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SHOPS BANGLADESH RESOURCE GUIDE

Tools and Processes Used in the Implementation of
an Integrated Service Model for LARC and PM in
Private Sector Facilities



September 2014

This document was produced for review by the United States Agency for International Development. It was prepared by Stephen Rahaim for the Strengthening Health Outcomes through the Private Sector (SHOPS) project.



Strengthening Health Outcomes
through the Private Sector

SHOPS BANGLADESH RESOURCE GUIDE

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States government.

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INTRODUCTION

The following resource guide provides the tools and processes developed for and used by the Strengthening Health Outcomes through the Private Sector (SHOPS) project in Bangladesh, and explains how they were utilized in the implementation of the integrated service delivery model designed to establish long-acting reversible contraceptive (LARC) and permanent method (PM) provision in large private facilities. This includes key considerations to the design of the tools or processes and select insights about the use of the tool or experience of implementation. The guide is organized according to the main activities of the implementation and major components of the SHOPS Bangladesh model.

This resource guide is meant to serve as a useful reference for any other organization considering supporting private sector facilities in the provision of family planning services, especially LARC and PMs.

1 BACKGROUND

In 2011, the United States Agency for International Development (USAID) requested the SHOPS project to perform a private health sector assessment in Bangladesh. The assessment was designed to understand barriers to the delivery of LARC and PMs of family planning by private sector providers—with a focus on for-profit providers—and to recommend approaches in overcoming those barriers. The assessment led to the design and implementation of the SHOPS Bangladesh project.

The primary objective of the project is to establish a viable service market for LARC and PMs of family planning among selected private sector facilities. For purposes of this project, viability is defined by whether the facilities believe the benefit of adding these services at their facility is worth the investment and effort they make in establishing them so that they continue to provide the services after the project ends. The SHOPS project private sector assessment and other non-SHOPS related research suggest integrated service delivery models may be most effective in establishing operational and commercial viability for private providers. These are models in which family planning services are provided in coordination with maternity and child health services to take advantage of the client flow, staff, and other resources necessary to extend access to more services for more people. The project area covered Dhaka and Chittagong cities of Bangladesh, where the largest for-profit hospitals which provide maternity services are located.

The project is implemented as a joint initiative led by Abt Associates with Mayer Hashi project of EngenderHealth and Social Marketing Company (SMC) playing specific roles. The USAID Mayer Hashi project provided training to private providers at selected facilities, and SMC ensured the supply of intrauterine devices (IUDs) and implants to the facilities. The local training institute, AITAM, was also engaged to provide training of trainers (TOT) for private medical college hospitals.

The SHOPS model provided customized assistance to the for-profit health facilities – treating each facility as a unique health business. Assistance to selected private facilities included the following:

- Assessing and advising on facilities' needs and willingness to invest related to provider clinical capacity, LARC and PM product and equipment supply, marketing and demand generation, policy and regulations, and other issues related to planning, reporting, and monitoring the integration of LARC and PM services. These were guided through a memorandum of understanding (MOU) established with each facility
- Establishing a commercially available supply of implants, IUDs, and injectable contraceptives

- Training doctors, nurses, and paramedics in the delivery of high quality LARC and PM services and information
- Supporting community level marketing activities to help facilities to increase demand for LARC and PM services
- Establishing the system and capacity for participating facilities to report essential statistics on their LARC and PM services to the national health statistics system
- Advising health facilities on business planning and management issues related to the integration of LARC and PM services

This project has been successful in installing an integrated service delivery model into 32 for-profit and four nonprofit private hospitals in Bangladesh—all of which have trained staff and are currently providing implants, IUDS, and tubectomies. Additionally, some are also providing vasectomies. At the end of this two year project, including 15 months of provider engagement and support, these 37 facilities are making a valuable contribution to the national family planning goals and providing a significant number of LARC and PMs as the nongovernmental organizations and public sector facilities of the same size, on average per facility.

2 COLLABORATION & GAINING SUPPORT

Collaboration and support from partners and select local organizations was important to achieving SHOPS Bangladesh project objectives. For example, through the partnerships and collaborations listed below, SHOPS Bangladesh was able to adapt the LARC and PM training curriculum for private provider needs and to quickly engage and establish positive working relationships with the ownership and management of 50 private hospitals. SHOPS Bangladesh partnered with SMC, the Mayer Hashi project and AITAM and worked closely with the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), Obstetrician and Gynecologists Association of Bangladesh (OGSB), and Bangladesh Private Medical College Association (BPMCA) during the implantation of the project.

USAID Mayer Hashi project

The Mayer Hashi project was a key partner in the conceptualization of the integrated model for private facilities. In partnership with SHOPS Bangladesh, the Mayer Hashi project led the adaptation of the national LARC and PM training curriculum to meet the unique needs of private providers. This adapted curriculum received support from the Obstetrician and Gynecologists Society of Bangladesh and approval from the Directorate General of Family Planning. After approval was received to implement the new curriculum, Mayer Hashi conducted a training needs assessment, coordinated with each private facility to organize the trainings, and followed up on training progress. Mayer Hashi provided training feedback when the trainings were completed to ensure that all LARC and PM trainings were consistent and addressed the needs of the participants.

Social Marketing Company

SMC was also a key partner in the conceptualization of the integrated model for private facilities. SHOPS Bangladesh worked closely with SMC to provide support to secure approval from the government to distribute IUDs and implants to the private market, obtain a maximum retail price, and over-brand the products to support marketing of long acting methods. To promote the marketing of LARC and PMs in Bangladesh, SMC and SHOPS created and distributed method-specific leaflets, brochures, banners, and posters. SHOPS Bangladesh coordinated the purchasing relationship between facilities and SMC sales agents to ensure a regular supply of IUDs, implants, and injectable contraceptives.

AITAM

SHOPS Bangladesh worked with AITAM to develop a training of trainers on LARC and PMs for private medical colleges. Their master trainers trained senior OB/GYNs in private

medical college hospitals to provide LARC and PM services and conduct practicums for students and interning doctors.

Obstetrical and Gynecological Association of Bangladesh

OGSB support was essential to SHOPS Bangladesh establishing strong working relationships with private facilities. It was with the credibility of the OGSB that the project was able to gain the trust and support of senior OB/GYNs at these hospitals and ultimately secure the participation of their facilities in the project. OGSB wrote a circular encouraging private hospital participation (Annex 1), provided expert review of the adapted training curriculum, and engaged both of its hospitals in the model to provide extensive feedback on its implementation.

Directorate General of Family Planning

In order to successfully introduce LARC and PMs into the private sector market, SHOPS Bangladesh worked closely with the DGFP to obtain permission for IUD and implant marketing as well as fixing prices for the commodities. SHOPS Bangladesh obtained support from the DGFP to establish and coordinate a technical committee for LARC and PMs in the private sector. This committee met at least quarterly and consisted of the Directorate General of Family Planning, the line director for the Clinical Contraceptive Service Delivery Program, the Obstetrician and Gynecologists Society of Bangladesh, and representatives from SHOPS, Mayer Hashi, and SMC. The committee reviewed and discussed project products such as simplified service statistic reporting forms (Annex 18 & 19) and helped address emerging issues the project faced such as registration and permissions to distribute the commodities donated to SMC.

Directorate General of Health Services

SHOPS Bangladesh gained support from the DGHS to encourage private medical colleges in creating practical learning opportunities on LARC and PM. DGHS released a circular to announce this support (Annex 2).

Bangladesh Private Medical College Association

The BPMCA provided support by lending their credibility and supporting outreach and engagement of SHOPS Bangladesh to private medical colleges and established a working relationship for the project.

LESSON

SHOPS led a joint work planning process with USAID, the DGFP, Mayer Hashi, SMC, OGSB and inputs from several USAID partners and local organizations involved in family planning in Bangladesh. This process resulted in a partnership and activity framework in which SHOPS, Mayer Hashi and SMC committed to specific tasks and technical activities which they led, coordinated or contributed. This allowed the partners to adjust their participation according to their own evolving work plans when SHOPS Bangladesh was starting up and SMC and Mayer Hashi had ongoing projects.

3 SELECTION, ASSESSMENT, & ENGAGEMENT

When engaging private facilities and interested providers located in Dhaka and Chittagong city, SHOPS Bangladesh created a Private Facility and Provider Selection Strategy (Annex 3) which included essential criteria to generate a short list of facilities and providers. This included:

- Facility provided maternity services(providing 100 or more deliveries per month)
- High volume of client flow for all services, with a high percentage of maternal and child health and reproductive health clients
- A balanced provider patient ratio and sufficient number of doctors, nurses, and paramedics
- Facility had required basic set-u p for service delivery and counseling
- Providers were motivated to provide LARC and PM services
- Facility administrators were willing to support LARC and PM service delivery

KEY CONSIDERATIONS

Setting a relatively high threshold of 100 or more deliveries per month is important to ensure there was a sufficient flow of maternity clients to engage in informed counseling. This is the starting point to making the model commercially viable for private facilities.

Assessment form and process

(Annex 4)

SHOPS Bangladesh assessed a long list of facilities to determine their readiness and willingness for participation in the model. The project assessed 83 facilities in order to select 50 participants (later revised to 35). The assessment form and process were created to maintain consistency when performing assessments across each facility. In addition to key questions asked at each facility, the assessment guides the assessor through the steps of performing a facility assessment. SHOPS assembled assessment teams to include staff from Mayer Hashi and SMC to ensure that all active partners understood the issues of facilities from the inside. The assessment process included:

- Collecting a list of private facilities in both Dhaka and Chittagong cities and introducing the project and objectives through letters.
- Meetings with the management and providers of potential facilities to discuss benefits in participating in the SHOPS activities.
- Assessors explained the following topics to the facility/provider before starting the assessment:

- Explanation of LARC and PMs and why they play an important role in family planning
 - Brief description of the SHOPS Bangladesh initiative of introducing LARC and PM services through the private sector
 - Explanation of the breakdown by SHOPS Bangladesh partners
 - Expected role of the private facilities/providers
 - Objectives of the day's visit
- Assessment of the facility conducted through observation and discussion with management and providers at each facility.

KEY CONSIDERATIONS

It is important to note that the form and assessment process not only address the status and ability of a private health facility to integrate LARC and PM services into their facility, but also the willingness and feasibility that the facility is able to successfully do so. Understanding decision-making processes at each facility was time consuming but very necessary to ensure that the facility could be successful with the model.

A primary point of contact was established between SHOPS and all facilities to ensure the project could manage the relationship in a way that would be sensitive to their needs and concerns throughout the project.

Memorandum of understanding (Annex 5)

MOUs were negotiated and signed with each facility that had an interest in participating in the SHOPS Bangladesh activities. The SHOPS Bangladesh MOU provides an example of the type and structure of information included.

KEY CONSIDERATIONS

When drafting MOUs with potential facilities, it is important to directly address the intended institutionalization of LARC and PM services in the private facilities. A detailed MOU should also include a list of duties for role clarification between partners and facility staff and how to correctly address regulatory and compliance issues.

LESSON

In negotiating the MOU with private facilities, it was important to engage each facility as a unique health business with its own needs and concerns. While the MOU provided in Annex 4 illustrates the type of information contained, final drafts were customized to each facility's decisions on which methods to provide, how many providers to train, and the timing of these investments.

4 TRAINING & QUALITY ASSURANCE

Training needs assessment and progress monitoring form

(Annex 6)

Training needs assessments were conducted at each facility prior to training using the simple form in Annex 6. Findings were used to select potential trainees for the LARC and PMs and prioritize modules based on participants' previous trainings. The progress monitoring form allowed for quality assurance of training implementation and ensured trainings were consistent between facilities.

