Key Informant Interview 5

Challenges:

The challenges are mainly at our implementation level. The issues that were in our concept paper, the way we wanted to start SSK, we have not yet been able to address all the contents of the concept paper. For example, it was initially stated that during the piloting phase at the facilities, all service providers, including consultants, must be present at the sanctioned posts, but we have not been able to fully ensure this yet. This is a challenge for us, an HR challenge. The second challenge is that there are some cardholders who are not truly BPL (Below Poverty Line), but rather APL (Above Poverty Line); they have somehow been included in this database. We have not been able to remove them yet. And some who are genuinely eligible for the card have somehow been left out; they need to be included. This is a database-related challenge. Another challenge is that the SSK management committees are not functioning as they were supposed to according to their TOR (Terms of Reference); they are not able to conduct their activities according to that TOR. The management committees do not hold meetings properly; they are not available on time. They cannot be brought on board properly. This is a challenge. Another challenge is that we have not yet been able to include OPD (Outpatient Department). The cardholders who need OPD service, we have not been able to start that service yet; this is a major challenge for us. The cardholders are coming and claiming that we are not providing them with OPD service. Another challenge is that we had a plan to gradually include the APL, which we have not been able to do so far. There is another issue we have not been able to address, which is that we cannot address the challenges related to implementation. Those of us who work in the SSK cell do not only do the work of the SSK cell; along with it, we have many other tasks. For example, I am also the Focal Person for QIS, so I have to look into many QIS matters at the same time, which creates a workload issue. Then we have some other routine tasks of the Health Economics Unit that I have to provide guidance on, which means there is actually no opportunity to work dedicatedly on SSK; we have to do multiple jobs. It is difficult to do many things at once. If manpower is brought on board, the work will become easier. It is not possible to settle claims in a timely manner. This is a manpower problem. Green Delta is supposed to give us updated claims every month, but they do not provide that properly either. Sometimes they delay by one or two months, which leaves some problems unresolved. At the Upazila Health Complex, where the claim is primarily verified under the leadership of the UH&FPO before being sent to the scheme operator, we have a challenge that there is no additional manpower there. The Upazila Health Complex already has a manpower crisis in accounts and other support staff; on top of that, the support needed to do this work is often not available. Besides, there are logistic issues. For example, we have not been able to supply the necessary equipment for the operation theater, plus X-ray equipment, plus pathology equipment for the pilot facility. This remains a challenge for us. The service providers have a perception that they will have to do extra work for SSK, more work; there is also a perception that working for SSK will increase their workload. Another problem is regarding absenteeism; this is not just an SSK problem, it's a National Problem. It is often seen that they are absent without notice. The problem still remains that they are not really motivated to provide SSK services. They have a misconception about providing service, that if they work for SSK, they will have to do extra work; that is a problem. We had an option to introduce performance-based incentives. We have not been able to do this so far. It is stated in our concept paper that we will give an incentive based on performance, but we have not yet been able to bring it before the steering committee meeting. We had raised it, but the members of the steering committee are not willing to encourage this kind of incentive at this moment. Their argument is, this is their routine work, why shouldn't they do it?. The fact that they do not want to go and stay in the upazila is the main reason. The issue is that since we are giving additional attention for SSK, other places might not get such attention. Whether they come to the office or not, how many days a week they come, this might be overlooked in many places, but since we are closely monitoring everything from their attendance onwards, they do not feel comfortable with the situation. Since they have to attend the office regularly, they have to be there at 8 AM regularly, otherwise it becomes a complaint, a regular dissatisfaction is

working within them. This is a problem, for which they are blaming SSK. A doctor should stay here for two to three years continuously; we are not able to retain them or do anything about it. So, for instance, someone got oriented, and then left after two or three months. For example, I can say that at this moment in Ghatail and Madhupur, the two UH&FPOs there joined one week before our opening; they know nothing. SSK has opened there with them being uninformed, so these are challenges. Those who knew the work of SSK from before are not there; two new people have come. So there are many consultants like this, many medical officers who are new and do not know properly; this is certainly a challenge. This is difficult to address because, according to our job structure, all are transferable jobs; you cannot keep someone permanently if you want to. In that case, if something could be done separately for this, like, yes, for the purpose of providing SSK service, it will be mandatory for one year or something like that.

