

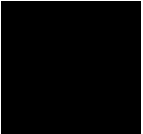
**SUPPORT FOR RESEARCH  
DISSEMINATION, UTILIZATION  
AND POLICY IN BANGLADESH**

**FINAL REPORT**

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**The Population Council**

**Asia and the Near East Operations Research  
and Technical Assistance Project**



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August, 1995

## **Background**

Through the initiative of the Family Planning Fortnight: Meeting the Future Challenges, held in December 1993, the Government of Bangladesh made a bold policy statement about the critical importance of dealing with the nation's population problem. The fortnight provided the strategic framework for developing actions to strengthen the National Family Planning Program that would meet the country's population challenges. To initiate rapid action, the Family Planning Fortnight Steering Committee, under the chairmanship of the Secretary, Ministry of Health and Family Welfare (MOHFW), met in January 1994 and formed a follow-up working group to prepare a report that would capitalize on all earlier efforts (including the Family Planning Fortnight) and lay out a plan of action.

The working group identified a number of priority areas requiring immediate action in order to regain the momentum of the National Family Planning Program, and to ensure success in meeting the government's demographic, social, and economic goals. At the same time, the working group recognized that there are a number of long-term, strategic policy issues that also require quick attention.

The working group identified the following nine areas for immediate action:

- Increasing the use of clinical methods
- Intensifying program efforts in low-performing areas
- Improving coverage to underserved groups
- Strengthening family planning services in the Health Directorate
- Improving performance reporting and follow-up
- Accelerating IEC and community mobilization
- Carrying out critical training
- Enhancing collaboration between government and NGOs
- Strengthening MCH activities

The action plan also suggested a series of specific activities to be undertaken in each of these priority areas. It is expected that the

implementation of these activities will help to improve program performance in the very near future.

The plan also identified nine long-term strategic policy issues:

- Relations between non-medical and medical officers within the Family Planning Directorate
- Employment conditions of family planning personnel on the Development Budget
- Division of labor/coordination between the Health and Family Planning Directorates
- Clinical methods and targets
- Training
- Government and NGO Collaboration
- Sustainability
- Urban family planning and health
- Research management and utilization

The working group also suggested following organizational mechanisms for initiating, implementing and monitoring activities in the nine priority action areas:

(I) At the national level, a National Steering Committee (NSC), chaired by the Minister of Health and Family Welfare, and made up of government representatives, NGOs, donors, and resource institutions, will set policies, deliberate long-term issues, approve plans, and monitor performance. The NSC will meet quarterly to review and approve action plans as well as to oversee implementation progress, provide policy guidance, discuss responsibilities and resources among Government, NGOs and donors, and resolve any problems which require interagency coordination at the national level. The Secretariat support for the committee will be provided by the Population Council.

(ii) An Executive Committee (EC) of the NSC will be responsible for

monitoring and directing implementation of the Plan for Action. It will be chaired by the Secretary, MOHFW, and the Population Council will act as Member Secretary.

(iii) Working Groups will be set up for each of the nine priority action areas. Each group will have a government official as Chairperson and a NGO representative as Member-Secretary. The Working Groups will prioritize actions, develop and oversee implementation of detailed activity plans, collaborate with government and other agencies in the implementation of the action plan in their own area, and assist other working groups by providing technical and financial assistance.

The Population Council, in collaboration with the Center for Health and Population (ICDDR,B) and Pathfinder International will act as the principal Technical Support Agency for the National Steering Committee and its Executive Committee. The Council will also house the Secretariat for the National Steering Committee.

## **Activities**

### Support for National Steering Committee and Executive Committee

During June 1994 to July 1995, the EC met four times to review the implementation status of the Action Plan prepared by the nine Working Groups. Activities of all groups were reviewed and necessary modifications were made. In addition, the Working Groups included the recommendations of the International Conference on Population and Development (ICPD) in their activity plan (Appendix 1).

The National Steering Committee met twice during the project period. The primary purpose of the meetings were to review and approve the implementation plans submitted by the nine Working Groups. At both meetings, the Chairman or Member-Secretary, as appropriate, presented

respective Working Group plans, that were approved by the NSC.

The Working Groups met regularly and reviewed the implementation status of their respective Action Plan. Four working groups (IEC and Community Mobilization, Low Performing Areas, Clinical Methods and Underserved Groups) organized thana level workshops to co-ordinate family planning activities at the field level. In addition, a series of national and regional-level workshops on medical barriers to contraception and quality of care have been organized by several Working Groups.

During the project period the Population Council ensured coordination between the NSC, the EC and the Working Groups. In addition, the Population Council provided technical and financial support for several of these activities as follows:

#### Men and Family Planning- in Bangladesh: A Review of the Literature

The literature on men and family planning in Bangladesh has been reviewed. A variety of topics were covered: male fertility preferences, opinions about male methods of contraception, family planning decision-making, and recent efforts to involve Bangladeshi men in family planning programs. The major findings are, as follows:

Men's desired family size in Bangladesh is small; only 30 percent of respondents in the most recent national survey, the Bangladesh Demographic and Health Survey 1993-94, wanted more than two children. The same survey revealed that knowledge of at least one modern method of -family planning is practically universal and that attitudes towards contraception are overwhelmingly favorable, even in the country's most conservative district, Chittagong. According to several authors, religious opposition to family planning among men seems to be less common than usually thought.

The use of vasectomy remains insignificant in Bangladesh.

Considerable numbers of both men and women report unfavorable impressions of the method due to perceived side-effects. Family planning program managers attribute the method's unpopularity largely to supply-side constraints-- the emphasis on other methods and deficiencies in the availability and quality of vasectomy services. Many men also see disadvantages to condom use. Aside from the fact that buying, storing, and disposing of condoms presents men with opportunities for embarrassment, they are thought to be detrimental to one's health and to be unreliable.

Only superficial information on the frequency and quality of communication about family planning between spouses and the effects of such communication on contraceptive practices exists. Approximately 40 percent of female respondents in the DHS reported that the decision to first use a method of contraception was reached jointly with their husbands. Female-dominated decisions, though, were more frequent in those areas of the country and amongst those segments of the population where family planning is not as widely practiced. While some men do not seem to communicate closely with their wives about family planning matters, other husbands are both significant sources of information about methods and suppliers of methods for their wives.

Finally, as of yet not much effort seems to have been made to involve men in family planning programs in Bangladesh. The few references that could be found suggest (but nowhere near prove) that men can be successfully incorporated into outreach programs and that contraceptive prevalence can be raised through such efforts.

#### Synthesis of Research Findings on Community Based Family Planning Services and Increase in Contraceptive Prevalence Rate in Bangladeshi:

A set of 13 special family planning projects recently implemented in Bangladesh are described, and their results in terms of contraceptive prevalence rate (CPR)'analyzed, in order to (I) investigate the degree to which

improved family planning service delivery in Bangladesh can increase contraceptive use in relation to the present status of demand, (ii) investigate the programmatic factors most associated with increased prevalence, and (iii) make these projects more widely known. Criteria for project inclusion included coverage of a defined geographic area where household distribution of contraceptive supplies was available, and at least one measurement of CPR made through credible survey efforts since July 1988. The projects varied substantially in design, programmatic focus, geographic area, implementing agency, and evaluating agency.

