

Table of Contents

Table of content…………………………………………………………………………………………………………1

1. Introduction to Bulsho-Kaab Social Franchise Network 3
   1. What is Bulsho-Kaab Network?3
   2. Bulsho-Kaab network goals and objectives3
   3. Products and Services Offered in the Bulsho-Kaab network4
      1. Diarrhea Prevention and Treatment products.4
      2. Reproductive Health products5

1.3.3. Counseling 6

* + 1. Referrals 6

1. Beneficiaries of Bulsho-Kaab Network 7
2. Bulsho-Kaab Network Administration 8
   1. Social franchise network structure………………………………………………………………………….8
   2. Supporting departments/individuals……………………………………………………………………..8
3. Bulsho-Kaab Membership 10
   1. Criteria for selection of members10
   2. Memorandum of Understanding 10
4. Benefits of Bulsho-Kaab network membership10
5. Bulsho-Kaab network recognition awards10
6. Busho-Kaab Standards11
   1. Standards Related to the Services Delivery Environment11
   2. Standards Related to Consumer Access Care11
   3. Standards Related to Effectiveness of Care11
   4. Standards Related to Quality of Care …………………………………………………………….......12
7. BulshoKaab Network Pricing15
   1. Price structure of Nasiye OC…………………………………………………...……………………………15
   2. Price structure of BiyoSifeeye……………………………………………………………….……..........15
   3. Price structure of Nasiye Injectable ..…………………………….……………………………….......16
   4. Price structure of Shuban-Daweeye .……………………………………………………………………16
8. BulshoKaab Marketing and Promotional Strategies……………………………….…….………….17
9. Reporting and Record Keeping…………………………………………………………..18
   1. Importance of Reporting………………………………………………………………………..…………18
   2. Reporting Tools…………………………………………………………………………………………….....18
10. Monitoring and Supervision 18
11. Violation of Agreement, Warnings and Termination Process18
12. Annexes 20
    1. Membership Criteria for Bulsho-Kaab Network……………………………….………….…20
    2. Memorandum of Understanding (form) ………………………………………………..……….22
    3. Supervisory Check List (form)…………………………………………………………………………25
    4. IMCI Check List……………………………………………………………………………….……………..28
    5. Referral System (form)………………………………………………………………….……………….31
    6. Memorandum of Understanding for Hargeisa Group Hospital……………….........32
    7. Memorandum of Understanding for Hargiesa TB Hospital…………………..………..34
    8. Referral Voucher (form)……………………………………………………………………………...…36
       1. Referral voucher of Hargeisa Group Hospital……………………………………..….36
       2. Referral voucher of Hargeisa TB Hospital………………………………………………37

1.9 Reporting Tools………………………………………………………………………………………………38

1. **Introduction to Bulsho-Kaab Social Franchise Network**
   1. **What is Bulsho-Kaab Network?**

Bulsho-Kaab is a social franchise network that PSI/Somaliland established for the private sector pharmacies. The aim is to establish network pharmacies that provide quality health services/products, quality counseling services, and make referrals if they perceive the case of the patient can be managed at their level. As part of the social franchise package, pharmacies will sell reproductive health product (including COCs tablets and POPs Injectables), and child survival products such diarrhea prevention and diarrhea treatment products (aqua tabs and ORS+Zinc).

PSI expects that pharmacists in the network to be female friendly. While there is little research on the subject, circumstantial evidence has shown that there are significant barriers for women in accessing quality health care services in both the public and private sectors, especially in the area of reproductive health. Culturally it is very difficult for women to discuss reproductive health issues, and especially when discussing them with men who are not perceived to be trained medical professionals. Thus, a key to improving maternal health will be to offer female clients quality health products and services in pharmacies that they can trust.

Only pharmacies that comply with PSI selection criteria will be chosen as part of the network. Branded signboard and other promotional materials will be given to the pharmacies in the network.

* 1. **Objectives of the Social Franchise Network**

The global community of practice in social franchising has identified four prioritized social franchise objectives:

* *Effectiveness (Access)* - Increase use of health services by increasing the number of service delivery points and healthcare services offered.
* *Quality* - Provide services that adhere to international quality standards and improve the overall quality of care.
* *Equity* - Serve all population groups, emphasizing those most in need.
* *Cost-effectiveness* - Provide a service at a cost equal to or lower than other service delivery options

In light of this PSI/Somaliland has identified four social franchise objectives:

* To expand the provision of clinical health services in private sector pharmacies specifically serving vulnerable populations (e.g. poor women and IDPs);
* To improve the quality of care of health services provided through private sector pharmacies in line with the six core health areas of the Essential Package of Health Services;
* To reduce barriers to women’s use of health services delivered through private sector pharmacies.
* To invest in influencing the behavior of the pharmacy providers to a level commensurate with assuring the quality standards required for women-friendly, clinical services.
  1. **Products/services Offered in the Bulsho-Kaab network**

**1.3.1 Diarrheaprevention and treatment products:**

**BiyoSifeeye**

* **Product information:** BiyoSifeeye is a simple to use, effective water treatment product that helps prevent diarrhea. Each tablet contains 67 mg of dichloroisocyannurate that kills germs live in water that cause diarrhea.
* **Instructions of Use:** 1 tablet of BiyoSifeeye can treat 20L jerry can of clear water. If the water is dirty, one should filter and put two tablets of BiyoSifeeye into 20L jerry can. In both cases, wait 30 minutes.
* **Benefits of Treating Water to Prevent Diarrheal Diseases:**
* Fewer children die!!!
* Fewer children missing time from school
* Fewer adults taking time off work and losing income
* Less money & time spent on treating serious dehydration caused by diarrhea
* Less spread of disease in the community

**Shuban-Daweeye**

* **Product information:** Is diarrhea treatment kit consisting of two sachets of ORS and ten zinc tablets.
* **Instructions of use:** There are two scenarios concerning the use of DTK. If the child is under 6 months, or above.

