but we have not been able to install a digital X-ray machine there in a year. As a result, the room is lying empty, and we are not able to provide service to the public. If any SSK patient needs any kind of investigation, we have to get it done from outside. Then the public thinks that outside the hospital is better. But in reality, that's not the case. The clinics outside do not have quality. We have to go to those clinics for a digital X-ray. I am in a very uncomfortable situation regarding this matter. There is absolutely no continuous electricity supply here. The continuous electricity supply is very poor here; there is no arrangement for electricity. We supply electricity here through a generator, but there is no specific person to ensure who will supply this electricity; the Junior Mechanic's post is vacant. There was one Junior Mechanic post here; he has been abroad for a long time, for about ten years, he is in America, but

to this day, his job has not been terminated, which is why we cannot post anyone new here. I think this is a terrible problem. Because if the electricity system is not proper, then no equipment will run correctly here. The only SCANO unit at this upazila level is operational here in Kalihati, and there is self-sufficient manpower, everything is there, but sometimes due to power disruptions, we cannot provide those services. In that case, we desperately need a Junior Mechanic who will ensure our continuous electricity and water supply. The reason is that the political persons who are here, they work for an hour or an hour and a half and then go off to their political work; some go to rallies, some go to meetings, which greatly disrupts our work. This is a terrible challenge. Their job is to constantly maintain security and cleanliness here. This is why they were appointed here, but those who have been appointed are all political persons. Being political persons, they often disregard us and go elsewhere. We cannot take any disciplinary action against them. The reason is, if we try to, the question of political persons arises, and various problems occur; in this case, we have some weakness. I have already mentioned a digital X-ray machine, I have mentioned manpower, I have mentioned the shortage of doctors, these are the main issues. We had a decision that we would post doctors here, pretty much everyone, but to this day, for a year, as I have told you, the Medicine Consultant, Eye Consultant, Orthopedic Consultant—this is now a vital role—we have not been able to bring these consultants here in a year. Many do not want to come when they hear of Kalihati. The reason is that here one has to come at a specific time and leave at a specific time. Many do not want to follow this rule. Because of that, I have no room for leniency. For that reason, whoever is posted, does not want to come to Kalihati. This is the biggest problem for me, a huge problem. There is another challenge here; your money, the government's money, the treasury's money, to spend it, it must be spent according to government rules and regulations. If I go outside those rules, I am here today, tomorrow I might not be; if I go outside the rules, there might be an audit one day. Since it is government money, it is auditable. There are no discretionary talks there. It is only said that whatever the income and expenditure, you will do it through the committee, through regulations. This is not something like that for us. It's not like there won't be an audit. Since it is auditable, whatever rules there are, that is, PPR 2006, 2008, those regulations should be followed, I think. There is no such accountable directive here. The money that comes for claim settlement, that is, the money you wanted to give to the service providers from the beginning, you said, you all said they have to be paid. They are saying this, which is, my office time is from eight to two-thirty, after that, I will not work. This is one thing. Everyone has a political link. I cannot win against them. If I could ensure the service providers' money, then I could tell them, "The government is giving you money for extra work, why won't you do it?". "You are bound to do it.". The problem is with that human resource. Now, the Health Economics Unit has met with our DG sir, I know they have met two or three times to fill these vacant posts. But why these vacant posts are not being filled, where the invisible hand is, I do not know. Talking about SSK and providing service, my general services in the health department also get strained. It is seen that while being preoccupied with these things, I could not pay attention to other things. Government personnel, we are supposed to have eight LDCs here, but I have only three. What will I work with? I am missing five people. The speed of my work is decreasing, and due to this decrease in speed, I have to face many questions. The one place I don't get coordination is when I am called to a meeting in Dhaka, or to the ministry; it has been over a year, and for SSK, I haven't received even ten taka for any meeting to this day. I have to go with my own money and come back with my own money. There is no car, whereas 50 cars were given for female doctors. If there was a car, a driver, one could go, but you know that to go to Dhaka from here, if you take a car, it costs at least three to four thousand taka minimum; these things make me lose my speed. This becomes a terrible condition for me, that I am working but I am not getting any money. I have to take my own car. I have to travel at my own expense. Even for a meeting here, I often have to pay from my personal pocket. This is a big problem for me.

Recommendation:

If the Health Economics Unit starts the outpatient department service soon, then perhaps the beneficial objective with which we started this work will be successful. What I think is, if we preserve these

documents in a computerized manner, then perhaps an improvement will be possible. What needs to be done here is to quickly settle the claims and pay the Contractor, who is the owner of the pharmacy, his money on a monthly basis. If we give the money, we can ask him, "Why are you not giving the medicine properly? Why are you not keeping the shop open properly?". But when there is a five to six-month gap on our end, we really have nothing to say. We also become somewhat weak. We need to apply some force in this area. There are some issues here regarding the appointment of outsourced staff; we have some things to say about this. During the appointment of outsourced staff, there is a lot of political involvement, because of which the outsourced staff who enter here, since they enter through party affiliation, it is not possible to get proper work done by them. In this case, my suggestion is that if we take outsourced staff, then they must be recruited from Dhaka by the Health Economics Unit. Here, they should be appointed centrally through the HEU's Health Economics Unit. There are some organizations that supply people; it should be given through them. And here at the government level, the Civil Surgeon's involvement is very low. The respected Civil Surgeon needs to be well-involved here. There is no progress without the Civil Surgeon, so I think the Civil Surgeon's involvement needs to be increased, increased a great deal. Just a gross statement is "take action according to government rules, action according to government rules"—this is a fake statement. If we could add our terms and conditions to this, then I think it would be better. There are also many complications within the rules and regulations. For example, they said at the beginning that according to the rules, they will give a cash amount of 10 lakh Taka. We will spend this cash money. But out of 10 lakh, we haven't received 10 paisa to this day. This is after all the claim settlements. The money that the service provider was supposed to receive, instead of giving that money to them, with that money, we are now doing claim settlements, that is, we are paying for medicine, we are paying for outsourcing, which means the service providers' money, now this backlog at the top needs to be cleared. The selection of the poorest people was mainly done in 2011. The selection that was done in 2011 has become very old. Those who were the poorest at that time, many of them have gotten jobs or have a source of income. They are no longer the poorest. These need to be deleted. This list needs to be reviewed and changed every six months or every year. Those who are the poorest should be kept, or those who are becoming poor should be included, and those who have moved to the rich or middle class should now be removed. Although there is talk of a committee, we have not been able to proceed much in that way here. Here, there must, must be a person from human resources, who will be a representative of the Health Economics Unit. A clerk-level person should be there separately who will handle files, documents, everything. The problems I have mentioned, if you can solve them, because there is no better program than this in the Health Department to this day, such a beautiful program. And the solution to the problems should not be just Dhaka-dependent; it has to be solved by sitting with us. With us, meaning, it has to be evidence-based planning, budgeting, and implementation.