**Bangladesh Pharmacy Model Initiative (BPMI)**

**Plan for Sensitization Seminars of BPMI Project Stakeholders, Training of Inspectors and Preliminary Inspection of Drug Outlets for Accreditation during Project Pilot**

**November 2016**

**1: BACKGROUND:**

The Ministry of Health and Family Welfare (MOHFW) of Bangladesh through the Directorate General of Drug Administration (DGDA) with technical assistance from Management Sciences for Health (MSH) is implementing the Bangladesh Pharmacy Model Initiative (BPMI). The primary objective of the program is to design and implement a pharmacy model to improve access and appropriate use of quality medicines and pharmaceutical services in Bangladesh through accreditation and monitoring of private sector drug outlets. The first step of BPMI project involved preliminary model development. The model will then be implemented in targeted pilot districts and later evaluated. Based on evaluation results, the model will be refined in terms making necessary changes to accommodate actual situation on ground for possible scale up.

The BPMI project involves implementation of standards developed for retail drug outlets which have been categorized as Pharmacies and Medicine Shops. Drug outlets that will be accredited as Pharmacies or Medicine Shops will undergo an accreditation process which involves the following steps:

1. Mapping of the drug outlets to collect baseline information on existence and operations of the outlets
2. Sensitization meetings to stakeholders including drug outlet owners with the aim of engaging stakeholders towards project implementation.
3. Preliminary inspection of existing outlets to provide instructions for premise upgrade to meet the agreed standards
4. Training of drug outlet owners, pharmaceutical personnel and inspectors for effective operations and monitoring of the accredited outlets
5. Final inspection of the premises to determine adherence to set standards and to recommend for accreditation
6. Certification of the newly accredited Medicine shops or Pharmacies
7. Routine inspections, supervisions and monitoring of the accredited Medicine Shops and Pharmacies.

BPMI project conducted mapping exercise of existing drug outlets in seven districts and based on the results three districts; Gopalganj, Kurigram and Chandpur have been chosen for the pilot project. Two Upazilas will be engaged in the pilot in each district.

As the pilot phase commences, the major initial activities will be to sensitize stakeholders, training of inspectors and preliminary inspection of the outlets.

This document provides details of sensitization seminars, training of inspectors and preliminary inspection.

**2: NUMBER OF DISTRICTS/UPAZILA/DRUG OUTLETS**

The following table provides information on districts and upazilas to be engaged in the pilot and number of drug outlets in each upazila.

|  |  |
| --- | --- |
| Description | Number |
| Number of pilot districts | 03 |
| Number of Upazila | 06 |
| Total number of drug outlets  | **1928** |
|  |  |
| Number of drug outlets per upazila |  |
| Gopalganj district  |  |
| Sadar/headquarter | 222 |
| Kashaiani | 77 |
| District Total | **299** |
|  |  |
| Kurigram district  |  |
| Sadar/headquarter | 353 |
| Rajarhat | 181 |
| District Total | **534** |
|  |  |
| Chandpur district  |  |
| Sadar/headquarter upazila | 686 |
| Hajiganj upazila | 409 |
| District total | **1095** |
|  |  |
| EXPECTED PILOT TOTAL | **1928** |

**3: PROPOSED STAKEHOLDERS FOR SENSITIZATION SEMINARS**

The following table describes the type of stakeholders to be engaged during sensitization seminars from central, district to upazila level.

|  |  |  |  |
| --- | --- | --- | --- |
| Sensitization level | Type of Stakeholder | Number of stakeholders | Number of Seminar sessions |
| Central/National Level | Ministry of Health and Family Welfare (MOHFW) | 5 | 01 |
|  | Pharmacy Council of Bangladesh (PCB) | 5 |
|  | Directorate General Drug Administration (DGDA) | 10 |
|  | Directorate General of Health Services (DGHS) | 3 |
|  | Directorate General Family Planning (DGFP) | 2 |
|  | Bangladesh Chemist and Druggist Somity (BCDS) | 4 |
|  | Bangladesh Association of Pharmaceutical Industries (BAPI) | 2 |
|  | NGOs (BRAC, SMC, ) | 4 |
|  | Pharmacy Universities | 3 |
|  | Directorate of National Consumers Rights Protection (DNCRP) | 1 |
|  | Consumers Association of Bangladesh (CAB) | 2 |
|  | Others | 9 |
|  | **TOTAL** | **50** |
|  |  |  |
| District Level (3) | District administration  | 5 | 03 |
|  | District health authority | 10 |
|  | District family planning | 2 |
|  | Pourashava/city cooperation representatives | 5 |
|  | BCDS | 2 |
|  | NGOs | 2 |
|  | DGDA | 1 |
|  | Others | 3 |
|  | **Sub total** | **30** |
| A:Upazila Level (6)  | **Administration** |  | 06 |
|  | Upazila administration  | 5 |
|  | Upazila health authority | 5 |
|  | Upazila family planning | 3 |
|  | Pourashava and union representatives | 10 |
|  | NGOs | 3 |
|  | Others | 4 |
|  | Sub total  | **30** |
| B: Upazila Level (6) | Drug outlet owners | 320 | 18 |
|  | TOTAL PER UPAZILA | **350** |

