For an efficient hospital administration

M.M.YUSSOUF

WE have health care and hospital services right from village union level up to district and national level under nomenclature of Rural Health Care Centre, Primary Health Care Centre, Health and Family Welfare Centre, Thana Health Complex, Upazila Health Complex, district and national level hospitals. These hospitals are both inherited and newly constructed by government since independence. Five consecutive five-year plans have also been executed with development programme by our planners and policy makers within this period. As per latest available data we have 1200 private and government hospitals with 43,293 beds (11, 371 private and 21,772 Govt.), 29,746 graduate doctors and 16,972 registered nurses. This statistics reflects our development efforts of health care services with ratio of population as: one doctor for 4,000 population, one nurse for 10,000 population and one bed for 3,000 population (ref. Bangladesh Health Bulletin 2002) and indicates our position as one of the lowest among developing countries. The administrative hierarchy of our health care and hospital services is same as our administrative division of Bangladesh i.e. six divisions, sixty-four districts, 460 upzila and 4451 unions etc. We have plan for "community clinic" as per election pledge of our present government to setup one for each 6000 people at bottom village level. Our existing rural health care centre comprises six maternity beds, thana health complex comprises 31 beds and district hospital 50-250 beds, 13 medical college hospitals 250-1050 beds. The average bed occupancy is 80 per cent, duration of stay four days and outdoor attendance per day 150 patients. These statistics reveal that we have increased our health care and hospital services but with negative progression compared to our population increase assuming 13 crore at the moment.

The present management scenario of hospital and healthcare services in Bangladesh is very poor and needs modernisation and improvement, and standardisation with sustainability. We still adhere to colonial British system of administration of hospitals i.e. Civil Surgeon at district level hospital and Director (Dr) in medical college hospitals and not accepting the concept of specialisation i.e. Hospital Administrator for administration of supporting services and Director (Doctor) for medical administration i.e. diagnostic and pathological services. Our planners, policy makers and professionals of healthcare and hospital services should take initiative to accept this reality of specialisation. Our neighbours and other developing countries are advancing with specialisation concept in different fields but we are lagging behind with inherited concept of colonial administration. We cannot afford to waste time and must go for reform through concept of specialisation by our own planners, consultants and professionals and not by so-called borrowed foreign consultants tied to donors' fund.

The quality and standard of hospital services in Bangladesh is frustrating and quality of treatment is also not standard. No law regulates mushroom growth of so called hospitals, clinics and diagnostic and pathological centres and people are loosing confidence in our doctors, and treatment offered by hospital and clinics, and prefer to go abroad for treatment. A hospital means an institution having all facilities for treatment of patients under one roof or in one premise. Except government health complexes and health centres at union, district or division level and institutional hospitals with referral mechanism and a few private hospitals, most of the hospitals are not hospitals in reality. They have been developed with commercial motive in absence of proper national policy. But we have meritorious skilled specialists to offer qualitative and specialised treatment and need professional training and orientation to update their skill and knowledge to keep pace with the latest treatment technologies developed and practiced in countries around us like the recent three-week ophthalmic training programme of ORBIS at Chittagong offered to eye care professionals at the initiative of Chittagong Eye Infirmary and Training Complex(CEIT).

Hospital management is very complex dealing with patients' services in contrast with industrial management. Management principles and practices are applicable to both but its application is complicated and reactive with latest development of treatment technologies in hospitals. It needs a special administrative cadre to be developed. The existing inherited colonial hospital management system needs overhauling, modernization, recasting to fit the needs of modern hospital management.

The recent initiative of the government to set up community clinics at upazila level and health and family welfare centers at union level and to provide new ambulances and repair of old ambulances, supplying new medical equipment and accessories of operation theatre at different hospitals of the country is really commendable and praiseworthy and implies the government's compliance with their election pledges and attention to neglected healthcare services in Bangladesh. Ambulance services of the hospitals to attend call for carrying emergency and critical patients is a major component of healthcare services in any country, specially in Bangladesh where 98 percent of the population do not own any form of transport.

