OPERATIONAL GUIDELINES
FOR
ELECTRONIC ASSET MANAGEMENT SYSTEM

Health Services Division

Ministry of Health and Family Welfare

September 2019

নং-৪৫.০০.০০০০.১৬১.৮৩.০০১.১৯-৪১০   তারিখঃ ২৪.১১.২০১৯খ্রিঃ

বিষয়:   এসেট ম্যানেজমেন্ট সিস্টেমের অপারেশনাল গাইড লাইন এবং এসেট ম্যানেজমেন্ট সিস্টেমের রোল আউট কৌশল অনুমোদন প্রসংগো।

সূত্রঃ   ১. এমএসএইচ এর পত্র নং-৫০, তারিখঃ ২৬.০৯.২০১৯ খ্রিঃ।
          ২. এমএসএইচ এর পত্র নং-৫১, তারিখঃ ২৬.০৯.২০১৯ খ্রিঃ।

উপর্যুক্ত বিষয় ও সূত্রোক্ত পত্রের প্রেক্ষিতে, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের অধিনস্থ হাসপাতাল সমূহের বিদ্যমান ও নতুন সংগৃহীত যন্ত্রপাতি ও অন্যান্য এসেট MTaps/MSH এর কারিগরি সহযোগিতায় সুষ্ঠুভাবে সংরক্ষণ ও ব্যবস্থাপনার নিমিত্ত এসেট ম্যানেজমেন্ট সিস্টেমের অপারেশনাল গাইড লাইন এবং এসেট ম্যানেজমেন্ট সিস্টেমের রোল আউট কৌশলপত্র নির্দেশক্রমে অনুমোদন করা হলো।

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৪। অতিরিক্ত সচিব (হাসপাতাল) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।

৫। অতিরিক্ত সচিব (সরকারি স্বাস্থ্য ব্যবস্থাপনা) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

About MTaPS

The goal of the USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program is to enable low- and middle-income countries to strengthen their pharmaceutical systems to ensure sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medicines and medicine-related pharmaceutical services. Toward this end, the MTAPS result areas include strengthening pharmaceutical sector governance; increasing institutional and human resource capacity for pharmaceutical management and services, including regulation of medical products; increasing availability and use of pharmaceutical information for decision making and advancing the global learning agenda; optimizing pharmaceutical-sector financing, including resource allocation and use; and improving pharmaceutical services, including product availability and patient-centered care, to achieve desired health outcomes.

Recommended Citation

Key Words

Operational Guidelines for Asset Management System, Central Medical Stores Depot, National Electro-Medical Equipment Maintenance Workshop, District Hospitals of Directorate General of Health services, Ministry of Health and family Welfare.

Executive Summary

Emerging advancement of technology in the clinical care created a demand for using high-tech electro medical and biomedical equipment for development of public health care service in Bangladesh. It is also crucial to ensure proper management, good governance and systematic maintenance of the medical equipment for a sustainable development of public health services.

World Bank officially requested MOHFW to engage SIAPS Program, funded by USAID and implemented by Management Sciences for Health (MSH) to develop, test, and implement an electronic AMS platform under MOHFW. In response, the MOHFW formed a Technical Working Committee (TWC) and decided to first pilot the electronic AMS in Moulvibazar District Hospital and also delegate TWC for providing operational guidelines and ensure administrative support to SIAPS to ensure smooth pilot implementation.

After being satisfied with result of implementation of AMS the relevant GoB stakeholders have decided to take stewardship role for ensuring the sustainable use of the AMS in MDH for improved and cost-effective management of assets and also have mandated for nationwide roll of the tool in order to provide improved health care service for the citizen of the country.

Meantime, TWC strongly felt the necessity of an operational guidelines for the relevant officials involved in operation of electronic Asset management System. Core objective of the manual was to enable the involved GoB officials for proper monitoring of the system in order to ensure sustainable operation for MOHFW.

This Operational Guidelines consists of some core operational issues of CMSD, NEMEMW and Health Facilities including Process Flow Charts of Asset Registry and Maintenance and operational definition of some key words and terminologies for better understanding of AMS. This document also supported by annexures i.e. common asset list, templates and necessary GoB notification for ready reference of the system.

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ABBREVIATIONS

AMS	:	Asset Management System
AMC	:	Annual Maintenance Contract
BER	:	Beyond Economic Repair
CMC	:	Comprehensive Maintenance Contract
CMSD	:	Central Medical Stores Depot
DGHS	:	Directorate General of Health Services
HPNSP	:	Health, Population and Nutrition Sector Programme
HPNSDP	:	Health, Population and Nutrition Sector Development Programme
HSD	:	Health Services Division
MDH	:	Moulvibazar District Hospital
MOHFW	:	Ministry of Health & Family Welfare
MSH	:	Management Sciences for Health
MTaPS	:	Medicines, Technologies, and Pharmaceutical Services
NEMEMW	:	National Electro-Medical Equipment Maintenance Workshop
NPV	:	Net Present Value
SIAPS	:	Systems for Improved Access to Pharmaceuticals and Services
TOE	:	Table of Equipment
USAID	:	United States Agency for International Development
WB	:	World Bank

1.0 INTRODUCTION

1.1 Background

A huge number of medical equipment and other assets are being procured every year by Ministry of Health and Family Welfare (MOHFW) either through CMSD or direct purchased by the health facility. Many of the equipment are also received as donation or under Suppliers' Credit Loan program from different countries or development partners.

Procurement of medical equipment is a major part of the public health sector investment in Bangladesh. Therefore, it is vital to establish an Asset Management System (AMS) for close monitoring of the asset from procurement until these are condemned to ensure best use assets to patient services. It is worth here to mention that well-functioning medical equipment is essential for the provision of effective and efficient health services. The establishment of such a system was one of the recommendations of the Mid-term Review of HPNSDP and has been selected as a key activity in the present HPNSP.

1.2 Rationale

Several studies indicated areas where efficiency improvement is essential. Assets, especially Medical equipment remain uninstalled for a long time after procurement depriving the patient service and wasting the effective life of assets as well. A large number of equipment are also left unused due to lack of a comprehensive procurement planning and an absence of adequate maintenance.

The introduction of an Asset Management System (AMS) is to locate equipment/asset already existing in health facility and to give entry including status in the system as soon as any asset is procured. Assets needs maintenance will also be traced and tracked easily and the maintenance will be performed fast, methodical and efficient to ensure maximum use of asset to patient service.

1.3 Objectives

The core objectives of developing operational guideline are as follows:

- Defining the terminologies coming across while using the AMS
- Making Operators as well as administrators familiar with different aspects of the AMS
- Assisting the desks to differentiate between assets & non-assets in the system
- Helping the different components engaged in the system to provide accurate and uniform inputs
- Providing guidance to the concerned stakeholders to ensure optimum use of the system

2.0 Definitions

2.1 Asset

Generally, the term 'asset' refers to resources owned by a particular entity (e.g. government or a health facility) that have economic value and is expected to provide services or future benefits. In the context of this "Asset Management System (AMS)" any equipment or machinery used in hospital that is valued over BDT 30,000 is regarded as an asset. Assets that should be recorded in this AMS software are of two main types:

- Medical Assets
- Related Non-medical (office) assets

Medical assets include the capital equipment and machineries used in the hospital for the diagnosis, treatment and management of patients, surgical procedures, preservation of samples/reagents or therapeutic agents etc. A list of common medical assets with their useful lifespan are included in the Annexure A

Some related non-medical assets are also recorded in the AMS that are essential for proper functioning of non-medical assets. This type of assets includes Air Conditioners, UPS, IT equipment (Computers, monitors, printers etc.) and Refrigerator and Freezer.

2.2 Quadrate (QR) Code

QR code (abbreviated from Quick Response Code) is the trademark for a type of matrix barcode (or two-dimensional barcode) having machine-readable optical label that contains information about the item to which it is attached.

Under the scope of this AMS, CMSD will generate QR code for an equipment/asset after receiving all relevant information from Health Facility for incorporating them in the code (e.g. the department where the asset will be used; Date of final acceptance after installation; Date of expiry of warranty (as it is counted from the final acceptance after installation etc.).

QR Code

MOHFW Asset Management System

Asset Details with QR Code

Health Facility: Jhenaidah District Hospital
Tag / Asset #: EQBD00669
Asset Code: MH00343
Asset Name: ECG Machine, 6 Channel
Department: Medicine
Section: Medicine OPD
Model #: Cardiovit AT-102
Brand #: Cardiocare
Procuring Entity: CMSD
Supplier: Promixco Ltd.
Manufacturer: Bionet Co. Ltd.
Date of Acceptance: 10/03/2014
Last Date of Warranty: 10/03/2016

Print Date: 26 May 2019

QR code sticker

2.3 Useful life of Asset

An asset's useful life is the period of time (or total amount of activity) for which the asset will be economically feasible for use. In other words, it is the period of time that the asset will be in service and used.

The expected life of most Machineries and equipment vary from 3 -20 years and depends on several dynamic factors like -

- State of technology,
- Wear & tear components,
- Brand/country of origin,
- Quality of maintenance,
- Frequency of usages etc.

It is strongly recommended that the authority should determine remaining useful life of asset even after expiry of its estimated useful life considering the following factors

- The equipment is still functioning with reliability,
- Age of the equipment,
- Visible wear and tear,
- Repair and maintenance history
- State of technology (is it of current or obsolete or new technology emerged in),
- Consumed most or all if its market value

2.4 Rate of depreciation of asset

Depreciation is the reduction in the monetary value of an asset over time. It is usually due to use, wear and tear or obsolescence.

There are different methods of determining rate of depreciation of asset. The 'Straight-line depreciation' method is the simplest where the cost of the asset is evenly distributed over its useful life. It is easy to calculate, reducing the occurrence of errors. But, MACRS (Modified Accelerated Cost Recovery System) is getting more popular in determining depreciation for medical equipment.

2.4.1 Straight-line depreciation

Number of Periods
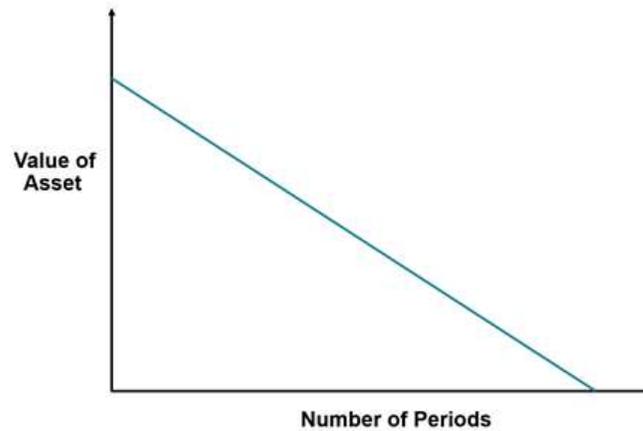
The straight-line depreciation is calculated by dividing the "cost of an asset, less its salvage value if any" by the useful life of the asset.

$$Annual\ Depreciation\ value = \frac{Cost\ of\ the\ asset - Salvage\ value\ of\ the\ asset}{Useful\ life\ of\ the\ asset}$$

For example, if an equipment is purchased with BDT 20,00,000 and its estimated useful life is 10 years, the straight-line method calculates that the equipment is depreciated by an even BDT 2,00,000 every year provided there is no salvage value. So, after 6 years, the equipment will be depreciated by BDT 12,00,000 and its economic value will stand at BDT 8,00,000 by that time.