Project effort was measured by an index created from 10 objective indicators available for all projects. In percentage terms, total effort scores ranged from 37 to 79, with a median of 60. Measures of CPR were compared with the best available comparison measures, and time series data are presented where available. The median CPR was 49.6%, with a range of 21.5% to 65.7%; nationally, CPR increased from 31.4% in 1989 to 44.6% in 1994. The median difference between project CPR and the most appropriate comparison was + 11.4, with a range from -7.1 to +29.9. Where time series measurement was available, most project CPR increased substantially faster than the national average, especially in the early years of implementation.

### Comprehensive Guidebook to the Bangladesh Family Planning Program.

A guidebook on health and family planning in Bangladesh was prepared. The guidebook described the major events, factors and processes of development and implementation of the MCH-FP program in Bangladesh. The guidebook collected and consolidated basic information on the Bangladesh family planning program including its functional components. The guidebook covered the following topics:

- Demographic Situation
- History of Family Planning Programs
- MCH Program
- Information, Education and Communication Programs

- Services
- Logistics
- Training
- Research and Evaluation
- Management Information System

The guidebook is intended to be used as a comprehensive information inventory by professionals participating in the planning, development, and implementation of the MCH-FP program in Bangladesh.

### Workshop on Research Priorities in Population and Reproductive Health

A two-day workshop on research priorities in population and reproductive health was organized by the National Institute of Population Research and Training (NIPORT) on May 20-21, 1995 in collaboration with the Population Council and the German Agency for Technical Co-operation (GTZ). The objective of the workshop was to identify priority research topics for the next five years. The representatives from the eight leading research organizations described their past, present and future research activities. The workshop participants identified seven priority research areas and requested the Ministry of Health and Family Welfare to include these topics in the future planning document. The recommended areas are: quality of care, human resource development, service delivery systems, management information systems, logistics and supplies, IEC, and women and gender issues.

### **Conclusion**

Efforts to increase the dissemination and utilization of research results for policy formulation has been productive in Bangladesh from the perspective of the Government, NGOs and donors as well. The format of the project was excellent for providing TA in a timely, flexible and effective manner. The Population Council will continue support to the NSC during 1996 as the implementation of the new policy initiatives take place: This responsibility will thereafter be transferred to the Government of Bangladesh.

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**Review of Status of Implementation**

**MEETING OF THE EXECUTIVE COMMITTEE**  
**23, August 1995**

Sl. No.	Approved Priority Action Plan	Time Frame	Lead Agent(s)	Status of Implementation	Remarks
<b>INCREASING THE USE OF CLINICAL METHODS</b>					
<b>A.</b>	<b><u>Management Interventions:</u></b>				
<b>1.</b>	<b>A policy circular from MOHFW, stating the importance of clinical methods, should be sent to the field.</b>	Aug. 1994	Directorate of Family Planning (DFP)	Circular issued on 3 August 1994.	
<b>2.</b>	<b>One brand of a specific method should be used in the program like for IUD should be CuT 200B and for injectable DMPA.</b>				
	a) For IUD a study comparing CuT 200 B and CuT 380 A has been initiated by BIRPERHT. Report would be available by Dec. '94. Present stock of CuT 380 A will be exhausted by Dec. '95.	Begin in Jan. 1996	DFP	Preliminary results were presented in a seminar by BIRPERHT. MOHFW has requested that some more programmatic aspects of the two IUDs be examined.	BIRPERHT has been requested to expedite publication of the final report of the study. Following which a policy decision on the subject would be taken.
	b) A study is underway comparing DMPA and Net-En by FPSTC. For Net-En there is 87 months stock in hand.	-do-	DFP	FPCST study has been completed and a report has been submitted recommending use of only Depo-provera in the	The Working Group on Clinical Methods strongly recommends discontinuance of Net-En in the program in view of adverse side effects and unwillingness of the acceptors to use it. EC may

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<b>INCREASING THE USE OF CLINICAL METHODS</b>					
				program.	endorse the recommendation for a subsequent Policy.
3.	a) <b>Monthly method wise performance review meeting, specially on clinical contraceptive methods should be held at all levels starting from the Ministry, DG FP's office, Divisional Directors's office, District level and at thana level.</b>	August - Oct. 1994	DFP	Meetings are being held.	
	b) <b>Ranking of Thana and district should be done by performance of clinical methods.</b>	Aug. 1994 to Oct. 1994	MIS unit of DFP	Performance Review and Follow-up (PRF) Working Group is working on this.	To be field tested during Sept-March 1996
4.	<b>Make a provision for an imprest money of Taka 100.00 to be made available to the FWVs working at all service delivery centers for buying essential accessories for clinical contraceptive services (kerosene, batteries, soap, match box, etc.) and Taka 100.00 to the MAs for maintenance of FWC (stationery, registers, etc.) each month.</b>	Oct. 1994 to Nov. 1994	Director Finance DFP	A circular has been issued by DGFP on 31 October 1994 increasing the amount to Taka 200/- per month for the FWV and MA separately for each of the constructed FWC.	The enhanced allocation would be reflected in the next PP. Till that time the previous amount of Tk. 100/- for the FWV and Tk. 100/- for MA will be going to the FWC.  To look into the issue of flow and utilization of the money at the FWC level, LIP, ICDDRB and PI has been requested to collect relevant information and submit to

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<b>INCREASING THE USE OF CLINICAL METHODS</b>					
					the Group before the middle of September 1995.
5.	<b>Start reporting and calculating CYP along with CAR/CPR on a monthly basis.</b>	Oct. 1994 to Nov. 1994	MIS unit of DFP	Working Group on PRF have drafted a reporting format.	Proposed to be field tested during Sept.1995 - March 1996
6.	<p><b>Institute a system of establishing expected clinical contraceptive performance levels, i.e. one sterilization per month per worker (e.g. one tubectomy per FWA and one vasectomy per FPI, one per NGO worker and one per trained TBA, two IUD per field worker).</b></p> <p>a) In designated FP centers high quality clinical contraceptive service delivery will be provided on some specific days of a week. To implement this recommendation local level planning will be required to be done by using AVSC developed COPE tools. AVSC International, FPCST and MDU will be working in designated 13 thanas in this connection.</p> <p>b. A study should be undertaken to investigate why the workers like</p>	Sept. 1994	<p>DFP, AVSC and MDU</p> <p>AVSC</p>	<p>EC endorsed pilot and testing of COPE tools.</p> <p>EC approved a literature review.</p> <p>EC accepted an offer</p>	<p>MDU's pilot testing in 3 Thanas completed.</p> <p>Results are encouraging enough for replication.</p> <p>On 09-10 September 1995 a COPE Facilitators Workshop is scheduled to be held in one thana of Sylhet.</p> <p>Following this workshop other activities of this project will start in thanas already selected and approved by DFP.</p> <p>Not much information appears to be available from the formal studies carried out in the past.</p> <p>Recently concluded 7 thana level</p>

