

## **HRH scenario at Upazila Health Complexes of Bangladesh: An exploration**

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Bangladesh has achieved remarkable success during last few decades in respect to health indicators. Despite these achievements environmental degradation and economic backlash is looming over the country. Added to it, pervasive inequity in all the indicators is casting shadow on all the accomplishments. This discomfoting figure might be attributed to the ingrained weaknesses in the health system of the country. Most critical challenge is coming from the issues around human resources for health (HRH) - ranging from quantitative shortage to abject rural-urban maldistribution. Only 16 per cent of the HRH is struggling to serve the 65 percent rural population while the capital city Dhaka enjoys HRH much more than what it requires.

Bangladesh, being a signatory of Alma Ata declaration, is committed to reach the rural population. Sub-district level health complexes, known as the Upazila Health Complex (UHC), are supposed to function as the hub for delivering service to the rural people. But recruiting and retaining HRH in those UHCs has been faced as a challenge by the Bangladesh health systems. Unfortunately little research has been conducted on HRH issues in Bangladesh; particularly looking at the factors promoting retention in rural areas.

Our qualitative study was carried out in three UHCs from different parts of Bangladesh. The ethnographic field work encompassed participant observation at the UHC, in-depth interview of supply and demand sides, and document review during the period of October 2008 and April 2009.

The study found shortage of physicians and nurses but interestingly not Medical Assistants (MA). They are locally recruited staffs, trained for assisting the physicians. The UHC is always headed by a clinically trained physician, who is supposed to perform public health job despite lack of any formal training in the field, compromising his/her potential contribution as a clinician.

Lack of security, undue pressure by local political leaders, lack of transport facility, absence of educational institutions for the children, cultural mismatch, unavailability of electricity, lack of entertainment facilities and, lack of job satisfaction arising from inadequate basic medical amenities and lack of administrative monitoring came out to be the most important factors discouraging the service providers to stay in the rural settings. Lack of administrative incentive was pointed out to be one of the most important causes of frustrations among service providers.

UH&FPO (Head of the UHC) made some suggestions in order to get over the frustrations e.g. ensuring regular promotion, creating more promotion posts, installing entertainment facilities, creating local funds, providing transport facility, oath taking, rural allowance, etc.

Some policy recommendations emerged from the research. Administrative re-structuring should be readily undertaken. Both external and internal monitoring of the UHC should be strengthened. A separate Public Health cadre should be installed in the government service instead of engaging clinically trained physicians for administrative activities. Gap of service hierarchy should be minimized by creating 2nd class posts or upgrading the posts of MAs from 3rd to 2nd class. Equal treatment of health cadre staffs with other government cadres should be ensured. Rural allowance and special academic benefits can be awarded to those who serve in the challenging conditions of rural outfits of Bangladesh.