1. If your child has 3 or more loose, watery stools in 24 hours treat with Shuban- Deweeye (for both)
2. To replace fluid loss give ORS until diarrhea resolves. Mix one full ORS packet with 1 liter of clean water in a clean container. (for both)
   1. Give child small frequent sips with a clean spoon especially after passing stool. Child should finish half liter in 1 day. (for child under 6 months)
   2. Child can take small frequent sips from a clean cup especially after passing stool. Child should finish 1 liter in 1 day. (for child above 6 months)
   3. Give ½ tablet zinc daily for 10 days even if diarrhea has stopped. (for child under 6 months)
   4. Give 1tablet zinc daily for 10 days even if diarrhea has stopped. (for child above 6 months)

**Benefits:**

* It prevents dehydration
* Prevent repetitive diarrhea or reduces future diarrhea episodes.
* It builds immunity of children against diarrhea

**1.3.2 Reproductive Health Products**

**Nasiye OCS**

* **Product information**: Nasiye is a combined oral contraceptive that consists of two hormones: estrogen and progestin, like those found naturally in the women’s body. The chemical composition of the KK is 21 white hormonal tablets each with 0.15 mg levonorgestrel and 0.03 mg ethinylestradiol, plus 7 brown non-hormonal tablets containing Ferrous Fumarate BP 75 mg (equivalent to 24.375 mg of Ferrous Iron).
* **Instructions of use**: if it is reasonably safe to assume a woman is not pregnant she can be advised to start Nasiye as follows:
* Advise woman she can start the pill anywhere between the first and fifth day of menstruation
* If she is switching from another hormonal method she can start right away
* Woman who are greater than 6 months postpartum and breastfeeding can start anytime, if menstruation has not returned
* If she has started menstruation, advise as above
* **Benefits:**
* Allowing women/couples to plan/space births until ready for another pregnancy
* Reduces menstrual blood flow/monthly bleeding and cramps
* Regulates monthly bleeding
* Protects against symptomatic pelvic inflammatory disease
* Reduces endometriosis symptoms
* Provides protection against ovarian and uterine cancers

**Nasiye Injectable (Progestin-Only Injectable (DMPA)**

This injectable contraceptive contains the hormone *Depot Medroxyprogestrone Acetate (DMPA)* which is a progestin only method. Progestin is a hormone like the natural hormone progesterone found in a woman’s body. It is also known as Depo Provera injection. It works as follows:

* It is given as an intramuscular injection every three months. The hormone is then released slowly into the bloodstream.
* It works primarily by preventing the release of eggs from the ovaries (ovulation).

**Instruction of use**

A new user may start taking the injection according to a few different schedules:

* Start within the first 7 days of menstrual bleeding with no need for a back up method.
* If it is more than 7 days after the start of menstruation, start injectables any time it’s reasonably certain a woman is not pregnant, and she will need a back up method for the first 7 days after injection.

**Benefits**

* One injection can prevent pregnancy for 3 months
* It is convenient and confidential.
* It is safe and can be even used by mothers as early as six weeks after childbirth and while breastfeeding.
  + 1. **Counseling services**

Pharmacy in Bulsho-Kaab network providers will be trained by PSI so as to build their capacity of providing good counseling services to the end users of PSI products. There should be counseling

* + 1. **Referrals**

Bulsho-Kaab pharmacy providers will refer patients to the specified health facilities. The health facilities are mostly public hospitals and MCHS and to some private hospitals recommended by PSI.

1. **Beneficiaries of Bulsho-Kaab Network**

Beneficiaries of Bulsho-Kaab network are mainly two: consumers and providers.

**Consumers-** Consumers are the primary beneficiaries of the Bulsho-Kaab Network. The ultimate goal is to provide quality health products and quality health information services to the end consumers. Bulsho-Kaab Network makes the network offerings available, accessible and of quality. Below is the consumer positioning statement:

***“A dedicated and hardworking mother of four children, Ubah is over- worked and very stressed with all the housework and childcare she has. She cannot cope without the Bulsho-Kaab Network that she receives from her extended family at home”***

**Providers -** On the other hand, the provider is also a beneficiary of Bulsho-Kaab Network. The provider is the means in which PSI distributes the offerings of the network. As a result, PSI will train, develop, and give support to the providers in the network so that they provide quality services and sell quality health products to the clients with motivation. Below is the provider positioning statement:

***“A pharmacy owner, Abdi is probably more concerned than most shop owners about customer loyalty because each one is so profitable for him. He knows he must deliver quality services but doesn’t always have the health knowledge or counseling skills he needs to deliver this”***

1. **Bulsho-Kaab Network Administration**

Bulsho-Kaab social franchise network will be run by the SFN staff consisting of SFN manager and 4 medical detailers. On the other hand, SFN department will get constant technical and other help from other departments. RH department, Marketing and Communications, Sales and Distribution, and Admin and Finance departments all support the SFN.

* 1. **Social Franchise Network Departmental structure**

* **Social Franchising Network Manager -** The SFN manager is responsible for planning, implementation and monitoring of the social franchise program. Specific task include developing network tools, recruit providers to be members of the Bulsho-Kaab network, train them, ensure that they are working in accordance with the MoU and agreed standards through supervision, monitoring and evaluation.
* **Medical detailers –** There are 4 medical detailers whose job is to provide technical information to the pharmacy providers. They will give refresher trainings to the Bulsho-Kaab network members, visit them regularly at their premises, answer their critical questions, and collect feedback from the providers.
* **Bulsho-Kaab Network Pharmacy Providers** – The selected pharmacy providers will work directly with the Bulsho-Kaab staff. As per the MoU signed by both PSI and the providers, pharmacies will provide the quality health products/services promised by Bulsho-Kaab Network.

**3.2. Supporting departments/individuals:**

* **Reproductive Health Officer** will do initial trainings and quality assurance efforts.
* **Sales agents** will work closely with Bulsho-Kaab network pharmacies and ensure that PSI products are available in the pharmacies.
* **Administration and finance** – they will help the network in logistics, finance and operations activities.
* **Marketing and communications** – they will assist the network in producing and placing branded promotional materials and implementing demand creation activities for the network.

1. **Bulsho-Kaab Membership**
   1. **Provider Selection criteria**

Pharmacies should satisfy the Bulsho-Kaab provider selection criteria in order to become a member of the network. The criteria have two categories: “must” and “priority” categories. Having experienced MD or Health professional, certificate from the ministry, private space, interest in joining the SFN are must criteria. High client load, long opening hours, female provider/worker presence, clinic attachment, accessibility of the provider, etc are priority but not must criteria. **See annex 1.1 on page 18-19**

* 1. **Memorandum of Understanding between provider and PSI**

Pharmacy providers should sign an MoU before being member of Bulsho-Kaab. The MoU states what Bulsho-Kaab is, its objectives, responsibilities of both PSI and providers, and some legal issues. **See annex 1.2 on page 20-22**

* 1. **Benefits to the Bulsho-Kaab Pharmacy Providers**
* **Bulsho-Kaab pharmacy providers** will benefit from the comprehensive training in franchise services which will help them serve the clients better and ensure customer loyalty.
* **Bulsho-Kaab pharmacy providers** will be visited by medical detailers to offer assistance with any questions and problems that may arise.
* **Bulsho-Kaab pharmacy providers** will benefit from the promotion of their pharmacies/clinic by PSI through the branded marketing and communications campaigns
* **PSI** will distribute promotional materials to Bulsho-Kaab Pharmacy Providers that will include POS, Signboard, branded medical equipments and other useful materials.
* **PSI** will provide formal pharmacy trainings with certification to the highest performers.

