

Introduction of an Electronic Asset Management System in Bangladesh Health Systems: Completion of the Tool Pilot in Moulvibazar District Hospital

November 2016



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November 2016

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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Key Words

Asset Management System, Central Medical Stores Depot, Moulvibazar District Hospital

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ACRONYMS AND ABBREVIATIONS

AMS	Asset Management System
CMSD	Central Medical Stores Depot
DLI	disbursement linked indicator
FMAU	Financial Management and Audit Unit
HPNSDP	Health, Population and Nutrition Sector Development Program
NEMEMW	National Electro-Medical Equipment Maintenance Workshop
MDH	Moulvibazar District Hospital
MOHFW	Ministry of Health and Family Welfare
MSH	Management Sciences for Health
QR	quick response
SCMP	Supply Chain Management Portal
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
TWC	Technical Working Committee
USAID	United States Agency for International Development
WB	World Bank

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EXECUTIVE SUMMARY

In Bangladesh, the government health facilities, comprised of primary, secondary, tertiary, and specialized hospitals, face a wide variety of health-related challenges, and the health systems that address those challenges are struggling with limited resources and capabilities. Therefore, the Ministry of Health and Family Welfare (MOHFW) must focus on maximizing the value of scarce resources and finding ways to make health systems operate as efficiently as possible. Also, the MOHFW must have reliable and timely data on the performances of different parts of the health system to plan, implement, and measure health interventions. Even though the MOHFW procures a large number of medical and non-medical equipment, including IT equipment, every year, there is no systematic process of deploying, operating, maintaining, upgrading, and disposing of those assets cost-effectively. This major part of the public-sector health investment was not addressed in previous health sector programs.

At the request of the World Bank (WB), the MOHFW worked together with SIAPS in 2016 to address the gap in systematic procedures. They developed and piloted an electronic Asset Management System (AMS) in the 250-bed Moulvibazar District Hospital (MDH) to manage assets in different facilities from registering stage to decommissioning. For the purpose of the introduction of the AMS in the MOHFW, the term “asset” was defined as the fixed/tangible assets purchased by the MOHFW that cost at least BDT 30,000, will provide services for at least two years, and can have a prolonged life after repair and maintenance. The system analyzes asset related data and generates an interactive dashboard that helps decision makers track the status of different medical and non-medical equipment, and thus improve transparency, minimize loss and misuse, and allocate equipment where the need is greatest, ultimately improving access to services.

To develop the system, SIAPS visited three tertiary level hospitals and conducted a system study to assess the current practices. Based on the findings, SIAPS drafted a concept paper with input from the Financial Management and Audit Unit (FMAU), USAID, and the WB., It then designed the alpha version of the system and presented it in different forums, including a donors’ consortium, for further input. In September 2016, the final version was developed, addressing key stakeholders’ feedback. Pilot implementation was kick-started at MDH.

To ensure smooth pilot implementation, the MOHFW formed a technical working committee (TWC) to provide operational guidelines and ensure administrative support to SIAPS. As initial steps to start the pilot implementation, a hospital AMS team was also formed, comprised of the hospital’s statistical officer, store keeper, computer operator, and resident medical officer (designated as the asset manager for the pilot implementation). This team, jointly with SIAPS team, made a list of the assets in the pilot implementation facility, which was verified and cross-checked through direct on-site observation. SIAPS also facilitated an intensive hands-on training on AMS for 12 users from Central Medical Stores Depot (CMSD), MDH, and National Electro-Medical Equipment Maintenance Workshop (NEMEMW) on September 25-26, 2016. A user guide on the AMS was also developed and provided to the training participants.

The TWC members visited the hospital to review the implementation status and assess users’ capacity in managing the system. They then recommended that the MOHFW could consider scaling up the AMS in other health facilities. A delegation of donors also made a verification visit to the pilot implementation site in November 2016, acknowledging the pilot completion.

They also expressed their satisfaction with the robust and user friendly design of the system. The successful completion of this pilot program enabled the Government of Bangladesh to achieve one of the disbursement linked indicators (DLIs) and achieve USD 5.0 million of donor money.

After the pilot completion, SIAPS shared the implementation findings with key stakeholders. One of the major findings was that health facilities do not have a standard inventory control register for holistic asset management or any consolidated asset register (details with location). It was also observed that due to the unavailability of any specific approved policy for asset management, the practice in managing and maintaining assets is heterogeneous across the health facilities (the hospital /CMSD/NEMEMW/vendor). Findings also show that assets procured do not always comply with health facility requirements. Need-based procurement is not done in many cases, and facilities also lack of use of table of equipment.

SIAPS also recommended that TWC and other relevant MOHFW officials should continue to provide guidance to ensure the sustainable use of the AMS in MDH for improved and cost-effective management of assets.

BACKGROUND

Every year, the Ministry of Health and Family Welfare (MOHFW) procures a good number of medical and non-medical equipment, including IT equipment, using the pool fund and/or direct project aid. As in many countries, procurement of medical equipment is a major part of the public health sector investment in Bangladesh. It therefore requires close monitoring. Well-functioning medical equipment is essential for the provision of effective and efficient health services. Several studies indicated areas where efficiency improvement is essential. According to a recent report (PMMU, 2013), the Bangladesh Medical Equipment Survey 2012 found that between 2008 and 2012, the average time between the signing of a contract and receiving the goods at the hospital fell from 29 months to 19.6 months, and the proportion of equipment lying idle declined from 57% to 46%. This shows significant improvement within four years. The main reasons for not utilizing equipment include the lack of a comprehensive equipment planning and an absence of adequate maintenance (PMMU, 2013). There is substantial room for improvement (Bangladesh Health System Review, 2015). The study suggested updating the existing table of equipment (TOE) (drafted by the Directorate General of Health Services [DGHS] in 2008) and establishing a Medical Technology Department at the MOHFW.

To address the above issues, the 2014 mid-term review of the Health, Population and Nutrition Sector Development Program (HPNSDP) recommended and later adopted in the Strategic Investment Plan (2017-21), the introduction of an Asset Management System (AMS) linked with the MOHFW approved standard. The TOE is intended to be used by the health care system as a national guideline for the planning and standardization of medical equipment at health facility levels. The TOE would help ensure financial accountability from hospitals and medical institutions and track the status and performance of assets. This step will ultimately promote equity in asset distribution across the health facilities.

Meanwhile, the WB officially requested MOHFW to engage the Systems for Improved Access to Pharmaceutical and Services (SIAPS) Program, funded by USAID and implemented by Management Sciences for Health (MSH), to develop, test, and implement an AMS within the Supply Chain Management Portal (SCMP) platform in order to bring more transparency and economy in the overall management of assets under MOHFW (Annex 1). In response, the MOHFW formed a six-member committee with terms of reference (TOR). The committee was headed by the additional secretary (Development and Medical Education) in January 2015 (Annex 2). The committee co-opted SIAPS and decided in October 2015, in presence of the secretary of the MOHFW, that SIAPS would undertake a system study through visiting three tertiary hospitals (Dhaka Medical College and Hospital, Shaheed Suhrawardy Medical College and Hospital, the 500-bed Mugda General Hospital) to assess the current practice, make recommendations, and outline the way forward (Annex 3).

Based on the system study findings, SIAPS drafted a concept paper with input from the FMAU, USAID, and the WB. After the assessment, the MOHFW decided to first pilot the AMS in MDH in 2016. Following the initial consultation, SIAPS began to design the system and presented it to the key stakeholders in May 2016 for further input. The WB also requested that the MOHFW expand the scope and increase the number of members of the existing committee to gather more input, provide guidance, and identify an appropriate “Lead Wing” from the MOHFW for guiding and overseeing the implementation activities. Based on the official request from SIAPS to the secretary (Annex 4), the MOHFW formed a TWC to

provide operational guidelines and ensure administrative support to SIAPS to ensure smooth pilot implementation (Annex 5). SIAPS also officially submitted the proposed timeline of pilot implementation of AMS and achieving DLI to the health secretary and shared periodic updates with all concerned to keep them informed of the progress of the implementation (Annex 6).

Objective of Report

This report was developed to document and summarize the key aspects of the pilot project. The document also outlines the lessons learned from the pilot activity to facilitate any further decisions to scale up the AMS in other MOHFW health facilities in the future.

Overview of AMS

Asset management is a systematic process of deploying, operating, maintaining, upgrading, and disposing of assets cost-effectively. In this pilot program, AMS refers to a module within the MOHFW SCMP (<https://scmpbd.org/ams/>) which has a wide range of features to manage assets from registering stage to decommissioning, as well as ensuring access by decision makers at various levels of the MOHFW and other stakeholders. The AMS can generate different information after analysis of data such as a dashboard showing the total number of assets, their depreciation, and current book value. The system is also linked with the standard table of equipment (TOE) for the specific level of the facility to see if there is a match of the equipment with the agreed standard. The report shows mismatches, indicating if any of the equipment purchased for a facility was not meant for that facility or if any of the equipment was supposed to be available according to the standard TOE but was not available.

Definition of Asset

For the purpose of the introduction of the AMS in the MOHFW, the term “asset” refers to the fixed/tangible assets which are purchased by the MOHFW which cost at least 30,000 BDT, will provide services for at least two years, and can have a prolonged life after repair and maintenance.

These assets include, but are not limited to, various medical equipment¹, furniture and fixtures, ICT and telecommunication equipment (such as computers, laptops, and projectors), electrical and electronics, vehicles and transportation equipment.

A standard list of medical equipment, furniture, and ICT equipment is outlined below.

Categorization of Fixed/Tangible Assets

- 1) Medical equipment
- 2) Non-medical equipment
 - a) ICT and telecommunication equipment

¹ Devices requiring calibration, maintenance, repair, user training, and decommissioning. These exclude implantable, disposable, or single use medical devices. Source: WHO

- b) Furniture and fixtures
- c) Electrical and electronics (office equipment)
- d) Vehicle and transportation equipment

Note: Although intellectual property, land, and buildings are assets, for the purpose of simplification we are proposing that these should not be considered in MOHFW AMS at this point. The MOHFW should start registering and tracking medical equipment and office and IT equipment in its initial phase and can later introduce physical structures, vehicles, etc. in the system.