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<b>INCREASING THE USE OF CLINICAL METHODS</b>					
	FWAs and FPIs, and other service providers refer few potential clients for long term clinical methods and how to increase referrals.	Sept. 1994		from the Population Council to facilitate a review of literature.	workshops provide some good information in this regard. EC may approve a proposal to carryout a fresh survey COPE pilot areas.
7.	<b>Recognition of outstanding annual performance of the field workers on the basis of clinical methods.</b>	Oct. 1994 to Sept. 1995	DFP	Already instituted.	On the occasion of the World Population Day 1995, the Hon'ble President of Bangladesh gave away awards to best field workers selected by a criteria that included an appraisal of their efforts to promote clinical methods among acceptors.
8.	<b>Filling up of the vacant post of doctors by recruitment/readjustment/ redesigning MO(FW) to MO-MCH.</b>	Aug. -Dec. 1994	Director Admin. DFP	180 physicians have since been recruited.	The Working Group would review the situation from time to time.
9.	<b>Review medical and all barriers relevant to the clinical methods and take actions accordingly.</b>	Oct. - Dec. 1995	AVSC, PI, and DFP	Workshops have since been held in selected thanas to gain perspectives from a cross section of people, service providers and acceptors.	Plans are being made to hold several workshops for programme managers.  These workshops would integrate the needs of other Working

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<b>INCREASING THE USE OF CLINICAL METHODS</b>					
					Groups concerned.
<b>B.</b>	<b><u>Upgrading competence:</u></b>				
<b>1.</b>	<b>Expand refresher training of FWVs on IUD. Cover all FWVs in an ongoing process utilizing MCWCs.</b>	Oct. 1994 to Dec. 1995	AVSC and NIPORT	An implementation programme has been developed for to MOHFW's approval.	To facilitate implementation, the proposal would clearly demarcate responsibilities of NIPORT, DFP and AVSC.
<b>2.</b>	<b>Incorporate certain certification criteria for IUD insertion by FWVs in their basic training (e.g. 5 IUD insertions under supervision and certain numbers of pelvic exams, etc.)</b>	July 1994 to Dec. 1994	NIPORT	NIPORT has developed an appropriate programme.	
<b>3.</b>	<b>Train female MAs on clinical methods.</b>	Oct. 1994 to Later	AVSC and NIPORT	Covered by the proposal mentioned in B.1 above.	
<b>4.</b>	<b>Set up a clinic within each FWVTI.</b>	Oct. 1994 to Later	NIPORT	Will be incorporated in the next PP of NIPORT. All possible alternatives will be explored for incorporation in the next	

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<b>INCREASING THE USE OF CLINICAL METHODS</b>					
				PP.	
5.	<b>Training of all MO (MCH), MO (FW) and MO (clinic) on all clinical methods.</b>	On-going to end later	AVSC and NIPORT	Ongoing.	During January 1994 to June 1995 99 GOB doctors have received 3 weeks comprehensive training and 47 have received refresher training.
6.	<b>Taking experiences of door step injectable service delivery of ICDDR,B expand the injectable training for FWAs.</b>	Sept. 1994 to Dec. 1995	ICDDR,B	Expansion plan has been approved by DG Family Planning. Budgetary revision is now being made as per the recommendation of MOHFW. Meanwhile PI has completed implementing the program in the entire district of Feni.	Plans are being made to start in Naogaon.  LIP is working to cover 10 of their thanas.
7.	<b>Train 1-2 doctors from the Directorate of Health at the THC on clinical contraceptives.</b>	Oct. 1994 to later	AVSC, NIPORT and DHS	The Directorate of Health Services to furnish a list of thana level doctors.	

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<b>INCREASING THE USE OF CLINICAL METHODS</b>					
<b>C.</b>	<b><u>Motivating providers;</u></b>				
<b>1.</b>	<p>a) <b>Developing a module on clinical methods.</b></p> <p>b) <b>Scheduling the orientation sessions.</b></p>	<p>Oct. 1994 to later</p> <p>Oct. 1994 to later</p>	<p>FPCST</p> <p>FPCST</p>	<p>Development of modules has been completed.</p> <p>FPCST has conducted 34 District level and 79 thana level orientation sessions covering a total of 1808 DFP personnel.</p>	<p>Plans are being made to evaluate the impact of these sessions.</p>
<b>2.</b>	<b>Produce information materials on the benefits of clinical methods.</b>	Oct. 1994 to later	Director, IEM.	<p>Through the Director IEM of DFP the following materials have been produced:</p> <p>a. Field workers guide.  b. Contraceptive booklet.  c. IUD video under production.</p>	

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<b>INTENSIFYING PROGRAMME EFFORTS IN LOW-PERFORMING AREAS</b>					
1.	a). <b>Family Planning activities would continue according to the thana concept, i.e. one NGO per thana.</b>	Dec. 94 to Dec. 95	GOB, FP, FPSTC, TAF, BRAC, ICDDR,B, CWFP, FPAB	Guidelines for GO-NGO collaboration have been finalized.	EC may endorse the guideline.  Appropriate instructors may issue to give effect to the guidelines.
	b). <b>A circular regarding family planning activities according to the thana concept would be issued by the Director General, Family Planning.</b>	Dec. 94	DFP	To be widely disseminated after EC's endorsement.	NGOCC may coordinate implementation of DG (FP)'s instructions to implement to the guidelines and provide timely feedback.
<b>INTENSIFYING PROGRAMME EFFORTS IN LOW-PERFORMING AREAS</b>					
	c). <b>If more than one umbrella NGO is found in one thana, they should be encouraged to coordinate their activities so as to ensure that there is only one of them in each thana. The others will be encouraged to choose the yet uncovered thanas for their working area.</b>	Dec. 94 to continue	Same as 1a.	Expansion plan for 1995 has been prepared by the Working Group on Intesifying collaboration between government and NGOs.	

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	d) <b>When an NGO decides to shift to other thanas, it's work will be handed over to remaining NGOs to ensure continuation of services.</b>	Dec. 94 to Dec. 95	"		EC may endorse the expansion plan  NGOCC may coordinate orderly shifting to prevent disruption of essential services in the area.
<b>INTENSIFYING PROGRAMME EFFORTS IN LOW-PERFORMING AREAS</b>					
1.	e) <b>The phasing out into other thanas or/and extension within the same thana for increased coverage needs to be carried out according to the plan agreed upon by the thana officials and the NGOs , within a specific time limit (i.e. 2-3 years).</b>	Dec. 94 to Dec. 95	GOB - FP NGOs		Working Group agreed in principle.
	f) <b>Existing expansion plans for NGOs will be valid up to Dec. 1994. Next phase of expansion plan for NGOs will be prepared with review at the end of Dec. 1994.</b>	Dec. 94 to Continue	WG for Intersifying collaboration between government and non- government organizations	Expansion plan of FP- NGOs for 1995 has been prepared.	December 1995 the validity of the expansion plan may be reviewed each successor year.  NGOCC can play an important coordinating role.
	g) <b>To avoid overlapping, NGOs</b>	Dec. 94			Guideline / Circular on this to be sent by

