Key Informant Interview 9

Challenge:

Regarding the challenges, the number one challenge we faced at the beginning was that initially, 50 diseases were enlisted here. We often saw that a patient might come with one illness, but after investigation, it was found to be outside those 50 diseases. This was a challenge for us, as we had to treat them outside the scope of SSK, which in turn made the patients frustrated, thinking, "We brought the card, but you are not doing anything for us under the card." This was a challenge for us before. It has reduced somewhat now since we have been able to add more diseases, bringing the total to 78. This has minimized the issue to some extent, but not completely, because it is uncertain what kind of illness a person will come with. It's not like it will always be one of the 78. There are many diseases beyond these. When they come to us, this challenge is significant, not just for me, but also for those working in the emergency department and the consultants. They come with a disease that is not among these 78, and then we have to face an awkward situation. They pressure us, saying, "Then why did you give us the card if you cannot bring us under your service?". This is a challenge. Another challenge that has existed from the beginning to this day is the lack of outdoor facilities. As a result, you might see in our statistics graphs that the outpatient flow we had at the beginning has decreased towards the end. It has decreased, and my realization is that they came with the card and saw that I might give them medicine just like any other patient, or tell them to buy it. In that case, they didn't get any special benefit, except for a free ticket. The ticket that would have cost 5 taka, they got for free thanks to the card. The subsequent steps of the process are the same as for any other patient, which is why this is now a challenge for us that we have to face constantly. They sometimes scold us and misbehave. We have to face these things constantly; this is a big challenge for us. Another challenge is that we often see that we cannot perform all investigation facilities from here. We even have to go to Tangail for some facilities. If those level of facilities were available at the upazila, we could deliver better services. For example, we don't have serum electrolytes; invariably, we have to do it for diarrhea patients. But that is not available at the upazila level anywhere; it's not in the hospital, and not in the upazila either. For that reason, if I have a slight suspicion, I have to refer them. Just suspecting an electrolyte imbalance. If such facilities could be established, it would be better or more fruitful. One challenge for us who are working is that if you look at a normal patient's info chart, the process for a regular patient coming to the hospital is different from the process for an SSK patient. They have to come through various procedures, go through various procedures, and we have to bring medicine through requisition to give to the patient. This can be called an additional responsibility for us. We are doing these things alongside our usual normal work. This is also a challenge for us. You've seen what happens to me; as soon as I sit down, I have a lot of pressure, this is coming, sign this. Even amidst that work, we have to do these tasks again. A patient might need medicine, and after it's brought, they say, "Sir, this one is not available." We have to send them back to the medicine store with a new requisition. We are having to face this kind of challenge. This is one issue. Another issue is that because of this extra work, the enthusiasm of our staff regarding SSK-related work will decrease a bit, dissatisfaction will appear, thinking, "We are performing extra duties." The senior staff nurses are bringing medicine every day by requisition, storing the medicine in their store again, explaining it at different times, bringing it at the time of discharge, and requisitioning again. We don't fulfill the requisitions for other patients in that way, nor do we explain it to them. Because of this, everyone is feeling a bit, from this point of view, a bit of dissatisfaction is emerging in everyone's mind, progressively, day by day. Regarding the work being easy, this is a totally new program. It's new in all of Bangladesh; it doesn't exist anywhere else. For this reason, what we have faced is that we can't really ask anyone; we have no pioneer or forerunner. So in some cases, we have to own the program ourselves and make some decisions on our own to continue the program or to keep it running well. This matter seemed to me to be a challenge for us. There is no real disruption; you see, compared to other patients, I have to give more opportunity to SSK patients. As I said, there are some formalities, and to maintain them, I have to give more time and more attention, that's all. The challenge in maintaining this system was very high in the beginning. We have involved a local

pharmacy through a contractor. Claim settlement is a long-term process. We settle all the files from here through Green Delta and send them to Dhaka. After it is approved by the ministry, the claim is settled, and against that, we get the money. But the pharmacy supplies drugs on a regular basis. When a gap of two or three months is created for them, they start hammering us in various ways, pressurizing us that if you don't give us our money on time, we will stop the medicine supply. This was a big challenge in the beginning and still is. There are some things here that must be said. It seemed to us, we service providers here who are perhaps local, have some familiar faces; we don't really know about their homes and all. But in the course of giving treatment, it seemed to us for two or four people that they are relatively solvent, they are not at the BPL level, but they have come under the card, somehow, by whatever method. It seemed to me that this is a challenge for us, and this card's distribution was mainly completed by Green Delta through the local public representatives. So this, to me, is a challenge regarding BPL.

