MANAGEMENT OF HEALTH ORGANIZATIONS IN BANGLADESH - SOME ORGANIZATIONAL ASPECTS

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Background

Bangladesh inherited a health, care system which was urban biased and curative oriented. As the nation achieved its independence the inadequacies of the existing health care facilities gad their inequitable distribution between urban and rural areas become incompatible 10 overall national expatiation Bud aspiration. During the first five year plan (1973-78) and the subsequent two year plan (1979-80) period a number of programs were initiated in the rural areas to build up a country wide network of health infra-structure and to develop integrated health service including preventive health care.

The second five year plan (1980—85) envisaged the national

commitment for providing the basic minimum medical facilities to all citizens. On top of this immediate goal the broad national goal has been accepted to provide health care for all by the year

7—2000 AD. The building blocks of second five year plan complete of the alma Ata Declaration in 1978 and the key approach been primary health care. As a signatory to the Asian Climate Health Development and to the Alma Ata Declaration on primary Health Care. Bangladesh is committed to implement the …… of this Declaration to attain health for all by the year 2000.

In the past there had been little if any systematic [ion on the management of health care system in Bangladesh at the level of public or private sector organizations. The major cause for the absence of such study is the protective framework of the health services system in Bangladesh specially with regard to structural and efficiency related aspect. There are at least two reasons as lo why health care system in any country must place greater emphasis upon proper management and organization. Firstly this is necessary to ensure better medical care in order to conserve the great economic assets i. c. the national health. Secondly in the interest of economical operation increased emphasis needs to be placed upon problems of management and organization in the co next of the resource limitation of the country. The major problem of the health care system as prevailing in the country is definitely a problem of resource management peculiarly in view of very low per capita medical facilities prevailing in Bangladesh.

In a resource poor country like Bangladesh the effective utilization of the limited health care facilities could depend upon the adoption of appropriate management structure for both the service its a whole and for various personnel operating the services which would ultimately determine the quality of management.

In this study issues pertaining to different level of managerial personnel e.g. availability of professional and technical personnel span of control, chain of command etc., having management implication weft investigated to selected health organizations belonging to Government. Semi-Government, Non-Government, Private, for profit, Specialized autonomous groups and other types, This was done to identify the pattern and inherent characteristics of the health organizations of all the above mentioned categories through representative samples belonging to each category with the help of a predetermine questionnaire.

Methodology

This paper originates from a comprehensive study on Bangladesh Health finance and expenditure study. The study used a survey method to cover health service providers belonging to government, private, NGO and charitable organizations. The focal point of assessment had been management of health organizations. In all 164 organizations were Surveyed with the help of a predetermined questionnaire to collect information. The selection of sample frame was based on house hold survey conducted earlier and Included 66 health organizations from rural area and 98 from urban areas, Efforts were made to include major government facilities and representative number of private NGO and charitable organization in the sample frame.

Health Organizations in Different Sectors

Health organization may be categorized as under government, semi-government/autonomous, NGO, private and other sector of the economy. Table I shows the category and number of health organizations surveyed and their regional coverage. In all 164 or organization were surveyed by a group of trained field investigators with predetermined interview schedule. As it appears from the table, out of 72 government health organizations, surveyed 51 are national in coverage, 8 national and 13 district level organization As for semi-government health organizations, 11 were surveyed of which tour at national level, 5 at district level and 2 at union level. In all twenty five NGO health organizations were surveyed of which 5 from national level, 4 from regional level and Hi from national level. 1'rivatc for profit health organization were surveyed ut national and district level. Thirty one such organizations were at national level and 13 at district level were investigated.

In the category of other, 2 at national level, 1 at regional level and 8 at district level were surveyed. Only one autonomous type health organization was surveyed at national level.

Nature of organization

Heath organizations operating in Bangladesh have different names and functions and are of diverse character. As pointed out, they have been broadly classified under the following categories.

A. Service, Education Training and Research units

B. Administrative, Regulatory and Advisory units,

Our survey included health organizations located mostly in urban areas. Table 2 shows that in category A we have covered 134 organizations while in category B we have covered 30 organizations. The above mentioned categorical difference was sorted out on the basis of the primary objectives of the concerned health organizations.

Divisions and Departmentations in Health Organizations

Health organizations in Bangladesh are not only diverse in nature, they are different as well in respect of operative divisions and departments. The- survey at the primary level of some selected health organizations showed it clearly that such differences exist.

In Government sector alone, according to the survey, number organizational divisions ranged from 1 to 8.But in semi- government the range was observed to be restricted. Between 1 to 5 (Table 3) However, in Non-Government Organizations the range of number of divisions was found to lie

between 1to 4 and in private sector such range was observed to between 1to 3. For other types of organizations, the range of number of divisions was 1to 2.