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	<p>working in the same thana would coordinate with each other. One NGO will be assigned the responsibility of coordination for this in each working area.</p>	<p>to Continue</p>	<p>Selected NGO</p>		<p>DG Family Planning</p> <p>A directory of FP-NGOs including their working areas prepared by Pathfinder and a comprehensive directory prepared by FPSTC is available on request.</p>
<p>2.</p>	<p>A comprehensive package of FP-MCH activities would be planned by NGOs for the thana. Clinical service will also be included in the package of services to be offered by NGOs.</p>	<p>Nov. 94 to Dec. 94</p>	<p>Working Group on Clinical Methods and MCH are requested to take the lead on this activity.</p>	<p>Clinical services are being included in the package of CBD services offered by NGOs..This applies to those who are already affiliated with the Directorate of FP for CBD.</p>	<p>For expansion into Clinical services certain steps need to be taken e.g the FPCST clearance is required by the Directorate of FP to approve expansion.</p>
<p><b>INTENSIFYING PROGRAMME EFFORTS IN LOW-PERFORMING AREAS</b></p>					
<p>3.</p>	<p>The NGOs will provide support for Social Mobilization.</p>	<p>Sept. 94 to Continue</p>	<p>GOB, FP, FPSTC, ICDDR,B, FPAB, TAF,</p>	<p>Working FP and some development NGOs are providing support in the field of FP-MCH for</p>	<p>Working Group on IEC/Community mobilization requested to coordinate this .</p>

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			BRAC, CWFP	Social Mobilization.	
4.	NGOs will coordinate meetings at different levels, i.e. Divisional, District, Thana and Union. They will also take the responsibility of activating and strengthening the FP committees involved at each level.	Sept. 94 to Continue	as of 3	WG on IEC has developed a guideline on the strengthening of the FP committee. This guideline is being circulated to all Working Groups.	If the guideline is approved by EC/NSC the NGO selected for coordination will function as co member secretary as suggested in draft guidelines..
5.	a) Some workshops would be organized in greater districts (at least 2 per district), with participants from the union parishad, i.e. UP chairman and members, FPIs, FWVs and other service providers.	August 95		It was decided that there would be one workshop only for all the specified participants.	NGOs are committed to assist in implementing such workshops in different levels.
<b>INTENSIFYING PROGRAMME EFFORTS IN LOW-PERFORMING AREAS</b>					
	b) At thana level, one workshop may be held where only the FPI will participate. Another one could be organized with selected persons from the community such as teachers, imams, village doctors, KSS, elites, and VDP	January 95 to March 95	PF, FPSTC, FPAB, FPMD, TAF, AVSC, BPHC, BRAC	In the event 7 workshops were held in Poba TAF), Gouripur (FPSTC), Chakoria (PF/BRAC), Chatak (AVSC/ BRAC), Nilphamari sadar (BRAC), Daulatkhan	These workshops focused on issues and concerns common to Working Group on Low-Performing Areas, Clinical Methods, Underserved Groups and IEC-CM. These workshops yielded insights and perspectives unique to a cross section of service providers, acceptors and opinion leaders at the grass roots.

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	members.			(FPAB), Fultala( FPMD).  On account of prevailing circumstance the planned workshop at Batiaghata was abandoned.	Pathfinder International has prepared an analytical report on the findings of the workshops.
<b>INTENSIFYING PROGRAMME EFFORTS IN LOW-PERFORMING AREAS</b>					
6.	<b>Instead of door step delivery of injectable services, it was suggested that cluster or satellite clinic approach may be followed.</b>	September 94 to Continue	FP Clinical Services, DFP, NGOs	The Cluster approach is practised at present.	Various modifications of the CBD approach are being tested in different places. This would be based on the assesment of the experimentation on cluster approach at Mirersharai, Jiggasa and would be implemented in addition to the on going activities.  DG suggested that a comparative study on door step vs cluster approach for Injectable contraceptives service delivery be done.

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<b>FOCUSSING ON CRITICAL UNDERSERVED GROUPS</b>					
1.	Improve coverage of service for the currently under-served, newly married and low-parity couples.			<ul style="list-style-type: none"> <li>● Critical categories have been identified.</li> <li>● Improved coverage for underserved population of eligible couples has been adopted in the national FP-MCH program as a strategic goal.</li> <li>● 113 NGOs in 308 project sites supported by the CAs with USAID funding are providing services to newlyweds and low-parity couples. Some NGOs are expanding their newlywed couple activities to neighboring GOB areas.</li> <li>● NIPORT, FPSTC and CFWP have been requested to incorporate underserved issues into their training curricula and orient their instructors suitably.</li> <li>● IEM will incorporate underserved issues into their Thana and District level workshop activities.</li> <li>● JHU will assist the Group in developing "Package Message" for district level use.</li> <li>● Population Council has completed a review of literature on male participation in FP-MCH program.</li> <li>● NIPORT will undertake a secondary analysis of 1993-94 DHS data on under-20 sample to understand the profiles of users and non users and to draw program lessons</li> <li>● The member-Secretary took a training class " Newlyweds, Young and Low Parity Couples: Strategic Target Group for Family Planning and MCH" at NIPORT and presented seminar papers in which the significance of underserved groups highlighted.</li> </ul>	

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<b>FOCUSSING ON CRITICAL UNDERSERVED GROUPS</b>					
2.	Divisional Level Orientation: Five Orientation Meetings, one each at five Divisional Headquarters	September 1994 to December 1994	Chittagong: DG and/or Divisional Director and PF*  Sylhet: DG and/or Divisional Director and PF and BRAC  Barisal: DG and/or Divisional Director and FPAB*  Dhaka: DG and/or Divisional Director and FPSTC*  Khulna: DG and/or Divisional Director and BPHC*  Rajshahi: DG and/or Divisional Director and TAF*	<ul style="list-style-type: none"> <li>Workshops have since been held in 7 selected Thanas. These workshops integrated issues of primary concern to working groups on (i) Clinical Methods (ii) Low Performing Areas (iii) Undersarved Groups and (iv) IEC &amp; Community Mobilization). Community Leaders, programme managers, supervisors, service providers and clients identified issues barriers or constraints, thus provideing a unique perspective. An integrated report entitled "Grass roots" Perspectives on Future Challenges in FP-MCH" has been finalized.</li> </ul>	<p>As a follow-up workshops are being planned selected districts. Action Planning Workshops of government &amp; NGOs programme managers will plan actions to remove programme barriers identified at Thana Workshops.</p> <p>Workshop Planning Committee reconstituted with AVSC, BRAC, BPHC, FPSTC, FPMD, TAF, Population Council Pathfinder and Senior Advisor, NSC. DG/FP Chair. Dr. Alauddin, Member-Secretary.</p> <p>Eight workshop during September-December, 1995.</p>

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<b>FOCUSSING ON CRITICAL UNDERSERVED GROUPS</b>					
3.	<b>Thana Level Orientation</b>	September 1994 to June 1995	TFPO and NGOs working in Thana with TA from CAs/donor  AVSC, Pathfinder, FPSTC, TAF, BRAC, FPMD, FPAB, BPHC.	On-going activities	Lead agency will continue the coordination work at their respective Thanas where they support activities either themselves or through with the help of NGOs.