2.4.2 MACRS method of depreciation

The following table provides the factors to be multiplied to determine the depreciation of each year under separate category based on useful life:

Year	MACRS Depreciation Rate in % for Recovery Period[1]					
	3-year	5-year	7-year	10-year	15-year	20-year
1	33.33	20.00	14.29	10.00	5.00	3.750
2	44.45	32.00	24.49	18.00	9.50	7.219
3	14.81	19.20	17.49	14.40	8.55	6.677
4	7.41	11.52	12.49	11.52	7.70	6.177
5		11.52	8.93	9.22	6.93	5.713
6		5.76	8.92	7.37	6.23	5.285
7			8.93	6.55	5.90	4.888
8			4.46	6.55	5.90	4.522
9				6.56	5.91	4.462
10				6.55	5.90	4.461
11				3.28	5.91	4.462
12					5.90	4.461
13					5.91	4.462
14					5.90	4.461
15					5.91	4.462
16					2.95	4.461
17						4.462
18						4.461
19						4.462
20						4.461

For example, if an equipment is purchased with BDT 20,00,000 and its useful life is 5 years. After 3 years its depreciation value will be calculated as follows - [2000000*.20 + 2000000*0.32 + 2000000 * .1920] or BDT 14,24,000.

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[1] IRS Pub. 946, How to Depreciate Property.

2.5 Received Invoice:

Means the asset purchased by CMSD or Health Facility and have been accepted in respective warehouses by the survey committee and ready to dispatch to the Health facility

2.6 Base value

It refers to Net Present Value (NPV) after deducting the depreciation. NPV is the present value of an equipment's expected benefits over its useful lifetime minus the costs of acquiring it.

2.7 Total Maintenance cost

It refers to the cumulative amount of money spent for repairing/maintenance after expiry of warranty.

2.8 Asset cost service ratio

It is the ratio of Cost of maintenance to NPV. It is important to decide the cost-effectiveness of a repair. When this index is less than 100%, the equipment can be treated still worthy to go for repairing. In case the ratio exceeds 100%, it means the cost of maintenance has exceeded the NPV and the Health facility or concern authority may decide on disposing the equipment.

2.9 Repair delay

This is the number of days additional to the stipulated time required by the vendor to handover a particular asset functional. The stipulated time is available in the contract made during purchase. After expiry of warranty, the allocated time is to be counted from the date of issuing work order for repair.

2.10 Response time delay

This is the number of days exceeding the requested deadline to service call required by the vendor to address the service call/submit quote/starting repair work for an asset.

2.11 Annual Maintenance Contract (AMC)

This is the contract signed between the equipment using health facility (e.g. hospital) and a vendor endorsed by the manufacturer or the supplier of the equipment for maintenance of the equipment beyond the warranty period. The contract encompasses all maintenance activities including trouble shooting, software upgradation, spare parts supply etc.

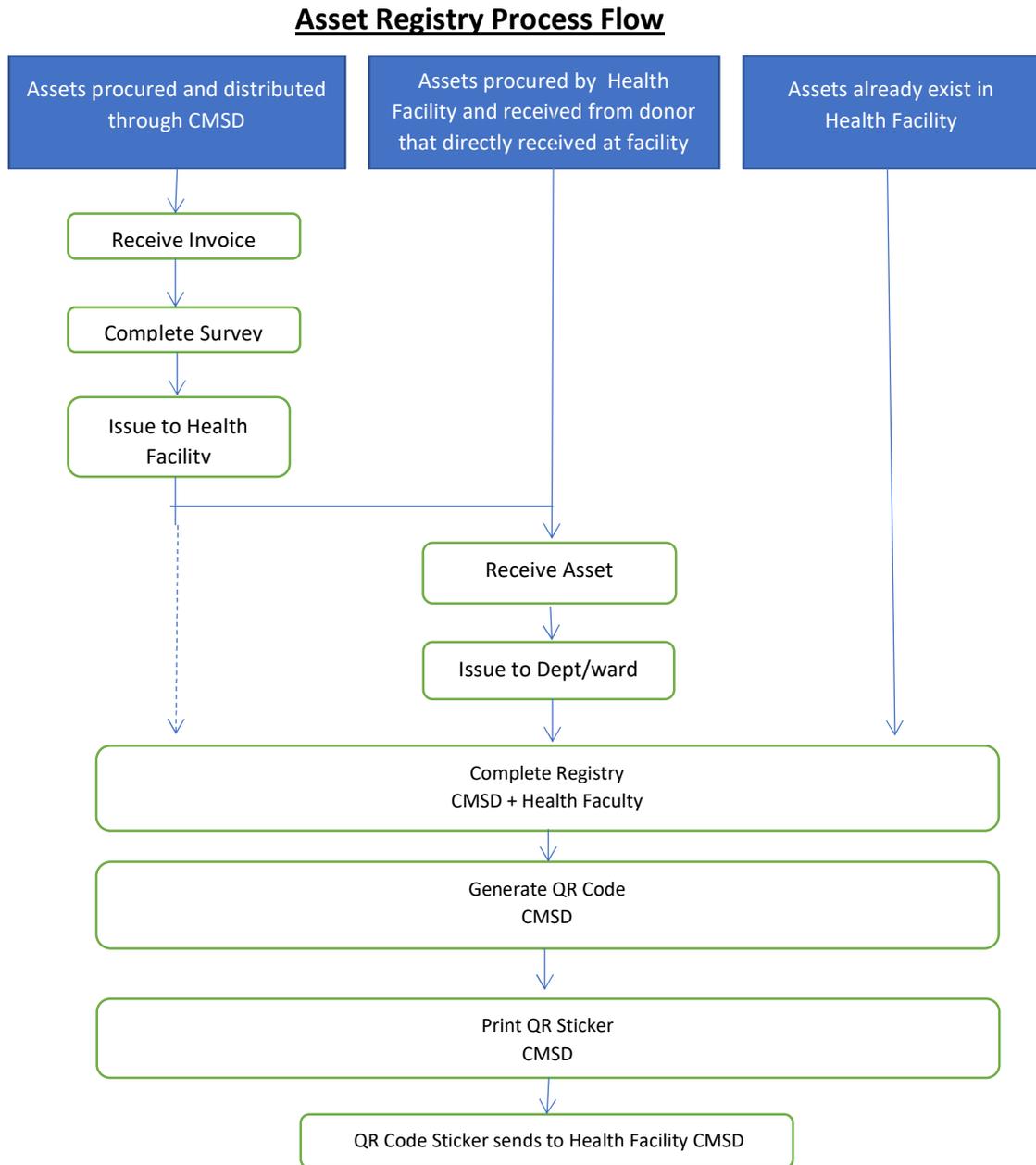**2.12 Comprehensive Maintenance Contract (CMC)**

Comprehensive maintenance means the method of maintenance that ensures round the year functioning of the equipment by providing all available maintenance services. The CMC

is the contract signed between the vendor (nominated by the actual manufacturer of the equipment) and the user (hospital) for a fee over a stipulated period of time (usually 3-5 years). The contract may be signed between NEMEW and the vendor for a lot of similar equipment supplied to various hospitals. The fees will be determined by a percentage (determined by guidelines from MOHFW and by negotiations) of the purchasing price of the equipment.
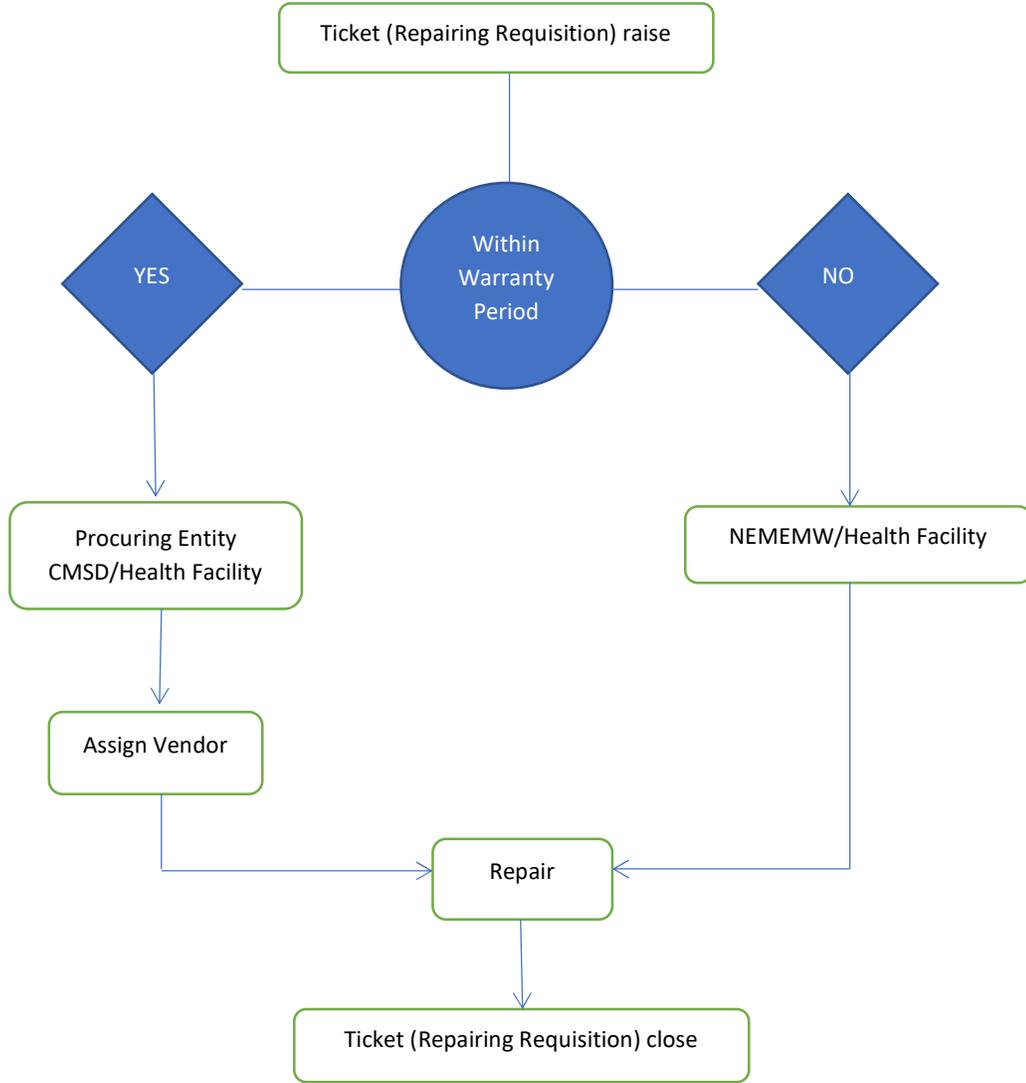
2.13 Dashboard

It is a user interface that tracks, analyses and displays key performance indicators on a web page which is linked to a database that allows the report to be constantly updated