Objectives and Expected Outcomes from the AMS

The core objectives of the AMS are to enable the MOHFW to:

- Be aware of the existence and exact location of the assets it owns
- Ensure safeguarding these assets from any potential misuse
- Take necessary action for proper repair and maintenance of the assets
- Reduce unnecessary new purchases
- Conduct need-based forecasting and procurement planning

The expected outcomes from the AMS are to:

- Help reduce the loss and misuse of medical equipment and other assets
- Ensure proper installation of medical equipment and other assets
- Help reduce the cost of repair and maintenance
- Ensure optimal utilization of budget for procuring various assets
- Conduct evidence-based decision making

Relationship among the Implementing Entities (Health Facility, CMSD, and NEMEMW)

A typical AMS involves four entities: the ministry, the CMSD, the health facilities, and the NEMEMW. While the ministry provides the oversight, the CMSD is responsible for procurement and storage, the health facility is the actual user, and NEMEMW helps with maintenance and repair. Some assets are procured by the facility itself. The electronic AMS is designed to ensure coordination among all the entities. For example, the health facility will maintain its own asset register. However, the facility will have to depend on CMSD for a barcode to be generated. If an asset requires a repair or has a maintenance issue, the NEMEMW will be notified. The hospital wing of MOHFW takes the lead role in the implementation of the AMS and will closely work with CMSD to ensure the timely supply of assets to the health facilities and that routine maintenance is done by the vendor. The MOHFW wing will also ensure that the NEMEMW provides on-time support to the health facility for the repair and maintenance of medical equipment.

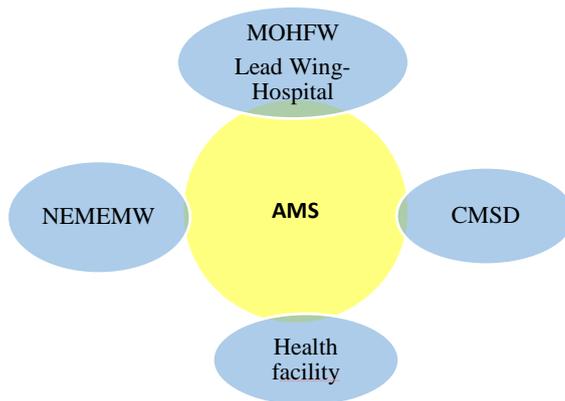


Figure 1. Entities (health facility, CMSD, and NEMEMW) involved in AMS implementation

Work Flow of the AMS

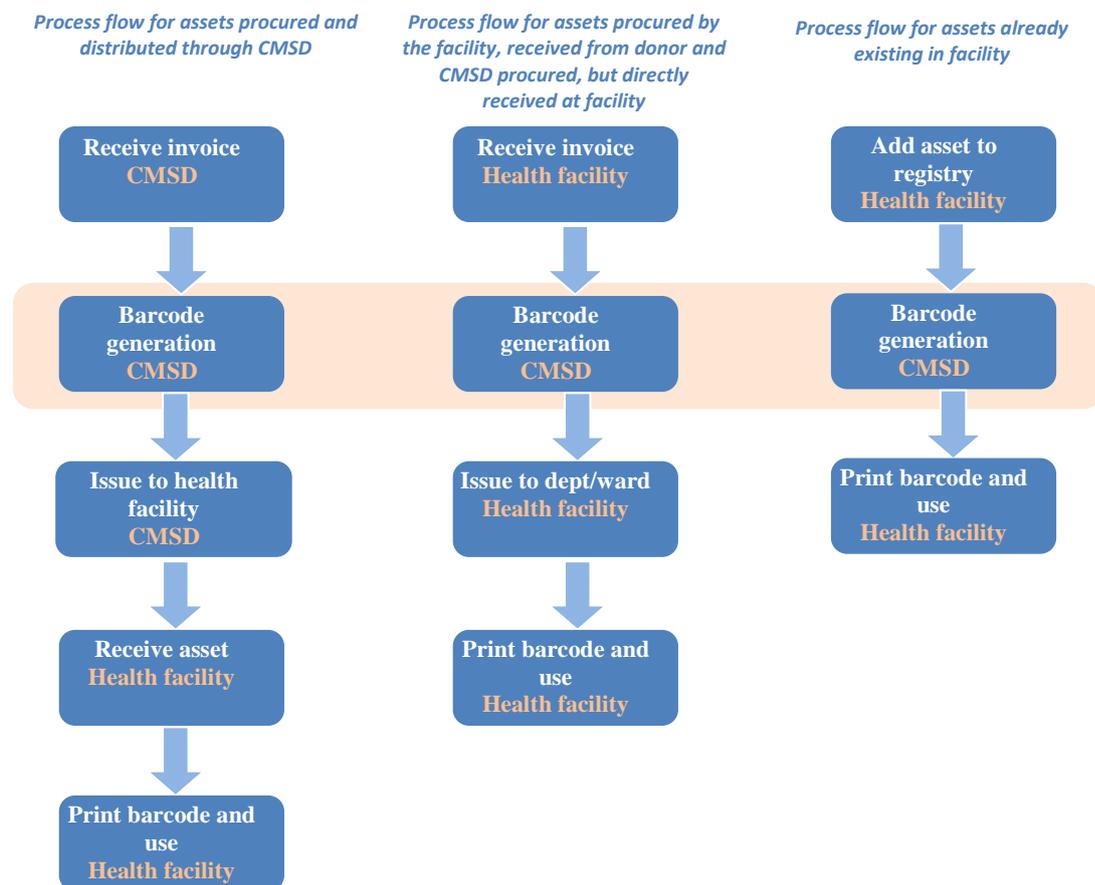


Figure 2. Asset record-keeping process flow

Figure 2 shows the process flow of different ways of entering assets in a fixed asset register at a health facility. The record keeping of assets can be recorded three ways:

Assets received from CMSD: This option is used for assets sent by CMSD and procured by CMSD under government or donors funds.

- Assets received directly at health facility: Sometimes CMSD procures assets and instructs suppliers to send those assets directly to the health facility. Health facilities can also procure equipment with their own funds or receive equipment as an in-kind donation directly from a donor or community participant. For all assets received in this manner, information must be entered into a fixed asset register.
- Already existing assets: This option is used once for recording all existing assets, whether functional or not, when starting the AMS system at that facility.

In addition:

- The facility operator is responsible for entering the data into the asset register so any data entry operator will have to log on as the facility operator to add existing assets to the asset register.
- Each facility will have an asset manager whose responsibility is to ensure all information is correct and updated.
- All quick response (QR) code generation is done by CMSD for existing assets in the health facilities (including CMSD-procured assets, self-procured assets by the facility itself, or in-kind donations received by the facility).

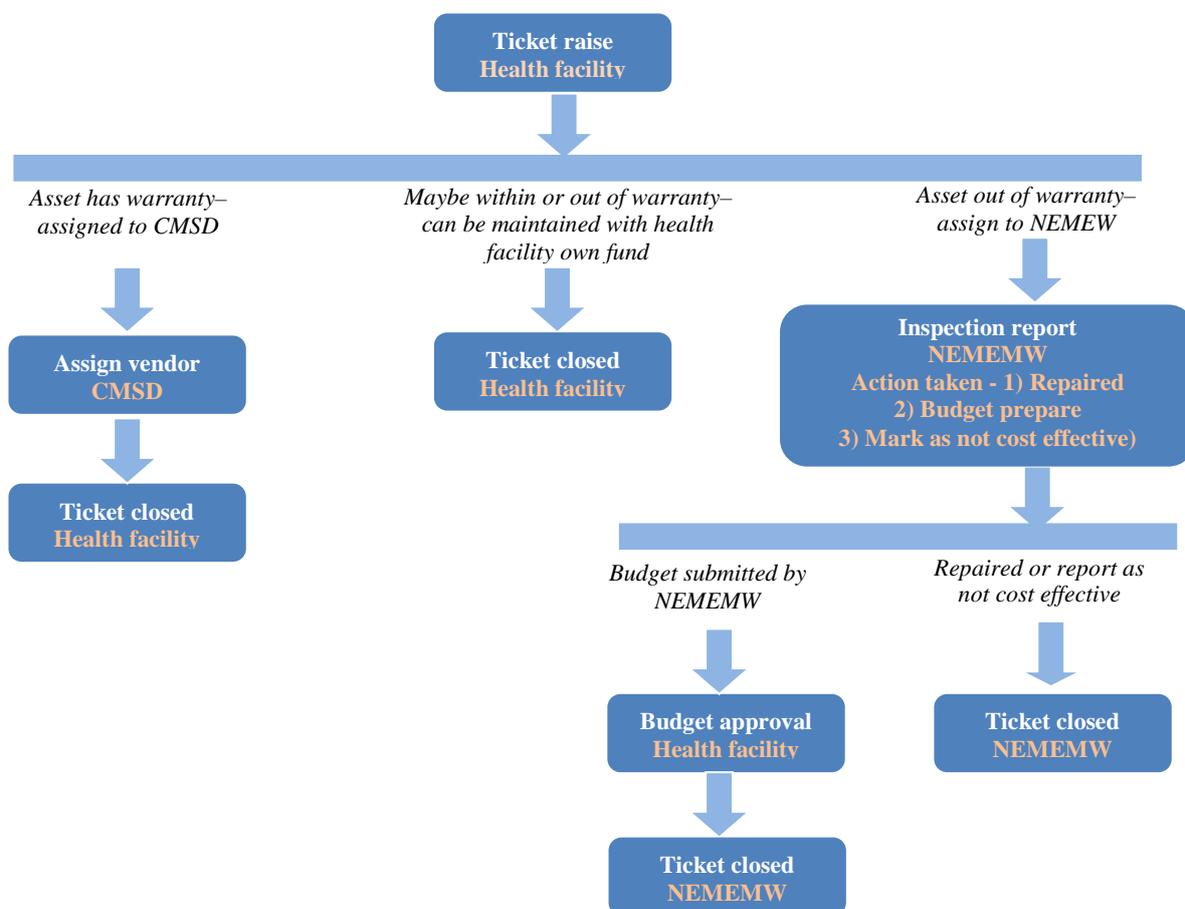


Figure 3. Asset maintenance process flow

Performing Maintenance

- The asset manager is responsible for opening a maintenance ticket when any asset ceases functioning or asset status needs to be changed..
- There are three ways for a health facility to open a ticket for completing maintenance jobs:
 - Ticket can be generated by the facility to complete the maintainance job itself, whether the asset is under warranty or not.
 - Ticket can be generated by the facility for the CMSD to assign the vendor to complete the maintainance work for those assets under warrannty.
 - Ticket can be generated by the facility for the NEMEMW or the facility itself to complete the maintainance work for assets not under warranty.
- All tickets need to be closed by the facility (SELF and CMSD), except those tickets opened for NEMEMW.
- NEMEMW can submit a budget after getting approval from the facility. To complete the task, NEMEMW needs to close tickets themselves.
- NEMEMW can also recommend that the asset cannot be repaired and mark it as disposable.

METHODOLOGY

Specification of Facility

Moulvibazar is a district in the North-East part of Bangladesh, with an area of 2,701 km² and a population of approximately 1.8 million. It is surrounded by Sylhet District in the north, Habiganj district in the west, and the Indian States of Assam and Tripura in the east and south, respectively. Moulvibazar district has seven upazilas (sub-districts) and is known as "the tea land of Bangladesh" as 92 out of 153 of the country's tea gardens are located here.

