

Key Informant Interview 1

Challenges: We are doing important work here, but there is no training for it.

Due to a shortage of government staff here, I have to perform additional duties. The patient bills that come for claim settlement are checked by me. After checking, they are given to the SSK's scheme operator, Green Delta Insurance, a task that the scheme operator is supposed to do, but I have to do the scheme operator's claim processing work here. I have to check whether the pharmacy is providing the prescribed medicines correctly.

Although the pharmacy here is supposed to provide 24-hour service, they often do not provide 24-hour service due to a shortage of patients. They have to be called to come.

There is a delay in giving medicine at the time of patient discharge, for which the patients become dissatisfied. I have to look into this.

There is a major problem here with claim settlements not being done on a monthly basis; just as they are not submitting bills monthly, the claims are not being settled monthly either. This is creating a gap. They ask for money, but since the claims are not settled properly, we cannot pay them their bills, which is a problem.

Despite repeated reminders, the ministry has said to submit the bills at the end of the month, but they are not submitting the bills at the end of the month for various reasons, which they would be able to explain.

The bills have to be processed and given to Green Delta Insurance; they, in turn, check them for some time and then have to send them to the HFPO, which takes a long time to arrive. This is causing us problems in paying the medicine bills.

The problem is that there is a need for a permanent person to handle billing for SSK, but no one does the billing here. For example, the senior clerk here cannot perform his duties due to the pressure of his extra work, which is a problem.

It is difficult and time-consuming for me alone to communicate across three upazilas; I cannot manage it alone. If three people were provided, this problem would not exist.

The problem is that I am doing a job that I am not supposed to be doing; it is supposed to be done by the hospital, so that is a problem. In a situation where I am supposed to give my opinion, I myself have become involved in it, which is a problem.

Not all staff from the hospital cooperate 100%; they do it against their will, under pressure, and even then, not willingly. They view SSK differently. They don't get any benefit from it, which creates resentment; I have observed this for a long time. They get nothing from here; they say the same thing, "We don't get anything". "For this reason, we cannot provide proper service." This is what the hospital staff say.

I have not received any training for working in this program.

The problem is that the president of the committee is the Upazila Chairman. There is a six-member Upazila Implementation Committee where the Upazila Chairman is the president, the UNO is a member, the Resident Medical Officer is a member, the Upazila Family Welfare Officer is a member, the Upazila

Social Services Officer is a member, and the Upazila Health and Family Planning Officer is the member secretary. Since the committee president is the Upazila Chairman, he is a political figure and a very busy person. Although meetings are supposed to be held at a scheduled time, they often cannot be. The date often changes. Due to these various complications, and since everyone is a government official and busy, it causes problems for several others, creating a complex situation. Because proper time is not given, much information cannot be discussed, and it takes a long time to make decisions. Many officials cannot be present at meetings on time, which is a problem.

Why the Executive Officer (UNO) does not come is his personal matter. What we have come to understand over this time is that, since he is an executive officer, being a member of this committee has, what should I say, slightly affected his honor; why should an executive officer be a member when he should be the president or member secretary of all upazila committees? We have understood this indirectly. This is one of their issues, which the sirs are certainly aware of; we have spoken with the sirs that this is the main reason, but a letter has been sent from the ministry stating it has been structured this way. The sirs have said it was done this way, but despite that, the UNO sir has not attended any meetings.

Sometimes patients go back dissatisfied, and another problem for us is with outpatients. For instance, a patient coming from a distance might spend 50/60 Taka. Upon arrival, they see that the doctor has only prescribed a simple medicine like Paracetamol or Histacine, which makes the patient dissatisfied, thinking, "I came from so far and received no medicine," although it is stated that they will receive treatment for 50 specified diseases in case of admission.

It is quite difficult for me to manage the responsibilities of three upazilas alone.

Time management is a bit of a problem. For example, if I stay here for 24 hours a day, a task will take one month to complete. But I cannot give more than two days anywhere. And two days is not enough for one upazila. Problems arise all the time.

