Information, Communication, and Education (ICE) Campaign Strategy for SSK

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Contents

ABBREVIATIONS

AHI	Assistant Health Inspector
BDT	Bangladeshi Taka
BPL	Below-Poverty-Line
BRDB	Bangladesh Rural Development Board
CHCP	Community Health Care Provider
DGHS	Director General
DGFP	Director General of Family Planning
DGHS	Director General of Health Services
DH	District Hospital
DRG	Diagnosis Related Groups
EMO	Emergency Medical Officer
ERD	Economic Relations Division
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
HA	Health Assistant
HI	Health Inspector
HEU	Health Economics Unit
IMO	Indoor Medical Officer
IMSC	Inter-Ministerial Steering Committee
IT	Information Technology
KfW	German Development Bank
LGD	Local Government Division
MA	Medical Assistant
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
PD, CC	Project Director, Community Clinic
RMO	Resident Medical Officer
SACMO	Sub-Assistant Community Medical Officer
SMS	Short Message Service
SSK	Shasthyo Surokhsha Karmasuchi
TBA	Traditional Birth Attendant
ToR	Terms of Reference
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complex
UH&FPO	Upazila Health and Family Planning Officer
UNO	Upazila Nirbahi Officer – Upazila Executive Officer
VDP	Village Defence Party
WC	Working Committee

1 INTRODUCTION

SSK (Shasthyo Surokhsha Karmasuchi) is the social health protection scheme developed by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW) with support from German Development Cooperation through KfW (German Development Bank) and GFA Consulting Group. Under the supervision of the MoHFW, SSK will be managed by SSK Board, a still to be established statuary body and operated by Scheme Operator, to be selected through competitive bidding.

The Scheme Operator will be located at Upazila level in Upazila Health Complex (UHC). Each UHC will have a SSK-Kiosk staffed with at least one insurance officer. Initially the SSK scheme will only enroll the Below-Poverty-Line (BPL) population, with a flat rate premium per family, which will be paid by the State.

Under leadership of the SSK Board, two committees will be formed – one at union and one at Upazila level – to identify BPL households. The committee at the union level will be responsible for preparing a list of BPL households in their working area. The committee, under the leadership of the Union Parisod Chairman, will review, judge, and verify the poverty status of the GR household list against the existing list of the poor (received from the Union Parisod), with help of the Health Assistant (HA) and the Family Welfare Assistant (FWA). The Union Committee will submit the list of BPL households to the Upazila Committee, which will review the list and will make necessary corrections, if required and will finalize and approve the list. The Upazila committee will submit the list to the SSK Board for entering into the database.

The premium and the Benefit Package will be fixed by SSK and negotiated with the contracted Scheme Operator. The Scheme Operator will register members and issue a Health Card, in the form of smart card, to the enlisted BPL households. The validity of the card will be for 1 year and will be renewed every year. SSK members will receive necessary inpatient health care through UHCs and on a structured referral basis from the District Hospital (DH). Membership in SSK will have some advantages: no co-payments at UHC and DH, access to a grievance authority, where it is possible to complain about the quality of service, and guaranteed free access to essential drugs at UHC and DH.

The benefit package is limited to BDT 50,000 per health card per year. The Scheme Operator will pay hospitals for inpatient services on a per case basis following a DRG (Diagnosis Related Groups) system with about 50 positions. The payments will be negotiated between hospitals and Scheme Operator based on the claim history and the available budget. Hospitals will receive the public budget plus the extra payment from the insurance. With the extra funds they will have room to improve and expand services, so they can meet the quality criteria and avoid complaints. Implementation will start in July 2013 with a 4-year pilot phase. Initial implementation will take place in three Upazilas – Modhupur, Ghatail and Kalihati, all situated in Tangail district. It is expected that a nation-wide implementation will require a period of 10 years.

Governance of the SSK includes the Inter-Ministerial Steering Committee (IMSC) chaired by the Health Minister with Secretaries of Ministries of Finance, Economic Relations Division (ERD), Public Administration, Commerce, Local Government Divisions (LGD), the Prime Minister's Office, Health and Family Welfare; the Director General of Health Services (DGHS), the Director General of Family Planning (DGFP), Project Directors, and the Community Clinics (PD, CC) project as members with Director-general (DG), HEU as member-secretary.

The Working Committee (WC) with secretary Consists of MoHFW as chair and DGHS, DGFP, Chief Controller of Insurance in Directorate of Industries, PD CC project, Joint Secretary, Budget, Ministry of Finance, Joint Secretary, LGD, Joint Secretary, Administration, MoHFW, Managing Director, Essential Drug Company Limited, Joint Chief, Planning, MoHFW, Chief Engineer, Health Engineering Department, Executive Director, International Centre for Diarrhoeal Diseases and Research, Bangladesh, Chair of the Health, Population and Nutrition Consortium as members with DG HEU as member secretary.

The SSK Board will be in the centre of entire system. On one hand, the SSK Board will formulate policy decisions in consultation with the WC reportable to IMSC, on the other hand, the SSK Board is responsible to implement the SSK at facility level as well as community level through engaging the Scheme Operator. The SSK Board is planned with a Committee and an Executive Team, comprising a Director and three specialists (public health, financial management and information technology - IT) with presence at District level through a Programme Officer and a Monitoring and Evaluation Officer. Their role will include monitoring and evaluation, grievance handling, claims management and use of IT covering community and health facilities.

SSK Board will also look after facilities providing services, grievance procedure, and operation of the total scheme. HEU will provide the SSK Board with policy guidance. The GFA Consulting Group will provide technical assistance to HEU and the SSK Board. At Upazila level a SSK management committee is planned with community representatives. The existing Health Advisory Committee is under review for its use for the same purpose.

This ICE campaign strategy for SSK is prepared to make all parties concerned better informed about SSK with the ultimate aim to effectively implement the SSK.

2 OBJECTIVE OF THE ICE CAMPAIGN STRATEGY

2.1 General Objective

The general objective is to inform and motivate the relevant people about SSK in order to achieve a proper implementation.

2.2 Specific Objectives

Specific objectives are:

1. To inform and motivate the target population (both direct and indirect) for registration and utilization of services under SSK;
2. To inform and motivate people involved at different levels of implementation of SSK (member selection process, registration, providing and renewal of health cards, providing services at facilities, claim processing and payment, grievance handling etc.);
3. To raise awareness in administrations supportive to the SSK implementation (IMSC, WC, HEU (of MoHFW), the SSK Board and Executive Team, the Scheme Operator, and the SSK management committee).

3 AUDIENCE OF THE ICE CAMPAIGN

Since the audience will be of several types and numbers, it may be helpful to group them.