2.14 Process Flow Chart of Asset Registry

Asset Registry Process Flow

```
┌─────────────────────────┐  ┌─────────────────────────┐  ┌─────────────────────────┐
│ Assets procured and     │  │ Assets procured by Health│  │ Assets already exist in │
│ distributed through CMSD│  │ Facility and received    │  │ Health Facility         │
│                         │  │ from donor that directly │  │                         │
│                         │  │ received at facility     │  │                         │
└─────────────────────────┘  └─────────────────────────┘  └─────────────────────────┘
            │                            │                            │
            ▼                            │                            │
    ┌───────────────┐                    │                            │
    │ Receive Invoice│                   │                            │
    └───────────────┘                    │                            │
            │                            │                            │
            ▼                            │                            │
    ┌───────────────┐                    │                            │
    │ Complete Survey│                   │                            │
    └───────────────┘                    │                            │
            │                            │                            │
            ▼                            │                            │
    ┌───────────────┐                    │                            │
    │ Issue to Health│                   │                            │
    │ Facility       │                   │                            │
    └───────────────┘                    │                            │
            ┊                            ▼                            │
            ┊                    ┌───────────────┐                    │
            ┊                    │ Receive Asset │                    │
            ┊                    └───────────────┘                    │
            ┊                            │                            │
            ┊                            ▼                            │
            ┊                    ┌───────────────┐                    │
            ┊                    │ Issue to Dept/ │                   │
            ┊                    │ ward           │                   │
            ┊                    └───────────────┘                    │
            ┊                            │                            │
            ▼                            ▼                            ▼
    ┌──────────────────────────────────────────────────────────────────┐
    │ Complete Registry                                                  │
    │ CMSD + Health Faculty                                              │
    └──────────────────────────────────────────────────────────────────┘
                                 │
                                 ▼
    ┌──────────────────────────────────────────────────────────────────┐
    │ Generate QR Code                                                   │
    │ CMSD                                                               │
    └──────────────────────────────────────────────────────────────────┘
                                 │
                                 ▼
    ┌──────────────────────────────────────────────────────────────────┐
    │ Print QR Sticker                                                   │
    │ CMSD                                                               │
    └──────────────────────────────────────────────────────────────────┘
                                 │
                                 ▼
          ┌──────────────────────────────────────────────────┐
          │ QR Code Sticker sends to Health Facility CMSD      │
          └──────────────────────────────────────────────────┘
```

2.15 Process Flow Chart of Asset Maintenance

Asset Maintenance Process Flow

```
          ┌─────────────────────────────────────┐
          │  Ticket (Repairing Requisition) raise │
          └─────────────────────────────────────┘

      ◇ YES ───── ◯ Within Warranty Period ───── ◇ NO

   ┌──────────────────────┐            ┌──────────────────────┐
   │   Procuring Entity    │            │ NEMEMW/Health Facility │
   │  CMSD/Health Facility │            └──────────────────────┘
   └──────────────────────┘

   ┌──────────────────────┐
   │     Assign Vendor     │
   └──────────────────────┘

              ┌──────────┐
              │  Repair  │
              └──────────┘

   ┌─────────────────────────────────────┐
   │ Ticket (Repairing Requisition) close  │
   └─────────────────────────────────────┘
```

9

3.0 GUIDELINES FOR CMSD

Relevant staffs and officers of CMSD should follow some basic components while using the AMS tool. So, some sections are included here as part of this operational guidelines.

3.1 CMSD Dashboard

The following activities are expected with regards to Asset Management and accordingly the Menu will be appeared on CMSD dashboard

Menu 1: Receive Invoice (Assets those procured by CMSD)
Menu 2: QR Code generation of assets received at CMSD (i.e. Assets procured by CMSD)
Menu 3: QR Code generation of assets procured by Health Facility or received from Donors at Health facility
Menu 4: QR Code generation of assets already exist in Health facility
Menu 5: Assets to issue to Health facility
Menu 6: Issue maintenance ticket for assets within warranty

3.1.1 Received Invoice at CMSD

After receiving the completion report of survey of any procured goods CMSD receives the goods finally and gives entry in their inventory software. Then they enter those in AMS.

3.1.2 Essential information on Procurement/package details at CMSD

CMSD will fill up following essential information going through this window (Menu 1: Received Invoice)

- Receive invoice number that generated by the system (inventory software) after qualifying the survey
- Receive invoice date
- Package number (the procurement package number given by CMSD
- Lot number (the package number is given by CMSD for classifying the type of equipment and or identification of Health facility. Sometimes when a single equipment with single or multiple quantity or similar equipment are procured, it can be kept blank or written as 'Not applicable'. However, it is recommended for all future procurement that CMSD will give lot number '1' even if it is a single lot)
- Year of procurement: the year when the store received invoice at CMSD
- Contract number: the number of contracts made with Vendor
- Remarks – if any

3.1.3 Essential Information of Equipment procured by CMSD

All relevant information of the asset to input are as below. Some fields are mandatory to fill and others are optional

- Asset code (Not the specific asset, but each type of equipment should get one code. This code to be defined centrally and to be used by all concerns to avoid repetition of codes. AMS suggests using International coding method.
- Asset name (Asset name should also be defined as a unique which have to be followed by all to make sure same equipment does not get different name, for example- suction machine, sucker machine, Suction apparatus etc. are different names for same equipment)
- Brand/manufacturer
- Model
- Serial number
- Country of Origin
- Supplier details (including contact numbers)
- Unit purchase price in BDT (For other currencies, convert it to BDT with the rate considered during purchase)
- Useful lifetime: can be fixed from 3- 20 years, depending on the nature of equipment.
- Already discussed in Asset report section.
- Rate of depreciation (already in Asset report section)
- Procurement entity (self, CMSD or donor)
- Source of fund (GOB or WB or Donor fund)
- Date of provisional acceptance/receipt
- Date of Installation or acceptance (cannot be filled up at this stage by CMSD)
- Date of warranty expires (cannot be filled up at this stage by CMSD)
- Salvage value (value cannot be calculated until the time of disposal. It is recommend to keep it blank at this stage)
- Remarks – if any
- Department/Section

3.1.4 QR Code generation of assets procured by CMSD)

After entering all information in 4.1.1, the QR Code generation will be possible.

Data operator (or the administrator) at CMSD will proceed through the window (Menu 2: QR Code generation of assets received at CMSD) and generate QR Code clicking the menu *'QR Code generate'* which should be appeared under 'Action' command, – 'generate QR Code'

QR Code will include information as described in QR Code definition.

3.1.5 QR Code generation of assets from sources other than CMSD

After all input done by Health facility of a particular asset, it will automatically appear on this window (Menu 3: QR Code generation of assets procured by health facility or received from Donors at Health facility) and CMSD will generate QR Code through following this window and clicking *'Action'* command – *'generate QR Code'*

3.1.6 QR Code generation of assets exist in Health facility

The health facility will give all the input (whatever available) of existing asset and it will automatically appear on this window (Menu 4: QR Code generations of assets already exist in Health facility). Same way, CMSD will issue the QR Code clicking this window and following *'Action'* command – *'generate QR Code'*

3.1.7   Issue asset to Health facility

All relevant data of a received assets (procured by CMSD) are already entered in the system (vide 4.1.1). Clicking this window (Menu 5: Assets to issue to Health facility) CMSD operator will get relevant information of all received assets of that particular point of time those are yet not dispatch to the respective health facilities.

Now, clicking *'add new'* command will prompt to a separate menu where the option to select asset from list of the assets to be dispatched will appear. Then following fields to be filled up

- Health facility (where this asset is being sent)
- Issue date (the current date i.e. the day of this entry)
- Manufacturing serial number of the asset
  (Sometimes multiple quantity of asset of same model are procured. But, each asset generally contains a unique serial number by the manufacturer and it can be found tagged on the equipment. However, there are cases where this number may not be available and then this field is to be left blank or *'not available'*)

Afterward, this issued asset will appear on dashboard of respective health facility under a window *'waiting for receive from CMSD'*.

3.1.8 Issue Maintenance ticket

CMSD is responsible for instructing vendors to issue repair order for assets under warranty. When the Asset Manager of health facility raises maintenance ticket for an asset (within warranty & supplied by CMSD), this request will automatically appear in this window of CMSD dashboard.

- After clicking this window (Menu 6 : Issue maintenance ticket for assets), a list of assets with relevant information will appear
- Under action command, there will be a prompt to assign vendor. Clicking this will lead to a separate popup menu named 'Assign vendor' where all the comments from health facility, fault details and asset details will be displayed.
- After filling up fields * supplier, *date and *statement (if any) the CMSD operator will generate a PDF report named 'Assign vendor report'. In addition to all previous information, related to this task, CMSD filled up information will be included in this report.
- As soon as this is assigned to vendor, the quantity under this window will be reduced

- Thereafter, in the Health Facility dashboard the status of the equipment to be changed (should appear *'Vendor assigned'*) and the quantity from CMSD head in 'non-operational' will be reduced and quantity in *'Maintenance ticket'* will be raised
- The Asset manager of Health facility will enter data (1) Repair cost, (2) date of maintenance /functionality of equipment, (3) Remarks/Statement/Comment (if any) & then close the maintenance ticket
- The asset status should be changed to *'Functioning'* hereafter

4.0 GUIDELINES FOR NEMEMW

NEMEMW dashboard will have separate windows for

Menu 1: Fault report submitted to NEMEMW (when ticket raised by the health facility)
Menu 2: Budget proposal
Menu 3: Budget approval
Menu 4: NOC issuance (to be included)

4.1. Fault report submitted to NEMEMW

When repairing ticket raised by the health facility, it will appear on this window. After clicking this window, a new menu of pending maintenance ticket will appear showing all the list of assets under fault. The details of each asset e.g. name of the health facility, asset code, supplier and manufacturers' details, date of installing, date of commissioning, warranty period, date of fault observed etc. will appear in the list.

After following the command '*Assessment by* NEMEMW' under '*Action*', a popup menu will appear where maintenance details along with comments of user or head of health facility will be found. The fault report prepared by the technical staff of Health facility will also be available.

Depending on the *'fault report'* received by the hospital, NEMEMW may take further actions like

▪ Send NEMEMW staffs for further fault assessment

▪ Arranging inspection by the supplier (depending on the nature of equipment)

▪ Rely on the fault report prepared by the technical staff of the health facility and proceed next step (estimate or BER)

After assessment, NEMEMW can take five possible actions while performing maintenance work of the asset.

- Repair on spot by NEMEMW staff (for minor fault and/or with small budget)
- Ask for sending the equipment (if portable) to NEMEW for maintenance work at NEMEW premises.
- Estimate budget in case of major fault/repair work for repair i) by NEMEW itself or ii) by the supplier/ authorized vendor of the manufacturer
- Provide No Objection Certificate (NOC) to the facility to get the repair work done by them.
- Declaring BER/not cost effective (if the repair is no longer cost effective and declaring Beyond Economic Repair)

4.1.1 Repair on spot by NEMEMW staff

- During inspection fault removal can be done by NEMEMW technical staff in case of minor fault and involving a small fund.

- NEMEMW will close ticket after putting input like *Repair cost, * Date of maintenance work completed and * Comment – if any
- It will immediately be reflected in two places; quantity will be reduced both in (1) NEMEMW dashboard (Menu1: asset fault report) and in the Health facility dashboard (Menu 7: Assets non-operational).
- The status of the asset will also be changed to *'Functional'* in the fixed asset register at Health facility
- The *'maintenance details'* of this asset will also be updated and will show the activities of NEMEMW and an E-STATEMENT/REPORT file will be generated with all the details of Maintenance history.