Recommendation:

One challenge for us who are working is that if you look at a normal patient's info chart, the process for a regular patient coming to the hospital is different from the process for an SSK patient. They have to come through various procedures, go through various procedures, and we have to bring medicine through requisition to give to the patient. This can be called an additional responsibility for us. We are doing these things alongside our usual normal work. This is also a challenge for us. In this case, regarding manpower facilities, for example, if there is a specific Medical Officer for SSK and they can oversee it, it will be helpful and fruitful for us. If there is a specific doctor for SSK, they will do the SSK work with us. If they work with us, the work will be much faster. You've seen what happens to me; as soon as I sit down, I have a lot of pressure, this is coming, sign this. Even amidst that work, we have to do these tasks again. A patient might need medicine, and after it's brought, they say, "Sir, this one is not available." We have to send them back to the medicine store with a new requisition. We are having to face this kind of challenge. This is one issue. Another issue is that because of this extra work, the enthusiasm of our staff regarding SSK-related work will decrease a bit, dissatisfaction will appear, thinking, "We are performing extra duties." The senior staff nurses are bringing medicine every day by requisition, storing the medicine in their store again, explaining it at different times, bringing it at the time of discharge, and requisitioning again. We don't fulfill the requisitions for other patients in that way, nor do we explain it to them. Because of this, everyone is feeling a bit, from this point of view, a bit of dissatisfaction is emerging in everyone's mind, progressively, day by day. In every forum related to SSK, whenever I have been present, I have tried to say that in this case, I know in other programs or projects, there is a matter of incentives. For example, in our Sakhipur, Mirzapur, there is a BSF project, which is pregnancy-related; there is a matter of incentives there. I think for those who are directly involved here, if there is an opportunity for an incentive or some parallel facilities, for example, if they are given good training or if they perhaps visit a foreign country where such insurance exists, they can see it, and there can also be a matter of refreshment for them. By this, they will feel a bit honored, feel a bit proud that, "Thanks to working in the SSK project, I have visited a foreign country, or my training was held abroad." If some facilities like this can be established, I think it will be a cause for satisfaction for everyone. We had another proposal, which we mentioned in an SSK meeting, and those from SSK had also expressed some agreement, that our pressure is high. Many are seen to be commuting from Tangail. If we can ensure the matter of transport through this project, like having a microbus or a minibus, then they will come on time and leave on time, and they themselves can tell other upazilas that "because the SSK project is active, we are getting transport facilities by virtue of working in Kalihati." If some parallel facilities like this are provided, I think the enthusiasm among all staff will increase a bit. Regarding the work being easy, this is a totally new program. It's new in all of Bangladesh; it doesn't exist anywhere else. For this reason, what we have faced is that we can't really ask anyone; we have no pioneer or forerunner. So in some cases, we have to own the program ourselves and make some decisions on our own to continue the program or to keep it running well. This matter seemed to me to be a challenge for us. However, the position we have reached now, we have understood by owning some matters ourselves that if these tasks are done in this way, it