3.1 Target Population

3.1.1 Direct Target Population

Direct target population will be the Below-Poverty-Line (BPL) population of the three Upazilas- Modhupur, Ghatail and Kalihati of Tangail district, who are expected to register as members of SSK

Assumptions:

- 40% of total population;
- 95,000 households.

3.1.2 Indirect Target Population

Part of the indirect target population are those, who will be helpful in informing and motivating SSK members for registration and utilization services. They will include (but are not limited to):

- Government health workers – Health Assistant (HA), Family Welfare Assistant (FWA), Community Health Care Provider (CHCP), Assistant Health Inspector (AHI), Health Inspector (HI), Family Planning Inspector (FPI), Medical Assistant (MA)/Sub-Assistant Community Medical Officer (SACMO), Family Welfare Visitor (FWV), Pharmacist, Peon, Aya etc.;
- Informal health care providers – quacks, village doctors, Traditional Birth Attendants (TBA) etc.;
- Union and Upazila Parishad Chairmen and members;
- Municipality Mayors and Commissioners, where applicable;
- Lawyers, media people, scouts/girls guides;
- Informal leaders, religious leaders, teachers;
- NGO workers (particularly those operating in microfinance);
- Ansar/ VDP (village defence party) members;
- BRDB (Bangladesh rural development board) groups members, members of groups affiliated with Women and Children Affairs department;
- Recipients of different social protection/ welfare support allowances like freedom fighter, widows, elderly, disabled, mothers etc., (list available at Union Parishad and Upazila Nirbahi Officer's - UNO office).

3.2 People Involved at Different Levels of SSK Implementation

3.2.1 SSK Member Selection Process

- Health workers (HA, FWA, AHI, FPI);
- Union Parishad Chairmen and Members (including women members);
- Municipality Mayors and Commissioners;
- Upazila Parishad Chairmen;
- UNO;

- Upazila Health and Family Planning Officer (UH&FPO);
- Upazila Family Planning Officer (UFPO).

3.2.2 SSK Board

The Executive Team of the SSK Board consists of a Director and three specialists (public health, financial management and IT) with presence at District level through a Programme Officer and a Monitoring & Evaluation Officer.

3.2.3 Scheme Operator

Scheme operator staff and others engaged by the scheme operator at all levels including SSK-Kiosk staff at UHC.

3.2.4 Service Providers

All service providers involved in admission, inpatient treatment (including investigations and operations, therefore Laboratory, Radiology, Operation Theatre related staff) and discharge in all three Upazila health complexes and Tangail district hospital:

- Consultants (Senior and Junior);
- Physicians (Medical Officer, Residential Medical Officer – RMO, Emergency Medical Officer – EMO, indoor Medical Officer –IMO, Anaesthesiologist, Pathologist, Radiologist),
- Nurses (Senior Staff, Junior),
- MAs, Medical Technologists (laboratory, radiology, blood-bank, pharmacy etc.)
- Ward Boys, Aya, Cleaner, and Ambulance Driver etc.

3.2.5 Stakeholders Involved with SSK Implementation

Stakeholders involved at policy level and guidance with SSK implementation are: MoHFW, IMSC, WC, SSK Board, HEU personnel, and the SSK management committee

3.2.6 Media

Both print and electronic media will be involved in SSK implementation. Also both, local level and national level media personnel will be involved.

4 PROPOSED KEY MESSAGES

For materializing the objectives of the SSK ICE campaign, different messages need to be disseminated to different identified audiences. However, different roles and responsibilities of the same people need to be taken into consideration while disseminating messages. For example Union Parishad Chairmen and Members as involved in the SSK member selection process need to be aware of criteria for member selection and process. As indirect target population they can also motivate SSK members on registration and utilization of services for which they need to be aware of various other messages.

In the following some suggestions on topics for different audiences are presented.

4.1 Target Population

4.1.1 Direct Target Population – SSK Members

- What is SSK?
- For whom is SSK?
- Why SSK?
- Under SSK, where will services be available?
- What services are included under SSK (including ceiling of amount) and what is not included?
- How and when to get health cards?
- What information is required for registration?
- How to register new HH members?
- How to renew the cards?
- How to use the cards?
- Grievance submission procedures

4.1.2 Indirect Target Population

- How can they (each different types of indirect population from their perspective) be supportive to SSK?
- Same as mentioned above for direct target population
    - What is SSK?
    - For whom is SSK?
    - Why SSK?
    - Under SSK, where services will be available?
    - What services are included under SSK (including ceiling of amount) and what are not included under SSK?
    - How and when to get health cards?
    - What information is required for registration?
    - How to register new HH members?
    - How to renew the cards?
    - How to use the cards?
    - Grievance submission procedure

4.2 People Involved at Different Levels of SSK Implementation

4.2.1 SSK Member Selection Process

- Criteria of member selection for SSK;
- Individual roles/ responsibilities for SSK member selection;
- Group roles/ responsibilities for SSK member selection.

4.2.2 Scheme Operator

- What is SSK?
- Why SSK?
- For whom is SSK?
- Roles and responsibilities of Scheme Operator as a whole;
- Staffs of scheme Operator need to be thoroughly oriented about their respective roles and responsibilities. Some may be dedicated for member registration. Others may be for claim settlement etc.
- Monitoring, reporting, and feedback mechanisms.

4.2.3 Service Providers

- What is SSK?
- Why SSK?
- For whom is SSK?
- What are the entitlements of SSK members?
- Obligations of service providers;
- Partial financial autonomy of providers;
- Roles and responsibilities of individual and collectively as a group of providers;
- Benefits of the service providers – individually and as a group;
- Grievance handling procedures;
- Service providers in Upazila health complexes and district hospital will be providing care to SSK members and non-SSK members simultaneously. Therefore they need to be extra cautious with SSK members.
- All types of service providers are equally important to provide desired services to SSK members and therefore each and everyone needs to be cautious about their roles and responsibilities.

4.2.4 SSK Board

SSK Board is expected to have an Executive Team along with board. For SSK Board, the following messages are important:

- What is SSK?
- Why is SSK?
- For whom is SSK?
- Clarity of objectives of SSK;
- Policy implications of SSK – poverty reduction, achieving aim of meddle income country, universal health coverage, reduction of out of pocket expenditure, means of health care financing, reference to other policy documents like national health policy 2011, the sixth five year plan 2011-2016, health population nutrition sector development programme 2011-2016, health care financing strategy 2012 etc.

- Appeal for supportive roles;
- Roles and responsibilities, especially financing mechanism.

For Executive Team of SSK board the following messages are important:

- What is SSK?
- Why is SSK?
- For whom is SSK?
- Details of roles and responsibilities of the executive team, as a whole; as well as individual roles and responsibilities of the team members;
- Motivational messages.