MDH, the facility selected for the pilot by MOHFW, was upgraded to a 250-bed hospital in July 2012 and was inaugurated by Sheikh Hasina, Honorable Prime Minister of the People's Republic of Bangladesh, on December 1, 2012. This health facility went through a series of upgrades since its inception, growing from 50 beds (established in 1972) to 100 beds (declared in 1984), and now 250 beds. This hospital has a well-equipped pathology department, as well as other critical hospital departments including medicine, surgery, gynecology and obstetrics, orthopedics, and emergency. Assets include a digital X-ray with color Doppler, a hemodialysis machine, and a CT scanner.

This 250-bed hospital is the largest facility in the district. People from all seven upazilas, including the tea garden and tribal communities, come to this hospital for treatment. The hospital offers several advanced services that are usually beyond the scope of a regular district hospital. For example, this hospital is able to provide kidney dialysis service, CT scans, and advanced pathological diagnostic services, benefiting the local population. To support advanced service delivery, the hospital was able to procure a good number of modern pieces of equipment which are now in use. The annual gross income for this hospital is approximately BDT 8 million with a bed-occupancy rate of 106% (Hospital Data: 2016). The outpatient rate is 750/day.

Timeline

SI #	Activity milestones	18-24 Sept	25 Sept-01 Oct	02-08 Oct	09-15 Oct	16-22 Oct	23-29 Oct	30 Oct-05 Nov	06-12 Nov	13-19 Nov	20-26 Nov	27 Nov-03 Dec	4-10 Dec	11-31 Dec	2017
1	Meeting with USAID; SIAPS sends appreciation letter to MOHFW; SIAPS completes the software development														
2	Training for relevant staffs and managers of CMSD, NEMEMW, Moulvi Bazar District Hospital, Civil Surgeon Office and MOHFW														
3	Support convening 1st TWC meeting														
4	Initial visit of USAID in Moulvi Bazar; Users input incorporated into the software														
5	On site support to the users of CMSD, Moulvi Bazar and NEMEMW; Users input incorporates into the software														
6	Data quality check, on-site technical support														
7	Visit of MOHFW TWC members														
8	2nd TWC meeting held														
9	Inputs of TWC incorporates into the software														
10	Visit of the members of DP consortium in Moulvi Bazar														
11	Share findings of pilot implementation and plan for rollout														
12	Weekly updates are shared														
13	3rd TWC meeting held														
	Facilitate TWC develop a roll out plan of AMS for the year 2017														
	Continue working with MoHFW and TWC on implementation														

Figure 4. Activity milestone calendar for the pilot program

System Study

To design the software, a system study was conducted to understand the current practices and conceptualize the workflow and design framework. A four-member technical team visited the following sites in October 2015:

- Dhaka Medical College and Hospital
- Shaheed Suhrawardy Medical College and Hospital
- Mugda General Hospital

The team interviewed (using the “Key Informant Interview” technique) the relevant hospital staff and used a structured questionnaire (Annex 7) to collect the necessary information.

Development of the Software

The technological design of the system was made following an iterative process before release to its users: starting from the requirement analysis to prototype design, then testing it and validating it by entering fictional mock data, and demonstrating it in the different forums to gather further input. The SIAPS team also rigorously worked with the software developers to uncover defects (bugs) in the software, and enhance performance in regard to efficiency, robustness, and risk mitigation (potential threat of data loss, encrypted data transfer, etc.). The MOHFW TWC and key stakeholders’ feedback was also considered in final customization of the software.

Capacity Building of the Staff

SIAPS facilitated an intensive hands-on AMS training for 12 users from the CMSD, MDH, and NEMEMW on September 25-26, 2016 (Annex 8). The training was opened by Mr. Biman Kumar Saha, ndc, Additional Secretary, MOHFW. Mr. Abul Kashem Bhuiyan, Joint Secretary, FMAU; Brigadier Gen. Md. Parvez Kabir, Line Director, CMSD; Mr. Rezoanur Rahman, NEMEMW; and Dr. Samina Choudhury, USAID, also attended different sessions of the training program. A user guide on the AMS (asset registry and maintenance) was developed and provided to the training participants. The guidelines will be a helpful tool for the managers and operators to manage the system properly and be well versed on it. SIAPS also deployed its regional technical advisor to provide technical assistance to the health facility through on-the-job training.

TWC Meeting

Based on recommendations put forward by the mid-term review of the HPNSDP and the Health Sector Investment Plan (2017-21) for developing the AMS in the Health Sector, the MOHFW formed a TWC on August 22, 2016, to facilitate the finalization of technical content and the tools of the AMS. The TWC also worked on the formulation of related asset management policy and provided any additional necessary guidance and support for the implementation. The committee was headed by Mr. Biman Kumar Saha, ndc, Additional Secretary, MOHFW. The group also included representatives from the FMAU, Medical Education, Human Resources, the hospital wing of MOHFW, relevant line directors from the

Directorate General of Family Planning (DGFP), the DGHS, and representatives from NEMEMW, USAID, WB, and SIAPS.

The first meeting of the TWC was held on October 5, 2016, at the MOHFW. The meeting was chaired by Mr. Biman Kumar Saha, National Defense College, Mr. Nasir Arif Mahmud, Additional Secretary (Development and Medical Education), MOHFW, Mr. Nazrul Islam, ndc, Additional Secretary (FMAU), MOHFW and Mr. Md. Humayun Kabir, Former Senior Secretary, MOHFW, and Senior Strategic and Technical Advisor, MEASURE Evaluation were also present. All the members of the TWC including the representatives from USAID and the WB were also present. Mr. Abul Kashem Bhuiyan, Joint Secretary (FMAU), provided a brief introduction to the committee members on the AMS for MOHFW, and Mr. Mohammad Kibria, Senior Technical Advisor, SIAPS, gave an overview of the system and conducted a demonstration for the participants. The approved notes of the first TWC meeting were circulated at a later date (Annex 9). SIAPS requested that the MOHFW organize a second TWC meeting.

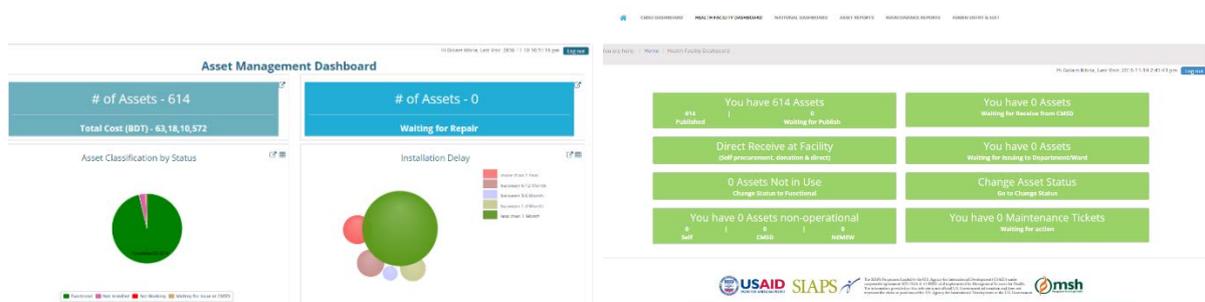
Key Decisions Made by the TWC

- For the purpose of the introduction of the AMS in the MOHFW, the term “asset” should refer to fixed/tangible assets (medical equipment, ICT and telecommunication equipment, and electrical and electronics (office equipment) purchased by the MOHFW which cost at least BDT 30,000, will provide services for at least two years, and can have a prolonged life after repair and maintenance.
- A cut-off year to register existing assets into the AMS was set as July 2006.
- The chair of the committee will consult with the health secretary to identify an appropriate “Lead Wing” from MOHFW for guiding and overseeing the implementation activities.
- SIAPS will conduct a facility readiness analysis for rest of the district hospitals (n=58) and categorize them as A, B, and C, based on their readiness for introducing the AMS.
- At its next meeting, the TWC will discuss the decision to establish an independent accreditation team to validate the master Asset Register of each health facility before electronic implementation.

Data Collection, Entry, and Management

SIAPS started working with the MDH in February 2015. First, a listing of the assets was completed from the hospital store inventory ledger book. The list was then verified and cross-checked through direct on-site observation of the assets. The hospital AMS team and the SIAPS team jointly entered the data in an Excel spreadsheet, and later that sheet was used as the database for entering the information into the on-line system. The statistical officer, the store keeper, and the computer operator were all part of the hospital team. The hospital’s resident medical officer (RMO), Mr. Polash Kumar Roy, was assigned as Asset Manager to lead the team.

Information on a total number of 614 assets (medical equipment, ICT and telecommunication equipment, and electrical and electronics equipment) was entered into the system. CMSD generated barcodes for all 614 items and then each physical asset was labeled. After the data was entered, it was verified by the facility-level asset manager. No maintenance tickets were raised by the health facility to either the NEMEMW or the CMSD during the pilot implementation. The hospital raised and closed four maintenance tickets on its own. No new assets were supplied through CMSD to the health facility during the piloting period.



Screenshot: Dashboard of the AMS

FINDINGS/OBSERVATIONS

Initial Findings from SIAPS Team:

- After visiting all the tertiary health facilities, including MDH, it has been observed that the facilities do not maintain any standard inventory control register for asset management.
- While visiting the facilities, it has also been observed that no ‘consolidated asset register’ is available (details with location).
- Physical identification marks (i.e. bar code/QR code) on the equipment/furniture is not available.
- There is a lack of proper documentation (e.g. issue/receipt) for issuing the asset to different departments/units.
- It was also observed that asset related relevant dossiers are not supplied from CMSD.
- Due to lack of specialized human resources (technical person), some assets are still uninstalled in the health facilities.
- Maintenance records are also not available in the health facility. ‘Warranty Information’ or ‘Supplier Contact Details’ are not available for assets procured through CMSD.
- MOHFW does not have any specific approved policy for asset management, so the practice in managing and maintenance of assets is heterogeneous across the health facilities (the hospital itself/CMSD/NEMEMW/vendor).
- Assets procured do not always comply with health facility requirements (need-based procurement is not done in many cases and also lack of use of Table of Equipment).
- High cost equipment has only a one to two year warranty.

Field Visit by TWC Members

In response to SIAPS’ invitation (Annex 10) for a field visit by the TWC members to observe the status of the pilot implementation of the AMS, Mr. Md. Abdul Mannan Ilias, Joint Secretary, MOHFW, and the line director of Logistics and Supply, DGFP, visited the facility on October 27, 2016, and reviewed the implementation status and assessed users’ competency and capacity in managing the system, following a structured format (Annex 11).

Findings from the Visiting TWC Members

The TWC members found the system to be very user friendly with a robust design to embrace all the necessary aspects of asset management. They found that assigning the resident medical officer as the “Asset Manager” for the health facility to review and validate the asset register before generating the barcodes was very useful in ensuring authenticity. Three people, who

work at the facility, were assigned for data entry and management. The involvement of SIAPS of ensuring effective on-site technical assistance to the local staff and the asset manager was satisfactory. The TWC also found that IT equipment, including good internet connectivity, is available at the hospital.