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<b>IMPLEMENTING FAMILY PLANNING SERVICES IN THE HEALTH DIRECTORATE</b>					
<b>1.</b>	<b>Baseline study of FP services in the Health facilities</b>				
	a) Protocol formulated and approved	Sept. 1994	DGHS	prepared by MDU; approved by DG (HS) ON 14.8.94	As per directive by DG(HS), RDs were not included.
	b) Data collection at Medical college, district hospital, THC & RD	Sept. to Nov. 1994	MDU	completed by MDU 10.1.95	MDU will be conducting workshop on the findings on 22 August 1995.
	c) Review of performance report of outreach workers	Proposed extension to December 1995	MDU-HIB ICDDR,B	Completed by MDU in IPHC districts - Gazipur and Feni Activities by ICDDR,B ongoing report on survey findings on family planning in Health Directorate facilities submitted by MDU on 7 March. It was presented earlier to the DG by Dr. Sabur.	ICDDR,B is field testing the HA register in the MCH-FP field areas.
	d) Analysis and results and preparation of action plan	by Nov. 1994	DGHS/MDU		Single type of HA register will be initiated and data on FP will be collected through the register.
<b>IMPLEMENTING FAMILY PLANNING SERVICES IN THE HEALTH DIRECTORATE</b>					
<b>2.</b>	<b>Use of outreach health services and staff for FP</b>				
	a) Production of guidelines for FP-services at EPI session	Proposed extension up to December 1995	DGHS/DGFP	Under preparation	Feedback from Director (MCH) is being incorporated into the guidelines.
	b) Orientation of managers and field staff in Manikganj district (Pilot district)	Proposed extension up to December 1995	DGHS/DGFP UNICEF	Completed training in 2 thanas	Workshop on "Community Ownership" will be organised end September 1995
	c) Manikganj Baseline Study	Sept. to Oct. 1994	UNICEF	Completed	Training completed in 2 thanas using the draft guidelines; training in the remaining 5 thanas will be done in October 1995

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<b>IMPLEMENTING FAMILY PLANNING SERVICES IN THE HEALTH DIRECTORATE</b>					
	d) Operations Research on provision of FP services from outreach sites	Dec. 1994 to Dec. 1995	ICDDR,B	In progress	Report shared with all WG members. Summary of report prepared and circulated by Dr. Kamal Islam. The findings of the survey is being used to design the monitoring process.  Completed in Misharai; workshop to disseminate findings already done; field work in Abhoynagar already started.  A monitoring system is being developed by UNICEF which will be reviewed by the Task Force. The preliminary work done will be presented to the WG in the next meeting.  Extension to other districts will be planned based on the experience in Maniganj
	e) Monitoring and evaluation of Manikganj experience	Proposed extension to December 1995.	UNICEF	Being developed by UNICEF	
	f) Extension to other districts	Proposed extension to December 1996.	MOHFW	Not done yet	
<b>IMPLEMENTING FAMILY PLANNING SERVICES IN THE HEALTH DIRECTORATE</b>					
<b>3.</b>	<b>Strengthening institutional capacity of DGHS to provide FP services</b>				The Divisional Directors to identify the prospective trainees and send list to the Directorate. The manual for Medical Officers jointly developed by the Directorate and UNICEF have been printed and will be distributed to all hospitals as
	a) Training of MOs at thana district and tertiary care hospitals	Proposed extension to December 1995		Letter issued to all Divisional Directors (Health)	
	b) Training of consultant and MOs of	Proposed extension to			

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	model clinic in medical College Hospitals	December 1995			well as teaching institutions like NIPORT.
c)	Head of dept. of Gynecology/ Obstetrics to be in charge of model clinics.	Oct. 1994		Being planned	Director (PHC) to send proposal with budget to UNICEF for funding. The process needs to be strengthened
d)	Circular on the new job description for general surgeon and gynecologist in district hospitals.	Nov. 1994	DGHS	Implemented	Will be approved by DG after review by the Directorate of Health Services, within September
e)	Appointment of Director Family Health to coordinate FP activities at all levels of health directorate and liaison with FP wing.	Oct. 1994		Draft submitted	The Secretary will review this. In the meantime, Director PHC will be responsible for overall coordination of the Group's activities under the guidance of the Director General
f)	Circular to emphasize the review of FP activities by health staff in the MCH Coordination Committees and at regular staff meetings.			Deferred by EC	Relevant circular issued by the Directorate of Health
				Implemented	

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<b>IMPROVING PERFORMANCE REPORTING AND FOLLOW-UP</b>					
1.	<b>Development of Indicators for;</b> Clinical Methods Low Performing Areas Under-served Groups FP in Health Services IEC and Com. Mobilization Critical Training GO-NGO Collaboration MCH	June 1994 to Sept. 1994	ICDDR,B in collabora-tion with MDU, MIS and Pathfinder	Completed	
2.	<b>Designing/Modification of Existing Monitoring Formats and Flow of Information</b>  MOHFW Directorate Division District Thana	Sept. to Nov. 1994	ICDDR,B in collabora-tion with MIS, Path- finder, JSI & SR Choudhuri	Draft monitoring format prepared by Working Group will be field tested in 5 districts of Khulna Division.	Field testing to be carried out during September 1995 - March 1996
<b>IMPROVING PERFORMANCE REPORTING AND FOLLOW-UP</b>					
3.	<b>Design of Feedback</b>	Sept. 1994 to June 1996	MIS in collabora- tion with ICDDR,B,	deferred	Feedback will be designed in the light of preliminary

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			Pathfinder and FPLM		findings in December 1995.
4.	<p align="center"><b>Operationalization and Implementation</b></p> <p>a)     Testing of the formats</p> <p>b)     Implementation</p>	<p>Dec. 1994 - Jan. 1995</p> <p>Feb. - June 1995</p>	MIS and concerned agencies)		<p>Proposed by Sep 1995 to March 1996.</p> <p>Proposed by July 1996</p>

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<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
<b>A.</b>	<b>Community Mobilization.</b>				
<b>1.</b>	<b>Develop guidelines for thana FP Committee on the role of committee members conducting meetings.</b>	Aug. 1994 to Sept. 1994	DFP (IEM), FPMD	As directed by the EC draft guidelines developed and submitted to EC for MOH&FW approval. Draft proposals **** by MOHFW	EC may endorse the draft proposals. MOHFW may issue notification to give effect to the proposals.
<b>2.</b>	<p>a) <b>Reactivate Thana FP Committee</b></p> <p><b>368 Thana</b></p> <p>b) <b>Observe "Population Day" at the National and Thana level.</b></p>	<p>by Dec. 94 June 95</p> <p>Dec. 95</p>	<p>DFP(IEM) FPMD FPMD IEM Unit Pathfinder FPSTC FPAB, TAF, BRAC, BPHC</p>	<p>99 Thana FP Committees have since been activated in the FPMD/LIP area 368 Thanas still to be assigned to others.</p>	<p>Subsequently booklets would be printed for wide dissemination at the district and thana levels. Following concernce workplan would be finalized. Concernce of CAs and ODA being sought to the proposed assignment of 368 Thanas.</p> <p>(a) FPAB will be organizing 24 thana seminars to reactivate thana FP Committee.</p> <p>(b) FPAB will bring out a rally in Ward-4 in Dhaka City.</p> <p>FPAB will decorate island at zero point in Dhaka City on World Population Day.</p>

