



**GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH**

**OPERATIONAL PLAN**  
For  
**HEALTH EDUCATION and PROMOTION**  
**(HEP)**  
**July 2011-June 2016**

**HEALTH, POPULATION AND NUTRITION**  
**SECTOR DEVELOPMENT PROGRAMME**  
**(HPNSDP)**

**DIRECTORATE GENERAL OF HEALTH SERVICES**  
**MINISTRY OF HEALTH & FAMILY WELFARE**  
**Mohakhali, Dhaka**

**November, 2011**

# INDEX

Sl. No.	Contents	Page No.
1.	Name of the Operational Plan	3
2.	Name of the Sector Program	3
3.	Name of the Sponsoring Ministry	3
4.	Name of the Implementing Agency	3
5.	Implementation Period	3
6.	Objective of the OP	4
7.	Estimated Cost (PIP & OP Cost)	5
8.	OP Management Structure and operational Plan	6
9.	Proposed manpower in the development budget	7
10.	Description-background information	8-9
11.	Issued to be addressed	9-11
12.	Relevant to National Policies : Strategic plan for HPNSDP	11-12
13.	Sixth five year Plan	12
14.	Description of OP Components	13-15
15.	Related Strategy in the PIP	16
16.	Priority activities of the OP	16-17
17.	Priority indicators with benchmark of PIP : Relevant RFW indicators	18
18.	OP level indicators (Output/process)	19
19.	Source & Methodology of Data Collection	20
20.	Estimated Budget : Estimated summary of Development Budget	21
21.	Estimated Detailed Budget (Input wise):	22-25
22.	Year wise Physical & Financial Target during OP Period	26-28
23.	Location wise breakup of the components	29
24.	Log Frame	29
25.	Annual Procurement Plan for Goods & Services	29
26.	List of Machineries & Equipment	29
27.	List of Furniture-Fixture	29
28.	List of training and estimated cost	29
29.	Related Supporting documents	30
30.	Name and Designation of Officers Responsible for the preparation of this OP	30
31.	Recommendation & Signature of the Head of the Implementing Agency with seal & date	30
32.	Recommendation of the Signature of the Secretary of the sponsoring Ministry with seal & date	30
33.	Organogram-Management Setup-(Annexure –I)	31
34.	Log Frame (Annexure-II)	32
35.	Procurement Plan of Goods (Annexure-III(a))	33-34
36.	Procurement Plan of Service (Annexure-III(b))	35-36
37.	List of Machineries & Equipment (Annexure-IV)	37
38.	List of Furniture-Fixture -(Annexure-V)	38
39.	Training Program for Human Resource Development (Annexure-V1)	39
40.	Consultants (Annexure-VII)	40
41.	Technical Assistance to Support HEP (Annexure-VIII)	41-42
42.	Concept of HE Model Village (Annexure-IX)	43
43.	Concept of HEP for Pro-poor (Annexure-X)	44
44.	Concept of HE resource centre (Annexure-XI)	45-46
45.	HEP Flow Chart (Annexure-XII)	47
46.	List of Equipments, Machineries, Furniture and Other Related Materials Procured under HNPSP (2003-2011) (Annexure-XIII)	48

## ABBREVIATIONS AND ACRONYMS

AC	Assistant Chief
BB	Bangladesh Better
BCC	Behavior Change Communication
BINP	Bangladesh Integrated Nutrition Program
BTV	Bangladesh Television
CC	Community Clinic
DC	Deputy Chief
DGHS	Directorate General of Health Services
DPM	Deputy Program Manager
DTCC	District Training Coordination Committee
ESD	Essential Services Delivery
ESP	Essential Services Package
FPMCH	Family-Planning Maternal & Child Health
GOB	Government of Bangladesh
HEP	Health Education and Promotion
HPSDP	Health, Nutrition and Population Sector Program
IDA	International Development Agency
IEC	Information, Education and Communication
IEH	Information & Education for Health
IMR	Infant Mortality Rate
IPC	Inter Personal Communication
JDCF	Japan Debt Cancellation Fund
JICA	Japan International Cooperation Agency
KAP	Knowledge Attitude and Practice
LD	Line Director
MCWC	Maternal and Child Welfare Center
MDGs	Millennium Development Goals
MDO	Media Development Officer
MMR	Maternal Mortality Rate
MNCH	Maternal Neonatal & Child Health
MOHFW	Ministry of Health and Family Welfare
NIPHP	National Integrated Population and Health Program
OP	Operational Plan
PA	Project Aid
PIP	Program Implementation Plan
PM	Program Manager
RO	Research Officer
RTA	Road Traffic Accident
SCF	Save the Children Fund
TFO	Training and Field Officer
UNICEF	United Nations Children's Fund
USA	United State of America
WB	World Bank
WHO	World Health Organisation

# **OPERATIONAL PLAN**

1. **Name of the Operational Plan (OP)** : **Health Education and Promotion (HEP)**
  
2. **Name of the Sector Programme** : **Health, Population & Nutrition Sector Development Program (HPNSDP)**
  
3. **Sponsoring Ministry** : **Ministry of Health and Family Welfare**
  
4. **Implementing Agency** : **Directorate General of Health Services (DGHS)**
  
5. **Implementation Period** : a) Commencement : July, 2011  
b) Completion : June, 2016

## **6. Objectives of the Operational Plan (OP)**

### **General Objective:**

To improve awareness of the people especially the poor & vulnerable through improvement of their knowledge, attitude and practices on health in order to attain an optimum level of health care.

### **Specific Objectives:**

- To provide with BCC support and optimize utilization of health and nutrition services;
- To provide BCC at some specific locations such as hospitals, schools and community level in Model villages, community clinics, EPI out-reach centers etc to improve health and nutritional status of the people;
- To improve health seeking behaviour of the community with emphasis on health promotion for the vulnerable groups;
- To strengthen community participation in health promotion activities and ensure optimum use of health services;
- To promote social values that facilitates determinants of health and improves family health development;
- To bring about behavioral change among the people towards improvement of maternal and child health prevention and control of communicable and non-communicable diseases including emerging & re-emerging disease;
- To aware of the people through IPC & uses by electronic and print media. And also conducted special program like advocacy and social mobilization activities for community Participation in running program.

## 7. Estimated Cost:

### 7.1. PIP and OP cost:

(Taka in lakh)

Approved cost of the PIP (Development Budget)	Total	GOB	PA (RPA)	Source of PA
	2217666.00	860350.00	1357316.00 (869791.00)	Pooled Fund and non-pooled
Estimated Cost of the OP.	14615.00	4225.00	10390.00 (4240.00)	Pooled including USAID and JICA, WHO, UNICEF
Cost of OP as % of PIP	0.66%	0.49%	0.77 (0.49%)	-----

### 7.2. Estimated Cost of OP (According to Financing Pattern):

(Taka in lakh)

Source	Financing Pattern	2011-2012	2012-2013	2013-2014	2014-2016	Total	Source of fund
GOB	GOB Taka	900.00	863.00	850.00	1612.00	4225.00	GOB
	(Foreign Exchange)	(-)	(-)	(-)	(-)	(-)	
	<b>Total GOB=</b>	<b>900.00</b>	<b>863.00</b>	<b>850.00</b>	<b>1612.00</b>	<b>4225.00</b>	
PA	RPA (through GOB)	600.00	1000.00	1500.00	1140.00	4240.00	Pooled Fund including USAID and JICA
		(-)	(-)	(-)	(-)	(-)	
	DPA	100.00	100.00	2000.00	3950.00	6150.00	WHO, UNICEF, USAID, JICA and others
	<b>Total PA=</b>	<b>700.00</b>	<b>1100.00</b>	<b>3500.00</b>	<b>5090.00</b>	<b>10390.00</b>	
<b>Grand Total =</b>		<b>1600.00</b>	<b>1963.00</b>	<b>4350.00</b>	<b>6702.00</b>	<b>14615.00</b>	

**8. OP Management Structure and operational Plan Components (Attached Management setup at Annexure-I) :**

**8.1. Line Director:** Chief, Bureau of Health Education

**8.2. Major Component of OP and their Program Managers (PM)/Deputy Program Manager(DPM):**

<b>Major Component</b>	<b>Program Manager(PM)</b>	<b>Deputy Program Manager(DPM)</b>
<b>Strengthening Intersectoral and Multisectoral Coordination (including OP managers)</b> <b>Create Awareness, Sensitization and Motivation.</b> <b>Media Campaign and transmission of Health Education &amp; Promotion</b>	Program Manager (Admin.& Trg.) Deputy Chief (Administration & Training), BHE	Assistant Chief-1 (Administration & Training), BHE
<b>Campaign at CCs on of Health Education &amp; Promotion</b> <b>Capacity building and Logistic Support of BHE</b>		Assistant Chief-2 (Administration & Training), BHE
<b>Finalizing Health Education Strategy</b>	Program Manager (TSD) Deputy Chief (Technical Support Division), BHE	Assistant Chief-1 (Technical Support Division), BHE
<b>Production, distribution and display of IEC materials</b>		Assistant Chief-2 (Technical Support Division), BHE
<b>Establish-128 Model Health Education &amp; Promotion Village</b>		

4 DPMs (Assistant Chief -1 & 2 Admin and Training-1 / Technical Support Division-1) will be given responsibilities against the related components in line with their routine responsibilities as proposed above to support the program-activities. But the distribution of components amongst the DPMs may be rearranged internally at HEB level during the period of implementation as and when necessary under the administrative guidance of the Line Director.