4.2.5 Stakeholders Involved with SSK Implementation

For stakeholders involved at policy level and guidance with SSK implementation the following messages are important:

- What is SSK?
- Why is SSK?
- For whom is SSK?
- Clarity of objectives of SSK;
- Clearly defined roles and functions of MoHFW, HEU, SSK Board, and Scheme Operator;
- Policy implications of SSK – poverty reduction, achieving aim of meddle income country, universal health coverage, reduction of out of pocket expenditure, means of health care financing, reference to other policy documents like national health policy 2011, the sixth five year plan 2011-2016, health population nutrition sector development programme 2011-2016, health care financing strategy 2012 etc.
- Individual members supportive roles and responsibilities (as representing different agencies) and roles and responsibilities as a group (IMSC, WC, SSM management committee, HEU);
- Appeal for supportive roles.

4.2.6 Media

For the medica the following contents are important:

- What is SSK?
- For whom is SSK?
- Why SSK?
- Under SSK, where services will be available?
- What services are included under SSK (including ceiling of amount) and what are not included under SSK?
- How and when to get health cards?
- What information is required for registration?
- How to register new HH members?
- How to renew the cards?
- How to use the cards?
- Grievance submission procedures;
- How media may be supportive to SSK?
- Criteria of member selection for SSK;
- Individual roles/ responsibilities for SSK member selection;
- Group roles/ responsibilities for SSK member selection;

- Roles and responsibilities of different people/organizations involved in SSK, like committees for member selection, scheme operator, service providers, SSK Board, IMSC, WC, MOHFW etc.
- Clarity of objectives of SSK;
- Policy implications of SSK – poverty reduction, achieving aim of meddle income country, universal health coverage, reduction of out of pocket expenditure, means of health care financing, reference to other policy documents like national health policy 2011, the sixth five year plan 2011-2016, health population nutrition sector development programme 2011-2016, health care financing strategy 2012 etc.

5 PROPOSED COMMUNICATION CHANNELS AND TOOLS

5.1 Communication Channels

Different communication channels have to be used for different audiences. Use of appropriate IT, wherever possible is also important.

5.1.1 Direct Target Population

- Kick-off meeting;
- Interpersonal Communication;
- Information dissemination through loudspeakers announcement particularly in places where people mobilize like market place, weekly market days, bus stands etc.
- Visualization (bill boards, posters/calendars – pictorial more than text);
- Court-yard sessions;
- Tea-stall sessions;
- Local television cable network;
- Orientation meetings;
- Microfinance group meetings;
- Other scheduled group meetings;
- Distribution of SSK news letter;
- SSK final conference.

5.1.2 Indirect Target Population

- Kick-off meeting;
- Orientation meetings;
- Upazila and union Parishads and municipality regular meetings together with different committees meetings of theirs;
- Upazila level health and family planning monthly staff meetings;
- Utilization of any gathering of other government departments or NGOs;
- Distribution of leaflets, posters, calendars;
- Short message service (SMS) of mobile phones;
- Distribution of SSK new letter;
- SSK final conference.

5.1.3 People Involved at Different Levels of SSK Implementation

SSK member selection process

- Kick-off meeting;
- Orientation meetings;
- Distribution of booklets, leaflets, posters.

Scheme operator

- Kick-off meeting;
- Orientation meetings;
- Distribution of booklets, leaflets, posters.

- On the job support;
- Distribution of SSK news letter;
- SSK final conference.

Service providers

- Kick-off meeting
- Orientation meetings

Separate channels for different types of service providers:

- ✓ Consultants and Facility Managers (UH&FPO, Assistant Director – Tangail District Hospital)
- ✓ Physicians – RMO, EMO, IMO, Anaesthesiologist, Radiologist, Pathologist, MO etc.
- ✓ Nurses, Medical Technologists, MA etc.
- ✓ Ward Boy, Aya, Cleaner, and Guard etc.

  - Distribution of booklets, leaflets, posters
  - On the job support
  - Distribution of SSK news letter
  - SSK final conference

- ✓ SSK Board

  For SSK Board
  - Kick-off meeting
  - Appraisal meeting
  - Distribution of folder containing booklet, leaflet, diary etc.
  - SSK final conference
  - Distribution of SSK news letter

  Executive team of SSK board
  - Kick-off meeting
  - Orientation meeting
  - Distribution of booklet, leaflet, poster
  - SSK final conference
  - Distribution of SSK new letter

- ✓ Stakeholders involved at policy level and guidance with SSK implementation
  - Kick-off meeting
  - Appraisal meetings
  - Distribution of folders containing booklet, leaflet, poster, diary etc.
  - SSK final conference
  - Distribution of SSK news letter

- ✓ Media
  - Kick-off press conference
  - Regular press conference
  - Regular press release
  - Exposure visits of journalists at the field to observe implementation
  - Distribution of SSK news letter

5.2 Communication Tools

Different communication tools for different channels and audiences shall be used. Appropriate IT tools shall be used wherever possible.

5.2.1 Direct Target Population

- Flash cards
- Flip Charts
- Posters
- Calendars
- Leaflets
- Loudspeakers
- Bill boards
- Short video film
- Local folk songs
- Theatre group
- Video show
- TV spots
- Radio spots
- News letter

5.2.2 Indirect Target Population

- Booklets
- Leaflets
- Posters
- Calendars
- Short message service (SMS)
- TV spots
- Radio spots
- News letter

5.2.3 People Involved at Different Levels of SSK Implementation

SSK member selection process

- Booklets
- Leaflets
- Posters
- Calendars
- News letter

Scheme operator

- Booklet
- Leaflets
- Posters
- Calendars
- News letter

Service providers

- Booklet
- Leaflets
- Posters
- Calendars
- Flip charts
- Flash cards
- News letter

SSK Board

For SSK Board

- Folder
- Booklet
- Leaflet
- Diary
- News letter

For the Executive team of SSK board

- Booklet
- Leaflet
- Poster
- Calendar
- News letter

Stakeholders involved at policy level and guidance with SSK implementation

- Folder
- Booklet
- Leaflet
- Poster
- Diary
- News letter

Media

- Workshops
- Orientation
- Training
- Field trips
- Website
- News letter
- Press releases

5.3 Audience Numbers

Direct target population
95,000 households

Indirect target population
Population of three Upazilas
(Modhupur: 288,473, Ghatail: 376,424 and Kalihati: 410,127, Total: 1,075,024)