The hitherto scenario of ambulance services at the thana, upazila, district, division level and medical college and other institutional hospitals in Bangladesh is that most of them have ambulance but lying out of order for years together and have perhaps become obsolete due to absence of proper routine maintenance. As per recent press report the government has already supplied 43 ambulances, 80 new ambulances have been procured while 97 are in pipeline and 52 old ambulances are under repair. It means 272 ambulances will be available to serve the patients, which is really good news. But we must emphasize that supply and presence of ambulance in any hospital is not enough, the availability of its services with medical aid i.e. oxygen cylinder, attendant doctors and trained drivers in emergency and its proper and cost-effective maintenance are most vital and important. Social awareness as to priority clearance of ambulances on the road is absolutely lacking in Bangladesh and this attitude must be developed. The same awareness must also be developed for use of ambulance exclusively for carrying patients, not for any other purpose of official use. Ambulance fleet is a capital investment item and is very costly asset. Its proper and cost-effective maintenance must be formulated, adhered to, implemented and properly monitored through possibly developing a central cell under Ministry of Health and Family Welfare (MOHFW) under Director General of health services. The drivers of ambulance fleet also need careful selection as they must possess special aptitude, skill and capability for driving in emergency beyond duty hours, even at dead of night taking specific care of patients.

Hospital management is very complex dealing with patients' services in contrast with industrial management. Management principles and practices are applicable to both but its application is complicated and reactive with latest development of treatment technologies in hospitals. It needs a special administrative cadre to be developed. The existing inherited colonial hospital management system needs overhauling, modernization, recasting homegrown reforms to fit the needs of modern hospital management. The present time is running with the concept of specialisation in all fields of activities. Doctors are taking care of patients with specialised knowledge of medical science. Modern hospital management has its specialised courses on management of medical, surgical, obstetrics and gyne, pediatric etc. for medical personnel; management of pharmacy, radiology, pathology, physiotherapy etc for para medical personnel and reception, admission, housekeeping, laundry, dietary, medical record, personnel, human relation, ambulance services, purchase and procurement etc for hospital administrators.

In Bangladesh concept of hospital management by non-medical managers is not yet developed and we are utilising costly time of doctors which could be utilised for patients' treatment enhancing health care of our people. In USA and other developed and developing countries specialised courses and degrees , diplomas like Master of Science in Hospital Administration (MSHA) parallel to MBA have been developed and introduced for hospital management. We in Bangladesh also should introduce this concept for better health care system with specific courses and curriculum in colleges and universities and in paramedical institutions. A few private hospitals established under joint venture with developed partners already introduced this concept of managing hospital by non-medical personnel as Administrator, Chief Executive Officer keeping diagnostic components under Medical Director of the hospital in line with hospital management by developed countries. A "home-grown reform programme" as being taken up and implemented in other sectors of management and governance of different institutions and in organizational hierarchy, as per advise of development partners and donors, may be taken up to improve and upgrade the health care services in Bangladesh.

Modern equipment, machinery and tools with latest technologies are vital for healthcare system. The recent government initiative to procure and supply 20 X-ray, 04 Angeogram, 23 Ultrasonogram, 13 Homodialysis, 02 Colordopples machines and a number of tools of operation theatre in different hospitals is also commendable. But it needs caution and awareness as to proper planning and programming for effective utilisation and availability of their services to the patients. We are aware that Bangladesh is a dumping place for junk, age old and outdated, obsolete machinery at nominal price tied or untied with the donors' fund. We are also aware of the scenario of hospital equipment and machinery installed without manpower training, supporting additional normal or routine spare parts, routine service facilities for which such costly medical equipment often lie idle. Possibly same concept of organising a survey of all medical equipment and machinery in all government hospitals as proposed for ambulance services be organised to improve the over all hospital services in Bangladesh.

Hospital management is perhaps more specialised a subject than, say, business management, industrial management, hotel management, court management, banking management and other different institutional management. Special courses and curriculum, workshops and trainings are already in adoption and practice in some fields of such management and rest are in the process of professional awareness of acceptability in Bangladesh. The purpose of this article is to develop this perception of specialization in the field of hospital management.

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RMG sector crisis need to be arrested immediately

NASEEM FIRDAUS

IN the aftermath of the 11 September 2001 incident in the USA, a total of 1,276 Ready-Made Garment (RMG) factories had closed down of which 1,178 were located in Dhaka and 98 in Chittagong. As a result 350,000 workers were rendered jobless. Although, some of the factories have gradually reopened since March 2002, 501 factories still remain closed while some 2,25,000 workers -- mostly women -- remain jobless.