### 8.3. Proposed manpower in the development budget:

(Taka in Lakh)

SI No	Name of the Post	Number of Post	Pay Scale	Grade	Consolidated Pay per Person/month	Total Months	Total Pay	Remarks
1	2	3	4	5	6	7	8	9
<b>A. Officer</b>								
1.	Director	1	25750-33750/-	4	39325.00	60	23,59,500.00	Deputation
2.	Administration officer	1	8000-16540/-	10	13500.00	60	8,10,000.00	Carried over
<b>B. Staff</b>								
3	Data Entry operator	1	4700-9745/-	16	8605.00	60	5,16,300.00	Computer Operator from HNPSP carried over
4	Audio Visual operator	1	5900-13125/-	16	8605.00	60	5,16,300.00	Carried over
5	Office Assistant-cum Data Entry Operator	1	4700-9745/-	16	8605.00	60	5,16,300.00	Office Assistant from HNPSP carried over
6	Assistant Accountant	1	4700-9745/-	16	8605.00	60	5,16,300.00	Carried over
7	Driver	6	4700-9745/-	16	8605/-	60 x 6 = 360	30,97,800.00	Outsourcing
8	Audio Visual Helper	4	4400-8580/-	18	8110.00	60 x 4=240	19,46,400.00	Carried over
9	Security Guard	2	4100-7740/-	20	7750/-	60 x 2=120	9,30,000.00	Outsourcing
10	Sweeper	2	4100-7740/-	20	7750/-	60 x 2=120	9,30,000.00	Outsourcing
<b>Total (A+B):</b>		<b>20</b>				<b>1020</b>	<b>1,21,38,900.00</b>	

**N.B. Considering the yearly increment and additional allowances (if any) the cost of Pay and Allowance is estimated about 150.00 lakh Taka as grand total.**



## 9. Description

- a) **Background information, current situation and its relevance to National Policies, Sectoral policy, MDG, Vision 2021, Sixth five year plan, MTBF etc.**

### **Background information and situation analysis:**

Health Education, as a health promotion and protection intervention, started in Bangladesh in 1958 under the Directorate of Health, and is considered as the precondition for successful health care delivery. Its network is extended up to the grass root level. In Bangladesh, Information and Education for Health (IEH) is considered to have contributed significantly in the alleviation of health problems in the country like smallpox eradication, malaria control, diarrhoeal disease control and success in child immunization etc.

Bureau of Health Education (BHE) under DGHS conducts communication and health education and promotion activities through existing national, divisional and district offices with audio-visual capacity and district hospital based staff for imparting health education to the patients, their relatives and attendants. Preparation of communication materials, e.g., audio-visual messages and material, IPC, indoor and outdoor display devices, posters, fliers, handbills, folders etc are important functions of BHE. BHE also plans, designs and develops program for both electronics and print media. Features films have been developed and short drama, telop, discussion and folksongs for TV ads and radio jingles produced. Researches are conducted and other communication interventions are implemented at the community level.

At present Bureau of Health Education (BHE) of the Directorate of Health Services in a position to provide the Health Sub-Sector with strategic efforts of Health Education and Promotion at the National, Divisional, District, Upazilla as well as at the grass root level. BHE has got professional staff at the national, divisional and district level. It has a printing press along with other logistic support and physical facilities. Present manpower of BHE has the capabilities and technical know-how in Health Education to support health promotion as well as to augment determinants of health. Considering the manpower of Health Education available at different level within the infrastructure of Health Services, HEP strategic activities are designed towards the attainment of MDGs

There are many laudable interventions already implemented by Bureau of Health Education throughout Bangladesh. These are: (i) School Health Education (ii) Hospital Health Education (iii) Occupational and Industrial Health Education (iv) Environmental Health Education (v) Community Health Education for selected and vulnerable groups (vi) Prevention and control of communicable and non-communicable diseases (vii) Prevention and control of emerging and re-emerging diseases (viii) Adolescent and Reproductive Health Education (ix) Nutrition Education (x) Prevention and control of

STD/ AIDS. Through these Programs, many important issues are addressed such as: (i) Poverty Alleviation in line with the Poverty Reduction Strategy (ii) Gender Equity (iii) Violence Against Women (iv) Accident Prevention (v) Environmental Protection (vi) Control of Drug Abuse (vii) Adolescent Reproductive Health (viii) Maternal and Child Health Care (ix) Emergency Preparedness and Disaster Management e.g. Flood, Earthquake, Tornado, Cyclone, Epidemic, etc.

Enechhi Shurjer Hashi, a television drama serial was developed to promote caring and quality healthcare services. Other materials, including billboards, television spots, radio spots, and local activities extended the campaign reach. A recent radio serial include Jante Chai Janate Chai in 2001 (focused on adolescent reproductive health);

Support materials were developed by several collaborating organizations with the Bureau of Health Education (BHE) of the Directorate General of Health Services. These materials included training curricula/guides for field workers, booklets and ‘special days’, discussions, and rallies throughout the nation. BHE also implemented what it calls model villages, under which resource centers have been established in these villages along with mobilization of the villagers. These however, in absence of any sustained support are in limbo now. Street corner dramas, truck mounted folk musical programs, village based enter-educative interventions etc. were organized. BHE also prepares many program on health related issues regularly, broadcast and telecast through Bangladesh Betar, BTV and other channels.

Research studies, including National Media Surveys were conducted to measure the access and impact of the media. These studies helped to determine the strategic communication approaches for family planning and reproductive health programs.

The National Health Education and Promotion and Communication Strategy for Health, Nutrition Family Planning and Reproductive Health has been developed and accordingly IEC activities for MDG achievement by the year 2010-2015 have been considered. This will promote Health, Nutrition and MNCH based services as well as provide need based IEC support and increase community participation in the ensuring HPNSDP.

### **Issues to be addressed:**

National program that cuts across many diverse audiences requires careful orchestration of activities in order to ensure (1) the delivery of correct and consistent messages for each audience segment, (2) the desired behavior change outcomes, and (3) cost-effectiveness. This strategy is meant to

bring together health program planners and implementing agencies in a concerted effort to change relevant behaviors.

What the communicators need to realize is the fact that information even when population based does not automatically benefit all across the society equally. There are barriers that some socially disadvantaged people face in utilizing given information. So any endeavor that is aimed at the people in general need to be focused. Berating males for gender based violence at home may not reduce the incidence of violence rather may be an instigating factor for perpetuation of violence at home. Banning smoking at work places may incite males to smoke more at home thus exposing women at homes more to the vulnerability of second hand smoking. These dynamics need to be understood in developing a communication intervention. Poverty and illiteracy are inequitable on their own but these also create other inequities, e.g., grasp on information provided or how to compile, analyze, examine and utilize an information given to the people. This lack of skill, influenced by a unique attitude possessed by the poor and illiterate create further inequity when information is available. The more educated and enlightened, because of their social coherence, inclusiveness, social networking and other capitals use given information more tactfully to their advantage, leaving those who cannot use the information further behind.

Health Education and Promotion is a cross cutting issue and presumed to support health development Programs towards development of positive health behavior among the target population for the attainment of their respective goals. Relevant strategies have been formulated in some areas e.g. FP-MCH IEC Strategy, IEC Strategy of BINP, IEC Strategy of HIV/AIDS Control. All these strategies reveal to change attitude and behavior of the target population as well as to address the impediment in the change process. Some important assumptions have been considered for the strategic implementation of Health Education and Promotion of the Health Sub-Sector. A national Health Education Strategy will be formulated for the attainment of aims and objectives of HEP under HPNSDP.

Bureau of Health Education is to carry out comprehensive Health Education Promotion services to the target population at all level. It will also provide health education support to Health, Nutrition and Population Sector programs in the country. It, therefore, requires both administrative and socio-political commitments to achieve the objectives of Health Education & Promotion (HEP) in support of Health Population and Nutrition Sector Development Program (HPNSDP).

The activities of the BHE are intended to bring about behavioral changes among the people towards safe motherhood, breast feeding, climate change, emerging and re-emerging diseases, food

safety, vaccination, vitamin A administration, Road Traffic Accident (RTA), neonatal care, violence against women, family norms, nutrition, decrease in Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), etc through special emphasis on interpersonal communication, electronic and print media. The Behavioral Change Communication (BCC) interventions will be functionally integrated in the areas of counseling, referral, reproductive health, Behavioral Change Communication (BCC) campaigns, etc to promote health, nutrition, and Maternal, Neonatal & Child Health (MNCH) services and to provide need based support.

### **Relevance to National Policies:**

### **Strategic Plan for HPNSDP:**

The government will, in partnership with local government bodies and the private sector, create greater awareness of, and provide services for the control of unhealthy diet and lifestyle related major NCDs, such as cardio-vascular diseases, cancer and diabetes, etc. together with the assistance of Bureau of Health Education. Existing preventive and curative measures with respect to all NCDs will further be expanded and strengthened to increase access to these services.

The BCC/IEC interventions will be functionally integrated in the areas of counseling, referral, reproductive health, BCC/IEC campaigns, etc to promote health, nutrition, and MNCH and FP services and to provide need based support.

The Bureau of Health Education will be given funds for popularizing the food safety acts/laws/ordinances and public rights and for promoting good food handling and hygiene among consumers. The Consumer Association of Bangladesh will also partner in this program. Measures which raise awareness of food safety will lead to reductions in food contamination and reduce the burden of food borne illness.

Health Education will be integrated to other relevant agencies like Bangladesh Television, Bangladesh Betar, Department of Mass Communication, National Institute of Mass Communication, Press Information Department, Department of Film & Publication, BRDB, Department of Youth and Department of Social Welfare. Health Education and Promotion will also provide guide line to the Government to implement its Health Policy i.e. to create awareness among the people and enable every citizen of Country irrespective of cast, creed, religion, income and gender, and especially children and women, in any geographical region of the country, through media publicity, to obtain health, nutrition and reproductive health services on the basis of social justice and equality ensuring everyone's constitutional rights. Information on Health Education need to be disseminated to people through incorporating the community leaders and other departments or organizations of the government in the

health service system in order to improve health and nutritional status of the people. Primary Health Care is the universally recognized methodology to provide health services, is considered as major component of health policy in order to ensure delivery of cost effective health services in which Health Education is considered as the important element of Primary Health Care. HEP will facilitate the HPNSDP toward the attainment of health related Millennium Development Goals i.e. reduction of IMR, MMR, control of emerging diseases, and Poverty Reduction.

Health Education and Promotion as an intervention of HPNSDP will contribute toward achievement of the goal of HPNSDP. It will be contributing under “Health Sub-Sector”, and facilitate the program (HPNSDP) in the increase of availability and utilization of user-centered, effective, efficient, equitable, affordable and accessible quality services for a defined Essential Services along with other selected services through peoples’ participation. Health Education and Promotion will affect change in health behavior of the individuals as well as enable them to take right decisions at the right time in a more dynamic and interactive way in order to address the determinants of health. Moreover, this intervention will enable them to promote social values (conducive to health) that will reduce the magnitude of health hazards and increase of utilization rate of health services.

