

HEALTHCARE NETWORK OF BANGLADESH

From policy-planners to domiciliary workers

The healthcare network of Bangladesh is an intricate web of policy-planners, regulatory bodies, executing authorities, healthcare delivery systems, and institutions for medical education in the country. The Ministry of Health and Family Welfare (MoHFW) is the apex body responsible for formulating national-level policy, planning, and decision-making in the provision of healthcare to the mass people. The national-level policies, plans, and decisions are implemented by various executing authorities and healthcare-delivery systems spread across the country from national to the community levels. The Ministry and its relevant regulatory bodies have also an indirect control over the healthcare system of the private sector. This chapter highlights the roles and responsibilities of the public-sector authorities and the service-delivery systems in the provision and promotion of healthcare in the country.

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Hierarchy of Personnel in the Ministry of Health and Family Welfare

Honorable Minister for Health and Family Welfare is the supreme authority in the Ministry. The Minister is assisted by Honorable State Minister. As the principal executive of the Ministry, the Secretary works with a team of officials, including Additional Secretary, Joint Secretaries/Joint Chiefs, Deputy Secretaries/Deputy Chiefs, Senior Assistant Secretaries/Senior Assistant Chiefs and so on (Figure 2.1).

In addition to operation of the healthcare-delivery systems in the country, the DGHS provides technical assistance to the Ministry in undertaking various new programs and interventions and for improvements in the existing ones...

Executing Authorities

The executing authorities under the MoHFW are: Directorate General of Health Services (DGHS); Directorate General of Family Planning; Directorate General of Drug Administration (DGDA); Directorate of Nursing Services (DNS); Health Engineering Department (formerly Construction Management & Maintenance Unit or CMMU with Directorate General status), Transport & Equipment Maintenance Organization (TEMO); National Electro-medical & Engineering Workshop (NEMEW); Essential Drugs Company Limited (EDCL); and Revitalization of Community Health Care Initiatives in Bangladesh (Community Clinics Project).

Figure 2.2 shows the executing authorities under the Ministry of Health and Family Welfare.

Regulatory Bodies

The regulatory bodies under the MoHFW include: Bangladesh Medical & Dental Council (BMDC); Bangladesh Nursing Council (BNC); State Medical Faculty (SMF); Homeo, Unani and Ayurvedic Board; and Bangladesh Pharmacy Council (Figure 2.3)