The average number of divisions in health organizations varies from sector to sector. In Government sector the average number divisions 1.74, in Semi Government organizations such average is t. 16, in Non-Government organizations the average h I. 37, in private organizations $_th_e$ average is 1.19 and in other types of organizations it is 1. 23. u seems that the number of division* on an average is high in Government lector followed by the NGU sector.

The same true for departmentalization as well. As it appear in table 3 the avenge number of department is 4.72 Government sector. It is 4. 40 in the others category, 3 in the NGOs, 2.22 in semi-Government organization and 2.12 in private organizations.

Levels of Managerial Hierarchy

Table 4 presents the number of personnel at different levels of managerial hierarchy. Excluding staff, clerical employees and the menials what emerged may be observed be table as a comparative profile of managerial hierarchy according to level in different health organizations belonging to Government, semi-government NGO, private and other sectors.

The levels in the hierarchy have been in terms of the categorization made by the government. For those who are in the NGO or private sector, salary for the corresponding government grade has been the basis for levels determination. In all there are seven managerial and administrative levels in the government.

In Government health organization under study 9. 79% constituted the top level managerial personnel drawn from professional and technical cadre. In the next hierarchy percent gc of officials was 9. 22 and for third level percentage of officials was 11. 5. It was 15. 48 at the fourth level. However large percentage of officials belonged to fifth level where the percentage was 34.05.

The, percentage was 17. 08 at sixth level and 2.04 at seventh level which are- the junior most rank of officials in government health organizations.

The semi-government health organizations surveyed had only live levels of managerial personnel beginning from top third level of the Government organizations. At that level concentration of officials was 17. 39. At (he next lower level percentage of official was 12.73. However, at middle level number of official was high compared to other levels. The percentage was about 34.78, highest for any single level of the semi -government health organizations.

It has been already reported that about 25 Non-Government Health organizations were surveyed in the study. ID all 262 health officials belonging to fix levels of managerial hierarchy were found to be working in those organizations. Table 5 shows the breakdown of the officials and their corresponding percentage.

Highest percent of officials (46.94) was observed in level five and the lowest (4.19) was in level two. One specific feature that emerges is that for the NGOs there h no level seven as compared to the Government Health officials.

In respect of the private health officials table 4 provides their number and percentage in different levels. Officials are more evenly distributed excepting the level seven where only one official was found to be working. At level six DO officials were reported. Highest concentration of private health officials can be observed at level three (25. 64).

About health 11 organization) of various types grouped as others were investigated Into. In all 204 officials are working in these organizations. Table 5 also shows the breakdown and corresponding percentage of private health officials working at different levels of the organizations. In these organizations at the lower levels a large number of officials, are reported to be working constitutes the bulk of the health officials. At level six percentage of health officials h 40. 97 (highest) and at the fifth level the percentage is 35. 60.

As a whole, the NGO and private sectors have proportionately more people at the top level if salary is considered us basis for comparison with the government sector.

Span of Supervision

Efficiency and effectiveness of health organizations like all others depend to a great extent on the span of supervision at each managerial and administrative level, Successful management of any large or small enterprise depend* on the development of a broad based organization structure and the application of clear organizational principles.

a. Span of supervision In government organization

The average span of supervision at the five levels of organizational hierarchy in the government sector h presented lo Table 6. At the top level the average span is 4.27 well within the acceptable range, For the second level from the top the average span is 3. 83, for third levels it is 3.15, for the 4th level it h rather high (6) compared to other levels. At the bottom which constitute the link pin between managerial people and the staff the average in 3. For some top and senior managers the span is too wide where 13-20 people are to be supervised.

b. Span supervision in semi Government Health Organization

The eleven health organizations which belong to semi government bodies were also investigated to find out average span of super vision at different management level, for the purpose of toe identification, the level was considered in terms of the organization itself, fable 7 provides the span of super-vision at three levels of managerial hierarchy. At the top level the average is l, 67 which means a very favorable span. However at the next level below, the average span is 3, 42, for the lowest level of management the average is 2,00. In the light of the above it may be concluded that the average span of supervision in the semi government health organization is favorable as compared to that of government health organizations.

c. Span of Supervision in the Non-Government Health Organizations.

