HUMAN RESOURCES FOR HEALTH IN MATERNAL, NEONATAL AND REPRODUCTIVE HEALTH AT COMMUNITY LEVEL

A profile of Bangladesh

Technical summary

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by Dawson, Howes, Gray & Kennedy

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HUMAN RESOURCES FOR HEALTH KNOWLEDGE HUB

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This report summarises the available information on maternal, neonatal and reproductive health workers at a community level in Bangladesh. It looks at workforce diversity, distribution, supervisory structures, policy and education and training. This technical summary paper highlights the key issues and achievements mentioned in the full-text report.

Accurate and accessible information about the providers of maternal, neonatal and reproductive health services at a community level is central to workforce planning. However, information on human resources for health, such as how workers are performing, managed, trained and supported, is scarcely available for decision makers to use.

This profile provides baseline information about Bangladesh that can help inform policy and program planning by donors, multilateral agencies, non-government organisations and international health practitioners. Ministry of Health staff from other countries may also find the information useful in planning their own initiatives.

Key achievements

One of the considerable achievements in Bangladesh has been the increase in the number of people using contraceptives. This was due to the Maternal Child Health Family Planning Program which started in the 1970s.

The Bangladesh Government is also working to increase the skilled birth attendance rate, particularly for women in the lower wealth quartiles. This is largely due to the efforts of the collaboration between WHO, UNFPA and the Obstetrical and Gynaecological Society of Bangladesh who started the Community-Based Skilled Birth Attendant and Services Program in 2003. This is a six-month program to train family welfare assistants and family health assistants to carry out safe delivery at home.

Pregnancy care remains below optimum standard. Two thirds of women do not receive antenatal care. In rural areas only 28% of women have any antenatal visits.

Key issues or barriers

- There are more doctors than nurses in some locations across Bangladesh.
- The population is growing rapidly and the number of doctors is not likely to increase to meet the growth.
- Some health workers are dissatisfied with their jobs. This is due to low income and lack of career prospects. This means many workers have been looking for work in the private sector only.
- Sometimes family welfare visitors are hesitant to offer services to the poor.
- There are many vacant posts (about 26% vacancy rate at the time of writing this report).
- There is large absenteeism amongst health workers, particularly doctors who use afternoons to see private patients only (absenteeism ranged from 40% to 74% at the time of writing this report).
- There are a high number of vacant teaching posts, which has lead to overcrowding in teaching.
- Currently, almost 12,000 mothers die in childbirth each year. Mortality rates are especially high amongst adolescent mothers, possibly because of malnutrition.
- Despite some progress in recent years in Bangladesh, the maternal mortality ratio remains high although there are considerable variations within regions of the country and inconsistencies between WHO and government estimates.
- There is also uncertainty as to whether the country is on track to reach its Millennium Development Goal targets.
- Pregnancy care remains below optimum standard (both antenatal and postnatal care).
- There is an increasing challenge in providing adequate health care services to urban poor communities and the number of people in the lower socio-economic wealth category is rapidly increasing.

Sources of information for this profile

The information for this profile was collected through a literature review in addition to input from key experts and practitioners working in the country. The full report cites full information sources and references (this document is a summary only).

Where to find more information?

Read the full report at www.hrhhub.unsw.edu.au – click on the Publications link. We can also send you printed copies for free. Simply email hrhhub@unsw.edu.au with your request.

Also coming soon in this series are profiles on other countries including Cambodia, Fiji, Indonesia, Lao PDR, Philippines, Solomon Islands, Timor-Leste and Vanuatu.

ABOUT OUR MAIN AUTHOR: Dr Angela Dawson

Dr Dawson has experience in the areas of primary health care worker education and training, capacity building for communicable disease prevention and control at community level and health communication and media advocacy. She helped develop the training curricula to support National Malaria Control Programs in five African countries (with the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine). She has been involved in programs designed to develop dialogue and debate between journalists and health practitioners in the Asia-Pacific region, Africa and the Caribbean. Angela has been leading a program in human resources for health at community level in maternal, neonatal and reproductive health in the Asia Pacific with the Burnet Institute.
Email Dr Dawson: a.dawson@unsw.edu.au

ABOUT: The HRH Knowledge Hub

The Human Resources for Health Knowledge Hub was funded by AusAID in 2008 and forms part of the School of Public Health and Community Medicine at the University of New South Wales. Our publications report on a number of significant issues in human resources for health. We also have resources available on leadership and management issues, maternal, neonatal and reproductive health workforce, and human resource issues in public health emergencies.

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REPORT SAMPLE: HEALTH WORKER DISTRIBUTION IN BANGLADESH

(Adapted from Bangladesh Health Watch 2008; MoHFW Bangladesh 2009a; AAAH 2008; MoHFW Bangladesh 2009b; WHO 2009; WHO 2010a)

CADRE	NUMBER	PUBLIC	PRIVATE	MEAN AGE	FEMALE	MALE	RATIO (FOR EVERY 1,000 PEOPLE)
Family planning officer	546						0.004
Community-based skilled birth attendant	3,000						0.019
Assistant family planning officer	1,440						0.009
Health assistant	21,016						0.135
Family welfare visitor	5,705						0.036
Family welfare assistant	23,500						0.151
Community health worker	48,692			34.5	83.8%	16.3%	0.312
Village doctor				39.6	5.5%	94.5%	
Traditional birth attendant				51.5	98.8%	1.2%	
Traditional healer	21,000			52.9	24.4%	75.6%	0.135
Trained *dai*							1 per village
Registered nurse	27,732	14,686		41	96.6%	3.4%	0.178
Midwife	18,516				4,110	22,350	0.119
Medical assistant	5,598	5,598	720				0.036
Doctor	50,004	19,002	31,002	43	10.6%	89.4%	0.321