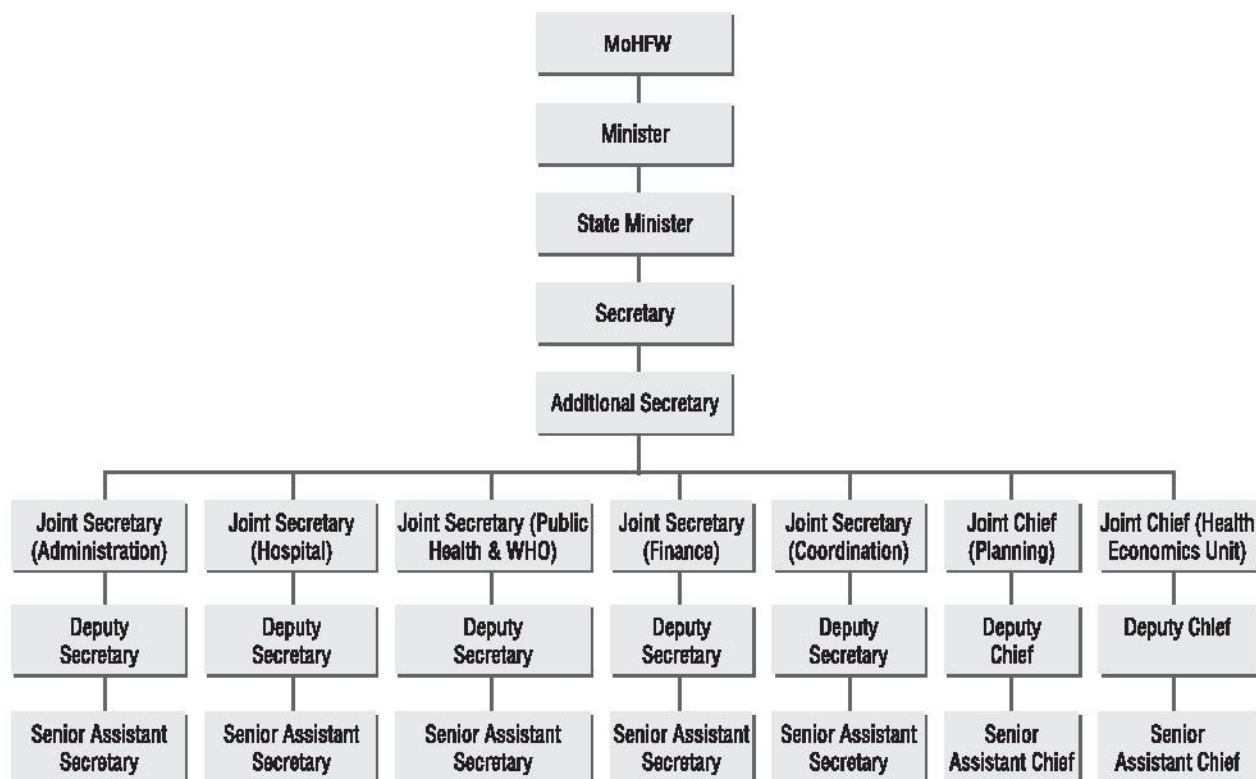


Figure 2.1. Hierarchy of personnel in the Ministry of Health and Family Welfare

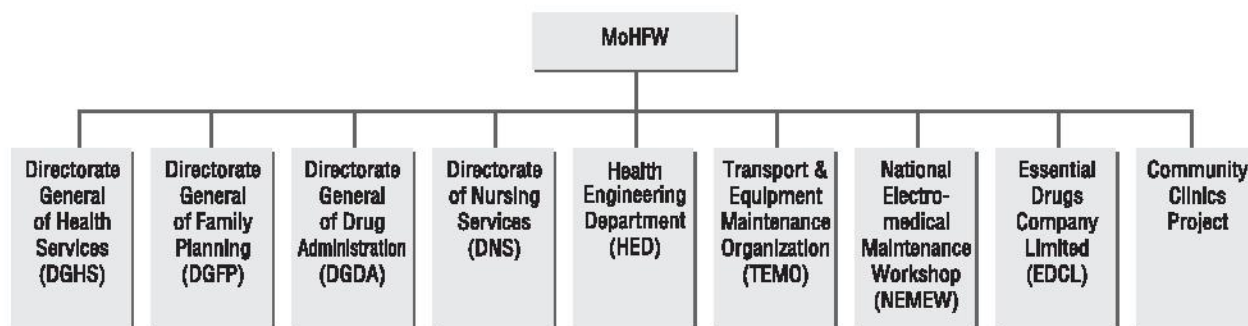


Figure 2.2. Executing authorities under the Ministry of Health and Family Welfare

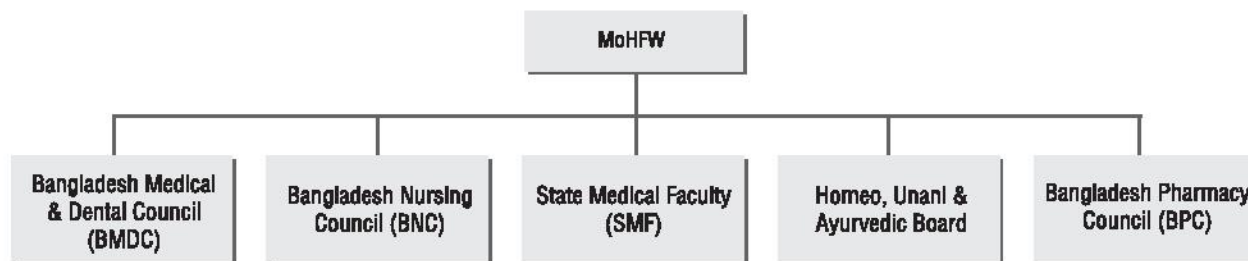


Figure 2.3. Regulatory bodies under MoHFW

Directorate General of Health Services

With more than one hundred thousand officers and staff members, the Directorate General of Health Services (DGHS) is the largest executing authority under the Ministry. In addition to operation of the healthcare-delivery systems in the country, the DGHS provides technical assistance to the Ministry in undertaking various new programs and interventions and for improvements in the existing ones. The healthcare-delivery systems under the DGHS extend from national to the community levels. The activities are implemented both under regular revenue set-ups and the development programs. The development programs are designed following a sector-wide multi-year approach.

The administrative set-up of the DGHS, as presented in Figure 2.4, indicates the multiplicity of activities of the Directorate.

The mission of the HPNSDP 2011-2016, as delineated in the recently-published Program Implementation Plan (PIP), is “to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health”, with a vision to “see the people healthier, happier, and economically productive to make Bangladesh a middle-income country by 2021”...

Health, Population and Nutrition Sector Development Program (HPNSDP 2011-2016)

Under the sector-wide multi-year approach, the new sector program called Health, Population and Nutrition Sector Development Program 2011-

2016 (HPNSDP 2011-2016) is now in operation after the Health, Nutrition and Population Sector Program 2003-2011 (HNPSP 2003-2011) concluded in June 2011. The mission of the HPNSDP 2011-2016, as delineated in the recently-published

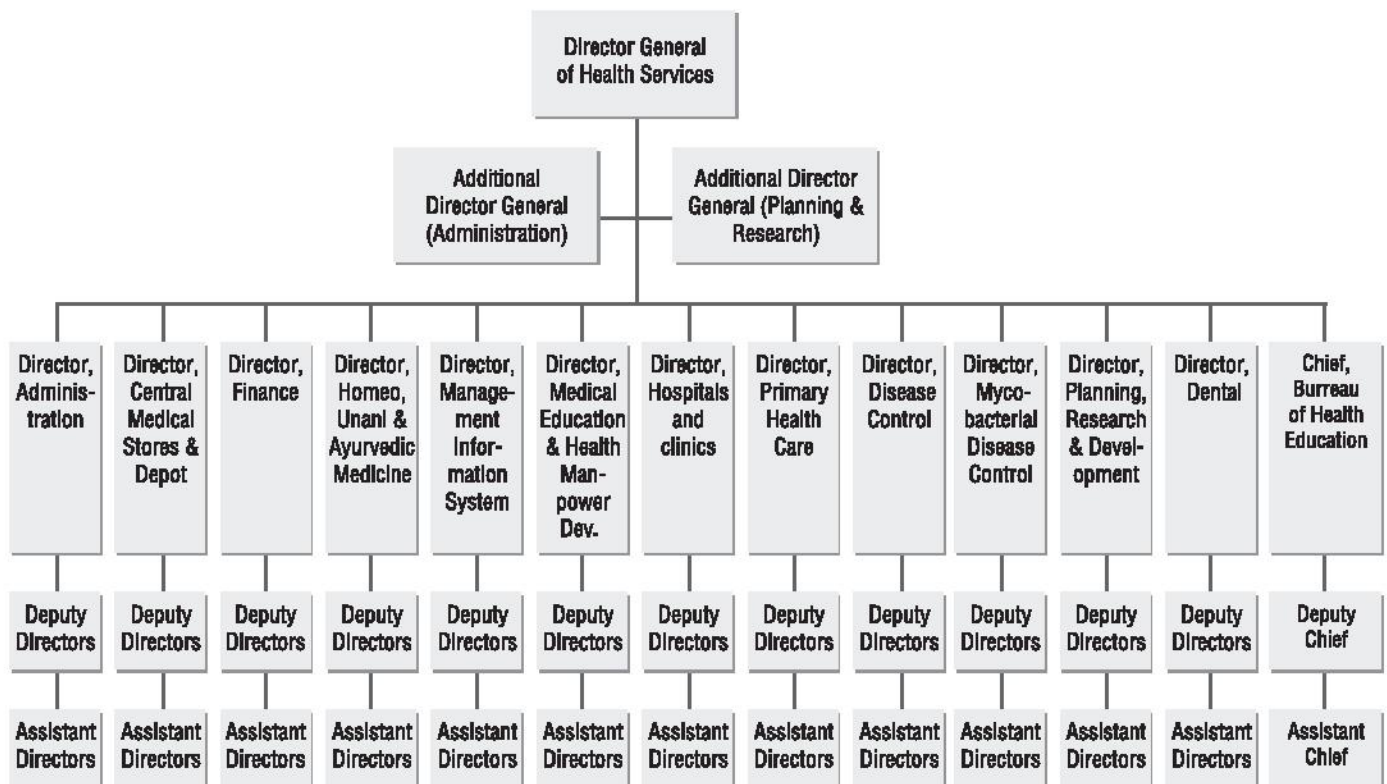


Figure 2.4. Administrative set-up of DGHS

Program Implementation Plan (PIP), is “to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health”, with a vision to “see the people healthier, happier, and economically productive to make Bangladesh a middle-income country by 2021.”

The following strategic priorities are set as driving forces for successful implementation of the program:

- a. Expanding the access and quality of MNCH services
- b. Strengthening of various family planning interventions to attain replacement-level fertility
- c. Mainstreaming nutrition within the regular services of DGHS and DGFP
- d. Strengthening preventive approaches as well as control programs for communicable and non-communicable diseases
- e. Strengthening support systems and increasing health workforce at all levels
- f. Improving MIS with ICT and establishing M&E system
- g. Strengthening drug management and improving quality drug provision
- h. Increasing service coverage through public, NGO and private sector coordination
- i. Pursuing priority institutional and policy reforms

Under the HPNSDP 2011-2016, the number of Operational Plans (OPs) is 32, of which 17 are under the DGHS, 7 under the DGFP, 3 under other agencies, and 5 are directly under the MoHFW.

Each OP is implemented under the guidance of an executive officer called Line Director. Line Directors either work on deputation from other organizations or are given additional responsibility within the same organization. Each Line Director guides a number of Program Managers and Deputy Program Managers. The number of these managers depends on the number of programs in an OP. The Program Managers and Deputy Program Managers are also brought on deputation or given additional responsibility within the same organization.

The following list presents the names and distribution of the OPs among different organizations and agencies under the HPNSDP 2011-2016:

DGHS

1. Maternal, Neonatal, Child and Adolescent Health

2. Essential Service Delivery
3. Community-based Healthcare
4. TB and Leprosy Control
5. National AIDS and STD Program
6. Communicable Diseases Control
7. Non-communicable Diseases Control
8. National Eye Care
9. Hospital Services Management and Safe Blood Transfusion
10. Alternative Medical Care
11. In-service Training
12. Pre-service Education
13. Planning, Monitoring and Research (DGHS)
14. Health Information Systems and eHealth
15. Health Education and Promotion
16. Procurement, Logistics and Supplies Management (CMSD)
17. National Nutrition Services (NNS)

DGFP

1. Maternal, Child, Reproductive and Adolescent Health
2. Clinical Contraception Services Delivery
3. Family Planning Field Services Delivery
4. Planning, Monitoring and Evaluation of Family Planning
5. Management Information Systems
6. Information, Education and Communication
7. Procurement, Storage and Supplies Management (FP)

Other Agencies

1. Training, Research and Development (NIPORT)
2. Nursing Education and Services
3. Strengthening of Drug Administration and Management

MoHFW

1. Physical Facilities Development
2. Human Resources Management (HRM)
3. Sector-wide Program Management and Monitoring
4. Improved Financial Management
5. Health Economics and Financing

Management Structure and Type of Health Facilities under DGHS

The healthcare infrastructure under the DGHS can be divided into various tiers, viz. national, divisional, district, upazila (subdistrict), union, ward and village levels. At the national level, there are institutes, both for public health functions as well as for postgraduate medical teaching/training and specialized treatment for patients.

One divisional director for health in each division governs the divisional activities assisted by deputy directors and assistant directors. There is one infectious disease hospital and one or more medical college(s) at the divisional headquarters. Each medical college has an attached hospital. Some divisional headquarters also possesses general hospitals and institutes of health technologies.

The civil surgeon (CS) is the district health manager. In each district, there is a district hospital. Some district hospitals have superintendents to look after the hospital management. In others, civil surgeons look after the district hospitals. Some of the district headquarters have medical colleges and their attached hospitals, along with medical assistant training schools and nursing training institutes in some districts.

The Upazila Health & Family Planning Officer (UH&FPO) is the health manager at the upazila level. He/she manages all public-health programs in the upazila and also looks after the upazila hospital (31 to 50-bed).

In the union level, one or other of the three kinds of health facilities may exist, viz. rural health center, union subcenter or union health & family welfare center (UHFWC). In a union health facility, there is a post of medical doctor. All union facilities have Sub-Assistant Community Medical Officer to provide health services to the people.

In the ward level, community clinics (CC)-one for every 6,000 population—are being established. So far, 11,816 independent community clinics have been established and made functional. The existing union and upazila facilities (4,500) also provide community clinic services. Including these, 16,316 community clinics are already in operation. The Government estimates that 18,000 community clinics will be required to cover all the rural population.

The remaining community clinics will be constructed and added in next 2 to 3 years. In the ward or village levels, there are domiciliary workers—one for every 5 to 6 thousand population. There are 26,412 sanctioned posts of domiciliary workers under DGHS, of which 20,815 are for health assistants (HA), 4,198 for assistant health inspectors (AHI), and 1,399 for health inspectors (HI). The Directorate General of Family Planning (DGFP) also has domiciliary family planning staff to work in the village levels. Currently, the domiciliary staff members both from DGHS and DGFP share the responsibility of running the independent community clinics. However, the Ministry has made decision to recruit 13,500 full-time Community Healthcare Providers (CHCP) to run the community clinics; 12,991 have already been recruited, and the remaining posts will be filled up soon from the freedom fighters quota.

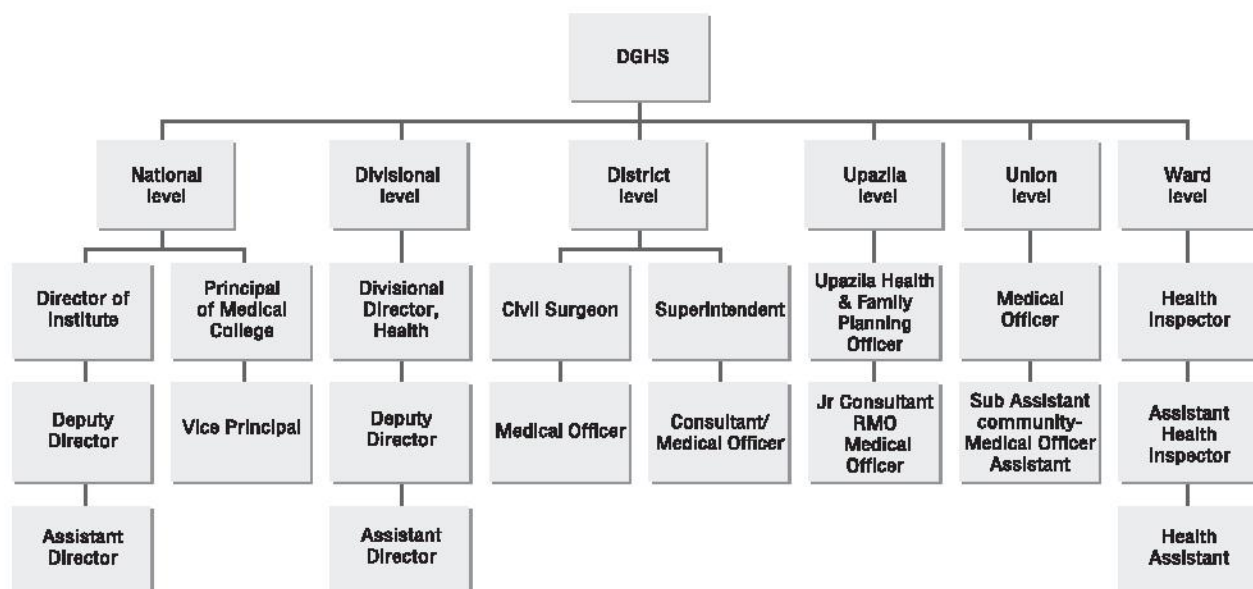


Figure 2.5. Managerial hierarchies in DGHS from national to the lowest level

Table 2.1. Type of health facilities under DGHS in different administrative tiers

National	Divisional	District	Upazila	Union	Ward
<ul style="list-style-type: none"> • Public Health Institute • Postgraduate Medical Institute & Hospital with nursing institute • Specialized Health Center 	<ul style="list-style-type: none"> • Medical College & Hospital with nursing institute • General Hospital with nursing institute • Infectious Disease Hospital • Institute of Health Technology 	<ul style="list-style-type: none"> • District Hospital with nursing institute • General Hospital with nursing institute (In some) • Medical College & Hospital with nursing institute (In some) • Chest Disease Clinic (In some) • Leprosy Hospital (In some) • Medical Assistants' Training School 	<ul style="list-style-type: none"> • Upazila Health Complex • TB Clinic (In some) 	<ul style="list-style-type: none"> • Rural Health Center (In some) • Union sub-center (In some) • Union Health & Family Welfare Center (In some) 	<ul style="list-style-type: none"> • Community Clinic (In some)

Managerial Staffing Pattern and Health Facilities under the Directorate General of Family Planning

The Health Bulletin 2012 primarily highlights information pertaining to the Directorate General of Health Services. However, it is pertinent to briefly mention the staffing pattern and health facilities for the family planning services under the Directorate General of Family Planning (DGFP). The DGFP also has more or less a similar managerial structure from the national to the grassroots (ward) levels, viz. Director General, Directors, Deputy Directors and Assistant Directors at the head office; Divisional Director is the only officer at the division level; Deputy Director (Family Planning), Assistant Director (Family Planning), Assistant Director (Clinical Contraception), Medical Officer (Clinic) work at the district level. Upazila Family Planning Officer (UFPO) is posted at the upazila level. The DGFP has limited medical doctors, viz. one Medical Officer for Maternal and Child Health (MO-MCH) in each upazila, 250 Medical Officers for Family Welfare in some selected UH&FWCs and 464 Assistant Family Welfare Officers (MCH-

FP) who work at MCH Unit at UHC. A total of 2,500 Sub-Assistant Community Medical Officers (SACMO-a medical assistant by background) and 801 pharmacists (Pharmacy Technologist) are working at the union level. For performing family planning procedures, the DGFP also has Family Welfare Visitor (FWV) in the upazila and union level facilities. The domiciliary staff members of the DGFP, who work at the union level, who are called Family Planning Inspector (FPI), and Family Welfare Assistant (FWA) are the main field forces of DGFP at unit levels. The DGFP also shares operating Union Health & Family Welfare Center (UH&FWC). There are 3,719 UH&FWCs at the union level. Besides, the DGFP operates 97 MCWCs (Maternal & Child Welfare Centers: 24 at the union level, 12 at upazila and 61 at district level), 471 MCH-FP clinics (407 at the upazila level and 64 at the district level) and 8 model clinics (2 at the national level and 6 at the regional levels). The DGFP organizes 30,000 makeshift satellite clinics each month at the ward level. It also supports operation of 179 NGO clinics (27 at the union level, 86 at the upazila level, 44 at the district level and 22 at the national level).