4.1.2 Declaring BER (Beyond Economic Repair i.e. NOT cost effective)

- If the estimated budget exceeds the present value of the asset and found repairing work no longer cost effective, NEMEMW will have to declare the asset as BER (Beyond Economic Repair).
- NEMEMW will close the ticket after inputs in relevant fields * Asset status – as condemn, * Date of declaration of condemn and * Statement/remark (if any)
- The *'maintenance details'* of this asset will also be updated and will show the activities of NEMEMW and a e-statement/report will be generated with all the details of Maintenance history.
- It will immediately be reflected in two places; quantity will be reduced both in (1) NEMEMW dashboard (Menu1: asset fault report) and in the Health facility dashboard (Menu 7: Assets non-operational).
- The status of the asset will also be changed to '*Condemnable'* in the fixed asset register at Health facility

4.1.3 Estimate budget in case of major repair

- In case of major fault and deemed not possible to repair during inspection by NEMEMW technical staff, NEMEMW will estimate budget for maintenance work. If the required budget is out of financial power, NEMEMW will submit budget for approval to competent authority
- From the pending maintenance list (in Menu 1), clicking command '*Assessment by NEMEMW'* and then *'Estimate'*, some fields to be filled up *Estimated cost * Date (approximate date when the fault removal of the asset will be done) * Statement – if any
- The *'maintenance details'* of this asset will be updated to show the activities of NEMEMW including estimated budget, expected date of completion of fault removal and statement. And a e-statement/report file will be generated with all the details of these activities/Maintenance history

4.2 Asset waiting for budget approval

- As soon as NEMEMW will ask budget, the quantity from NEMEMW dashboard (Menu1: asset fault report) will be reduced and it will add up in Menu 2 (Asset waiting for budget approval)

- At the same this unit will be displayed (quantity added) under Health facility dashboard window (Menu 8: Maintenance tickets) and also the status of the asset will be changed to *'Budget submitted'* in the Asset register.
- When budget is be approved by Health facility, and the fields (amount of approved budget and date) are filled up through window (Menu 8: Maintenance tickets),

4.3 Asset waiting after budget approval

- After budget approval by health facility, it will be reflected in NEMEMW dashboard in window (Menu 3: Asset waiting after budget approval)
- After repair work done, the ticket to be closed by NEMEMW going through Menu 3after fulfilling following fields
    - Asset status: change it to functional
    - Repair cost: the actual repair cost incurred (it may differ from the estimated budget, as sometimes fault removal can be further complicated during repair work than diagnosed earlier)
    - Date: the date of functionality of the asset
    - Statement: if any (e.g. if the actual cost differs from estimate, delay of repair work, or any recommendation with respect to maintenance issue etc.)
- Then the quantity will be reduced from Menu 3 of NEMEMW dashboard and from the Menu 7 of Health facility dashboard.
- The asset register of Health facility will also be updated showing the status 'Functional'

5.0. GUIDELINES FOR HEALTH FACILITY

Should have two users; Operator for data entry and the Asset Manager on top who will finally responsible for publishing asset or issuing maintenance ticket.

Two major segments of activities for Health Facility

- A. Asset Registration
- B. Communicating to concern entity for maintenance

A. Asset registration
There are three possible ways to receive asset by Health facility
- Existing assets
- Procured and distributed by CMSD
- Procured directly by the health facility and or received from third party like donor agency and received via CMSD for spot survey

B. Communicating to concern entity for maintenance
There are three categories for communication
- Within warranty, will contact CMSD for those assets received from CMSD
- Within warranty, will contact Vendors for those assets directly purchased by the health facility
- Out of warranty, will contact NEMEW

The following activities are expected with regards and accordingly the window/menu will be appeared on CMSD dashboard.

To perform the activities (under A & B) with regards to asset management the following eight window/menus will appear on Health facility dashboard

- Menu 1: List of the total asset at health facility
- Menu 2: Assets waiting to receive from CMSD
- Menu 3: Self procured assets or received from Donors
- Menu 4: Assets to issue to different departments
- Menu 5: Assets not in use
- Menu 6: Change in asset status
- Menu 7: Assets not in operation/working condition
- Menu 8: Maintenance ticket raised

5.1. List of the total Assets at health facility

5.1.1. List showing the public assets

Will show the total list of assets in the health facility including (1) Published (already entered in system) and (2) waiting to be published (to be entered) when self-procured/ received from CMSD/Donor.

The list will show all vital information of each asset e.g. Tag, Asset code, Asset name, Department where it is being used, supplier's name, Procurement entity, Source of fund, Unit price, Date of provisional receipt, Date of acceptance and Date of warranty expires, Current status etc.

- *Date of provisional receipt* – means the date when the asset is received by the hospital authority
- *Date of Acceptance* – means the date when the hospital receives the asset in working condition after installation
- *Date of warranty expires* - it should be counted from the date of Acceptance of the asset

There will be a provision to see and print QR code.

5.1.2. Registration of asset

After receiving any asset, it has to be registered in AMS according to the procedure detailed in the User Guide.

5.1.2.1 Entry of already existing assets of Health facility

After clicking to menu/window 1 of *'Published asset'* the operator should get in to the asset registry menu where the option is available to give entry of new asset.

Some information is mandatory where as some are optional – as below

List of must-fill fields

- *Asset code:* (international code should be followed for Medical equipment)
- *Asset name:* (Asset nomenclature should also be defined which is to be followed by all concern. It is to make sure same equipment does not get different names
- *Asset brand:*
- *Asset model:*
- *Supplier (to be selected from the menu list):* there should be an option in the menu list as 'Not available' to select if suppliers' information is not available for any asset.
- *Manufacturer*: to be selected from the menu list
- *Unit price:* if not known by health facility, they can write to CMSD for price of same/similar equipment in recent procurements and this value can be put there. If there is no reference from at CMSD, health facility can write to concerned supplier(s) and/or several vendors and/or manufacturers to get price idea.
- *Useful life (in year):* (number of years, the asset is useful?)
- *Rate of depreciation:* to be fixed/defined by TWC or relevant authority
- *Department:* where it is being used (to be selected from the menu list)
- *Section:* (to be selected from the menu list)
- Asset status (not installed, functional or condemn-able)
- *Date of acceptance:* should be defined in brief
- *Last date of warranty:*
- *Procuring entity:* (self, OP, CMSD or donor)

For the field(s) is(are) missing for any asset, health facility may form a committee to determine/fix the missing field(s), especially for *Date of acceptance, *Useful life (if to input the remaining life), * Unit price etc.

<u>List of optional fields:</u>

- *Location indication:* Physical location of the equipment
- *Manufacturers serial number*: (it should be the serial number of the equipment given by the Manufacturer)
- *Country of origin:* of equipment (to be selected from the menu list)
- *Date of installation:* Particular completion date of commissioning for *'high tech'* equipment accompanying with the 'Installation Completion Report'. Particular date of the survey for *'plug and play'* equipment accompanying with 'Survey Completion Report'.
- *Date of provisional receipt:* Particular date of receipt of equipment physically
- *Source of fund:* (to be selected from the menu list)
- *Salvage value:* applicable only for the assets which are declared condemned. The salvage value is to be determined by the TWC/Condemnation Board members including technical person of NEMEW and other relevant GoB persons
- *Maintenance schedule:* (to be selected from the menu list)
- *Remarks* – if any

5.1.2.2 Publishing the asset and Generation of QR code by CMSD

- When duly filled up by the operator, the asset status will show *'Not published yet'* unit the asset manager will publish it in the system
- Then, it will be sent to CMSD dashboard under Menu 2 (waiting for QR code generation).
- After CMSD generates QR code, the asset status will change to Functional and QR code icon will appear.

5.1.3. Essential information of equipment procured by CMSD

To give entry of assets those are procured and distributed by CMSD
(Health facility will give entry for asset registration only when all information/actions are available/done in facility like receipt of the asset in facility, installation and issuance to the department etc.)

- When CMSD will issue asset to a Health facility, the relevant menu/window ('Menu 2 : Receivable assets from CMSD') will show the asset waiting to receive. Since CMSD will input most data before issuing the invoice to Health Facility, there will be only few fields left for them to enter.
- The health facility will select the asset from the menu and fill up fields like
  - Department (the department where to issue the asset)
  - Section
  - Date of receipt by department
  - Asset status
  - Location (i.e. ward, unit, rooms etc.)
- Will be sent to CMSD for QR code generation? (since CMSD is issuing QR code in the beginning of invoice whereas health facility inputs like installation, warranty, department, section etc. are still pending).

5.1.4 Entry of new assets of Health facility by direct purchase or received from Donor

After clicking menu/window 3 of *'Direct Receive at Facility (Self procured assets or received from Donors)'* there will be two lists to be filled up

5.1.4.1: Invoice details of the asset

- Receive invoice number,
- Package number – it is mandatory to fill
- Lot number,
- Contract number
- Year (of procurement) – it is mandatory to fill

5.1.4.2: Invoice details

Similar fields like 5.1.2.1 to be filled up

5.1.4.3 Generation of QR code by CMSD

Exactly same procedure to follow as 5.1.2.2

5.1.5. Issuing asset to department

When QR code is generated by CMSD, the reflection will appear to 'Menu 4 : *'Assets to issue to different departments'* to respective health facility.

Clicking the menu will lead to window where the operator/Manager need to *press 'add new button'* to see the list of assets waiting to issue to department from where the asset will be selected. Afterward, following fields to be completed before issuing to respective departments.

- *Asset status:* installed or not installed
- *Department:* where the asset to be used
- *Section:* should be selected from the menu list
- *Issue date:* date of issuing the asset to Department
- *Location number:* the room/floor etc, optional
- *Manufacturing serial number:* optional
- Menu 7: Assets not in operation/working condition

Menu 8: Maintenance ticket raised (i.e. request sent to CMSD/NEMEW/SELF to take action for maintenance)

The quantity of asset will be reduced in this Menu after completing the procedure. The QR code is to be printed and tagged on the equipment before handing over.

5.1.6. Asset not in use

This menu/window: 5 (assets not in use) will show the number of assets not in use. Clicking it will show the list of assets with details information for deferent reasons like *'not installed'*, *'out of service'* and *'needs maintenance'*, *'waiting for condemnation'*, etc.

5.1.7 Change in asset status

Menu/window 6: '*Change asset status'* for assets shall have to b used.

Following fields to be filled up

- *Tag/Asset field:* select from the list of assets to fill it
- *Status change:* from the menu - either not in use or ccondemnable

- *Status change reason:* to be selected from the menu 'Date *of change the status'*
- *Remarks* – if any

5.1.8. Assets non-operational and number of maintenance ticket

Menu 7 (Assets not in operation/working condition) and Menu 8 (number of maintenance tickets) are basically for maintenance window. It will show the total list of assets presently not functional as well as separate number of assets responsible for maintenance by Self, CMSD or NEMEW (menu 7) and also the pending maintenance tickets for action (menu 8)

Maintenance activities/ Repair work involves following institutions:

- Health facility
- CMSD (within warranty)
- NEMEW (after expiry of warranty)
- Vendor/supplier

There are three ways for a health facility to open a ticket for completing maintenance jobs:

- For Self i.e. for Health Facility (only for minor fault within or out of warranty in case of nominal expenses)
- For CMSD (for major fault and under warranty)
- For NEMEW (for major fault and out of warranty)

Ticket closing:

- All tickets need to be closed by the Health facility for ticket raised for SELF and for CMSD (except those tickets opened for NEMEW)
- NEMEW will close the ticket after complete repair work or declaring condemn

<u>Within warranty</u>

- Inspection will be carried out by the technical staff of Health facility
- Minor fault(s) can be removed (with small fund…) and ticket closed
- Else, inform CMSD to contact Vendor
- CMSD will assign vendor to remove fault with stipulated time specified in tender schedule of procurement
- Ticket to be closed by health facility after removing the fault

<u>Out of warranty</u>

Fault removal by Healthcare facility

- Inspection will be carried out by the technical staff of Health facility
- Minor fault(s) can be removed using its own fund
- Ticket closed after fault removed

5.1.8.1 Ticket raising for self:

For within or out of warranty the asset manager of Health Facility is responsible for opening a maintenance ticket when any asset ceases functioning or asset status needs to be changed.