Recommendations from the Visiting TWC Members

The MOHFW may consider scaling-up the AMS in other health facilities.

Sharing Session with the Donors

At the invitation of the Development Partners' (DP) Secretariat, SIAPS presented an update on the pilot implementation of the system in the donors' consortium meeting on November 15, 2016, and invited a delegation of donors to visit the pilot implementation site on December 1, 2016, as part of a verification visit. Meanwhile, SIAPS sent a letter to the MOHFW on the completion of the pilot implementation. (Annex 12)

Verification Visit by the DP Members

Based on the SIAPS invitation, six DP delegates visited the health facility from November 30-December 1, 2016. The team members were:

- Dr. Bushra Binte Alam, WB
- Mr. Hasib Chowdhury, WB
- Dr. Shehlina Ahmed, Department for International Development
- Dr. Momena Khatun, Canadian International Development Cooperation Agency
- Dr. Zahirul Islam, Swedish International Development Cooperation Agency
- Dr. Abu Sayem, UNICEF

The DP delegation observed the system in operation at the facility and had a discussion with the team that actively worked in implementing it. From the observation and the discussion, they determined that the design of the AMS was robust with a user-friendly interface. They noted that the system can generate a summary report. They also found the staff to be well versed regarding the system which gave them the impression that the system was well accepted by the staff. Ownership of asset management was established by officially engaging the RMO as the Asset Manager and including the data entry operator and the statistician as team members. The team found the system very useful during the recent hospital audits.

Regarding challenges, the implementing team suggested that main support is needed during the start-up process, particularly for data collection and initial data entry. Since records of the assets purchased years back are not available in a systematic manner, the initial data collection presents a real challenge.

The DP members assessed the time required to roll out the AMS in other districts' hospitals. They found out that it takes at least three to four months to implement the system in one hospital. Also, there should be IT equipment (computer, UPS, modem) available with good internet connectivity. Strong leadership from the hospital authority is also pivotal. The facility did not require external resources to run the system which is also indicative of the possibility of scaling up in other facilities.

The delegation team suggested exploring the possibility of linking the AMS with DHIS2 to export the asset data. They also suggested adding a legend by procurement entity (a new report to display assets by the procuring entity and a summary of percentage by entity) and separating repairs from maintenance. They also proposed generating visual alerts based on different instances (for example, the asset register view would have a legend based on asset status or incorporate a visual alert for an asset under maintenance/repair request etc.).

LESSONS LEARNED

From this pilot the team determined some lessons learned which will help in planning future scale-ups.

From the design phase to implementation, the TWC was actively engaged which demonstrated their ownership of the project. However, the sustainability of the system will depend on the government's commitment to it. To institutionalize the system, adaptation of an asset management policy/guideline is an immediate requirement. Sensitization of stakeholders to ensure continuous involvement and ownership needs to be continued to sustain the tool.

Transitioning from the paper-based mammoth task of asset management to automation led to a reduced workload for the end user, which was a source of motivation for them. It was found that behavioral issues (motivation and ownership) of relevant hospital staff played a critical role in making the roll-out/expansion successful. The role of the RMO as asset manager is especially critical to ensure the data quality (completeness, accuracy and timeliness). Ensuring availability of IT equipment (computer, UPS, modem) with internet connectivity is key for the smooth implementation.

Before rolling out, the TWC needs to assess the health facility's readiness through selected, defined criteria to follow through on a phased expansion. External support is needed during the start-up process, especially during the data collection and initial data entry phases. It was also found that using an in-country software developer and overall technical management helps to promptly incorporate feedback/input made by TWC and stakeholders.

Lastly, the most important lesson learned was that the AMS can support the systematic organization of the critical asset information needed for timely decision making or reporting to an external audit.

CONCLUSION

The physical installation of the AMS, data entry, QR code generation, and the users' ability to handle the AMS is now accomplished, completing the asset management pilot at the MDH. The success of the implementation now relies on the use of the system by the hospital team and staff at CMSD and NEMEMW, and, at the same time, the interest of the MOHFW itself and the availability of external technical assistance through direct project aid. Moreover, it requires continued vigilance by the TWC and other relevant MOHFW officials and prompt response to incorporate the enhancement requests. A pool of master trainers needs to be identified and trained to provide cascade training during the roll-out phase. Periodic refresher training is also required for assigned/new staff to keep abreast with the updates of the system. Systematic and vigorous feedback mechanisms need to be put in place while TWC meetings should be held routinely for steering and guiding the hospital wing. It is also important that routine visits to the health facilities are done by higher authority which will play a pivotal role in sustainability of this program. As part of next steps, MOHFW already assigned the hospital wing as the 'lead wing' to roll-out the system in 608 health facilities in phases to promote governance in overall health management system and bring economy in the management of assets. As part of sustainability, the MOHFW should have the ownership and gradually take over the management and maintenance of the system from SIAPS. An IT team needs to be formed, and a budget allocation should be part of the operational plan of the hospital wing. This system will enable the MOHFW and donors to track information related to medical and non-medical equipment, and thus improve transparency, minimize loss and misuse, and allocate equipment where the need is the greatest, ultimately improving access to services.

ANNEX 1. WB'S OFFICIAL LETTER TO MOHFW TO ENGAGE SIAPS TO DEVELOP AN AMS

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

E-32, Agargaon, Sher-e-Bangla Nagar
G.P.O. Box 97, Dhaka 1207
Bangladesh

Tel.: (880-2) 815-9001
Fax.: (880-2) 815-9030
www.worldbank.org.bd

November 10, 2014

Mr. Ayubur Rahman Khan
Additional Secretary (Dev. & ME)
Ministry of Health and Family Welfare
Building 3, Bangladesh Secretariat
Dhaka

Dear Mr. Khan:

***Health Sector Development Program (HSDP), Cr. 4954-BD/TF011556:
Development of an Asset Management System***

With reference to our discussion at a meeting held at the MOHFW, on September 7, 2014, on the importance of the establishment of an Asset Management System in the MOHFW, and also recognizing inclusion of the same in the Priority Action Plan (PAP), we would like to request your office to form a committee to take forward this very important initiative of the MOHFW.

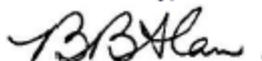
As discussed during the meeting, MSH is suitably placed to provide necessary assistance in this regard as it has already developed a computerized system called SCMP which tracks various steps of procurement of an asset. MSH has agreed that building upon the platform of SCMP and with addition of a few modules, SCMP may be transformed into a complete asset management system. It may be mentioned that, keeping the development of the proposed system in view, MSH has already started to prepare a comprehensive list of the IT equipment and Office Furniture which are procured under the sector program.

As regards the next steps, upon formation of the committee on asset management, a workshop may be organized to discuss and agree on the various modalities of the proposed asset tracker. In this connection, please find attached a note on asset management system which may be used as the initial input for the workshop.

We would appreciate your prompt steps in forming the committee to facilitate the development of the "asset management system" which, we believe, will bring more transparency and economy in the overall management of assets in the MOHFW. Please do not hesitate to contact us if you require any clarification.

With best regards,

Yours sincerely,



Bushra Binte Alam
Senior Health Specialist
Health Sector Development Program

Attachment

cc. Joint Secretary, FMAU, MOHFW
Joint Chief, Planning Wing, MOHFW
Ms. Melissa Jones, Director, OPHNE, USAID
Dr. Zubayer Hussain, Country Project Director, MSH/SIAPS
Deputy Secretary, FMAU, MOHFW

ANNEX 2. NOTICE OF THE FORMATION OF TWC

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
আর্থিক ব্যবস্থাপনা ও অডিট ইউনিট
বাংলাদেশ সচিবালয়, ঢাকা।

নং- স্বাস্থ্যম/এফএমএইউ/শা-১/৩১/১৪/৪৫৭

তারিখ: ০৬/০১/২০১৫ খ্রিঃ।

প্রজ্ঞাপন

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের অধীন ব্যবস্থাপনামুখীন HPNSDP এর আওতার Assets Management & Tracking System কার্যক্রম ত্বরান্বিত করার নিমিত্ত নিম্নরূপ কমিটি গঠন করা হল।

২। কমিটির

ক্রমিক নং	নাম ও পদবী	সভাপতি
০১	অতিরিক্ত সচিব ও লাইন ডাইরেক্টর (পিএফডি), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।	সমন্বয়
০২	মুখ্য সচিব (হসপাতাল ও নার্সিং), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।	সমন্বয়
০৩	মহাপরিচালক, স্বাস্থ্য অধিদপ্তরের প্রতিনিধি, মহাখালী, ঢাকা।	সমন্বয়
০৪	মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তরের প্রতিনিধি, কাজল বাজার, ঢাকা।	সমন্বয়
০৫	পরিচালক, সিএমএসডি, স্বাস্থ্য অধিদপ্তর, তেজগাঁও, ঢাকা।	সমন্বয়
০৬	মুখ্য সচিব (আব্যাহত), ও লাইন ডাইরেক্টর (আইএফএম), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।	সমন্বয়-সচিব

কর্ম পরিধি (TOR)

- (১) পর্যায়ক্রমিক (Phase by Phase) Assets ব্যবস্থাপনার/প্রতিষ্ঠানসমূহের আওতা (Scope) নির্ধারণ;
 - (২) এ কার্যক্রমের আওতার অর্ধকৃত্যমোখ Assets এর প্রকৃতি নির্ধারণ (Define) করা।
 - (৩) Assets Data base তৈরির পর Tracking এর জন্য দত্তর সনুভবে Accessibility নির্ধারণ;
 - (৪) Assets Management Tracking কার্যক্রম বাস্তবায়নের জন্য মহাখালীর উপযুক্ত অধিদপ্তর (wing) নির্ধারণ;
 - (৫) ব্যবস্থাপনা ও অভ্যন্তরীণ নিয়ন্ত্রণের জন্য জরুরিভাবে Regulations প্রণয়নের প্রয়োজনীয়তা যাচাই;
 - (৬) কমিটির পর্যালোচনা কর্তব্য Assets Management & Tracking কার্যক্রমের সম্পৃক্ততার উন্নতি যে কোন বিষয়ে সুপারিশ প্রদান।
 - (৭) কমিটি প্রয়োজনীয় যে কোন কর্মকর্তা/বিশেষজ্ঞকে কে-অস্ট করতে পারবে।
- ৩। কমিটি সার্বিক দিক পর্যালোচনাপূর্বক প্রতিবেদন দাখিল করবে।


(মোঃ আবুল কারিম ইউসুফ)
উপ সচিব (এফএমএইউ)
ফোনঃ ৯৫৪৫৭০৬

fmamohfw@gmail.com

বিতরণ কার্যক্রম (স্বাক্ষরিত কর্মসূচীসমূহ):