KEY CONSIDERATIONS

The training needs assessment helped keep trainings flexible and responsive to the different needs of participants and facilities. By understanding and prioritizing modules to the needs of participants, SHOPS built on existing skills, focused on practicum, and reduced the time providers were away from their facilities.

Quality assurance and family planning compliance forms and process

(Annexes 7, 8, 9)

To maintain quality of the services provided in all facilities participating in the model, quality assurance forms were created and designed based on Bangladesh nationally approved standards and requirements. SHOPS Bangladesh drafted a family planning compliance plan which was disseminated to each facility as part of its quality assurance program. Mayer Hashi and the Obstetrician and Gynecologists Society of Bangladesh provided input on these forms.

The project conducted multiple quality assurance visits to the facilities during which interviews were conducted with the assigned quality assurance focal person, LARC and PM services were observed (as available), records were reviewed, and a general facility walk through was done. Providing feedback to the facility was important to ensure that the facility understood areas for improvement and maintained the integrated quality assurance system.

KEY CONSIDERATIONS

The project identified a quality assurance focal point in each facility, generally the head of the OB/GYN department or another senior OB/GYN. The forms were created to be simple so that they were easy to administer and not time consuming for the facility focal person to complete. The simplicity of the forms also allowed for facilities to integrate them into their own quality assurance systems without external support.

LESSON

Volunteerism was a key consideration in the development of the compliance plan. This was a relatively new concept to some private providers and a special focus was made through quality assurance checks to ensure they understood and embraced client-centered counseling and volunteerism in method choice.

5 BUSINESS ENABLING ACTIVITIES

Business enabling workshops and plan (Annex 10)

Most facilities with which SHOPS Bangladesh worked had limited experience in the clinical and operating context of LARC and PM service delivery. These facilities required a clear understanding of issues that affect their ability and investment in providing a new service. This includes issues outside their facility including regulatory issues and requirements for facilities and their providers, accessing commodities, market linkages, reporting requirements and other government interaction; and inside their facility including clinic flow and inter-departmental communication for integrated services, revenue planning, pricing, and commodity planning.

SHOPS Bangladesh supported these information and planning needs in two ways, 1) business enabling workshops that helped them understand the regulatory and market issues related to LARC and PM service delivery and 2) a simplified business plan template that helped businesses plan and manage the integrated service delivery model. The business plan is an output of the workshops.

Workshops were a few hours long and were held for individual facilities. Participants were from all areas of the facility that would be involved in implementing the model – senior administrators, OB/GYN and pediatric department heads, senior graduate doctors and specialists, nurses, pharmacists, marketing staff, and the SHOPS marketing and community mobilization person assigned to the facility. The workshop defined and clarified roles from each member of the facility's team, ensured they had an understanding of the issues affecting them, and incorporated their input into the business plan.

KEY CONSIDERATIONS

The integrated model promised providers the opportunity for a value-added revenue stream and a way to create longer, multiple service relationships with clients. Business planning was not an attempt to establish expectations for a vertical revenue or profit stream.

LESSON

It was important to approach these workshops through a consultative process. While many of the issues affecting LARC and PM service delivery would affect most private facilities in a similar way, approaching them as health businesses with business, clinical, and management dimensions helped convince some skeptical facility manager and providers.

6 MARKETING LARC & PM SERVICES

Marketing and community mobilization officers (*Annex 11 & 12*)

Marketing and community mobilization officers (MCMOs) were hired to assist facilities in the marketing of LARC and PM services. Each MCMO was assigned to up to three facilities had three major responsibilities:

1. Mapping the catchment area of each facility to identify pharmacies, other clinics, schools, beauty parlors, community based organizations and other locations and community resources for creating referrals and reaching women directly with interpersonal communication.
2. Conducting interpersonal communication and basic family planning counseling and referrals *at the facility* in coordination with the facility's marketing team and other trained counselors, *at locations in the catchment area as identified on their map* and *at the homes of clients*.
3. Tracking and reporting to SHOPS and hospital management on their own marketing activities, the LARC and PM marketing activities of the facility, and any concerns raised through their coordination with the facility's providers, marketing team, or community resources and referral partners

Two forms were created to monitor MCMO activities and contacts. Annex 16 is the weekly log sheet as a time log. The form collects information on the facilities visited, activities performed, start and end times, and total hours worked. The MCMO achievement form in Annex 12 collects data on the number and location of clients reached and materials distributed. SHOPS Bangladesh coordinated regular meetings with MCMOs individually and as a group to assess their work plans, performance reports, concerns, and challenges.

KEY CONSIDERATIONS

The idea of creating a team of marketing and community mobilization officers was added to the demand generation component of the model after the partners determined that a large scale communication campaign wasn't going to be implemented as originally envisioned in a partnership agreement.

LESSON

When the MCMO model was planned, the project intended on working with facilities to take on the MCMOs as full time members for service marketing and health promotion. Only two of twelve MCMOs secured full time positions with facilities. The project should have made a stronger effort earlier in the project to encourage facilities to take on MCMOs. SHOPS will work with Mayer Hashi and other partners after the SHOPS project ends to attempt to

determine if facilities will continue to market services on their own now that support for MCMOs has concluded.

The team meetings were an important aspect of the MCMOs success. These meetings allowed them to share their experiences and discuss challenges and solutions to engaging community resources, creating referral relationships to the facility, working with facilities' marketing teams, and other issues. MCMOs report these meetings helped them feel empowered by one another and the SHOPS team.

Method-specific and branded marketing materials and other marketing (Annex 13)

SHOPS Bangladesh and SMC worked together to create print materials with method specific information that could be used in different locations in and around facilities. SHOPS drafted the method-specific content and had it reviewed by the Obstetrician and Gynecologists Society of Bangladesh and other family planning clinical experts to ensure correctness. SMC produced the final materials, including layout and photographs and presented the materials for review by the national behavior change communication working group. In addition, SMC produced branded materials to support the over-branding of the implant and IUD products it distributes. Other marketing investments were supported by the project, SMS, or the facilities themselves. Marketing materials and activities include:

- Printed materials with method-specific information - brochures, leaflets, banners, and posters (supported by SHOPS and SMC)
- Family planning corners – private spaces established in existing spaces within facilities identified to be the center of family planning counseling and information at the facility (supported by SHOPS and facilities)
- Posters and large outdoor signs promoting implant and IUD over-brands of the products (supported by SMC)
- Some facilities produced their own free-standing banners promoting LARC and PM services based on the SHOPS template and co-branded them at their own cost (supported by SHOPS and facilities)
- Referral slips provided to clients by MCMOs for appointments to providers in other departments of the facilities (supported by SHOPS)
- LARC and PM promotion integrated to health camps run by facilities using the printed materials described above (supported by SHOPS and facilities)

KEY CONSIDERATIONS

Promoting LARC and PMs in private sector facilities is a double task. IUDs, implants, tubectomies and vasectomies are not the most popular family planning methods in Bangladesh. So these methods required particular promotion to women to ensure they understand the benefits and potential side-effects of these methods. The additional challenge was making people aware that these methods were available in private sector facilities which clients would not generally think of as providers of these methods. The comprehensive community-based approach was designed to address both of these problems by establishing referrals and reaching women in the surrounding catchment area of each facility.

LESSONS

The project initially envisioned and discussed with SMC the idea of a major mass media campaign to be launched early in the timeline of the project. This campaign would have promoted all LARC and PM methods and ideally directed interested users to private sector facilities. It was later determined that audiences may be confused or frustrated if they were not able to find one of the limited number of private facilities where LARC and PMs were newly available. Instead of investing in just a generic behavioral campaign to promote LARC and PMs, the project adjusted the marketing strategy to the facility-linked community level approach described above and in the MCMO section.

8 RECORD KEEPING & REPORTING

Record keeping and reporting forms and processes (*Annexes 14-20*)

SHOPS Bangladesh created a user friendly format for all forms used for record keeping and reporting. Each form was designed to be easy to use by the data collector and quick to complete so that facilities do not have to refocus large amounts of time solely towards record keeping and reporting. Marketing and community mobilization officers were enlisted to encourage providers to consistently keep and report records. At this time there is no mechanism for facilities to report these numbers directly to the government of Bangladesh. As a result, the MCMOs report to SHOPS Bangladesh who in turn reports to the Directorate General of Family Planning on a monthly basis. This is being transferred to SMC as the SHOPS Bangladesh project comes to an end.

Reporting forms developed include:

- Client card for IUD
- Client card for implant
- Client card for permanent methods
- Performance register on methods provided
- Complication record form
- Monthly performance report form

KEY CONSIDERATIONS

SHOPS focused on making these reporting forms as simple as possible to ensure providers would use them. However, performance registers and performance reports also to comply with certain information needs that could easily feed into Ministry of Health management information systems. SHOPS worked closely with the Directorate General of Family Planning to review and approve all of the forms created for reporting and monitoring.

LESSON

Despite these forms being relatively simple, there was still resistance from some providers and facilities to additional work related to their participation in the integrated model. While including the MCMOs in the reporting process was not an ideal or sustainable solution, it helped to ensure that the project collected accurate information from the beginning of the project to determine early on if the model was working in each facility. This was essential to informing adjustments or additional support necessary to ensure the facility's commitment in the early formative months of their participation in the model.

ANNEX A: LETTER OF SUPPORT FROM OGSB



OGSB

OBSTETRICAL & GYNAECOLOGICAL SOCIETY OF BANGLADESH

Annex- 3

President
Prof. Latifa Shamsuddin

Immediate Past President
Prof. Kohinoor Begum

President Elect
Prof. Rowshan Ara Begum

Vice Presidents
Prof. Md. Shah Alam
Prof. Shahanara Chowdhury

Secretary General
Prof. Parveen Fatima

Immediate Past Secretary General
Prof. Nasima Begum

Treasurer
Prof. Saleha Begum Chowdhury

Joint Secretary
Prof. Rahima Begum

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Dr. Mst. Kamrun Nahar (Rajshahi)
Dr. Kallol Bijoy Kar (Sylhet)
Dr. Md. Taiabur Rahman (Barisal)

Scientific Secretary
Prof. Iffat Ara

Cultural Secretary
Dr. Gulshan Ara

Entertainment Secretary
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Prof. Sabera Khatun
Prof. Ferdousi Begum
Dr. Mariam Faruqui
Prof. Mosammat Rashida Begum
Dr. Begum Hosne Ara
Dr. Dipi Barua
Dr. Jaglul Haider Khan (Jewel)
Dr. Masuda Begum
All the Past Presidents (Ex-officio)

Letter of Support

14 November 2012

To

Subject: Integration of Family Planning Services in the Private Health Facilities

Obstetrical and Gynecological Society of Bangladesh (OGSB) is a national professional association of Obstetricians and Gynecologists of Bangladesh. The society has about 1200 members throughout the country working as professors in Medical Colleges and consultants in the private hospitals. Since its inception, its members are working with Government, NGOs, and Development Partners in the various areas of expertise in maternal, neonatal and child health. OGSB serves as a national resource organization for maternal, neonatal and child health and provide support to its member for training on reproductive health and family planning and provide support to help achieve our MDGs and national goals. SHOPS is a USAID funded project and supported by DGFP, MOHFW working for integrating family planning services in the private facilities (please see attachment). OGSB is supporting SHOPS activities for integrating family planning services in the private facilities.

As you know, learning practical skills of family planning is an essential component of MBBS curriculum. However, OGSB observed through its network that family planning services, particularly Long Acting and Permanent Method (LA/PM) are not adequately available in Private Medical College Hospitals. As such graduating and practicing doctors are not getting the opportunity to learn practical skills of family planning. Considering the national interest we are requesting concerned authorities of Private Medical Colleges and Hospitals to integrate full spectrum of family planning services including LA/PM.

