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News from the Field



IN THE SPOTLIGHT

Prize giving Ceremony to the Betar Listener Quiz Winners



CIEM Unit, Directorate General of Family Planning under MOHFW disseminates its diversified awareness programmes through Population Health and Nutrition Cell of Bangladesh Betar. Population Cell in its genre got started in 1975 as a project under the Ministry of Information. Then the project was handed over to Ministry of Health and Family Welfare in 1998 as a full-fledged cell of Population, Health and Nutrition in a view to disseminating various information of HPN sector through magazine, drama,



documentary, live phone-in and

discussion programmes.

Bangladesh Betar selected 80 radio listeners from the various regions of the country who were the quiz winners based on the programmes like *Esho gori choto paribar* (amader katha amader gaan), serial drama *kashboner jonaki* and *khusipurer manush* (Sukhi Songsar) and *shasthoy sokol sukher mul*.

Mr. Md. Nur Hossain Talukder, Director General, DGFP graced the occasion as the Chief Guest while Mr. Kazi Akhter Uddin Ahmed, Director General, Bangladesh Betar presided over the meeting. Eminent drama personality Professor Mamtaz Uddin Ahmad also attended the prize giving ceremony as the Special Speaker. Mr Amanullah Masud Hasan, Director, Population Health and Nutrition Cell, Bangladesh Betar made the welcome speech in the occasion.

The chief Guest Mr. Talukder thanked Bangladesh Betar to form Betar Listners Club all over the country. Quoting the slogan of Family Planning, *ekti sontaner beshi noi, duti hole bhalo hoi* (Not more than two, one child is better), the chief guest marked that a girl should not be married before 18 and be mother before 20. If it doesn't happen the mother could suffer from malnutrition and the child in the womb may succumb to death. Highlighting the various activities of DGFP the chief guest expressed his satisfaction for the different programmes on family planning, maternal and child health, ARH and so on. The Chief Guest made his optimism by saying that like the glorious contribution in the War of Independence, Bangladesh Betar will be able to mark milestone in addressing the issues of Family Planning by the Population, Health and Nutrition Cell.



Special speaker Mr. Ahmad made the well-quoted reference of the famous

speech of Bangabondhu in which Bangabondhu asserted, “...*the way the population of Bangladesh is increasing...the people will eat the flesh of people...there will be no place left out for harvesting...*). He deems that as we are one of the smallest countries in the world we will have to adopt family planning to keep our population size small . He recommended to include the Family Planning issues in the academic text of the NCTB.

The Chair of the function Director General of Bangladesh Betar marks that both the health and nutrition of the future generation will have to ensured as they will be future fathers and mothers of the country. He assessed that the maternal and child health situation of the country is far better than any time in the history of Bangladesh for the various awareness

programmes raised by the various public initiatives. He was referring to a live Betar Phone-In Programme in which a female radio listener was seeking treatment about her gynecological problem unveiling her name and address (quite unlikely 10-15 years ago) to a male physician which the Chair deems, the advancement of woman empowerment by the Government policy. He believes that Bangladesh Betar, of course, did contribute in making the target audience aware of the deleterious effect of the population explosion since its inception of the Population cell. Betar can reach the remotest areas of the land



where private television channels, newspapers or any other outdoor media can never venture. He requested DGFP to conduct a media survey to evaluate the impact of the Radio programmes by the Cell on family planning, health and nutrition all over the country which will facilitate the policy makers in designing the Betar

programmes both by the DGFP and Betar officials.

The prize giving ceremony was wrapped up with the delightful *Gomvira* presentation by a band of performers from Rajshahi.

Workshop held on Draft Work-plan of Population Policy-2012 at Planning Unit

The Population Policy-2012 has already been approved and published by the government. A close scrutiny of the Population Policy-2012 reveals the fact that it has 6(six) objectives and 16(sixteen) strategies. In a view to implementing family planning, maternal and child health and gender activities, the policy refers the concerted effort of 25 ministries so that the activities can be realistically implemented.

A workshop has been hosted by the Planning Unit on the Draft Work-plan of the Population Policy-2012 with the participation of the representatives of 25 concerned ministries at the Conference room of IEM Unit, DGFP. EngenderHealth Bangladesh provided the technical assistance to the workshop.

