

**Annual Report**  
October 2000 – September 2001

**Quality Improvement Partnership (QIP)**  
**National Integrated Population and Health Program (NIPHP)**

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## Executive Summary

During this reporting period (October 2000 - September 2001) Quality Improvement Partnership (QIP) worked according to its approved Annual Workplan. QIP works according to 7 Sub-Results and 20 Action Plans.

A nation wide review exercise was carried out in October - November 2000, looking into the depth of the issues related with Sterilization services in Bangladesh. The exercise was carried out with an approval from MOHFW with a 9 Member Team membership drawn from the Directorates, two Service Delivery Partnerships, USAID, EngenderHealth, and an NGO involved in sterilization service delivery. The exercise generated a comprehensive Report based on which a separate project got developed which started to be implemented since July 2001.

Quality Assurance (QA) visits remained to be the principle activity. During this reporting period 161 the QA Teams visited NIPHP clinics. A detail description on the situation of quality improvement by composite indicators is given in this report.

As part of the quality improvement initiatives COPE (Client Oriented Provider Efficient) exercises has been continued to be an effort conducted by the NGOs within NIPHP. During the reporting period on the request of UFHP, professionals of QIP conducted COPE exercises at 29 new clinics of UFHP. A detail description of the outcome of the COPE exercises is given later on in this report.

According to the set out plans for QIP it has initiated the process of transferring the skills and knowledge of quality assessment and improvement to the NGOs. It is expected that by the end of the QIP Cooperative Agreement the NGOs should become capable enough to their own quality assessment and improvement activities. To this effect a system called Quality Monitoring and Supervision (QMS) is being worked out. During the reporting report the concept and framework of QMS was carved out jointly by QIP, the Service Delivery Partnerships, and USAID which is described in detail later in this report.

QIP on the request of the Service Delivery Partnerships within the perspectives of quality improvement conducted six different categories of training for the providers and supervisors of the NIPHP clinics. The training topics were infection prevention and counseling for both the service delivery partnerships, rational drug use, counseling, tailored course on infection prevention and immunization for the FPAB staff, post abortion care for UFHP staff and facilitative supervision and quality management of ESP services for the field managers of RSDP clinics. Altogether 907 participants had participated in these training initiatives.

The number of participants attended in different events are as following:

a. Training on Infection Prevention & Counseling for RSDP Clinic Aides:	118 persons
b. Workshop on Rational Drug Use (RDU) for NIPHP Physicians:	306 persons
c. Workshop on Infection Prevention for UFHP providers:	306 persons
d. Workshop on IP & Immunization for FPAB service providers:	91 persons
e. Capacity Strengthening in Counseling:	18 persons
f. Training on Post Abortion Care (PAC):	51 persons
g. FS & QM of ESP Services for the Field Manager of RSDP clinics:	17 persons

QIP initiated activities during this reporting period on a new area of great importance called Post Abortion Care (PAC). The activities includes drafting a technical service delivery guideline for this service, developing a training curriculum, setting up a training program in a government facility, conducting a TOT course, and training the providers of a limited number of UFHP clinics.

## **Introduction**

This Annual Report of QIP contains information of complete one year. Thus it includes the data and information of the last semi-annual report. This Report describes in detail the achievements and also the issues in all of the relevant working areas where QIP works jointly with the Service Delivery Partnerships (UFHP and RSDP), SMC and other relevant partners of NIPHP. The working areas are the Sub-Results of QIP and the activities within each Sub-Result are the Action Plans (AP).

### **Sub-Result # 3.1: Expanded availability of good quality clinical contraception services (Voluntary Sterilization, Norplant, and IUD) at selected NIPHP clinics, in collaboration with service delivery partners.**

*A. P. # 3.1.1: Conduct a national assessment to identify constraints to improving performances of clinical methods, develop and implement a national plan for improving performances of clinical methods.*

#### **Achievement/Progress:**

The review of the sterilization services in Bangladesh was conducted during 14 October to 01 November 2000. Review members were from MOHFW, EngenderHealth, UFHP, RSDP and USAID were included in the team to undertake the review exercise and a report was published. The summary of the report is attached as Appendix-1. Following the publication of the review report the Directorate of Family Planning constituted a Clinical Family Planning Method Improvement Working Group. This Group has been steering all activities in relation to the improvement of clinical methods use.

Based on the report USAID/Dhaka has funded a project to EngenderHealth to strengthen sterilization activities in Bangladesh.

*A. P. # 3.1.2: Enhance skills of the providers (Voluntary Sterilization, Norplant, and IUD).*

#### **Achievement /Progress:**

To enhance the skills of the providers, QIP professionals reviewed the existing curricula now being used in the NGO sector particularly by AITAM. In order to provide TA the QIP professionals received skill based refresher training on sterilization and Norplant. The training on sterilization was held from 28 January to 1 February '01 at Upazilla Health Complexes of Modhupur, Kalihati, Delduar, Mirzapur and Gopalpur and training on Norplant was held at the MFSTC during 24 – 29 March '01. Following are the tables mentioning in detail of those who received training on sterilization and Norplant.