#### **Sixth five year Plan:**

A major strategy to ensure better health would be to promote public health of public health through better public awareness of health hazards. The existing institution will be strengthened and partnership will be built with mass media for providing health education to the population on a continuing basis regarding methods of preventing communicable and non-communicable diseases, caring practice for children, adolescents, physically and mentally challenged and the old aged, and creating awareness on nutrition, personal hygiene, use of safe water and proper sanitation. Steps will also be taken to reach basic health and reproductive health information through school curricula and to utilize NGOs and different religious centers to influence health behavior of the people. Moreover, activities of existing school health clinics will be reviewed and based on lessons learnt; school health program will be scaled up through a strategy developed in collaboration with the various educational institutions.

## **Description of OP Components**

### **Component-1: Health Education Strategy, Development & Finalization**

A national Health Education Strategy will be formulated under HPNSDP for the attainment of aims and objectives of HEP. Health Education and Promotion will affect change in health behavior of the individuals as well as enable them to take right decisions at the right time in a more dynamic and interactive way in order to address the determinants of health. Moreover, this intervention will enable them to promote social values (conducive to health) that will reduce the magnitude of health hazards and increase of utilization rate of health services. It will contribute and facilitate the program (HPNSDP) to increase availability and utilization of equitable, affordable and accessible quality services in regard to awareness and education.

#### **Activity:**

- Health Education Strategy including Action Plan Development & Finalization

### **Component-2: Awareness, Sensitization and Motivation**

Some packages will be developed with a view to creating demand for particular group of stakeholders' interests and also to make the health awareness, promotion and motivational services cost-effective, user friendly particularly considering right place, right time and right language of the audience. This will cover communicable & Non-communicable diseases emerging & re-emerging diseases (Polio, TB, Leprosy, STDs/RTIs, HIV/AIDS, diabetes, hypertension, cancer), drug addiction, smoking, pollution free environment, maternal- neonatal - child health (MNCH) and improvement of Nutritional status particularly for the poor and vulnerable.

#### **Activities:**

- Awareness, Sensitization and Motivation:
- Communicable and non communicable disease prevention
- Drug addiction, smoking and pollution free environment.
- Improvement of Health seeking behavior of vulnerable group of pro-poor health status

### **Component-3: Media Campaign and Transmission for Health Education & Promotion**

Organizing of media campaign through IEC activities such as broadcasting of MNCAH, CDC, NCD and other messages through TV and Radio channels, Musical show Folk song/ Jari gan and street drama using local team with local dialect. Private channels will be included in the media campaign.

**Activities:**

- Country wide campaign regarding prevention of (i) Communicable and non- communicable diseases, (ii) spot announcement during disaster management, (iii) message disseminating through electronic and print media.
- Arranging folk song, debate, art competition, essay competition, social advocacy meeting with community elite person to create awareness for health promotion.

**Component-4: Production, distribution & display of IEC materials**

Under this component various types of IEC materials such as Bill Boards, Neon signs, electronic boards, TV spots, TV drama, TV magazines, posters, leaflets etc. will be produced and will be displayed throughout the country up to the grass root level. This will promote individual health care, increased understanding of the vulnerable groups about nature of communicable and non communicable diseases, malnutrition and others.

**Activities:**

- Production of IEC Material like poster, leaflet, sticker, hand bill, brochure, flip book, booklet, flipchart, Calendar, Dairy and distribution Country wide health service centre for dissemination of health message to health promotion of the people
- Production of Cinema film, Drama serial, tale-off, T.V. and Radio Spot and C.D. dissemination of health messages.
- Production and display of bill board, Banner, Neon sign and neon board, digital display board for people awareness and motivation.
- All IEC materials production and distribution.

**Component-5: Strengthening of inter-sectoral & multi-sectoral coordination**

Inter-sectoral and multi-sectoral coordination and collaboration will be strengthened in support of health promotion to avoid duplication and to bring new, update information into the IEC materials and media campaigns on demand.

**Activities:**

- A Committee formed for coordination with the members from relevant Line Directors (LDs)
- Inter-sectoral and multi-sectoral coordination meeting at National, division and district level to increased sectoral support to participation and co-ordination in HEP activities.

## **Component-6: Campaign at Community on Health Education & Promotion**

To increase Awareness of people to solve their health problems health messages will be disseminated to the patient and attendance at community clinic through Inter personal communication (IPC) and IEC materials.

### **Activities:**

- Health message dissemination to the patient and attendance at community clinic through Inter personal communication (IPC)
- Message disseminate through display Board, Posters and distribution of others IEC Materials
- Arrange the advocacy meeting for social mobilization to increased Participation of Community Clinic Services.
- Aware the people understand that health is valued as an asset of the community and to protect it with their own actions and efforts.

## **Component-7: Established 128 Model Health Education & Promotion villages**

An area to serve as model area (128 Model Villages) for application of health education approaches with various methods and tools of health education to assist the Community people to increase their health and economic status through fruit and kitchen garden, animal and poultries firm, water and sanitation to arranged by their own cost and efforts to enable the people of that area to solve their health problems will be continued through the HPNSDP. Evaluation of the effectiveness of improvement the Maternal & Child Health Care, personal hygienic, environmental sanitation, prevention of communicable & non-communicable diseases and nutritional status etc of the model villages will be done during this sector Program. Representatives from the concerned sector of Planning Commission and IMED will be included in this evaluation process.

### **Activities:**

- Evaluate the effectiveness of improvement the Maternal & Child Health Care, personal hygienic, environmental sanitation, prevention of communicable & non-communicable diseases and nutritional status.

## **Component-8: Capacity Building and Logistic Support of BHE**

### **Activities:**

- Training for Health Education & Promotion Personnel
- Upgrading & Modernized Printing Press



## **b) Related Strategy in the PIP:**

Strategic assumptions of Health Education and Promotion program prioritizes are: (i) Inter- and intra – sectoral collaboration (ii) Stakeholders’ participation (iii) Community participation, involvement of professional groups and local leaders and (iv) Effective use of available media and approaches including local technology;

Future interventions will have to be based on the available experience of using the electronic and the print media of public and private sectors and emphasis on inter-personal communication involving communities. Special emphasis will be given in designing the HEP and BCC activities considering specific needs to address the regional variation, cultural practices as well as gender issues, e.g., emphasis on Sylhet and Chittagong divisions.

The sector program will be publicized within and outside the MOHFW system through effective advocacy strategies and packages. Effective communication mechanism will be established to disseminate the various activities of SWAp at different levels to the citizens and to the departmental concerns.

People will be made aware of their constitutional and citizen charters of rights in acquiring medical service in specific and HPN service in general and they will also be encouraged to go to the health care facilities to demand and receive services, particularly for contraceptive, safe motherhood and child health care, preventive, curative and promotive health and nutrition services;

Strategic communication initiatives will focus on promoting changes in social norms on birth, and in creating enabling environments that facilitate the adoption of new safe motherhood behaviors. Information however, needs to be given with more attention to the poor and illiterate and they need to be helped categorically so that they not only get the information but can also utilize the same to their advantage. Focus will be put on birth and the immediate postpartum period during which the risks to the mother are the highest (WHO, 2005). Signboards will be fixed to identify houses of skilled providers of safe delivery. BCC materials developed by the public and private sectors would be regulated and monitored to maintain quality and uniformity of information by the IEC Technical Committee of MoHFW. Unethical advertisements and advertisements claiming unscientific information as facts will be censored by the IEC Technical Committee formed at the MoHFW, e.g., energy drinks, drinks for enhancing intelligence and physical growth etc. Health service providers will be sensitized more to the

special kinds of needs, concerns and psyche of the vulnerable, e.g., children, adolescents, women and elderly by using psychologists and sociologists.

BCC priorities on safe motherhood, as per the maternal health strategy of 2001, will be: achievement of universal knowledge about danger signs of pregnancy/ childbirth; child bearing after 20 years of age; legal binding of not marrying before 18 years of age of girls; sensitization of families to their responsibility towards arranging transports for obstetric and neonatal emergencies, arrange blood donors and savings for such emergencies, before these occur; arranging additional foods for pregnant and lactating women; campaign for zero tolerance of violence etc. Awareness on the benefit of using skilled birth attendance will be a priority intervention. Collaborative arrangement between family planning and health departments may facilitate efficiency, e.g., while family planning department may have vans for half of the districts, the other half may be covered by BHE, DGHS. Collaboration with local CBOs/ NGOs will also ensure better effectiveness of the interventions. Communication is also necessary to make people aware about the cause of green house effect and take mitigating measures, food safety etc. including improving water and sanitation situation.

## **10. Priority Activities of the OP:**

- i. Finalizing Health Education strategy including action plan
- ii. Training for HEB HQ and related field personnel
- iii. Modernizing HEB Printing Press
- iv. Create Awareness, Sensitization and Motivation on:
  - a. Communicable and non communicable disease prevention
  - b. Drug addiction, smoking and pollution free environment.
  - c. Improvement of Health seeking behavior of vulnerable group of pro-poor health status
- v. Media campaign and transmission of health education and promotion on :
  - a. Country wide campaign regarding prevention of (i) Communicable and non- communicable diseases, (ii) spot announcement during disaster management, (iii) message disseminating through electronic and print media.
  - b. Arrange folk song, debate, art competition, essay competition, social advocacy meeting with community elite person to create awareness for health promotion.
- vi. Production, distribution and display of IEC materials
- vii. Strengthening intersectoral & multisectoral coordination and advocacy
- viii. Campaign at Community Clinic on Health Education and Promotion
- ix. Establish -128 Model Health Education & Promotion Village

## 11. Priority indicators with Benchmarks of PIP:

### 11.1. Relevant RFW Indicators:

The activities under this OP contribute to achieving Result 1.1., increased utilization of essential HPN services, and Result 1.3, improved awareness of healthy behaviors.