becomes easier, or if we do it this way, we might not fall into any obstacles. Yes, the solution I feel is a helping hand. This could be through a team, that there is a complete team here consisting of a consultant, medical officer, senior staff nurse, SACMO; if a team like this can be kept, who will do the SSK work in parallel with us, we will provide them with overall cooperation and we will be directly involved. Then what will happen is, we have these surrounding tasks, for example, this morning I did rounds on the inpatient floor, a nutrition training is going on upstairs where I am a facilitator, I had to give time there, and amidst that, I had to do all the SSK-related work. As a result, if we have a helping hand around us when doing the SSK work within the time framework, then the work will be expedited, it will be faster, and the matter will be easier, I believe. This, it seems to me, if this matter can be developed in some way. The challenge in maintaining this system was very high in the beginning. We have involved a local pharmacy through a contractor. Claim settlement is a long-term process. We settle all the files from here through Green Delta and send them to Dhaka. After it is approved by the ministry, the claim is settled, and against that, we get the money. But the pharmacy supplies drugs on a regular basis. When a gap of two or three months is created for them, they start hammering us in various ways, pressurizing us that if you don't give us our money on time, we will stop the medicine supply. This was a big challenge in the beginning and still is, but it has been minimized now, in the sense that we have developed a method. Here, the local committee, where the honorable Chairman is the president, in the meeting of this committee, we have been able to make a decision that since we have some money remaining from the settled claims, if we can pay them from the amount that has been settled at this level, through the committee—not an advance, but their claimed money—we might be getting it a bit later from the ministry, but since the money is in the fund, we can give it. After coming to this decision, we have finally been able to pay them up to this point, meaning our pharmacy's payment for the last month is clear. As a result, we are able to face this challenge through the meetings and decisions of our committee. As a result, we have been able to bring this challenge to a certain stage. Lastly, I was in a meeting at the Health Economics Unit at Dhaka University; they had called us to a meeting mainly because there has been a recent move to start outpatient services. If this is involved, the flow of patients will increase a lot. Here, 4-5 diseases have been prioritized, and discussions were held on how much money could be allocated, about cost analysis. I was in this meeting. So, I think this is a good initiative. In this case, there will be more patients because if a hypertension patient is not admitted, I cannot provide treatment. If they receive treatment at the outpatient door, our overburden, such as the process of admission and all that, will be reduced. A professor will come, a doctor will see them, perhaps give them medicine for a certain period. And give a follow-up date. Then it will be as easy for them as it will be for us. To make it dynamic, first of all, not just in Kalihati, you have to establish manpower everywhere. You have to fill the sanctioned posts. Number one is this. For example, I have 21 doctor posts here in the Health Complex. You fill the 21 sanctioned posts in this Health Complex, fill the senior staff nurse posts, the SACMO posts will be filled, only then can you provide the full service. This is a challenge. If this can be established, then it will be much more dynamic. And in parallel, if, as I said, a team or unit can be kept who will work with us, because it might be seen that I am on leave, another medical officer can do my work very comfortably or takes the matter well. That matter has to be built up gradually. Since there are now 3 upazilas, if a body can be created at the district level, then they can settle the claim from there, which would be much easier. Your files go to Dhaka and then come back from Dhaka; this involves a lengthy process. If a body can be created at least at the district level that can settle claims, if such an assigned person can be kept, then the matter becomes easier. My point is that working on 2-3 points is enough. Number one is to establish manpower; all sanctioned posts must be fulfilled. Secondly, the infrastructure needs to be developed, and along with it, logistics must be provided. By logistics, I mean equipment facilities. For example, you will go to many upazila health complexes where there is no ultrasonogram machine, no ECG machine, no digital X-ray facility. When you have these well-equipped, with full sanctioned posts, and developed infrastructure, only then will you be able to bring all the patients of that area under healthcare and fulfill the criteria. Even not just BPL, the non-BPL who are APL, they will also show interest. And I personally feel that we should have such a program, that we should have such an insurance, where I am secured. If I fall ill at any time, if someone takes me to the hospital with the card, I should come under this facility. To

establish this, you have to establish that level of healthcare. Not just BPL, then you have to work with the whole community. For example, there are many officials here; they should be satisfied here, that "yes, I am willing to take service from this upazila level." And if they cannot, they will send me to a bigger hospital anyway, no problem, we are satisfied here. Then you have to bring it to that level. To make this sustainable, it is seen that we are working here, then two upazilas have also been launched. Now, those of us who are working, we should not become dissatisfied or averse to work while working, otherwise, it will have a negative impact on the community. Then those who will come to us, we service providers, when we are not satisfied... for this reason, my advice is that there must be an involvement at both levels. I can now claim that those who are taking medical care from us, I think they are 90% satisfied, nearly 90% will say that "thanks to this card, we were admitted, got all medicines for free, the doctor saw us well, all tests were free, they referred us, we even got the ambulance for free." They will say this now. But what they are saying is one side; the other side is us service providers. We also have to be able to say that "I am satisfied being with SSK, I am proud, I am feeling proud for what reason?". "Because of SSK, I have received this special facility or I have been honored in this way." When both parties are satisfied, then this program will be sustainable. Right now, we are able to satisfy one party. We must come to the decision to satisfy the service providers. In any way possible. Then when both parties are satisfied, the possibility of the program becoming sustainable increases. This is a big factor.