Mr. Md.Nur Hossain Talukder, Director



General, DGFP graced the workshop as  the Chair. High level officials from 25 ministries also attended the workshop to provide their valuable inputs on the draft workplan.

Mr. Humayun Kabir, Assistant Chief and Program Manager of Planning Unit welcomed the respected members of the various relevant ministries to attend the workshop and narrated the background of the workshop. He shared that the draft was presented to the Draft Workplan Committee three times. This workshop will give opportunity to the various stakeholder ministries to provide their valuable comments in it.

Mr. Sheikh Shamim Iqbal, Director (Planning) requested all the concerned representatives to leave their remarks on it so that the implementation of the policy can be more strengthened in achieving the various targets of FP-MCH.

Chief Guest Mr Talukder showed his satisfaction to see the utmost presence of the higher level of officials of the concerned ministries which really expresses the positive concern of the officials about the policy. He reiterated the importance of planned family in our country.

At the plenary session all the 16 work-plans have been discussed with proper recommendations for the concerned ministries. Some of the major decisions taken are... a) Holding the meeting of National Population Council (NPC) once in a year b) holding two meeting of the Taskforce in a year chaired by the Secretary, MOHFW.

Forecasting Working Group (FWG) meeting held at Logistics

The 4th meeting of the Forecasting Working Group (FWG) of the Directorate General of Family Planning (DGFP) was held on 07 September, 2015 at 3:00 p.m. in IEM Conference room (6th floor) of DGFP. Chairperson of FWG, Mr. Md. Nur Hossain Talukder, Director General, DGFP chaired the meeting. All the Directors/Line Directors of the DGFP, representative from NIPORT, USAID, UNFPA, SMC, Population Council, Population Sciences Department of Dhaka University and MSH/SIAPS, were present in the meeting.

The Chairperson welcomed all the participants and requested for self-introduction and then requested Mr. Md. Abdus Salam Sarker, Director (L&S) and Member-Secretary of FWG to start the meeting with agenda. Mr. Md. Abdus Salam Sarker initiated discussions on the agenda and made the welcome speech. In his speech, he welcomed all the members presented from government, non-government & development partners' organizations. Then a presentation on background of the FWG was presented by Mr. Md. Shahadat Hossain, Procurement Officer, L&S unit, DGFP.

After that, a presentation on Major Contraceptives forecasting for FY 2015-2016 was presented by Mr. Golam Kibria, Senior Technical Advisor- Quantification and MIS, MSH/SIAPS. The presentation was made on the basis of Stock Status Report of DGFP, August 2015 (updated on 06 September). It was mentioned during the presentation that three scenarios were exercised, but the scenario III (To achieve TFR 2.0 by 2016) was being considered to undertake the forecasting. It should be mentioned that, the national forecasting exercise was prepared by MSH/SIAPS (*Forecasting Exercise for the 13*

Reproductive, Maternal, Newborn and Child Health Commodities Prioritized by the UN Commission on Life-Saving Commodities for Women and Children, August 2014).

The members present in the meeting actively took part in discussion on presented quantification for the contraceptives and DDS kit. After threadbare discussion some important decisions on procurement for the year 2015-16 were taken.

Taking part in the conclusion the Chairperson drew attention of the participants for cross checking the performances through MIS unit & Finance unit. He requested the Directors/Line Directors to complete the procurement plan according to the forecasted quantity agreed in the meeting. He emphasized avoiding procurement of unnecessary items. He also mentioned that the stock of all commodities should be in such quantity so that there would be no stock out in spite of transition to the next sector program.

Workshop on Development of SBCC Action plan



Bangladesh Knowledge Management Initiative (BKMI) organized a workshop on SBCC Action Plan as part of its capacity building and strengthening efforts for three units of MoHFW (BHE, IPHN and IEM) working in HPN sector in Bangladesh. The workshop was held on 21 September, 2015 in Hotel Lake Castle, Gulshan – 02. The workshop was facilitated by Dipak Kanti Mazumder with welcome and introductory address. Ms. Rebecca Arnold (Project Director, BKMI) expressed her keen interest and expectation on preparation of SBCC Action Plan as per Operation Plan of HPNSDP for the FY 2015-16 by the three units in her opening remarks.