Non-government health organizations structurally and management wise differ from government health organizations. Resource input in these organizations are more compared to Government organization. NGOs also can field more number of qualified medical professionals and technically competent personnel specially at the field level. Naturally these organizations are supposed to have narrower hierarchy. This cm be cheeked and verified as expected from the findings presented In table

As it appears in the table the broadest average span is observed at the lowest level of managerial hierarchy (3,5). Which is well within a favorable range of span of supervision. The narrowest span is observed at the third level of managerial hierarchy It h I, 83.

d.. Span of supervision in private Health Organization

The study could identify span of supervision in private health organizations only at two levels of managerial hierarchy. At the top level of management average span of supervision is 2, 57. However at the next lower level the average span 3. 87 (Table 9).

e. Span of Supervision in other Organization

In respect, of span of supervision, health organizations of other category show a mixed situation. At some level the average span is suite narrow, while at other levels the span i» quite wide. At the top level the average span of supervision is 4. 5 and. at the following level the average span is 1,85 But at the third level the average span of supervision is quite high (8,01). At the 4th level us managerial hierarchy the average span is 2.00 and that it the last level of managerial hierarchy in the organizations belonging to this group (Table 10).

Personnel

In the health organizations, the total personnel can be broadly divided Into three categories, viz, professionals, technical and non-technical personnel. The professionals are primarily the medical doctors with different specialization. The medical staff are the technical while the rest are termed as non technical.

In the government health organizations surveyed, 18.56% of all the employed persons were professionals of different categories (Table 11). While technical staff accounted for only 15.52%, the non-technical group represented the biggest share of employment with 65.92%. The semi-government organizations had an utmost even distribution of personnel In the three groups with a little higher employment of the non-technical group.

A distinctly different pattern emerged in case of the distribution of professionals in the NGOs and the private sector. While professionals were only 10. 35% of all personnel in the NGO sector, in the private this was 33.69%. The possible explanation could be that the NGOs provide more of domiciliary services including family planning where Para-medical personnel are employed. Services in the private sector health organizations are mostly curative in nature and as such more doctors are needed. Technical staff accounted for 31.45% of employs in the NGOs and 21.02% in the private organizations-. The percentage of non technical personnel in these two types of organizations were 58.20 and 4,529 receptively.

The other health organizations had 14.29% of employs as professionals, 29.27% as technical and 56.44% as non-technical.

Types of Service

The services provided by the health organizations surveyed were categorized as indoor and out-door services. Table 12. shows the distribution of the two types in case of the study organizations, Those organizations in the government which provided medical care, 47.62% had indoor facilities and 52. 38% had out-door facilities. In the semi-government and non-government organizations out-door services were highly predominant as against in-door services. While 88.89% of semi government and 76% of NGOs and out-door facilities, only 11.11% and 24% these groups respectively had in-door services. Private sector health organizations had predominance in in-door medical care with 67.02% of organizations having such facilities. The rest 32.08% had out-door facilities

Service Records

The health organizations in the government are the major providers of medical care in the country (Table 13). Data from the survey organizations for the period 1982-1986 showed that government Organizations provided case to over 85% of all Patents and the rest were served by the semi-government. NGO, private and other organizations- The share of the NGOs in providing care had been showing steady increase over these yean and increased from 1.04% in 1982 to -K90% in I98G Private sector had facilities ace yet to take a big share of the patient care in the country,

The different health care programmers are not undertaken equally by the various organizations which were surveyed. While government organizations had participation in almost all programmers, the others had only limited such programmers. Primary health care, MCH, EPI, control of diarrheal disease, health education etc, ate some of the important programmers in moat of the organizations. Government organizations were the sole providers of service in case of infectious disease, TB control, rehabilitations, health and drug research etc.

Conclusion

Health Care System in Bangladesh needs to be strengthened a lot to meet the growing demand of people. In respect of coverage and quality health care facilities available in the country is quite inadequate. Despite the rapid growth of health care facilities in the public and private sector much resource endowment will be necessary to translate the goal of health for all by 2000 AD into a reality.

The organizational weakness of the health care system and the delivery of the same needs 10 be examined closely and special efforts, will be required to train up the Health officials in the ate a of health management so that the meager resources available in 'n this sector are used efficiently in order to attain better results.

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Table of health Institution surveyed

Level Category	National Number Percent	Regional Number Percent	Dist./UpaZila Percent	Total
Government	51	70.85 8 11.11 13	18.06	72
Semi-Government	5	41.67 — — 7	58.83	12
Autonomous				
N.G.O.	5	20.00 4 16..00 16	64.00	25
Private	31	70.45 — — 13	29.55	44
Other;	2	18.18 1 9.09 8	72.73	10
Total	94	13 55		164

Table-2
Nature of Organizations surveyed

	Nature	Number	Percentage
a	Service. Education, Training & Research	134	81.70
b	Administrative Regulatory Advisory		18.30
	Total	161	100.00

Table-3 .Organization Davison Mat. is Organization

Divisions	Government	Semi-Govt.	N.G.O	Private	Others
1	41(63.07)	17(89.47)	15(78.94)	35(85.36)	6(75.00)
2	11(16.^2)	1(5.26),	2(10.52)	4(9.75)	2(25.001
3	7(10. V6)	1(5.2.;,	1(5.21,	2(4.87)	—
4	4(6.15)	—	—	—	—
5	1(1.53)	—	—	—	—
6	—	—	—	—	—
7	—	—	—	—	—
8	1(1.53)	—	—	—	—
Average	1.74	1.16	137	1.19	1.25