We request all Heads of the Ob Gyn Department/OGSB members in the Private Medical College & Hospitals/ Private Hospitals to take initiative to integrate full scale of family planning services within the existing services. OGSB/SHOPS will provide necessary technical support such as quality assurance and hands on training for the providers through its qualified members placed in your facility. Please contact OGSB/SHOPS in your need. We shall be delighted if we get the opportunity to facilitate the process of integrating family planning services in the private facilities.

Thank you for your cooperation.


Prof. Latifa Shamsuddin
President, OGSB


Prof. Parveen Fatima
Secretary General, OGSB

ANNEX B: CIRCULAR ROM DGHS

Government of the People's Republic of Bangladesh
Directorate General of Health Services
Medical Education
Mohakhali, Dhaka-1212

Annex-4

No. DGHS/ME/ 389

Date: 20-03-2013


Circular

Subject: Taking initiative for creating learning opportunity and providing services on Long-Acting and Permanent Methods (LAPM) of Family Planning in Private Medical Colleges & Hospitals.

Learning practical aspect of family planning services is an essential component of MBBS curriculum. However Directorate General of Health Services observed that family planning services, particularly IUD, Implants, No-scalpel Vasectomy (NSV), Mini-lap Tubectomy (MLT) and Injectables are not adequately available in the private medical colleges & hospitals. As such graduating students and internee doctors are not getting the opportunity to learn practical activities of family planning services. Considering the national interest we are requesting concerned authorities of private medical colleges and hospitals to integrate full spectrum of family planning services including clinical family planning services in their facilities.

Therefore all the Principals, Hospital Directors and Head of Obs-Gynae department in the private medical colleges & hospitals are requested to take initiative to integrate full scale family planning services within the existing health services facilities.

This has got the approval of the Director General, Directorate General of Health Services.

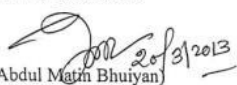

(Prof. Dr. A B M Abdul Hannan)
Director
Medical Education & HMPD
Directorate General of Health Services
Phone (Office): +88 02 8825400
Fax: +88 02 9886612

Memo-No:DGHS/ME/ 389

Dated: 20-03-2013

Copy for kind information & necessary action
(Not according in order of warrant of precedence)

1. Honorable Minister, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka
(Attention: PS to Honorable Minister)
2. Adviser to the Honorable Prime Minister, Health, Family Planning and Social Welfare Affairs
Prime Minister Office, Dhaka (Attention: PS to Honorable Adviser)
3. Honorable State Minister, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka
(Attention: PS to Honorable Minister)
4. Secretary, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka
(Attention: PS to Secretary)
5. Director General, Directorate General of Health Services, Mohakhali, Dhaka
(Attention: Asst. Director, Coordination)
6. Joint Secretary (Medical Education), Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka
7. Director (Administration), Directorate General of Health Services, Mohakhali, Dhaka
8. Principal (all) -----Private Medical College
9. Director, Hospital (all) -----Private Medical College Hospital
10. H/D Obs-Gyne Department (all) -----Private Medical College Hospital
11. Country Representative, SHOPS Bangladesh, Suite B-3, House-36, Road-12, Banani, Dhaka-1213


(Dr. Md. Abdul Mann Bhuiyan)
Deputy Director (Medical Education)
Directorate General of Health Services
Phone (Office): +88 02 9899018

ANNEX C: PRIVATE FACILITY AND PROVIDER SELECTION STRATEGY

Private Facility and Provider Selection Strategy

For participation in the joint private sector LAPM initiative of SHOPS, Mayer Hashi, Social Marketing Company

December 18, 2011

INTRODUCTION

The following document describes the strategy that will be used to identify, assess, select and engage private health facilities and providers for participation in the joint private sector LAPM initiative of SHOPS, EngenderHealth Mayer Hashi project and the Social Marketing Company (SMC). This document provides a strategic level of detail and will be complemented in greater detail through the integrated work plan the three partners of the joint initiative are preparing. The total number of facilities and providers targeted through this initiative will be finalized in discussion between the partners and included in the integrated work plan.

The strategy will be finalized and agreed to by all three partners of the joint initiative. This strategy will be discussed with the Directorates General, Family Planning and Health Services (DGFP and DGHS), USAID and other USAID family planning partners as appropriate to ensure their awareness of the project's activities and approaches.

TYPES OF PRIVATE FACILITIES and PROVIDERS TO BE TARGETED

Three types of business/operating models are proposed for participation in the joint initiative. These facility types and providers will be identified in Dhaka and Chittagong Divisions during Phase I. To ensure that the project meets the objective of establishing LAPM as a viable service market with selected facilities and providers, their selection will be based on the agreed upon criteria.

For-profit facilities or Providers:

- Private sector owned and operated facilities and providers charging for services and products and retaining a profit for owner/shareholder or other distribution.

Non-profit facilities or Providers:

- Privately owned or joint ventures with the government, private or family foundations, often operated like businesses. This could include LAMB Hospital, Ad-din Hospital, Sanjida Hospital, the BGMEA hospital, the OGSB hospital.

NGO facilities or Providers:

- Owned and operated by local organizations and funded by donors as part of the service delivery projects active in the country. This could include Smiling Sun NGO clinics, Urban Primary Health Care Project NGOs clinics or other similar.

Two levels of facility/providers are proposed for participation:

- Large scale hospitals and other facilities providing high volume of maternity services along with other reproductive health services
- Smaller well reputed private sector providers with independent practice providing a full range of reproductive health services, excluding maternity.

Note on providers to be trained in each facility:

1. Training will be provided only to doctors, nurses or paramedics holding degrees/diploma from accredited schools who will be participating in this project. The project may also train other clinic staff that is qualified as family planning counselors.
2. The purpose of this project is to bring selected *facilities* into the market for providing LAPM services. In line with this focus and the overall objective of the project, the total number or types of provider (doctor, paramedics, nurse, counselors) trained can't be clearly defined until facilities have been assessed and engaged to create a plan of what type of services they wish to provide. This will be done with each facility through a consultative process to determine how many of their staff they are willing or prepared to invest in training and what number and types of providers they need to have trained in order to provide the services they intend to invest in providing (IUD, implant, one or two surgical methods).

FACILITY and PROVIDER SELECTION CRITERIA

The following criteria will be used for selection of partner facilities and providers:

- 1. Facilities and Providers are willing and motivated to invest in starting or scaling up the delivery of LAPM services.**
 - For all facilities and providers this means the management and leadership of the facility is aware and supportive of the financial and human resource investment that will be required to provide and market LAPM services and interested in the potential benefit to the business/operating model and health outcomes for their clients.
 - For all facilities and providers this means the clinical and medical leadership of the facility are aware and supportive of the human resource other investments or changes that might be required including patient intake and flow and other related issues.

Required investment and potential risk will vary by the types of methods each facility chooses to provide. Assistance provided by the partners can help facilitate partner facilities in making these decisions. While all facilities will be encouraged and supported in initiating or scaling up LAPM services, the project will encourage them to provide a wider range of reproductive health services and move toward a client model that focuses on establishing long term relationships with households and their total health needs rather than one off client services and fees.

2. Facilities have a sufficient existing flow of clients who can appropriately accept a long acting or permanent method.

- For facilities providing high volume maternity services, this means 50 or more deliveries per month (100 or more is ideal) (as a proxy indicator to their potential to deliver LAPMs in the post-partum context).
- For smaller scale providers this means no fewer than 20 reproductive health clients per day and over 50% of their total clients that are women of reproductive health age (as a proxy indicator to their potential to reach women in interval, pre-natal and in the extended post-partum context).
- For all facilities it would be useful to understand their business (if they are willing to share) in terms of aggregate revenue numbers and determine what percentage of these services are derived from any service to women of reproductive health age.

While the project partners will provide assistance to drawing new LAPM clients to partner facilities, it is essential that they are already serving a relatively high proportion of the intended market to help make LAPMs a viable service market as quickly as possible.

3. The facility and provider has required basic set-up for service delivery and counseling.

- For providing high volume maternity services and wishing to provide methods including tubal ligations and vasectomies and immediate post-partum methods, this means the facility is appropriately licensed by the DGHS and is up to required standards for equipment, hygiene and capacity for complications and other factors.
- For all facilities and providers means a fixed area of their facility with adequate privacy for counseling and service provision.
- For all facilities and providers this means required standards for hygiene and consistent practice of infection prevention practices.

4. Facilities have a balanced ratio of doctors, paramedics, nurses and (ideally) counselors which are empowered to provide the full range of services they are permitted to under national health policy.

- For facilities providing primary care but not maternity services this means that paramedics and nurses are permitted by their facility's medical leadership to provide the methods they are allowed to provide by training and law.
- For all facilities this means that when a client selects a method through counseling with any cadres of clinic staff, that selection is honored by doctors or the staff that will provide the method (ensuring that doctors don't overrule client decisions for business or other bias reasons and that the medical screening clears the client for the method).

5. Consider Strategic opportunities for facilities or networks to scale up LAPM services beyond the initial support provided by the project. The project partners will consider some facilities that may have an interest and be positioned to leverage the assistance of the project – especially those with a network of facilities or linked to Medical Colleges.

Protocol for Assessing Facilities against the Selection Criteria

1. *Finalize selection criteria.* SHOPS will lead meetings with SMC and Mayer Hashi project to come to a final draft of these selection criteria.
2. *Create assessment checklist.* An assessment checklist and interview protocol will be finalized after based on the final criteria. These tools will facilitate a rapid assessment to be performed with a select staff at each facility. Mayer Hashi and other programs may have checklists that can be integrated into the assessment process.
3. *Generate a list of potential facilities - approximately 50:* This can be done through discussions led by SHOPS with Mayer Hashi (referencing the facility mapping data from 2010), SMC, Smiling Sun and other relevant partners. While facilities never before engaged by USAID partners should be included in this list, the resources to identify an initial list can be found among these partners and other stakeholders
4. *Assess and generate facility profiles.* First one 1-2 facilities would be assessed by a team comprising of representative of the 3 partners. Later on the remaining assessments shall have to be completed by SHOPS. Assessment of Blue Star providers will be assessed by the SMC staff *according to their set criteria.*

Assessment and engagement to develop MOUs with the project will occur on a rolling basis. As MOUs are finalized with each facility, the project will begin providing assistance to them and continue assessed and selecting additional facilities.

5. *Finalize and prioritize facilities and providers and begin MOU negotiations.* Strategic opportunities, facilities need and level of customization of assistance to different facilities and other dynamics will inform the prioritization of which partners will be engaged first.

Additional detailed steps for this process will be included in the integrated work plan to be finalized by the partners.

ANNEX D: ASSESSMENT OF PRIVATE FACILITIES FOR INTEGRATION LARC & PM SERVICES

Assessment of Private Facilities for Integrating LARC and PM Services Joint effort of SHOPS, Mayer Hashi Project of EngenderHealth and SMC

Introduction/Instruction:

This form is developed to assess willingness and readiness for integrating the LARC and PM services of the private sector facilities/providers. The assessors should explain the following topics to the facility/provider before starting the assessment:

- Briefly describe about the initiative of LARC and PM services through private sector
- Explain LARC and PMs
- Specific assistance will be provided by the partners of SHOPS
- Expected role of the private facilities/providers
- Objectives of the today's visit

The assessors will use the two page document on “Initiative for Family Planning Services through the Private Sector” as guidelines for the discussion. After the discussion, the document will be distributed among the private facilities/providers.