১. অতিরিক্ত সচিব ও লাইন ডাইরেক্টর (পিএফডি), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
২. মুখ্য সচিব (হসপাতাল ও নার্সিং), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
৩. মহাপরিচালক, স্বাস্থ্য অধিদপ্তর, ঢাকা ভাঁজে একজন প্রতিনিধি মনোনয়নপূর্বক মন্ত্রণালয়কে অবহিত করার জন্য অনুরোধ করা হল।
৪. মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তর, তাঁকে একজন প্রতিনিধি মনোনয়নপূর্বক মন্ত্রণালয়কে অবহিত করার জন্য অনুরোধ করা হল।
৫. পরিচালক, সিএমএসডি, স্বাস্থ্য অধিদপ্তর, তেজগাঁও, ঢাকা।
৬. মুখ্য সচিব (আব্যাহত), ও লাইন ডাইরেক্টর আইএফএম, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।

অনুলিপি:

০১. সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
০২. মুখ্য সচিব (আব্যাহত) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।

ANNEX 3. OFFICIAL LETTER TO DHAKA MEDICAL COLLEGE HOSPITAL REGRADING THE VISIT BEFORE DEVELOPING AMS

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
আর্থিক ব্যবস্থাপনা ও অডিট ইউনিট
বাংলাদেশ সচিবালয়, ঢাকা।

স্বাপকম/এফএমএইউ/হিরক- ১/৬১/১৪/

তারিখঃ ২১/০৯/২০১৫ খ্রিঃ।

বিষয়ঃ Assets Management & Tracking System-এর জন্য Software প্রস্তুতির উদ্দেশ্যে ঢাকা মেডিকেল কলেজ হাসপাতাল পরিদর্শন প্রসঙ্গে।

উপর্যুক্ত বিষয়ে জানানো যাচ্ছে যে, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের বিভিন্ন হাসপাতালে ব্যবহৃত ও ভবিষ্যৎ প্রয়োজনে স্থাপনযোগ্য ইকুইপমেন্ট সমূহ দৃষ্ট ব্যবস্থাপনার স্বার্থে "Assets Management & Tracking System" Software প্রস্তুতির কার্যক্রম গ্রহণ করা হয়েছে। PFD, OP-এর আওতায় ইতোমধ্যে MSH পরামর্শক ফর্মকে বর্ধিত Software প্রস্তুতির জন্য দায়িত্ব প্রদান করা হয়েছে। Software তৈরীর জন্য কয়েকদফা জেলা ও উপজেলা পর্যায়ের হাসপাতালে পাইলটিং কার্যক্রম পরিচালনাধীন রয়েছে।

২। ঢাকাস্থ কয়েকটি বড় হাসপাতালের বিদ্যমান ইকুইপমেন্ট সমূহের অবস্থান ও প্রকারভেদে পূর্বেক্ষণপূর্বক চলমান Software-এ Input প্রদান করা হবে। এতদউল্লেখ্য MSH পরামর্শক ফর্মের একটি দল আগামী ২২/০৯/২০১৫ তারিখ সকাল ১০.০০ ঘটিকায় ঢাকা মেডিকেল কলেজ হাসপাতাল পরিদর্শনে আত্ম প্রকাশ করেছে।

৩। বর্ধিত বিষয়ে, MSH পরামর্শক ফর্মকে প্রয়োজনীয় সহযোগিতা প্রদানের জন্য অনুরোধ করা হলো।


(মো: আবুল কাশেম হুইয়া)
যুগ্ম সচিব (এফএমএইউ)
ফোন: ৯৫৪৫৭০৬

পরিচালক,
ঢাকা মেডিকেল কলেজ হাসপাতাল
ঢাকা।

অনুলিপিঃ

১. জনাব হাবিব এহছান চৌধুরী, ফিন্যান্সিয়াল এনালিস্ট, বিশ্বব্যাংক, শেরেবাংলা নগর, ঢাকা।
২. জনাব গোলাম কিব্রিয়া, সিনিয়র টেকনিক্যাল এডভাইজর ও দলনেতা, পরামর্শক টিম, এমএসএইচ, গুলশান-১, ঢাকা।

ANNEX 4. SIAPS LETTER TO THE MINISTRY FOR APPROVAL OF TERMS OF REFERENCE OF TWC



Stronger health systems. Greater health impact.

Date: 27 July, 2016

Memo no: MSH/SIAPS-BD/2016/063

Syed Monjurul Islam
Secretary, Ministry of Health and Family Welfare (MOHFW)
Room 341, Building 3
Bangladesh Secretariat, Dhaka

Subject: Request for approval of the Structure and Terms of Reference (ToR) for the Technical Working Committee on MOHFW's Asset Management System

Attention: Additional Secretary, Development & ME, MOHFW

Dear Sir,

The SIAPS (Systems for Improved Access to Pharmaceuticals and Services) program, funded by USAID and implemented by MSH (Management Sciences for Health), requests your approval for the proposed structure and terms of reference (ToR) of the Technical Working Committee to oversee the development of an Asset Management System for MOHFW. This approval will be to support an extension of the committee and expansion of terms of reference for the Technical Working Committee on Asset Management and Tracking System formed by the Financial Management and Audit Unit of MOHFW via circular No. MOHFW/FMAU/Section-1/61/14/457 dated 06/01/2015 (Copy attached). A revised structure and a revised Terms of Reference for the Technical Working Committee are proposed in the annexure.

In response to the World Bank's request dated November 10, 2014 (Copy attached), to engage SIAPS to develop an asset management system within the SCMP platform, the MOHFW formed a six-member committee headed by the Additional secretary (Development and ME) in January 2015 and asked SIAPS to undertake a system study to assess the current practice, make recommendations, and outline the way forward. Accordingly, SIAPS drafted a concept paper and simultaneously started to design the system. In May 2016, SIAPS presented the skeleton to the key stakeholders for their inputs. World Bank further requested MOHFW to expand the scope of work and increase the number of members of the existing committee to gather more inputs, guidance and also to identify an appropriate "Lead Wing" from MOHFW for guiding and overseeing the implementation of asset management activities.

With the inputs of the FMAU, World Bank and USAID, SIAPS updated the ToR and revised the structure and is formally submitting to you for your kind review and approval including nominating a chair for this extended committee. Subsequently, SIAPS continued to build capacity through user acceptance testing of the relevant officials/users of CMSD, NEMEMW, and Moulavibazar district hospital in August 2016 on the alpha version of the system. The guidance from the Committee is now very critical for further progression of the activity.

We have learned that successful pilot implementation of Asset Management System at Moulavibazar District Hospital during September through November 2016 will contribute to achieving MOHFW's Disbursement Linked Indicator (DLI) in the ongoing health sector program. Therefore, in order to achieve the DLI within the specified timeline, it is important that the proposed expanded committee with the revised TOR is formally approved in order to guide the development and piloting of the asset

management system for MOHFW. We request for issuance of a notification from your office in this regard.

With the support of USAID, SIAPS has been providing technical assistance to the MOHFW and its directorates for pharmaceutical system strengthening and capacity building in order to promote long term sustainability on procurement and logistics issues. We thank you for your continued support for the SIAPS program in Bangladesh.

Yours sincerely,

Syed Monjurul Islam
Country Project Director
MSH/SIAPS Bangladesh

Enclosed:

1. Proposed revised structure and Terms of Reference for the Technical Working Committee
2. Copy of MOHFW via circular No. MOHFW/FMAU/Section-1/61/14/457 dated 06/01/2015
3. Copy of World Bank's request letter dated November 10, 2014

CC (Not distributed according to seniority):

1. Additional Secretary, FMAU, MOHFW
2. Additional Secretary, Dev & ME, MOHFW
3. Additional Secretary, Hospital, MOHFW
4. Director General of Health Services, DGHS
5. Director General of Family Planning, DGFP
6. Director General of Drug Administration, DGDA
7. Joint Chief, Planning Wing, MOHFW
8. Additional Director General (Admin), DGHS
9. Joint Secretary, FMAU, MOHFW
10. Joint Secretary, Dev & ME, MOHFW
11. Line Director, L&S, DGFP
12. Line Director, CMSD, DGHS
13. Line Director, HSM, DGHS
14. Line Director, ESD, DGHS
15. Chief Technical Manager, NEMEMW
16. Deputy Program Manager, M&E, PLMC, MOHFW
17. Chair, Health Consortium of Donors
18. Ms. Melissa Jones, Director, OPHNE, USAID
19. Dr. Bushra Binte Alam, Senior Health Specialist, World Bank
20. Mr. Humayun Kabir, Former Senior Secretary, MOHFW

ANNEX 5. GOB CIRCULAR REGARDING THE FORMATION OF TWC FOR AMS

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
Financial Management and Audit Unit
Bangladesh Secretariat, Dhaka.

No: MoHFW/FMAU/AO-1/61/14/972

Date: 22.08.2016

Circular

Based on recommendations put forwarded from Mid Term Review of HPNSDP and Health Sector Investment Plan (2017-21) for improving the "Asset Management System" in the Health Sector, the following Technical Working Committee (TWC) has been formed to guide, finalization of technical contents and tools of Asset Management System, related policy suggestions and provide necessary support of its implementation.

(a) Technical Working Committee (TWC):

1. Additional Secretary, MoHFW
Chairperson.
2. Additional Secretary (FMA) MoHFW
Member.
3. Additional Secretary (ME) MoHFW
Member.
4. Additional Secretary (Hospital) MoHFW
Member.
5. Joint Secretary (FMAU) MoHFW
Member.
6. Joint Secretary (HRM)
Member.
7. Joint Chief (Planning) MoHFW
Member.
8. Line Director (L&S) DGFP
Member.
9. Line Director (CMSD) DGHS
Member.
10. Line Director (HSM) DGHS
Member.
11. Line Director (ESD) DGHS
Member.
12. Chief Technical Manager, NEMEMW
Member.
13. Representative from World Bank
Member.
14. Representative from USAID
Member.
15. Representative(s) from MSH/SIAPS
Member.
16. Joint Secretary (Dev) MoHFW
Member Secretary.

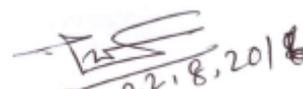
(b) Terms of Reference (TOR):

1. To provide technical inputs and guidance to systems for improved access to pharmaceuticals and services (SIAPS) team to draft and finalize the asset management policy and its implementation for MOHFW:
 - (a) To organize discussion sessions / consultative workshops for the consultants to gather inputs from stakeholders.