GoB officials from IPHN, BHE and IEM (e.g. Deputy Director, Program Manager, Deputy Program Manager, Assistant Chief, Sr. Communication Specialist, Information officer, Editor-cum and Translator and Population Communication Officer) participated in this workshop and worked jointly to bring out an integrated, collaborative and effective SBCC Action Plan.

The objective of this workshop was SBCC Action Plan development for the three units' Operational Plan of HPNSDP that needs to be implemented for the period of FY 2015-16. The workshop also aimed to increase the capacity and knowledge of HPN sector personnel responsible for planning and managing BCC activities and outsourcing BCC interventions.

However the workshop would greatly contribute to develop a preparatory base for developing a full blown activities for the OPs.

The focusing point of the workshop was how to make three units more collaborative which will help them take and make actions in an integrated way. In order to facilitate this process component wise activities (Annex-iii) of three OP's were presented in the workshop.

The business session of the workshop contains two group works. Objective of this group work were to develop an activity wise action plan to prepare groundwork for OP implementation and improving the interrelationship among themselves and sharing the OP activities.

In the first group work, the three units worked separately among themselves to make an indicative timeline for their upcoming activities mentioned in their OPs (Annex-iv-a, Annex-iv-b & Annex-iv-c). However since the process is a bit exhaustive it was decided that the unit will finalize the process back in their workplace by end September.



In the second group work, the members of three units divided into two groups to identify the realistic areas and collaborative functions where the SBCC activities can be better integrated within OP's. After completion of the group work, they made presentations and gave their valuable feedback on their collaborative group works.

Key Points from Group Presentation

- **Awareness, sensitization and motivation**

Three units can collaborate through Integrated Module development, Audio-Visual Media development and sharing their ideas.

- **Control of idd**

Incorporating core messages in other training program/orientation can be used as a collaborative technique.

- **Message sharing**

In terms of production distribution, media campaign and capacity building every unit can share their messages and actions.

- **Planning, designing and developing content**

Three units can work together at some points where they can share their knowledge, build effective programs and can implement successfully.

- **Production, distribution and display of IEC materials**

Content development and Script review

- **SBCC material sharing participation exchange visits content development and script review**

Content development, Participation and SBCC Material sharing

- **Behavior change communication**

Content development

- **Production of IEC/BCC materials**

Content development and Script Review

- **Media Campaign**

Content development and Script Review

- **Strengthening inter sectorial and multispectral coordination and advocacy**

Resource person sharing

Feedback

- There is a need for an integrated and collaborative work in Upzilla level incorporating frontline workers.
- Setting some agenda before arranging workshop/ seminar/meetings
- Inclusion the members of other units in the brainstorming session before arranging any workshop, meeting or seminar.
- Optimum utilization of the public resources.

Recommendation

Dr. Zeenat Sultana, Senior Deputy Director, BKMI in her comments recommended to expedite the implementation process of this SBCC Action Plan. She recommended that three important issues should be emphasized. These are-

- Capacity building of three units
- Strategic campaign
- Inter sectorial collaboration.

This three key issues help to create effective plans and programs.

At the end of the workshop Mr. Mokhlesur Rahman, Asstt. Chief, BHE; Ms. Zakia Akhter, Deputy Director (PM), IEM unit and Dr. Tapan Kumar Biswas, Deputy Director, IPHN spoke on behalf of respective unit shared their experience gained from the workshop.

The workshop was ended with a vote of thanks to all the participants for their sincere and encouraging participation.

Mamoni applies Maternal and Perinatal Death Review in Noakhali District



Maternal and Perinatal Death Review (MPDR) is an innovative approach in Bangladesh which was introduced in 2010 at Thakurgaon district. Directorate General of Health Services (DGHS) in collaboration with Directorate General of Family Planning (DGFP) implemented MPDR using existing health system of Bangladesh. Under the Joint GoB-UN

MNH initiatives, Centre for Injury prevention and Research, Bangladesh (CIPRB) and UNICEF, Bangladesh provided technical and implementation support to government to introduce MPDR in the district. The MPDR approach has since then been gradually expanded by the government in 10 districts of Bangladesh.

