Roles and Retention of Doctors
under the Urban Primary Health Care Project in Bangladesh

KEY MESSAGES

Doctors play a multifaceted role in the urban primary health care project, providing both clinical and administrative services.

Retention of skilled physicians is a challenge at both service provision and managerial levels.

Low salaries, absence of career enhancement opportunities, and safety issues contribute to retention challenges.

Issues of recruiting, motivating, and retaining skilled physicians need to be urgently addressed to enhance project outcomes.

ISSUES

Contracting Out (CO) for Primary Health Care (PHC) services has been identified as a potential means to address gaps in public services. Due to increased demand for health services from rapid urbanization and limited public provision of PHC, NGOs in urban Bangladesh have been contracted to provide PHC services since 1998 under the "Urban Primary Health Care Service Delivery Project" (UPHCSDP). Project objectives include extending quality service coverage for the urban poor and strengthening the capacity of local Government Institutes (LGIs), i.e. City Corporations (CCs) and Municipalities, to manage contracts. The implementation agency is the Ministry of Local Government, Rural Development & Co-operatives (MoLGRD&Co), supported by a funding coalition led by the Asian Development Bank (ADB).

In the project organogram doctors have designated roles at both management and implementation levels. In these positions, they face a mix of problems - support and workplace related - that work as disincentives to fully commit to the project over the long-term. Addressing these problems is crucial to engaging doctors more effectively and thus enabling a sustainable contracting-out arrangement. This policy brief highlights the factors influencing doctors' retention at the managerial and service provision levels in the contracted-out settings.

THE RESEARCH

We interviewed 42 individuals from relevant ministries, project management and contracted partner NGOs, who have been associated with the implementation of CO at different levels in the three different phases of the UPHCSDP. The research was conducted between 2015-2017.

FINDINGS

Role of doctors in management of UPHCSDP

At the NGO level, it is valuable to have doctors act as both service providers and clinic managers. As managers, they can provide guidance to medical officers regarding any medical questions or concerns they may have, or fill gaps in service provision if needed.

At the project management level, doctors play multiple roles, including those of director, manager, recruiter, supervisor, and evaluator. Their clinical knowledge is required at the project management level to design service requirements in the contract, to plan for relevant trainings and develop training modules, and to collaborate with the financial team to forecast a realistic budget.

> "Technical personnel are required who understand the technical aspects of a health project."
>
> —Project staff

Factors that affect doctor's retention

1. Competitive salary scale

The most commonly stated problem affecting doctor's retention was a low salary structure in contrast to the public sector pay scale, followed by a dearth of other financial benefits such as performance based incentives, provident fund, and gratuity payments. Steps have been taken to modify the pay scale in phase 3 of the CO project, however

implementation has been delayed due to lengthy procedures to make such changes in the public system.

2. Future goals for health professionals

Doctors working with CO NGOs do not have a clearly defined career path i.e. if one starts as a medical officer one stays a medical officer. This picture is also similar for doctors working in project management at the municipal level.

> He [Health Officer] has no promotion or demotion. If he serves there for 30 years he will serve in the same post. There is no ladder. For this reason, no one wants to join. If anyone joins, within one year he leaves for a better opportunity.

—Project staff

3. Scope for clinical skill development

Lack of mentorship to improve clinical skills also acts as a disincentive. In addition, the frequency of in-service training has declined in recent years due to staffing constraints, and low budget allocation for training purposes.

> [Now] We make arrangements for training with BDT 20,000 instead of BDT 100,000. In this way, NGOs are compromising the quality of service due to financial constraints.

—NGO manager

4. No safety, no honor

The community served by the project sometimes fails to understand the limited range of services provided and behaves aggressively towards doctors when their needs are not met. As a result, some doctors do not feel safe during night shifts.

Disrespect is also experienced by doctors when power is exerted by local level commissioners and hooligans (mastaan) during community meetings when disagreements occur. Thus, doctors at managerial posts may not want to interact with members of the community, and seek more protected job environments.

A WAY FORWARD: PARTNERSHIP WITH MOH&FW

In Bangladesh, the MoH&FW is not involved with urban primary health care. Rather it is mandated to LGIs. If doctors could be deputed from the MoH&FW rather than recruited separately by the project, their training and learning needs could be better assimilated and pay scales would be harmonized with the national system.

For this to happen there has to be a partnership contract between the two ministries for sourcing doctors. An added benefit of this proposed inter-ministerial partnership would be the sharing of project budgets between the MoH&FW and MoLGRD&Co, thus increasing fiscal space for health in the national budget and job creation for public health experts. The problem remains that there are not enough doctors within the MoH&FW to cover its current service areas. However, this initiative will increase the cap on the number of doctors recruited by the ministry given the additional budget from LGIs and/or MoLGRD&Co. Should such a system be implemented, NGO ownership and management of the doctors in their clinics would be important to cultivate as otherwise, doctors may not feel accountable to the NGOs when recruited by the ministry.

RECOMMENDATIONS

1. Special training is needed to assist doctors in carrying out their multiple responsibilities (clinical and administrative), including on how to effectively and respectfully interface with the community.

2. NGOs should be given more flexibility to move monies in between budget items, especially in circumstances when staff salary is in jeopardy. With this increase in agency, comes increased monitoring to deter potential misuse.

3. Community sensitization regarding the role of doctors needs to occur so that respectful doctor-patient relationships are nurtured.

4. Additional budget should be allocated to ensure the security of staff on duty.

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