The private sector facility/provider selection form (as presented below) contains mainly two parts, which are facility/provider willingness assessment and facility/provider readiness. The assessors will conduct the assessment based on observation and discussion with management and providers of the facilities.

Private Sector Facility / Provider Selection Form

| | |
|--------------------------------|-------|
| Name of the Facility/Provider: | |
| Address: | |
| Name of Contact Person | |
| E-mail address: | |
| Telephone number: | |

Signature:
Name of assessor:
Organization:
Date:

A. Basic Information:
A1. Type of Facility/Provider (Put \checkmark): For profit _____ Nonprofit _____ NGO _____
A2. Total bed in the facility: _____

- A3. Average total patient per month: _____
 A4. Average volume of MCH and RH patients per month: _____
 A5. Average number of child delivery per month: _____

B. Willingness Assessment of the facility/provider

B1. Factors/reasons motivate to the initiative:

B2. Assess willingness of the facility/providers based on the following indicators (Put √):

| Indicators | Yes | No |
|--------------------------------------------------------------|-----|----|
| Willingness to invest time | | |
| Willingness to get staff trained | | |
| Willingness to recruit additional staff (if needed) | | |
| Willingness to integrate IUD | | |
| Willingness to integrate Implant | | |
| Willingness to integrate NSV | | |
| Willingness to integrate Tubectomy | | |
| Willingness to set a LARC and PM information desk/site | | |
| Availability of LARC and PM service delivery room | | |
| Willingness to develop business plan (including charge fees) | | |
| Willingness to do facility & community level marketing | | |

B3. Anticipated barriers and possible solution mentioned by the facility managers/professionals:

| Anticipated barriers | Possible solutions |
|----------------------|--------------------|
| | |

B12. Any special/other comment related to willingness of the private facility/provider:

C. Readiness of the private facility/provider

C1. Number of providers available in case of a facility:

| Providers | Number |
|--------------------|--------|
| Ob-Gyn | |
| Graduate physician | |
| Nurse | |
| Paramedic | |
| | |

C2. Existing number of trained providers by type of LARC and PM

| LARC and PM | Ob-Gyn | Graduate Physician | Nurse | Paramedic |
|-------------|--------|--------------------|-------|-----------|
| IUD | | | | |
| Implant | | | | |
| NSV | | | | |
| Tubectomy | | | | |
| | | | | |

C3. LARC and PM training needs by type of providers (put number)

| Providers | Basic Training | | | | Refresher Training | | | |
|-----------|----------------|--------------------|-------|-----------|--------------------|--------------------|-------|-----------|
| | Ob-Gyn | Graduate Physician | Nurse | Paramedic | Ob-Gyn | Graduate Physician | Nurse | Paramedic |
| IUD | | | | | | | | |
| Implant | | | | | | | | |
| NSV | | | | | | | | |
| Tubectomy | | | | | | | | |

C4. What are the major marketing and promotional strategies/activities of the facility/provider?

C5. Any other comments on readiness of the facility/provider:

C6. Proposed workplan for major activities:

| Major Activities | Period |
|-----------------------------------------------------------|--------|
| MoU Signed | |
| Training for providers | |
| Business enabling workshop & development of business plan | |
| Supply of equipment & supplies | |
| Supply of commodities for IUD and Implant | |
| Facility based marketing | |
| Community based marketing | |

Decision for facility/provider selection (Put √):

Selected: _____ Not Selected: _____

C7. Facility Readiness Checklist

| Sl # | Facilities | Yes | No | Comments |
|------|---------------------------------------------------------------------------------|-----|----|----------|
| 1. | Waiting space | | | |
| 2. | Toilet facilities | | | |
| 3. | Private space for counseling | | | |
| 4. | Private space for physical examination | | | |
| 5. | Private space for providing service | | | |
| 6. | Running water for hand washing | | | |
| 7. | BP instrument | | | |
| 8. | Stethoscope | | | |
| 9. | Thermometer | | | |
| 10. | Weighing scale | | | |
| 11. | Torchlight | | | |
| 12. | Examination table | | | |
| 13. | Procedure table for IUD along with hand-rest for Implant services | | | |
| 14. | Seating arrangements for the provider inserting IUD | | | |
| 15. | Autoclave machine to sterilize instruments/equipment/linen | | | |
| 16. | Stainless still non-magnet instrument trolley | | | |
| 17. | Spotlight | | | |
| 18. | Box for sharp disposal | | | |
| 19. | Arrangements for decontamination (0.5% Chlorine solution or with liquid bleach) | | | |
| 20. | Area for cleaning of instruments | | | |
| 21. | Area/room/space for autoclaving | | | |
| 22. | Operation Theater with air cooler(For doing tubal ligation or NSV) | | | |
| 23. | Delivery room with | | | |
| 24. | Register for record keeping | | | |
| 25. | Family Planning wall chart | | | |
| 26. | Inform Consent form | | | |
| 27. | Instruments and supplies required for IUD insertion & removal | | | |
| 27A. | Cusco's bivalve vaginal speculum | | | |
| 27B. | Gully pot without cover | | | |
| 27C. | Straight artery forceps | | | |
| 27D. | Straight scissors | | | |
| 27E. | Uterine sound | | | |
| 27F. | Tenaculum | | | |
| 27G. | Sponge holding forceps | | | |
| 27H. | Kelly Placental forceps (12.5") | | | |
| 27I. | Kidney tray | | | |

| SI # | Facilities | | Yes | No | Comments |
|-----------|--------------------------------------------------------|-------------------------------------------------------------------|-----|----|----------|
| | 27J. | Alligator forceps (for removal) | | | |
| | 27K. | Gloves | | | |
| | 27L. | Cotton | | | |
| | 27M. | Povidine Iodine | | | |
| 28. | Instruments required for Implant insertion and removal | | | | |
| | 28A. | Sponge holding forceps | | | |
| | 28B. | BP Blade with handle | | | |
| | 28C. | Gauze | | | |
| | 28D. | Bandage | | | |
| | 28E. | Povisep Iodin | | | |
| | 28F. | Gloves | | | |
| | 28G. | Mosquito forceps/u forceps | | | |
| 29 | Instruments required for NSV | | | | |
| | 29A. | Vas dissecting forceps | | | |
| | 29B. | Ring forceps/Vas clamping forceps | | | |
| | 29C. | Scissor | | | |
| | 29D. | Gloves | | | |
| | 29E. | Draw sheet with a round whole (to keep scrotum outside the sheet) | | | |
| | 29F. | Gauze | | | |
| | 29G. | Bandage | | | |
| 30 | Instruments required for Tubectomy | | | | |
| | 30A. | Cup for antiseptic solution / Gally pot | | | |
| | 30B. | Surgical Handle # 3, Graduated in cm (B.P Handle) | | | |
| | 30C. | Mayo-Hegar needle holder, 7" | | | |
| | 30D. | Allis Tissue forceps, delicate, 6" | | | |
| | 30E. | Plain dissecting forceps, 6" | | | |
| | 30F. | Tooth dissecting forceps, 6" | | | |
| | 30G. | Artery forceps, straight, 5.5" | | | |
| | 30H. | Mosquito forceps, delicate, curved, 5" | | | |
| | 30I. | Baby babcock intestinal forceps, 7.5" | | | |
| | 30J. | Foerster Sponge forceps, straight 9.5" | | | |

| SI # | Facilities | Yes | No | Comments |
|------|------------------------------------------------|-----|----|----------|
| | Facilities | | | |
| 30K. | Richardson-Eastman retractors, same small size | | | |
| 30L. | Metzenbaum scissors, curved 7" | | | |
| 30M. | Mayo opening scissors, curved, 6.75" | | | |
| 30N. | Medium size kidney tray (Stainless steel) | | | |
| 30O. | Surgical Tray (for keeping all instruments) | | | |

ANNEX E: MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING

Between

**Strengthening Health Outcomes
through the Private Sector (SHOPS) Project in Bangladesh
Represented by Abt Associates Inc.**

and

Date:

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING is entered into at [REDACTED], Bangladesh on this [REDACTED]th day of [REDACTED] 2012, between:

The USAID Strengthening Health Outcomes through the Private Sector (SHOPS) Project, implemented by Abt Associates, Inc., a private company incorporated in Cambridge, Massachusetts, USA and having a country office in Dhaka, Bangladesh (hereinafter referred to as “SHOPS Bangladesh”);

AND

“[REDACTED]”, in [REDACTED], Bangladesh (hereinafter referred to as “[REDACTED]”);

The SHOPS Project and “[REDACTED]” are hereinafter collectively referred to as “the Parties” and individually also referred to as “the Party.”

WHEREAS the following constitutes a Memorandum of Understanding between The SHOPS Project and “[REDACTED]” concerning their mutual understanding relating to the delivery of long acting and permanent methods of family planning.

AND WHEREAS the SHOPS Bangladesh implemented by Abt Associates Inc. with funding provided by the United States Agency for International Development (hereinafter referred to as “USAID”), is a five-year cooperative agreement. SHOPS works globally to mobilize the private sector (commercial and nongovernmental sectors) for the promotion and delivery of family planning and reproductive health services through targeted technical assistance to local partners.

AND WHEREAS SHOPS Bangladesh is implemented jointly with two key partners who will support the work detailed in this Memorandum: the Social Marketing Company (hereafter referred to as “SMC”), and EngenderHealth Mayer Hashi Project hereafter referred to as “EH”.

AND WHEREAS within the overall goal of the SHOPS Project, the specific objective of this Memorandum is to assist “[REDACTED]” with the integration of long acting and permanent method (LA/PM) family planning services to their existing service offering.

Now, THEREFORE, the parties hereto agree as follows:

PERIOD OF AGREEMENT

This Memorandum of Understanding is effective from the date of signature until [REDACTED]. SHOPS Bangladesh, SMC and EH roles are limited to availability of funding from USAID.

1. RESPONSIBILITIES OF “[REDACTED]”

“[REDACTED]” shall make all best efforts to implement the following during the period of performance:

- a. The management and leadership of the facility will support the financial and human resources investment which is required to integrate and market LA/PM services

- b. Charge reasonable fees for the methods they select to provide based on its policy and standard
- c. Charge for the commodity at or below the maximum retail price
- d. Provide fixed area in the facility with adequate privacy for counseling and service provision
- e. Ensure that the facility and providers maintain quality of care standards for clinical family planning services and consistent practice of infection prevention
- f. Actively participate on business planning and management issues related to the integration of LA/PM services into the overall service offering
- g. Procure commercially available supply of contraceptive Injectables, Implants and IUD and required equipment
- h. Safely store all commodities consistent with product requirements
- i. Regularly report service and related statistics to the SHOPS project and the national system using forms and systems
- j. Participate in monitoring and evaluation through a limited number of interviews and other assessment activities 6, 12 and 18 months after starting services
- k. Follow the government rules on family planning compliance such as, (i) fill-up the informed consent form for each client before providing service, (ii) counsel all options for family planning methods and (iii) ensure voluntarily choice for family planning methods.