- Inspection by the hospital technical staff to get primary feedback of the non-functional asset
- From asset resister, the maintenance ticket will be raised clicking *'operation'* and then selecting the right button (raise maintenance ticket for self) in case of small fault and with no/nominal expenses the fault can be removed
- A new window will appear named *'Fault Report submission'* where all necessary details of the asset will be displayed. Asset manager needs to fill up fields as follows:
  - I. Date of fault occurred – this is mandatory
  - II. Fault description by the technical staff (who already inspected the asset)
  - III. Operators identity and contact details,
  - IV. Head of department's comment (if necessary/relevant)
  - V. Head of facility comment (if necessary/relevant)
- This report can be accessible and printable in e-statement/report format along with *'Full facility information'* and *'Asset details'*
- The status of the asset will also be changed to *'Not working'* and will be reflected in the menu 7 under the head *'Self'* and also will be reflected in Dashboard under *'Maintenance Ticket'* (menu 8)

5.1.8.2. Closing Maintenance ticket for self:

- For those cases, minor fault with no or nominal expense (for those the fault is removed by the hospital technical staff)
- The hospital Asset Manager will enter data and then close the maintenance ticket
  - I. Repair cost,
  - II. Date of maintenance /functionality of the asset
  - III. Statement/Comment (if any)
- The asset status should be changed to *'Functional'* hereafter
- The quantity will be adjusted under window *'Maintenance ticket'* (Menu 8)
- This history of activities and information to be recorded against the said item in pdf format and can be accessible and printed

5.1.9.1. Raise ticket for maintenance through CMSD (Within warranty)

- Inspection by the hospital technical staff to get primary feedback of the non-functional asset
- From asset resister, the maintenance ticket will be raised clicking *'operation'* and then selecting the right button (raise maintenance ticket for CMSD) if this is within warranty
- A new window will appear named *'Fault Report submission'* where all necessary details of the asset will be displayed. Asset manager needs to fill up fields as follows
  - I. Date of fault occurred – this is mandatory
  - II. Fault description by the technical staff (who already inspected the asset)
  - III. Operators identity and contact details,
  - IV. Head of ddepartment's comment (if necessary/relevant)
  - V. Head of Facility comment (if necessary/relevant)
- This report can be accessible and printable in PDF format along with *'Full facility information'* and *'Asset details'*

The status of the asset will also be changed to *'Not working'* and will be reflected in the menu 7 under the head 'CMSD' and also will be reflected in CMSD dashboard under Menu 6: Repair request.

CMSD will assign vendor (please refer to section 4.1.6) and when the asset becomes functional, health facility will close the ticket as described in following section

5.1.9.2 Close ticket for maintenance through CMSD (Within warranty)

- When vendor is assigned by CMSD, it is shown in status in the asset register of health facility.
- It also reflects in the menu 8, clicking this will lead to window for pending maintenance tickets.
- The asset manager will close the maintenance ticket from this window fulfilling the fields

  (1) Repair cost, within warranty – no cost put 0

  (2) Date: date when the asset is received in functional condition

  (3) Remarks if any

- The asset status should be changed to *'Functional'* hereafter
- The quantity will be adjusted under window *'Maintenance ticket'* (Menu 8)

This activities & information to be recorded against the said item in pdf format and can be accessible & printed

5.1.10.1 Raise ticket for maintenance through NEMEW (out of warranty)

When the warranty expires and in case of major fault, while raising ticket for maintenance it will show the option to assign NEMEW
- Inspection by the hospital technical staff to get primary feedback of the non-functional asset
- From asset resister, the maintenance ticket will be raised clicking *'operation'* and then selecting the right button (raise maintenance ticket for NEMEW)
- A new window will appear named *'Fault Report submission'* where all necessary details of the asset will be displayed. Asset manager needs to fill up fields as follows
  - I. Date of fault occurred – this is must
  - II. Fault description by the technical staff (who already inspected the asset)
  - III. Operators identity and contact details,
  - IV. Head of department's comment (if necessary/relevant)
  - V. Head of facility comment (if necessary/relevant)
- This report can be accessible and printable in PDF format along with *'Full facility information'* and *'Asset details'*
- The status of the asset will also be changed to '*Not working and fault observed'* and will be reflected in the menu 7 under the head 'NEMEW' and also will be reflected in NEMEW dashboard under Menu 1 (Assets fault report – submitted to NEMEW) NEMEW will follow the steps described in chapter 5

5.1.10.2 Ticket closing for maintenance through NEMEW (out of warranty)

After completion of the repairing work NEMEMW will close the ticket (repairing request) that Health Facility (District Hospital) opened earlier. In this regard, all the procedures will be followed as described in chapter 4. (Guideline for NEMEMW)

6.0 Asset reports

This is accessible by CMSD, NEMEW, and Health facility manager and MOHFW/DGHS

It will contain following sub-menus –

A. *Asset list*
B. *Fixed Asset register:*
C. *Asset Summary by Procuring Entity:*
D. *Received invoice at CMSD*
E. *List of code generated equipment*
F. *Asset availability matching with TOE*
G. *Master list of Asset according to TOE*
H. *Direct received invoice at Health Facility*
I. *Issued asset to Department/ward*
J. *Asset waiting for issue to department/ward*
K. *Asset issued to the health facility by CMSD*
L. *Asset waiting for issue to health facility*
M. *Asset received by Health facility from CMSD*
   Asset waiting to receive from CMSD

A. Asset list:
- Asset code: Not the specific asset, but each type of equipment should get one code. This code to be defined centrally and to be used by all concerns to avoid repetition of codes
  (My suggestion: International coding method should be followed ….)
- Asset Name: Same asset to be given one name and to be followed by all concerns. For example- suction machine, sucker machine, Suction apparatus. Etc. are different name of same machine
- Asset group: will show which department/group the asset belongs to. There should be tool to select the group of assets
- Quantity
- Useful life:
- Rate of depreciation in %(percentage)

A. *Fixed Asset register:*
- Asset tag/code/Name
- Department and location
- Date of acceptance, receipt and installation
- Asset status (functional or uninstalled or not functional) & last date of warranty
- Details information of equipment brand, model, serial number, country of origin, and local supplier
- Source of fund (GOB or Development or donation)
- Unit purchase price
- Procuring entity

The window should show total number of assets, uninstalled number, functional number and not working (not functional) numbers. In addition, there should be filtering options of following selectors for quick location of any asset.

- Name of the Health facility
- Department

- Section
- Asset status

Asset Summary by Procuring Entity:

Mainly to give information of procurement entity (Self, CMSD, donation etc.) at a glance on top and also in details in the list.

- List can be selected for a particular Health facility or total list of all facility
- The list should include information of equipment like Tag/Asset, Asset Code, Asset name, unit price (in BDT), Procuring Entity, Asset status, Asset model, supplier, manufacturer department, section

B. *Received invoice at CMSD*
- It will show Receive invoice number & date, year, contract number, package & lot number for those equipment purchased by CMSD
- Also, to show details of equipment like Asset code, asset name, received quantity, Unit price (BDT), useful life (in year), rate of depreciation, date of acceptance, last date of warranty, Asset brand-model, supplier, procurement entity and source of fund

C. *List of code generated equipment*
- Will show the list of equipment for which barcode is generated. Along with all relevant information the code can be also be seen and printed

D. *Asset availability matching with TOE*
- Will show the list of equipment and respective quantity matching with TOE of the Health Facility

E. *Master list of Asset according to TOE*
- The list will be available for ready reference

F. *Direct received invoice at Health Facility*
- It will show Received invoice number & date, year, contract number, package & lot number for those procured by the health facility itself
- Also to show details of equipment like Asset code, asset name, received quantity, Unit price (BDT), useful life (in year), rate of depreciation, date of acceptance, last date of warranty, Asset brand-model, supplier, procurement entity and source of fund
- The menu will also have further sub-menus like for showing assets in different format (self-explanatory)

G. *Issued asset to Department/ward*

H. *Asset waiting for issue to department/ward*

I. *Asset issued to the health facility by CMSD*

J. *Asset waiting for issue to health facility by ….?*

K. *Asset received by Health facility from CMSD*

L. *Asset waiting to receive from CMSD*

7.0 Maintenance report

This is accessible by CMSD, NEMEW, and Health facility manager and …….

It will contain following sub-menus –

A. *Pending repair requests*
B. *Asset repair request history*
C. *Asset maintenance status*
D. *Asset maintenance log*
E. *Asset cost service ratio*
F. *Vendor performance report*
G. *Maintenance response report*

A. *Pending repair requests*

The window will display at a glance the quantity of Repair requests by Health Facility, by CMSD and by NEMEW for a particular Health facility or all the health facilities.

It will display following information

- Facility name, phone, asset manager and his/her contact number
- Asset tag/code
- Asset status, last date of warranty & procuring entity
- Manufacturers details (like name, model, serial of the equipment) and suppliers contact details
- Location of the asset (department, section, room…etc)
- Date of fault observed, repair request status, maintained by Health facility
- Date of acceptance of the asset. It is when the hospital finally accepts the good after installation & functioning
- Date of provisional acceptance: it is the date when receipt by the health facility either from supplier (for self-procured) or receipt from CMSD/DONOR
- Action: where the maintenance details will be stored, clicking which all information of the asset will be available including fault details, comments of concerned persons and actions taken up to that point of time.

B. *Asset repair request history*

It will show the list of assets for which the request has been placed to repair

- Repair request, maintained by (self, or supplier or NEMEW), maintenance status (ticket opened, …)
- Asset tag/code
- Maintenance start date of request sent to supplier/NEMEW, End date (date of completion of repair)
- Repair cost in BDT
- Asset status, last date of warranty & procuring entity
- Action: where the maintenance details will be stored, clicking which all information of the asset will be available including fault details, comments of concerned persons and actions taken up to that point of time.

C. *Asset maintenance status*

It will show the list of assets which were repaired and functional earlier or currently need repair.

- In addition to usual information of equipment it contains the unit price, useful life and rate of depreciation.
- There will be system generated e-statement/report of maintenance details

D.   *Asset maintenance log*

It will show the list of equipment with maintenance history of each equipment

E.   *Asset cost service ratio*

The list will show the equipment with

- Base value
- Total maintenance cost
- Asset service ratio in percentage.

F.   *Vendor performance report*

This should be a very important tool for evaluating service of suppliers/vendors. This menu will give option to select a particular vendor/supplier to know its history of repair/maintenance.

As to follow a simple procedure, following information to input

- Repair cost
- Repair request date to vendor:
- Asset repair date: the date of when the asset is handed over to the health facility in functional condition
- Repair delay: Will show the additional number of days required by the vendor against the particular asset exceeding the stipulated time/scheduled date to handover the asset functional.

It is expected that a good vendor will keep sufficient stock of commonly spare and accessories for maintenance based on the recommendation by the manufacturer.