People involved in SSK member selection process

- HA (Modhupur: 36, Ghatail: 85 and Kalihati: 72, Total: 193)
- FWA (193)
- AHI (Modhupur: 9, Ghatail: 17 and Kalihati: 14, Total: 40)
- FPI (Modhupur: 6, Ghatail: 11 and Kalihati: 13, Total: 30)
- UP chairmen and members (Modhupur: 78, Ghatail: 143 and Kalihati: 169, Total: 390)
- Municipal mayors and commissioners (Modhupur: 13, Ghatail: 13 and Kalihati: 26, Total: 52)
- Upazila Parishad chairmen (3)
- UNO (3)
- UH&FPO (3)
- UFP (3)
- Total: 910

Scheme operator

Staff and others engaged by scheme operator

Service providers

- Hospital Manager and Consultants (Modhupur: 11, Ghatail: 11, Kalihati: 11, Tangail: 24, Total: 57)
- Physicians (Modhupur: 10, Ghatail: 10, Kalihati: 10, Tangail: 26, Total: 56)
- Nurse (Modhupur: 18, Ghatail: 17, Kalihati: 16, Tangail: 71, Total: 122)
- Medical technologist (Modhupur: 7, Ghatail: 6, Kalihati: 7, Tangail: 11, Total: 31)
- MA (Modhupur: 2, Ghatail: 2, Kalihati: 2, Total: 6)
- Aya, ward boy, cleaner, guard (Modhupur: 12, Ghatail: 12, Kalihati: 12, Tangail: 69, Total: 105)
- Ambulance driver (Modhupur: 1, Ghatail: 1, Kalihati: 1, Tangail: 2, Total: 5)
- Total: 382

Stakeholders involved in SSK implementation:

- IMSC (12)
- WC (14)
- SSK Board
- SSK management committees
- HEU
- Media (national level – 100; local level - @ 20 in 3 Upazila and district – 80; Total 180)

6 PROPOSED METHOD OF COMMUNITY MOBILIZATION

- Segmentation of community:
  - Adult males;
  - Adult females;
  - Adolescent boys;
  - Adolescent girls;
  - Elderly males;
  - Elderly females.

- Reaching each group separately by arranging meetings, courtyard sessions, tea-stall sessions etc.

- Special efforts to reach the usual excluded or invisible like female-headed household, disable, ethnic minority, migratory people known as *bedey*[1] etc.

[1] Bedeys are migratory population. They usually move in a group of few families. They will establish their temporary shelters out-side the villages, often in road –side or infield. May stay for few months in one location and then move for another. Though they live next to any community but they don't belong to any community and often are excluded. They are poorest of poor also.

7 PROPOSED ACTION PLAN

The following is suggestive as plan of action (list not exhaustive):

- Preparation and production of communication tools (materials) like different types of leaflets, booklets, posters, calendars, folders, diaries, flash cards, flip charts, billboards, video clippings, press releases, new letters etc. Some are required at the beginning, while others will be required the implementation progresses and throughout the pilot.
- Kick-off meetings at every Upazilas involving as many as possible as identified in audience analysis including media people and distribution of leaflets, posters, calendars etc.
- Meetings at every unions involving as many as possible as identified in audience analysis and distribution of leaflets, posters, calendars etc.
- Kick-off meetings at Dhaka with IMSC, WC, HEU, SSK Board and media people and distribution of folders, booklets, leaflets, diary, calendars etc.
- Orientation meetings using health and family planning staff meetings, union and Upazila Parishad and municipality meetings and distribution of booklets, leaflets, posters, flip charts, flash cards etc.
- Orientation meetings with all service providers at 3 Upazila health complexes and district hospital and distribution of booklets and other appropriate communication tools etc.
- Continuation of loudspeakers announcement in all 3 Upazila, particularly in market place, weekly market place and bus-stands etc.
- Orientation meetings with NGO workers, other departmental personnel and volunteers with distribution of leaflets, posters, calendars, booklets etc.
- Orientation meetings at national level, each Upazila level and district level with the journalists of both print and electronic media
- Periodical press conferences to appraise the journalist about the implementation of the pilot
- Exposure visits of national and local level journalists at the implementation sites
- Supervision of communication process in terms of appropriateness of messages and choice of channels and tools
- Orientation of staff and others engaged by scheme operator with distribution of booklets, leaflets, posters etc.
- Production and installation of bill boards
- Production and telecasting messages through local cable networks
- Orientation of SSK management committees with distribution of booklets, leaflets, posters, calendars, newsletters etc.

8 MONITORING PROCESS AND INSTRUMENTS FOR CONTINUOUS REVIEW AND RE-PLANNING

Monitoring of the ICE campaign will be done by two institutions – contracted out agency responsible for ICE campaign implementation, and also be the SSK executive team.

Frequent field-visits for interaction with direct and indirect population shall take place with people and stakeholders involved with SSK implementation (keeping in mind of transfer of many key people at IMSC, WC, HEU, SSK Board, UNO, UH&FPO, UFPO and others) to find out about the level of knowledge, understanding and attitude towards SSK. Corrective measures shall be taken. Orientation meetings shall be arranged with newcomers who occur due to change of people in key positions. On-going ICE activities shall be strengthened to provide support particularly for SSK member selection, registration and issuance of health card, in-patient service provided by service providers, claim submission and payment.

9 LIMITATIONS OF THIS SHORT STUDY

SSK is yet to get it final shape! The composition of the SSK Board is yet to be established. A Scheme Operator has not yet been engaged and its structure is yet to be approved. SSK members are yet to be identified. Therefore their characteristics in terms of literacy level, occupational involvement, ethnic minority, and other excluded populations like *bedeyes* etc., and perception about government health care are not known. Once the scheme is properly formulated, with the key institutions (SSK Board, Scheme Operator etc.) in place and with roles and responsibilities of different personnel and institutions identified, it will be easy to identify messages for various audiences and to decide about the appropriate channels and tools for disseminating adjusted messages to identified target audiences.

10 TIME SCHEDULE[2]

The ICE campaign is expected to continue throughout the 4 years of implementation of the pilot phase of SSK. Activities mentioned under the proposed action plan (see above) may be used to prepare a detailed time schedule.

Milestones:
September 2013: launch tender for ICE campaign

April 2014: contract implementation Agency:

- Materials and implementation plans developed and approved;
- Continuation of implementation of ICE campaign;
- Continuation of monitoring of ICE campaign.

June 2016: Med-term evaluation of ICE campaign (external, independent):

- Revise implementation plan, communication messages, channels and tools as per findings of mid-term evaluation;
- Continuation of ICE campaign, implementation along with monitoring.

August 2017: Final evaluation of ICE campaign.

[2]Sensitization of local committees and stakeholders has been ongoing since early 2013, including sensitization meeting of HEU in the target areas and technical meetings of the consultant.

