

DRAFT

REPORT OF A VISIT TO

BANGLADESH

(Project ICP SHS 006)

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MARSHALL WOLFE in "Between the idea and the reality - notes on plan implementation" contrasts the manifest function of planning as a technique for allocating resources to reach determined targets, with its latent function as a technique of providing objective diagnoses of national needs, capabilities and limitations. It is a process of helping the society to know itself.

PURPOSES :

Experience with CHP has shown that a weakness exists in the data collection and analysis stage, in relation to "policy and issue analysis" especially where "existing policies are inconsistent or incomplete".

In Bangladesh, the WR requested the Social Scientist to consider the social implications of the utilisation of the very varied lay personnel who might become directly related to Primary Health Care. It was also considered useful to help identify in a preliminary way some of the policy issues (especially in relation to PHC) that might usefully be addressed in the early stages of CHP to ensure policy guidance from the government, which would save time at a later stage of the process and to ensure a more effective programming and project formulation stage.

ACTIVITY :

In co-operation with Dr Cumper, ECON (SEARO) a number of visits were made to Government officials and Services related to Health and Planning, and also to relevant UN agencies and related professionals.

Consultations were held with WHO staff both at group meetings and individually.

Two days were ~~spent~~ spent in village level visits in the company of the Presidential Adviser, Director General of Population Control, Dr Hashmat Ali, and a further two days in village visits arranged by the Smallpox unit in the west and north of the country.

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OBSERVATIONS:

One is immediately struck in Bangladesh by the separation of authority for providing Health Care between (Ministry of) Health and (Ministry of) Population Control. "Family Planning" is linked with M.C.H. but the Ministry of Health seems to have responsibilities here also.

Secondly one is struck by the seemingly extensive variety of personnel intended to work at the health delivery level and who might become, or be related to a village Health Worker in a PHC programme.

Doctors at the Thana level say they see anywhere up to 400 patients a day. The building of Thana Health Centres of a uniform kind is apparent and they include 31 beds for in-patients. It is widely commented that where these beds are currently provided they are very much under-utilized, and one can directly observe that very little clinical examination can actually be conducted at the out-patient sessions. This raises questions as to whether doctors are over-trained for the services they actually deliver or whether duties should be distributed differently. Doctors at these Thana Centres have said that they have a general responsibility which is not spelled out in a formal job description. One result of insufficiently detailed job analysis and descriptions, is that it is unclear who relates to whom, and what is the process of referral and feed back to the different staff, both within and across administrations and the functions of promotive preventive and curative service and between domicillary and non-domicillary personnel. The conclusion is that much needs to be done in classifying manpower development, management, and operational responsibilities and stating such a classification in

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a way conducive to effective planning programming and project formulation.

The Government of Bangladesh is most certainly in its pronouncements committed to rural development and the provision of village level health care,* and is most likely to make PHC a major aspect of any five year plan for health.

At least two areas must be explored and pronounced upon if PHC is to become a formal policy and planned for

(1) There is widespread utilisation of "private practitioners"

and it is commonly acknowledged that "government" personnel are also engaged in providing a variety of private services.

In order to plan for the most effective (and realistic) utilisation of government personnel, a full appreciation of the nature of this "alternative service" should be taken into account.* Even if "moonlighting" is officially frowned upon (or otherwise) it must be realistically allowed for in planning a public service. Certainly policy decisions must be made in this area.

(2) The matter of "community participation" in the delivery (and planning?) of health care is vital. Especially where co-ordination at the

* See for example the Cuttings I have taken from the national press in the period of merely 10 days.

* Preliminary information regarding the nature of "private practice in government service" has been informally promised to the Social Scientist.

top is weak, organization from the bottom is most desirable. To detail the nature of this community participation in the Bangladesh context is essential but to begin with there has to be some determination of what level and through what social institutional form community might best be able to exercise its responsibilities. Will Bangladesh adopt a full-scale PHC plan; or phase its adoption district by district, or advance on the basis of some exploratory projects?

In considering what kind of community institutional structure could carry a PHC role one does well to ponder the complications of Dr M.A. Sattar's statement in his paper "Strategy for Planned Village Development". "There is hardly any shamaj or organization left today in the village. The land reform of the 1950's and the disappearance of the traditional leaders, the population explosion and aggravating poverty, the increasing landlessness, the political turmoil and Liberation War, neglect of local Government institutions and chaotic post-liberation period have completely broken the traditional social fabric. As yet no new institution has taken its position. Traditional forces of conservatism are in a disarray. While the greedy moneylenders and manipulating touts having a heyday; hardly any organised force exists in the villages to protect the rights of individuals and community property or to maintain common facilities." The need for the village organization has been forcefully expressed in Bangladesh. Work needs to be done, exploration conducted, and decisions made, regarding the organizational "soil" into which PHC community participation is to be planted. What is the full range of possibilities? Some possibilities are quickly discussed in Bangladesh.

a) The Union Parishads *: These are the official local organs of government.