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<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
3.	<b>Orient thana FP Committee Members</b> 99 Thana 368 Thana	by Dec. 94 June 95 Dec. 96	DFP(IEM) FPMD FPMD FPMD Other agencies	Orientation completed in all 99 FPMD/LIP Thanas	Assignment of the remaining 368 thanas would be made with the concurrence of CAS and ODA
4.	<b>Hold issue based monthly meetings</b> 99 Thanas 368 Thanas	by Dec. 94 June 95 Dec. 96	DFP(IEM) FPMD FPMD FPMD Other agencies	Regular meetings organized in 99 FPMD/LIP thana.	Follow-up done through regular monitoring visits.  Activities in 368 thanas will be undertaken after the concurrence of the CAS and ODA to the proposed assignment of areas.
5.	a) <b>Activate Union FP Committee and constitute Unit FP Committee</b> 522 Union 3132 Unit Committee	by Dec. 94 Dec. 94	DFP(IEM)  FPMD FPMD	a) Union and Unit committees activated/ formed in FPMD/LIP area.	
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
	b) Orient Union Parishad	by June '95	Other agencies	b) Orientation of 522 Union Parishad Chairmen (FPMD/LIP	

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	Chairman			<p>area) completed in April '95.</p> <p>c) IEM: Barisal and Khulna division - one day workshop for all UP Chairmen, TFPO, TNO conducted (80%). A separate workplan will be developed by thanas. Dhaka and Rajshahi on going. Special issues will be discussed in monthly meeting.</p> <p>d) FPAB is orienting Union Parishad Chairman and Members of 60 unions.</p>	
<b>6.</b>	<b>Orient Union and Unit Committee members</b> 522 Union 3132 Unit	by Dec. 95 Dec. 96	IEM Unit FPMD Other agencies	Union and Unit committee members oriented in 522 Unions and 3132 Units in FPMD/LIP area	
<b>7.</b>	<b>Hold issue based monthly Union and Unit FP-MCH committee meeting.</b>	by Dec. 95	IEM Unit, FPMD, other agencies	Regular meetings organized in LIP Thanas.	
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
<b>8.</b>	<b>Develop Supervision checklist and guidelines for performance based</b>	by	IEM Unit, FPMD, other	Checklist and guidelines will be	A workshop will be organized in September '95 for 3/4 days for selected

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	<b>monitoring for district and thana levels FP managers.</b>	June 95	agencies	the outcome of the workshop.	(30/35) DD-FPs and TFPOs.
<b>9.</b>	<b>Form a district monitoring team headed by DC, and conduct monthly routine monitoring field visits, provide feedback to district FP-MCH Committee and initiate follow-up actions and introduce performance based monitoring system for DC and DD-FP</b>	April 1995 to June 1995	IEM Unit	Discussion meeting with DCs, CSs and DDs of Khulna Division scheduled on 21 May '95.	Discussion meeting with DCs, CSs and DDs of Khulna Division scheduled on 21 May '95 was held accordingly. 6 monthly such meetings will be held - subject to availability of resources.
<b>10.</b>	<b>Develop RAPID presentation in Bangla on pilot basis in 6 divisions.</b>	by July 95	IEM Unit, PDU, Pathfinder	Bangla version prepared. Trial dissemination carried out.	PDU already organized 3 divisional level seminars. 3 more div level seminars will be organized by PDU by end Dec '95. FPMD will organize 10 (4 PI - one in Laxmipur, FPMD in 6 Thanas).
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
<b>11.</b>	<b>Organize district specific RAPID presentation for mobilizing local level participants in 18 low performing districts, at least one presentation in one union.</b>	by June 95	IEM Unit, Pathfinder	Being developed.	
	<b>Develop RAPID style presentation</b>	Sept. 1995 to	FPMD,	1. FPMD : Video (English	

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12.	<b>on successful community participation model by FPMD, JHU, BRAC, and FPAB and share with the appropriate agencies for replication.</b>	June 1996	RAPID IV	<p>version) completed. Bangla version being developed.</p> <p>2. "Benefits of small families and community participation" - a computer generated presentation for thana level community leaders and non-FP personnel being developed.</p>	2. Field test conducted at Bahubal thana, Hobiganj jointly by FPMD and RAPID IV. Revisions are being made based on Pilot test result.
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
13	<b>a) Produce 16mm/35mm and Video films/TV spots/Radio spots on issues prioritized in the National IEC strategy including Enter-education and mobilizing greater participation.</b>	by August 1995	IEM Unit, FPAB	<p>SMC: Produced and implemented. To continue as on-going activity. JHU: 40 copies of the film "Swapner Shuru" (16 mm) are being reprinted. A 25 episode audio drama was produced and broad cast by radio Bangladesh. Being used in Jiggasha group discussion meetings.</p>	FPAB: Production of 16mm films on long acting methods are in the process.
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
	<b>b) Organize 16mm/35mm/Video film shows/TV spots fostering Enter-education and mobilizing greater</b>	by June 1996	IEM Unit, SMC, JHU, FPAB	<p>SMC :Produced and implemented. To continue as on-going activity. FPAB: TV spots- - Early Marriage</p>	FPAB has been organizing film shows in the project area in 20 greater districts of Bangladesh.

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	participation.			- Dancing  IEM: - 4 existing + 12 new mobile film vans procured.  - 4 TV spots produced by IEM and handed over to BTV.  - 1 TV spot under production.  - On marriage on World Pop. Day.	
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
	c) Enter Educate Movie "JULEKHAR BYE" 90 copies.	Oct. 1994 to June 1996	IEM Unit, SMC, JHU, UNFPA	SMC: Reorganization of Mobile film show activities to include after-show discussion, to begin in 1996.	
14.	Introduce MIS for IEC and Community mobilization activities by designing record keeping and reporting formats.	Oct. 1994 to June 1996	IEM Unit, FPMD, Other Agencies	A sub-committee comprising following is supervising:  IEM: MIS (Tofayel) PI (Nawsher) FPMD (Farid Uddin) FPAB (Parveen Sultana)	further progress would be reported at the next meeting of the EC.

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<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
<b>B.</b>	<b>IEC Activities</b>				
1.	Provide training to FP-MCH service providers.	by June 1996	IEM Unit, JHU	a) 1051 service providers were trained in 11 thanas where Jiggasha is being implemented.  b) 85 WS, approx. 2500 Service Providers participated in IPC.	
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
2.	<b>a) Identify and promote FP services and supply locations. (Interim logo campaign)</b>	Nov-Dec '95	JHU	a) Prototype FP-MCH logos have been developed & pretested. b) Developed a media plan	
	<b>b) Build image of FP-MCH providers (mass media campaign)</b>	July '96	JHU/IEM	a) To be designed in the light of interim logo campaign promoting services and supply locations. b) Under production TV spot.	

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3.	<b>Develop and provide detailed/complete information</b>  a) Field Workers Guide	by  Dec. 94	IEM Unit, JHU	JHU: 50,000 copies were produced, distributed and being disseminated.	
<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
	b) FP Methods Booklet	Dec. 94	IEM Unit, JHU	JHU: 100,000 copies were produced, distributed and being distributed.	
	c) IPC and Counseling training video & films	June 95	IEM Unit JHU	a) JHU: One IPC counselling training video produced and being used in Jiggasha training. b) One training video on IUD is being produced.	
4.	<b>Undertake research/studies</b>  a) Medica impact study	May '95	JHU/SMC/UN ICEF	Study completed. Preliminary finding shared.	report being finalized.

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<b>STRENGTHENING IEC &amp; COMMUNITY MOBILIZATION</b>					
	b) Audience segmentation research	June '96	JHU	Will be planned/conducted after interim logo campaign	
5.	<b>Develop messages targeted to specific audience segments.</b>	Sept.'95 to June 1996	IEM Unit, JHU	JHU: A five-day message development workshop for mid-senior level IEC professionals of GOB and NGOs will be conducted in July '95.	
6.	<b>Strengthen IEC capability of FP-MCH organizations</b>	Oct. 1995	UNFPA, USAID	JHU: A two-day IEC orientation workshop for GOB Project Directors and IEC focal points will be organized/conducted in July-August '95.	

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<b>CRITICAL TRAINING</b>					
<b>1.</b>	<b>Newly Recruited MO(MCH-FP)</b>				1.a) In association with - Directorate of FP - GTZ
	a) Conduct 2 week orientation training for 378 MOS	Jan-Jun 1995	NIPORT	<p>a.1) A total of 233 new MO, MCH-FP were recruited by the MOHFW of which 180 were placed for training at NIPORT. Remaining 50 had received training from NIPORT earlier.</p> <p>a.2) A two-week induction training of the 180 newly recruited MO (MCH-FP) was completed from July 6-20th, 1995</p>	
	b) Mgt. stage -I, 2 weeks for 378 MOS	July, 1995 to Dec, 1996	NIPORT	b) Will be scheduled in FY 1995-96 ATC, as per needs	
	c) Mgt. stage -II, 1 week for 378 MOS	Jan, 1996 to June, 1997	NIPORT	c) Will be scheduled in FY 1996-97 ATC, as per needs	
<b>CRITICAL TRAINING</b>					

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	d) Clinical contraception training, 3 weeks for 378 MOS	Jan, 1995 to Dec, 1996	NIPORT	d) Will be scheduled during FY 1995-97 as per approved targets	2.a) In association with - Directorate of FP - AVSC
	e) Refresher training on clinical contraception, 2 weeks for 378 MOS	Jan, 1996 to June, 1997	NIPORT	e) Will be scheduled during FY 1995-97 as per approved targets	
<b>2.1</b>	<b>One week refresher training on IUD for 5000 FWVs and 250 MAs (female)</b>	Jan, 95 to June, 97	NIPORT		
	a) Planning, curriculum finalization and TOT	Oct, 1994 to Dec, 1994	NIPORT	a) Curriculum finalised by June'95 and is available for implementation	Funding support for training of 3,600 FWVs and female MAs will be provided by AVSC
<b>CRITICAL TRAINING</b>					
	b) Refresher training on IUD for 600	Jan, 1995 to	NIPORT	b) Training will start after completion of	

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	FWVs and MAs (female).	June, 1995		the required contracting procedures	
	c) Refresher training on IUD for 2325 FWVs and MAS (female)	July, 1995 to June, 1996	NIPORT	c)	
	d) Refresher training on IUD for 2325	July 1996 to June 1997	NIPORT	d)	
<b>2.2</b>	<b>Two week in-service training for 5000,</b>				
<b>2.2</b>	a) In-service training for 2000 FWVs	July, 1994 to June, 1995	NIPORT	a) A total of 3,250 FWVs received In-service training at 12 FWVTIs upto June 30, 1995	
<b>CRITICAL TRAINING</b>					
	b) In-service training for 1500 FWVs	July, 1995 to June, 1996	NIPORT	b) Will be scheduled during FY 1995-96 as per needs	
	c) Two week in-service training for 1500 FWVs	July 1996 to Jan. 1997	NIPORT	c) Will be scheduled during FY 1996-97 as per needs	
<b>3.</b>	<b>In-service training for 25000 FWAs,</b>				

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	a) In-service training for 9600 FWAs (2 weeks)  b) In-service training for 1500 FWAs (2 weeks)  c) In-service training for 8000 FWAs (2 weeks)	July 1994 to June 1995  Jan. 1995 to June 1995  July 1995 to June 1995	NIPORT  NIPORT  NIPORT	a) A total of 10,363 FWAs received In-service training at 20 RTCs upto June 30, 1995  b) In-service training of 5,950 FWAs scheduled in FY 1995-96 ATC  c) Will be scheduled during FY 1996-97 as per needs	
<b>CRITICAL TRAINING</b>					
4.	<b>Training on job description for AD(CC) and MO(CC) - (56 + 27) = 83 for 1 (one) week.</b>	Jan. 1995 to June 1995	NIPORT	Training will be scheduled upon availability of new AD (CC) and MO (CC) and subject to finalization of the job description	1.a) Directorate of FP to finalize the job description  b) To fill up the vacant posts of AD (CC) & MO (CC)  c) NIPORT to conduct the training in collaboration with Directorate of FP and GTZ

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5.	<p><b>In-service training for 4600 FPI, 4600 (2 weeks)</b></p> <p>a) Planning and curriculum development in one thana and conduct pilot training</p>	Oct. 1994 to Dec. 1994	NIPORT	a) Curriculum development for 2 weeks In-service training for FPI completed, and TOT conducted by June'95	1.a) Pilot training in 10 Thanas will be conducted. On the basis of evaluation further action will be taken
<b>CRITICAL TRAINING</b>					
	<p>b) i. Conduct training 9 thanas for 600 FPIs</p> <p>ii. Training evaluation and curriculum finalization</p> <p>c) Conduct in-service training for 2000 FPIs</p>	<p>Jan. 1995 to June 1995</p> <p>July 1995 to Sept. 1995</p> <p>Oct. 1995 to June 1996</p>	<p>NIPORT</p> <p>NIPORT</p> <p>NIPORT</p>	<p>b.i) Training started from July 1, 1995. A total of 130 FPIs received In-service training as of July 31, 1995; in total 600 will be trained by 9/95.</p> <p>ii) Will be implemented as scheduled. Expertise of NGOs will be drawn in conducting the training and training evaluation and curriculum updating, as necessary</p> <p>c) Will be scheduled in FY 1995-96 ATC, as per needs</p>	<p>b) NIPORT will conduct the training</p> <p>Possibility of contracting out to qualified NGOs will be explored</p>

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	d) Conduct in-service training for 2000 FPIs	July 1996 to June 1997	NIPORT	d) Will be scheduled in FY 1996-97 ATC, as per needs	Possibility of contracting out to qualified NGOs will be explored
<b>CRITICAL TRAINING</b>					
6.	<b>In-service training for 2300 MAs (2 weeks)</b>  a) Planning, curriculum development and to conduct training for 300 MAs (female)  b) In-service training for 1000 MAs	Oct, 1994 to June, 1995  July, 1995 to June, 1996	NIPORT  NIPORT	a) Curriculum development was completed and TOT conducted by June'95. In-service training started from July'95. A total of 65 MAs (female) received training as of July 31, 1995; all female MAs (in total 240) will have been trained by Oct. 1995.  b) Will be scheduled in FY 1995-96 ATC, as per needs	a) NIPORT will conduct in collaboration with Directorate of FP and GTZ  b) NIPORT in discussion with UNFPA
	c) In-Service training for 1000 MAS.	July, 96 to June, 97	NIPORT	c) Will be scheduled in FY 1996-97 ATC, as per needs	c) NIPORT in discussion with UNFPA

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7.	<b>Basic and clinical TOT for 1200 Thana Trainers (2 weeks)</b>  MO(MCH-FP), Senior FWV, MO(FW), NGO Medical Official	Oct, 1994 to June 1997	NIPORT		NIPORT to conduct the training in collaboration with Directorate of FP, GTZ and NGOs
<b>CRITICAL TRAINING</b>					
	a) Planning and curriculum development	Jan. 1995 to June 1996	NIPORT		As different agencies are involved discussions have been initiated with all concerned agencies. AVSC have agreed to provide TA.
	b) Basic and clinical TOT for 600 Thana Trainers.	July 1995 to June 1996	NIPORT		
	c) Basic and clinical TOT for 600 Thana Trainers.	July 1996 to June 1997	NIPORT		
8.	<b>Personnel of Directorate of Health Services</b>				
	a) Inservice Training of 4000 Health Assistant (Female); 2 weeks.	Jan. 1995 to June 1997	NIPORT		As per decision taken in MAC, this training will be implemented by the Directo-

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	b) Planning and curriculum development	Jan. 1995 to June 1995	NIPORT		
<b>CRITICAL TRAINING</b>					
	c) Conduct in-service training for 2000 HAs (female)(2 weeks)	Jan. 1995 to June 1996	NIPORT		
	d) In-service training for 2000 HAs (female)(2 weeks)	July 1996 to June 1997	NIPORT		
9.1	<b>To form National (FP-MCH) Training Coordination Committee consisting of:</b>  a) Director General, NIPORT - Chairperson b) Director Training NIPORT - Vice Chairperson c) 2 Representatives from MOHFW - Members d) 5 Representatives from FP Directorate - Members e) 5 Representatives from Directorate of Health Services - Members f) Representative of NIPSOM - Member g) Director Research, NIPORT - Member				

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	h) Deputy Director (Trg.), NIPORT - Member i) Deputy Director (Clin. Trg.), NIPORT j) Team Leader, NIPORT-GTZ Project - Member k) Representative of PHO, WB - Member l) Representative of CIDA - Member m) Representative of AVSC - Member n) Executive Director/Representative, FPAB - Member o) Executive Director/Representative, CWFP - Member p) Chief Executive/Representative, FPSTC - Member q) Executive Director/Representative, BRAC - Member				Senior Advisor, NSC and Technical Support Coordinator, Population Council may be indicted
<b>CRITICAL TRAINING</b>					
	r) Representative of Grameen Bank - Member s) Representative, Rural Cooperatives Social Welfare Department - Member t) Representative, BRDB - Member u) Representative of Swanirvar - Member v) Representative, Directorate of Women's Affairs - Member w) NIPORT - Secretariat				

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9.2	To prepare Terms of Reference (TOR) of the National Training Coordination committee.	Oct, 1994	NIPORT	TOR has already been developed and submitted to MOHFW	
9.3	To obtain G.O. for National Training Coordination Committee	Nov, 1994 to Dec, 1994	NIPORT	Reminder sent to MOHFW for approval of TOR and the Committee	

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<b>ENHANCING COLLABORATION BETWEEN GOVERNMENT AND NON-GOVERNMENT ORGANIZATION (GO-NGOs)</b>					
1.	<b>Accept the expansion plan as proposed in the Action Plan</b>	during Aug. 1994	NSC	Accepted	
2.	<b>Revise and update the expansion plan by incorporating BRAC and other umbrella organizations</b>	Oct. 1994 to Nov. 1994	DFP, FPSTC, BRAC, TAF, FP, BPHC	Draft prepared	EC may endorse the expansion plan
3.	<b>Develop Guidelines on GO-NGO, NGO-NGO coordination and collaboration</b>	Oct. 1994 to Dec. 1994	DFP, FPSTC	Draft prepared	EC may endorse the draft guidelines
4.	<b>Issue directives on the policies of the government based on the guidelines.</b>	during Jan. 1995	DFP, FPSTC		MOHFW/DG FP may issue interim instructions to give immediate effect to the draft guidelines.

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<b>STRENGTHENING MCH SERVICES</b>					
<b>1.</b>	<b>Ensure the availability and accessibility of MCH services at all levels especially at union level.</b>	Dec.'95 Dec.'96	BIRPERHT	Project concept paper developed by BIRPERHT was reviewed and project implementation process was re-reviewed during the MCH working group meeting held on 7 Aug'95 at BIRPERHT.	The Working Group decided early on to concentrate its efforts in Chittagong Division. As EOC programs are also being tested and implemented by other agencies including ICDDR,B, it was decided to entrust the Mirersorai project in Chittagong with the implementation of 'First Aid EOC training' and 'Pilot introduction of reimbursement of transportation fees for referral of completed obstetric cases.'
<b>1.1</b>	Provide First Aid type Emergency Obstetric Care(EOC)		OGSB		
<b>1.2</b>	Train all FWVs at FWC level on First Aid EOC which include : - Parenteral Antibiotic. - Parenteral Ergometrine - Parenteral Anticonvulsant		UNICEF TBA Directorate World Bank		
<b>1.3</b>	Reimburse transportation fees for referring complicated cases of labour and pregnancy by family members, FWAs and trained TBAs on a pilot basis.		UNFPA		
<b>2.</b>	<b>Encourage Antenatal care among all pregnant mothers</b>			The Directorate of MCH services has already developed an antenatal card which has been finalized and made available in large quantities for use in the program.	The Working Group has decided to adopt the card already developed by Directorate of Family Planning. NGO's can obtain these cards from Director (MCH) services. The same card will be used for the proposed project as well.
<b>2.1</b>	i) Develop one uniform Antenatal card and give to all pregnant mothers to encourage ANC linking with TT & referral system.	Sept.'95 to Oct.'96	MCHTI VHSS BPHC		

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<b>STRENGTHENING MCH SERVICES</b>					
<b>3.</b> <b>3.1</b>	<b>Encourage community participation for MCH care</b>  All volunteers, LIP programme and NGOs should be involved in implementation of these MCH programmes in communities of Chittagong Division.	Dec.'95 to Dec.'96	Pathfinder Intl. FPAB CWFP BWHC FPMD		Community participation is considered essential to ensure sustainability.
<b>4.</b>	<b>Increase IEC to create demand for MCH care</b>  A. Target IEC for the following groups: 1. Service recipient - Pregnant women - Women of reproductive age 2. Family decision makers: - Husbands - Mothers-in-law 3. Community leaders 4. Providers  B. Develop and distribute IEC materials.	Dec'95 to Dec.96	MCH-FP Project ICDDR,B TBA Training Project, BRAC, IEM & HEB, UNICEF	An MCH IEC Task Force has been formed to collaborate with IEC working group to help develop MCH related IEC materials	Working group decided to set up a MCH-IEC Task Force with Dr. Aminul Islam, Director (MCH) as convenor. Other members are:  i. Dr. A.S.M. Kamal, Director, TBA Training Project ii. Dr. Shameem Ahmed, ICDDR,B iii. Mrs. Tahera Ahmed, UNFPA  The Task Force will provide technical input to the IEC working group. The IEC material would be used to stimulate demand for obstetric services during implementation of the pilot project.
<b>5.</b>	<b>Ensure development of inventory of organizations and of donors involved in MCH activities.</b>  1. Inventory of organizations involved in MCH activities to be developed 2. Inventory of donors funding MCH activities to be developed		Pathfinder VHSS, Ford Foundation UNFPA, FPSTC	Directory development by FPSTC was found adequate for these purpose	FPSTC has already developed a NGO Directory listing organizations active in providing MCH services.