

Recommendations Arisen from Pre-Budget Discussions at Upazila May 2009, Bangladesh

In the Month of April 2009, 6 pre-budget discussion sessions were held in 6 sub-districts to discuss local needs in line with people's expectations from the up-coming budget 2009-10. Following recommendations have been arisen from Upazila, which is submitted to Upazila Health and Family Planning Officer.



Kaliakoir Upazila



Bakergonj Upazila



Kamolgonj Upazila

Total 296 people including health and family planning staffs from upazila and unions, teachers, union council members, journalists, small and medium entrepreneurs (businessman), Imam (religious leader), village doctors, college students, lawyers, Union council chairmen, local elites, social workers, community people were participated at the pre-budget discussions in 6 Upazilas. Besides, Member of Parliament, Upazila Chairman, Upazila Vice-chairman (female), Local leaders grace the occasion as chief guest, special guest which encouraged local people. DORP's team members were fully involved in the total process of session organization with the 6 CSOs and presented in each session.

President and member secretary of Budget Club read a page to the audience which containing the concept of program and initiated the discussions focusing on the health and family planning budget at Upazila level. Local media made coverage of these sessions. The needs and aspirations of people at large, especially the poor, women and disadvantaged came up again and again in the discussions. Enhanced access of the local community in pro-poor budget making process, resources and facilities is advocated and strong focus on improving the 5 components of essential services delivery from Upazila health complex and Union centers is recommended. Some dissatisfaction is also expressed with the existing mechanism of Upazila health system and its commitment to the locals, despite improvements achieved in certain aspects. Local people were happy to express their needs and demands with hope on health and family planning budget in the presence of Upazila Chairman and Member of Parliament of the respective Upazila. Broadly 3 major need i.e i. human resources at Union Health and Family Welfare Centres (UHFWC), ii. Ambulance with gasoline allocation and iii. Increase allocations in maternal and child health care services were identified.

Bakergonj Upazila

Status:

- Existing Health and Family Planning revenue budget (fiscal year 2008-2009) is Tk. 20850000 and Tk. 9800000 respectively, which is less compared to last fiscal year.

- Community participation is strong towards health complex and union health centers during monitoring activities.
- Service for poor is relatively expensive, as the health complex is located at distant places from most of the unions where most of the poor people live.
- All unions have good infrastructure including electricity and water supply.
- The Health complex is very old and it needs regular repair and maintenance work. Space allocation is also limited for patients.

Challenge:

- Engaging local government in the process of health and family planning monitoring is a challenge, related to activating “Union Health, Family Planning and Epidemic Control” committee.
- Widespread social mobilization and sharing information in the community is limited from both private and public health facilities. Therefore less information resulting the community reluctant to receive health services.
- Budget for health and family planning is not clear to service providers, rather need to make clear understanding on utilization.
- Important health service providers are absent for long-time. Particularly due to absence of Gynecologist including Anesthetist, local community spent much time and money to go to secondary and tertiary level hospitals.

Recommendations:

- In 12 unions, all union health centers do not have sufficient medicine, cleanliness budget including proper utility services i.e electricity, water, gas. Need to increase sufficient allocation in “supply and services” of Revenue budget.
- Budget for Essential Service Delivery (ESD), need to be increased, particularly for reproductive health care and child health care.
- Those who provide services and responsible to manage union health centers, should be open to discuss with Union Council standing committee.
- More “ Citizen Charter” should introduce at outside of the health complex and health centers.
- Massive information dissemination (through postering, miking, courtyard meeting etc) is needed to inform the available health services to the poor. Need increase of Awareness.
- Strong and effective monitoring by involving union council members for conducting “Satellite Clinic” and “EPI Sessions” would fulfill peoples needs at very door steps.
- Budget for each Community Clinic is needed to ensure to activate those.

Kamal Nagar (Ramgati) Upazila

Status:

- Since 2008, local NGO (USAP) with the co-ordination of budget club (consisting of local community) has been monitoring Upazila health and Family planning budget by using tools , which formulated earlier.

- Among various social mobilizations, displaying banner at every UHFWC on demand driven budget was very useful to attract commoners and disseminate various information to the community.
- Facility based budget and not any increase in health and Family Planning revenue budget last 2 years 2007-08, 2008-09.
- Local level Planning committee is not existed, and in some-places where exists , are inactive.

Challenge:

- Active local participation in the process of monitoring.
- Information is not wide-spread to all to get better access to health services.
- Increase accountability in-relation to services
- Suggestions in relation to the problem raised, not mitigated in short time.

Recommendations

- 42 Vacant posts for health department need to be filled-up as soon as possible to get better health services.
- Supply of medicine should be increased and continued without interruption.
- All 46 Community Clinic must be activated and functioned.
- Full-filling the Vacant post of char “ Kalkini Union of Family Welfare Centres” will increase the health services of the local poor.
- Vacant post of Nurse needs to be full-filled for Upazila health Complex.
- Some of the Unions , do not have health centres. Infrastructure should be established or should initiate to establish in that Unions.
- Ambulance is out of order. One new Ambulance is demanded with fuel and maintenance cost.
- Total 38 respondents participated and out of which 15 emphasized on the increase of publicity and advertisement.

Sirajgonj Sadar

Status:

- Sirajgonj Sadar Upazila has many chars (inlands) where health services through health and Family planning centers are not available.
- People are unaware to establish their health rights due to health related information is limited.
- As a flood prone area and Char area, many people in the community are deprived from government health services particularly in 2 areas i.e Kaowakhali and Mesra Union. As it is isolated from the plain land, since independence no health workers given their services.
- Health and Family Planning services are taken place jointly with NGOs and Government. Urban primary health care services are available parallel to government structure with separate management.

Challenges:

- Budget allocation is not in line with population based or morbidity rate based.
- Proper information on availability of family planning method and other contents to the community is absent particularly for the hard-to-reach area.

- Various service providers (government, non-government, NGOs, local government) are trying to reach the same target groups, resulting difficulties to find right/specific providers by the community which they need and the quality of health services are poor.
- Considerable numbers of posts particularly at Union levels are vacant for long time, which is very serious concern in relation to reliability of government services.
- All health centers are not functioning according to their budget allocation, and less initiative from local government institutions. Without mobilization, community participation in “Union Health, family planning and Epidemic Control” committee is less.
- Instruction given from DGHS to operate Community Clinic, but no budgetary allocation yet to provide to make functional the clinics.

Recommendations

- Need increase to allocation on 5 components of Essential Services Delivery (ESD) at Sirajgong Sadar and its surrounding Union Health and Family Welfare Centers (UHFWC).
- Insufficient and scrap medical equipment make delay in service or insist to refer to the private clinic. Budget for equipment’s “operation and maintenance” need to increase.
- Budget allocation for community clinic is essential to provide services at ward and village level.
- In 2 Unions (Kaowakhali and Mesra), temporary health service camp (there is no health centers) has arranged after intervention of local Budget Club; making available of sufficient medicines and continuous visiting of responsible SACMO and MO-MCH for those Unions is needed.
- Massive information should make available at very village level to ensure utilization of “Publicity and advertisement” budget.
- Budget is available for Human Resources, but due to vacancy of health and family planning workforce, budget is not utilized and people are deprived from services. Need to accelerate to fulfilling vacant posts.
- Medicine budget or medicine quantity needs to be increased.

Lohagara (Narail) Upazila

Status:

- Upazila Health and Family Planning officer (UHFPO) and other medical officers are willing to provide service, but lack of human resources and equipments are major bottleneck/problems.
- Many options (government service, medicine shop, faith healer, private clinics, and NGOs services) for health services at local level make poor people confused and reliability on government health services to many people is questioned.
- Revenue Budget in fiscal year 2008-09 for Upazila health complexes is Tk. 19803000 for total population of Upazila 221000 numbers.
- Local initiatives for health and family planning budget are absent. Government monitoring process is weak.
- In last quarter of fiscal year 2008-09 (April-June), the health complex received revenue budget Tk. 34, 11,000.

Challenges

- Understanding about 5 components of essential services at Upazila level is very low.

- Service providers and service recipients are still in distant position in relation to reliability on services and acceptance of government management since long time.
- Lack of appropriate utilizations of Citizen Charters. All citizen charters are mostly inside the health complexes and Union Health and family Planning centers. So the purpose of Citizen Charter is not fully utilized.
- Ensuring the reliability and belief of service recipients to the service providers (health Rights) is a challenge. General understanding is that government health services do not provide adequate and necessary services, although government has all facilities to provide services.
- Inadequacy of sufficient medicine, cleanliness tools and hospital's service related information for the patient is a major constraint of Lohagara Upazila Health Complexes.
- Unavailability of field level human resources due to absenteeism as well as vacant post.

Recommendations

- Increase allocation to purchase/ supply Medical and Surgical Requisite (MSR), as the existing MSR is very old.
- An Ambulance with annual sufficient allocation for Petrol/Octane is badly needed for Lohagara Upazila Health Complex.
- Upazila Health Complex Advisory Committee should organize the pre-budget session(s) at least once in a year. So that, local needs can be reflected to the health and family planning budget each year through involving health complex authority.
- Service related information at outside the health complex will increase the accessibility of poor. Many people do not know what services are available at what time from the health complexes and health centers.
- Affirmative steps to continue the monitoring and awareness program by involving local community like Union Health, Family Planning and Epidemic Standing Committee at Union levels and Budget Club (Civil Society Group) at Upazila level.
- Create open discussions on allocated budget and utilization with Locals to reduce gaps of understanding

Kamalgonj (Moulavibazar) Upazila

Status:

- A considerable number of posts are vacant since long time impeding/hamper health service particularly at the union health and family welfare centers.
- Health and Family planning budget is not open to all in health administration while the utilization of budget is also very low. For example Xray-Machine is not utilizing due to unavailability of operator (Technicians).
- Budget is allocated based on facility. Less scope for community's participation.
- Community is not fully aware of budget allocation and utilization process, rather getting immediate direct benefit.

Challenges:

- Peoples' participation in regular meetings related to local health and family planning service improvements is a challenge when participant realize that there is no financial gain from the meetings.

- Service users do not know the amount of health supplies and relevant information of the health complex and union health and family welfare centres which are supposed to receive from the government.
- Citizens' increased capacity to access information is a major challenge towards developing an accountable health delivery system at the local level.
- This area is relatively rich from other Upazila, and people intend to get private service by paying from the same physicians after their government (Health Complex) office time.
- Revitalizing “Union health, family planning and epidemic control” standing committee is a challenge where members of this committee do not take self initiative without interventions of CSO.

Recommendations

- Budget allocation in line with population to address health for all.
- Ensure recurrent budget for better utilization of existing equipments i.e x-ray, nebulizer, and pathological equipments.
- Ensure the supply of MSR in time.
- Once in a year, health complex authority can organize “opinion discussion” with the locals
- Utilization of MLSS to make the hospitals and centers clean, and make them positive to provide service. Many support staffs are absent or posts are vacant (e.g Technicians, Radiographer) for long time but service users of this Upazila do not know the real picture of health workforce supposed to be available from government.
- Collective actions under the leadership of Upazila Chairman should welcome from the Upazila Health and Family Planning officer (THFPO) to make the peoples' participation sustainable.

Kaliakoir (Gazipur) Upazila

Status:

- Location of Upazila Health Complex is not far from Capital of Dhaka, therefore those who can afford the transportation cost to come to Dhaka, they come from the Upazila head-quarter. However, some Unions out of 9 under this upazila are far from Dhaka and people are deprived from the health services of these locality.
- Health and Family Planning workforces are available at Upazila Health Complex, but some unions do not have all staffs which supposed to be.
- Budget (Revenue) in fiscal year 2008-09 for Kaliakoir Upazila Health Complex and Union health centers is Tk. 2,98,08,000 for 367000 thousand.
- Accessibly towards health complex is good even in the rainy season
- Health complex introduced mobile telephone to public for emergency services and mobile number is 01730324479

Challenges

- Poor people access to information related to health and family planning at very root-level is still low. Many do not know about the available services.
- Unavailability of support staffs at health complexes and field level is hampering on-going health services, resulting less trust on the government health services.
- Peoples participation in lobbying and advocacy can be achieved good result, if locals want to participate for the health service gain in short or long run.

- Changing the facility based budget allocation into population need based allocation in revenue budget. However, ESD (development budget) budget allocation is in line with 5 components of services which can be demand driven.

Recommendations

- Budget allocation in line with population based
- Allocation need to increase in line item “fuel/gas” under the budget head of “ supply and services” of Revenue budget.
- Community should get enough access to health and family planning related information from the health centres and also at door steps.
- Allocation of inception budget for Community Clinic is needed to operate the clinic. The community clinics are closed since 2001, and it is decided by the present government to re-open.
- “ Chapair” union does not have Union Health and Family Welfare centers while all other unions have. Strong demand is created to establish the UHFWC at “ Chapair” Union .



Kamalnagar Upazila



Sirajgonj Upazila



Lohagara Upazila

Concluding Remarks

Bangladesh government is the sole responsible authority to provide health and health care services to all citizens in the country and Ministry of Health and Family Welfare is the focal ministry to address this responsibility. Government of Bangladesh is a resource constrained authority and therefore needs its citizen’s participation and contribution in the process of management through various forms. Government as well as Ministries has made commitments, as recorded in different conventions, protocols, and agreements, to allocate and transfer adequate financial resources at Upazila level for health and family planning services where most of the rural and poor people live. But actual transfer has so far been meager since long time and it is not meeting the present minimum needs. Urgency and needs is being conveyed through various methods , and pre-budget discussions is one of them, while it may reduce some gap between supply and demand on Upazila health and family planning service provisions for the poor.

Types and number of Participants at 6 Sub-districts

Sl No.	Participant	Sub-districts of Pre-Budget discussion held					
		Kamalnagar	Sirajganj	Kamalgonj	Lohagora	Kaliakair	Bakergonj
Policy maker/Local Government Representative							
1.	Member of Parliament	--	1	1	--	1	--
2.	Upazila Chairman	1	1	--	1	1	--
3.	Upazila Vice-Chairman	1	1	--	--	1	1
4.	Union Council Chairman/Members	2	3	5	3	3	5
Civil Society							
5.	Teacher	4	2	5	13	2	4
6.	Village Doctor	2	1	3	2	1	3
7.	Imam/ Religious Leaders	1	1	1	--	1	--
8.	Journalist	2	3	4	7	2	4
9.	Local Community	10	6	20	3	15	10
10.	NGO Representative	7	8	17	7	9	4
11.	Budget Club Member	7	3	3	4	5	3
Government Official							
12.	Upazila Administration Officer (UNO)	--	--	1	--	1	--
13.	UHFPO (Health Manager)/Medical Officer/RMO	2	1	1	1	1	2
14.	UFPO (Family Planning Manager)/MO-MCH	1	1	1	1	--	1
15.	Government Officers of other departments at Union level	7	8	13	6	4	1
Total		47	40	75	49	47	38