

Ensuring Accountability of Health Services: Lessons learned from local level

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Naripokkho

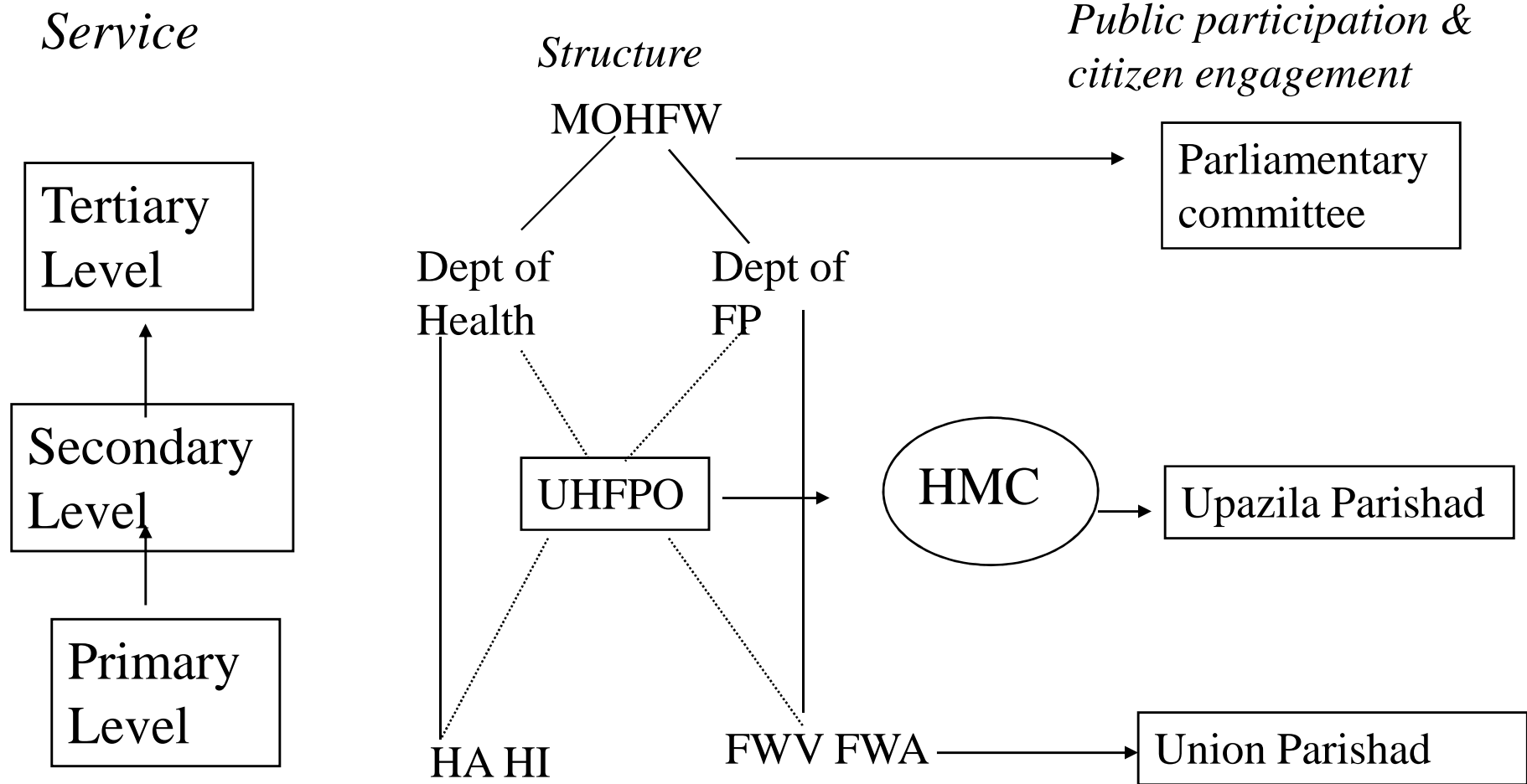
New Delhi, India

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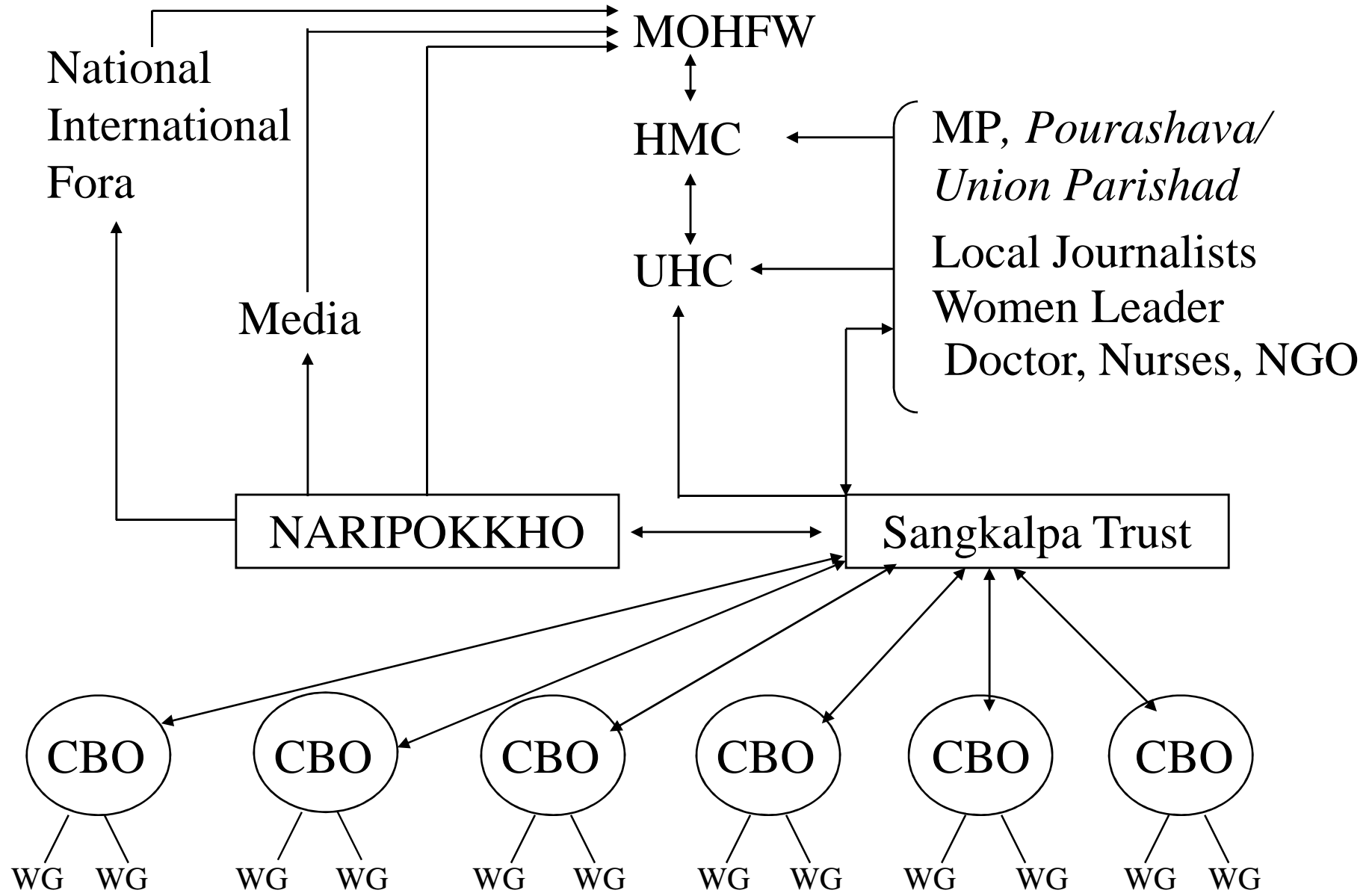
About Naripokkho