Indicators(s)		Means of verification & timing	Base line	Target-2016
(1)		(2)	(3)	(4)
1.	Rate of exclusive breastfeeding infants up to 6 months	BDHS, every 3 years	43%, BDHS 2007	50%
2.	% of children 6-23 months fed with appropriate Infant and Young Child Feeding (IYCF) practices	BDHS, every 3 years	41.5%, BDHS 2007	52%

## 11.2. OP level Indicators (Output/Process)

Sl. No.	Indicators	Base line with Source	Projected Target	
			Mid-2014	Mid-2016
1.	Number of trainings for BHE personnel	63	6672	10008 *
2.	Printing press modernized	None	Press 1	-
3.	Health Education Strategy including action plan Finalized	None	1(one)	-
4.	Number of health awareness campaigns conducted	40	39	26
5.	Media Campaign and Transmission on Health Education & Promotion	5600	3000	3450
6.	Number of IEC materials printed and disseminated	1800500	1200,000	800,000
7.	Number of Inter-sectoral and multi-sectoral coordination meeting	270	150	225
8.	Number of campaign on Community clinics	None	90	60
9.	Establish Model Health Education & Promotion Village	128	60	68

**\* There was no scope to include training on Health Education & Promotion in the HNPSP.**

**\* In this OP considering the increased need we have included adequate training for Health personnel on Health Education & Promotion.**

### **11.3. Source and methodology of data collection to measure/preparation of annual progress report:**

- Monthly and Quarterly performance report from District and Upazila level.
- Monthly Progress Report.
- IMED Report
- BDHS Survey
- MTBF

#### **Data Collection Methods:**

The data will be generated from the activities implemented at different costs centers at Division/ Districts offices and will be collected from the routine reports related with implementation. The primary source data will be LD's office.

## 12. Estimated Budget :

### 12.1. Estimated Summary of development budget:

(Taka in Lakh)

Name of the Components	Economic Code	GOB	Project Aid			Total	% of the total cost
			RPA		DPA		
			Through GOB	Others			
1	2		4	5	6	7	8
A) Revenue Component							
Pay of Officer	4500	9.37	-	-	-	9.37	0.06%
Pay of Establishment	4600	76.28	-	-	-	76.28	0.53%
Allowances :	4700	64.35	-	-	-	64.35	0.44%
Supply and Services :	4800	3591.85	3499.91	-	6150.00	13241.76	90.60%
Repair and Maintenance:	4900	252.16	34.90	-	-	287.06	1.96%
Sub total-A: ( Revenue Component)		3994.01	3534.81	-	6150.00	13678.82	93.60%
B) Capital Component							
Acquisition of Assets	6800	230.99	705.19	-	-	936.18	6.40%
Sub total-B: ( Capital Component)		230.99	705.19	-	-	936.18	6.40%
Grand Total (A+B)		4225.00	4240.00	-	6150.00	14615.00	100%

**Page 22-25 for Excel**









### 13. Year-wise physical and financial Target during OP period:

(Taka in Lakh)

Name of the Major activities	Name of the sub activities	Total Physical and financial target				2011-2012			2012-2013			2013-2014			2014-2016		
		Physical Qty/unit	Unit cost	Total Cost	Weight	Financial	Physical		Financial	Physical		Financial	Physical		Financial	Physical	
							% of Item	% of OP		% of Item	% of OP		% of Item	% of OP		% of Item	% of OP
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Capacity building and logistic support of BHE				5250.00													
	Training for HEP Personnel (Sr HEO-64, Jr.HEO—50, HQ-Officer-11, AVO-45, Proctionist-25, HE-190, SI-485, HI-1455, AHI-5000,Committee Member-2688, Volunteer-2048, DHS-64, DSI-64, DPHN-64, MA-1034, Sr. Staff Nurse-3368 =16655.) Including module development	16655+25=16680 (Local-16655, Foreign-5 batch of 5=25)	0.31	3150.00	.21	240.00	.01	.002	260.00	.02	.004	640.00	.02	.004	2010.00	.05	.009
	Modernizing Printing Press	01Press	450.00	450.00	.03	0.00	0		450.00	1	.03	0.00	0		0.00	0	
	Logistics for BHE	LS	LS	500.00	.03	100.00			100.00			100.00			200.00		
	Pay and allowances	20 Persons	7.50	150.00	.01	30.00	1	.01	30.00	1	.01	30.00	1	.01	60.00	2	.02
	Others	LS	LS	1000.00	.06	200.00			200.00			200.00			400.00		
2. Finalizing Health Education strategy including an action plan				90.00													
	Committee meeting (National/ Technical) Seminar/ Workshop (MOHFW/DGHS/DGFP/NGOs and other stakeholders) Printing and publication	10 meeting 2 Seminar 400 copies	-	90.00	.006	0.00	0		0.00	0		90.00	1	.006	0.00	0	
3. Awareness, Sensitization and Motivation				1835.00													
	Health education campaign (Districts / Upazilla /Union) through outsourcing	65 Pkg.	28.23	1835.00	.125	400.00	.16	.02	400.00	.16	.02	400.00	.16	.02	635.00	.5	.063
4. Media campaign and transmission of health education and promotion				3070.00													

Name of the Major activities	Name of the sub activities	Total Physical and financial target				2011-2012			2012-2013			2013-2014			2014-2016		
		Physical Qty/unit	Unit cost	Total Cost	Weight	Financial	Physical		Financial	Physical		Financial	Physical		Financial	Physical	
							% of Item	% of OP		% of Item	% of OP		% of Item	% of OP		% of Item	% of OP
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Development of TV Spot/ Doc Film/ Short Film/ Teleof /Observances Days Messages for mass media Film show at Schools/ different villages Drama/ drama serial Advertising in the printing and electronic media Arranging folk song, debate, art competition, essay competition, talk show, social advocacy etc	Print media: 4800 (960/Yr) TV Channels both public and private: 1000(200 no. in different channels/Yr) 50 (10 Talk show/Yr) Folk songs and others: Approximately 600	0.48	3070.00	.21	47.23	0.2	.042	47.23	.2	.042	47.23	.02	.04	2928.31	.4	.084
<b>5. Production, distribution and display of IEC materials</b>				<b>3070.00</b>													
	<ul style="list-style-type: none"> <li>Production of manual /guide books and other support materials for IEC.</li> <li>IEC Material like poster, leaflet, sticker, hand bill, brochure, flip book, booklet, flipchart, Calendar, Dairy and distribution Country wide health service centre for dissemination of health message.</li> <li>Production of Cinema film, Drama serial, tale-off, T.V. and Radio Spot and C.D. dissemination of health messages.</li> <li>Production and display of bill board, Banner, Neon sign and neon board, digital display board for people awareness and motivation.</li> <li>Distribution and dissemination of IEC materials</li> <li>Publication of HEB Bulletin</li> </ul>	20,00,000 Nos.	0.0015	3070.00	.21	614.00	.02	.004	614.00	.02	.004	614.00	.02	.004	1228.00	.04	.008

Name of the Major activities	Name of the sub activities	Total Physical and financial target				2011-2012			2012-2013			2013-2014			2014-2016		
		Physical Qty/unit	Unit cost	Total Cost	Weight	Financial	Physical		Financial	Physical		Financial	Physical		Financial	Physical	
							% of Item	% of OP		% of Item	% of OP		% of Item	% of OP		% of Item	% of OP
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
6. Strengthening intersectoral & multisectoral coordination				150.00													
	<ul style="list-style-type: none"> <li>Seminar/ workshop/Meetings (National HQ-4, Division-7, Districts-64/Yr)</li> </ul>	375 Nos. (HQ: 4x5=20 (Div: 7x5=35 (Dist: 64x5=320)	0.40	150.00	.01	30.00	.2	.002	30.00	.02	.002	30.00	.02	.002	60.00	.2	.004
7. Coordination and monitoring Health Education activities with other OP's				50.00													
	Coordination meetings -60 (12 /Yr)	13 OP Managers (DGHS-9,DGFP-4)	3.84	50.00	.01	10.00	.2	.002	10.00	.2	.002	10.00	.2	.002	20.00	.4	.004
8. Campaign at Community Clinic on Health Education & Promotion				300.00													
		150CCs	2.00	300.00	.02	60.00	.2	.004	60.00	.2	.004	60.00	.2	.004	120.00	.4	.008
9. Establish Model Health Education & Promotion Village				800.00	.05												
	Base line/Mid-term and End line survey/evaluation Coordination committee meeting Motivational meetings (HE, Sanitation, WS) Folk song/rally Kitchen garden	128 Vill	6.25	800.00	.06	200.00	1	.04	150.00	1	.04	250.00	2	.06	200.00	2	.08
<b>Grand Total:</b>				<b>14,615.00</b>	<b>1.00</b>	<b>1931.23</b>	-	-	<b>2351.23</b>	-	-	<b>2471.23</b>	-	-	<b>7861.31</b>	-	-

**14. Location-wise break-up of the components:**

						Taka in lakh
Name of the components		National	Name of Division	Name of District	Name of Upazilla	Estimated Cost (2011-2016)
(1)		(2)	(3)	(4)	(5)	(6)
1.	Capacity Building and Logistic Support of BHE	National	7-Division	64-District	All Upzilla	5250.00
2.	Health Education Strategy Development & Finalized	National	-	-	-	90.00
3.	Awareness, Sensitization and Motivation	National	7-Division	64-District	All Upzilla	1835.00
4.	Media Campaign & Transmission for Health Education and Promotion	National	7-Division	64-District	All Upzilla	3070.00
5.	Production, Distribution and Display of IEC Materials	National	7-Division	64-District	All Upzilla	3070.00
6.	Strengthening Intersectoral & Multisectoral Coordination including OP Managers	National	7-Division	64-District	-	200.00
7.	Campaign at Community Clinic on Health Education & Promotion	National	7-Division	64-District	All Upzilla	300.00
8.	Establish Model Health Education & Promotion Village	National	7-Division	64-District	128-Upazilla	800.00
<b>Total=</b>						<b>14615.00</b>