**4: PROPOSED CATEGORIES OF INSPECTORS FOR TRAINING**

BPMI project has proposed extension of inspection activities to district and upazila level. Inspectors will be trained on basic inspection principles and will focus mainly on inspection of drug outlets during and after accreditation process. At central level, some or all (84) DGDA superintendents will be trained as potential TOTs. DGDA inspectors will then be assigned to train members of the district and upazila committees. In each district, there will be 7 members of district drug committee who will be trained together with 5 upazila and 5 pourashava committee members. The table below describes the type and number of inspectors to be trained

|  |  |  |  |
| --- | --- | --- | --- |
| Level | Type of Inspectors/committees members | Number of inspectors | Duration of Training (days) |
| National Level | DGDA inspectors/superintendents (TOTs) | **84** | **3** |
|  |  |  |  |
| District Level (3 districts) | District Drug Licensing Committee | 21 | 2 |
| Upazila level (6 upazilas) | Upazila/pourashava task force members | 30 | 2 |
|  | **Total for three Districts** | **51** |  |
|  |  |  |  |

**5: ACTIVITY DETAILS FOR SENSITIZATION SEMINARS, INSPECTORS TRAINING AND PRELIMINARY INSPECTIONS**

|  |  |  |
| --- | --- | --- |
| Main activity | Sub activities | Activity description and modality of preparation |
| 1: Sensitization seminar | 1. Preparation of sensitization materials for each category of stakeholders
 | A workshop will be organized by MSH/DGDA staff to prepare sensitization materials in power point presentations. The materials will focus on Central, district and upazila level stakeholders and drug outlet owners. |
| 1. Identification of seminar stakeholders, venue and facilitators
 | MSH and DGDA will identify stakeholders, seminar facilitators and venues for conducting the seminars. Seminars will be conducted at central level and there after concurrently in all districts. MSH will collaborate with districts to identify venues in each district and upazila.  |
| 1. Preparation and approval of budget for sensitization seminars
 | Activity budget will be prepared by MSH in consultation with districts and upazila |
| 1. Communication with selected groups about the activity
 | DGDA to write letters/memo to inform district and upazila authorities about when the activity will be conducted. DGDA will also circulate a memo to central level stakeholders  |
| 1. Conducting sensitization seminars for the identified stakeholders and preparation of activity report
 | MSH and DGDA to conduct sensitization seminars at central, district and upazila level depending on the type of stakeholders. MSH and DGDA technical staff will prepare a sensitization report per district and submit to MSH/DGDA  |
| 2: Training of inspectors | 1. Preparation of training materials for each category of inspectors
 | A workshop will be organized by MSH/DGDA staff to prepare inspectors training materials in power point presentations. The materials will focus on Central, district and upazila level inspectors  |
| 1. Identification of groups of inspectors
 | Central level inspectors should be oriented centrally. Part of the central level inspectors will be trained as trainers for training of district and upazila level inspectors. 1. Central level DGDA (84 inspectors/ superintendents)
2. District level ( 21 members in 3 districts)

Upazila/pourashava level ( 30 members for 6 upazila/pourashava) |
| 1. Identification of trainers/facilitators
 | Trainers will be identified from the list of DGDA inspectors. District superintendents of respective pilot districts will be part of the team |
| 1. Identification of venues and preparation of travel logistics for trainers
 | MSH will collaborate with DGDA and respective districts to identify venues possibly at district level. They will also prepare travel logistics to ensure that trainers arrive in their respective districts |
| 1. Preparation of budget for training of inspectors
 | Based on the identified venue and list of inspectors and trainers, MSH will prepare an activity budget.  |
| 1. Communication with groups of inspectors about the activity
 | MSH in collaboration with DGDA will send a letter/ memo to the districts  |
| 1. Conducting training for the identified groups of inspectors and Preparation of activity report
 | Identified DGDA inspectors and respective pilot district superintendents will collaborate with MSH to conduct trainings in pilot districts. Training will be conducted at district level. MSH will coordinate report writing per district to be submitted to MSH. |
| 3: Preliminary inspection of drug outlets | 1. Preparation of preliminary inspection materials
 | MSH will prepare the following inspection materials to be used by inspectors during inspection.1. Preliminary inspection checklist,
2. Medicine Shops standards,
3. List of drug outlets (list generated from mapping report)
4. Tape measures
5. Stationeries
 |
| 1. Preparation of budget for preliminary inspection
 | The budget will cover transport costs, printing of inspection materials and allowances for inspectors etc) |
| 1. Prepare inspection teams and travel logistics
 | MSH will group inspectors according to geographical areas to be covered, and prepare vehicles or other means of transport.MSH will then assign inspectors with routes to be followed when conducting inspections in each upazila.  |
| 1. Communication with inspectors at district/upazila and drug outlets owners about schedule of the activity
 | MSH in collaboration with DGDA will send a letter/ memo to the districts to inform the districts and upazila about the activity and the dates planned for the inspection. The letter should also indicate that owners should be informed about the possible visit dates to their respective outlets.  |
| 1. Conduct inspection of drug outlets and prepare preliminary inspection report
 | Identified DGDA inspectors and respective pilot district superintendents will collaborate with MSH to conduct preliminary inspection of drug outlets in pilot districts. Instructions for modification/renovation of premises will be communicated in writing to all owners and will be left at the outletsInspectors will collaborate with MSH to prepare preliminary inspection report  |