MaMoni HSS Project has identified MPDR as an important approach to identify health systems' gaps, ensure quality of care, and monitor maternal and newborn mortality. Therefore, MaMoni HSS project planned to support DGFP and DGHS to scale up MPDR in the project areas initially in Noakhali district. The intervention started with an initial sensitization meeting on 18 September 2014 in Noakhali district which was attended by upazila health managers. However the MPDR approach formally came into operation in Begumganj Upazilla of Noakhali district in April 2015 with technical support coming from CIPRB. Presently the MPDR is being applied utilizing the existing health system to strengthen the health services through death notification and review

MPDR Definitions:

- Maternal Death:** The death of a woman while pregnant or within 42 days of the termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes
- Neonatal Death :** Death occurred of a baby from birth to 28 days of life
- Stillbirth :** Birth of fetus \geq 28 wks of pregnancy who showed no signs of life after delivery.
- Perinatal Death:** Still birth & Neonatal Death within 7 days.



MPDR includes all of the above

Capacity building of frontline workers

Mamoni carried out a series of trainings to develop capacity of different levels of health staff on MPDR. A total of 359 health and family planning staff were trained in Begumgonj upazila and in the district. Initially, Training of Trainer (TOT) on MPDR was performed with the health & family planning staff of Begumgonj upazila health complex. The TOT aimed to train the trainers on community death notification system. Following the training, the upazila health managers and their team trained 202 field level health and family planning staff including NGO volunteers on death notification. A one-day training was aimed at equipping the health service staff to report maternal and neonatal death, and make stillbirths' notification. Following that, verbal autopsy training was provided to 51 health inspectors, assistant health inspectors and family planning inspectors. Then another round of training on social autopsy was also conducted for 53 first line supervisors from the health and family planning department. Doctors and nurses in the Begumgonj Upazila health complex, district hospital and at MCWCs were trained on facility death review.



Experience of death notification in Begumgonj Upazilla, Noakhali

The field level health and family planning staff started to notify deaths from the community. The health workers used the community network including support from the community volunteers to capture and report the deaths. The table below gives estimation of the cases report in five months from April to August 2015.

Place of occurrence	Maternal death	Neonatal death	Stillbirth
Community death in Begumgonj	07	34	25
Facility death in Begumgonj	1	0	4
Facility death in district hospital	10	136	128

Local health managers in Noakhali oriented in mentorship program

Managers in the MOH&FW are in charge of managing district and sub-district-level health facilities and family planning operations. But most of the current managers have not received any comprehensive leadership training. To improve the leadership and management capacity of these district and upazila level managers MaMoni HSS undertook a 5-day-long leadership and management course titled Strategic Leadership and Management Training Program (SLMTP) in collaboration with the Health Research Challenge for Impact (HRCI) project being



implemented by the Department of Public



Health and Informatics of BSMMU, with technical support from Johns Hopkins University. A total of 45 managers from MaMoni districts successfully completed the training in the period between September' 14 and March 15.

Subsequent to this training program, MaMoni HSS has plan to offer a mentorship program for the SLMTP graduates in Noakhali districts. The idea is to link the managers with some vastly experienced professionals working (or retired) in the public health system so that the managers can seek their guidance and advice. With this objective in view Mamoni HSS organized an orientation meeting on mentorship pilot program in Noakhali on September 10, 2015. The meeting was organized by Ministry of Health and Family Welfare (MOH&FW) with assistance from USAID funded MaMoni HSS project.

The tenure of the pilot program would be six months initially and depending on the outcome it could be taken to other districts. Presently the sub-district level managers would enroll as mentees provided they are interested to seek support and guidance from a mentor to overcome the challenges they face in their work. Mentors would share their experience with the mentees on how they handled critical situations from their own experiences.