Figure with parentheses indicate percentage

Table – 4

Organization Department Matrix

Department	Government	Semi-Govt.	N.G.O	Private	Others
1	9	3		19	-
2	22	10	7	15	6
3	34	8	5	9	2
4	11	—	8	4	—
5	9	—	—	—	—
6	7	1	—	2	—
7	5	—	—	—	—
8	3	—	—	—	—
9	1	—	—	—	1
10	-	—	—	—	—
11-30	12	—	—	—	1
Average (Percentage)	4.72	2.22	3.00	2.12	4.40

Table – 6

Span of Supervision in Government

No of person supervised Level	1	2	3	4	5	6	7	8	9	10	11-20	21-30	Average
I	9	10	17	13	8	81	14	4	1	2	2	2	4.27
II	22	22	17	2	6	6	1	2	2	1	7	—	3.83

III	5	6	1	5	—	—	—	1	1	—	—	—	3.15
IV	—	1	—	—	—	—	—	—	—	1	—	—	6.00
V	—	—	—	—	—	—	—	—	—	—	—	—	3.00

Table – 7
Span of Supervision in Semi Government Organization

No of person supervised Level	1	2	3	4	5	6	7	8	9	10	11-20	21-30	Average
I	4	8	—	—	—	—	—	—	—	—	—	—	1.67
II	4	—	1	—	—	—	—	—	—	—	—	—	3.42
III	—	1	—	—	—	—	—	—	—	—	—	—	2.00

Table – 8
Span of Supervision in Non Government Organization

No of person supervised Level	1	2	3	4	5	6	7	8	9	10	11-20	21-30	Average
I	8	7	2	1	—	—	—	—	—	—	—	—	2.42
II	8	6	2	—	—	—	—	—	—	—	—	—	2.68
III	2	3	—	—	—	—	—	—	—	—	—	—	1.83
IV	1	—	—	1	—	—	—	—	—	—	—	—	3.5

Table – 9

No of person supervised Level	1	2	3	4	5	6	7	8	9	10	11-20	21-30	Average
I	12	15	7	3	–	1	1	–	–	–	–	–	2.57
II	1	4	6	–	–	1	1	1	–	1	–	–	3.87

Table – 10

No of person supervised	1	2	3	4	5	6	7	8	9	10	11-20	21-30	Average

Level													
I	5	—	1	3	1	—	—	—	—	1	1	—	4.5
II	6	6	—	—	—	—	—	1	1	—	—	—	1.85
III		—	2	—	1	—	—	—	—	—	—	1	8.00
IV		1	—	—	—	—	—	—	—	—	—	—	2.00

Table – 11

Types of services	Government	No. of Patient Semi Govt. N.G.O		Private	Others
Indoor	30(47.62)	1(11-11)	6(24.00)	36(67.92)	6.(54.65)
Out doors	33(52.23)	8(88.86)	16(76.00)	17(32.08)	5(45.45)
Total	63(100%)	9(100%)	25(100%)	53(100%)	11(100%)

Table – 12

Category Types	Government	No. of Patient Semi Govt. N.G.O		Private	Others
Professional	1628(18.56)	52(30.77)	237(10.35)	388(33.69)	205(14.29)
Technical	1861(9.23)	52(30.77)	720(31.45)	239(21.02)	420(29.27)
Non Technical	5782(65.92)	65(38.46)	1332(58.20)	515(45.29)	810(56.44)
Total	8771(100%)	169(100%)	2289(100%)	1137(100%)	1436(100%)

Figure within parentheses indicate percentage

Table— 13

Service Record

Year	Government	No. of Patient Semi Govt. N.G.O		Private	Others	Total
1982	I540.132 (88,48)	41.018 (2 .36)	17,957 (1.04)	11,357 (0.65)	1 ,30,000 (7.47)	17,40,174

1983	15.71,414 (85,96)	72,455 (3.96)	25,011 (1-37)	35.212 (1.93)	1.24.000 (6.78)	18,28,092
1984	17,65,367 (86.37)	72,122 (3,53)	42,449 (2,08)	18,058 (0.88)	1,46,000(7.24)	20,43, 996
'I985	21,04.465 (85.96)	76,806 (3.22)	94.698 (3.87)	22.066 (0.90)	1,48,000 (6.05)	24,48,035
1986	22.32,053 (85.6)	84,497 (3,22)	1,28,623 (4.90)	24,790 (0.94)	1,38.000 (5.25)	26.28, l69