Recommendation:

When the database was created, they might not have been able to identify correctly, which is why non-beneficiaries might have entered. In some places, genuine beneficiaries could not enter, meaning those who do not need the card got in; this now needs to be revised. We have already started the work of gradually including those who were left out. We have started to newly enroll the genuine beneficiaries. If we can onboard manpower according to the organized structure of our SSK Cell, including support staff, IT staff, for IT-related matters, then I think the monitoring and supervision work will become much easier. Because at this moment, HR is definitely a problem; we need people at the field level. Our aim is to have one coordinator from our side at each facility; at this moment, we do not have any coordinator at the field level. At present, we have no one to look after the accounts for this. A person needs to be appointed very soon to look after the accounts. Because of this, it often takes a long time to settle claims. If SSK had a dedicated staff for accounts and finance, the work would have been much easier, and we would not have had delays. In the future, when we expand, if there is no dedicated body to oversee the entire matter, it will be very difficult to manage such work from a small place like the SSK Cell. We have already prepared a guideline on how to include the private sector. If it is approved at the next steering committee meeting, we will start the work. The problems we had with the activities of the upazila management committee, we have settled those by talking with the local committee members from the central level. If we want to scale this up nationally, we have created a draft law named the Health Protection Act, the implementation of which is very urgent. Without it, scaling up in the future will be very difficult. Because it states here that the SSK Cell will be extended to a much larger scale in the future, and in place of the SSK Cell, another independent organization will work, which is working under the name National Health Security Organization. Without that, in fact, it will be difficult to start such a large-scale activity in the future. Besides, if issues like financial delegation plus HR issues are not settled, then scaling up in the way we want in the future will be difficult. HR issues, such as we are not able to provide doctors for all sanctioned posts, they are remaining vacant, for which we are actually not able to fully provide the services in the benefit packages. This is an HR issue. The manpower issues, which were filling up vacant posts, supplying logistics in a timely manner, we are closely monitoring these from here. We are continuously monitoring and supervising with the DG Health, Director Admin, plus the Director of Dhaka Division so that the vacant posts do not remain empty. Our support staff, due to whom we are not able to settle the claims, once the recruitment is done from next month, these issues will no longer exist. Actually, if there were a dedicated cell and dedicated staff, it would definitely have been much easier to do this work. We had a plan to introduce a performance-based incentive system for SSK, but at this moment our steering committee is not interested in introducing it. Basically, there must be a centrally dedicated team that will work on only one subject. Although we call it the SSK Cell, we are not only doing the work of the SSK Cell at the same time. We have other fieldwork, which we are doing. If those who will work for SSK do not do any other work, then the work becomes much easier. Along with that, if a good coordinator can be maintained with DG Health, especially with those who are the main responsible persons for HR, so that in the future, in the places where SSK activities are running, there are no vacant posts. If we can make the committees at the upazila level, that is, at the facility level where

SSK is being implemented, effective, then in that case, since SSK's main activities are at the upazila level, the minor challenges that I think we have to handle, those will no longer need to be handled. Right now, we don't have such a workload that we need to divide them; when the workload increases in the future, we will see. Perhaps if the ministry makes a policy that, at least initially, those who will work at the SSK service centers will stay for a specific period of time, then perhaps this can be overcome. It is stated in our concept paper that we will gradually include the Above Poverty Level. If we can provide this service well, only then will the APL feel encouraged; otherwise, why would they participate? So the challenge is this: if we can make the SSK service visible as a quality service, then it is possible. There are many issues that, for instance, are not completely clear to us; this is a pilot, none of us have experience, this is completely new, meaning our experience comes from working, and in light of that, we will decide how to proceed always. For this reason, how we will bring in the APL or how we will increase the number in the benefit package, we have not yet been able to fully implement these; we think that if we all continue to work as we have planned, it will be possible to settle this.