The meeting commenced with the welcome speech from Dr. Md. Delwar Hossain, Civil Surgeon, followed by speeches from Mostafa Kamal, DDFP, Noakhali district, and Joby George, COP, MaMoni HSS. Joby underlined the importance of mentorship program and how it would contribute to more efficient management of the health care facilities. Upazila



Health and Family Planning Officers (UH&FPO) and Upazila Family Planning Officers (UFPO) of Noakhali district took part in the event. Dr. Aminur Rahman, Director, Center for Injury Prevention and Research Bangladesh (CIPRB) and facilitator of the SLMTP course then briefly presented the salient parts of the course mainly to refresh participants' memory. Dr. A.B.M. Jahangir Alam then oriented the participants to the mentoring

program, what it offers and what kind of benefits the participants could expect from it. Some of the SLMTP alumni shared their experiences and challenges while applying the SLMTP learning in their work place and hoped that guidance from experts could help them find creative solutions.

District implementation team and members from Advocacy, Communication and Program Learning (ACPL) team, and District Coordinators from two implementing partner NGOs also attended the orientation event.

Strengthening Union Health & Family Welfare Centers (UH & FWCs) to increase Skilled Birth Attendant coverage

Strengthening UH&FWCs to increase SBA coverage has been identified as a priority intervention in the Maternal Child Reproductive and Adolescent Health (MCRAH) Operational Plan of DGFP. A significant number of UH&FWCs are constrained by lack of skilled manpower and infrastructural facilities, affecting their ability to provide quality delivery services. The need to address these barriers is critical to improve the state of maternal and neonatal health.



It was in this context that the USAID funded MaMoni Health Systems Strengthening (MaMoni HSS) Project started working with the DGFP. The objective was to making the UH&FWCs functional in terms of 24/7 safe delivery. The first step was to assess the present state of the UH&FWCs so as to chalk out a detail development plan. MaMoni HSS undertook the responsibility of assessing all the 4,500 or so UHFWCs and has already completed those of three divisions, namely Sylhet (248 UH&FWCs), Barisal (301 UH&FWCs) and Chittagong (799). The most important aspect was to determine the requirements to facilitate 24/7 delivery services at the UH&FWCs.

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UH&FWCs), Barisal (301 UH&FWCs) and Chittagong (799). The most important aspect was to determine the requirements to facilitate 24/7 delivery services at the UH&FWCs.

Over the last two months MaMoni HSS has supported DGFP to hold meetings in Sylhet and Barisal to share the findings and work out the way forward.

In Sylhet the event was divided into two parts.

In the 1st half there was assessment findings sharing & planning. This event was chaired by Md. Md. Kutub Uddin, Divisional Director, Sylhet, DGFP & Md. Abdul Mannan Ilias, Director, MIS, DGFP was present as chief guest. Among others Dr. Tapash Ranjan Das, Program Manager (MCH), DGFP, Dr. Fahmida Sultana, Deputy Director (Services), DGFP, Dr. Gour Moni Sinha, Director, Sylhet Division, DGHS, Dr. Sukumar Sarkar, Deputy Director (Acting) USAID/OPHNE, Joby George, COP, MCHIP, Dr. Selina Amin, Sr. Advisor-Health Systems, MaMoni HSS, Save the Children, Dr. Jebunnessa Rahman, Program Director, Maternal Health & Family Planning, MaMoni HSS, Save the Children were present in the event.

After sharing the MaMoni HSS Habiganj experience & assessment findings a group work was done by all DDFPs, CS & DD-LGs from 4 districts of Sylhet Division to chalk out district-wise plan for making the UH&FWCs functional, 24/7 delivery centers. Each of the district teams worked on distributed templet. A short term & long term plan was developed



through group work which resulted in identifying national, district & local level support needed for strengthening the facilities.

Joby George presented an overview of the project's experience in Habigonj in terms of increasing coverage of skilled attendance at birth through strengthening of the UH&FWCs. He used national level authentic data to explain why UH&FWCs are strategic for safe delivery and mentioned that MaMoni provided technical and financial support to strengthen the UH&FWCs. Based on the routine MIS data from these unions, the average SBA coverage in Habigonj exceeded 65% during the year of 2014, 45% of which is happening at the UH&FWCs, he added.

The Senior Advisor-Health Systems, MaMoni HSS, Save the Children, while presenting findings of the study, explained the categorization criteria and assessment process. She also pointed out that the findings would help plan strengthening of each of the facilities for 24/7 delivery.