Several factors also can be included in evaluation criteria

* Availability have trained person with adequate knowledge on supplied equipment

* Availability/contact: Availability of technical person for instant support over telephone or other means of communication

* Responsiveness: how fast they address the service call

* Effective fault diagnosis (efficiency of technical hands)

*Timeliness

* Repair cost control

* Perform periodic maintenance?

* A rating for the vendors can be introduced…defining 'incapable/risky/good/excellent'

G.   *Maintenance response report*

To show the response time of different vendors in a particular health facility

Along with vital information of the equipment and health facility, it shows the

- Response time delay

ANNEXURES:

Annexure A: Common list of Assets and their useful life

Annexure B: Template of AMS reports and screenshots

Annexure C: Decision of AMS-TWC and notifications related to it

ANNEXURE A: COMMON LIST OF ASSETS AND THEIR USEFUL LIFE (YEARS)

Capital machineries e.g. medical equipment, hospital beds/furniture/tools etc., with value over BDT. 30,000, which are used in patient treatment, patient management, diagnostic, surgical procedure, preservation of medical samples/reagents to be treated as Asset.

List of commonly used assets in hospital with their approximate useful lives are given in the table below. It should be periodically updated centrally and circulated to all concerned.

Name of the common assets	Useful life in Years
Air Compressor	10
Analyzer, Chemistry	15
Analyzer, Coagulation	15
Analyzer, Electrolyte Analyzer	15
Analyzer, ESR, Auto	15
Analyzer, HbA1c (Glycated Haemoglobin)	15
Analyzer, Blood Gas	10
Analyzer, Cell Counter	10
Analyzer, Haematology	10
Analyzer, Urine Chemistry	15
Anaesthesia Machine, with ventilator,	10
Aphaeresis Machine	10
Apnoea Monitor	10
Arthroscopic Set	10
A-Scan	10
Audiometer	10
Auto Cell Expresser	10
Auto Refractometer	10
Autoclave	10
Balance, Analytical,	15
Bath, Plasma Thawing	15
Bio-feedback Machine	10
Biometry Machine	10
Bio-Safety Cabinet, Class-2	10
Bio-safety Laminar Flow	10
Blood Bag Striper	5

Blood Culture, Automated, ≥200 vials	15
Blood Irradiation Equipment	15
Blood Warmer	10
Bone Mineral Densitometer (BMD)	20
BP Machine, Ambulatory	3
Brachy therapy unit with 10 Ir-192 sources & Applicator sets	15
Bronchoscope, Fiber-optic	7
Bronchoscope, rigid, with telescope	7
Bronchoscope, video	7
B-Scan, Ocular, Ultrasound	10
Bucks Traction set	10
Cabinet, Medicine, refrigerant	10
Capnograph	15
Cardiac Monitor	15
C-Arm Machine, 5w, 9" Image Intensifier	15
Cath Lab machine	15
CBCT (Cone Beam Computed Topography)	15
Central Monitor, 8 beds	15
Centrifuge	7
Cervical Traction set	10
Colonoscopy, Video with accessories	7
Colorimeter, digital	10
Colposcope, video	7
CPR Machine	10
CR (Computed Radiography)	10
Craniotomy, set	7
Cryo-surgery with Probe	10
Cryo-therapy Set	10
Cryo-refrigerator	10
Cryostat with accessories	10
CT Scan	15
CT- Simulator	15
CTG Machine	10

CUSA, Set	10
Cystoscope	7
Defibrillator	10
Dental X-ray	20
Dental Chair with Unit	10
Digital Centrifuge	7
Distilled Water Plant	7
Donor's Chair	7
Dosimeter System (TPS) for Linac & CT	7
Duodenoscope, video, with ERCP, set	7
ECG Machine	5
Echocardiogram	5
ECT (Electro-convulsive Therapy) Machine	5
EECP (Enhanced External Counter Pulsation)	5
Electric sucker	3
Electro Surgical Unit (diathermy machine)	5
Electro-encephalography (EEG)	5
Electromyography (EMG)	5
Elisa System Complete with Reader, Shaker and Incubator	5
Endoscopic Ultrasonogram Machine	5
ENT Chair	5
ENT Examination set (ENT Office)	12
Enteroscope, Double balloon /single balloon	10
Erectile dysfunction treatment unit, Linear Shockwave, Piezo electric type	5
Esophageal Dilator, different size, full set	5
Esophagoscope	5
ESWL (Extra-corporeal Shock wave lithotriptor) with accessories	7
ETT Machine (Treadmill)	5
Examination Light	5
Examination Table	5
Fast Autoclave, 30 liter, horizontal type	5
Fetal Doppler	3

Fluoroscopy Machine (C-arm)	7
Fracture Table	7
Freezer, Plasma Storage	7
Fully Automated Immunoassay	7
Fundal Camera with Angiogram	7
Gamma Camera	7
Gastroscope, Video with accessories	7
HD video monitoring with recording system, two monitors	7
Head Light for Surgeon	5
Height & Weight Measuring Scale	5
Haemodialysis Bed	5
Haemodialysis Chair	5
Haemodialysis Machine	5
Holter Traction set	
Hot and Cold Water Bath Tub	5
Hysteroscope	5
I^{3}C Urea Breath Machine	5
ICU Bed, electric	5
Illicit drug detector equipment	5
Immobilization devices & Mould room equipment	5
Incubator	5
Infusion Pump	5
Lab Rotator	5
Labor Table (obstetric), 3 sections	5
Laboratory test card shaker	10
Laparoscopic Instrument set	5
Laryngoscope, Paediatric	5
Laser Therapy Set, diode laser	5
LASER, Argon	5
Laser, DCR	5
Laser, Yag	5
Laser, YAG	5

Laser, YAG, Holmium, urology	5
Laser, Holmium for BPH, Urology	5
LASIK Machine	5
Light Cure Machine	5
Linear Accelerator	10
Lithotriptor, Ho:YAG laser, 20w with accessories	7
Lithotriptor, Pneumatic, with accessories	7
Lithotriptor, ultrasonic & Pneumatic combined unit with accessories	7
Lithotriptor, ultrasonic with accessories	7
Magnifying Loupe, Binocular	7
Manual Plasma Expresser	7
Medicine Refrigerator, 2-8 ^{0}C for Reagent	7
Microscope	10
Microscope, Operating	10
Microtome, Automatic	7
Monitor, Ambulatory Blood Pressure	5
Monitor, Blood Collection	5
Monitor, Cardiac	5
Monitor, vital sign	5
MRI (Magnetic Resonance Imaging)	10
Nebulizer, ultrasonic	5
Nerve Conduction Study (NCS)	5
OCT	
OPG (Orthopantomography)	7
Ophthalmic Unit (Chair)	7
Ophthalmoscope	7
Ophthalmoscope, Direct	7
OT Light	7
OT Table	7
Otoscope	
Oven, Hot Air, 50 Liter	5
Paraffin Dispenser	5
Patient Examination Bed (Tilted)	

PCNL (Percutaneous Nephroscope) with accessories	7
Peak Expiratory Flow meter with accessories	5
Pelvic Traction set	5
pH meter	5
Phaco-emulsifier with Reusable Cassette, set	7
Pharyngoscope	5
Phototherapy Machine	5
Platelets Shaker with incubator	5
Pleuroscope Machine	5
Pulse Oxy-meter	5
Radiant Warmer	5
Real Time PCR for Diagnostic Purpose /random access	5
Refrigerator, Blood Bank	7
Refrigerator, Medicine	7
Resectoscope, Adult, with accessories	5
Retinoscope	5
Scale, Height & weight	
Shaker	
Slide Dryer, Hot Air	
Slide Stainer, Random Access	5
Slit Lamp, Motorized Stand	5
Spirometer	5
Sterilizer, 100 litres	5
Sterilizer, Hot Air, Medical	5
Stone punch	5
Stool, revolving, Height adjustable, ss	5
Suction Machine, electric	5
Syringe Pump	5
Table, C-Arm compatible for Urology	5
Temporary Pacing Equipment	5
Tissue Embedding Center	5
Tissue Floatation Bath	5
Tissue Paraffin Bath	5

Tissue Processor, Automatic	5
Tissue Processor, Microwave	5
Tonometer	5
Traction Bed	5
Transient Elastography (FibroScan) system	5
Treadmill (ETT)	5
Tube Sealer	5
Ultrasonic Desiccator	5
Ultrasonic Scaler	5
Ultrasonogram	5
Ultrasound, endobronchial	5
Upper GI Endoscope, Video System	5
Uretero-renoscope (URS)	5
Urethrotome	5
Urodynamic Machine	5
Uroflowmetry Machine with accessories	5
VDRL Rotator	5
Ventilator, ICU	5
Ventilator, Paediatric	7
Ventilator, Transport	7
Visual Field Analyser	5
Vitrectomy Machine	5
Vortex Mixer	5
Water Bath	5
Water Treatment Plan	7
Wood's Lamp (U-V Examination Lamp)	5
X-Ray machine (all kinds)	10

ANNEXURE B : AMS generated Templates, Reports and Screenshots

1.Template: ADD New Asset entry

mm

Asset Code*	input here...	Asset Name*	input here...	**Select Asset**
Unit Price (BDT)*	input here...	Asset Brand*	input here...	
Useful Life (Year)*	input here...	Asset Model #*	input here...	
Rate of Depreciation (%)*	input here...	Supplier*	select here..... ▾	
Asset Status*	select here..... ▾	Manufacturer*	select here..... ▾	
Location Indication	input here...	Department*	Administration ▾	
Manufacturer Serial No	input here...	Section*	Accounts ▾	
Procuring Entity*	Self ▾	Date of Installation	input here...	
Source of Fund	select here..... ▾	Date of Provisional Receipt	input here...	
Country of Origin	select here..... ▾	Date of Acceptance *	input here...	
Salvage Value	input here...	Last Date of Warranty*	input here...	
Remarks	input here...			

Submit   Cancel

2.Template: Health Facility Dash Board

You have 0 Assets 0 | 0 Published Waiting for Publish	**You have 0 Assets** **Waiting for Receive from CMSD**
Direct Receive at Facility (Self procurement, donation & direct)	**You have 0 Asset** **Waiting for Issuing to Department/Ward**
0 Direct Receive Assets Waiting for QR Code Generation Go to Code Generation - Received at Facility	**0 Existing Assets Waiting for QR Code Generation** Go to Code Generation - Existing Asset
0 Assets Not in Use Change Status to Functional	**Change Asset Status** Go to Change Status
You have 0 Assets non-operational 0 | 0 | 0 Self CMSD NEMEW	**You have 0 Repair Request** Waiting for action

Template 3: NEMEMW Dash Board

NEMEW Dashboard

0 Assets Fault Report Submitted to NEMEW **Waiting for action**	0 Assets waiting for Budget Approval by Health Facility	0 Assets waiting after Budget Approval **Go to Close Repair Request**

Template 4:CMSD Dash Board

CMSD Dashboard

Receive Invoice at CMSD **Go to Receive Invoice at CMSD**	1 Assets Waiting for QR Code Generation **Asset of 0 Invoice | 1 Existing Assets**
0 Assets Waiting for Issue to Health Facility **Go to Issue Asset to Health Facility**	You have 0 Repair Request **0 Assigned to vendor | 0 Waiting for action**

Template 5: Ticket raise for maintenance of an Asset

Fault Report Submission

Name of the Facility:	Moulvibazar District Hospital	District:	Maulvibazar	Phone No:	0212584
Asset Manager:	Masudul Haq	Mobile No:	01711476582		

SL	Maintenance Detail
	No data available in table

Previous   Next

Tag/Asset:	EQBD00021	Asset Brand:	Siemens
Asset Code:	MH01648	Asset Model #:	SI-2013/06/024
Asset Name:	X-Ray, 1000mA, digital, single c	Last Date of Warranty:	30/06/2015
Supplier:	Aboroni Traders	Date of Installation:	10/07/2013
Manufacturer:	Siemens Bangladesh Ltd.	Country of Origin:	China
Unit Price (BDT):	120.000	Procuring Entity:	Donor

Date of Not Working *   16/08/2016

Fault Description	Name & Designation of Operator
input here...	input here...