- Naripokkho is a membership based activist women's organisation
- Established in 1983
- Working for the advancement of women's rights and entitlements and building resistance against violence, discrimination and injustice
- Women's Health and Reproductive Rights is one of the thematic areas of Naripokkho's work

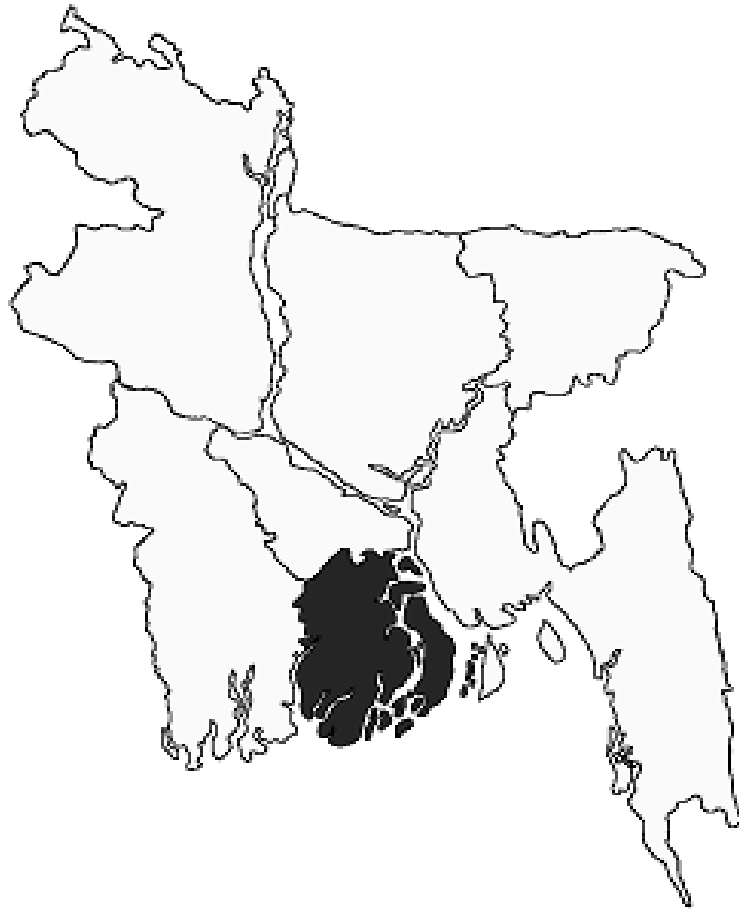
Health System at a Glance



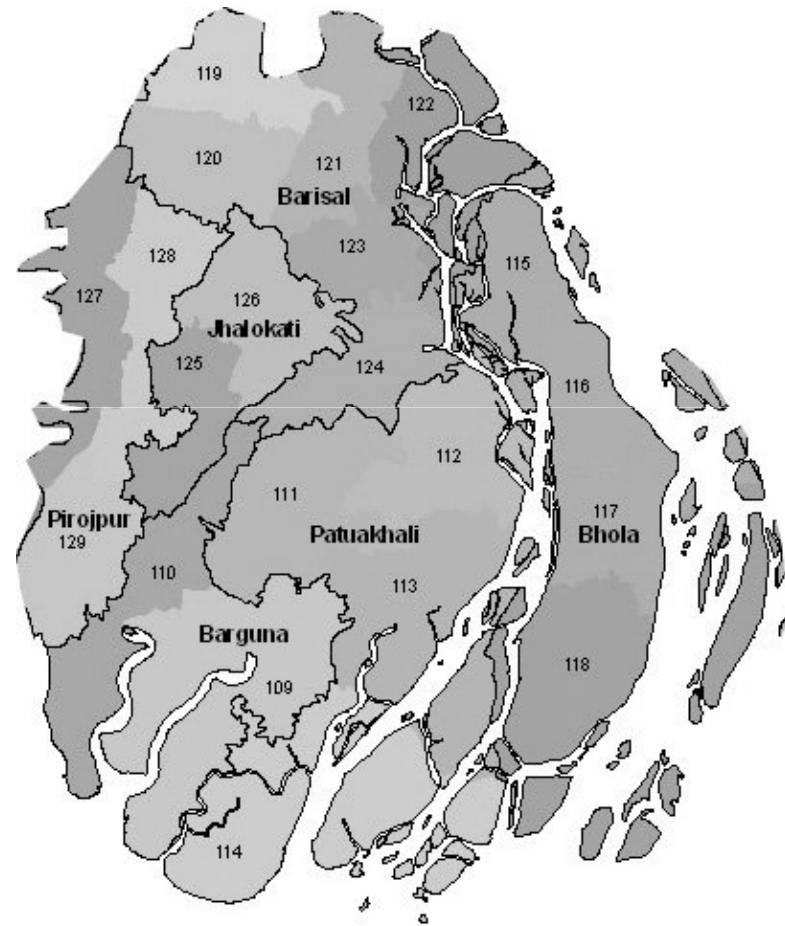
Implementation Framework of Naripokkho



Barisal Division: Working area of the project



Bangladesh



Barisal Division

About the Hospital Management Committee (HMC)

- HMC was formed by the Ministry of Health and Family Welfare to monitor the work of the Upazila & District level hospitals.
- Member of Parliament (MP) is the Chairman and the Upazila chairman is the co-chair of these committees
- Now total members are 21
- Chairperson will be the local MP and the co-Chair will be the Chair of the elected Upazila Parishad; as well as hospital staff, women leader, govt. officials, local Journalist and local NGO

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- According to the govt. rule meeting should be held monthly
- HMC has an officially recognised fora where local people and administration can sit together and discuss problems, identify solutions and take local measures

Strategy

- Work with re-activation of these committees was started by CBO partner in 2001, as an existing accountability mechanism
- Identification of barriers inhibiting accountability
- Advocated for the reactivation of the HMCs. provided motivation for regular meetings and action to improve the situation
- Build up the relation with local MP & other members of the committee and regular follow-up by Naripokkho and CBO
- Trained CBO partners in monitoring and data collection from the health facilities

Achievements: small but significant.

- HMCs have been formed in 13 out of 14 where NP is working, but the meeting dose not held regularly