AMTS Letter

Continue Page -2

- (b) To define asset for inclusion in the "asset management" system.
 - (c) To make suggestions for defining the role and responsibilities of health facilities/entities CMSD and National Electro-Medical Equipment Maintenance Workshop (NEMEMW) in managing the asset management System.
 - (d) To identify and reach to consensus an appropriate depreciation methodology to carry out valuation/revaluation and subsequent expenditures, repair cost (including accessories if any), useful life and residual value with the help of professionals in this area, if needed.
2. To make suggestions to establish an independent accreditation team to validate the master asset register of each health facility before electronic implementation.
 3. To review the progress of the activities at pilot sites and conduct periodic monitoring visits to improve site performance.
 4. To oversee the pilot completion report and share with stakeholders in a dissemination session and will strategize the national roll-out plan.
 5. To identify appropriate sections (Operational Plan) of MOHFW duly with technical and financial resources to lead the management and maintenance of the asset management system as part of sustainability.
 6. To up-date periodically the MOHFW management on the progress of the activities.
 7. Committee may co-opt any member, as appropriate and when needed.
- (c) This circular is issued with the approval of the competent authority.


22.8.2018
(Md. Abul Kashem Bhuyian)
Joint Secretary, (FMAU)
Phone: 02-9545706

Distribution: (Distribution not according to seniority)

1. Additional Secretary (MoHFW) Bangladesh Secretariat, Dhaka.
2. Additional Secretary (FMA) MoHFW, Bangladesh Secretariat, Dhaka.
3. Additional Secretary (ME) MoHFW, Bangladesh Secretariat, Dhaka.
4. Additional Secretary, Hospital (MoHFW) Bangladesh Secretariat, Dhaka.
5. Joint Secretary (FMAU) MoHFW, Bangladesh Secretariat, Dhaka.
6. Joint Secretary (HRM) Bangladesh Secretariat, Dhaka.
7. Joint Chief (Planning) MoHFW, Bangladesh Secretariat, Dhaka.
8. Line Director (L&S) DGFP, Bangladesh Secretariat, Dhaka.
9. Line Director (CMSD) DGHS, Bangladesh Secretariat, Dhaka.
10. Line Director (HSM) DGHS, Bangladesh Secretariat, Dhaka.
11. Line Director (ESD) DGHS, Bangladesh Secretariat, Dhaka.
12. Chief Technical Manager, NEMEMW, Dhaka.
13. Representative, World Bank, Dhaka.
14. Representative, USAID, Dhaka.
15. Representative, MSH/SIAPS, Dhaka.
16. Joint Secretary (Dev) MoHFW, Bangladesh Secretariat, Dhaka.

CC:

1. P. S. to Secretary, Ministry of Health & Family Welfare.
2. Ms. Bushra Binte Alam, Senior Health Specialist, World Bank, Dhaka **(With a request to nominate a representative from World Bank).**
3. Ms. Melissa Jones, Director, OPHNE, USAID, Dhaka **(With a request to nominate a representative from USAID).**
4. Mr. Zahedul Islam, Country Project Director, MSH/SIAPS, Dhaka **(With a request to nominate a appropriate representative(s) from MSH/SIAPS).**

ANNEX 6. SIAPS LETTER TO MOHFW REGARDING THE TIMELINE OF PILOT IMPLEMENTATION OF AMS



Stronger health systems. Greater health impact

Date: 19 September 2016

Memo no: MSH/ SIAPS-BD/2016/081

Syed Monjurul Islam
Secretary, Ministry of Health and Family Welfare (MOHFW)
Room 341, Building 3
Bangladesh Secretariat, Dhaka

Subject: Piloting of MOHFW's Asset Management System

Attention: Mr. Biman Kumar Saha, ndc, Additional Secretary, MOHFW

Dear Sir,

The SIAPS (Systems for Improved Access to Pharmaceuticals and Services) program, funded by USAID and implemented by MSH (Management Sciences for Health), sincerely thanks you for approving the structure and terms of reference of the Technical Working Committee (TWC) to oversee the development and implementation of an Asset Management System for MOHFW. Under the guidance and oversight by the TWC, SIAPS expects to effectively assist MOHFW to successfully demonstrate the piloting of the Asset Management System in MoulviBazar. We are pleased to share with you the proposed time line for major events to complete the piloting by December 2016 (attached) under the current health sector program. We expect the TWC further reviews this and other technical details in its first meeting to be organized soon.

SIAPS considers the Asset Management Activity as a key component of its technical assistance to the MOHFW and its directorates on pharmaceutical system strengthening and capacity building in order to promote efficiency and sustainability on supply chain management. We thank you for your continued support for SIAPS-supported activities in Bangladesh.

Yours sincerely,

Zahedul Islam
Country Project Director
Systems for Improved Access to Pharmaceuticals and Services Program

Enclosed:

1. Copy of MOHFW circular on revised structure and Terms of Reference for the Technical Working Committee
2. Proposed time line on pilot implementation of Asset Management System in MoulviBazar

Proposed Timeline of Pilot Implementation of Asset Management System and achieving DLI

Sl.	Tasks	Timeline
1	Training for relevant staffs and managers of CMSD, NEMEMW, Moulvi Bazar District Hospital, Civil Surgeon Office and MOHFW	25-26 Sept 2016
2	1 st TWC meeting	28-Sep-16
3	Initial visit of USAID in Moulvi Bazar	2-3 Oct 2016
4	Follow-up visit of USAID in Moulvi Bazar	26-27 Oct 2016
5	Visit of MOHFW TWC members	2-3 Nov 2016
6	2 nd TWC meeting	6-Nov-16
7	Visit of the members of DP consortium in Moulvi Bazar	23-24 Nov 2016
8	Share findings of pilot implementation and plan for rollout	29-Nov-16

ANNEX 7. SYSTEM STUDY QUESTIONNAIRE FOR AMS

Can you please provide answers to the following questions?

Sl. No.	Questions	Answer (Put the tick \checkmark mark in following column)		Remarks
		YES	NO	
1.	What assets do you own? (Gov't/Own/Donation/CMSD)	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have you maintained any record keeping system for fixed assets?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Do you have any Fixed Assets Register? (Please answer the following questions)	<input type="checkbox"/>	<input type="checkbox"/>	
3.a	Have you maintained any kind of Fixed Asset Register (Manual/Digital register)?	<input type="checkbox"/>	<input type="checkbox"/>	
3.b	Do you know what Type of Asset, Procurement Year and Procuring Entity?	<input type="checkbox"/>	<input type="checkbox"/>	
3.c	Can you differentiate/Identifying type of assets (medical, IT and office equipment)	<input type="checkbox"/>	<input type="checkbox"/>	
3.d	Are you able to determine lifecycle of assets?	<input type="checkbox"/>	<input type="checkbox"/>	
3.e	Where are these located?	<input type="checkbox"/>	<input type="checkbox"/>	
3.f	Are these being used?	<input type="checkbox"/>	<input type="checkbox"/>	
3.g	Who/which unit is using it?	<input type="checkbox"/>	<input type="checkbox"/>	
3.h	Is the asset in working condition?	<input type="checkbox"/>	<input type="checkbox"/>	
3.i	If not, has it been sent for repair/maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	
3.j	If yes, has it been received back from servicing agency?	<input type="checkbox"/>	<input type="checkbox"/>	
3.k	If yes, has it been assigned to its previous user?	<input type="checkbox"/>	<input type="checkbox"/>	
3.l	If not, who is the new person/unit which the asset has now been assigned to?	<input type="checkbox"/>	<input type="checkbox"/>	
3.m	Is the asset unserviceable and needs to be disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you maintain physical identification mark on the asset?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Do you have supplier contact details information?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Do you maintain high cost equipment warranty information?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Do you have any policy for Fixed Asset Management?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Have you maintained any standard/uniform practice for repair/maintenance	<input type="checkbox"/>	<input type="checkbox"/>	

Sl. No.	Questions	Answer (Put the tick \checkmark mark in following column)		Remarks
		YES	NO	
	(Hospital itself/CMSD/NEMEW/vendor)?			
9.	Do you know/measure useful life of asset?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Do you follow methodology to carry out revaluation, subsequent expenditures, repair cost including accessories	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Have you maintained a depreciation methodology (For example - Straight line, Reducing balance method)?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Do you have any Asset retirement (disposal) policies? Yes/No (If "Yes" give us the copy)	<input type="checkbox"/>	<input type="checkbox"/>	

ANNEX 8. GOB NOTICE REGARDING TRAINING ON AMS

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
আর্থিক ব্যবস্থাপনা ও অডিট ইউনিট
বাংলাদেশ সচিবালয়, ঢাকা।

নং-স্বাপকম/এফএমএইউ/হিরক-১/৬১/১৪/৯৮৮

তারিখ: ২২/০৯/২০১৬ খ্রিঃ

বিষয়: "Asset Management System (AMS)" শীর্ষক প্রশিক্ষণ/ওরিয়েন্টেশন কর্মসূচিতে অংশ গ্রহণ প্রসঙ্গে।

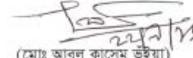
উপর্যুক্ত বিষয়ে জানানো যাচ্ছে যে, Management Sciences for Health (MSH) এর উদ্যোগে দু'দিন ব্যাপী Asset Management System (AMS) শীর্ষক প্রশিক্ষণ/ওরিয়েন্টেশন কর্মসূচির আয়োজন করা হয়েছে। এ প্রশিক্ষণ/ওরিয়েন্টেশন কর্মসূচি নিম্নরূপ ভেন্যু ও সময়সূচি অনুযায়ী অনুষ্ঠিত হবে।

ভেন্যু	তারিখ	সময়
Management Sciences for Health, House No. 3, Road 23/B, Gulshan-1, Dhaka	২৫/০৯/২০১৬	২.০০ থেকে ৫.০০ ঘটিকা
	২৬/০৯/২০১৬	৯.৩০ থেকে ৫.০০ ঘটিকা

২। এ প্রশিক্ষণ/ওরিয়েন্টেশনে অংশগ্রহণের জন্য নিম্নোক্ত কর্মকর্তাগণকে অংশগ্রহণের জন্য মনোনীত করা হল।

১. ডাঃ পলাশ রায়, আর এম ও, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
২. জনাব মোঃ জাকির হোসেন, প্রশাসনিক কর্মকর্তা, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
৩. জনাব মোঃ মোশারফ হোসেন, ট্রোর কিপার, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
৪. মিস শামিম আরা বেগম, পরিসংখ্যানবিদ, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
৫. জনাব মিসবাতের রহমান ওয়ার্কসপ সুপারিনটেন্ডেন্ট, ডি ই এম ই ডব্লিউ, সিলেট।
৬. জনাব প্রদীপ কুমার দাস, চীফ ম্যাকানিক, ডি ই এম ই ডব্লিউ, সিলেট।
৭. জনাব এইচ এম আব্দুল কুদ্দুস, সহকারী প্রকৌশলী এবং ইনচার্জ নিমিউ, ঢাকা।
৮. জনাব মোঃ আবুল হোসেন, সহকারী প্রকৌশলী এবং ইনচার্জ নিমিউ, ঢাকা।
৯. জনাব মোঃ আব্দুল মতিন, লেজার কিপার, এই এস এম, সি এম এস ডি, ঢাকা।
১০. জনাব মোস্তফা শাহসুল ইসলাম রিপন, এস সি বি ইনচার্জ, সি এম এস ডি, ঢাকা।
১১. জনাব ইজরাইল আমিন, ফারমাসিট, সি এম এস ডি, ঢাকা।
১২. জনাব মোঃ মাজহারুল ইসলাম, ডেক্স এসিস্টেন্ট, সি এম এস ডি, ঢাকা।

