INTEGRATION OF HEALTH AND FAMILY PLANNING

Creation of a Peculiar Monster?

Farida Akhter narrates her experience of visiting a thana health complex and a union centre. And she starts with a thana health centre, which is supposedly the main centre with integrated health and family planning services.

WE were greeted by an attending Medical Officer. The Thana Health and Family Officer was out of the station. The Medical Officer (MO) took us in the different floors of the centre. He explained the services provided at the outdoor, indoor, OT, pathological laboratory, the X-Ray room, malaria control section, TB/Leprosy, MCH/FP etc. I do not want to repeat many concerns of any outside visitor about the cleanliness, attitude of the hospital personnel with the patients, the inadequacy of facilities/supplies, etc.

Once the tour of the entire THC building was completed the Medical Officer became busy with some waiting patients. We entered the room of the MCH services. The two Family Welfare Visitors sitting in the room were still attending some clients for contraceptives. They were talking about Depo-Provera. We did not see any service related to maternal and child health being provided at that time.

Then we went to the room of the TPHO. Here he was very enthusiastic about single focused family planning programme through contraceptive distribution. He said: "Our main goal is fertility reduction, then I do not understand why we are doing all other works. The MCH is meant to improve the family planning performance, not vice versa. If it does not lead to acceptance of contraceptives, then what is the point?..."

He seemed very upset about having to sit in the THC under the administrative authority of the MO who belongs to the Directorate of Health. He went on and on to talk about the problems the family planning workers are facing which included mainly that they are 'unnecessarily' being asked to provide health services, whereas they should concentrate only on the delivery of contraceptives. Again, he earnestly repeated — our goal is fertility reduction.

On the same day, we visited a Union Health and Family Welfare Centre (UHFWC), the lowest administrative layer of the integrated health and family planning service. It was a newly-constructed World Bank-funded building. As we entered the centre, at about noon time, there were hardly any patient to receive the services. One side of the centre was open, while the rooms on the other side were locked. The Medical Assistant in-charge of the centre gave us much information regarding the services provided from the centre. We asked about the Family Welfare Visitor (FWV) and other FP workers responsible in the centre. He showed us an old Union Parishad building, 5-minute walk for the UHFWC on the other side of the main road. We went there to meet the FWV. We asked her why they are still in the old building. She replied: "There was no directive from the Family Planning Department to move." It was puzzling while the health personnel got the directive and are in the new building already, the family planning workers did not even have any instruction. The working environment of the family planning workers is appalling; and absolutely depressing for them. Surprisingly, rooms in the new building is under lock and key, they are not being used for any purpose. The FP workers have been given place in the Union Parishad building.

This experience was not an unusual one, nor a sporadic case in one or two thana and union centre. This is more or less a common feature in many thana and union centres about the so-called *integration* of services. Therefore, this experience provides us much ground to seriously look at the problems at the field level.

Why integration of health and family planning?: The overall health and family planning services are based on a top-down system of policy-making and administration. These sectors are primarily donor-driven with different priorities to the two sectors. The proposal for the integration was initially made by the WB in order to make family planning programme more effective by using the physical structure and the medical personnel. Family Planning Department produces only non-medical field workers, required for the motivational aspects of the programme. Therefore, for very functional needs, integration was proposed and is being implemented so far.

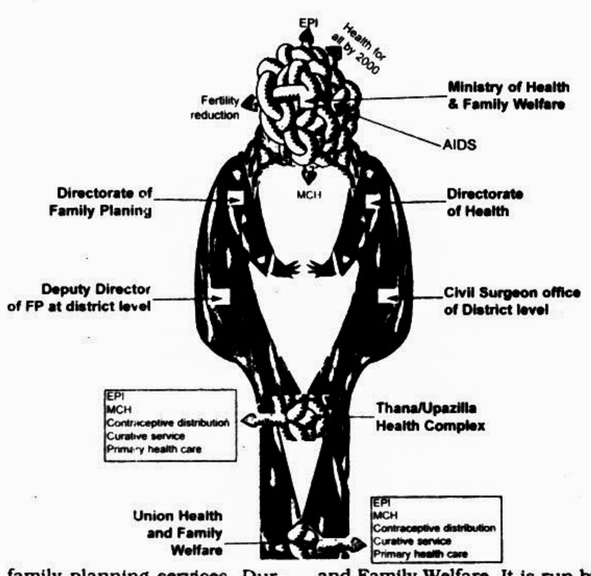
Discussions about the organisational framework with respect to integration of Family Planning/MCH services with that of Health has started in mid -'70s. Policies were formulated in order to integrate activities of the family planning, which are primarily related to contraceptive service delivery, with the infrastructure and manpower of healthcare service delivery. The documents which are so far available indicate that there were some proposals for integration from the government of Bangladesh in 1980 to integrate family planning with health services, but "could not be implemented in view of the insurmountable problems that arose in the process." The government decided for a functional integration which will provide required administrative links to deliver family planning, MCH and primary health care services in a coordinated and complementary manner at the grassroots level. The major objective of functional integration is to improve upon the delivery of all these services and particularly of family planning.