* 1. **Bulsho-Kaab network recognition awards**

**Quarterly awards (non-monetary) -** providers will be incentivized quarterly through non-monetary awards. Non - monetary award means materials, equipments, or other things that are valuable for the business and given directly to the providers for motivation, and for support in their operations. There will be targets for performance standards and there will be an M & E system including database to record the actual performance of the providers. Every three months, there will be a seminar in which good work practices will be shared, information about successes and challenges exchanged and high performers awarded.

1. **BULSHO-KAAB STANDARDS**

It is imperative that all *BULSHO-KAAB* members adhere to *BULSHO-KAAB* standards. *BULSHO-KAAB* members will be monitored for compliance with these standards and in circumstances where *BULSHO-KAAB* members are unable or unwilling to comply with standards PSI Somaliland will terminate its affiliation with the facility (in accordance with the termination process as stipulated in article 9 of the operations manual). It is the *BULSHO-KAAB* members’ responsibility to seek out assistance from PSI Somaliland when they feel they may be having difficulty with meeting certain standards. Under these circumstances, PSI Somaliland will provide support needed to help the *BULSHO-KAAB* overcome any problems they may be experiencing.

* 1. **STANDARDS RELATED TO THE SERVICE DELIVERY ENIVIRONMENT**
* Interpersonal relations (Trust, respect, confidentiality, courtesy, responsiveness, empathy, effective listening, and communication between providers and clients):

*BULSHO-KAAB* pharmacy staff shall treat clients with respect and protect their right to privacy.

* Physical infrastructure and comfort (The comfort, privacy, and other aspects that are important to clients):

*BULSHO-KAAB* members shall maintain their facilities so that they can offer clients privacy and relative comfort. (The degree of privacy required depends on the specific *BULSHO-KAAB* services being offered at the facility and PSI will support facilities in arranging resources to make a separate counseling/treatment space private such as curtains)

*BULSHO-KAAB* members shall maintain the *BULSHO-KAAB* signboard so that it is neat in appearance and reflects the image of quality associated with the *BULSHO-KAAB* brand.

* 1. **STANDARDS RELATED TO CONSUMER ACCESS TO CARE**

(The degree to which healthcare services are unrestricted by geographic, economic, social or organizational)

*BULSHO-KAAB* members shall not deny *BULSHO-KAAB* services to clients for reasons related to economic, social, medical or linguistic barriers or conditions.

* 1. **STANDARDS RELATED TO EFFECTIVENESS OF CARE**

(The degree to which desired results/outcomes of care are achieved)

*BULSHO-KAAB* members shall maintain records of *BULSHO-KAAB* services delivered and outcomes achieved according to *BULSHO-KAAB* requirements (specified in attached reporting procedures and formats: IMCI checklist, referral form), so that effectiveness of care can be monitored and evaluated across all *BULSHO-KAAB* members and findings used to inform ongoing *BULSHO-KAAB* business decisions.

* 1. **STANDARDS RELATED TO QUALITY OF CARE**

Quality of care must be maintained over time to protect the *BULSHO-KAAB* network‘s positive reputation with clients. *BULSHO-KAAB* will therefore strive to provide sustainable quality services for reproductive and child health services.

The *BULSHO-KAAB* Network has established a quality assurance plan governed by six guiding principles. These are:

* Technical competence
* Informed choice
* Counseling for reproductive health
* Privacy and confidentiality
* Use of IMCI checklist for child health
* Quality/consistency of data and a referral system/continuity of services.

In this section, definitions of each of the six guiding principles are explored according to the *BULSHO-KAAB* standards. Supporting resources and mechanisms engaged to uphold them are presented, as relevant to the *BULSHO-KAAB* members.

* + 1. **Technical competence**

**(The degree to which the tasks carried out by health workers and facilities meet expectations of technical quality)**

All pharmacies involved in the provision of franchise services must have at least one qualified health professional who is authorized to perform their specific functions related to franchise service provision by national laws. To verify the health qualification of potential *BULSHO-KAAB* Network member, the Provider Selection Tool will be used.

Only those providers who have received training and have been authorized by PSI Somaliland to perform certain franchise services shall perform those services. Initial and ongoing refresher trainings on reproductive and child health and other relevant topics will be provided to *BULSHO-KAAB* network providers.

All members shall deliver franchise services in accordance with PSI and MOH approved standards and procedures. Members will receive copies of the standard protocols including: Integrated Management of Child Illnesses checklist, birth spacing methods checklist, DTK Job Aid, and the like.

* + 1. **Informed choice and counseling for Reproductive Health**

*BULSHO-KAAB* members shall ensure that clients receiving franchise services are doing so by choice and are not under any circumstances coerced into accepting care. An individual has the right to access appropriate information on reproductive health issues, including modern birth spacing methods. A client has the right to make an informed choice on whether to use a method or not, and to choose the method that best suits one’s needs. The *BULSHO-KAAB* network supports this right and maintains this as one of the quality standards a client can expect. PSI will provide an initial training and ongoing refresher trainings on this extensive topic in order to build the skills of the pharmacy staff to effectively communicate and counsel clients. Providers will also receive additional materials and job aides to support consistent messages and easily accessible information.

* + 1. **Privacy and confidentiality**

**(Taking all measures possible to ensure that the client’s rights to privacy and confidentiality are respected)**

Assuring privacy and confidentiality for the client who seeks services from the *BULSHO-KAAB* network means that all members must perform services for Reproductive Health in settings that offer the client the privacy. This includes not only counseling and treating the client/family in the pharmacy but also not sharing any patient information to outside of the pharmacy setting.

Settings: The initial provider assessment tool establishes that the facility can meet minimum standards of privacy. In addition, *BULSHO-KAAB* provides privacy items such as curtains.

* + 1. **Use of IMCI checklist for Child Health**

For sick children greater than 2 months of age, the*BULSHO-KAAB* members must use the algorithm **(see IMCI checklist annex 1.4 on page 26-28)** to check for general danger signs, record main symptoms and to assess, and treat appropriately or refer if needed. *BULSHO-KAAB* providers are also responsible to give additional messages about the importance of immunization in an MCH for all children whom caregivers report are not fully immunized.