Table of the training received on sterilization

Sl.	Name of the Participants	Organization
1	Sukanta Sarker	EngenderHealth
2	Mizanur Rahman (Jr.)	Do
3	Nazneen Sultana	Do
4	S M Kamal	CWFD
5	Sayeeda Akhter Banu	Do

The table of the training received on Norplant

Sl.	Name of the Participants	Organization
1	S M Shahidullah	EngenderHealth
2	Mizanur Rahman (Jr.)	Do
3	Nowrozy K Jahan	Do
4	Nazneen Sultana	Do
5	S M Kamal	CWFD
6	Sayeeda Akhter Banu	Do
7	Moinul Haque	Do
8	Humaira Ahmed	Do
9	Shah Didar Imam	Do
10	P. K. Roy	WVB
11	Tahmina S. Ahmed	Do

TOT course on Sterilization:

Dr. Carmela Cordero, Medical Director (incharge) and Senior Director, EngenderHealth, New York visited Bangladesh during 28<sup>th</sup> July - 09 August 2001. With the assistance of Dr. Carmela EngenderHealth, Bangladesh organized a six-day ‘Sterilization TOT’ course at AITAM for ten trainers during 30 July - 05 August 2001. During the TOT course four (4) practical training sites of AITAM were used. The sites were Community Health Care Project (CHCP) Tejgaon clinic, Progoti Samaj Kallayan Protisthan (PSKP), Tejgaon clinic, Shimantik, Shahjanpur clinic, and Mohammedpur Fertility Services and Training Center (MFSTC).

***A. P. # 3.1.3: Conduct workshops on counseling and informed choice for the counselors and others (if any) of the clinics providing sterilization, Norplant and IUD services.***

**Achievement /Progress:**

Four workshops were conducted on Capacity Strengthening in Counseling for the supervisors and paramedics and 81 staff received training. The counseling curriculum on FP, RTI/STI, and sexual health for service provider and supervisor was revised and modified for using in these workshops. The new topic that was included in the curriculum was Sexuality and Sexual Health. Mr. Peter Twyman from EngenderHealth, New York provided technical assistance to incorporate sexual health component in the counseling

curriculum. In June he also assisted in conduction of one of the workshops. Later on three more workshops were conducted for the supervisors and paramedics of different selected clinics. In total 81 participants from NGO clinics supported by UFHP and RSDP attended the workshops. These clinics have been providing clinical family planning programs including Norplant and sterilization.

The approach of the workshop was made participatory as much as possible where the participants took part in different group work, simulations and role-plays.

Followings were the contents of the workshop:

- Purpose of the workshop, Quality of care and counseling.
- Expected outcome of counseling identifies barriers of counseling in NIPHP clinics.
- Client rights and informed choice
- Scope of improvement in counseling in child health, maternal health, RTI/STI, and family planning.
- Principles of effective communication, Belief and Attitude in communication.
- Counseling skills: listening, non-verbal, paraphrasing, reflecting, and asking open-ended questions.
- What steps in supervision would help in improving counseling.
- Sexuality, FP methods and STI risk.
- Attitude towards condom and condom negotiation.
- Variations in sexual behavior.
- STD/HIV transmission continuum.
- Increasing comfort talking about sex and sexuality with clients.

At the beginning of the workshop all the participants were asked to express their expectations. To know the expectations are helpful in moderating the discussions during the workshop. It also helps in designing future training. We strongly felt to include this list in the report.

Following are the expectations:

- What is Quality Counseling?

- How we overcome time constraints in counseling
- Counseling for long term family planning methods
- Counseling by technical and non-technical persons
- How to improve counseling capacity in RTI/STI, HIV
- What are the barriers in effective counseling?
- Steps to improve counseling capacity
- Informed choice in reproductive health
- How informed choice protect customers' right
- Practical application of counseling by the service promoter,  
▪ how to do it effectively
- Counseling a male for vasectomy
- Key factors in counseling, improve counseling.
- How to ensure proper counseling
- Counseling versus motivation
- How to develop all providers as a good counselors
- Criteria of a good counselor
- Counseling for the HIV/AIDS blood testing

The following table shows the responses of the participants at the end of the Workshop:

Indicators	Very satisfied	Satisfied
Overall, how satisfied are you with the training?	86%	14%
How satisfied are you that the workshop achieved its stated objectives?	85%	15%
How satisfied are you with the trainers' ability to explain topics, clear up doubts, and respond to the training needs of the participants?	88%	12%
How satisfied are you with the amount of time spent on this course?	82%	18%
How satisfied are you with organization of this training?(using different training methodology)	80%	20%
How satisfied are you with the facilities used for this training?	92%	8%

Indicators	Very satisfied	Satisfied
How satisfied are you with the resource materials and training aids used?	78%	22%
To what extent do you feel that you will able to apply the knowledge and skills acquired in this course to your every day work?	76%	24%

**A. P. # 3.1.4: Monitoring assurance of voluntarism and informed choice at the NIPHP clinics.**

**Achievement /Progress:**

The new QA visit tool has indicators on voluntarism and informed choice particularly at the clinics performing sterilization and Norplant procedures. Forty-one clinics of RSDP and 18 clinics of UFHP were visited for this purpose. QIP analyzed these data method wise for both the service delivery partnerships. In sterilization and Norplant both the partnerships ensured voluntarism in all the clinics from where they provide these services. In IUD voluntarism and informed choice should be strengthened in about 18 to 20 percent clinics.

Percentage of clinics assuring Voluntarism in Sterilization

Components	RSDP				UFHP			
	Yes (%)	No (%)	Total	NA	Yes (%)	No (%)	Total	NA
IUD	32 (80)	8 (20)	40	1	14 (82)	3 (18)	17	1
Norplant	NA	NA	NA	NA	10 (100)	0	10	8
Tubectomy	NA	NA	NA	NA	2 (100)	0	2	16
NSV	1	0	1	40	5 (100)	0	5	13

**Sub-Result # 3.2: Provision of data on the quality services provided at NIPHP clinics, in collaboration with Service Delivery Partners.**

**A. P. # 3.2.1: Redesign and conduct QA visits to a representative sample of NIPHP clinics.**

**Achievement /Progress:**

Revision of the QA visit tools was carried out in May 2001. The purposes of redesigning the QA visit tools were:

- To develop one checklist so that both the service delivery partners could use.
- In the past rounds RSDP and UFHP used two different checklists. Same time, partnerships themselves changed tools from one visit to another.