The government, the factory owners and BGMEA have a moral, social and fiscal responsibility towards these workers. The prospect of millions of unemployed women on the streets has the potential to create mass social unrest and add to the dismal economic situation resulting from the garment industry crisis. Mashuda Khatun Shefali, Executive Director of Nari Uddug Kendra (NUK), stated this in her paper "Impact of International Trade Regime on Female Garment Workers in Bangladesh" presented at a workshop on "Globalization, Trade Liberalization and Economic Growth in Asia: Should Labour and Environmental Standards be Part of the Equation? The Case of Bangladesh", held in Armidale, Australia in early October this year by the Social Sciences in Australia/University of New England, Asia Centre, Australia.

The international and national trade bodies, policymakers and the media are primarily focusing their attention on the economic causes and fall-out of the RMG-sector crisis. Little attention is being paid to the impact of the crisis on livelihood security of the workers. Since the majority workers in the garments industry in Bangladesh are women, it is these women who are bearing the brunt of the market decline. At present, there is no single industry where this volume of narrowly skilled workers can be reemployed. The crisis will therefore have a devastating social effect, not only for the women who will lose their jobs, but also for their families and communities, the author warned in her paper.

Giving a background of the RMG sector in Bangladesh, the paper noted that the RMG sector in Bangladesh had rapidly grown with a modest beginning in the late seventies. Within a very short period of time, it attained prominence in terms of its contribution to Bangladesh's gross domestic product (GDP), foreign exchange earnings and employment. The industry flourished due to the cheap and predominantly female labour market and the favoured international textiles and clothing regime under the Multi-Fibre Agreement (MFA).

The female workers in the garments sector represent the first wave of mass integration of unskilled women into the formal labour force in Bangladesh. In 2000-2001, 1.8 million workers -- 90% of them women -- were employed in 3,480 garment factories across the country. For the same year, the readymade garments industry export value was US$4, 895.83 million, representing almost 76% of the total export share earnings, the largest source of foreign currency earnings of Bangladesh. The accumulation of wealth and the flourishing of the industry were won through the hard labour of millions of female workers.

But today, the RMG sector of Bangladesh stands on the edge of a crisis after 18 years of steady operation as the leading export and formal employment sector of the country. Bangladesh is headed towards a market decline due to the global recession, US TDA-2000, EU's special preference for Pakistan's RMG industry, the accession of China into the WTO, and the economic fall-out from the September 11, 2001 terrorist attack in the United States, lamented the author.

Though Bangladesh exports it readymade garments to 90 countries of the world, the EU and the US were the largest markets, consuming 95 per cent of the apparel exports from Bangladesh. After 11 September 2001, air shipments were seriously disrupted resulting in a huge financial loss to the Bangladesh RMG sector. The ensuing slow down in the US economy exacerbated the situation, with the cancellation of existing orders. The result was an overall decline in RMG export of 10.60 per cent during 2001.

Importing countries, the government of Bangladesh, factory owners and BGMEA have a moral, social and fiscal responsibility towards these workers. The needs of the workers are modest, namely assistance to find alternative employment or rehiring in the garments industry. Most of the workers want to get back to the same job they did for so long.

In the prevailing situation, the author observed that her organization -- Nari Uddug Kendra (NUK) -- feels obligated to stand besides the workers to combat the negative effects of the global trade regime on the rights, interests and livelihood of garment workers. But since the number of workers affected was too large it was difficult for any single organization to deal with the problem single-handedly. Hence, NUK has undertaken a study "Identifying Alternative Skills for Rehabilitation of Retrenched Garment Workers", the objective of which was to link with other larger organizations and government agencies to provide relevant skills training to retrenched garment workers to ensure that they have the tools to move out of the garments industry to other productive sectors.

NUK, a non-government national women's NGO mandated to promote gender equality, human rights and personal empowerment of women and girls in Bangladesh, has been working with the garment workers since 1991 providing housing, healthcare, and awareness training on workers' rights and safety standards. Based on its long working relationship with the garment workers, NUK has undertaken advocacy and necessary programmes to support, protect and promote workers' rights.

In December 2001, NUK conducted a sample survey of 66 workers in seven factories who had lost their jobs immediately following the terrorist attack in the USA. The survey found that of the 100 factories where NUK delivers basic health care, five had closed down while two had partially shut-down as of December 2001, leaving 31,609 employees unemployed, of whom 23,107 were women. Less than 10 per cent of the laid-off workers who were interviewed had found alternative employment. Those who had found work were employed in lower-paying jobs involving either manual labour or domestic service, under more inhuman conditions. Only 2 per cent of the 66 women interviewed had found better jobs, either in other formal industries or as inspectors or supervisors in other factories in the garments sector.