The second part of the meeting was meant to advocate for strengthening the UH&FWCs in the presence of high level government officials. Md. Nur Hossain Talukder, Director General, DGFP was present as Chief Guest while Dr. Mohammed Sharif Director (MCH services) & Line Director (MCRAH), DGFP, chaired the meeting. Dr. Habib Abdullah Sohel, Director, PHC and Line Director MNC&AH, DGHS, Abdul Mannan Illias, Director (Planning) & (MIS) DGFP, Deputy Director (Acting) USAID/OPHNE, Mr. Joby George, COP, MaMoni HSS, Save the Children and division and district level health officials spoke in the meeting.



The speakers lauded the excellent assessment work of MaMoni HSS and thanked USAID for supporting this initiative that would contribute to the improvement of the

Health facilities and thereby establishing quality delivery services. The DG, DGFP, instructed the district and upazila health

managers to take advantage of the findings when they work on their development plan.

In **Barisal** Dr. Mohammed Sharif, Director, MCH-Services & Line Director, MCRAH, DGFP, chaired the sharing meeting while Dr. Tayebur Rahman, DDFP, Barisal & Regional Supervisor, FPCST-QAT, Barisal Region, welcomed the participants.

Dr. Fahmida Sultana, Deputy Director, Services, MCH Unit, DGFP, presented the background of the UH&FWC strengthening initiative.

More than 60 participants split in six groups, worked on the short and long-term action plan. Each of the groups comprised of 11 members who were CS, DDFP, DDLG, 2 UHFPOs, 2 UFPOs, 2 MOMCH-FP, 1 FWV & 1 SACMO. Representatives from UNFPA, UNICEF, Plan & BRAC also joined different groups. Some of the recommendations put forward by the participants are given below:

- Vacant positions of Aya could be filled up by Union Parishad
- DDLG has taken the responsibility of repairing approach roads
- 2 FWVs in single FWC need to be reallocated
- Improvement of waste disposal system would be taken care of by Upazila and

Union Parishad and DDFP

- Local Government allocated fund could be utilized for upgrading the UH&FWCs
- Supervision and monitoring need to be strengthened so every UH&FWC can provide safe delivery services

Planning Workshop on Implementation of SBCC Activities under IEC-OP, DGFP

IEM Unit of the Directorate General of Family Planning organized a half-day *Planning Workshop on Implementation of SBCC Activities* under IEC-OP held at IEM conference room on September 17, 2015 with financial and technical support from UNFPA and BKMI respectively. It was an unique attempt made by IEM Unit first of its kind in last couple of years in order to deliver consistent, reinforcing and integrated FP-MCH SBCC messages to the intended audiences in a coordinated manner and thereby avoid duplication in DGFP SBCC initiatives. The workshop was attended by Deputy Directors, Program Managers, Deputy Program Managers of IEM, MCH, CCSDP, FSDP and Planning Units including UNFPA and BKMI BCC experts (*list of participants attached*). Mr. Md. Jamal Hossain, Joint Secretary, MOH&FW and Director (IEM), DGFP chaired the workshop. The workshop was moderated by Ms. Zakia Akhter, Deputy Director (PM), IEM Unit, DGFP. The overall purpose of the workshop was to identify the priority issues of three service delivery units of DGFP (such as MCH, CCSDP, FSDP) and integrate them in SBCC packages in this fiscal year's IEC-OP (2015-2016).

The Specific objectives include:

- a. To identify SBCC needs (priority issues) of three service delivery units (MCH, CCSDP, FSDP);
- b. To develop a comprehensive SBCC package to address priority issues in FP-MCH sector involving key service delivery units of DGFP;
- c. To deliver consistent, reinforcing and integrated FP-MCH SBCC messages to the intended audiences in a coordinated manner;
- d. To strengthen coordination within DGFP units in designing, implementing and monitoring SBCC interventions in order to avoid duplication in DGFP SBCC initiatives.

Mr. Md. Jamal Hossain, Joint Secretary, MOH&FW and Director (IEM), DGFP welcomed the participants and expressed his sincere thanks for joining the workshop. He requested the Program Managers and Deputy Program Managers of different units of DGFP including UNFPA and BKMI representatives to come-up with concrete feedback and suggestions in line with the approved IEC-OP to be addressed through this fiscal year's (2015-2016) SBCC packages.