- To do the comparative analysis of the QA data between partnerships
- To streamline the checklist
- To make the checklist simple

A small working group was formed taking representatives from both the service delivery partners and QIP. The indicators were primarily selected from the previous QA checklist. In the development process, carefully designed field tests of the tools were carried out. The draft was circulated among all of the QA professionals and the tools were finalized through holding of a workshop. Staff of EngenderHealth, New York and QAP, Washington provided TA in this connection.

The new QA tools has three components (Appendix -2) as the following:

- Knowledge Quiz
- QA observation checklist including checklist for case studies
- Record review checklist

During this reporting period QA visits to 161 clinics has been carried out by joint Teams comprising of professionals of QIP and the Service Delivery Partnerships. According to the decision QIP in association with UFHP and RSDP would conduct QA visits to 50% clinics. A two-stage sampling methodology was used to select the clinics.

RSDP: All 19 NGOs were selected. From each NGO 50% clinics were taken randomly. All the clinics were taken where NGOs have less than two or less clinics. After sampling total number of clinics for QA visits were 93. From 2<sup>nd</sup> week of July 2001, BRAC pulled out from NIPHP. So, ultimate number of sampled clinic was 77.

UFHP: According to the services, clinics were divided in to categories as comprehensive, comprehensive & new, old and new clinics. From each category 50% clinics were taken randomly. Total number of clinics after sampling was 77.

In the reporting period QIP made QA visits to 161 clinics. The following table shows the breakdown of the visits considering the partnership and time period.

Partnerships	Period	Total
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RSDP	Oct.'00 - Feb.'01: Total clinic-76 (2 <sup>nd</sup> round)	June'01- Sep.'01: Total clinic-41 (3 <sup>rd</sup> round)	117
UFHP	Oct.'00-Dec.'00: Total clinic-26 (3 <sup>rd</sup> round)	May'01-Sep.'01: Total clinic-18 (4 <sup>th</sup> round)	44
GRAND TOTAL			161

To assess the knowledge of the service provides 4 sets of questionnaire in Bangla were developed for the paramedics. Different sets are used for different paramedics of the same clinic. One set of questionnaire in English was developed for medical officer. Each set contains 25 questions of different ESP components. The number of questions kept same for each set of questionnaire. This would ascertain the validity of analysis.

The following table shows the numbers of question set in one questionnaire.

Components	Sections	Questions	Components	Sections	Questions
Child Health (7)	EPI	2	Maternal Health (7)	ANC	2
	Vitamin-A	1		TT	1
	ARI	2		PNC	1
	CDD	2		Breast Feeding	1
FP method (7)	Pill	2	Infection Prevention (4)	RTI/STI	2
	Condom	1		Hand Washing	1
	Injectable	2		Savlon & Chlorine Solution	1
	IUD	1		Waste Disposal	1
	Emergency Contraceptives	1		Cleaning, Boiling	1

During QA visits all types of customers are not available in clinic to observe the service delivery process. To overcome this problem, like in the past, case studies have been incorporated into the checklist. When the required customer/s would not be available, then case studies would be used to assess the compliance. The QA observation checklist contains 10 composite indicators. Record review checklist contains one composite indicator to identify the ESP record keeping system.

***A. P. # 3.2.2: Improve QA data management (design, entry and analysis) and reporting.***

**Achievement /Progress:**

The QA visit data of all of the rounds have thoroughly being reviewed. All data re-entered into the computer and analyzed. In this effort technical assistance has been

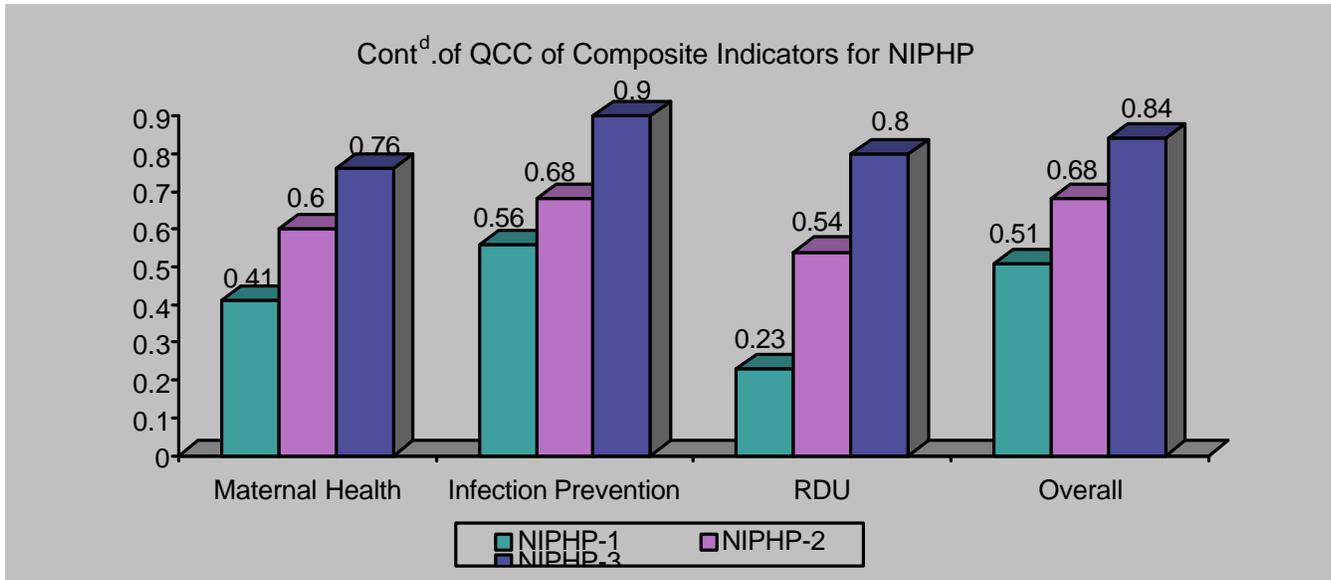
obtained from QAP, Washington. Reports were generated up to the 2<sup>nd</sup> round of RSDP and 3<sup>rd</sup> round of UFHP. For the current round of visits a brief report is produced after each clinic visit. So far 59 clinics have been visited in this round and a short report of the visits has been incorporated in the text.

