**Urban Health Clinic Project**

**Terms of References**

**Qualified General Medical Practitioner and Consultant Empanelment**

**Model Urban Primary Health Care (PHC) Clinics in 4 city corporations (DNCC, DSCC, Gazipur, Narayanganj)**

1. **Background**

The rapid growth of the urban population has increased the huge demand of primary healthcare services. However, there is huge inadequacy of the MoHFW led primary health care services provision in urban areas. Thus, urban residents turn to alternative providers of primary health care, which include: (i) for-profit private providers (private medical college hospitals, private hospitals/ clinics, doctors chambers, diagnostic centers, drug stores, and quacks); (ii) not-for-profit organizations (e.g., Rainbow Clinics (Urban Primary Health Care Service Delivery Project), Surjer Hashi Network, National Healthcare Network of BADAS, Ad-Din, Gono-shasthaya Kendra, Dushtha Shasthya Kendra, Dhaka Community Hospital, Sajida Foundation, BRAC and (iii) international NGOs (Marie Stopes, Muslim Aid, Red Crescent Society, etc.).

There is a gap in urban health as identified by some recent documents including the National Urban Health Strategy 2020, (MoHFW 2020a; MoHFW 2020b, MoHFW 2016; Hamid and Sabur, 2016). For addressing these gaps this document suggested various strategies including upgrading Government Dispensary (GOD), setting up upgraded GOD in the un-served and underserved areas, introducing catchment area based primary health care, introducing urban community clinic, introducing mobile clinic; introducing institutional practice in the government health facilities and so on. A study also focused on the establishment of GP system in Bangladesh for primary healthcare services (MoHFW 2020b). The Chatham House, a UK based think-tank, recommended for establishing a network of GP Centers like Delhi's Mohalla Clinics in Bangladesh.

A group of experts has developed a detailed implementation design and operational plan of the Urban Clinic Model for Primary Health Care to Serve Urban Population.

Based on the developed model, **Partners in Health and Development - PHD** (along with two implementing partners; CMED and Nari Maitree) has been assigned by **UNICEF** as the lead organisation to work under a very specific ToR to support the GoB in the development of a competitive and sustainable system to manage GP centers focused on performance-based payment (P4P) system to empanelled health workers whereby promotive, preventive and curative health services are rewarded and the clinics have a level of autonomy to ensure efficient use of resources while providing quality Primary Health Care. The clinics will be part of the health system and essential commodities, such as medicines, vaccines, FP commodities, micronutrients, will be sourced from the Ministry of Health and family Welfare.

1. **Objectives, Purpose and Expected Results Objectives and Purpose of Assignment**

The purpose of the project is to setup a competitive and sustainable system for management of the urban clinics including the empanelment of health workers and establishing comprehensive Management of Primary Health Care Centers.

**The expected results from the project:** The project will achieve the below results in coordination with Mayor's office, City Corporation and Ward Health and Education Committees, and with Ministry of Health and Family Welfare (DGHS/DGFP/DGNM),

1. Financial and Administrative management of 6 urban PHC clinics are established. The project will rent or lease a building for the clinic from the LGI. The project will define the catchment areas in the ward for each urban PHC clinic and register population in catchment areas. The project will support GOB for establishment and management of functioning clinic and establish effective linkage with Primary healthcare in private sector. Urban PHC clinics should be set as per standards and guidelines provided by UNICEF and Government of Bangladesh including Empaneling General Physicians, Consultants, recruitment of staff and health workers. The project will set up IT systems for patient registration, administration, account management, tele medicine.

Cost-effective fiscal management shall be established as guided by **Pay-for-performance (P4P) principle**. The project will set up ICT based claim management for preparation and verification of claim.

1. Quality Primary Healthcare services are provided. The project will ensure effective delivery of Primary Healthcare as per standards in the 6 urban PHC clinics including community outreach services. The project will facilitate capacity building of service providers through training courses provided by UNICEF and GOB. Quality Primary Healthcare should be ensured as per the Essential Service Package for promotive, preventive and curative care for the population in the catchment area # e.g. Maternal, Newborn, Child and Adolescent health services (MNCAH), immunization, Nutrition, Non-Communicable Diseases, Family Planning, limited Point of Care Diagnostics. The project will establish effective supply chain management system for Essential medicines and logistics, through the Ministry of Health and Family Welfare, i.e. the project will receive the required commodities from the MoHFW. The project will conduct monitoring and supervision of day-to-day activities of Urban PHC Clinics including medicine and other supplies management and community out-reach services, ensuring quality and accountability of services using Continuous Quality Improvement (CQI) framework. Referral system for complicated cases and ICT based Integrated Health Management Information System (IHMIS) will be established with support from UNICEF and GOB.
2. **Brief Description of the Project**