**15. Log Frame(Annexure- II)**

**16. Annual Procurement Plan for Goods, Services (a. Goods-Annexure-III-a & Service-Annexure-III-b)**

**17. List of Machinery & Equipment (Annexure-IV)**

**18. List of Furniture-Fixture (Annexure-V)**

**19. List of training and estimated cost (Annexure-VI)**

**20. Related Supporting Documents :**

**21. Name and Designation of Officers responsible for the preparation of this OP:**

1. Mr. Anowarul Islam Khan  
Chief,  
Bureau of Health Education,  
DGHS
2. Mr. Md. Abu Hanifa  
Dy. Chief (A&T),  
Bureau of Health Education,  
DGHS
3. Md. Shariful Islam  
Assistant Chief (TSD)  
Bureau of Health Education,  
DGHS

**22. Recommendation and Signature of the Head of the Implementing Agency with seal & date**

Date: .....2011

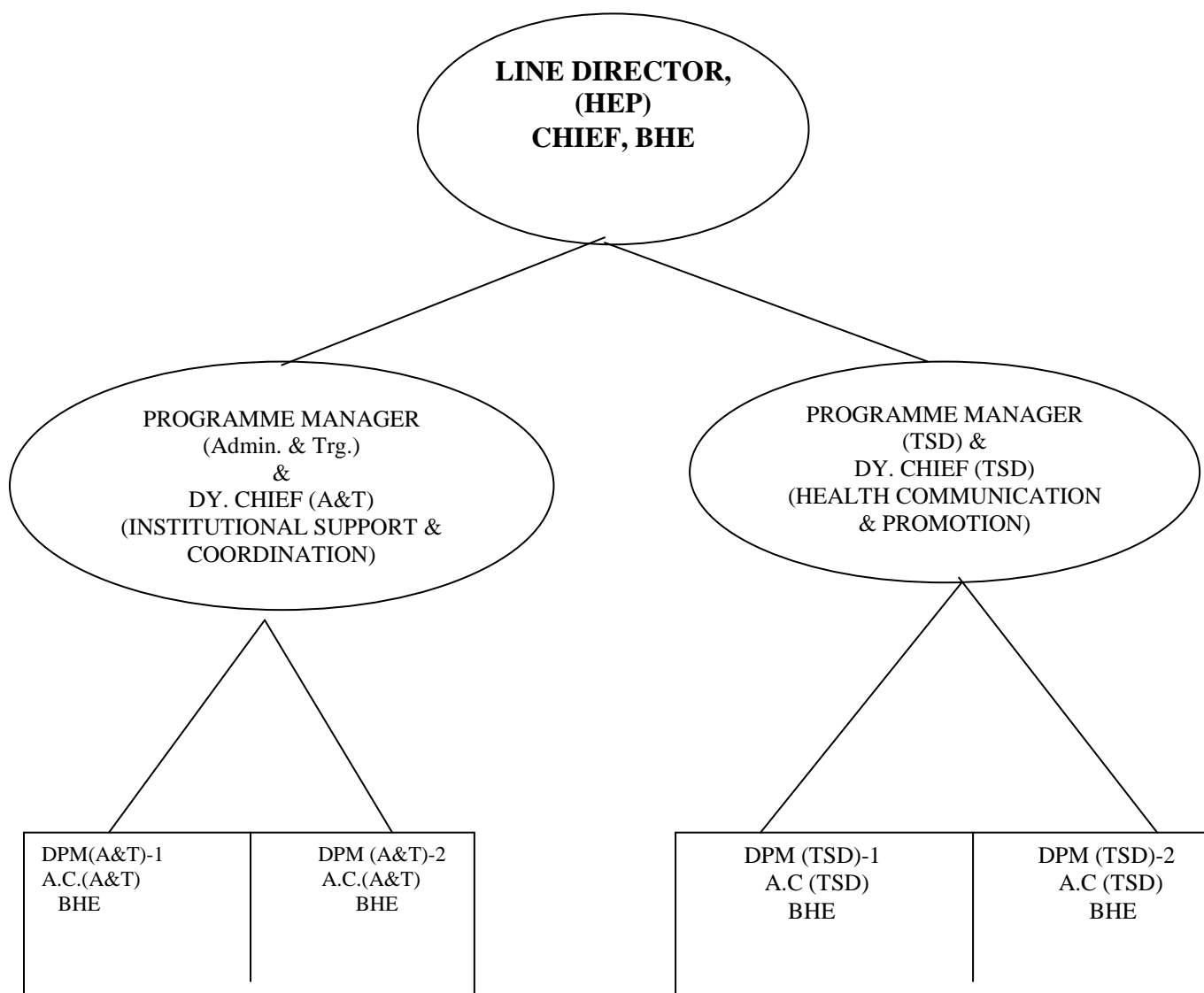
Signature of the Head of the Implementing Agency

**23. Recommendation and Signature of the Secretary of the sponsoring Ministry with seal & date**

Date: .....2011

Signature of the Secretary  
Ministry of Health and Family Welfare

## Organogram Management Setup



**Legend :**

A.C. : Assistant Chief  
 A&T : Administration & Training  
 DPM : Deputy Program Manager  
 TSD : Technical Support Division



## Log-frame

(i) Planned date completion : June-2016

(ii) Date of summary preparation : August 2011

Narrative summary	Objectively Verifiable Indicators	Means of verification	Important Assumptions
<b>Goal:</b> Improved knowledge attitude and practice of the people and health service providers on key-health behaviors in order to attain optimum level of health services contribute reducing mortality and morbidity	<ul style="list-style-type: none"> <li>- Reduced Maternal Mortality Ratio from 194–143 (per100,000 live births) by 2016</li> <li>- Reduced Infant mortality rate from 52 – 31 (per 1000 live births) by 2016</li> <li>- Reduced Neonatal mortality rate from 37 – 21 (per 1000 live births) by 2016</li> <li>- Reduced prevalence of underweight children from 41% to 34% by 2016</li> </ul>	BDHS MMS	
<b>Purpose:</b> Promoted key health practices and services by creating demand among population on maternal and child health, reproductive health, safe motherhood, communicable and non communicable diseases	<ul style="list-style-type: none"> <li>- Increased rate of exclusive breast-feeding in infants up to 6 moths from 43% to 50% by 2016</li> <li>- % of children 6-23 months fed with appropriate Infant and Young Child Feeding (IYCF) practices</li> <li>- Number of Community Clinics (CC) with increasing number of service contacts over time</li> </ul>	BDHS, UESD MMS MIS report	Strengthened positive attitude of the service providers toward users
<b>Outputs:</b> 1) Improved health seeking behavior to promote Health, and nutrition services through electronic and print media and motivational programs 2) Produced and printed BCC materials and distributed to all facilities including community clinics of health, nutrition and family planning services 3) Provided need based BCC support in order to increase awareness and community participation	<p>Provided BCC support to optimize utilization of health and nutrition services</p> <p>Improved health seeking behavior of the community with emphasis on health promotion for the vulnerable groups</p> <p>Strengthen community participation in health promotion activities</p>	<p>Audience impact survey</p> <p>BDHS UESD</p> <p>Quarterly OP report</p>	Support received from electronic and print media, religious leaders and local representatives
<b>Input/ Activities</b>  1. Capacity building and logistic support 2. Finalization of Health Education strategy 3. Awareness, Sensitization and Motivation 4. Media campaign on health education and promotion 5. Production, distribution and display of IEC materials 6. Inter-sectoral & multi-sectoral coordination 7. Campaign at Community Clinic on Health Education 8. Sustain activities of Model Health Education & Promotion Village	<ul style="list-style-type: none"> <li>- Training of HEP Personnel (16680 people trained)</li> <li>- Modernize Printing Press (now available 1 – to be modernized with new machines)</li> <li>- Health Education strategy development &amp; Finalized</li> <li>- Countrywide awareness campaign (Number of campaign 65Package).</li> <li>- Media Campaign for Health Education &amp; Promotion (Print media: 4800 (960/Yr), TV Channels both public and private:1000(200 no. in different channels/Yr), 50 (10 Talk show/Yr),Folk songs and others:Approximately 600)</li> <li>- Production, distribution &amp; display of IEC materials (2000,000)</li> <li>- Conduct Inter nd multi-sectoral coordination meeting (375 meeting)</li> <li>- Form coordination committee with the relevant Line Directors (LD/PM/DPMs- 60 Meeting)</li> <li>- Campaign at Community Clinic on Health Education &amp; Promotion (150 CC))</li> <li>- Sustain activities of 128 Model Health Education &amp; Promotion Village</li> <li>- Arrange folk song, debate, art competition, essay competition, social advocacy meeting to create awareness for health promotion (number of events)</li> <li>- Health message dissemination to the patient and attendance at community clinic through Inter personal communication (IPC)</li> </ul>	<p>Quarterly OP report</p> <p>Training Report</p> <p>Service procurement report</p> <p>Audience Impact survey</p>	<p>Staff received quality training</p> <p>Support received from FP field staff and community clinic</p> <p>Need based IEC planned and implemented</p>

**Annexure-III(a)**

**Procurement Plan of Goods for Operational Plan  
Health Education & Promotion  
July 2011 to December 2016**

Ministry	Ministry of Health and Family Welfare
Agency	Director, General of Health Services
Name of Procuring Entity & Code	Bureau of Health Education
Name of Operational Plan & Code	Health Education & Promotion

OP Cost (In Lakh Taka)	
<b>14615.00</b>	<b>Total</b>
<b>4225.00</b>	<b>GOB</b>
<b>10390.00</b>	<b>PA</b>

Package No.	Description of Procurement Package as per PP/TAPP(OP) GOODS	Unit cost	Quantity	Procurement Method & Type	Contract Approving Authority	Source of Funds	Estimated Cost In lakh Taka	Indicative Dates			
								Not used in Goods	Invitation for tender	Signing of Contract	Completion of Contract
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	<b>GOODS</b>						<b>4371.69</b>				
<b>(1)</b>	<b>Machineries &amp; Equipment</b>				<b>WB/ MOHFW/ LD(HEP)</b>	<b>GOB/PA/ RPA</b>	<b>4323.69</b>				
	a) Printing Machine with accessories	450.00	1 Nos.	ICB	MOHFW/ WB	RPA	450.00	-	July'2012	Feb'2013	May'2013
	b) Computer with LCD Monitor	0.50	10 Nos.	OTM	LD	GOB	5.00	-	Feb'2012	May'2012	June'2012
	c) Laptop	1.00	40 Nos.	OTM	LD	GOB	40.00	-	Feb'2012	May'2012	June'2012
	d) Laser Printer	0.80	10 Nos.	OTM	LD	GOB	8.00	-	Feb'2012	May'2012	June'2012
	e) Toner for Laser Printer	0.05	100 Nos.	OTM	LD	GOB	5.00	-	Feb'2012	May'2012	June'2012
	f) Photocopier	2.00	2 Nos.	OTM	LD	GOB	4.00	-	Feb'2012	May'2012	June'2012
	g) Fax Machine	0.80	1 Nos.	OTM	LD	GOB	0.80	-	Feb'2012	May'2012	June'2012
	h) Digital Camera with Accessories	0.50	66 Nos.	OTM	LD	GOB	33.00	-	Feb'2012	May'2012	June'2012