Mean Quality Compliance Score of the Composite Indicators of RSDP (41 Clinics) and UFHP (18 Clinics) is given in the following table:

Sl. #	Composite Indicators	RSDP			UFHP		
		R-1	R-2	R-3	R-1	R-3	R-4
01	Clinic Facilities	.64	.85	.99	.36	.89	.96
02	Counseling	.29	.44	.74	.36	.47	.66
03	EPI & Vitamin-A	.37	.61	.89	.42	.94	.86
04	ARI & CDD	.54	.50	.86	.35	.81	.82
05	FP and RTI/STI	.29	.49	.83	.48	.75	.73
06	Maternal Health	.50	.53	.79	.24	.71	.70
07	Infection Prevention	.59	.61	.90	.50	.77	.90
08	Rational Drug Use	.18	.52	.79	.33	.56	.82
09	Overall Performance	.55	.61	.86	.43	.79	.81

Comparison of the mean Quality Compliance Score of the Composite Indicators for NIPHP is as following:

SL. #	COMPOSITE INDICATORS	NIPHP-1	NIPHP-2	NIPHP-3
01	Clinic Facilities	.54	.87	.98
02	Counseling	.31	.45	.72
03	EPI & Vitamin-A	.39	.75	.88
04	ARI & CDD	.48	.63	.85
05	FP and RTI/STI	.37	.60	.80
06	Maternal Health	.41	.60	.76
07	Infection Prevention	.56	.68	.90
08	Rational Drug Use	.23	.54	.80
09	Overall Performance	.51	.68	.84



## COPE

COPE remained to be the means of identifying quality-related problems and bringing resolution at the clinic level through the utilization of the self-assessment principle. The purpose of COPE exercises at the UFHP supported clinics were to orient the service providers on the COPE process and tools, develop a local facilitator for future COPE exercises and find out the problems related to quality improvement at the time of the exercises.

QIP conducted COPE exercises at 29 new UFHP-NGO clinics during February 2001 to June 2001. Before conduction of the exercises, the COPE tools like Self-Assessment Guide, Record Review Checklist and Customer Exit Interview Form were revised and adapted according to the changed needs of the NIPHP-NGO clinics funded by UFHP. During COPE exercises clinic staff identified problems and their root causes and solutions. Two COPE facilitators from QIP facilitated the COPE exercise process in each clinic. One-site facilitator was trained in the process from each of the clinics for conducting follow up exercises.

An analysis of the problems that were identified during those 29 exercises was done. The categories of the problems are as following:

Problems	Frequency	Percentage
Service providers are not aware of Infection Prevention guidelines	24	82.76%

Inability/Incompleteness to filling out ESP card	19	65.52%
Inadequate counseling on condom use and IUD	18	62.07%
Non-use of RTI/STD flow Chart	14	48.28%
Vitamin-A is not distributed to children and postpartum women	11	37.93%
Providers do not have adequate knowledge on EPI	11	37.93%
Paramedics were unable to treat ARI/Pneumonia cases according to service delivery guidelines although they are trained on Child Survival Interventions (CSI)	11	37.93%

The other problems related to organization and management of services includes community not fully aware about the timing of the satellite clinics, many clinics still do not have ORT corner, needle and nozzle cutting machine not available etc.

Regarding skills and attitude of the paramedics it was observed that the paramedics do not always use ARI chart, monitor of cold chain during vaccination session, not aware of the referral centers. The paramedics still writing more drugs and prescription writing was not according to the standard.

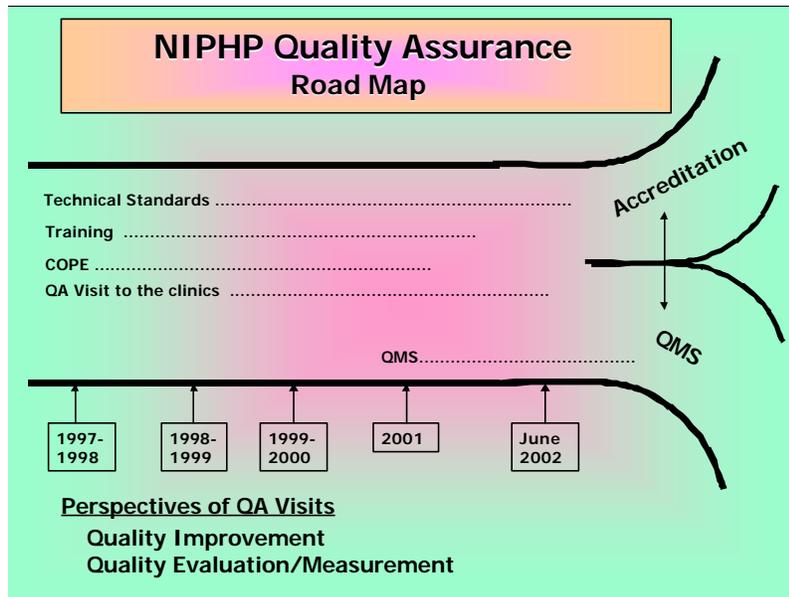
**Discussion:**

As mentioned earlier, all of these clinics were new. So, it was expected that the nature of the problems would be the same to that of other exercises at the new clinics. This time the nature of the problems was more of process oriented than that of clinic set-up, supply or management. From this observation it can be stated that, over the time the NGOs have developed certain capacity. They have taken care of set-up; supplies and management related problems from the very beginning of the clinic operations.