The project will establish 6 urban model primary health care clinics in the following areas:

1. Korail Dhaka North City Corporation (DNCC) (Ward # 19, DNCC)
2. Mirpur Dhaka North City Corporation (DNCC) (Ward # 06, DNCC)
3. Shyampur Dhaka South City Corporation (DSCC) (Ward # 58 & # 59 DSCC, previously Shyampur)
4. Dhalpur, Dhaka South City Corporation (DSCC) (Ward # 49, DSCC)
5. Gazipur, Gazipur City Corporation (near Tongi) (Ershad Nagar)
6. Narayanganj, Narayanganj City Corporation, (Ward # 13)

These clinics will provide primary health care as per ESP and refer complicated cases to the hospitals nearby of the public health system.

The clinics will be operational in or close to the slum area. As the scheme will be universal irrespective of poor and non-poor or slum and non-slum, initially, one urban PHC clinic will be established in each of the six areas. However, there could be 1 or 2 more Urban PHC Centres to be established.

Referral Services: Kurmitola General Hospital for Korail, Suhrawardy Hospital for Mirpur, Mugda General Hospital for Shyampur area and Gazipur/Narayanganj District Hospital for a selected ward in Gazipur/Narayanganj respectively will considered referral facilities for OPD for services that are not available at Urban Clinic, emergency, IPD including severe acute malnutrition (SAM) management services. Necessary initiatives need to be taken to make agreement with theses referral hospitals to ensure service delivery of referral patients. Digital platform will be established to maintain referral and back referral services and track patients.

In addition to POCD (Point of Care Diagnostics) there will be provision of collecting the pathological samples from Urban Clinic. These samples will be examined in the diagnostic lab of the referral hospital or private lab (e.g., Uttara Adhunik Medical College Hospital, AMZ Hospital), which will send the reports in the respective GPC/Urban Clinic digitally.

Service provision of the ESP with quality, with details on the OPD package, IPD package, that is focused on primary health care with promotive, preventive and curative care for the population in the catchment area:

* Consultations
* NCDC
* Maternal, Newborn, Child and Adolescent health services (MNCAH) including immunization
* Family Planning Services (FP)
* Maternal, Infant, Child, Adolescent Nutrition
* Counselling services
* Point of care Diagnostics (limited)
* Essential medicines and PHC services supply chain management system for Urban PHC clinics
* Management, monitoring and supervision of day-to-day activities of Urban PHC Clinics including healthcare services, medicine and other supplies management, maintain HMIS, ensuring quality and accountability of services using Continuous Quality Improvement (CQI) framework.
* Referral management of complicated cases.
* ICT based Integrated Health Management Information System (IHMIS) including treatment protocol management, tele-medicine, stock management of essential medicines and supplies, linked to billing and payment.

Coordination with Mayor’s office, City Corporation and Ward Health and Education Committees and with Ministry of Health and Family Welfare (DGHS/DGFP/DGNM), including the oversight of community out-reach services and mobilization activities.

The medicines and medical supplies, including vaccines, FP commodities, and micronutrients will be mobilized from the operational plans of the MoHFW.

**Doctor/ General Practitioner/ Consultant empanelment**

The project defines Physician and Consultant empanelment as the active and ongoing assignment of a Physician and Consultant for the provision and delivery of Essential Service Package (ESP) services to its targeted 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 will conduct a thorough assessment of the Physician and Consultant and finalize the list of Physician and Consultant for empanelment based on following criteria:

1. For physicians the minimum requirement is MBBS degree from reputed university, person having MBBS from public medical college is preferred
2. For the consultants, MBBS along with specialized Degrees/Fellowships (FCPS, MS, MD) in any of the following areas; Gynecology & Obstetrics, Pediatric and Medicine.
3. Available in any of the six areas
4. A practicing doctor is preferred
5. Can give at least 6 hours to the respective clinic (either 08:30 to 14:30 or 15:30 to 21:30)
6. Willingness to provide service at a difficult environment
7. Can provide consultation service to 30 to 50 patients in 6 hours (360 minutes)
8. Willing to provide service as **‘payment for performance’** basis
9. Willing to participate with agreed quality control measures to meet minimum standards of the clinic management (SoP)
10. Willing to accept reimbursement of the payment for the services in a monthly basis through bank transfer only
11. Retired GoB officials are encouraged to apply