Often, there is no doctor in the designated SSK room. Due to a shortage of doctors, a doctor is not available. A doctor has to be managed by consulting with the SOP sir.

Furthermore, the sisters in this hospital are often reluctant to maintain many documents. They have to be shown repeatedly. Since not all sisters have the same level of skill, they often have to be shown through orientation. They have to be kept under orientation.

There are also problems from the patient's side. For example, if a patient is referred to our Tangail District Hospital, our SSK booth is there, but there is no medicine store. Even though there is an SSK booth, the absence of a medicine store means that patients have to go and buy medicine from outside, whereas here they do not buy any medicine. Often they do not have the ability to pay. And even if they do buy it, they cannot submit the bills in the proper way. They are not receiving them in the proper way. They are not getting their bills because the claims are not settled on time. This often makes them a bit dissatisfied. We have to explain it to them. We have to explain and give them some time. We are feeling this is a significant problem.

They are not submitting the bills monthly, and if we don't give these files to the scheme operators within a week, they check these bills... the operator Green Delta Insurance, after they check, we don't know how long it takes for them to send it to the Health Economics Unit.

We also don't know how many days the Health Economics Unit takes to process it. So, when the claim is settled, we come to know that the claims for so many files have been settled. For example, the last claim settlement here was in March, and there have been no claim settlements since then.

If the claims are settled on a monthly basis quickly, the bills can be paid to the pharmacies promptly. They also often delay because they do not receive their payments.

If we pay the bills on time, they will also be able to distribute the medicines correctly.

We have a scheduled SSK meeting every month, and the Upazila Chairman presides over it as the president. A meeting cannot happen without the president. If he is present on time at that meeting, no one would feel bored. For example, it is seen that after conducting a scheduled meeting, the UHFPO sir has another task outside, but because the meeting is at 10 AM, he cannot do that other task. Now, if an officer comes and sits for two hours, it's a problem for everyone. He will not want to come to the next meeting properly. For this reason, we have to request them to come. This is a big problem.

Recommendation:

If a permanent person is appointed for the other two upazilas, they will maintain the SSK files, process the SSK bills, discuss SSK letters, and always be active regarding SSK problems. If such a person is permanently appointed, I think the problems will no longer exist.

The problem with this program is manpower. For instance, if there are three permanent people in my upazila and I am in Kalihati, if a problem arises in Madhupur, I cannot solve that problem even if I want to. It might take time. If some information needs to be given to the UHC at that moment, I cannot deliver that information properly. If we have a permanent person here, a responsible person, that information can be easily prepared and sent immediately through them.

With training, I will become more perfect. One cannot learn everything just like that, nor can it be implemented; with training, the work will surely be easier for everyone.

As this is a pilot program, there are some papers. If these papers were supplied to us in a formatted way, the work might have been easier to do.

Actually, the main issue here is the government's core manpower. If three people are permanently assigned for SSK in the three upazilas, and if the doctor posts are filled, then it is possible to provide one hundred percent service here. One hundred percent achievement can be expected here. There will be no more problems.

Sometimes, in that case, they (the patients) may not want to understand, but they want some medicine. If some medicines were supplied for our SSK project, then perhaps the patients would be satisfied, and we could feel relaxed while working.

It is difficult and time-consuming for me alone to communicate across three upazilas; I cannot manage it alone. If three people were provided, this problem would not exist.

If claim settlements are done on a monthly basis, there will be no more problems.

We have a scheduled SSK meeting every month, and the Upazila Chairman presides over it as the president. A meeting cannot happen without the president. If he is present on time at that meeting, no one would feel bored. For example, it is seen that after conducting a scheduled meeting, the UHFPO sir has another task outside, but because the meeting is at 10 AM, he cannot do that other task. Now, if an officer comes and sits for two hours, it's a problem for everyone. He will not want to come to the next meeting properly. For this reason, we have to request them to come. This is a big problem.

If our meeting is held properly here, then claim settlements will happen properly, and if the doctor posts are filled, then it is possible to provide one hundred percent service here.