৩। এ প্রশিক্ষণের জন্য মনোনীত সকল কর্মকর্তাগণকে ২৫/০৯/২০১৬ তারিখ নির্ধারিত সময়ের পূর্বেই প্রশিক্ষণ/ওরিয়েন্টেশনে অংশগ্রহণের নিমিত্ত প্রশিক্ষণ ভেন্যুতে উপস্থিত থাকার জন্য অনুরোধ করা হল।


(মোঃ আবুল কাসেম হুইয়া)
যুগ্ম সচিব (এফএমএইউ)
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
ফোন: ৯৫৪৫৭০৬

বিতরণ কার্যার্থে:

১৩. ডাঃ পলাশ রায়, আর এম ও, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
১৪. জনাব মোঃ জাকির হোসেন, প্রশাসনিক কর্মকর্তা, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
১৫. জনাব মোঃ মোশারফ হোসেন, ট্রোর কিপার, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
১৬. মিস শামিম আরা বেগম, পরিসংখ্যানবিদ, ২৫০ শয্যা হাসপাতাল, মৌলভীবাজার।
১৭. জনাব মিসবাতের রহমান ওয়ার্কসপ সুপারিনটেন্ডেন্ট, ডি ই এম ই ডব্লিউ, সিলেট।

AMS Training

চলমান পাতা-২

১৮. জনাব প্রদীপ কুমার দাস, চীফ ম্যাকানিক, ডি ই এম ই ডব্লিউ, সিলেট।
১৯. জনাব এইচ এম আব্দুল কুদ্দুস, সহকারী প্রকৌশলী এবং ইনচার্জ নিমিউ, ঢাকা।
২০. জনাব মোঃ আবুল হোসেন, সহকারী প্রকৌশলী এবং ইনচার্জ নিমিউ, ঢাকা।
২১. জনাব মোঃ আব্দুল মতিন, লেজার কিপার, এই এস এম, সি এম এস ডি, ঢাকা।
২২. জনাব মোস্তফা শাহসুল ইসলাম রিপন, এস সি বি ইনচার্জ, সি এম এস ডি, ঢাকা।
২৩. জনাব ইজরাইল আমিন, ফারমাসিট, সি এম এস ডি, ঢাকা।
২৪. জনাব মোঃ মাজহারুল ইসলাম, ডেক্স এসিস্টেন্ট, সি এম এস ডি, ঢাকা।

অনুলিপিঃ

জনাব, গোলাম কিবরিয়া, সিনিয়র টেকনিক্যাল এডভাইজার, এমএইচএস, ঢাকা (তঁকে সকল অংশগ্রহণকারীদের সাথে যোগাযোগ করার জন্য অনুরোধ করা হলো)।

ANNEX 9. MEETING NOTES FROM THE FIRST TWC MEETING

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
ক্রয় ও সংগ্রহ শাখা
www.mohfw.gov.bd

বিষয়ঃ টেকনিক্যাল ওয়ার্কিং কমিটির "Asset Management System" সংক্রান্ত ১ম সভার কার্যবিবরণী।

সভাপতি : বিমান কুমার সাহা
অতিরিক্ত সচিব
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।

সভার স্থান : মন্ত্রণালয়ের সম্মেলন কক্ষ।

তারিখ : ০৫-১০-২০১৬ খ্রিঃ।

সময় : বিকাল ৩.০০ ঘটিকা।

সভায় উপস্থিত কর্মকর্তাগণের তালিকা - পরিশিষ্ট 'ক' তে সংযুক্ত।

সভাপতি উপস্থিত সকলকে স্বাগত জানিয়ে "Asset Management System" সংক্রান্ত সভার কার্যক্রম শুরু করেন। সভাপতির অনুমতিক্রমে যুগ্ম-সচিব (এফএমএইউ) "Asset Management System" সংক্রান্ত প্রেক্ষাপট এবং বর্তমান পর্যায় সম্পর্কে সভাকে অবহিত করেন। তিনি বলেন, স্বাস্থ্য সেক্টরের আওতাধীন হাসপাতালসমূহে ব্যবহৃত যন্ত্রপাতি, স্বাস্থ্য সামগ্রী সংক্রান্ত তথ্যাদি এখন পর্যন্ত Manually সংরক্ষণ করা হচ্ছে। স্বাস্থ্য সেক্টরের আওতায় ক্রয়কৃত এবং বিভিন্ন হাসপাতালে ব্যবহৃত মূল্যবান যন্ত্রপাতি এবং চিকিৎসা সামগ্রী তথ্য প্রযুক্তির আওতায় (IT based) সংরক্ষণসহ সুষ্ঠু ব্যবস্থাপনার বিষয়টি অত্যন্ত জরুরি। এ বিষয়ে গত ২৪-৯-২০১৪ তারিখে উন্নয়ন সহযোগীদের সমন্বয়ে অনুষ্ঠিত সভার সিদ্ধান্তের আলোকে এ মন্ত্রণালয়ে MSH এর তত্ত্বাবধানে প্রক্রিয়াধীন Supply Chain Management কার্যক্রমের সাথে Pilot ভিত্তিতে "Asset Management Tracking System" অন্তর্ভুক্তির বিষয়ে নীতিগত সিদ্ধান্ত হয়। তিনি আরও বলেন, ইতোমধ্যে "Asset" সনুহের তথ্য সংগ্রহ ও Tracking এর জন্য Software develop করা হয়েছে এবং MSH/SIAPS এর কারিগরি সহায়তায় মৌলভীবাজার ২৫০ শয্যা হাসপাতালে "Asset Management System" Piloting করা হচ্ছে।

২। MSH/SIAPS এর সিনিয়র টেকনিক্যাল এডভাইজার জনাব গোলাম কিবরিয়া মৌলভীবাজার জেলা হাসপাতালে Piloting basis-এ পরিচালিত "Asset Management System" সম্পর্কিত অগ্রগতি বিষয়ে সভায় একটি Power Point Presentation করেন।

৩। "Asset Management System" বিষয়ে কিছু কিছু ক্ষেত্রে বিভ্রান্তি ব্যাখ্যা (Clarification) প্রয়োজন বলে সভায় মত প্রকাশ করা হয়। "Asset" বলতে কি বুঝানো হচ্ছে, কোন পর্যায়ের যন্ত্রপাতি "Asset" এর আওতায় বিবেচিত হবে, সে সংক্রান্ত একটি সুস্পষ্ট, সুনির্দিষ্ট ব্যাখ্যা থাকা প্রয়োজন মর্মে সভায় আলোচনা হয়।

৪। মৌলভীবাজার জেলার Piloting -এর অভিজ্ঞতার আলোকে পরবর্তীতে যেসব হাসপাতাল "Asset Management System" এর আওতায় আসবে, সেগুলোর Analysis প্রয়োজন। তার পরিপ্রেক্ষিতে পরবর্তী সময়ে অন্যান্য হাসপাতাল "Asset Management System" এর আওতায় আনলে তা অধিকতর ফলপ্রসূ হবে বলে যুগ্ম-সচিব (আর্থিক ব্যবস্থাপনা ও অডিট) মত প্রকাশ করেন।

৫। অতিরিক্ত সচিব (আর্থিক ব্যবস্থাপনা) বলেন, "Asset Management System" এর বিষয়টি "Asset" এর ব্যবহার, সংরক্ষণ, মেরামত, অযোগ্য ঘোষণাকরণ পর্যন্ত সকল বিষয়ের সাথে সম্পর্কিত বিধায় মন্ত্রণালয়ের আর্থিক ব্যবস্থাপনা, উন্নয়ন, হাসপাতাল উইং এর সাথে ওতপ্রোতভাবে জড়িত। এক্ষেত্রে বিষয়টি আর্থিক ব্যবস্থাপনা উইং থেকে বর্তমানে "Asset Management System" সংক্রান্ত কার্যক্রম বাস্তবায়িত হলেও Lead Wing নির্ধারণ করা প্রয়োজন।

৬। "Asset Management System" এর আওতায় কোন সনয়ের যন্ত্রপাতি এন্ট্রি করা হবে, এ বিষয়টি নির্ধারণ করাও জরুরি বলে সভায় মত প্রকাশ করা হয়।

- ৭। বিস্তারিত আলোচনার পর নিম্নরূপ সিদ্ধান্ত গ্রহণ করা হয়ঃ
- (ক) মৌলভীবাজার পাইলট প্রকল্পের পর কোন হাসপাতালগুলোতে এবং কোন তারিখ হতে "Asset Management System" এর কার্যক্রম শুরু হবে এই বিষয়ে SIAPS একটি প্রস্তাবনা প্রেরণ করবে।
 - (খ) জুলাই, ২০০৬ এর পরবর্তী সময়ে ত্রুটি/স্থাপনকৃত যন্ত্রপাতি Data base এর আওতায় আনতে হবে।
 - (গ) "Asset Management System" এর কার্যক্রম মন্ত্রণালয়ের একাধিক উইং এর সাথে সম্পর্কিত বিষয় এই কার্যক্রমের ক্ষেত্রে লিড উইং মনোনয়নের বিষয়টি পরবর্তীতে আলোচনা করে ঠিক করা হবে।
 - (ঘ) SIAPS/MSH পরামর্শক দল পরবর্তীতে আওতাভুক্তিযোগ্য যৌক্তিক পরিমাণ হাসপাতালসমূহের পরিস্থিতি মূল্যায়ন এবং শ্রেণি বিন্যাস করে ('এ' 'বি' ও 'সি' ক্যাটাগরিতে) প্রতিবেদন প্রদান করবে।
 - (ঙ) "Asset Management System" এর জন্য গঠিত কমিটির এক বা একাধিক সদস্য প্রয়োজনে যে কোন সময় "Asset Management System" এর আওতাভুক্ত হাসপাতালসমূহ পরিদর্শন ও এই সংক্রান্ত কার্যক্রম মনিটরিং করতে পারবেন।
 - (চ) Master Register এর Format প্রণয়নের জন্য একটি সাব-কোড নির্ধারণ করতে হবে।
- ৮। আর কোন আলোচ্য বিষয় না থাকায় সভাপতি উপস্থিত সকলকে ধন্যবাদ জ্ঞাপন পূর্বক সভার সমাপ্তি ঘোষণা করেন।