Ms. Zakia Akhter, DD (PM), IEM Unit made a brief presentation delineating the key SBCC

activities for the year 2015-2016 under the current revised IEC-OP and requested the participants to put forward their solid inputs and recommendations to be incorporated in the current fiscal year's SBCC packages. Then the floor was made open for discussion and way forward.

Mr. Humayun Kabir, Assistant Chief and PM, Planning Unit, DGFP applauded IEM for organizing the planning workshop involving different units of DGFP and termed it as a pioneering initiative. We have to find ways to reduce drop-out rate in short acting FP methods rather than focusing on LAPM only, Mr. Kabir opined.

Dr. Md. Shamsul Karim, PM, FSDP, DGFP underscored the need for addressing post-partum family planning (PPFP) and married adolescents issues as we all know, the use of contraception is very low among married adolescents. So, SBCC activities have to be designed in a targeted manner to delay first pregnancy, he added.

Mr. Matiur Rahman, AD (Coordination), DGFP suggested to increase institutional delivery to curve MMR through innovative SBCC activities. Dr. Md. Farid Uddin Ahmed, Assistant Director (Services), MCH Unit, DGFP put emphasis to raise awareness on unsafe abortion and MR in order to reduce maternal mortality.

Dr. Mahmudur Rahman, Deputy Director, CCSDP thanked IEM for inviting other units' representatives in the SBCC planning workshop. This is a good start and we can strengthen our coordination between and among units through this kind of sharing, Dr. Rahman opined.

Mr. Mahbu-ul-Alam, DPM, FSDP, DGFP appreciated IEM Unit for implementing a plenty of SBCC initiatives in last couple of years that led to demand generation which is evident from BDHS reports. Mr. Alam also suggested for increased engagement of celebrities in SBCC programs.

Dr. Tapash Ranjan Das, Deputy Director (MCH), DGFP put emphasis to bring adolescents' issues to the prime focus of upcoming SBCC initiatives as they are the ones who greatly influence the key population and MCH indicators. Dr. Tapash also recommended for organizing policy advocacy meetings, designing innovative SBCC interventions targeting hard-to-reach population including promotion of 'delivery kit.'

Ms. Syeda Selina Parveen, BCC Specialist, UNFPA recommended for increased IPC activities for hard-to-reach areas. Mr. Iftekhar Rahman, DPM, FSDP, DGFP suggested for engaging imams in FP-MCH programs so that they speak in Friday congregation in favor of FP-MCH issues.

Ms. Zakia Akhter, DD (PM), IEM Unit informed the meeting that 'road show' and 'ARH campaign' would be the big events among this year's SBCC initiatives and requested all for concrete inputs. Ms. Zakia also informed the meeting that a comprehensive 'Campaign on ASRH' was developed through a campaign design workshop organized by BKMI in 2014 (involving three units: IEM, BHE and IPHN) and we can utilize that as well. One of the key recommendations was to cover low-performing upazilas and unions through the road-show.

Key decisions/recommendations:

- Address post-partum family planning (PPFP) and married adolescents issues;
- Design targeted SBCC activities to delay first pregnancy;

- Find ways to reduce drop-out rate in short acting FP methods rather than focusing on LAPM only;
- Design innovative SBCC activities to increase institutional delivery in order to curve MMR;
- Organize advocacy meetings with policy makers for increased policy attention on FP-MCH issues;
- Design innovative SBCC interventions targeting hard-to-reach population;
- Undertake SBCC activities for promotion of 'delivery kit';
- Raise awareness on unsafe abortion and MR in order to reduce maternal mortality;
- Increase the engagement of celebrities in DGFP SBCC programs;
- Bring adolescents' issues to the prime focus of upcoming SBCC initiatives
- Undertake increased IPC activities for hard-to-reach areas;
- A week-long 'Road Show' could be organized covering low-performing upazilas and unions;
- Special TVC/RDC to be produced for tea-stall listeners;
- Initiative to be undertaken to prepare issue-based newspaper write-up by experts/professionals.

The workshop was ended with thanks from chair assuring that relevant suggestions would be taken into consideration in the current fiscal year's SBCC activities.

