

Study Circle Discussion Guide

Primary Health Care Service: *Transparency and Accountability*

Study Circle Discussion Guide

Primary Health Care Service:
Transparency and Accountability

Study Circle Discussion Guide

**Primary Health Care Service:
Transparency and Accountability**

Study Circle Program
NDI

September 2003
Dhaka

Sponsored by

- ◆ National Democratic Institute For International Affairs (NDI)
- ◆ Swedish International Development Cooperation Agency (SIDA)
- ◆ United States Agency For International Development (USAID)

Acknowledgement

- ◆ Transparency International Bangladesh (TIB)
- ◆ Upazilla Health and Family Planning Office, Savar, Dhaka

Preface

Providing health care service to people is a constitutional obligation of the government. The health situation in Bangladesh is changing as it is changing all over the world. These changes can be attributed to a number of factors including: increased population, rapid urbanization and the changing nature of diseases. The reappearance of Malaria and Kalazar along with the appearance STDs, including HIV/AIDS and other communicable and endemic diseases can also be attributed to these changes.

After independence, the Bangladesh Government adequately invested for infrastructure development to strengthen health and family planning services to provide the health care services for all. In this regard rural people have been given more focus. The goal of health care program is Primary Health Care (PHC). Bangladesh once again re-states its pledge to work with the objectives and strategies of the International Conference on Primary Health Care, which was held 1978 in Alma-Ata, in the former USSR.

Despite considerable change in health indicators, health care services are not satisfactory. Lack of equipment, irregularities, a dirty and unhygienic environment, lack of sincerity & sympathy of doctors and nurses to patients, inadequate supply of water and electricity, drug smuggling, supply of poor quality food, influence of the mastans & taut, the absence of responsibility and accountability of the officers and support staff, and over all poor management in the Primary Health Centres are the major causes for the present critical condition of the health care service.

Objectives of This Study Circle

- ◆ Inform people about the primary health care services provided by the government
- ◆ Identify the weak points of primary health care services and find out ways to overcome them
- ◆ Search for ways to ensure transparency and accountability in the primary health care sector

Contents

First Session

Health Care Service
Questions for Discussion
Reference Material

Second Session

Treatment
Questions for Discussion
Reference Material

Third Session

Management
Questions for Discussion
Reference Material

Fourth Session

Health Professionals and Support Staff
Questions for Discussion
Reference Material



Health Care Service

Questions for Discussion

- ⇒ What are the government Primary Health Care (PHC) institutions?
- ⇒ What do you know about the services of the upazilla hospital?
- ⇒ Do you know details about the Community Clinic and Sub-Center's services?
- ⇒ What is your opinion about the activities of the Health Watch Committee?

At the end of the session the facilitator will summarize the discussion and brief on the second day contents, such as; patient admission, emergency service, in and out patient department, laboratory & pathology services, Health Watch Committee etc, and close the session.

What is Primary Health Care?

The International Conference on Primary Health Care, in Alma Ata, in the former USSR in September 1978, defined health as “A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (Alma Ata Report 1978, p. 15).

The conference defined primary health care as “Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination. It forms an integral part of both the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community”. The conference maintained that primary health care is “The first level of contact by individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.”

The Government Delivery System of Primary Health Care Service

The provision of basic necessities, including medical care, is an obligation of the government of Bangladesh under the constitution. The most recent statement of the country's health sector policies and priorities is summarized as Health for all by the year 2000, which is being operationalized through the ongoing 5 year Health and Population Sector Program (HPSP). HPSP is a fully integrated sectoral program that addresses the issues of basic health care services, drug, administration, health information and monitoring, training, research and development, management, facilities and infrastructure, participation of community and local government bodies, and other sectoral collaboration.

There are nine components of the primary health care service in Bangladesh. They are: 1) Education concerning prevailing health problems and methods of preventing and controlling them. 2) Ensure adequate supplies of food and proper nutrition. 3) Adequate supply of safe water and ensure sanitation. 4) Maternal and child health (MCH) including family planning (FP) services. 5) Immunization against major infectious diseases. 6) Appropriate treatment of common diseases and injuries. 7) Prevention and control of endemic diseases. 8) Provision of essential drugs. 9) Promotion of mental health care system.

In Bangladesh there are 460 upazillas, and 4,770 unions. Each upazilla has an average population of approximately 250,000 people and 25,000 people in each union. The Ministry of Health and Family Welfare, through its Directorate of Health Services and Directorate of Family Planning organizes all its activities at upazilla level, which provides hospital services as well as curative and preventive services to out-patients. At the union level, Union Health or Family Welfare Centre or Rural Dispensaries provide primary health care services, mother and child health and take preventive measures by providing vaccination against infectious and contagious diseases.

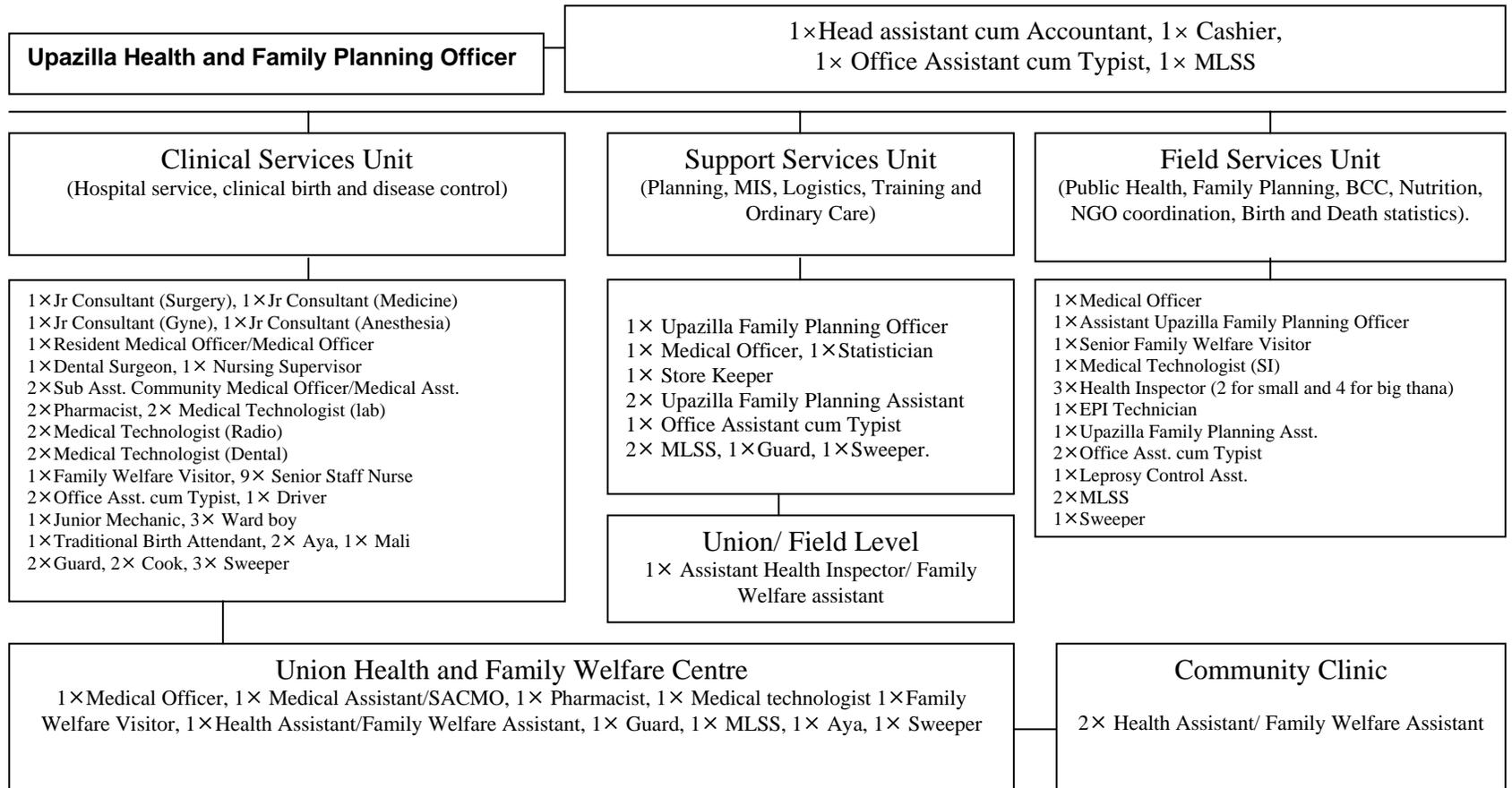
Upazilla Health Complex (UHC): Construction of upazilla health complexes in every upazilla is continuously being done under the Forth Five Year Plan to ensure that primary health care services are within the doorsteps of rural people. Within this plan, 390 out of 397 upazilla health complexes are now functioning. In each Upazilla Health Complex medicine, surgery, gyne, anesthesia, dental care and other special services are included in the program. Supplies of necessary drugs and vaccines have increased and a cold chain (Special type of freezing for preserving drugs & vaccines) has been established to ensure the quality and effectiveness of drugs.

Union Health and Family Welfare Centre (UH&FWC): The Union Health and Family Welfare Centres have been started as an institutional assistance network to provide first level static health and family planning services along with the domiciliary services at grassroot level. Presently there are 4062 Health Care Centres of which 2700 are under Family Planning Services and 1362 are under union Sub-Center/Rural Charitable Dispensary.

Health Watch Committee (HWC): Considering the importance of direct supervision from outside, the Ministry of Health and Family Welfare (MoHFW) has formed Health Watch Committees (HWCs), which consist of NGOs, users of services and other related personnel to improve the accountability of the officials providing government health services. It is now working on an experimental basis in nine upazilla and union levels. The role of the NGOs is to establish the claim of the people for quality health care services. The role of the HWC is to ensure users claims more visible and relevance to service provision, and to make service providers answerable to users. The selection of HWC is democratic, with representation from all socio-economic classes in the community, including marginal groups like women and the landless.

Upazilla Health and Family Welfare Centre

Organogram



Upazilla Health Complex Hospital Services	Field Services
<p data-bbox="625 451 926 483">In Patient Department.</p> <p data-bbox="625 505 936 537">Out Patient Department.</p> <p data-bbox="646 558 915 591">Emergency Services</p> <p data-bbox="569 612 993 644">Laboratory & Pathology Service</p> <p data-bbox="678 665 884 698">Radiology Unit</p> <p data-bbox="701 719 861 751">Dental Unit</p> <p data-bbox="558 773 1003 805">MCH & Family Planning Services</p> <p data-bbox="697 826 865 859">ORT Corner</p> <p data-bbox="684 880 877 912">TB & Leprosy</p> <p data-bbox="665 933 896 966">Health Education</p> <p data-bbox="751 987 810 1019">EPI</p> <p data-bbox="590 1040 972 1073">Breast feeding & Counselling</p>	<p data-bbox="1341 451 1787 483">MCH & Family Planning Services</p> <p data-bbox="1539 505 1593 537">EPI</p> <p data-bbox="1327 558 1801 591">Health & Family Planning Education</p> <p data-bbox="1329 612 1799 644">CDD (Control of Diarrhoea Disease)</p> <p data-bbox="1470 665 1661 698">Breast Feeding</p> <p data-bbox="1425 719 1705 751">ARI Control Program</p> <p data-bbox="1360 773 1770 805">TB & Leprosy Control Program</p> <p data-bbox="1402 826 1728 859">Malaria Control Program</p> <p data-bbox="1236 880 1894 912">Prevention of Night Blindness & Vit-A Distribution</p> <p data-bbox="1383 933 1747 966">Kalazar Control Programme</p> <p data-bbox="1514 987 1617 1019">Arsenic</p> <p data-bbox="1541 1040 1589 1073">GR</p> <p data-bbox="1482 1094 1648 1127">STDs, AIDS</p>