In the '80s, one of the main features of the family planning services was provision of more clinical methods than ever before. The nature of the technology, that is clinical contraceptive methods such as IUDs, injectables and sterilisation, dictated the need for the so-called "functional integration." It was called "functional integration" in order to facilitate the three services including family planning, MCH and primary healthcare. As spelt out in AID Group Meeting Report, 1984, the main reasons were the following:

a) medical support needed for clinical family planning services; b) sharing of common physical facilities; c) difficulties encountered by population programme in recruiting medical personnel; d) need for an optimal use of large cadre of male and female workers to deliver priority services; e) improving the credibility of family planning; and f) strengthening of supervision and promoting the much needed team work for effective service delivery.

Out of six reasons at least four are for improvement of the family planning services. During the '80s, the emphasis on FP was strengthened and government was very strong to push for a "successful" population control programme. In the AID group report, it is said: "GOB have taken care to see that the identity of the priority family planning programme is maintained under the revised set up."

THE MONSTER OF THE "INTEGRATION" OF HEALTH AND FAMILY PLANNING



Where is the integration? At the top, at the bottom — but what about the middle?: In a very simple way, it can be said that the functional integration is only up to the use of health facilities for and by the family planning. As it is very clear, the idea of the integration emerged with one-sided purpose of taking the benefits of the health infrastructure for the family planning, it was never "integration" as the word suggests or the notion it intends to evoke. In essence it was clearly conceived as a strategy to subordinate health infrastructure and the human resources to execute population control programme. This was done quite explicitly. While the health infrastructure and the medical personnel for the family planning are used in order to implement population control, the other component of the "integration" whole edifice of the population programme have been kept separate.

For example, the planning, budgeting, administration and management of logistics and supplies, MIS, training and all other matters of population control programme have always been kept separate and independent from the healthcare delivery system. The Directorate of Population Control and the district level organisation of family planning are also kept separately.

One King but Two Generals: The health and family planning services are administered through the Ministry of Health and Family Welfare. It is run by the same Minister and the same Secretary along with an Additional Secretary under the same Ministry of Health and Population Control. The name of the Ministry has been changed couple of times, but that is another story. It is now called Ministry of Health and Family Welfare. This is the top decision-making level. This is also the level which interacts directly with the donors. So the donor-decisions and priorities are also transferred at the implementation level through the Minister and the Secretary sitting at the apex of power. However, there is also the need to keep the health and family planning separate because the interest of the donors are also separate and uncoordinated.

At the government level, the healthcare is inherited from the colonial rulers and is run with the revenue budget. Despite the colonial nature of the health delivery structure and the consequent evils of colonial domination, the health is seen as a commitment to the people by the government. In the post-colonial period the ideas of enlightenment that government has a responsibility to the people were further reinforced. These are spirit of the anti-colonial movements sporadically retained here and there in the formation of the post-colonial state and the society. That the government must raise funds from the revenue budget to finance the health programme is an important issue in this regard. In contrast population control is entirely a donor-initiated and donor-funded project, therefore it is a commitment to the donors. The integration policy of these services reflects the respective interest groups of health and population control. Splitting of the government's commitment to two constituencies is a major political crisis a Third World government faces, and can hardly be resolved.

It needs to be mentioned here that I am writing this from the field experiences and from the available documents of the government made for donor communities. Although, the discussion on integration has revived again from the donor community, the World Bank in particular, yet we could not get any latest documents from anybody, neither from the government nor from the donors. As a member of the general public, it seems that, we have hardly any access to the documents of the government or those of the donors.

Moreover, we know that by August, 1997 the policy on the integration will be finalized between the government and donors. It is terribly frustrating to see that there is no public discussion. It is the responsibility of the donors and the government to initiate such discussions. Don't we have any concerns in this regard? Why should people be deprived to express their views? Let's now look clearly, where and how the integration actually works. Let me draw a picture of the levels at which integration functions and where it does not.

Integration is there through a common minister and a secretary. At least the same person sits for making policies for health and family planning. The same persons make speeches on maternal mortality, infant mortality, fertility decline, immunization, malaria or TB, leprosy, contraceptive prevalence, fertility rate, etc. Although the contents of the speeches are supplied from completely different divisions of either health or of family planning. This integration is only to the extent of having one common person for the policy-making.