Taslima, married with a small child, earned between Tk 1,200 and Tk 1,400 a month, labouring in a garments factory. Like thousands of other young women who migrated to Dhaka to find employment in the factories, Taslima has lost her job because the factory where she was employed had closed down. "My husband left me because I could no longer contribute to the family income and my parents resent my moving in with them with my daughter", lamented Taslima. Her future is uncertain and bleak, as she has no other skills to secure another job. She is one of the estimated three million garment workers who have lost their jobs in the months following the 11 September 2001 attack in the USA, due to the closure of approximately 1,000 factories and work curtailment in hundreds of others.

Rekha, a young widow originally from Narshingdi district, migrated to the city to escape from the tyranny of her in-laws and to work in a garments factory. The garments factory where she worked was overtaken by a slow-down in work due to a decrease in order and she lost her job as a helper after 11 September 2001. She was forced to move in with her sister and family who were as destitute as Rekha herself. "All I want is to find an alternative employment and stop being a burden to my sister", narrated a woebegone Rekha. Rekha is one of the millions of women who have not only built the garments industry with their labour but have also been instrumental in creating acceptance of a woman's right to work and be a productive member of the society.

The needs of Taslima and Rekha and many more others like them are modest -- an alternative income earning activity, although there is no other single large sector that can potentially replace the large number of workers all on its own. The government and the private sector should remain active in lobbying for the Bangladesh RMG sector's steady existence and continued access to the export markets, so that these large numbers of workers are protected. In the meantime, the retrenched workers need immediate assistance of the government, private sector and NGOs to either absorb them in other employment sector or equip them to become self-employed.

Following the sample survey, NUK in March 2002 carried out a follow-up survey with 225 female garment workers who had lost their jobs. The study inferred that as an offshoot of the economic consequences of the 11th September crisis, many of the laid-off female workers have been and will be forced into prostitution to survive. Most of them will not return to their villages where there is no opportunity for employment and where they are no longer welcome by their families and communities.

Importing countries, the government of Bangladesh, factory owners and BGMEA have a moral, social and fiscal responsibility towards these workers. The needs of the workers are modest, namely assistance to find alternative employment or rehiring in the garments industry. Most of the workers want to get back to the same job they did for so long. The government has a responsibility to work with the Bangladesh RMG sector to ensure its healthy existence and to secure expanded access to export markets, so that this large number of workers are protected. In the short-run the redundant garment workers need immediate support. The government, the private sector and the NGOs need to provide training and support to ensure that the workers find alternative wage-employment in other industries in the formal sector or are engaged in gainful self-employment.

In December 2001, NUK spearheaded the development of an alliance of NGOs, trade unions, garments workers federations and other associations concerned about the rights of garment workers. Twenty-four organizations joined force to form the Bangladesh Garment Workers Protection Alliance (BGWPA). The organizations involved have invested their time to ensure that the rights of the workers are protected and their voices heard in the discussions on solutions to the crisis in the RMG sector. The goal of the Alliance is to give voice to garment workers concerns at a time of market uncertainty and to ensure that the garment workers' situation and issues are taken into consideration in any solution to the crisis proposed by government and industries.

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Concern over climate change

Tinged with controversy?

A M M SHAHABUDDIN

THE eighth conference of some 170 countries, parties to the UN Frame-work Convention on Climate Change, billed as 'COP-8', ended recently its over a weeklong session in New Delhi, raising more dust-storm than it could wipe out, although much tangible and more concrete results were expected from the conference. An important section of the participating countries, particularly the 15-nation EU (European Union) said that they were disappointed for, what they called, a failure to include the two-terms, the Kyoto Protocol, in the first draft of the Delhi Declaration, presented by the host country's delegation. It was indeed a big lapse on the part of the host country.

It is indeed difficult to comprehend what had prompted the Indian delegation to insist on excluding from the first draft the two terms 'Kyoto Protocol' which was the main source of the Delhi Conference. It was, however, a commendable attitude on the part of the EU group and some other countries to allow the adoption of the Delhi Declaration as a sort of a 'compromise' or a 'consensus' one, just to save the rather doomed fate of the conference had the opposing countries stuck to their guns. "Halting negotiations altogether would have been seen as a victory for the United States" which had abandoned the protocol, remarked an EU official.