11 COST ESTIMATE

#	Activities	Cost in BDT	Cost in Euro
1	Prepare the scripts of different types of booklets, leaflets, posters, calendars, flip charts, flash cards, folders, dairy, newsletters etc.	500,000	5,000
2	Design different types of booklets, leaflets, posters, calendars, flip charts, flash cards, folders, dairy, newsletters etc.	200,000	2,000
3	Printing different types of booklets, leaflets, posters, calendars, flip charts, flash cards, folders, diary, newsletters etc.	5,000,000	500,000
4	Kick-off meetings at each Upazila, district and national level	1,000,000	10,000
5	Orientation on SSK member selection	1,000,000	10,000
6	Meetings at every unions and municipalities	2,000,000	20,000
7	Orientation meetings using health and family planning staff meetings, union and Upazila Parishad and municipality meetings.	2500,000	25,000
8	Orientation of scheme operator's staff	300,000	3,000
9	Orientation meetings with all service providers at 3 Upazila health complexes and district hospital.	1,000,000	10,000
10	Orientation meetings with NGO workers, other departmental personnel and volunteers.	1,000,000	10,000
11	Orientation meetings at national level, each Upazila level and district level with the journalists of both print and electronic media	1300,000	13,000
12	Distribution of booklets, leaflets, posters, calendars, flip charts, flash cards, folders, diary, newsletters etc.	500,000	5,000
13	Loudspeaker announcement in three Upazilas	500,000	5,000
14	Setting bill boards in different places	1,000,000	10,000
15	Campaign using local cable network	500,000	5,000
16	Campaign using local folk songs, theatre groups etc.	1500,000	15,000
17	Production and distribution of video films	1500,000	15,000
18	Campaign through sending SMS	500,000	5,000
19	Exposure visits of national and local level journalists at the implementation sites	500,000	5,000
20	Orientation of SSK management committees with distribution of booklets, leaflets, posters, calendars, newsletters etc.	500,000	5,000
21	Court yard sessions, tea-stall sessions, microfinance group members sessions etc.	1500,000	15,000
22	SSK final conference	1500,000	15,000
	Total	70,800,000	708,000

1 Euro = 100 BDT

12 PROPOSED DIVISION OF TASKS AMONG PARTNERS IN IMPLEMENTATION

In consultation with relevant stakeholders, SSK Board (may be HEU in its absence) has to agree with the proposed ICE campaign strategy together with proposed communication channels, tools and audience.

We propose that the SSK Board's Executive Team will outsource the ICE campaign implementation:

- Preparation of contents and design of main communication tools like different types of booklets, leaflets, posters, calendars, diaries, folders, billboards etc.
- Preparation of contents of other communication tools like cable network, video show, folk song, theatre show etc. Different ICE campaign events may also required to schedule in terms of contents, participants and conduction.

After selection of the Scheme Operator, it will be necessary to give orientation to all staff and others engaged in the implementation of different segments of the project. Arrangement for adequate supervision will need to be made in order to provide for on-the job support for proper implementation of different activities.

SSK Board (or HEU) may take care of orientation at Dhaka level for IMSC, WC, SSK Board, and HEU along with distribution of related communication tools. Iterations might be required due to possible changes of personal in these committees.

13 DRAFT TOR OF A TENDER FOR A SSK ICE CAMPAIGN

Before drawing the Terms of Reference (ToR) for SSK ICE campaign, the scope of work of the campaign needs to draw. Different levels of SSK ICE campaign involving different communication channels and tools targeting different audience have been described above. Assuming the entire ICE campaign will be outsourced the following draft ToR for the tender has been prepared.

Terms of Reference
of the Tender for Implementing an SSK ICE Campaign

I. Background

The Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW) has developed a social health protection scheme termed as Shasthyo Shuroskha Karmasuchi (SSK: Health Protection Scheme) with the assistance from KfW (German Development Bank) and GFA Consulting Group.

Under the scheme, the Government has decided to promote free hospital services (inpatient care) for the poor. SSK is a new initiative to introduce a health protection scheme to be piloted in three Upazilas – Modhupur, Ghatail and Kalihati of Tangail district. Under the supervision of the MoHFW, SSK will be managed by SSK Board and operated by Scheme Operator.

The Scheme Operator will be located at Upazila level in Upazila Health Complexes (UHC). Each UHC will have a SSK-Kiosk staffed with at least one insurance officer. Initially the SSK scheme will only enrol the Below-Poverty-Line (BPL) population. Under the leadership of SSK Board two committees will be formed – one at union and another one at Upazila level – to identify BPL households. The committee at the union level will be responsible for preparing a list of BPL households in their working area. The committee, under the leadership of Union Parishad Chairman, will review, judge, and verify the poverty status of the GR household list against the existing list of the poor (received from the Union Parishad), with the help of Health Assistants (HA) and Family Welfare Assistants (FWA). The Union Committee will submit the list of BPL households to the Upazila Committee, which will review the list and will make necessary corrections, if required and will finalize and approve the list. The Upazila committee will submit the list to the SSK Board for entering into the database.

The premium and the Benefit Package will be fixed by SSK and negotiated with the contracted Scheme Operator. The Scheme Operator will register members and issue a Health Card to the enlisted BPL households. The validity of the card will be for 1 year and will be renewed every year. SSK members will receive necessary inpatient health care through UHC and on a structured referral basis from District Hospital (DH). Membership in SSK will have some advantages: no co-payments at UHC and DH; access to a grievance authority, where they can complain about the quality of service; and guaranteed free access to essential drugs at UHC and DH. The benefit package is limited to BDT 50,000 per health card per year. The Scheme Operator will pay hospitals for inpatient services on a per-case basis following a DRG (Diagnosis Related Groups) system with about 50 positions. The payments will be negotiated between hospitals and Scheme Operator based on the claim history and the available budget. Hospitals will receive the public budget plus the extra payment from the insurance. With the extra funds they will have

room to improve and expand services, so they can meet the quality criteria and avoid complaints.

Governance of the SSK include Inter-Ministerial Steering Committee (IMSC) chaired by the Health Minister with Secretaries of Ministries of Finance, Economic Relations Division (ERD), Public Administration, Commerce, Local Government Division (LGD), Prime Minister's Office, Health and Family Welfare; Director General of Health Services (DGHS), Director General of Family Planning (DGFP), Project Director, Community Clinics (PD, CC) project as members with Director General (DG), HEU as member-secretary. Working Committee (WC) with secretary, MoHFW as chair and DGHS, DGFP, Chief Controller of Insurance in Directorate of Industries, PD CC project, Joint Secretary, Budget, Ministry of Finance, Joint Secretary, LGD, Joint Secretary, Administration, MoHFW, Managing Director, Essential Drug Company Limited, Joint Chief, Planning, MoHFW, Chief Engineer, Health Engineering Department, Executive Director, International Centre for Diarrhoeal Diseases and Research, Bangladesh, Chair of the Health, Population and Nutrition Consortium as members with DG HEU as member secretary. The SSK Board will be in the centre of entire system.