The *BULSHO-KAAB* provider is advised to refer any child less than 2 months of age with an illness as the IMCI checklist is not intended for children under 2 months of age.

* + 1. **Referral system/continuity of services**

Assuring an adequate and appropriate referral system in the *BULSHO-KAAB* network means that all members must:

* Make a proper assessment for a child as per IMCI protocol, using the sick child flow chart for easy diagnosis.
* Refer any child that presents with danger signs or an injury requires treatment above the capacity or resources available in the pharmacy to a higher level of care. Refer any adult who presents with a medical illness or injury that the pharmacist cannot treat in the pharmacy including:
  + Referring patients who present with signs and symptoms of TB to qualified TB diagnosis and treatment center
  + Referring patients who indicate they are HIV positive to a facility that has the skills and resources to manage appropriately. This does not imply denying care to any HIV positive individual, but rather this is to refer for conditions that the pharmacy is not adequately trained or able to treat.
  + Referring serious injuries to an appropriate emergency department at a hospital
    1. **Product supply, quality and consistent data, and proper drug management**

To ensure that there is regular supply of COCs, Progestin-Only Injectable, BiyoSifeeye and Shuban-Daweeye, PSI will procure these products and make them accessible to the wholesalers from which *BULSHO KAAB* network will be purchasing. Assuring quality and consistency of data in the *BULSHO-KAAB* network means that all members must:

* Keep accurate and complete pharmacy based records on formats provided by PSI
* Keeps proper drug storage as per the initial training, this would include preventing over or under stock, using first in/first out systems to prevent expired drugs from being sold, and maintaining records of drug stocks.
* Proper drug management also includes good infection control practices that prevent unsafe injections and proper needle/syringe disposal.

1. **Bulsho-Kaab network pricing information**

PSI products are priced in a way that poor and vulnerable people can have access to use them. The below charts illustrate the price structures of Nasiye and BiyoSifeeye. When other products introduced, the manual will be updated to include the prices of the new health products.

PSI will inform pharmacy providers when there is change in prices of any products prior to the implementation of the new price.



1. **Bulsho-Kaab Marketing and Promotional Strategies**

Branded and promotional materials will be provided by Bulsho-Kaab network to the pharmacies. Also, there will be demand creation efforts. The below chart illustrates the branding, promotional materials and demand creating strategies.

1. **Reporting and Record Keeping Requirements.**
   1. **Importance of reporting**

Reporting is very important for Bulsho-Kaab Network for the following aspects:

* Report helps us know successes and what the network members did well so that we nurture the strong points and share with the other providers who didn’t perform the same way.
* Report assists us identify gaps, challenges, and weaknesses so that we strengthen and improve them
* It will also help us give updated report to the MoH about the public health provision.
  1. **Reporting tools**
* Supervisory Checklist Form – is a form for which Medical detailers, SFN Manager and RH/SC will use for monitoring and supervising the BulshoKaab Providers. **See annex 1.9 on page 38-39**
* Monthly Report Form - is the form which MD will use for reporting their daily and monthly activities specifically for non-BulshoKaab provider. It includes provider information, marketing materials information, stock availability status, and quality assurance.
* Provider database - the database contains Bulsho-Kaab

1. **Monitoring and Supervision.**

* The medical detailers will be visiting regularly every month and be collecting any reports, forms or feedback from the Bulsho-Kaab Network providers.
* On a quarterly basis, the SFN manager will be making supervision and monitoring of all Bulsho-Kaab pharmacy providers. The report from this will be the basis for rewarding providers.
* The RH/CH officer will also conduct quality assurance monitoring per month. She will be visiting 5 pharmacies each month.
* For the quality assurance guidelines.

1. **Violation of Agreement, Warnings and Termination Process**

* If the Bulsho-Kaab pharmacy provider fails to comply the memorandum of understanding and make violations for two consecutive months, then:
* She/she will be given a verbal warning and describing the points in the agreement he/she violated.
* If he/she did not improve performance and quality in a specified period (set between the provider and the SFN manager), a written warning will be given.
* A second written warning (final warning) will be given, if the performance and quality of the provider deteriorate.
* Termination follows if all these steps did not work for the provider. At this stage, PSI will De-brand the pharmacy.
  1. **ANNEXES**
  2. **Membership criteria for Bulsho-kaab Social Franchise Network**

PSI Somaliland is creating a Social Franchise Network for the private pharmacies in the main cities of Somaliland. PSI will allow every pharmacy that conforms to certain criteria to join network as the primary objective of the SFN is to improve and strengthen the quality of health services (mainly on reproductive health and child survival) that pharmacies provide to the community. Pharmacies that conform to PSI criteria for membership will be selected, trained, monitored and worked with. Hopefully, this process will motivate those who didn’t reach the criteria to try improving the quality standards of their services.

The selection criteria falls under three main sections: provider qualifications, provider capacity of providing quality services. There are two categories of criteria:

* Criteria that every member of the SFN must conform before joining the network (I will code this category as “Must”.
* Criteria that every member of the SFN should preferably have but not must (I will code this category as “priority”).

1. **Provider qualifications**

* At least one MD or health provisional is present (Must). There should be at least one qualified
* The health professional to be at least 3 years of experience (Must)

1. **Provider capacity of providing quality services**

The pharmacy provider that has the capacity to deliver high quality services to the target population

* ***The pharmacy has a permission to work from the ministry*** (Must)
* ***Private space for Counseling*** (Must)
* ***High client load –*** the good client load in the past in the good predictor of future success. (Priority)
* ***Normal or long opening hours -*** working long hour’s increases accessibility of SFN services. (Priority)
* ***Female owner/ worker -*** pharmacy in which female workers operate will have priority over others run by men because it is easier for women to consult their reproductive health issues with women. (Priority)
* ***Existing relationship with PSI –*** pharmacy selling our products are more likely to understand the SFN, PSI requirements, and etc. (Priority)
* **Attached clinic** (because of quality & client load) – Clinical attachment means that the pharmacy has place where doctor makes consultations in, and a separate place for curing people. (priority)
* ***Geographical accessibility to target audience*** (Priority)
* ***Sufficient potential for family planning client flow*** (Priority)

1. **Provider’s attitude.**

* ***Be interested!*** Interest is a corner stone for the SFN program. Members should be willing and proud of being member of the network. This is the first criteria for choosing members. If the person is not interested in joining, conforming requirements, and allowing PSI staff to monitor and evaluate his performance on the agreed points, then that provider will not be eligible to be part of the network **(Must)*Willing to conform PSI procedures and*** ***be monitored*** (Priority).
  1. **MEMORANDUM OF UNDERSTANDING BETWEEN PROVIDERS & PSI**

This Memorandum of Understanding is entered on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2011 between Population Services International Somaliland (PSI-Somaliland near Admas University, tel: 517382), AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereinafter called ‘ **BULSHO-KAAB network provider** on the other part situated on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSI Somaliland** is a social marketing non-profit organization, whose mission is to complement the government of Somaliland’s efforts to address public health priorities through provision of high quality health services and products to vulnerable people of Somaliland.

The **BULSHO-KAAB Network** is a network of private sector pharmaceutical providers offering quality information and services in reproductive health and child survival specifically as well as general counseling and referrals.

PSI-Somaliland intends to work together with the **BULSHO-KAAB NETWORK PROVIDER** as part of **BULSHO-KAAB NETWORK**.

**Both parties agree as follows**

1. **Validity and Period of Agreement**

This agreement will be valid for one year from the date of its signing and may be renewed for incremental periods of one year or less with mutual consent from both parties.

This agreement does not constitute a legal partnership and the provider shall not act or hold itself out as the agent or legal partner of PSI or incur any liabilities on behalf of PSI or the branded **BULSHO-KAAB NETWORK**.

1. **a.) PSI Responsibilities**

PSI Somaliland agrees to provide an on-going support to the **BULSHO-KAAB NETWORK** PROVIDERS in the following areas:

1. **Training:** this will involve initial training on Reproductive Health and Child Survival as per protocols of **BULSHO-KAAB NETWORK** and per the training needs assessment**.** Refresher trainings will also be provided regularly. Trainings related to communication, marketing, pharmacology and etc may be offered time to time based on PSI plans and resource availability.
2. **Branding:** PSI will brand the **BULSHO-KAAB NETWORK PROVIDER’S** pharmacy/clinic by providing branded **signboard**. This branding will be a mark of quality services and can only be used by the **BULSHO-KAAB NETWORK PROVIDER** as long as the provider is in good standing (accedes to the conditions laid down in this agreement, as assessed by PSI- Somaliland). IEC and POS materials will also be provided by PSI to the **BULSHO-KAAB NETWORK PROVIDER**.
3. **Demand Creation:** PSI-Somaliland will carry out demand creation activities to increase client flow for **BULSHO-KAAB NETWORK PROVIDER’S** pharmacy/clinic. PSI-Somaliland will also provide supportive marketing materials and communication.
4. **Meetings/ Seminars:** Meetings and Seminars will be conducted regularly for discussion of **BULSHO-KAAB NETWORK’S** successes and challenges, and exchanging experiences and information. Semiannual events based on the calendar year will also be held to recognize the high performers of the network.

**b.) The BULSHO-KAAB NETWORK PROVIDER’S Responsibilities**

1. **Provision of Quality Services:** The **BULSHO-KAAB NETWORK PROVIDER** will be expected to provide services as per the approved Ministry of Health guidelines and protocols and in line with the training provided.
2. **Reporting:** **BULSHO-KAAB NETWORK PROVIDERS** are required to keep accurate and confidential records on the formats provided by PSI-Somaliland. The correct and complete records should be available to be reviewed by PSI-Somaliland **staff** during routine supervisory visits.
3. **Pricing of services:** The **BULSHO-KAAB NETWORK PROVIDER** will be expected to respect PSI recommended prices for its own products (PSI products only) so that we ensure the prices of products/services are uniform to the clients.
4. **Branding:** The **BULSHO-KAAB NETWORK PROVIDER** will not accept membership or branding of any other private network or franchise as long as they are members of the **BULSHO-KAAB NETWORK**.
5. **Monitoring and Evaluation**

The **BULSHO-KAAB NETWORK PROVIDER** will cooperate with PSI Somaliland in conducting monitoring and evaluation activities. All monitoring and evaluation activities that are shared with stake holders will be confidential and only reported as overall **BULSHO-KAAB NETWORK’S** performances.

In addition, some information of the **BULSHO-KAAB NETWORK** may be shared from time to time with the Ministry of Health solely indicating the support through the SOCIAL FRANCHSISE NETWORK to government of Somaliland’s public health goals. PSI-Somaliland will insure that no information related to client confidentiality is shared either with the Ministry of Health or any external party. However, from time to time **BULSHO-KAAB NETWORK PROVIDER** may be required to participate in programming research carried out by or on behalf of PSI Somaliland, the overall results of which will be shared with the Network.

1. **Utilization of Referral Networks**

Referral mechanism ensures that clients get best and complete care. The **BULSHO-KAAB NETWORK PROVIDER** shall actively participate in client referral. PSI Somaliland requires a **BULSHO-KAAB NETWORK PROVIDER** to refer clients to other Public hospital and some private hospitals if they are unable to meet the client’s needs.

1. **Taxation**

The **BULSHO-KAAB NETWORK PROVIDER** is solely responsible for paying all taxes, or other payments due to the government of Somaliland or any other non-governmental entity. PSI Somaliland will not accept liability under any circumstances of any personal or professional debts of the **BULSHO-KAAB NETWORK PROVIDER**.

1. **Termination** 
   1. Either party may terminate this agreement by giving one-month notice in writing. PSI Somaliland requires that all **BULSHO-KAAB NETWORK PROVIDER** comply with the agreed standards in service provision as per this agreement and the **BULSHO-KAAB NETWORK** operations manual. PSI-Somaliland will work closely with each **BULSHO-KAAB NETWORK PROVIDER** to achieve this. However, if over time, these standards are not met, PSI can disassociate the provider from the network through written notice.
   2. Upon termination or expiry of this agreement where the decision is not to renew the agreement, the **BULSHO-KAAB NETWORK PROVIDER** will no longer be considered as part of **BULSHO-KAAB NETWORK** and will not be allowed to use the logo or signboard or be eligible for other Network benefit.
   3. In case provider fails to have maintained valid license from MoH, or the MoH disqualified the provider, then that provider will not be deemed a member of the BULSHO-KAAB Network anymore.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BULSHO-KAAB PHARMACY PROVIDER** PSI Somaliland Representative

(Name and signature) (Name and signature)

Stamp:

* 1. **Supervisory Checklist**

****

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***Supervisory Checklist*** | | | | | | |  | | --- | |  | | | | | |  |
| Provider's Name: …………………………. | | | <Tel:…………………………………> | | | |  | | | | |  |
| Pharmacy Name:………………………………….. | | | |  | | |  | | | | |  |
|  |  | |  |  | | |  | | | | |  |
|  | Planned Activity: | | Opportunity | Ability | | | Motivation | | | | |  |
|  | Key PSI Message: | |  | | | | | | | | |  |
| **20.00** | **Opportunity** | | | | | | | | | | |
|  | **Sales/ Stock** | | | | | | | | | | Score Range |
| 5.00 | Nasiye OC Pills stock on hand | Qty on hand \_\_\_\_\_\_ | | | 4 cycles and more=5 less than 4 cycles=0 | | | | | | 0 or 5 |
| 5.00 | Nasiye Injectibles stock on hand | Qty on hand \_\_\_\_\_\_ | | | 3 boxes and more=5 less than 3 boxes=0 | | | | | | 0 or 5 |
| 5.00 | BiyoSifeeye Stock on hand | Qty on hand \_\_\_\_\_\_ | | | 35 strips and more=5 less than 35 strips=0 | | | | | | 0 or 5 |
| 5.00 | Shuban-Daweeye Stock on Hand | Qty on hand \_\_\_\_\_\_ | | | 8 kits and more=5 less than 8 kits=0 | | | | | | 0 or 5 |
|  |  |  | |  |  | | | | | |  |
| **30.00** | **Ability** | | | | | | | | | | |
|  | **Knowledge and Skills** | | | | | Score Range | | | | | |
| **5.00** | Job Aids availability | | Trainee Manual \_\_\_ Flip Chart (2)\_\_\_\_ IMCI Checklist \_\_\_ Sick Child Form\_\_\_\_ Referral Books\_\_\_\_ | | | 1-5 | | | | | |
|  | Comments/area (s) for improvement | |  | | |  | | | | | |
| 5.00 | Quality of counselling in Birth Spacing | | Use private Space\_\_\_\_ Follow all counselling steps\_\_\_\_ Make interaction with the client\_\_\_Answer questions correctly\_\_\_\_Remind when to come back\_\_\_\_ | | | 1-5 | | | | | |
|  | Comments/area (s) for improvement | |  | | |  | | | | | |
| 5.00 | Quality of using Nasiye Checklist and product insert information | | Assessment of eligibility \_\_\_Benefits\_\_\_\_Instructions\_\_\_\_Side effects\_\_\_\_Warning Signs\_\_\_\_ | | | 1-5 | | | | | |
|  | Comments/area (s) for improvement | |  | | |  | | | | | |
| 5.00 | Quality of Assesing a sick child (by Observation/interview) | | Check for danger signs\_\_\_Assess main symptoms \_\_\_ Check for nutrition status\_\_ Classify correctly \_\_\_Use Sick Child Form\_\_\_ | | | 1-5 | | | | | |
|  | Comments/area (s) for improvement | |  | | |  | | | | | |
| 5.00 | Trained pharmacist is present at the pharmacy | | PSI Trained pharmacist =5, Trained medical professional = 3 Not trained = 0 | | | 0, 3 or 5 | | | | | |
|  | Comments/area (s) for improvement | |  | | |  | | | | | |
| 5.00 | Medical Equipment and other branded items given are available and functioning | | BP (2)\_\_\_\_\_Thermometer\_\_\_\_\_MUACs\_\_\_\_\_Sharp Boxes \_\_\_ | | | 1-5 | | | | | |
|  | Comments/area (s) for improvement | |  | | |  | | | | | |
|  |  | |  |  | | |  |  | | | |
| **30.00** | **Motivation** | | | | | | | | | | |
| 5.00 | Open and positive attitude towards MDs activities | | Yes =5, No= 0 | | | | | | 0 or 5 | | |
| 5.00 | Selling BiyoSifeeye at recommended Price | | Yes =5, No= 0 | | | | | | 0 or 5 | | |
| 5.00 | Selling Nasiye Ocs at recommended Price | | Yes =5, No= 0 | | | | | | 0 or 5 | | |
| 5.00 | Selling Nasiye Injectables at recommended Price | | Yes =5, No= 0 | | | | | | 0 or 5 | | |
| 5.00 | Selling Shuban Daweeye at recommended Price | | Yes =5, No= 0 | | | | | | 0 or 5 | | |
| 5.00 | Maintaining the quality SFN Branded materials | | Signboard\_\_\_Curtains\_\_\_\_Posters \_\_\_\_ other POS\_\_\_\_Gown | | | | | | 1-5 | | |
| Provider's motivation needs, suggestions, complaints | | |  | | | | | |  | | |
|  |  | |  |  | | |  | |  | | |
| **20.00** | **Franchise Outputs** | | | | | | | | | | |
| 10.00 | # of referral forms made to the referral hospitals (# of referral forms Given\_\_\_\_ # referrals available at Pharmacy\_\_\_\_ # of Referral collected from the Hospital\_\_\_\_\_) | | 10 referral forms and more = 10, 5-9 referral forms = 5 Less than 5 referral forms = 0 | | | | | | | 5-10 | |
| 5.00 | # of Sick child forms filled correctly | | 81%-100% correclty filled =5 61%- 80% correctly filled = 4 41%-60% correctly filled = 3 21%-40% correctly filled = 2 20% correctly filled =1 Below 20% = 0 | | | | | | | 1-5 | |
| 5.00 | # of PSI refresher trainings attended in the quarter. | | 1 refresher training = 5 No training attended = 0 | | | | | | | 1-5 | |
|  |  | |  |  | | | Date: ………………………… | | | | |
| Name:…………………………………... ............................................................ | | | Sign:................................. | | | |