Package No.	Description of Procurement Package as per PP/TAPP(OP) GOODS	Unit cost	Quantity	Procurement Method & Type	Contract Approving Authority	Source of Funds	Estimated Cost In lakh Taka	Indicative Dates			
								Not used in Goods	Invitation for tender	Signing of Contract	Completion of Contract
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	i) IPS	0.50	2 Nos.	OTM	LD	GOB	1.00	-	Feb'2012	May'2012	June'2012
	j) Colour T.V. 21"/26"(for hospital out door/ indoor) & Community Clinic	0.30	693 Nos.	OTM	MOHFW	RPA	207.90	-	May'2012	Sept'2013	Nov'2013
	k) VCD/DVD Player (including Community Clinic)	0.10	693 Nos.	OTM	LD	RPA	69.30	-	May'2012	Sept'2013	Nov'2013
	l) Multimedia Projector with Accessories (including extra 2(two) bulbs for each)	1.25	12 Nos.	OTM	LD	GOB	15.00	-	Feb'2012	May'2012	June'2012
	m) Scanner Machine	1.00	1 Nos.	OTM	LD	GOB	1.00	-	Feb'2012	May'2012	June'2012
	n) Multipurpose P.A Set for Hospital (HEP)	0.145	64 Nos.	OTM	LD	GOB	9.34	-	Feb'2012	May'2012	June'2012
	o) Air Cooler	0.50	10 Nos.	OTM	LD	GOB	0.50	-	Feb'2012	May'2012	June'2012
	p) UPS	0.07	10 Nos.	OTM	LD	GOB	0.70	-	Feb'2012	May'2012	June'2012
	q) Pen drive-4 GB	0.01	64 Nos.	OTM	LD	GOB	0.64	-	Feb'2012	May'2012	June'2012
	r) Portable Microphone with sound box	0.25	10 Nos.	OTM	LD	GOB	2.50	-	Feb'2012	May'2012	June'2012
	s) Multimedia Projector bulbs	0.30	100 Nos.	OTM	LD	GOB	30.00	-	Feb'2012	May'2012	June'2012
							<b>888.18</b>				

**Annexure- III(b)**

**Procurement Plan of Services for Operational Plan  
Health Education & Promotion  
July 2011 to December 2016**

Ministry

Agency

Name of Procuring Entity &amp; Code

Name of Operational Plan &amp; Code

Ministry of Health and Family Welfare	
Director, General of Health Services	
Bureau of Health Education	
Health Education & Promotion	

OPt Cost (In Lakh Taka)	
<b>14615.00</b>	<b>Total</b>
<b>4225.00</b>	<b>GOB</b>
<b>10390.00</b>	<b>PA</b>

Package No.	Description of Procurement Package as per OP SERVICES	Unit	Quantity	Procurement Method & Type	Contract Approving Authority	Source(s) of Fund	Estimated Cost (In lakh Taka)  Total	Indicative Dates			
								Invitation for Prequalification (If Applicable)	Invitation for Tender	Signing of Contract	Completion of Contract
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<b>(4)</b>	<b>Package of Services</b>				<b>WB/ MOHFW/ LD(HEP)</b>	<b>PA</b>	<b>2725.00</b>				
	1. Health Education Strategy Development (Review & Finalization)	No	1	QCBS	<b>LD</b>	<b>RPA</b>	<b>100.00</b>	July'2012	Sept'2012	Nov'2012	Jan'2013
	2. Awareness, Sensitization & Motivation (workshop, Seminar / different group meeting, rally, E-comp., debate etc. including BCC on healthy life style)	Package	65	QCBS	<b>MOHFW</b>	<b>RPA</b>	<b>730.00</b>	July'2012	Sept'2012	Nov'2012	Jan'2013
	3. Media campaign & transmission for Health Education & promotion (Radio & TV programs-,serials , spots talk show, health rally, exhibition/ st. fair, folk songs etc.)	No	Print media: 4800 (960/Yr), TV Channels both public and private;1000(200 no. in different channels/Yr), 50 (10 Talk show/Yr),Folk songs and others:Approximately 600)	QCBS/ SSS	<b>MOHFW</b>	<b>RPA</b>	<b>870.00</b>	July'2012	Feb'2013	May'2013	July'2012

Package No.	Description of Procurement Package as per OP SERVICES	Unit	Quantity	Procurement Method & Type	Contract Approving Authority	Source(s) of Fund	Estimated Cost (In lakh Taka)  Total	Indicative Dates			
								Invitation for Prequalification (If Applicable)	Invitation for Tender	Signing of Contract	Completion of Contract
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	4. Production, distribution & display of IEC materials	No	2000,000)	QCBS	<b>LD</b>	<b>RPA</b>	<b>180.00</b>	July'2012	Feb'2013	May'2013	July'2012
	5. Survey, Monitoring & Evaluation of HEP		4	QCBS/SSS	<b>LD</b>	<b>RPA</b>	<b>240.00</b>	July'2012	Feb'2013	May'2013	July'2012

**List of Machineries and Equipments**

(Taka in Lakh)				
Sl. No.	Name of the Machineries and Equipments	Unit cost	Quantity	Estimated Cost
1	2	3	4	5
<b>Machineries and Equip Code- 6813</b>				
1	Modernized Printing Press	450.00	1 Nos.	<b>450.00</b>
<b>Computer Accessories Code- 6815</b>				
2	Computer with LCD Monitor	0.50	10 Nos.	5.00
3	Laptop	1.00	40 Nos.	40.00
	Laser Printer	0.80	10 Nos.	8.00
4	Toner for Laser Printer	0.05	100 Nos.	5.00
5	Pen drive-4 GB	0.01	64 Nos.	0.64
	Sub-total			<b>58.64</b>
<b>Office Equipment: 6819</b>				
6	Photocopier	2.00	2 Nos.	4.00
7	Fax Machine	0.80	1 Nos.	0.80
8	Digital Camera with Accessories	0.50	66 Nos.	33.00
9	IPS	0.50	2	1.00
10	Colour T.V. 21"/ 26"(for hospital out door/ indoor) & Community Clinic	0.30	693 Nos. (150 CC+300 UHC+64 DH+128 MV-CC +51 Repl)	207.90
11	VCD/DVD Player (including Community Clinic)	0.10	693 Nos.	69.30
12	Multimedia Projector with Accessories (including extra 2(two) bulbs for each)	1.25	12 Nos.	15.00
13	Scanner Machine	1.00	1 Nos.	1.00
14	Multipurpose P.A Set for Hospital (HEP)	0.146	64 Nos.	9.34
15	Air Cooler	0.50	10 Nos.	5.00
16	UPS	0.07	10 Nos.	0.70
17	Portable Microphone with sound box	0.25	10 Nos.	2.50
18	Multimedia Projector bulbs	0.30	100	30.00
	Sub-total			<b>379.54</b>
<b>Total:</b>		<b>460.08</b>	<b>1,889 Nos.</b>	<b>888.18</b>

**List of Furniture and Fixtures**

<b>(Taka in Lakh)</b>				
<b>Sl. No.</b>	<b>Name of the Machineries and Equipments</b>	<b>Unit cost</b>	<b>Quantity</b>	<b>Estimated Cost</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
1.	Full Secretariat Table	0.20	15 Nos.	3.00
2.	Cushion Chair (Revolving)	0.15	15 Nos.	2.25
3.	Cushion Chair with handle	0.10	15 Nos.	1.50
4.	Cushion Chair without handle	0.08	30 Nos.	2.40
5.	Almirah (Steel)	0.25	75 Nos.	18.75
6.	File Cabinet (Steel)	0.10	15 Nos.	1.50
7.	Multiple Showcase (Wooden)	0.15	15 Nos.	2.25
8.	Flip Board (Folding)	0.08	10 Nos.	0.80
9.	White marker Board	0.08	75 Nos.	6.00
10.	Computer table	0.15	10 Nos.	1.50
11.	Computer Chair without handle	0.05	15 Nos.	0.75
12.	Conference Table	0.20	1 Nos.	0.20
13.	Dias table	0.10	1 Nos.	0.10
14.	Display Board	0.08	75 Nos.	6.00
15.	Sofa Set	1.00	1 Sets	1.00
<b>Total:</b>		<b>2.72</b>	<b>373</b>	<b>48.00</b>

# Annexure-VI

## a) Training Programme for Human Resource Development:

Taka in lakh)										
Description	Total (2011-16)		2011-12		2012-13		2013-14		2014-16	
	Physical	Financial	Physical	Financial	Physical	Financial	Physical	Financial	Physical	Financial
1	2	3	4	5	6	7	8	9	10	11
<b>a) Local</b>										
Short Course	16680	1720	10	160.00	10	160.00	13	340.00	28	1060.00
Medium Course	-	-	-	-	-	-	-	-	-	-
<b>Sub total (a)</b>	<b>16680</b>	<b>1720.00</b>	<b>10</b>	<b>160.00</b>	<b>10</b>	<b>160.00</b>	<b>14</b>	<b>340.00</b>	<b>30</b>	<b>1060.00</b>
<b>b) Foreign</b>	-		-		-		-		-	
Short Course	5	1430.00	1	80.00	1	100.00	1	300.00	2	950.00
Medium Course	-	-	-	-	-	-	-	-	-	-
Long Course	-	-	-	-	-	-	-	-	-	-
<b>Subtotal(b)</b>	<b>5</b>	<b>1430.00</b>	<b>1</b>	<b>80.00</b>	<b>1</b>	<b>100.00</b>	<b>1</b>	<b>300.00</b>	<b>2</b>	<b>950.00</b>
<b>Grand Total (a+b)=</b>	<b>16655+5 batch (Local-16655 participants, Foreign-5 batch of 5 participants)</b>	<b>3150.00</b>	<b>11</b>	<b>240.00</b>	<b>11</b>	<b>260.00</b>	<b>15</b>	<b>640.00</b>	<b>32</b>	<b>2010.00</b>

## b) Estimated Allocation for Training:

(Taka in Lakh)						
Year	Total (=3+4)	GOB (FE)	PA (=5+6+7)	RPA through GOB	RPA others	DPA
1	2	3	4	5	6	7
2011-12	240.00	40.00	200.00	120.00	-	80.00
2012-13	260.00	40.00	220.00	120.00	-	100.00
2013-14	640.00	40.00	600.00	120.00		480.00
2014-16	2010.00	80.00	1930.00	240.00	-	1690.00
<b>Total (2011-16)=</b>	<b>3150.00</b>	<b>200.00</b>	<b>2950.00</b>	<b>600.00</b>		<b>2350.00</b>



**Consultants(Local/ international):****(TA Requirement)**

Two HEP Consultants (Local) are proposed in order to assist the Line Director, HEP and Chief, BHE, DGHS in the implementation of HEP(O.P.) and they will provide the Programme Managers (HEP) with necessary technical support to develop and implement strategic interventions of Health Education and Promotion as per Terms of Reference (TOR).