2. RESPONSIBILITIES OF SHOPS BANGLADESH AND ITS PARTNERS

The SHOPS Bangladesh Project and its partners SMC and EngenderHealth shall make all best efforts to implement the following during the period of performance:

- a. **SHOPS** will provide the following assistance to “-----“:
 - Assess and engage the private facilities and private medical colleges & hospitals to integrate LA/PM in the existing service delivery system
 - Select trainees and arrange training for the private facilities and also arrange TOT for the private medical colleges and hospitals
 - Support private sector facilities on business and management planning which must balance investment in their health service offerings with their ability to generate revenue and remain financially viable
 - Provide technical assistance to ensure quality of care of LA/PM services and implementation family planning compliance system.
 - Ensure/link with SMC for supply of contraceptive commodities to the facilities
 - Assist facilities to create demand for LA/PM services through community level marketing/promotional activities and establish referral linkages.
 - Clarify government policy/regulatory and other related issues
 - Assist in developing simple data collection and reporting system of service statistics for inclusion in the national HIMS and SHOPS Bangladesh/USAID monitoring and evaluation purposes
 - Any other customized support according to facilities’ and providers’ needs

- b. **Social Marketing Company** will establish a commercial supply of contraceptive Injectables, IUDs and Implants, create and launch a national level marketing and communication strategy, to promote long acting methods.
- c. **The Mayer Hashi** project managed by EngenderHealth will lead the training of doctors, nurses and paramedics on LA/PM clinical and counseling skills including timely referral of emergency cases.

3. CONFIDENTIALITY

- a. Parties shall keep in confidence all the Confidential Information under this MOU, which is designated as confidential by the disclosing party and shall not divulge the same to any person (other than their employees, representatives, auditors and agents who need to know the information) without the consent of the other party.
- b. This Clause shall not apply to information, which is:
 - i) in the public domain other than in breach of this MOU;
 - ii) in the possession of the receiving party before such divulgence has taken place;
 - iii) obtained from a third party who is free to divulge the same; and/or
 - iv) required to be disclosed by the operation of law
- c. The Parties hereby agree that they shall make only such notes, copies, photo copies, backups or other written, photographic or computer generated records relating to the Confidential Information as are absolutely necessary. Immediately after Termination of this MOU, the Parties shall collect all the copies of Confidential Information received by them and return the same to the other Party, or, upon instruction of the other Party, destroy all items of Confidential Information in the manner specified.

4. MUTUAL UNDERSTANDINGS

- a. The parties intend to strictly comply with all decrees, laws and regulations of the Government of Bangladesh pertaining to the activities undertaken through this Memorandum.
- b. All activities undertaken by the SHOPS Project are subject to availability of continued funding from USAID. In the event USAID funding is discontinued, this Memorandum shall stand terminated.
- c. The Parties agree to consult from time to time on their mutual progress and shall provide information to each other on their intended performance hereunder as may be reasonably requested.
- d. Either party may terminate this Memorandum at any time without assigning any reason whatsoever by written notice to the other party of its desire to terminate this Memorandum.
- e. It is mutually understood that this MOU is a non-binding, non-enforceable statement of mutual intentions. Nevertheless the Parties in good faith pledge their mutual best efforts to achieve the targets, goals and objectives set forth above.
- f. This MOU may be amended in writing, signed by a duly authorized officer or representative of each of the Parties hereto.

IN WITNESS whereof, the parties have executed these presents (in duplicate) the day and year first hereinabove written.

SIGNED AND DELIVERED

For and on behalf of Abt Associates and the SHOPS Bangladesh:

SHOPS Bangladesh practices to state its purpose and provision of its assistance in this MoU. If the foregoing represents our mutual understanding and Agreement, please so indicate by signing and dating the original and all copies of this MoU.

Signature on behalf of SHOPS Bangladesh and its Partners Social Marketing Company (SMC) and Mayer Hashi Project of EngenderHealth.

Dr. A S A Masud
Country Representative
SHOPS Bangladesh
SMC Tower
33 Banani C/A, Dhaka 1213
Bangladesh

Signature by

Name:

Designation:

Address:

ANNEX F: SHOPS QUALITY ASSURANCE PLAN

SHOPS Quality Assurance Plan

Introduction

Quality Assurance for LA/PM in the private health facilities is an ongoing process and integral part of facility quality assurance system. It is designed to monitor and evaluate services offered to clients in accordance with approved national FP standards and guidelines. It means offering services are effective and safe, and meet clients' needs as well as take care of provider's requirements and needs to provide services. Thus implementing a quality assurance program requires a set of defined indicators that reflects the delivery of quality services and measures health outcomes and client satisfaction as well.

Standards are integral parts of quality assurance QA framework. SHOPS Bangladesh will introduce only existing DGFP, GOB approved specific standards those are absolutely necessary. This document on Quality Assurance is specifically developed to have a common understanding about Quality Assurance of LA/PM services in the private health facilities. It will help to ensure adherence to national standards in LA/PM service delivery.

Purposes

Overall purposes of the quality assurance are to ensure safety of the procedure and bring client satisfaction and thus influence the communities to enhance acceptance of LA/PM services.

Objectives

- To improve availability of the full range of FP services in the facilities.
- To ensure proper counseling, voluntarism and options available.
- To ensure preparedness of the facilities with necessary equipment and supplies.
- To improve client safety in the clinical procedures.
- To ensure proper recording and reporting of LAPM services.
- To reduce complications, failure and deaths from the LA/PM procedure.

Counseling Indicators

- Percentage of facilities having trained counselors
- Percentage of facilities with counseling space fully equipped with IEC materials

Clinical Indicators

- Percentage of facilities having trained providers for LA/PM services
- Percentage of facilities report stock-out of FP commodities
- Percentage of facilities where providers perform clinical procedures according to national FP guidelines and standards.
- Percentage of clients report complications of the accepted LA/PM methods
- Percentage of IUD and Implant clients seek removal

- Percentage of failure and deaths reported and investigated.
- Number or percentage of clients referred to other centers because of non-availability of contraceptive methods.

Service Delivery Record Indicators

- Percentage of facilities maintain SHOPS recommended service records/reports
- Percentage of facilities report monthly on LAPM performance

Methodology

Quality Assessment Visit

Quality of LA/PM services will be assessed through existing documentation tools available with private hospitals. Adapted tools/checklists will help to identify the gaps (if any) and will ultimately be beneficial for improving all health services from the hospitals.

Frequency

Frequency of QA assessment by a joint team of facility representative and SHOPS to be undertaken twice in a year. Besides, a QA assessment as part of on-going quality monitoring by facility team could be done any time/as per facility's own schedule.

Procedure Observation

In order to assess whether correct clinical procedures and asepsis practices are being followed as per approved national FP guidelines, the observation of procedures should be adopted by QA team using the checklist given in Annexure 1

Facility Assessment

Facility Assessment by using assessment checklist provided in Annexure 2

The purpose of this tool is to assess the status of services of the facility according to the national standard. This checklist will be administered to all SHOPS selected private health facilities. Focal person/s of the facility and SHOPS representative will assess twice in a year. Feedback will be given in writing to the person responsible for this activity. If there is a pattern in the problems identified, then a detailed note should be prepared discussing the adoption of remedial measures.

Exit Interview

The QA monitoring team should conduct exit interview by using exit interview questionnaire to assess service quality from client's perspective to see the level of client's satisfaction, quality and voluntarism in choosing FP methods and capturing views to further improve quality of services.

Review of Records

Registers and client records will be reviewed frequently to check if record keeping is being done properly. Documents should be correctly and completely recorded in the documentation tools provided by SHOPS. During the routine monitoring visits by the hospital managers, a sample of these records should be reviewed.

Lists of QA monitoring checklist

1. Assessment checklist-Procedures
 - 1.1 Minilap Tubectomy
 - 1.2 NSV
 - 1.3 IUD
 - 1.4 Implant

1.5 Injectable

2. Assessment checklist-Facility
3. Assessment checklist-Counseling
4. Checklist for Compliance
5. Assessment checklist-Infection Prevention
6. Client Exit Interview

ANNEX G: QUALITY ASSURANCE MONITORING FORM

Quality assurance monitoring forms

SHOPS Quality Assurance Check-list for Assessment of Health Facility

Name of Health Facility:

Date of Assessment

Name and Designation of Assessor:

| Sl. # | Indicators | Method | | Status | |
|-----------|------------------------------------------------------------------------------------------------------------|-------------|-----------|--------|----|
| | | Observation | Interview | Yes | No |
| 1 | IEC materials such as leaflets, posters, handbills etc. available in the reception/ family planning corner | | | | |
| 2 | Registers and client records maintained | | | | |
| 3 | Availability of clean and functional toilet facility | | | | |
| 4 | Availability of running water at the service delivery points | | | | |
| 5 | Availability of space or room for examination to ensure privacy | | | | |
| 6 | Availability of waiting area with adequate facility | | | | |
| 7 | Availability of proper waste disposal mechanism | | | | |
| 8 | Sufficient stock for IUDs, implants & Injectables for at least one month | | | | |
| 9 | Availability of Emergency Tray with medicine | | | | |
| 10 | Availability of instruments for Minilap tubectomy | | | | |
| 11 | Availability of NSV sets | | | | |
| 12 | Availability of sterilized surgical consumable in dressing drum | | | | |
| 13 | Availability of sterilized surgical attire such as apron, gloves, mask, cap etc. | | | | |
| 14 | Facility available in OT: | | | | |
| 14.1 | Is there a proper OT facility available | | | | |

| | | | | | |
|----------|---------------------------------------------------------------|--|--|--|--|
| 14. 2 | Is there proper OT Table with Trendenbug facility (tubectomy) | | | | |
| 14. 3 | Is a functional shadowless lamp available | | | | |
| 14. 4 | Is functional suction apparatus available | | | | |
| 14. 5 | Is functional emergency light available | | | | |
| 14. 6 | Is Oxygen cylinder with gas and accessories available | | | | |

SHOPS Quality Assurance Check-list for Counseling

Name of Health Facility :

Date of Assessment:

Name and Designation of Assessor:

| Sl. No. | Indicators | Method | | Status | |
|---------|-------------------------------------------------------------------------------------------|-------------|-----------|--------|----|
| | | Observation | Interview | Yes | No |
| 1 | Available of space for counseling | | | | |
| 2 | Welcome/greet the client politely | | | | |
| 3 | Ask/asses client's needs | | | | |
| 4 | Maintain privacy/confidentiality | | | | |
| 5 | Listen to the client attentively | | | | |
| 6 | Use simple language & provide information as required | | | | |
| 7 | Help client to make decision to meet his / her specific need | | | | |
| 8 | Help client to identify possible barrier & ways to overcome | | | | |
| 9 | Invite client to come back any time for any reason | | | | |
| 10 | IEC materials such as flip charts, posters, handbills samples of contraceptives available | | | | |

Check-list for Monitoring of Compliances in Family Planning Service Delivery In the Private Health Facilities

Name of Health Facility:

Date of Assessment:

Name and Designation of Assessor:

A. Family Planning Services Available:

| FP Methods | Yes | No | Comment |
|----------------------------------|-----|----|---------|
| IUD | | | |
| Implants | | | |
| Tubectomy (Female Sterilization) | | | |
| NSV (Male Sterilization) | | | |
| Injectable Contraceptive | | | |
| Oral Contraceptive Pill | | | |
| Condom | | | |

B. Counseling:

| Indicators | Method | | Status | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|--------|----|
| | Observation | Interview | Yes | No |
| Counseling space available (observe) | | | | |
| Counseling done by trained provider (interview) | | | | |
| Service Provider/counselor trained (interview) | | | | |
| Counseling done before delivery of FP methods (observe and/or interview) | | | | |
| Information on all FP methods given (observe and/or interview) | | | | |
| Client freely chose method of contraceptive (observe and/or interview) | | | | |
| In case of non-availability of a chosen FP method, referrals are made to a suitable FP/health facility (interview) | | | | |
| A list of nearby FP/health services referral facilities and referral forms available with the counselor/ service provider (observe) | | | | |

C. Observation/Discussion:

| Subjects | Status | |
|----------------------------------------------------------------------------------|--------|----|
| | Yes | No |
| Tiahrt Chart displayed in the service delivery section | | |
| Signed informed consent form available for each client served | | |
| Remuneration /Incentive/gift items offered to the client for accepting method | | |
| Incentive/bonus/gift items offered to service provider for providing FP services | | |

