

RESEARCH PROTOCOL

Protocol No.: 2001-023

FOR OFFICE USE ONLY

RRC Approval: Yes/No Date: _____

ERC Approval: Yes/No Date: _____

AEEC Approval: Yes/No Date: _____

Project Title: Meeting Additional Family Health Needs of Clients by Addressing Missed Opportunities at the ESP Clinics.

Theme: (Check all that apply)

- | | |
|--|--|
| Nutrition | <input type="checkbox"/> Environmental Health |
| Emerging and Re-emerging Infectious Diseases | <input checked="" type="checkbox"/> Health Services |
| Population Dynamics | <input type="checkbox"/> Child Health |
| Reproductive Health | <input type="checkbox"/> Clinical Case Management |
| Vaccine evaluation | <input type="checkbox"/> Social and Behavioural Sciences |

Key words: Unmet needs, Missed Opportunities, ESP services, GOB and UFHP.

Principal Investigator: M. Yousuf Hasan

Division: HSID

Phone: 8811155

Address: Family Health Research Project, ICDDR,B

Email: <myousuf@icddr.org>

Co-Principal Investigator(s): Dr. Shaikh A. Shahed Hossain, Ms. Jahanara Khatun

Co-Investigator(s): Md. Jasim Uddin, A.H. Nowsher Uddin

Student Investigator/Intern: None

Collaborating Institute(s): Ministry of Health and Family Welfare (MOHFW) and Urban Family Health Partnership (UFHP).

Population: Inclusion of special groups (Check all that apply):

- | | |
|---|---|
| Gender | <input checked="" type="checkbox"/> Pregnant Women |
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Fetuses |
| <input checked="" type="checkbox"/> Females | <input type="checkbox"/> Prisoners |
| Age | <input type="checkbox"/> Destitutes |
| <input checked="" type="checkbox"/> 0 - 5 years | <input checked="" type="checkbox"/> Service providers |
| <input checked="" type="checkbox"/> 5 - 9 years | <input type="checkbox"/> Cognitively Impaired |
| <input checked="" type="checkbox"/> 10 - 19 years | <input type="checkbox"/> CSW |
| <input checked="" type="checkbox"/> 20 + | <input type="checkbox"/> Others (specify): _____ |
| <input type="checkbox"/> > 65 | <input type="checkbox"/> Animal |

Project / study Site (Check all the apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Dhaka Hospital | <input checked="" type="checkbox"/> Mirsarai |
| <input checked="" type="checkbox"/> Matlab Hospital | <input type="checkbox"/> Patyia |
| <input checked="" type="checkbox"/> Matlab DSS area | <input checked="" type="checkbox"/> Other areas in Bangladesh: |
| <input checked="" type="checkbox"/> Matlab non-DSS area | <input type="checkbox"/> Outside Bangladesh |
| <input type="checkbox"/> Mirzapur | name of country: _____ |
| <input type="checkbox"/> Dhaka Community | <input type="checkbox"/> Multi centre trial |
| <input checked="" type="checkbox"/> Chakaria | (Name other countries involved) |
| <input checked="" type="checkbox"/> Abhoynagar | _____ |

Revised on:

RECEIVED 10 OCT 2004

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Type of Study (Check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Case Control study | <input checked="" type="checkbox"/> Cross sectional survey |
| <input type="checkbox"/> Community based trial / intervention | <input type="checkbox"/> Longitudinal Study (cohort or follow-up) |
| <input type="checkbox"/> Program Project (Umbrella) | <input checked="" type="checkbox"/> Record Review |
| <input type="checkbox"/> Secondary Data Analysis | <input type="checkbox"/> Prophylactic trial |
| <input type="checkbox"/> Clinical Trial (Hospital/Clinic) | <input checked="" type="checkbox"/> Surveillance / monitoring |
| <input type="checkbox"/> Family follow-up study | <input type="checkbox"/> Others |

Targeted Population (Check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> No ethnic selection (Bangladeshi) | <input type="checkbox"/> Expatriates |
| <input type="checkbox"/> Bangalee | <input type="checkbox"/> Immigrants |
| <input type="checkbox"/> Tribal groups | <input type="checkbox"/> Refugee |

Informed Consent Process (Check all that apply):

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Written | <input checked="" type="checkbox"/> Bengali language |
| <input type="checkbox"/> Oral | <input checked="" type="checkbox"/> English language |
| <input type="checkbox"/> None | |

Proposed Sample size: 1600

Total sample size: 1600

Sub-group _____

Assessment of Risk: Does the Research Involve (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Human exposure to radioactive agents? | <input type="checkbox"/> Human exposure to infectious agents? |
| <input type="checkbox"/> Fetal tissue or abortion? | <input type="checkbox"/> Investigational new drug |
| <input type="checkbox"/> Investigational new device?
(specify _____) | <input type="checkbox"/> Existing data available via public archives/source |
| <input type="checkbox"/> Existing data available from Co-investigator | <input type="checkbox"/> Pathological or diagnostic clinical specimen only |
| | <input type="checkbox"/> Observation of public behaviour |
| | <input type="checkbox"/> New treatment regime |

Yes/No

- Is the information recorded in such a manner that subjects can be identified from information provided directly or through identifiers linked to the subjects?
- Does the research deal with sensitive aspects of the subject's behaviour; sexual behaviour, alcohol use or illegal conduct such as drug use?
 Could the information recorded about the individual if it became known outside of the research:
- a. Place the subject at risk of criminal or civil liability?
- b. Damage the subject's financial standing, reputation or employability; social rejection, lead to stigma, divorce etc.

Do you consider this research (Check one):

- | | |
|--|---|
| <input type="checkbox"/> greater than minimal risk | <input type="checkbox"/> no more than minimal risk |
| <input checked="" type="checkbox"/> no risk | <input type="checkbox"/> only part of the diagnostic test |

Minimal Risk is "a risk where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical, psychological examinations or tests. For example, the risk of drawing a small amount of blood from a healthy individual for research purposes is no greater than the risk of doing so as a part of routine physical examination".

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es/No

Is the proposal funded?

If yes, sponsor Name:

es/No

Is the proposal being submitted for funding? Yes

If yes, name of funding agency: 1). USAID
2). _____

Do any of the participating investigators and/or their immediate families have an equity relationship (e.g. stockholder) with the sponsor of the project or manufacturer and/or owner of the test product or device to be studied or serve as a consultant to any of the above?

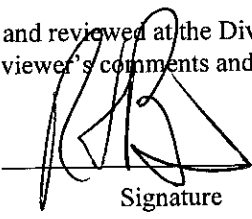
IF YES, submit a written statement of disclosure to the Director.

Dates of Proposed Period of Support (Day, Month, Year - DD/MM/YY)	Cost Required for the Budget Period (\$)			
	a. 1 st Year	2 nd Year	3 rd Year	Other years
Beginning date: When fund is available	85,570			
End date: One year after starting	b. Direct Cost: 67,912		Total Cost: 85,570	

Approval of the Project by the Division Director of the Applicant

The above-mentioned project has been discussed and reviewed at the Division level as well by the external reviewers. The protocol has been revised according to the reviewer's comments and is approved.

Robert Breiman
Name of the Division Director (A)


Signature

12-26-01
Date of Approval

Certification by the Principal Investigator

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the - scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

M. Moushkar
Signature of PI

Date: 26. 12. 2001

Name of Contact Person (if applicable)

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Check here if appendix is included

PROJECT SUMMARY: Describe in concise terms, the hypothesis, objectives, and the relevant background of the project. Describe concisely the experimental design and research methods for achieving the objectives. This description will serve as a succinct and precise and accurate description of the proposed research is required. This summary must be understandable and interpretable when removed from the main application. (TYPE TEXT WITHIN THE SPACE PROVIDED).

Principal Investigator: M. Yousuf Hasan

Project Name: Meeting Additional Family Health needs of Clients by Addressing Missed opportunities at the ESP Clinic.

Total Budget: US\$ 85,570 **Beginning Date:** As soon as fund is available **Ending Date:** End of 12 months from beginning

Background and Rationale

In primary health care clinics (ESP Clinics), a client usually tends to visit for a specific need(s) at a time, and providers in turn concentrate in addressing that particular need(s). Therefore, other potential health need(s) of the clients are likely to remain unmet. The success of offering an Essential Services Package (ESP) from the static clinics ultimately rests on meeting a range of health and family planning needs of the clients. Thus, it is critical that the service providers at the ESP clinics properly identify the additional health needs of the clients and adequately address them. An appropriate strategy for assessing the unmet service needs of the clients and addressing these missed opportunities at the clinics should result in more efficient utilization of the clinic services. This could be achieved if appropriate tools, needed training and guidelines to assess and address the additional health needs of the clients are made available to the service providers.

Appropriate strategy to identify and tap missed opportunities at the ESP clinics will result in meeting the unmet family health needs of the clients, and thereby, lead to enhance utilization of clinic services. The study will focus to assess the current practices and barriers to address unmet health needs of the clients and will also test and suggest a strategy to address those needs. This will also ensure proper utilization of staff time and reduce clients' direct and indirect cost for separate visits to clinics. The strategy could easily be replicated within GoB and UFHP settings.

A screening tool (FHC/ESP card or algorithm based tool) to detect unmet needs, and addressing missed opportunities by the providers will be tested in GOB and UFHP clinics. Necessary guideline to use the tools for detection and addressing unmet needs and missed opportunities will also be developed. The study will be conducted in two intervention and two comparison areas under GOB and UFHP clinics. From both the intervention and comparison areas all the static and number of satellite clinics (4-6) under the static clinic will be selected for the study. The first stage of the intervention will include the activities of assessing the current practices and barriers to detecting unmet family health needs and tapping missed opportunities at the ESP clinics. Subsequently, a strategy, a screening tool, will be adopted or modified for use by the providers in this period. The second stage of the intervention will include the activities to test the screening tool and follow-up the strategy in addressing missed opportunities at ESP clinics. Evaluation will be done through collection of data on selected ESP services, observation of clients providers interaction, exit interview of clients, review of records and follow-up at the clients' house.

KEY PERSONNEL (List names of all investigators including PI and their respective specialities)

Name	Professional Discipline/Speciality	Role in the Project
1. M.Yousuf Hasan	Senior Operations Researcher	Principal Investigator
2. Dr. Shaikh A. Shahed Hossain	Senior Operations Researcher	Co- Principal Investigator
3. Jahanara Khatun	Operations Researcher	Co- Principal Investigator
4. Md. Jasim Uddin.	Operations Researcher	Co-Investigator
5. A.H. Nowsher Uddin.	Operations Researcher	Co-Investigator

DESCRIPTION OF THE RESEARCH PROJECT

Hypothesis to be tested:

Concisely list in order, in the space provided, the hypothesis to be tested and the Specific Aims of the proposed study. Provide the scientific basis of the hypothesis, critically examining the observations leading to the formulation of the hypothesis.

Appropriate strategy to identify and tap missed opportunities at the ESP clinics will result in meeting the unmet family health needs of the clients, and thereby, lead to enhance utilization of clinic services.

Specific Aims:

Describe the specific aims of the proposed study. State the specific parameters, biological functions/ rates/ processes that will be assessed by specific methods (TYPE WITHIN LIMITS).

- Assess the current practices and barriers to identify unmet health needs and tap missed opportunities at the ESP clinics.
- Test a screening tool (Family Health Card/ESP card or algorithm based screening tool) as a strategy to identify unmet health and family planning needs of the clients and tap missed opportunities at the ESP clinics.
- Translate unmet needs into met need by addressing missed opportunities in ESP clinic (services, information, counseling and referrals).

The study will also assess:

- (a) Time required by a provider to follow a screening tool.
- (b) Requirement of additional training and supervision to implement the screening tool.

Background of the Project including Preliminary Observations

Describe the relevant background of the proposed study. Discuss the previous related works on the subject by citing specific references. Describe logically how the present hypothesis is supported by the relevant background observations including any preliminary results that may be available. Critically analyse available knowledge in the field of the proposed study and discuss the questions and gaps in the knowledge that need to be fulfilled to achieve the proposed goals. Provide scientific validity of the hypothesis on the basis of background information. If there is no sufficient information on the subject, indicate the need to develop new knowledge. Also include the **significance and rationale** of the proposed work by specifically discussing how these accomplishments will bring benefit to human health in relation to biomedical, social, and environmental perspectives. (DO NOT EXCEED 5 PAGES, USE CONTINUATION SHEETS).

The terms “unmet need” and “missed opportunity” for family health needs are inter-linked and an operational definition could be: a client availed a desired service and in need of additional service(s) which are available/not available at the clinic becomes ‘unmet need’ for the client and ‘missed opportunity’ for the provider. The clients are unlikely to be aware of all of their health needs by themselves when they visit the provider. Usually the clients tend to visit clinics/providers with specific need(s) at a time, and the providers in turn concentrate in addressing that particular need(s). Therefore, other family health need(s) are likely to remain unmet. The success of offering an Essential Services Package (ESP) from the static clinics ultimately rests on meeting a range of family health needs of the clients and their family members and addressing them. An appropriate strategy in exploring other unmet service needs of the clients by tapping missed opportunities are likely to make more efficient utilization of the clinic services. This could be achieved if the service providers are given the needed training, user-friendly tools, and guidelines to assess the additional health needs of the clients. However, actual success of the strategy will depend to a great extent on the use of the skills, tools and guidelines by the providers to address the detected missed opportunities in identifying the unmet health needs of the clients and their families and thereby addressing the missed opportunities.

A lack of systematic screening for the clients’ healthcare needs is an important weakness in most integrated programmes. Operations research projects in Latin America have demonstrated that integration can be made more effective through provision of more services to individuals already making use of health facilities, by use of simple screening instruments. It was also estimated that in Mexico and Guatemala, the marginal cost per service for up to two additional services was less than a dollar, implying savings of over two dollars compared to stand alone services, involving only 15-30% of additional time of the providers (Recardo, 1997).

According to the World Bank, about one-third of the total disease burden in developing countries among women in the age group of 15-44 years is linked to health problems related to pregnancy, childbirth, abortion and RTIs. Available data for South Asia show that women and their families have a huge unmet need for services related to these conditions. There is, therefore, an urgent need to develop strategies to address these unmet health needs (Saroj Pachauri, 1998).

In Bangladesh, it has been assessed that overall 15% of MWRA (Married Women of Reproductive Age) have an unmet need for FP services (BDHS 1999-2000). According to another report, the estimated family planning unmet needs of married women was 22.9%, and 90% of these women with unmet needs live in rural areas (Abul Barkat et al, 1997). A

recent study (Khatun J, et.al. Assessment of Met and Unmet Reproductive and Child Health Needs of Clients of Urban Family Health Partnership Supported NGO Clinics, Draft Report, Dhaka International Centre for Diarrhoeal Disease Research, Bangladesh, 2001.) revealed existence of substantial unmet family health needs among the clients; almost one-quarter of the under 2 years children had unmet needs for immunization; almost two-fifths of children under 5 years of age had unmet needs both for diarrhoea and ARI separately; and the unmet family health needs among MWRA was 26% for FP and 11% for ANC, 54% for TT and 15% for RTI/STD services. The findings suggested that tapping of missed opportunities needs to be ensured to further increase utilization of clinic services to: improve the coverage of ESP services, better meet the clients' needs, and to make the service delivery systems more efficient and less costly. Preliminary findings from an operations research conducted in an urban Government Primary Health Care Centre (GOD) at Dhaka demonstrate that missed opportunities for family health services among the clients screened during clinic attendance varied between 8- 15 % (Khanom R et.al, Meeting the Additional Health and Family Planning Needs of Clients by Addressing Missed Opportunities: An Urban Experience, Draft Working Paper. Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh, 2001). Three-fourths of these unmet health needs are among the women of reproductive age (RTI/STD 24%, TT 25%, and FP 27%), detected using a screening algorithm by the clinic providers. More than half of these unmet needs could be tapped at that centre through an inter-provider referral and linkage system introduced in the study. However, these clinic based unmet health needs data indicate that the magnitude of unmet health needs might be larger in the community.

To improve child health status of the country, the Health and Population Sector Programme (HPSP) has targeted to achieve 85% immunization coverage in children less than 1 year by 2003. ANC coverage including TT immunization of pregnant women needs to be increased to 80% by 2003 (Review of HPSP indicators). Provision of ESP services from different tiers of GoB and UFHP NGOs health facilities in urban areas has the potential to meet the additional family health needs through development and implementation of appropriate strategies for tapping the missed opportunities at the clinics. In order to introduce a systematic routine assessment of clients' additional health needs in the GoB and UFHP ESP clinics with a view to tapping missed opportunities, an assessment of the clients' additional health needs, current practices and barriers in tapping missed opportunities, knowledge and perceptions of the service providers with regard to unmet health needs of the clients and tapping the missed opportunities is essential to examine. The integration of health and family planning services at upazila level and below is understandably facilitating the provision of an increased range of services from the static clinics, but presently that does not guarantee increased utilization and coverage of ESP services. Therefore, the clinic-based ESP provision needs an appropriate mechanism to provide information to clients, identify their additional health needs, and address them either by direct delivery of those services from the clinics or by providing the required referral services.

Family Health Card (FHC), a UMIS tool, has been distributed to the rural families to retain and produce to service provider(s) for receiving the required services from government facilities. In urban areas UFHP NGOs are using ESP card for providing ESP services to the clients. In addition, the NGOs have recently introduced an algorithm-based checklist to identify additional health and family planning needs of the clients. Both the FHC and ESP card have sections on the required screening process for ESP services. An intervention that identifies barriers to the

use of a screening tool (FHC, ESP card or algorithm) by the providers, and suggests appropriate mechanism to address the unmet health needs of the attending clients, is presumed to result in enhanced and effective utilization of the ESP Clinics.

