

Operations Research on ESP Delivery and Community Clinics in Bangladesh

Policy Implications of Dissemination on Site Selection for Community Clinics

**Sukumar Sarker
Ziaul Islam
Subrata Routh**



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

Special Publication No.110

Edited by: M. Shamsul Islam Khan

Design and Desktop Publishing: Jatindra Nath Sarker
Manash Kumar Barua

ISBN: 984-55-229-1

Special Publication No. 110

©2000. ICDDR,B: Centre for Health and Population Research

Published by:

ICDDR,B: Centre for Health and Population Research

GPO Box 128, Dhaka 1000, Bangladesh

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

E-mail: msik@icddrb.org; URL: <http://www.icddrb.org>

Printed by: Sheba Printing Press, Dhaka

Acknowledgements

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

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

- Aid agencies of the government of: Australia, Bangladesh, Belgium, Canada, European Union, Japan, Norway, Saudi Arabia, Sri Lanka, Sweden, Switzerland, the United Kingdom, and the United States of America;
- UN agencies: International Atomic Energy Agency, UNAIDS, UNICEF, World Bank, and WHO;
- International organizations: CARE Bangladesh, International Center for Research on Women, International Development Research Centre, Population Council, and Swiss Red Cross;
- Foundations: Aga Khan Foundation, Ford Foundation, George Mason Foundation, Novartis Foundation, Rockefeller Foundation, and Thrasher Research Foundation;
- Medical research organizations: International Life Sciences Institute, National Institutes of Health, New England Medical Center, Northfield Laboratories, and Walter Reed Army Institute for Research-USA;
- Universities: Johns Hopkins University, Karolinska Institute, Loughborough University, London School of Hygiene & Tropical Medicine, University of Alabama at Birmingham, University of Goteborg, University of Maryland, University of Newcastle, University of Pennsylvania, and University of Virginia;
- Others: Abt. Associates Inc., ALICO Bangladesh, Arab Gulf Fund, American Express Bank, ANZ Grindlays Bank, British Geological Survey, Cairns Energy PLC, Cytos Pharmaceuticals LLC, Department of Defence-USA, Family Health International, Helen Keller International, Macro International Inc., National Vaccine Program-USA, Occidental Bangladesh Ltd., Procter and Gamble, The Rand Corporation, Rhone-Poulenc Rorer, Save the Children Fund-USA, Shell Bangladesh, UCB Osmotics Ltd., Urban Family Health Programme, UNOCAL Bangladesh, and Wander A.G.

The authors place on record their sincere gratitude to Mr. M.M. Reza, former Secretary, Mr. M.A. Muktadir Majumder, Joint Chief (Planning), Dr. Makhduma Nargis, Joint Secretary (Coordination) and Line Director, Construction of Ministry of Health and Family Welfare; Mr. Muhammed Ali, Head, Management Change Unit, Ministry of Health and Family Welfare; Prof. A.K.M. Nurul Anwar and Prof. A.B.M. Ahsan Ullah, former Director Generals and Dr. A.M. Zakir Hussain, Director, Primary Health Care and Disease Control, and Line Director, ESP (H), Directorate General of Health Services; Mr. Dheeraj Kumar Nath, former Director General and Dr. Jahiruddin Ahmed, Director, MCH-Services, and Line Director, ESP (RH), Directorate of Family Planning, for their continued support and guidance in preparation of the guidelines. Special thanks go to Dr. Enamul Karim, Senior

Consultant and Mr. Mesbahuddin Ahmed, Technical Officer, Management Change Unit of MOHFW; Dr. S.M. Asib Nasim, Deputy Team Leader, Mr. Md. Shahjahan, and Mr. Ziauddin Ahmed Khan, Technical Officer of Programme Coordination Cell, MOHFW, for their valuable comments and suggestions on the study. Finally, we acknowledge the useful inputs of service providers, supervisors, and programme managers who actively participated in the process of dissemination activities and developing the paper.

Contents

	Page
Abstract	iv
Introduction	1
Delivery of Essential Services Package	1
Operations Research on Site Selection for Community Clinics.....	2
Dissemination Activities on Site Selection for Community Clinics	4
Dissemination Workshop on Operationalization of Community Clinics and ESP Delivery.....	4
Orientation Workshop for National-level Facilitators on Site Selection for Community Clinics	8
Debriefing Workshop with National-level Facilitators on Establishment of Community Clinics	9
Conclusion	15
References	17
 Annexures	
1. Presentation on Lessons Learned from Operations Research on Site Selection for Community Clinics	18
2. Presentation on Issues Relating to Operationalization of Community Clinics and Future Steps.....	21
3. List of Participants on Debriefing Workshop with the National-level Facilitators on Establishment of Community Clinics	29

Abstract

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

It is, therefore, appropriate that research be undertaken to: (i) document the operationalizational process; (ii) monitor, analyze, and evaluate the performance of the new system; (iii) identify the problem(s) encountered in implementation of the new system; and (iv) suggest probable solution(s) to address the problem(s) encountered. Keeping these issues into consideration, the MOHFW requested the Operation Research Project of ICDDR,B: Centre for Health and Population Research to undertake research on operationalization of ESP delivery and CCs. Accordingly, the ORP initiated this research, in collaboration with the MOHFW and its directorates and Management Change Unit (MCU) and Programme Coordination Cell (PCC) of MOHFW, at three of its project sites, namely Abhoynagar upazila of Jessore district and Mirsarai and Patiya upazilas of Chittagong district.

The first step in operationalization of CCs was to select appropriate sites. The Project Implementation Plan (PIP) of HPSP described several features relating to site selection. Subsequently, the MOHFW issued guidelines and a circular on the same. In light of these documents, the ORP facilitated the process of site selection in its project sites.

This facilitation effort revealed many issues and problems relating to the subject. These problems and issues were shared with the national policy-makers and programme managers, resulting in modification of the programme or formulation of new policies. These policies accelerated the selection of appropriate sites in the districts. Moreover, the lessons learned from this operations research helped the policy makers to establish the initial details of a new service-delivery approach as envisaged in the HPSP.

Introduction

The Health and Population Sector Programme (HPSP) 1998-2003 of the Government of Bangladesh is aimed at providing a range of basic health and family-planning services through an effective and financially sustainable system capable of delivering an Essential Services Package (ESP) to be responsive to clients' needs, especially of vulnerable groups i.e. women, children, and the poor. The general objectives of the programme emphasize to reduce maternal and child mortality, burden of communicable diseases, and fertility rate, and to increase life expectancy at birth, age-at-first pregnancy, nutritional status, and healthy life-style for the population. At the rural community level, the ESP is planned to be delivered in an integrated way from a static centre called Community Clinic (CC), built for an average population of 6,000. The ESP delivery involves reorganization and restructuring of the existing service-delivery strategy from the home-visitation approach to a static centre-based service-delivery (Programme Implementation Plan Part-I, HPSP). The HPSP has also focused on sector-wide management within a sectoral policy framework, instead of a multiple project-driven approach, to address structural inefficiencies and inconsistencies in the health and family-planning sector where separate vertical and duplicative services, including support systems, exist. Implementation of a client-oriented cost-effective service-delivery system for the ESP has evolved as the most critical concern of the HPSP.

The Operations Research Project (ORP) of ICDDR,B: Centre for Health and Population Research has been conducting research on operationalization of ESP delivery and CCs in its project sites at Abhoynagar upazila of Jessore, and Mirsarai and Patiya upazilas of Chittagong. The experiences gained, thus far, from the orientation and site selection activities undertaken as part of research efforts on operationalization of ESP and CCs in rural Bangladesh, has been documented elsewhere (ICDDR,B special publication nos. 105 and 106). The present document describes a series of activities conducted for dissemination of the research experience and its influence on the related policy.

Delivery of the Essential Services Package

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

The ESP is planned to be delivered in a three-tiered service-delivery model (Fig. 1), with the Upazila Health Complex (UHC) at the upazila level, Union Health and Family Welfare Centre (UHFWC) at the union level, and the CC at the ward/village level. Effective implementation of ESP delivery requires an integrated approach by the health and family-planning providers and managers within an unified management system at the upazila level and below. It also requires some organizational and management restructuring at the district and national levels.

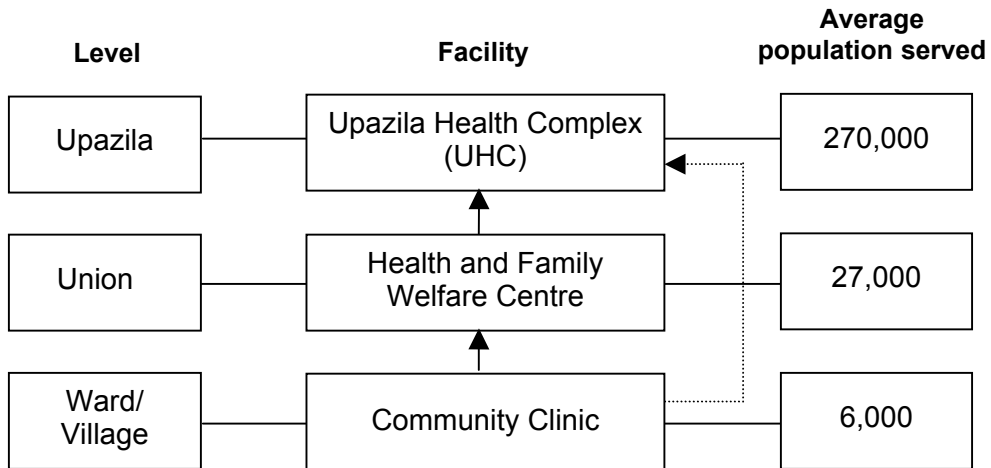


Fig. 1. Tiers of ESP delivery in a rural area

Operations Research on Site Selection for Community Clinics

The HPSP has brought forward a number of new issues relating to restructuring and reorganization in the service-delivery strategy and organizational management. A major element in the proposed ESP delivery system is the establishment of 13,500 CCs to provide services at the lowest tier of the system, i.e. at the community level. It proposes a shift in the current service-delivery strategy and suggests that the community members use the static centres. Both integrated service-delivery package, in contrast to the services provided by the vertical programmes, and shift in service-delivery away from homes to the static clinics are major shifts in the programme. With such major changes to be implemented, it is critical that research is conducted to document the process of operationalizing the CCs and monitoring the effects of these changes on the health and family-planning indicators of the community. It is also appropriate that the problems encountered in implementing the new system be identified through research and the probable solutions be suggested to address the problems for smooth nationwide implementation.

Keeping these issues in consideration, the Ministry of Health and Family Welfare (MOHFW), at a meeting held on 6 May, 1998, under the chairmanship of the Secretary, MOHFW requested the ORP to undertake research on operationalization of ESP delivery and CCs. The research proposal, developed by the ORP, was approved by the Operations Research Working Group, at its meeting held on 13 August, 1998 under the chairmanship of the Joint Chief, Planning, MOHFW. Accordingly, the ORP initiated this research, in collaboration with the MOHFW, Directorate General of Health Services and Directorate of

Family Planning, Management Change Unit (MCU), and the Programme Coordination Cell (PCC) of MOHFW.

The research on operationalization of ESP delivery in the rural areas was conducted at three ORP field sites, namely Patiya and Mirsarai of Chittagong district and Abhoynagar of Jessore district, where the Project has had a long history of collaboration with the Government of Bangladesh (GOB). The study, initiated in October 1998, emphasizes much on identifying the barriers to smooth functioning of the ESP, so that corrective action(s) can be recommended to the higher level(s) for modifying and improving the system. As part of the study, the intention of operations research on site selection of CCs was to:

- achieve better understanding of the new programme among the programme managers, service providers, and community leaders;
- identify appropriate approaches for selection of sites for CCs, through evolving a partnership of the local community and the public-sector service providers, in line with the HPSP; and
- identify problems/barriers in the process of selecting sites for the CCs.

The major questions addressed in the operations research on site selection of CCs are:

- What activities need to be undertaken to establish and operationalize the CCs in the rural areas?
- Who should be involved as active partners in the process of selecting sites and establishing the CCs?
- What would be the most feasible mechanism to choose appropriate sites for the establishment of CCs?
- How could effective involvement of the community in the process of establishing CCs be ensured?
- What support activities need to be undertaken to facilitate the site-selection process?

The details of the activities of the intervention and the experiences gained through the process of orienting the managers, providers, and the community members with the HPSP and ESP and of selecting sites for the CCs is described elsewhere (ICDDR,B special publication no. 105 and 106). The present document describes the activities involved in the dissemination of the research findings.

Dissemination Activities on Site Selection for Community Clinics

Three workshops were conducted to disseminate the lessons learned on site selection of CCs. These were:

- a. Dissemination Workshop on Operationalization of Community Clinics and ESP Delivery on 31 August - 1 September, 1999;
- b. Orientation Workshop for National-level Facilitators on Site Selection for Community Clinics on 25 September, 1999; and
- c. Debriefing Workshop with National-level Facilitators on Establishment of Community Clinics on 13 November, 1999.

These workshops were organized mainly to: i) share experiences gained on operationalization of CCs and on site selection in particular; ii) identify the critical operational issues; and iii) finetune the implementation strategy.

Dissemination Workshop on Operationalization of Community Clinics and ESP Delivery

The Dissemination Workshop on Operationalization of CCs and ESP Delivery was organized jointly by the ORP and the MOHFW to share experiences gained from the process of operationalization of CCs, and to identify the issues critical to further implementation of CCs. The discussion in the workshop mainly focused on site selection of CCs and related issues. The expectation was that the recommendations of the workshop would be actively considered by the MOHFW for future modifications/refinement of the existing guidelines or further development of subsequent guidelines. The workshop, held at the Sasakawa Auditorium of ICDDR,B, Dhaka, was participated by the Secretary, MOHFW; Head, Management Change Unit (MCU), MOHFW; Director General of Health Services; Director General of Family Planning; relevant Line Directors and ESP Programme Managers of both the Directorates; Technical Officers from PCC and MCU; Health and Family Planning Divisional Directors of Khulna and Chittagong divisions; District officials (Civil Surgeon, Deputy Civil Surgeon, Deputy Director-Family Planning, Assistant Director-Clinical Contraception) of Khulna and Chittagong districts; and the Upazila Managers (UHFPO, UFPO, MO-MCH, AUFPO) of Abhoynagar, Jessore, Mirsarai, and Patiya of Chittagong. Concerned ORP staff also participated at the workshop.

The workshop was divided in two sessions: working and wrap-up sessions. The working session was held on 31 August, 1999, and was chaired by Mr. Muhammad Ali, Head, Management Change Unit. Officials from MOHFW, PCC-MCU and Directorates of Health Services and Family Planning were included as panelists in the working session. The wrap-up session, held on 1 September, 2000, was chaired by Mr. M.M. Reza, Secretary, MOHFW, Government of Bangladesh. The wrap-up session was co-chaired by Prof. A.K.M. Nurul Anwar, Director General of Health Services and Mr. Dheeraj Kumar Nath, Director General of Family Planning. Mr. Muhammad Ali, Head, MCU, also participated at the wrap-up session as a special guest. Other agencies, e.g. USAID, World Bank, and Policy Project/NIPHP, also participated in the wrap-up session.

Methods and contents of the workshop

i. The working session of the workshop included the following activities:

Presentation by Upazila Managers

The Upazila Health and Family Planning Officers (UHFPO) from the three upazilas where the ORP maintains field sites and two non-ORP upazilas (Keshabpur of Jessore and Satkania of Chittagong districts, where ORP provides no technical assistance and facilitation) presented their experiences about the process of site selection for CCs. Their presentations primarily highlighted different steps of activities conducted at the upazila level and below, problems encountered in conducting these activities, and how those were resolved. The Upazila Managers also raised issues emerging from the site-selection process that need to be addressed for smooth operationalization of the intervention in future.

Presentation by ORP

The ORP staff presented a summary of issues emerging from three of its field sites, focusing on the problems encountered, and lessons learned in the process of site selection (Annexure-1). Suggestions were also put forward for discussion as probable solutions of those problems. It was emphasized that the suggested actions be considered by the MOHFW for incorporation into its policy.

Panel discussion

The panelists discussed the presentations made by Upazila Managers and ORP staff. In the panel discussion, response was made to some of the issues presented in the light of the HPSP, while many of the findings presented at the workshop were acknowledged for consideration by the government.

Comments and remarks

The participants made a number of useful suggestions relating to site selection for CCs and their future operationalization. The Chair, in his remarks, highlighted the importance of the findings presented by the ORP staff and the upazila managers, and recommended to modify the existing guidelines to reflect the findings or alternatively new guidelines/addendum to the existing guidelines need to be developed.

ii. The activities of the wrap-up session included:

Brief presentation by Upazila Managers

The UHFPOs of Keshabpur, Jessore and Mirsarai, Chittagong, made a brief presentation for the benefit of participants joining the wrap-up session. The discussions reiterated the issues presented by them on the first day of the workshop.

Presentation on lessons learned

The ORP staff made a brief presentation on the lessons learned from operations research on site selection of CCs, emphasizing on the problems in operationalization and the lessons learned. This presentation incorporated the discussions (comments/remarks) held on the first day of the workshop (Annexure 2).

Presentation on recommendations of the workshop

The Chief of Party, ORP, briefly presented the recommendations based on the deliberations of the workshop. The presentation also covered report on the activities of the working session and flagged the issues for consideration by the MOHFW.

Comments/remarks

The participants made comments on the recommendations, and suggested a few more issues that need to be addressed by the government. The Co-chairs, the Special Guest, and the Chair discussed the various issues raised at the workshop and expressed the need for incorporation of the operations research findings into the national guidelines.

Workshop recommendations

The presentations and subsequent discussions at the workshop resulted in some specific recommendations, and identified a number of issues for immediate consideration by the MOHFW for smooth and speedy implementation of the site-selection process.

Specific recommendations

- An orientation programme for the divisional, district and upazila officials, union supervisors, and service providers should be organized urgently to expedite the process of site selection for CCs.
- Orientation/briefing meetings of the UP Chairmen and others concerned should be organized to give them a clear understanding of the GoB guidelines.
- Upazila Committee on CC site selection should be reconstituted with the inclusion of UFPO, MO-MCH and Assistant Commissioner (AC)-Land. Other officials may be co-opted, as deemed fit.
- Involvement of the Local Government and Engineering Department (LGED)/AC-Land's office should be ensured in obtaining/ preparation of upazila and union maps.
- AHI's and FPI's involvement in the process of formation of Community Groups should be mentioned in the guidelines.
- Involvement of Upazila Parishad/UNO in the implementation process should be ensured.
- In case of any disputes, legal aid for the Upazila Committee should be ensured.
- A formal agreement (MOU) should be signed between the government/local government representative (UHFPO/UP Chairman) and the Community Group on their roles and responsibilities.
- Provision for a minimum land registration fee and other ancillary costs (for obtaining certified copy of the deed) should be taken up and finalized with the relevant agencies.
- There should be a provision for options (land donor/subscription/any individual of the

community) regarding payment of land registration fees.

Issues to be resolved

The following issues, identified as critical for operationalization of CCs need quick resolution:

- Modification of the layout for CC, considering the climatic context and norms of rural life:
 - Arrangement of concrete rooftop, instead of corrugated tin-sheets
 - Toilets to be built in two separate corners with entrance facing outwards, or provision for one toilet inside the building
 - Installation of a tube-well at a safe distance from the toilet inside the building may be considered
 - Provision for electric wiring should be made
 - Separate consultation tables for providers (HA/FWA) with seating arrangement in separate rooms should be made
 - There should be a provision of horizontal extension of the building, particularly the waiting space
- Involvement of divisional and district managers in monitoring and supervision of site selection for CCs and their constructions with the following provisions:
 - A monthly update from the UHFPO on CC site selection/construction to the District Managers
 - Feedback from the MOHFW to the District and Divisional Managers on the national status of CC site selection/construction
- Display of the land donor's name at the CC
- Development of a modus operandi/terms of reference for the Community Groups
- Use of mass media to familiarize the community on ESP and CCs
- Some facilitation mechanisms to expedite appropriate implementation of the site-selection process
- Development of a transition plan from the existing to the CC-based service-delivery system

Orientation Workshop for National-level Facilitators on Site Selection for Community Clinics (CCs)

The initial phase of the intervention, focused on the establishment of CCs, identified some problems pertinent to selection of sites for the CCs-- the first and foremost task in ESP delivery at the rural community level. The lessons learned and the probable suggestions were disseminated among the national health and family-planning managers and policy-makers through a workshop held on 31 August-1 September, 1999 at the ICDDR,B. One of the key recommendations made at the dissemination workshop was to develop a facilitation mechanism to expedite and streamline the site-selection process of the CCs at the upazilas. Accordingly, the MOHFW planned to form a task force consisting of national-level officials from Ministry and the Directorates of Health Services and Family Planning. The national-level facilitators were given the responsibility to undertake field visits, meet the district and upazila managers to guide and assist them in expediting the site selection process, and ensure timely submission of proposals to the Ministry for the construction of CCs. It was decided that the Ministry, with technical support from the ORP, would organize an orientation workshop for the national-level facilitators and devise the facilitation and monitoring guidelines in light of the corresponding experiences of the ORP.

In view of the above, a day-long orientation workshop was held on 25 September, 1999 at the Conference Room of ORP. The workshop was organized jointly by the ORP and MOHFW, and was participated by the national-level facilitators. The honourable State Minister for Ministry of Health and Family Welfare, Professor M. Amanullah, attended the workshop as the Chief Guest and Mr. Muhammad Ali, former Secretary, MOHFW and currently Head of MCU as a Special Guest. Mr. M.M. Reza, Secretary, MOHFW, chaired the inaugural session of the workshop. The working session was chaired by Dr. Makhduma Nargis, Joint Secretary (Coordination) and Line Director (Construction), MOHFW. The workshop was also participated by Professor A.B.M. Ahsanullah, Director General of Health Services, Professor Barkat-e-Khuda, former Chief of Party, ORP and Director, Health and Population Extension Division of ICDDR,B, two Line Directors of ESP, Director (Administration) of Directorate General of Health Services (DGHS), Deputy Secretary (Coordination), MOHFW and Deputy Director (Administration) of Directorate of Family Planning (DFP) and the concerned ORP staff. The workshop was conducted and facilitated by the technical staff of PCC and MCU of MOHFW and ORP.

Discussion and recommendations

The concept and rationale of HPSP and ESP, the salient features of the guideline on establishment of CCs, and the steps suggested by the MOHFW to select sites for CCs were discussed at the outset of the workshop. The ORP staff also made a presentation on the problems encountered in the implementation of each of the suggested steps and probable solutions to address them. This helped the workshop participants understand the field experiences with regard to the site-selection process and operationalization of the new service-delivery system. The specific tasks of the national-level facilitators in accelerating the process of site selection and the mechanisms of facilitation and monitoring were

explained to the workshop participants. In the concluding session, the speakers emphasized on the importance and usefulness of the operations research findings and expected that the future process of establishing and operationalizing the CCs would also benefit from ORP's field experiences. It was concluded that a debriefing workshop on the observations of the national-level facilitators would be organized after completion of their proposed visits to the assigned districts. This was expected to provide more insights on the site-selection process and further refinement of the related guidelines.

The guidelines and checklists were developed jointly by the ORP, and the MCU and PCC of MOHFW on facilitation and monitoring of the progress of the task force members and the Upazila Managers. These guidelines were shared with the national-level senior officials of MOHFW, including the Task Force members. The guideline for Upazila Managers was discussed with them during the field visits of the Task Force members.

Debriefing Workshop with National-level Facilitators on Establishment of Community Clinics

In line with the orientation workshop of national-level facilitators, a debriefing workshop on the observations of the national-level facilitators was organized after completion of their proposed visits to the assigned districts. It was expected that more insights would be obtained on the site-selection process that would help identify the future steps of the intervention. The Task Force members completed visits to the assigned districts, and submitted written reports containing their observations and recommendations for analysis and actions by the policy-makers. These reports were analyzed jointly by both MCU of MOHFW and ORP for discussion in the debriefing workshop.

Debriefing Workshop

The day-long workshop, held on 13 November, 1999 at the ORP Conference Room of ICDDR,B, was organized jointly by the MOHFW and the ORP of ICDDR,B. The workshop was chaired by Mr. M. M. Reza, Secretary, MOHFW, and was participated by other senior officials from the MOHFW, Local Government Engineering Division (LGED) of Ministry of Local Government Rural Development and Cooperatives (MOLGRD), Directorate General of Health Services, Directorate of Family Planning, and the Task Force members. Annexure-3 includes the list of participants.

The objectives of the workshop were to:

- a. share observations of the Task Force members (national-level facilitators) during their visits to the assigned districts,
- b. identify the existing problems in the site-selection process of CCs,
- c. formulate recommendations for future steps to expedite the site-selection process of CCs, and
- d. share suggestions/recommendations, if any, for the operationalization of the CCs.

Discussions

The workshop adopted participatory plenary discussion as the working method. The discussions concentrated on the presentations made by the ORP staff (Dr. Sukumar Sarker and Dr. Ziaul Islam) on observations of the Task Force members during their visits in the districts and actions recommended by them to be undertaken by the MOHFW. The presentations virtually contained the comments of the Task Force members on the problems observed at the field level, and suggested actions from the national level to expedite the site-selection process for the current year and for the coming years. The presentations were followed by discussions on the relevant findings from the districts. The task performed by the national-level facilitators was acknowledged as a significant step as it helped the Ministry to receive a considerable number of construction-proposals from the districts, although the target for the present financial year has not yet been achieved. As they had resolved many issues at the local level or given directions to the local managers to initiate actions to speed-up the site-selection process, it appeared that facilitation by the Task Force members would help achieve the goal of constructing 6,000 CCs and operationalizing a significant portion of them by June 2000. The presentation revealed that many of the problems reported resembled the problems reported from the ORP sites. However, the new issues, particularly some area-specific problems, were added to the list that warrants appropriate interventions to resolve. While some of the actions demanded an immediate attention to attain the current year's target, others needed an appropriate decision for the establishment of CCs in the following years.

Decisions

A threadbare discussion took place on the issues presented, particularly on the areas where actions/interventions are sought from the national level. The following decisions were adopted in the workshop to accelerate and expedite the process of establishing CCs.

- ***Establishment of CCs in newly-created unions***

The list of unions recorded in the MOHFW needs to be updated to include the newly-created unions. The list of unions available with the Election Commission or other relevant agencies may be used as a source for updating. The Upazila Managers should be informed about the number of clinics to be built in the newly-created unions under their respective upazilas. A revised union-wise number of CCs needs to be circulated to relevant upazila and district managers to help them select the exact number of sites for CCs.

- ***Phasing of CCs***

The fiscal year-wise phase-in plan for construction of CCs should be circulated to the local managers to help reduce the confusions about the establishment of CCs in all the unions of upazila and to enhance the selection of sites as a union package.

- ***Seeking assistance from Deputy Commissioners***

The Deputy Commissioners of Maulvibazar, Sylhet, Khagrachhari, Bandarban, Rangamati, Chittagong and other such areas with tea gardens, exclusive khaas lands and forestry should be requested to provide necessary assistance for transfer of ownership (registration) of *khaas* land selected for construction of CCs. A copy of the letter to the Deputy Commissioners may be forwarded to the concerned Ministry for information and assistance.

- ***Establishment of CCs at rural dispensaries***

A Committee should be formed to review the status of Rural Dispensaries (RDs) and FWCs in the country and to decide on the potential use of RDs as CCs for those localities (catchment area of 6,000 population). The Committee should also look into the manpower planning for such centres and suggest specific recommendations to the MCU/MOHFW.

- ***Recognition of donation by community members***

The donation of land by the community members should be recognized through provision of a standard plaque or board with the names of land donors and the names of donors of registration fees (if different from the donors), and this should be prominently displayed at the entrance of the building.

- ***Transfer back of ownership of land***

Arrangement of transferring back of ownership to the land donor should be made if a clinic is not constructed on a selected and donated land (already registered in favour of GoB). The relevant Ministry and agencies should be consulted to identify the steps of such a process.

- ***Selection of sites as Union Package***

More intimation should be given to the Upazila Managers to select the sites for CCs as a Union Package as described in the GoB Guideline on Establishment of Community Clinics (April 1999) and the GoB Circular on Establishment of Community Clinics (May 10, 1999). The local Managers should be made aware that the construction of CCs in the first phase would only be possible if the sites are selected as Union Package. The deadline for union-wise selection may be extended up to end-December, 1999.

- ***Coordination between MCU-PCC, CMMU of MOHFW and LGED/MOLGRD***
 To reduce inconsistencies in planning the construction of CCs and avoid confusion by the local-level managers regarding the process of union selection, a coordination meeting may be organized between the MCU-PCC and CMMU of MOHFW and LGED of MOLGRD. The MCU may initiate the meeting and the subsequent exercises for appropriate coordination.
- ***Buying land for establishment of Community Clinics***
 In some places, the value of the land is considerably high which makes the community unwilling to donate lands for CCs. Decisions should be made to allow the establishment of CCs on the government lands in such areas. Alternatively, provision should be made for buying lands in those areas for the establishment of CCs in the coming years.
- ***Selection of sites on lands of other organizations***
 In some cases, the community was willing to donate lands, which belong to maddrasa, mosques, and other government projects, e.g. Ashrayan Prokolpo. Necessary instructions should be given to the concerned Upazila Managers on the issue.
- ***Earth filling of low-lying lands***
 A provision may be made in the budget for the construction of CCs, so that earth filling of low-lying lands can be done at sites where the community may be unwilling or incapable of doing the job. Alternatively, the issue could be addressed in the next year's plan. The respective managers should be informed that the earth-filling would only benefit the construction work if it is done side-by-side with the construction work at the original ground levels and, hence, should not be done before the construction work begins.
- ***Intimation to Upazila and District Managers***
 More intimation needs to be given to the District and Upazila Managers to speed up the site-selection for CCs, so that the construction work can be initiated at the earliest. Specific intimation should be given to the UHFPOs with a copy to the Civil Surgeon and Deputy Director (FP) of the districts from where no proposal has yet been received. They should be informed that the construction of clinics would be possible during this financial year if the proposals of selected sites are received by the Ministry latest by end-December, 1999.

- ***Seeking cooperation from other Ministries***

The Ministry of Establishment, Ministry of Land, and Ministry of Local Government, and Rural Development and Cooperatives may be approached for more cooperation from the upazila officials of the respective ministries in the site-selection for CCs and their subsequent operationalization process.

- ***Legal aid support***

In case of legal dispute, the concerned officials should be directed to attend if summoned by the court. The concerned official should seek legal support from the Government Pleader, as per the existing provision to defend the case.

- ***Guidelines for selection of sites for UHFWC under HPSP***

The managers of the upazilas, where the UHFWCs will be built under the HPSP, should be advised about the criteria for selection of sites for the UHFWC. The existing guideline on establishment of UHFWC may be circulated to them. The site-selection of UHFWC may well be included in the TOR of the Upazila Committee for site-selection for CCs.

- ***Selection of site on a land of smaller area***

A site found suitable in all other criteria but smaller in size, less than 5 decimals (4–4.5 decimals), may be considered appropriate for selection as an exception in areas with acute land scarcity.

Follow-up Actions

To implement the workshop decisions, the following activities were identified to be carried out by the persons responsible for the tasks.

Sl. No.	Activity	Responsibility
1	Update the list of unions to include the newly-created unions and circulate the revised union-wise plan of CCs to the Upazila Managers.	MCU
2	Develop a phase-in plan of CCs and circulate it to the Upazila Managers.	MCU
3	Write letters to the Deputy Commissioners of Maulavibazar, Khagrachhari, Bandarban, Rangamati, and Chittagong with a request to take necessary steps for registration (transferring ownership) of the khas lands selected as the CC sites. The letter should include a prelude on CC.	JS (Coordination) and LD (Construction)
4	Form a committee to review the status of RDs and FWCs in the country and decide on potential use of these facilities as CCs. A TOR for the committee has to be developed.	JS (Administration & Personnel Management)/ JS (Coordination)
5	Write letters to CMMU/MOHFW and LGED/MOLGRD describing the decision about recognition of names of land donors and name of donors of registration fees (if different from donors).	JS (Coordination)
6	Organize meetings with the Ministry of Law and Parliamentary Affairs and other relevant agencies to find out the modalities of transferring back of ownership of land to the donor, if the donated land is not used for the purpose of donation due to any reason.	JS (Coordination)
7	Write letters to the THFPOs to select sites of CCs as Union Package as described in the previous letters and guidelines with notification of deadline extended up to 15 December, 1999.	MCU
8	Organize coordination meeting between MCU-PCC, CMMU and LGED and update the plan of the respective agencies regarding construction of CCs.	MCU

Sl. No.	Activity	Responsibility
9	Create provision in the budget for buying lands for construction of CCs in the coming years. Also make provision for the cost of extra earth filling in the low-lying lands.	JS (Coordination)
10	Write letters to Upazila Managers allowing the Upazila Committee to select sites on the lands belonging to maddrassa, mosques, or other GoB projects if found willing to donate such lands that fulfill the other selection criteria.	JS (Coordination)
11	Write letters to District and Upazila Managers with request to speed-up the site-selection for CCs along with specific intimation to the districts from where no proposal has yet been received.	JS (Coordination)/ MCU
12	Write letters to Secretary, Ministry of Establishment, Ministry of Land, and MOLGRD seeking cooperation of the upazila and district officials of the respective ministries in the CC site selection and subsequent operationalization process.	JS (Coordination)
13	Write letters to Upazila Managers describing the decision about legal aid support	JS (Coordination)
14	Circulate a guideline to the UHFPOs containing criteria for selection of UHFWCs under HPSP.	JS (Coordination)
15	Write letters to Upazila Managers about adapting the criteria for selecting site on a land of smaller area (4–4.5 decimals) as an exceptional case for areas of acute land scarcity, provided it meets the other criteria.	JS (Coordination)

The workshop decisions and the follow-up actions were documented and circulated to the concerned officials by the MOHFW.

Conclusion

The site selection for the CCs was a complex process, since it depended on appropriate involvement and participation of all the relevant stakeholders. Such participation of community involvement in development activities, though not new in Bangladesh, requires plenty of facilitative efforts. The details of the activities to be performed for site selection need to be learnt by doing. The research intervention on ESP delivery and operationalization of CCs identified these details through working with the health and family-planning field workers and managers, Community Group members, and other community leaders. These experiences helped the national programme managers and the policy-makers to expedite the process of site-selection throughout the country. The dissemination activities led to significant modification in policy decisions and in formulation of new policies with regard to the site-selection for the new tier of health facilities as envisaged in the HPSP. The recommendations of the workshops were adopted by the MOHFW in formulation of new policies and thus resulted in accelerated implementation of the programme.

References

1. Bangladesh. Ministry of Health and Family Welfare. Health and Population Sector Programme 1998-2003, Programme Implementation Plan, Part-I and II. Dhaka: Ministry of Health and Family Welfare, Government of Bangladesh, 1998.
2. Bangladesh. Ministry of Health and Family Welfare. Guideline on Establishment of Community Clinics. Dhaka: Ministry of Health and Family Welfare, 1998.
3. Bangladesh. Ministry of Health and Family Welfare. Minutes of the De-briefing Workshop with the Task Force Members on November 13, 1999. Dhaka: Ministry of Health and Family Welfare, Government of Bangladesh, 2000.

**Presentation on Lessons Learned from Operations Research on
Site Selection for Community Clinics**

**Dissemination Workshop on ESP Delivery and Community Clinics
Organized jointly by ORP of ICDDR,B and MOHFW
1 September, 1999
Sasakawa Auditorium, ICDDR,B, Dhaka, Bangladesh**

- **Objectives of Operations Research**
 - Facilitation in the CC site-selection process in line with the related government guidelines
 - Step-by-step documentation of the site-selection process
 - Dissemination of the research findings and suggestions for further fine-tuning

- **OR Activities Conducted**
 - Orientation and briefing meetings
 - Participatory planning workshops
 - Stock-taking workshops/meetings
 - Focus group discussions with community groups
 - Technical assistance and documentation

**Problems Encountered and Lessons Learned
Issue: Selection of Unions for Community Clinics**

Problems encountered	Lessons learned
<ul style="list-style-type: none"> • All UP chairmen wanted their respective unions to be selected in the current plan 	<ul style="list-style-type: none"> • Briefing meeting for the UP chairmen on the government guidelines was useful in their proper understanding of the CC implementation plan • Involvement of the UNO in the briefing meeting proved to be effective in convincing the UP chairmen
<ul style="list-style-type: none"> • A complete and updated upazila map with union boundaries was not readily available 	<ul style="list-style-type: none"> • A upazila map could be made available from LGED and AC-Land's offices • AHIs and FPIs were instrumental in this activity • Some technical assistance was required
<ul style="list-style-type: none"> • AUFPO post was vacant in some places • It took quite a while to resolve who should replace the AUFPO as member-secretary 	<ul style="list-style-type: none"> • UH&FPO worked with necessary support from UFPO and MO-MCH

Problems encountered	Lessons learned
<ul style="list-style-type: none"> • Some instance of external influence/pressure were experienced • In some cases, cyclone/flood shelters could not be used because of their inconvenient location 	<ul style="list-style-type: none"> • Clear guidelines regarding site-selection were extremely helpful. The Site-selection Committee strictly adhered to the government guidelines • In most cases, the community accepted the selection. A few instances of dispute were registered • It was possible to replace inconveniently located cyclone/flood shelters with selection of new CC spots
<ul style="list-style-type: none"> • Many of the donated lands needed earth filling • Issues relating to payment of registration fees and costs of obtaining certified copies were not clear in the guidelines 	<ul style="list-style-type: none"> • The land donors and community leaders had to be motivated to do the necessary land development work. Response to land development depended on the degree of motivation of the land donor and the community leaders • Considerable effort was needed to convince the land donor/community for paying the registration and related costs • The community expected a provision for nominal registration and ancillary costs
<ul style="list-style-type: none"> • There was mention on involvement of AHIs and FPIs in this process • The guidelines on CGs seemed incomplete 	<ul style="list-style-type: none"> • AHIs and FPIs played a critical role in the formation of CGs • The modus operandi of the CGs, along with its legitimacy in performing the entrusted responsibilities, need to be worked out

Future OR Issues

- Start up package at CCs
- Training needs of CC providers
- Phase-in plan for ESP services
- Transition plan for the CCs (once a week planning of home visits by HAs/FWAs, planning of outreach sites, etc.)
- Modus operandi of the community groups
- Support systems for the CCs

Presentation on Issues Relating to Operationalization of Community Clinics and Future Steps at the Orientation Workshop on Establishment of Community Clinics Organized by ORP of ICDDR,B and MOHFW

**September 25, 1999
ORP Conference Room, ICDDR,B, Dhaka**

- Provision of ESP services and their use by targeted clients are the major focus of the HPSP
- The reforms in the HPSP highlight:
 - client-centred provision of ESP services
 - integrated service-delivery
 - one-stop provision of ESP services through a network of Community Clinics, UHFWCs, and UHCs
- Some challenging features of the HPSP are to:
 - evolve a functional partnership of the government with the local community
 - ensure establishment of CCs and their efficient and effective operation with substantial community participation
 - implement the gradual shift from home-based service-delivery and the transition toward a static-clinic based service provision, without affecting programme achievements
 - assure effective integration of service-delivery with necessary unification/reorganization measures
- While lessons learned from the relevant research were considered during the planning, the HPSP-recommended system for ESP delivery was a major departure from the conventional service-delivery system
- Although a country-wide implementation of the new system has been initiated, the need for operations research on the subject is important for:
 - identification of the factors critical for operationalization of the new service-delivery, following the relevant government guidelines and policies
 - suggestion on corrective actions, as and when required, for further refinement so as to ensure smooth implementation of the new service-delivery
- In view of ORP/ICDDR,B's long-standing collaboration with the government, experience of conducting operations research on health systems, and maintenance of field sites at both high-performing and low-performing areas and its longitudinal surveillance systems, the MOHFW/GOB-ORP/ICDDR,B collaborative operations research on the new service-delivery system has been conceptualized

- The intervention on Operationalization of the ESP Delivery and Community Clinics aims at:
 - facilitating the implementation process in line with the related government guidelines and policies
 - documenting the operationalization process, step-by-step with special focus on the perspectives of providers and users at the implementation level
 - monitoring, analyzing and evaluating the new system
 - disseminating research findings from time to time and suggesting of measures/actions to improve implementation process of the new system for efficient and sustainable delivery of ESP

- Since October 1998, the activities conducted within operations research (OR) included:
 - organization of orientation and sensitization meetings for the managers, providers, and community leaders, both in Dhaka and in field
 - organization of briefing meetings with the UNO and other related upazila officials
 - organization of participatory planning workshops with the union supervisors and providers for aerial planning and community sensitization
 - provision of technical assistance to facilitate the process of prioritizing unions for establishment of CC, mapping, site selection, motivating the community for land donation at the specified location, formation of community groups, etc., in line with the government guidelines
 - organization of stock-taking meetings of the upazila managers (site selection committee) and UP chairmen on site selection, land donation, formation of community groups, approval of sites, registration of land, final scrutiny of papers, and their transmittal to MOHFW
 - undertaking of a population-based survey of baseline assessment of use of health and family-planning services in selected sites
 - orientation of the community group members and focus-group discussions with the community groups
 - documentation of the orientation and site-selection process and highlighting the related issues of critical importance

- The government guidelines on the establishment of CCs, published in April 1999, were highly useful for initiating the CC-related activities. This commendable piece of work helped overcome many confusion regarding the site-selection and other related issues concerning the establishment of CCs.

- Similarly, the circular of 10 May 1999 on site selection for CCs was very methodical and was helpful to the upazila managers in planning the step-wise activities mentioned in it.

Other Important Observations

- Provision for orienting and briefing the stakeholders on the new service-delivery system, related government policies and guidelines, and role of each of the stakeholder groups in the implementation process is critical in their sensitization, motivation, and commitment toward the proposed system. This orientation and briefing sessions may also serve as effective feedback mechanism for planning the implementation process of the ESP service-delivery system and the CCs. Therefore, orientation of the programme managers, supervisors, providers, and community leaders needs to be considered as the first practical step in the operationalization process of ESP.
- The timelines provided in the MOHFW circular of 10 May, 1999 appeared to be too tight. Even with facilitation, the required tasks will need at least 3 (three) months to be performed accurately, in line with the government guidelines.
- Considering the climatic context of the country and norms of rural life, the following changes suggested by the community group members appeared quite reasonable and merit due consideration:
 - concrete rooftop instead of corrugated tin-sheets
 - separate waiting space for women and men
 - toilets to be built in two separate corners
 - maximum security provision
 - provision for electric wiring
 - separate tables and examination space for two CC providers
- To dispel the ambiguities, unclarity, and confusions among the managers, supervisors, and providers, the management structure at the thana level and below and the job descriptions of various officials and staff need to be finalized and sent to the thana managers at the earliest.
- There were some tensions in the community regarding the CC sites because of conflicts of interest among various pressure groups. The clear-cut rules delineated in the guidelines were good defence for the upazila managers to resist the undue pressures. Greater involvement of Upazila Parishad/UNO may contribute to amicable resolution of such disputes. Although the UNO has been made an Appellate Officer in the guidelines to resolve the dispute cases, a more prominent role of Upazila Parishad/UNO merits further consideration for the sake of timely implementation of CCs, because of the key role of Upazila Parishad/UNO in the overall development activities of the upazila.
- The government circular asks the upazila managers to send all necessary papers directly to the Joint Secretary (Coordination), once the selection activities are done at the upazila level. This leaves the selection process without any provision for screening by any higher authority. Should there be any deviations from the guidelines in the selection decisions, no mechanism has been employed to identify and amend those. This critical issue needs to be addressed.

The Civil Surgeon and Deputy Director (FP) may be authorized to perform necessary screening and certify on compliance of the corresponding guidelines before submission of the proposals to the Joint Secretary (Coordination).

- Other than the necessity for detailing out the modus operandi of the community groups, two other issues relating the CGs are of high importance:

Fund mobilization and management: The community groups have been entrusted with a number of maintenance and organizational responsibilities of community clinics which, in turn, would require some provisions for fund mobilization and its appropriate accounting and management. The guidelines need to address these critical issues in near future. The ORP's research findings on these issues may provide necessary insights in this regard.

Memorandum of Understanding: The responsibilities of CGs, as elaborated on page 6 of the guidelines, range from site selection, construction management, fixation of operating hours to overall supervision of the Community Clinics, including the providers, etc. It was felt that a formal agreement (MOU) between the CG and the government/local government would have provided legitimacy to the CG to discharge its role. Otherwise, unnecessary tensions and problems among the stakeholders may arise.

- The entire process of selecting CCs and implementing all the necessary activities relating to the operationalization of CCs is complicated. Facilitation from agencies with relevant experience may expedite appropriate implementation of the establishment process of CCs.

Major Observations and Probable Solutions on Operationalization of Community Clinics

Issue 1: Selection of unions for CC

Problems encountered during implementation

- All UP chairmen wanted their unions to be selected
- The corresponding guideline was a bit unclear

Lessons learned

- Briefing of UP chairmen on the government guidelines regarding union-selection and phase-wise implementation was useful
- Involvement of UNO in the briefing meeting was effective

Probable solutions

- Begin the process with orientation/ briefing of UP chairmen, with involvement of the Upazila Parishad/UNO, and concerned district and divisional managers
- The circular-mentioned upazila -wise CC distribution plan should be made flexible and encourage expansion throughout the entire upazila, in strict adherence to the GoB guidelines
- First-come-first serve or reservation of MOHFW's right in final decision-making could be the ultimate basis for GOB approval

Issue 2: Mapping of the upazila and selected unions

Problems encountered during implementation

- A complete and updated upazila map with union boundaries was not readily available

Lessons learned

- The upazila map could be made available from the LGED and AC-Land's offices
- AHIs and FPIs were instrumental in preparation of the union maps, showing necessary landmarks
- Some technical assistance was required to get the union maps prepared

Probable solutions

- The guidelines should refer to the probable sources of obtaining the required maps
- The union-level supervisors/ inspectors should be entrusted to prepare the union maps and get those verified/certified by the respective UP chairman
- To devise some facilitation mechanisms to get the maps prepared with the help of LGED or AC-Land staff

Issue 3: Upazila Committee (for selection of CC sites)

Problems encountered during implementation

- AUFPO posts were vacant in some places
- It took quite a while to resolve who should replace AUFPO as member-secretary of the Committee. The corresponding government circular was made available on 5-7-99

Lessons learned

- UH&FPO worked with necessary support from UFPO and MO-MCH
- UNO and AC-Land's involvement in the process was useful

Probable solutions

- UFPO, MO-MCH, and AC-Land need to be co-opted in this committee. If there is any procedural problem in formal inclusion of AC-Land, he/she should be invited in the Thana Committee meetings to keep him/her informed of the process
- Although the UNO has been designated as an Appellate Officer, he/she needs to be invited in the meetings and fully involved with the process. He/she may not give any decision, but follow the process. This will also help resolve disputes, if they arise in

future

Issue 4: Site selection for CCs

Problems encountered during implementation

- Some instances of external influence/ pressure
- In some cases, adherence to the guideline on using cyclone/flood shelters was not possible because of their inconvenient geographical location
- Existence of a few isolated pockets of small population in some places

Lessons learned

- Clear guidelines regarding the site selection were extremely helpful
- Orientation/briefing of UP chairmen on the ESP and the government guidelines on the establishment of CCs proved effective in their proper understanding of the issues
- Involvement of UNO in the briefing sessions was useful
- In most cases, the selection, in line with the guidelines, was fully acceptable to the community
- Some instances of dispute were registered. A few were resolved through negotiation by UHFPO and other officials with the complainants
- Inconveniently located cyclone/flood shelters were exchanged with convenient new CC spots, with necessary guidance from PCC and MCU

Probable solutions

- In future, to oversee the operationalization of CCs, a Committee may be formed with the concerned officials and others, as deemed fit.
- Mandatory orientation/briefing of UP chairmen on the guidelines
- Greater and more prominent involvement of Upazila Parishad/UNO in the process
- Some flexibility in the corresponding guidelines, subject to proper justification and final approval of the MOHFW (on non-use of cyclone/flood shelters, separate CC for pocket populations, etc.)

Issue 5: Land donation for CCs

Problems encountered during implementation

- Many of the donated lands that satisfied all other related guidelines were low-lying land
- Issues relating to who should make payment of registration fees and bear the costs of obtaining certified copies of land registration were not clear from the guidelines

Lessons learned

- In general, there was willingness in the community to donate land, provided people are explained of the purpose and made motivated
- The union-level supervisors and the field workers could play a very important role in this process
- There were mixed experiences. In some cases, community leaders came forward with initiative (cash donation and voluntary labour) for land filling, while in some other places, they agreed to do this, not very enthusiastically though. Also, it depended on the degree of motivation of the land donor and the UP members and local leaders.

Probable solutions

- Provision can be made to get the name of the land donor inscribed on the front wall of the CC, as recognition of their gesture. In that case, the donor may be entrusted to develop the donated land and pay necessary registration fees and cost of obtaining the certified copy of the registration as well.

Issue 6: Formation and operationalization of Community Groups

Problems encountered during implementation

- There was no mention of AHI and FPIs in the CG formation process
- Although the initial formation process and responsibilities of CGs were explicitly laid down, there was a number of inadequacies regarding the modus operandi of CGs (e.g. tenure and terms of the members, selection of member-secretary, distribution of task, fund mobilization, etc.)
- The guidelines did not address issues regarding the nature of community involvement in the CCs to be housed in cyclone/flood shelters, HFWCs and UHCs

Lessons learned

- There was a high level of enthusiasm and interest to work in CGs
- Selection of CG members was largely influenced by UP chairmen
- In most cases, male providers were selected as member-secretary of CGs.

Probable solutions

- Guidelines should be modified to promote female providers as member-secretary of CGs
- The detailed modus operandi of CGs need to be developed (ORP is currently working with the CGs on these issues and documenting the observations)
- The guidelines will need to clarify the role of the community in other types of CCs as well

Future Operations Research Issues to Address

- Modality of local-level supervision of CC construction work
- Planning of BCC activities to enhance use of ESP delivery, especially at the new tier (CCs)
- Management structure for ESP delivery at the upazila level and below
- Job descriptions of staff at the upazila level and below
- Modus operandi of the Community Groups
- Linkage between upazila, district and division managers
- Coordination of supervisory activities of union supervisors/inspectors and Community Groups
- Start up package at CCs, training needs of CC providers, and phase-in plan for the ESP services feasible to offer from CCs
- Gender matching of the providers at the CCs and management of staff placement at the CCs
- Transition plan for CCs (once-a-week planning of home visits by HAs/FWAs, planning of outreach sites, etc.)
- Mechanism of technical supervision of CCs by union supervisors and upazila managers
- Storage, supply and other logistics for CCs
- Annual enumeration (GR) mechanism of the CC catchment area
- Fund mobilization and fund-management procedures for Community Groups
- Establishment of CCs at UHCs, FWCs, cyclone/flood shelters and nature of community involvement in their operation
- Expansion of CC at the remaining unions of the three upazilas. Service-delivery modality (involving lesser home visits) at the non-CC unions
- Monitoring, analysis, and evaluation of programme indicators within the new service-delivery system
- Analysis of practical involvement of Community Groups in functioning of CCs
- Cost and effectiveness of the new service-delivery system, by tiers and service components.

Annexure 3

**List of Participants of Debriefing Workshop with National-level Facilitators
on Establishment of Community Clinics**

**ORP Conference Room, ICDDR,B
13 November, 1999**

Sl. no.	Name	Designation
Ministry of Health and Family Welfare		
1.	M.M. Reza	Secretary
2.	M.A. Muktadir Majumder	Joint Chief, Planning
3.	M.G. Sarwar	Joint Secretary, Coordination (In-charge)
4.	Col. Anwar Hossain	Chief Engineer, CMMU
5.	Tozammel Hossain	Superintendent Engineer, CMMU
6.	Md. Harun-ur Rashid	Deputy Secretary, Coordination
7.	Afroza Khan	Senior Assistant Secretary
8.	Samar Kumar Ghosh	Senior Assistant Chief, Planning Cell
9.	Naheed Sultana	Editor, Naba Diganta
Ministry of Local Government, and Rural Development and Cooperatives		
10.	Saroj Kumar Sarker	Superintendent Engineer, LGED
PCC-MCU, MOHFW		
11.	Md. Mesbahuddin	Technical Officer
12.	Dr. S.M. Asib Nasim	Program Coordinator
Directorate of Family Planning		
13.	Md. Tabibur Rahman	Director, Administration
14.	Dr. Jahir Uddin Ahmed	Director, MCH, and Line Director, ESP-RH
15.	Md. Humayun Kabir	Deputy Director, Research
16.	Md. Akhteruzzaman	Line Director, Unified BCC
17.	Abdul Quddus Sikder	Deputy Director (Local Procurement) and PM, Logistics and Supplies, and Member, Task Force
18.	Abdus Sattar	Evaluation Officer, Unified MIS, and Member, Task Force
19.	Md. Golam Mostafa Talukder	Assistant Director (Per-1) and Deputy Programme Manager, Administration, and Member, Task Force
20.	Dr. Abdul Khaleque Chakder	Assistant Director (MN&ADH) and DPM, MCH Services, and Member, Task Force
21.	Dr. K.C. Matiul Alam	Assistant Director and DPM, Clinical Services, MCH Services, and Member, Task Force
22.	Dr. S.M. Nizamul Hoque	Assistant Director and DPM, Clinical Services, MCH Services, and Member, Task Force
23.	Zillur Rashid Khan	Assistant Director (Audit) and DPM, Finance, and Member, Task Force

Sl. no.	Name	Designation
24.	Mohammad Gias Uddin	Assistant Director (Monitoring) and DPM, Logistics and Supply, and Member, Task Force
25.	Mohammad Rezaul Islam	Assistant Director and DPM, Central Warehouse, and Member, Task Force
26.	Md. Tofazzal Hussain	Deputy Director (Per) and Programme Manager, HRM
Directorate General of Health Services		
27.	Dr. A.S.M. Mushior Rahman	Line Director, Research and Environmental Health
28.	Dr. Md. Nurul Anwar	Line Director, Unified MIS
29.	Dr. Majeda Begum	Deputy Director (Personnel)
30.	Dr. A.K.M. Fazlul Hoque	Deputy Director, Per-1, and Member, Task Force
31.	Dr. Nurul Haque Mollah	Deputy Programme Manager, Environmental Health, and Member, Task Force
32.	Dr. M. Fazlur Rahman	Deputy Director, Per-2, and Member, Task Force
33.	Dr. Meer Jalaluddin Ahmed	Deputy Director, HMPD (Local Training), and Member, Task Force
34.	Dr. Md. Abul Quasem	Deputy Director, Medical Education (Local Clinical Training), and Member, Task Force
35.	Dr. Hasan Mahmud	For Deputy Director and Programme Manager, AIDS/STD, and Member, Task Force
36.	Dr. Mujibur Rahman	Senior Scientific Officer, IEDCR, and Member, Task Force
Operations Research Project, ICDDR,B		
37.	Professor Barkat-e-Khuda	Chief of Party, ORP and Division Director, HPED
38.	Dr. Cris Tunon	Health Management Scientist
39.	Dr. Subrata Routh	Senior Project Coordinator
40.	Dr. Sukumar Sarker	Senior Operations Researcher
41.	Dr. Ziaul Islam	Senior Operations Researcher
42.	Dr. Shamsuddin Alamgir	Senior Operations Researcher
43.	Dr. M.A. Quaiyum	Senior Operations Researcher
44.	Mohammad Ali Bhuiyan	Public Health Planning Specialist
45.	Dr. Suraiya Begum	Senior Operations Researcher
46.	Ahsan Shahriar	Senior Operations Researcher
47.	Dr. Rasheda Khanam	Operations Researcher
48.	Rumana Saifi	Research Officer
49.	Shahela Anwar	Senior Research Assistant
50.	Hosne Ara Begum	Research Officer
51.	Monowara Jahan	Senior Research Officer