***A. P. # 3.2.3: Develop an accreditation system based on QA visit system.***

**Achievement /Progress:**

Several discussions have been undertaken on developing a concept paper on a future accreditation system. Following is a Road Map developed while envisioning accreditation in the future. Based on the consensus this activity has been deferred to next Workplan.



**Sub-Result # 3.3: Strengthen a sustainable Quality Monitoring Supervision (QMS) system at the NGO level, in collaboration with UFHP and RSDP.**

**A. P. # 3.3.1: Develop/strengthen QMS system at the NGO level.**

**Achievement /Progress:**

It has been the ultimate objective to gradually transfer all skills of quality improvement to the NGOs and make it a sustainable one. During this reporting period efforts were initiated to develop/strengthen the Quality Monitoring and Supervision (QMS) system at the NGO level. Three consultants two from EngenderHealth namely Marcia Mayfield and Erin Milkie and one from QAP, Washington namely Dr. Neeraj Kak came to Bangladesh and provided TA to the QMS development team. The QMS development Team lead by QIP comprised of members from the two Service Delivery Partnerships and local USAID staff. The consultants and the QMS development Team jointly developed a report attached as Appendix - 3. Based on the report the development team has developed a rollout plan for the next fiscal year.

In the effort of developing the quality monitoring and supervision system at the NGO level it was planned to further strengthen their capacities on cross cutting areas like IP, facilitative supervision and quality management. Accordingly several workshops and on-site team training at the clinics were carried out on infection prevention and facilitative supervision and quality management that are described in more detail in this section.

Infection Prevention is the integral part of the most of the essential services. It is not only the integral part, but also the most important quality issues of the overall service delivery. For all of the reasons, infection prevention has been incorporated in all the modular

courses: Family Planning Clinical Services, Other Reproductive Health and Child Health. By this time, Doctors and Paramedics have been trained throughout the program. But in real life situation, the Clinic Aides and the Ayas are the main stakeholders of the infection prevention procedures. They have been doing the job without having formal training. As a result, it has been observed that infection prevention procedures are not being followed as per standard, in spite of providing technical assistance by the QA team during their QA visits. So, it was a great concern for the program managers. As a response to this issue, it was speculated that there was no alternative except providing Whole-Site Training on Infection Prevention to the Clinic Aides and the Ayas.

The goal of the training program is to building capacity of the Clinic Aides and the Ayas of the NGO clinics funded by UFHP to ensure the quality of services. It was team training consisting of Clinic Aides/Ayas, one Paramedic from the static clinic and Project Director/Project manager of the respective NGO. To improve the capacity of the Clinic Aides/ Ayas, one and a half-day workshop on “Infection Prevention” was designed.

The objectives of the workshop were as following:

- Participants would be able to mention and demonstrate the service specific standard infection prevention procedures.
- Participants would be able to tell individual roles and responsibilities in infection prevention practices.
- Participants would be able to mention the supervisory functions in implementation of the steps of infection prevention procedures (Doctors & Paramedics) in the clinics.

Curriculum overview:

As mentioned earlier, the duration of the course was one and a half-day. It has four modules to cover the three objectives. The module one and two focused on service specific standard infection prevention procedure - both theory and practice, module three dealt with the roles & responsibilities and module four was on supervisory functions.

Methodologies used in the workshop:

The methodologies have been using during this workshop are presentation, discussion, group work, demonstration and practical. The varied methodologies assisted the learning process, as well as ensured active participation of the participants.

Training outcome:

During this reporting period a total of 306 participants attended the training at 27 different venues. As the Clinic Aides/Ayas are not well conversant in reading and writing, neither pre-test nor post-test assessment could not be conducted. The participants were not of same category, rather having a wide variation, varying from Doctor to Clinic Aides/Ayas. So, formal certification was not done.

#### Observation:

- As the Ayas never received any kind of training, most of them were pro-active and eager to learn.
- The Ayas were disappointed for not getting a certificate. Although they were happy with the training.
- Ayas had been preparing 0.5% chlorine solution and 5% savlon solution under the guidance of Paramedic. But it was found that they were not doing it accurately.
- Overall practice on infection prevention was very poor.
- Education and understanding level of some Ayas were not up to the mark to receive the training.
- Hindu participants did not want to unwire their 'Shakha' during hand washing due to religious barrier.
- In some clinics, incinerator was kept in such a dirty place, where demonstration was quite impossible.
- In some venues, training room was not appropriate for training due to limited space and lack of well ventilation.

#### Recommendations:

- Good training environment is a pre-condition for good training outcome. Venue should be selected after visiting the site.
- Educational level of Ayas should be at least S.C.
- Regular supervision and monitoring of all infection prevention practices should be intensified.
- All the Supervisors should use supervisory checklist during supervision.
- Incinerator should be used properly and regularly.

#### Training on Counseling and Infection Prevention for the Clinic Aides:

In RSDP clinics, Clinic Aides are performing the general counseling and taking part in most of the infection prevention procedures. In addition, the Clinic Aides also assist the paramedics in dispensing drugs. They have been doing the job without having formal training. It is observed during QA visits and other monitoring visits that infection prevention procedures are not being followed as per standard. To improve the capacities of the Clinic Aides, a three-day training on "Counseling and infection prevention" was

designed. During this reporting period a total of 188 participants attended at nine different venues.