On the one hand, the SSK Board will formulate policy decisions in consultation with the WC and reportable to IMSC, on the other hand, the SSK Board is responsible to implement the SSK at facility level as well as community level through engaging the Scheme Operator. Their role will include monitoring and evaluation, grievance handling, claim management, and use of IT covering community and health facilities. SSK Board will also look after facilities providing services, grievance procedure and operation of the total scheme.

HEU will provide the SSK Board with policy guidance. The GFA Consulting Group will provide technical assistance to HEU and SSK Board. At Upazila level, a SSK management committee is also planned with community representatives. The existing Health Advisory Committee is under review to see whether it can be used for the same purpose.

This tender is inviting interested organization to submit proposal for the implementation of information, communication, and education (ICE) campaign for SSK. The goal is to make all parties concerned better informed about SSK and with the ultimate aim of an effective implementation of the SSK.

II. Objective of the ICE Campaign

General Objective
To inform and motivate relevant people about SSK for proper implementation.

Specific Objectives

i. To inform and motivate target population (both direct and indirect) for registration and utilization of services under SSK;
ii. To inform and motivate people involved at different level of implementation of SSK (member selection process, registration, providing and renewal of health cards, providing services at facilities, claim processing and payment, grievance handling etc.);
iii. To raise awareness on administrations supportive for SSK implementation (IMSC, WC, HEU (of MoHFW), SSK Board and Executive Team, Scheme Operator, SSK management committee).

III. Audience of the ICE Campaign

Since the audience will be of several types and numbers, it may be helpful to group them.

Target population

- *Direct Target Population*
  - Below-Poverty-Line (BPL) population of the three Upazilas- Modhupur, Ghatail and Kalihati of Tangail district, who are expected to register as members of SSK
  - Assumptions (i) 40 percent of total population
    (ii) 95,000 households.

- *Indirect Target Population*
  Those who will be helpful in informing and motivating SSK members for registration and utilization services. They will include (but not limited to):

✓ Government health workers – Health Assistant (HA), Family Welfare Assistant (FWA), Community Health Care Provider (CHCP), Assistant Health Inspector (AHI), Health Inspector (HI), Family Planning Inspector (FPI), Medical Assistant (MA)/Sub-Assistant Community Medical Officer (SACMO), Family Welfare Visitor (FWV), Pharmacist, Peon, Aya etc.
✓ Informal health care providers – quacks, village doctors, Traditional Birth Attendants (TBA) etc.
✓ Union and Upazila Parishad Chairmen and members.
✓ Municipality Mayors and Commissioners, where applicable
✓ Lawyers, media people, scouts/girls guides
✓ Informal leaders, religious leaders, teachers
✓ Non-Governmental Organizations (NGO) workers (particularly those operating microfinance)
✓ Ansar/VDP (village defence party) members
✓ BRDB (Bangladesh rural development board) groups members, members of groups affiliated with Women and Children Affairs department
✓ Recipients of different social protection/welfare support allowances like freedom fighter, widow, elderly, disabled, mother etc., (list available at Union Parishad and Upazila Nirbahi Officer's - UNO office

People involved at different levels of SSK implementation

✓ *SSK member selection process*
Health workers (HA, FWA, AHI, FPI), Union Parishad Chairmen and Members (including women members), Municipality Mayors and Commissioners, Upazila Parishad Chairmen, UNO, Upazila Health and Family Planning Officer (UH&FPO), Upazila Family Planning Officer (UFPO).

✓ *SSK Board*
Executive team of SSK Board: Director and three specialists (public health, financial management and IT) with presence at District level through a Programme Officer and Monitoring and Evaluation Officer.

✓ *Scheme operator*
Staff and others engaged by the scheme operator at all levels including SSK-Kiosk staff at UHC.

✓ *Service providers*

All service providers involved in admission, inpatient treatment (including investigations and operation, therefore Laboratory, Radiology, Operation Theatre related staff) and discharge in all three Upazila health complexes and Tangail district hospital – Consultants (Senior and Junior), Physicians (Medical Officer, Residential Medical Officer – RMO, Emergency Medical Officer – EMO, indoor Medical Officer –IMO, Anaesthesiologist, Pathologist, Radiologist), Nurse (Senior Staff, Junior), MA, Medical Technologists (laboratory, radiology, blood-bank, pharmacy etc.)Ward Boy, Aya, Cleaner, and Ambulance Driver etc.

- ✓ *Stakeholders involved at policy level and guidance with SSK implementation*
  MoHFW, IMSC, WC, SSK Board, HEU personnel, SSK management committee

- ✓ *Media*
  Both print and electronic media.
  Also both local level and national level media personnel.

IV. Proposed key messages

For materializing the objectives of the SSK ICE campaign, different messages need to be disseminated to different identified audiences. However, different roles and responsibilities of the same people need to be taken into consideration while disseminating messages. For example Union Parishad Chairmen and Members as involved in the SSK member selection process need to be aware of criteria for member selection and process. As indirect target population they can also motivate SSK members of registration and utilization of services for which they need to be aware of different other messages. Followings are some suggestions for different audiences:

Target population

- ✓ *Direct Target Population – SSK members*
  - What is SSK?
  - For whom is SSK?
  - Why SSK?
  - Under SSK, where services will be available?
  - What services are included under SSK (including ceiling of amount) and what are not included under SSK?
  - How and when to get health cards?
  - What information is required for registration?
  - How to register new HH members?
  - How to renew the cards?
  - How to use the cards?
  - Grievance submission procedure

- ✓ *Indirect Target Population*
  - How can they (each different types of indirect population from their perspective) be supportive to SSK?
  - Same as mentioned above for direct target population
    - What is SSK?
    - For whom is SSK?
    - Why SSK?
    - Under SSK, where services will be available?