**Local Consultant:**

- i) HEP Consultant for Programme Support and strategic development of Media Communication: 1 X 24 Man Month.
- ii) HEP Consultant for Institutional Support and strategic development of IPC : 1 X 24 M.M.

Terms of Reference (TOR) for the consultants developed and shown in **annexure-L**.

**i) Number, person/months, monthly remuneration**

(Taka in Lakh)

	2011-12	2012-13	2013-14	2014-15	2015-16	2011-2016
1	2	3	4	5	7	8
a) Local	-	-	-	-	-	-
Number	-	-	-	-	-	-
Person Months	-	-	-	-	-	-
Monthly Remuneration	-	-	-	-	-	-
<b>Total Cost(a)</b>	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>	<b>200.00</b>
b) Foreign	-	-	-	-	-	-
Number	-	-	-	-	-	-
Person Months	-	-	-	-	-	-
Monthly Remuneration	-	-	-	-	-	-
<b>Total Cost(b)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total (a+b)=</b>	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>	<b>200.00</b>

**ii) Estimated Allocation for consultant:**

Year	Total (=2+3)	GOB	PA (=5+6+7)	RPA through GOB	RPA others	Other than RPA (DPA)
1	2	3	4	5	6	7
2011-12			40.00	40.00		
2012-13			40.00	40.00		
2013-14			40.00	40.00		
2014-15			40.00	40.00		
2015-16			40.00	40.00		
2011-2016			200.00	200.00		

**TECHNICAL ASSISTANCE TO SUUPPORT HEP**

<b>Designation</b>	<b>Qualification &amp; Experience</b>	<b>Tasks</b>	<b>Duration</b>	<b>Remarks</b>
<b>HEP Consultant</b> (Media /Mass communication)	<p>1. Must have Master of Public Health (Health Education) or Post Graduate Degree/Diploma in Public Health (Health Education)</p> <p>2. Post Graduate Training (Home/Abroad) in Communication/ Health Education to support HEP</p> <p>3. Preference will be given to them having special training/expertise in IPC-Cluster Education.</p> <p>4. At least 15 years experience in the field of Health Education and Promotion.</p>	<p>Assist Line Director (HEP) in the formulation of HEP strategy/strategic intervention in support of HPSPDP.;</p> <p>Develop partnership and linkage with all mass media agencies both electronics and non-electronics and provide the Line Director/PM with necessary technical communication/educational support in developing micro intervention of HEP in his discipline.;</p> <p>Review the implementation process and progress of HEP in terms of media/mass media communication, up-date health messages, design appropriate media approaches for the dissemination of selective health messages. Synthesize health messages used/to be used in different HEP interventions. ;</p> <p>Develop/design protocol of HEP Campaign, develop monitoring tools for the evaluation of campaign and assist in the process of evaluation.;</p> <p>Provide technical support in developing HEP materials conducive to promote health and prevent diseases both communicable and no-communicable.;...</p> <p>Provide technical support in order to develop research protocol in respect of HEP(Media/Mass Communication) need analysis.;</p> <p>Review HEP(Media /Mass communication) activities with the BHE Officials and other stake holders/NGOs. periodically and prepare reports.;</p> <p>Assist the Line Director of HEP in the process of development of any action plan commensurate to such kind of HEP discipline.</p> <p>He will provide the Line Director (HEP) with all possible administrative and technical support in the interest of the programme.</p> <p>Maintain close linkage with the MOHFW/PPFT and other allied agencies in the interest of the programme.</p> <p>Submit his performance report to the Line Director (final/periodical).</p>	24 MM	<p>i.WB-ERD</p> <p>guideline/rules to be followed in case of appointment procedure and contract</p> <p>ii. Provision: 1X24 MM</p> <p>iii. No more extension.</p> <p>iv. Job is only for the HEP tenure under HPNSDP</p>

HEP Consultant (IPC-Cluster)	<p>1. Must have Master of Public Health (Health Education) or Post Graduate Degree/Diploma in Public Health (Health Education)</p> <p>2. Post Graduate Training (Home/Abroad) in Communication/ Health Education to support HEP</p> <p>3. Preference will be given to them having special training/expertise in IPC-Cluster Education.</p> <p>4. At least 15 years experience in the field of Health Education and Promotion.</p>	<p>Assist Line Director (HEP) in the formulation of HEP strategy/strategic intervention in support of HPSPDP.;</p> <p>Develop partnership and linkage with diff. groups/professional groups/ethnic-tribal groups/ agencies and provide the Line Director/PM with necessary technical support in developing IPC intervention of HEP at the macro and micro level.;</p> <p>Review the implementation process and progress of HEP in terms of IPC.</p> <p>Design/develop appropriate curriculum/manual/ module/ booklet/guide book for the selective groups to be used in different HEP interventions in order to promote health and prevent diseases both communicable and non communicable.</p> <p>Develop/design protocol of IPC as well as monitoring tools for the evaluation IPC interventions and assist in the process of evaluation.;</p> <p>Provide technical support in order to develop research protocol in respect of HEP(IPC) need analysis/assessment.;</p> <p>Review HEP(IPC) activities with the BHE Officials and other stake holders/NGOs. periodically and prepare reports.;</p> <p>Assist the Line Director of HEP in the process of development of any action plan commensurate to HEP (IPC).</p> <p>He will provide the Line Director (HEP) with all possible administrative and technical support in the interest of the program.</p> <p>Maintain close linkage with the MOHFW/PPFT and other allied agencies in the interest of the program.</p> <p>Submit his performance report to the Line Director (final/periodical).</p>	24 MM	<p>i.WB-ERD guideline/rules to be followed in case of appointment procedure and contract</p> <p>ii. Provision: 1X24 MM</p> <p>iii. No more extension.</p> <p>iv. Job is only for the HEP tenure under HPNSDP</p>
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## **CONCEPT OF HEALTH EDUCATION MODEL VILLAGE**

### **INTRODUCTION :**

Health Education helps the people to make right decision on health matter towards promotion / protection of their own health collectively or individually. Lack of knowledge, indifferent attitude towards health, un-willingness to change undesirable health habits as well as un-willingness to follow the simple rules of health for healthful living is quite common in our community.

For extensive and intensive Health Education Programmes and to find out the causes of the unfavourable attitude about health, attempt should be made to select and develop an area which should be a model in nature in view of the social standard of the community, their culture, tradition, behaviour, economic condition as compare to other areas of the country. The purpose is to help the people to identify their health problems, understand the causes of these problems and find out ways and means to solve these problems. This can be done through community participation, dissemination of health information in the community and organizing the community to take action by themselves. Such programme will help to identify the best and most effective approaches based on results of health education input and shall also enable to set standard for educational materials and methods, which may be used in other areas. The area may be developed to use it as demonstration area of health education activities.

### **GENERAL OBJECTIVE OF THE MODEL VILLAGE:**

To develop an area to serve as model area for application of health education approaches with various methods and tools of health education so as to enable the people of that area to solve their health problems by their own action and efforts and to use that area as demonstration area of health education.

### **IMPLEMENTATION:**

An implementation guideline for this purpose will be developed by the BHE and it will be communicated to the dist. focal point of HEP (Sr. HEO). The Sr. HEO will take necessary actions in this regard and develop local plan of action under the guidance of Civil Surgeon of the district. Necessary technical support and logistics will be provided to the Sr. HEO from the end of Bureau of Health Education. This programme will be implemented as an intervention of HEP of the Health Sub-sector under HPSPDP.

### **EVALUATION:**

The approach would be evaluated at different times of implementation. All the stakeholders will be engaged in the evaluation process including representatives from Planning Commission and IMED.

## **CONCEPT OF HEP FOR THE PRO-POOR**

Most of the pro-poor groups in our country live in the rural areas. They use to seek health services from nearest Upazila Health Complex (UHC)/Union Health and Family Welfare Centres (H&FWC)/Community Clinic/ EPI out reach centres/ Satellite Clinics. Essential Health services like reproductive health care, child health care, communicable disease control, limited curative care and health education are now mostly available to the pro-poor groups at these service delivery points. More over these services are provided to the community particularly to the pro-poor groups through home visit by the field workers (Health Assistant and Family Welfare Assistant). There are some other approaches through which Health Education supports are being provided to the people including pro-poor that affect their health behaviour toward promotion of health. Some attempts have been made to provide HEP support to the pro-poor groups at the community levels e.g. mass motivational meeting, folksong and film show . The pro-poor groups are being made aware of their health needs and thereby stimulating their health seeking behaviour in respect of prevention & control of emerging diseases, maternal & child Health and micro-nutrient supplement. Some specific Health Education and Promotion interventions of the Health Sub-sector under HPSDP have been considered to address poverty alleviation specially for the pro-poor of the country.