The objectives of the training were as following:

- Participants would be able to perform and help the paramedics in counseling.
- Participants would be able to do infection prevention procedures effectively particularly decontamination, cleaning of instruments and waste disposal
- Participants would be able to dispense the drugs appropriately

Curriculum Overview:

As mentioned before, the duration of the course was three days. It had four modules to cover the three objectives. The module 1 focused on counseling including communication and BCC. Module 2 dealt with theory and its practice of infection prevention. Module 3 and 4 discussed drug dispensing and roles and responsibilities of the Clinic Aides.

Expectation of the participants:

To make the training more effective and participatory, different expectations from the participants had collected at the beginning of the training. Most of the participants expressed their desire to have training on administering contraceptive Injectable.

Methodologies used in the training:

Different methodologies had been used during this training. The varied methodologies assisted the learning process, as well as ensured active participation of the participants. The primary methodologies were discussion, role-play, group work, demonstration and practical.

Training outcome:

As convention, pre-test and post-test assessments were conducted. Average pre-test was 69% with a range from 22 – 97%. Average post-test score was 88 with a range of 23 – 100%.

Observations:

- The Clinic Aides counsel customers on most of the ESP services and dispense drugs in the satellite clinics. They prepare chlorine solution under the guidance of paramedics, but it was found that most of them could not do properly. They did not receive any training before.
- In case of BRAC clinics, the designation of the participants was program organizer paramedic (PO-para), not the Clinic Aide. Almost all of them received training on ORH, CSI and CMT. As the BRAC clinics have another designated person to do infection prevention procedure so, they do not do the infection prevention procedures.

- Most of the participants were punctual, pro-active, and eager to learn and participated well in the training.
- For some participants the level of understanding was very poor. Some of them could not read or write.
- Some venues were too small to accommodate all the participants. The sitting arrangements were not comfortable in some places. In some places facilitators from RSDP were not available

#### Recommendations:

- Good training environment is a precondition for good training outcome. Venue should be selected after visiting the site.
- Clinic Aides should spend enough time in assisted reading to improve their level of knowledge.
- Three days time was not sufficient for this training. They need more guidance and cooperation regarding drug dispensing.
- The participants who could not read or write needs assistance and support from the supervisors in carrying out their responsibilities.

#### Facilitative Supervision and Quality Management Workshop:

A Workshop on Supervision and Quality Management of ESP Services for RSDP Field Managers was organized during 23-27 September 2001. Fifteen Field Managers participated in the workshop and six observers also attended the workshop from RSDP and QIP.

#### Objectives of the Workshop:

- To orient RSDP Supervisors (Technical Officers – TA Unit, Monitoring Officers- medical and non-medical, and Thana Managers) on concepts of Facilitative Supervision and Quality Management.
- Application of Facilitative Supervision and Quality Management in managing ESP services.
- To review the Referral and Follow-up system.

#### Methodology:

Different methodologies were used during in the workshop for example, case studies, role-plays, presentations and others. In this workshop one new methodology, reading assignment was introduced in this workshop to assist the learning process.

#### Expectations of the Participants:

To make the workshop participatory, at the beginning of the workshop expectations from the participants were gathered and through out the workshop all these expectations were addressed. The following box contains the expectations of the participants. This are cited here because in future it would be useful in training design.



#### **Sub-Result # 3.4: Provision of up-to-date technical standards on ESP services to NIPHP clinics.**

*A. P. # 3. 4.1: Disseminate the Family Planning manual and translate into English.*

#### **Achievement /Progress:**

The major bulk of the Family Planning Manual has been distributed through the channels of the Directorate of Family Planning, UFHP, RSDP and major NGOs like FPAB. The said manual has been provided to the training organizations and all relevant agencies in the public and NGO sector. The translation of the manual into English has been completed and sent to the NIPHP partners including the Government and training organizations.

***A. P. # 3. 4. 2: Revise Technical Standards (RTI/STI, Child Health, ESP Essential Drug Booklet, and EOC).***

**Achievement /Progress:**

The ESP Essential Drug Booklet has been revised based on the comments collected from the providers, managers and experts. After revision it has been reprinted and sent to UFHP and RSDP for distribution to their clinics. The RTI/STI and Child Health technical standards will be revised in the early part of 2002.

The first edition of the ESP Essential Drug Booklet was published in March 2001. The representatives of QIP, UFHP, and RSDP formed a joint committee. This committee undertook the initiatives of revising the booklet. In this edition the ESP Drug list was revised and updated. Three thousand copies were printed and distributed among all the service providers of UFHP and RSDP.

During the past QA visits it was observed that the NGOs procured many drugs that were not recommended in the ESP Essential Drug Booklet. The paramedics wrote many drugs that they were not supposed to write. Now the list contains 45 drugs. Among them paramedics are eligible to use 22 drugs.

From the recent (3<sup>rd</sup> round of RSDP and 4<sup>th</sup> round of UFHP) QA visit reports it has been revealed that drugs are now procured according to ESP essential drug list. More paramedics are trying to follow the list.

***A. P. # 3.4.3: Print and disseminate the manuals on Quality Improvement, HIV/AIDS and Limited Curative Care.***

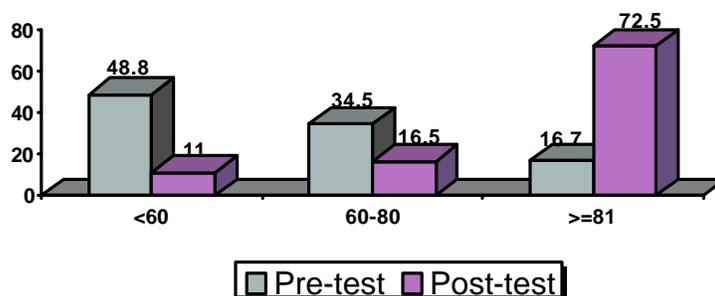
**Achievement /Progress:**

During this reporting period QIP has published two new manuals, HIV/AIDS and Limited Curative Care. HIV/AIDS manual was published both in Bangla and English. Besides, ESP Essential Drugs booklet was revised and published. Technical Standard and Service Delivery Protocol for Maternal Health was reprinted. Last year QIP revised the Family Planning Manual, but this year we have translated the manual into English. In this reporting period QIP commissioned a review of the sterilization services and a report has published. The following table shows the summary of the QIP publications in the reporting period:

#	Publication	Language	Date	# Copies
1	HIV/AIDS Manual	English	May 01	1000
2	HIV/AIDS Manual	Bangla	May 01	4000
3	Limited Curative Care	Bangla	May 01	2000
4	Technical Standard and Service Delivery Protocol for Maternal Health Care	English	Jan 01	1000
5	ESP Essential Drugs	Bangla	Mar 01	3500
6	Family Planning Manual	English	July 01	30
7	Review of Sterilization Services in Bangladesh	English	Nov 00	300

**A. P. # 3.4.4: Revise the MTP modules on RDU and conduct orientation workshops.**

**Pre-test and Post-test Score Obtained by Participants of RDU Training**



**Achievement /Progress:**

Revision of the MTP module on RDU completed. During this reporting period 91 participants received training on this revised module.

A committee was formed, consisting representatives from QIP, UFHP and RSDP, to revise the Rational Drug Use (RDU) of the MTP module – 4. The committee reviewed the module and made that final.

The RDU curriculum was re-designed for training of the supervisors and Doctors. QIP conducted four workshops for the Supervisors and Medical Officers during this reporting period. Ninety-one participants from different NGO clinics were trained.

Though post-test score is not the only parameter of training evaluation but it is a good indication about the training event. The following graph shows that there is a substantial increase in the post-test scores of the training courses. Getting feedback from the participants was important element of QIP’s training. At the end of each batch feedback from the participant was gathered and analyzed.

On the basis of the feedback the courses were adjusted where deemed necessary. Following table shows the workshop evaluation by the participants:

Topic	Very useful	Useful	Not useful
Context of RDU in NIPHP	62%	38%	0%
Introduction to RDU	73%	27%	0%
Diagnosis & prescribing process	65%	35%	0%
Dispensing process	63%	37%	0%
Patient compliance	68%	32%	0%
Case studies on RDU	75%	25%	0%
Field visit	67%	33%	0%
Panel discussion on RDU	92%	8%	0%
RDU in pregnancy and lactation	87%	13%	0%
ESP Essential Drug	78%	22%	0%
Prescription writing	76%	24%	0%
Implementation of RDU principles through MTP module.	83%	17%	0%

After the RDU workshops, there have been some positive changes in the drug practice. This was reflected in the current QA visit findings.

The findings are as follows:

- Drugs are available according to ESP essential drug list.
- Paramedics know that they are allowed to prescribe only 20 drugs from the list.
- Paramedics are not prescribing drugs beyond the drug list.
- Paramedics are able to write prescriptions.
- Paramedics are not writing antibiotics without indications.
- Paramedics are not writing multivitamins.
- ESP essential drug booklet is available in all clinics

Recommendations for further improvement:

Paramedics do not know necessary drug information on ESP essential drugs and they do not consult ESP drug booklet often. Supervisors should help the paramedics in understanding the necessity of this knowledge and practice use of the booklets. Paramedics are not able to treat minor ailments efficiently because they are not trained. NIPHP should consider organizing training on minor ailments with special focus on selected ailments.

***A. P. # 3.4.5: Collaborate with ICDDRB in studies related to RTI/STI and clinical contraception.***

**Achievement /Progress:**

ICDDRB had earlier initiated a study looking into the management of the complications of clinical methods. In that study QIP is involved. That is ongoing. In October – November 2000 a second study to validate the revised vaginal discharge syndrome flow chart has been initiated. In this study the revised vaginal discharge flow chart will be validated while working at 5 clinics in Dhaka. The revised flow chart of the vaginal discharge is given in this report as Appendix - 4.

***A. P. # 3.4.6: Develop simple job aids on Infection Prevention and counseling (measuring pots for bleaching powder & savlon solution) and on Counseling such as a counseling display board, and a home video on good and bad counseling situation.***

### **Achievement /Progress:**

In connection with maintenance of infection prevention certain specific steps two plastic measuring pots has been developed. The first one is to measure bleaching powder for making chlorine solution and the second one to make savlon solution in the required concentration. However, due to some technical difficulties the savlon measuring pot needs some correction. The bleaching powder measuring pots is graduated. This is being distributed to the clinics through the UFHP and RSDP distribution channels.

Decontamination is an essential step of Infection Prevention. It helps to destroy Hepatitis B & C virus and HIV virus. Bleaching powder is used in this step. In order to get 0.5% chlorine solution, the service provider mix the bleaching powder with water with specific proportion. As for example, 100 gm bleaching powder is required for 5 liters water to prepare 0.5% chlorine solution. So accurate measurement of bleaching powder is essential. For this reason the service provider felt the need of a measuring pot for bleaching powder. In the past the service providers used to use used ice cream pot. QIP developed a measuring pot for bleaching powder and supplied to all the service providers of both the partners.

An attempt has been made to develop another pot to measure savlon to prepare a 5% solution. Due to some technical difficulties the pot could not be produced. In October - November this savlon measuring pot would be supplied to the service providers.

During this reporting period QIP has also developed a manual calculator to calculate the expected date of delivery (EDD) by knowing the date of last menstrual period. This has allowed the service providers to gain confidence in dealing with the ANC case.

### **Sub-Result # 3.5: Ensured availability of quality PAC services at a limited number of NIPHP clinics.**

#### ***A. P. # 3.5.1: Plan for PAC services at NIPHP clinics.***

### **Achievement /Progress:**

Ms. Joan Venghaus, Regional PAC Coordinator of EngenderHealth (Asia region) carried out an assessment on post abortion care (PAC) from 15-24 August 2000. The major recommendations were PAC services would be provided on a pilot basis at two UFHP supported clinics, complicated cases would be referred to nearby referral facilities where there will be minimum standards of care and provide limited input to the referral centers to offer better standards of care, especially staff training in Infection Prevention and Counseling. On the basis of the principal findings and recommendations of the assessment, QIP and UFHP developed an action plan on PAC.

Set-up two training centers:

Organized PAC services are new in health services, both in public as well as in private sector. Clients suffering from post abortion complications mainly attend in the Medical College Hospitals for treatment. Therefore, it was difficult to get an appropriate training center. The first training center was set-up in Sir Salimullah Medical College Hospital,

Later, Mohammedpur Fertility Service and Training Center (MFSTC) was set-up as the second training center. Trainers from these government institutions were trained on PAC and additional logistics support was also provided.

**Material Development:**

Technical Standard and Service Delivery Guideline on Post Abortion Care (PAC), both in English and Bangla and the Trainers' Guideline were developed. These were adapted from a wide array of internal and external PAC publications and documents. UFHP and QIP, regional office and headquarters of EngenderHealth reviewed these documents. All these documents were used in TOT and training of the service providers.

***A. P. # 3.5.2: Train providers on PAC services.***

**Achievement /Progress:**

A 5-day Training of the Trainers (TOT) course on PAC was organised during 18-22 March 2001. This training was held in Sir Salimullah Medical College & Mitford Hospital, Dhaka. Apart from the Bangladesh Country office, trainers from regional office and headquarters conducted this TOT. They were Prof. Rehana Begum of SSMCH, Dr. Rachael Phelps of Rochester University, Ms. Joan Venghaus, Dr. Martha Jacob, and Ms. Kristina Graff of EngenderHealth. There were eight participants in the course from SSMCH, MCHTI, MFSTC, MRTSP, UFHP, QIP, and Khulna Sadar Hospital.

**Training of the service providers:**

Two training courses, a six-day duration each, were held during 9-14 June and 16-21 June 2001 at Sir Salimullah Medical College. Emphasis of the training was on clinical skill development on MVA procedure, management of post abortion complications, post abortion counseling, and infection prevention related to PAC services.

Two clinics, headquarter clinic of Banophul and SPADES supported by UFHP, were selected to offer PAC services. Accordingly, three paramedics and one doctor from those two clinics attended the training of the service providers.

**PAC service delivery:**

PAC services have been initiated at two UFHP clinics. The plans of providing PAC services from a limited number of clinics have been developed based on the assessment earlier conducted during August 2000.

***A. P. # 3.5.3: Orientation of the supervisory system and setting up of the referral linkages.***

**Achievement /Progress:**

**Orientation of the supervisors on PAC services:**

A two-day workshop was organized for the supervisors of the clinics that are providing PAC services. It mainly covered the over view of PAC, Mexico City clause, importance

of PAC services, PAC counseling and infection prevention related to PAC. This orientation was held during 20-21 August 2001 at Bonoful, Khulna.

#### Setting-up Referral Centres:

Infection prevention procedures are not according to the standard at the referral centres. They do not provide PAC counselling. Therefore, an orientation workshop was conducted at Khulna Sadar Hospital, which is the referral centre of Banophul. As SPADES has temporarily suspended its PAC services, orientation of its referral centre has also been deferred.

The workshop was of four days duration, held during the period of 02-05 September 2001. The first two days was for doctors and nurses, the third day was for the cleaners and the last day was a combined workshop for all the groups. It mainly covered overview of PAC, importance of PAC, key elements of PAC, and PAC counseling and Infection Prevention.

#### Discussion:

As the customers usually seek care for the management of abortion complications in the District Hospital and Medical College Hospital, therefore we had to choose government tertiary center as training centers. There were insufficient customers for practical or hands-on training.

PAC service is new in our country. With the help of MVA equipment, the service providers can easily managed abortion complications in the primary health facility and can reduce the sufferings of the customers. By the expansion of PAC services in the primary health care facilities, we can reduce the maternal mortality and morbidity due to abortion complications.

The health care facilities, which are providing safe delivery service and sterilization, can easily provide this service if their service provider can get training on PAC.

The community people are not aware regarding the availability of PAC services. Therefore they do not seek care at appropriate time and stay at home which adverse the complications. So we need to develop BCC materials for community awareness.

### **Sub-Result # 3.6: Ensured availability of quality Injectable services at SMC's blue star outlets.**

#### ***A. P. # 3.6.1: Train newly enrolled 'Blue Star' physicians, their Assistants and NGMPs.***

#### **Achievement /Progress:**

A detail report on the training of the Blue Star physicians and Non-Graduate Medical Practitioners is given in Appendix – 5.

Pre-packaged therapy for Male Urethral Syndrome:

SMC according to their Workplan has been working on the development of a pre-packaged therapy (PPT) for Male Urethral Syndrome. The package will contain two antibiotics, couple of condoms, and a pictorial on how to use the condoms. There had been some legal and technical issues involved in this effort. In this connection QIP has started to provide some TA. During this period besides participating in some policy level meetings QIP facilitated a technical meeting of STI experts on January 31, 2001 in Dhaka. The minutes of that meeting is attached as Appendix - 6.

### **Sub-Result # 3.7: Consistent GOB and NIPHP RTI/STI curricula.**

*A. P. # 3.7.1: Review RTI/STI curriculum used for UNFPA funded GOB training and makes it consistent with NIPHP ORH curriculum.*

#### **Achievement /Progress:**

The RTI/STI curriculum used in the UNFPA funded GOB training course will be undertaken after the validation of the revised vaginal discharge syndrome is completed.