- What services are included under SSK (including ceiling of amount) and what are not included under SSK?
- How and when to get health cards?
- What information is required for registration?
- How to register new HH members?
- How to renew the cards?
- How to use the cards?
- Grievance submission procedure

People involved at different levels of SSK implementation

✓ *SSK member selection process*
- Criteria of member selection for SSK
- Individual roles/responsibilities for SSK member selection
- Group roles/responsibilities for SSK member selection

✓ *Scheme Operator*
- What is SSK?
- Why SSK?
- For whom is SSK?
- Roles and responsibilities of Scheme Operator as a whole
- Staffs of scheme Operator need to be thoroughly oriented about their respective roles and responsibilities. Some may be dedicated for member registration. Others may be for claim settlement etc.
- Monitoring, reporting and feedback mechanism

✓ *Service providers*
- What is SSK?
- Why SSK?
- For whom is SSK?
- What are the entitlements of SSK members?
- Obligations of service providers
- Partial financial autonomy of providers
- Roles and responsibilities of individual and collectively as a group of providers
- Benefits of the service providers – individually and as a group
- Grievance handling procedure
- Service providers in Upazila health complexes and district hospital will be providing care to SSK members and non-SSK members simultaneously, therefore they need to extra cautious with SSK members
- All types of service providers are equally important to provide desired services to SSK members and therefore each and everyone need to cautious about their roles and responsibilities

✓ *SSK Board*

SSK Board is expected to have executive team also along with board. For SSK Board
- What is SSK?
- Why is SSK?
- For whom is SSK?
- Clarity of objectives of SSK
- Policy implications of SSK – poverty reduction, achieving aim of meddle income country, universal health coverage, reduction of out of pocket expenditure, means of health care financing, reference to other policy

documents like national health policy 2011, the sixth five year plan 2011-2016, health population nutrition sector development programme 2011-2016, health care financing strategy 2012 etc.
- Appeal for supportive roles
- Roles and responsibilities, especially financing mechanism

Executive team of SSK board
- What is SSK?
- Why is SSK?
- For whom is SSK?
- Details of roles and responsibilities of executive team, as a whole; as well as individual roles and responsibilities of the team members
- Motivational message

✓ *Stakeholders involved at policy level and guidance with SSK implementation*
- What is SSK?
- Why is SSK?
- For whom is SSK?
- Clarity of objectives of SSK
- Clearly defined roles and functions of MoHFW, HEU, SSK Board, and Scheme Operator
- Policy implications of SSK – poverty reduction, achieving aim of meddle income country, universal health coverage, reduction of out of pocket expenditure, means of health care financing, reference to other policy documents like national health policy 2011, the sixth five year plan 2011-2016, health population nutrition sector development programme 2011-2016, health care financing strategy 2012 etc.
- Individual members supportive roles and responsibilities (as representing different agencies) and roles and responsibilities as a group (IMSC, WC, SSM management committee, HEU)
- Appeal for supportive roles

✓ *Media*
- What is SSK?
- For whom is SSK?
- Why SSK?
- Under SSK, where services will be available?
- What services are included under SSK (including ceiling of amount) and what are not included under SSK?
- How and when to get health cards?
- What information is required for registration?
- How to register new HH members?
- How to renew the cards?
- How to use the cards?
- Grievance submission procedure;
- How media may be supportive to SSK?
- Criteria of member selection for SSK;
- Individual roles/responsibilities for SSK member selection;
- Group roles/responsibilities for SSK member selection;
- Roles and responsibilities of different people/organizations involved in SSK, like committees for member selection, scheme operator, service providers, SSK Board, IMSC, WC, MOHFW etc.
- Clarity of objectives of SSK;

- Policy implications of SSK – poverty reduction, achieving aim of meddle income country, universal health coverage, reduction of out of pocket expenditure, means of health care financing, reference to other policy documents like national health policy 2011, the sixth five year plan 2011-2016, health population nutrition sector development programme 2011-2016, health care financing strategy 2012 etc.

V. Proposed communication channels and tools

Communication Channels
Different communication channels for different audiences. Use of appropriate IT, wherever possible.

Target population

✓ *Direct Target population*

- Kick-off meeting
- Interpersonal Communication
- Information dissemination through loudspeakers announcement particularly in places where people mobilize like market place, weekly market days, bus stands etc.
- Visualization (bill boards, posters/calendars – pictorial more than text)
- Court-yard sessions
- Tea-stall sessions
- Local television cable network
- Orientation meetings
- Microfinance group meetings
- Other scheduled group meeting
- Distribution of SSK news letter
- SSK final conference

✓ *Indirect target population*

- Kick-off meeting
- Orientation meetings
- Upazila and union Parishads and municipality regular meetings together with different committees meetings of theirs
- Upazila level health and family planning monthly staff meetings
- Utilization of any gathering of other government departments or NGOs
- Distribution of leaflets, posters, calendars
- Short message service (SMS) of mobile phones
- Distribution of SSK new letter
- SSK final conference

People involved at different levels of SSK implementation

✓ *SSK member selection process*

- Kick-off meeting
- Orientation meetings
- Distribution of booklets, leaflets, posters

- ✓ *Scheme operator*

    - Kick-off meeting
    - Orientation meetings
    - Distribution of booklets, leaflets, posters
    - On the job support
    - Distribution of SSK news letter
    - SSK final conference

- ✓ Service providers

    - Kick-off meeting
    - Orientation meetings

Separate channels for different types of service providers

- ✓ Consultants and Facility Managers (UH&FPO, Assistant Director – Tangail District Hospital)
- ✓ Physicians – RMO, EMO, IMO, Anaesthesiologist, Radiologist, Pathologist, MO etc.
- ✓ Nurses, Medical Technologists, MA etc.
- ✓ Ward Boy, Aya, Cleaner, and Guard etc.

    - Distribution of booklets, leaflets, posters
    - On the job support
    - Distribution of SSK news letter
    - SSK final conference

- ✓ SSK Board

    For SSK Board
    - Kick-off meeting
    - Appraisal meeting
    - Distribution of folder containing booklet, leaflet, diary etc.
    - SSK final conference
    - Distribution of SSK news letter

    Executive team of SSK board
    - Kick-off meeting
    - Orientation meeting
    - Distribution of booklet, leaflet, poster
    - SSK final conference
    - Distribution of SSK new letter

- ✓ Stakeholders involved at policy level and guidance with SSK implementation
    - Kick-off meeting
    - Appraisal meetings
    - Distribution of folders containing booklet, leaflet, poster, diary etc.
    - SSK final conference
    - Distribution of SSK news letter

- ✓ Media
    - Kick-off press conference
    - Regular press conference

- Regular press release
- Exposure visits of journalists at the field to observe implementation
- Distribution of SSK news letter

Communication Tools
Different communication tools for different channels and audiences. Appropriate use of IT wherever possible.

✓ *Direct Target population*

- Flash cards
- Flip Charts
- Posters
- Calendars
- Leaflets
- Loudspeakers
- Bill boards
- Short video film
- Local folk songs
- Theatre group
- Video show
- TV spots
- Radio spots
- News letter

✓ *Indirect target population*

- Booklets
- Leaflets
- Posters
- Calendars
- Short message service (SMS)
- TV spots
- Radio spots
- News letter

<u>People involved at different levels of SSK implementation</u>

✓ *SSK member selection process*

- Booklets
- Leaflets
- Posters
- Calendars
- News letter

✓ *Scheme operator*

- Booklet
- Leaflets
- Posters
- Calendars
- News letter

- ✓ *Service providers*
  - Booklet
  - Leaflets
  - Posters
  - Calendars
  - Flip charts
  - Flash cards
  - News letter

- ✓ *SSK Board*

  For SSK Board
  - Folder
  - Booklet
  - Leaflet
  - Diary
  - News letter

  Executive team of SSK board
  - Booklet
  - Leaflet
  - Poster
  - Calendar
  - News letter

- ✓ *Stakeholders involved at policy level and guidance with SSK implementation*
  - Folder
  - Booklet
  - Leaflet
  - Poster
  - Diary
  - News letter

- ✓ *Media*
  - Workshops
  - Orientation
  - Training
  - Field trips
  - Website
  - News letter
  - Press releases

Audience numbers

- ✓ *Direct target population*: 95,000 households

- ✓ *Indirect target population:* Population of three Upazilas (Modhupur: 288,473, Ghatail: 376,424 and Kalihati: 410,127, Total: 1,075,024)

- ✓ *People involved in SSK member selection process:*
  - HA (Modhupur: 36, Ghatail: 85 and Kalihati: 72, Total: 193)

- FWA (193)
- AHI (Modhupur: 9, Ghatail: 17 and Kalihati: 14, Total: 40)
- FPI (Modhupur: 6, Ghatail: 11 and Kalihati: 13, Total: 30)
- UP chairmen and members (Modhupur: 78, Ghatail: 143 and Kalihati: 169, Total: 390)
- Municipal mayors and commissioners (Modhupur: 13, Ghatail: 13 and Kalihati: 26, Total: 52)
- Upazila Parishad chairmen (3)
- UNO (3)
- UH&FPO (3)
- UFP (3)
- Total: 910

✓ *Scheme operator:* staff and others engaged by scheme operator

✓ *Service providers:*

- Hospital Manager and Consultants (Modhupur: 11, Ghatail: 11, Kalihati: 11, Tangail: 24, Total: 57)
- Physicians (Modhupur: 10, Ghatail: 10, Kalihati: 10, Tangail: 26, Total: 56)
- Nurse (Modhupur: 18, Ghatail: 17, Kalihati: 16, Tangail: 71, Total: 122)
- Medical technologist (Modhupur: 7, Ghatail: 6, Kalihati: 7, Tangail: 11, Total: 31)
- MA (Modhupur: 2, Ghatail: 2, Kalihati: 2, Total: 6)
- Aya, ward boy, cleaner, guard (Modhupur: 12, Ghatail: 12, Kalihati: 12, Tangail: 69, Total: 105)
- Ambulance driver (Modhupur: 1, Ghatail: 1, Kalihati: 1, Tangail: 2, Total: 5)
- Total: 382

✓ *Stakeholders involved in SSK implementation:*

- IMSC (12)
- WC (14)
- SSK Board
- SSK management committees
- HEU
- Media (national level – 100; local level - @ 20 in 3 Upazila and district – 80; Total 180)

VI. Scope of work

Followings are suggestive (and not exhaustive list):

i. Preparation and production of communication tools (materials) like different types of leaflets, booklets, posters, calendars, folders, diaries, flash cards, flip charts, billboards, video clippings, press releases, new letters etc. Some are required at the beginning, while others will be required the implementation progresses and throughout the pilot.

ii. Kick-off meetings at every Upazilas involving as many as possible as identified in audience analysis including media people and distribution of leaflets, posters, calendars etc.

iii. Meetings at every unions involving as many as possible as identified in audience analysis and distribution of leaflets, posters, calendars etc.

iv. Kick-off meetings at Dhaka with IMSC, WC, HEU, SSK Board and media people and distribution of folders, booklets, leaflets, diary, calendars etc.
v. Orientation meetings using health and family planning staff meetings, union and Upazila Parishad and municipality meetings and distribution of booklets, leaflets, posters, flip charts, flash cards etc.
vi. Orientation meetings with all service providers at 3 Upazila health complexes and district hospital and distribution of booklets and other appropriate communication tools etc.
vii. Continuation of loudspeakers announcement in all 3 Upazila, particularly in market place, weekly market place and bus-stands etc.
viii. Orientation meetings with NGO workers, other departmental personnel and volunteers with distribution of leaflets, posters, calendars, booklets etc.
ix. Orientation meetings at national level, each Upazila level and district level with the journalists of both print and electronic media
x. Periodical press conferences to appraise the journalist about the implementation of the pilot
xi. Exposure visits of national and local level journalists at the implementation sites
xii. Supervision of communication process in terms of appropriateness of messages and choice of channels and tools
xiii. Orientation of staff and others engaged by scheme operator with distribution of booklets, leaflets, posters etc.
xiv. Production and installation of bill boards
xv. Production and telecasting messages through local cable networks
xvi. Orientation of SSK management committees with distribution of booklets, leaflets, posters, calendars, newsletters etc.

VII. Time frame

Duration of SSK Pilot implementation is 4 years (until 2018)

VIII. Work Locations

Dhaka and Tangail District

IX. Report format

- Executive summary
- Introduction
- Background
- Limitations, risks, assumptions
- Objectives and methodology including tools and techniques for communication
- Design for Implementation of the campaign
- Proposed strategy for upscaling
- Conclusion and Recommendations
- Others if any

X. Language:

- Reporting language: English.
- Implementing language: Bangla and/or English as appropriate.

XI. Profile of the Implementing Company

The Consultant Company has:

- Proven experience in health communications;
- Proven experience in the health system development context of Bangladesh;
- Proven experience in developing and implementing messages, communication tools and strategies;
- Good understanding of health delivery structure in both rural and urban context;
- Proven expertise in designing Information, Education and Communication (IEC) materials in Bangladesh;
- Excellent report writing ability in English.

The consultant should propose a mixed team with communication and social science background and should have demonstrated multi-year work experience in the area of communications for health related campaigns. Among them, the team members should have expertise in the areas of:

- Communications and advertising;
- Community mobilization;
- Operational health research;
- Health care for the poor;
- Social science/ medical anthropology.

XII. Proposals submission

Interested organizations (communication agency, NGO, private institution, academic institution etc.) are requested to submit both technical and financial proposal mentioning team members (CV of key positions required to submit) for accomplishing the tasks mentioned.

Organizations need to submit proof of their legal status, experience of undertaking similar nature of assignment and financial capabilities.

Proposals must be submitted by.....(date)
through hard copy in the address..... or e-mail in the address.....

Authority reserves the right of accepting or rejecting any proposal without showing any reason thereof.

Authority's decision is final and can't be challenged in any form about awarding the tender.