**Expected services from the empaneled doctor/ consultant**

Expected services from the empaneled doctor/ consultant will cover the services below for the **outpatients.** The table below provides the list of ESP services to be covered from the Clinic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Core services and their components include** | | | | |
| **1. Maternal, neonatal, child and adolescent health care pre-conception, antenatal, delivery, postnatal** | | | | |
| **Maternal and Newborn Care** | | | | |
| Maternal care: pre- conception, antenatal, delivery, postnatal | | | | |
| Pre Conception Care (Counselling) | | | | |
| ANC (counselling & Screening) | | | | |
| ANC ( Investigation & Consultation) | | | | |
| PNC (counselling & Screening) | | | | |
| PNC ( Investigation & Consultation) | | | | |
| Newborn care: during delivery, after delivery | | | | |
| Obstetric and neonatal care | | | | |
| **Child Health and Immunization** |  |  |  |  |
| Integrated Management of Child Illnesses (IMCI) | | | | |
| a. ARI services | | | | |
| b. Diarrhea | | | | |
| c. Measles | | | | |
| Expanded Programme of Immunization (EPI) (As provided by Govt.) | | | | |
| **Adolescent Health** |  |  |  |  |
| Adolescent Sexual and Reproductive Health Counselling | | | | |
| RTI/STI | | | | |
| Dysmenorrhoea | | | | |
| TT Vaccination for female | | | | |
| Adolescent Nutrition Consultation | | | | |
| Adolescent Nutrition Counselling | | | | |
| Adolescent Mental Health Counselling | | | | |
| Risk taking behaviour | | | | |
| **2. Family Planning** |  |  |  |  |
| Pre-Conception FP method selection counselling | | | | |
| Item Prescribe & Disbursement (Condom, Pill, IUD) | | | | |
| Family Planning Counselling | | | | |
| Post-abortion | | | | |
| Post-MR | | | | |
| **3. Nutrition** | | | | |
| Child Nutrition: assessment of nutrition status, prevention of malnutrition, management of malnutrition | | | | |
| a. Promote exclusive breast feeding | | | | |
| b. Promote complementary feeding | | | | |
| c. Promote WASH for children | | | | |
| d. GMP | | | | |
| e. Support to MAM children | | | | |
| f. Refer SAM children | | | | |
| Maternal Nutrition | | | | |
| a. BMI screening of malnourished pregnant mother | | | | |
| b. Identify malnourish mother through MUAC | | | | |
| c. Provide nutrition counselling for food | | | | |
| d. Provide nutrition supplementation if available | | | | |
| **4. Communicable Diseases** | | | | |
| Consultation on Communicable Diseases | | | | |
| Referral to hospital/specialist | | | | |
| Consultation on STI/STD | | | | |
| NCD Consultation & Referral | | | | |
| Hypertension Consultation | | | | |
| Diabetes Mellitus Consultation | | | | |
| NCD screening and result based on total risk assessment | | | | |
| Cancer Screening: breast, cervical | | | | |
| Other NCDs: Arsenicosis, Chronic Obstructive Pulmonary Disease (COPD) | | | | |
| Mental Health Consultation | | | | |
| Sexual and Gender- Based Violence (SGBV) | | | | |
| Eye Care & Referral | | | | |
| Ear care & Referral | | | | |
| Skin care & Referral | | | | |
| Geriatric (Elderly) care & Referral | | | | |
| Minor Infection & Disease | | | | |
| Health Education & Counselling | | | | |
| **(Non-clinical) services** | | | | |
| **1. Laboratory** | | | | |
| Urinalysis | | | | |
| Hb% estimation | | | | |
| Blood grouping and Rh typing | | | | |
| Blood sugar | | | | |
| CBC | | | | |
| ECG | | | | |

In addition to ESP services and medication, the following services will be covered under the ToR

**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 first aid and referral to appropriate facilities.

**Process of empanelment of private/NGO Physician and Consultant**

1. Publishing Request for Application (RfA) with detailed ToR
2. Receiving Application
3. Assessment of Applications by the Technical Team (TC)
4. Further assessment of the short-listed doctor/ consultant by interviewing
5. Discussion and consultation with the shortlisted candidates
6. Negotiation (if need be)
7. Agreement/ Contract/ MoU shared, reviewed, finalized and signed

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

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