Departmental Head's Comment	Facility Head's Comment
input here...	input here...

Submit   Cancel

Template 5:: Close Ticket for repairing of an Asset

Close Maintenance Ticket

| Name of the Facility: | Moulvibazar District Hospital | District: | Maulvibazar | Phone No: | 0212584 |
| Asset Manager: | Masudul Haq | Mobile No: | 01711476582 | | |

SL	Maintenance Detail
	Ticket #: T20160816143112
1	User: mdhospital; Date: 16/08/2016 14:16:25

Fault Observed on 05/08/2016
Fault Description:
The equipment not working. Need immediate repairment
Name & Designation of Operator:
Hasan Mahmud
Departmental Head's Comment:
Take in-house initiative to repair the equipment
Facility Head's Comment:
Take action
Download Fault Report 📄 |

Previous 1 Next

Description: Pending Maintenance Requests_Close Maintenance Tickete by Self.png

Tag/Asset:	EQBD00001	Asset Brand:	N/A
		Asset Model #:	N/A
		Last Date of Warranty:	05/08/2016
Supplier:	Al Helal Bostraloy	Date of Installation:	24/12/2017
Manufacturer:	Al Helal Bostraloy	Country of Origin:	
Unit Price (BDT):	2,000,000	Procuring Entity:	Self

Repair Cost (BDT)*	1200
Date*	17/08/2016
Remarks	Change only power connection

Submit Cancel

Report 1: Fixed Asset Register

MOHFW Supply Chain Management Portal

Fixed Asset Register

Health Facility: Jhenaidah District Hospital (Jhenaidah)

Department: All

Unit: All

Present Status: All

SL	Asset Tag/ Code/ Name	Department/ Unit/ Location	Date of Acceptance/ Receipt/ Installation	Present Status/ Last date of Warranty	Supplier/ Manufacturer/ Product Serial No	Brand/ Model	Country of Origin/ Source of Fund	Purchase Value Life Span (BDT), (Approx Procuring Year) Entity	Rate of Depreciation (%)	Salvage Value	Maintenance Schedule	Remarks
Jhenaidah District Hospital												
1	EQBD00669 MH00343 ECG Machine, 6 Channel	Medicine Medicine OPD OPD	Acquisition: 10/03/2014 Receipt: 10/03/2014 Installation: 10/03/2014	■Functional 10/03/2016	Promixco Ltd. Bionet Co. Ltd. OPD	Cardiocare Cardiovit AT-102	Swaziland RPA(GOB)	1,73,470 CMSD 3	30.00	0.00	(N/A)	
2	EQBD00670 MH01702 X-Ray, 100mA, analog, portable	Radiology and Imaging Radiology and Imaging Room No-103	Acquisition: 10/05/2011 Receipt: 25/04/2011 Installation: 10/05/2011	■Functional 10/05/2016	M/s. Mashruba Medical Tecnologies, Al Modina Pharmacutical Room No-103	Allerger Allengers-100	India RPA(GOB)	2,44,370 CMSD 5	20.00	0.00	Quarterly	

Report 2: Asset maintenance status

Operational Guidelines on Asset Management System

Asset Maintenance Status

Health Facility [Serajganj General Hospital ▼]

Show [10 ▼] entries   Search: [   ]

SL	Asset Tag/ Code/ Name	Present Status	Date of Acceptance	Department,Unit	Date of Provisional Receipt	Last Date of Warranty	Action
1	EQBD00690 MH00018 Analyzer, Blood gas, auto	Not Working (Close Ticket)	12/05/2015	Cardiology , Cardiology OPD	29/12/2015	01/02/2019	Maintenance Detail
2	EQBD00693 MH00257 Computer, Desktop with LCD Monitor	Not Working (Close Ticket)	16/02/2014	Administration, Head Clerk	16/02/2014	16/02/2017	Maintenance Detail
3	EQBD00706 MH01561 Ultrasound, color doppler, 4D, 3 Probe	Functional	18/12/2016	Radiology and Imaging, Ultrasonogram Room	18/12/2016	07/01/2019	Maintenance Detail
4	EQBD00708 MH00343 ECG Machine, 6 Channel	Functional	21/07/2015	[N/A], [N/A]	21/07/2015	21/07/2017	Maintenance Detail
5	EQBD00747 MH00069	Functional	06/03/2017	OT Complex, OT Complex Common, Min	06/03/2017	06/03/2019	Maintenance Detail

Report 3: Asset Fault Observe

Government of The Peoples Republic of Bangladesh
Moulvibazar District Hospital

MOHFW AMS Fault Report

To
Moulvibazar District Hospital

Subject: Repair Request for Asset.

Facility Information:
Facility Name:
Moulvibazar District Hospital
Phone No:
Asset Manager:
Dr. Polash Roy, RMO
Mobile Number: 01711154363

Asset Details:
Tag/ Asset: EQBD00060
Asset Code: MH01690
Asset Name: Ultrasound, 4D,
Color doppler, 3 Probe
Unit Price (BDT): 4,340,000
Supplier:
Techno Trade
Manufacturer: SonoScape Co. Ltd

Asset Brand: Sonescape
Asset Model #: A8
Last Date of Warranty:
09/01/2018
Date of Installation:
15/04/2014
Country of Origin: China
Procuring Entity: Self

Fault Observed by Health Facility:
Date of Not Working : 30/11/2016
Fault Description: Not Working
Name & Designation of Operator: Md. Ibrahim, Computer Operator
Departmental Head's Comment: Repair as early as possible
Facility Head's Comment: take necessary measure

Communicate with respective personnel in the health facility.

This report is computer-generated and does not require signature   *Print Date: November 30, 2016*

Report 4: Asset Maintenance Completion

Government of The Peoples Republic of Bangladesh

Jhenaidah District Hospital

MOHFW AMS Maintenance Completion Report

Facility Information:
Facility Name:
Jhenaidah District Hospital
Phone No:
Asset Manager:

Mobile No: 1728076346

Asset Details:
Tag/ Asset: EQBD00669
Asset Code: MH00343
Asset Name: ECG Machine, 6
Channel
Unit Price (BDT): 173,470
Supplier:
Promixco Ltd.
Manufacturer: Promixco Ltd.

Asset Brand: Cardiocare
Asset Model #: Cardiovit AT-102
Last Date of Warranty:
10/03/2016
Date of Installation:
10/03/2014
Country of Origin: Swaziland
Procuring Entity: CMSD

Facility Observation:
Fault Observed on 02/05/2018
Fault Observation:
 not working
Name & Designation of Operator:
 kader , st
Departmental Head's Comment:
 as soon as possible
Facility Head's Comment:
do

Facility Action Taken:
Closed on 17/05/2018
Statement:
 power connection
Repaire Cost (BDT): 0

This report is computer-generated and does not require signature

Print Date: May 17, 2018

Annexure C: Decision of AMS-TWC and notifications related to it.
GoB sDoc: Approved minutes of 7th AMS-TWC Meeting.

বিষয়: Asset Management System সংক্রান্ত Technical Working Committee (TWC) এর সভার কার্যবিবরণী

সভাপতি	: জনাব বাবলু কুমার সাহা
	অতিরিক্ত সচিব (হাসপাতাল)
স্থান	: সম্মেলন কক্ষ (নং- ৩৩২, ভবন-৩), বাংলাদেশ সচিবালয়, ঢাকা।
সভার তারিখ	: ১৯.১২.২০১৮খ্রিঃ
সময়	: সকাল ১১.০০ ঘটিকা

উপস্থিত তালিকা   : পরিশিষ্ট 'ক'

১.০   আলোচনাঃ

১.১   উপস্থিত সকলকে স্বাগত জানিয়ে সভার কার্যক্রম শুরু করা হয়। সভাপতি সভার আলোচ্যসূচি অনুযায়ী গত ০৩.০৭.২০১৮ তারিখে অনুষ্ঠিত TWC সভার কার্যবিবরণীর বিষয়ে কারোও কোন দ্বিমত না থাকায় তা দৃঢ়করণের প্রস্তাব করেন। অতঃপর তিনি বেটার হেলথ বাংলাদেশের কার্যক্রম সম্পর্কে অবহিত হওয়ার লক্ষ্যে প্রকল্প পরিচালক এবং স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের সাবেক সচিব, জনাব মোঃ সিরাজুল ইসলাম-কে বক্তব্য প্রদানের অনুরোধ করেন। সচিব মহোদয় সংক্ষেপে BHB এর প্রেক্ষাপট তুলে ধরেন। তিনি তাঁর দায়িত্ব পালনকালে কক্সবাজার জেলার ২০ শয্যাবিশিষ্ট সেন্টমার্টিন হাসপাতাল পরিদর্শনে মেশিনারিজ ব্যবহারে যে দুরাবস্থা দেখেছেন তা বর্ণনা করেন। তিনি বলেন সারা দেশে হাসপাতালগুলোতে মেশিনারিজ ব্যবহারের ক্ষেত্রে আন্তরিকতা ও পদ্ধতিগত ত্রুটি রয়েছে। SIAPS/MSH এর সহায়তায় বর্তমানে ডিজিটাল টেকনোলজি ব্যবহার করে কোন হাসপাতালে কি কি যন্ত্রপাতি রয়েছে, এ সকল যন্ত্রের Life Span কত, অকেজো যন্ত্রপাতি মেরামতের দায়িত্ব কার এবং তাকে কিভাবে এ ত্রুটি সম্পর্কে অবহিত করা হবে, এ সকল তথ্য সংগ্রহের জন্য একটি ফরমেট তৈরী করা হয়েছে। তিনি বলেন ইতোমধ্যে SIAPS কর্তৃক এ ফরমেট ব্যবহার করে মৌলভীবাজারে এসেট ম্যানেজমেন্ট সিস্টেমকে পাইলটিং করা হয়েছে এবং আরও তিনটি হাসপাতালে (মানিকগঞ্জ, সিরাজগঞ্জ এবং ঝিনাইদহ) এসেট ম্যানেজমেন্টের অনলাইন সিস্টেম চালু করা হয়েছে। বেটার হেলথ বাংলাদেশ আরোও ৪টি হাসপাতালে (পটুয়াখালী, বরগুনা, বাগেরহাট ও নরসিংদী) এই সিস্টেম চালু করবে। তিনি হাসপাতালগুলোতে যে সকল মেশিন পত্র রয়েছে তা চালানোর জন্য উপযুক্ত লোকবল এবং ডাটাবেজ সংরক্ষণের উপর গুরুত্বারোপ করেন। তিনি এসেট ম্যানেজমেন্ট সিস্টেম-এর অপারেশনাল গাইডলাইন প্রস্তুত করায় সংশ্লিষ্ট সকলকে ধন্যবাদ জানান।