Research Design and Methods

Describe in detail the methods and procedures that will be used to accomplish the objectives and specific aims of the project. Discuss the alternative methods that are available and justify the use of the method proposed in the study. Justify the scientific validity of the methodological approach (biomedical, social, or environmental) as an investigation tool to achieve the specific aims. Discuss the limitations and difficulties of the proposed procedures and sufficiently justify the use of them. Discuss the ethical issues related to biomedical and social research for employing special procedures, such as invasive procedures in sick children, use of isotopes or any other hazardous materials, or social questionnaires relating to individual privacy. Point out safety procedures to be observed for protection of individuals during any situations or materials that may be injurious to human health. The methodology section should be sufficiently descriptive to allow the reviewers to make valid and unambiguous assessment of the project. (DO NOT EXCEED TEN PAGES, USE CONTINUATION SHEETS).

Study Design

The study intends to follow a quasi-experimental time series design to monitor indicators overtime and to document the different operationalization issues. The study will also monitor change in programme performance that occur during the implementation period. There will be a non-equivalent control group approach to compare the specific effects of the intervention.

A screening tool (FHC/ESP card or algorithm based tool) to detect unmet need, and to address missed opportunities by the providers will be tested in GoB and UFHP clinics. Necessary guidelines to use the tools for detection and addressing unmet needs and missed opportunities will also be developed. As the Ministry of Health and Family Welfare of the Government of Bangladesh and UFHP partners are the main providers of ESP services in rural and urban areas of the country, the study will be conducted in two intervention and two comparison areas under them. From GoB areas all the static and satellite clinics at union and below level and from UFHP areas the static clinic and 4-6 satellite clinics (under 1 satellite team) will be selected for the study.

Site selection was based on the types of the clinics, services available and willingness of the partners to participate in the study. The areas under each category of service providers are selected after discussion with the partners and considering the feasibility to carry out the intervention activities. The selected areas will be distributed as follows:

Study sites	GOB	UFHP NGO
Intervention	Mirsarai union, Chittagong	Sherpur
Comparison	Dhum union, Chittagong	Kishoregonj

Sampling

The assessment of whether or not a customer who visited the clinic for a specific service has an additional service need can be treated as a bi-nominal variable. The size of a sample for a bi-nominal variable is generally determined using the following calculation, where the total sampled population is more than 10,000 [Fisher A.A. et al. 1998]:

$$n = \frac{z^2 p(1-p)}{d^2}$$

Where, z = standard normal deviate usually set at 1.96 if within 95% confidence interval or say 2.0
 p = known population parameter and
 d = allowance for error

Hence we considered 25 percent (15% for FP in BDHS'2000, 27% in urban studies and 22% in Rural studies) as the estimate for FP unmet needs as the maximum estimate of p and d = at 0.05 level for calculation.

$$\text{So, } n = \frac{2^2 (.25 \times .75)}{(.05)^2}$$

It has been estimated that a sample of 300 clients per area will be sufficient to get a reliable estimate of unmet need of that area. Sample will be collected proportionately from the Static and Satellite clinics according to client flow and distribution of population. However, it is planned to include an additional sample up to 100 per area, taking into consideration of the 6-8 satellite clinics in the area, from where sample will also be collected. It has been assumed that most of the child health and reproductive health needs of the population of the catchment area are catered by these clinics. So, the total expected sample from four units (intervention and comparison) will be 1,600.

So an expected sample of 400 clients for each of the four study areas will be needed to have a reliable estimate of unmet needs. From each of the study area 400 consecutive clients will be selected for the study. Representative samples will be taken according to the types of the clinic and proportionate to the types of services. The clients who are unwilling to participate in the study will be excluded. We expect that due to the intervention, some of the clients who had unmet needs for particular service, will receive the service during clinic visit, and these cases will be recorded. Clients with unmet need who were referred, counseled and informed about services, but who did not receive service during the visit, will receive a follow-up visit (by interviewers) at the house of the 10 % clients on quarterly basis. During this visit, information will be gathered on whether the unmet needs identified at the index clinic visit, has been translated into met need. It is expected that the extent of unmet needs that translates into met need is greater among clients who visited the intervention clinics compared to those who visited the non-intervention clinics.

Operational Definitions

Missed Opportunity:

Missed opportunity can be defined as any of the selected Health and Family Planning service(s) opportunities missed by the provider while providing desired service(s) to the client.

Unmet need:

A client who received his/her desired service(s) and was in need of additional (selected Health and Family Planning) services but did not avail any of those services, was defined as "unmet need" for the clients. For example, if a woman came for any family planning method, which was her desired need and availed that need but subsequently detected through screening the need for treatment for RTI or TT immunization, which could have been missed if not detected.

Indicators of missed opportunities for selected Health and Family planning (H&FP) services:

➤ Reproductive Health (RH) Services indicators;

- Antenatal Care (ANC)
- Postnatal Care (PNC)
- TT Immunization
- Reproductive Tract Infections (RTI)
- Family Planning

➤ Child Health (CH) Services indicators;

- Immunization
- Diarrhoeal Diseases (DD)
- Acute Respiratory Infections (ARI)

Definition of selected H&FP services indicators proposed in this study are:

Reproductive Health (RH) Services indicators;

- a. **Antenatal Care (ANC):** Pregnant mother who visits the ESP Clinic for any ESP services other than ANC but who did not seek ANC service from any providers or did not attend the schedule.

Measurement: # of additional ANC needs missed / Total # of ANC service needs

- b. **Postnatal Care (PNC):** Clients who visit the ESP Clinic for any ESP services other than PNC and who is currently in postpartum period but did not seek PNC service from any providers

Measurement: # of additional PNC needs missed / Total # of PNC

- c. **TT Immunization:** Adult Women between age 15-49 years who visit the ESP Clinic for any ESP services other than TT immunization and who did not visit any providers for TT vaccine or received TT vaccine more than one year ago and did not complete proper dose(s).

Measurement: # of additional TT needs missed / Total # of TT service needs

- d. **Reproductive Tract Infection (RTI):** Customers who visit the ESP Clinic for any ESP services other than RTI/STD and who have RTI/STD symptoms but did not visit any providers.

Measurement: # of additional RTI/STD needs missed / Total # of RTI/STD service needs

- e. **Family planning (FP):** Married Women of Reproductive Age (MWRA) who visits the ESP clinic for any ESP services other than FP and who indicates that either she does not want any more children or that she wants to delay child bearing, but currently not using contraception.

Measurement: # of unmet FP needs missed / Total # of FP needs

Child Health (CH) Services indicators;

- a. **Child Immunization:** A child aged less than one year who visits the ESP Clinic for any ESP services other than Immunization or accompany his/her mother (parents) but did not receive any dose of immunization or did not complete proper doses.

Measurement: # of additional immunization needs missed / Total # of immunization service needs.

- b. **Diarrhoea:** A child under 5 year who visits the ESP Clinic for any ESP services other than Diarrhoea or accompany his/her mother (parents) and who had diarrhoea but did not visit any facilities during the last two weeks for diarrhoea treatment.

Measurement: # of additional DD needs missed / Total # of DD service needs.

- c. **Acute Respiratory Infection (ARI):** A child under 5 year who visits the ESP Clinic for any ESP services other than ARI or accompany his/her mother (parents) with ARI symptoms but did not visit any facilities during the last 2 weeks for ARI treatment.

Measurement: # of additional ARI needs missed / Total # of ARI service needs.

***Total service needs** = *Desired services provided (met services) + additional services (unmet services).*

Other definitions

- a. **ESP Clinic:** The GOB static and fixed site clinics at Union and below level and UFHP static and fixed site satellite clinics from where ESP services are offered.

The GOB clinics are Union Health and Family Welfare Centre (UH&FWC), Community Clinic (CC), and fixed site Satellite Clinics. The UFHP clinics are Static Clinic and fixed site Satellite Clinics under it.

- b. **Addressing Missed Opportunity:** Detection of unmet need of a client and tapping that need. Unmet needs can be tapped through providing the available particular service, information, counseling or referral.

- c. **Screening Tool:** An algorithm based checklist to identify the unmet needs of clients, e.g., Family Health Card (FHC) or ESP service checklist. A FHC has several sections usually used for recording delivery of a service. The selected 8 Health and Family Planning (H&FP) services indicators have separate sections among them.

Settings

The study will be carried out in collaboration with the Ministry of Health and Family Welfare (MOHFW) and Urban Family Health Partnership (UFHP). The strategy for detecting and tapping missed opportunities will therefore be tested in the rural ESP delivery clinics under GoB and ESP clinics in the semi-urban areas under UFHP areas.

In GoB areas the clinics are at Union and below level. These include the Union Health And Family Welfare Centre (UH&FWC), Community Clinic (CC) and satellite clinics. At UH&FWC the service providers are Sub-Assistant Community Medical Officer (SACMO) and Family Welfare Visitor (FWV). At CC, Health Assistant (HA), Family Welfare Assistant (FWA) and FWV provide services and at satellite Clinics, FWV, HA and FWA provide services. All the selected 8 health and family planning services are provided from these centres except management and treatment of RTI/STD.

The service delivery system in UFHP areas is comprised of a static clinic and several satellite clinics in a semi-urban area usually 3-4 satellite teams worked under one static clinic and one satellite team organized 4-6 satellite clinics. The service providers in the static clinics are a Medical Officer, FWV/Paramedics and Counselor and in satellite clinics one FWV/Paramedics. All the selected 8 health and family planning services are provided from these centres.

Intervention Activities

The intervention activities will be done in two stages.

The activities in the first stage are: (3 months)

- a. Assessment of current practices to address missed opportunities
- b. Assessment of knowledge of providers on missed opportunities
- c. Assessment of barriers to address missed opportunities
- d. Assessment of extent of missed opportunities of selected H&FP services

The activities in the second stage are:

A. Implementation of the intervention: (6 months)

- a. Testing of a strategy / improved strategy to address missed opportunities
- b. Development/modifications of missed opportunity guidelines
- c. Development and modification of training manual
- d. Orientation of the supervisors on the intervention
- e. Training of the service providers
- f. Monitoring the intervention activities

B. Evaluation of the intervention: (3 months)

These major activities will be the same in two partners (GoB and UFHP) areas. There could be some difference in the specific activities. It is as because although the two partners are the main providers of ESP services in rural and urban areas of Bangladesh but service delivery structure, staff pattern, delivery of service component and screening mechanism to

address missed opportunities are different in two partners areas. Before assessment, the assessment tools will be developed and pre-testing will be done. Meeting with concern officials of GoB and UFHP will be organized to sensitize them on the issue of missed opportunities. Joint field visit will be done with GoB and UFHP to share the concept of the study with the providers. Research team will be formed and staff meeting of the research team will be organized to carry out the study activities.

First stage: (3 months)

a. Assessment of current practices to address missed opportunities at the ESP clinics

An assessment of current practices to address the missed opportunities will be done, through observation of client provider interaction. In addition all relevant tools to address missed opportunities will be reviewed, observation of service procedures and interview of providers will be done. Before assessment, the assessment tools will be developed and pre-tested. Assessment of current practices will be done to see what the provider actually do to identify the additional health and family needs of the clients while client come for a desired services, how they screen the clients (using a screening tool or verbally), when they screen the clients, whom they screen and whether there are any gaps in practice to address missed opportunities. All the providers of all tiers of the proposed sites of two partners areas who provide the ESP services will be observed while providing those services. Observation of service procedure will be done through a service assessment checklist and in-depth interview of the providers will be done by using a pre-tested guidelines. Existing tools, which are used to address missed opportunities, will be reviewed and observation of service procedure will be done.

b. Assessment of knowledge of providers on missed opportunities:

Assessment of knowledge of providers on missed opportunities will be done through in-depth interview of the providers. A guideline will be developed and pre-tested. Knowledge items will include questions regarding concept of missed opportunity and mechanism adopted to detect and tap it. All the providers (approximately 20) of all tiers of all partners will be interviewed.

c. Assessment of barriers to address missed opportunities at the ESP clinics:

There may be a number of barriers that influence to address missed opportunities. These may include programme related barriers, like inadequacy of guidelines, training and inadequacies of service procedure and physical facilities and insufficient service providers. The client related factors like inadequacy of knowledge on own health needs, knowledge on what services available in the clinic, and constraints of time and money. To identify the barriers, exit interview with clients, interview with providers, service provision observation, review of existing guideline and monitoring tools will be done. To assess barriers both GoB and UFHP sites, all the providers will be observed and interviewed. To identify the client related barriers exit interview would be done with the clients.

d. Assessment of extent of missed opportunities:

Assessment of extent of missed opportunities of selected H&FP services will be done to know the magnitude of missed opportunities exist, which will serve as the baseline for the intervention. Assessment will be done through exit interview of clients, observation of clients-providers interaction and analysis of service statistics. Representative samples will be taken according to the types of the clinic and proportionate to the types of services. Clients will be selected consecutively from all the tiers. The indicators for Reproductive Health Services are TT, ANC, PNC, FP and RTI/STDs and the indicators for Child Health services are EPI, ARI and diarrhoea. Each of these will be calculated separately to see the magnitude of missed opportunities.

Second stage: (9 months)

- A. Implementation of the Intervention
- B. Evaluation of the intervention

A. Implementation of the Intervention (6 months)

a. Testing of a strategy or Improved strategy to address missed opportunities in GOB and UFHP clinics.

The strategy to detect and tapping missed opportunity is not presently in practice in GOB clinics. Use of Family Health Card (FHC) as a screening tool for Missed Opportunities will be tested. Presently FHC is used only to record the desired service(s) given to a client. However, FHC can also be used as a screening tool for detection of missed opportunities and contribute in addressing them.

Use of FHC as screening tool: While recording for a wanted or desired service(s), the provider can easily screen for other sections of the FHC and check with the client and thus would be able to identify any unmet need of those selected H&FP services for that client. For example, if a women is availing FP services, the provider will have to check for the need of TT immunization, RTI treatment, immunization in under 1 year child, DD and ARI treatment in under 5 year child if applicable for her case. Thus a provider might have to check only extra 5-6 sections of the card and ask a question about them.

In UFHP setting an algorithm based screening tools has been introduced to address missed opportunities. ESP card is used only to record the desired service given to a client. After assessment of current practices and barriers to address missed opportunities, the study findings will be incorporated to improve the strategy. Necessary modification of the tool, guidelines, manuals etc. will be done.

Testing of a strategy will also include other activities in addition to introduction of a screening tool to identify additional services needs of a client. The other activities proposed are to ascertain time requirement to offer service(s) desired by the client: time required for screening the additional service(s) need(s) of the clients: time required for providing the additional service(s): assess user-friendliness of the screening tool for the providers: and assess the requirement of additional training and supervision to implement the strategy. To

examine the time requirement and willingness of the providers in implementing the suggested strategies the following measures will be undertaken.

- (a) Identification of the principal activities in service delivery e.g., registration, counseling, patient examination, prescription, screening for additional services, providing additional services or referral, drug dispensing.
- (b) Time allocation for each of the above activities.
- (c) Providers' opinion on the use of the tool and screening processes.
- (d) Clients' views on the suggested strategies (Perceived benefits, satisfaction, waiting time)

The above issues will be assessed through observation of the service delivery arrangements and observation of client-provider interactions. Time study will be implemented to understand the time implications. User-friendliness of the tools will be assessed through in-depth interviews with the providers. Similarly client's view will be assessed through exit interviews with them.

For the time study, observation of client-provider interactions will be done in a sub-sample, 10% of the service provision at the study clinics. A standard time motion observation tool will be used for the purpose. Observers, who will assess the service provision arrangements, will be oriented by the study investigators to collect time data as well. Since similar time studies were previously done in the ORP studies, the designated observers have fair understandings of time study and would not require any vigorous additional training. Observations will be done both in the intervention and control areas to compare time required for normal service delivery and additional time required for the suggested strategies.

The requirement for additional training and supervision to implement the strategy will be assessed during the intervention period by routine monitoring the status and progress of intervention activities and by interviewing the managers and supervisors. The study will train up the Upa-zila managers and supervisors in the GOB settings and supervisors of NGOs at the study sites so that they in turn can provide training to the providers and supervise the strategy activities. Necessary recommendation will thus be made accordingly at the end of the intervention.

b. Development/modifications of addressing missed opportunity guidelines to implement the modified strategies in GoB and UFHP clinics:

At present, in GoB setting, there is no missed opportunities guideline on how to use FHC as a screening tool to detect and address missed opportunities. Presently Family Health Card is use only to record the given service(s). Thus, to use FHC to detect and address missed opportunities, missed opportunities guideline will be developed. This guideline will provide clear instruction on the use of family Health card as a screening tool for the selected eight ESP service.

In UFHP settings, there is a guideline on how to use an algorithm-based checklist to detect and address missed opportunities. Improvement of the guidelines will be made according to the findings of the assessment of done in the initial stage of the study.

c. Development and modification of training manual in GOB and UFHP clinics

In GoB settings, there is a training manual on how to use FHC to record the clients and her/his family information. But there is no such training manual on how to use FHC to detect and address missed opportunities. Thus, a training manual will be developed for the providers with clear instruction on the use of FHC as a screening tool.