SHOPS Quality Assurance Check-list for Assessment of Infection Prevention

Name of Health Facility : _____ Date of Assessment: _____

Name and Designation of Assessor: _____

| | Indicators | Method | | Status | |
|------|-----------------------------------------------------------------------------------------------------------------------------|-------------|-----------|--------|----|
| | | Observation | Interview | Yes | No |
| 1 | Chlorine solution (0.5%) prepared and used correctly for 10 minutes (gloves, instrument) | | | | |
| 2 | All instrument, attire, surgical consumable properly wrapped and autoclaved | | | | |
| 3 | OT personnel (those involved directly or indirectly in procedure) put on theatre attire (gowns, caps, masks, theatre shoes) | | | | |
| 4 | Surgeon and assistants scrub before starting procedure | | | | |
| 5 | Scrubbing procedure followed properly | | | | |
| 6 | Gloves changed after operating each case | | | | |
| 7 | Client's Skin scrubbed adequately before surgery | | | | |
| 8 | Sterile drapes used | | | | |
| 9 | All followings reused after decontamination and drying, followed by autoclaving: | | | | |
| 9.1 | Instrument of Mini-lap tubectomy | | | | |
| 9.2 | Instrument for NSV | | | | |
| 9.3 | Instrument for IUD insertion | | | | |
| 10 | If surgeon/assistant leave the OT: | | | | |
| 10.1 | Did they change their shoes going out | | | | |
| 10.2 | Did they change their gown on returning | | | | |
| 10.3 | Did they scrub hands on returning | | | | |
| 11 | Timer used for timing in autoclaving procedure | | | | |
| 12 | Used sterile and disposable syringe | | | | |
| 13 | Availability of proper waste disposal mechanism | | | | |

Exit Interview of Family Planning Clients

Name of Health Facility : _____ Date of Interview: _____

Client told about all Family Planning methods Yes / No

Name of chosen Method.....

Client told about side effects Yes / No

Client told about duration of protection Yes / No

Client told about permanence status informed (in case of (NSV/MLT) Yes / No

Whose chose the method: client/service provider/counselor/spouse/other:

Are you happy with FP services provided from this facility Yes / No

Any suggestion for the improvement of FP services

Name of interviewer: Designation: SHOPS Quality Assurance Check-list for Focal Person of the Private Health Facilities

Name of Health Facility : Date of Assessment:

Name and Designation of Assessor:

Table with 6 columns: Sl. No., Indicators, Method (Observation, Interview), and Status (Yes, No). Rows include sections for Counseling, FP Compliance, and Health Facility with specific indicators.

| | | | | | |
|---|---------------------------------------------------------------------------------------------------------|--|--|--|--|
| 3 | Register, client records maintained | | | | |
| 4 | Sufficient stock for IUDs, Implants & Injectables available for at least one month | | | | |
| 5 | Sterilized Surgical Instrument & attire packed in dressing drum available in OT | | | | |
| | D. Infection Prevention | | | | |
| 1 | Chlorine Solution (0.5%) prepared and used correctly for 10 minutes (used instrument & reusable gloves) | | | | |
| 2 | All instrument, attire, surgical consumable properly wrapped and autoclaved | | | | |
| 3 | Instrument for IUD, Mini-lap tubectomy & NSV available | | | | |
| 4 | Availability of proper waste disposal mechanism | | | | |

ANNEX H: SHOPS BANGLADESH FAMILY PLANNING COMPLIANCE PLAN FOR PRIVATE FACILITIES

SHOPS Bangladesh Family Planning Compliance Plan for Private Facilities

Introduction

The SHOPS Bangladesh Project began as a joint initiative of the SHOPS Project (implemented by Abt Associates), the Mayer Hashi Project (implemented by Engenderhealth), and the Social Marketing Company (SMC). The joint venture is intended to leverage the relative strengths of each organization and provide for knowledge and responsibility sharing to accomplish objectives important to USAID, the Government of Bangladesh (GoB), and the three partners of the initiative.

The strategic objective of the project is to increasing the number of the private medical facilities and providers trained to deliver LP/PM; increasing demand for LA/PM products and services through private sector providers; establishing a commercial supply of LA/PM commodities for private providers participating in the project; and improving the policy environment for private sector provision of LA/PM.

Objective of the Plan

The objective of this plan is to ensure that all private facilities receiving technical assistance through the SHOPS project are compliant with USAID family planning regulations. For purposes of ensuring compliance, technical assistance is not limited to direct funding and includes training, supplies or commodities, marketing or service promotion or other support.

Background

Family Planning (FP) compliance is both good practice, policy of Government of Bangladesh (GoB) and a requirement of the United States Government (USG) for projects implementing FP services or activities with Population funding. There are a variety of rules and regulations that need to be recognized and observed by FP providers who receive funding or other forms of assistance from USAID (i.e. training, technical assistance, etc.).

Purpose

To ensure voluntarism, informed choice, method mix and proper counseling of clients to ensure quality FP services and ultimate client satisfaction with private facility service provision.

Compliance pre-requisites

The following items are required of all participating private sector facilities being trained through or receiving any technical assistance from the SHOPS project:

- Private (dedicated if possible) counseling space, ensured privacy during counseling sessions, FP counselor trained in counseling skills and knowledgeable of all available FP methods, prominently displayed Tiaht Chart for clients
- Use of informed consent forms, specially adapted for the private sector by SHOPS, which the counselor/provider should explain to the client and the client should sign before provision of services. In the case of an illiterate client, the provider will read a script to the client explaining everything that is written on the informed consent form, and then take a thumbprint as a signature. The forms should be preserved in the client file for future reference.
- Wide mix of available FP methods in stock in the facility , or a referral and follow-up system for methods the facility does not provide
- Trained and qualified personnel for providing services who have had an orientation to USAID FP compliance requirements. Personnel should also have periodic updates in contraceptive technology.
- Policy endorsed and enforced by the facility administration that the facility/providers will not give any incentives or gifts in cash or in kind to clients for accepting LA/PM or any other FP services/methods. Alternately, the policy should also ensure that clients are not penalized in any way for not selecting a method after counseling.
- Enforced and transparent policy of not giving incentives or bonuses to any providers, promoters or facility staff in relation to numerical targets or number of acceptors of LA/PM services, or other FP methods.
- The MOU signed by facilities endorses the above policies to SHOPS.
- Identify facility-based focal person/persons for routine monitoring of facility FP compliance, who the SHOPS team will train in FP compliance.

Preventive Measures

SHOPS Training activities including FP compliance knowledge will be incorporated both at the level of the individual facility/provider as well as at the level of the MBBS curriculum to ensure that all recipients of USAID funding through the project are compliant.

- Incorporation of compliance requirements in the LA/PM skills and knowledge training curriculum to be implemented by Mayer Hashi and AITAM
- Ensure that all project trainings include the FP compliance module
- Post-training assessment of providers by SHOPS on FP compliance requirement
- Inclusion of FP compliance issues into the pre-service MBBS curriculum that SHOPS will revise in collaboration with private medical colleges and other key stakeholders.

Continuous Monitoring

- As part of an integrated model of Quality Assurance (QA) SHOPS will work with each facility to identify permanent medical staff (non-contract employees) to act as a Focal Person responsible for monitoring compliance status in the facility and for identifying and reporting to SHOPS on any violations or potential violations.
- Focal Person will make a written report to SHOPS staff of any identified violation or potential violation at the time it occurs to ensure immediate response and appropriate reporting and/or corrective actions.

- SHOPS Quality Assurance and Training Specialist (QA/TS) will make a monitoring visit to each facility twice a year (more often if deemed necessary) and work with focal person of the facility during the visit, record all findings, and give feedback to the facility and Country Representative (CR) SHOPS.
- Monitoring visits will include a debrief meeting with both facility business and medical management.
- The monitoring team will take the following steps during monitoring visit:
 - Look at the counseling space to ensure that it is private and that a Tiaht poster is present.
 - Review counseling tools for use during counseling sessions.
 - Meet with and interview the FP counselor to ensure knowledge of all aspects of compliance regulations.
 - If possible, and only with the express permission of the client, observe a counseling and FP provision session.
 - Review client files to check for completed informed consent forms, service provision records, referral notes.
 - Check availability of FP commodities stock.
 - Apply monitoring checklist to the facility and review with the monitoring team and, if necessary, clinic staff.

Corrective Measures

If a violation is reported or identified by the project, SHOP will follow USAID's guidance on undertaking the following corrective action. This will be done in case of a violation and may also be done in the case of a potential violation, after thorough assessment by SHOPS staff.

- In the event of a compliance violation, SHOPS will immediately notify Shannon Young, AOR, USAID/Bangladesh or her designee.
- Organize feedback session for management and refresher sessions for management and providers on FP compliance.
- SHOPS will conduct a follow-up visit(s) after refresher training to observe improvement/change.

Roles and Responsibilities

Identifying roles and responsibilities of the various individuals responsible for and involved in the compliance process is very important. This will help to ensure proper compliance knowledge levels are maintained in private facilities working with SHOPS and immediate reporting of any violations or potential violations.

Trained Clinical Staff:

- Counsel clients before selection of FP method and review informed consent form with client.
Clint should sign the form before any FP method is given and preserve that form in the client's file.
- If an LA/PM or other available FP methods is selected, perform the procedure and record the procedure in the client's file.
- If the method is not available, refer the patient to a different provider using the facility's established referral system.

Focal Person:

- Regularly monitor all steps of FP service provision and provide feedback to the staff on how to improve services and client satisfaction.
- Report regularly to SHOPS staff on the compliance status of the facility.
- Contact SHOPS staff with any questions on compliance, training needs for new staff, or other needs in the routine monitoring of their facility.

SHOPS Quality Assurance and Training Specialist:

- Formally monitor FP compliance system of the facility to strengthen their capacity at least twice a year.
- Work closely with facility focal people to ensure maintenance of their compliance knowledge, prompt reporting of any problem areas, and supportive TA if needed.
- Provide any follow-on training or assistance needed after facility visits.

SHOPS Staff:

- Observe family planning delivery services during their visits to the facility and make general monitoring observations.
- Report to AOR, USAID any compliance violations and begin remedial/corrective actions in collaboration with USAID's guidance.

Monitoring Tools

- Compliance checklist

Recording and Reporting Systems

- Focal person responsible for each facility will report to SHOPS on any violation or potential violation on a continuous basis.
- If SHOPS becomes aware of any violation or potential violation through any other source – twice annual monitoring visits, regular SHOPS facility visits, or a third party source – it will be reported immediately.
- In the event of an identified compliance violation, the CR will immediately report this to Shannon Young, AOR, USAID/Bangladesh or her designee.
- SHOPS will provide a written statement of the violation together with steps for corrective

ANNEX I: TEMPLATE FOR BUSINESS PLANS

BUSINESS PLAN

(Revised date: March 20, 2013)

Name of Facility: _____

Location: Dhaka/Chittagong

Date: _____

Period for Business Plan: _____

1. Types of LAPM services targeted and need for IUD, Implant and Injectable supply for the plan period

| Long Acting Methods | No. of targeted services and need for Supply of IUD, Implant & Injectable | Permanent Methods | Targeted Number |
|---------------------|---------------------------------------------------------------------------|-------------------|-----------------|
| IUD | | NSV | |
| Implant | | Tubectomy | |
| Injectable | | | |

2. Characteristics of the potential clients for LAPM services

| Social class characteristics of the potential clients of LAPM services | Possible LAPM buying characteristics |
|------------------------------------------------------------------------|--------------------------------------|
| | |

3. How other departments and staff of your facility will be informed about the integration of LAPM services in your facility so that they can identify potential clients and refer for LAPM services

4. Establish LAPM referral services with existing referral network (external) of the facility

| Type of existing referral network | How they will extend this relationship for referring LAPM clients |
|-----------------------------------|-------------------------------------------------------------------|
| | |
| | |

5. Major roles of existing marketing team of the facility in promoting LAPM services

| What the existing marketing team will do to incorporate the LAMP service promotion in their activities | How the marketing team and SHOPS promotional staff supplement and complement each other |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| | |

6. Other proposed **activities and materials** for service promotion by the facility (*excluding generic promotional support of SHOP*) by using matching grants. Also specify how SHOPS provided promotional materials will be used?