However, the failure on the part of India to comply with the suggestion of the EU group to include Kyoto Protocol in the first Indian draft declaration, raised many questions than answers. Such an act of omission on the part of India naturally led to the speculation in the conference circle that "India was siding with Washington" on the policy of climate change. A leading international NGO, known as Friends of the Earth, alleged that the negotiations around the Kyoto process made little progress with the US manipulating every disagreement to drive a wedge between the industrialised and developing countries.

The Protocol had fixed the deadline for the developed countries to follow a specific programme to reduce their emissions of carbon-based gases causing 'global warming' by 2008 and 2012, but it had not made any such demand on the developing countries. Instead, the Protocol had said that the poor developing countries must make inventories of their gas emission levels and develop national action plans for reducing such gas levels with financial and technical help from the developed countries..."Any jackass can kick a barn down, but it takes a carpenter to build it." Let the world leaders (carpenters?) from the 170 countries that attended the Delhi climate conference forge a strong unity to save the world from any such 'jackass.'

UN Convention on Climate Change

It may be mentioned here that the 170 countries that had ratified the 1992 UN Frame-work Convention on Climate Change, considered as the centrepiece of world efforts to combat global warming, met in Kyoto, Japan in 1997, and agreed on a legally binding protocol under which developed countries, which together account for 60 per cent (p.c) of annual carbondioxide or carbon-based gas emissions, of which America is in the lead, would reduce their collective emissions by 5.2 p.c. from 1990 levels between 2008 and 2012. However, America washed off its hands from the obligations during Bill Clinton's presidency, turning the table, when George W Bush ditched the Protocol in March 2001, shortly after his assumption of office as US President.

A new climate agenda

Now, back to the Kyoto Protocol to ascertain what it had said about the obligation of the industrially developed countries. As mentioned earlier, the Protocol had fixed the deadline for the developed countries to follow a specific programme to reduce their emissions of carbon-based gases causing 'global warming' by 2008 and 2012, but it had not made any such demand on the developing countries. Instead, the Protocol had said that the poor developing countries must make inventories of their gas emission levels and develop national action plans for reducing such gas levels with financial and technical help from the developed countries.

What Delhi Conference achieved?

Although the Delhi conference on climate change has been dubbed by powerful lobbies, like the EU, as a "failure" to achieve its real objectives, some of the decisions that were included in the Delhi Declaration cannot just be overlooked as they deserve to be taken note of.

The most important of them is that the parties that had already recognised the Kyoto Protocol, strongly urged the parties that have not yet done so, to ratify the protocol. (However, there was no name-calling).

The conference also recognised that the developing countries faced the increased impact of climate change and suggested that they should be helped by the developed countries in adapting to the changing climate conditions.

It also urged that the specific needs and concerns of the developing countries arising from the adverse effects of climate change should be given full consideration.

And the last, but not the least, the Declarations said that poor developing countries should get access to clean technology in various sectors of climate change.

Apart from clinical analysis of what had been achieved and what had been missed at the Delhi Conference on climate change, the most heartening feature of the whole process for the 170 participating countries, both developed and developing, big and small, is that the conference didn't nosedived to a deadlock because of the wide differences, thanks to the gesture shown by the EU to keep the boiling pot cool, by allowing the Declaration to go through "to keep the process of addressing the climate change alive", as later declared by the EU.

Caravan must go on

There is much to learn to keep the UN efforts 'alive' towards achieving the objectives, set by the UN Earth Summit held in Rio de Jeneiro in 1992. The participating countries in the Rio Summit took a historic step to ensure the future of the planet by adopting, what is called, Earth Summit Agenda 21, which consists of a comprehensive global action programme in the field of protecting the environment and sustainable development. So it's a long way to go to achieve that objective. First step should not be the last step. The member countries should, therefore, look forward towards achieving those ends even if they face hurdles and road-blocks created by some countries that follow a hostile stand for some reason or other. The caravan must go on. "We sincerely hope that whether rich or poor, the leaders of all nations would put the interest of people at the forefront of their agenda", to quote the last sentence of editorial DS (3.11.02) "Global warming challenge -- collective response still missing!" A timely signal for all those who want to make this world a better place to live in. We should not forget the age-old adage which says that "Any jackass can kick a barn down, but it takes a carpenter to build it." Let the world leaders (carpenters?) from the 170 countries that attended the Delhi climate conference forge a strong unity to save the world from any such 'jackass.'

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