In UFHP settings, for algorithm-based checklist there is a guideline but no training manual. So, training manual on how to use algorithm-based checklist for identification and tapping missed opportunities will be developed/modified addressing inadequacy including gaps and duplication to facilitate the implementation of improve strategy.

d. Orientation of the supervisors on the intervention to address and tap missed opportunities at the ESP clinics

To create a supportive environment for providers, orientation sessions will be arranged for the supervisors and managers. They will be oriented on the intervention, how the intervention activities will be carried out, who will do what and their supportive role in the intervention. In GoB settings orientation sessions will be arranged for Line director UMIS, Civil Surgeon, Upazila Health and Family Planning Officer (UH&FPO), Medical Officer Maternal and Child Health (MO-MCH) and Upazila Family Planning Officer. In UFHP settings, orientation sessions will be arranged for Chief of Party, UFHP, Liaisons NGO Officer, UFHP and Project Director, local NGO.

e. Training of service providers of GOB and UFHP clinics

Two days training sessions will be organized for the providers of all tiers involved in the intervention. Training manual and guidelines for identification and tapping missed opportunities will be used during the training. The training will be provided on: what is the intervention, who will be involved with the intervention, what will be their role in the intervention, how to use the FHC/ESP card, and algorithm based checklist to identify additional health and family planning needs and tapping missed opportunities.

In GoB settings training sessions will be arranged for Medical Officer (FW), Sub-Assistant community/ Medical Officer and FWV from UH&FWC, FWV and Health Assistant from satellite and HA and FWA from community clinic. While the orientation for UFHP providers will be arrange for Medical Officer, FWV/paramedics and counselor from static clinics and paramedics from satellite clinic.

f. Monitoring the intervention activities in GoB and UFHP clinics

Once the supervisors are oriented and providers are given training on the intervention activities and their role in the intervention, manuals and guidelines are ready for use, the monitoring of the intervention will start along with the testing of the proposed and improved strategies in both the settings. Monitoring of the intervention will be done in the GOB and UFHP intervention areas. However, referral data, and service statistics will be collected from all areas. Monitoring of the intervention will be done through the following activities.

- a. Monthly meetings of the research team to review the intervention activities.
- b. Development of registration system for the referred cases and quarterly follow-up of 10% of them at their home to assess the compliance status with the referrals.
- c. Incorporating any changes from the lessons learned in ongoing basis.
- d. Review of service records to see the utilization of the services.
- e. Meetings with partners and sharing findings in ongoing basis.

B. Evaluation of the intervention (3 months)

An evaluation of the intervention will be carried out at the end of this stage. It is expected that through this intervention appropriate strategy will be developed, and will result in effective and improved utilization of ESP services at the clinics and will thereby help in reducing additional health and family planning needs of the clients attending those clinics. Evaluation activities will be done both in intervention and comparison area of GOB and UFHP. The following activities will be done to evaluate the intervention.

- I) Exit interview of clients to assess the extent of missed opportunities.
- II) Observation of client-provider interaction to assess the change in practice.
- III) In-depth interview of the providers to assess the change in knowledge.
- IV) Observation of service procedure in detecting and addressing missed opportunities.
- V) Service statistics will be collected and analyzed to see the utilization of selected ESP indicators.

Data processing, analysis and report writing will be done within these three months time. Finally the study findings will be shared with the partners and final reports will be prepared.

Data Collection

There will be an assessment to understand: the extent of unmet needs among the clients, practice of providers in identifying unmet needs and tapping missed opportunities and barriers to detect unmet needs and addressing missed opportunities. At the end of the intervention similar assessment will be carried out to assess to what extent clients are screened for missed opportunities, proportion of unmet needs detected and addressed and the impact of the intervention on overall service utilization at the clinics.

Data will be collected through:

- Observation of client-providers interactions with observation checklist.
- Exit interview of clients will be done with structured questionnaire.
- In-depth interview of providers will be done with guidelines.
- Review of records and reports with formatted checklists and forms.
- Follow-up visits at the clients' house with standard questionnaire.
- Review of the service delivery arrangements through a service delivery checklist.

Facilities Available

Describe the availability of physical facilities at the place where the study will be carried out. For clinical and laboratory-based studies, indicate the provision of hospital and other types of patient's care facilities and adequate laboratory support. Point out the laboratory facilities and major equipment that will be required for the study. For field studies, describe the field area including its size, population, and means of communications. (TYPE WITHIN THE PROVIDED SPACE).

The study will be carried out in collaboration with Ministry of Health and Family Welfare (MOHFW) and Urban Family Health Partnership (UFHP) of National Integrated Population and Health Programme (NIPHP).

Family Health Research Project (Former ORP) of ICDDR,B: Centre for Health and Population Research, has a long-standing reputation of carrying out operations research in health and population with GoB and NGO. Family Health Research Project has sufficient skilled manpower in conducting operations research. It has also sufficient facilities, required skills and experience in conducting analyses, writing-up the study report and dissemination the result with service delivery partners and policy makers.

Urban Family Health Partnership (UFHP) NGO clinics have introduced ESP card, an algorithm based checklist and an encounter form for clients. These tools are kept at the clinic and are used when the clients return for services. These tools supposed to be used by the providers of UFHP clinics for detecting and tapping missed opportunities of their clients. This study will identify barriers to the detection and addressing missed opportunities, and an appropriate intervention will be tested at the intervention clinics. This study will identify barriers to the detection and addressing missed opportunities, and suggest modifications of the screening tools based on the findings.

Family Health Card has been distributed to the rural families to retain and produce to service providers for receiving the required services from government facilities. FHC is to be tested for detecting and tapping missed opportunities at rural static ESP delivery facilities, namely Union Health and Family Welfare Centre (UH&FWC), Community Clinics (CC), and satellite clinics.

Data Analysis

Describe plans for data analysis. Indicate whether data will be analysed by the investigators themselves or by other professionals. Specify what statistical software packages will be used and if the study is blinded, when the code will be opened. For clinical trials, indicate if interim data analysis will be required to monitor further progress of the study. (TYPE WITHIN THE PROVIDED SPACE).

Method of Analysis

All collected data would be entered electronically in data base programme. To determine the effects of intervention on selected ESP services utilization, detection and addressing missed opportunities, time series analysis, percentage distribution of variables and comparing them between the intervention and control areas will be done. The key indicators in the line of study will be:

Key indicators

- ✓ Provider's knowledge and practice in detecting and addressing missed opportunities;
- ✓ Barriers to identify unmet family health needs of the clients and tapping missed opportunities at the ESP clinics;
- ✓ Proportion of clients screened for unmet needs for selected ESP services;
 - Child health: immunization, diarrhoea, ARI and Vit A
 - Reproductive health: ANC, PNC, TT, FP and RTI (RTI/STDs at urban areas only)
- ✓ Proportion of clients detected with unmet need for selected ESP services;
- ✓ Proportion of clients having unmet needs tapped for missed opportunities;
- ✓ Service utilization rates by types of selected ESP services;

Ethical Assurance for Protection of Human Rights

Describe in the space provided the justifications for conducting this research in human subjects. If the study needs observations on sick individuals, provide sufficient reasons for using them. Indicate how subject's rights are protected and if there is any benefit or risk to each subject of the study.

The only ethical principle that should be applicable to this protocol is relating to data collection. Formal consent will be obtained from the clients during exit point of interview. The consent form will include full information on the purpose of study. Individual confidentiality of clients will be ensured all through the analysis and intervention period.

Use of Animals

Describe in the space provided the type and species of animal that will be used in the study. Justify with reasons the use of particular animal species in the experiment and the compliance of the animal ethical guidelines for conducting the proposed procedures.

No animal will be used in this study.

Literature Cited

Identify all cited references to published literature in the text by number in parentheses. List all cited references sequentially as they appear in the text. For unpublished references, provide complete information in the text and do not include them in the list of Literature Cited. There is no page limit for this section, however exercise judgement in assessing the "standard" length.

1. Recardo V, Foreit J, Improved client screening can help achieve ICPD integration goals, July. 1997.
2. Saroj Pachauri, Unmet Reproductive and Sexual Health Needs in South Asia, Journal of Health and Population in Developing Countries; 1 (2: 29-39), 1998
3. Mitra SN et.al. Bangladesh Demographic and Health Survey 1999-2000. Dhaka, National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International Inc. 2000?
4. Barkat A, Hawlader Sa, Khuda B, Ross Ja, Bose ML; Family Planning Unmet Need in Bangladesh, Shaping of a Client-oriented Strategy; 1997, P-143
5. Bangladesh Ministry of Health and Family Welfare. Health and Population Sector Programme (HPSP), 1998-2003: programme implementation plan. Dhaka: Ministry of Health and Family Welfare, Government of Bangladesh, 1998.
6. Fisher AA, Laing JE, Stoeckel JE, Townsend JW, Hand Book of Family Planning Operations Research Design, 2nd Printing, 1998, Population Council, P: 43-46

Dissemination and Use of Findings

Describe explicitly the plans for disseminating the accomplished results. Describe what type of publication is anticipated: working papers, internal (institutional) publication, international publications, international conferences and agencies, workshops etc. Mention if the project is linked to the Government of Bangladesh through a training programme.

Research findings will be shared with relevant government and non-government agencies to influence appropriate policy decisions to address additional family health needs of clients at the ESP clinics that would improve ESP service utilization and coverage. Tools/Guidelines for the providers on detecting and tapping missed opportunities and an evaluation report will be prepared.

Collaborative Arrangements

Describe briefly if this study involves any scientific, administrative, fiscal, or programmatic arrangements with other national or international organizations or individuals. Indicate the nature and extent of collaboration and include a letter of agreement between the applicant or his/her organization and the collaborating organization. (DO NOT EXCEED ONE PAGE)

This will be a collaborative study of Ministry of Health and Family Welfare (MOHFW) and the Urban Family Health Partnership (UFHP). FHRP will conduct operations research and provide technical assistance to transfer and adapt the lessons learned. MOHFW and UFHP will assist in implementing and testing the interventions in their facilities.

Biography of the Principal Investigator

Give biographical data in the following table for key personnel including the Principal Investigator. Use a photocopy of this page for each investigator.

FORMAT FOR BRIEF CURRICULUM VITAE OF PRINCIPAL, CO-PRINCIPAL AND CO-INVESTIGATORS

1. **Name** : M. Yousuf Hasan
2. **Present position** : Senior Operations Researcher, Family Health Research Project.
3. **Educational background**: M. A. (Canada)
(last degree and diploma & training relevant to the present research proposal)
 - Short-term training:**
 - i). 8-week executive management course in "**Managing Health Program in Developing Countries**" at the Harvard School of Public Health, Boston, U.S.A.
 - ii). 5-week course on **Operations Research**, East-West Center, University of Hawaii, U.S.A.
 - iii). 1-week course on **Focus Group Methodology**, The Population Council.
4. **List of ongoing research protocols**
(start and end dates; and percentage of time)

4.1. As Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.2. As Co-Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.3. As Co-Investigator

Protocol Number	Starting date	Ending date	Percentage of time

5. Publications

Types of publications	Numbers
a). Original scientific papers in peer-review journals	2
b). Peer reviewed articles and book chapters	7
c). Papers in conference proceedings	10
d). Letters, editorials, annotations, and abstracts in peer-reviewed journals	-
e). Working papers	12
f). Monographs	2

6. Five recent publications including publications relevant to the present research protocol

- a. **Hasan Y** and Rushikesh M. Maru. "Performance Improvement through Local Planning: Action Research". Journal of Health Management, 1,1, (1999, Saze Publishers India. Thousand Oak. London: 11-33
- b. **Hasan Y**, Alamgir SU, Reza M, Ashraf A, Barkat-e-Khuda. "Developing a cost-effective tiered system for delivering essential services package: a review" Operations Research Project, Health and Population Extension Division, ICDDR,B, 1999 (Special Publication).
- c. Alamgir SU, Manaf S, **Hasan Y**, Islam S, Tunon C, Kane TT, Islam M and Nazrul H. "Operationalising a Cost-effective Tiered System for Delivering the Essential Services Package:- The Needs Assessment Study for the Sher-e-Bangla Nagar Government Outdoor Dispensary in Urban Dhaka" (Working Paper No. 157), Operations Research Project, Health and Population Extension Division, ICDDR,B: Centre for Health and Population Studies, 1999.
- d. Ahmed S, **Hasan Y**, Phillips JF, "Developing Fixed Service Sites" in Chapter 3 of Khuda, Kane and Phillips ed. Improving the Bangladesh Health and Family Planning Programme: Lessons Learned through Operations Research, ICDDR,B: Centre for Health and Population Research, ICDDR,B Monograph No. 5: 1997, pp. 29-52.
- e. **Hasan Y**, Ashraf A, Islam M, Rahman M, Reahman M, Kane TT, and Barkat-e-Khuda, "Improving Management Support Service" in Chapter 4 of Khuda, Kane and Phillips ed. Improving the Bangladesh Health and Family Planning Programme: Lessons Learned through Operations Research, ICDDR,B. Monograph No. 5: 1997, pp. 53-92.

Biography of the Co-Principal Investigator

Give biographical data in the following table for key personnel including the Principal Investigator. Use a photocopy of this page for each investigator.

1. **Name** : Dr. Shaikh A. Shahed Hossain
2. **Present position** : Senior Operations Researcher,
Family Health Research Project.
3. **Educational background** : M.Sc in Health Development (Research)
(last degree and diploma & training relevant to the present research proposal) MBA (Certificate course on Health Management)
4. **List of ongoing research protocols:**
(start and end dates; and percentage of time)

4.1. As Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.2. As Co-Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.3. As Co-Investigator

Protocol Number	Starting date	Ending date	Percentage of time

5. Publications

Types of publications	Numbers
a). Original scientific papers in peer-review journals	1
b). Peer reviewed articles and book chapters	0
c). Papers in conference proceedings	1
d). Letters, editorials, annotations, and abstracts in peer-reviewed journals	10
e). Working papers	5*
f). Monographs	0

*Published and under review

6. Five recent publications including publications relevant to the present research protocol

- a. Nurul Alam, Rasheda Khanam, **SA Shahed Hossain**. Healthcare-Seeking Behaviour and BCC Needs for Urban Population: A Qualitative Study. Working Paper No. 142, ICDDR,B, 2000
- b. **SA Shahed Hossain**, Sukumar Sarker, Rasheda Khanam, Ziaul Islam, Nirod C Saha, M Asrafuddin, Nurul Islam, Subrata Routh. Operations Research on ESP Delivery in Urban Areas: Operationalizing a Model ESP Clinic; Findings and Implications, ORP, ICDDR,B (working paper draft)
- c. Rasheda Khanam, **SA Shahed Hossain**, Sukumar Sarker, SAJ Musa, Subrata Routh. Meeting the Additional Health and Family Planning Needs of Clients by Addressing Missed Opportunities: An Urban Experience, ORP, ICDDR,B (working paper draft)
- d. Sukumar Sarker Ziaul Islam, **SA Shahed Hossain**, Rumana A Saifi, Nirod C Saha, Monowar Jahan, Hosne Ara Begum, Subrata Routh Operations Research on ESP Delivery and Community Clinics in Bangladesh: Operationalization of Community Clinics; Initial Trends and Effects, ORP, ICDDR,B (working paper draft)
- e. Sukumar Sarker, Ziaul Islam, **SA Shahed Hossain**, Nirod C Saha, Subrata Routh. Operations Research on ESP Delivery and Community Clinics in Bangladesh: Baseline Assessment of Indicators for Monitoring ESP Delivery in Rural Areas; Findings from a Cross sectional Study, ORP, ICDDR,B (working paper draft)

Biography of the Co-Principal Investigator

(as of June 20, 2001)

1. **Name** : Jahanara Khatun
2. **Present position** : Operations Researcher
Family Health Research Project.
3. **Educational background** : Master of Public Health (MPH) in Health
(last degree and diploma & training Development, Royal Tropical Institute, The
relevant to the present research proposal) Netherlands
4. **List of ongoing research protocols:**
(start and end dates; and percentage of time)

4.1 As Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.2 As Co-Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.3 As Co-Investigator

Protocol Number	Starting date	Ending date	Percentage of time

5. Publications

Types of publications	Numbers
a. Original scientific papers in peer-review journals	3
b. Peer reviewed articles and book chapters	
c. Papers in conference proceedings	3
d. Letters, editorials, annotations, and abstracts in peer-reviewed journals	
e. Working papers and special publications	6
f. Monographs	

6. Five recent publications including publications relevant to the present research protocol

- a. **Khatun J**, Tunon C, Uddin MA, Sirajuddin AKM, Islam M and Uddin MJ, “ Improving Planning and Coordination of Services among Providers of Essential Services Packages in Urban Dhaka: Findings from an Operations Research” 2000 (ICDDR,B Working Paper No. 134) Operations Research Project, ICDDR, B: Centre for Health and Population Research, ISBN 984-551-212-7
- b. **Khatun J**, Gazi R, Uddin MA, “Consensus Building Workshop on Planning and Coordination of Health Services In Dhaka City” 1999 (ICDDR, B Special Publication No. 96) ISBN: 984-551-184-8
- c. Uddin MJ, Uddin AKM Siraj, Mazumder MA, Chowdhury AI, Tunon C, Uddin MA, **Khatun J** “ ESP Services in Dhaka City: An Inventory Of GoB and NGO Health Facilities” 1999 (ICDDR,B Special Publication No. 98) ISBN 984-551-190-2
- d. Uddin MJ, **Khatun J**, Rahman MM, Tunon C, Uddin AKM Siraj,” Interventions to Promote Local–Level Planning and Coordination of Essential Health and Family Planning services: A review” 1999 (ICDDR, B Special Publication No. 92) ISBN: 984-551-179-1
- e. **Khatun J**, Roy N C, Azim T, Assessment of Met and Unmet Reproductive and Child Health Needs of Clients of Urban Family Health Partnership Supported NGO Clinics, Draft Working Paper, Dhaka International Centre for Diarrhoeal Disease Research, Bangladesh, 2001.