There is no more than that. A person at this level is more of an instrument, than a living and thinking individual comprehending the issues, difficulties and the contradictions of the tasks assigned upon him/her. Given the political and administrative culture of Bangladesh, there can never be a person who can remain in this position for a considerable time to be even familiar with the tasks.

The Ministry of Health and Family Welfare consists of two divisions: 1. the Health Division and 2. the Family Planning Division. Under the Health Division, the Directorate General of Health Services is responsible for administrative direction, manpower management and development, budgetary control, provision of supplies and logistic support, as well as the health information system of the entire healthcare services in the country. While, the Directorate of the Family Planning conducts the administrative, manpower, provision of supplies specially those of contraceptives.

The physical set up of the two divisions are separate not only by their locations but also by the nature of their works. They belong to the same ministry but do not have any linkage among themselves. We had an interesting experience in searching and finding actual data on maternal mortality. We went to the Health Director General's office in Mohakhali, who sent us to the Family Planning Director General's office in Azimpur. Both are working on maternal mortality reduction, but both of them are unsure who 'must' keep the data. For the Health Department maternal mortality rate is an indicator of the women's health situation, whereas, for family planning it is a "horrendous" statistics which can be used to prevent women from getting pregnant!!

At the district level, the health services are supervised through the Civil Surgeon's office. He is responsible for the administration of both development and routine service functions of health institutions in the district. In each district, the Health administration is responsible for, on average, about 17 health centres. The district hospital and THCs within the district constitute the second referral level for primary healthcare.

On the other hand, the Family Planning supervision is carried out by the Deputy Director of Family Planning. He is responsible for the administration of routine functions of the family planning services of the thana level activities.

The Civil Surgeon's office and the Deputy Director's office has no formal connection. They are running independent offices in separate locations. They maintain independent contacts with their respective departments in the headquarters.

Whatever decisions are made at the top level and at the headquarters of the implementations, actual works are carried out at the lowest administrative level of the thana and the union. The directions to the Thana and below cadres of health and family planning are mainly coming from the directorates via the district level offices. There is no coordination of the decisions coming from above to the thana health centres and below. On the contrary, there is somewhat a feeling of dual authority, reactions due to unequal resource allocation and extra-pressures on the health and family planning workers.

At the Thana level, the THFPO, who is the person from the health department, is in overall charge of the programme; he is assisted by the Family Planning Officer (FPO) in the implementation of the family planning programme. However, the FPO is the controlling authority of the family planning field staff; he/she also retains the drawing and disbursing powers for family planning funds.

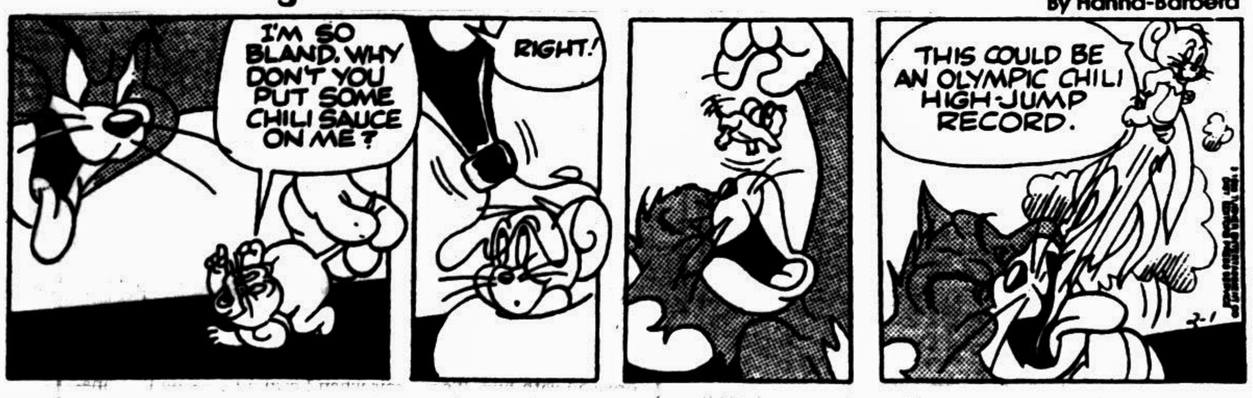
Union family welfare centres and health sub-centres provide some ambulatory care and serve as the first institutional base for the health and family planning workers responsible for domiciliary care.

The integration of health and family planning is necessary for providing the services in a smooth way. So that both the health and family can share and use mutual resources, including physical, manpower and other resources for an efficient primary healthcare service delivery. Unfortunately, the experience of integration is developing a monster with one head, but two independent bodies and one leg.

The challenge now is how to deal with this monster.