* 1. **IMCI Check List**

|  |  |  |
| --- | --- | --- |
| **Ask and look for danger signs**  1. Inability to drink or breast feed 2.Vomits everything 3.Has/had convulsion 4 Lethargic/unconscious  **A child with any general danger sign needs *URGENT* attention: There must be no delay in the child’s treatment or referral. Make sure that a child with any danger sign is referred after receiving urgent pre-referral treatment.** | | |
| **PROBLEM/COMPLAINT** | **ASSESS:** **ask**, **look, listen and feel** | **CLASSIFY AS:** |
| **1.Diarrhea** Yes\_\_\_\_ (assess further)  No\_\_\_\_(go to cough) | Signs and symptoms of dehydration:   * Restless, irritable * Sunken eyes * Drinks thirstily/eagerly * Skin pinch returns slowly | Dehydration if 2 or more signs are present    No dehydration if less than 2 signs are present |
|  | Diarrhea for how many days? | Acute diarrhea if less than 3 days |
|  |  | Persistent diarrhea if more than 14 days |
|  | Blood in the stool? | Dysentery |
| **2. Cough/difficult breathing** Yes\_\_(assess further)    No\_(go to fever) | Any general danger sign ‪ | Severe pneumonia/disease |
| Chest indrawing in a calm child |
| Fast breathing in a calm child   * + Below 12 months: 50 breaths per minute or more   + Above 12 months: 40 breaths per minute or more | Pneumonia |
| For how many days? | Suspected tuberculosis or asthma if more than 3 weeks |
|  | No sign of pneumonia | Cold |
| **3. Fever** (37.5 °C or higher) Yes\_\_ (assess further)    No\_\_(go to malnutrition) | Rash, red eyes, and/or‪ runny nose | Measles |
| Stiff neck | Meningitis |
| For how many days? | Complicated fever if more than 7 days |
| No other sign/symptom | Uncomplicated Fever |
| **4. Malnutrition** (Take Muac measurement) | MUAC red | Severe malnutrition |
| MUAC yellow | Moderate malnutrition |
| MUAC green | No malnutrition |
| **6. Other problems** | See sick child record form | See sick child record form |
| **7. Immunization** | See sick child record form | See sick child record form |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | | |  |
| **SICK CHILD RECORD FORM: CHILD AGED 2 MONTHS AND ABOVE** | | | |
|  | | **Pharmacy**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Date**:\_\_/\_\_\_/\_\_\_\_ | |  | | | |  |  |
| **Child's names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**:\_\_\_\_months\_\_\_\_\_years Sex: Girl/Boy **Village**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Weight:**\_\_\_\_\_\_kg **Temperature:**\_\_\_\_\_\_\_\_°C **MUAC**: Red/Yellow/Green | | |  | | |
| **CLASSIFIED ILLNESS** | **RECOMMENDED TREATMENT** | | **TREATMENT GIVEN** | | |
| Danger sign | Give urgent medical attention or refer to hospital | |  | | |
| Acute or persistent diarrhea without dehydration | •Give/mix **SHUBAN-DAWEEY**E and teach how to mix ORS and dilute **Zinc**; •Persistent diarrhea needs further investigation or refer | |  | | |
| Acute or persistent diarrhea with dehydration | Give **SHUBAN-DAWEEYE**, teach how to mix ORS and dilute Zinc; If mother notes that signs persist over the next 4 hours, refer to hospital | |  | | |
| Dysentery | 1)Give **SHUBAN DAWEEYE** and 2)Treat with either: •**Cotrimoxazole 480 mg** twice daily for 5 days: Age 2 months up to 12 months— ½ tablet, Age 12 months up to 5 years—1 tablet **OR** •Refer to hospital | |  | | |
| Severe pneumonia | Refer hospital | |  | | |
| Pneumonia | • Give **Amoxycillin 125mg/5 ML Oral suspension** twice daily for 7 days Age 2 months up to 12 months— 1 to 2 teaspoon Age 12 months up to 5 years— 3 teaspoon  **OR** •Give **Amoxycillin 250 mg** tablet, two times daily for 7days: Age 2 months up to 12 months— ½ tablet Age 12 months up to 5 years—1 tablet **OR** • Give C**otrimoxazole 480 mg**, twice daily for 5 days: Age 2 months up to 12 months— ½ tablet, Age 12 months up to 5 years—1 tablet | |  | | |
| Cold | Give **lemon juice** or **diluted honey** | |  | | |
| Suspect tuberculosis or asthma | Refer to hospital | |  | | |
| Measles | Refer to hospital | |  | | |
| Meningitis | Refer to hospital | |  | | |
| Uncomplicated fever | •Give **Paracetamol 500 mg** tablets every 6 hours until fever is gone Age 2 months up 3 years : 1/4 tablet Age 3-5 years: 1/2 tablet  •If fever persist for more than 3 days, child needs further investigation | |  | | |
| Complicated fever | •Give **Paracetamol 500mg** tablets every 6 hours untill fever is gone:  Age 2 months up 3 years : 1/4 tablet Age 3-5 years: 1/2 tablet **•**if temperature is **38.5C** or above and refer to hospital | |  | | |
| Severe malnutrition | Give **Sugar water in 200 ML** and refer to hospital | |  | | |
| Moderate malnutrition | Refer to Hospital | |  | | |
| Immunization | Advise/encourage to visit MCH centre | |  | | |
|  |  | |  | | |
| **Additional remarks/observations:** | | |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |

* 1. **Referal System**



Consumers comes to the pharmacy some health need

Can the provider give the required counseling for the client?

No Yes

The provider should refer sthe client to the following hospitals

The provider will serve for the client and ther is not

Private Hospitals

Public Hospitals

Manhal Hospital

Edna Hospital

Hargeisa Group Hospital

Hargeisa TB Hospital

The referral card is also a voucher of 20,000 SL. Sh. In HGH, the referral card means the consultation fee plus drugs of equal to the remaining value. Any extra amount will be paid by the client.

At the TB hospital, the referral card just ensures that the client can access the hospital service in an easy way.

The referral card is also a voucher of 20,000 SL. Sh. In Edna and Manhal Hospitals, the referral cards is equal to the Doctor’s consultation card. It means, that the client can access the doctor’s consultation free of charge.

* 1. **MoU for Hargeisa Group Hospital**

This Memorandum of Understanding is entered on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2011 between Population Services International Somaliland (PSI-Somaliland near Admas University, tel: 517382), AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereinafter called ‘ REFERRAL HOSPITALS on the other part situated on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSI Somaliland** is a social marketing non-profit organization, whose mission is to complement the government of Somaliland’s efforts to address public health priorities through provision of high quality health services and products to vulnerable people of Somaliland.

The **BULSHO-KAAB Network** is a network of private sector pharmaceutical providers offering quality information and services in reproductive health and child survival specifically as well as general counseling and referrals.

PSI-Somaliland intends to encourage pharmacies to refer patients to public hospitals and to some selected private hospitals.

**Both parties agree as follows**

1. **Validity and Period of Agreement**

This agreement will be valid for one year (could be updated on quarterly basis) from the date of its signing and may be renewed for incremental periods of one year or less with mutual consent from both parties.

This agreement does not constitute a legal partnership and the referral hospital shall not act or hold itself out as the agent or legal partner of PSI or incur any liabilities on behalf of PSI or the branded **BULSHO-KAAB NETWORK**.