HEP and PA strategy for the target population (pro-poor) are considered as follows:

- Home visit by the service providers and motivation in support of Poverty Alleviation through timely and proper utilization of the health services under HPSDP
- Community leaders orientation and motivation in support of Poverty Alleviation through timely and proper utilization of the health services under HPSDP
- Integration of HEP in adult education programme in support of Poverty Alleviation under HPSDP.
- Integration of HEP in other related G.O.-N.G.O. programmes in support of Poverty Alleviation under HPSDP.

### **HEP and PA Strategy for the service providers under HPSDP :**

Advocacy workshop for the service providers (Upazila and below)

#### **Concern of HEP for the pro-poor Under HPSDP:**

- Increase health seeking behavior of the target population in support of Poverty Alleviation (PA).
- Provide communication support in their decision making process toward health promotion and poverty alleviation.
- Proper utilization of free services (H & FP) provided by the Govt.
- Promote Client bill of rights.

## **CONCEPT OF HEALTH EDUCATION RESOURCE CENTRE**

### **Introduction :**

Bureau of Health Education, DGHS has planned a H.E. Resource to be established to foster Health Education and Promotion in each district either in the dist. HQ. or in particular area of the district numerically about 64. These centres will facilitate the BHE towards the attainment of goal/objectives of Health Education and Promotion of the health sub-sector under HPSPDP. Resource in terms of Education/Information/Communication support for the target population has immense importance in the process of effective implementation of the programme. This will be helpful for the target population to be knowledgeable recipients and enable them to utilize Health Services in a more interactive way. BHE will provide Health Education/Promotive Services for the improvement of health, nutrition and sanitation status of the people, as well as to grasp the health demand of the people toward emerging situation. As such a good linkage with the people is needed to be established through the establishment of Health Education Resource Centres in all most all the districts as an intervention of Health Education and Promotion of the Health Sub-sector under HPSPDP.

### **Objective :**

Objective of establishment of the Health Education facilitate the people to be more knowledgeable about health, prevention of diseases prevailing in the local area, proper utilization of Health & F.P services through providing the people with necessary education and information conducive health promotion.

### **TOR :**

#### **A. Constitute Resource Centers :**

### **Location :**

A Health Education Resource Centre may be constituted in district headquarters or in Hospitals/UHCs. or in particular areas numerically about 64.

Space or room facilities may be provided by the local authorities or may be identified in consultation with CS/Sr.HEO/UHFPO/Local Authorities.

H.E. Resource centre should be established in a protected place and must have access to the target population with sitting arrangements of an individual or a group.

## **Composition :**

Reading materials including IEC for health materials both printed and non printed should be made available to the resource centre ( in terms of requisite number and relevant issues) and should be supplied from the Bureau of Health Education or in case of immediate need it may be developed or may be procured locally in consultation with the Bureau of Health Education.

Other display materials or logistics like display board, chair, table, bench, almirah etc. should be managed locally in consultation with the CS/UNO/UHFPO or may be managed as donations from the interested donors.

Must have a well trained health person to act as a focal point of the centre.

Forms/ materials may be supplied e.g. leaflet etc. from the BHE.

## **B. Utilization of the HE Resource Centre :**

This centre may be utilized as a demonstration centre of HEP.

May be utilized as an information centre of emergency preparedness, disaster management, health promotion, nutrition, maternal and child health and environmental health.

May be utilized as a public relation unit of Health Services at the micro level.

Collection of books, periodicals, publications etc may be provided therein by the BHE

## **C. Management of the HE Resource Centre :**

A well trained Health Person may be deployed to the centre on part-time basis who will be focal point of the centre.

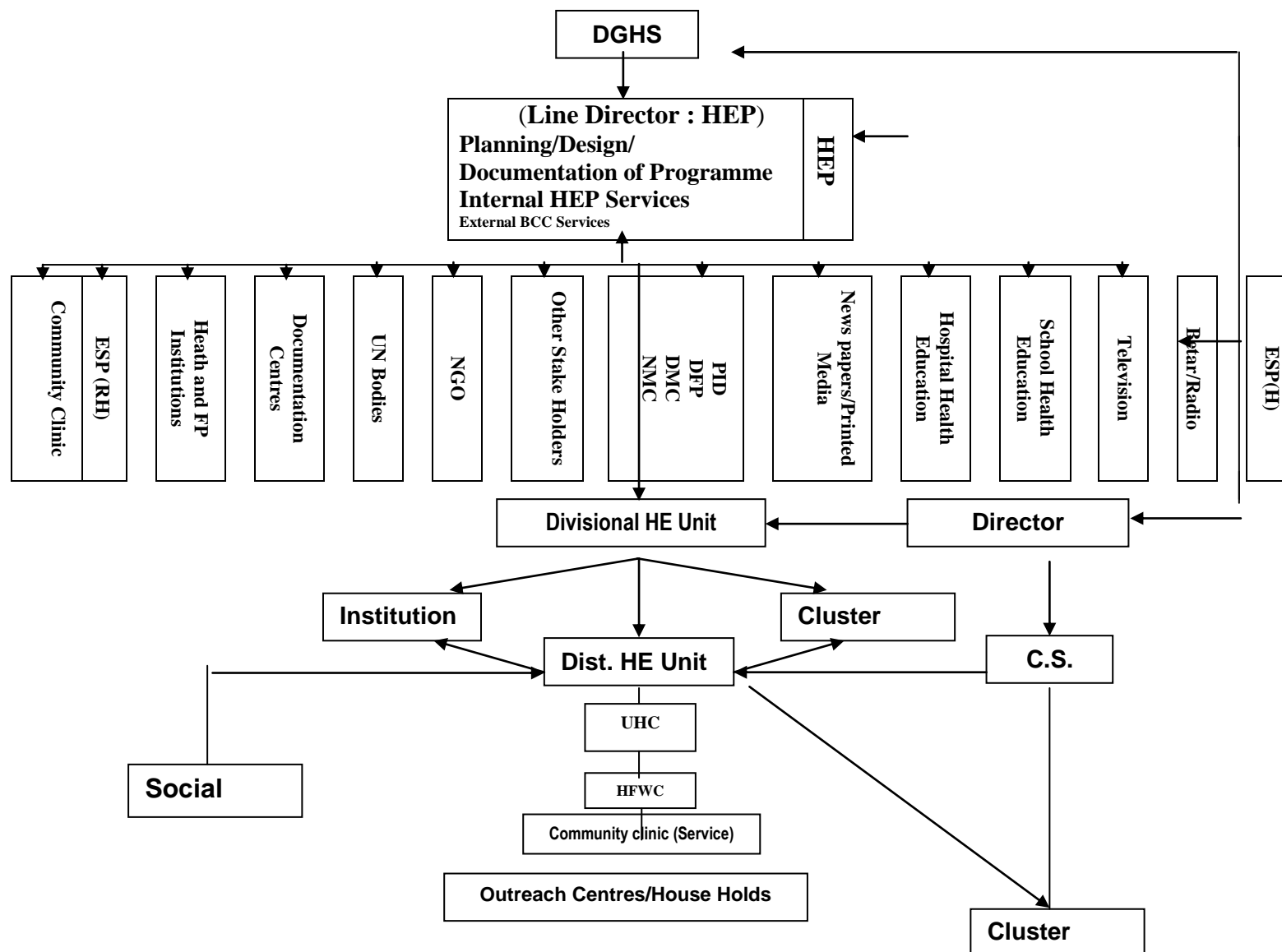
A guideline / job description for the focal point will be made available to the centre.

A time schedule should be maintained in order to run the centre.

Recording and reporting forms will be made available to the centre that will be maintained by the focal point.

There may be a small management committee for the centre. A small fund could be raised locally for the purpose.

## Health Education &amp; Promotion Flow Chart





**List of Equipments, Machineries, Furniture and Other Related Materials  
Procured under HNPS (2003-2011)**

Sl. No.	Name of the Equipments (including Hospital equipment), Machineries (including computers, photocopiers, air conditioners etc), Furniture and other related materials	Type	Quantity	Place where being used at present	Remarks
1	2	3	4	5	6
1.	<b>Office Equipments:</b>				
	2.1 Spiral Binding Machine	-	1 (One)	HQ	
	2.2 Fax Machine	-	3 (Three)	HQ	
	2.3 Photocopier Machine	-	10 (Ten)	HQ	
	2.4 Air conditioner	-	12 Pcs.	HQ	
	2.5 Computer	-	24	HQ and District level	
	2.5 Portable Computer	-	3	HQ	
	2.6 Laser Printer HP	-	2	HQ	
	2.7 Laser Printer Color HP	-	6	HQ	
	2.8 Dot printer	-	4	HQ	
	2.9 Computer Table with Chair	-	6+6=12	HQ and District level	
	<b>Sub-total (1)</b>		<b>77</b>		
2.	<b>Machineries:</b>				
	3.1 Multimedia Projector with accessories	-	75	HQ and District level	
	3.2 P.A Set/Cordless P.A Set	-	302	HQ and District level	
	3.3 Projection screen	-	71	HQ and District level	
	3.4 Color TV-21"	-	398	HQ and District level	
	3.5 Portable Generator	-	65	HQ and District level	
	3.6 DVD	-	396	HQ and District level	
	3.7 Two in One (Tape Recorder)	-	75	HQ and District level	
	3.8 IPS	-	5	HQ	
	3.9 UPS	-	13	HQ and District level	
	3.10 Voltage Stabilizer	-	75	HQ and District level	
	3.11 Opaque Projector	-	1	HQ	
	3.12 Close Circuit T.V Camera	-	2	HQ	
	3.13 Overhead Projector with accessories	-	75	District level	
	<b>Sub-total (2)</b>		<b>1553</b>		
4.	<b>Furniture:</b>				
	4.1 Full Secretariat Table	-	4	HQ	
	4.2 Work station	-	28	HQ	
	4.3 Chair	-	67	HQ	
	4.4 Steel Almirah	-	1	HQ	
	4.5 Multipurpose Self	-	7	HQ	
	4.6 Ladder (steel)	-	70	HQ and District level	
	4.7 Meeting Chair	-	31	HQ	
	<b>Sub-total (3)</b>		<b>208</b>		
	<b>Grand total : (1)+(2)+(3)=</b>		<b>1838</b>		