I visited almost a dozen of these on an official tour of inspection. It might be possible for such unions to establish a group responsible for the planning and implementation of village level health care. But careful work and resources will need to go into such an undertaking. The unions have many ^{obvious} limitations, defects and constraints which may render them ineffective for such a purpose.**

b) The Comilla Project: *** This is a renowned project for rural development based largely on the establishment of co-operatives. Might the co-operatives provide an organ of health planning through community participation in the villages? Do the co-operatives represent a wide spectrum of the local population? Are these co-operatives established sufficiently throughout the country or are they restricted to the Comilla Area? What are the possibilities for replication and the setting up of local health task groups ?

* See President Zia's appeal to the nation regarding the elections of these Union Members to be held on January 15th 1976 - Bangladesh Times Dec 10th 1975.

**One way of beginning to examine this Union possibility might be to review the experience of the Unions when they were made responsible for relief work in the wake of liberation and to build upon the positives as well as dealing with the negatives of the findings regarding their functioning at that time.

*** See the extensive literature on Comilla and the newspaper account of Comilla Family Planning Model Bangladesh Observer Dec 16, 1976

c) THE "SWANIRVAR"(Self Reliance) MOVEMENT¹

This movement in Bangladesh is said to have "virtually made the village the centre - indeed the heart of all development programmes - the country..."

Could Swanirvar become the focal organization for community participation in PHC ?

d) ESCAP PROPOSED INTEGRATED RURAL DEVELOPMENT PROJECT

ESCAP has just recently (23-27 November 1976) held a workshop (WHO represented) and is likely to finance a project in selected areas (4 Unions of a Thana). Might PHC be woven into such an undertaking as an integrated part of the programme? Would this particular approach supply the experience for launching a nation-wide system of PHC at a later date ?

There are certainly other possible approaches². The point is that the alternative possibilities related to community involvement and its "setting" need to be described and evaluated and policy decision made as the pre-requisite for effective planning and programming.

A very valuable resource for extrapolating the operational realities in Bangladesh is to be found in the very recently produced

1. Bangladesh Observer. Dec 16, 1976 and Self Reliant Kazipukur Village
N. Nurul Huq, Rural Development Academy, BOGRA.

2. See "Community Health Review " WR Bangladesh for an account of
"Other approaches to Primary Health Care Delivery"

" Interim report on Performances of Family Planning Assistants and Family Welfare Assistants, Under Family Planning Scheme (1975-78), Population Section, Planning Commission, Government of the People's Republic of Bangladesh, Sher-e-Banglanagar, Dacca - 15.*

This evaluation undertaken "with great reluctance" because it was "felt that it was still premature to evaluate the performance of the first batch of field workers" raises many issues and has implication for future plans, programmes and projects.

For example

In relation to training:

FPA's and FWA's "are not well aware of the side effects of family planning" and we presumably not adequately equipped for dealing with the

"Symptoms of fear and hostile attitude towards oral pill are already noticed".

They also seem to insufficiently understand the proper use of the different FP methods.

The workers are "not well exposed to the community background information" (at the union level)

and this is the face of "organising group meetings, moulding public opinion, are the primary tasks of the field workers."

Field Workers "could not adequately grasp the basic issues of M.C.H. and therefore, meaningful M.C.H. counselling cannot be expected from them."

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Please note the document warns " No citation or quotation without permission from the relevant authority (The Planning Commission)"

Training manuals and training devices are lacking.

The supervisory roles of the FPAs are not taught and documentation skills are said to be inadequate.

In relation to supervision:

The "Thana Family Planning Officer" seem in fact to provide "little supervisory support" and "the reported number of field visits by the TFPOs are not corroborated by the testimonies of the field staffers".

The assistants to the TFPOs are said to be "highly under-utilised".

The report has evocative things to say about the communities role in supervising the work of the field workers and the place of the Union Council in this regard it also comments that targets are not set with "appreciation of the local conditions". This area of concern should be most carefully examined and argued as material for any planning exercise.

The community involvement, or lack of it, is also reflected in the matter of recruitment. The community clearly has not been brought to grips with the problem of selecting those who are acceptable to them in terms of age, sex, marital status, personality and experience. Given the social/cultural conditions in Bangladesh it is not surprising to find that in the first recruitment, the FPAs (male with supervisory responsibilities) mastered 90% of their targetted number, whereas the FWAs (femals) only filled 44% of the places planned for. (This means apparently that 1 supervisory person is available for 1-1/2 supervisees).

So too although the newly trained personnel with their relatively high qualifications were supposed to replace the "old field workers" (DAI's and CMO's) it is found that the DAIs seem to be more acceptable to the community. Senior too is the finding that "The FPAs and FWAs

Such an approach is aimed at placing such matters appropriately onto the C.H.P. agenda and sophisticating method putting together information regarding crucial issues, allowing for full examination and considered opinion to be contributed for the effective strengthening of the policy-making process. In this way one may be able to capitalise on the abundant energies of the public servants who are determined to deal with the multifaceted problems of national building in a country which has experienced such a short and turbulent history.