স্বাক্ষরিত/-
তাং- ০২-১১-২০১৬ খ্রিঃ
(বিমান কুমার সাহা)
অতিরিক্ত সচিব
স্বাস্থ্য পরিবার কল্যাণ মন্ত্রণালয়।

নং-৪৫.১৬৫.১২১.০১.০০.০০১.২০১৬-৪৬৩/১(১৬)

তারিখঃ ০২-১১-২০১৬ খ্রিঃ।

বিতরণ (জ্যেষ্ঠতার ক্রমানুসারে নয়):

- ১। অতিরিক্ত সচিব (আর্থিক ব্যবস্থাপনা ও অডিট), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ২। অতিরিক্ত সচিব (উন্নয়ন ও চিকিৎসা শিক্ষা), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৩। অতিরিক্ত সচিব (হাসপাতাল), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৪। যুগ্ম-সচিব (আর্থিক ব্যবস্থাপনা ও অডিট ইউনিট), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৫। যুগ্ম-সচিব (এইচআরএম), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৬। যুগ্ম-সচিব (উন্নয়ন), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৭। যুগ্ম-সচিব (হাসপাতাল), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৮। যুগ্ম-প্রধান (পেরিকল্পনা), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৯। পরিচালক, সিএমএসডি, তেজগাঁও, ঢাকা।
- ১০। লাইন ডাইরেক্টর, হাসপাতাল সার্ভিসেস ম্যানেজমেন্ট (এইচএসএম), স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
- ১১। লাইন ডাইরেক্টর, এসেনসিয়াল সার্ভিস ডেলিভারী (ইএসডি), স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
- ১২। চীফ টেকনিক্যাল ম্যানেজার, নিমিউ এন্ড টিসি, মহাখালী, ঢাকা।
- ১৩। ড. সামিনা চৌধুরী, প্রতিনিধি ইউএসএআইডি, ঢাকা।
- ১৪। জনাব হাবিব চৌধুরী, প্রতিনিধি, বিশ্বব্যাংক মিশন, ঢাকা।
- ১৫। জনাব জাহেদুল ইসলাম, সিপিডি, এসআইএপিএস/এমএসএইচ, ঢাকা।
- ১৬। জনাব শোলাম কিবরিয়া, এসটিএ, এসআইএপিএস/এমএসএইচ, ঢাকা।


(দিলসাদ বেগম)
সিনিয়র সহকারী সচিব

অনুসিপিঃ

- ১। মহাপরিচালক, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
- ২। মাননীয় সন্ত্রীর একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৩। মাননীয় প্রতিমন্ত্রীর একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৪। সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৫। অতিরিক্ত সচিব মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।

ANNEX 10. SIAPS LETTER INVITING TWC MEMBERS TO VISIT MDH TO OBSERVE PILOT IMPLEMENTATION OF AMS



Stronger health systems. Greater health impact.

Date: 19 October, 2016

Memo no: MSH/ SIAPS-BD/2016/097

Biman Kumar Saha, ndc, Additional Secretary,
Ministry of Health and Family Welfare (MOHFW)
Room 341, Building 3
Bangladesh Secretariat, Dhaka

Subject: Invitation to visit Moulvibazar District Hospital on 26-27 October, 2016 to observe the pilot implementation of Asset Management System

Dear Sir,

The SIAPS (Systems for Improved Access to Pharmaceuticals and Services) program, funded by USAID and implemented by MSH (Management Sciences for Health), greatly appreciates your chairmanship role in the 1st Technical Working Committee (TWC) meeting held on 05 October 2016 at the MOHFW Conference room.

As discussed and as a next step in achieving MOHFW's Disbursement Linked Indicator (DLI) under the ongoing health sector program, SIAPS is pleased to organize a field visit for TWC members on 26-27 October, 2016 to observe the status of the pilot implementation of the Asset Management System.

We would highly appreciate if you could make time to lead the TWC members' visit to the implementation site.

Yours sincerely,

Zahedul Islam
Country Project Director
Systems for Improved Access to Pharmaceuticals and Services Program

CC (Not distributed according to seniority):

1. Additional Secretary, FMA, MOHFW
2. Additional Secretary, Dev & ME, MOHFW
3. Additional Secretary, Hospital, MOHFW
4. Director General of Health Services, DGHS
5. Director General of Family Planning, DGFP
6. Director General of Drug Administration, DGDA
7. Joint Chief, Planning Wing, MOHFW

8. Additional Director General (Admin), DGHS
9. Joint Secretary, FMA, MOHFW
10. Joint Secretary, HRM, MOHFW
11. Joint Secretary, Dev & ME, MOHFW
12. Line Director, L&S, DGFP
13. Line Director, CMSD, DGHS
14. Line Director, HSM, DGHS
15. Line Director, ESD, DGHS
16. Chief Technical Manager, NEMEMW
17. Deputy Program Manager, M&E, PLMC, MOHFW
18. Chair, Health Consortium of Donors
19. Ms. Melissa Jones, Director, OPHNE, USAID
20. Dr. Bushra Binte Alam, Senior Health Specialist, World Bank
21. Dr. Shehina Ahmed, DFID
22. Dr. Momena Khatun, CIDA
23. Mr. Humayun Kabir, MEASURE Evaluation

ANNEX 11. REVIEW FORMAT

Review of Pilot Implementation of the Asset Management System (AMS) by Member (s) of Technical Working Committee (TWC)

Name of Health Facility	
Reviewer Name:	
Designation:	
Visit Date:	

1. Background:

2. Key Objectives of the review:

3. Principal Findings/Observations:

Software-related:	
Management (Assigned an asset manager etc.):	
Infrastructure (Computer, modem/internet connectivity etc.)	
Human Resources (Availability, capacity, motivation etc.)	

4. Concluding Remarks:

5. Key persons meet during visit:

Name	Designation	Role on AMS	Comments

ANNEX 12. SIAPS LETTER INFORMING MOHFW OF THE COMPLETION OF PILOT IMPLEMENTATION OF AMS



Stronger health systems. Greater health impact.

Date: 09 November, 2016

Memo no: MSH/ SIAPS-BD/2016/111

Md. Sirazul Islam
Secretary, Ministry of Health and Family Welfare (MOHFW)
Room 341, Building 3
Bangladesh Secretariat, Dhaka

Subject: Completion of Pilot implementation of MOHFW's Asset Management System

Attention: Mr. Biman Kumar Saha, ndc, Additional Secretary, MOHFW

Dear Sir,

Management Sciences for Health (MSH) congratulates you for assuming the new position as the Secretary of the MOHFW. As you know, MSH implements USAID's SIAPS (Systems for Improved Access to Pharmaceuticals and Services) project that provides technical assistance to the MOHFW and its directorates for pharmaceutical system strengthening and capacity building in order to promote long term sustainability on procurement and logistics issues. One important activity implemented in the current sector program is the development and piloting of Asset Management System, an online electronic system to manage assets from its registering stage to decommissioning.

Under the leadership of Mr. Biman Kumar Saha, ndc, Additional Secretary, MOHFW and Chairperson of the Technical Working Committee (TWC) for Asset Management System, the SIAPS project provided technical assistance to MOHFW to design an electronic system), worked with MOHFW to build capacity of relevant officials of Central Medical Stores Depot (CMSD), Moulvibazar District Hospital, and National Electro Medical Equipment Maintenance Workshop (NEMEMW) on this system, and facilitated its pilot implementation at Moulvibazar District Hospital. The overall guidance and oversight from the TWC was very helpful in successful pilot implementation of the Asset Management System in Moulvibazar District Hospital.

We are thrilled to inform you that the pilot implementation of asset management system at the Moulvibazar District Hospital has now been completed which includes physical installation of the system, data entry, barcode generation and users' capacity to handle the system. The success of the system now lays on the use of the system by the hospital team and staff at CMSD and NEMEMW.

In response to SIAPS' invitation to TWC members for a field visit to observe the pilot implementation status of the Asset Management System, Mr. Md. Abdul Mannan Iliyas, Joint Secretary, MOHFW and Line Director (Logistics and Supply), DGFP visited Moulvibazar District Hospital on 27 October 2016, and assessed users' competency and their capacity in managing the system.

The visiting TWC members observed that:

- The system is very user friendly with robust design to embrace all necessary aspects of asset management,



Stronger health systems. Greater health impact.

- The Resident Medical Officer (RMO) is assigned as the “Asset Manager” for this health facility to review and validate the asset register before generating the bar codes,
- IT equipment including good internet connectivity is available at the hospital,
- Three persons have been assigned for data entry and management who are in action in the facility, and
- SIAPS has ensured effective on-site technical assistance to the local staff and the Asset Manager of the hospital.

The visiting TWC members recommended the MOHFW may consider scale-up of the Asset Management System in other health facilities.

We request you to consider the pilot implementation of asset management system at the Moulvibazar District Hospital as complete and look forward to see the Asset Management System be used by the relevant authorities. SIAPS stands ready to provide any support required to strengthen local capacity in this regard.

We thank you for your continued support for the SIAPS program in Bangladesh and request.

Yours sincerely,

Zahedul Islam
Country Project Director
Systems for Improved Access to Pharmaceuticals and Services Program

Enclosed:

1. Update on pilot implementation of MOHFW Asset Management System (AMS) Oct 14- Oct 31.

CC (Not distributed according to seniority):

1. Additional Secretary, MOHFW
2. Additional Secretary, FMA, MOHFW
3. Additional Secretary, Dev & ME, MOHFW
4. Additional Secretary, Hospital, MOHFW
5. Director General of Health Services, DGHS
6. Director General of Family Planning, DGFP
7. Director General of Drug Administration, DGDA
8. Joint Chief, Planning Wing, MOHFW
9. Additional Director General (Admin), DGHS
10. Joint Secretary, FMA, MOHFW
11. Joint Secretary, HRM, MOHFW
12. Joint Secretary, Dev & ME, MOHFW
13. Line Director, L&S, DGFP

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14. Line Director, CMSD, DGHS
15. Line Director, HSM, DGHS
16. Line Director, ESD, DGHS
17. Chief Technical Manager, NEMEMW
18. Deputy Program Manager, M&E, PLMC, MOHFW
19. Melissa Jones, Chair, Health Consortium of Donors
20. Edwin Salvadore/ WHO, Vice Chair, Health Consortium of Donors
21. Ms. Melissa Jones, Director, OPHNE, USAID
22. Dr. Bushra Binte Alam, Senior Health Specialist, World Bank
23. Dr. Shehlina Ahmed, DFID
24. Dr. Momena Khatun, CIDA
25. Mr. Humayun Kabir, MEASURE Evaluation
26. Mr. Hasib Ehsan Chowdhury, World Bank
27. Ms. Iffat Mahmud, World Bank