1. **a.) PSI Responsibilities**

PSI Somaliland agrees to provide an on-going support to ensure that pharmacies in the BULSHO-KAAB NETWORK are making referrals:

1. **Ensure that Pharmacies in Bulsho-Kaab are making referrals:**

PSI will train the pharmacists on when and how to make referrals. To make this happen, PSI will provide referral forms to the pharmacies in the network.

1. **Ensure that patients are coming to the referral hospitals:**

To encourage patients to keep the referral form and come the referral hospital, the referral form will be as valuable as the doctor’s visit cards in the case of private hospitals and public hospitals.

1. **Provide demand generation to the referral hospitals:**

PSI will provide a demand generation efforts to the referral hospitals. The referral hospital will bill the number of referral cards times 20,000 SL. Sh.

**b.) The Referral Hospital Responsibilities**

1. **Provision of Quality Services:** The REFERRAL HOSPITALS will be expected to provide services to the clients who have PSI referral cards as per the approved Ministry of Health guidelines and protocols.
2. **Reporting:** **REFERRAL HOPSITALS** are required to keep referral forms and submit them to PSI Medical Detailers.
3. **Reimbursement system**

As mentioned earlier, the referral card will have value of 20,000 SL. Sh. The hospital financewill collect them and bill the amount of referral cards time 20,000 SL.Sh. to PSI. At 10th of each month, the reimbursement will be paid by PSI finance department if and only if referral cards were submitted lately on 7th.

1. **Monitoring and Evaluation**

Referral hospitals will be monitored every month and on quarterly basis evaluation will be done.

1. **Termination** 
   1. Either party may terminate this agreement by giving one-month notice in writing. PSI Somaliland requires that all **REFERRAL HOSPITAL** comply with the agreed standards in service provision as per this agreement.
   2. Breach of agreement points will cause termination of the contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Hospital Representative**  PSI Somaliland Representative

(Name:……………………………………..) (Shazina Masud)

Signature: ………………………………… Signature:……………………………

Stamp: Stamp:

* 1. **MoU for Hargeisa TB Hospital**

This Memorandum of Understanding is entered on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2011 between Population Services International Somaliland (PSI-Somaliland near Admas University, tel: 517382), AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter called ‘REFERRAL HOSPITALS **on** the other part situated on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSI Somaliland** is a social marketing non-profit organization, whose mission is to complement the government of Somaliland’s efforts to address public health priorities through provision of high quality health services and products to vulnerable people of Somaliland.

The **BULSHO-KAAB Network** is a network of private sector pharmaceutical providers offering quality information and services in reproductive health and child survival specifically as well as general counseling and referrals.

PSI-Somaliland intends to encourage pharmacies to refer patients to public hospitals and to some selected private hospitals.

**Both parties agree as follows**

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1. **a.) PSI Responsibilities**

PSI Somaliland agrees to provide an on-going support to ensure that pharmacies in the BULSHO-KAAB NETWORK are making referrals:

* **Ensure that Pharmacies in Bulsho-Kaab are making referrals:**

PSI will train the pharmacists on when and how to make referrals. To make this happen, PSI will provide referral forms to the pharmacies in the network.

* **Ensure that patients are coming to the referral hospitals:**

To encourage patients to keep the referral form and come the referral hospital, the referral form will be as valuable as the doctor’s visit cards in the case of private hospitals and public hospitals.

**b.) The Referral Hospital Responsibilities**

* **Provision of Quality Services:** The REFERRAL HOSPITALS will be expected to provide services to the clients who have PSI referral cards as per the approved Ministry of Health guidelines and protocols.
* **Reporting:** **REFERRAL HOPSITALS** are required to keep referral forms and submit them to PSI Medical Detailers.

1. **Monitoring and Evaluation**

Referral hospitals will be monitored every month and on quarterly basis evaluation will be done.

1. **Termination** 
   1. Either party may terminate this agreement by giving one-month notice in writing. PSI Somaliland requires that all **REFERRAL HOSPITAL** comply with the agreed standards in service provision as per this agreement.
   2. Breach of agreement points will cause termination of the contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Hospital Representative**  PSI Somaliland Representative

(Name:……………………………………..) (Shazina Masud)

Signature: ………………………………… Signature:……………………………

Stamp: Stamp:

**1.8. Referral Vouchers – BULSHO – KAAB NETWORK**

**1.8.1. HARGEISA GROUP HOSPITAL**



**1.8.2. HARGEISA TB HOSPIAL**

|  |
| --- |
|  |

* 1. **Reporting Tools**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Frequency** | **Data needed** | **Method of collecting data** | **Tools and formats used for data collection and reporting** | **Reporting lines (to whom are reports distributed)** | **How reports are used** |
| Monthly | Clients records  Availability of products and supplies  Facility audit  Follow-up actions required  Provider feedback | MDs visit each pharmacy under their supervision once per month and collect any feedback, reports or forms (sick child forms, referral forms) maintained by providers and they record findings. | a) *Supervisory checklist*  b) *Provider database* | *Supervisory checklists* are kept for future reference and data verification when requested  One MD will fill data in the *Provider database* and submit it to SFN Manager | To track provider outputs (i.e. # children treated, # of referrals);  To identify any problems before they become serious so that remedial actions can be taken in a timely manner;  To identify provider support needs;  To refine strategies based on provider feedback related to what is and/or is not working;  To monitor MDs performance. |
| Monthly | Provider’s skills and  knowledge | RH/CS officer visits randomly 5 pharmacies per month and assess the provider performance | *Supervisory checklist* | RH/CS officer shares results and recommendations with SFN Manager | To monitor provider’s adherence to quality standards and determine what follow-up support or other actions are needed to maintain or improve performance |
|  |  |  |  |  |  |
| Quarterly | Provider feedback  General impressions of quality | SFN Manager visits each pharmacy and collects data on general quality situation of the pharmacy | *Supervisory checklist* | SFN Manager files the visit report in each provider’s folder | To determine whether provider meets SFN standards  To assist in problem-solving  To develop staff (MDs) |
| Bi-annually | Provider’s skills, knowledge and the quality of care from the point of view of the client | Mystery clients visit pharmacy in the assumed role of clients, and then report to the Research team on their experience as soon as possible after the visit | *Mystery client survey* | Report from the mystery client survey is submitted by Research officer/Manager to SFN Manager. | To monitor service provision and increase the importance of quality for provider |
| Quarterly | All the data collected and filed in each provider’s folder | SFN Manager analyses and summarizes all the findings/data | *SFN quarterly report* | SFN Manager and RH/CS officer review findings and submit recommendations to CR. | To evaluate provider and make decision about whether or not to maintain affiliation with provider  To reward high performing providers |