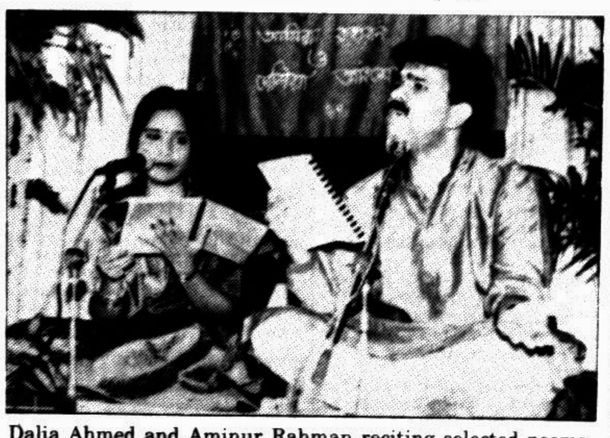
Tom and Jerry

By Hanna-Barbera



IAN FLEMING'S **James Bond** DRAWN BY JOHN McLUSKY

Metropolitan



Dalia Ahmed and Aminur Rahman reciting selected poems by Fazal Shahabuddin at a function organised by 'Kathak' at a city hotel yesterday. —Star photo

4 terrorists held, revolver recovered

Four alleged terrorists were arrested along with a firearms from the city's Tejgaon industrial area Sunday, reports UNB.

Acting on a tip-off, DB police led by Assistant Commissioner Rafiqul Islam raided the Sidney Garments area at 7:30 am and nabbed the four members of the notorious terrorist "Ledu" group of the area, police said.

The arrested were identified as Pakistani Babul, 30, Razib, 19, Akbar, 40, and Mamu Khokon.

The DB team also recovered a 32 bore foreign made revolver along with 3 rounds of bullet.

Sammilito Sangskritik Jote programme on Nat'l Mourning Day

'Sammilito Sangskritik Jote' an alliance of different cultural groups yesterday called upon its front organisations to observe the National Mourning day on August 15 with due respect and solemnity, reports BSS.

In a press release the alliance leaders demanded exemplary punishment of the killers of father of the nation Bangabandhu Sheikh Mujibur Rahman.

In observance of the day 'Sammilito Sangskritik Jote' will bring out a mourning procession from the Dhaka University's Teachers-Students Centre (TSC) at 8 am. Later, a wreath will be placed at the portrait of father of the nation at the Bangabandhu Museum.

4 new departments open at CU

CHITTAGONG, Aug 11: Vice-Chancellor of Chittagong University Prof Abdul Mannan today laid emphasis on concerted efforts to halt unscheduled closure of the university to ease session jam and maintain congenial academic atmosphere on the campus, reports BSS.

Inaugurating four new departments at the university, Prof Mannan said unscheduled closure of he university was unexpected which caused adverse effect on the students who come to the university from across the country in pursuit of knowledge.

The four new departments are geography, anthropology, microbiology and biochemistry.

The inaugural function, held at the Science Faculty building, was presided over by dean of Science and Medicine Faculty Prof Yusuf Sharif Ahmed Khan.

Among others, pro-Vice-Chancellor Dr Abu Yusuf Alam, Chairman of the Anthropology Department Prof Ahmed Fazlee Hasan Chowdhury, Chairman of Biochemistry Department, Prof Mohammad Alauddin and Dean of Social Sciences Prof Hasanuzzaman Chowdhury addressed the function.

Prof Kamal new BAS president

Bangladesh Academy of Sciences (BAS) has elected Prof Kamaluddin Ahmad as president of the academy for 1997-99, a press release said, reports BSS.

Dr Kamaluddin was earlier professor of the Department of Biochemistry and the Institute of Food Science of Dhaka University. He was also the Vice Chancellor of Bangladesh Agricultural University (BAU).

Others elected office bearers are: M Shamsher Ali, Professor of Physics, DU, as vice president, Dr Zahurul Karim, Executive Vice Chairman of BARC, as secretary, M Nurul Haque Khan, Professor of Biochemistry, DU, as treasurers and Prof Md Abdul Aziz Khan, x-Vice Chancellor of CU, as associate secretary.

Meanwhile, Dr M Amirul Islam, ex-Vice Chancellor of BAU, National Professor Dr Nurul Islam, AKM Nurul Islam, Professor of Botany, Prof Abdul Matin Patwari, Director General of the Organisation of the Islamic Conference, Maj MR Choudhury (retd), former head of the Army Pathology Lab and Mahmudul Ameen, Professor of Zoology, DU were elected members.

BIT Day-97 observed

KHULNA, Aug 11: BIT Day-97 was observed here in a befitting manner under the auspices of Bangladesh Institute of Technology (BIT), Khulna at the BIT auditorium on August 8, reports BSS.

Director of BIT, Dhaka MA Hannan formally inaugurated the BIT Day-97 as chief guest.

Various programmes including procession and rally were held to mark the day.