Source: Upazilla Health Complex, Savar, Dhaka



Treatment

Questions for Discussion

- ⇒ What is your opinion about the outdoor services?
- ⇒ What do you know about the emergency unit?
- ⇒ What is your experience about patient admission and treatment in the hospital?
- ⇒ Do you know what types of diagnostic facilities are available in the hospital?
- ⇒ Do you have to pay extra money for medical tests?
- ⇒ What are the operative facilities available in the hospital?
- ⇒ Do you have to pay extra money for operation in additions to fixed charges?
- ⇒ What role you can play to improve the service facilities in the hospital?

At the end of the session the facilitator will summarize the discussion and brief on the third day contents such as; supplies of drugs, food and water, cleanliness of hospital and other centers, and ambulance facilities, and close the session.

Patient Admission

There is no admission fee in the government upazilla hospitals.

Diagnostic Facilities

Under the Fifth Five-Year Plan, the government will provide necessary medical equipment in every upazilla health complex and health and family planning center. There is a plan to establish a basic laboratory for easy and general tests, such as; tests for albumin and sugar in the urine, in the health and family planning center. Now-a-days a number of tests are conducted in the upazilla health complexes. Pregnancy tests, AFB blood grouping, bilirubin test will be added with the existing facilities. An integrated referral system is expected to be introduced to provide essential referral services.



Management

Questions for Discussion

- ⇒ What is your idea of getting drugs from the hospital and community clinic free of cost?
- ⇒ What is your opinion about food and water supplies in the hospital?
- ⇒ What is your experience about the cleanliness of the hospital?
- ⇒ What do you know about the ambulance facilities?
- ⇒ What roles can local people play to take out the irregularities of the hospital?

At the end of the session the facilitator will summarize the discussion and brief on the fourth day contents; services of doctors and nurses, role and responsibilities of health services officers and other supporting staff, and close the session.

Drug Supply

There are Government grants of Taka 2 lakhs and 50 thousand for 30-bed upazilla health complex hospital and Taka 30 thousand for each sub-center. The Government also supplies additional drugs to meet urgent requirements.

Food and Water Supply

The Government grants Taka 30 per day, per bed, for upazilla health complex hospitals. Most of the upazilla health complexes and community clinics have their own water supply facilities.

Ambulance Facilities

Most of the upazilla health complexes have ambulance facilities. To avail of ambulance facilities, one has to pay a fee of Taka 6 per kilometer.



Health Professionals and Support Staffs

Questions for discussion

- ☞ Do the doctors perform their duties properly in the hospital?
- ☞ Do the doctors, nurses, and support staff encourage the patient to go to private clinics?
- ☞ Do the doctors regularly attend and on time in the community clinic?
- ☞ Do the doctors and support staff demand money for issuing medical certificates?
- ☞ Do the nurses perform their duties appropriately?
- ☞ Do the health workers visit the villages regularly?
- ☞ Does the upazilla health & family planning officer visit wards and community clinics?
- ☞ Do the support staff perform their duties properly?
- ☞ What role can local people play to ensure proper services of the health professionals and support staff?

Role and Responsibilities of Doctor

Doctors take oath to perform noble professional responsibilities. They take an oath with the following wording-

- I solemnly declare that I shall dedicated my life for the services of humanity
- I shall pay proper respect to my teachers and give honor to them
- I shall work with conscience and dignity
- My first consideration will be the health of my patients
- I shall keep all my knowledgeable information private
- I shall wholeheartedly try to keep the image of the medical profession
- I shall consider all medical professional person as my brothers/sisters
- I shall not consider or think otherwise patient's religion, nationality, caste, social and political position while providing services to the patients and performing duties
- I shall give highest honor to all human life immediately after birth
- I shall not use my medical education against the principle of humanity even if pressure is given to do so.

To know details about the duties and responsibilities of doctor and other support staff see appendixes (Separately)

Thank You for Your Participation