Maver Bank (Mothers Bank) promoted for Safe Delivery

Increasing the facility delivery upto 50% by the trained/skilled professionals was one of the major goals of the Government of Bangladesh (MDG-5). Nurunnahar Begum from Moulvibazar, Teknaf is one of the mothers among them who has given delivery to a child with the skilled birth attendant.

Nurunnahar was married to Mohidul Alam of the neighboring village two years ago. "The news of being pregnant is rather a news of tension as we don't have two square meals in a day. So the additional member of the family aggravates the misery of the family in another way'.

'When I became pregnant I had only 20 taka in my hand. Taking 50 taka loan from my neighbor I came to Teknaf Smiling Sun Clinic'.

Counselor Asma Khatun of Smiling Sun Clinic teknaf remarked, "when I met Nurunnahar I categorize him in the ultrapoor category. Giving her some medicine free of cost we reminded him for four times medical check-up in our clinic".

In answer to a question about the introduction of *Mayer Bank* (mothers bank) Nurunnahar told, "Counselor apa gave me a bank and requested me to save coins and small currency



in this bank. She also told one day this small amount of money will be big amount”.

After that Nurunnahar told, “It becomes a matter of joy to me to save one or two taka daily. when my labour pain increased, I came to Smiling Sun Clinic in Teknaf with the rickshaw van of Kalu bhai. I had a normal delivery. I was able to manage my delivery cost with the savings from *Mayer Bank* easily. Before I got introduced with *Mayer Bank* I used to be worried about my husband's poverty now I feel safe with *mayer Bank*”.

NHSDP funded 392 Smiling Sun Clinics all over the country provides a *Mayer Bank* to the pregnant mother in the first check-up of pregnancy in a view to accumulating money in time of delivery. *Mayer Bank* has become a symbol of trust and belief in promoting the safe delivery .

NHSDP and World Population Day Best NGO Clinic Award 2015

Background

“**Vulnerable Populations in Emergencies**” with the theme, Bangladesh has been celebrated World Population Day 2015 with various activities; awarding of NGO clinics is one of them.

Introduction



USAID-DFID NGO Health Service Delivery Project (NHSDP) is the largest USAID and DFID co-funded investment in Bangladesh. The project supports the delivery of an Essential Service Package (ESP) of primary health care through a nationwide network of 25 NGOs, 392 static clinics, 10,123 satellite clinics, 7,348 community service providers (CSP) serving approximately 24 million people

(15%) of the country. NHSDP complements government's efforts to maximize the reach to the country with quality ESP at an affordable or no cost fee.

World Population Day (WPD) Award 2015 and NHSDP

On the occasion of World Population Day 2015 Ministry of Health and Family Welfare (MoH&FW) awarded 211 SurjerHashi (Smiling Sun) clinics as the recipient of 'Best NGO Clinic Award' in different categories.

The NGO clinics were selected for being best in, a) Clinical Services-95 awards) b) Community Based Delivery (74 awards) c) CBD & Clinical Services (91 awards) and d) General Category (197 awards). It is remarkable that 211 SurjerHashi clinics (operated by 21 national NGOs; funded by NHSDP) received 457 WPD 2015 award. This is notable that in NHSDP was received 140 awards in 2013. In 2014, the number of awards increased to 250 (79% increase); and this year it is 457 awards which is 226% increase from the year of inception, 2013.

Clinics are also awarded at national, divisional, district and upazila levels. Some clinics

received more than one awards as they qualified for different category.

Award Receiving Status of SH Clinic Network NGOs

SI	NGO	Awards	SI	NGO	Awards	SI	NGO	Awards
1	BAMANEH	36	8	PKS	27	15	SUPPS	3
2	BANDHAN	12	9	PSF	30	16	SUS	8
3	CRC	7	10	PSKS	18	17	Swanirvar	105
4	CWFD	8	11	PSTC	4	18	Tilottama	12
5	FDSR	46	12	SOPIRET	11	19	UPGMS	8
6	Kanchan	11	13	Shimantik	12	20	VFWA	21
7	JTS	54	14	SSKS	5	21	VPKA	19

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Shil.

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