- Members of the Committee are motivated to oversee the functioning of the hospitals
- Committee members are now more proactive in identifying problems and taking measures to solve them
- 13 out of 16 hospitals hung signboard “pharmaceutical company representatives restricted during hospital outdoor working hours”

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- Reduction in the collection of illegal fees from patients
- Increased supply: x-ray machine, food, ambulance, medicine, reagents, x-ray film etc.
- Increased patient flow (mainly women)
- Doctors are more regular in reporting to duty

Challenges

- Most of the cases MP don't stay locally and don't meet regularly in this meeting.
- Beside that frequent change of government, political instability, local and national elections kept the committee inactive.
- Conflict between the MP and Upazila Chairman is also a reason why in many places the Committee is not active
- HMC does not have any sanctioning authority nor any funds

Lessons Learned

1. Providers' accountability is essential for smooth programme implementation.
 2. Local CBOs monitoring presence can improve the situation especially the attitude and behaviour of the providers.
 3. Media and local government can help improve services through regular monitoring and reporting.
 4. HMC can play a critical role for ensuring accountability & solving problems locally.
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1. The local MP who chairs the HMC has influence both with the local authority and the central government.

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- An active MP can improve services and initiate necessary reforms in the health sector.
- In the absence of “decentralisation”, the HMC can function as an intermediary mechanism for ensuring accountability and standards.

Thank you

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