১.২   অতিরিক্ত সচিব, সরকারি স্বাস্থ্য ব্যবস্থাপনা, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের সাবেক সচিব জনাব সিরাজুল ইসলামকে তার সুন্দর বক্তব্যের জন্য ধন্যবাদ জানান এবং তাঁর দায়িত্বকালীনই DLI কে গুরুত্ব দিয়ে এসেট ম্যানেজমেন্ট সিস্টেমের এ কাজগুলো শুরু করায় কৃতজ্ঞতা প্রকাশ করেন। অতঃপর তিনি TWC-এর গত সভার সিদ্ধান্ত বাস্তবায়ন অগ্রগতি সভায় তুলে ধরার অনুরোধ করেন। সভায় জানানো হয় যে, ৪ সদস্য সমন্বয়ে গঠিত TWC-এর সাব-কমিটি অনুমোদিত গাইডলাইনের আলোকে সময়ে সময়ে সভাকরতঃ সিস্টেমের কার্যক্রম সম্পর্কে নিয়মিত TWC কে অবহিত করবে। এ বিষয়ে সাব কমিটির ফোকাল ডাঃ সুপ্রিয় সরকার, ডেপুটি প্রোগ্রাম ম্যানেজার, হসপিটাল সার্ভিসেস ম্যানেজমেন্ট বলেন, এসেট ম্যানেজমেন্ট সিস্টেম প্রোগ্রামটি টেকনিক্যাল ওয়ার্কিং কমিটির সিদ্ধান্ত মতে বাস্তবায়নের জন্য হসপিটাল সার্ভিসেস ম্যানেজমেন্ট, অপারেশনাল প্লানের আওতায় ইতোমধ্যে ৪-৫ বার সভায় মিলিত হয়ে অপারেশনাল গাইডলাইনের খসড়া প্রণয়ন করেছে। এ ছাড়া এ কমিটি কর্তৃক DLI বাস্তবায়নে কয়েকটি রিপোর্টিং প্রস্তুত করা হয়েছে। যা ইতোমধ্যে দেশের ৪টি হাসপাতালে বাস্তবায়ন করা হয়েছে। সভায় সাব-কমিটির সকল কার্যক্রম টেকনিক্যাল ওয়ার্কিং কমিটিকে অবহিত করার অনুরোধ করা হয়।

১.৩ TWC এর গত সভার সিদ্ধান্তের আলোকে কর্মরত জনবলের কর্মদক্ষতা উন্নয়নের লক্ষ্যে হসপিটাল সার্ভিসেস ম্যানেজমেন্ট অপারেশনাল প্লান হতে বাজেট বরাদ্দের বিষয়ে ডা. মো. খলিলুর রহমান বিষয়টি পরিচালক (হাসপাতাল ও ক্লিনিকসমূহ)- কে অবহিত করবেন মর্মে জানান। TWC এর সকল সদস্যের জন্য সিস্টেমের এডমিনিস্ট্রেটিভ পাসওয়ার্ড দ্রুততম সময়ে প্রদানের জন্য সংশ্লিষ্ট সকলকে অনুরোধ জানানো হয়।

১.৪   অতঃপর GH pro এর টিম লিডার, ডা. আবু জাহিদ এসেট ম্যানেজমেন্ট-এর খসড়া অপারেশনাল গাইডলাইন পর্যায়ক্রমে সভায় উপস্থাপন করেন। গাইডলাইনের প্রতিটি বিষয়ে সদস্যগণ তাদের মূল্যবান মতামত ও পর্যবেক্ষণ তুলে ধরেন এবং তা গাইডলাইনে অন্তর্ভুক্ত করার পরামর্শ প্রদান করেন।

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১.৫ যুগ্মসচিব, এফএমএইউ বলেন হাসপাতালগুলোতে বিভাগ ভিত্তিক মাস্টার রেজিস্ট্রারের পাশাপাশি একটি কমন রেজিস্ট্রার সংরক্ষণ করা যেতে পারে। এতে করে প্রতিটি প্রতিষ্ঠানে এক নজরে সকল যন্ত্রপাতি কোন কোন দপ্তরে আছে তা সহজে জানা যাবে এবং রক্ষণাবেক্ষণ করা সহজ হবে। তিনি মেডিকেল এবং নন-মেডিকেল যন্ত্রপাতির সংজ্ঞা গাইডলাইনে অন্তর্ভূক্তির প্রস্তাব করেন। এ ছাড়া তিনি সকল প্রতিষ্ঠানের বিদ্যমান এসেটের ডাটাবেজ করার বিষয়ে গুরুত্বারোপ করেন।

১.৬ সভাপতি বলেন, যে চারটি জেলায় বেটার হেলথ বাংলাদেশ কর্তৃক এসেট ম্যানেজমেন্ট সিস্টেম চালু করার প্রক্রিয়া গ্রহণ করা হয়েছে অন্য কোন সংস্থা যেন একই জেলায় একইরুপ কার্যক্রম গ্রহণ না করে সেদিকে খেয়াল রাখতে হবে। অপারেশনালে গাইডলাইন চূড়ান্তের পূর্বে ইউজারদের নিয়ে একটি ওয়ার্কশপ করার বিষয়ে তিনি গুরুত্বারোপ করেন। এ ছাড়া তিনি অপারেশনাল গাইডলাইনের উপযুক্ত ব্যবহার নিশ্চিত করার লক্ষ্যে এর খসড়া চূড়ান্ত হলে এর একটি বাংলা অনুবাদ প্রস্তুতের জন্য পরামর্শ প্রদান করেন। তিনি কমিটির সকলকে গাইডলাইনের Soft কপি প্রেরণ করে ই-মেইলের মাধ্যমে মতামত প্রদানের অনুরোধ জানান। এ ছাড়া তিনি বেসরকারি স্বাস্থ্য ব্যবস্থাপনার যুগ্মসচিব, এমআইএস-এর একজন প্রতিনিধি এবং বেটার হেলথ বাংলাদেশের একজন প্রতিনিধিকে টেকনিক্যাল ওয়ার্কিং কমিটিতে সদস্য হিসেবে কো-অপট করার বিষয়ে অভিমত ব্যক্ত করেন।

২.০ বিস্তারিত আলোচনান্তে সভায় নিম্নোক্ত সিদ্ধান্ত গৃহীত হয়ঃ

২.১ ০৩.০৭.২০১৮ তারিখে অনুষ্ঠিত এসেট ম্যানেজমেন্ট সিস্টেম সংক্রান্ত টেকনিক্যাল ওয়ার্কিং কমিটি (TWC) সভার কার্যবিবরণী দৃঢ়ীকরণ করা হয়;

২.২ আগামী ০৭ দিনের মধ্যে টেকনিক্যাল ওয়ার্কিং কমিটির সদস্যগণ অপারেশনাল গাইডলাইনের উপর ই-মেইল এর মাধ্যমে লিখিত মতামত প্রদান করবেন;

২.৩ প্রাথমিকভাবে ১৫ই জানুয়ারী ২০১৯ তারিখের মধ্যে অপারেশনাল গাইডলাইন চূড়ান্তকরণের সময় নির্ধারণ করা হয়;

২.৪ ৭ই জানুয়ারী ২০১৯ তারিখের মধ্যে চূড়ান্ত খসড়া টেকনিক্যাল ওয়ার্কিং কমিটি বরাবর দাখিল করতে হবে;

২.৫ অপারেশনাল গাইডলাইন চূড়ান্ত হলে এর একটি বাংলা অনুবাদ প্রণয়ন করা হবে;

২.৬ অপারেশনাল গাইডলাইন চূড়ান্তের পূর্বে সম্ভব হলে সংশ্লিষ্ট স্টেকহোল্ডারদের নিয়ে একটি ওয়ার্কশপ করতে হবে; DLI টার্গেট থাকার কারণে চূড়ান্তের পূর্বে সম্ভব না হলেও চূড়ান্তের পর গাইডলাইনটি ব্যবহার উপযোগী করার লক্ষ্য কর্মশালার মাধ্যমে ব্যবহারকারীদের মতামত গ্রহণের সুপারিশ করা হয়;

২.৭ স্বাস্থ্য সেবা বিভাগের বেসরকারি স্বাস্থ্য ব্যবস্থাপনার যুগ্মসচিব, এমআইএস-এর একজন প্রতিনিধি এবং বেটার হেলথ বাংলাদেশের একজন প্রতিনিধিকে টেকনিক্যাল ওয়ার্কিং কমিটিতে সদস্য হিসেবে কো-অপট করা হয় এবং

২.৮ সকল সভার সিদ্ধান্ত দ্রুততম সময়ে বাস্তবায়নের উদ্যোগ গ্রহণ করতে হবে।

আর কোন আলোচনা না থাকায় উপস্থিত সকলকে ধন্যবাদ জানিয়ে সভার সমাপ্তি ঘোষণা করা হয়।

স্বাক্ষরিত/-
তারিখঃ ২৬.১২.২০১৮খ্রিঃ
(বাবলু কুমার সাহা)
অতিরিক্ত সচিব (হাসপাতাল)
স্বাস্থ্য সেবা বিভাগ
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

বিতরণ (জ্যেষ্ঠতার ক্রমানুসারে নয়) :

০১। অতিরিক্ত সচিব (সরকারি স্বাস্থ্য ব্যবস্থাপনা),স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
০২। যুগ্মসচিব (এফএমএইউ), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
০৩। যুগ্মসচিব (উন্নয়ন),স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
০৪। পরিচালক, সিএমএসডি, তেজগাঁও, ঢাকা।
০৫। যুগ্মপ্রধান (প্ল্যানিং), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
০৬। উপসচিব (সরকারি স্বাস্থ্য ব্যবস্থাপনা-১ অধিশাখা), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
০৭। পরিচালক (হাসপাতাল ও ক্লিনিকসমূহ), স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
০৮। চীফ টেকনিক্যাল ম্যানেজার নিমিউ, মহাখালী, ঢাকা।
০৯। ডাঃ দাউদ আদনান, প্রোগ্রাম ম্যানেজার, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
১০। ডাঃ সুপ্রিয় সরকার, ডেপুটি প্রোগ্রাম ম্যানেজার,স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
১১। জনাব মোঃ সিরাজুল ইসলাম, প্রকল্প পরিচালক, বেটার হেলথ বাংলাদেশ।
১২। জনাব মোঃ মোমিনুর রহমান, টেকনিক্যাল এডভাইজার, বেটার হেলথ বাংলাদেশ।
১৩। প্রোগ্রাম ম্যানেজমেন্ট স্পেশালিষ্ট, USAID, American Embassy,বারিধারা, ঢাকা।
১৪। সিনিয়র হেলথ স্পেশালিষ্ট, বিশ্ব ব্যাংক, ঢাকা।
১৫। ডাঃ আবু জাহিদ, টীম লিডার, GH Pro/USAID, ঢাকা
১৬। জনাব নুরুল কাদের, কনসালটেন্ট, সিএমএসডি, তেজগাঁও, ঢাকা।
১৭। জনাব আব্দুল্লাহ ইমাম খান, কনসালটেন্ট, পিএলএমসি, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, ঢাকা।
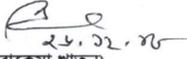
২৬.১২.১৮
(রোকেয়া খাতুন)
উপসচিব
ফোন:৯৫৪০৯৪৪

অনুলিপি :

১। মাননীয় মন্ত্রীর একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
২। মাননীয় প্রতিমন্ত্রীর একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
৩। সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, ঢাকা।
৪। অতিরিক্ত সচিব (হাসপাতাল/সরকারি স্বাস্থ্য ব্যবস্থাপনা) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।