Biography of the Co-Investigator

(as of June 20, 2001)

1. **Name** : Md. Jasim Uddin
2. **Present position** : Operations Researcher
Family Health Research Project.
3. **Educational background** : Master's in Marketing
(last degree and diploma & training relevant to the present research proposal)
4. **List of ongoing research protocols:**
(start and end dates; and percentage of time)

4.1. As Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.2. As Co-Principal Investigator

Protocol Number	Starting date	End date	Percentage of time

4.3. As Co-Investigator

Protocol Number	Starting date	Ending date	Percentage of time

5. Publications

Types of publications	Numbers
a. Original scientific papers in peer-reviewed journals	1
b. Peer reviewed articles and book chapters	
c. Papers in conference proceedings	
d. Letters, editorials, annotations, and abstracts in peer-reviewed journals	
e. Working papers and special publications	9
f. Monographs	

6. Five recent publications including publications relevant to the present research protocol

- a. **Uddin MJ**, Ashraf A, Alam M and Tunon C, "Incorporating Community's Voice to Facilitate Transparency and Accountability in the Health and Population Sector Programmes of Rural Bangladesh. The paper is under the process of publication as ICDDR,B working paper
- b. **Uddin MJ**, Tunon C, Uddin S and Ashraf A, " Impact of Management Training on Family Planning and Health Services Performance in Rural Bangladesh. The paper is published in the peer reviewed International Journal of Human Resources for Health, Thailand.
- c. **Uddin MJ**, Tunon C, Uddin S, "Capacity-building of Health Managers for Local-level Planning: Lessons from Rural Bangladesh"
- d. **Uddin MJ** and Ashraf A " Evaluation of health information system of Health and Population Sector Programs (HPSP) of Bangladesh". The paper is under the process of publication as ICDDR,B working paper
- e. **Uddin MJ**, Hasan Y and Ashraf A "Extent of Data Transfer Error and Trend in Performance Statistics under Management Information System". The paper is under the process of publication as ICDDR,B working paper

Biography of the Co-Investigator

(as of June 20, 2001)

1. **Name** : A.H. Nowsher Uddin
2. **Present position** : Operations Researcher, Family Health Research Project
3. **Educational background** : MSS (in Sociology)
(last degree and diploma & training relevant to the present research proposal)

4. **List of ongoing research protocols**

(start and end dates; and percentage of time)

4.1. **As Principal Investigator**

Protocol Number	Starting date	End date	Percentage of time

4.2. **As Co-Principal Investigator**

Protocol Number	Starting date	End date	Percentage of time

4.3. **As Co-Investigator**

Protocol Number	Starting date	Ending date	Percentage of time

5. **Publications**

Types of publications	Numbers
a. Original scientific papers in pee-review journals	
b. Peer reviewed articles and book chapters	
c. Papers in conference proceedings	1
d. Letters, editorials, annotations, and abstracts in peer-reviewed journals	
a. Working papers	1
e. Monographs	

6. Five recent publications including publications relevant to the present research protocol

- a. **Uddin AHN**, Ahmed M, "Family Planning Sites Move into Their Own Office", published in the Swayamvar bulletin of Pathfinder Dhaka, July 1995 issue
- b. **Uddin AHN**, Chowdhuy Farhad, "Approach to Change Nutrition behavior", published in the Swayamvar bulletin of Pathfinder Dhaka, January-June 1996
- c. Edited Bangla manual titled "MIS, Monitoring, Supervision and Referral Manual" MOHFW, August 1998.
- d. Gazi R, **Uddin AHN**, Nazrul H, "Perceptions of the Effects of Thana Functional Improvement Pilot Project: Service Provider, Clients and Community Perspectives", ORP, ICDDR,B July 2001)

Detailed Budget for New Proposal

Project Title: Meeting Additional Family Health Needs of Clients by Addressing Missed Opportunities at the ESP Clinics.

Name of PI: M. Yousuf Hasan


Protocol Number: _____ **Name of Division:** Health Systems Research Division

Funding Source: USAID **Amount (direct):** US\$ 67,912 **Total US\$:** 85,570 **Overhead (26%):** 17,657

Starting Date: As soon as fund available **Closing Date:** End of 1 year of starting

Strategic Plan Priority Code(s): _____

Personnel			Year 1			
Name	Position	Annual Salary	% of Salary	Person	Months	Total
Yousuf Hasan	PI	13980	60	1	12	8388
Shaikh A. Shahed Hossain	Co-PI	9456	60	1	12	5674
Jahanara Khatun	Co-PI	9684	60	1	12	5810
A.H. Nowsher Uddin	Investigator	7812	40	1	12	3125
Md. Jasim Uddin	Investigator	8592	50	1	12	4296
Humayun Kabir, SFRO	Field support	7092	70	1	12	4964
Nirod C. Saha	Data Management	5412	20	1	12	1082
Mahbub-ul-Alam, SFRA	Field / Data Mgt. support	4104	70	1	12	2873
FRA	Field support	3000	100	8	6	12000
Sub-total						48212
Travel & Transportation						
Local travel between Centre and Field sites						6000
Local travel within Field Sites						2500
Sub-total						8500
Supplies						
Office supplies						800
Miscellaneous supplies						300
Sub-total						1100
Equipment						
One Computer+UPS/accessories						1800
One Laser printer						700
Sub-total						2500
Other Expenses						
Printing, photocopies						1500
Planning meeting costs						500
Training costs						600
Data processing cost						3000
Dissemination costs						1000
Communication (email, fax, etc.)						1000
Sub-total						7600
Total Direct Costs						67912
Overhead Cost (26% of total direct cost)						17657
Grand Total						85570


Md. Bozlur Rahman
 Manager, Budget & Costing
 ICDDR,B: Centre for
 Health & Population Research
 Mohakhali, Dhaka-1212
 Bangladesh

Budget Justifications

Please provide one page statement justifying the budgeted amount for each major item. Justify use of manpower, major equipment, and laboratory services.

Personnel:

This includes salary and any benefits of the investigators and other staff working on the protocol. Calculations are based on anticipated workloads and present salary scale of ICDDR,B for all categories of staff.

Supplies and equipment:

Essential supplies and equipment, with the appropriate estimate of each item, have been listed. Purchases will be made through the Procurement Department of ICDDR, B after obtaining financial clearance from the finance Department.

Other expenses:

Costs for communications, training, printing, data processing and others have been estimated and budgeted accordingly.

Other Support

Describe sources, amount, duration, and grant number of all other research funding currently granted to PI or under consideration. (DO NOT EXCEED ONE PAGE FOR EACH INVESTIGATOR)

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B):
Centre for Health and Population Research

Voluntary Consent Form (English version)

Title of the Project: Meeting Additional Family Health Needs of Clients by
Addressing Missed Opportunity at the ESP Clinics

PI: M. Yousuf Hasan

Participant's name:

Registration No.

Welcome!

We work in Cholera Hospital (ICDDR,B), Mohakhali, Dhaka. The government of Bangladesh has initiated changes in the health service delivery program to ensure easy availability of services to her population. Presently, the government and non-government organizations are offering ESP services through static and outreach clinics. We are conducting a study to determine additional service needs of the clients who visit to these clinics for wanted service(s). The study needs full information about these additional service needs and their types of the visiting clients. It is thereby, needed to discuss the matter with you. The discussion will take approximately 20-25 minutes. We will discuss with you some questions regarding your visit to this centre today and whether you have any additional service needs or not. Information provided by you will be of great use in designing guideline for determining additional needs. Information provided by you will not be used for purposes other than the study. You have complete freedom to agree or disagree with our proposal. If you agree please sign or give your thumb impression at the appropriate space of this page. Thanking you.

.....

Participant's signature/
Thumb impression

Date://

.....
To be filled by the interviewer:

I do hereby confess that I have read the above stated consent form to the respondent and clarified the issues for his/ her better understanding.

Name of Interviewer:

Signature of Interviewer:

Date://

**International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B):
Centre for Health and Population Research
Voluntary Consent Form (Bangla version)**

Title of the project: Meeting Additional Family Health Needs of Clients by
Addressing Missed opportunity at the ESP Clinics

PI: M. Yousuf Hasan

অংশগ্রহণকারীর নামঃ

রেজিস্ট্রেশন নম্বরঃ

অভিবাদন!

আমরা মহাখালী কলেজ হাসপাতালে (ICDDR,B) কাজ করি। আপনি সম্ভবত জানেন যে, স্বাস্থ্য সেবা ব্যবস্থাকে জনগনের কাছে সহজলভ্য করার জন্য সরকার স্বাস্থ্য সেবা ব্যবস্থায় ব্যাপক পরিবর্তনের সূচনা করেছে। বর্তমান ব্যবস্থায় সরকারী এবং বেসরকারী সংস্থা সমূহ স্থায়ী কেন্দ্র থেকে অত্যাবশ্যকীয় স্বাস্থ্য সেবা (ESP) দিয়ে আসছে। এই কেন্দ্রগুলোতে স্বাস্থ্য সেবা নিতে যারা আসছেন তাদের মধ্যে কাঙ্খিত স্বাস্থ্য সেবা ছাড়াও বাড়তি সেবার চাহিদা আছে কিনা তা নিরূপন করার জন্য আমরা একটি গবেষণা চালাচ্ছি। উক্ত গবেষণা কার্যক্রমে সেবা গ্রহণকারীর বাড়তি স্বাস্থ্য সেবার প্রয়োজন রয়েছে কিনা এবং থাকলে সে সব কি কি, সে সম্পর্কে পূর্ণাঙ্গ তথ্য জানা প্রয়োজন। এ প্রসঙ্গে আপনার সাথে আলাপ করতে আনুমানিক ২০-২৫ মিনিট সময় লাগবে। আপনি আজকে যে স্বাস্থ্য সেবা নিতে এসেছেন এর বাইরেও অন্য কোন স্বাস্থ্য সেবা আপনার প্রয়োজন আছে কিনা সে ব্যাপারে আমি কিছু প্রশ্ন করবো। আপনার প্রদত্ত তথ্য একজন সেবা গ্রহণকারীর বাড়তি স্বাস্থ্য চাহিদা নিরূপন এবং পূরণ করতে যথোপযুক্ত নীতিমালা প্রণয়নে সহায়তা করবে। যে সকল তথ্য আপনি প্রদান করবেন তা অন্য কাউকে জানানো হবেনা এবং শুধুমাত্র গবেষণা কাজে ব্যবহৃত হবে। উপরোক্ত তথ্যাদি প্রদানের বিষয়ে আমাদের প্রস্তাবে রাজী হওয়া বা না হওয়ার সার্বিক স্বাধীনতা আপনার আছে। যদি আপনি রাজী থাকেন, তাহলে অনুগ্রহ করে নিম্নে আপনার স্বাক্ষর করুন বা টিপসই দিন। ধন্যবাদ।

.....
অংশগ্রহণকারীর স্বাক্ষর বা টিপসই

তারিখঃ/...../.....

.....
সাক্ষাৎকার গ্রহণকারী কর্তৃক পূরণার্থেঃ

আমি এই মর্মে প্রত্যয়ন করছি যে, উপরের সম্মতি পত্রটি আমি সাক্ষাৎকার প্রদানকারীর কাছে পড়ে শুনিয়েছি এবং সাক্ষাৎকার প্রদানকারীকে সম্যকভাবে বুঝানোর জন্য যথাযথভাবে বিষয়গুলো ব্যাখ্যা করেছি।

সাক্ষাৎকার গ্রহণকারীর নামঃ

সাক্ষাৎকার গ্রহণকারীর স্বাক্ষর

তারিখঃ/...../.....

Check List

After completing the protocol please check that the following selected items have been included.

1. Face Sheet Included
2. Approval of the Division Director on Face Sheet
3. Certification and Signature of PI on Face Sheet, #9 and #10
4. Table on Contents
5. Project Summary
6. Literature Cited
7. Biography of Investigators
8. Ethical Assurance
9. Consent Forms
10. Detailed Budget

Response to external reviewers' comments on Proposal of Missed Opportunity Intervention

The external reviewers have given some useful suggestions and comments. The comments have been duly addressed and the some of the suggestions have been incorporated in the protocol.

Dr. Ishtiaque Mannan, Programme Offices

Partners in Population and Development: A South-South Initiative:

General:

- As regards to suggestion made to mention "The static and satellite clinics" as "ESP delivery points", we like to refer them as "ESP clinics" as was originally proposed. ESP services are delivered from different tiers of health service delivery systems in the country. But the lowest tier of static sites are called "Satellite Clinic and Community Clinic" under GoB and "Satellite Clinic" under NGO system. Hence, the term clinic is well known, and widely used in the community.

Hypothesis:

- The hypothesis has been rephrased incorporating some of the suggestions made by the reviewer.

Specific Aims:

- We agree with the reference that the extent of unmet need among the visiting clients is documented in some of the studies. However, most of these studies were done under different setting in urban areas. The unmet needs of rural population need to be explored. At the same time it is necessary to identify barriers to detect and addressing those unmet needs at ESP clinics in these areas. Therefore, the specific aim mentioned in bullet # (1) one is partially modified.
- In bullet # (2) two as referred to "test of strategies to identify unmet needs" meant test of different screening tools introduced or practiced by different service providers. However, the statement is rephrased for better clarity.
- In connection to refinement of the screening tools, it is anticipated that for effective detection and tapping unmet need some modification of the screening tools might be needed for the research purpose. However, the feasibility of any suggested changes will always be considered.

Background:

- We agree that the magnitude of actual unmet need in the community would be much higher, than the among the clinic attendance. Discussion to this concern is incorporated in the background.

Research Design and Methods:

- Discussion regarding the intervention itself has been incorporated in the background as well as in details in the activity section of the protocol.
- Reference to selection of partners and site, appropriate responses were incorporated.

Sampling:

- Suggestions were considered and some responses, regarding sample selection procedure have been made.

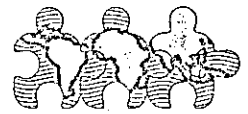
Method of Analysis:

- Suggestion to elaborate analysis plan has been considered and necessary modifications have been made.

Dr. SAJ Musa,

Deputy Civil Surgeon, Dhaka

- **Point 1 and 2:** We agree that the supply side to address missed opportunities could be different in different tiers and setting (urban vs. rural) of the different service delivery systems. However, to identify and address this need as suggested might be done by conducting further studies in this field.
- **Point 3:** With regard to documentation this study also intends to introduce minimum change or modification of records and reports as presently practiced.
- **Point 4:** IMCI as a strategy is presently under pilot testing in certain upazila level. We therefore, kept our focus limited to important components of ESP services presently offered.
- **Point 5:** The activities of the study are planned to be executed within 12 months period. It is expected that the processes adopted the lessons learned and the results obtained would be useful and would enable programme managers to detect more unmet needs of their clients and tapping many miss-opportunities at the clinic level.



Partners in Population
and Development:
a South-South Initiative

Partenariat
en Population
et Développement:
l'initiative sud-sud

Asociados Población
y Desarrollo:
una iniciativa Sur-Sur

Chair – Egypt
Minister Ismail Sallam

Vice Chair – Colombia
Dr. Mauricio Bustamante

Treasurer – Thailand
Dr. Vallop Thaineua

Secretary – Kenya
Ambassador Simon A. Bullut

Member Countries:

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Gambia
India
Indonesia
Kenya
Mali
Mexico
Morocco
Pakistan
Thailand
Tunisia
Uganda
Zimbabwe

September 22, 2001

Professor David A. Sack
Chief of Party, ORP, and Director, ICDDR,B
Mohakhali, Dhaka 1212

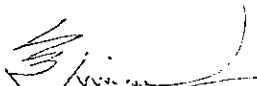
Subject: Review of research protocol

Dear Prof. Sack:

Thank you very much for sending me the draft research protocol titled
“ Meeting Additional Family Health Needs of the Client and
Addressing Missed Opportunities at the ESP Clinics”, for review.

I have gone through the well-written protocol; please find attached my
comments.

Regards.


Dr. Ishtiaq Mannan
Program Officer

Attachment:
1/1: Comments

Permanent Secretariat:

GPO Box No. 2925
IPH Building (2nd floor)
Mohakhali, Dhaka-1212
Bangladesh

Tel: 880-2 988 1882
880-2 882 9475
Fax: 880-2 882 9387

E-mail: partners@ppdsec.org
Website: <http://www.south-south.org>

Comments on the
Draft research protocol on
Meeting Additional Family Health Needs of the Client and Addressing Missed
Opportunities at the ESP Clinics

General:

- It appeared to me that, the protocol - while being written, was mechanically limited to *the* particular format (it is presented in). As an external reader, much clarity would be required in order to have a complete comprehension.
- If referred to both static and satellite clinics, it is better to mention "ESP Service Delivery Points" instead of "ESP clinics".

Hypothesis:

- Page 1: Please rephrase as, "Installation of effective strategies to identify and tap missed opportunities at ESP service delivery points will result in meeting the unmet needs of the clients". In addition, a conceptual framework (at least a diagram) would be complementary towards better understanding.

Specific Aims:

- Page 1: Bullet 1: I am not sure, whether it is justified or is intended to assess the *extent* of the unmet needs. Already we have precise understanding of the extent and described nicely in the background section. Probably, we are trying to understand (i) the clients' perspectives about the unmet needs; and (ii) the current supply side approaches to address those.
- Page 1: Bullet 2: It is not understood from the later descriptions, that several strategies would be tested or compared. I think it misrepresents the study approach. No where it has been said that there are several strategies to address missed opportunities and they are somehow distinct from each other in approach, resource implications or effectivity. As of now, it appears that strategies are already given. This is the most unclear part in the conceptual scheme of the study. Several types of cards, algorithms are already being used and they were developed over time to ensure, among others, better identification of unmet needs from a family health perspective. Please make it clear, exactly what different strategy we are trying to formulate and test under the current study approach ? However, before testing, strategies need to be developed or adapted and if so, this (development/ adaptation of strategies) should be stated as one of the specific objectives of the study. Please consider whether this specific aim (of testing strategies) is consistent with the hypothesis and activities proposed and vice versa.

- In page 6, under phase I activities, it is proposed that, there will be refinement of screening tools and development of guidelines for addressing missed opportunities; my question is, WHY and HOW do we speculate a need for refinement, when these have been developed under the same on going NIPHP initiatives ? Appropriate justifications or the basis for refinement have to be mentioned.

Background:

- Page 3: para 2: Somewhere after where you mention different estimates of unmet need, please mention that, the magnitude of actual unmet need would be much larger in the population, as these estimates were drawn from clinic data only.

Research design and methods:

- This appeared to me as a major limitation of the protocol that, the intervention itself is not described anywhere. I had to articulate my own understanding of the intervention, which is very likely to be different from what it is in reality, from descriptions in different sections. If anything is said about the intervention, that is in the last five lines under para 2 of page 4, which needs to be much elaborated and structured.
- Please provide some rationale behind selection of sites.
- Also please provide rationale behind selection of the categories (GOB, UFHP, RSDP). What kind of difference you expect between these categories, and why ?

Sampling:

- line 4: Please rephrase, "The size of a sample where the total sampled population....."
- Please mention, how would you select the respondents.
- This is not my area of expertise, but just for the sake of being devil's advocate I would like to propose, "What if the total sample size is 300 (+ additional 50) all together, for all the three intervention areas, distributed proportionately according to the size of the population. And another 350 for the comparison areas." Would not that be cost effective and more manageable approach. Please review and consider the statistical implications and how much this would alter your current analysis plan.

Method of analysis:

- When it is said in the analysis plan that, bivariate and multivariate analysis will be performed, it is customary to cite some of the expected types of relationship between variables. Please mention some, if there is any, and relate those with the hypothesis stated at the beginning.

Professor David A Sack,
Chief of Party, ORP and Director ICDDR,B,
Mohakhali, Dhaka-1212

Subject: Comment about the proposed research protocol.

Dear David A Sack,

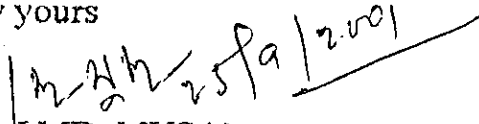
I am pleased to say that I have received your draft research protocol titled " Meeting additional Family Health Needs of client and Addressing Missed Opportunities at the ESP clinics". I already reviewed the draft and would like to congratulate you for timely addressing one of the important issue in the health care system. In my opinion Specific Aims, Research Design and Methods, Sampling procedure etc will fulfil the objectives of the study. To enrich the study I would like to draw the following for your kind attention in respect of some areas of study.

1. The unmet need of urban people and rural people is different. So we need to identify the difference. In respect of missed opportunity the service availability, skill and resources between UHFWC and UHC is different. So now it is highly needed to figure out a minimum standard and listing of services for addressing the missed opportunities according to level/tear.
2. To fulfil the No.1 statement sites can be selected for study.
3. In the activities it will be better to address the modality of service delivery and designing minimum documentation for addressing the unmet need.
4. In respect of child health now we are addressing IMCI stretegy. So it is better to include Food and Nutrition of child as a key indicator.
5. To complete the study in my opinion total time period of 12 month is not sufficient.

I would like to give you thanks for giving me an opportunity to review the draft research protocol.

Thanks and regards.

Sincerely yours


(DR. S.A.J.M.D. MUSA)
Deputy Civil Surgeon, Dhaka.

Observation guide for interaction between clients and service providers at ESP Clinics

Family Health Research Project, HSRD

Study Title: Meeting additional family health needs of clients by addressing missed opportunities at the ESP clinics

Consent is needed from the management of the clinic before proceeding observation. When observing be as discrete as possible and on no accounts become involved in the interaction. Make sure that the provider knows that you are not there to evaluate her/him and that you are not an "expert" who can be consulted during the session. Try to sit behind the client but not directly in view of the provider. Make notes as quietly as possible.

Observer _____ |__| Date of Observation: ____/____/____
DD/MM/YY

A. Name and ID of Facility:
 |__|__|__|__|

B. Client's Number:
 |__|__|__|__|

C. Designation, name and ID of staff member observed (code ID only for observed provider):

	Name	ID		
a Doctor.....1				
b FWV2				
c FWA.....3				
d HA4				
e Clinic Aid.....5				
f Vaccinator7				
g Counselor.....8				
h Others (Pl. Specify)77				

D. Type of centre? |__|
 (Fixed Centre = 1, Satellite Clinic = 2, Others = 3)

INSTRUCTIONS TO OBSERVER: Please fill out the module to perform your observation of what happened during the client-provider interaction. Use several modules if the client is given several services.

- ❖ a. Arrival Time |__|__|. |__|__| hours (Exact time of registration)
- b. Time Seen From |__|__|. |__|__| hours to |__|__|. |__|__| hours
- c. Time Out |__|__|. |__|__| hours

- ❖ Did the provider greet the client in a friendly manner?
 - Yes 1
 - No 2

❖ What was the purpose of the visit as indicated by the client?

- A. Family Planning01
 - a. Current user:
 - Resupply or repeat visit (without problems) 1
 - Resupply or repeat visit (problem with method, Wanted to change method, or discontinue FP).....2
 - Consult about Problem/doubt with Current Method.....3
 - Other _____4
 - b. Non-user:
 - Obtain method for the first time (new)5
 - Obtain method (ever user)6
 - Other _____7
- B. TT immunization.....02
- C. Antenatal Care03
- D. Postnatal Care03
- E. Treatment for STDs/RTIs04
- F. Child Immunization05
- G. Diarrhoea (under 5)06
- H. ARI (under 5)07
- I. Other _____77

* Some question in all the sections may not be applicable to all.

MODULE: Those who attending for Acute Respiratory Infection

Did the provider	Yes	No	NA	Code
1. Provide treatment for ARI				
2. Used a checklist to assess the other service needs of the client?				
3. Checked whether the child is suffering from diarrhoea				
4. If present, manage the child according to diarrhoea management guideline				
5. Ask about immunization status of the child (< 1 year)				
6. TT immunization status of mother/attendant				
7. Ask about family planning status of the potential mother and give advice				
8. Ask the need for ANC check up in pregnant mother				
9. Ask the need for PNC services in recent mother				
10. Ask about vaginal discharge of the mother/attendant or about RTI/STD				
11. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
12. Inform about other services available at the clinic				

Please recheck (From records)

13. If referred, Why and where?

14. Comments of the observer, if, any?

* Some question may not be applicable to all.

MODULE: Those who attending for Diarrhoea Diseases

Did the provider ask about	Yes	No	NA	Code
1. Prescribe/Supply ORS				
2. Used a checklist to assess the service needs of the client?				
3. Check whether the child has cough/fever?				
4. If present, did the provider manage according to ARI management guideline?				
5. Ask about immunization status of the child (< 1 Year)				
6. TT immunization status of mother/attendant				
7 Ask about family planning status of the potential mother and give advice				
8. Ask the need for ANC check up in pregnant mother				
9. Ask the need for PNC services in recent mother				
10. Ask about vaginal discharge of the mother/attendant or about RTI/STD				
11. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
12. Inform about other services available at the clinic				

Please recheck (from records)
13. If referred, Why and where?

14. Comments of the observer, if, any?

* Some question may not be applicable to all.

MODULE : Those who attending for childhood Immunization

General Technical:	Yes	No	NA	Code
Did the provider				
1. Provided required vaccine				
2. Used a checklist to assess the service needs of the client?				
3. Ask about presence of any diarrhoea in the child?				
4. Ask about presence of any ARI in the child?				
5. Ask about TT immunization status of mother/attendant				
6. Ask about family planning status of mother and give advice				
7. Ask the need for ANC check up in pregnant mother				
8. Ask the need for PNC services in recent mother				
9. Ask about vaginal discharge of the mother/attendant or about RTI/STD				
10. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
11. Inform other services available in the clinic				

Please recheck (from records)

12. If referred, why and where?

13. Comments of the observer, if, any?

* Some question may not be applicable to all.

MODULE: RTI/STDs Female Client [] Male Client []

Did the provider ask about	Yes	No	NA	Code
1. Provided treatment or referred to RTI/STD client?				
2. Used a checklist to assess the service needs of the client?				
3. Ask about TT immunization status of mother/attendant/Spouse				
4. Ask about family planning status of client (mother) and give advice				
5. Ask the need for ANC check up in pregnant mother				
6. Ask the need for PNC services in recent mother				
7. Ask about presence of any diarrhoea in the child?				
8. Ask about presence of any ARI in the child?				
9. Ask about immunization status of the child (< 1 Year)				
10. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
11. Inform other services available in the clinic				

Please recheck (from records)

12. If referred, why and where? _____

13. Comments of observer (if, any): _____

* Some question may not be applicable to all.

Check purpose of visit, if the client is a current user, fill out A, otherwise go to B

MODULE: Family Planning

A . Current user:

1. What method was the woman currently using or adopted (before coming to the clinic)?

(Ask if necessary)

- Pill 1
- Condom 2
- Injectable 3
- IUD..... 4
- Female sterilisation 5
- Vasectomy 6
- Traditional Family Planning 7
- Norplant..... 8

Observe the following

Did the provider	Yes	No	NA	Code
2. Check whether the client's desired # of children changed				
3. (If yes) when the next child is desired				
4. Did the women decide to switch?				

B. If non-user:

Did the provider	Yes	No	NA	Code
5. Discuss about different FP methods				

6. What was the outcome of the visit?

- No method was accepted..... 01
- Pill accepted 02
- Condoms accepted 03
- Injection accepted..... 04
- IUD accepted 05
- Female sterilisation/referral accepted 06
- Vasectomy/referral accepted 07
- Norplant/referral accepted 08
- Resupplied 09
- Discontinue 10
- Client was rejected by the provider..... 13
- Other _____ 77

7. Used a checklist to assess the other service needs of the client?

Did the provider	Yes	No	NA	Code
8. Ask immunization status of the child (< 1 year)				
9. Ask about presence of any diarrhoea in the child?				
10. Ask about presence of any ARI in the child?				
11. Ask about TT immunization status of client				
12. Ask about vaginal discharge of client				
13. Ask the need for ANC check up of the in pregnant women				
14. Ask the need for PNC check up in recent mothers				
15. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
16. Inform about other services available in the clinic				

Please recheck (from records)

17. If referred, why and where?

18. Comments of observer (if, any):

* Some question may not be applicable to all.

MODULE: Antenatal Care

1. First visit

In case of 1st visit please code 1 to ques. 1 then continue with next. In other cases code 2 to ques. 1 and skip to ques. 4

Did the provider	Yes	No	NA	Code
2. Ask about last menstrual period (LMP)				
3. Calculate the expected date of delivery (EDD)				
4. Remind/Provide/advise TT immunization (note)				
5. Used a checklist to assess the other service needs of the client?				
6. If the mother has < 1 year child, has she been advised/ provided immunization				
7. Ask about presence of any diarrhoea in the child?				
8. Ask about presence of any ARI in the child?				
9. Asked about vaginal discharge of mother/attendant				
10. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
11. Inform about other services available at the clinic				

Please recheck (from records)

12. If referred, why and where?

13. Comments of observer (if, any):

* Some question may not be applicable to all.

MODULE: Postnatal Care

Did the provider ask the mother about	Yes	No	NA	Code
1. Date of delivery	___/___/___			
2. Outcome of pregnancy				
3. Used a checklist to assess the other service needs of client?				
4. Ask about TT immunization status of mother and advise accordingly				
5. Ask about family planning status of client (mother) and give advice				
6. Asked about vaginal discharge of mother/attendant				
7. Ask about presence of any diarrhoea in the child?				
8. Ask about presence of any ARI in the child?				
9. If the mother has < 1 year child, has she been advised/ provided immunization				
10.. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
11. Inform about other services available in the clinic				

Please recheck (from records)

12. If referred, why and where?

13. Comments of observer (if, any):

* Some question may not be applicable to all.

MODULE : Those who attending for TT Immunization

General Technical:	Yes	No	NA	Code
Did the provider				
1. Provided TT immunization				
2. Used a checklist to assess the other service needs of the client?				
3. Ask about presence of any diarrhoea in the child?				
4. Ask about presence of any ARI in the child?				
5. Ask about the immunization status of child < 1 Yr?				
6. Ask about family planning status of the potential mother and give advice				
7. Ask the need for ANC check up in pregnant mother				
8. Ask the need for PNC services in recent mother				
9. Ask about vaginal discharge of the mother/attendant or about RTI/STD				
10. Was anything done for other service needs, if detected				
If yes,	Type of Service _____			
11. Inform other services available in the clinic				

Please recheck (from records)

12. If referred, why and where?

13. Comments of the observer, if, any?

MODULE: Health Education & Counseling

Did the provider	Yes	No	NA
1. Greet the client			
2. Wait for sometimes to make group (5-7 persons)			
3. Provide information on the available of other services of the clients?			

Number and pattern of health education by flip-chart/summary of health education:

** Number and pattern of HE		Breast-feeding	FP	Diarrhoea	Pneumonia	Cleanliness	Night blindness	Worm	RTI	STD	TT
Pattern	No.	1	2	3	4	5	6	7	8	9	10
Single discussion											
Group discussion											
Total											

** Number and pattern of HE		ANC	PNC	Weaning food	EPI	
Pattern	No.	11	12	13	14	15
Single discussion						
Group discussion						
Total						

4. Used a checklist to assess the other service needs of the client? [] Yes /No/NA
5. Was anything done for other service needs, if detected? [] Yes /No/NA
6. If yes, Type of service _____
7. Inform the client about the availability of other services at the clinic? [] Yes /No/NA

* Please incorporate appropriate topics according to the practice or programme of the centre

** Please tally the appropriate place in HE topic and in No. column according to the session (single or group). And then sum up the total below.

Remarks of observer (if any):

Exit Interview Questionnaire

Family Health Research Project, ICDDR,B

Study Title: Meeting additional family health needs of clients by addressing missed opportunities at the ESP clinics

জেলা []

উপজেলা/জোন [] []

ওয়ার্ড [] []

ক্লিনিকের নাম..... [] []

ক্লায়েন্ট নং [] [] [] [] [] []

রেজিস্ট্রেশন কার্ড নং

ক্লিনিকের ধরণঃ

UHFP static clinic	1
UFHP satellite clinic	2
UH&FWC	3
Community clinic	4
Union satellite clinic	5

স্বাক্ষাতের তারিখঃ দিনঃ মাসঃ বৎসরঃ

স্বাক্ষাতকার গ্রহণকারীর নামঃ [] []

সেকশন-১ঃ

মূল তথ্য

১. উত্তরদাতার/ উত্তরদাত্রীর নামঃ
২. বয়স [] []
৩. লিঙ্গঃ
পুরুষ ১
মহিলা ২
৪. বৈবাহিক অবস্থাঃ
বিবাহিত ১
অবিবাহিত ২
তালকপ্রাপ্তা ৩
বিধবা ৪
পৃথক ৫
৫. উত্তরদাতার / উত্তরদাত্রীর পেশা [] []
৬. খানা প্রধানের পেশা [] []
৭. মাসিক গড় আয় (টাকা) [] [] [] [] []
৮. মোট জীবিত সন্তানের সংখ্যাঃ
< ১২ মাস [] []
১২-২৩ মাস [] []
২৪-৫৯ মাস [] []
৫ বৎসর বা তার উর্দে [] []
প্রযোজ্য নয় [] []
৯. উত্তরদাতার শিক্ষাগত যোগ্যতাঃ
স্কুলে যায়নি ১
প্রাথমিক (১-৫ বছরের স্কুল শিক্ষা) ২
মাধ্যমিক (৬-১০ বছরের স্কুল শিক্ষা) ৩
উচ্চ মাধ্যমিক (>১০ বছরের শিক্ষা) ৪
অন্যান্য (বিস্তারিত) ৫
১০. আপনি এলাকায় কতদিন যাবত বাস করছেন?
সঠিক সময় লিখুন [] [] [] []
(<১ বছর = ০০)

১১. আপনার বাড়ি থেকে ক্লিনিকের দূরত্ব কতটুকু?	
১ মাইল-এর কম	১
১-৩ মাইল-এর মধ্যে	২
৩ মাইল-এর বেশী	৩

১২. আপনি ক্লিনিকে কিভাবে আসলেন? [একাধিক উত্তর হতে পারে]	
পায়ে হেটে	১
রিক্সায় করে	২
বেবী টেক্সিতে করে	৩
বাসে করে	৪
অন্যান্য	৭

ক্লিনিক সংক্রান্ত তথ্যঃ ক্লায়েন্ট-এর ধারণা ও মন্তব্য

প্রয়োজনে রেজিস্ট্রেশন কার্ড এবং পারিবারিক স্বাস্থ্য কার্ড পরীক্ষা করে প্রশ্ন নম্বর ১৩ ও ১৪ লিখুন

১৩. আপনি এর আগে শেষ কবে এই ক্লিনিকে এসেছেন?	
গত ২ মাসের মধ্যে	১
গত ৩-৪ মাসের মধ্যে	২
গত ৫-৬ মাসের মধ্যে	৩
গত ৭ মাস -১ বছরের মধ্যে	৪
কখনোই না	৫ → ১৫নং প্রশ্নে যান।

১৪. আপনি গত এক বৎসরে কতবার এই ক্লিনিক থেকে সেবা নিয়েছেন?

১৫. আপনার আজ এখানে আসার কারণ কি? [একাধিক উত্তর হতে পারে]	
পরিবার পরিকল্পনা	০১
গর্ভকালীন সেবা	০২
গর্ভোত্তর সেবা	০৩
টিটি টিকা	০৪
যৌনবাহিত/ প্রজননতন্ত্রের প্রদাহ	০৫
শিশুর টিকা	০৬
শিশুর ডায়রিয়া	০৭
শিশুর শ্বাসকষ্ট, কাশি ও জ্বর	০৮
সাধারণ চিকিৎসা	০৯
স্বাস্থ্য শিক্ষা	১০
অন্যান্য (বিস্তারিত)	৭৭

১৬. আপনি এই ক্লিনিকে কি কি সেবা পাওয়া যায় তা জানেন? [একাধিক উত্তর গ্রহণযোগ্য]

পরিবার পরিকল্পনা	০১
গর্ভকালীন সেবা	০২
গর্ভোত্তর সেবা	০৩
টিটি টিকা	০৪
যৌনবাহিত/ প্রজননতন্ত্রের প্রদাহ	০৫
শিশুর টিকা	০৬
শিশুর ডায়রিয়া	০৭
শিশুর শ্বাসকষ্ট, কাশি ও জ্বর	০৮
সাধারণ চিকিৎসা	০৯
স্বাস্থ্য শিক্ষা	১০
অন্যান্য (বিস্তারিত)	১১

১৭. এখানে কি কি সেবা পাওয়া যায় সে সম্বন্ধে সেবাদানকারী বা ক্লিনিকের অন্যান্য কেউ কি আজ কিছু বলেছেন?

হ্যাঁ	১
না	২ → না হলে, ১৯ নং প্রশ্নে যান।
নিশ্চিত নয়	৯

১৮. হ্যাঁ হলে কে বলেছেন?

FWA/FWV	১
প্যারামেডিকস্	২
কাউন্সেলার	৩
ডাক্তার	৪
HA	৫
অন্যান্য	৬

১৯. আপনি আজকে যে সেবা নেওয়ার জন্য এসেছিলেন এর বাইরে কি আপনার আর কোন স্বাস্থ্য সেবা নেওয়ার দরকার ছিল?

হ্যাঁ	১
না	২ → না হলে, ২৩ নং প্রশ্নে যান।

২০. যদি হ্যাঁ হয়ে থাকে তাহলে কি স্বাস্থ্য সেবার দরকার ছিল?

পরিবার পরিকল্পনা	০১
গর্ভকালীন সেবা	০২
গর্ভোত্তর সেবা	০৩
টিটি টিকা	০৪
যৌনবাহিত/ প্রজননতন্ত্রের প্রদাহ	০৫
শিশুর টিকা	০৬
শিশুর ডায়রিয়া	০৭
শিশুর শ্বাসকষ্ট, কাশি ও জ্বর	০৮
সাধারণ চিকিৎসা	০৯
স্বাস্থ্য শিক্ষা	১০
অন্যান্য (বিস্তারিত)	১১

২১.	আপনি কি এই বাড়তি স্বাস্থ্য সেবার কথা সেবাদানকারীকে বলেছিলেন?	
	হ্যাঁ	১ → হ্যাঁ হলে, ২৩ নং প্রশ্নে যান
	না	২
২২.	না বলে থাকলে, কেন বলেননি?	
	এই স্বাস্থ্য সেবা পাওয়া যায় জানতাম না	০১
	বেশী সেবা একসাথে চাইলে স্বাস্থ্য সেবক বিরক্ত হন	০২
	আমার সময় ছিল না	০৩
	পয়সা বেশী লাগে সে জন্য	০৪
	উন্নত মানের সেবা দেয় না	০৫
	এই স্বাস্থ্য সেবা নেয়ার দরকার আছে, বুঝিনি	০৬
	স্বাস্থ্য সেবক নিজেই জিজ্ঞাসা করেছিল	০৮
	অন্যান্য	৭৭
২৩.	আপনি যে সেবা নেয়ার জন্য এসেছেন স্বাস্থ্য সেবক কি এর বাইরে আপনার আর কোন বাড়তি সেবার দরকার আছে কি না তা জিজ্ঞাসা করেছিল?	
	হ্যাঁ	১
	না	২ → না হলে ২৯ নং প্রশ্নে যান
২৪.	হ্যাঁ হলে এটা কি কোন চেকলিষ্ট বা কাগজ দেখে জিজ্ঞাসা করেছিল না কি মুখে মুখে জিজ্ঞাসা করেছিল?	
	কাগজ /চেকলিষ্ট দেখে	১
	মুখে মুখে	২
২৫.	আপনি যে স্বাস্থ্য সেবার জন্য এসেছেন এর বাইরে কোন বাড়তি সেবার চাহিদা স্বাস্থ্য সেবক নিরূপন করেছেন?	
	পরিবার পরিকল্পনা	০১
	গর্ভকালীন সেবা	০২
	গর্ভোত্তর সেবা	০৩
	টিটি টিকা	০৪
	যৌনবাহিত/ প্রজননতন্ত্রের প্রদাহ	০৫
	শিশুর টিকা	০৬
	শিশুর ডায়রিয়া	০৭
	শিশুর শ্বাসকষ্ট, কাশি ও জ্বর	০৮
	সাধারণ চিকিৎসা	০৯
	স্বাস্থ্য শিক্ষা	১০
	অন্যান্য (বিস্তারিত)	৭৭
২৬.	এই বাড়তি স্বাস্থ্য সেবা কি স্বাস্থ্য সেবক দিয়েছেন?	
	হ্যাঁ, স্বাস্থ্য সেবা দিয়েছেন	১
	প্রেরণ করেছেন	২
	পরে আসতে বলেছেন	৩
	কিছু বলেননি	৪
	এই ক্লিনিকে অন্য সেবাদানকারীর কাছে প্রেরণ করেছেন	৫
	অন্যান্য	৭

২৭. এই বাড়তি সেবা পাওয়াতে আপনার উপকার হয়েছে বলে কি আপনি মনে করেন?
 হ্যাঁ ১ → হ্যাঁ হলে ২৯ নং প্রশ্নে যান
 না ২
২৮. আপনার উপকার না হলে কেন হয়নি বলে আপনি মনে করেন ?
 ১.
 ২.
 ৩.
 ৪.
২৯. আপনাকে ক্লিনিকে আসার পর চিকিৎসা পাবার আগ পর্যন্ত আনুমানিক কতক্ষন অপেক্ষা করতে হয়েছে?
 অপেক্ষা করতে হয়নি ১
 ৩০ মিনিট বা তার কম ২
 ৩০ মিনিট থেকে ১ ঘন্টা ৩
 ১ ঘন্টা থেকে ২ ঘন্টা ৪
 ২ ঘন্টার বেশী ৫
 অন্যান্য (বিস্তারিত) ৭
৩০. আপনি যে সেবার জন্য এসেছিলেন সে সেবা ছাড়া বাড়তি সেবার জন্য আপনাকে কতক্ষন অপেক্ষা করতে হয়েছিল?

৩১. এই অপেক্ষা করার বিষয়ে আপনার মন্তব্য কি?
 ১.
 ২.
 ৩.
 ৪.

Note: এরপর সেকশন-২এ যে যে সেবার জন্য আসছে সেই মডিউলে যান

পরিবার পরিকল্পনা	মডিউল এ-তে যান
গর্ভকালীন সেবা	মডিউল বি-তে যান
গর্ভান্তর সেবা	মডিউল সি-তে যান
টিটি টিকা	মডিউল ডি-তে যান
যৌনবাহিত/ প্রজননতন্ত্রের প্রদাহ	মডিউল ই-তে যান
শিশুর টিকা	মডিউল এফ-তে যান
শিশুর ডায়রিয়া	মডিউল জি-তে যান
শিশুর শ্বাসকষ্ট, কাশি ও জ্বর	মডিউল জি-তে যান

সেকশন-২ঃ

প্রজনন স্বাস্থ্যসেবা

মডিউল-এঃ প্রশ্নমালা

পরিবার পরিকল্পনা

(প্রশ্ন নং ১০১ থেকে ১০২ পর্যন্ত পরিবার পরিকল্পনা সেবা গ্রহণকারীদের জন্য প্রযোজ্য)

১০১. আপনি পরিবার পরিকল্পনার কোন সেবাটি নেয়ার জন্য এখানে এসেছেন?

সরবরাহ/ শারীরিক পরীক্ষা (বর্তমান ব্যবহারকারী)	১
পদ্ধতি সংক্রান্ত সমস্যার আলোচনা	২
পদ্ধতি ব্যবহার বন্ধ করার জন্যে	৩
অন্য পদ্ধতি নেওয়ার জন্যে	৪
প্রথমবার পদ্ধতি নেওয়ার জন্যে (নতুন ব্যবহারকারী)	৫
পদ্ধতি নেওয়ার জন্যে (পূর্বে ব্যবহার করেছে, বর্তমানে ব্যবহারকারী নয়)....	৬
অন্যান্য (বিস্তারিত)	৭

১০২. আপনি বর্তমানে কোন পদ্ধতি ব্যবহার করছেন বা নিয়েছেন?

বড়ি	০১
কনডম	০২
আইইউডি	০৩
ইনজেকশন	০৪
মহিলা বন্ধ্যাকরণ	০৫
পুরুষ বন্ধ্যাকরণ	০৬
সনাতন পদ্ধতি	০৭
নরপ্রান্ট	০৮
প্রযোজ্য নয়	৮৮

Skip to sec- 3

Note: এর পর ৩নং সেকশন, পৃষ্ঠা ১৪-এ যান

মডিউল-বিঃ প্রশ্নমালা
গর্ভকালীন সেবা (এএনসি)

(প্রশ্ন নং ২০১ থেকে ২০৪ পর্যন্ত গর্ভকালীন সেবা নিতে এসেছে তাদের জন্য প্রযোজ্য)

২০১. আপনি এখন কত মাসের গর্ভবতী? [] মাস
২০২. আপনি বর্তমান গর্ভকালীন সময়ে গর্ভকালীন সেবার জন্য অন্য কোন সেবা গ্রহণ কেন্দ্রে গিয়েছিলেন কি?
হ্যাঁ ১
না ২
২০৩. সেবাদানকারী কি আজ আপনার সাথে গর্ভসংক্রান্ত বিষয়ে কোন আলাপ করেছিল?
হ্যাঁ ১
না ২ → Skip to sec 3
২০৪. যদি হ্যাঁ হয়, তবে সে কি বলেছিল?
হাসপাতালে ডেলিভারী করার পরামর্শ দিয়েছেন ১
এনজিও ক্লিনিকে ডেলিভারী করানোর পরামর্শ দিয়েছেন ২
বেসরকারী ক্লিনিকে (লাভজনক প্রতিষ্ঠান) ডেলিভারী করানোর পরামর্শ দিয়েছেন ৩
পুষ্টিকর খাবার খেতে বলেছেন ৪
অন্যান্য (বিস্তারিত) ৭
প্রযোজ্য নয় ৮

Note: এর পর ৩নং সেকশন, পৃষ্ঠা ১৪-এ যান

মডিউল-সিঃ প্রশ্নমালা
গর্ভোত্তর সেবা (পিএনসি)

(এ অংশটি শুধুমাত্র যারা গর্ভোত্তর সেবা নিতে এসেছে তাদের জন্য প্রযোজ্য)

৩০১. কতদিন আগে আপনি শেষবার সন্তান প্রসব করেছেন (যে সকল মহিলাদের ৪২ দিনের মধ্যে বাচ্চা হয়েছে শুধুমাত্র তাদের জন্য প্রযোজ্য) ?

সঠিক দিন [] [] দিন

৩০২. আপনি ক্লিনিকে কি জন্য এসেছেন?

নিজের সমস্যার জন্য ১
পরামর্শ নেওয়ার জন্য ২
অন্যান্য (বিস্তারিত) ৭

৩০৩. আপনি কি গর্ভোত্তর সময়ে গর্ভোত্তর সেবার জন্য অন্য কোন সেবাকেন্দ্রে গিয়েছেন?

হ্যাঁ ১
না ২

৩০৪. গর্ভোত্তর সময়ে সেবাদানকারী কি আপনার সাথে পরিবার পরিকল্পনা পদ্ধতির ব্যবহার নিয়ে কোন আলোচনা করেছিল?

হ্যাঁ ১
না ২ → Skip to sec 3
প্রযোজ্য নয় ৮

৩০৫. যদি হ্যাঁ হয়, তবে সে কি বলেছিল?

সে আমাকে কনডম ব্যবহার করতে বলেছে ১
সে আমাকে আইইউডি ব্যবহার করতে বলেছে ২
সে আমাকে বড়ি খেতে বলেছে ৩
অন্যান্য (বিস্তারিত) ৭

Note: এর পর ৩নং সেকশন, পৃষ্ঠা ১৪-এ যান

মডিউল-ডিঃ প্রশ্নমালা

টিটি টিকার জন্য

(প্রজনন স্বাস্থ্য সেবার জন্য আগত কাষ্টমারদের জন্য প্রযোজ্য)

৪০১. আপনি কি আজ টিটি টিকা নিয়েছেন?

হ্যাঁ ১

না ২ → Skip to sec 3

৪০২. এই টিটি ডোজসহ আপনি কত ডোজ টিটি টিকা নিয়েছেন?

প্রথম ডোজ ১

দ্বিতীয় ডোজ ২

তৃতীয় ডোজ ৩

চতুর্থ ডোজ ৪

পঞ্চম ডোজ ৫

মনে করতে পারছি না ৬

প্রযোজ্য নয় ৮

৪০৩. আপনি কি জানেন পরবর্তী টিটি টিকা নেয়ার জন্য আপনাকে কবে আসতে হবে?

হ্যাঁ ১

না ২

প্রযোজ্য নয় ৮

৪০৪. ইয়া হলে কতদিন পরে?

১ মাস পরে ১

৬ মাস পরে ২

১ বছর পরে ৩

৪০৫. আপনাকে কি সেবাদানকারী বলেছে মোট কতগুলো টিটি টিকা নিতে হবে?

হ্যাঁ ১

না ২

জানিনা ৩

প্রযোজ্য নয় ৮

Note: এর পর ৩নং সেকশন, পৃষ্ঠা ১৪-এ যান

মডিউল-ইঃ প্রশ্নমালা

আরটিআই/এসটিডি

(শুধুমাত্র প্রজনন স্বাস্থ্য সেবার জন্য আগত কাষ্টমারদের জন্য প্রযোজ্য)

৫০১. আপনি কি মাসিকের রাস্তায় শ্রাব বা এই সংক্রান্ত অন্য কোন সমস্যার জন্য এই সময়ে কোন ক্লিনিকে গিয়েছিলেন?

হ্যাঁ ১ → হ্যাঁ হলে ৫০৩ নং প্রশ্নে যান
না ২

৫০২. আপনি কেন পরামর্শ বা চিকিৎসা নেন নি?

এর দরকার প্রথম বুঝিনি ১
কোথায় যেতে হবে জানতাম না ২
অনেক দূরে ৩
স্বামী পছন্দ করত না ৪
সঙ্গে আসার মত কেউ ছিল না ৫
প্রয়োজনীয় অর্থ ছিল না ৬
অন্যান্য (বিস্তারিত) ৭

৫০৩. সেবাদানকারী কি আজ আপনার এই সমস্যার জন্য কোন আলোচনা বা চিকিৎসা করেছেন?

হ্যাঁ, ডাক্তারের কাছে পাঠিয়েছেন ১
সেবাদানকারী নিজেই চিকিৎসা প্রদান করেছে ২
সেবাদানকারী কিছুই করেনি ৩
পরীক্ষা করার জন্য পাঠিয়েছে ৪
অন্যান্য (বিস্তারিত) ৭

Note: এর পর ৩নং সেকশন, পৃষ্ঠা ১৪-এ যান

মডিউল-এফঃ প্রশ্নমালা

শিশু টিকা

(শুধুমাত্র শিশু স্বাস্থ্য সেবার জন্য আগত কাষ্টমারদের জন্য প্রযোজ্য)

৬০১. এর আগে এই শিশু কি কোন টিকা নিয়েছে?

হ্যাঁ	১	
না	২	→ Skip to 605
জানিনা	৩	→ Skip to 605

৬০২. আজকের টিকাসহ এই বাচ্চা আর কি কি টিকা নিয়েছে? [কার্ড পরীক্ষা করে লিখুন]

বিসিজি	১
ডিপিটি-১	২
ডিপিটি-২	৩
ডিপিটি-৩	৪
ওপিভি-১	৫
ওপিভি-২	৬
ওপিভি-৩	৭
হাম	৮

৬০৩. আপনি কি জানেন আবার কখন পরবর্তী ডোজের জন্য আসতে হবে?

হ্যাঁ	১
না	২
জানিনা	৩
প্রযোজ্য নয়	৮

৬০৪. আপনি কি ইপিআই কার্ড পেয়েছেন?

হ্যাঁ	১
না	২
জানিনা	৩
প্রযোজ্য নয়	৮

৬০৫. আপনি কি কার্ডটি দেখাতে পারেন? [কার্ড পরীক্ষা করুন]

হ্যাঁ, কার্ড দেখিয়েছি	১
না, কার্ড দেখায়নি	২
জানিনা	৩
প্রযোজ্য নয়	৮

Note: এর পর ৩নং সেকশন, পৃষ্ঠা ১৪-এ যান

মডিউল-জিঃ প্রশ্নমালা

শিশুর অসুস্থতা (এআরআই এবং ডায়রিয়া)
(শুধুমাত্র শিশু স্বাস্থ্য সেবার জন্য আগত কাষ্টমারদের জন্য প্রযোজ্য)

৭০১. কি সমস্যার জন্য আপনি বাচ্চাকে এই ক্লিনিকে নিয়ে এসেছেন?
- | | |
|------------------------|---|
| পাতলা পায়খানা | ১ |
| পায়খানা, রক্তসহ | ২ |
| কাশি | ৩ |
| শ্বাসকষ্ট | ৪ |
| জ্বর | ৫ |
| অন্যান্য | ৭ |
৭০২. এই সময়ে আপনি অন্য কোন সেবা কেন্দ্র থেকে সেবা নিয়েছিলেন কি?
- | | |
|-------------------------|---|
| হ্যাঁ | ১ |
| না | ২ |
| মনে করতে পারছি না | ৩ |
৭০৩. আপনি কেন পরামর্শ বা চিকিৎসা নেন নি?
- | | |
|---------------------------------|---|
| এর দরকার প্রথম বুঝিনি | ১ |
| কোথায় যেতে হবে জানতাম না | ২ |
| অনেক দূরে | ৩ |
| স্বামী পছন্দ করত না | ৪ |
| সঙ্গে আসার মত কেউ ছিল না | ৫ |
| প্রয়োজনীয় অর্থ ছিল না | ৬ |
| অন্যান্য (বিস্তারিত) | ৭ |
৭০৪. সেবাদানকারী আপনাকে ডায়রিয়ার আজ কি পরামর্শ/ চিকিৎসা দিয়েছিল?
- | | |
|---|---|
| পরামর্শ দিয়েছিল | ১ |
| ORS দিয়েছিল | ২ |
| ORS নেওয়ার জন্য পরামর্শ দিয়েছিল | ৩ |
| Antibiotics দিয়েছিল | ৪ |
| Antibiotics নেওয়ার জন্য পরামর্শ দিয়েছিল | ৫ |
| অন্য কেন্দ্রে রেফার করেছিল | ৬ |
| অন্যান্য (বিস্তারিত) | ৭ |
| প্রযোজ্য নয় | ৮ |
৭০৫. সেবাদানকারী জ্বর, কাশি বা শ্বাস কষ্টের জন্য কি পরামর্শ/ চিকিৎসা দিয়েছিল?
- | | |
|----------------------------------|---|
| পরামর্শ দিয়েছিল | ১ |
| Antibiotics দিয়েছিল | ২ |
| এমনি ঠান্ডার ঔষধ দিয়েছিল | ৩ |
| অন্য কেন্দ্রে রেফার করেছিল | ৪ |
| অন্যান্য (বিস্তারিত) | ৭ |
| প্রযোজ্য নয় | ৮ |

Note: এর পর ৩নং সেকশন, পৃষ্ঠা ১৪-এ যান

সেকশন-৩ঃ

টিটি টিকাঃ [টিটি গ্রহীতার জন্য প্রশ্ন নং ১-৫ প্রযোজ্য নয়]

১. আপনি কি কখনো টিটি টিকা নিয়েছেন ?
- | | |
|--------------------------------|---------------|
| হ্যাঁ, অন্য ক্লিনিক থেকে | ১ |
| হ্যাঁ, এই ক্লিনিক থেকে | ২ |
| না | ৩ → Skip to 4 |
| মনে করতে পারছিনা | ৪ → Skip to 4 |
২. আপনি মোট কতগুলো টিটি টিকা নিয়েছেন?
- | | |
|------------------------|---------------|
| প্রথম ডোজ | ১ |
| দ্বিতীয় ডোজ | ২ |
| তৃতীয় ডোজ | ৩ |
| চতুর্থ ডোজ | ৪ |
| পঞ্চম ডোজ | ৫ → Skip to 6 |
| মনে করতে পারছিনা | ৬ → Skip to 4 |
| প্রযোজ্য নয় | ৮ |
৩. আপনি কেন টিকা নেন নি বা টিটির সব ডোজ নেন নি? [একাধিক উত্তর হতে পারে]
- | | |
|-------------------------------------|---|
| এর দরকার প্রথম বুঝিনি | ১ |
| কোথায় যেতে হবে জানতাম না | ২ |
| অনেক দূরে | ৩ |
| স্বামী পছন্দ করত না | ৪ |
| সঙ্গে আসার মত কেউ ছিল না | ৫ |
| প্রয়োজনীয় অর্থ ছিল না | ৬ |
| এ সম্পর্কে কেউ জিজ্ঞাসা করেনি | ৮ |
| অন্যান্য (বিস্তারিত) | ৭ |
৪. সেবাদানকারী কি আজ আপনার সাথে টিকার ব্যাপারে আলাপ করেছিল?
- | | |
|-------------|---------------|
| হ্যাঁ | ১ |
| না | ২ → Skip to 6 |
৫. সেবাদানকারী কি আপনাকে টিকাদানকারীর কাছে রেফার করেছিল?
- | | |
|--------------------|---|
| হ্যাঁ | ১ |
| না | ২ |
| প্রযোজ্য নয় | ৮ |

আরটিআই/এসটিডিঃঃ [আরটিআই/এসটিডি গ্রহীতার জন্য প্রশ্ন নং ৬-১০ প্রযোজ্য নয়]

৬. আপনি কি মাসিকের রাস্তায় শ্রাব বা এসংক্রান্ত অন্য কোন সমস্যায় ভুগছেন?
- হ্যাঁ ১
- না ২ → Skip to 11
- প্রযোজ্য নয় ৮ → Skip to 11
৭. যদি হ্যাঁ হয়, তবে আপনি কি এই সমস্যার জন্য চিকিৎসা বা পরামর্শ চেয়েছিলেন?
- হ্যাঁ ১ → Skip to 9
- না ২
- প্রযোজ্য নয় ৮ → Skip to 11
৮. আপনি কেন পরামর্শ বা চিকিৎসা নেন নি? [একাধিক উত্তর হতে পারে]
- এর দরকার প্রথম বুঝিনি ০১
- কোথায় যেতে হবে জানতাম না ০২
- অনেক দূরে ০৩
- স্বামী পছন্দ করত না ০৪
- সঙ্গে আসার মত কেউ ছিল না ০৫
- প্রয়োজনীয় অর্থ ছিল না ০৬
- সেবাকারী আমাকে বলেননি ০৭
- অন্যান্য (বিস্তারিত) ৭৭
- প্রযোজ্য নয় ৮৮
৯. সেবাদানকারী কি আজ আপনাকে সমস্যার কথা জিজ্ঞেস করেছিলেন?
- হ্যাঁ ১
- না ২ → Skip to 11
- প্রযোজ্য নয় ৮ → Skip to 11
১০. সেবাদানকারী কি আপনাকে কোথাও আলোচনা বা চিকিৎসা করার জন্য রেফার করেছিলেন?
- হ্যাঁ, ডাক্তারের কাছে ১
- সেবাদানকারী নিজেই চিকিৎসা প্রদান করেছে ২
- সেবাদানকারী কিছুই করেনি ৩

এএনসিঃ [এএনসি সেবা গ্রহীতার জন্য প্রশ্ন নং ১১-১৪ প্রযোজ্য নয়]

১১. আপনি বর্তমানে কত মাসের গর্ভবতী?..... [] [] মাস
১২. আপনি কি বর্তমান গর্ভের জন্য গর্ভকালীন সেবা নিয়েছেন?
হ্যাঁ ১ → হ্যাঁ হলে ১৬ নং প্রশ্নে যান
না ২
মনে করতে পারছি না..... ৩ → Skip to 14
প্রযোজ্য নয় ৮ → Skip to 14
১৩. আপনি কেন পরামর্শ বা চিকিৎসা নেন নি? [একাধিক উত্তর হতে পারে]
এর দরকার ছিল, বুঝিনি ০১
কোথায় যেতে হবে জানতাম না ০২
অনেক দূরে ০৩
স্বামী পছন্দ করত না ০৪
সঙ্গে আসার মত কেউ ছিল না ০৫
প্রয়োজনীয় অর্থ ছিল না ০৬
আমাকে কেউ বলেনি ০৭
অন্যান্য (বিস্তারিত) ৭৭
১৪. সেবাদানকারী কি আপনার সাথে গর্ভকালীন সেবার ব্যাপারে কোন আলাপ করেছিল? (বর্তমান গর্ভবতীর জন্য প্রযোজ্য)
হ্যাঁ ১
না ২ → Skip to Q: 16
মনে করতে পারছি না..... ৩ → Skip to Q: 16
১৫. সেবাদানকারী কি আপনাকে কোথাও আলোচনা বা চিকিৎসা করার জন্য রেফার করেছিলেন? (বর্তমান গর্ভবতীর জন্য প্রযোজ্য)
হ্যাঁ, ডাক্তারের কাছে ১
সেবাদানকারী নিজেই চিকিৎসা প্রদান করেছে ২
সেবাদানকারী কিছুই করেনি ৩

পরিবার পরিকল্পনাঃ [পরিবার পরিকল্পনা সেবা গ্রহীতার জন্য প্রশ্ন নং ১৫-১৯ প্রযোজ্য নয়]

১৬. আপনি বা আপনার স্বামী কি বর্তমানে কোন পরিবার পরিকল্পনা পদ্ধতি ব্যবহার করছেন?
- | | | |
|-----------------------------------|---|-----------------|
| হ্যাঁ | ১ | |
| না | ২ | → Skip to Q: 18 |
| হ্যাঁ, এই ক্লিনিকের গ্রহীতা | ৩ | |
১৭. আপনি বা আপনার স্বামী বর্তমানে কোন পদ্ধতি ব্যবহার করছেন?
- | | | |
|----------------------------|----|-----------------|
| বড়ি | ০১ | } Skip to Q: 21 |
| কনডম | ০২ | |
| আইইউডি | ০৩ | |
| ইনজেকশন | ০৪ | |
| মহিলা বন্ধ্যাকরণ | ০৫ | |
| পুরুষ বন্ধ্যাকরণ | ০৬ | |
| সনাতন পদ্ধতি | ০৭ | |
| নরপ্লান্ট | ০৮ | |
| অন্যান্য (বিস্তারিত) | ০৯ | |
| প্রযোজ্য নয় | ৮৮ | |
১৮. আপনি পরিবার পরিকল্পনা পদ্ধতি ব্যবহার করছেন না কেন?
- | | |
|-------------------------------------|---|
| স্বামী বিদেশে থাকে | ১ |
| মাসিক বন্ধ | ২ |
| বাচ্চা চাই | ৩ |
| বর্তমানে গর্ভবতী | ৪ |
| পার্শ্বপ্রতিক্রিয়ার ভয় | ৫ |
| অনিয়মিত সহবাস | ৬ |
| গর্ভোত্তর/ Hysterectomy | ৭ |
| বন্ধ্যাত্ব | ৮ |
| সহজে যাওয়া যায়না/ অনেক দূরে | ৯ |
১৯. এই ক্লিনিকে পরিবার পরিকল্পনার যে সমস্ত পদ্ধতি পাওয়া যায় সে সম্পর্কে সেবাদানকারী কি আপনাকে কিছু বলেছে?
- | | |
|-------------------------|---|
| হ্যাঁ | ১ |
| না | ২ |
| মনে করতে পারছি না | ৩ |
২০. সেবাদানকারী কি আপনাকে পদ্ধতির জন্য রেফার করেছিল?
- | | |
|-------------------------|---|
| হ্যাঁ | ১ |
| না | ২ |
| মনে করতে পারছি না | ৩ |
| প্রযোজ্য নয় | ৮ |

পিএনসিঃ

২১. আপনার কি গত ৪২ দিনের মধ্যে বাচ্চা হয়েছে?
- | | |
|-------------|---|
| হ্যাঁ | ১ |
| না | ২ |
২২. আপনি কি গর্ভোত্তর সেবা নিয়েছেন?
- | | |
|--------------------|-------------------|
| হ্যাঁ | ১ → Skip to Q: 26 |
| না | ২ |
| প্রযোজ্য নয় | ৮ → Skip to Q: 26 |
২৩. আপনি কেন পরামর্শ বা চিকিৎসা নেন নি? [একাধিক উত্তর হতে পারে]
- | | |
|---------------------------------|----|
| এর দরকার ছিল, বুঝিনি | ০১ |
| কোথায় যেতে হবে জানতাম না | ০২ |
| অনেক দূরে | ০৩ |
| স্বামী পছন্দ করত না | ০৪ |
| সঙ্গে আসার মত কেউ ছিল না | ০৫ |
| প্রয়োজনীয় অর্থ ছিল না | ০৬ |
| কেউ বলেনি | ০৭ |
| অন্যান্য (বিস্তারিত) | ৭৭ |
২৪. সেবাদানকারী কি আজ আপনার সাথে গর্ভোত্তর সেবার ব্যাপারে কোন আলাপ করেছিল? (যাদের গর্ভোত্তর সময় ৪২ দিনের মধ্যে আছে শুধুমাত্র তাদের জন্য প্রযোজ্য)
- | | |
|-------------------------|---|
| হ্যাঁ | ১ |
| না | ২ |
| মনে করতে পারছি না | ৩ |
২৫. সেবাদানকারী আপনাকে এব্যাপারে কি বলেছিল? (যাদের গর্ভোত্তর সময় ৪২ দিনের মধ্যে আছে শুধুমাত্র তাদের জন্য প্রযোজ্য)
- | | |
|--|---|
| হ্যাঁ, ডাক্তারের কাছে | ১ |
| সেবাদানকারী নিজেই চিকিৎসা প্রদান করেছে | ২ |
| সেবাদানকারী কিছুই করেনি | ৩ |

শিশুর টিকাঃ (১ বছরের বাচ্চার জন্য প্রযোজ্য)[যারা শিশুর টিকা নেওয়ার জন্য আসছেন তাদের জন্য প্রশ্ন ২৬-৩০ প্রযোজ্য নয়]

প্রশ্ন	শেষ শিশু	শেষের আগে শিশু
২৬. আপনার <১ বছরের শিশুকে কি টিকা দেয়া হয়েছে?	১. হ্যাঁ ২. না → Skip to 28 ৩. হ্যাঁ, আজই টিকা দেওয়ার জন্য আনলাম ৪. দেওয়ার ইচ্ছা আছে ৫. অন্যান্য	১. হ্যাঁ ২. না → Skip to 28 ৩. হ্যাঁ, আজই টিকা দেওয়ার জন্য আনলাম ৪. দেওয়ার ইচ্ছা আছে ৫. অন্যান্য
২৭. আপনার শিশুকে কি কি টিকা দেয়া হয়েছে?	বিসিজি ১ ডিপিটি ১ ২ ডিপিটি ২ ৩ ডিপিটি ৩ ৪ ওপিভি ১ ৫ ওপিভি ২ ৬ ওপিভি ৩ ৭ হাম ১ ৮	বিসিজি ১ ডিপিটি ১ ২ ডিপিটি ২ ৩ ডিপিটি ৩ ৪ ওপিভি ১ ৫ ওপিভি ২ ৬ ওপিভি ৩ ৭ হাম ১ ৮
২৮. আপনি শিশুকে টিকা দেন নি কেন বা টিকা দেয়া শেষ করেননি কেন?	১. বাচ্চাদের টিকার দরকার আছে এটা জানতাম না ২. কোথায় গিয়ে দিতে হবে জানতাম না ৩. কেউ দিতে বলেনি ৫. অন্যান্য (বিস্তারিত)	১. বাচ্চাদের টিকার দরকার আছে এটা জানতাম না ২. কোথায় গিয়ে দিতে হবে জানতাম না ৩. কেউ দিতে বলেনি ৫. অন্যান্য (বিস্তারিত)
২৯. সেবাদানকারী কি আপনাকে শিশুর টিকা সম্পর্কে কিছু বলেছে?	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা
৩০. সেবাদানকারী কি আপনার শিশুকে টিকাদানকারীর কাছে রেফার করেছিল?	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা ৮. প্রযোজ্য নয়	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা ৮. প্রযোজ্য নয়

প্রশ্ন	শেষ শিষ্ট	শেষের আগে শিষ্ট
৩৮. মলের সাথে কি কোন রক্ত আছে?	১. হ্যাঁ ২. না ৩. জানিনা	১. হ্যাঁ ২. না ৩. জানিনা
৩৯. আপনি কি এর জন্য কোন পরামর্শ বা চিকিৎসা নিয়েছেন?	ক) খ) ১. হ্যাঁ কোথা থেকে [] ২. না ৮. প্রয়োজ্য নয়	ক) খ) ১. হ্যাঁ কোথা থেকে [] ২. না ৮. প্রয়োজ্য নয়
৪০. আপনি পরামর্শ বা চিকিৎসা নেন নি কেন?	১. বেশী অসুস্থ হয়নি ২. ডাক্তারের চিকিৎসা দরকার মনে করি নি ৩. বাড়ীর চিকিৎসাই যথেষ্ট ৪. সেবাকেন্দ্র সম্পর্কে জানতাম না ৫. টাকা ছিল না ৬. স্বাস্থ্য কেন্দ্র অনেক দূরে ৭. সাথে যাওয়ার মত কেউ ছিল না ৮. আগে এসেছি কিন্তু ভালো চিকিৎসা পাইনি ৯. ভালো সেবা দেয় না ১০. স্বামী নিষেধ করেছিল ১১. অন্যান্য	১. বেশী অসুস্থ হয়নি ২. ডাক্তারের চিকিৎসা দরকার মনে করি নি ৩. বাড়ীর চিকিৎসাই যথেষ্ট ৪. সেবাকেন্দ্র সম্পর্কে জানতাম না ৫. টাকা ছিল না ৬. স্বাস্থ্য কেন্দ্র অনেক দূরে ৭. সাথে যাওয়ার মত কেউ ছিল না ৮. আগে এসেছি কিন্তু ভালো চিকিৎসা পাইনি ৯. ভালো সেবা দেয় না ১০. স্বামী নিষেধ করেছিল ১১. অন্যান্য
৪১. সেবাদানকারী কি বাচ্চার পাতলা পায়খানা সম্পর্কে কিছু বলেছে ?	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা
৪২. সেবাদানকারী কি পাতলা পায়খানার সেবা বা রেফার করেছে ?	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা ৮. প্রয়োজ্য নয়	১. হ্যাঁ ২. না ৩. মনে করতে পারছিনা ৮. প্রয়োজ্য নয়

কোড : সেবাদান কেন্দ্র

- ১ = সরকারী
২ = ইউএপএইচপি স্ট্যাটিক ক্লিনিক
৩ = ইউএপএইচপি স্যাটেলাইট ক্লিনিক
৪ = আরএসডিপি স্ট্যাটিক ক্লিনিক
৫ = আরএসডিপি স্যাটেলাইট ক্লিনিক
৬ = অন্যান্য এনজিও ক্লিনিক
৭ = বেসরকারী ক্লিনিক, প্রাইভেট ডাক্তার (লাভজনক)
৮ = ঔষধের দোকান
৯ = কোথাও যায়নি
৭৭ = অন্যান্য (বিস্তারিত) _____
৯৯ = তথ্য নেই
৮৮ = প্রয়োজ্য নয়

(এর পর সেকশন ৪, পৃষ্ঠা ২২এ যান)

সেকশন-৪

ক্লায়েন্টের সন্তুষ্টিঃ

১. আপনি ভবিষ্যতে এই ক্লিনিকে স্বাস্থ্যসেবা নেয়ার জন্য আসবেন কেন?

খরচ কম	০১
ভালো যত্ন নেয়	০২
ভালো ব্যবহার	০৩
তথ্য বিনিময়	০৪
সেবাদানকারী পরিচিত	০৫
বাড়ীর কাছে	০৬
অন্য কেন্দ্র চিনি না	০৭
অন্যান্য সেবা সম্পর্কে খোঁজ নেয়	০৮
অন্যান্য (বিস্তারিত)	৭৭

২. আপনি কি আপনার বন্ধু/ আত্মীয়স্বজনকে এই ক্লিনিকে আসতে বলবেন?

হ্যাঁ	১
না	২

সাজেশনঃ

১. এই ক্লিনিকের সেবার মান কিভাবে উন্নত করা যায় সে ব্যাপারে আপনার কোন পরামর্শ আছে কি?

হ্যাঁ	১
না	২

২. যদি হ্যাঁ হয়, সেগুলো কি কি?

- ক)
- খ)
- গ)
- ঘ)
- ঙ)

Guideline for In-depth interviews with Service Providers

Family Health Research Project, ICDDR,B

Study Title: Meeting additional family health needs of clients by addressing missed opportunities at the ESP clinics

One of the aims of the study is to assess the current practices and barriers to identify unmet health needs and tap missed opportunities at the ESP clinic

Assessment of current practices will be done to see what the provider actually do to identify the additional health and family planning needs of the clients while clients come for a desired service, how they screen the clients (using a screening tool or verbally), when they screen the clients and whether there are any gaps in practice to address missed opportunities. There may be a number of barriers that influence to address missed opportunities. These may include program related as well as client related. Assessment of programme related barriers would be done to see whether there is inadequacy of guidelines and training, inadequacies of service procedure and physical facilities; and insufficient service providers.

Another one aim is testing of screening tool by the providers to identify and tap missed opportunities.

The underlying question of test a strategy is; does the system work; whether it is user friendly; how much it works, and whether the providers are willing to use the screening tool and what additional training and supervision the providers needs to implement the screening tool.

To achieve the above objectives of the study both quantitative and qualitative data collection techniques will be used. In depth responses is needed to formulate/improve strategies for identification unmet health and family planning needs of the clients and tap missed opportunities at the ESP clinic. The reasons to choose in depth interviews techniques are:

- Unmet health needs and tap missed opportunities is such topic that a greater depth of response per individual is desirable.
- Respondents are different types of providers so group /peer pressure would inhibit responses

Guideline for In-depth interviews with the Service Providers

Family Health Research Project, ICDDR,B

Study Title: Meeting additional family health needs of clients by addressing missed opportunities at the ESP clinics

ID NUMBER: _____

Name of Interviewer: _____

Date of interview: ____/____/____
DD/MM/YY

Name of Provider: _____

Designation: _____

Department: GoB UFHP

Consent taken: Yes No

Conception of Missed Opportunity detection

1. Do you know anything about missed opportunity? What do you know?
2. Do you know why addressing missed opportunity is needed at the ESP clinic? If yes, why it is needed?
3. Have you ever been given any training on assessment of unmet needs of clients?(Formal or informal)
4. If yes, for how many days?
5. Can you name the contents of the training course?

Practice of Missed opportunity detection

6. Generally what do you do when a clients come for a specific service?
7. After providing the desired services do you inquire the clients whether he/she had any need for additional services?
8. How do you practice to detect additional needs of clients?
9. What do you feel about the mechanism, which you have practiced to detect additional health needs of clients?

10. After detecting the clients for additional health needs what do you do?
11. If that particular service is not available then what do you do?
12. Do you have any mechanism to follow-up whether the referred clients accomplish the referral?
13. How many clients do you see each day?
14. Do you think your client loads will be increased through detecting additional health needs of clients and addressing the missed opportunity?
15. What is your opinion about it?
16. What additional inquiries do you make from a client attending for RTI/STD services?
17. What additional inquiries do you make from a client attending for ANC services?
18. What additional inquiries do you make from a client attending for FP methods and their complications services?
19. What additional inquiries do you make from a client attending for PNC services?
20. What additional inquiries do you make from a client attending for TT immunization? How many doses required for Women TT?
21. What additional inquiries do you make from a client attending for childhood immunization?
22. What additional inquiries do you make from a client attending for diarrhoea in < Yr. children?
23. What additional inquiries do you make from a client attending for ARI in children <5?
24. What additional information/services do you give to clients?
25. Which additional health needs of clients do you mostly detect? Do you think it is common for all providers?

Perception and willingness about missed opportunity detection

26. Do you feel the mechanism you are using for detecting the additional health needs of clients is useful? If yes why and how?
27. Do you think along with providing the desired services to the clients detection of additional health needs is feasible? If no why?
28. If the mechanism is useful and feasible are you interested to continue the mechanism for detecting and addressing the additional needs of clients of your clinic? If no, why?

Barriers to detect additional health needs and tap missed opportunity at the ESP clinic

29. Do you face any problem in detecting the additional health needs of clients? If yes what are those?
30. Do you face any problem in addressing the missed opportunities? What are those?

Suggestions

31. What is your comments regarding the detection of additional health needs of client?
32. Do you have any suggestion regarding improvement of the system? If yes, what are those?

Thank you very much for your participation

Questionnaire for Collection of Information on ESP Service Delivery Facilities in GoB and UFHP Clinics

Family Health Research Project/ICDDR,B

Study Title: Meeting additional family health needs of clients by addressing missed opportunities at the ESP clinics

Date of interview: ____/____/____
DD/MM/YY

Name of the interviewer: _____

|_|_|

1. Name of the facility: _____

|_|_|_|

2. Type of clinic:

- a. UH&FWC 1
- b. Community Clinic..... 2
- c. Static Clinic (UFHP)..... 3
- d. Satellite clinic (GoB)..... 5
- e. Satellite Clinic (UFHP)..... 6

3. Address:

Ward: |_|_|
Union: |_|_|
Municipality/Upazila: |_|_|
District: |_|_|

4. Managed by which organization? _____

|_|

5. Name and title of position of the respondents:

	<u>Name</u>	<u>Title of position</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____

6. Clinic schedule:

a. Clinic Time (daily): _____ a.m. to _____ p.m. |_|_|. |_|_|
b. Clinic days (weekly): _____ days |_|

7. Providers Available

Describe the staff position and responsibility of the providers?

<u>Position</u>	<u>Approved</u>	<u>Number</u>	<u>Major responsibilities</u> (Use codes given below)	<u>Training</u>	
	<u>Number</u>	<u>Filled</u>		Professional	Unmet need
a. Clinic In-charge	□□□	□□□
		
		
b. Medical Doctor	□□□	□□□
		
		
c. Nurse/ FWV/MA/SACMO	□□□	□□□
		
		
d. Paramedic (LHV)	□□□	□□□
		
		

Codes for major responsibilities:

Giving FP injections	= 1	Giving immunization	= 11	Treating TB & Leprosy	= 21
Providing pills/condoms	= 2	Treating General health condition	= 12	Counseling only	= 22
Inserting IUD	= 3	Treating ARI	= 13	Screening for missed opportunities	= 23
Inserting Norplant	= 4	Treating diarrhoea	= 14	Infection prevention (sterilization and disinfections)	= 24.
Performing vasectomy or tubectomy	= 5	Treating RTIs/STDs	= 15		
Contraceptive counseling	= 6	Providing ANC	= 16		
Contraceptive screening	= 7	Providing PNC	= 17		
Side-effects management	= 8	Performing MR	= 18		
First-aid EOC	= 9	Treating Worms	= 19		
Basic EOC	= 10	Treating malaria	= 20		

Note: 1. Put all responses, even if there is duplication.

<u>Position</u>	<u>Approved</u>	<u>Number</u>	<u>Major responsibilities</u> (Use codes given below)	<u>Training</u>	
	<u>Number</u>	<u>Filled</u>		Professional	Unmet need
e. FWA	□□□	□□□
f. HA	□□□	□□□
g. Clinic Aid	□□□	□□□
h. Lab Technician	□□□	□□□
i. Pharmacist/Druggist	□□□	□□□

Codes for major responsibilities:

Giving FP injections	= 1	Giving immunization	= 11	Treating TB & Leprosy	= 21
Providing pills/condoms	= 2	Treating General health condition	= 12	Counseling only	= 22
Inserting IUD	= 3	Treating ARI	= 13	Screening for missed opportunities	= 23
Inserting Norplant	= 4	Treating diarrhoea	= 14	Infection prevention (sterilization and disinfections)	= 24
Performing vasectomy or tubectomy	= 5	Treating RTIs/STDs	= 15		
Contraceptive counseling	= 6	Providing ANC	= 16		
Contraceptive screening	= 7	Providing PNC	= 17		
Side-effects management	= 8	Performing MR	= 18		
First-aid EOC	= 9	Treating Worms	= 19		
Basic EOC	= 10	Treating malaria	= 20		

Note: 1. Put all responses, even if there is duplication.

<u>Position</u>	<u>Approved</u>	<u>Number</u>	<u>Major responsibilities</u> (Use codes given below)	<u>Training</u>	
	<u>Number</u>	<u>Filled</u>		Professional	Unmet need
j. Clerk/Store-keeper	□□	□□
		
		
k. Vaccinator	□□	□□
		
		
l. Cleaner/Sweeper	□□	□□
		
		
m. Others	□□	□□
		
		

Codes for major responsibilities:

Giving FP injections	= 1	Giving immunization	= 11	Treating TB & Leprosy	= 21
Providing pills/condoms	= 2	Treating General health condition	= 12	Counseling only	= 22
Inserting IUD	= 3	Treating ARI	= 13	Screening for missed opportunities	= 23
Inserting Norplant	= 4	Treating diarrhoea	= 14	Infection prevention (sterilization and disinfections)	= 24.
Performing vasectomy or tubectomy	= 5	Treating RTIs/STDs	= 15		
Contraceptive counseling	= 6	Providing ANC	= 16		
Contraceptive screening	= 7	Providing PNC	= 17		
Side-effects management	= 8	Performing MR	= 18		
First-aid EOC	= 9	Treating Worms	= 19		
Basic EOC	= 10	Treating malaria	= 20		

Note: 1. Put all responses, even if there is duplication.

8. Services delivery:

A. Child Health (Initially unprompted and then probing for others twice).

	Service [Yes=1/No=2]	Days [Days/Week]	Refer [Yes=1/No=2]	Where [Exact place]	Fee/Charges [Yes=1/No=2]
a. ARI treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
b. Diarrhoea management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
c. Breast-feeding counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
d. Skin diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
e. Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
f. Ear problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
g. Measles and related problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
h. Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

B. Reproductive health (Initially unprompted and then probing for others twice).

	Service [Yes=1/No=2]	Days [Days/Week]	Refer [Yes=1/No=2]	Where [Exact place]	Fee/Charges [Yes=1/No=2]
a. First-aid EoC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
b. Routine ANC (After 1 st trimester)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
c. Complications of ANC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
d. Safe delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
e. Routine PNC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
f. Complications of PNC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
g. FP methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
h. Complications of FP methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
i. STD/RTI counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
j. STD/RTI management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
k. Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

C. General health services (Initially unprompted and then probing for others twice).

	Service [Yes=1/No=2]	Days [Days/Week]	Refer [Yes=1/No=2]	Where [Exact place]	Fee/Charges [Yes=1/No=2]
a. Malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
b. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
c. Leprosy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
d. Skin diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
e. First-aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
f. Other health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

D. Laboratory services

- a. Urine albumin test 1
- b. Urine sugar test..... 2
- c. Blood Hb test..... 3
- d. Routine blood pressure..... 4
- e. Others (specify) _____ 7
- f. None 9

9. Referral and Screening Mechanism

A. How do you refer your clients to other facilities?

- Referral slip 1
- Note 2
- Verbally 3
- Others 7

B. Who participate in missed opportunity detection? _____

C. How do you screen your clients to identify more than their wanted services?

	Screen Algorithm [Yes=1/No=2]	Routine Question [Yes=1/No=2]	Screened by Other [Yes=1/No=2]	None Method [Yes=1/No=2]
a. Antenatal care (ANC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Safe delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Postnatal care (PNC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. TT immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. First-aid EOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. STD/RTI counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. STD/RTI management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Post-abortion counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. FP methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Complications of FP methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. ARI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Leprosy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Logistics supply

- a. From where do you obtain your supplies? (Multiple answers possible).
- | | |
|------------------------------|---|
| Regional warehouse..... | 1 |
| District warehouse | 2 |
| Civil Surgeon office | 3 |
| Upazila Health Complex..... | 4 |
| From Project Office..... | 5 |
| Others (please specify)..... | 7 |

11. Clinic information system

- a. What are the register(s)/format(s) you use for recording? (Please list).

- b. How do you use these registers?

- c. What are the reports you prepare, and where do you send them and how frequently? (Collect copies of reporting forms).

- d. Do you provide any card/format to your clients? (Multiple answers possible)

FHC	1
ESP card	2
Registration card	3
Appoinment card	4
Intra uterine device (IUD)	5
Injection.....	6
Immunization	7
Growth monitoring	8
Antenatal care	9
Referral	10
Partner examination card for RTI/STD	11
Others	77

- e. Is there any tool to record the information related to missed opportunities?
 - Yes 1
 - No..... 2
- f. If yes, what are the tools?
 - a.
 - b.
 - c.
- g. Do you think that this missed opportunity identification card is easy to use?
 - Yes 1
 - No..... 2
- h. If no, why?
 - a.
 - b.
 - c.
- i. Who prepares and compiles information for reporting (Position), and what frequency?

12. Assessment of physical conditions

- 1. Describe the examination, counselling area, and reception area.
 - a. Reception area (space, stool, adequate for client flow, any other problems).

 - b. Examination area (space [separate or combined], bed, cover, screen, light [natural/artificial], auditory privacy during conversation, visual privacy during examination, water for hand-washing, any other problems).
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - c. Counselling area (space, screen, auditory privacy during conversation, any other problems).

13. BCC status

1. How BCC is prepared in the clinic?

- 1. _____
- 2. _____
- 3. _____

2. Who participate in the BCC activities?

- 1. _____
- 2. _____
- 3. _____

3. What are the methods used for BCC activities?

- 1. _____
- 2. _____
- 3. _____

4. What are the BCC materials displayed in the clinic?

- 1. _____
- 2. _____
- 3. _____

14. Organization and Management

1. Have you met among yourselves in last month? (Issues discussed, follow up, frequency of meeting).

3. Who supervises each position?

<u>Position</u>	<u>Who supervise</u>
1. Clinic In-charge	_____
2. Medical Doctor	_____
3. Nurse/ FWV	_____
4. Paramedic	_____
5. Lab technician	_____
6. Pharmacist/Druggist	_____
7. Clerk/Store-Keeper	_____
8. Clinic aid	_____
9. Service promoter	_____
10. Cleaner/Sweeper	_____
11. Others (specify: _____)	_____