The generic promotional supports of SHOPS Bangladesh: The promotional supports from SHOPS includes promotional meeting with waiting clients in the LAPM service providing facility and other non LAPM service providing facilities, meeting with potential clients and family decision makers in the community, house to house visits, establish referral link up with other service providers and facilities, PR/ News profile. SHOPS also supply promotional materials like brochures, leaflets, banners and signboards.

| Proposed promotional materials/activities by using matching grants | How the materials/activities will be used |
|--------------------------------------------------------------------|-------------------------------------------|
| | |
| | |
| | |

7. Current price fixing policies and strategies of the facilities

8. Price fixation by types of LAPM services (in BDTK)

| Types of LAPM | Counseling and service fees | Follow-up visit fees | Removal fees |
|---------------|-----------------------------|----------------------|--------------|
| IUD | | | |
| Implant | | | |
| Injectable | | | |
| NSV | | | |
| Tubectomy | | | |

9. Projection of LAPM services and income by the end of September 2013 (*Group participation is not required and can be calculated later on*)

| Types of LAPM | Projected number of services | Projected income from services | Projected income from follow-up | Projected income from removal fees | Total Income |
|---------------|------------------------------|--------------------------------|---------------------------------|------------------------------------|--------------|
| | | | | | |

| | | | | | |
|----------------------------------------------------|--|--|--------------|--|--|
| | | | visit | | |
| IUD | | | | | |
| Implant | | | | | |
| Injectable | | | | | |
| NSV | | | | | |
| Tubectomy | | | | | |
| Projected income from IUD and Implant sale: | | | | | |
| IUD (MRP Tk.30) | | | — | | |
| Implant (MRP Tk. 200) | | | — | | |
| Injectable (MRP Tk.35) | | | | | |
| Total | | | | | |

10. Projection of direct expenditure

| Expenditure | Amount in BDT |
|------------------------------------------|----------------------|
| IUD purchase (TP Tk.20) | |
| Implant purchase (TP Tk.150) | |
| Injectable purchase (TP Tk.28) | |
| Depreciated value of purchased equipment | |
| Supplies | |
| Others (specify) | |
| | |
| TOTAL: | |

11. Estimated profit/loss:

(Total of 9 – Total of 10): BDT.

12. Specify focal person of the facility by major activity

| Major activity | Name of focal person | Designation | Cell number | E-mail address |
|-----------------------|-----------------------------|--------------------|--------------------|-----------------------|
| | | | | |

| | | | | |
|----------------------|--|--|--|--|
| Overall coordination | | | | |
| Record keeping | | | | |
| QoC | | | | |
| Marketing | | | | |
| Supply/pharmacy | | | | |

13. Action plan

| Activity | Responsibility | Time Frame |
|----------|----------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(Progress monitoring should be included in the Activity)

ANNEX J: WEEKLY WORK PLAN FOR MCMOS

Weekly MCMO Activity Report Form

Name: _____ Signature _____ Month: _____
 Year: _____

| Date | Activity Performed | Name of the place/Facility visited | Starting Time | Ending Time | Total Working Hours |
|--------------------------------------|--------------------|------------------------------------|---------------|-------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Working Hours in a week | | | | | |

ANNEX J: FORTNIGHTLY MCMO ACHIEVEMENT REPORT FORM

Fortnightly MCMO Achievement Report

Name of MCMOs: _____

Month: _____ Reporting

Period: _____ Year: _____

| Activities | Number by facilities (write the names of assigned facilities in following column) | | | | Total |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|--|-------|
| | | | | | |
| Clients contacted in facility (group, individual & in-patient) | | | | | |
| Clients contacted in women gather places (school, beauty parlor, etc.) | | | | | |
| Clients contacted in NGOS, office, organization, factories, etc. | | | | | |
| Clients contacted during household visits | | | | | |
| Clients contacted by volunteers | | | | | |
| TOTAL Clients contacted: | | | | | |
| No. of pharmacy visited | | | | | |
| No. of doctors visited | | | | | |
| No. of volunteer active | | | | | |
| No. of poster hanged | | | | | |
| No. of leaflet distributed | | | | | |
| Total clients referred | | | | | |

| | | | | | |
|-----------------------------------------------------------|--|--|--|--|--|
| No. of referred clients received services by LAPM: | | | | | |
| Injection | | | | | |
| Implant | | | | | |
| IUD | | | | | |
| Tubectomy | | | | | |
| NSV | | | | | |
| Total: | | | | | |
| Others (Specify) | | | | | |

Comments

ANNEX K: PROMOTIONAL MATERIALS USED BY SHOPS BANGLADESH

আপনি কি পরিবার পরিকল্পনার কথা ভাবছেন?

এই হাসপাতালের গাইনী বিভাগে যোগাযোগ করুন।

- ইনজেকশন
- ইমপ্ল্যান্ট
- আই ইউ ডি
- এন এস ডি
- টিউবেকটমি

আপনি কি পরিবার পরিকল্পনার কথা ভাবছেন?

পরামর্শ ও সেবার জন্য ডাঃ নিয়াজ টি পারভীন-এর সাথে যোগাযোগ করুন।

- ইনজেকশন
- ইমপ্ল্যান্ট
- আই ইউ ডি
- এন এস ডি
- টিউবেকটমি

USAID, SDO, M, MOH

Indoor sign (banner and festoon)

ইমপ্ল্যান্ট
জন্মেরোধের জন্য একটি
অমেনোমিক দীর্ঘমেয়াদী পদ্ধতি

ইমপ্ল্যান্ট পরিষ্কার জন্য ৫ বছর মেয়াদী পরিবার পরিকল্পনার পদ্ধতি

- এতে ৩টি ছোট ও টিকন মজা রূপে সূচ থাকে যা একজন গায়ীর বছর চক্রের দীর্ঘতায় ভিত্তিতে কাজ করে।
- সর্বনিম্নসিডেং প্রকল্পের সময় সর্বোচ্চ ইমপ্ল্যান্ট ব্যবহার করতে পারেন।
- যে কোন সময় ব্যবহার বন্ধ করে পরিষ্কার করা যায়।

পদ্ধতি এখানে আপনার অধিকার

- অন্যভাবেই, ইমপ্ল্যান্ট ও অফার পদ্ধতির ব্যবহার, সুস্থিৎ বা সুস্থিৎ নগ্নতায় সিদ্ধান্ত নেয়া
- জেনে সুস্থিৎ বা সুস্থিৎ পদ্ধতি এখানে সিদ্ধান্ত নেয়া

সেবাশ্রমিকদের প্রতিশ্রুতি

- স্বাধীনভাবে সবে বাসার সকল রোগের চিকিৎসা ও প্রয়োজনীয় পরামর্শ দান
- সঠিক বোঝানো করা করা
- পদ্ধতি এখানে পরামর্শ প্রয়োজনীয় সেবা বাসার সিদ্ধান্ত

পরিবার পরিকল্পনা সেবার জন্য নিম্নে ঠিকানা দেখানো হলো:

এনাম মেডিকেল কলেজ এন্ড হসপিটাল
১/৫, পল্লী লস্কর, বাস এলাকা, সাতার, ঢাকা। ফোন: +৮৮০২৭৬০-২১

USAID, SDO, M, MOH, MAYER HASSE

Paper insert

আপনি কি দীর্ঘ
মেয়াদের জন্য
পরিবার পরিকল্পনা
পদ্ধতি ব্যবহারে আগ্রহী?

আপনার জন্মের জন্য রয়েছে

আই ইউ ডি T Cu 380A

বয়সের মধ্যে ১০ বছর মেয়াদী জন্মেরোধের একটি আদর্শ পদ্ধতি

- যে সম্মত ময়েদের সময়সীমা ১টি জীবিত সন্তান অর্থাৎ ৩০ বছর পর্যন্ত আই ইউ ডি T Cu 380A ব্যবহার করতে পারেন।
- প্রয়োজনে যে কোন সময় বুস সেবা পরিষ্কার করা যায়।
- মাসিকের প্রথম ৭ দিনের মধ্যে ব্যবহার করা যায়।
- স্বাভাবিক প্রসবের ৪৮ ঘণ্টার মধ্যে অথবা ৪ সপ্তাহ পর থেকে এটি গ্রহণ করা যায়।
- সিদ্ধান্তিত অপরোক্ত সময়ের পরে এটি পরিষ্কার করা যায়।
- সুস্থ বা সুস্থ পরিবার বা গর্ভধারণের উপরে এর কোন প্রভাব নেই।
- বোন সেবাশ্রমিকের কোন অধিকার হয় না।

জেনে রাখুন: ইমপ্ল্যান্ট করা পদ্ধতি

সুস্থিৎ পদ্ধতি গ্রহণের পরে, সঠিক পদ্ধতিতে সেবাশ্রমিক

USAID, SDO, M, MOH, MAYER HASSE

Leaflet

ইমপ্ল্যান্ট
জন্মেরোধের জন্য একটি
অমেনোমিক দীর্ঘমেয়াদী পদ্ধতি

ইমপ্ল্যান্ট পরিষ্কার জন্য ৫ বছর মেয়াদী পরিবার পরিকল্পনার পদ্ধতি

- এতে ৩টি ছোট ও টিকন মজা রূপে সূচ থাকে যা একজন গায়ীর বছর চক্রের দীর্ঘতায় ভিত্তিতে কাজ করে।
- সর্বনিম্নসিডেং প্রকল্পের সময় সর্বোচ্চ ইমপ্ল্যান্ট ব্যবহার করতে পারেন।
- যে কোন সময় ব্যবহার বন্ধ করে পরিষ্কার করা যায়।

পদ্ধতি এখানে আপনার অধিকার

- অন্যভাবেই, ইমপ্ল্যান্ট ও অফার পদ্ধতির ব্যবহার, সুস্থিৎ বা সুস্থিৎ নগ্নতায় সিদ্ধান্ত নেয়া
- জেনে সুস্থিৎ বা সুস্থিৎ পদ্ধতি এখানে সিদ্ধান্ত নেয়া

সেবাশ্রমিকদের প্রতিশ্রুতি

- স্বাধীনভাবে সবে বাসার সকল রোগের চিকিৎসা ও প্রয়োজনীয় পরামর্শ দান
- সঠিক বোঝানো করা করা
- পদ্ধতি এখানে পরামর্শ প্রয়োজনীয় সেবা বাসার সিদ্ধান্ত

পরিবার পরিকল্পনা সেবার জন্য নিম্নে ঠিকানা দেখানো হলো:

এনাম মেডিকেল কলেজ এন্ড হসপিটাল
১/৫, পল্লী লস্কর, বাস এলাকা, সাতার, ঢাকা। ফোন: +৮৮০২৭৬০-২১

