Baseline Assessment: Quality Management in selected Urban Primary Health Care facilities in Sylhet

August 2010
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Baseline Assessment on Quality Management in selected Urban Primary Health Care facilities in Sylhet

August 2010

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Abbreviations

- AGM-Annual General Meeting
- AIDS- Acquired Immune Deficiency Syndrome
- ANC-Ante natal Care
- CM-Clinic Manager
- CRHCC-Comprehensive Reproductive Health Care Centre
- DDFP-Deputy Director Family Planning
- DG-Director General
- EC-Executive Committee
- EPI-Expanded Program on Immunization
- FS-Field Supervisor
- HPSP- Health and Population Sector Programme
- ISI -Integrated Supervisory Instrument
- IUCC-Intra Uterine Contraceptive Device
- JD-Job Description
- LCC -Limited Curative Care
- MIS-Management Information System
- MR-Menstrual Regulation
- NIPHP- National Integrated Population and Health Programme
- PHCC- Primary Health Care Center
- PM-Project Manager
- PMU- Project Management Unit
- PNC-Post natal Care
- QA-Quality Assurance
- QI-Quality Improvement
- QM-Quality Management
- SoPs- Standard operating Procedures
- SSFP-Smiling Sun Franchise Program
- STI-Sexually Transmitted Infections
- TB-Tuberculosis
- UPHCP-Urban Primary Health Care Project
- VCT-Voluntary Counselling and Testing
Executive summary

In the context of rapidly approaching targets towards the Millennium Development Goals (MDGs), assuring quality care is a priority in provision of primary health care services. Sylhet City Corporation has taken the initiative while implementing Multidisciplinary HIV/AIDS Program with technical cooperation from GIZ to improve quality of health care services at urban PHC level, to develop and introduce standards for primary care services at urban PHC centers, to pilot the standards in Sylhet City, develop coherent assessment system of facility achievements against the standards and rollout the resulting QM approach in PHC facilities nationwide. A pilot project has been undertaken as a part of the second phase of the Multidisciplinary HIV/AIDS Programme (MDP) funded by the German Ministry for Economic Cooperation and Development (BMZ) in the form of technical cooperation through the Gesellschaft für Internationale Zusammenarbeit (GIZ). The aim of this pilot is to strengthen uniform QM mechanisms and required tools for selected facilities in Sylhet, leading to a future rollout of the QM initiative in other Urban PHC also in other city corporation’s facilities also in other city corporations. Under the pilot a set of standards for primary care services has been incorporated into an assessment tool which will provide a framework for self-assessments and external assessments of the quality of care, service and management of Urban PHC that will be used for evidence-based planning.

Specific objectives of the baseline assessment

A baseline assessment was done at the beginning of the pilot. The baseline assessment has the following specific objectives;

- To benchmark the quality of services delivered by selected urban PHC facilities in Sylhet City and to compare the data with the end line assessment following completion of one year long pilot.
- To explore perceptions of clients of Urban PHC services and satisfaction on services received at the exit point of services

Methods: The baseline assessment was conducted in all selected 14 UPHC centers in Sylhet from 18 to 29 April 2010 for benchmarking the services against the standards. Each assessor team was comprised of at least three members headed by a team leader. Assessment was done in each center within two days time period. Before going into the center, each team discusses the roles and responsibilities and tasks were distributed accordingly. Trained performance assessors conducted the interviews with service providers and management staff members. Much of the evidence required was gained by observing the facility, furniture, equipment, utilities, and the environment, noticing on walls, material displayed, ways
how patients are treated and how staffs carry out certain processes. Documents like policies and procedures were reviewed. Client questionnaire was administered.

There are a number of activities done to collect evidences:

- Governing body/Management interviews
- Staff interviews
- Observation
- Documentation review
- Patient record review
- Staff record review
- Application of client questionnaires at exit points

After gathering the evidence for each criterion, the assessor rated them on a scale of 0 to 4. 0 – 2 represent less than satisfactory achievement, 3 and 4 represent good or excellent achievement. NA (not applicable) is marked if a particular criterion does not apply to the service or organization. The meaning of the various points of the scale is described below:

0 = No achievement – there is no documentation, no evidence of the requirement being present or a process in place, no staff awareness

1 = Little achievement – there may be a minimal document, or part of a process, and some staff awareness

2 = Fair achievement – there may be either a document and no implementation, or implementation but no document, or a little bit of both but incomplete, and some staff awareness

3 = Good achievement – a document will be available and a process will be implemented and staff will be aware of the requirements, but there will be areas where further improvements can be made

4 = Excellent achievement – all requirements are in place and there is evidence of action to continuously improve.

Final rating of the criteria and standards was done once after the client questionnaires have been analyzed.

Results:

The overall performance in governance, management and planning was fair to good which means there is presence of documents with partial implementation. However, some staff awareness is reported. But there
are areas where further improvements can be made like building staff awareness, training, and client involvement in planning. Performance in family rights and related issues varied by clinics and grade ranged from little to good that means in some clinics there is presence of documents and no implementation, or a little bit of both but incomplete, with presence of some staff awareness. While in other clinics documents are available and a process is implemented and staff members are aware of the requirements, but there are areas where further improvements can be made such as provision of privacy, consent taking and separate toilet facilities for females. While, quality assessment system is found to be in early stage in many places. The system is not matured enough to deal with the issues like accidents management, complaints procedures, staff performance, staff and client satisfaction etc. It has been reported that staffs have not received any comprehensive training on quality improvement system. Overall little to fair achievements reported in MIS systems. Uniform data management system among SSFP and UPHCP supported clinics is not in place. Data are produced in different processes but not used in a complementary manner paving the ground for evidence based decision making aimed at improving quality of care. In human resources category the overall performance is fair to good in grades. Regarding issues on safe practices, nosocomial prevention guidelines are not followed regularly. All protective equipments are not always available. A few staffs have received training on nosocomial prevention. In some facilities there is no organizational policy for health safety management of employees. Overall achievement in client care and treatment is fair to good. A number of education materials/guidelines are in place. However, the updated versions of some guidelines are not available in some clinics. All providers did not receive training on all guidelines. Often there is no system for checking and tracking adherence to guidelines. Overall achievement in maternity services is fair in most clinics. Doctor and paramedic are qualified. Relevant guidelines are in place. Information on safe delivery is provided in the static clinic and during outreach activities. Improvements can be done in laboratory services in terms of spacing, hygiene practices, waste disposal, and infection management.

Major areas need improvements:

- Building staff awareness, training, and need oriented posting of medical and paramedical employees.
- Process of individual performance evaluation, on the job training, and task management
- Provision of safe drinking water, comfortable waiting places, waste disposal and cleanliness
- Counselling and provision of privacy during service delivery
- Provision of uniform data management system
• Establishment of uniform quality assessment system
• Spacing, hygiene practices, waste disposal, occupational health and safety management
BACKGROUND

In the context of rapidly approaching targets towards the Millennium Development Goals (MDGs), assuring quality care is a priority in provision of primary health care services. Quality health care is essential for poverty reduction in resource poor settings. An accessible Primary Health Care (PHC) system with standard level of quality is essential for reducing morbidity and mortality, preventing and controlling communicable diseases, promoting health and well being and also reducing additional burden to the health care facilities particularly where people seek primary level care. However, for many low and middle income countries quality assurance and quality improvement approaches are challenging in the context of limited resources and increasing demand for services.

Quality assurance encompasses a variety of approaches that are need based, oriented with circumstances and based on availability of resources (Whittaker et al 1998, Wagner et al 1999, Hermida et al 1999).

Sylhet City Corporation has taken the initiative while implementing under the umbrella of Multidisciplinary HIV/AIDS Program with technical cooperation from GTZ to improve quality of health care services at urban PHC level, to develop and introduce standards of care at urban PHC centers, to pilot the standards in Sylhet City, develop coherent assessment system of facility achievements against the standards and rollout the resulting QM approach in PHC facilities nationwide (gtz 2010). This initiative has been endorsed and implemented upon a formal request to GTZ from the honorable Mayor of Sylhet City Corporation.

The pilot project is part of the second phase of the Multidisciplinary HIV/AIDS Programme (MDP) funded by the Federal Ministry for Economic cooperation and Development (BMZ) in the form of technical cooperation through the Gesellschaft für Technische Zusammenarbeit (GTZ). One of the themes of this phase is for Urban PHC services to raise their standards of prevention/treatment of infectious diseases, e.g. HIV/TB/STI with a focus on Comprehensive Quality Management (QM). A situational analysis of the activities of PHC facilities and key stakeholder interviews in the four cities of Chittagong, Rajshahi, Khulna and Sylhet including DGHS found a lack of coordination between the organizations delivering urban primary health care, a lack of uniform standards as a referral point and uniform monitoring and evaluation mechanism for the City Corporations. The aim of this pilot to strengthen uniform QM mechanisms and required tools for selected facilities in Sylhet, leading to a future rollout of the QM approach in the remaining Urban PHC facilities of all four cities.

Therefore, the development of a set of agreed upon uniform standards was an essential first step. A set of standards for quality services in Urban Primary Health Care (PHC) facilities for a pilot project in Sylhet
has been developed. Draft standards have been reviewed by working groups of stakeholders namely DGHS, SSFP, and UPHCP to ensure the standards were applicable, important, understandable, measurable and achievable in urban primary health care centers in Bangladesh. The Urban PHC standards are based on primary healthcare standards developed in similar contexts, including Egypt, South Africa, Himachel Pradesh, and other South Asian countries. Standards, standard operating procedures, guidelines and checklists being used by different healthcare organizations in Bangladesh were consulted and where possible relevant provisions incorporated within these standards for primary health care services.

The best international guide for assessing the adequacy of healthcare standards and whether they meet international best practice requirements is the International Society for Quality in Health Care’s (ISQua’s) International Principles for Healthcare Standards. These Principles have been used by ISQua to assess and accredit over 30 sets of standards of national and regional healthcare organizations. These Principles were used to guide what should be included in the proposed standards for Urban PHC facilities in Bangladesh context.

This set of standards has been incorporated into an assessment tool which will provide a framework for self-assessments and external assessments of the quality of care, service and management of Urban PHC facilities in Bangladesh, whether they be public, private or part of a NGO. The output from using the assessment tool will also be used for evidence-based planning. Based on an assessment of the strengths and areas for improvement in the health care facility, priority areas for improvement can be identified, an action plan can be developed and quality improvement activities can be initiated. The assessment tool will also provide guidance when problems and questions about quality arise in the daily management of the facility and serve as a basis for communication with the clients.

**Specific objectives of the baseline assessment**

A baseline assessment was done at the beginning of the pilot. The baseline assessment has the following specific objectives;

- To benchmark the quality of services delivered by selected urban PHC facilities in Sylhet City and to compare the data with the end line assessment following completion of one year long pilot.

- To explore perceptions of clients of Urban PHC services and satisfaction on services received at the exit point of services and to compare in any changes in clients’ perceptions at the end of the pilot.
Development milestones of the initiative:

May-June, 2009- Expatriate consultant along with GTZ responsible national staff conducted reality check to get a snapshot on existing quality of services delivered by UPHC centers. Reality check included the following components:

- **Key stakeholders interview**- Program Director and Deputy Program Director (UPHCP), responsible professionals for quality issues (MST consulting firm of UPHCP), Consultants (HLSP (PPME) – consulting firm of UPHCP), Health Officer (SSFP), Program Manager (NASP), Country Representative (EngenderHealth), Country Director (FHI), Line Director – Administration and Program Manager QA and Deputy Program Manager QA (DGHS), Line Director (NTP), Line Director- Primary Health Care and Assistant Director Hospital 3 (DGHS).
- **Conduction of rapid assessment in 12 UPHC centers in Chittagong, Khulna, Sylhet and Rajshahi city** (The assessment tool and facility selection guideline is attached). GTZ collaborated with SSFP and UPHCP including local implementing NGOs for selecting UPHC centers.
- **Conduction of two workshops**- one for GTZ internal staff and another with the city corporations (implementing partners of GTZ). The objectives of the workshops were to share the assessment findings and to discuss expectations for quality of care in UPHC centers as well as opportunities and challenges in institutionalizing uniform quality approach. Outcome of this consultant’s visit findings forms the basis of developing urban primary health care quality strategy.
July-August, 2009 – A group of three consultants having expertise in different discipline worked together. Each of them reviewed and analyzed all national guidelines, SoPs, checklists according to their area of expertise etc. The outcome of this consultancy is urban primary health care quality strategy, Pilot Protocol of Sylhet, user framework development, communication plan. Workshop report is attached herewith.

Another consultant was given all the relevant documents for review and analysis followed by drafting Primary Health Care Standards through virtual consultancy and coordinating with all three visiting consultants.

February 2010 – Through a series of workshop the draft PHC standards were finalized with contributions from various stakeholders. Also user charter was developed in consultation and close collaboration with all relevant stakeholders in Sylhet.

OVERALL GOAL OF THE PILOT

The pilot was in reference to the national health policy that urban citizens receive uniform, safe services no matter where they seek their primary health services. The pilot intends to work with key partners to improve QM tools and processes in selected Urban PHC facilities in Sylhet and measure the impact of the initiative.

Pilot Area

Sylhet City Cooperation has been chosen as a pilot area.

Design of Pilot

Design of the pilot was planned as a prospective cohort with a baseline assessment in 14 selected Urban PHC facilities and a client satisfaction survey at exit points. These will be followed by strengthening the QM Program in seven Urban PHC facilities.
Selection of Pilot Facilities

14 facilities were selected among all Urban PHC centers in Sylhet. Seven of those were chosen as intervention sites and seven as non-intervention sites.

Selection criteria of intervention sites were i) performance ranking, ii) ISI score, iii) population coverage and iv) socio-economic conditions of the population under coverage. A total of four Urban Primary Health Care Project (UPHCP) centers and three Smiling Sun Franchise Program (SSFP) centers have been selected as intervention sites. Both programs provide primary health care at urban areas.

Implementation of the Pilot

The implementation phase will include collection and analysis of data of i) user satisfaction survey to assess satisfaction on services received at the exit point of services. ii) baseline assessment of quality of the selected facilities against the Urban PHC standards. An end of the pilot assessment will take place using the same measures and results between the seven intervention and non-intervention facilities will be compared.

Baseline assessment as a part of pilot

Specific objectives of the baseline assessment

A baseline assessment was done at the beginning of the pilot. The baseline assessment has the following specific objectives;

- To benchmark the quality of services delivered by selected urban PHC facilities in Sylhet City and to compare the data with the end line assessment following completion of one year long pilot.
- To explore satisfaction of clients on services received at the exit point of services
Methods used in the baseline assessment

i) Process of development of assessment tools

As pre-requisite of development of assessment tool, urban primary health care (UPHC) standards have been developed. The UPHC standards are based on primary healthcare standards developed in similar contexts, including Egypt, South Africa, Himachal Pradesh, and other South Asian countries. Standards, standard operating procedures, guidelines and checklists being used by different healthcare organizations in Bangladesh were consulted and few modifications done as per requirements.

UPHC forms the basis of development of assessment tool. It is designed to assist assessors to assess how well an organization meets the UPHC standards. The standards and their criteria are detailed in the second column. The third column provides guidance as to what evidence should be collected and by what means in order to rate each criterion. There are a number of methods are followed for gathering evidences:

- Governing body/Management interviews
- Staff interviews
- Observation
- Documentation review
- Patient record review
- Staff record review
- Client questionnaires

The fourth column of the tool is for the assessors to indicate if the particular evidence specified is present or not. The fifth column is for the ratings. After gathering the evidence for each criterion, the assessor
would rate them on a scale of 0 to 4. The sixth column is for the assessors comments, which should specify what gaps were found or what areas of good practice were identified.

In addition to the assessment tool, a client questionnaire is developed. Each question is related to a particular criterion that provides clients’ perception and satisfaction as an additional evidence for rating those criteria.


**ii) Process of curriculum development for the assessors**

Based on similar experiences of neighboring countries, the framework of the assessors’ training curriculum is designed and contextualized. The curriculum was developed based upon the input of relevant national stakeholders. The curriculum is designed for a four daylong training that includes the following sessions for the first two days and field exercise of the assessment tool during the next two days:

1. Introduction and overview of MDP project
2. Do we need improvements of quality of care in UPHC in Bangladesh? A short history of the Quality Improvement Initiatives
3. Background on Quality Improvement (What is quality, Principles of Quality, Standards as a Quality Framework, Continuous Quality Improvement, Quality in Health Care)
4. Why it is important to set standards for health care services?
5. Introduction to UPHC BD Standards and the Sylhet pilot (what are they, how they were developed, structure and scope, where, why and how will they be piloted)
6. Introduction to Assessment Tools, Checklists, Questionnaires and Rating Scales
7. Group work on Standards and Assessment Tools (studying of each standard and its criteria, consideration of evidence required, clarification, interpretation, requirements, abbreviations, discussion of evidence requirements.
8. Assessment Process (Role of assessors, Assessment process, On-site schedules, Documents to be reviewed on site)


**iii) Training of assessors**

A four-day long training was organized for the assessors in April 2010. The objectives of the training were to orient participants on basic issues in regards to quality of care, importance of standard setting etc. and to develop skills through field exercise of the tool.

Expected outcome of the training was that the participants have uniform understanding on urban primary health care standards, baseline assessment tools and assessment processes so that they are capable of conducting the baseline assessment.

The participants were from the offices of Civil Surgeon and Deputy Director Family Planning of Sylhet, Sylhet MAG Osmani Medical College, ICDDR,B, and Family Health International and couple of GTZ national staff from the project joined in the assessor training.

The challenges of the assessor training were i) participants were from different professional background though related to primary health care but not directly assigned for quality of care, ii) organizations where field exercise was conducted had other priorities e.g. continuing routine patient care services.

**iv) Data Collection procedure for baseline assessment**

Baseline assessment was conducted in all selected 14 UPHC centers in Sylhet in April 2010 for benchmarking the services against the standards.

Three teams were formed in combination of clinical, management and interviewing expertise. Each assessor team was comprised of at least three members headed by a team leader. Assessment was done in each center by two days. Each team leader was primarily responsible for data cleaning as well as compilation of information recorded by other team members directly in the soft copy.

Much of the evidence required was gained by face to face interview, observing the facility, furniture, equipment, utilities, the environment, notices on walls, material displayed, how patients are treated and how staffs carry out certain processes.
Evidence requiring documentation includes the availability of a number of documents, including written policies and procedures. The criteria that require asking staff whether they follow these, eventually it needs additional evidence gained from staff interview or observation.

Only two governing body was interviewed since two organizations (Shimantik and SSKS) have one governing body each.

Client questionnaire was administered by different assessors (client interviewer) who need to share the results with other assessors responsible for assessing and finally rating the standards. Each question in the questionnaire relates to a particular criterion so provides additional evidence. It was planned to conduct 10 exit interviews per center totaling 140 interviews. However, finally the team succeeded to interview 124 clients.

After gathering the evidence for each criterion, the assessor must rate them on a scale of 0 to 4. 0 – 2 represent less than satisfactory achievement, 3 and 4 represent good or excellent achievement. NA (not applicable) is marked if a particular criterion does not apply to the service or organization. The meaning of the various points of the scale is described below:

0 = No achievement – there is no documentation, no evidence of the requirement being present or a process in place, no staff awareness

1 = Little achievement – there may be a minimal document, or part of a process, and some staff awareness

2 = Fair achievement – there may be either a document and no implementation, or implementation but no document, or a little bit of both but incomplete, and some staff awareness

3 = Good achievement – a document will be available and a process will be implemented and staff will be aware of the requirements, but there will be areas where further improvements can be made

4 = Excellent achievement – all requirements are in place and there is evidence of action to continuously improve.

Standards are rated by totaling the criteria ratings in the standard and dividing by the number of criteria (“Not Applicable” was not considered in the denominator), and rounding the number up or down.

Challenges faced during data collection were i) difficult to balance between staff interview including record review and uninterrupted service delivery, ii) lots of registers are maintained and particular staff
does not any list how many registers he/she maintain iii) sometimes clients were not interested to respond or discontinued at any point of interview, iv) interviewing various categories of clients.

Results on clinic based performance

In this section key results on selected indicators on clinic performances have been presented. Detail results have been attached in the appendix-A.

SECTION A: SERVICE MANAGEMENT

1.0 GOVERNANCE, MANAGEMENT AND PLANNING

1.1 The organisation’s vision, mission, values and codes of ethics give it direction and guide its decision-making

Under this sub theme, UPHCP clinics scored 2, which means they have “Fair achievement” and SSFP clinics scored 3 according to the scoring scale, which denotes “Good achievement.”

**Reported strength:** Participants mentioned that organisation’s vision, mission, values are present in constitution. They expressed that programs are consistent with mission and vision of constitution.

**Reported weakness:** It was expressed that all level staffs are not aware of mission and vision statement. Clients did not participate in the process of development of mission and vision statements. Participants asked for separate ethical guidelines.

1.2 The organisation is effectively and efficiently governed

Under this sub theme, UPHCP clinics scored 2, which mean they have “Fair achievement” and SSFP clinics scored 3, which denote “Good achievement”.

**Reported strength:** The participants mentioned that governing body has decentralized the leadership through forming senior management team and regional director position for enhancing decision making process. Constitution is approved by the Department of Social Welfare under the Ministry of Social Welfare, Women and Children’s Affairs. Monitoring mechanisms are present.

**Reported weakness:** It was mentioned that no formal training was provided. However, staff members are still found to be aware of health issues. It was expressed that the governing body does not provide direct feedback at facility level.

1.3 The organisation is effectively and efficiently managed
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

**Reported strength:** The JD is in place. The clinic manager’s JD are present. Regular reporting and budgetary monitoring related sharing is done by project office. Top-down decision making process was mentioned by both management and staff.

**Reported weakness:** Recruitment related papers are kept in disorganized way. Proper organogram is not displayed in a few facilities.

1.4 Services are planned and coordinated to meet the needs of the organisation and the community and achieve desired results

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength:** The annual plan is prepared based upon the project proposal. Weekly and monthly monitoring is performed. As part of implementation, weekly follow up of activities are done at the facility level. Monthly and quarterly review of plan is practiced.

**Reported weakness:** It is mentioned that there is a lack of authority of PM in efficient management of human resources. No effort has been taken to avoid overlapping is service areas (Mirzajungle, Upasahar and Tilagor) or improve harmonization. Usually targets are not proportionally distributed considering the environmental factors. There is limited staff involvement in the planning process but no client involvement. There is no annual plan at clinic level. A quarterly plan is prepared by the project office.

2.0 CLIENT AND FAMILY RIGHTS

2.1 The facility protects and promotes the rights of its clients and their families

Under this sub theme, UPHCP clinics scored 1, which means they have “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

**Reported strength:** Staffs in static and satellite areas encourage community people to use services offered by the centre. Field staffs try to ensure follow up visits. In the community group meeting field staffs discuss about clients’ rights issues. ESP card is treated as client file in SSFP facilities.

**Reported weakness:** As part of training few staffs have received orientation on confidentiality during service provision. However, in a few facilities, Counselor and Office Assistant share the same room, so, often there is a lack of privacy. There is no provision for maintaining individual client file.
2.2 **Staffs give clients and their families relevant and understandable information about proposed care or treatment and obtain informed consent.** Under this sub theme, UPHCP clinics scored 2 which refer to “fair achievement” and SSFP clinics scored 2 which also denotes “fair achievement”.

**Reported strength:** Consent taken prior to MR and IUD insertion. Duplicate copies of consent forms are preserved. Clients are referred to other facilities as required.

**Weakness:** Waiting area is small and not separated for male and females. No separate toilets for male and females.

2.3 **Information on services and applicable fees are provided for clients**
Under this sub theme, UPHCP clinics scored 2 which refers to “fair achievement” and SSFP clinics scored 2 which also denotes “fair achievement”.

**Reported strength:** Staffs provide information about the range of services offered during community group meeting and counselling. During field visit staffs inform the community about the issue that services are offered at free of cost or with minimum charge.

**Reported weakness**
Service list is not always displayed in appropriate place. Often there is a lack of guidance for obtaining specific service.

2.4 **The facility and the services provided are easily accessible to the population within their defined area of responsibility**
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 2, which denotes “Good achievement”.

2.5 **Information on services and applicable fees are provided for clients**
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”. 

### 3.0 QUALITY IMPROVEMENT

3.1 **Client feedback is collected and used to improve services**
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

**Reported strength:** There are provisions for obtaining complaints from clients through “complaint box”.

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Reported weakness: Actions are not always taken as to solve the problems identified through using the “complaint box”.

3.2 Clients have the right to complain about services and treatment and their complaints are investigated in a fair and timely manner
Under this sub theme, UPHCP clinics scored 1, which means “Little achievement” and SSFP clinics also scored 1, which denotes “Little achievement”.

Reported strength: Complaint box and complaint register are available. Staffs listen to the verbal complaints and take action as reported.

Reported weakness: No process documentation on the outcomes of “complaint box system”.

3.3 The facility identifies opportunities to continuously improve its processes and services, manages its risks, makes improvements and evaluates their effectiveness and efficiency
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

Reported strength: A prescribed MIS format is used for monthly performances reporting. Project Implementation Unit also monitors performances based on MIS report. Recently developed QM manual is available in the center. User forum has started its activities.

Reported weakness: The quality assessment system is in early stage. The system is not matured enough to deal with the issues like accidents management, complaints procedures, staff performance, staff and client satisfaction etc. It has been reported that staffs have not received any comprehensive training on quality improvement system. However, they have received training on a few relevant topics as part of other training.

4.0 INFORMATION MANAGEMENT

4.1 The organisation has a management information system (MIS) which provides a mechanism to plan, monitor and make decisions for providing better health services
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

Reported strength:
Annual plan is consistent with indicators that are outlined in the project proposal.

Reported weakness:
Uniform data management system between SSFP and UPHCP is not in place. Data are produced in different processes but not used in a complementary manner paving the ground for evidence-based decision making aimed at improving quality of care.

4.2 Client information is registered, coded, analysed and used as a mechanism for planning, monitoring and evaluation and decision-making for the organisation

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength:** Clinics maintain client register. There is provision for Health Card, which is sold for taka 100/200 and the family members become entitled to get required services by giving the registration fee only. Current coding system aligns the project proposal.

**Reported weakness:**
There is no provision for writing the diagnosis in the card. Occasionally diagnosis and related symptoms are noted down under service column in client’s register. No column for next follow-up appointment.

4.3 The organisation protects the confidentiality, security and integrity of data and information

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

**Reported strength:**
Daily service and revenue record sheet is maintained.

**Reported weakness:**
Do not have any written policies or guidelines regarding confidentiality and security. But management and staff is aware of a some of the confidentiality related issues, which they try to address at facility level. No individual client record is kept except ESP card and sometimes carbon copy of prescriptions.

4.4 Client records are current, accurate, comprehensive and secure

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

4.5 Notifiable diseases are accurately recorded, reported promptly and appropriate action is taken to minimise the spread of the disease
Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

**Reported strength**: Staffs emphasize on outreach activities raising awareness and make efforts to control outbreaks. Staffs instantly plan and take action in case of outbreaks.

**Weakness**
Staffs have little knowledge on the specific diseases to be notified.

4.6 Information on causes of all maternal and neonatal deaths are recorded in those facilities that provide obstetric delivery services

In the existing system, there is no provision for tracing and recording maternal and neonatal deaths in UPHC facilities. However, provision for such record keeping is in place in Ultra Clinic/CRHCC as reported.

4.7 Staffs works in accordance with written policies and Standard operating Procedures (SoPs) for managing services and clients and with written guidelines and protocols for common illnesses

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

**Reported strength**: Employees have received training on some of the guidelines. However, all the guidelines are not available.

**Reported weakness**
Staffs have little opportunity to provide input in the development process. SoPs are not yet developed. However, there is process for registration and recording. Do not have any training plan at the clinic level.

5.0 HUMAN RESOURCE MANAGEMENT

5.1 The organisation uses a human resource management system to manage, develop and communicate with staff in accordance with the organisation’s vision, mission and strategic plan

UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

**Reported strength**
HR policy is in accordance with organisation’s vision, mission and strategic plan

**Reported weakness**: Performance evaluation is not done yearly on regular basis.
5.2 Centre staff are available for service delivery during all official times and are actively engaged in service provision

Under this sub theme, UPHCP clinics scored 3, which refers “Good achievement” and SSFP clinics also scored 3, which denotes “Good achievement”.

**Reported strength:** One team is assigned for static clinic and other teams are assigned for satellite services are available during the office time (9:00 am to 4:00 pm).

**Reported weakness:** Duty roster is not always displayed. There is no back up support for the clinic. All staffs do not have name badges and do not always wear specific identifiable dress (e.g. apron of various colours for different category of staff).

5.3 Staff are recruited, appointed and oriented in accordance with documented procedures, job descriptions and service needs

Under this sub theme, UPHCP scored 2, which refers “Fair achievement” and SSFP scored 3, which denotes “Good achievement”.

Reported Strength: Many of the topics are directly covered in orientation and in other trainings. A few staff carry out a number of major activities in addition to their job description.

**Reported weakness**
HR policy is not always available in each facility. Hence the relevant part of the policy is also not available for each staff. Often there are mismatches between job description and current responsibilities. No formal induction training program is in place but most of the instances are done by one to one basis after recruitment.

5.4 Staffs are trained and their performance evaluated on a planned and systematic basis

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength:**
Training register maintained. Staffs appreciated the trainings offered to them.

**Reported weakness:**
Staffs do not get a copy of performance appraisal. Targets and identifying training needs are not always done in participatory manner while discussing with staff. Staffs are not aware of appraisal system. Staffs know about their annual appraisal is done but it is not always done through discussion
with their respective supervisor. Training register is available but there is no future training plan. No formal on-job training plan.

6.0 SAFE AND APPROPRIATE ENVIRONMENT

6.1 The Centre has sufficient space and appropriate layout for the services provided

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported weakness:
All clinics do not have separate/designated areas for instrument sterilization, dispensary, mini-laboratory etc.

6.2 Store rooms enable items to be stored safely and securely

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported strength
Access to key is only for designated persons.

Reported weakness
Store rooms are not always well organized.

6.3 Utilities are managed to ensure they are functional and risk is minimised.

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported strength: Some clinics are trying to arrange for larger spaces.
Strength: Water is stored in the covered tank of the roof. Roof top tank is cleaned regularly as reported, water filter is used for drinking water.

Reported weakness: Waiting areas are not always located in a comfortable place.
Inadequate lighting, poor ventilation in waiting room and examination room has been reported.

6.4 There is a reliable, clean and safe supply of water from a protected water source and an efficient sewerage system

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

Reported strength:
Water is safely stored and distributed

Reported weakness:
There is no system in place for regularly checking the quality of water.
Arsenic test is also not done for tubewell water. In few instances drinking water is not available in waiting rooms.

6.5 The facility has clean latrines or toilets

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported strength
In some facilities toilets are adequate and clean

Reported weakness
In some facilities toilets are not adequate, properly cleaned and organized

6.6 The waiting area is clean and provides for the comfort and protection

Under this sub theme, UPHCP clinics scored 2, which means “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

Reported strength
In a few facilities the waiting area is spacious and client-friendly environment.

Reported weakness
Waiting areas are not always comfortable for the clients.

6.7 The facility is clean

Under this sub theme, UPHCP clinics scored 2, which means “Fair achievement” and SSFP clinics also scored 2 (48.1%), which denotes “Fair achievement”.

Strength
Aya cleans the clinic everyday as part of her routine work.

Weakness
In few facilities the kitchens are not always clean and organized.

6.8 The facility compound and its surroundings are clean and use rubbish bins or pits for disposal of refuse and medical waste
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

**Reported weakness:**
Waste disposal process is yet to be established in some facilities

### 6.9 Consumables and other supplies are monitored and managed to ensure availability when needed

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

**Reported strength:** Clinics usually keep stock for consumables for one month

**Reported weakness:** Sometimes there are shortages of a few consumables like gloves, hand washing materials etc.

### 6.10 Equipment and furniture are functional, meet the defined needs of planned services, are properly maintained and used and equipment is operational

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

**Reported strength:** Quality Assurance Manual/job aid is in place. Service specific equipment for MR (applicable for UPHCP clinics) and IUCD are available. Functional autoclave is available.

**Weakness:** Some equipments are non functional. Ambubag and airway tube, Folley’s catheter, and resuscitation kits are not always available. Autoclave is not securely placed in few facilities. There is no specific training for use of equipment. Privacy during examination and counselling is not always maintained due to inadequacy of space. Patient examination bed is not always placed in paramedics room. Hand washing facility is not always seen in doctor’s room.

### 7.0 SAFE PRACTICE

#### 7.1 The health and safety of clients, staff and visitors are protected

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics also scored 1, which denotes “Little achievement”.

**Reported strength**
Guards are there in the facilities for ensuring security of the facility (any loss or damages).
**Reported weakness:** All protective equipments are not available. Equipment which are available are not in use. A few employees have received training on infection prevention. There is no organizational policy for health safety (occupational health and safety) of staff members.

7.2 **Staffs follow correct aseptic techniques and wash their hands between clients**

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics scored 3, which denotes “Good achievement”.

**Reported strength:** Doctor and paramedic practice aseptic techniques. Infection prevention measures mentioned under Immunization guideline is followed.

**Reported weakness:** A few staff have received training but they do not always practice according to guideline.

7.3 **Instruments and other articles are decontaminated, cleaned, sterilised, packed and stored to prevent contamination**

Under this sub theme, UPHCP clinic scored 1, which refers “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

**Reported strength:** Staffs have some knowledge on infection prevention as part of other training. Aya and paramedic have knowledge on safe handling of instruments and other items.

**Reported weakness**
Guidelines are not always followed systematically and consistently.

7.4 **Sharps, needles and single use items are used and disposed of safely**

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength:** Employees are aware of safe disposal of needle and syringes.

7.5 **Soiled linen and general laundry are separately collected and cleaned to avoid contamination and infection**

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics also scored 1, which denotes “Little achievement”.

Reported strength: Staff members use utility gloves in most clinics.

Reported weakness: Cleanliness not always maintained in terms of use of laundry materials.
7.6 Waste is segregated at the source, collected, handled and disposed of properly to avoid injuries and contamination

Under this sub theme, UPHCP clinics scored 1, which means “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement.”

**Reported strength**
Employees have some knowledge about waste management

**Reported weakness**
In some cases no written procedures are in place and sometimes are not followed.

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**SECTION B: SERVICE PROVISION**

**8.0 SERVICE ACCESS**

**8.1 Clients and their attendants are received and registered promptly and in a respectful manner**

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength**
Client’s questionnaire reveals high level of satisfaction with providers.
Clients are treated according to registration serial number.

**Reported weakness**
Giving token for maintaining queue during registration is not always practiced.

**8.2 Clients are seen in order of priority**

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics also scored 1, which denotes “Little achievement”.

**Reported strength**
Patients are prioritized according to severity of illnesses and clinic visit time
A separate referral form is used for sending clients to the clinic under ESD Project.
Referral is recorded in client register.
Reported weakness
There is no written process for prioritization and time management system.

8.3 Providers use a defined process for referring cases (emergencies and others)

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

Reported Strengths: Referrals are recorded in client register in few of the facilities. Referral form is used by the field staff for sending clients into the clinics under ESD project.

Reported Weakness:

In some facilities referral slip is used only for delivery cases to refer to CRHCC but do not contain required information.

9.0 CLIENT CARE AND TREATMENT

9.1 The privacy and confidentiality of clients is ensured during consultation and examination

Under this sub theme, UPHCP clinics scored 3, which refers “Good achievement” and SSFP clinics also scored 3, which denotes “Good achievement”.

9.2 All clients receive appropriate assessment and diagnosis

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported strength

Risk assessment is partly done e.g. screening for contraceptive
Client’s information is recorded in registers.

Reported Weakness

Separate client files are not maintained so there is no provision of detailed history taking and noting down individual client profile are not recorded of the respective client.
General Pain Management Guideline is not available.

9.3 Care and treatment are planned, managed and followed up

Under this sub theme, UPHCP scored 2, which refers “Fair achievement” and SSFP scored 3, which denotes “Good achievement”.

Reported strength
Injectable and oral pills for contraception as well as EPI are given according to the agreed treatment plan.
Next visit date is written on the prescription, ANC, Depo and immunization card according the nature of the service delivered.
Reminder for follow-up visits and motivating people to use clinic services are the main focus of the work plan of the Outreach workers.

**Reported weakness**

No formal system to use/review the previous visit findings in most of the centres. However, sometimes carbon copies of prescription are available to review justification for treatment.
Counsellors provide service related information to clients verbally. Limited use of available job aids for counselling.
Except outreach workers’ activities, reminding system for follow-up visits is yet to be institutionalized.

**9.4 Treatment guidelines and protocols (including existing national guidelines and protocols) are available at the facility, form the basis of regular training for relevant staff and are followed in providing care to the clients**

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength**

Different service related guidelines are available in the doctor’s room.

**Reported weakness**

The updated versions of some guidelines are not available.
The providers did not receive training on all guidelines.
System for checking and tracking adherence to guidelines has not been found in all facilities.

**9.5 All children who attend the facility have their weight plotted correctly on their growth monitoring chart or in their individual client record and have their immunisation status checked**

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength**

Nutrition supplementation is given to malnourished under-five children while maintaining the growth chart in facilities under UPHCP.

**Reported weakness**

Weight (growth monitoring) is not done for all under-five children attending the clinic.
9.6 Healthcare providers regularly educate their clients on health issues in a way that is easy to understand

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics also scored 1, which denotes “Little achievement”.

Reported strength

Materials like EPI flip chart, poster on 5 danger signs of pregnancy etc. used during counselling, Community Group Meetings.

Reported weakness

No health education sessions are held in the few of the clinic. Distribution of education materials to the clients are not always practised.

10.0 MEDICATION AND VACCINATION MANAGEMENT

10.1 Prescribing of medications is safe, efficient and effective and promotes best possible treatment outcomes

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported strength

Drugs mentioned in the project proposal of UPHCP are considered as essential drugs. Provider follows various disease-specific guidelines such as RTI/STI, ANC/PNC, Diarrhoea, ARI for providing treatment etc.

Reported weakness

In few clinics either prescription or patient files are not available for checking the rational use of antibiotics.

10.2 Essential drugs and supplies are available at all times during open hours

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported strength

Monthly report reflects the estimation on stocks balance of medicine
In most of the cases up-to-dated stock register is available. Keeping drug stock varies from one to three months across the facilities. The lead time is 15-20 days.
Reported weakness

Stock Card maintenance is not in practice
In some facilities there is no documented process for follow up and reporting on the expiry dates of medicine.
In some facilities no evidence-based process (previous month’s consumption) is used for calculating next month requirement.

10.3 Stock is stored to ensure that medications are kept safe

Under this sub theme, UPHCP clinics scored 3, which refers “Good achievement” and SSFP clinics also scored 3, which denotes “Good achievement”.

Strength

In most of the cases medicines are stored in steel lockable almirah and thereby safe.

Weakness

There is no separate room for storing medicine in the clinic. Ventilation, humidity, temperature are not always taken care off.

10.4 Vaccines are properly stored in a temperature controlled refrigerator to maintain the cold chain

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

Reported strength

Vaccines are transported to facilities in cold box from the city corporation on EPI day. Paramedics received training on EPI. Although no instruction is displayed in the clinic for maintaining the cold chain, employees strictly follow the part of cold chain applicable at clinic level.

Reported weakness

There is no formal reporting system to the City Corporations. Clinic does not have separate medicine store room. Medicines are often stored in metallic almirah.

SECTION C: ADDITIONAL CLINICAL STANDARDS

11.0 MATERNITY SERVICES

11.1 Maternity Service staffs are qualified, trained and available to provide safe, timely and efficient services for mothers and their babies
Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength**

The Clinic Manager/Doctor/Paramedic is assigned for ANC and PNC services. All of them have required qualification for providing the services.

Information on safe delivery is provided in the Static clinic and during outreach activities.

**Reported weakness**

Government prescribed protocol for minimum ANC and PNC visits is followed but no comprehensive guideline is in use.

**11.2 The work of the Maternity Services is guided by written policies and procedures for key processes**

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes Fair achievement.

**Reported strength**

Mostly refers to CRHCC with referral slip and sometimes in other hospitals with prescription

**Reported weakness**

Maternal Health and IMNCI Guidelines are available but there is no written procedure for key relevant processes.
Counselling for family planning is done only. However, other missed opportunities e.g. maternal nutrition, healthy parenthood etc. are not addressed always.

**11.3 Accurate records are maintained and data is made available for analysis and to improve services**

Under this sub theme, UPHCP clinics scored 2, which refers “Fair achievement” and SSFP clinics also scored 2, which denotes “Fair achievement”.

**Reported strength**

ANC card, EPI card and Growth Monitoring Chart are maintained.
Complication register is also maintained in few of the facilities.

**Reported weakness**

Sometimes information is not recorded properly.
11.4 **Facilities and equipment are safe and adequate for the maternity services provided**

Under this sub theme, UPHCP clinics scored 3, which refers “Good achievement” and SSFP clinics scored 1, which denotes “Little achievement”.

**Reported strength**

Not applicable since only one criterion out of five is appropriate at UPHC level currently. Rest other are applied for CRHCC/Ultra facilities.

**Reported weakness**

In most of the facilities there is no designated space for a mother to breastfeed her child.

12.0 **LABORATORY SERVICES**

12.1 **The medical testing laboratory is managed and organised to provide efficient and effective laboratory service**

UPHCP clinics scored 2 which denoted “fair achievement” and SSFP clinics scored 1 which refers to “Little achievement”.

**Reported strength**

A mini lab is maintained UPHC level only for performing Hb%, blood grouping, urine for pregnancy test, sometimes urine for albumin and sugar, and blood sugar

**Reported weakness**

No reporting format is used, test results are written on the prescription usually. Appropriate hygiene and disposal practice are not maintained in the mini lab.

12.2 **Laboratory samples and tests are managed to maximise accuracy of testing and minimise risks to clients and staff**

UPHCP clinics scored 2 which denoted “fair achievement” and SSFP clinics scored 1 which refers to “Little achievement”.

**Reported strength**

Waste disposal is being practised. Sharp things are disposed in safety box and medical waste disposed in incinerator.

**Reported weakness**

No separate requisition form used for tests done.
Results are written in prescription and often informed verbally. Staffs don’t have formal training on lab tests that are done at facility level. Some of the staff members are not confident enough about laboratory tests. Often there is no lab register. No written SOPs for different lab techniques. Staffs performs test with little orientation.

12.3 All persons are protected from potential hazards in the laboratory

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics also scored 1, which denotes “Little achievement”.

Reported strength

Gloves are used by the relevant staff members sometimes while performing lab tests

Reported weakness

Inadequate knowledge on accidental exposure.
There is no written policy on staff immunization and post exposure prophylaxis.

12.4 Safe and adequate facilities and equipment are provided to meet the needs of the clients served by the laboratory.

Under this sub theme, UPHCP clinics scored 1, which refers “Little achievement” and SSFP clinics scored 2, which denotes “Fair achievement”.

Reported strength

Sufficient equipments for performing lab tests are functional.
Separate refrigerator is there for storing reagents.

Reported weakness

The allotted lab space is small and lighting is insufficient in most of the cases
Logistics required for safe cleaning and disposal are not available.
There is no defined process for inspecting the Haemoglobinometer regularly.

Result from exit interviews

Socio-demographic characteristics of the respondents

Tables 1-6 show socio-demographic characteristics of the respondents. Table-1 shows that higher proportions of adolescents (age group of 16-20 years) visited UPHCP clinics (22%) compared to SSFP clinics (30%). Irrespective of types of clinics, majority of the respondents were women; 92% in UPHCP clinics and 89% in SSFP clinics (Table-2). Thirty nine percent respondents in UPHCP clinics and 28% in SSFP clinics had no education. Higher proportion of clients (42.9%) in SSFP clinics have completed
grade 10 and above compared to UPHCP clinics. More than 94% of the respondents in both types of clinics were married (Table-4).

In general, the majority of the respondents were housewives (Table-5, Appendix-B). Approximately one-fourth of the total respondents’ income falls between the range taka 3001 to 5000 per month. However, 43.6% of the respondents receiving services from SSFP earns taka 10000 and above monthly (Table-6).
Table: 1 Distribution of age of the respondents

<table>
<thead>
<tr>
<th>Age in years</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=15</td>
<td>4.4</td>
<td>3.6</td>
<td>4.8</td>
</tr>
<tr>
<td>16-20</td>
<td>22.1</td>
<td>30.4</td>
<td>25.4</td>
</tr>
<tr>
<td>21-25</td>
<td>32.4</td>
<td>28.6</td>
<td>30.2</td>
</tr>
<tr>
<td>26-30</td>
<td>17.6</td>
<td>17.9</td>
<td>17.5</td>
</tr>
<tr>
<td>31-40</td>
<td>11.8</td>
<td>16.1</td>
<td>13.5</td>
</tr>
<tr>
<td>41+</td>
<td>11.8</td>
<td>3.6</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Table: 2 Distribution of sex of the respondents

<table>
<thead>
<tr>
<th>Sex</th>
<th>UPHCP</th>
<th>SSFP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7.4</td>
<td>10.7</td>
<td>8.7</td>
</tr>
<tr>
<td>Female</td>
<td>92.6</td>
<td>89.3</td>
<td>91.3</td>
</tr>
</tbody>
</table>

Table: 3 Distribution of educational status of the respondents

<table>
<thead>
<tr>
<th>Education in years</th>
<th>UPHCP</th>
<th>SSFP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>39.7</td>
<td>28.6</td>
<td>34.9</td>
</tr>
<tr>
<td>Less primary</td>
<td>7.4</td>
<td>1.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Primary</td>
<td>20.6</td>
<td>16.1</td>
<td>18.3</td>
</tr>
<tr>
<td>6-9</td>
<td>14.7</td>
<td>10.7</td>
<td>13.5</td>
</tr>
<tr>
<td>10+</td>
<td>17.6</td>
<td>42.9</td>
<td>28.6</td>
</tr>
</tbody>
</table>

Table: 4 Distribution of marital status of the respondents by clinic

<table>
<thead>
<tr>
<th>Marital status</th>
<th>UPHCP</th>
<th>SSFP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>94.1</td>
<td>94.6</td>
<td>94.4</td>
</tr>
<tr>
<td>Unmarried</td>
<td>5.9</td>
<td>5.4</td>
<td>5.6</td>
</tr>
</tbody>
</table>
Table: -6 Distribution of family Income of the respondents

<table>
<thead>
<tr>
<th>Monthly in taka</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=3000</td>
<td>34.3</td>
<td>5.5</td>
<td>21.0</td>
</tr>
<tr>
<td>3001-5000</td>
<td>23.9</td>
<td>27.3</td>
<td>25.8</td>
</tr>
<tr>
<td>5001-7000</td>
<td>13.4</td>
<td>3.6</td>
<td>8.9</td>
</tr>
<tr>
<td>7001-10000</td>
<td>16.4</td>
<td>20.0</td>
<td>17.7</td>
</tr>
<tr>
<td>10000+</td>
<td>11.9</td>
<td>43.6</td>
<td>26.6</td>
</tr>
</tbody>
</table>

**Types of visits made and appropriateness of service offered**

More than 80% of the respondents reported that present visit (during exit interview) was not the first time for them. Forty eight percent (48%) respondents in the UPHCP clinics and 21% in the SSFP clinics were reported that they made visits 5 or more times (Table-7, Appendix-B). Forty eight percent (48%) respondents in the UPHCP clinics and 69% in the SSFP clinics were health card holders. Overall about 29% of the respondents had child immunization card (Table-8, Appendix-B). About 87% clients in UPHCP and 73% in SSFP mentioned that cards have been filled up during current visit (Table-9, Appendix-B).

Overall almost 50% of the respondents rated as “Excellent” which means that they perceived the services according to their needs and their family needs. Thirty two percent respondents in UPHCP clinics and 35% in SSFP clinics rated as “Good”. UPHCP clinics and 10% in SSFP clinic expressed “Fair” but they didn’t respond as unfulfilled coverage of service need (Table-10, Appendix-B).

**Perceptions on facilities and services provided**

Fifty seven percents respondents in UPHCP clinic and 58% in SSFP clinics rated as “Excellent” about their perception on cleanliness of the facilities (Table-11, Appendix-B)

Overall 50% respondents in both the clinics rated as “Good” i.e. the compound around the facility is clean. Only 1% respondents in the UPHCP clinics expressed their dissatisfaction whereas there was nothing like this in case of SSFP clinics (Table-12, Appendix-B).

Overall more than 60% respondents in both the clinics rated as “Excellent” in regards to availability of qualified health care providers in the facilities which means that they were fully satisfied with the
presence of qualified health care providers (Table-13). Table -13 Availability of qualified provider in the facility

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>61.8</td>
<td>66.1</td>
<td>63.5</td>
</tr>
<tr>
<td>Good</td>
<td>30.9</td>
<td>25.0</td>
<td>28.6</td>
</tr>
<tr>
<td>Fair</td>
<td>5.9</td>
<td>8.9</td>
<td>7.1</td>
</tr>
<tr>
<td>Little</td>
<td>1.5</td>
<td>0</td>
<td>0.8</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Overall almost 45% of the respondents in both the clinics rated excellent about the affordability of the cost for the services. However it also reports about non-affordability of 55% of clients which might be one of the potential barriers of not seeking services (Table-14, Appendix-B).

Overall almost 80% of the respondents in both the clinics rated as “Excellent” about their satisfaction on providers’ behavior (Table-15, Appendix-B).

Overall more than 45% respondents rated as “Excellent” which means that the health care provides are easily identifiable by dress and name badges. Ten percent respondents in UPHCP clinics rated as “No” means; staffs are not identifiable because of absence of any dress and name badges whereas in SSFP clinics, none made such comments (Table -16, Appendix-B).

Fifty eight percent respondents rated as “Excellent “ in SSFP that referred waiting areas are comfortable and safe compared to 40% respondents in UPHCP (Table –17, Appendix-B).

Overall more than 55% respondents rated as “Excellent” which means that the health care providers at the registration desk guided them to get the service (Table – 18, Appendix-B).

Overall more than 40% respondents rated as “Excellent” i.e. the registration was done quickly giving a token number or registration slip (Table – 19, Appendix-B). Another 38% rated it as “Good” and 14% rated it as “Fair”. Only 4% respondents expressed that registration was not done quickly (Table – 19, Appendix-B).

More than eighty percent respondents in UPHCP clinics were not aware about whether a stretcher/wheel chair is available compare to 34% in SSFP clinics (Table – 20, Appendix-B).
Overall more than 50% respondents in both the clinics rated as “Excellent” to “Good” which denotes that there are enough male/female toilets or latrines in the facility, they are easy to find, are clean and can be identifiable from outside (Table-21, Appendix-B). Another 25% also rated it as “Fair” as they easily identified the male and female toilets that are clean (Table-21, Appendix-B).

Overall more than 35% respondents in both the clinics rated as “Excellent” which denotes that the soap and water is available in the washing points. Irrespective of the types of clinics, about 15% respondents rated their negative expression as “No” (Table-22, Appendix-B)

Overall 27% respondents though seriously ill patients got priority and rated this issue as ‘Excellent’ (Table – 23, Appendix-B). Another 28% respondents rated it as “Good” (Table – 23, Appendix-B).

Overall more than 30% respondents rated as “Good” which denotes that while they come to the facility with serious illness they will be seen by the provider within ten minutes (Table-24, Appendix-B). Another 25% rated the issue as “Excellent” (Table-24, Appendix-B).

Overall almost 33% respondents rated as “Excellent” to question 25. They thought that the time they have to wait to see a health provider is reasonable. Another 34% rated it as “Good” and 25% rated it as “Fair” (Table – 25, Appendix-B). Higher proportions of the respondents (29%) in UPHCP clinics mentioned their achievement in the rating scale as “No” i.e. they were not given a choice on whether they want a male/female heath care provider to give them a cheek-up compare to 18% in SSFP clinics (Table-26, Appendix-B).

Forty five percent respondents in UPHCP rated as “Good” in question 26, which means that they had idea about the cost, risks of the treatment, and alternative treatment options they would have, compare to 28% rated in SSFP clinics. Twenty three percent rated “No” in SSFP clinics compare to 14% in UPHCP clinics to the same question (Table-27, Appendix-B).

Overall almost 60% respondents rated as “Excellent” to question 28, which means that the examination bed was clean. (Table– 28, Appendix-B)

Overall almost 60% respondents rated as “Excellent” to question 29, which means that there are chairs for patients and his/her companion to sit in the examination room. None rated as “No” in both the clinics. (Table-29, Appendix-B)
Overall more than 55% respondents opined as “Excellent” to question 30 that is about availability of equipments. Only 3% respondents in SSFP clinics rated “No” but none rated “No” in UPHCP clinics. (Table-30)
Table: -30 Availability of equipments that are in order

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>62.5</td>
<td>53.7</td>
<td>57.5</td>
</tr>
<tr>
<td>Good</td>
<td>32.8</td>
<td>37.0</td>
<td>35.0</td>
</tr>
<tr>
<td>Fair</td>
<td>3.1</td>
<td>5.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Little</td>
<td>1.6</td>
<td>0</td>
<td>1.7</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>3.7</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Overall 67% respondents rated as “Excellent” to issue that referred to providers gave attention to clients during service provision (Table-31, Appendix-B).

Almost 50% respondents in both the clinics mentioned that their medical history was taken and written down and they rated as “Excellent” to question 32 (Table-32)

Table:-32 Medical history was taken and recorded

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>52.2</td>
<td>48.2</td>
<td>50.0</td>
</tr>
<tr>
<td>Good</td>
<td>35.8</td>
<td>41.1</td>
<td>38.7</td>
</tr>
<tr>
<td>Fair</td>
<td>6.0</td>
<td>7.1</td>
<td>6.5</td>
</tr>
<tr>
<td>Little</td>
<td>1.5</td>
<td>3.6</td>
<td>2.4</td>
</tr>
<tr>
<td>No</td>
<td>4.5</td>
<td>0</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Overall 60% respondents rated as “Excellent’ to question 33 that covered the issue of privacy. (Table-33)
### Table: Provider maintained privacy

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>57.6</td>
<td>64.3</td>
<td>60.2</td>
</tr>
<tr>
<td>Good</td>
<td>27.3</td>
<td>26.3</td>
<td>27.6</td>
</tr>
<tr>
<td>Fair</td>
<td>9.1</td>
<td>5.4</td>
<td>7.3</td>
</tr>
<tr>
<td>Little</td>
<td>4.5</td>
<td>1.8</td>
<td>3.3</td>
</tr>
<tr>
<td>No</td>
<td>1.5</td>
<td>1.8</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Almost 50% respondents in both the clinics rated as “Excellent” to question 34, means health care provider informed clients about type of treatment they required (Table-34, Appendix-B).

Thirty one percent respondents in SSFP clinics rated as “Good” to question 35, which means provider informed about the cost of medicine compare to 28% provided same rating in UPHCP clinics. Twenty-five respondents in UPHCP and 18% in SSFP clinics rated as “No” (Table-35, Appendix-B).

Overall more than 35% respondents rated as “Good” to question 36, which means the provider informed about possible side effects. Twenty five percent respondents in SSFP clinics and 18% in UPHCP clinics rated as “No” (Table-36, Appendix-B).

Overall 48% of the respondents rated as “Excellent” to question 37, which means provider instructed fully about the dosages of medication and the respondents were able to understand the dosages as instructed (Table-37, Appendix-B). Another 38% rated it as “good”.

Overall more than 30% respondents rated as “Excellent” to question 38, which means provider took consent for treatment (Table-38). Another 26% rated it as “good” while more than 27% also mentioned “No”.

### Table: Provider took consent for treatment

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=47</th>
<th>SSFP n=29</th>
<th>TOTAL n=76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>34.0</td>
<td>31.0</td>
<td>32.9</td>
</tr>
<tr>
<td>Good</td>
<td>29.8</td>
<td>20.7</td>
<td>26.3</td>
</tr>
<tr>
<td>Fair</td>
<td>0</td>
<td>3.4</td>
<td>1.3</td>
</tr>
<tr>
<td>Little</td>
<td>4.3</td>
<td>24.1</td>
<td>11.8</td>
</tr>
</tbody>
</table>
Overall 46% respondents rated as “Excellent” to question 39, which mean that provider did full medical checkups (Table-39). Another 25% rated this as “Good”.

Table:-39 Providers did full medical check ups

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>46.3</td>
<td>46.4</td>
<td>46.0</td>
</tr>
<tr>
<td>Good</td>
<td>29.9</td>
<td>19.6</td>
<td>25.0</td>
</tr>
<tr>
<td>Fair</td>
<td>16.4</td>
<td>16.1</td>
<td>16.9</td>
</tr>
<tr>
<td>Little</td>
<td>6.0</td>
<td>14.3</td>
<td>9.7</td>
</tr>
<tr>
<td>No</td>
<td>1.5</td>
<td>3.6</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Overall 21% respondents rated as “Excellent” to question 40, which means provider checked weight, height, temperature, and immunization status of children (Table-40, Appendix-B). Another 18% rated it as “good” and almost equal numbers (17%) mentioned as “No” which means that provider did not check the above status of children.

Overall only about 30% respondents rated “No “ to question 41, which means when they bring their children (who are less than 5 years of age) he/she is not always weighed (Table-41, Appendix-B).

Overall 27% of the respondents rated “No” to question 42, which denotes if they bring their child, the health care provider does not always check her/his vaccination status (Table-42).

Table:-42 Provider checked children’s vaccination status

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=48</th>
<th>SSFP n=39</th>
<th>TOTAL n=89</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>22.9</td>
<td>23.1</td>
<td>22.5</td>
</tr>
<tr>
<td>Good</td>
<td>20.8</td>
<td>23.1</td>
<td>21.3</td>
</tr>
<tr>
<td>Fair</td>
<td>10.4</td>
<td>20.5</td>
<td>14.6</td>
</tr>
<tr>
<td>Little</td>
<td>14.6</td>
<td>12.8</td>
<td>14.6</td>
</tr>
<tr>
<td>No</td>
<td>31.3</td>
<td>20.5</td>
<td>27.0</td>
</tr>
</tbody>
</table>
Overall 45% respondents rated as “Good” to question 43, which means the provider provided information about illness, test results and treatment (Table-43)

Table:-43 Provider informed about illness, test results and treatment

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>26.5</td>
<td>20.0</td>
<td>23.4</td>
</tr>
<tr>
<td>Good</td>
<td>47.1</td>
<td>43.6</td>
<td>45.2</td>
</tr>
<tr>
<td>Fair</td>
<td>17.6</td>
<td>12.7</td>
<td>16.1</td>
</tr>
<tr>
<td>Little</td>
<td>2.9</td>
<td>7.3</td>
<td>4.8</td>
</tr>
<tr>
<td>No</td>
<td>5.9</td>
<td>16.4</td>
<td>10.5</td>
</tr>
</tbody>
</table>

Overall 23% respondents rated as “No” to question 44, which means they felt that they were not given enough information by the medical technician before performing the tests. (Table-44, Appendix-B)

Overall more than 50% respondents rated question 45 as “Excellent “, means that the health care provider told them about follow up visits (Table-45).

Table:-45 Provider informed about follow up visits

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>56.1</td>
<td>50.0</td>
<td>53.2</td>
</tr>
<tr>
<td>Good</td>
<td>28.8</td>
<td>39.3</td>
<td>33.1</td>
</tr>
<tr>
<td>Fair</td>
<td>10.6</td>
<td>8.9</td>
<td>10.5</td>
</tr>
<tr>
<td>Little</td>
<td>1.5</td>
<td>0</td>
<td>0.8</td>
</tr>
<tr>
<td>No</td>
<td>3.0</td>
<td>1.8</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Forty one percent respondents in UPHCP rated question 46 as “No”, which means that they were not referred to another facility with proper arrangement/communication/ transport compared to 21% rated same in SSFP clinics (Table-46, Appendix-B).
Forty percent respondents in SSFP clinics rated question 47 as “Little”, which means that health education materials were not given to read and take home compare to 28% rated same in UPHCP clinics. About 20% respondents rated as “No” in both the clinics (Table-47).

Table: -47 Health education materials are provided to read and to take home

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>10.4</td>
<td>10.9</td>
<td>10.5</td>
</tr>
<tr>
<td>Good</td>
<td>19.4</td>
<td>16.4</td>
<td>17.7</td>
</tr>
<tr>
<td>Fair</td>
<td>20.9</td>
<td>16.4</td>
<td>20.2</td>
</tr>
<tr>
<td>Little</td>
<td>28.4</td>
<td>40.0</td>
<td>33.1</td>
</tr>
<tr>
<td>No</td>
<td>20.9</td>
<td>16.4</td>
<td>18.5</td>
</tr>
</tbody>
</table>

Higher proportions of respondents (35%) in UPHCP clinics rated “No” which denotes that their opinion were not considered to improve services compare to 16% rated this in SSFP clinics. (Table-48)

Table: -48 Clients suggestion are sought to improve services

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>8.8</td>
<td>10.9</td>
<td>9.6</td>
</tr>
<tr>
<td>Good</td>
<td>16.2</td>
<td>9.1</td>
<td>14.4</td>
</tr>
<tr>
<td>Fair</td>
<td>14.7</td>
<td>29.1</td>
<td>20.8</td>
</tr>
<tr>
<td>Little</td>
<td>25.0</td>
<td>34.5</td>
<td>28.8</td>
</tr>
<tr>
<td>No</td>
<td>35.3</td>
<td>16.4</td>
<td>26.4</td>
</tr>
</tbody>
</table>

Overall 30% respondents rated as such that the clients’ complaints were not addressed timely while almost 44% mentioned as “Little”. (Table-49)

Table: -49 Clients’ complaints are addressed timely

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5.9</td>
<td>5.5</td>
<td>5.7</td>
</tr>
<tr>
<td>Good</td>
<td>5.9</td>
<td>5.5</td>
<td>5.7</td>
</tr>
</tbody>
</table>
The respondents were asked to express about their overall satisfaction with the facility and services provided. More than 50% respondents rated it as “Good”. Another 33% rated as “Excellent”. Irrespective of the types of clinics, none said “No” (Table-50).

<table>
<thead>
<tr>
<th>Achievement</th>
<th>UPHCP n=68</th>
<th>SSFP n=56</th>
<th>TOTAL n=124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>38.2</td>
<td>28.6</td>
<td>33.3</td>
</tr>
<tr>
<td>Good</td>
<td>50.0</td>
<td>58.9</td>
<td>53.2</td>
</tr>
<tr>
<td>Fair</td>
<td>8.8</td>
<td>12.5</td>
<td>11.9</td>
</tr>
<tr>
<td>Little</td>
<td>2.9</td>
<td>0</td>
<td>1.6</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The respondents were asked what they liked most about the particular facility. Most respondents liked the facilities because of the good behaviour of the staffs and providers. However, other reasons for their likings are obtaining free treatments and cleanliness of the facility (Table-51, Appendix-B).

The respondents were asked to mention about what they disliked most about the particular facility. Table-52 (Appendix-B) presents reasons for disliking about the facility; one reported reason was unavailability of medicines. However, about 26% could not provide any specific reason for their not liking the facility.

The respondents were asked to express their recommendations to improve the services. Table-53 (Appendix-B) presents suggestions for improving the facilities. One suggestion was to improve availability of wide range of medicines.
Lessons Learned:

GOVERNANCE, MANAGEMENT AND PLANNING
The overall performance in governance, management and planning was fair to good which means there is presence of documents with partial implementation. It has been found that programs are consistent with mission and vision of constitution. Governing body has decentralized the leadership through forming senior management team and regional director position for enhancing decision making process. The JD is in place and regular budgetary monitoring is reported to be done. However, there are overlapping in service areas that should be taken into account. Recruitment process should be more transparent and human resource management should be improved. Staff members should receive in-service trainings for capacity development. All facilities should have proper organograms.

CLIENT AND FAMILY RIGHTS
The overall performance in this issue varied by clinics and grade ranged from little to good that means in some clinics there is presence of documents and no implementation, or a little bit of both but incomplete, with presence of some staff awareness. While in other clinics documents are available and a process is implemented and staff members are aware of the requirements. Staff members encourage community people to use services offered by the centre. Field staffs try to ensure follow up visits in absence of any guideline. In the community group meetings, field staffs discuss about clients’ rights issues, provide information about the range of services offered, and inform the community about services are offered at free of cost or with minimum charges. However, there are areas where further improvements can be made such as provision of privacy during service provision, placing client’s charter in specific facilities, existing client’s charter needs incorporation of clients responsibilities, development of communication materials for client’s charter, activation of users forum, arrangement of separate toilet facilities for females, consent taking prior to treatment particularly to perform clinical procedure and provision of separate client files for individual clients. No clinic has location map in the catchment area.

QUALITY IMPROVEMENT
The quality assessment system is found to be in early stage in many places (mostly in UPHCP facilities). The system is not matured enough to deal with the issues like accidents management, complaints procedures, staff performance, staff and client satisfaction etc. It has been reported that employees have not received any comprehensive training on quality improvement system. There are provisions for obtaining complaints from clients through “complaint box”, but there is no comprehensive guideline to address the problems identified through using the “complaint box”.
INFORMATION MANAGEMENT

Overall little to fair achievements reported in MIS systems. Uniform data management system is not in place across the programs- UPHCP and SSFP. Data are produced in different processes but not used in a complementary manner paving the ground for evidence based decision making aimed at improving quality of care. Uniform data management system among SSFP and UPHCP supported clinics is badly needed for Sylhet City Corporation for institutionalizing evidence based decision making process.

HUMAN RESOURCE MANAGEMENT

In this category overall performance is fair to good in grades. HR policy is in accordance with organisation’s vision, mission and strategic plan. However, there is ample of opportunity to make HR policy more comprehensive while reviewing HR policies of similar organizations. Separate teams are assigned for static and satellite clinics. However, there are some weaknesses. Performance evaluation is not done yearly on regular basis and it is not done by prior discussion between staff members and supervisors. HR policy is not always available in each facility. Often there are mismatches between job description and current responsibilities. Formal comprehensive introductory training program should be arranged for staffs after recruitment.

SAFE AND APPROPRIATE ENVIRONMENT

Overall fair achievement reported in this category. It is reported that water is stored in the covered tank of the roof which is cleaned regularly. Water filter is used for drinking water. However, some weaknesses are reported. Waiting areas are not always located in a comfortable place. Inadequate lighting, poor ventilation in waiting room and examination room has been found. There are space problems in many clinics that should be solved. Most of the centres do not have designated sluice area that is to be separated and furnished. In a few clinics, counselling room does not have provision for ensuring privacy and confidentiality.

SAFE PRACTICE

Overall achievements are little in this component in most clinics. Employees have recently received a quality assurance manual in UPHCP facilities. However, guidelines for infection prevention are not followed regularly. All protective equipments are not always available. A few employees have received training on infection prevention. In some facilities there is no organizational policy for health safety of staff members. The program must have uniform organizational policy for health safety of staff members and whether staff members practice safety precautions should be monitored periodically.
SERVICE ACCESS

Overall little to fair achievement is reported in service access although clients were generally satisfied with the service providers. They expressed that clients are usually treated according to registration serial numbers. However, given token to clients for maintaining queue during registration is not always practiced. Improvement is needed in client registration system.

CLIENT CARE AND TREATMENT

Overall achievement in client care and treatment is fair to good. A number of education materials/guidelines are in place. However, the updated versions of some guidelines are not available in some clinics. All providers did not receive training on all guidelines. Often there is no system for checking and tracking adherence to guidelines. All clinics should receive guidelines and protocols for management of health problems and diseases. Adherence to guidelines at clinic level should be monitored periodically.

MEDICATION AND VACCINATION MANAGEMENT

Overall achievement in this component is “fair” to “good” in grades. Different disease specific treatment guidelines are in place. Monthly report reflects the estimation on stocks balance of medicine. In most of the cases up-to-dated stock register is available. Keeping drug stock varies from one to three months across the facilities. The lead time is 15-20 days.

In few clinics either prescription or patient files are not available for checking the rational use of antibiotics. However, there are some weaknesses. Stock Card maintenance is not in practice.

In some facilities there is no documented process for follow up and reporting on the expiry dates of medicine. In some facilities no evidence-based process (previous month’s consumption) is used for calculating next month requirement. In most of the cases medicines are stored in steel lockable almirah and thereby safe. There is no separate room for storing medicine in the clinic. Ventilation, humidity, temperature are not always taken care off. Vaccines are transported to facilities in cold box from the city corporation on EPI day. Paramedics received training on EPI. Although no instruction is displayed in the clinic for maintaining the cold chain, employees strictly follow the part of cold chain applicable at clinic level.

MATERNITY SERVICES

Overall achievement in this category is “fair” in most clinics. Doctor and paramedic are qualified. Relevant guide lines are in places. Information on safe delivery is provided in the Static clinic and
during outreach activities. ANC card, EPI card and Growth Monitoring Charts are maintained. Complication register is also maintained in few of the facilities. However, other missed opportunities e.g. maternal nutrition, healthy parenthood etc. are not always addressed. Also, improvements can be done in counselling and provision of privacy during service delivery.

LABORATORY SERVICES

Overall achievement in laboratory services is “little” in grade although equipments for performing lab tests are functional in most cases. Separate refrigerator is there for storing reagents that is another good practice. However, there are some weaknesses that need to be corrected. Staffs have inadequate knowledge on accidental exposure. There is no written policy on staff immunization and post exposure prophylaxis. In most cases the allotted lab space is small and lighting is insufficient. Logistics required for safe cleaning and disposal are not always available.

Limitation of the study:

- Baseline assessment tool was extensive to complete by two days.
- It was a little bit difficult to conduct the exit interview while explaining meaning of five points scale to the clients particularly when clients are illiterate.
- Judgment might vary across the team while quantifying data from descriptive findings.
References:


Appendix-A Detail information on clinic based performance and scores
Appendix-B Additional tables for information on exit interviews