

Operations Research on ESP Delivery and Community Clinics in Bangladesh

Orientation on HPSP and ESP: Issues for Consideration

**Sukumar Sarker
Subrata Routh
Ziaul Islam
Barkat-e-Khuda
SM Asib Nasim
Ziauddin Ahmed Khan**



CENTRE
FOR HEALTH AND
POPULATION RESEARCH



The Centre

The Centre is a unique global resource dedicated to the highest attainable level of scientific research concerning the problems of health, population and development from a multi-disciplinary perspective. The Centre is an exceptional position to conduct research within the socio-geographical environment of Bangladesh, where the problems of poverty, mortality from readily preventable or treatable causes, and rapid population growth are well-documented and similar to those in many other developing countries of the world. The Centre currently has over 200 researchers and medical staff from 10 countries participating in research activities. The Centre's staff also provide care at its hospital facilities in Dhaka and Matlab to more than 100,000 patients a year and community-based maternal/child health and family planning services for a population of 100,000 in the rural Matlab area of Bangladesh. In addition, the Centre works closely with the Government of Bangladesh in both urban and rural extension projects, which aim at improving the planning and implementation of reproductive and child health services.

The Centre is an independent, non-profit international organization, funded by donor governments, multilateral organizations and international private agencies, all of which share a concern for the health problems of developing countries. The Centre has a rich tradition of research on topics relating to diarrhoea, nutrition, maternal and child health, family planning and population problems. Recently, the Centre has become involved in the broader social, economic and environmental dimensions of health and development, particularly with respect to women's reproductive health, sexually transmitted diseases, and community involvement in rural and urban health care.

The Centre is governed by a distinguished multinational Board of Trustees. The research activities of the Centre are undertaken by four scientific divisions: Clinical Sciences Division, Public Health Sciences Division, Laboratory Science Division, and Health and Population Extension Division. Administrative functions are undertaken by Finance, Administration and Personnel offices within the Director's Division.

Operations Research on ESP Delivery and Community Clinics in Bangladesh

Orientation on HPSP and ESP: Issues for Consideration

Sukumar Sarker¹
Subrata Routh¹
Ziaul Islam¹
Barkat-e-Khuda¹
SM Asib Nasim²
Ziauddin Ahmed Khan²

¹ Operations Research Project, ICDDR,B: Centre for Health and Population Research
² Programme Coordination Cell, Ministry of Health and Family Welfare,
Government of the People's Republic of Bangladesh



ICDDR,B: Centre for Health and Population Research
Mohakhali, Dhaka 1212, Bangladesh

1999

ICDDR,B Special Publication No. 105

C

Edited by: M. Shamsul Islam Khan

Layout Design and Desktop Publishing: Jatindra Nath Sarker
Subash Chandra Saha

ISBN 984-551-202-X

ICDDR,B Special Publication No. 105

© 1999. ICDDR,B: Centre for Health and Population Research

Published by

ICDDR,B: Centre for Health and Population Research

GPO Box 128, Dhaka 1000, Bangladesh

Telephone: (880-2) 8811751-60 (10 lines); Fax: 880-2-8811568

E-mail: msik@icddrb.org

URL: <http://www.icddrb.org> and <http://www.icddrb.org.sg>

Printed by: Olympic Products Printing & Packaging, Dhaka

d



Secretary
Ministry of Health and Family Welfare
Government of the Peoples' Republic of Bangladesh

Foreword

The Health and Population Sector Programme (HPSP) is aimed at providing a range of basic health and family planning services—Essential Services Package (ESP)—to the clients, especially the vulnerable and disadvantaged groups (children, women and the poor). A key component of the HPSP is the establishment of Community Clinics to provide ESP services. Both the integrated service-delivery package, Essential Services Package (ESP), and the strategy to deliver services from the static centres (Community Clinics) instead of routine domiciliary visits, are major shifts in the health services programme. It is, therefore, appropriate that in the process of implementation of these crucial systemic changes, research be undertaken to: (i) extensively document the operationalization process of the new service delivery system; (ii) monitor, analyze, and evaluate performance of the new system; (iii) identify problem(s) encountered in implementation of the new system; and (iv) suggest probable solution(s) for further refinement of the new system.

The Operations Research Project (ORP) of ICDDR,B: Centre for Health and Population Research is conducting an operations research—on request of MOHFW—on ESP delivery and Community Clinics in three of its Project sites, namely, Abhoynagar thana of Jessore district and Mirsarai and Patiya thanas of Chittagong district. The research is conducted in collaboration with the Health and Family Planning Directorates of the Ministry of Health and Family Welfare (MOHFW). Early findings from the activities on orientation of the programme managers and other related persons on ESP and the site selection process for the Community Clinics were disseminated at a workshop held on August 31 and September 1, 1999. Both the activities are of critical importance in the operationalization of the ESP delivery.

This publication documents the activities of ORP in facilitating the process of site selection for Community Clinics which have been carried out as part of the operations research on ESP delivery and Community Clinics. I recommend this document to the policy makers and programme managers so that they can apply the lessons learnt to improve implementation further.

M. M. Reza

Acknowledgements

The Operations Research Project (ORP) is a project of the ICDDR,B: Centre for Health and Population Research that works in collaboration with the Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, supported by the United States Agency for International Development (USAID).

This publication was supported by the USAID under the Cooperative Agreement No. 388-A-00-97-00032-00 with the ICDDR,B: Centre for Health and Population Research. The Centre is supported by the following countries, donor agencies and others which share its concern for the health and population problems of developing countries:

- Aid agencies of governments of: Australia, Bangladesh, Belgium, Canada, European Union, Japan, the Netherlands, Norway, Sri Lanka, Sweden, Switzerland, the United Kingdom, and the United States of America;
- UN agencies: International Atomic Energy Agency, UNAIDS, UNICEF, and WHO;
- International organizations: CARE Bangladesh, International Center for Research on Women, International Development Research Centre, Swiss Red Cross, and World Bank;
- Foundations: Ford Foundation, George Mason Foundation, Novartis Foundation, Rockefeller Foundation, and Thrasher Research Foundation;
- Medical research organizations: Karolinska Institute, National Institutes of Health, New England Medical Center, National Vaccine Programme Office, Northfield Laboratories, Procter and Gamble, Rhone-Poulenc Rorer, and Walter Reed Army Institute for Research-USA;
- Universities: Johns Hopkins University, London School of Hygiene & Tropical Medicine, University of Alabama at Birmingham, University of Göteborg, University of California at Davis, University of Maryland, University of Newcastle, University of Pennsylvania, and University of Virginia;
- Others: Arab Gulf Fund, Futures Group, International Oil Companies (Cairn Energy PLC, Occidental, Shell, Unocal), John Snow International, Pathfinder, UCB Osmotics Ltd., and Wander.

Glossary

ATFPO	Assistant Thana Family Planning Officer
AHI	Assistant Health Inspector
BCC	Behaviour Change Communication
CC	Community Clinic
CPR	Contraceptive Prevalence Rate
DFP	Directorate of Family Planning
DGHS	Directorate General of Health Services
EOC	Emergency Obstetric Care
ESP	Essential Services Package
EPI	Expanded Programme of Immunization
FP	Family Planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GR	Geographical Reconnaissance
GOB	Government of Bangladesh
HI	Health Inspector
HA	Health Assistant
HPSP	Health and Population Sector Programme
ICPD	International Conference on Population and Development
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IEDCR	Institute of Epidemiology Disease Control and Research
IUD	Intra-uterine Device
LD	Line Director
MA	Medical Assistant
MCH	Maternal Child Health
MCU	Management Change Unit
MIS	Management Information System
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
NGO	Non-Government Organization

Glossary (Contd.)

NIPHP	National Integrated Population and Health Programme
ORP	Operations Research Project
PCC	Programme Coordination Cell
PIP	Programme Implementation Plan
RMO	Resident Medical Officer
RTI	Reproductive Tract Infection
SACMO	Sub-Assistant Community Medical Officer
STD	Sexually Transmitted Disease
TFIPP	Thana Functional Improvement Pilot Project
THFPO	Thana Health and Family Planning Officer
THC	Thana Health Complex
TNO	Thana Nirbahi Officer
UBCC	Unified Behaviour Change Communication
UHFWC	Union Health and Family Welfare Centre
UMIS	Unified Management Information System
UP	Union Parishad
USAID	United States Agency for International Development

Contents

Page

Abstract	vi
1. Introduction	1
2. The Essential Services Package	1
2.1 Components of Essential Services Package	1
2.2 ESP Delivery in HPSP	2
3. Operationalization of ESP Delivery	2
4. Orientation on HPSP and ESP	4
4.1 Rationale for Orientation	4
4.2 Planning of Orientation Activities	5
4.3 Workshop with Thana and District Managers	6
4.4 Orientation of Managers and Providers.....	7
4.5 Orientation of Community Leaders.....	10
5. Important Observations	11
6. Lessons Learned	12
7. Recommended Orientation Activities	13
References	21
Fig.1. Tiers of ESP delivery in rural areas	2
Fig.2. Framework of orientation on HPSP and ESP	20
Annex 1. Orientation Workshop on HPSP, ESP and Community Clinic at District.....	22
Annex 2. Orientation Workshop on HPSP, ESP and Community Clinic at Thana	23
Annex 3. Briefing Meeting with the Union Parishad Chairmen at Thana	24
Annex 4. Orientation Workshop with Community Group Members at Union	25
Annex 5. Questions Raised by Participants of Orientation Workshops on HPSP, ESP, and Community Clinic	26

Contents (contd.)

	Page
Annex 6. Consensus on Operational Aspects of ESP Delivery at Community Clinics in the GOB-ORP Sites.....	28
Annex 7. Budget for Orientation of Thana and District Managers at District Level.....	29
Annex 8. Budget for Orientation of Health and Family Planning Providers and Supervisors at Thana Level.....	30
Annex 9. Budget for Orientation/Briefing Meetings with the UP Chairmen at Thana Level	31
Annex 10. Budget for Orientation of Community Group Members and other UP Members at Union Level	32
Annex 11. Some Suggestions for ESP Delivery.....	33

Abstract

The goal of the Health and Population Sector Programme (HPSP) of the Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh, is to provide a range of basic health and family planning services, Essential Services Package (ESP), aiming at responding to clients' needs especially of vulnerable and disadvantaged groups, i.e. children, women, and the poor. The HPSP has brought forward a number of new issues related to restructuring and reorganization in the service delivery strategy and organizational management. A major element of the ESP delivery system is the establishment of Community Clinics to provide services at the lowest tier of the system, i.e., at the community. Community Clinics will be established in rural locations for an average population of 6,000 per area. Both integrated service-delivery package (ESP) and service-delivery from the static centres (Community Clinics) instead of home visits, are major shifts in the programme.

It is, therefore, appropriate to carry out research to: (i) document the operationalizational process; (ii) monitor, analyze, and evaluate the performance of the new system; (iii) identify problem(s) encountered in implementation of the new system; and (iv) suggest probable solution(s) to address the problems that may be encountered.

Keeping these issues into consideration, the MOHFW requested the Operations Research Project of the ICDDR,B: Centre for Health and Population Research to undertake operations research on operationalization of ESP delivery and Community Clinics. Accordingly, the ORP, in collaboration with the MOHFW and its two directorates, and Management Change Unit (MCU) and Programme Coordination Cell (PCC) of MOHFW, initiated this research at three of its project sites, namely Abhoynagar thana of Jessore district and Mirsarai and Patiya thanas of Chittagong district.

The HPSP is a reformative initiative to further develop the healthcare delivery system through reducing inefficiencies and introducing a sector wide management policy. The country's health system needs to be adjusted for the shifts desired in the HPSP along with significant changes in corresponding sub-systems. To accommodate these changes properly, the managers and providers of the health system need to be made aware of and informed about these issues. With this notion, orientation workshops were organized for the concerned thana and district managers to sensitize them and generate ideas from them for implementation of the programme. The orientation activities included: (1) orientation workshops for district and key thana managers, (2) orientation workshops for union supervisors and community-level providers, and (3) orientation for Community Leaders (UP Chairmen) and Community Group Members. The concepts of the HPSP, ESP, Community Clinics, and operational issues of ESP delivery were the focus of discussion in those workshops. The rationale behind the concepts of HPSP and ESP was also vividly discussed in those workshops.

The workshops, conducted at the district, thana and union levels, provided a good opportunity for the managers, providers and community members to get an understanding of the reorganized service delivery strategy in the rural health system. The important lesson learned is that orientation of managers and providers is essential for their conceptualization of the programme and motivation for subsequent activities. It helped the staff to be equipped to assist in forming the Community Groups and subsequent selection of sites by the Community Groups. The orientation of community leaders and members contributed to their motivation and active participation in the process of establishing Community Clinics.

1. Introduction

The Health and Population Sector Programme (HPSP): 1998-2003 of the Government of Bangladesh and the USAID-funded National Integrated Population and Health Programme (NIPHP): 1997-2002 are aimed at providing a range of health and family planning services through an effective and financially sustainable system capable of delivering an Essential Services Package (ESP) to be responsive to clients' needs, especially to that of vulnerable groups, i.e., women, children, and the poor. At the rural community level, the ESP is planned to be delivered in an integrated way from a static centre, called a Community Clinic (CC), built for an average population of 6,000. The ESP delivery involves reorganization and restructuring of the existing service-delivery strategy from the home-visitation approach to a static centre service-delivery (Programme Implementation Plan, Part I, HPSP). The HPSP has also focused on sector-wide management within a sectoral policy framework, instead of a multiple project-driven approach, with a view to addressing a range of structural inefficiencies and inconsistencies in the health and family planning sector where separate vertical and duplicative services, including support systems, exist. Implementation of a client-oriented cost-effective service-delivery system for the ESP has evolved as the most critical concern of the HPSP. This document describes the orientation activities undertaken by the Operations Research Project (ORP) as part of research efforts on operationalization of the ESP and CCs in rural Bangladesh and the experience gained thus far from the process.

2. The Essential Services Package

The HPSP defines the Essential Services Package as a package of health and family planning services responsive to clients' needs, especially of women, children, and the poor, and includes high-impact quality services that are financially sustainable to be delivered through a one-stop service. The main purpose of ESP delivery in HPSP is to organize services, provided at different levels, in a way that they meet the needs of the population, and are cost-effective, easier to manage and convenient for the clients/patients. It is also intended to provide 100 percent coverage to the population (Programme Implementation Plan, Part II, HPSP).

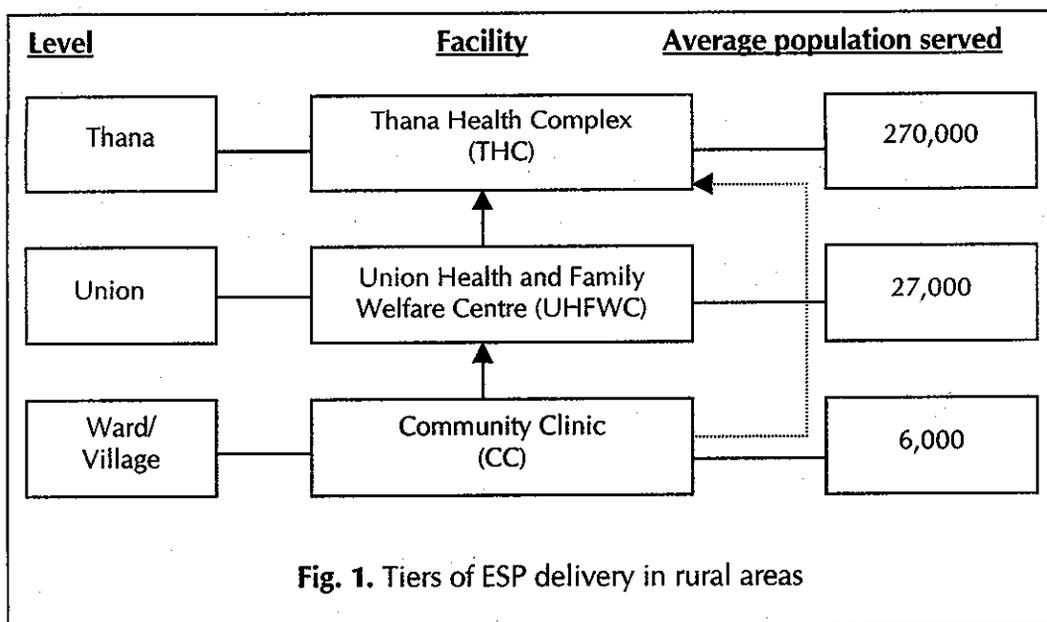
2.1 Components of Essential Services Package

Within the overall context of the HPSP, the elements of the ESP are grouped into the following five areas:

- a. Reproductive Health Care
- b. Child Health Care
- c. Communicable Disease Control
- d. Limited Curative Care
- e. Behaviour Change Communication (BCC)

2.2 ESP Delivery in HPSP

The ESP is planned to be delivered in a three-tiered service delivery model (Fig. 1), with the Thana Health Complex (THC) at the thana level, Union Health and Family Welfare Centre (UHFWC) at the union level, and the Community Clinic at the ward/village level. The design of ESP delivery warrants an integrated approach by the health and family planning providers and managers within an unified management system at the thana level and below. It also requires some organizational and management restructuring at the district and national level for effective implementation and monitoring of the programme.



3. Operationalization of ESP Delivery

The HPSP has brought forward a number of new issues related to restructuring and reorganization in the service-delivery strategy and organizational management. A major element in the proposed ESP delivery system is the establishment of 13,500 new infrastructures, Community Clinics (CCs), to provide services at the lowest tier of the system, i.e. at the community level. It proposes a shift in the current service-delivery strategy, and suggests that community members utilize static centres. With such major changes to be implemented, it is extremely critical that operations research is conducted to document the process of operationalizing the CCs and monitoring the effects of these changes on the health and family planning indicators of the community.

The intervention on operationalization of ESP delivery in rural areas is being conducted at three ORP field sites, namely Patiya and Mirsarai thanas of Chittagong district and Abhoynagar thana of Jessore district, where the Project has had a long history of collaboration with the Government of Bangladesh (GOB). This intervention was initiated in October 1998 with the objectives of operationalizing the different steps, documenting the process, monitoring, evaluating, and providing necessary feedback to improve the nation-wide implementation of the restructured/reorganized system for ESP delivery. Barriers to smooth functioning of ESP delivery will be identified, so that corrective action(s) can be recommended to higher level(s) for modifying and improving the system.

The major research questions addressed in the operations research on operationalization of ESP delivery and Community Clinics are:

- What activities need to be undertaken to establish and operationalize the CCs in the rural areas?
- How could the delivery of ESP be organized at various tiers (Thana Health Complex, Union Health and Family Welfare Centre and Community Clinics) in the government rural health system?
- What would be the most feasible mechanism to choose appropriate sites and establish, maintain, and support the CCs?
- How could effective involvement of the community in the operationalization process of CCs be ensured?
- How could the doorstep services and other outreach outlets be gradually withdrawn without affecting existing service-delivery coverage negatively, e.g. Contraceptive Prevalence Rate (CPR), Expanded Programme of Immunization (EPI)?
- What changes/modifications need to be made in the various subsystems, i.e. Management Information System (MIS), logistics and supply, training, quality assurance, Information Education and Communication (IEC), etc.?
- Is there a need to have gender balance in providers (a team of male and female in every case)?
- How could under-served populations, i.e. dropouts, males, adolescents, and the poor be covered and the needs of the target populations (women, children and poor) be addressed?
- Will the Community Clinic model be able to provide all the services efficiently, i.e. Family Planning, EPI, Reproduction Tract Infection/Sexually Transmitted Diseases (RTI/STD), Clinical Contraceptive, Emergency Obstetric Care (EOC), etc.?
- What are the immediate and long-term outcomes of the restructured ESP delivery system?
- What are the cost and effectiveness-related implications of ESP delivery at the proposed various tiers?

The present document describes the particular activity of the intervention on orientation, and depicts the experiences gained through the process of orienting the managers, providers and the community members on HPSP and ESP.

4. Orientation on HPSP and ESP

Operationalization of ESP delivery involves many different activities, including sensitization of the managers, providers, and the community on selection of sites; formation of Community Groups; training of workers (providers and supervisors); and phasing-out from the existing home-visitation approach to a static centre approach. Orientation of the thana-level managers, union-level supervisors and providers, and the community leaders on the reorganized service-delivery strategy and establishment of CCs served as a initial activity of the intervention at the field sites. The basic intention of the orientation activities was to sensitize the GOB functionaries and the community leaders on the new service-delivery system, and to acquire valuable insights on the different steps of operationalization.

4.1 Rationale for Orientation

The HPSP is a reformative initiative by the MOHFW to further develop the healthcare-delivery system through reducing inefficiencies and introducing a sector wide management policy to the healthcare management system. The country's health system needs to be adjusted to incorporate the following new issues emerged from the concept of HPSP:

- a. A shift in service-delivery strategy in the rural areas, from the current home visitation approach to a static centre service-delivery from the CCs.
- b. Establishment of CCs for an average population of 6,000 in rural areas.
- c. Involvement and participation of the community in establishment, operation, and maintenance of CCs.
- d. Introduction of unified management in the service-delivery system.
- e. Introduction of a unified management information system.
- f. Structural integration of the two wings (Health and Family Planning) of the MOHFW at all levels.
- g. A change in behaviour from the perspectives of clients and providers.

There are many other changes that need to be made in implementing the HPSP. To accommodate these changes properly, the managers and providers of the rural health system need to be made aware of and informed about these issues, so that they themselves feel committed and involved in the programme. Orientation workshops at different levels can offer the opportunity and forum for the respective audiences to disseminate the required information and discuss issues relating to its implementation.

Some new concepts, introduced in the HPSP, need to be popularized through orientation sessions. Also, the process of organizing and conducting orientation activities brings many different stakeholders on board allowing them to be the advocates of the programme. Provision of information would make the implementers empowered and confident in implementing the programme activities.

4.2 Planning of Orientation Activities

In-house brainstorming

The HPSP envisages some new initiatives in the healthcare delivery and management of health systems in the country. A Programme Implementation Plan (PIP) has been developed to outline the framework of activities to be undertaken for implementing the Programme during 1998-2003. The PIP of HPSP also illustrates the policy, principles and plan of delivery of the ESP at different tiers of the public health system. It, however, does not necessarily address all the critical issues that need to be addressed at the key implementation (field) level. It was, therefore, considered important to identify and address those issues for smooth and speedy operationalization of the intervention. Through in-house brainstorming by the ORP staff, a careful review of the PIP of HPSP was done in the context of the current service-delivery system. The brainstorming resulted in a listing of problems and concerns related to transition from the current service-delivery system to delivery of ESP at CCs. Considering the strong rationale for the orientation, it was felt that activities for operationalization of ESP delivery should start with a workshop on orienting the field managers and generating ideas from them on the operational issues of ESP delivery. This was considered useful, as it would enable the key implementers to share their field experiences in programme planning. Subsequent orientation workshops for grass-root level workers and others concerned were also planned. The planned orientation activities were as follows:

1. Orientation workshop for district and key thana health and family planning managers.
2. Orientation workshop for thana managers of other departments, union-level health and family planning supervisors, and community-level service providers.
3. Orientation for community leaders (Union Parishad Chairmen).

Discussion with ESP Line Directors

The two ESP Line Directors of the Directorates of Health and Family Planning were consulted on the identified issues and orientation plan. The Directors suggested to initiate discussions with the concerned thana and district managers with the idea that more issues could be generated by the field functionaries. It was also suggested that the planned orientation workshops be organized at different tiers, with the managers and providers, to share the concept of ESP delivery and operational issues that may be

addressed efficiently through the process of operationalization of the intervention at the field sites. It was felt that the suggestions from the workshop participants would enrich the national guidelines in its operational aspects.

4.3 Workshops with Thana and District Managers

Two workshops were organized by the ORP with the health and family planning managers of Mirsarai, Patiya, and Abhoynagar, and the concerned District Managers of Chittagong and Jessore. The one-day workshops were held at Chittagong and Abhoynagar on 24 and 26 November 1998 respectively. The workshops were conducted with specific objectives to: (i) orient the district and thana managers on HPSP, ESP, and government service-delivery strategies; (ii) brainstorm on issues related to operationalization of ESP delivery, with special focus on CCs; and (iii) identify critical issues and probable solutions on implementation of ESP delivery.

Participants of the workshops included the Thana Health and Family Planning Officers, Thana Family Planning Officers, and Medical Officers (MCH) from the thanas and the Civil Surgeons, Deputy Civil Surgeons, Deputy Directors (FP), Assistant Directors (Clinical Contraception) and Medical Officers (Clinical Contraception) from the districts. Participatory discussions took place concerning presentations made about HPSP, proposed ESP delivery by the GOB, CCs and its design in HPSP, and operational issues identified as critical for the intervention. The presentation materials were drawn from the PIP of HPSP (Part I and II) and contained the key features of HPSP, including the background and rationale of HPSP, and the concepts, components and delivery of ESP in the GOB health system in rural areas. The discussion also included the design of CCs, including services planned at CCs and issues related to the shift of service-delivery from the home visitation approach to the static centre service-delivery from the CCs. Following brief presentations on the issues, extensive discussions took place as per the methodology of the workshop. A wrap-up session summed up the recommendations agreed upon throughout the day. The workshop participants were initially critical about the concepts of ESP and CCs. However, the discussions helped review the proposed reorganized service-delivery strategy, and finally were able to identify some of the issues considered critical for ESP delivery. The participants also suggested probable solution(s) to address those issues. Besides, they developed draft plans of action identifying the activities and potential person(s) responsible for implementing the task. Orientation of the community-level providers and the Union Parishad Chairmen was identified as one of the initial activities to begin with the intervention. The workshops provided a good opportunity for the local managers to participate actively in the discussion and contribute in planning operationalization of the proposed intervention. The workshop recommendations were analyzed critically by the ORP. The issues and suggested probable solutions were examined as well in the light of the existing service-delivery strategy and the proposed service-delivery strategy in HPSP, considering the feasibility and practical programmatic implications of the proposed suggestions.

Workshops with ESP Programme Managers and Concerned Line Directors

To build consensus on operational aspects, the ESP Programme Managers, the Line Directors for ESP and other concerned Line Directors were consulted through workshops held on 17 December 1998 and 4 January 1999. The objective of the workshops was to discuss the operational issues and identify further steps for operationalization of CCs and ESP delivery in the ORP thanas. The critical concerns and solutions proposed or suggested by the thana and district managers were particularly discussed in detail in the workshops to decide on some guidelines for implementing the intervention. Nation-wide implications of such decisions for operationalization of CCs were also discussed. Necessary clarifications on some of the issues related to operationalization of ESP delivery and establishment of CCs were also made by the relevant Line Directors in the light of HPSP. Moreover, it was understood that the MOHFW would develop a detailed guideline on establishment of CCs and ESP delivery, including organogram for management of ESP and job descriptions of staff at thana and below. This guideline should be consulted for further clarification of issues to be addressed at the thana level and below for operationalization of ESP delivery and CCs. Some key issues were agreed upon in the workshop which are described in Annex 6. One of the key issues was to conduct orientation workshops for the thana managers and providers at thana level which may also be considered as the first behaviour change activity for staff at thana and below. Discussions with the concerned managers and providers at the workshops resulted in some valuable suggestions for ESP delivery. These suggestions (workshop recommendations) are based on the experience of the health personnel engaged in implementing the health and family planning programmes at the field level, and require careful consideration. Annex 11 describes these suggestions on different issues for ESP delivery.

4.4 Orientation of Managers and Providers

The thana-level managers and the community-level providers are key persons in implementing the programme. Also, there are other supervisors and managers at different tiers of service-delivery to support the key implementers. The thana-level managers of other ministries may also provide valuable support to the programme. These persons need to be oriented properly and brought on board either before the intervention is initiated or at the initial stage of the intervention. To initiate the activities at the field sites, orientation activities were organized and conducted at different tiers for the concerned managers and providers.

Objectives

The specific objectives of the orientation activities were:

- i. To ensure that the thana managers and service providers were informed and aware about the HPSP, and ESP and its delivery at Community Clinics;

- ii. To discuss and clarify operational issues of ESP delivery at thana and below; and
- iii. To develop the participants as facilitators for subsequent activities.

Expected outcome

It was expected that at the end of the workshops the participants would become familiar with the concepts of HPSP and ESP and its components; and would have a clear idea about the operational issues of establishment and operation of CCs. It was also expected that the participants would be able to disseminate necessary information and provide necessary assistance for performing subsequent activities at their respective levels.

Organization of the workshops

Three orientation workshops were conducted at thana levels (each at Abhoynagar of Jessore and Mirsarai and Patiya of Chittagong) and one workshop was conducted at the national level. The workshops were conducted in close collaboration with the Directorates of Health and Family Planning. At the thana level, the workshops were convened jointly by the Thana Health and Family Planning Officer, Thana Family Planning Officer, Medical Officer (MCH), and the Field Research Manager of the ORP. All logistical support for organizing and conducting the workshops was provided by the ORP. The dates, venues, and hours for the workshops were decided jointly with the Directorates of Health and Family Planning. The programme schedule was shared with the managers and the resource persons before the workshops.

Orientation workshop at the national level

A briefing workshop was held on 18 February 1998 at the Sasakawa Auditorium of ICDDR,B, Dhaka, for the health and family planning officials of Patiya and Mirsarai thanas, Chittagong district and Chittagong division. The workshop was organized to prepare the participants for conducting subsequent thana-level workshops for health and family planning field staff at Patiya and Mirsarai thanas. Among others, the workshop was attended by the Director General of Health Services (DGHS), the Director General of Family Planning (DGFP), and two ESP Line Directors of the Directorates of Health and Family Planning, who deliberated on different aspects of the subject. The Line Director, Training, and the Line Director, Unified MIS of the DGHS also attended the workshop as resource persons. The workshop was divided in two sessions and chaired by the Director General of Family Planning and the Line Director, ESP, DGHS. The Team Leader, Population and Health Team of USAID, Bangladesh, also attended the workshop. The workshop decided in favour of organizing orientation workshops on ESP and CCs at Patiya and Mirsarai thanas of Chittagong for the thana-level managers and field-level providers.

Orientation workshop at the thana level

As decided earlier, the orientation workshops were conducted at three ORP thanas to orient the thana health and family planning officials, thana managers of other ministries, and the health and family planning providers of the unions selected for the intervention. The workshops were held at Abhoynagar on 4 February 1999 and at Mirsarai and Patiya on 15 and 16 March 1999 respectively. In addition to the thana health and family planning officials, participants from the union were Health Assistants, Family Welfare Assistants, Family Planning Inspectors, Assistant Health Inspectors, Family Welfare Visitors, Health Inspectors, Medical Assistants/Sub-Assistant Community Medical Officers, and Medical Officers working in the respective unions. Of the thana officials of other ministries, the Thana Nirbahi Officer (TNO), Thana Engineer, and the Assistant Commissioner, Land, attended the workshops in all three locations. Besides, the Health and Family Planning Divisional Directors from Khulna, the two Line Directors, ESP, and the Line Directors for UMIS and UBCC, and the Director, Institute of Epidemiology, Disease Control and Research (IEDCR) of DGHS, participated in the workshop at Abhoynagar. The Divisional Directors of Health and Family Planning of Chittagong division participated in the workshop at Mirsarai and Patiya along with the Director, Unified Behaviour Change Communication (UBCC) of Directorate of Family Planning (DFP) and the Director, IEDCR at Mirsarai and the Director, IEDCR at Patiya.

Method and contents of the workshops

Advocacy through lecture and presentation, plenary discussion, and question-answer were the methods used in all three workshops. The following topics were covered in the workshops:

- Background of HPSP and NIPHP
- Rationale of HPSP
- Aims and objectives of HPSP and ESP
- ESP and its components
- ESP delivery in the public health system
- Rationale for ESP and shift in service-delivery strategy (from home visitation approach toward a static centre service-delivery system)
- Reorganized and restructured management of ESP delivery in HPSP
- Community Clinics and their function
- Role of the community (Community Group) in ESP and its utilization
- Operational aspects of ESP delivery in ORP sites.

Outcome of the workshops

The workshops, by and large, met the objectives of orienting the participants on HPSP, ESP, and CC, and helped them discuss and clarify many operational issues of ESP delivery and implementation of CCs at thana level and below. The key element of the

workshops was that it allowed the participants to ask questions and get explanations in the light of the HPSP. Furthermore, the workshops inspired and empowered the grass-root-level providers by providing them with relevant information on technical, organizational and management aspects of their day-to-day work in regard to the proposed reorganized and reformed service-delivery strategy. The questions raised by the participants are listed in Annex 5.

4.5 Orientation of Community Leaders

Orientation of Union Parishad Chairmen

Formal orientation sessions, in the form of briefing meetings, were conducted with the Union Parishad (UP) Chairmen of the selected unions while informal discussions also took place. In the orientation sessions, discussions focused on HPSP, ESP and CCs. The shift in the service delivery strategy from a house visitation approach to a static centre service-delivery from the CCs and formation of community groups for establishment and functioning of clinics were emphasized in the discussion. The community leaders were made aware of the benefit of the shift in service-delivery, including the inconveniences apprehended in the initial stage of the programme. They were also briefed on their potential role in implementing the programme, including their active participation in establishment, maintenance and operation of the CCs in their respective areas. The criteria for selection of sites for CCs, prescribed by the government, were discussed, and meeting participants were informed about the number and location of sites to be selected, in consultation with the community, following the preset criteria.

Orientation of Community Group Members

Orientation workshops with the Community Groups were conducted in two unions (Paira and Baghutia) of Abhoynagar thana on 22 and 23 August 1999. The one-day workshops, conducted at the union level, were intended, primarily, to orient the Community Group members about the reorganized service-delivery strategy of the rural health system, the CC and its services, and the roles and responsibilities of the Community Group members. While informing them of these issues, discussions were further extended to elicit opinions of the group members on terms and conditions of detailed modus operandi of the Community Group. Practical suggestions were opted by the encouraging number of discussants in these workshops organized with the help of the local UP Chairman. The participants were found to be very enthusiastic, and they candidly expressed their views on the specific activities in the group discussions in presence of the UP Chairman. Written materials were distributed among the participants. However, the need for appropriate IEC materials was strongly felt.

5. Important Observations

The following observations were made by the ORP during organizing and conducting the orientation workshops. These involve critical issues and require consideration by policy-makers.

- a. The workshops provided the first sensitization for the thana-level managers and field-level providers on HPSP and ESP. The district and divisional managers found the orientation useful for conducting workshops and orienting staff at other districts and thanas in their areas.
- b. The thana health and family planning officials (THFPO, TFPO, MO-MCH) were neither involved nor consulted in planning the HPSP. This non-involvement led to the development of resentment among the managers, and the HPSP was seen as a usual top-down plan.
- c. The participants, particularly the field workers, felt themselves empowered when given the opportunity to ask questions to the respective Line Directors of both the directorates. It helped them understand the rationale of HPSP and ESP delivery at thana level and below.
- d. Cooperation between the managers and providers of the health and family planning wing was satisfactory in organizing and conducting the orientation activities. All the relevant parties were participatory and positive in the required planning meetings and subsequent activities at all levels. The entire process was facilitated by a third party, and was completely supported on all the technical and logistic aspects of the activity.
- e. Participation of the divisional and district officials as resource persons at the workshops made them aware of the operational aspects of HPSP and ESP. This endeavour helped them to become committed and supportive of the activities on operationalization of the intervention.
- f. Orientation of the managers and providers of the thana helped them to implement the steps of activities as suggested by the MOHFW and finalize the selection of sites for CCs much more appropriately and quickly than the neighbouring thanas of the same or adjacent districts.
- g. To ensure optimal selection, the managers and providers felt a dire need for a preparatory planning exercise on selection of sites for CCs, before the issue is taken to the community. Later on, such an exercise was found helpful in assisting the community to be strictly adherent and be in line with the GOB guidelines on CCs provided by the MOHFW.

- h. The family planning field workers, particularly Family Welfare Assistants (FWA) and Family Planning Inspectors (FPI), felt encouraged by the fact that they would gradually be absorbed by the revenue budget of the government. This feeling of financial security boosted their morale.
- i. The orientation of the UP Chairmen provided them with an overview of the new ESP service-delivery system in the rural area. The partnership concept between the government and the local community was explained.
- j. The orientation sessions successfully made the UP Chairmen aware of the government guidelines in implementing the CCs and of the necessity to adhere to those guidelines.
- k. The community group members apparently seem to be sensitized and committed after being oriented. However, how much active participation they would render in the long run is a matter of future observation.

6. Lessons Learned

The lessons learned from the experience of conducting orientation activities are the following:

- a. Orientation of providers and managers is essential for their conceptualization and motivation on the programme and its activities.
- b. The thana health and family planning managers, community-level providers and their union supervisors should, preferably, be oriented through a full-day formal orientation workshop at their respective levels. The Community Leaders and the Community Group members may, however, be oriented through half-day briefing meetings but with equal importance and emphasis.
- c. Joint efforts of both health and family planning managers and providers, are essential for operationalization of ESP delivery and establishment of CCs.
- d. As it involves integration and unification of health and family planning, an organogram of the unified management with specific job description of staff at the thana level and below is very critical for ESP delivery. This should soon be made available.
- e. Appropriate BCC materials need to be developed for distribution among the participants of the orientation workshops at different levels. It is noted that working towards ESP and HPSP warrants change in attitude from the provider's perspective and, therefore, demands strong support materials in favour of behaviour change communication (BCC).

- f. Extensive BCC activities need to be undertaken in synchronization with other activities in relation to establishment and functions of the CCs.
- g. The orientation sessions helped the field workers and supervisors become equipped in assisting in the formation of the Community Groups and the subsequent selection of CC sites by the Community Groups.
- h. The orientation of managers, providers and community leaders eventually contributed to the active involvement of the UP Chairmen in the implementation process. The UP members were also well motivated by the Chairmen and were found actively involved in subsequent activities.
- i. With existing skills, the health and family planning workers can initiate service-delivery at CCs. Their skills may be further enhanced with gradual provision and introduction of different training activities.
- j. Since it involves reorganization of service-delivery, implementation of HPSP and ESP at thana and below requires proper facilitation by skilled staff, in addition to supervision by the district and divisional officials. Efforts should be made to develop/strengthen programmatic skills to facilitate implementation of ESP delivery and CCs.
- k. The orientation sessions should be prepared to answer questions raised by the participants in the orientation workshops/seminars (Annex 5).

7. Recommended Orientation Activities

The experience gained in operationalizing the intervention suggests the need for conducting the following orientation workshops for successful implementation of HPSP and ESP. Formal orientation sessions will empower the concerned managers and providers, and build confidence among them to deliver their subsequent activities (Figure 2) at the respective level. The recommended workshops are:

- A. Orientation of Thana and District Managers at District
- B. Orientation of Field Supervisors and Providers at Thana
- C. Orientation of Union Parishad Chairmen at Thana
- D. Orientation of Community Group Members at Union.

A. Orientation of Thana and District Managers at District

Workshop for District and Thana Health and Family Planning Managers

Participants: 1) THFPO, TFPO, MO-MCH and Resident Medical Officer (RMO) of all the thanas in the district.
2) Officers from the offices of the Civil Surgeon and Deputy Director (FP).

Facilitators: The district managers oriented at the divisional or national level along with one or two officials from the directorates or MOHFW may act as facilitators.

Objectives: By the end of the workshop, the participants will be able to describe:

- Background and rationale of HPSP and ESP
- Components and delivery of ESP
- Reorganization and shift in service-delivery strategy of ESP
- Restructuring of management at thana and below
- Community Clinics and its services
- Establishment of Community Clinics (identification of optimum location of Community Clinics and formation of Community Groups)
- Roles and responsibilities of community in establishment, operation, and maintenance of Community Clinics

Duration: One day (at least 6 hours)

Contents and method:

The workshop will be divided in 2 sessions: advocacy and working session. The advocacy session should include a discussion about the reorganized service-delivery strategy in HPSP and ESP delivery at CCs. The detailed discussion will take place in the working session. The programme showing the contents and method is enclosed as Annex 1.

Expected output: Draft action plan with dates for

- orientation workshops at thana with thana managers, union supervisors, and community-level providers
- briefing meeting with UP Chairmen

Suggested reading materials:

1. Nabadiganta, Volume 1-8
2. Programme Implementation Plan, Part I (Chapter 1-4) of the HPSP, 1998-2003
3. Guideline on Establishment of Community Clinics
4. MOHFW Circular on Establishment of Community Clinics

B. Orientation of Field Supervisors and Providers at Thana

Workshop for Thana Managers, Union Supervisors and Community-level Providers

Participants: Thana Health and Family Planning officials
Thana Managers of other sector/ministries
Union-level health and family planning supervisors of selected unions
Community-level health and family planning providers of selected unions.

Facilitators: The thana managers oriented at the district level along with one or two district officials may act as facilitators.

Objectives: By the end of the workshop, the participants will be able to describe:

- Background and rationale of HPSP and ESP
- Components and delivery of ESP
- Reorganization and shift in service-delivery strategy of ESP
- Restructuring of management at thana and below
- Community Clinics and its services
- Establishment of Community Clinics (identification of optimum location of Community Clinics and formation of Community Groups)
- Roles and responsibilities of community in establishment, operation, and maintenance of Community Clinics;

and will be confident to conduct subsequent activities at their respective areas.

Duration: One day (At least 6 hours)

Contents and method:

The workshop will be divided in 2 sessions: advocacy and working session. The advocacy session should include a discussion about the reorganized service-delivery strategy in HPSP and ESP delivery at CCs. The detailed discussion will take place in the working session. The programme showing the contents and method is enclosed as Annex 2.

Expected output: Draft plan of action of orientation workshop with the Community Group members.

Suggested reading materials:

1. Nabadiganta, Volume 1-8
2. Programme Implementation Plan, Part I (Chapter 1-4) of the HPSP, 1998-2003
3. Guideline on Establishment of Community Clinics
4. MOHFW circular on Establishment of Community Clinics

C. Orientation of Union Parishad Chairmen at Thana

Briefing Meeting with Union Parishad Leaders

Participants: Chairmen of the selected Union Parishad

Facilitators: Thana Health and Family Planning Officer
Thana Family Planning Officer

Presence of TNO as a guest may ensure participation and support of the UP leaders in subsequent activities at the union level.

Objectives: To orient the UP leaders on

- Reorganized service-delivery strategy in rural areas
- Community Clinics and its services
- Role of Community Groups in establishment, operation, and maintenance of Community Clinics
- Role of Union Parishad in establishment and supervision of the Community Clinics
- Specific activities through which the UP Chairmen can actively support operation and maintenance of Community Clinics.

Duration: Half day (Three hours)

Content and method: Described in the annexed programme (Annex 3).

D. Orientation of Community Members at Union

Workshop with the Community Groups

In the HPSP, the Community Clinics are envisaged as a joint effort by the government and the community. It is proposed that the community be involved from the establishment of the CC to its operation and maintenance. Proper function of the clinics, thus, depends largely on the degree of participation by the community. The GOB guideline on CC delineates some roles and responsibilities of the Community Groups that need to be perceived by the group members to be responsive to the guideline. An orientation of Community Group members is deemed essential for their understanding of the new service-delivery strategy and their roles in it. It may be assumed that this orientation will enhance active participation of the group members in operation and maintenance of the clinics. The orientation workshops with Community Group members may be organized at the union level through the UP Chairman to render his involvement and support. These workshops would provide an opportunity to the Community Group members to find specific activities of their interest to serve the community.

Participants: All the Community Group members of a union
Other members of the Union Parishad.

Facilitators: The Health Inspector (HI) with the support of FWV may perform the tasks of the facilitator. The Assistant Health Inspector (AHI) and the Family Planning Inspector (FPI) may also be considered as facilitators for this activity. However, the team may be strengthened by the thana-level health and family planning officials representing the THFPO.

Objectives: By the end of the workshop, the community group members will be informed and aware on:

- Reorganized service-delivery strategy in rural areas
- Community Clinics and its services
- Limited domiciliary services through targeted home visits
- Role of Community Groups in establishment, operation, and maintenance of Community Clinics
- Relationship with health and family planning workers and the Union Parishad
- Specific activities through which the group members can actively participate in operation and maintenance of Community Clinics.

Duration: Half day (At least 4 hours)

Contents and method: Described in the annexed programme (Annex 4)

Expected output: Draft plan of action for the Community Groups.

Estimated Cost of Orientation Activities

Through rudimentary analyses of resources/inputs that may be required to conduct the orientation sessions recommended above, the respective cost estimates have also been determined. However, these costing need to be treated as merely suggestive options and, hence, are subject to further policy decisions and modifications.

The cost for conducting the orientation activities has been estimated based on the conventional practices in the field of health and family planning training activities. The estimates are an average made on certain assumptions described in details in the Annex 7-10.

A. Orientation of Thana and District Managers at District Level

Sl. No.	Item	Amount (Taka)
1.	Perdiem/honorarium of participants, facilitators, secretarial staff, support staff, and coordinator	17,375.00
2.	Travel cost for non-local participants and facilitators	9,500.00
3.	Working tea	2,000.00
4.	Stationary	2,800.00
5.	Miscellaneous	1,325.00
Total for one district		33,000.00

B. Orientation of Field Supervisors and Providers at Thana Level

Sl. No.	Item	Amount (Taka)
1.	Perdiem/honorarium of participants, facilitators, secretarial staff, support staff, and coordinator	20,175.00
2.	Travel cost for non-local participants and facilitators	500.00
3.	Working tea	2,775.00
4.	Stationary	3,750.00
5.	Miscellaneous	800.00
Total for one thana		28,000.00

C. Orientation of Union Parishad Chairmen at Thana Level

Sl. No.	Item	Amount (Taka)
1.	Working tea	300.00
3.	Stationary	300.00
4.	Miscellaneous	100.00
Total for one thana		700.00

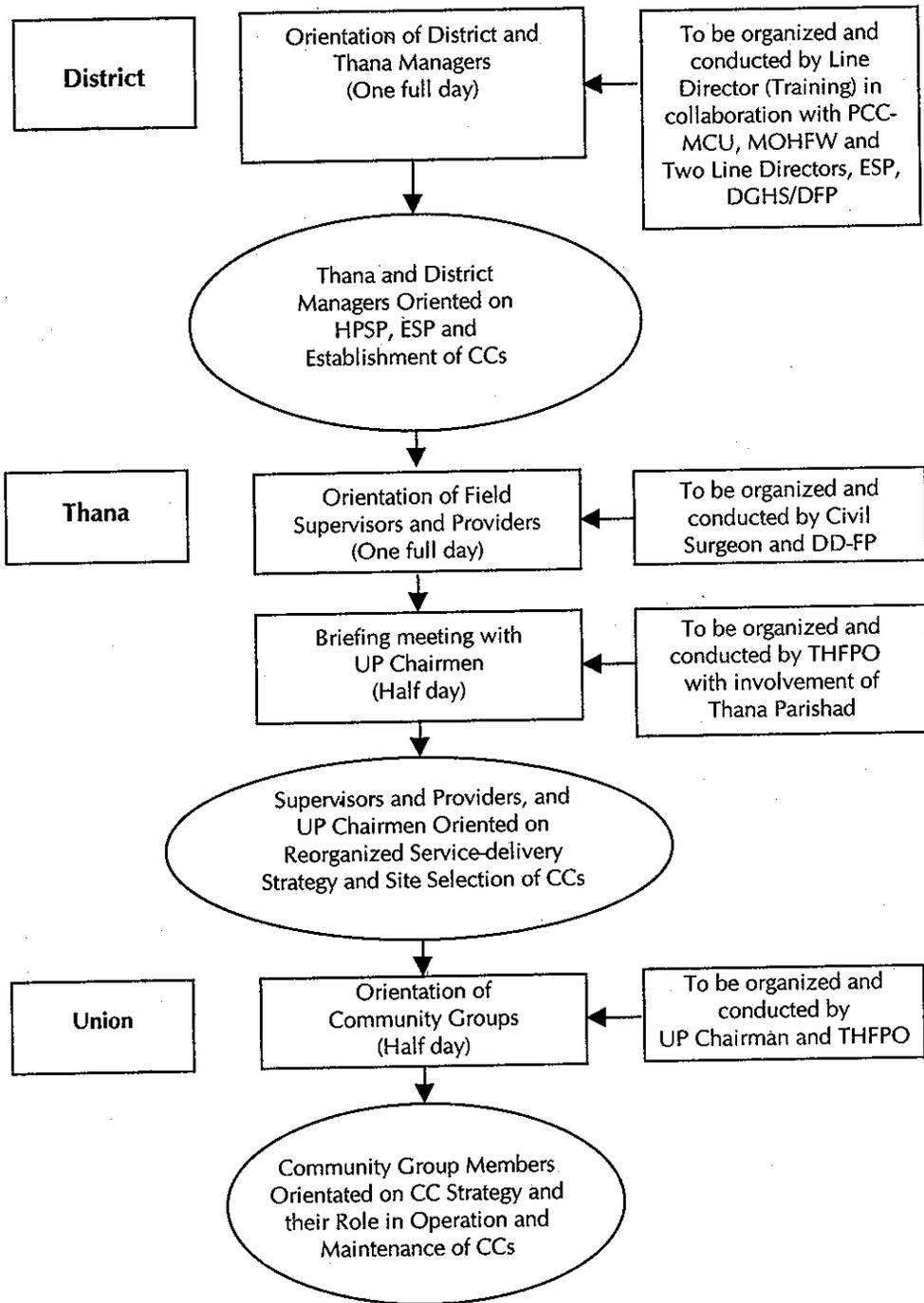
D. Orientation of Community Members at Union Level

Sl. No.	Item	Amount (Taka)
1.	Perdiem/honorarium of facilitators	500.00
2.	Working tea	500.00
3.	Stationary	1,200.00
4.	Miscellaneous	300.00
Total for one union		2,500.00

Estimated Cost for Nation-wide Implementation of Orientation Activities

Sl No.	Item	Amount (Taka)
A.	Orientation of Thana and District Managers at 64 Districts @ Tk. 33,000.00	21,12,000.00
B.	Orientation of Health and Family Planning (H&FP) Providers and Supervisors at 460 Thanas @ Tk. 28,000.00	1,28,80,000.00
C.	Orientation of Community Group Members and other UP Members at 4,600 Unions @ Tk. 2,500.00	1,15,00,000.00
D.	Orientation/briefing of UP Chairmen at 460 Thanas @ Tk. 700.00	3,22,000.00
Grand Total		2,68,14,000.00

Fig. 2. Framework of orientation on HPSP and ESP



References

1. Ministry of Health and Family Welfare. Health and Population Sector Programme, 1998-2003: Programme Implementation Plan, Part I and II. Dhaka: Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, 1998.
2. Ministry of Health and Family Welfare. Guideline on Establishment of Community Clinics. Dhaka: Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, 1998.

Orientation Workshop on HPSP, ESP and Community Clinic at District

Programme

Hours	Content/Topic	Method
Advocacy Session		
10:00	Recitation from the Holy Quran	
10:05	Address of welcome	
10:10	Presentation (Discussion) on HPSP and ESP	Lecture
10:35	Remarks by - Supervising officials - Guests - Chair of the session	
10:55	Vote of thanks	
11:00	Tea Break (Guests may leave after tea)	
Working Session		
11:30	Salient features of establishment of Community Clinics	Discussion/ Presentation
12:00	Formation of Community Groups and roles and responsibilities of CGs	Discussion/ Presentation
12:30	Question-answer/Remarks	Open discussion
13:15	Lunch	
14:00	Exercise on identification of optimum location for CCs	Guided group work by the group of participants from a thana
14:45	Discussion on the exercise	Plenary discussion (Guided)
15:15	Tea	
15:30	Areas of assistance and steps of activities to conduct at subsequent levels	Plenary discussion
16:00	Closing	Remarks by the Chair

Orientation Workshop on HPSP, ESP and Community Clinic at Thana

Programme

Hours	Content/Topic	Method
<i>Advocacy Session</i>		
10:00	Recitation from the Holy Quran	
10:05	Address of welcome	
10:10	Presentation (Discussion) on HPSP and ESP	Lecture
10:35	Remarks by - Supervising officials - Guests - Chair of the session	
10:55	Vote of thanks	
11:00	Tea Break (Guests may leave after tea)	
<i>Working Session</i>		
11:30	Salient features of establishment of Community Clinics	Discussion/ Presentation
12:00	Formation of Community Groups and roles and responsibilities of CGs	Discussion/ Presentation
12:30	Question-answer/Remarks	Open discussion
13:15	Lunch	
14:00	Exercise on identification of optimum location for CCs	Guided group work by the group of participants from a union
14:45	Discussion on the exercise	Plenary discussion (Guided)
15:15	Tea	
15:30	Areas of assistance and steps of activities to conduct at subsequent levels	Plenary discussion
16:00	Closing	Remarks by the Chair

**Briefing Meeting with the Union Parishad Chairmen
at Thana**

Programme

Hours	Content/Topic
10:00	Introduction to the meeting by THFPO
10:10	Discussion on HPSP and ESP
10:30	Discussion on salient features of Community Clinics
11:00	Discussion on formation of Community Groups and selection of sites by Community Groups
11:30	Discussion on roles and responsibilities of UP Chairmen to support the Community Groups in establishment, operation, and maintenance of Community Clinics
12:00	Question-answer
12:30	Closing session Remarks by the participating Chairmen Remarks by TNO

Orientation Workshop with Community Group Members at Union

Programme

Time	Content/Topic	Method	Expected outcome
10:00	Introduction to the workshop - Background - Objectives - Expected output Self introduction of participants	Discussion by THFPO and respective UP Chairman	Participants get familiar with the topic and get prepared for the activities of the day
10:30	Tea Break		
11:00	Orientation on - Reorganized service delivery - Community Clinic and its services - Limited domiciliary services Role of CG members	Discussion in participatory way - Reading by participants - Explanation by participants - Question-answer	Participants know about the topic and feel involved with the activity Participants are confident enough to motivate other members of community
12:30	Brainstorming on specific activities to be undertaken by the CG members	Group/plenary discussion	List of ideas prepared
13:00	Development of mechanism of implementation of activities	Demonstration and plenary discussion	Draft plan on mechanism of implementation developed
13:30	Closing	Remarks by the Community Group Representatives Discussion by THFPO and respective UP Chairman	Motivated and committed Community Group members

**Questions Raised by Participants of Orientation Workshops
on HPSP, ESP, and Community Clinics**

1. When will the community clinic start?
2. Can the community be made aware before the clinic start functioning?
3. How can the two different salary heads, revenue and development, be minimized in the HPSP?
4. How will the FWA visit all the households in one domiciliary visit?
5. If a dropped-out mother is served at home, what should be done if other mothers also ask for a home service?
6. Can the ad-interim community clinic be rented?
7. Will there be any provision for an Aya or a Peon in the CC?
8. Can the clinic be named after the donor?
9. Will the FWAs be able to give the first dose of injectable contraceptives?
10. How the clients will be motivated for IUD and injectables?
11. What will be the role of HI in ESP and HPSP?
12. Whether the HFWC should be considered a CC if it is located at a corner of the union and is not used by the community members?
13. What kind of initiative has been taken for BCC activities?
14. What will be the clinic hours?
15. What is the explanation of the word Community Clinic?
16. What is the implementation status of HPSP?
17. Whether conveyance allowance will be given to the workers?
18. Who should pay the fee for registration of land for donation?
19. Who will construct the clinic buildings?
20. What is the role of ICDDR,B or any external agency in implementing the ESP?
21. Why the HPSP document preferred to use the word customer instead of the word client to denote target population?

22. How does the HPSP safeguard the poorest of the poor in case of pricing for services?
23. Who would ensure the safety net for the poor?
24. What will happen if donated land is not available for any particular community clinic site?
25. Will it be allowed to select the site for a Community Clinic in an available GOB land?
26. Will Community Clinics replace all the existing satellite clinics?
27. Would MIS of CC unions differ from non-CC unions?
28. What will be the fate of salary and status of field level staff following the unification of health and family planning at thana level and below?
29. What would be the criteria of promotion for the field-level staff in the HPSP?
30. What would be the reporting chain from union to thana and above?
31. Is it necessary to keep the union boundary intact during planning the number of clinics for a particular thana?

**Consensus on Operational Aspects of ESP Delivery at
Community Clinics in the GOB-ORP Sites**

- ◆ Community Clinics would initially be established in four unions of Abhoynagar (Jessore), and Mirsarai and Patiya (Chittagong) by March 1999, or as early as possible, and then be scaled-up to cover the entire thana by end-1999.
- ◆ Community Clinics would be set-up in easily accessible donated land, covering areas with 6,000 population.
- ◆ Structures of Community Clinics should be designed as per the government's approved layout.
- ◆ Until the GOB decision on unified management of ESP delivery is made, the existing thana management of Health and Family Planning would work jointly to operationalize and oversee the Community Clinics and ESP Delivery.
- ◆ Community Groups would be formed to oversee the overall implementation and operation of the Community Clinics.
- ◆ Doorstep visitation at the Community Clinic areas will be undertaken on a one-day per week basis.
- ◆ Satellite clinics and outreach centres will be organized in the Community Clinics.
- ◆ Services currently provided by the FWAs and the HAs will serve as the start-up package to be offered by Community Clinics.
- ◆ Through imparting necessary training to the providers, the service package will be expanded in a phased-in manner.
- ◆ Extensive BCC activities will need to be undertaken to make the community aware of the changed service-delivery system and services to be offered from Community Clinics.
- ◆ District offices will ensure the necessary supply of logistics for ESP delivery, including Community Clinics.
- ◆ All necessary medical equipment and accessories for the Community Clinics will be provided from the headquarters of the two Directorates.
- ◆ Unified MIS will be introduced immediately in the Community Clinic unions.
- ◆ The ORP will work with the government counterparts in the areas of UMIS, BCC, and ESP training.
- ◆ Orientation meetings on the ESP and Community Clinics will be organized with the local managers, providers, and influential people of the Community Clinic unions.

**Budget for
Orientation of Thana and District Managers at District Level**

1. Perdiem/honorarium	<u>No. x Rate x Days</u>	<u>Amount (Tk.)</u>
i) Participants		
- Local	: 20x200x1	4,000.00
- Non-local	: 35x300x1	10,500.00
ii) Facilitators		
- Local	: 2x300x1	600.00
- Non-local	: 2x400x2	1,600.00
iii) Secretarial staff	: 1x75x1	75.00
iv) Support staff	: 2x50x1	100.00
v) Coordinator	: 1x500	500.00
2. Travel cost		
i) Participants (Non-local)	: 35x200	7,000.00
ii) Facilitators (Non-local)	: 2x1250	2,500.00
3. Working tea (Tea and snacks)	: 80x25	2,000.00
4. Stationery (Folder, notebook, pen, photocopy of reading material)	: 80x35	2,800.00
5. Miscellaneous (Incidental expenses, e.g. banner, photocopy, and other organizational costs)		1,325.00
Total	:	33,000.00

Tk. 33,000.00 for one district

Assumptions:

1. There are 8 unions, on an average, in each district.
2. Five participants from each thana include THFPO, TFPO, MO-MCH, RMO, and ATFPO.
3. Twenty officials from the offices of other ministries will participate in the advocacy session during the first day.

Budget for Orientation of Health and Family Planning Providers and Supervisors at Thana Level

1. Perdiem/honorarium	<u>No. x Rate x Days</u>	<u>Amount (Tk.)</u>
i) Participants		
- Local	: 125x100x1	12,500.00
- Non-local	:	
ii) Facilitators		
- Local	: 3x200x5	3,000.00
- Non-local	: 2x300x6	3,600.00
iii) Secretarial staff	: 1x75x5	375.00
iv) Support staff	: 2x50x5	500.00
v) Coordinator	: 1x200	200.00
2. Travel cost		
i) Participants (Non-local)	:	
ii) Facilitators (Non-local)	: 2x250	500.00
3. Working tea (Tea and snacks)	: 185x15	2,775.00
4. Stationery (Folder, notebook, pen, photocopy of reading material)	: 150x25	3,750.00
5. Miscellaneous (Incidental expenses, e.g. banner, photocopy, and other organizational costs)	:	800.00
Total		28,000.00

Tk. 28,000.00 for one thana

Assumptions:

1. Each thana is constituted of an average of 10 unions.
2. There will be 4 sessions for the participants of 10 unions (2 unions/day) during 5 consecutive days.
3. About 20 thana managers of other ministries will participate in the advocacy session during the first day of the workshop.

**Budget for
Orientation/Briefing Meetings with the UP Chairmen at Thana Level**

1. Perdiem/honorarium	<u>No x Rate x Days</u>	<u>Amount (Tk.)</u>
<u>Amount (Tk.)</u>		
i) Participants		
- Local	:	
- Non-local	:	
ii) Facilitators		
- Local	:	
- Non-local	:	
iii) Secretarial staff	:	
iv) Support staff	:	
v) Coordinator	:	
2. Travel cost		
i) Participants (Non-local)	:	
ii) Facilitators (Non-local)	:	
3. Working tea	:	300.00
(Tea and snacks)		
4. Stationery	:	300.00
(Folder, notebook, pen, photocopy of reading material)	10x30	
5. Miscellaneous	:	100.00
(Incidental expenses, e.g. photocopy, and other organizational costs)		
Total	:	700.00

Tk. 700.00 for one thana

Assumptions:

1. There are 10 unions, on an average, in each thana.
2. In total, 15-20 people will participate in the briefing sessions.
3. The meeting will be organized at the THC.
4. One meeting will be conducted in one thana.
5. The Thana Committee for Site Selection will organize and conduct this activity.
6. This is a 3-hour meeting, and an honorarium is not required for the facilitators.

**Budget for Orientation of Community Group Members and other
UP Members at Union Level**

	<u>No. x Rate x Days</u>	<u>Amount (Tk.)</u>
1. Perdiem/honorarium		
i) Participants		
- Local :	3x100x1	300.00
- Non-local :		
ii) Facilitators		
- Local :	1x200x1	200.00
(AHI, FPI, concerned HI and THFPO or his representative)		
iii) Secretarial staff :		
iv) Support staff :		
v) Coordinator :		
3. Travel cost		
i) Participants (Non-local) :		
ii) Facilitators (Non-local) :		
3. Working tea :	50x10	500.00
(Tea and snacks)		
4. Stationery :	40x30	1,200.00
(Folder, notebook, pen, photocopy of reading material)		
5. Miscellaneous :		300.00
(Incidental expenses, e.g. banner, photocopy, and other organizational costs)		
Total :		2,500.00

Tk. 2,500.00 for one union

Assumptions:

1. There are three community groups in one union.
2. All UP Members to be invited for orientation.
3. There will be 40 personnel, including facilitators, attending the orientation session.
4. One orientation session to be conducted for each union.

Some Suggestions for ESP Delivery

Discussions with concerned managers and providers at the workshop resulted in some valuable suggestions for ESP delivery. These suggestions (workshop recommendations) are based on the experience of health personnel engaged with implementation of the health and family planning programme at the field level, and require careful consideration.

I. Management of ESP Delivery at Community Clinics

- ▶ A clear-cut circular is required on the leadership and nature of unified management structure, including roles and responsibilities for implementation of ESP at the thana level and below.
- ▶ Any directives for the thana level and below should be addressed to the thana manager.
- ▶ Any directives from district and above should be signed by both the line management; alternatively, it should be signed by the ministry officials.
- ▶ Thana manager can report on programmes/activities to a coordination committee at the district level.
- ▶ Establishment of a community clinic would require active participation of TFPO and MO (MCH).

II. Service-delivery Design for ESP delivery

- ▶ Phase-out from the existing strategy to CC strategy should be done within two months, beginning the date of availability of a structure (ad-interim/constructed) for delivering CC services.
- ▶ Phase-out of the existing EPI/SC sites in a union may be done as follows:
 - 24 sites strategy (24 outreach + 0 CC)
 - 20 sites strategy (16 outreach + 4 CC)
 - 16 sites strategy (12 outreach + 4 CC)
 - Choice of strategy should be based on the performance of the union (EPI and Family Planning indicators).

- ▶ Services to be offered within these two months may be as follows:
 - Ad-interim CC operates once weekly during these two months
 - Services from the existing sites and home visits should continue within the remaining days of these months
 - Extensive information (BCC) to be given to clients on the community clinic strategy
 - Each household to be visited by both the field workers individually with the GOB information leaflets and each worker to collect baseline demographic information (number of eligible couple, user status, number of children aged less than five years, number of pregnant women) for each CC
 - Each household should receive a family health card during the household visit
 - A revised service-delivery schedule needs to be developed by the local managers.
- ▶ Frequency of visits to the Community Clinics by the supervisory personnel may be increased as follows:
 - Family Welfare Visitors (FWVs) to visit 2 times/month/CC
 - Sub-Assistant Community Medical Officer (SACMO)/Medical Assistant (MA) to visit 2 times/month /CC
 - Visit days of FWV (Family Welfare Visitor)/SACMO/MA to CC should include domiciliary visit days of FWA/HA
- ▶ Assistant Health Inspector (AHI)/FPI can share the CCs between them for performing the tasks of Community Organizer (CO) and visit CCs at least once a week.
- ▶ In addition to their assigned job, the COs (AHI/FPI) can also participate in organization of the CCs, recording and reporting, logistic procurement, monitor cleanliness and security, scheduling and administrative support for CC activities.
- ▶ AHI/FPI can also take part in limited domiciliary visits and other household-based activities in addition to their assigned supervisory role.
- ▶ Supervision should be supportive and involve training/orientation to workers.
- ▶ Local managers may decide on the frequency of visits to the CCs, based on the number of CCs per union.

- ▶ Services that may require domiciliary visits for follow up include:
 - Registered dropout for EPI, FP, Antenatal care (ANC), Domiciliary Observed Therapy for Tuberculosis (DOT), Leprosy
 - High-risk pregnancy
 - Surveillance for Acute Flaccid Paralysis (AFP), Neo-natal Tetanus (NNT), and measles based on community information
 - Status of referred cases: diarrhoeal diseases (*some and severe dehydration*), Acute Respiratory Infection (*severe pneumonia and very severe disease*).
- ▶ Buffer team(s), if any, may replace team/staff on leave or operate CC on all weekends.
- ▶ GOB office hours should be the standard for operational time; however, hours may be adjusted in consultation with the community group.
- ▶ Boundary regulation for Intra-Uterine Device (IUD) can be considered for union or thana but not at the CC level.

III. Site Selection for Community Clinics

- ▶ Allocation of catchment population for each CC may vary, depending on:
 - Geographical distribution of settlement/household
 - Natural barriers: water bodies (river, canal, *haor*), forest, mountains.
- ▶ Local managers should be allowed to define the catchment population, depending on the geography and demography of the union.
- ▶ H&FWC should be considered as one of the CCs serving a defined (excess) population, especially for the population residing adjacent to the H&FWC.
- ▶ Selected site/land should meet the following criteria:
 - Centrally located
 - Average walking distance should be within 30 minutes for most population
 - Road availability
 - Natural barrier does not impede access to the majority of population
 - Above flood plain
 - Land possession: GOB/Private
 - Availability of suitable structure for ad-interim CC.
- ▶ MO (MCH)/TFPO should be consulted in the site selection procedure of CCs.

IV. Space in Community Clinics

- ▶ There should be an enclosed space in each clinic with a screen or wooden partition in the FWA's room for examination and counselling of female clients.
- ▶ There should be a provision for a waiting area in the structural design.
- ▶ The proposed waiting area can be used for group health education.
- ▶ Union Parishad can be given the responsibility to maintain the cleanliness and security of the CCs through:
 - Food for Work Programme
 - Routine Union Parishad (UP) activity.
- ▶ Community organizers will ensure the cleanliness and security through linkages with the UP and community group.
- ▶ TNO and THFPO can monitor the above activities at the monthly meetings of Thana Parishad.
- ▶ FWV/SACMO/MA will collect the required logistics for CCs every month, based on the indents submitted by AHI/FPI.
- ▶ CC staff members can collect supplies from the H&FWC every fortnightly.
- ▶ H&FWC can provide storage support for logistics required for CCs.

V. Staffing of Community Clinics

- ▶ Preference should be given to include at least one female staff in each CC team; pairing may be as follows:
 - One Male HA and one FWA may form a team
 - One FWA and one female HA may form a team
 - Across union staff relocation, if necessary.
- ▶ Excess staff (if any) may be used for purposes, such as surveillance, assessment of community awareness, assessment of service coverage in the hard-to-reach areas and any other data collection activity required by local management.
- ▶ Buffer team(s) may be formed from the excess staff (if any) to replace team/staff on leave or operate CC on all weekends.
- ▶ An administrative guideline for management of staff (relocation criteria, deputation, etc.), addressing all the above issues, needs to be circulated to the thana and district managers.

VI. Services in the Community Clinics

- ▶ The thana manager should be provided with a detailed matrix explaining each service component which will include:

- Target population
- Provider
- Frequency
- How to provide
- Logistics
- Training need
- ▶ EPI sessions may be conducted for 2 days/week in all the fixed sites.
- ▶ Sterilization should be done at CCs.
- ▶ Cold chain support should be given from the THC.
- ▶ Existing capacity (knowledge and skill) of the workers should be considered in deciding the start-up package for the initial phase.
- ▶ Insertion of IUD at CCs by the visiting FWV may be considered.
- ▶ Trained FWAs should be allowed to give follow-up doses of injectables.

VII. BCC for Community Clinics

- ▶ A marketing strategy for CCs need to be developed which should include:
 - All CCs should have "Green Umbrella" logo with service information, clinic hours/days and providers' names displayed on the billboard
 - Each household should be visited by both field workers individually for the initial two months with GOB information leaflets providing information on the CC strategy
 - Display of posters/danglers on CC strategy should occur at selected public places, such as tea stalls, grocery stores, and educational institutes
 - Family health cards may be provided to each family of the catchment area
 - Orientation of opinion leaders of the catchment population on CC strategy should be conducted
 - CCs may be formally inaugurated by respective union chairman/community leaders
 - Loud speaker announcement in the community as well as at selected locations, such as markets, fairs and other public places should be carried out
 - Local institutions and socio-cultural groups, such as Grameen Bank, BRDB, BRAC, Ansar, Village Defence Party and other NGO groups should be brought into action for dissemination of information on CCs through their existing networks
 - Display of health education materials, e.g. posters, banners, tin plates, stickers etc., may be made throughout the union
 - At least one group health education session should be conducted every day with the aid of appropriate IEC materials

- Individual counselling, based on the clients' need, should be considered as part of service-delivery.
- ▶ Supervision and monitoring of BCC activity should be conducted by an individual assigned by the BCC unit.

VIII. Training of Field Workers

- ▶ Services in the CCs should be offered, based on the existing training and skills of the workers.
- ▶ A training plan for field workers needs to be developed at the district level with input from Thana Managers.
- ▶ Training curricula should include BCC and MIS.
- ▶ Training should be conducted at regional training centres of the Directorates of Health and Family Planning.
- ▶ Thana managers should develop a plan for continuing services during absence of staff.
- ▶ Training plans should include supervisory skill training for the supervisory staff. In this regard, modules developed by Thana Functional Improvement Pilot Project (TFIPP) should be consulted.

IX. Management Information System

- ▶ Admixture of information should be acknowledged and accepted in implementation of CC strategy in all the unions of a thana.
- ▶ Reports from thana should be compiled by CC and non-CC union and be sent upwards.
- ▶ District managers can extract information from the combined report according to their need.
- ▶ Both CC unions and non-CC unions can use the unified MIS format (being developed).
- ▶ A diary can be provided to the field workers to document activities of targeted home visits (limited domiciliary activity).
- ▶ All CC reports, along with the H&FWC report, will be compiled as union performance and submitted to AHI/FPI for upward transmission.
- ▶ Geographical Reconnaissance (GR) can be used for measuring the annual coverage and status of a few selected vital health and demographic indicators (during transition phase until 2000).
- ▶ Provision of contracting out GR activity may be considered.

MCH-FP Extension Work at the Centre

An important lesson learned from the Matlab MCH-FP project is that a high CPR is attainable in a poor socioeconomic setting. In 1982, the MCH-FP Extension Project (Rural) with funding from USAID began to examine in rural areas how elements of the Matlab programme could be transferred to Bangladesh's national family planning programme. In its first year, the Extension Project set out to replicate workplans, and record-keeping and supervision systems, within the resource constraints of the government programme.

During 1986-89, the Centre helped the national programme to plan and implement recruitment and training, and ensure the integrity of the hiring process for an effective expansion of the work force of governmental Family Welfare Assistants. Other successful programme strategies scaled up or in the process of being scaled up to the national programme include doorstep delivery of injectable contraceptives, management action to improve quality of care, management information systems, and strategies to deal with problems encountered in collaborative work with local area family planning officials. In 1994, this project started family planning initiatives in Chittagong, the lowest performing division in the country.

The Centre and USAID, in consultation with the government through the Project's National Steering Committees, concluded an agreement for new rural and urban Extension Projects for the period 1993-97. Salient features include: improving management, quality of care and sustainability of the MCH-FP programmes, and providing technical assistance to GoB and NGO partners. In 1994, the Centre began an MCH-FP Extension Project (Urban) in Dhaka (based on its decade long experience in urban health) to provide a coordinated, cost-effective and replicable system of delivering MCH-FP services for Dhaka urban population. This important event marked an expansion of the Centre's capacity to test interventions in both urban and rural settings. The urban and rural extension projects have both generated a wealth of research data and published papers in international scientific journals.

In August 1997 the Centre established the Operations Research Project (ORP) by merging the two former MCH-FP Extension Projects. The ORP research agenda is focussed on increasing the availability and use of the high impact services included in the national Essential Services Package (ESP). In this context, ORP has begun to work with partners in government and NGOs on interventions seeking to increase coverage in low performing areas and among underserved groups, improve quality, strengthen support systems, enhance financial sustainability and involve the commercial sector.

ORP has also established appropriate linkages with service delivery partners to ensure that research findings are promptly used to assist policy formulation and improve programme performance.

The Division

The Health and Population Extension Division (HPED) has the primary mandate to conduct operations research, to disseminate research findings to programme managers and policy makers and to provide technical assistance to GoB and NGOs in the process of scaling-up research findings to strengthen the national health and family planning programmes.

The Division has a long history of solid accomplishments in applied research which focuses on the application of simple, effective, appropriate and accessible health and family planning technologies to improve the health and well-being of underserved and population-in-need. There are various projects in the Division which specialize in operations research in health, family planning, environmental health and epidemic control measures. These cut across several Divisions and disciplines in the Centre. The Operation Research Project (ORP) is the result of merging the former MCH-FP Extension Project (Rural) and MCH-FP Extension Project (Urban). These projects built up a considerable body of research and constituted the established operations research element for child and reproductive health in the Centre. Together with the Environmental Health and Epidemic Control Programmes, the ORP provides the Division with a strong group of diverse expertise and disciplines to significantly consolidate and expand its operations research activities. There are several distinctive characteristics of these endeavors in relation to health services and policy research.

For one, the public health research activities of these Projects are focused on improving programme performance which has policy implications at the national level and lessons for the international audience also. Secondly, these Projects incorporate the full cycle of conducting applied programmatic and policy relevant research in actual GoB and NGO service delivery infrastructure, dissemination of research findings to the highest levels of policy makers as well as recipients of the services at the community level; application of research findings to improve programme performance through systematic provision of technical assistance; and scaling-up of applicable findings from pilot phase to the national programme at Thana, Ward, District and Zonal levels both in the urban and rural settings.



CENTRE
FOR HEALTH AND
POPULATION RESEARCH

Operations Research Project

Health and Population Extension Division

ICDDR,B: Centre for Health and Population Research

GPO Box 128, Dhaka 1000, Bangladesh

Telephone: (880-2) 8811751-60 (10 lines); Fax: (880-2) 8811568

E-mail: misk@icddr.org; URL: <http://www.icddr.org> and <http://www.icddr.org.sg>