USAID, SDO, M, MOH, MAYER HASSE

Leaflet

ANNEX L: PERFORMANCE REGISTER FOR LARC & PM SERVICES

| Performance Register for LAPM services | | | | | | | | | | | | | | |
|----------------------------------------|----------------|------|-----------------|---------|-----|-----------|-----------|-----------|----------------|---------|--------|--------------------------|------|------------|
| Date | Registration # | Name | Method Provided | | | | | | Method Removal | | | Side-effect/complication | | |
| | | | IUD | Implant | NSV | Tubectomy | Injection | | IUD | Implant | Reason | Method | Type | Management |
| | | | | | | | New | Follow-up | | | | | | |
| | | | | | | | | | | | | | | |
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| TOTAL: | | | | | | | | | | | | | | |

ANNEX M: CLIENT CARD FOR IUD

আইইউডি গ্রহণের বিবরণ

| | |
|----------------------|--|
| গ্রহণের তারিখ | |
| আইইউডির ধরন | |
| মেয়াদ পূর্ণের তারিখ | |

চিকিৎসকের নাম _____

পদবী _____

স্বাক্ষর _____ তারিখ _____


যেসব কারণে সেবা কেন্দ্রে আসতে হবে

- মাসিক বন্ধ থাকলে
- সুতা না পাওয়া গেলে অথবা ছোট বা বড় হয়ে গেলে
- তলপেটে প্রচণ্ড ব্যথা হলে
- দুর্গন্ধযুক্ত শ্রাব হলে
- অস্বস্তিবোধ করলে


কোন অসুবিধা হলে সেবা কেন্দ্রে যোগাযোগ করুন

আইইউডি গ্রহীতা কার্ড

| | |
|--------------------------------|--|
| সেবা কেন্দ্রের নাম ও ঠিকানা | |
| রেজিস্ট্রেশন নং | |
| গ্রহীতার নাম | |
| গ্রহীতার ঠিকানা | |





USAID
স্বাস্থ্যসেবা কর্মসূচী



SHOPS
Empowering Women Entrepreneurs
Promoting the Private Sector

মায়ের হাসি





স্বাস্থ্যসেবা কর্মসূচী

ফলোআপ ভিজিট

| নিয়মিত | তারিখ | অসুবিধা | চিকিৎসা | সেবাদানকারীর স্বাক্ষর |
|------------------------------------------------------|-------|---------|---------|-----------------------|
| ১ মাস পর বা ১ম মাসিকের পর অথবা ৩-৬ সপ্তাহের মধ্যে | | | | |
| ৬ মাস ± ১ মাস পর | | | | |
| ১২ মাস ± ১ মাস পর | | | | |
| অনিয়মিত | | | | |
| | | | | |
| | | | | |
| আইইউডি খোলা | | | | |

কার্ডটি যত্ন করে রাখতে হবে এবং সাথে করে নিয়ে আসতে হবে

ANNEX N: CLIENT CARD FOR IMPLANT

ইমপ্ল্যান্ট গ্রহণের বিবরণ

| | |
|----------------------|--|
| গ্রহণের তারিখ | |
| ইমপ্ল্যান্টের ধরণ | |
| মেয়াদ পূর্ণের তারিখ | |

ইমপ্ল্যান্ট কোন হাতে পরানো হল : ডান বাম

চিকিৎসকের নাম _____

পদবী _____

স্বাক্ষর _____ তারিখ _____

যেসব কারণে সেবা কেন্দ্রে আসতে হবে

- মাসিক বন্ধ থাকলে
- ইমপ্ল্যান্ট ক্যাপসুল স্থানে সংক্রামণ হলে বা কোন ক্যাপসুল বের হয়ে আসলে
- প্রচন্ড মাথা ব্যথা হলে
- চোখে ঝাপসা দেখলে
- তলপেটে প্রচন্ড ব্যথা হলে
- অতিরিক্ত রক্তস্রাব হলে

কোন অসুবিধা হলে সেবা কেন্দ্রে যোগাযোগ করুন

ইমপ্ল্যান্ট গ্রহীতা কার্ড

| | |
|--------------------------------|--|
| সেবা কেন্দ্রের নাম ও ঠিকানা | |
| রেজিস্ট্রেশন নং | |
| গ্রহীতার নাম | |
| গ্রহীতার ঠিকানা | |



USAID
আমেরিকার সশস্ত্র বাহিনীর সহায়তায়



SHOPS
শিশুদের স্বাস্থ্য পরিদর্শন
সহায়তায়



মায়ের হাঙ্গামা
স্বাস্থ্য পরিদর্শন সহায়তায়

ফলোআপ ভিজিট




| ফলোআপ ভিজিট | প্রদত্ত তারিখ | যে তারিখে করা হল | অসুবিধা/কারণ | চিকিৎসা | সেবাদানকারীর স্বাক্ষর |
|------------------|--------------------------------|------------------|--------------|---------|-----------------------|
| নিয়মিত | স্থাপনের ১ মাস \pm ৭ দিন পর | | | | |
| | স্থাপনের ৬ মাস \pm ১ মাস পর | | | | |
| | স্থাপনের ১২ মাস \pm ১ মাস পর | | | | |
| অনিয়মিত | | | | | |
| | | | | | |
| | | | | | |
| ইমপ্ল্যান্ট খোলা | | | | | |

কার্ডটি যত্ন করে রাখতে হবে এবং সাথে করে নিয়ে আসতে হবে

ANNEX O: CLIENT CARD FOR PERMANENT METHODS

**মহিলা/পুরুষ স্থায়ী পদ্ধতি
গ্রহীতার ছাড়পত্র**

| | |
|--------------------------------|--|
| সেবা কেন্দ্রের নাম ও ঠিকানা | |
| রেজিস্ট্রেশন নং | |
| গ্রহীতার নাম | |
| গ্রহীতার ঠিকানা | |
| এনএসডি/টিউবেকটমি গ্রহণের তারিখ | |

চিকিৎসকের নাম _____

পদবী _____

স্বাক্ষর _____ তারিখ _____

| নির্দেশাবলী | ব্যবস্থাপত্র |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <ul style="list-style-type: none"> • ক্ষতস্থান ভিজাবেন না। • মহিলাদের ক্ষেত্রে অপারেশনের ৭-১০ দিনের মধ্যে সেলাই কাটতে আসবেন। • পুরুষদের ক্ষেত্রে অপারেশনের ৩-৫ দিন পর এই কেন্দ্রে যোগাযোগ করবেন। • পুরুষদের ক্ষেত্রে প্রথম তিন মাস কনডম অথবা অন্য কোন অস্থায়ী পদ্ধতি ব্যবহার করবেন। | |

কোন অসুবিধা হলে সেবা কেন্দ্রে যোগাযোগ করুন

যেসব কারণে সেবা কেন্দ্রে আসতে হবে

| পুরুষের ক্ষেত্রে | মহিলাদের ক্ষেত্রে |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • ক্ষতস্থান থেকে পুঁজ বা রক্ত বের হলে • অস্বাভাবিক ফুলে গেলে • জ্বর হলে • স্ত্রীর মাসিক বন্ধ থাকলে | <ul style="list-style-type: none"> • ক্ষতস্থান থেকে পুঁজ বা রক্ত বের হলে • মাসিক বন্ধ থাকলে • চোয়াল বন্ধ হয়ে গেলে বা হা করতে অসুবিধা হলে • তলপেটে প্রচণ্ড ব্যথা হলে |

কার্ডটি যত্ন করে রাখতে হবে এবং সাথে করে নিয়ে আসতে হবে

ANNEX P: COMPLICATION RECORDING/REFERRAL FORMAT

Complication Recording/Referral Format

Facility/Provider's Name: _____

Address: _____

Client Name: _____

Registration No.: _____

Type of current Method use: _____

Date of Procedure: _____

Type of Complication: _____

Date of Complication: _____

Presenting Complains:

Detail description of complications during or post procedure/operation:

Physical Examination:

Weight (kg): _____ Pulse: _____/min BP: _____

mm. of Hg: _____ Heart: _____ Lungs: _____

Respiration: _____ Consciousness: _____

General Condition:

Specific Examination:

Management:

Condition of the Client at Discharge/Referral:

Advise on Discharge/Referral (if any):

Date and Time of Discharge/Referral:

Place of referral:

Reason for referral:

Signature of Doctor:

Date and Time of Preparing this Report: _____

ANNEX Q: MONTHLY PERFORMANCE REPORT FORMAT

Monthly Performance Report Format

Name of private facility/provider: _____

Address: _____

Reporting Month: _____ Year _____

Performance of LAPM services:

| Performed number of LAPM and Injection | | | | | | Number of removed IUDs and Implants | |
|----------------------------------------|---------|-----|-----------|-----------|----------------|-------------------------------------|---------|
| IUD | Implant | NSV | Tubectomy | Injection | | IUD | Implant |
| | | | | New Users | Follow-up Dose | | |
| | | | | | | | |

Signature: _____

Name: _____

Designation: _____

Date: _____

ANNEX R: PROMOTIONAL ACTIVITIES MONITORING CHECKLIST

Promotional Activities Monitoring Checklist

Name of visiting place: _____

Name of MCMO: _____

Name of Facility: _____

| Sl. # | Indicators | Method | | Status | |
|--------------------------|---------------------------------------------------------------------------------|-------------|-----------|--------|----|
| | | Observation | Interview | Yes | No |
| A. Facility level | | | | | |
| 1 | Signboard is supplied | | | | |
| 2 | Signboard is placed properly | | | | |
| 3 | Front desk BCC materials (Brochure and stand) are in place & enough | | | | |
| 4 | BCC materials (Stand Banner/Festoon, Poster etc.) are in place | | | | |
| 5 | Front desk peoples know the information about the LAPM services of the facility | | | | |
| 6 | Who is responsible for FP supplies | | | | |
| | Supply of FP commodities are available | | | | |
| | Recording documents are in proper place | | | | |
| 7 | Recording documents are maintained properly | | | | |
| 8 | Tiahrt Charts are in place | | | | |
| 9 | Mgt. Peoples are well aware of the LA/PM services | | | | |
| 10 | Marketing peoples know their roles regarding LA/PM services | | | | |
| 11 | Marketing peoples do the LA/AP service promotion | | | | |
| 12 | Facility reports regularly | | | | |
| 13 | Facility peoples know assigned MCMO | | | | |
| 14 | MCMO is regular in the facility | | | | |
| B. FP Corner | | | | | |
| 1 | Separate room for FP corner is available | | | | |
| 2 | FP corner is fully equipped | | | | |

| | | | | | |
|-------------------------------------|------------------------------------------------------------------------------------|--|--|--|--|
| 3 | Clients can easily locate the FP corner | | | | |
| 4 | Resource map of the respective facility is in place | | | | |
| C. Counseling session | | | | | |
| 1 | MCMO organizes Counseling session with waiting patients according to the Work Plan | | | | |
| 2 | MCMO disseminates messages properly | | | | |
| 3 | BCC materials are available during Counseling session | | | | |
| 4 | Patients are attentive to the counseling session | | | | |
| 5 | In-patient visit and counseling is being done | | | | |
| D. Referral Centers | | | | | |
| 1 | Referral slips are available at the Listed referral centers | | | | |
| 2 | Referral centers send Clients to the facilities | | | | |
| 3 | Appropriate BCC materials are available at the referral centers | | | | |
| E. Role of MCMO in community | | | | | |
| 1 | Resource map updated | | | | |
| 2 | House visit | | | | |
| 3 | School/coaching center | | | | |
| 4 | Beauty parlor | | | | |
| 5 | Paper insert | | | | |
| 6 | Volunteer selected | | | | |
| 7 | Others (Specify) | | | | |
| F. BEW status | | | | | |
| 1 | Conducted | | | | |
| 2 | Who maintain the BP? | | | | |

Any other findings and comment:

Action taken: