



Essential Healthcare for the Disadvantaged in Bangladesh (EHD)

Terms of References Private/NGO Health Facilities and Pharmacy Empanelment

Background

Concern Worldwide will lead a consortium programme titled “Essential Healthcare for the Disadvantaged in Bangladesh” (EHD). This adaptive programme will test and support effective and sustainable models for increasing access to essential health services for 2.65 million disadvantaged people including estimated 140,345 disabled, living on the coast, for future scale-up. The programme is anchored by an inclusive health system strengthening approach to ensure essential health care to achieve sustainable improvement in health, family planning and nutrition outcomes, designed to ‘leave no one behind’. The project will be implemented in 9 Upazila and 8 municipalities in 6 districts in Khulna and Barishal division. A hallmark of this consortium is the role of the existing government and private sector health facilities and local government and community structures; and empowering and valuing community participation including disadvantaged for inclusive decision making and choice to drive ownership. The programme will be delivered by an experienced, multi-disciplinary Consortium led by Concern Worldwide, with IPAS, CBM, and icddr,b as core partners. Telenor will act as a sub-contracting partner for technical support. Downstream implementing partners will include PHD, RHSTEP, KMSS and DRRRA. DRRRA will work by involving 14 Disabled Peoples Organizations (DPOs).

The goal is to achieve sustainable improvements in health, family planning, and nutrition outcomes among disadvantaged populations including people with disabilities through reductions in morbidity and mortality and improvement in universal health coverage.

Health Facility empanelment

The EHD defines health facility empanelment as the active and ongoing assignment of a health facility for the provision and delivery of Essential Service Package (ESP) services to its enlisted beneficiaries. This empanelment is to establish a point of care for the beneficiaries and accountable for simultaneously holds service providers team accountable for actively managing ESP for the beneficiaries.

The action designed to provide services for ESP and accidental injuries through empaneled private/NGO health facilities to approximately 6,000 Families (households) at Dacope Upazilla area.

According to the action proposed activity **Introduce health vouchers for ensuring ESP service package for rural areas among disadvantaged population and people with disabilities** narrated that once the voucher package and benefits are agreed with local government authority and NGO and privately run health facilities, KMSS will sign service agreement/MoUs with respective health facilities with clear roles and responsibilities.



The action will conduct a thorough assessment of the health facilities and finalize the list of health facilities for empanelment based on following criteria:

- 1) Both NGOs and private health facilities are eligible
- 2) Availability of services package covered under voucher scheme
- 3) Proximity of the health facilities to the slums and squatters and homeless people
- 4) Quality of health services
- 5) Willing to provide service within the cost for services offered at Smiling Sun Network clinics
- 6) Willing to participate with agreed quality control measures to meet minimum standards of financial management
- 7) Willing to accept reimbursement of the payment for the services in a monthly basis through bank transfer only

Expected services from the empaneled health facilities

Any health facility with one of the following 6 categories of services: 1) Doctors Consultation 2) lab investigations 3) pharmacy 4) Normal Vaginal Delivery 5) Caesarian section 6) minor injury management (i.e. dressing, stitching, plastering etc. can provide quotation

Expected services from the empaneled health facilities will cover **outpatient, inpatient and medication** expenses.

Table 1 below provides the list of ESP services to be covered, as per MoHFW Essential Health Service Package.

Table 1: ESP services for voucher holders

Services	Investigation/Diagnostic
Maternal, Neonatal, Child and Adolescent Health Care	Pregnancy check up
Antenatal care (ANC)	Haemoglobin (Hb)%
Normal delivery	Complete Blood Count (CBC)
Caesarean section (if doctor refer)	Blood grouping & Rh typing, Cross matching
Postnatal care (PNC)	Urine/RE
Neonatal care	Random Blood Sugar (RBS)
Child health care	Venereal Disease Research Laboratory Test (VDRL)
Child health care –IMCI and EPI	Hepatitis B
Adolescent health care (Nutrition, SRHR, Adolescent with Disability- Counselling, Treatment and Referral)	Ultrasonography
Family Planning	Serum Creatinine
Family planning (consultation) and PFPF	Chest X- ray
Menstrual regulation	
Post abortion care	
Nutrition	



<p>Maternal and child nutrition (GMP, Counselling, MUAC (maternal and child), BMI , SAM Communicable Disease Communicable Diseases TB, Malaria (consultation and referral) Non-Communicable Disease Non Communicable Disease (Any outbreak) Diabetes, Hypertension (Diagnosis, consultation, treatment and referral) Violence Against Women (VAW) First aid support consultation People with Disability Care Identification, consultation, therapy and referral Other Common Illness Diarrhoea, Eye, Ear, Skin and Emergency care Medicine Support As per doctor prescription</p>	
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In addition to ESP services and medication, the following services will be covered under the voucher scheme:

Emergency maternity care: Considering the high burden of maternal and newborn mortality, this action will provide extended financial support to pregnant and lactating and their newborns to access CEmOC services if required. We strongly discourage the empaneled facilities to perform unnecessary surgeries – e.g. caesarian sections) under this scheme. In order to prevent such misuse, a system of periodic clinical audits will be incorporated in the quality improvement process and the thematic research component of the project will explore the issue of potential malpractice.

Ensure emergency hospital care due to causality and accidents: Considering high vulnerability of extreme poor people especially for the unattended children to road traffic accidents and to the occupational health related causalities, this will cover cost for emergency services as a result of accident and industrial accidents from the empaneled health facilities.

Process of empanelment of private/NGO Health facility

1. Publishing RFQ with detailed ToR
2. Receiving Proposal / Quotation
3. Assessment of proposal (quotation) in technical and QoC areas by the Technical Team (TC)
4. Assessment of service charges (financial quotation) by the TC
5. Assessing the selected service centers through physical visits by the TC and Procurement Committee (PC)



6. Assessment Reports will be shared
7. PC committee will prepare comparative statement of these service providers and their quotations
8. Internal audit will verified our entire procurement process.
9. Discussion and consultation with the shortlisted facility's management
10. Negotiation (if need be)
11. Final and revised Proposal (if need be)
12. Agreement/ MoU shared, reviewed, finalized and signed
13. Deliver the items as mention in the deliverables part to KMSS
14. Request for payment (as per payment schedule mentioned in the RFQ) to KMSS

Please note that, as per programme need this empanelment process should include assessment of several technical (medically), management, and infrastructural, administrative, finance management issues.

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